healthwatch Barking and Dagenham

Women's Health Outpatients Department at Queen's Hospital

Enter and View Report

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1. Introduction

1.1 Details of visit

Details of visit:	
Service address	Queen's Hospital, Women's Outpatients Department, Rom Valley Way, Romford RM7 0AG
Service provider	Barking, Havering and Redbridge University Hospitals NHS Trust
Service area	Barking and Dagenham, Havering, and Redbridge
Date and time	03/12/25
Authorised Representatives	Agne Pilkauskiene (Authorised Representative) Klara Ismail (Authorised Representative) Precious Yaa Onwosi (Authorised Representative) Winnie Abigail Hibbert (Authorised Representative) Amna Faheem (Authorised Representative) Elizabeth Aiyelabola (Work Placement Student)
Announced/Unannounced	Unannounced
Contact details	Healthwatch Barking and Dagenham LifeLine House Neville Road Dagenham RM8 3QS 0800 298 5331 info@healthwatchbarkinganddagenham.co.uk

1.2 About the service

The Women's Health Outpatients Department at Queen's Hospital provides comprehensive specialist care for a wide range of gynaecological conditions, including colposcopy, hysteroscopy, and general gynaecology consultations. The service supports women through all stages of reproductive and post-reproductive health, including the management of menstrual disorders, pelvic pain, menopause symptoms, recurrent miscarriage and perineal issues. Specialist clinics provide expertise in urogynaecology. The department also offers family planning advice and procedures, alongside access to surgical management options such as hysterectomy when clinically appropriate, ensuring patient-centred, evidence-based care.

1.3 Acknowledgements

Healthwatch Barking and Dagenham would like to thank the service provider, service users, visitors, and staff for their contribution during the visit.

1.4 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time of the visit.

2. What is Enter and View?

- The Health and Social Care Act 2012 allows local Healthwatch to carry out Enter and View visits.
- Authorised representatives are recruited and trained to carry out visits to observe specific settings and give feedback.
- During a visit, information is gathered through the experiences of service users, their relatives, friends, and staff to collect evidence of the quality and standard of the services being provided.
- Enter and View visits can happen if people tell us there is a problem with a service, but equally, they can occur when services have a good reputation.
- The visits enable us to share examples of best practices and make recommendations where improvements are needed from the perspective of people who experience the service first-hand.
- An opportunity to give authoritative, evidence-based feedback to organisations responsible for delivering and commissioning services.
- The visits assist local Healthwatch to alert Healthwatch England or the Care Quality Commission to concerns about specific service providers of health and social care.
- If you are interested in finding out more about Enter and View visits or Healthwatch Barking and Dagenham, then please visit: www.healthwatchbarkinganddagenham.co.uk

2.1 Purpose of Visit

Our purpose was to observe and engage with women accessing the service, with the focus on these areas:

- Experience of being referred and accessing the service
- Experience of care received
- Overall feedback

2.2 Strategic drivers

This visit was carried out in direct response to the findings of the previously published Women's Reproductive and Sexual Health in Barking and Dagenham report, which highlighted gaps in access, experience and outcomes across women's health services. The report identified challenges, including delays in diagnosis, variation in treatment pathways, limited clarity around service navigation, and unmet needs. These strategic drivers collectively underpin the rationale for this visit, ensuring that service delivery is aligned with both local needs and wider system ambitions to improve access, reduce disparities, strengthen prevention, and enhance the overall quality of women's healthcare.

2.3 Methodology

Before the visit:

- This was an unannounced visit carried out by Healthwatch Barking and Dagenham authorised representatives to get feedback on services offered to women.

Day of the visit:

- The Healthwatch team arrived at Queen's Hospital at 10 am. Authorised representatives attended a briefing meeting before the visit.
- A lead officer approached the Information desk to be guided to the Women's Outpatients department.
- Upon arrival, the lead representative approached the reception and informed staff of the purpose of this visit. Reception staff informed the service manager, who was in a meeting at the time. Authorised Representatives were asked to wait to speak to the service manager, which took around 30 minutes. Lead Representative was also informed that the waiting area is shared by 2 services – the Gynaecology department and an Antenatal Clinic; therefore, there is always a mixture of women in the waiting area.
- After a discussion with the service manager, authorised representatives started their visit.

Methodology: Following the report

After BHRUT received this report, the Trust highlighted that the correct Enter and View process had not been followed by the Enter and View lead. A few weeks later, the Trust advised that they had prepared a response; however, they requested that the report reflect that the full process outlined in the SOP had not been followed. They confirmed that once this acknowledgement was included, they would issue their response to the recommendations.

At the Trust's request, we have agreed to outline the process that should have been followed and to share their concerns regarding safety, followed by our response.

When Healthwatch reports to the information desk, they should be directed to speak with the Patient Experience Team. The following steps, as documented in the SOP, were not followed:

1. Report to the main reception and request to speak to the Patient Experience Team.
2. The Patient Experience Facilitator managing the visit to contact Head of Patient Experience and the Director of Nursing to inform them of the visit and agree the appropriate person in charge for the area being visited.
3. The Patient Experience Facilitator to contact the appropriate person and their Clinical Care Group triumvirate.
4. The Healthwatch representatives to provide photo ID.
5. The Patient Experience Facilitator to provide Healthwatch representatives with visitor passes, escort them to the area that is going to be visited and hand them over to the named lead for the visit.

As these steps were not completed, Healthwatch representatives were not issued visitor passes, which the Trust has raised as a health and safety concern.

Healthwatch acknowledges that not all required steps were followed. However, all representatives wore their own ID badges.

While Healthwatch accepts that the SOP was not fully adhered to, it is important to note that service managers on duty permitted Healthwatch to speak with patients. If a visitor pass was considered mandatory, this should have been addressed at the time by the service manager to mitigate any potential safety concerns. The Trust have addressed this issue.

All Healthwatch staff have been reminded of the SOP and will ensure compliance going forward. It is also important to highlight that the SOP is a mutual

understanding between Healthwatch and the Trust. Healthwatch retains statutory powers to conduct Enter and View visits regardless of an SOP, though we recognise the value of following agreed procedures and will continue to work with the trust.

3. Summary of findings

Reason for the visit

Health conditions (reason for visit)

During the visit, we spoke to 28 women. We asked women about the health concerns they were seeking support for during the visit. This helped us gain a clearer understanding of their conditions and identify any differences in experiences based on specific health issues. Of the 28 respondents we spoke with, 19 indicated they were attending their pregnancy-related appointment, and 9 respondents were seeking support for gynaecological conditions. The table below highlights the exact conditions.

Reason for the visit	Number of respondents
Pregnancy	19
Bladder and urinary health	3
Periods	2
Perimenopause	1
Pelvic health	1
Other (blood test for further screening, and a gynaecologist check-up).	2

Appointment Type

Of the women we spoke to during the visit, 24 were attending their first appointment, while 4 were attending a follow-up appointment.

It is important to note that pregnancy experiences and experiences of women accessing the service for other gynaecological conditions will be analysed separately, due to their referral pathways being different

3.1 Findings - Gynaecological conditions

3.1.1 About your visit

Waiting Times Between Appointments

The time between the initial and follow-up appointments varied considerably among respondents. Reported gaps ranged from one week to five to six months, with some individuals experiencing waits of up to two years. This suggests that different conditions may require different follow-up timescales.

Referral Process

When asked how easy it was to obtain a referral to this service, three respondents reported that the process was **very easy**. They provided the following comments:

I got a referral through my GP. Waiting time was 6 months.

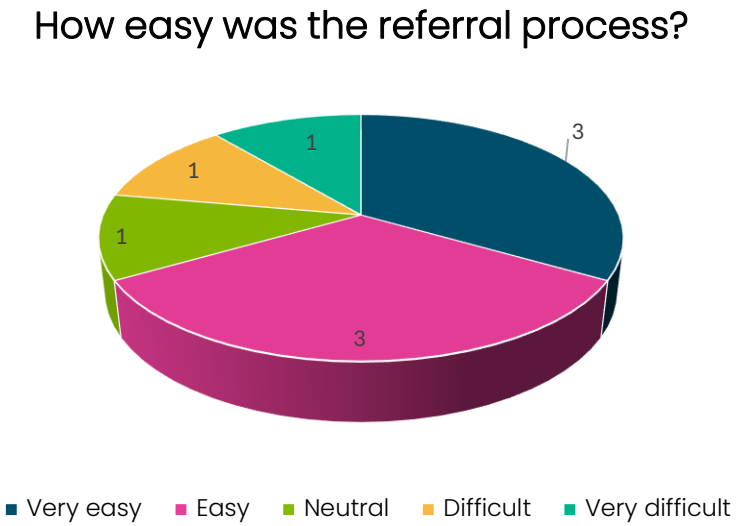
I went to my GP, and she sent the letter through this department quickly. Doctors book the appointment, which makes it easier; however, the waiting period before the appointment is long, and it takes up to 6 months.

Three respondents reported that the referral process was ***easy***. One respondent highlighted positive communication, noting that staff were helpful and approachable, which made the process straightforward.

One respondent described their experience as ***neutral,*** explaining that while the initial wait for the first appointment was approximately one-year, subsequent follow-up appointments were easier to arrange.

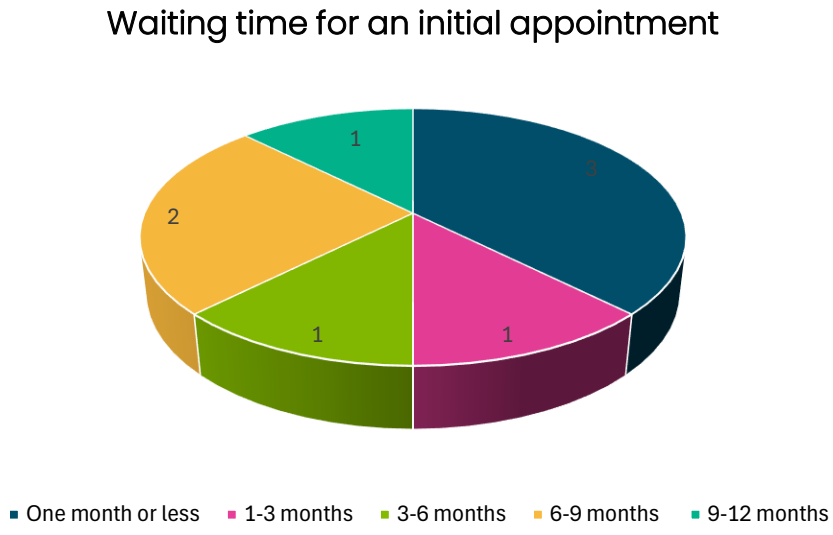
One respondent reported that the referral process was ***difficult***, and one described it as ***very difficult***. The latter noted that they were referred through a hospital pain clinic, as she could not get a referral from her GP.

Waiting Time for Initial Appointment



Respondents were asked how long they waited for their initial appointment following referral. The findings suggest that most respondents were seen within a relatively short timeframe.

Three respondents reported being seen within one month or less of referral. One respondent waited between one and three months, and one waited between three and six months. Two respondents reported waiting between six and nine months, while one respondent waited between nine and twelve months.



Next, respondents were asked if they were told how long they would have to wait for an appointment and what they could do to manage their symptoms while waiting:

In those 6 months, the symptoms got worse. I used to wake up 4-6 times at night to urinate, but they started happening in the daytime. I did not do anything to help those symptoms during these 6months.

I did not have any new symptoms, I moved area, my GP was new, and that impacted my care as he did not want to refer me. They failed to issue my prescription, so I had to buy medication over the counter.

I just booked the appointment for the time that was suitable.

I had many concerns, but I was given information.

No, they told me to wait for the gynaecologist's first appointment. No, GP said they don't know. GP is not really telling me how to manage symptoms. And they cannot prescribe HRT until I get seen by the gynaecologist, that is all I need.

I was not given information at the time. GP has not informed me as to how to manage symptoms. But after the initial appointment, I was told to go to a specialist physio for symptoms.

The comments collectively highlight significant gaps in pre-appointment support and continuity of care. Several respondents reported worsening symptoms during long waits without receiving any guidance on managing their condition, while others faced challenges due to GP transitions, including reluctance to refer and prescription issues.

Information provision was inconsistent—some patients felt their concerns were addressed, but others received no advice until after their initial specialist appointment. There were also frustrations around restricted access to treatments such as HRT, which GPs were unwilling to prescribe before specialist review. Overall, these experiences point to a need for clearer communication, better interim management guidance, and stronger coordination between primary and secondary care.

3.1.2 Your care and experience

Information Provided About Condition and Treatment Options

Two respondents were called into their appointments and were therefore unable to complete the survey from this section onwards. As a result, the following analysis is based on responses from seven participants.

Respondents were then asked whether they had received sufficient information about their condition and available treatment options. One respondent who reported not receiving adequate information about their condition and treatment options provided the following comment:

They didn't answer any of the questions. I was answering questions that they had, and then I was prescribed medication.

Those who had a positive experience offered these comments:

Definitely 100% everything was easy.

Doctors give her solutions, mostly temporary, to help her situation, and they also opted for surgery.

They are all knowledgeable, and they are good about checking.

I received a letter from the hospital.

Data shows that mixed experiences were reported. Some respondents felt that their questions were not adequately addressed and that care focused primarily on prescribing medication without sufficient discussion. Others described very positive experiences, noting that processes were easy, doctors were knowledgeable and thorough, solutions (including temporary treatments and surgery) were offered, and follow-up communication, such as hospital letters, was provided.

Respect and dignity

When asked if they felt respected, treated with dignity and kindly during the visit, all 7 respondents answered 'yes', and offered their comments:

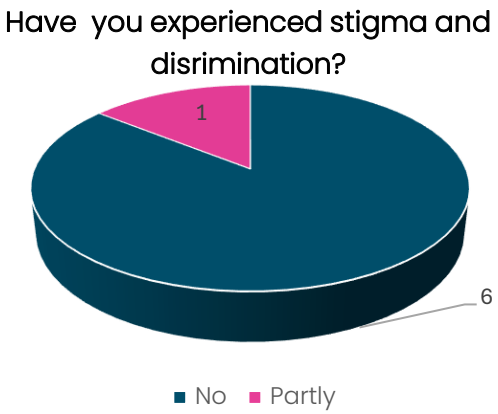
Staff are really qualified

The doctor speaks nicely, he listens and understands, doctor is patient even though my English is not that good.

Nurses and doctors are very kind.

The comments reflect a highly positive experience with staff, highlighting their professionalism, kindness, and effective communication. Respondents noted that doctors and nurses are patient, understanding, and attentive, even when language barriers exist, which contributes to a sense of trust and satisfaction with the care provided.

Stigma and discrimination



Most respondents reported not experiencing stigma or discrimination when accessing reproductive or sexual health services. Six said no, one said partly, but did not provide further detail. One respondent who had a positive experience noted that the staff were very nice and that they usually see a female clinician.

3.1.3 Overall Experience

Respondents generally reported high levels of satisfaction with the care they received. Four respondents indicated they were satisfied, while three reported being very satisfied, providing positive comments to illustrate their experiences.

The nurses and doctors provide good service; they talk nicely and are caring.

Waiting time has nothing to do with care. Staff and doctors are extremely nice and keep you informed.

Next, respondents were asked to share what the best part of their experience was, and these comments were provided:

The doctors are listening and understanding.

Getting diagnosed and knowing what to do next.

Doctors are very helpful.

The amount of information I received from everyone, including the reception, nurses, and consultants. The receptionist checks on you if you have been waiting, and a consultant tries to answer every question kindly.

Overall, respondents highlighted the quality of staff interactions as the strongest aspect of their experience. Nurses, doctors, and reception staff were described as caring, kind, and informative, with clear communication and reassurance throughout. Patients particularly valued being listened to, receiving a diagnosis and clear next steps, and the thorough information provided at all stages of care, regardless of waiting times.

Respondents were also asked what could be improved.

Nothing, they did it quite quickly, quicker than expected.

Receptionists are not very good; they are not very attentive.

The appointment system should be more transparent.

This feedback shows that small concerns were raised about inattentive reception staff and a lack of transparency in the appointment system.

3.1.4 Demographic information

Age group	Number of respondents
25-49	4
50-64	2
65-79	1

Ethnicity	Number of respondents
White British	3
Other White (Romanian)	1
Asian Indian	1
Asian Bangladeshi	1
Prefer not to say	1

Are you a carer?	Number of respondents
Yes	1
No	1

Religion	Number of respondents
Hindu	1
Muslim	1
Prefer not to say	2
No religion	3

Do you have a disability or a long-term condition?	Number of respondents
Yes	3
No	1
Prefer not to say	3

Disabilities and long-term conditions reported by respondents: neurological condition, autism, learning disability, breathing problems, visual impairment, heart problems, stenosis in the spine, and ADHD.

Spoken English level	Number of respondents
Native	2
Fluent	3
Non-verbal	1
Prefer not to say	1

3.2 Findings – Antenatal services

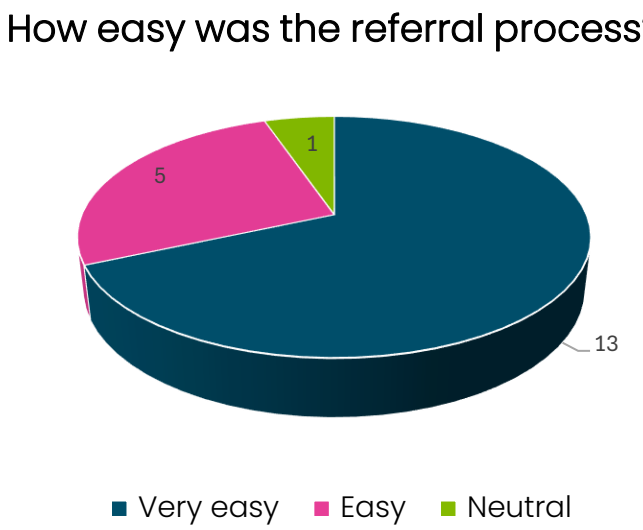
3.2.1 About your visit

19 respondents answered the questions about their experience accessing antenatal services. For the majority of them (16 respondents), it was a follow-up appointment.

One respondent expressed that she had an appointment previously, which was not her routine appointment, and appreciated the support received:

Very happy with the service, I felt reduced movements, called the helpline, and was booked to be seen quickly.

Referral process



When asked about the ease of obtaining a referral to the service, most respondents reported a positive experience. Thirteen respondents said the process was very easy, five said it was easy, and one respondent described it as neutral. No additional comments were provided by the respondent who selected neutral, while the remaining respondents shared the following feedback:

It was a self-referral. I got a call in 2-3 days.

The midwife booked the appointment easily.

It was done online.

The midwife booked the appointment, and I received the confirmation letter in one week.

It was easy to get a hospital appointment. I was able to explain my situation, and they were helpful.

Pregnancy appointments are booked well in advance.

It was easy to refer myself.

Respondents consistently described the referral process as straightforward and efficient. Many highlighted the ease of self-referral, online booking, and support from midwives in arranging appointments. Prompt follow-up, clear confirmation, and advance scheduling—particularly for pregnancy-related appointments—were also noted as positive aspects of the process.

Most respondents were seen quickly after referral. Fifteen reported waiting less than a month for their initial appointment, three waited 1–3 months, one indicated "not applicable," and one did not need to wait at all.

Most respondents felt well-informed about their wait times and how to manage symptoms while waiting. Overall, feedback was positive, with respondents appreciating the guidance and communication provided during the waiting period, as these comments indicate:

I was assigned a midwife over the phone, and she was helping me until my appointment.

Yes, it was 15-20 days to get a scan, which is standard. There were no symptoms to be managed while waiting.

Yes, I was told what to look out for.

Feedback shows that respondents generally felt supported while waiting for their appointments. They reported being assigned a midwife who assisted beforehand, receiving scans within a standard timeframe, and being given guidance on what symptoms to monitor during the wait. However, some respondents were feeling less positive about it and offered these comments:

They didn't provide any information.

I don't get any help.

No symptoms to manage, just normal pregnancy nausea.

This feedback suggests a gap in communication and support for some patients. While a few did not require specific guidance due to mild or expected symptoms, others felt they received little or no information or assistance while waiting, indicating inconsistent provision of advice and support.

3.2.2 Your care and experience

Respondents were asked if they received enough information about their condition or treatment options if they had their initial appointment already. 18 respondents answered 'yes' to this question, and one answered 'partly', and provided these comments:

I have 2 kids already, so I know a lot anyway.

I was informed by my midwife.

Communication at a different hospital was not great. My first appointment was for diabetes, and then no one followed up.

Information was given out about what to expect.

Explanation of why this appointment is necessary.

Weekly updates were given.

Before the appointment, I was told why the appointment was needed, and the tests that needed to be run, pre-scan diet and necessary medication if need be.

Letters were sent to me, and they were easy to understand.

Respondents' experiences with information and communication were generally positive but varied. Many felt well-informed, receiving clear explanations from midwives, letters that were easy to understand, guidance on tests and preparations, and regular updates. Some relied on prior experience, such as

having previous children, to navigate the process. However, a few reported poor communications at other hospitals, including a lack of follow-up after initial appointments, highlighting inconsistencies in how information is provided across services.

Respect and dignity

Respondents were asked if they felt respected, treated with dignity and kindly during their visit. 18 respondents said 'yes', and one said 'partly.' These comments were offered to illustrate their experience.

They speak calmly and kindly.

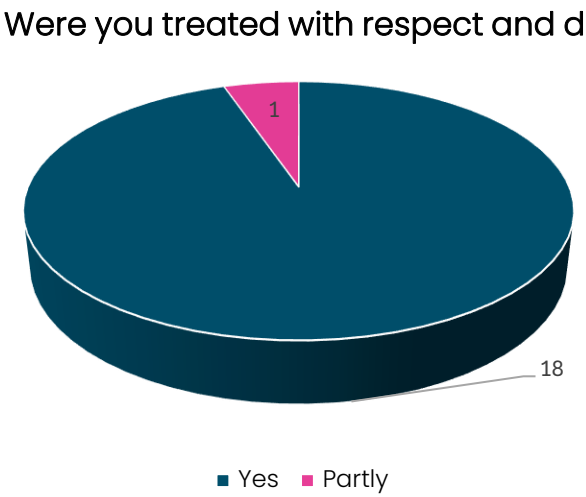
The staff was kind to me, especially my midwife.

I was treated equally, with no discrimination in service provision.

They answer my questions and have good listening skills.

They are respectful, they accept me and are kind to me.

The midwife was kind and gave me respect.



Comments reflect that respondents consistently praised staff for being kind, respectful, and attentive. Midwives and other staff were noted for good listening skills, calm and caring communication, and providing equitable, non-discriminatory treatment.

Stigma and discrimination

Respondents were asked if they had experienced stigma and discrimination while accessing help for reproductive or sexual health, and all 19 respondents said 'no'.

3.2.3 Overall feedback

Respondents' satisfaction with care was mixed but generally positive. Six reported being very satisfied, five were satisfied, six felt neutral, and one preferred not to say. Those who were very satisfied provided further comments highlighting their positive experiences:

The midwife was really helpful.

Nice and quick.

The hospital makes me feel safe. I know they care about me & my baby, and I am in good hands. They pay extra attention.

They gave me an instant appointment with the consultant for a C-section.

Respondents felt well-supported and cared for by the hospital and midwives. They highlighted helpfulness, prompt service, a sense of safety, attentive care, and quick access to necessary appointments, such as a consultant for a C-section.

Five respondents who were satisfied highlighted positive aspects of their care.

If I complain about something, they should treat it more urgently. I was waiting for 6 months previously.

The blood test took about an hour, but the scan was quick.

Respondents noted areas for improvement in service efficiency. One highlighted long waiting times for complaints to be addressed, while another noted that although the blood test was time-consuming, the scan itself was quick.

Six respondents felt neutral about the care they received. Their comments reflected a mixed or indifferent experience, indicating that while care may have met basic expectations, it did not stand out as particularly positive or negative.

I have to wait for a long time for every appointment.

Waiting 30 minutes after the appointment time with no updates.

Waiting for a long time.

Not enough notice before the appointment. I got my appointment yesterday.

The process of calling the hospital to make enquiries about pregnancy. There are too many hotlines, and it gets confusing. I also get given different numbers to ring.

Feels indifferent, no serious issues.

Respondents highlighted several challenges with appointment scheduling and communication. Common issues included long waiting times, delays without updates,

short notice for appointments, and confusion over multiple hospital hotlines. Despite these frustrations, some felt indifferent, reporting no serious problems with their care.

1 respondent was dissatisfied with the experience and provided this comment:

Long time waiting.

Best part of the experience

Following on from that, respondents were asked to explain what the best part of their experience was. These comments were provided:

My midwife is very good, she is helpful, good behaviour.

Midwives are really nice and caring.

The doctors' visits, because they give good information about the scans, pregnancy health, and what is in the test reports.

Nice staff.

Anomaly/dating scan.

Nice service.

I feel the midwives have been extremely supportive. Very loving and caring.

It is a good hospital.

Every time it is a good experience.

I will see the consultant today.

I had a bad experience with another hospital, and I lost my pregnancy.

But here they take their time with me and pay extra care to my baby and me.

They listen to me very well and address my concerns.

Reassuring me that I will be fine and that it will go fast.

I didn't have to wait; my appointment with the midwife was on time.

I knew the plan, and it was straightforward.

Respondents reported overwhelmingly positive experiences with hospital staff and services. Midwives and doctors were consistently described as caring, supportive, and informative, providing reassurance and addressing concerns. Appointments were generally timely, processes were clear and straightforward, and scans and consultations were valued. Even respondents with prior negative experiences at other hospitals felt well cared for, noting extra attention to both them and their babies. Additional positive remarks included general satisfaction with the hospital environment and amenities.

Areas for improvement

Lastly, respondents were asked what could be improved, and this is the feedback that was provided:
The midwife told me If you receive no call, call us. I have been calling since then, and they never called me back.

If you ask for any further treatment, you need to wait a long time to see a doctor.

Wait times are too long.

Communication between two hospitals. I have to attend both Queen's and King George's Hospitals. And I received 2 appointments on the same day – one at Queen's Hospital at 9 am, and 9:15 am at King George's.

Waiting for a blood test appointment could be reduced if they had a separate one for early pregnancy.

Phone call service, and appointments to be on time.

Earlier appointment letters.

There should be fewer hotlines to avoid confusion because there are too many hotlines I get referred.

The medication for pregnancy should be made sufficient for an extended period of time, instead of always having to call the midwife, because waiting times for the midwives to get the medication are long.

Wait times are long for appointments. Even after a specific time was given for my scan, I had to wait a few more minutes.

Waiting times need to be shortened in the waiting room.

Respondents highlighted multiple issues with waiting times and communication. Common concerns included long waits for appointments, blood tests, and additional treatment; delays even when specific appointment times were given; and challenges in coordinating care between multiple hospitals. Suggestions for improvement included streamlining hotlines to reduce confusion, ensuring timely phone services and appointment letters, and providing sufficient medication to reduce repeat midwife visits. Overall, respondents felt that wait times and administrative processes could be significantly improved.

3.2.4 Demographics

Age group	Number of respondents
18-24	3
25-49	16

Ethnicity	Number of respondents
White British	1
Other White (Greek, Albanian)	2
Asian Indian	3
Asian Bangladeshi	3
Asian Pakistani	4
Other Asian Background	1
Black African and White	1
Black Caribbean and White	1
Black Caribbean	1
Other Black Background	1

Are you a carer?	Number of respondents
No	17
Yes	2

Religion	Number of respondents
No religion	3
Muslim	8
Hindu	3
Christian	6

Do you have a disability or a long-term condition?	Number of respondents
Yes	2

No	17

Level of spoken English	Number of respondents
Basic	3
Conversational	7
Fluent	5
Native	4

4. Observations

The women's health outpatient clinic has two separate reception areas to accommodate its two distinct services: maternity services for pregnant women and gynaecological services for women seeking reproductive or sexual health support.
The maternity reception was noticeably busier than the gynaecology reception, indicating a higher demand for or availability of maternity services. This also reflects the growing population of women and families accessing maternity care in the area.

Adjacent to the maternity reception, urine collection pots were available for women to use, supporting early detection of conditions that may affect the health of the mother or baby. After appointments, pregnant women were observed to be provided with a "Mama Academy" leaflet, offering guidance on maintaining a safe and healthy pregnancy.

The waiting room was observed to be clean, receiving a five-star rating for cleanliness. Facilities included hand sanitiser stations located outside the bathroom, which comprises one women's toilet and one baby nappy changing unit. These facilities enable women to attend to personal hygiene needs and care for their babies while waiting.

The waiting room accommodated patients and their families from diverse backgrounds. The waiting room allows most visitors to sit comfortably while waiting. A whiteboard within the waiting area displays the schedule of doctors and nurses on shift or available that week, providing patients with accessible information regarding staff availability.

During a visit to the Women's Health Outpatient Clinic at Queen's Hospital, numerous informative posters were displayed throughout the clinic. These posters provided guidance and resources to support pregnant women throughout their pregnancy journey, including information on infant feeding peer support, online antenatal sessions, and online breastfeeding antenatal classes via Zoom.

Several bilingual posters were also observed, offering information in languages such as Bengali, Hindi, Urdu, Punjabi, Romanian, and Albanian. These included:

- Bilingual maternity antenatal classes (birth preparation)
- Carding culture bilingual maternity volunteers
- Bilingual maternity support assistants and classes

In addition, the hospital displayed posters aimed at improving patient experience and service quality, including:

- "Help us to improve care for women's health"
- "Have you got a concern or complaint, and you do not know where to turn?"
- "Make our hospital even better"
- "Care Quality Commission – tell us about your care"
- "Make our hospitals an even better questionnaire"

These initiatives demonstrate Queen's Hospital's commitment to improving women's health services and encouraging patient engagement in the enhancement of care quality. The presence of bilingual materials helps women from diverse ethnic backgrounds feel comfortable accessing services and reduces language barriers, promoting equitable healthcare access.

5. Recommendations

After analysing data gathered during the visit, Healthwatch Barking and Dagenham has made these recommendations:

Recommendations for Gynaecology Services

1. Implement a clear system to display appointment delays in waiting areas (for example, using a whiteboard), alongside brief explanations for delays, to manage expectations and reduce patient anxiety.
2. Standardise clear, timely and compassionate communication from reception staff, ensuring patients are proactively informed about delays and any changes to their appointments.
3. Gynaecology services should consistently provide clear, comprehensive and accessible information about their condition and available treatment options during consultations, to support informed decision-making and confidence in managing their care.
4. Maintain and routinely review standards for dignity, respect and inclusivity, including the availability of interpreters and high-quality bilingual written materials for patients who need them.

Recommendations for GP Services (Primary Care)

1. At the point of referral, provide patients with clear verbal and written advice on symptom management and what to expect while waiting for secondary care, including signposting to reliable resources and support. *Patients should be asked how they prefer to receive information. For example, patients could be sent digital resources on their health concern or symptom management, handed informative leaflets, or talked about symptom management during their GP appointment.*

Recommendations for Antenatal Services

1. Retain and actively promote the self-referral pathway, reflecting patient preference for a convenient and accessible route into antenatal care.
2. Improve communication around appointment scheduling, including providing adequate notice of appointments and timely updates about delays in waiting areas.
3. Simplify and streamline telephone contact systems, ensuring patients can easily access advice, book appointments and receive timely responses.

4. Strengthen coordination between Queen's and King George's Hospitals, with clearer processes to prevent conflicting appointments and improve continuity of care for patients.

Recommendations to both antenatal and gynaecology services

1. Continue to provide and regularly update bilingual and accessible information, ensuring materials meet the needs of diverse patient populations.

2. Sustain high standards of cleanliness and patient-friendly facilities in waiting areas, recognising their importance in patient comfort, dignity and overall experience.

5. Response from the service provider

UNANNOUNCED VISIT – HEALTHWATCH BARKING & DAGENHAM
WOMEN'S HEALTH OUTPATIENTS DEPARTMENT– QUEEN'S HOSPITAL
03rd DECEMBER 2025
ACTION PLAN

BRAG COLOUR	DEFINITION
BLUE	Completed
GREEN	On track to complete by target date
AMBER	Minor issues that may slow progress
RED	Unlikely to meet target closure date

Item No.	Area	Recommendation	Lead	Target closure date	Action	Status
1	Gynaecology Services	Implement a clear system to display appointment delays in waiting areas (for example, using a whiteboard), alongside brief explanations for delays, to manage expectations and reduce patient anxiety.	Ward Manager	30 September 2026	Display clinic delays in waiting areas and ensure reception staff provide regular updates to patients regarding expected waiting times and reasons for delays.	In Progress
2	Gynaecology Services	Standardise clear, timely and compassionate communication from reception staff, ensuring patients are proactively informed about delays and any changes to their appointments.	Ward Manager	30 September 2026	Reinforce standards for timely, compassionate communication through staff briefings and ongoing monitoring of patient feedback.	In Progress
3	Gynaecology Services	Gynaecology services should consistently provide clear, comprehensive, and accessible information about their condition and available treatment options during consultations, to supp	Ward Manager	30 September 2026	Ensure clinicians provide clear explanations of diagnoses and treatment options and direct patients to appropriate written information and support resources.	Ongoing

Item No.	Area	Recommendation	Lead	Target closure date	Action	Status
4	Gynaecology Services	Maintain and routinely review standards for dignity, respect, and inclusivity, including the availability of interpreters and high-quality bilingual written materials for patients who need them.	Ward Manager	31 October 2026	Review availability of interpreter services and patient information leaflets to ensure information remains accessible and inclusive for all patients.	Ongoing
5	Antenatal Services	Retain and actively promote the self-referral pathway, reflecting patient preference for a convenient and accessible route into antenatal care.	Ward Manager	Ongoing	Continue to promote the self-referral pathway through Trust communications, patient information materials and service webpages.	Completed Monitoring ongoing
6	Antenatal Services	Improve communication around appointment scheduling, including providing adequate notice of appointments and timely updates about delays in waiting areas.	Ward Manager	30 September 2026	Continue to provide appointment information in advance and communicate delays promptly through reception teams and clinic staff.	In Progress
7	Antenatal Services	Simplify and streamline telephone contact systems, ensuring patients can easily access advice, book appointments, and receive timely responses.	Ward Manager	31 December 2026	Review patient access routes and telephone systems to improve responsiveness and ensure timely support and booking arrangements.	In Progress
8	Antenatal Services	Strengthen coordination between Queen's and King George's Hospitals, with clearer processes to prevent conflicting appointments and	Matron	31 December 2026	Work with operational teams across Queen's and King George Hospitals to improve scheduling	In Progress

Item No.	Area	Recommendation	Lead	Target closure date	Action	Status
		improve continuity of care for patients.			processes and reduce conflicting appointments.	
9	Gynaecology & Antenatal Services	Continue to provide and regularly update bilingual and accessible information, ensuring materials meet the needs of diverse patient populations.	Ward Manager/ Patient Experience	Ongoing	Regularly review and update patient information materials, ensuring availability in multiple languages and accessible formats.	Ongoing
10	Gynaecology & Antenatal Services	Sustain high standards of cleanliness and patient-friendly facilities in waiting areas, recognising their importance in patient comfort, dignity, and overall experience.	Ward Manager	Ongoing	Maintain cleanliness and patient comfort through regular environmental audits, prompt reporting of defects and monitoring of patient feedback.	Ongoing

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