

Tackling Health Inequalities in Surgical Care



Contents

Acknowledgements.....	3
Executive Summary.....	4
Introduction.....	8
Method.....	10
Findings.....	12
Conclusion.....	26
Recommendations.....	28
Provider Response.....	30

About Healthwatch Greenwich

We are the independent consumer champion for health and social care in the Royal Borough of Greenwich:

- We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them;
- We gather service users' experiences through surveys, focus groups and face-to-face discussions;
- We act by carrying out Enter and View visits to talk to patients, service users, carers and staff;
- We empower and inform people to get the most from their health and social care services and encourage other organisations to do the same;
- We influence those who have the power to change services so that they better meet people's needs, now and into the future.

Acknowledgements

We are grateful to the Lewisham and Greenwich NHS Trust (LGT) and to all the patients and community members from the Indian Cultural Society, Cure Community Centre, Blind in Greenwich, and Carers Social who participated in our discussion sessions and shared their experiences and insights. We would also like to thank our volunteers whose dedication and contributions greatly enriched these discussions. We appreciate Lewisham and Greenwich NHS Trust's visionary commitment to this initiative and their acknowledgement of the importance of co-designing solutions for patients, with patients. Special thanks go to Dr Elizabeth Aitken, Matthew Hopkins, and Jason Cross for their invaluable support.

Executive Summary

Health inequalities significantly affect patients on elective surgery waiting lists. People from deprived areas and/or with protected characteristics have longer waits for surgery and are more likely to have multiple health conditions and poorer overall health while waiting for surgery. This results in higher rates of surgery cancellations and poorer postoperative outcomes¹. Preparing patients to be "surgery-ready" is a clinical priority and essential for fostering a fairer and more inclusive NHS.

Co-Designing Solutions

Lewisham and Greenwich NHS Trust collaborated with Healthwatch Greenwich to co-design solutions aimed at helping patients optimise their health before undergoing surgery. A series of seven discussion sessions brought together patients on LGT's waiting list for surgery and community members living within LGT's catchment area. Participants included individuals from global majority backgrounds, those with mental health needs, people living with disabilities, and parents and carers of people living with learning disabilities. These discussion sessions focused on sharing their lived experiences and perspectives to co-design the support needed to improve their health during the surgical care pathway.

¹ <https://www.kingsfund.org.uk/insight-and-analysis/reports/health-inequalities-nhs-waiting-lists>

Key Themes and Findings

Waiting for Surgery

Many patients and community members described the waiting period for surgery as a time filled with anxiety, feelings of isolation and a sense of being forgotten. This time was often characterised as their lives “being on hold”, preventing them from fully participating in activities they once enjoyed or making plans due to uncertainty around the timings for their operation. The lack of regular communication from the Trust intensified these feelings, leading some to worry about whether they were still on the waiting list. The uncertainty was especially challenging for those trying to coordinate work commitments, caregiving responsibilities, or personal plans.

Tailored Support

Patients and community members expressed the need for personalised information, guidance, and support to help optimise their health. They preferred tailored approaches that considered their health conditions, circumstances, and cultural contexts. Generic leaflets and advice often failed to resonate, lacking relevance to their lives and not offering actionable steps to meet their specific needs. For instance, advice that did not align with cultural traditions or did not consider their daily living realities was unhelpful. Additionally, family members and carers reported feeling overlooked, with insufficient guidance on how to support their loved ones in improving their health while waiting for surgery. Those who were carers themselves and awaiting surgery also sought tailored support to help manage their health alongside their caregiving responsibilities. Emphasis was placed on the importance of including partners, families, and carers in support programmes.

Accessible Information

Access to clear, understandable, and relevant information was identified as a critical need. Patients and community members noted that difficult jargon and complex health communication were significant barriers. Even individuals who were fluent in English reported challenges in understanding technical terms, while others with limited English often relied on younger family members for translation, which sometimes led to inaccuracies and miscommunication, especially when concepts lacked direct translations in their languages. People

living with disabilities, such as visual impairments, highlighted inconsistencies in applying the Accessible Information Standard², which left them unable to access crucial information. They described feeling excluded and disempowered due to the lack of accessible materials.

Accountability and Peer Support

Accountability and community support were considered vital for helping patients and community members remain motivated to improve their preoperative health. Peer support and community networks were viewed as valuable resources. Patients and community members described how sharing experiences with others they identified with, or who faced similar challenges, provided encouragement and inspiration to take proactive steps toward health improvement. Family support was also crucial in helping individuals stay focused on their health goals.

Touchpoints

Three key moments in the patient pathway were identified as optimal for providing personalised and tailored information, guidance, and support to improve health while waiting for surgery:

- Referral appointment
- Waiting for surgery
- Preoperative appointment

Referral Appointment

The referral appointment often marks the first point of contact in the surgical pathway. Early communication can increase awareness of the importance of improving health before surgery. Clear and accessible communication, along with tailored support at this stage, sets expectations and introduces a sense of accountability. This appointment provides an opportunity to build trust by addressing individual circumstances, including cultural, linguistic, caregiving, or disability-related needs. By doing so, patients feel supported, and any barriers or equity issues can be identified and addressed early on.

² <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>

Waiting for Surgery

The waiting period for surgery is often the longest and most emotionally challenging phase for patients, but it also offers a chance for health improvement. With personalised guidance and tailored support, patients can make meaningful changes to enhance their readiness for surgery. Regular updates every three months on their status on the waiting list, along with personalised reminders and information on how to access support, can help maintain engagement and promote health during this period.

Preoperative Appointment

For patients who may have struggled to implement changes earlier in the surgical pathway, the preoperative appointment serves as a final opportunity to address concerns and provide reassurance. At this point, actionable guidance that can realistically be implemented in the short time available before surgery should be offered. For patients who have made efforts to improve their health while waiting, this appointment can be used to provide motivation. If surgery is postponed due to a patient's poor health—especially when improvements are possible—personalised advice and tailored support should be given.

Summary

This report highlights the value of co-designing solutions with patients and community members. This participatory approach builds trust and strengthens relationships between the Trust and the communities it serves. Through co-design, the Trust can create more inclusive models of care that reflect the diverse social, cultural, and economic backgrounds of its patient population. Engaging patients as partners in service development ensures that solutions are grounded in the realities of those who use and depend on these services. Solutions designed in collaboration with patients and community members are not only more likely to return positive outcomes but can also address barriers that contribute to health inequalities.

Introduction

Improving patient health and wellbeing before surgery can lower cancellation rates, reduce hospital stays post-operatively, and enhance overall recovery. Maintaining a normal BMI, managing chronic conditions, and improving cardiovascular fitness can significantly improve surgical recovery and speed up a patient's return to normal life^{3 4}. However, health inequalities reduce many patients' ability to improve their health while they wait for treatment⁵. For these patients, the time spent on waiting lists is not merely a delay in care; it also brings increased anxiety and a poorer quality of life. Without adequate support, patients may feel confused and unprepared, which worsens health inequalities.

Recognising the significance of addressing these challenges, Lewisham and Greenwich NHS Trust have committed to reducing health inequalities for patients on surgical waiting lists. In partnership with Healthwatch Greenwich, patients, and local communities, the Trust explored strategies for improving patients' health during waiting. Through a series of participatory discussion sessions, patients, carers, and community members shared their experiences maintaining or improving health, identified challenges, and proposed practical solutions.

The findings from this collaborative approach highlight the complexity of health inequality and the structural barriers many patients face. For instance, patients living in the most deprived areas within the Trust's catchment area reported that financial constraints limited their access to healthy food and opportunities for physical activity. Additionally, those with protected characteristics described experiencing cultural and systemic barriers that limited their access to appropriate health information and support. Many also emphasised the mental health challenges associated with prolonged waits for surgery, as anxiety and uncertainty worsened their physical health issues.

By investing in pre-surgical health improvement strategies, the Trust not only addresses health inequalities but also contributes to the long-term resilience and sustainability of its surgical services. Furthermore, by collaborating with patients and communities as partners in co-designing effective and equitable

solutions, the Trust demonstrates a broader commitment to inclusive, patient-centred care.

³ <https://www.bjanaesthesia.org.uk/article/S0007-0912%2822%2900632-8/fulltext?>

⁴ <https://www.bjanaesthesia.org.uk/article/S0007-0912%2817%2954113-6/fulltext?>

⁵ <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities>

Method

The best way to understand what patients need to stay as healthy as possible while waiting for surgery is to ask them directly. Engaging patients in meaningful conversations about their experiences and needs not only provides valuable insights for developing solutions but also acknowledges their expertise in their own lives and health.

Co-design and co-production are collaborative approaches that have been proven effective in improving health and care outcomes. These methods involve working with patients, carers, and community members to identify and design appropriate solutions^{6 7}. Unlike traditional methods, where solutions are primarily created by NHS managers or healthcare professionals in isolation, participatory approaches bring together those directly affected to collaboratively shape the solutions. Working together in this way often leads to innovative ideas that are more likely to be effective, meaningful, and relevant to the patients and communities they are intended to support.

Healthwatch Greenwich facilitated seven discussion sessions with 52 patients and community members, providing attendees with a £20 gift card as a token of appreciation for their time and contributions. The first three sessions focused on individuals on LGT's surgery waiting list, or those who had recently been on it. Co-design discussions explored how participants might improve or maintain their health while awaiting surgery.

We started with broad questions to gather insights about patients' experiences, then used an iterative approach to gradually identify key patterns and needs. We aimed to understand not only the impact of waiting for surgery on their health and wellbeing but also the wider social, economic, and systemic factors influencing their experiences.

⁶ <https://www.england.nhs.uk/long-read/how-co-production-is-used-to-improve-the-quality-of-services-and-peoples-experience-of-care-a-literature-review/>

⁷ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08079-y>

While all participants in the initial three discussion groups were on the surgery waiting list and lived in some of the most deprived areas within LGT's catchment area, representation did not reflect a wide range of diversity, and few lived with disabilities, or were carers. This limited demographic representation was a notable weakness, as health inequalities are complex and not solely defined by socioeconomic factors; they intersect with race, disability, age, and gender.

To further develop approaches and solutions from the first three discussion groups, we expanded our engagement efforts. To capture the perspectives of initially underrepresented communities, we held an additional four discussion groups. These included people from global majority backgrounds, people with mental health needs, individuals living with disabilities, and parents or carers of children or adults with learning disabilities. This expansion not only deepened our understanding but also ensured that the proposed solutions were grounded in the realities of those most affected by health inequalities.

Findings

Waiting for Surgery

Long waiting periods for surgery significantly impact patients' physical, emotional, and social wellbeing. Many patients expressed feelings of anxiety and reported a sense of isolation. Some felt overlooked by the Trust, and for many, life seemed to be "on hold," which limited their ability to engage in activities they once enjoyed or to make plans. These feelings were worse for those trying to cope with reduced mobility, chronic pain, or other health conditions.



It is so depressing waiting for surgery...



Patients often experience heightened stress due to uncertainty about the timing of their surgeries and inadequate communication regarding surgery dates. While most understood the pressures facing the NHS and recognised the necessity of waiting lists, the lack of information about expected surgery dates intensified their anxiety. Patients faced practical challenges stemming from not knowing when their surgeries would occur, making it difficult to plan work commitments, arrange household tasks, book vacations, or participate in family celebrations. For parents and carers, the absence of a clear surgery date complicated the organisation of alternative care arrangements.



...We need information about what is going on and what will happen...





We don't know what to expect. Don't know the time scale. A lot of unknowns...



Lack of communication from the Trust caused concern among patients, leading some to worry that they might have been removed from the surgery waiting list. Many months passed without any updates, leading patients to feel the need to “chase” the Trust for information, often making repeated attempts to contact them. Often, the responses they received were inadequate. This uncertainty was particularly disruptive for those whose initial surgery had been cancelled and who were waiting for a new date. The emotional toll left many patients feeling frustrated, disappointed, and disheartened.



I had to ask [my employer] to take three months off from work, just for them [LGT] to cancel my surgery!



Patients emphasised the need for regular and proactive communication from the Trust, confirming their ongoing status on the waiting list, providing estimated timelines, and offering early warnings about potential delays. Most agreed that receiving updates every three months—whether by text, email, or letter (or all three)—would provide reassurance, reduce uncertainty, and help them continue with their lives while they wait.

Understanding Health and Wellbeing

A Holistic View of Health

In our discussion groups, patients and community members widely agreed that being healthy extends beyond physical fitness to include good mental health, social interaction, a sense of control over one's environment, and the ability to make informed choices. Access to reliable information and facilities that support good health were highlighted as critical.

For patients awaiting surgery, the uncertainty and stress of not knowing when their procedure might take place can act as a barrier, reducing their motivation to make healthy choices.

Diet and Healthy Eating

In our discussion groups, much of the conversation surrounding health focused on diet and physical activity. These topics are closely linked and are frequently promoted in public health messages and campaigns, making them familiar starting points for discussions about health. Additionally, many participants felt that diet and physical activity represent two of the most certain and immediate aspects of everyday health management. These are areas where patients and community members believe they have some degree of personal control, which directly affects their sense of wellbeing and their ability to improve their health. Food is not only a health concern; for some, it represents a struggle with affordability and access. Fresh, nutritious food can be significantly more expensive compared to processed convenience foods.



...due to cost of living, people buy food to feed themselves rather than buying healthy food...



While local public health initiatives teach people how to make low-cost healthy meals, many of the people we spoke to were not aware of these resources. This suggests a disconnect between the availability of resources and the ability of those in need to access them. Furthermore, for many, food is not just a personal necessity but also a shared cultural and social practice. Decisions about what to eat are influenced by collective preferences, traditions, and practical financial considerations.



...[His] health condition worsened because they could not give the right advice on what to include in his diet. He is from West African heritage.



Patients and community members noted that meaningful change often requires collective action within households. While many initiatives and resources focus on individual behaviour change, these efforts are not sustainable if the rest of the family continues with routines that do not support healthier choices. Even those who are motivated feel powerless to make lasting changes without the support of their family or partner. One patient, with a high BMI and type 2 diabetes, shared his experience of attending a workshop on managing his diet after being referred by the Trust. Although he found the session informative, it did not lead to any changes in his eating habits. This was primarily because his wife handled all the household shopping and cooking, and the invitation to the workshop was solely for him.



...It didn't change anything. My wife does all the meals...



Physical Activity

When it comes to physical activity, many wanted to be more active but associated it with additional costs, such as commercial exercise classes and gym memberships. Patients and community members mentioned that these prices exclude those living on a low income, turning some forms of physical fitness into a privilege. While free outdoor activities, like walking or using free exercise apps, were suggested as viable alternatives, challenges such as weather conditions, crime, and digital exclusion limited accessibility for many.

Accessibility was a significant concern for individuals living with physical or sensory disabilities. They often cannot access exercise classes or gyms, and using open spaces or walking more presents new challenges. Features like steps, uneven surfaces, and narrow pathways can be difficult—and even dangerous—to navigate. Concerns about personal safety, the risk of falling, and the possibility of getting lost deterred them from engaging in outdoor activities or walking more.

Motivation and Accountability

Patients and community members discussed the importance of motivation and accountability in maintaining an active lifestyle, noting that support from family, peers, or community groups is essential. Having someone to check in with and provide encouragement can help individuals overcome a lack of motivation and sustain regular physical activity.



I need a buddy to check in on me, get me out. If I had a buddy, I would go whether I feel like it or not.



Family and broader social networks play a critical role in fostering a sense of responsibility alongside accountability. Community members described how loved ones offer reminders, encouragement, and practical assistance, which helps them stay on track with their health goals—especially during challenging times of stress or vulnerability.

Peer support and community groups were identified as important sources of support and accountability. Sharing experiences with others facing similar challenges reduces feelings of isolation. The shared understanding and mutual encouragement found in peer or community groups can be highly motivating. Hearing how others manage and overcome similar obstacles can inspire them to take greater control of their health. In addition to promoting physical activity, patients and community members highlighted the broader wellbeing benefits of these groups, such as the opportunity to form meaningful connections, safe and trusted spaces for accessing resources, and a platform for sharing knowledge.



I think it is very important to have someone relatable as if they have gone through the same situation as me. It's very effective to have someone as your mentor....



Gaps in Preoperative Communication and Support

Lack of Meaningful Guidance

While the idea of improving health before surgery is widely recognised as a practical concept, most people reported that this had not been effectively communicated to them by the Trust. Some received generic health information leaflets, which they often found irrelevant or unhelpful. Some were told to make changes to their health but were not given explanations as to why these changes were necessary or how to achieve them. This lack of context made it difficult for them to understand the relevance of the advice or to act upon it.



Trust informed me I am overweight, but they never explained why it is necessary to lose weight.



Few received meaningful guidance or support on how to improve their health, leaving them unclear and confused. Although some accessed and successfully utilised support from the Trust, this support was primarily focused on recovery after surgery rather than on improving their health before the operation. Additionally, those with sensory disabilities emphasised the need for information to be provided in formats that comply with the Accessible Information Standard. Their experiences suggest that this standard is not consistently applied by the Trust, which reduces their ability to access essential health information.

People who are blind and partially sighted expressed frustration with information shared or displayed in formats they could not read, undermining their autonomy and increasing their reliance on others to interpret or relay important information. Regardless of any disabilities, all individuals we spoke to wanted information to be presented in simple and clear language. This is especially crucial for those who depend on others for translation.



Some of these medical terms do not have translations, so even the children find it difficult to translate.



Existing resources

Patients were presented with two existing booklets⁸ (one of which is not currently used by LGT) to determine their potential usefulness.

“Keeping Well”

Many patients found the advice in this booklet to be too generic, failing to address their specific needs or circumstances. This lack of relevance made it less helpful. For example, a school cook and restaurant worker expressed her frustration with the advice to “walk more,” highlighting the disconnect between her reality and the suggestions provided.



I can cook food for 300 girls in a school and then at 5 PM, I go to my second job at the restaurant. I leave my house at 7 AM and come back at midnight so I am on my feet all day. I don't need to be told to walk or keep walking!



“Make the Most of Your Appointment”

This booklet is designed to help patients organise their thoughts, priorities, and questions before meeting with their doctor or healthcare professional⁸. Overall, it was considered a useful and practical resource. By encouraging preparation, patients felt that the booklet would enable them to communicate their needs and concerns more clearly.

⁸ See Appendix 2



I had so many questions...I needed certainty so things like this are good.



Overall, there is a clear preference for resources that support patients to be active participants in their care, rather than passive recipients of information. For patients waiting, providing practical solutions helps reinforce their confidence in taking greater control of their health.

Generic Health Information

Both patients and participants in our community discussions found generic health information to be unhelpful. They felt that such information failed to recognise their circumstances and needs, making it impractical and irrelevant. Almost everyone wanted personalised, holistic information and support that acknowledged them as more than just a medical case.



That is what you are [to the Trust]; at the end of the day, you are just a patient/confirmation number.



One member of our community discussions, who is blind and lives with cerebral palsy and hearing loss, described how the lack of tailored information and support reduced her ability to manage her diabetes effectively. Speaking through a personal assistant, she explained that her condition became uncontrolled because she did not receive the necessary information or tools to monitor her diet or understand its importance.

Participants criticised generic health advice for neglecting the cultural, financial, and practical realities of everyday life. Some suggested that information and support should be made available in community languages, as not everyone is

fluent in or understands English. To be genuinely useful, advice and information must align with cultural preferences and traditions.

Carers spoke of the dual responsibility they hold for their own health and the health and wellbeing of the person they care for. Many noted how the challenges they face as carers are often overlooked in generic advice, leaving them feeling unsupported and uncertain about how to improve their own health while managing their caregiving duties.

The increasing use of digital tools like the NHS App and Patient Access to provide health information and advice received mixed reactions. While many users appreciate these platforms for managing health records or prescriptions, there was little interest in more health apps or platforms that offer generic health information or advice. Again, it was emphasised that the general nature of information provided on apps fails to address specific questions or needs. This disconnect led some users to perceive digital content as superficial or overly simplistic.



...I looked at the health and wellbeing stuff on there [NHS app], it all seems like common sense to me.



A minority of participants reported that they do not own a smartphone or lack the confidence to access apps, which prevents them from using digital resources such as exercise and diet trackers or digital mental health support.



...First, to be on this [digital portal], you would have to register, and you got to have a password which is hard to remember...



The Need for Tailored Advice and Support

Nearly all participants in the discussion groups emphasised the need for clear, personalised information and support. This support should not only explain the importance of maintaining or improving health before surgery but also provide practical, actionable guidance. For example, they suggested tailored advice on managing specific conditions, such as diabetes or cardiovascular disease, and demonstrating how these efforts can reduce surgical risks and enhance recovery. Many participants noted that receiving such personalised advice would motivate them to take meaningful actions toward better health.



...So, it would actually be useful if they gave you practical advice...to make life easier for each person and their specific needs.



When asked to describe what personalised information and support might entail, patients and community members shared the importance of having two-way conversations with healthcare professionals. These dialogues would help them fully understand their current health status, the implications for their upcoming surgery, and the necessary changes they need to make. Linking these health improvements to their upcoming surgery would motivate many to create positive changes.

The Role of Healthcare Professionals

To ensure the credibility of the personalised information and advice they receive, participants stressed that this information should come from an official source, ideally a healthcare professional. Most suggested they are much more likely to trust and act upon information delivered by a healthcare professional, as they believe these experts have the knowledge and understanding to provide evidence-based support tailored to their specific circumstances.



You got to feel that you can trust the person you are engaging with and that they've got knowledge ... otherwise it's hard to accept their advice and stay motivated.



Receiving Preoperative Information and Support

The referral appointment, waiting period for surgery, and the preoperative appointment are critical stages in the surgical pathway. These moments are essential for providing patients with the information, guidance, and support needed to optimise their health. Timely interventions during these key stages can significantly impact patient outcomes, particularly for individuals at greater risk of health inequalities.

Referral Appointment

The referral appointment marks the patient's entry point into the surgical care pathway and serves as a crucial opportunity to establish a positive tone for their journey. This stage is vital for building trust, motivation, and accountability. At this point, many patients may not fully understand the need to improve their health or the steps they can take to enhance their surgical outcomes. It is essential to create a shared understanding of the patient's health improvement needs, linking these to potential impacts on surgery. Providing clear, accessible, and personalised information early in the process equips patients with the knowledge they need to take charge of their health. When appropriate consent is obtained, consideration should be given to involving carers, partners, or key family members in these discussions. Including family members or carers can help them better support the patient during this journey.

To ensure that all patients can access the information they need, it is important to adhere to the Accessible Information Standard. This process can begin by routinely asking patients about their preferred formats for receiving information—such as large print, Braille, audio formats, or translated materials—

and recording these preferences. Adjustments should then be made at every stage of the care pathway.

For digital communications, compliance with Web Content Accessibility Guidelines (WCAG⁹) will help support accessibility for people with visual, hearing, cognitive, or motor impairments.

Using plain language principles alongside visuals, diagrams, and bullet points can further clarify and simplify the information provided. Collaborating with patients and carers, especially those with lived experience of communication barriers, to co-design informational materials can enhance their relevance and effectiveness.

While healthcare professionals are best suited to provide clinical advice, broader support and guidance can be offered through referrals to social prescribers. These professionals can address non-medical needs, such as connecting patients to local community resources and peer support groups, thereby bridging the gap between clinical care and the wider social determinants of health. A referral from a healthcare professional can increase the credibility of social prescribers, integrating them more effectively into the care pathway. Patients are more likely to trust and collaborate with social prescribers when their involvement is framed as part of a multidisciplinary team.

Waiting for Surgery

The waiting period before surgery is often the longest and most emotionally challenging phase for patients, characterised by uncertainty, anxiety, and sometimes feelings of isolation. However, this phase also represents an opportunity for health improvement. Providing recurring updates and maintaining consistent communication can reassure patients that they have not been forgotten, help sustain their motivation and create an accountability mechanism. Social prescribers are ideally suited to address many challenges faced by patients waiting for surgery by offering holistic and personalised support that goes beyond clinical care. They can provide continuity of care during this waiting period, helping patients stay engaged and motivated.

⁹ <https://www.gov.uk/service-manual/helping-people-to-use-your-service/understanding-wcag>

Regular check-ins from social prescribers can offer reassurance, maintain accountability, and provide an opportunity to address emerging needs. It is equally important to consider the needs of carers during this time, as their wellbeing directly impacts their ability to provide effective support.

Social prescribers can assess each patient's individual needs and circumstances, offering tailored support that addresses wider concerns and the broader social determinants of health, such as worries about housing, employment, and access to benefits and financial support. They can also connect patients with peer support networks, community groups, mental health resources, and local activities that promote social interaction and emotional wellbeing.

Preoperative Appointment

Given the short timeframe between the preoperative appointment and the surgery itself, this is another opportunity to motivate patients who have made positive changes. It is important to reinforce key messages about the significance of improving health and its connection to better surgical outcomes. As appropriate, family members, carers, or partners should be included in discussions about the patient's readiness for surgery and the importance of their ongoing support in the lead-up to the procedure. Social prescribers can assist patients with final preparations, such as how to access support for caregiving responsibilities during post-operative recovery.

Conclusion

The evidence gathered from our discussions highlights how long waiting times for elective surgery worsen existing health inequalities. Patients from disadvantaged backgrounds or those with protected characteristics face additional challenges in managing comorbidities, obtaining appropriate information, and navigating care that may not be culturally or linguistically aligned. These barriers not only make it harder for patients to prepare for surgery but also lead to poorer surgical outcomes and longer recovery times.

The findings from this project suggest a need for a more holistic and inclusive approach to supporting patients throughout the surgical pathway. Key moments—such as the referral appointment, the waiting period, and the preoperative appointment—represent potential opportunities for intervention. These touchpoints offer the chance to address health inequalities directly by providing tailored, accessible, and culturally sensitive information and support. By collaborating with patients to optimise their health, the Trust can help reduce disparities in outcomes, ensuring that all patients feel supported, prepared, and motivated to take greater control of their health.

A recurring theme in our discussions was the importance of addressing patients' social and household dynamics. Patients emphasised that meaningful change often requires a collaborative effort from their families, carers, or wider support networks. For many, the barriers to adopting healthier habits are not solely personal; they are also collective, influenced by shared preferences, routines, and responsibilities within their households. Involving family members or carers in conversations about health improvement can foster a sense of shared accountability and provide patients with the practical and emotional support they need to succeed.

Social prescribing has emerged as a strategy to bridge the gap between clinical care and the broader social determinants of health. By addressing non-medical needs, such as access to community resources and peer networks, social prescribers can help patients overcome barriers to improving their health. This holistic approach not only assists patients in managing their immediate health

concerns but also targets the underlying factors that contribute to health inequalities. Additionally, social prescribers can provide accountability and continuity of support during the waiting period, offering reassurance to help maintain positive changes.

A key finding from the discussions was the need for accessible and personalised communication. Many patients reported dissatisfaction with generic information that did not consider their unique circumstances, such as cultural practices, financial limitations, or disability-related needs. Tailored guidance, delivered in plain language and in formats that comply with the Accessible Information Standard, is essential for enabling patients to make informed decisions. Patients also expressed a strong preference for receiving this information from healthcare professionals, whose expertise and credibility help build trust and motivation.

The Lewisham and Greenwich NHS Trust has an opportunity to address health inequalities by implementing patient-centred, inclusive strategies across the surgical pathway. By prioritising tailored support, community and family involvement, and integrating social prescribing, the Trust can help patients optimise their pre-surgical health, leading to improved surgical readiness and recovery outcomes.

Recommendations

To improve preoperative communication and support, reduce health inequalities, and enhance outcomes for patients waiting for surgery, the following recommendations are proposed:

1. Referral Appointment

- Check and record patients' communication needs and preferences.
- Provide clear, accessible, and personalised resources to help patients prepare for referral appointments, such as booklets in plain English and community languages.
- Clearly link health optimisation efforts to improved surgical outcomes and recovery, helping patients understand the tangible benefits of making lifestyle changes before surgery.
- Co-design materials with patients and community groups to ensure they address cultural, linguistic, and accessibility barriers.
- Refer patients to social prescribers for additional support.

2. Waiting for Surgery

- Establish a system for proactive updates every three months to reassure patients of their place on the waiting list and provide estimated timelines.
- Use multiple communication methods (text, email, or letter) to cater to individual preferences.
- Offer tailored health advice to patients, considering their specific health conditions, cultural practices, and lifestyles.
- Continue to reinforce health optimisation efforts to improve surgical outcomes and recovery, helping patients understand the tangible benefits of making lifestyle changes before surgery.
- Signpost to peer and community support groups to foster accountability, reduce isolation, and encourage patients to maintain or improve their health during the waiting period.

- Establish regular patient 'check-ins' with social prescribers for motivation and accountability.

3. Preoperative Appointment

- Provide clear, accessible, and personalised resources that explain preoperative health optimisation.
- Continue to link health optimisation efforts to improved surgical outcomes and recovery, helping patients understand the tangible benefits of making lifestyle changes before surgery.

4. Accessible Information

- Adhere to the Accessible Information Standard for all information and resources. Where required, provide translations in community languages.

5. Digital Tools

- Offer guidance and support to help patients build confidence in using digital health tools.
- Provide alternative communication methods for patients without access to digital technology.

6. Accountability and Peer Support

- Working with social prescribers, utilise existing peer support and community groups to provide patients with motivation and encouragement.
- Encourage family and carers in planning to support patients to improve their health.

Provider Response

Report & Recommendation Response Form

Report sent to:	Matt Hopkins
Date sent:	
Title of Report:	Tackling Health Inequalities in Surgical Care

Response

If there is no response, please provide an explanation for this within the statutory 20 days.

Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	31/01/2025
General response ²	Thank you for the insights provided by this report on the experiences of patients waiting for surgery at Lewisham and Greenwich NHS Trust and the recommendations for improving experience and health promotion.
Response to recommendation 1.	<p>Referral Appointment</p> <p>With regards to checking patients' communication needs and preferences, the Trust has implemented the national requirement to record reasonable adjustments using a digital flag in patient records. A programme of work is being established to improve the consistency of provision of reasonable adjustments, which will include communication requirements.</p> <p>The Trust has also launched the patient portal which enables patients to view appointment information through the NHS App. In future the tool will be developed further to enhance communication with patients, including the opportunity for patients to communicate back to the Trust through the NHS app.</p> <p>We will work with system partners across South East London to review ongoing work to produce 'waiting well' resources and consider how these can be best utilised as part of the recommendation to provide clear, accessible and personalised resources.</p>

	<p>The recommendations and insights from this work will be shared with colleagues across the Trust and be used to inform how we embed improvements to address health inequalities. We will also share the report with our partners across South East London to inform wider work with the insights shared by patients.</p>
<p>Response to recommendation 2.</p>	<p>Waiting for Surgery</p> <p>The Trust has established a service within a number of surgical specialities which proactively identifies patients at risk of experience inequalities in waiting times for surgery. Patients who are at risk of not being fit for surgery are identified and proactively offered support to improve their health before they are due to have surgery. This initiative is showing positive outcomes with higher rate of patients being fit for surgery at the time of the pre-operative assessment. The insights and recommendations within this report will be used to make improvements to the service, including reviewing how we can make better links to community resources and social prescribing offers.</p> <p>As part of this pilot project, patients are sent personalised ‘jargon-free’ letters to support their preparations for surgery. The work undertaken by Healthwatch Greenwich will support us in further embedding this approach.</p> <p>The Trust is working with King’s Health Partners to pilot an approach to providing tailored health advice to patients using the ‘Vital 5’ approach (blood pressure, smoking, alcohol, weight and mental health). This will identify patients who need support to improve vital 5 measures providing motivation and referrals to existing services, such as weight management as well as referrals into social prescribing support services. This approach will provide the check-in and accountability that the report highlights as being important to patients.</p> <p>The new patient portal tool enables different communication tools to be used, including notifications through the NHS app. Letters will still be sent to patients when they do not have access to the NHS app.</p>
<p>Response to recommendation 3.</p>	<p>Preoperative Appointment</p> <p>We have established a referral route, so that all patients on an elective surgery waiting list who are recorded as current smokers will be contacted by the Trusts stop smoking team to</p>

	<p>offer support to stop. Advice is given about the impact of smoking on surgical outcomes and the significant benefits of stopping smoking ahead of surgery, to help motivate patients to take up the support offer.</p> <p>We are building on this approach with the pilot of the vital 5 approach, making the link between other health factors such as weight and blood pressure on surgical outcomes.</p>
Response to recommendation 4.	<p>Accessible Information</p> <p>The Trust is working to implement the Accessible Information Standards. We will use these standards to inform any resources developed to support our waiting well programme.</p> <p>We have invested in CardMedic, which is an application or website is available on mobile, tablet or desktop for all HCPs at LGT. CardMedic offers health professionals translated flash cards relating to clinical assessments / explanation as to why particular clinical details are required into 42 languages or BSL.</p>
Response to recommendation 5.	<p>Digital Tools</p> <p>As outlined, patients are able to receive communication from the Trust in different formats, through the patient portal and NHS app. For those patients who face digital exclusion, we will still be providing letters.</p>
Response to recommendation 6.	<p>Accountability and Peer Support</p> <p>Through the trial of the vital 5 approach, we will work with local social prescribing providers to link patients into existing peers support and community groups.</p> <p>Through our existing work to tackle health inequalities in waiting times, we will review other opportunities for linking patients into existing community resources.</p> <p>We will also consider how we can signpost patients to community groups through our normal pathways.</p>
Signed:	M.Hopkins
Name:	Matt Hopkins
Position:	Strategy Manager

Appendix 1 – Discussion Groups

We worked with 52 patients and community members across seven workshops. Our focus was on those living within the catchment area of LGT who are most likely to experience health inequalities, specifically:

- People living in the most deprived areas¹⁰
- People from global majority backgrounds
- People with mental health needs
- People living with a disability
- Parents/carers of people living with a learning disability

How Did We Find Them?

Recruitment to the first three discussion groups (28 patients on or had recently been on LGT’s waiting list for surgery) was facilitated by LGT administrative staff. They identified that texting was much more effective than calling. After receiving consent to share their details with HWG, we got in touch to explain the project and invited them to the workshops.

Key detail	
Number of patients contacted	120
Attended one or more discussion groups	28
Booked to attend but did not arrive at the discussion group	23
Interested but could not accommodate the date and time	21
Not interested in taking part in the discussion group	8
Did not reply to any of the message requests sent	40

¹⁰ Using post codes and IMD: <https://data.cdrc.ac.uk/dataset/index-multiple-deprivation-imd>

Who Came to the Discussion Groups?

28 patients on or who had recently been on LGT's waiting list for surgery, and 24 members from community groups.

Ethnicity				
Asian, Asian British	Black, Black British	Mixed ethnic groups	White (any)	Prefer not to say
9	25	1	16	1
52				

Gender	
Female	Male
35	17
52	

Age					
Under 39	40-49	50-59	60-69	70-79	80-89
3	4	17	15	12	1
52					

Disabilities/Long-term Conditions (LTC)			
Living with a disability or LTC	Not Living with a disability or LTC	Prefer not to say	Unstated
23	21	1	7
52			

Appendix 2 – Existing Resources





Make the most of your appointment

Helping you make the right choice



healthwatch Greenwich

Gunnery Works
9-11 Gunnery Terrace
Woolwich Arsenal
SE19 6SW

www.healthwatchgreenwich.co.uk
t: 0208 301 8340
e: info@healthwatchgreenwich.co.uk
 @HWGreenwich
 [Facebook.com/Healthwatchgreenwich](https://www.facebook.com/Healthwatchgreenwich)

Registered Charity Number 1209971
Company registered in England Number 9891557



**Committed
to quality**

