

# Patient Feedback Quarterly Report

Q2 – July to September 2025



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# Introduction

## Who we are

Healthwatch Kensington and Chelsea and Healthwatch Westminster are your local health and social care champions. We exist to ensure that the public are heard in the design, provision and delivery of health and social care services across the Bi borough. We do this by listening to the local community at drop-in sessions in health and public settings, and we take a closer look at specific local issues through focussed research projects.

We use this insight to inform commissioners and providers of health and social care about the views of people using their services, to support changes to improve access, quality and safety of services.

We also deliver an information, advice and guidance service, where we provide advice on a range of health and social care topics such as patient's rights, making a complaint, and how to access services.

## Patient Experience Programme

Our Patient Experience Programme is one of our engagement programmes delivered by our officers and trained volunteers and is currently implemented in hospitals across Kensington and Chelsea and Westminster as well as The Doctor Hickey GP Surgery in Westminster.

We provide anonymous feedback about people's experience of using health services to NHS bodies to help improve future service provision. We update local people who have shared their thoughts and concerns as part of this programme through our new patient experience feedback report.

# Layout of the report

## Report structure

The report is broken down into the following sections:

- Methodology
- Primary care analysis
- Secondary care analysis
- Appendix: survey questions and demographics full data set

The **methodology** section describes how the feedback was collected and then analysed.

The **Primary care analysis** section presents the findings from the feedback gathered through face to face engagement at The Doctor Hickey Surgery in Westminster.

The **Secondary care analysis** section gives a snapshot of how people responded to the questions in the survey at the hospitals we visited, and then includes a thematic analysis which highlights any key themes that are present in the feedback.

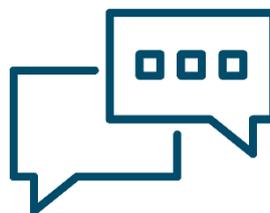
# Methodology

Our patient experience programme is delivered by Healthwatch officers and trained volunteers in primary and secondary care health settings. The team attended monthly feedback sessions at the following locations:

- The Doctor Hickey Surgery
- Chelsea and Westminster Hospital
- St Mary's Hospital
- Queen Charlotte's and Chelsea Hospital



Carrying out engagement at **local healthcare services** and providing advice & signposting resources.



Gathering insights about people's experiences through a **Patient Experience survey**.



**Training volunteers** to support engagement and enable us to capture the views of a wide range of patients.



**Findings** to be shared with health services to drive improvements to health care access.

# The primary care analysis



# What people told us about their primary care service

"Very good quality of treatment and care".

"Can be difficult to speak to someone on the phone".

"Found the registration process easy".

"Sometimes the staff don't give what is needed or that it doesn't work".

"The GP offers food during Christmas and a BBQ was hosted during the summer which is quite thoughtful of practice".

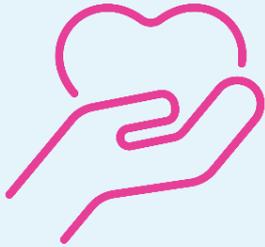
"Early closure on a Wednesday could be reconsidered".

"Always given clear information about what will happen next".

"Would like to be seen quicker by the doctor for an appointment".

# What has worked well?

Between July and September 2025, people shared with us these key positive aspects of using their primary care service (The Doctor Hickey Surgery) in Westminster.



## Staff attitude

Staff attitude was the strongest performing area at The Doctor Hickey Surgery, with 93.2% responding positively. Many people commented on the hospitable atmosphere and excellent support offered to homeless people.



## Quality of care and treatment

88.6% expressed "good" and "very good" experiences with the overall quality of care and treatment. This indicates high levels of confidence in the care provided by this GP.



## Ease of getting a GP appointment

90.9% of patients shared that the process of getting a GP appointment was either "easy" or "very easy". Most patients noted that walking in was the easiest way to get an appointment.

# What could be improved?

Below are key areas of improvement for The Doctor Hickey GP practice in Westminster, based on our findings between July and September 2025.



## Waiting times for a GP appointment

Waiting times to receive an appointment and waiting room delays were raised by some people who felt this could be reduced to ensure a smoother patient experience.



## Clear information on next steps after an appointment

4.8% of people shared mixed or negative experiences with the information they were given after their appointment, citing issues with the clarity or speed of receiving this information.



## Access to the GP practice via the telephone

11.1% of people who felt this could be reduced to ensure a smoother shared difficult experiences with accessing their GP practice by phone. Telephone is often the first point of access and has an impact on overall patient experience.

# Recommendations

The following recommendations for The Doctor Hickey Surgery are based on the key issues that patients shared with us in the last quarter.

## Reduce waiting times

Some people reported long waits to receive an appointment and also waiting room delays. Although this is hard to change, clearly communicating to patients the wait times can improve people's experiences of waiting for an appointment. Others also mentioned delays in being referred to a specialist. The NHS Constitution states a target that 92% of patients should wait no longer than **18 weeks** from a non-urgent (routine) GP referral to starting treatment.

## Provide clear information after an appointment

Some people reported a lack of clarity about next steps after an appointment. To address this, the GP service should explain to patients their condition in plain language – in line with the **Accessible Information Standard** – and reinforce verbal explanations with written or digital information where appropriate.

Another solution is providing patients with a clear plan on next steps so that patients leave with a clear understanding of what happens next, such as follow up appointments, the treatment plan and expected timelines.

## Improve telephone access to the GP practice

Given that telephone contact is the first point of access for some patients at the practice, even small barriers can delay care. To improve this, the GP's phone system should clearly indicate where the patient is in the queue and offer a **"call back" option** so that patients do not have to hold for long periods. The practice should also clearly display up-to-date phone numbers and opening times for patients to access.

# Data Snapshot

A total of **43** primary care survey responses from patients visiting The Doctor Hickey Surgery in Westminster were collected and analysed in Q2. **39** surveys were positive overall, **2** included neutral or mixed sentiment, and **2** did not state their sentiment. None of the respondents provided negative feedback.

Number of reviews analysed	43
Positive	39
Neutral	2
Negative	0
Not stated	2

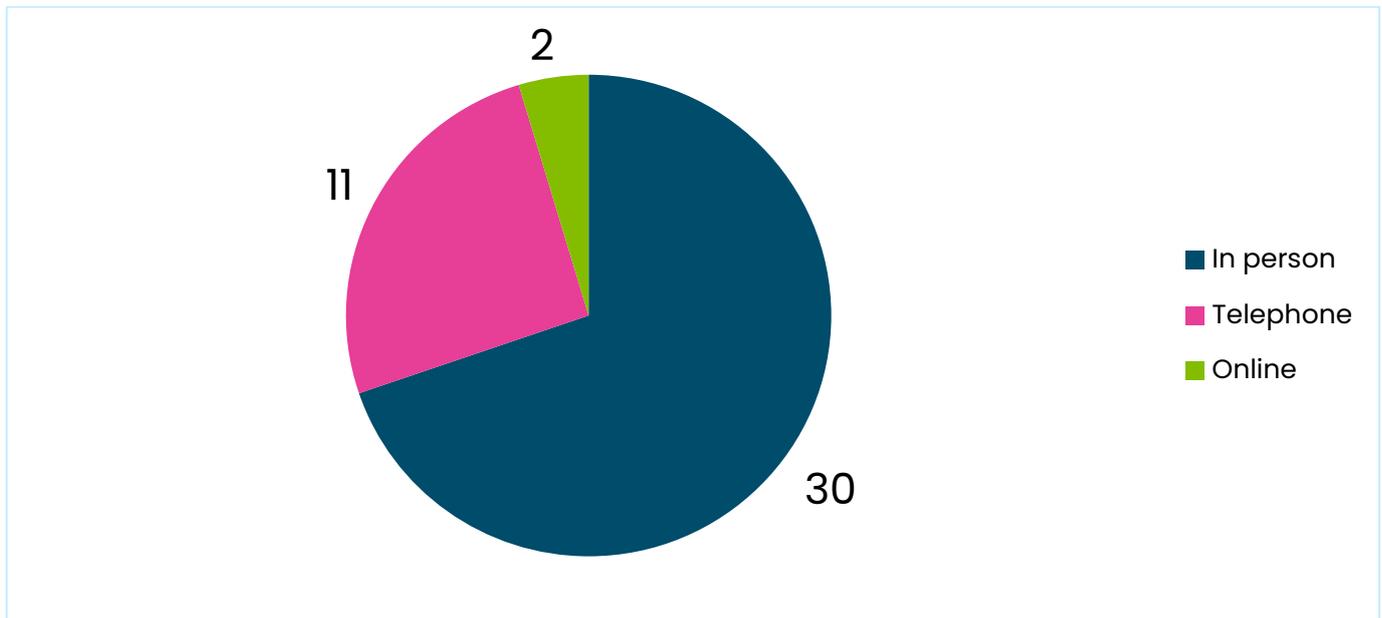
## Questions that we asked

- 1) How did you book your appointment?
- 2) How easy was it to get an appointment?
- 3) If you called your GP practice, how easy was it to speak to someone on the phone?
- 4) How long did you have to wait for an appointment?
- 5) Was this longer or shorter than you expected?
- 6) Were staff kind and respectful at your GP practice?
- 7) Were you given clear information on what will happen next?
- 8) How would you rate the overall quality of treatment and care received?
- 9) Do you have any suggestions about what could have been made better or changed?

\*The full survey can be found in Appendix A.

## Survey responses

### Q1 How did you book your appointment?



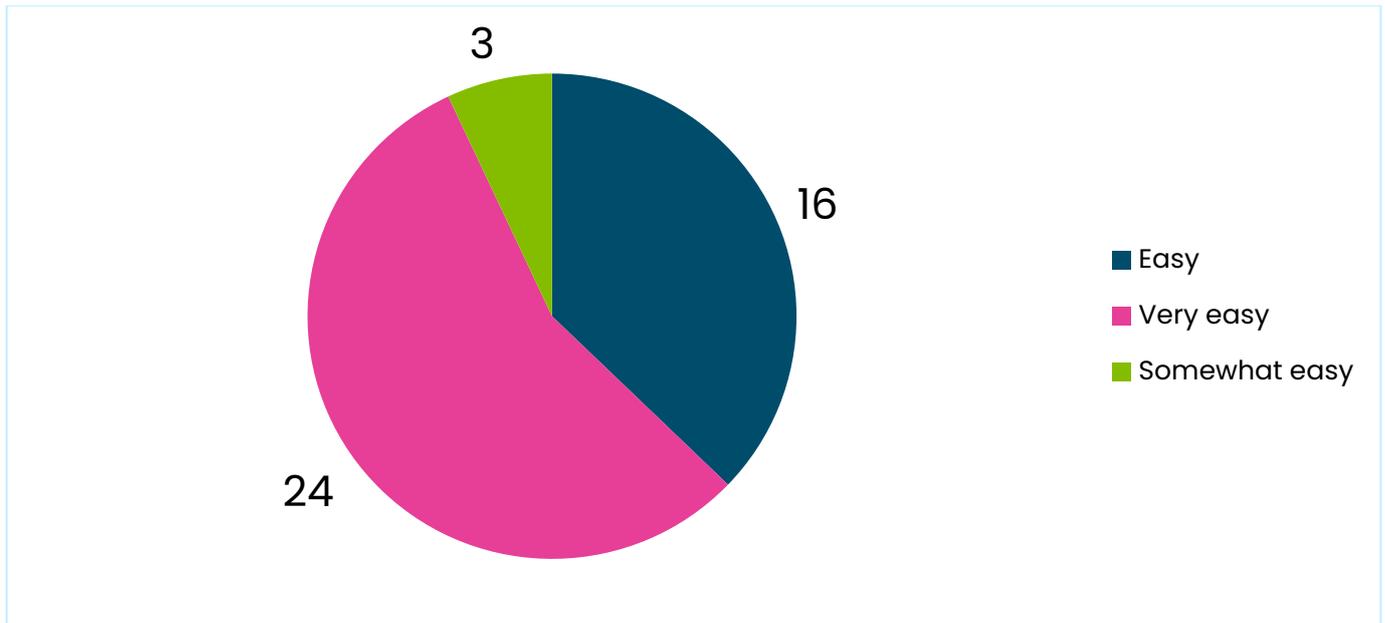
This question helps us to understand the methods that patients prefer to book their appointment at The Doctor Hickey Surgery. All **43** participants completed this question. Most people reported that they booked their appointment in-person (30 people; 70%). Eleven people (26%) booked their appointment via telephone and 2 (5%) booked it online. None of the respondents booked their appointment using an app.

Respondents most frequently commented that walking into the practice was the easiest way to get their appointment. Several people also reported that their appointments were pre-booked from the last time they visited the practice which was convenient for them.

One person mentioned that:

**“It can be hard sometimes to speak to the staff member at the window and to have to wait a long time outside before coming in”.**

## Q2 How easy was it to get an appointment?

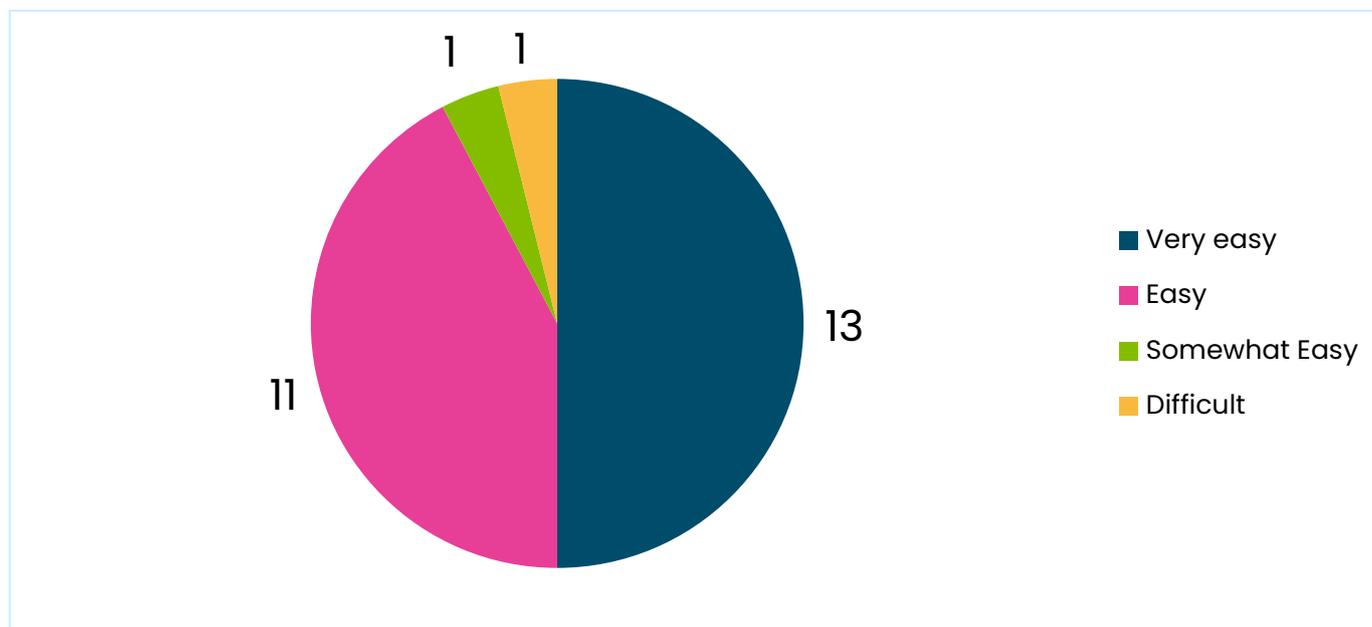


This question helps us to understand how accessible the GP is for patients. Out of the **43** participants that completed this question, over half of them (24 people; 56%) cited that it was very easy to get an appointment. Sixteen people (37%) said it was easy and 3 people (7%) found it somewhat easy to get an appointment.

Respondents most frequently described the process as straightforward, often highlighting the helpfulness of staff and that they have been attending the practice for many years. One first-time attendee also found the process very easy, although they were not yet able to fully assess the service. Another respondent told us that while it was easy to see a doctor at the practice, referrals to specialists can take a long time.

Finally, one person added that their appointments are routinely booked when they collect their prescription, and that they are pleased the GP informs them in advance if a medical sample or other preparation was required.

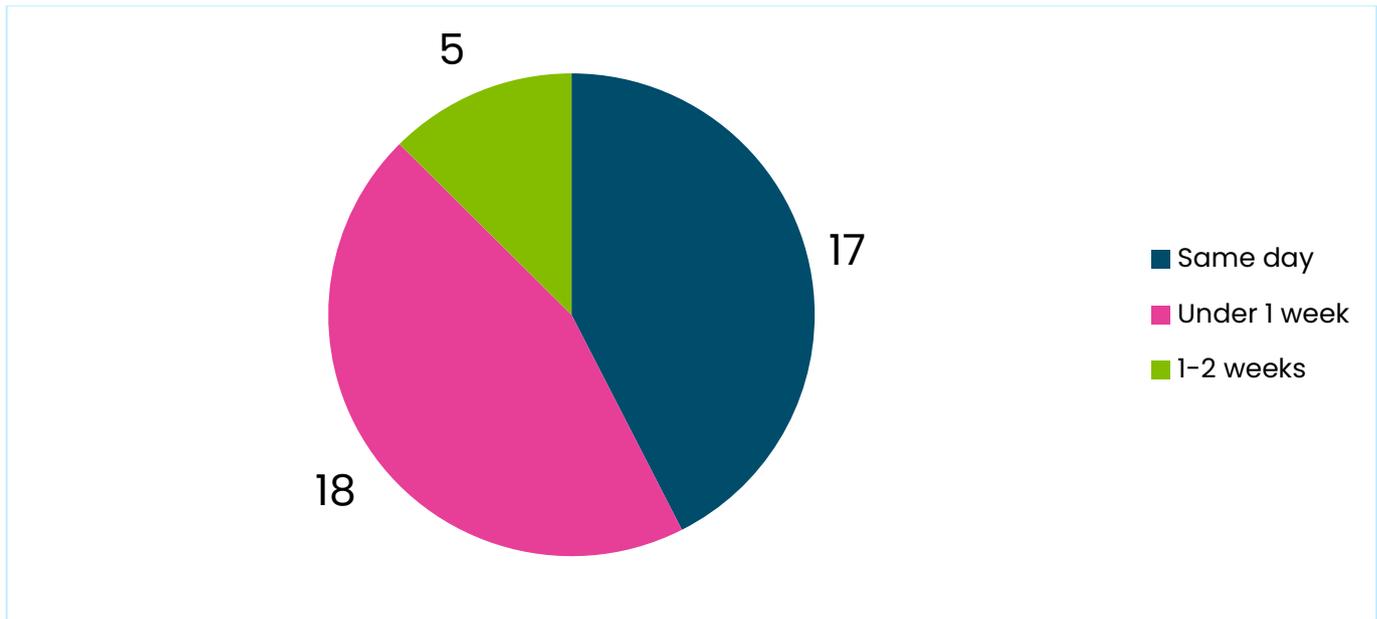
### Q3 If you called your GP practice, how easy was it to speak to someone on the phone?



This question relates to the quality of the service and asks about how easy it is to communicate with GP staff by phone. In total, **26** respondents answered this question. Most people answered that it was very easy (13 people; 50%) and easy (11 people; 42%) to speak to someone at the practice on the phone. Very few respondents reported mixed experiences when communicating with the GP by phone, with 1 person (4%) finding it somewhat easy and 1 person (4%) finding it difficult.

Two respondents commented that it was a very quick and positive experience to call the practice and one person said it is easy only if you have the right number.

## Q4 How long did you have to wait for an appointment?

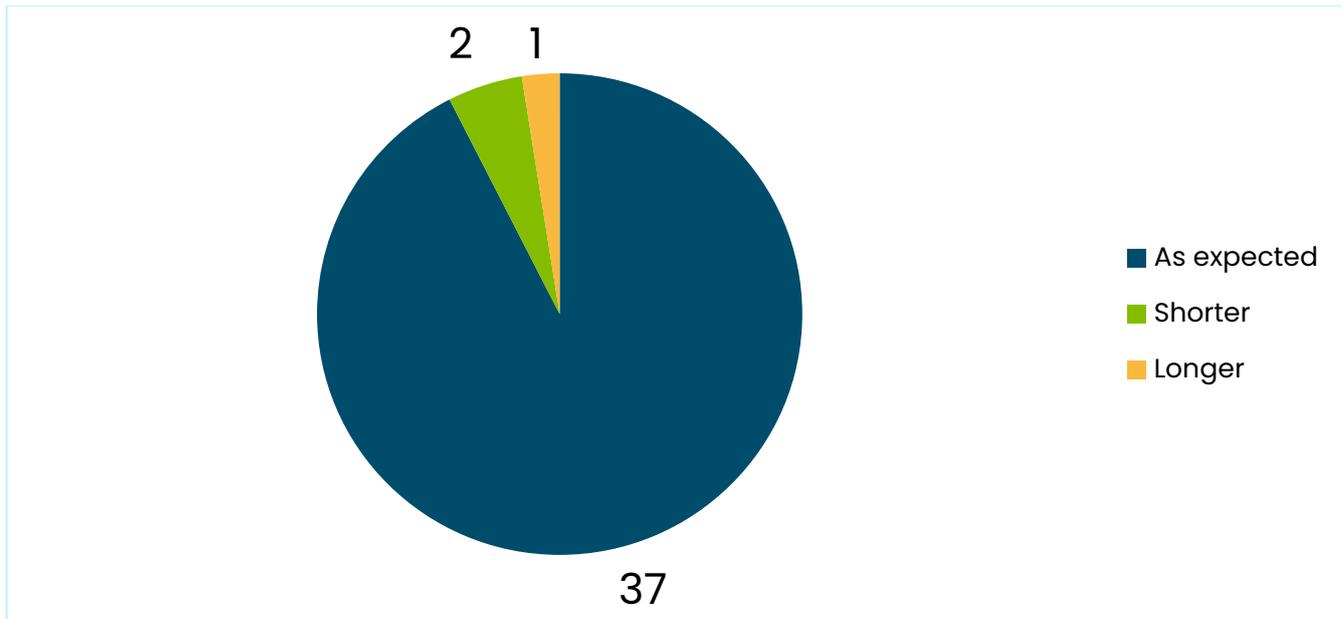


This question focuses on the accessibility of the service and asks how long the patient had to wait for their appointment. A total of **40** respondents answered this question. Most people said that they got their appointment on the same day (17 people; 43%) or under a week from contacting the practice (18 people; 45%). The remaining respondents to this question (5 people; 13%) waited between 1-2 weeks for their appointment.

Several people commented on their positive experience with the waiting times for appointments, using words such as “very fast” or “brilliant” to describe that they were happy to be seen on the same day, the next day, or within a couple of days. Some respondents noted that waiting times can vary, with occasional longer waits, though appointments were usually available within a week.

One person said the question was not applicable because their appointments are automatically booked for routine check-ups. Another mentioned that early morning or afternoon walk-in slots on the same day are available to patients.

## Q5 Was this longer or shorter than you expected?



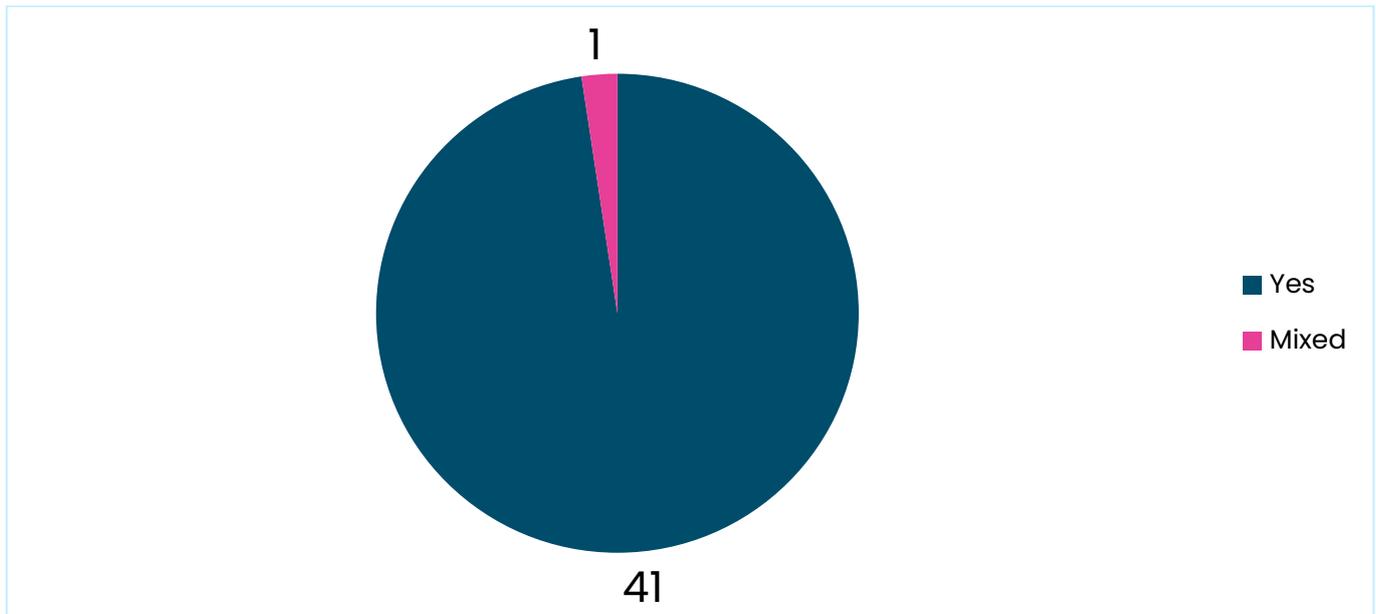
This question asks about patient satisfaction with the waiting times for an appointment. Of the **40** people who responded, the majority (37 people; 93%) said that the length of time they waited for an appointment met their expectations. A small number of respondents reported that the wait was longer than they expected (1 person; 3%) or shorter than expected (2 people; 5%).

Comments reflected familiarity with the practice and an understanding of seasonal variations, with one person noting that:

**“It's expected because the surgery is quiet during summer periods when people are away”.**

Another respondent highlighted that they expected to wait 1 week but received an appointment within 2 weeks.

## Q6 Were staff kind and respectful at your GP practice?



This question relates to the quality of the service and asks respondents to share whether they thought staff at their GP practice were kind and respectful. Out of the 42 people that answered this question, the vast majority (41 people; 98%), answered yes to this question. Only 1 person (2%) reported that they had a mixed experience with staff.

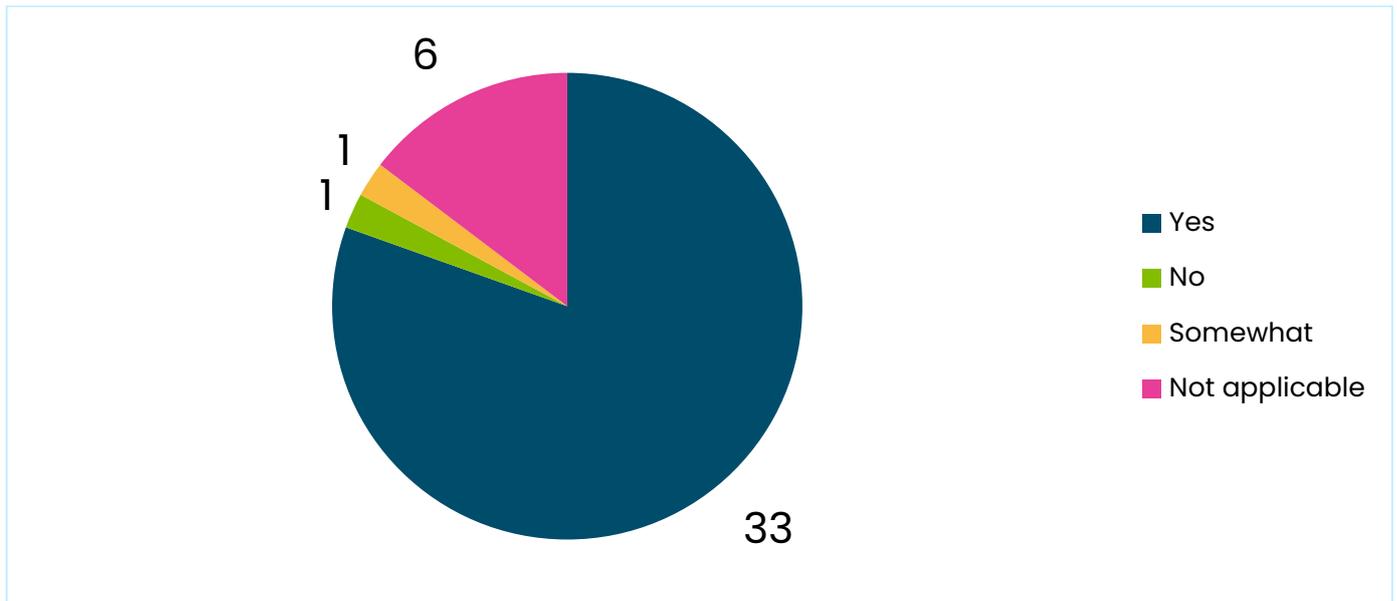
The most common words that people used to describe staff included “very kind”, “very friendly” and “great”, with several people mentioning that they appreciate the welcoming and hospitable atmosphere. For instance, one patient said:

*“Very friendly - they offer tea/coffee”.*

One respondent told us that services are available very quickly and praised the practice for providing strong support to people experiencing homelessness, particularly in comparison to other GP practices. Others noted positive long-standing relationships with staff, including reception staff and the practice manager, and valued being able to obtain prescriptions when needed.

While most comments were highly positive, one respondent told us that occasionally the treatment provided did not meet their needs or was not effective.

## Q7 Were you given clear information on what will happen next?



This question relates to both service accessibility and quality. A total of 41 respondents answered this question. Most participants (33 people; 80%) reported that they had been given clear information about what would happen next.

Six respondents (15%) said the question was not applicable to them, as they were visiting the practice for the first time, had not yet attended their appointment, or were awaiting further information following a consultation.

Responses regarding the clarity of next steps were mixed. Several respondents reported that they were still waiting for information after their appointment or had been told they would be contacted at a later date. One respondent expressed concern about delays in receiving information, noting that their health was worsening while they waited.

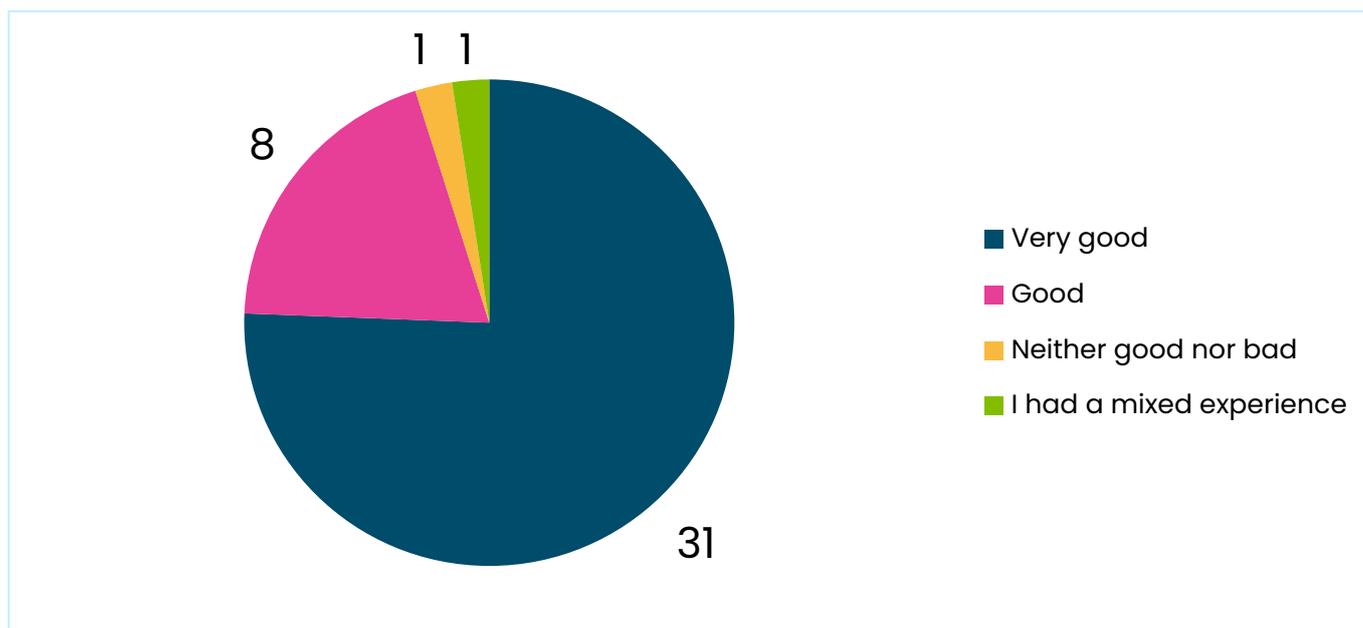
A small number of respondents felt it was too early to comment on next steps, while others felt the practice was doing its best under difficult circumstances.

Finally, one respondent (2%) reported being given somewhat clear information, and one respondent (2%) said they had not been given this information.

**“Doing their best to help with bad situations and pain”.**

**“Very helpful for discombobulated people”.**

## Q8 How would you rate the overall quality of treatment and care received?



This question directly relates to the perceived quality of care. A total of 41 people answered this question. Most people reported that the quality of care was very good (31 people; 76%), followed by good (8 people; 20%). One person (2%) reported that the quality of care was neither good nor bad and 1 person (2%) reported having a mixed experience.

Most commonly people commented that they had a positive experience with the hospitality and treatment at the practice:

**“Excellent”.**

**“Doing their best”.**

**“Can get refreshments and food which you can't get at other GPs”.**

One respondent also commented that they see no need to move or leave the practice unless advised to do so. Although they now live slightly outside the catchment area, the practice has allowed them to remain on the patient list.

## **Q9 Do you have any suggestions about what could have been made better or changed?**

The majority of respondents stated they had no recommendations, with many people using words such as “excellent”, “good enough”, or “perfect” to answer this question.

Many people viewed non-clinical aspects of care, such as the provision of refreshments, clothing donations and seasonal activities as rare and highly valued features that contribute to a welcoming environment:

“They offer food during Christmas which is quite nice. They also did a BBQ with patients in the summer”.

“No been coming for long time and very happy”.

### **1. Waiting times and referrals**

Several people raised the waiting times as an area for improvement, particularly the need for patients who are very sick to be seen quickly as they can become distressed.

One respondent recommended quicker referral of patients to specialist services.

### **2. Clinical decision-making and prescribing**

One respondent noted that the behaviour of patients who are not in genuine need of care or who seek drugs can influence GP decision-making for all patients. They felt this sometimes led to reluctance to prescribe certain medications that may be misused and suggested the practice considers reviewing requests on a case-by-case basis.

### **3. Specialist service availability**

Bringing back specialist services at the practice, such as leg ulcer treatment, was recommended as patients are now required to seek care externally.

### **4. Operational arrangements**

Some found it unusual that the clinic has an early closure on Wednesdays which is not common at other GPs and suggested changing this.

# Equalities Snapshot

We also asked respondents to share information about themselves on a voluntary basis. This information includes protected characteristics such as gender, age and ethnicity (and others), and allows us to understand whether there are differences of experiences for people with different personal characteristics.

This section includes information from people who shared demographic information. A full breakdown of the demographic data collected can be viewed in the Appendix C.

## Gender

Of the respondents, 30 (69.77%) were male, 10 (23.26%) were female, and 3 (6.98%) preferred not to share their gender.

## Age

Most respondents were between the ages of 25 to 49 years (20; 46.51%). Three people (6.98%) were 18 to 24 years, 12 people (27.91%) were 50 to 64 years, 3 people (6.98%) were 65 to 79 years and 1 person (2.33%) was 80+ years. 4 people (9.30%) preferred not to share their age.

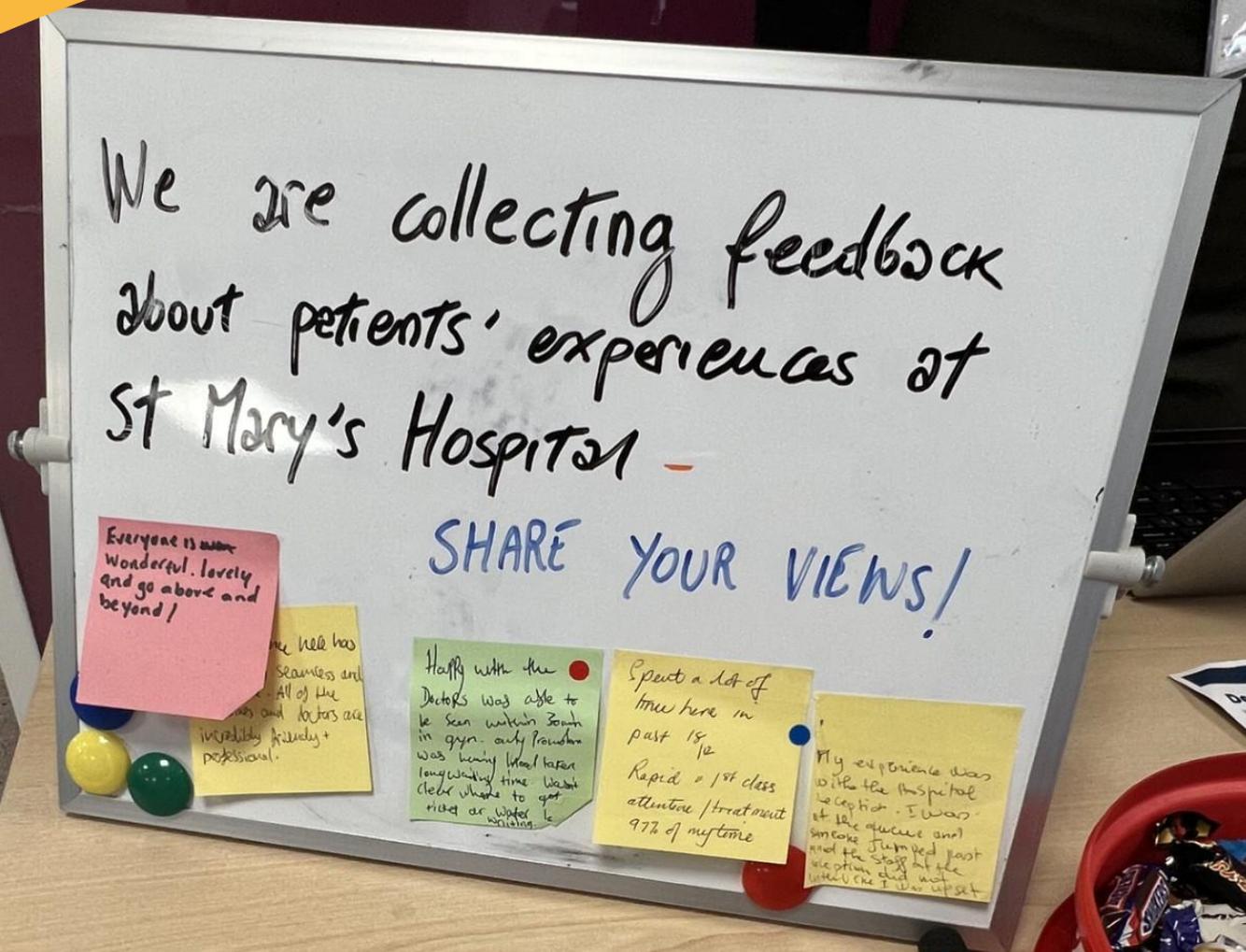
## Ethnicity

Nineteen respondents (44.19%) reported being White British, and 9 respondents (20.93%) reported being Black / Black British: African. One respondent (2.33%) reported being White: Any other White background. Ten respondents (23.26%) reported being any other ethnic group and 4 respondents (9.30%) preferred not to share this.

## Disability

A total of 21 respondents (48.84%) reported having a long-term health condition, 15 respondents (34.88%) reported having a disability and 1 respondent (2.33%) reported being a carer. Twelve (27.91%) respondents selected "none of the above" and 4 respondents (9.30%) preferred not to say.

# The secondary care analysis



# What people told us about Secondary care services

"I was very happy that my referral was with Chelsea & Westminster as it's easy to get to and clean and modern".

"Good communication but after my operation it was dreadful, appointment cancelled out of the blue, very difficult to reach anyone by phone".

"Everyone is very kind and professional".

"I have to wait very long for appointment I wish if it could have been quicker because I am in a lot of pain".

"I am very pleased with the gynaecology department today. We had very good experience. Thank you to midwife who saw us today".

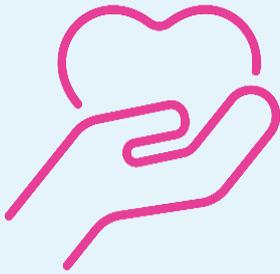
"A couple of my follow up appointments were cancelled at extremely short notice, but no one knew why or by who."

"I had a very good outpatient appointment – lovely staff, medical team & volunteers".

"The waiting times at A&E are very long".

# What has worked well?

Between July and September 2025, people have shared with us these key positive aspects of using secondary care services across Westminster and Kensington and Chelsea.



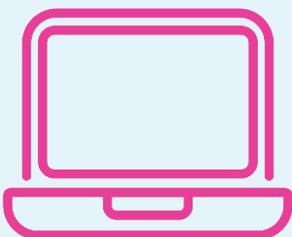
## Staff kindness and respect

Staff behaviour was the most commonly reported theme throughout all hospitals, with 89.1% of patients positively responding.



## Quality of care and treatment

85.7% of people reported that the overall quality of care that they received was either “good” or “very good”. Most patients responded positively, indicating strong clinical care and professionalism.



## Communication before appointment

Pre-appointment communication was another strong aspect across the hospitals, with 73.5% of responses being either “good” or “very good”. Many people were pleased with the regular reminders and information they received prior to appointments, including via email and SMS.

# What could be improved?

Below are key areas of improvement for secondary care services in Westminster and Kensington & Chelsea between July and September 2025.



## Waiting times at the hospital and for follow up appointments

The most common recommendation that people suggested was to reduce waiting times at the hospital and between follow up appointments.



## Communication about care

The second most common area that people highlighted was the need for clearer, more integrated communication across services, including better explanations of appointments, results, and care pathways.



## Accessibility of care provided

Patients highlighted the need for better access to care and improved hospital environments, including continuity of care practical improvements to parking, waiting room facilities, outdoor spaces, and inpatient experiences.

# Recommendations

The following are recommendations based on the key issues that patients shared with us from the hospitals we visited.

## Reduce waiting times

Long waiting times was a common issue raised. Regularly updating patients about their position both on the waiting list and in the waiting room to set their expectations could significantly improve people's experiences. Another solution is giving patients the choice to select their preferred appointment time from available slots rather than allocating them a set time.

## Improve communication about care

Many patients reported confusion around appointment communication, including cancellations, difficulty rescheduling, and unclear information about results or locations.

Under the NHS Constitution, patients have a right to coordinated, accessible care and clear communication. Healthcare providers should ensure appointments are managed across teams, medical records are up to date, correspondence is provided in accessible formats, and patients receive clear explanations about care pathways, results, and what to expect.

## Enhance accessibility of care

The NHS Constitution and **Accessible Information Standard** highlight patients' right to timely, convenient care in a safe, accessible, and supportive setting. Providers should support continuity of care by enabling patients to see the same clinician where possible, and ensure hospital facilities—including lifts, seating, parking, outdoor spaces, and inpatient wards—are accessible, comfortable, and conducive to wellbeing.

# Data Snapshot

A total of **237** survey responses were collected in Q2. **206** surveys were positive overall, **14** included neutral or mixed sentiment, **6** shared negative feedback and **13** did not state a sentiment.

Number of reviews analysed	237
Positive	204
Neutral	14
Negative	6
Not stated	13

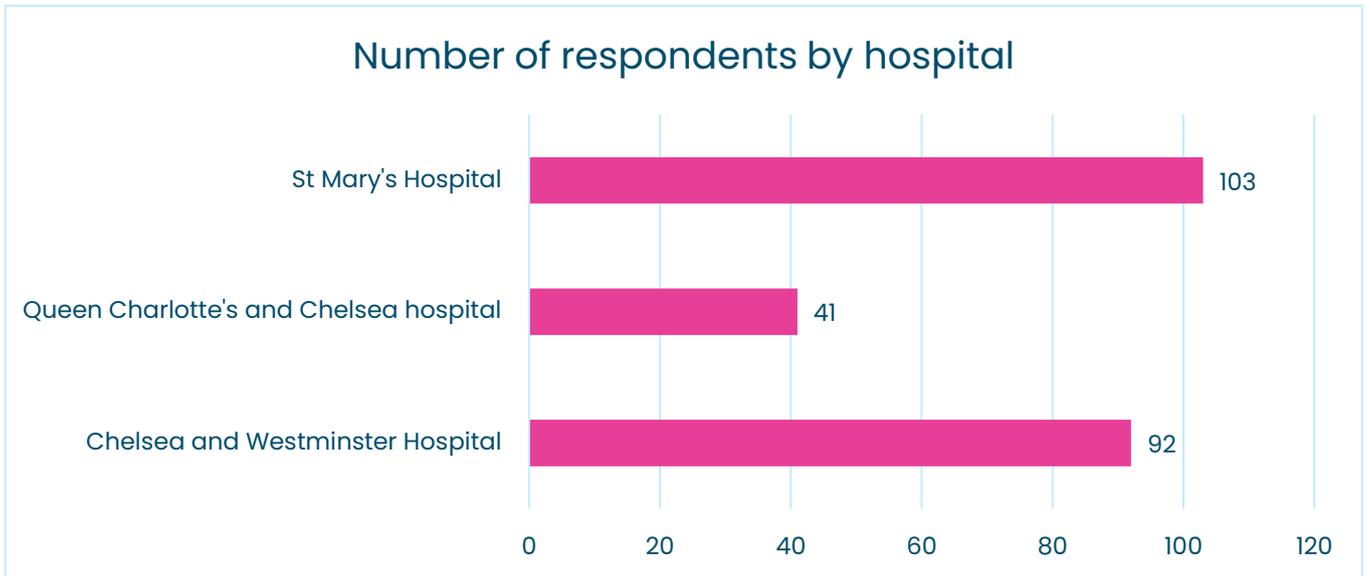
## Questions that we asked

- 1) How easy was it to get a referral or appointment at the hospital?
- 2) Were your preferences taken into account about what hospital you wanted to be referred to?
- 3) How good was the communication from the hospital before your appointment?
- 4) How did you find getting where you wanted to go?
- 5) How were the waiting times at the hospital?
- 6) Were staff kind and helpful?
- 7) Were you given clear information about what will happen next?
- 8) How would you rate the overall quality of treatment and care you received?
- 9) Do you have any suggestions about what could have been made better or changed?

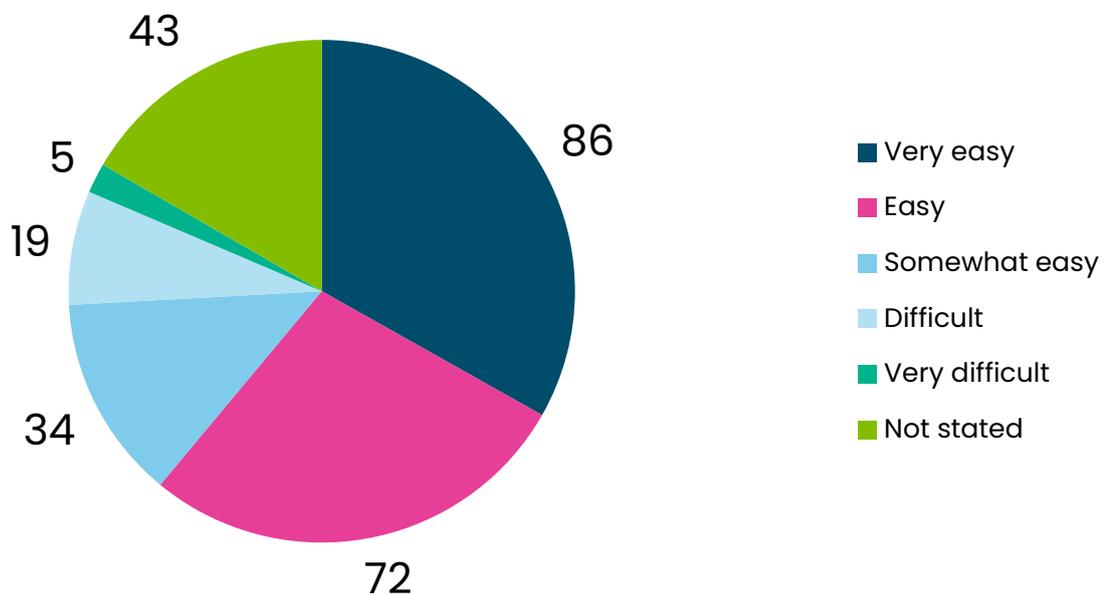
\*The full survey can be found in Appendix B.

## Survey responses

The majority of respondents who participated in the Patient Experience Programme survey in Q2 were from St Mary's Hospital (103 respondents). There were 92 respondents from Chelsea and Westminster Hospital and 41 from Queen Charlotte's and Chelsea Hospital.



### Q1 How easy was it to get a referral/appointment at the hospital?



This question helps us to understand how accessible health and care services are. A total of 216 respondents completed this question. Most people reported that it was very easy (88 people; 40%), or easy (72 people; 33%), or somewhat

easy (34 people; 16%) to get an appointment. Some respondents found it difficult (19 people; 9%) or very difficult (5 people; 2%) to get an appointment.

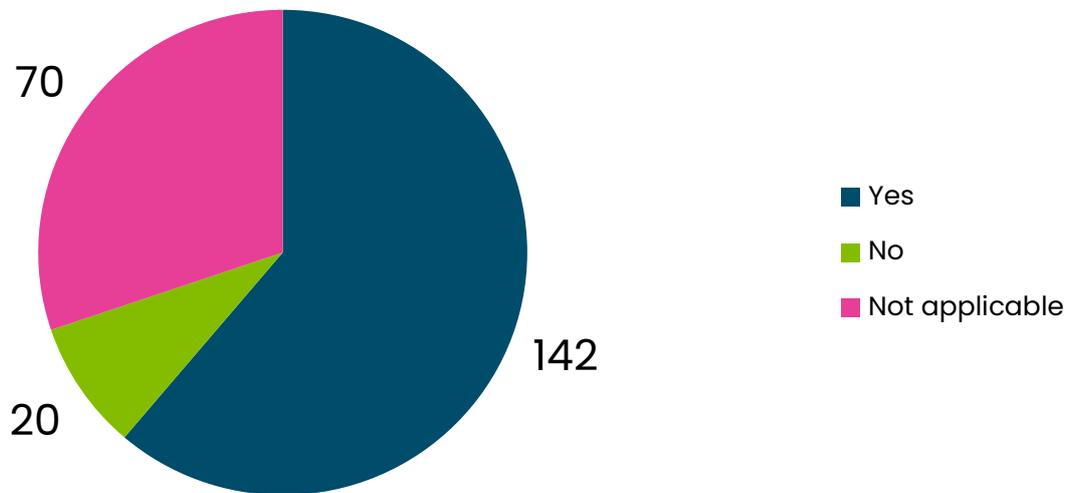
Long waiting times was a recurring concern among respondents. Many people reported waiting several months for an initial appointment, follow-up appointments, diagnostic tests, or surgery which some said prolonged pain and caused distress. One person shared that they were waiting for a hip replacement for approximately 2 years before eventually being given an appointment.

Respondents also mentioned appointment issues such as cancellations from the hospital and poor coordination between services. One patient told us their first appointment was cancelled and a new one was scheduled 6 months later. Another person shared that two appointments at different sites were booked within an hour apart which costed them a lot of money to book a taxi to be able to attend both.

Other challenges that contributed to prolonged waiting times were access issues such as being redirected between services, confusion over which number to contact to change an appointment and challenges with self-referring via the NHS app.

For patients that used services such as A&E, maternity self-referrals, or oncology, receiving a referral or appointment at the hospital was an easy and quick process. People who received ongoing or long-term care at the hospital also reported that accessing an appointment was easy. Equally people who reported they had been referred by a GP said that the process was very easy, easy or somewhat easy, with the exception of one person who said it was difficult to get the GP to refer them.

## Q2 Were your preferences taken into account about what hospital you wanted to be referred to?



This question is about quality and helps us to understand whether care is person centred and whether a person’s right to choose where they access care is upheld. A total of **232** respondents answered this question, of which 142 respondents (61%) said yes, their preferences were taken into account. Twenty (9%) respondents answered no, their preferences were not taken into account. A further 70 (30%) respondents reported that this question was not applicable to their situation.

Reasons given for the question not being applicable included A&E attendance, the procedure or service they needed was not available elsewhere or they came directly based on positive recommendations from friends and family such as the availability of translation support.

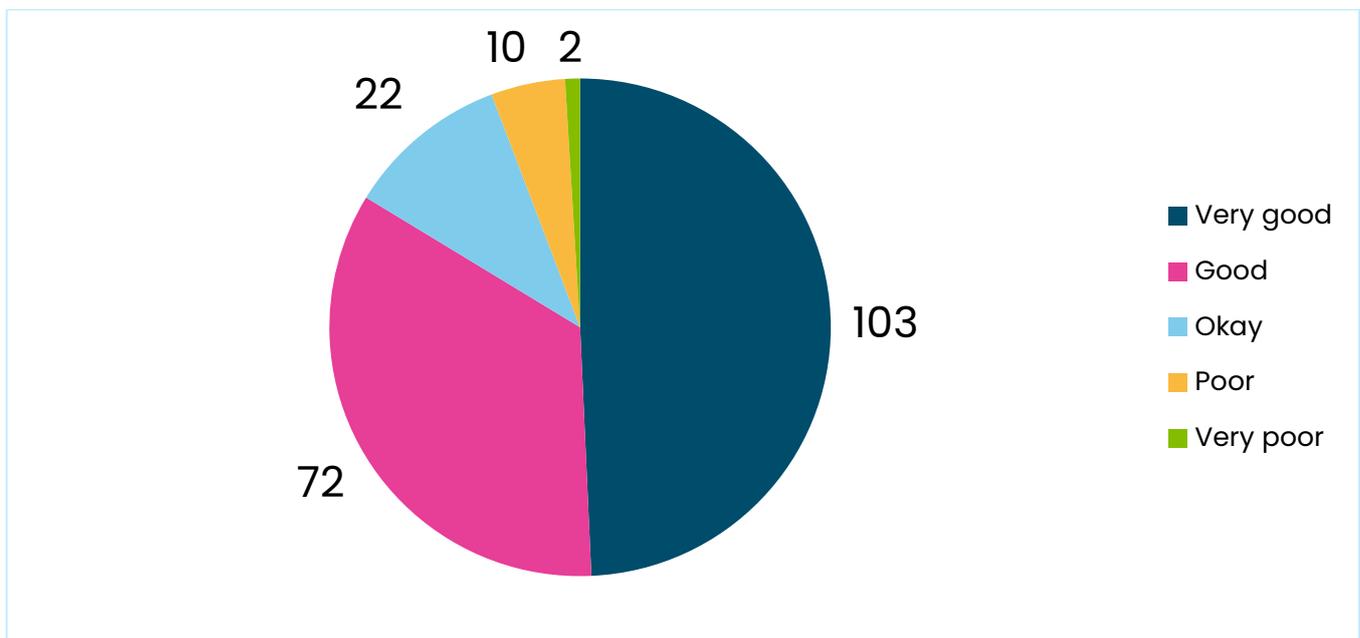
Among those that said their preferences were taken into account, the top theme in comments was how easy and convenient it was to access the hospital, particularly due to its proximity to their home or the service being well-connected by public transport. One respondent said that their preferences were not considered but they were happy to be referred to Chelsea and Westminster Hospital as it is easy to get to, clean and modern. Another person shared that their preferences were not taken into account and that they would have liked

alternative care in a location closer to their home, noting that parking is difficult at St Mary's Hospital.

The second most common theme within responses was that choice may be constrained because specialist care is delivered at limited locations. Examples of specialist services that people mentioned included the rheumatology department at Chelsea and Westminster Hospital, maternity service at Queen Charlotte's and Chelsea Hospital, and head trauma care at St Mary's Hospital. Most people who commented on specialist care said that their preference had been taken into consideration.

Seven people commented that they did not realise they had the right to be referred to a hospital of their choice and would have liked to know what their options were. However, most people that answered no to this question said they were still satisfied with the service provided.

### Q3 How good was the communication from the hospital before your appointment?



This question relates to the quality of services and asks about communication. In total, **209** respondents answered this question. Most people answered that the communication from the hospital before their appointment was very good (103 people; 49%) or good (72 people; 34%). Some people reported that the communication from the hospital was okay (22 people; 11%), and fewer people

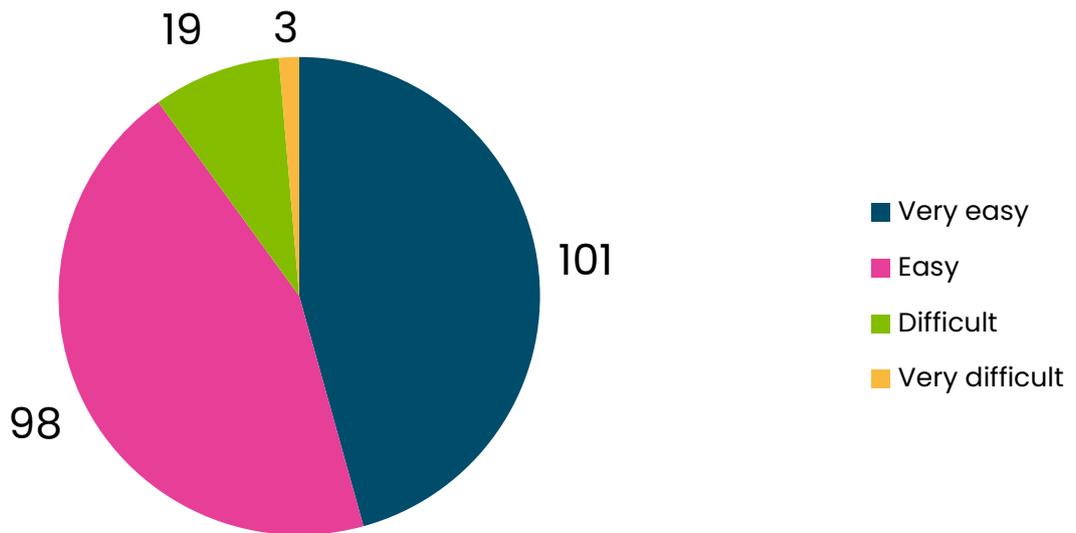
reported that the communication from the hospital had been either poor (10 people; 5%) or very poor (2 people; 1%).

The most common method of communication before appointments was text message reminders, often supported by email notifications and NHS App alerts. People who received multiple reminders generally rated pre-appointment communication as good or very good, aside from one person who felt they received too many emails.

Those who reported negative experiences mainly cited unclear or missing information, particularly that reminders did not state the purpose of the appointment, provided incorrect details, or directed them to the wrong department. Three people received no reminders at all. Others mentioned cancellations without notification and no explanation for long waits, including one person who waited an hour before being told that the doctor was running late and then waited a further five hours. Another respondent said their preference for large-format communication was not being met.

The second most common reason that people rated communication as poor was the difficulty of reaching someone on the phone about an upcoming appointment. People reported long phone queues – which one person said is particularly challenging for elderly patients – as well as not having the right number to contact the relevant department such as after a last-minute appointment cancellation by the hospital. Two respondents also noted that information about their treatment had not been shared with the reception team or recorded in their medical notes ahead of their visit.

## Q4 How did you find getting where you wanted to go?



This question is about service accessibility. A total of **221** respondents answered this question. Most people found it very easy (101 people; 46%) or easy (98 people; 44%) to get to where they needed to go to. Some people found it difficult (19 people; 9%), and less people found it very difficult (3 people; 1%). One person said that this question was not applicable to them as the ambulance brought them to the hospital.

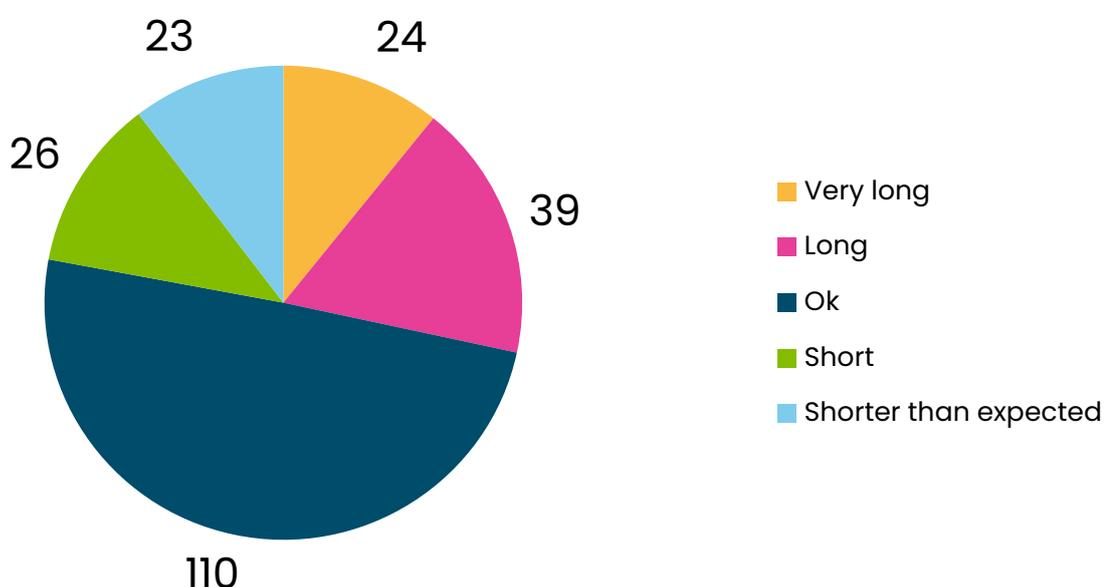
Respondents who answered “easy” and “very easy” to this question most often attributed this to being familiar with the hospital, regularly attending appointments at the same location and finding the signage and instructions to have improved in recent years. However, some respondents who had been attending the hospital for many years acknowledged that while it was easy for them, navigating the hospital can be quite difficult for newcomers, especially due to construction work at St Mary’s Hospital and that signage could always be improved, including on surrounding streets. One person noted that although getting to the hospital was easy, parking remained a challenge.

The helpfulness of staff was the second most common theme in people’s comments. Eleven respondents described reception teams, hospital staff and volunteers as “ready to help” and “very helpful”. However, 2 respondents who struggled to find their way around the hospital said that they received unclear or conflicting directions from staff which added to their confusion.

Among those who reported that it was “difficult” or “very difficult”, the most frequently reported issue was signage. Nine people said that it was hard to find their way around the hospital’s many buildings, particularly during ongoing construction work but that this was easy once they were in the correct building. One person said that the department they attend had moved around previously which made wayfinding even harder.

Two respondents also raised their concerns with accessibility around the hospital, including one elderly patient who shared their difficult experiences when both the lift and disabled toilets were out of service.

### Q5 How were the waiting times at the hospital?



This question is about the accessibility of the service and asks how long the person had to wait for their appointment. A total of **222** respondents answered this question. Most people (110 people; 50%) reported that the length of wait was ok. After this most people reported that the wait was long (39 people; 18%) or very long (24 people; 11%), and then short (26 people; 12%) or shorter than expected (23 people; 10%). One person commented that this was not applicable because they were still waiting but that blood tests in the past had very long waiting times.

Respondents who said that waiting times at the hospital were short or shorter than expected often reported being seen very quickly – sometimes earlier than their scheduled appointments – or with no wait at all. People frequently used

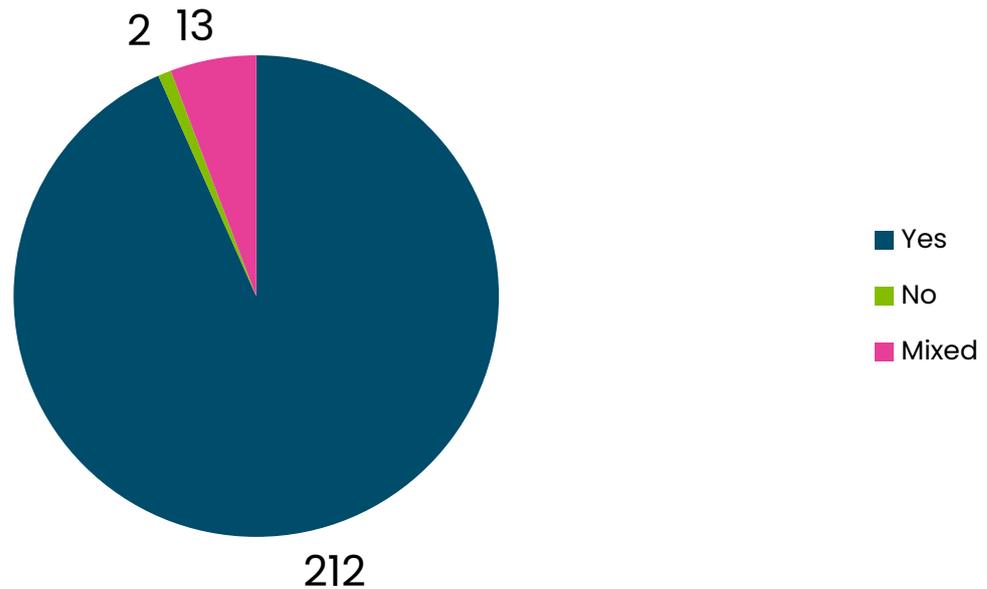
words such as “very quickly” and “reasonable” to describe their experience with the waiting times.

The majority of respondents rated waiting times as “ok” but there were mixed reviews in the comments. Some people said that they arrived on time or early and were dealt with right away. Others noted that although they arrived early, doctors were occasionally running 5 or 10 minutes behind schedule but this was still acceptable. Experiences also differed depending the service. For instance, one person mentioned that midwife appointments had longer waits and 2 people thought that the X-Ray department could have been faster.

The service that people most commonly described as having long or very long waiting times was the A&E department, compared with pre-booked appointments. People reported waiting times that ranged from 2 hours to over 13 hours, with one person stating that the seating worsened their back pain. Key reasons for the long waits were the large numbers of people and system issues but one person mentioned that St Mary’s Hospital was still quicker than other hospitals. A few people used words like “expected” to describe these delays.

Several respondents shared that their long wait was due to the previous appointment over running, or because it was for a vaccine or blood tests. One person said that they always get seen 45 minutes late and are not satisfied with reasons such as transport issues being the cause of doctors’ delays. Another person said that they waited five hours to book their c-section, only to be told that they would be contacted another day.

## Q6 Were staff kind and helpful?



This question relates to the quality of the service and asks respondents to share whether they thought staff were kind and helpful. A total of **227** people answered this question. Overwhelmingly, people responded that they thought staff were kind and helpful, with 212 people (93%) answering yes to this question. Thirteen people (6%) reported that they had had a mixed response, and 2 people (1%) reported that staff were not kind and helpful.

The majority of people used words such as “brilliant”, “knowledgeable”, “professional”, “kind”, “welcoming” and “no issues” to describe how happy they were the care that they received from staff. Several patients also mentioned named doctors at St Mary’s paediatric department who were exceptional.

One patient from St Mary’s Hospital said:

**“Another receptionist last time was very kind and organised a wheelchair for him”.**

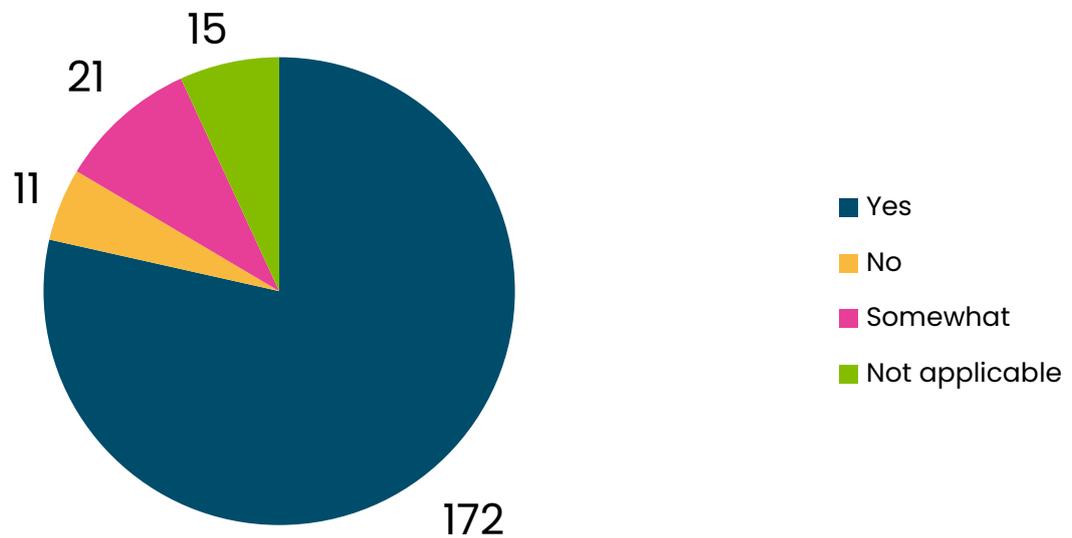
Another patient at Queen Charlotte’s and Chelsea hospital said:

**“The staff are brilliant in all the hospitals I go to”.**

Less commonly, when people reported mixed or negative experiences, they highlighted issues such as a lack of empathy and compassion from some staff, not feeling listened to, feeling uncomfortable asking questions, or encountering general rudeness and patronising attitudes. One person acknowledged that this

may be due to staff working under significant pressure. Some of these issues occurred in specific cases, such as a staff member refusing to assist a patient onto the bed for a scan, or another situation where a patient was accused of lying.

### Q7 Were you given clear information about what will happen next?



This question relates to both service accessibility and quality. A total of 219 respondents answered this question. Most people (172 respondents; 79%) reported that they had been given clear information and 21 people (10%) answered that they has somewhat been given clear information on next steps. Fifteen people (7%) reported that this was not applicable. Finally, 11 people (5%) reported that they had not been given clear information on what will happen next.

Many respondents who answered “yes” to this question were satisfied with the explanation that doctors had given about next steps, including follow up appointments and medication instructions. For those who said the information was “somewhat” clear, common areas were wanting more detail about next steps without needing to constantly ask, more reassurance that the explanations were not rushed and clarity such as on whether a missing appointment will be rescheduled.

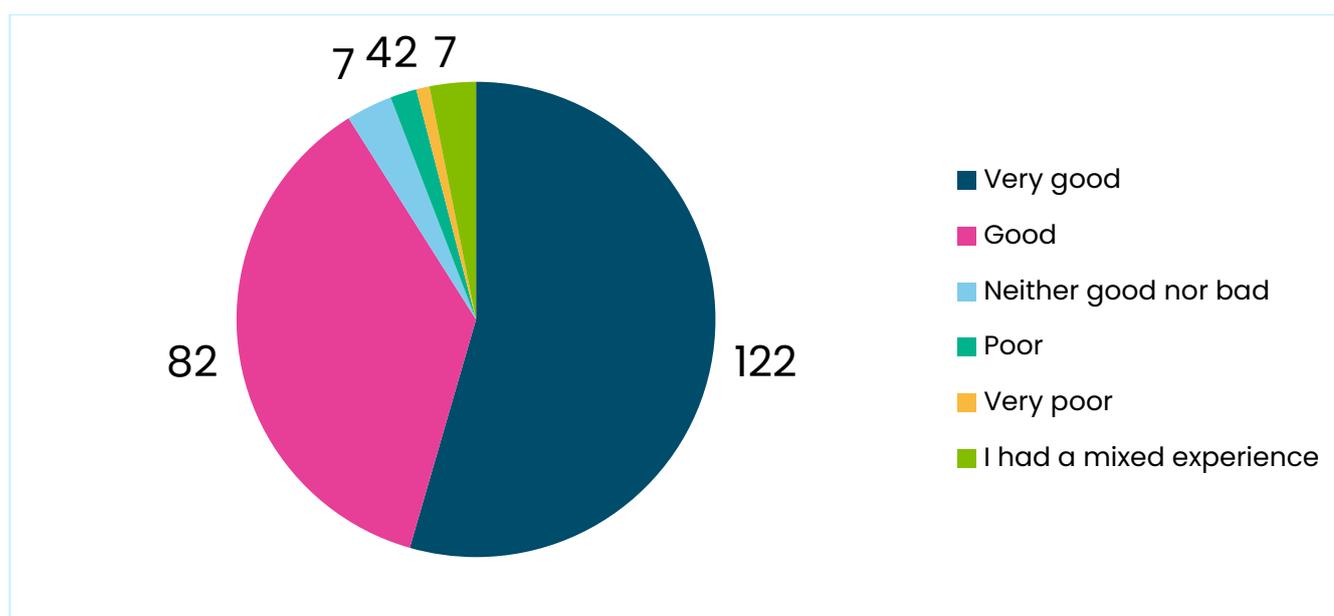
Several people shared examples of mixed instructions. One respondent said they were not told they needed to bring their blue book, while another reported that

the nurse appeared confused about next steps even though they had their blue book with them. A different respondent had been informed by the midwife about the process for a glucose tolerance test but received vague instructions on the day.

Fewer people reported negative experiences with communication following an their appointment. Some of the responses indicated concerns around delays in receiving diagnoses – such as hip fracture for an outpatient and an inpatient’s infection – as well as the lack of clarity from staff about what they were waiting for and decisions around how appointment rescheduling was carried out.

Seven respondents who said this question was not applicable cited reasons such as their attendance to routine appointments, still waiting for test results or an appointment or that it was too early in their treatment journey to comment.

### Q8 How would you rate the overall quality of treatment and care you received?



This question directly relates to the perceived quality of care. A total of **224** respondents answered this question. Most people reported that the quality of care was very good (122 people; 54%) followed by good (82 people; 37%). Seven people (3%) reported that the quality of the care they received was neither good nor bad and another 7 people (3%) reported that they had a mixed experience. Less people reported that the overall quality of care was poor (4 people; 2%) or very poor (2 people; 1%).

The majority of respondents commented that they had a positive experience with the care that they received:

“Changed my son's life with the support and treatment plans. They really make me feel settled with their information”.

“Everyone was very supportive from the first day here, answering our questions and providing additional support. Very pleased with neonatal care team”.

“Constant support”.

“Every single staff was great”.

Some factors that negatively influenced people’s overall perception of the quality of care included long waits between appointments, poor communication about next steps or diagnoses, multiple cancellations, missed follow-up bookings after surgery, and staff not acknowledging patient concerns about comfort. One respondent said they would have liked to be offered options for managing pain during a procedure. Another described receiving conflicting information about medication during an inpatient stay.

## **Q9 Do you have any suggestions about what could have been made better or changed?**

### **1) Reduce waiting times**

This was the most common suggestion that people shared, with 23 respondents highlighting that waiting times could be reduced to improve their experience of healthcare. Suggestions included:

- Reducing pharmacy waiting queues.
- Providing extra staff to help with delays.
- Introducing a screen in the A&E waiting area to allow people to know where they are in the queue
- Updating people on the estimated waiting time for appointments.
- Taking into consideration that vulnerable people such as the elderly and those with long term health conditions like diabetes cannot wait very long.

- Providing patients, such as children with allergies, quicker appointments before the issue becomes an emergency.

## 2) Improve communication

The second most frequently cited suggestion was the need to strengthen communication about appointments. Suggestions included:

- Better integration between teams across departments so appointments are not cancelled at short notice, and clearer explanations are provided when cancellations do occur.
- Ensuring patients' medical records are updated so that they do not have to repeat their concerns when speaking to staff from different teams.
- Offering a clear and simple process for rescheduling follow-up appointments, whether online or by phone.
- Providing clear information about the location of appointments, such as maps or directions.
- Making sure patients receive correspondence in accessible formats and in the methods they prefer, such as letters or phone calls.
- Giving more detailed explanations of results, disease progression, care pathways and what to expect after an appointment.
- Improving communication about the choices available to help make procedure more manageable.
- Increasing the availability for face to face appointments for people that prefer to speak directly with a clinician.

## 3) Enhance accessibility

Another concern that was commonly raised by patients was accessibility, both in terms of getting appointments but also in relation to the hospital environment. Respondents proposed several improvements, including:

- Increasing the availability of appointments to allow people to access the care they need.

- Making sure that patients see the same doctor to support better continuity of care.
- Ensuring that elevators and escalators are consistently working to support smooth movement around the hospital.
- Installing more comfortable seating in waiting areas.
- Simplifying the process for extending parking waiting time as well as increasing parking capacity and reducing costs.
- Improving hospitals outdoor environments so that there are more trees, benches and more spaces for people to park their bicycles.
- Improving care provided to inpatients such as the quality of food available to inpatients, reducing noise levels on wards and minimising the number of screens in bedside kiosks.

#### **4) Signage and navigation**

Several respondents highlighted that clearer signage would significantly improve their ability to navigate the hospital. They suggested updating maps and increasing signage on the surrounding streets to make routes easier for patients to follow.

One respondent also recommended improving signage boards in the maternity department at Queen Charlotte's and Chelsea Hospital to outline information on how to access emergency care.

#### **5) Staff attitudes**

A minority of respondents noted that some staff could be more patient and listen more attentively, particularly to parents who know their children best, and suggested additional training.

One person also suggested improving the timekeeping of medication schedules. However, the vast majority of people remained satisfied with their overall experience with staff.

## Other feedback

The team also talk to people in the hospital and hear general feedback. Here are some of the general feedback people shared with us on our visits:

One person that used the paediatric allergy unit was unhappy that food containing allergies were allowed to be consumed in the waiting area and they were worried about the reaction that this can cause other children to have.

“Wonderful allergy department – take time to explain fully and nothing is much trouble”.

“I had a very good outpatient appointment – lovely staff, medical team & volunteers. Thank you!”

A patient who is partially blind told us that despite their preference for correspondence to be in large font, this was not taken into account.

One person explained that having multiple appointments in the same week can be confusing when reminders do not specify what each appointment is for and another reported that the hospital sometimes forgets to send their appointment information altogether.

“Hospital staff were great only downside is my appointment after surgery was forgotten, and I had to call in to remind them I need to be seen. Once in the hospital staff were impeccable”.

“No explanation for wait times”.

“Was not given the correct time of the appointment”.

One patient told us that she gave birth to her child around 20 days ago and the midwife had been very good at sending her reminders for her heart scan.

“I’d like a brief on what is the overall process for getting maternity care, prescription etc would be helpful for someone new to the country. No leaflet provided by the mid wives”.

“Self-referral on website for midwife is no longer there...medication affected blood tests and it was unclear for me”.

"Very easy to sign up to antenatal care – harder to get additional appointments".

Another patient told us that it is difficult to get a referral or appointment at the hospital because everything is now done online and so they have to come in person to get help from the hospital.

"I find that caring for the senior patients is important. It's the little things they want. They want people to listen to them".

"I am very pleased with the gynaecology department today. We had very good experience. Thank you to midwife who saw us today".

Some people spoke about the availability of parking spaces.

"Not enough disabled parking!"

"Poor parking facilities, very few".

One person shared their experience of NHS 111 asking them a lot of questions but nothing that made them feel uncomfortable and they knew that this was to ensure they were referred to the right service.

"Can't fault them".

"Thank you to the volunteers (Michael) for helping me get to where I needed to go."

"This hospital was closer, and they were very helpful in taking into account preferences".

"Can't complain, great experience so far. Been here twice".

Please note: the team carried out the survey in maternity departments. As a result of this, we have received information specific to this department and therefore, some of this specific feedback has been included in this section. This should not be interpreted that there are more issues raised than in other departments, and instead reflects that a larger number of respondents were attending these services.

# Equalities snapshot

We also asked respondents to share information about themselves on a voluntary basis. This information includes protected characteristics such as gender, age and ethnicity (and others), and allows us to understand whether there are differences of experiences for people with different personal characteristics.

This section includes information from people who shared demographic information. A full breakdown of the demographic data collected can be viewed in the Appendix C.

## Gender

Of the respondents, 147 (65.62%) were female, 68 (30.36%) were male and 9 (4.02%) preferred not to share their gender.

## Age

Most respondents were between the ages of 25 to 49 years (94; 41.59%). The second largest age groups were 50 to 64 years (43; 19.03%) and 65 to 79 years (36; 15.93%). Ten people (4.42%) were 0 to 12 years, 2 people (0.88%) were 13 to 15 years, 5 people (2.21%) were 16 to 17 years, 13 people (5.75%) were 18 to 24 years and 12 people (5.32%) were 80+ years. Eleven people (4.87%) preferred not to say.

## Ethnicity

A total of 59 respondents (27.83%) reported being White British, 12 people (5.66%) reported being Arab, 12 people (5.66%) Black/ Black British: Caribbean and 11 people (5.19%) Black / Black British: African. Ten people (4.72%) reported Asian/Asian British: Indian ethnicity and 14 people (6.60%) preferred not to say.

## Disability

In total, 73 respondents (34.93%) reported having a long-term health condition, 37 (17.70%) reported having a disability, 13 respondents (6.22%) reported being a carer and 97 respondents (46.41%) selected "none of the above". Fifteen respondents (7.18%) preferred not to say.

# Appendix

## Appendix A – Primary care survey questions

Patients were asked to specify the name of GP surgery they attended. The survey questions were as follows:

1. How did you book your appointment?  
*Online, App, Telephone, In person*
2. How easy was it to get an appointment?  
*Very Easy, Easy, Somewhat Easy, Difficult, Very difficult*
3. If you called your GP practice, how easy was it to speak to someone on the phone?  
*Very Easy, Easy, Somewhat Easy, Difficult, Very difficult, Not Applicable*
4. How long did you have to wait for an appointment?  
*Same day, Under 1 week, 1-2 weeks, 2 weeks or more*
5. Was this longer or shorter than you expected?  
*Longer, As expected, Shorter*
6. Were staff kind and respectful at your GP practice?  
*Yes, No, Mixed*
7. Were you given clear information on what will happen next?  
*Yes, No, Somewhat, Not applicable*
8. How would you rate the overall quality of treatment and care received?  
*Very good, Good, Neither good nor bad, Poor, Very poor, I had a mixed experience*
9. Do you have any suggestions about what could have been made better or changed?

Patients were invited to share additional details for each question. The rest of the survey questions were about the demographics of respondents. See Appendix C.

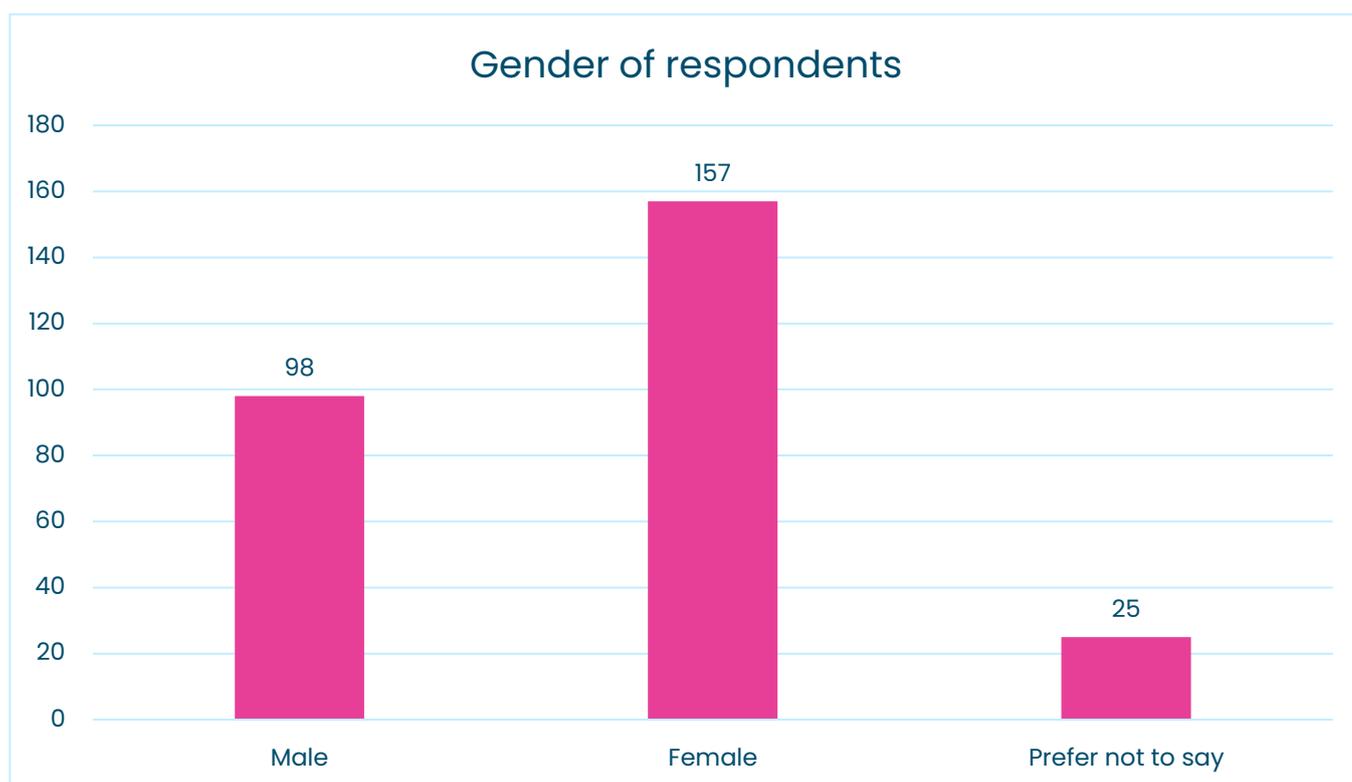
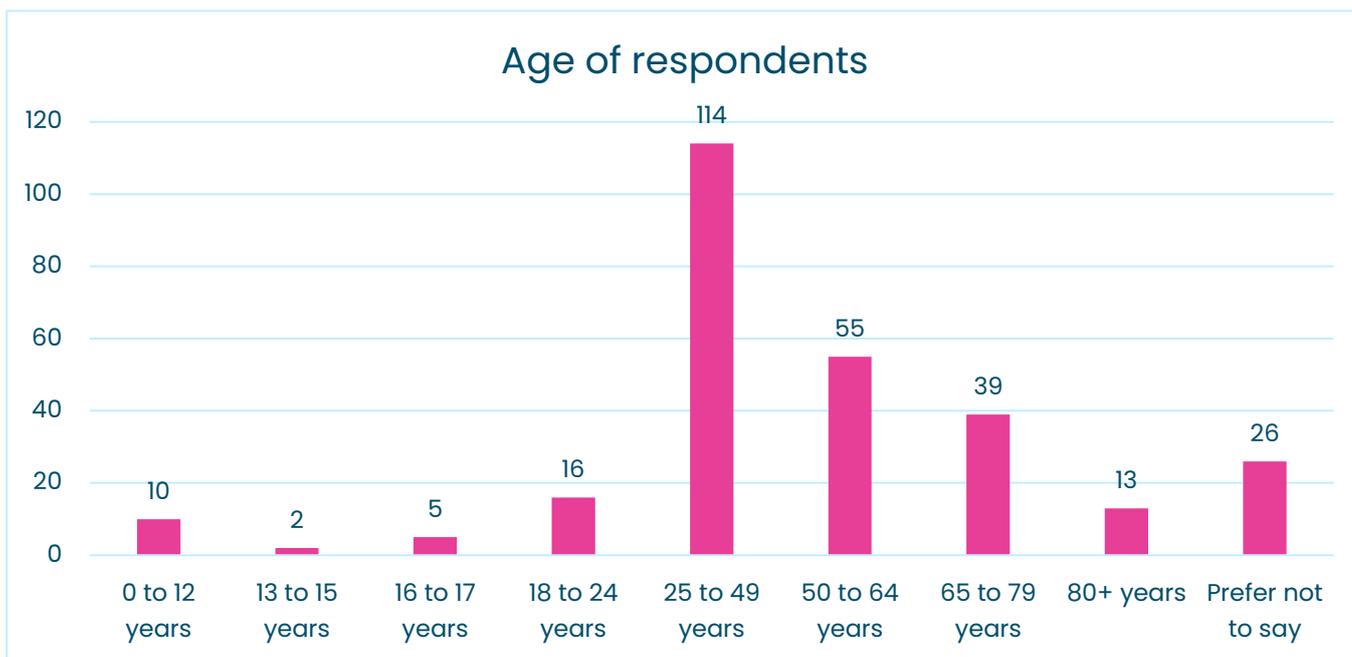
## Appendix B – Secondary care survey questions

Patients were asked to specify name of hospital and the service they used that day. The survey questions were as follows:

1. How easy was it to get a referral/appointment at the hospital?  
*Very Easy, Easy, Somewhat Easy, Difficult, Very difficult, Not Applicable*
2. Were your preferences taken into account about which hospital you wanted to be referred to?  
*Yes, No, Not applicable*
3. How good was the communication from the hospital before your appointment?  
*Very Good, Good, Okay, Poor, Very poor, Not Applicable*
4. How did you find getting where you wanted to go?  
*Very Easy, Easy, Difficult, Very difficult, Not Applicable*
5. How were the waiting times at the hospital?  
*Very Long, Long, Ok, Short, Shorter than expected, Not Applicable*
6. Were staff kind and respectful?  
*Yes, No, Mixed*
7. Were you given clear information on what will happen next?  
*Yes, No, Somewhat, Not applicable*
8. How would you rate the overall quality of treatment and care received?  
*Very good, Good, Neither good nor bad, Poor, Very poor, I had a mixed experience*
9. Do you have any suggestions about what could have been made better or changed?

Patients were invited to share additional details for each question. The rest of the survey questions were about the demographics of respondents. See Appendix C.

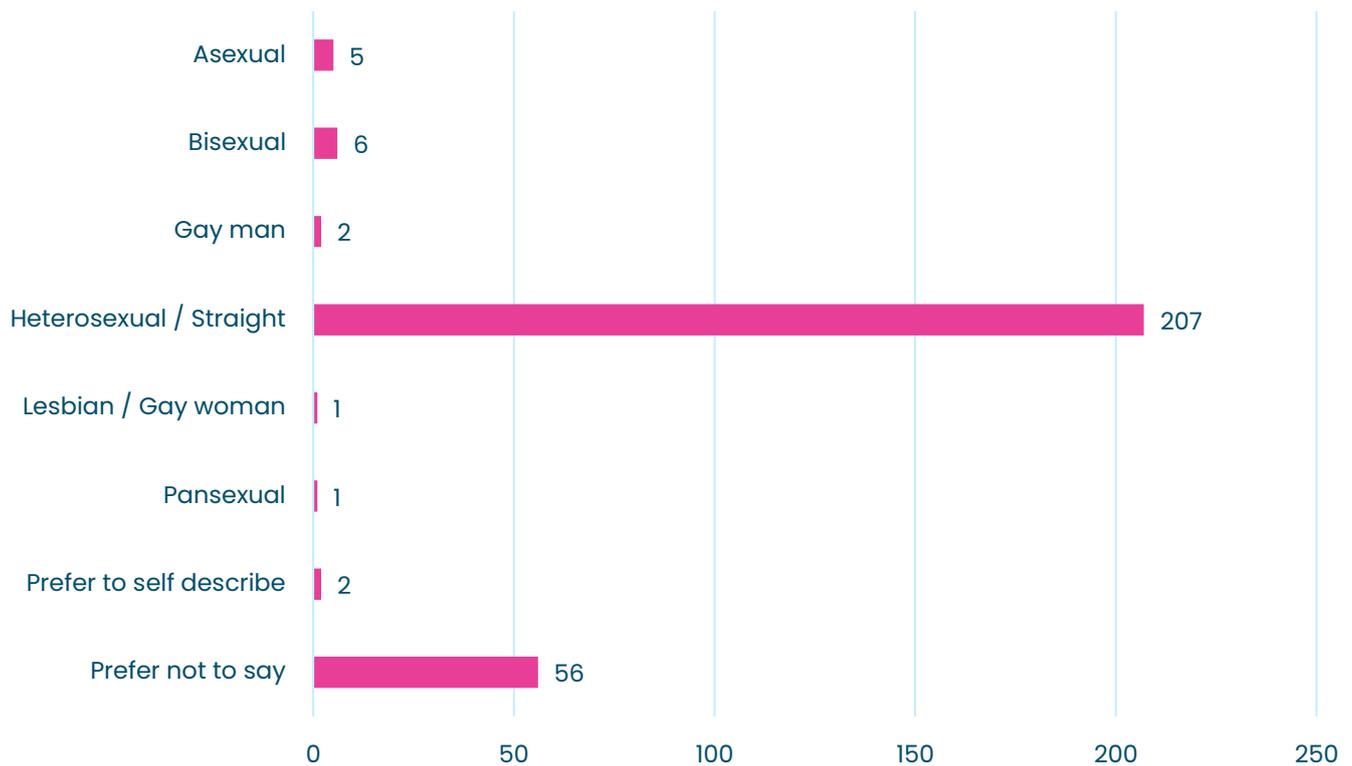
## Appendix C – Combined demographics



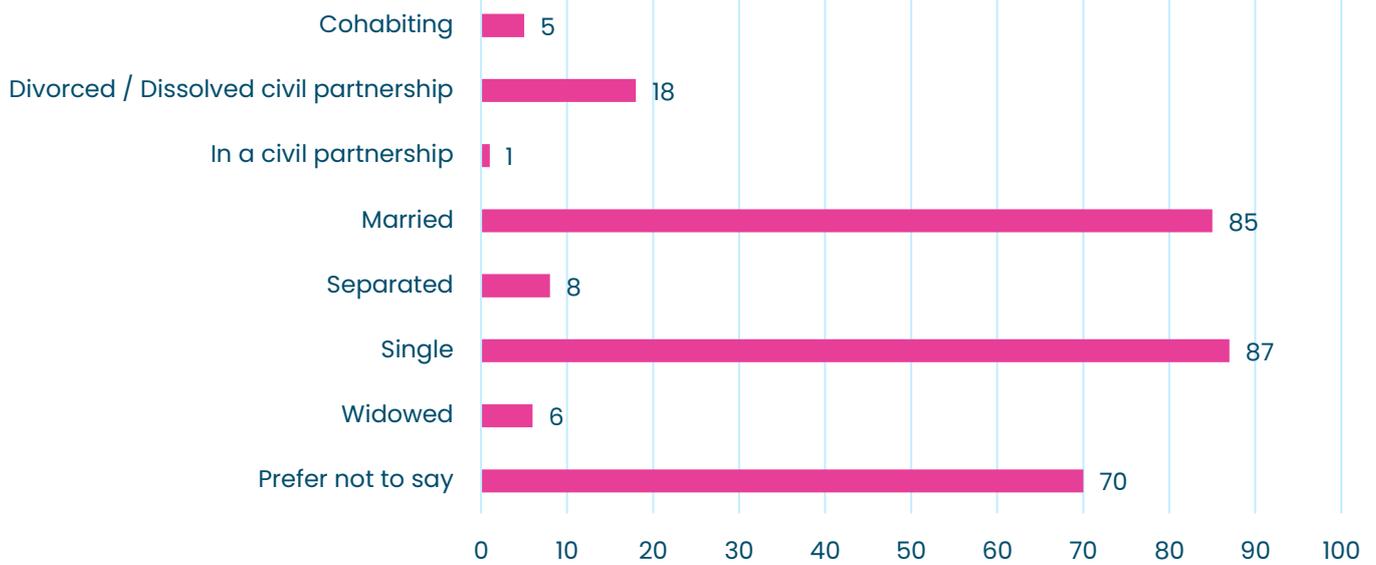
## Is your gender identity the same as your sex recorded at birth?



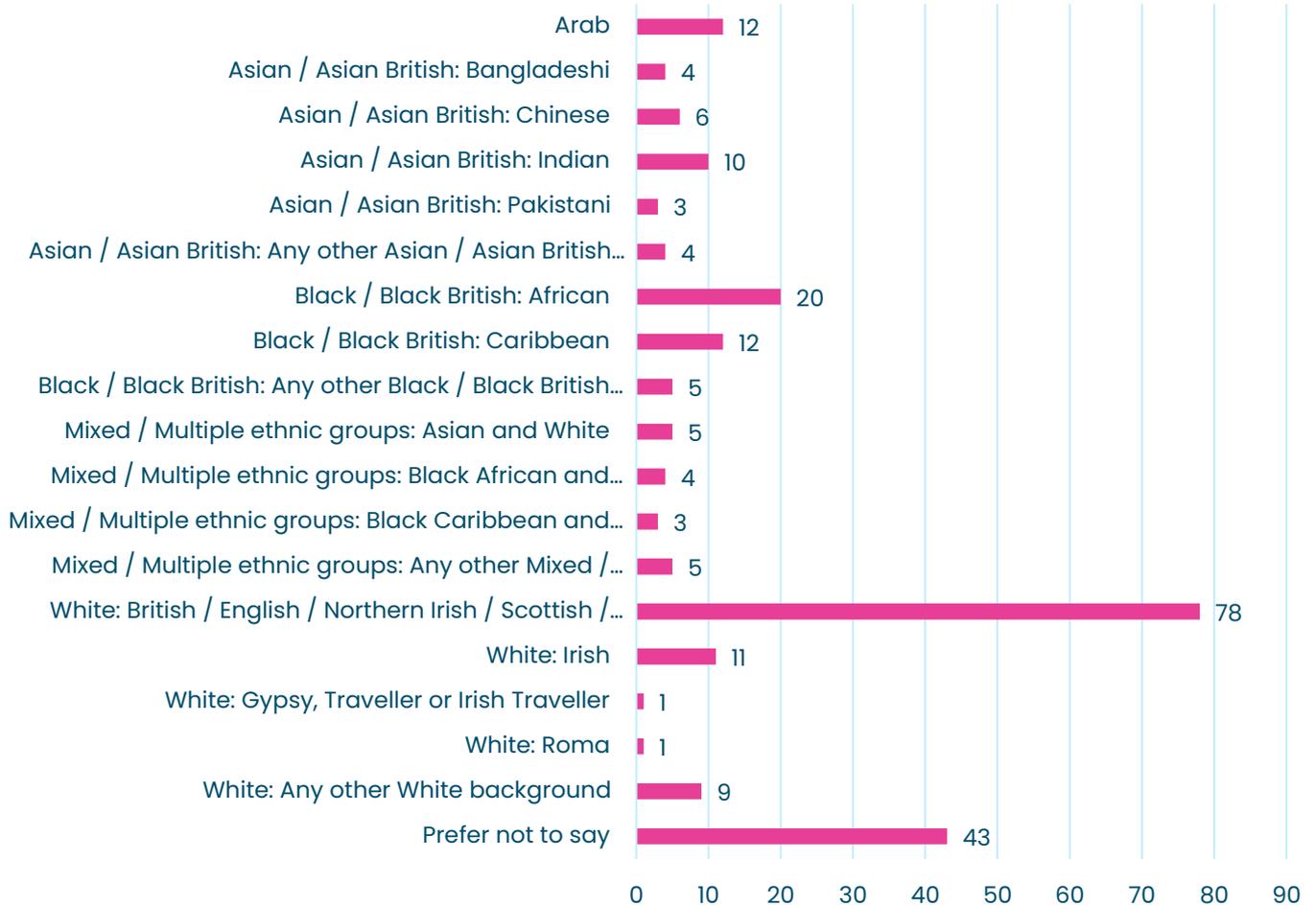
## Sexual orientation of respondents



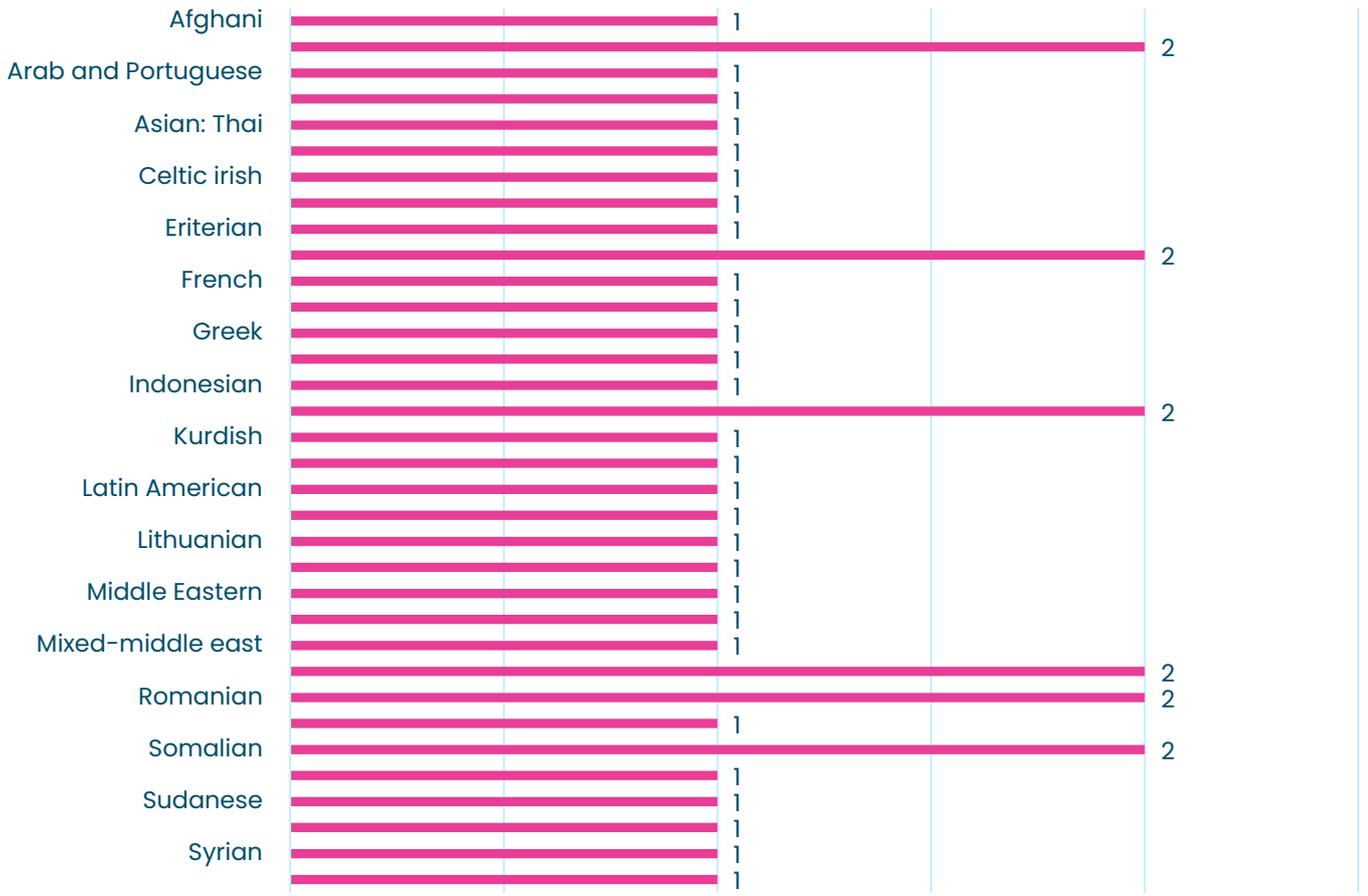
## Marital or partnership status of respondents



## Ethnicity of respondents



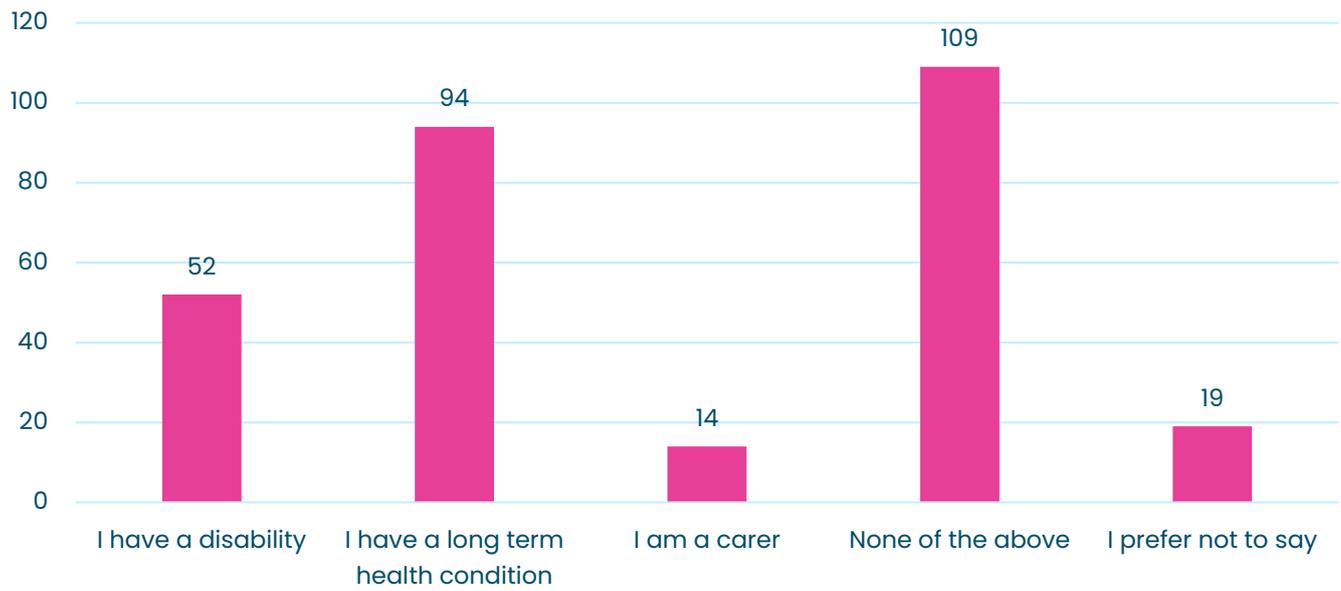
## Specific ethnicity of respondents



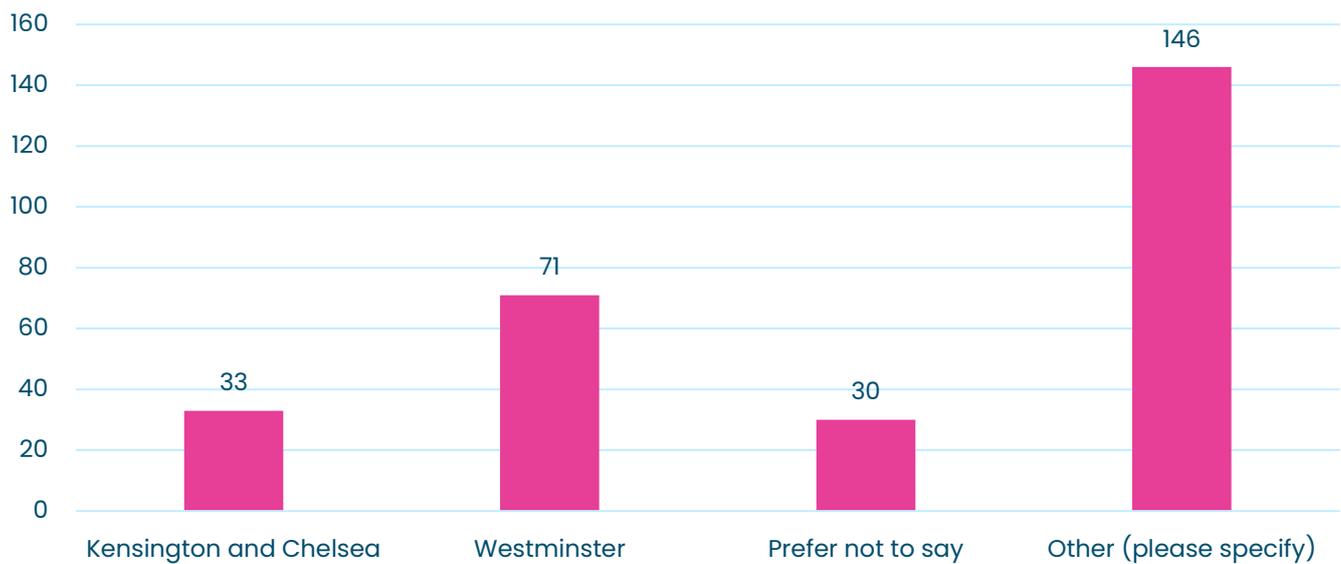
## Religion of respondents



Please select any of the following that apply to you:



Borough of respondents



**healthwatch**  
Westminster

**healthwatch**  
Kensington and  
Chelsea

The Stowe Centre  
258 Harrow Road  
London  
W2 5ES

**Healthwatch Westminster**

[www.healthwatchwestminster.org.uk](http://www.healthwatchwestminster.org.uk)

t: 0208 106 1480

e: [info@healthwatchwestminster.org.uk](mailto:info@healthwatchwestminster.org.uk)

 [@hw\\_westminster](https://twitter.com/hw_westminster)

 [@hw\\_westminster](https://www.instagram.com/hw_westminster)

 [Facebook.com/HealthwatchWestminster](https://www.facebook.com/HealthwatchWestminster)

**Healthwatch Kensington & Chelsea**

[www.healthwatchrbkc.org.uk/](http://www.healthwatchrbkc.org.uk/)

t: 0208 968 7049

e: [info@healthwatchrbkc.org.uk](mailto:info@healthwatchrbkc.org.uk)

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