

## January Feedback Report

The feedback presented in this report represents 364 responses from the following sources:

- Calls and emails to Healthwatch Greenwich from Greenwich residents/service users
- Meetings between Healthwatch Greenwich community representatives or leaders
- Meetings between Healthwatch Greenwich and groups of Greenwich service users
- Conversations as seen on Twitter and local community Facebook groups
- Online reviews of services

### COVID-19 Vaccination

News stories about deaths following the COVID-19 vaccination in some countries is now finding traction amongst people who are already apprehensive about getting vaccinated. These people are worried about the possible side-effects of the vaccine.

Service users have been instructed not to contact GP surgeries to get information about the vaccination, leaving them unsure with who to address their queries to. They want to know:

- Why some people can get vaccinated locally whilst others are sent further from home
- If they can choose where they get the vaccination
- Why some carers are eligible for the vaccine whilst others are not - one carer told us that they were denied the vaccine for being 'too young' when they took their mother to get hers
- If it is possible to access 'leftover' vaccines if service users arrive at vaccination centres at the end of the day

### GP services

#### Communication

Service users report long waiting times on the telephone, more than 60-minutes to speak to a receptionist. One service user told us:

*“...after one hour waiting for my call to be answered and several unsuccessful attempts later, I gave up trying to get one. I can't help but worry about what impact not making an appointment will have on my health”*

Other service users report not receiving calls back from their GP (despite arranging this in advance). This includes not receiving calls back from GPs to discuss test results, as well as not receiving calls back from other practice staff. Service told us their frustration at having to make multiple follow-up calls themselves.

General communication is not always accurate. Service users at Greenwich Peninsula Practice received an SMS message to say that the practice had reopened. However, upon arriving at the practice for scheduled face-to-face appointments, service users found the practice still closed.

### Digital access

Some service users find it difficult to use GP services online. E-consult is too long and repetitive. Other service users report problems navigating the latest version of 'MyGP' app, suggesting the previous version worked better.

Accessing GP services online is particularly difficult for:

- Service users who do not have access to technology
- Service users who do not have the skills to use technology
- Service users who have limited/no internet data
- Service users who find it physically difficult to use technology and/or accessories such as keyboards due to long-term health condition or disability
- Service users living in overcrowded households with limited private spaces to conduct confidential conversations

### Reception staff

Some service users describe their interactions with receptionists to be “rude” and lacking in “empathy”, feeling that receptionists are unwilling to help:

*“[the receptionist] attacked me over the phone for demanding treatment for my son after constipation and stomach distention for months, refusing my son a simple ultrasound after my son did not poop for seven days even after being prescribed tens of laxatives, and even blamed me for taking my son to A&E, insinuating I went to A&E for no reason which I found incredibly shocking”.*

Service users often perceive receptionists as gatekeepers, indicating that receptionists prevented rather than facilitated access to healthcare services.

*“You ask for an appointment, but the keeper of the keys says no”.*

One service user, without proof of address, was denied patient registration. This was only resolved after both internal (within the practice), and external (national body) complaints had been raised.

### Clinical treatment and referrals

Some service users find it difficult to access clinical treatment or get a referral. These service users report that GPs do not always listen to them or take their concerns seriously, causing additional suffering:

*“[My GP] didn't want to investigate the issues my son was having and when I demanded an explanation, I was labelled a troublemaker...”.*

*“[My GP] refused to refer me to see a rheumatologist for MRI scan after six months of chronic chest and back pain until A&E gave me a letter to that effect. Still this doctor [my GP] tried to convince me I was suffering from depression because I lost my [loved one] five years ago”.*

Another service user said their GP refused to refer them to a specialist, claiming their concerns were just a result of anxiety.

Service users also report delays to treatment. One service user had delays due to their GP not completing a medical assessment form, whilst another service user had been ‘kicked

*back and forth between the surgery and hospital*” for over three months. Difficulty in getting a referral resulted in one service user feeling *‘let down by the system’*.

Another service user felt their GP had not informed them of their prediabetic status and only became aware of this after moving to another practice and receiving test results.

### Complaints

It is not easy for service users to find out how to make a complaint. Our report [“GP websites: A report on the quality and content of website information”](#) found that not all practice websites carry clear, easy to find, information on how to make a complaint, how the process works, and who can offer support (advocacy services) indeed - some simply say - speak to reception/practice manager. This could be a daunting prospect, particularly if the complaint is about reception staff or the practice manager. Indeed, one service user told us that a complaint left with reception staff was not acted on or escalated because the complaint was about reception staff.

### Physiotherapy

Service users report long wait times to access physiotherapy - for some the wait has been more than 5 months. In addition, service users tell us they wait weeks for follow-up calls and they system is not working for them. Service users without COVID-19 or COVID-19 - related issues feel forgotten and let down. One service user, who waited more than two weeks for a follow-up call said: *“The plan since the beginning of the pandemic wasn't to save the people, but to save the NHS. My question is, what for?”*

Service users report poor experiences accessing physiotherapy remotely. For some, telephone consultations are felt to be inappropriate and inadequate. Likewise, service users do not want to use online self-help physiotherapy videos in fear that they are more likely to injure themselves, making their condition worse. Instead, for those that can afford it, some have turned to private physiotherapy. Those who cannot afford private treatment, and who do not want to use self-help physiotherapy videos, live with constant pain and discomfort.

### Greenwich Elderly Care Homes

Relatives report some care homes to be exemplary and residents to be well-supported by the staff and management. However, friends and relatives with loved-ones in Greenwich care homes are worried about the functioning of care homes during the pandemic. This was captured in our report, [“What relatives of Greenwich elderly care home residents are telling us”](#) that highlighted poor communication with relatives, difficulties arranging visits to care homes, difficulties in arranging COVID-19 tests for visiting relatives, and meeting their loved-ones in cold spaces or gardens, with their loved-one (care home resident) being visibly cold.

As the COVID-19 vaccination programme rollout has commenced, continuing poor communication with relatives from some elderly care homes has created concerns about the vaccination programme in Greenwich elderly care homes and a perception that it is not happening at a rapid rate. Additionally, relatives are worried about COVID-19 outbreaks in care homes, the risk for their loved-one, and opportunities for family visits.

## Dental care

Service users report long wait times for non-emergency NHS appointments, (often despite contacting multiple dental practices) but not as private patients. In some cases, the same dentists who are unable to offer routine NHS appointments for months are offering routine appointments within days for private patients. One service user reported being turned down for a non-emergency NHS appointment by every dental practice in the borough.

## Queen Elizabeth Hospital

### *In-patient treatment:*

One service user reported being subjected to treatment against their consent, which they found painful and humiliating. They went on to describe how they were unkindly treated on the ward and their requests for help were ignored.

### *Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and consent:*

DNACPR stands for ‘Do Not Attempt Cardiopulmonary Resuscitation’<sup>1</sup>. Cardiopulmonary Resuscitation (CPR) is a treatment that is used to try to restart a person’s heart and breathing when one, or both, has stopped. It means that if a person has a cardiac arrest or dies suddenly, there will be guidance in place regarding whether or not to perform CPR on them. Decisions about DNACPR are based on a person’s individual clinical assessments and made following consultation with the patient where possible and may involve their family.

A relative reported on a community Facebook page that their grandfather was put on DNACPR without the consent of the patient or the family. The relative felt their grandfather was *“a little confused but more than capable of making decisions”* but the medical team recorded on the paperwork that *“...grandad doesn’t have the capacity to make his own decision”*. This stimulated a conversation in the Facebook group, with a number of people suggesting similar incidents were taking place in local care homes and with people with mental health conditions.



### *Communication:*

Some relatives of in-patients report difficulty trying to speak to staff on the ward. In some cases, calls are unanswered. Relatives report that updates and information on the patient’s treatment/results/conditions are not always forthcoming and in some cases are felt to be evasive and unhelpful, creating concerns about the hospital’s treatment of loved ones in the hospital.

General communication with patients is not always satisfactory with patients reporting not being called for scheduled appointments.

## Pharmacy services

Some service users are confused about where to order prescriptions -whether patients need to call GP surgeries, order them online, or contact pharmacies directly.

Temple Pharmacy has been identified by service users as being excellent and particularly helpful.

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<sup>1</sup> CQC (2020) *Review of Do Not Attempt Cardiopulmonary Resuscitation decisions during the COVID-19*  
<https://www.cqc.org.uk/sites/default/files/20201204%20DNACPR%20Interim%20Report%20-%20FINAL.pdf>

**Contact details**

We hope you find this information useful. If you require any further information, contact Sue Mohanty '[sue@healthwatchgreenwich.co.uk](mailto:sue@healthwatchgreenwich.co.uk)'.