

Monthly Feedback Report

February

About us

We are the independent champion for people who use health and social care services in Royal Borough of Greenwich. We're here to make sure that those running services, put people at the heart of care¹.



What did we hear in February?

We heard from 220 people² about their experience of health and care services in Greenwich.

“The labour ward at QE had a very good support service, all staff were fabulous.

Queen Elizabeth Hospital

“I have to wait a long time to be seen.

GP Practice

¹ Photo above taken from engagement with carers at the Past Times and Pass Times group at Greenwich Carers Centre in January 2025.

² Feedback collected through our monthly health and social care satisfaction surveys, meetings with local groups or advocates, outreach and engagement events, and research reports.

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What Greenwich residents are saying...

Accessibility of Services

“ I took my husband to A&E. We arrived at 12 o’clock midnight as my husband had a head injury. We got sent to urgent care to start off, then sent back to A&E where he saw the nurse. We then waited until 10:30 the next morning to see the doctor. With a head injury and showing the staff a video of what caused the injury, I thought this would have gotten us seen to quicker. We waited nearly 13 hours which is totally unacceptable for A&E.

Queen Elizabeth Hospital

“ I was at QE for an X-ray on my chest. The waiting time was too much.

Queen Elizabeth Hospital

“ I prefer face-to-face appointments, but they do it over the phone. I don’t like that. However, the cleanliness of the surgery is very impressive.

GP Practice

“ I had an injury and visited QE. I was there from 3 PM to 4 AM waiting to be seen by a doctor in the urgent care centre. I ended up leaving without any medical attention.

Queen Elizabeth Hospital

“ The waiting time at the urgent treatment centre at QE is very bad. I came here instead of another hospital because I thought it would be better, but it is worse.

Queen Elizabeth Hospital

“ I tried to get an appointment at my GP but could not get any, so I decided to visit QE. They sent me to the urgent treatment centre and it’s been good.

Queen Elizabeth Hospital

Provider Response

Greenwich Health

“It is always really important to get feedback from patients and we always appreciate patients letting us know how we are doing both good and bad.

We know that waits at Urgent Care can be frustrating, and we apologise that the wait was too long in the specific cases in this report. In times of surge, sometimes wait times can increase. Our aim is to see patients within 4 hours but strive for much earlier. Our average wait to be seen and discharged is around 2hrs 20minutes and in January we saw 97% of patients with 4 hours. For the specific feedback in this report suggesting a patient waited from 3pm-4am: We have never had waits that long in Urgent Care so this seems to be an unusual case. We would be happy to speak to the patient further about what they experienced and apologise for the negative experience they had.

For the patient that had a positive experience at our Urgent Care: We are happy that the patient was pleased with the service they received. We will continue to offer the best service we can to our patients.”

Staff Communication and Support

“ There is a lack of physiotherapy services through the NHS in Greenwich. I had an initial appointment with my GP to see a specialist about my widespread MSK condition. I am very concerned about the process, which eight months later still hasn't resulted in any physiotherapy through the NHS. After getting my appointment through Circle MSK around three months after seeing my GP, I was very surprised that the practitioner wasn't able to offer any physiotherapy support at the time of my appointment. I was then referred for an MRI and blood test, in spite of making my concerns and surprise known that I was expecting to see a physiotherapist. There was a further wait of many weeks while I received the MRI. Then a further delay of a follow-up appointment with a practitioner at Circle MSK months later. This appointment highlighted the MRI results, but again I was surprised to not receive any first-hand physiotherapy on the day. I was instead told to see a pain management consultant and put on an extremely long waiting list. As of now, it has been around eight or nine months and at no time was any first-hand physiotherapy provided to me. It seems to be extremely difficult to see an NHS physiotherapist.

Circle MSK

Provider Response

Circle MSK

“Thank you for feedbacking back this experience. We understand that this individual’s journey may not have aligned with their expectations, and we appreciate the opportunity to clarify our processes.

Patients experiencing musculoskeletal (MSK) problems – problems with muscles, bones or joints – are typically seen in a GP practice by a First Contact Practitioner (FCP) or a GP, who will assess and potentially provide advice and exercises at that time. It appears that this particular patient experienced multiple joint pains which added a layer of complexity that necessitated a referral to the Circle MSK service.

Circle’s clinical team triages all referrals received from primary care clinicians, such as GPs and FCPs, or directly from patient self-referrals. Each referral is directed to the pathway deemed most suitable based on the information provided, which may not always correspond to the initial expectations of the referring party or the patient. In this instance, the decision was made to schedule an appointment with a senior MSK clinician within the MSK service, allowing for a thorough evaluation given the patient’s multiple joint symptoms. The rationale for this would be to rule out underlying issues that might suggest physiotherapy would not be the most effective initial treatment.

Next steps may involve further investigations, including MRI and/or blood tests, to identify potential causes for the symptoms, particularly where presentations are complex (such as multiple joint pains) or if the causes of symptoms are unclear. We routinely ensure that patients are informed about the rationale behind these investigative measures and why physiotherapy may not be the immediate course of action.

Following these investigations we would discuss management options, typically starting with conservative treatments like physiotherapy if appropriate, before considering alternatives. In this particular case, the treatment plan was to refer to pain clinic, reflecting the clinician’s judgment about the clinical picture involving multiple joints and/or the severity of pain experienced. It is essential that treatment options are explained clearly, and that next steps are decided on together, to enhance patients’ experiences and satisfaction.

We value the feedback provided and have highlighted this to our clinical team as a reminder to ensure that patients understand treatment options and receive thorough communication regarding next steps. While our standard practice includes these discussions, it appears that additional clarity was needed in this case.

We are also exploring enhanced ways to inform patients about what to expect when consulting with different types of clinicians. For instance, our appointments focused on advanced assessment in the MSK service typically do not always incorporate physiotherapy treatment in the assessment session, although this is often well understood within the medical community. We aim to improve how this information is conveyed, possibly through appointment letters and our website.

We also wanted to provide reassurance that there is sufficient physiotherapy provision in Greenwich, but in this case the referral pathway chosen was determined based on clinical needs rather than a lack of resources. We have asked Healthwatch to contact this patient on our behalf to offer a further discussion of their options, if they wish.

We always welcome constructive feedback from our patients as it guides us in refining our communication practices and improving overall patient care experiences.”

GP Waiting Times in Greenwich

Mystery Shopping Exercise

In the past decade, many GP practices have adopted digital services like online appointment booking and consultation forms, providing patients with alternatives to phone contact. While these options have made booking appointments more convenient for some, many residents still face barriers. Some lack access to technology, while others prefer traditional phone communication.

The goal of these digital services is to ease pressure on phone lines and reduce waiting times. However, long waits remain a common complaint among Greenwich residents. Nationally, the Care Quality Commission (CQC) also highlights access to GP services as a major concern, with patients experiencing lengthy wait times or giving up on phone calls. Locally, some residents have turned to urgent care or A&E services to access care.

In 2021, we conducted a mystery shopping exercise to measure phone waiting times at GP surgeries in Greenwich, finding wait times ranged from one to 36 minutes. Due to ongoing frustrations among residents trying to contact their GP, we repeated this exercise at the end of 2024³.

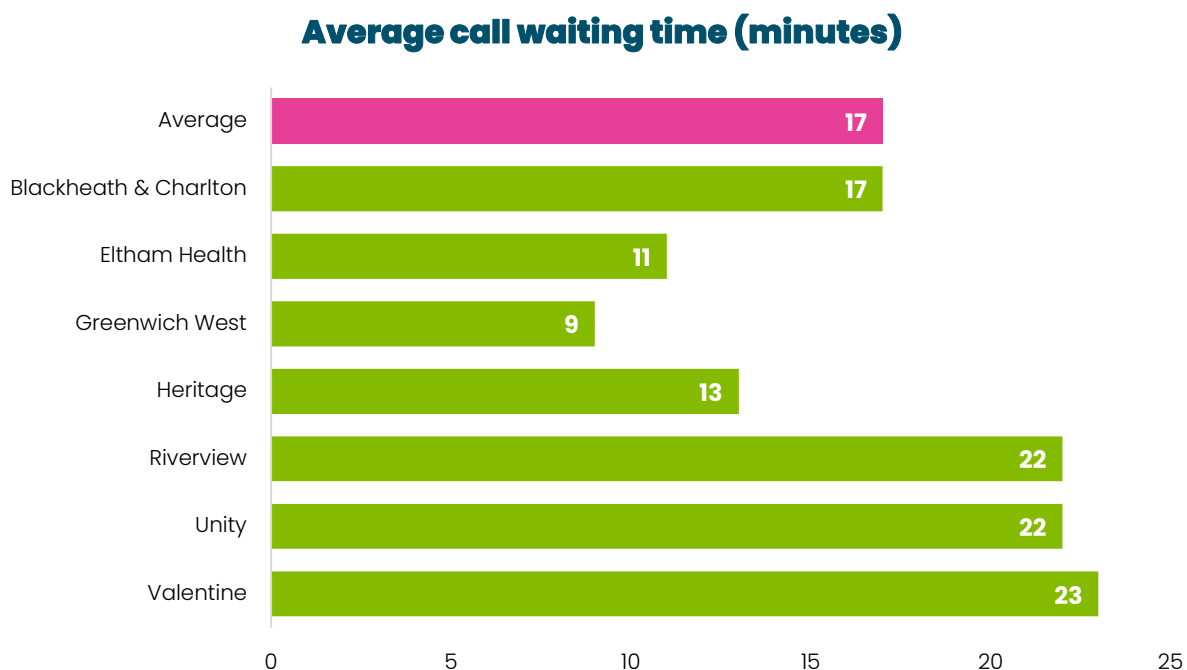
Our trained volunteers called each GP practice in Greenwich at least three times to determine how long it takes to reach a staff member. They did not use options in the automated system, aiming to represent the experiences of residents who may have difficulty navigating these options or who prefer waiting on hold to speak with someone directly. All calls were made between 8:00 and 8:30 AM, we chose this time based on feedback from residents who were advised by staff to call during these hours to help secure a same-day appointment.

Summary of Findings

Overall, the average waiting time varied considerably. Between practices, the average call waiting time ranged from two minutes to 57 minutes. Moreover, the overall average waiting time across all PCNs was 17 minutes. These findings show

³ [On Hold- GP Telephone Waiting Times in Greenwich | Healthwatch Greenwich](#)

an overall wait time nearly three times longer than the average observed in 2021, suggesting a trend in longer telephone waits to access primary care services.



Why this Matters

Access to GP services is the cornerstone of the NHS, and a key determinant of health outcomes. Long call waiting times can create a critical barrier, especially for residents who rely on telephone communication due to limited access to digital technologies, lack of digital literacy, or personal preference. Vulnerable populations—including older adults, people living with certain disabilities, and low-income families—are likely to be disproportionately impacted by this barrier. For these groups, the inability to quickly and easily connect with their GP can delay medical attention, lead to unmet health needs, and exacerbate health conditions.

Moreover, extended wait times do more than frustrate residents; they contribute to health inequalities by deepening disparities in access. Those who cannot persist through lengthy phone queues may turn to urgent care or A&E services, which may not provide the most appropriate or timely care for their needs. This shift from primary care to emergency services places undue pressure on overstretched resources, compromises the efficiency of care delivery, and increases costs across the system.

Provider Response

South East London Integrated Care System

"We would like to thank Healthwatch Greenwich for their recent mystery shopper exercise into GP telephone waiting times in the borough and we are disappointed and sorry to read about the delays in getting through to GP surgeries during this. We welcome this feedback and there is clearly more that we need to do to support GP surgeries and patients to access the services when they need them.

However, there are a number of things that we feel don't accurately represent how things are in terms of access to Greenwich GP surgeries or the improvements that have been put in place following the previous Healthwatch report published in 2022.

The report describes repeating the mystery shopper exercise carried out in 2021 and compares findings, however we feel this is an unfair comparison as the circumstances of the two exercises were very different. In 2021 Healthwatch volunteers called GP surgeries during October and November whereas in the recent report volunteers called between late November and early January with the period either side of and during Christmas being traditionally a much busier period. As well as this, in 2021 the calls were made after 10am to deliberately avoid the busiest period however in 2024 they were made between 8am and 8.30am to test the busiest time. With this in mind we feel it is misleading to report that call waiting times were 'nearly three times longer than the average observed in 2021'.

The report also doesn't acknowledge the work that has been done to put in place in all Greenwich GP surgeries the recommendations from Healthwatch's 2022 report. These included being able to contact each GP surgery, implementing automated calling systems to tell patients where they are in the queue and adding a menu so patients with routine enquiries about prescriptions or test results can be diverted from the queue. Also, in all GP surgeries patients can now select a call-back feature, which allows them to retain their position in the queue without remaining on hold. This function is widely used and reduces the actual time patients spend actively waiting on the phone."

Healthwatch Greenwich | Linda and John's story: "His illness is bad enough, but neglect like this makes everything worse"

Linda and John's story: "His illness is bad enough, but neglect like this makes everything worse"

For over 14 years, Linda, 68, has been devoted to caring for her husband, John, 74. John has been living with secondary progressive multiple sclerosis, a debilitating neurological condition. John's illness has been challenging for them both. His health has deteriorated and left him completely bedridden. Meanwhile, Linda finds herself shouldering the responsibility of his day-to-day care, with very little external support.

"John's condition has affected everything," Linda expressed. "It all started with a minor limp, something we thought was manageable at first. But now, he has lost all mobility, and the disease has even compromised his digestive system. Thankfully, his mind remains sharp, but that only makes his situation more depressing because he's so aware of his decline."

John developed an infection "He was coughing a lot, and I could hear a distinct rattling in his chest, which made me very anxious," and Linda called an ambulance. The ambulance crew worked hard to stabilise his condition, but when Linda and John arrived at Queen Elizabeth A&E, his treatment was less than attentive. As they waited for the doctor, John asked for help to get to the toilet. His request for help was ignored and a staff member responded by placing a cardboard bedpan beneath him. Both John and Linda felt humiliated, and Linda was instantly worried. "I think that was when I feared that they wouldn't give him the care he needs," Linda admitted.

Once admitted to Ward 3, John's care fell below expectations. "I automatically assumed they'd turn him regularly to prevent bedsores," Linda explained. "But when I checked on him that Saturday, my instincts told me to look at his wounds. To my horror, they were worse than I had ever seen— bleeding and aggravated."

Despite Linda repeatedly telling ward staff her concerns, she wasn't listened to. "They fobbed me off, telling me to speak to someone in another ward or somewhere else or suggesting I come back the next day to speak to someone. But by that time, John wasn't even on that ward anymore, he'd been moved to ward 25," she recounted. "His illness is bad enough, but neglect like this makes everything worse. The hospital knew he had pressure wounds. Turning him should have been a priority."

As a result of his hospital stay, John's pressure wounds are far worse than before. "...even short outings are risky to infection," Linda says, and could have been avoided if she'd been listened to. "I'm his main carer, and I work tirelessly to prevent these wounds. Seeing all that effort undone is insulting... they need to prioritise turning patients with pressure wounds and take responsibility for the damage caused by this neglect. It's not acceptable..." She states.

"I want our voices to be heard. This is not just about John; it's about making sure others don't go through something similar," she shares. "The hospital needs to take accountability and understand how critical basic care is, such as regularly turning patients with pressure wounds."

Healthwatch Greenwich | Nimi and Blessing's story: "It feels like they're just passing us around...and we're stuck in the middle while my daughter suffers"

Nimi and Blessing's story: "It feels like they're just passing us around...and we're stuck in the middle while my daughter suffers"

For over six months, 14-year-old Blessing has been suffering from debilitating headaches. These headaches mean she often misses school and can't spend time with friends or live a normal teenage life. Her mother, Nimi, has done everything she can, taking Blessing to multiple GP appointments to find the cause of the headaches. But with each visit, Nimi leaves feeling more hopeless. "She's in so much pain," Nimi expressed. "She says it feels like her head is being squeezed in a vice, and nothing we've tried seems to ease her suffering."

Blessing lost consciousness from the pain of her headache and was rushed by ambulance to Queen Elizabeth Hospital's A&E. At A&E, Nimi and Blessing waited anxiously, hoping for tests or investigations that would lead to a diagnosis and a solution, but after a brief examination, Blessing was discharged with painkillers and a letter advising her to see her GP— again.

This time, Nimi insisted to her GP that painkillers were not enough, and Blessing was referred back to Queen Elizabeth Hospital, for review at the Children's Assessment Unit, which meant yet another visit back to the hospital. "It feels like they're just passing us around," Nimi exclaimed. "A&E sends us to the GP, the GP directs us back to the hospital, and we're stuck in this frustrating cycle while my daughter continues to suffer."

At the Children's Assessment Unit Nimi was told that an MRI might be an option for Blessing, but that she would need a further referral letter from their GP to schedule this scan, further delaying the investigation into her daughter's headaches.

Once again, Nimi and Blessing returned to their GP, and once again a referral was made to Queen Elizabeth Hospital. More than a month later, Nimi hadn't received any communication on when Blessing might get an MRI scan.

Meanwhile, Blessing's headaches meant she continued to miss school, family events, and normal daily life. Neither prescribed painkillers or nasal spray offered relief, and with no MRI appointment in sight, once again, Nimi and Blessing returned to their GP.

“They just kept saying to give her more painkillers and just wait it out, but it’s not working,” Nimi explained. “I feel completely lost, with no idea where to turn next... All I want is for someone to take us seriously, to investigate this properly and find something that can help her. I just want my daughter to be happy again, is that too much to ask for?”

We escalated Nimi’s concerns and connected her to an advocacy organisation and to PALS at Queen Elizabeth Hospital. As a result, Nimi has been contacted by Queen Elizabeth Hospital to discuss the next steps in Blessing’s investigations and treatment.

Provider Response

Lewisham and Greenwich NHS Trust

A Lewisham and Greenwich NHS Trust spokesperson said: "There is some challenging feedback in this month's report for us at LGT. It is never easy to hear that we have not met patient expectations but we need all types of feedback in order to drive and improve our patient experience so it is always gratefully received regardless of the message.

John and Linda's experience is not good enough and we'd like the opportunity to investigate this matter properly and look what went wrong with his care when he was with us. We will do this through Healthwatch Greenwich and thank them for bringing John's experience to our attention. We apologise for the discomfort he experienced during his stay with us and for the distress caused to Linda, both as his wife and his principle carer. No-one should have to worry about how we are caring for their loved ones while they are in our hospitals and this is why we launched a new programme called Compassion in Care last year. Focused on the six key standards of nursing, it looks at how we are meeting our patients' needs across measures like kindness and empathy, nutrition and hydration and hygiene. The aim is to standardise, and improve where needed, the quality of care our patients receive in our hospitals and we are rolling it out on a ward by ward basis over the next twelve months. This doesn't address what happened to John but we hope that it provides some reassurance that we are committed to listening to patients, learning from their experience and improving across all areas.

We welcome the intervention that Healthwatch Greenwich has made in support of Nimi's concerns about her daughter Blessing's condition and are now working with them to discuss next steps and work out the right diagnostics and care plan for Blessing. We are sorry that they have felt passed around the system and that there have been some delays with diagnostics and we do appreciate how frustrating this is for Blessing and her family. Improving diagnostic capacity and opening up more appointment slots is a key priority and we are opening two Community Diagnostic Centres this spring that should help us with seeing more patients more quickly. In the meantime, we will continue working with Blessing and her family to ensure they get the support they need until we understand more.

We encourage feedback on our services and want to hear from patients directly so that we can listen, learn, and improve. Greenwich patients can reach us on 020 8836 4592 or pals.qeht@nhs.net."

Disconnected: Carers' Experiences with Digital Health Services

We joined the Past Times and Pass Time group at Greenwich Carers, a community for carers of people living with dementia, where members connect over tea and interactive games. During our visit, we spoke with carers about the consultation on the NHS 10-Year Plan, focusing on enhancing the use of technology in health and care.

Karen shared her positive experience with the NHS App:

"I like the NHS App. My daughter helps me with it, and it's been really useful to find the information I want." However, not all carers echoed Karen's enthusiasm. Tricia, who cares for her husband Elliot, described her frustration: "They want us to use technology, but every hospital has a different app. One for King's, one for Queen Elizabeth, another for Guy's—it's a nightmare."

For others, the push to use technology without accessible alternatives is more than inconvenient—it raises concerns about their ability to access care. Mina, a carer for her 78-year-old husband Lorenzo, expressed her frustration:

"How do they have the nerve to tell me I have to use the app? I don't know much about Wi-Fi. I go to the GP, and they tell me to use Wi-Fi. What's that? I don't have it."

Louisa, a 64-year-old carer for her mother with dementia, shared her challenges with e-consult forms: "I'm not young anymore, and my mother is housebound. They make me fill out these forms online for both of us. I have to keep clicking 'next' and 'next,' and then the doctors call me about both of us. It's so frustrating." Similarly, Katrina added: "I have no problem filling out forms, but when I'm sick and want to see a doctor, it's very hard to sit in front of a computer. I'm not well enough to do it."

The lack of alternative communication methods is widening the gap between carers and health services. This disconnect often leads to confusion, missed appointments, and barriers to accessing care, deepening existing health inequalities. Richard, a 96-year-old Greenwich resident, highlighted these challenges: "I just want letters. I can't use anything else. But even then, they get it wrong. I had an appointment yesterday at Queen Elizabeth, and the letter arrived the same day."

Concerns about the quality of care provided through digital systems were also common. Paul, who has spent 50 years caring for his wife Rebecca, shared his frustrations with the lack of in-person health checks:

"The entire system is broken. Everything is online or on the phone. If they don't see you, how can they help? I called my GP because my wife had hallucinations, and they didn't even see her. They just prescribed medication. How can they do that? I'm very happy with my GP surgery, but this isn't right."

For some, face-to-face appointments remain essential. Louisa, who cares for her 48-year-old husband Adam, emphasised: "I go to my surgery in person, and they help me. I talk to them, and they understand."

The experiences shared by carers highlight the need for a more inclusive approach to digital health services. While technology offers opportunities to streamline access to care, its current implementation often excludes those who lack digital literacy, reliable internet access, or the capacity to navigate complex systems. The absence of accessible alternatives not only deepens health inequalities but also erodes trust in the quality of care provided.

Provider Response

NHS South East London Integrated Care Board

"Thank you for all the feedback provided by Carers in Greenwich about their experiences with Digital Health Services. Our profound respect goes to all the carers who give up so much, especially their time to support loved ones.

We are working with all our practices to drive the modern general practice vision which includes patient choice as a core principle.

Patient experience around digital health and access to it is important to us. We support patient access to primary care services based on choice and the best care based on the need presented. Structured information is currently collected via forms online to best tailor the need presented and offer the best form of care without having to queue outside or wait on the phone. Practices can support patients in completing the forms and offer the preferred choice of either walk-in, phone or online. Individuals who are unable to fill out the form can call the practices where we have enabled better telephony systems to reduce the waiting times through call back and call waiting options. Patients can also go to their practice for their health needs.

We are pleased to hear the positive experiences our Greenwich residents are having with the NHS App. Greenwich remains one of the top boroughs for requesting prescriptions via the NHS App and using this tool to save a lot of clinical and administrative time in General Practice, with a hope for integration of secondary care Apps in the future.

For people living in care homes, we have enabled 9 care homes with proxy access who can order repeat prescription for their residents, with another 8 in pipeline to be enabled with similar features.

We are also championing Digital Inclusion and reducing exclusion by supporting our residents through access to digital hubs and Wi-Fi around Greenwich in conjunction with Good Things Foundation. Good Things Foundation can support with using devices, accessing the internet, and offering training to residents. In addition, we continue to partner with Greenwich libraries and local charity Fresh Chances to build relationships with residents and reduce inequalities through access to digital learning and community engagement."

Provider Response

Royal Borough of Greenwich

"Throughout our commissioned carers support, we are very aware of the need to support carers in different ways, and that there is not a one size fits all approach. It is important for us to be able to offer carers both digital, online support which we do through our work with Mobilise, as well as our in-person support through the Carer's Centre. Giving our carers a choice in how they access our support services is key to recognising the vital role that they play in providing care."

Provider Response January 2025 Feedback Report

Royal Borough of Greenwich Specialist Community Occupational Therapy and Sensory Services

"The RBG Sensory Enablement Service has had the opportunity to review the helpful feedback from the Healthwatch offer and has met with the Blind in Greenwich group. We will progress areas that we can support with as a service and will offer to work with partners across the Health and Social Care system to support with any advice or expertise required to resolve concerns."

Next Steps

We follow up on all concerns or issues raised.

We work with commissioners, providers, regulators, and service users to understand where services are working well and where there needs to be further development.

Contact Us

For more information on our feedback report, or to request it in large print or easy read format, contact:

- Caitlin@healthwatchgreenwich.co.uk
- Telephone: 0790 3685 534
- Email: Info@healthwatchgreenwich.co.uk
- Website: <http://www.healthwatchgreenwich.co.uk/>
- X: [@HWGreenwich](https://twitter.com/HWGreenwich)
- Facebook: [healthwatchgreenwich](https://www.facebook.com/healthwatchgreenwich)



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