

Q1 – April-June 2025



Contents

Introduction.....	2
Layout of the report	3
Methodology	4
What people told us about secondary care services	5
What has worked well?	5
What could be improved?	7
Data Snapshot	8
Equalities Snapshot.....	26
Appendix.....	27

Introduction

Who we are

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

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

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

Patient Experience Programme

Our Patient Experience Programme is one of our engagement programmes delivered by our officers and trained volunteers and is currently implemented in hospitals across Kensington and Chelsea and Westminster.

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

Layout of the report

Report structure

The report is broken down into the following sections:

- Methodology
- What people told us
- What has worked well summary
- What could be improved summary
- Data snapshot
- Secondary care full data and analysis
- Equalities snapshot
- Appendix: survey questions and demographics full data set

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

The **Secondary Care Feedback** section gives a snapshot of how people responded to the questions in the survey, and then includes a thematic analysis which highlights any key themes that are present in the feedback. This section also includes evidence-based recommendations for services.

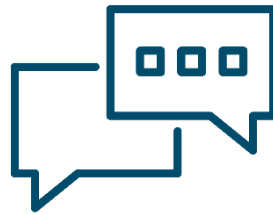
Methodology

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

- Chelsea and Westminster Hospital
 - St Mary's Hospital
 - Queen Charlotte's Hospital
-



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



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



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



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

What people told us about secondary care services

"Amazing care in Mercury Ward- child is so well looked after. Play team are fab."

"Appointment can be hard to get, make more available."

"I can email surgeon if I need to ask anything- very helpful burns team."

"Staff should be a bit more compassionate when people are giving birth."

"Once I made online referral, the hospital contacted me, and they have been in touch about all subsequent appointments ever since."

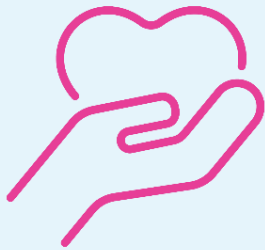
"Could shorten the waiting time. Usually have to wait for almost 1/2-1 hour for the appointment."

"Appreciate the multiple reminders!"

"My surgery was cancelled 6 times which was devastating."

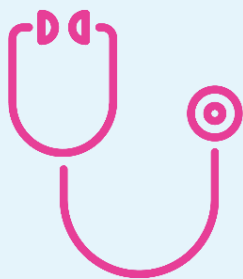
What has worked well?

Between April and June 2025, people have shared with us these key positive aspects of using secondary care services in Westminster and Kensington and Chelsea.



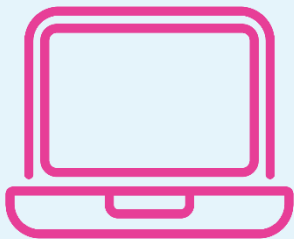
Attitude of staff

93% of people reported that staff were kind and helpful. Many comments gave specific examples of where staff had delivered care that exceeded people's expectations, or they reported being very happy with.



Quality of care and treatment

86% of people reported that the overall quality of care that they received was either very good or good.



Communication before appointment

82% of people agreed that communication from the hospital before the appointment was either good or very good. Many people shared that they appreciated the multiple reminders in different methods e.g. telephone, email and SMS.

What could be improved?

Below is a list of key areas for improvement for secondary care in Westminster and Kensington & Chelsea between April and June 2025.



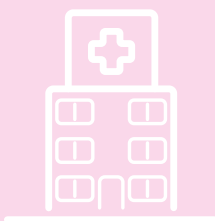
Communication during and after care

The top recommendation that came from respondents was that communication during care and follow up should be improved. This included clearer communication of diagnostic results and after care plans. Some people would also value more direct communication with clinicians.



Waiting times at the hospital and for follow up appointments

The second most common theme of recommendations was suggestions to reduce the waiting times at the hospital and between follow up appointments.



Signage and navigation

The third most common recommendation was to improve signage and pre-appointment location instructions to support people to find the location of their appointment.

Data Snapshot

A total of **240** survey responses were collected in Q1. **13** surveys were excluded due to being partially filled and not containing sufficient information to be included in the analysis.

A total of **227** surveys were analysed. **52** surveys were positive overall, **32** included neutral or mixed sentiment, **14** respondents provided feedback that was negative overall and **129** surveys did not state sentiment.

Number of reviews analysed	227
Positive	52
Neutral	32
Negative	14
Not Stated	129

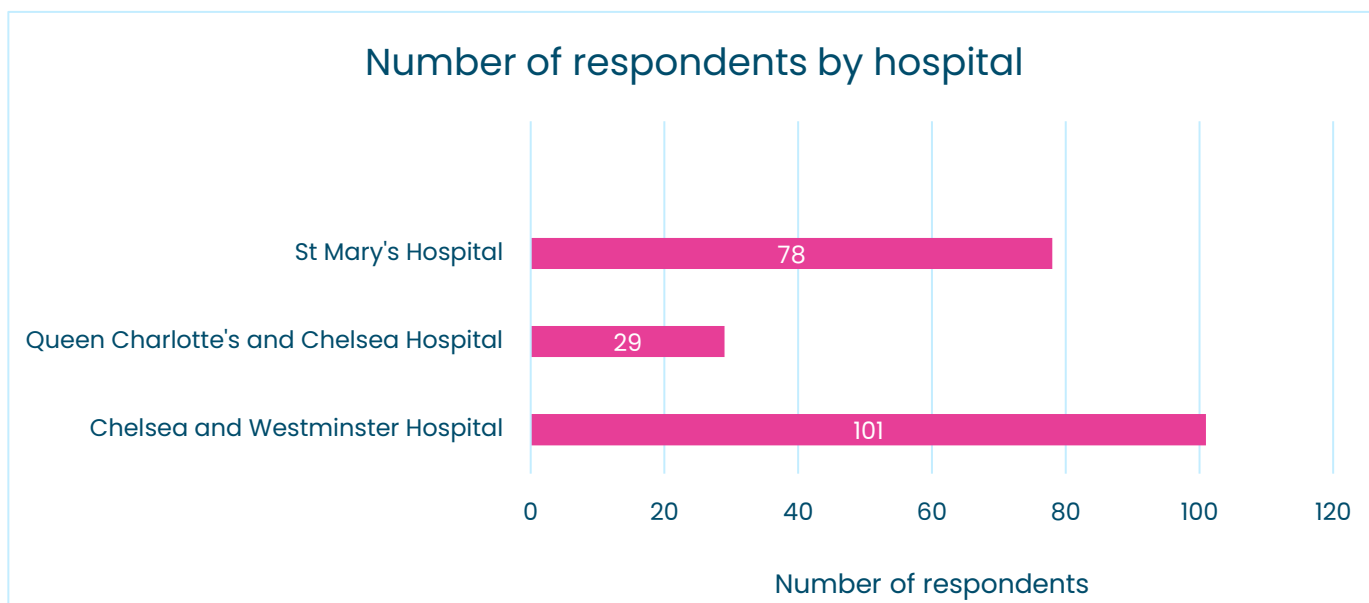
Questions that we asked

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

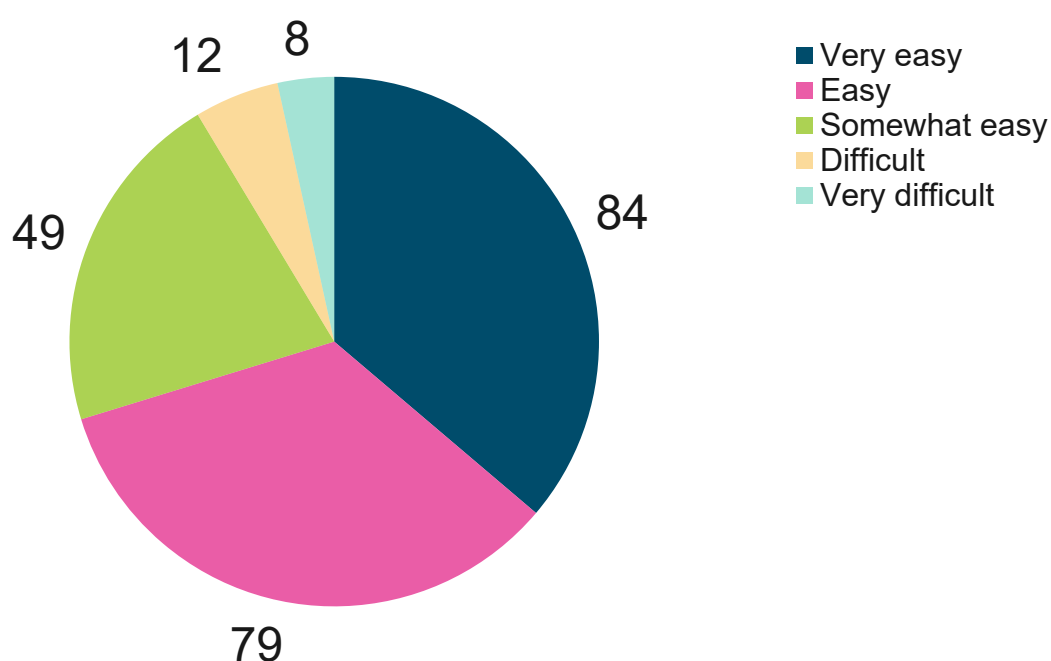
*The full survey can be found in Appendix A.

Survey responses

The majority of respondents who participated in the Patient Experience Programme survey in Q1 were from Chelsea and Westminster Hospital (101 respondents). There were 78 respondents from St Mary's Hospital and 29 from Queen Charlotte's and Chelsea Hospital; 19 respondents did not specify their hospital affiliation, and these responses were included in the analysis as all other survey items were completed.



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



This question helps us to understand how accessible health and care services are. A total of **232** respondents completed this question. Most people reported that it was easy (79 people; 34%), or very easy (84 people, 36%), or somewhat easy (49 people; 21%) to get an appointment. Some respondents found it difficult (12 people; 5%) or very difficult (8 people; 3%) to get an appointment.

Respondents most frequently commented that they experienced a long wait to get an appointment. People reported they had a different experience of this depending on what services or department they accessed. One person shared they were waiting a year for a decision to be made about surgery, with another saying they had waited 2 years for an appointment. People mostly referred to waiting times of a several months.

For antenatal services, a few respondents reported that there were long waiting times to see a midwife, one respondent shared that they were not able to get a 26-week appointment, and another said that they could not get a 36 week appointment. People also reported that appointment cancellations had contributed to extended waits.

Respondents referred from a clinician in secondary care all reported that it was somewhat easy, easy or very easy to access an appointment. People who received ongoing or long-term care at the hospital also reported that accessing an appointment was easy. Equally people who reported they had been referred by a GP said that the process was very easy, easy or somewhat easy, with the exception of one person who found it difficult as their GP had informed them it was not possible to make a referral to their chosen service.

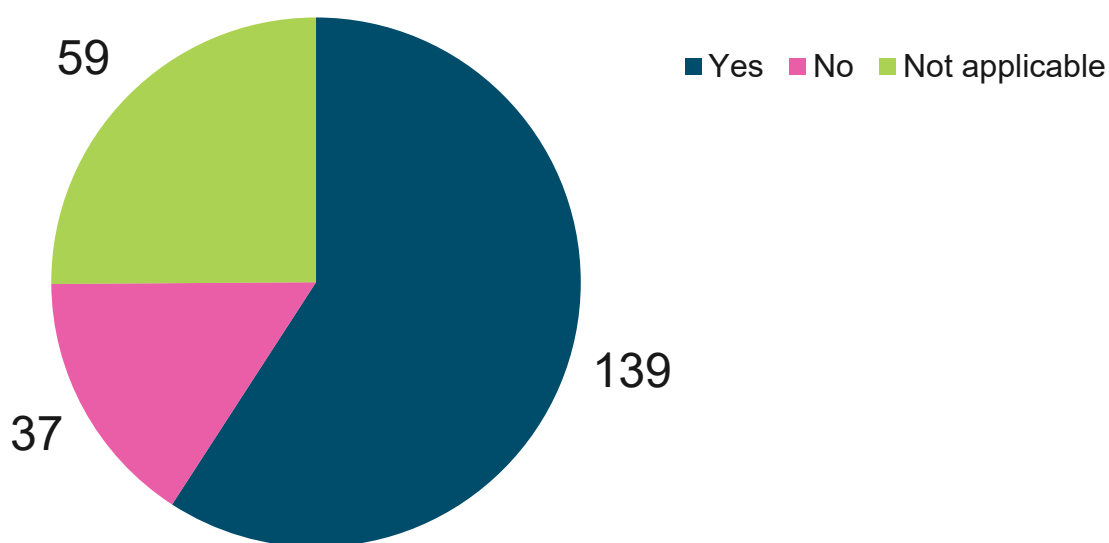
Overall, the majority of people felt that it was easy to access an appointment in hospital, with variation across services.

Next steps

The **18 week standard** in the NHS Constitution gives patients the right to start treatment provided within 18 weeks of referral by a GP. This applies to consultant-led hospital care. The national average of patients waiting 18 weeks or less to start treatment was 61.3% in July 2025, with a national target of 92%.

- Healthcare providers already monitor this as part of mandatory reporting.
- Healthcare providers could support patients waiting a long time by clearly communicating timescales and ensuring they are aware of their right to transfer to another provider, if they have been waiting longer than 18 weeks.
- Healthcare providers and healthcare advice services can ensure that they are signposting and supporting people to access the NHS website [My Planned Care](#), also supporting those who are digitally excluded to access this information. The website gives advice and guidance on waiting times at different providers, and links to information and support for wellbeing while waiting for planned care.
- Regular contact should be made with patients on waiting lists.

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



This question is about quality and helps us to understand whether care is person centred and whether a person's right to choose where they access care is upheld. A total of **235** respondents answered this question. 139 respondents (59%) said yes, their preferences were taken into account. 37 (15%) respondents answered no, their preferences were not taken into account. 59 (25%) respondents reported that this question wasn't applicable to their situation, for reasons such as A and E attendance, or that the procedure or service they needed was not available elsewhere.

The top theme within people's comments was proximity, with respondents reporting that the location of the hospital was convenient and therefore their preferences had been taken into account. 2 people answered that their preferences were not considered but they were equally happy due to the location. 2 people also commented that their preferences were not taken into account and that they would have liked alternative care in a location closer to their home.

The second most common theme within responses was accessing specialist care, which may only be available at certain locations, e.g. the Adult Burns Centre at Chelsea and Westminster Hospital. Most people who commented on specialist care said that their preference had been taken into consideration.

Some people felt that it had not, but as it was specialist provision they did not have a choice and needed to go where the care was available. One person reported that it had taken 8 years to get a referral due to their chosen service not being an available referral option initially.

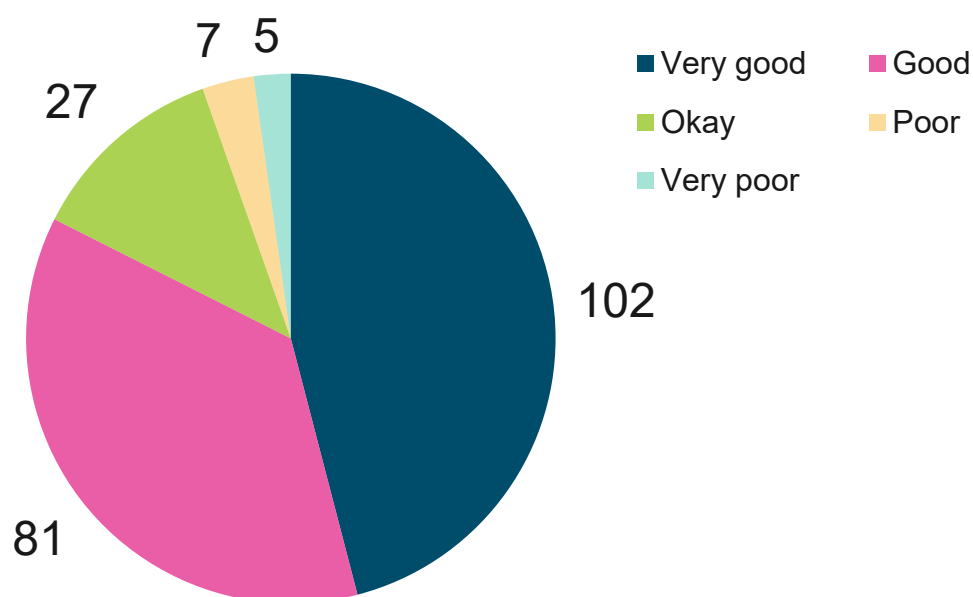
8 Respondents commented that they had not been given a choice but they were still happy with where they were receiving care. One respondent shared that although they had not chosen their place of treatment, they were very pleased and had the best experience of care in fifty years.

Next steps

Under the NHS Constitution, patients in the UK have a **right to choose** where they receive care, which includes choice of GP and referral to specialists, subject to the provider being able to deliver the care needed and holding an NHS contract.

- GPs should ask and provide information to patients on different **referral options** when making a referral to consultant-led care. This information should be provided in an **accessible** format.
- Healthcare professionals can signpost to **Patient Advice and Liaison Services, the local Integrated Care Board and Local Healthwatch** if a patient feels unhappy about not having their choices listened to.

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



This question relates to the quality of services and asks about communication. **222** respondents answered this question. Most people answered that the communication from the hospital before their appointment was good (81 people; 36%) or very good (102 people; 46%). Some people reported that the communication from the hospital was okay (27 people; 12%), and fewer people reported that the communication from the hospital had been either poor (7 people; 3%) or very poor (5 people; 2%).

People mostly commented that they had received with SMS and email being the most frequently raised method of communication. People who had multiple reminders via mixed methods of communication all rated that communication prior to the appointment was good or very good. Some people highlighted that the frequency and multiple reminders were particularly helpful. People also reported that they received letters through the post, and some people who didn't said they would have liked to, with some respondents saying this should include appointment details and location. Finally, timeliness was another key comment, with those experiencing prompt communication giving a rating of "very good".

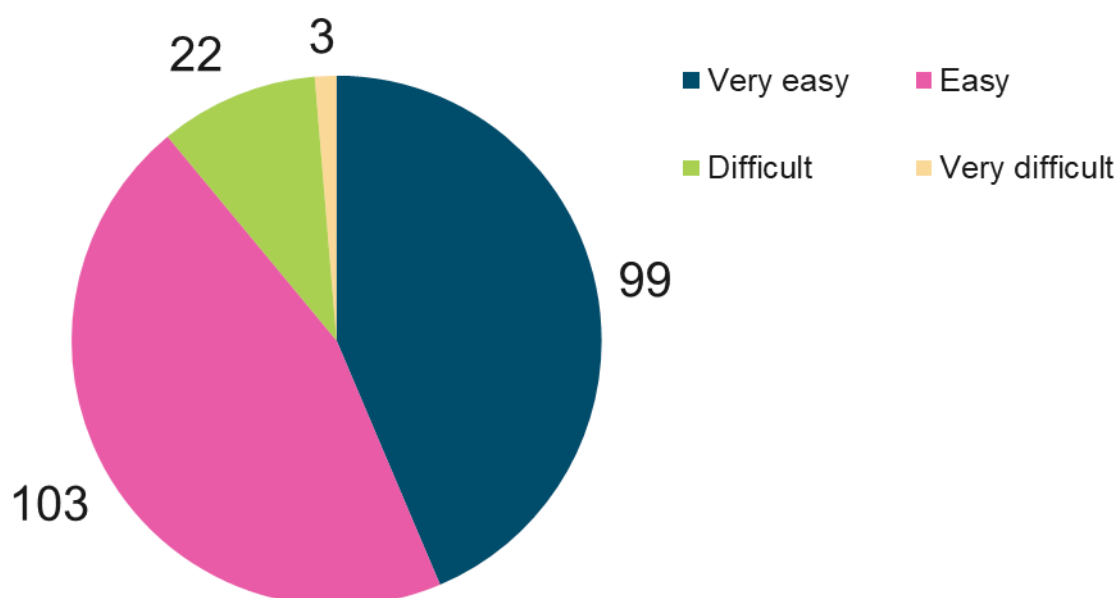
5 respondents commented that if they had an issue, they had found it difficult reaching the service on the phone. All the respondents who could not contact the department by phone rated communication as either ok or poor.

Failed communication or limited information for pre-agreed follow up for ongoing care was also a key stated reason for respondents rating communication as poor. For example, one person gave an example of chasing for anticipated appointments for antenatal care, another highlighted that their GP had told them they would have an appointment at the hospital but no communication came through. Another person felt that no department was willing to take responsibility for their care and as a result they felt there was no communication.

Next steps

Healthcare providers could improve the experience of patients by ensuring and communicating an **accessible contact point** for any questions or updates about care. If departments are likely to be busy and unable to take phone calls, **another point of contact (e.g. PALS)** could be shared. This information should be provided at the first contact.

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



This question is about service accessibility. A total of **227** respondents answered this question. Most people found it easy (103 people; 45%) or very easy (99 people; 44%) to get to where they needed to go to. Some people found it difficult (22 people; 10%), and less people found it very difficult (3 people; 1%).

When answering this question people mostly commented about the signage to the department, and about the instructions and directions they received prior to the appointment. If the respondent commented that both were positive, they responded that finding the location of the appointment was easy or very easy.

The second most reported theme was staff help, with 9 respondents commenting that they had asked the receptionist or another member of staff for directions. People also commented on the attitude of staff with the majority of people reporting that staff were “helpful” and “kind”. People who received staff support reported that it was either easy or very easy to find the location, with the exception of one respondent, who reported that it had been difficult, however they found support from staff helpful.

When people reported that it was difficult to get where they needed to go, the most common issue was that they had either been given incomplete or incorrect information on the location of the appointment. For example, one person stated that they had not been given the name of the building, another stated that the instructions were unclear. One person reported having trouble getting through secure doors with no point of contact. Another person reported the same issue and that they had found a staff member to be unhelpful.

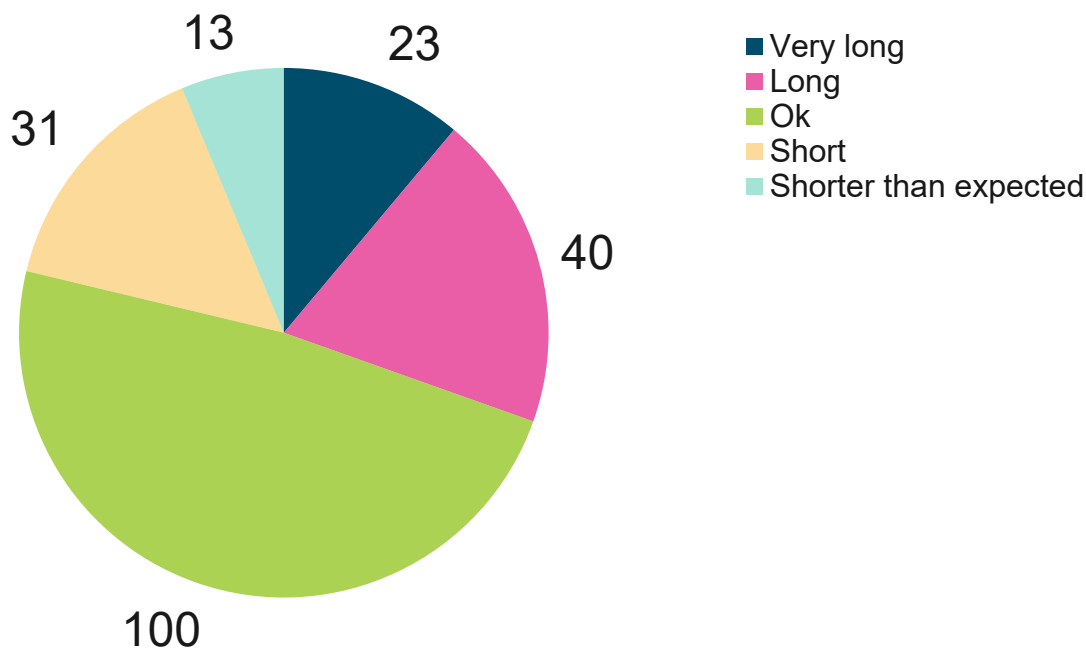
3 people reported that parking was an issue, with comments around price, difficulty with wheelchair access and difficulty finding a space.

As expected, people who received ongoing care at the hospital all reported that it was easy or very easy to find their way to their appointment.

Next steps

Healthcare Providers could improve patients experience by ensuring that all appointment standardised communications (letter, SMS or email) include **clear directions** to the location of the appointment.

Q5 How were the waiting times at the hospital?



This question is about the accessibility of the service and asks how long the person had to wait for their appointment. A total of **207** respondents answered this question. Most people (100 people; 48%) reported that the length of wait was ok. After this most people reported that the wait was long (40 people; 19%) or very long (23 people; 11%), and then short (31 people; 15%) or shorter than expected (13 people; 6%).

The top theme within people's comments was that people felt the service was efficient and they were seen promptly. Some people contrasted this with a long wait to get a referral or appointment. People frequently used words such as "excellent", "very good", "no delay" and "prompt" when describing waiting for their appointment.

Some people highlighted that the wait depended on the service being used, with some clinics running to time, whilst for other clinics they had experienced a long wait. They also commented that variation in waiting time can depend on what time of day they are attending.

The second top theme within the comments was that the wait was a very long time. This included waits for services such as accident and emergency, the eye

clinic, haematology, waits for surgery and waiting for admission during labour. One person reported a 15 hour wait in A & E. Some respondents commented on how the wait time was difficult due to also having children that they needed to occupy which increased stress. The cost of parking was also highlighted, and people highlighted that having a disability had made a longer than expected wait difficult for them.

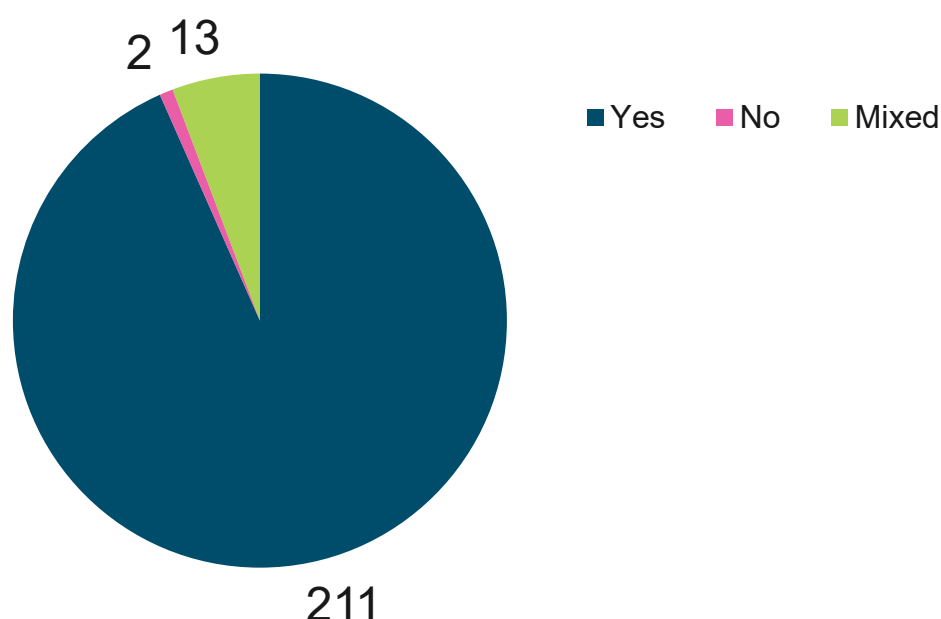
11 respondents commented that the wait was “fair”, “reasonable or “as expected”. Within this people also acknowledged that the NHS was busy and that they thought the wait time was reasonable because of this.

Next steps

Waiting times are linked to service resources, for example the number of staff available to deliver care. This may be difficult to change, however making sure **wait times** are clearly communicated and providing **facilities for children** may help improve people’s experience of waiting for their appointment.

Information on the **Healthcare Travel Costs Scheme and hospital-specific concessions** should also be provided for patients that may be eligible for support with parking costs.

Q6 Were staff kind and helpful?



This question relates to the quality of the service and asks respondents to share whether they thought staff were kind and helpful. 227 people answered this question. Overwhelmingly, people responded that they thought staff were kind and helpful with 211 people (93%) answering yes to this question. 14 people (6%) reported that they had had a mixed response, and 2 people (1%) reported that staff were not kind and helpful.

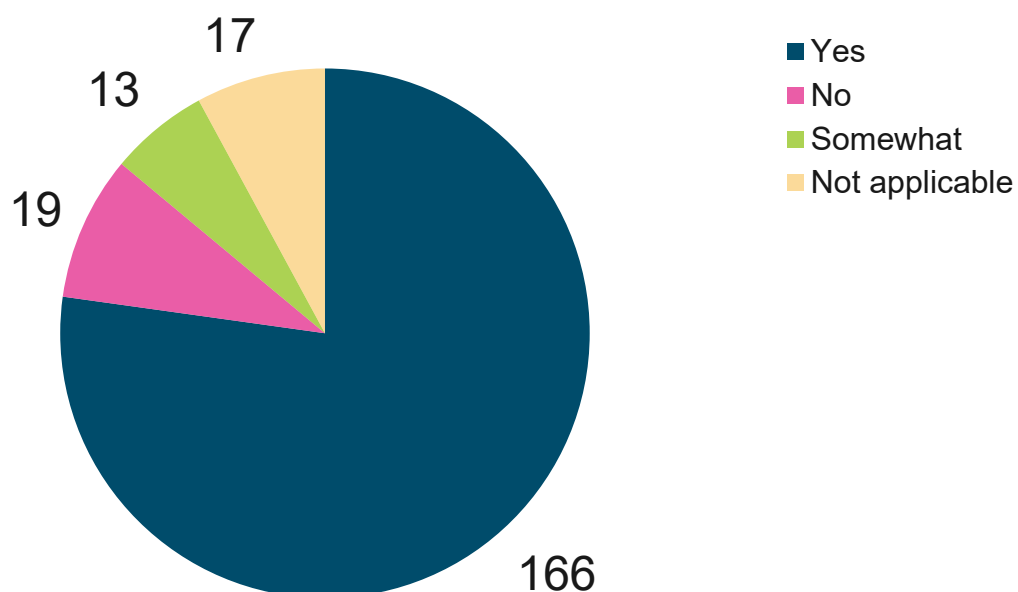
By far the most common theme within comments were general positive comments with people saying that they were very happy with the care they had received. Common words used included "kind", "considerate", "helpful", "respectful", "good", "great", "10/10".

One patient at St Mary's hospital said:

"All staff, front desk team, nursing staff, support staff OUTSTANDING".

Less commonly, when people had a negative experience, they highlighted key issues such as a lack of empathy, poor attitude (including general rudeness or sarcasm), experience of discrimination. These issues were highlighted in some cases by respondents that had approached staff regarding a specific issue e.g. toilet facilities or changes to appointments and had felt that the staff member they approached had not wanted to help them resolve the issue.

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



This question relates to both service accessibility and quality. A total of 215 respondents answered this question. Most people (166 people; 77%) reported that they had been given clear information. 19 people (9%) answered that they have somewhat been given clear information on next steps. 17 people (8%) reported that this was not applicable, these were mainly people that were waiting to be seen for an initial appointment. Finally, 13 people (6%) reported that they had not been given clear information on what will happen next.

Comments for this question centred around the clarity of information given during and after the appointment. Respondents provided additional comment to say that the information given was clear, including that they felt their questions were answered, they had clear information on what to expect before and after a procedure, they had been given information regarding a waiting period, and that they felt they had good follow up after the appointment.

Less people commented negatively about communication. Some of the responses received included a lack of clarity due to seeing multiple professionals with mixed messages, or that information was not handed over sufficiently between professionals e.g. not seeing the same consultant twice, and information on prescribed medicines not being shared with the GP.

Another respondent stated that they felt there was a lot of uncertainty in the communication and as a result they had a lot of questions. Another person felt that they had to chase professionals to get the information they needed, and would need to call rather than receiving the information straight away.

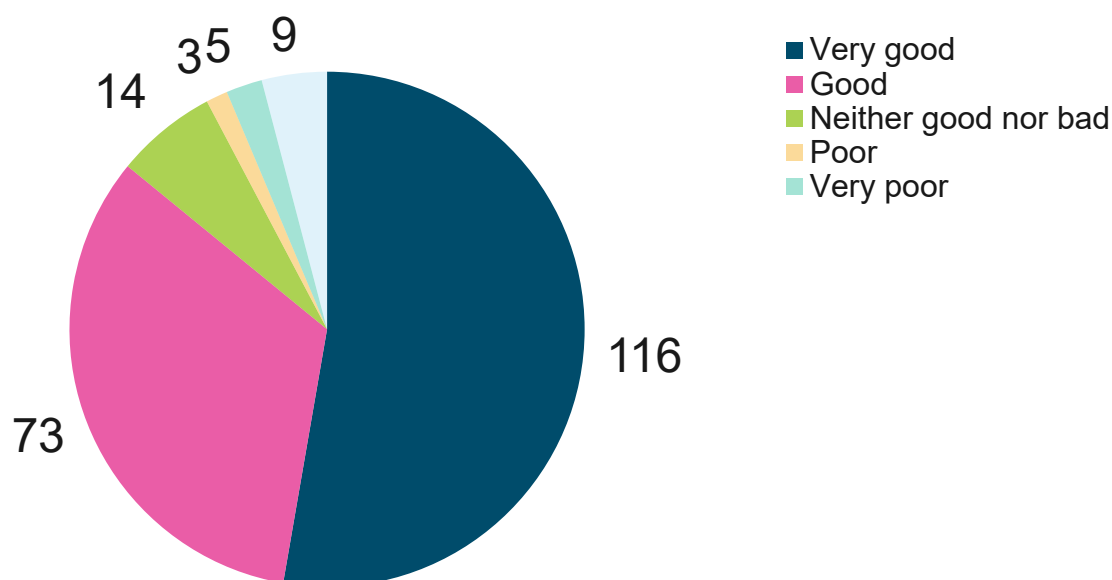
A few people commented that they had been given no information, or had been left for a long period of time with no progress.

Next steps

Healthcare professionals could improve patient experience by ensuring that **Patient Initiated Follow Up** (where patients are in control of follow up for stable conditions), is clearly explained when put in place.

Healthcare providers could also ensure **continuity of care** where this is possible (in line with a patient's right to choose) and where this is not possible ensure clear communication between professionals.

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



This question directly relates to the perceived quality of care. A total of 220 respondents answered this question. Most people reported that the quality of care was very good (116 people; 53%) followed by good (73 people; 33%). 14 people (6%) reported that the quality of the care they received was neither good nor bad. 9 people (4%) reported that they had a mixed experience and less people reported that the overall quality of care was very poor (5 people; 2%) or poor (3 people; 1%).

Most commonly people commented that they had a positive experience of the staff who provided care and about the service in general:

"Everyone was very kind and pleasant"

"Helpful doctor explained everything and reminded me what to use"

"The imaging team went over and above their roles and I'm very grateful".

"I find the quality of care at this hospital is always very good"

"Exceptional service, thank you 😊"

Comments also included 4 specific examples of where maternity care had fallen short of expectations, with one person commenting that due to poor follow up care they had been left undiagnosed, and another person having experienced perceived poor care during birth and then sent home without follow up.

3 respondents reported that they felt the waiting time (both for referral and then at the hospital) had affected their overall view of the quality of care that they received.

Some respondents acknowledged that staff were “doing their best”.

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

1) Improve communication

This was the most frequent suggestion that people had, with a total of 27 respondents raising that communication could be improved. Suggestions included:

- Making sure patients emails receive a response, and that there is a contact number that patients can call where they can speak to the department they need to.
- Clearer instructions and information on the appointment and follow up, including after care plan.
- Reducing medical terminology in communication with patients as this can be confusing
- Communication (verbal) of what results mean following a test e.g. blood test.
- Reminders to include how long patients can expect to be at the appointment.
- More opportunity for direct communication between patient and clinician, with direct access.
- A range of communication options for people who find it difficult to access email.

2) Reduce waiting times

This was the second most common suggestion with 15 respondents commenting that waiting time should be reduced to improve their experience of healthcare.

Specific reference was given by 2 respondents of waiting for an MRI scan in A and E which was impacted by staff availability.

11 respondents also commented that the wait time for follow up was too long and recommended a shorter waiting period across services with increased appointment availability.

3) Signage and navigation

8 people highlighted that it was difficult to find where they needed to go and improvements to signage and clear direction would help.

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

4) Maternity Care

Recommendations specific to maternity care included:

- Having midwives allocated to each patient to improve continuity of care.
- Consider timings for scans and antenatal appointment. One person reported that they had to wait 2 hours after scan on the same day for their antenatal appointment with a midwife.
- Improved support for women that have experienced miscarriage, and for pregnant women that have previous experience of miscarriage, including more proactive information from clinicians.

Finally, it should be noted that the majority of comments highlighted that people felt that staff and the services were meeting and exceeding their expectations of the care they received when accessing all hospitals.

"Everyone is lovely and kind , despite clearly being so busy, I felt in good hands."

"I wouldn't change a thing because they did more than my expectation".

Other feedback

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

A person was unhappy that they were not told they could make a formal complaint and escalate a concern to the health Ombudsman.

People spoke about improvements to signage.

"Staff were great"

"Dermatology doctor Jonathon is wonderful"

A patient shared they waited three months for an appointment but a doctor had told them it was urgent.

"Appointment can be hard to get, make more available"

"It took a very long time to get an appointment"

"Brian is very helpful- from the PALS team"

"Amazing care in Mercury Ward- child is so well looked after. Play team are fab."

A person felt their communication preferences were not being taken into account, that they kept receiving text messages but had requested phone calls.

"Great meeting our midwife on our first appointment. She guided us thoroughly on the care and the process".

"The specialists are wonderful and very reassuring"

"Long wait times. Great doctors".

Some patients spoke about difficulty parking, including that the information was unclear, the cost of parking was expensive and apps are helpful so patients don't have to go back and forth to the meter.

"The amount of Type 1 diabetes care for woman with type 1 diabetes is outstanding – peace of mind and understanding"

"The website is also very helpful"

"It was a detailed appointment. Worth the wait." – Emergency ENT

"I am 7 and I did a blood test and it was good"

Some people reported that they felt they had not been listened to, and there was a lack of communication:

"staff should be a bit more compassionate when people are giving birth".

"There is always a long waiting time. It is very difficult for children to wait for a long time".

Equalities Snapshot

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

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

Gender

238 (51.74%) of respondents were female, 170 (36.96%) of respondents were male and 21 (4.5%) of preferred not to share their gender.

Age

Most respondents were between the ages of 25 to 49 years (196; 41.61%). 85 people were 50 to 64 years and 85 people were 65 to 79 years (18.05%).

Ethnicity

130 respondents (29.15%) of respondents reported being White British. 26 respondents (5.83%) reported being Black/Black British: African, 24 respondents (5.38%) reported Black/ Black British: Caribbean ethnicity. 20 people (4.48%) Arab. 19 people (4.26%) reported Asian/Asian British: Indian ethnicity.

Disability

133 respondents (32.92%) of respondents reported having a long-term health condition. 65 respondents 16.09% reported having a disability. 20 respondents (4.95%) reported being a carer.

Appendix

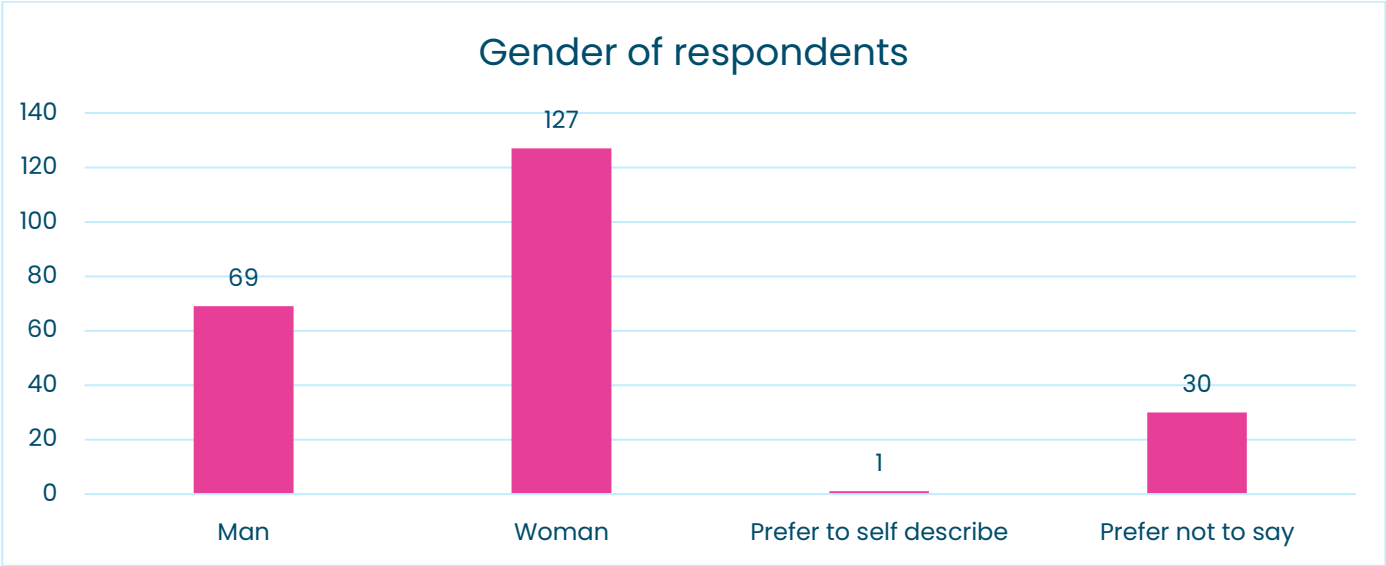
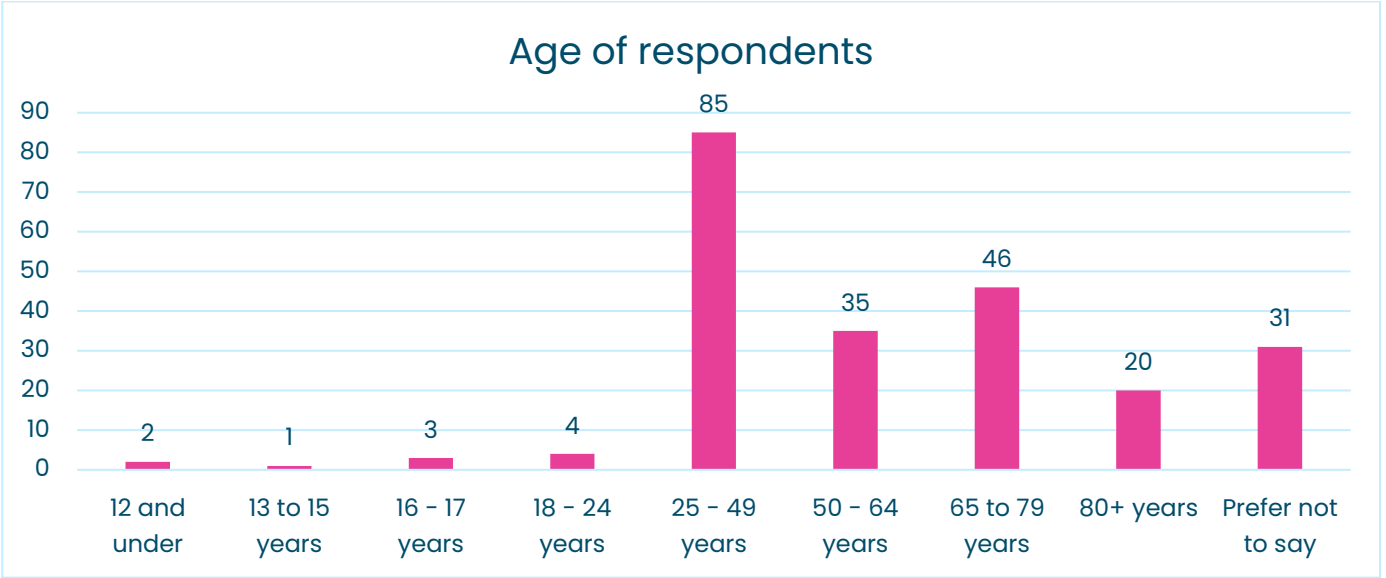
Appendix A – Survey questions

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

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

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

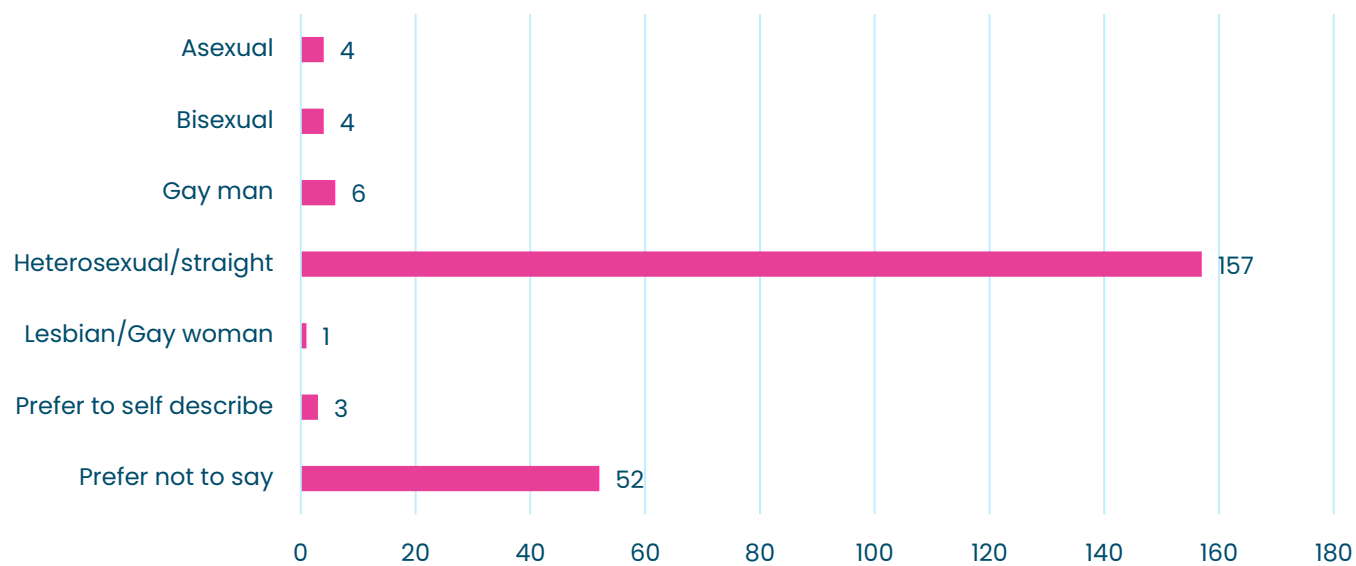
Appendix B – Demographics of patients



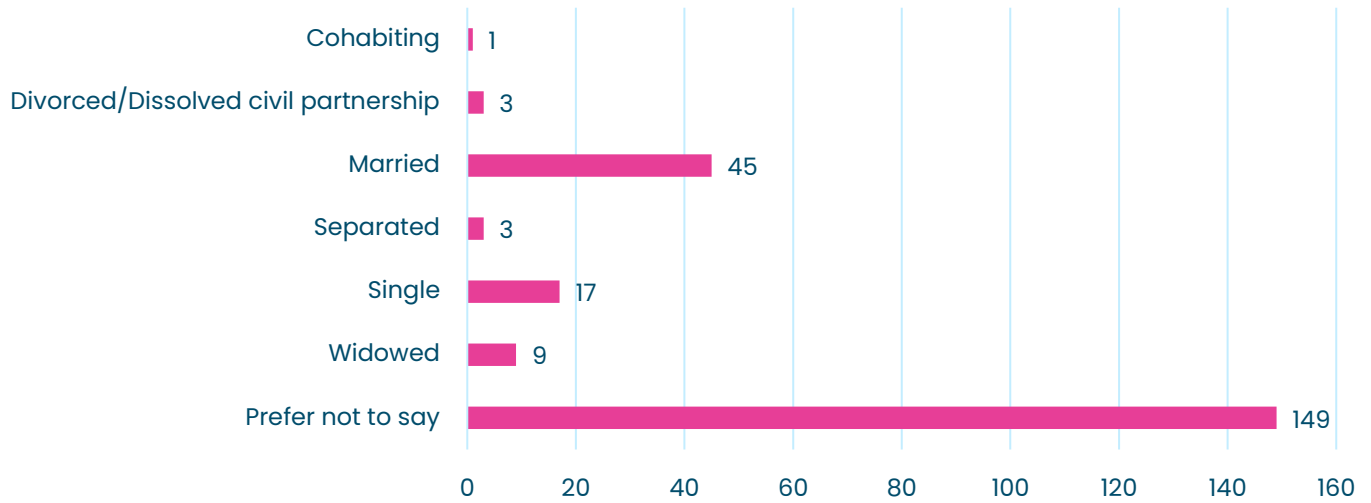
Is your gender identity the same as your sex recorded at birth?



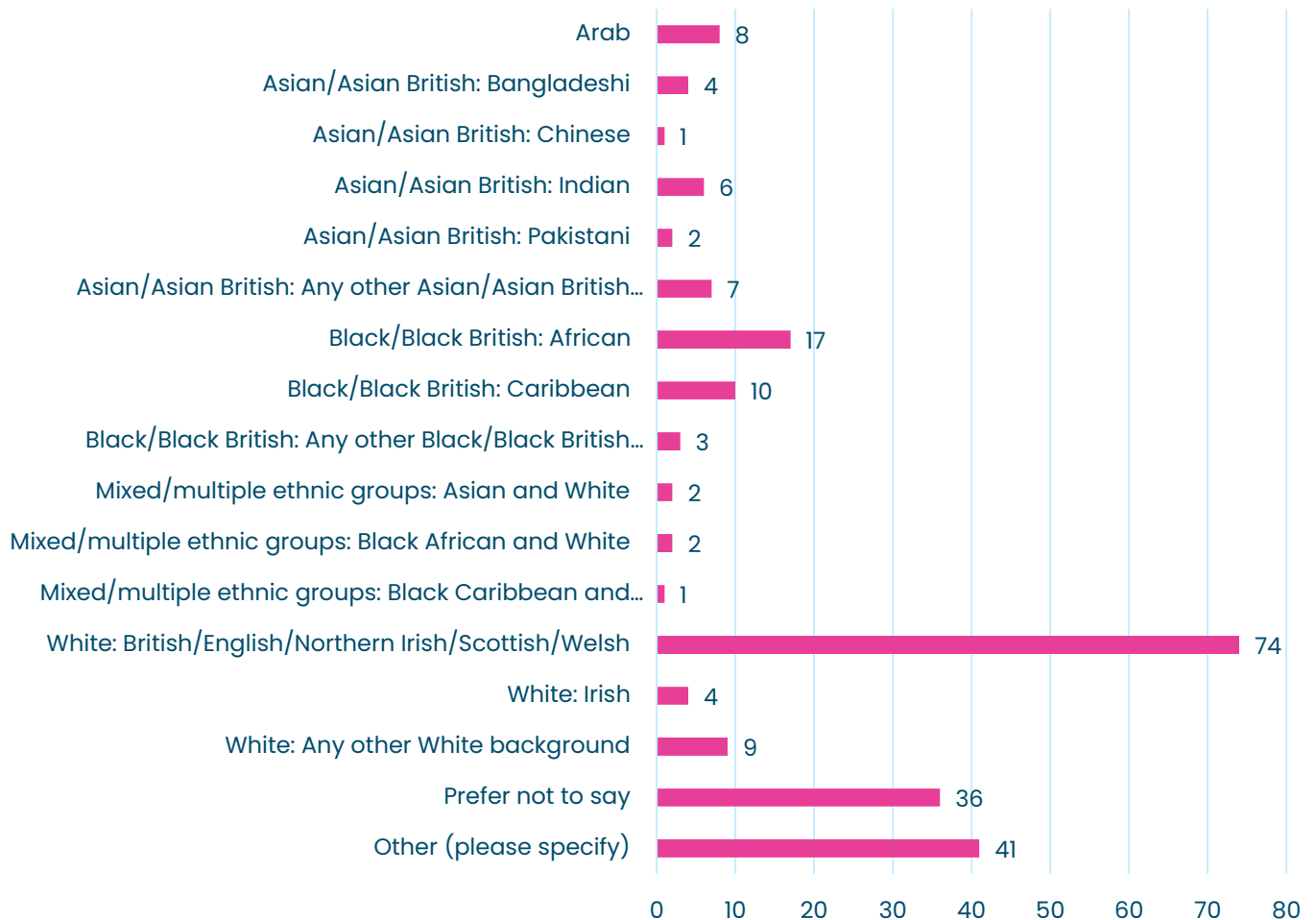
Sexual orientation of respondents



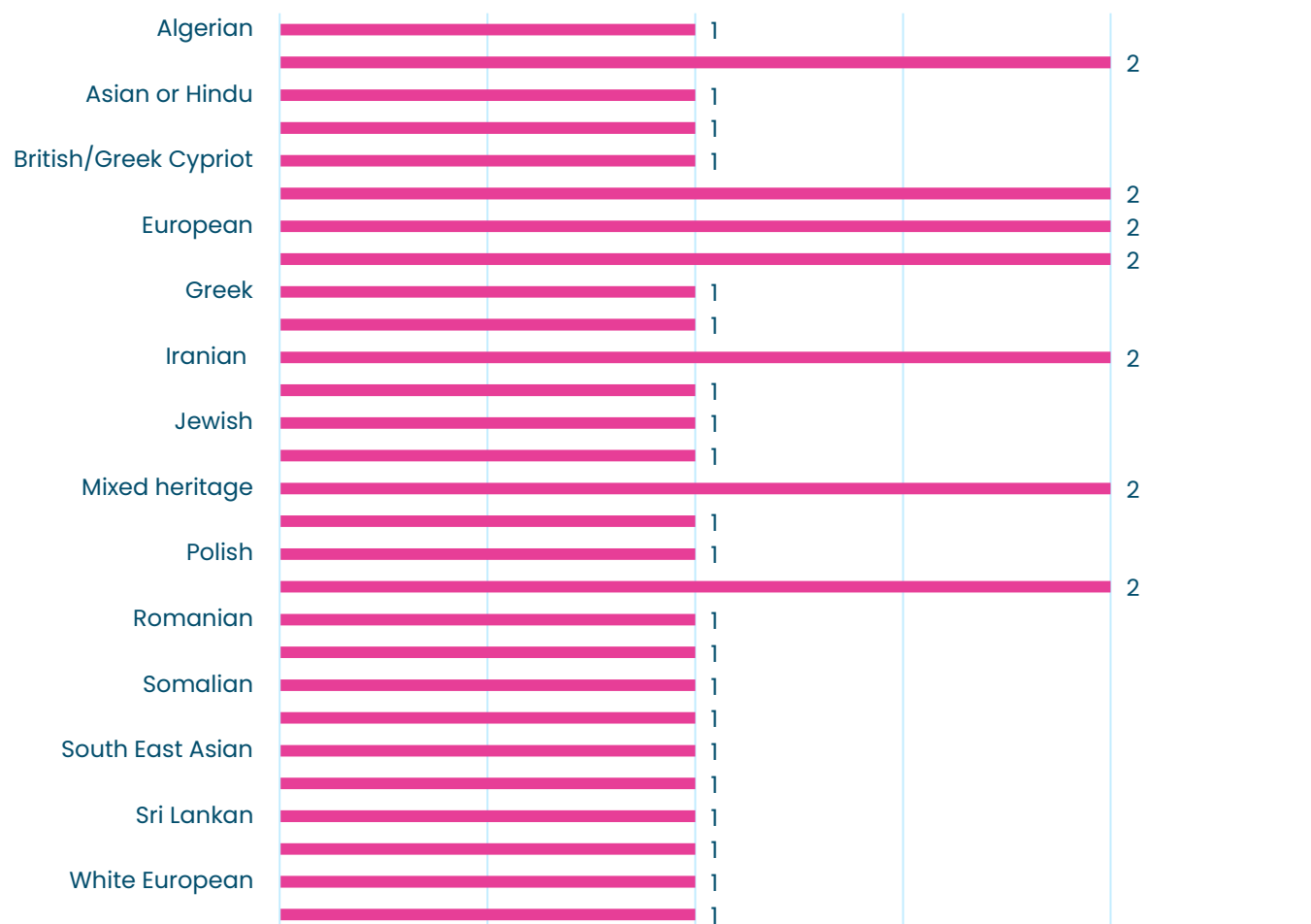
Marital status of respondents



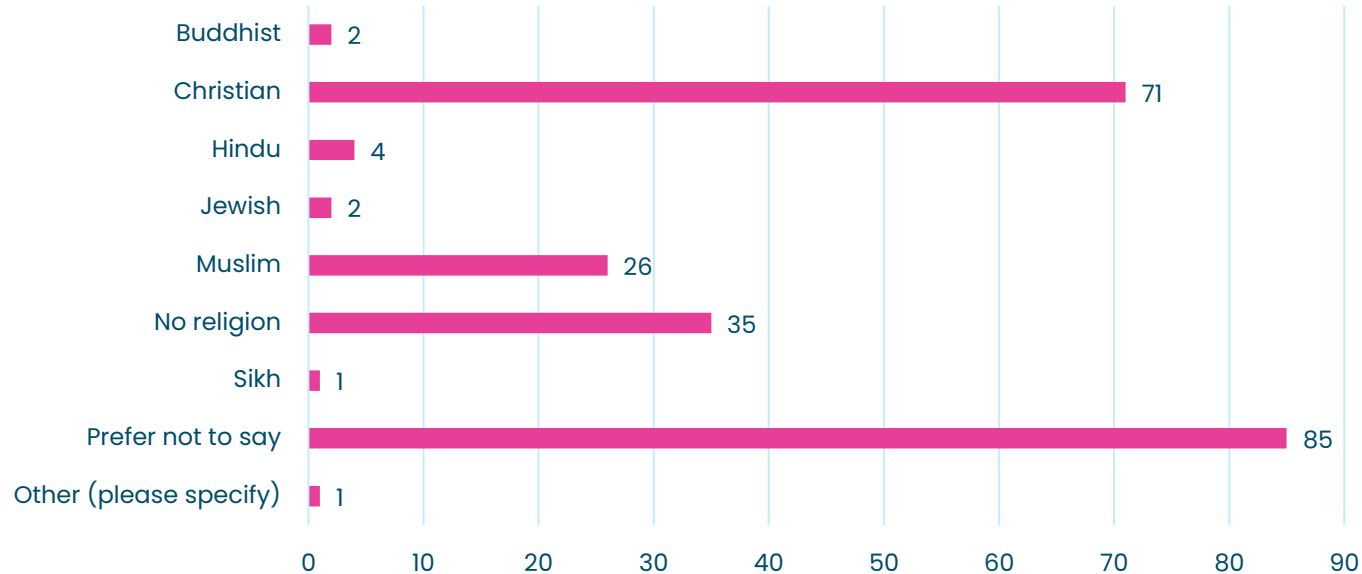
Ethnicity of respondents



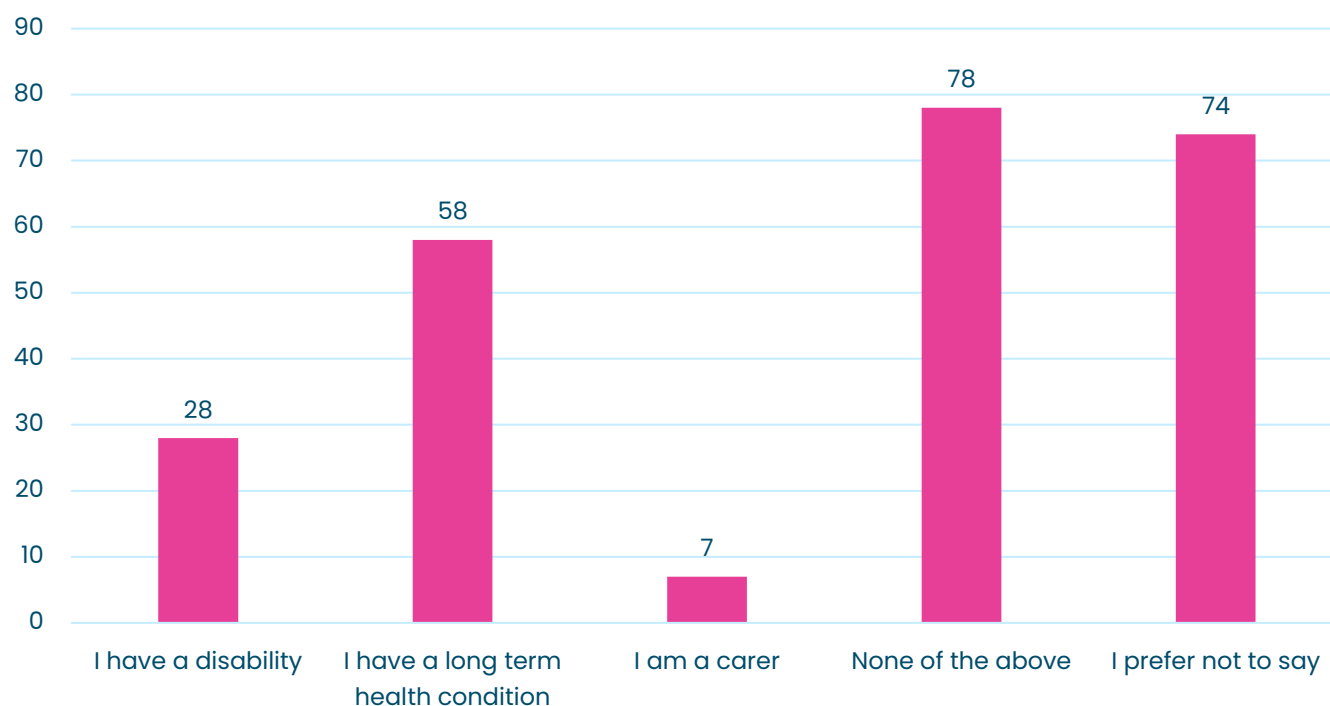
Specific ethnicity of respondents



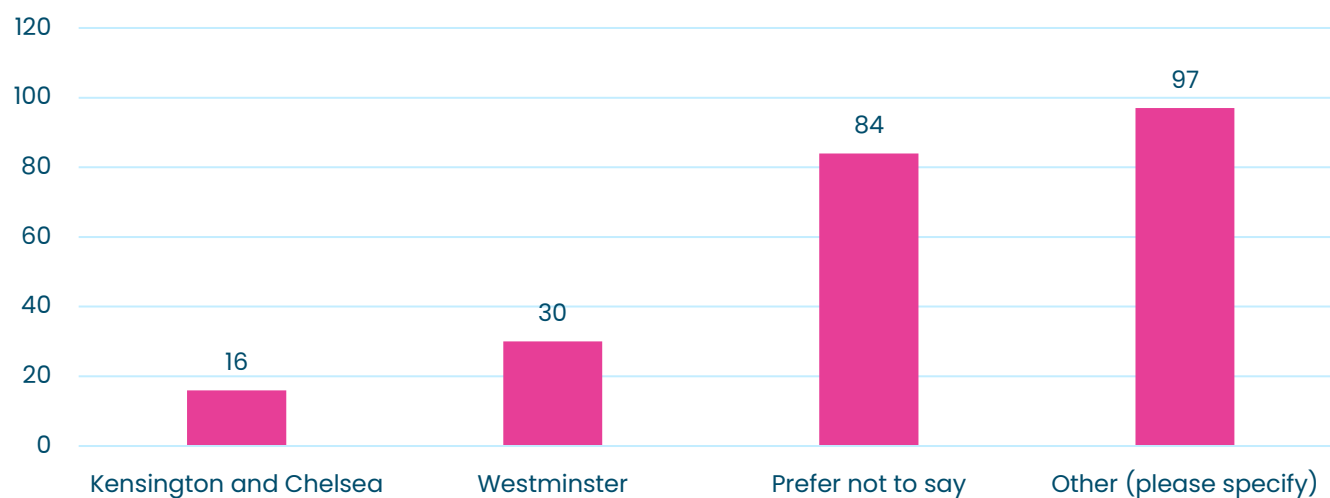
Religion of respondents



Please select any of the following that apply to you:



Borough of respondents





The Stowe Centre
258 Harrow Road
London
W2 5ES

Healthwatch Westminster

www.healthwatchwestminster.org.uk

t: 0208 106 1480

e: info@healthwatchwestminster.org.uk

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

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

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

Healthwatch Kensington & Chelsea

www.healthwatchrbkc.org.uk/

t: 0208 968 7049

e: info@healthwatchRBKC.org.uk

 [@HealthwatchRBKC](https://twitter.com/HealthwatchRBKC)

 [@healthwatch_RBKC](https://www.instagram.com/healthwatch_RBKC)

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