



Experiences of GP Access, Ongoing Treatments and Wellbeing throughout the Pandemic

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Contents

Introduction.....	3
What we did	3
What we found out.....	4
GP Access.....	4
Staff attitude.....	4
Telephone booking system	4
Suitability of appointment	6
Accessibility needs.....	7
Waiting times	8
Pharmacies	8
Positive experiences	9
Summary	10
Delayed and Cancelled Treatments and Operations	10
Waiting for an appointment	10
Communication	11
Mental health impact.....	12
Type of appointment	12
Experiences of care	13
Summary	13
Mental Health.....	13
The impact of lockdown	13
Accessing support	13
Waiting times	14
Experiences of support	14
Summary	14
Perspectives.....	14
Long Term Health Conditions.....	15
Carers	16
Autism.....	17
LGBT Community	18
Recommendations	19
Conclusion.....	19
Acknowledgements.....	20

Introduction

There's a Healthwatch in every local authority area of England. We are the independent champion for people using local health and social care services. The role of Healthwatch is to listen to what people like about services and what they think could be improved and to share these views with those with the power to make change happen. We also share views with Healthwatch England, the national body, to help improve the quality of services across the country. In addition, Healthwatch provides an Information and Signposting service to help ensure that people receive the right health and social care services locally. In summary - your local Healthwatch is here to:

- Listen to what people think of services
- Use people's views to help shape better services
- Provide information about health and social care services locally.

Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland have been working together across Healthwatch South Tees (HWST), since 1 April 2017.

If you would like to learn more about what we do, [please click here to visit our website](#). If you require this information in a different format, [please click here to be directed to our accessible documents](#), or you can contact us: healthwatchsouthtees@pcp.uk.net.

What we did

In October we launched our GPs, Ongoing Treatments and Wellbeing survey following the intelligence received from our previous lockdown report, our Information and Signposting service and our Community Champions which all suggested the below issues required more exploration:

- GP access;
- The impact of ongoing treatments and cancelled or postponed operations;
- Mental health and access to support services.

We wanted to gain a deeper insight into how people's access to and engagement with services had changed since the initial reaction to the pandemic, and what lessons could be learned and shared. We developed the survey in partnership with local key stakeholders and decision makers including the Tees Valley Clinical Commissioning Group (TVCCG), Tees, Esk and Wear Valley (TEWV) & South Tees Hospitals NHS Foundation Trust (STHNHSFT), and South Tees Public Health, so that we gained data that would be useful to inform the wider local landscape.

We gained responses from 395 people through our survey and also held a series of focus groups with the deaf community which were attended by six members and relevant local professionals. Our Community Champions supported us in the distribution of the survey, collecting the experiences of those they engaged with to ensure we received responses from seldom heard communities and reflected the diversity of our local population. Our respondents can be broken down into the demographics below:

- **68%** of our respondents stated they had a long-term health condition.
- **33%** of our respondents described themselves as a carer.
- **8%** of our respondents stated they were from Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) communities.
- **2%** of our respondents were part of the deaf community and/or had a visual impairment.

What we found out

GP Access

A number of enquiries through our Information and Signposting service, along with intelligence we were gathering from our partners, highlighted that local people were struggling to make an appointment with their GP. A large majority of respondents to our previous lockdown survey, had stated they wanted to wait until things were back to normal before accessing their GP. We wanted to know how the continued restrictions of the pandemic had impacted on this.

The **84%** of our respondents who had accessed their GP surgery in the months between October and February detailed experiences of poor staff attitude, difficulties with the telephone booking system, long waiting times and poor communication.

Staff attitude

Responses detailed poor quality of care received in appointments and experiences of negative staff attitudes towards people when accessing their GP surgery. People felt their issues were dismissed by health professionals and that dealing with the pandemic had taken priority over people presenting with other conditions. There was also a suggestion that more of a holistic approach should be taken, with people wanting their mental health needs to be listened to and alternatives explored, rather than just being given medication with no further discussion. The attitude from staff that people experienced when trying to book an appointment, particularly from reception staff, also negatively affected people's experiences of their GP, with some people made to feel like a "nuisance" and an "inconvenience" for contacting the surgery.

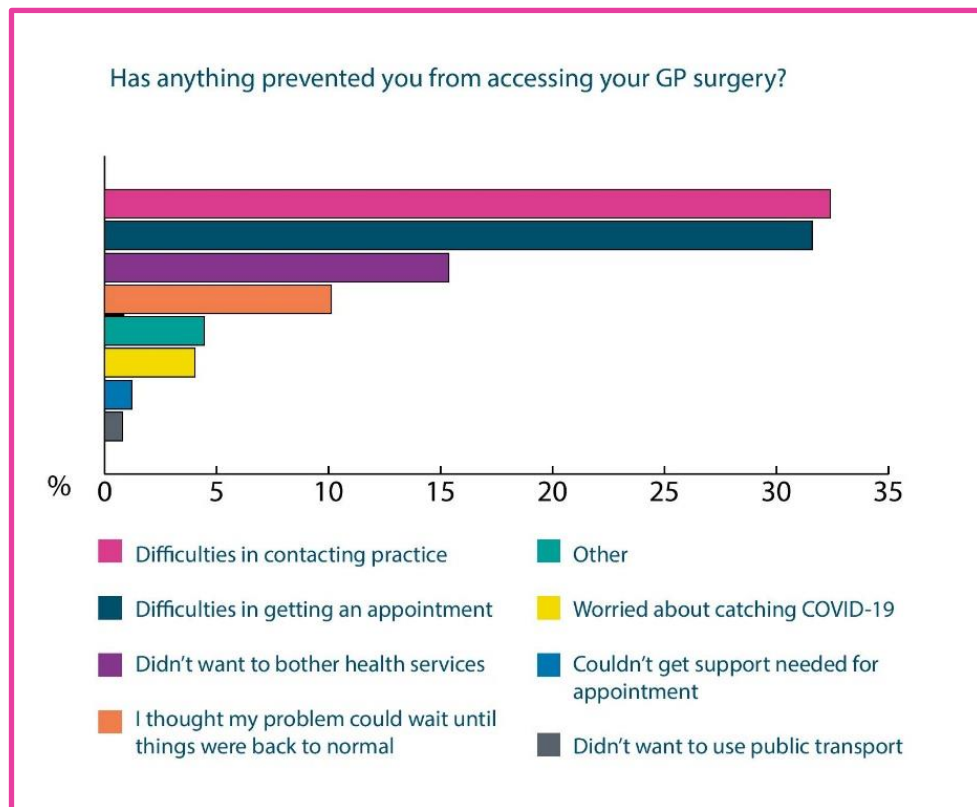


"I wanted help with medication for a long-term condition but felt I was dismissed as a moaner"

"I felt that I was being a nuisance by wanting to see my GP"

Telephone booking system

A high volume of our respondents experienced difficulty with the telephone booking system and the triage system, which left them feeling like they were missing out on appropriate care. People stated how they had to ring their surgery multiple times to get through or wait in a queue to speak to the receptionist. People struggled with this system, which they felt had got worse as a result of COVID and the lockdown of surgeries. This is mirrored by the Healthwatch England report, which explained how in the initial lockdown, not many people were complaining about contacting their GP practice, but by Autumn 2020, people started to express their concerns about the long waits when telephoning services. For some, this wasn't practical due to their working life and other commitments, and for all it was a huge inconvenience which in the end prevented them from trying to access an appointment at all.



As can be seen from the graph above, the main reasons for not accessing a GP centered around this initial contact when trying to book an appointment:

- 32% had difficulties contacting the practice;
- 32% had difficulties in getting an appointment.

Eleven people left 'Other' reasons; these were mostly about the telephone booking system, not being able to be physically seen, and being discouraged from accessing their GP due to texts sent by the surgery.

Supporting this, 49 people left negative comments about the telephone booking system; the majority of these were about the length of time it took to get through to reception, and some explained how they were told they would be called back, but this didn't happen.

"The current appointment system doesn't work, having to ring at 8am, sometimes taking over an hour to get through, then to be told no appointments available, is not good."

"They just don't have enough staff to cope with the workload of telephone and admin calls, and you're made to think you shouldn't even be calling them to see a doctor."

"Numerous texts discouraging patients from visiting surgery have stopped me from consulting on 'minor' issues."

Experiences gathered by Middlesbrough and Stockton MIND reflect these difficulties in the GP telephone booking system:

- *"I spoke to a few people who have great difficulty in contacting their GPs. One person thinks that the surgery takes the phone off the hook. Another is finding it impossible to get through, and a third person sometimes finds herself at 39 in the queue";*
- *"Spoke to a man who had called his doctors surgery 79 times (in one morning) before getting through";*
- *"I am talking to quite a few different people who have ailments which they are concerned about. When I suggest calling their GP, the reply is always: what is the point I can't get through, get sick of trying and give up".*
- People have expressed difficulty when having to re-dial the number many times.

MIND support people in Middlesbrough aged over 50. With a high percentage of these people not digitally connected, they are unable to complete e-consults and so the telephone booking system and telephone appointments are their only option at present.

There is a concern that people's health and wellbeing may be suffering as a result of this; people may be putting off making a GP appointment until things go 'back to normal' - when they can book appointments easier and can be seen face-to-face by a professional.

Suitability of appointment

Although only **29%** of respondents stated that they had wanted a telephone appointment, **56%** of our respondents' appointments had been held over the telephone. This wasn't practical for all due to accessibility requirements and the need for some of the deaf community to be able to lip read. Others expressed concern that their health condition wasn't properly explored due to difficulties expressing and interpreting symptoms over the phone, and so would have instead benefitted from a physical examination. Due to the process of telephone appointments, the allocated time wasn't always suitable for patients to fully explain, raise concerns and ask questions; an opportunity that face-to-face appointments otherwise offered.

"I felt I needed to be seen and assessed. The consultation depended on my interpretation of symptoms."

"The conversation was very short and I didn't have any chances to ask questions or raise any concerns. It was a 3 minute conversation that ended really fast."

Findings collated by Healthwatch England suggest this is a national trend with people feeling their health issues are not being accurately diagnosed as a result of their appointment taking place via telephone.

Accessibility needs

As the format of appointments changed, we wanted to know whether accessibility needs were being met. Needs were met when there was the opportunity to lip read and there was an interpreter present at the appointment. Alternatively, a respondent with a visual impairment explained how they hadn't been kept informed of procedure changes and when visiting the surgery, couldn't clearly see the hand-written notices in the windows. This presents communication issues with those who cannot access information in the mainstream way. Another problem that was highlighted from an individual with a visual impairment, was the accessibility of hand sanitisation points; these are often white and displayed on white walls meaning there is a lack of contrast for some people to locate them. A respondent from the deaf community explained how they were reliant on their husband to understand their telephone appointment, which is not appropriate for private, personal health issues. The telephone appointment was also inappropriate for a respondent with autism, as talking to someone with no personal contact made them feel extremely anxious, and they therefore stopped trying to get a further appointment.

"I think that we're still having the same issues in Middlesbrough as we were back in 2016, possibly more so now that a lot of GP's have moved to telephone consultations! I know that some of them are offering video calls but this isn't always an option for people. There is also an issue regarding ear wax, as a lot of GPs no longer offer wax removal - this means that people are having to go to private clinics, and it costs anywhere from £60-£120. Worryingly, there have been some people who have gone to private firms for a hearing test, been told they have wax build up, and then the Audiologist has gone ahead with the test without removing the wax. This means that the tests aren't accurate and people may be being told they need hearing aids when they don't."

-Intelligence from Middlesbrough Deaf Centre

"As somebody who is partially sighted, it is not very accessible to rely on somebody's ability to be able to read a notice in the window."

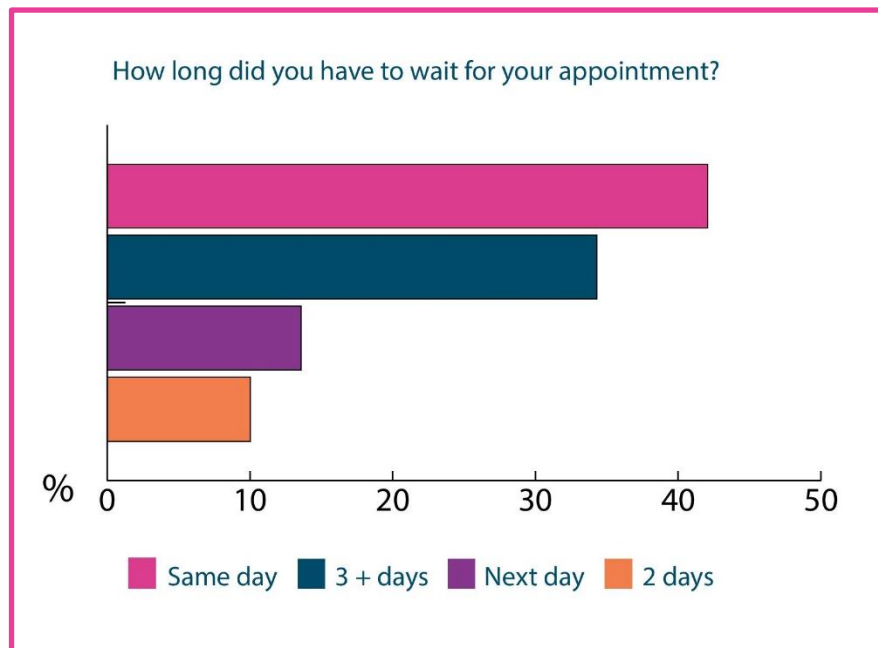
"I am autistic and hate using the telephone."

"Hard to understand via phone if there's no interpreter."

Reflecting this, Healthwatch England have stated that the problems experienced when accessing GPs have been exacerbated for people:

- With a disability;
- With a long-term health condition;
- Without access to the internet;
- Whose first language is not English.

Waiting times



As reflected in the graph above, waiting times for appointments varied:

- 42% got a same day appointment
- 14% got an appointment for the next day
- 10% had to wait two days for their appointment
- 34% had to wait three or more days.

Despite long waiting times for appointments, only 8% of respondents were offered an out of hours appointment, either on an evening or weekend. It could therefore be suggested, that if people were told about the availability of these appointments, waiting times would be reduced and more people could access their GP.


Pharmacies

Due to people's needs not being met at their GP appointments and long waiting times for GP support, there was an increase of care sought from pharmacies. Pharmacies were accessed for flu jabs, treatments and to discuss medication, as a positive outcome could be quicker to achieve than by accessing a GP. This has been reflected in intelligence shared by our partner, the Local Pharmacy Committee, highlighting increased pressures on pharmacies across South Tees during the pandemic.



Communication

As surgeries locked down in reaction to the pandemic, in order to reduce footfall, procedures were changed, services reduced and guidelines were introduced for patients attending surgeries. Our respondents suggested that surgeries hadn't always communicated these updates very well, with **62%** not receiving any information about what services were on offer and, **22%** not receiving their surgery's safety guidelines.




"But as the procedures changed, nobody informed me."


Our findings are reflected in the Healthwatch England report, collating national data, which suggested that communicating information about changes to services because of COVID-19 has not been a top priority for all GP practices. This has resulted in confusion for people regarding how to get in touch with their GP, whether they could make an appointment and how, and what to expect if they attended the surgery in person.

Positive experiences

People detailed positive experiences and reflected that during the pandemic, their surgery provided a good service and their needs were being met. People appreciated feeling safe when they visited their surgery, with guidelines being clearly followed.



"The practice was very well organised, complying with COVID guidance and I felt safe during my visit."



"They are doing their very best under very difficult circumstances."

Summary

- The attitude of staff, reception staff in particular, had a negative impact on the experience of patients, especially when trying to access an appointment;
- The telephone booking system is problematic and can deter people from accessing care due to not having the capacity to wait in the queue for an appointment;
- Telephone appointments aren't always appropriate for patient's accessibility needs and health concerns;
- A large majority of our respondents hadn't been offered an evening or weekend appointment - increasing this could reduce waiting times and enable more people to access care;
- Patients are turning to pharmacies if they have waited too long for a GP appointment causing increased pressures on this service;
- Communication is vital to keep patients updated with any changes to the surgery in ways that are accessible and suitable for all to understand;
- People feel safe when accessing a face-to-face appointment if guidelines are clearly followed and practiced by everyone when attending the surgery, including staff.

Delayed and Cancelled Treatments and Operations

30% of our respondents had had a treatment or an operation delayed or cancelled as a result of COVID restrictions. The majority of these had been scheduled to take place in a hospital. While the majority of these had been started up again by the service, 98 people stated they had been affected by the delays they had experienced.

The below example shows that the delay in surgery caused further suffering to the patient and also increased unnecessary costs to the NHS:

"I reported unwell in January 2020 and GP investigated, prescribed medicine and eventually referred me. Scans were done but hospital services halted. When I was eventually seen, I was rushed in within days, but the problem was so large they could only partially remove. Hence I went back 6 weeks later for further surgery. The first time in hospital was over 5 days with no clear direction of when surgery would happen, the second time I attended and was home in 6 hours. If we had continued when I was first referred the whole procedure could have been completed in 6 hours. This cost the health service 5 days of my care and treatment."

Waiting for an appointment

Some people accepted that if they were needing a non-emergency procedure then this would be delayed due to the pandemic. Some expressed they were happy to wait until things were back to normal and risk levels were reduced for their treatment or operation to continue. For many patients however, their treatment and operations were critical for improving their health and managing their conditions, including diabetes, arthritis and cancer. Without receiving care through regularly scheduled appointments, a lot of our respondents detailed how their conditions were declining and that they were experiencing a lot of pain whilst struggling to manage everyday tasks. People were still waiting to find out when their appointment would be rescheduled, whilst doing their best to manage their

condition themselves. The lack of regular support and the deterioration of physical health has had a notable impact on people's emotional and mental health, often leaving them feeling isolated and uncertain about the future of their health condition and, struggling to cope while they waited.



A report by Healthwatch England suggests that this is a national trend, with people all over the country struggling to get appointments for regular health check-ups, treatments and medication reviews. As a result of this exacerbated by not being able to get the necessary medication and treatment, people have struggled to manage their condition.

Communication

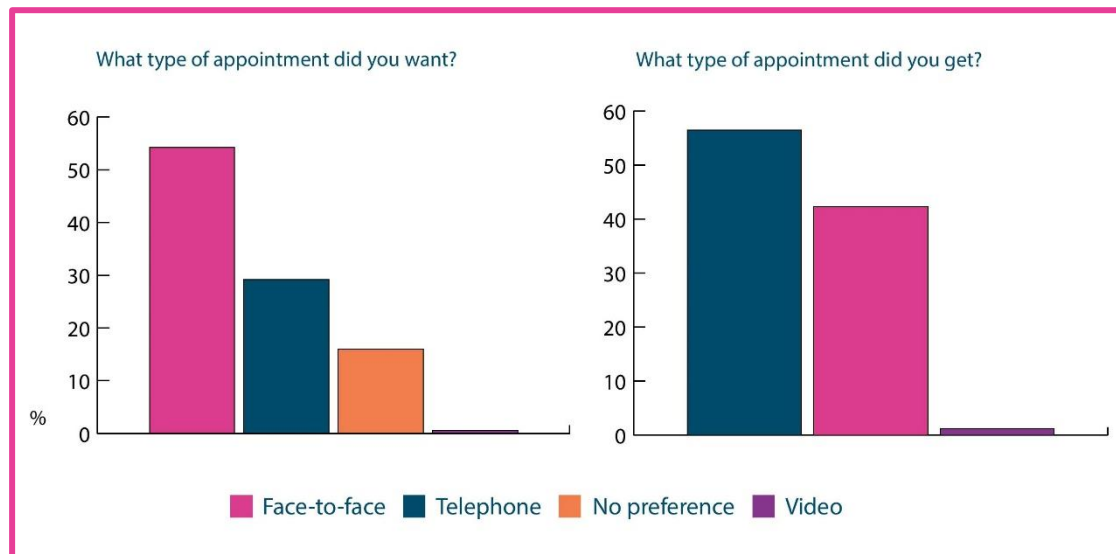
While people understood that their treatment and operations may have to wait until services returned to normality, there was disappointment in the lack of communication between services and patients during this time. Of our respondents, **65%** stated that they were not contacted by the service to inform them when they could expect treatments and operations to resume. This was worrying for people at all points of their health journey due to the element of uncertainty; for those needing appointments to explore health concerns and gain an initial understanding of their condition, those awaiting discussions around test results, as well as those managing existing conditions. This again contributed to poor mental health, with feelings of anxiety and isolation at a time of uncertainty.



Mental health impact

These delays and cancellations, as well as reduced communication between services and patients all contributed to a decline in mental health. The adjustments to services for those accessing face-to-face appointments also caused anxiety, with people having to attend discussions about test results on their own. Emotional support during this time was also described by some patients as lacking, having to navigate their conditions without regular engagement and check-ups with professionals, and as a result people have felt neglected.

Type of appointment



As reflected in the comparison of the two graphs above, you can see the difference between the type of appointment requested, and the type of appointment received.

Other issues highlighted, that impacted on this were:

- Time limits given to telephone appointments left patients feeling as if their health issues and concerns wasn't a priority.
- Not all types of appointments were suitable to be carried out over a telephone call, e.g. when patients needed to physically present their condition.
- Lack of face-to-face appointments to facilitate emotional and mental health support was frustrating for patients.
- Reduced opportunity to build the rapport between the professional and patient to develop a trusting relationship.
- For some receiving certain test results over the telephone was a quicker process, but not appropriate for everyone.

"Too hurried and not explained very well."

"You can't explain or show things on a phone."

"Difficult to engage with counselling over the phone."

Experiences of care

For **70%** of those who had an appointment, their needs had been met. People shared examples of positive care they had received from services and good experiences of regular communication which kept them up to date with the information they needed. The James Cook University Hospital's diabetes team, and the A&E department were mentioned for their good practice in this area. For those who didn't feel their needs had been met, the quality of the care and treatment they received was questioned; one respondent had been prescribed the wrong medicine which in turn had worsened her health, while another respondent had had to organise their own plan of care.

Summary

- Both physical and mental health has been largely affected by the delay and cancellation of treatments and operations;
- Patients have felt let down and left in the dark as a result of poor communication during these delays;
- Communication between professionals and patients is critical in ensuring people can continue to manage their condition and navigate the changing system.

Mental Health

The impact of lockdown

For **56%** of our respondents, attending community activities before lockdown helped with their mental health and wellbeing, largely including fitness groups such as swimming, dancing and the gym. A lot of people classed socialising with their family and friends as a way to contribute to their positive wellbeing. Of our responses, **70%** felt their mental health and wellbeing had been affected by the pandemic and lockdown restrictions. When asked what factors contributed to this decline, over half of our respondents stated that experiencing 'reduced contact' had had an impact; this referred to services, as well as family, friends and society in general. This can be understood as the community activities so many people had previously accessed to help their wellbeing, would have stopped as a result of the pandemic.

Accessing support

Of our responses, **66%** stated that they had an awareness of how to access help and support for mental health. Only **21%** of our respondents had tried to access mental health support, despite so many expressing that their mental health had been impacted.

The reasons for not accessing help varied between people, they:

- Had their family for support, rather than going to an actual service;
- Didn't want to bother services or didn't feel their mental health was problematic enough for professional help;
- Didn't know where to go and who to contact.

While some had tried to access support, they hadn't been able to get an appointment, or didn't feel comfortable discussing their condition with a stranger over the telephone.

Waiting times

Waiting times varied between respondents, with some experiencing a minimal wait, while others had been waiting months and even years, and some people still remain on waiting lists for services. Only **17 people** were told about alternative support they could access while they waited for their appointment; **76 people** were not told, meaning they were struggling to cope during this time, potentially causing their mental health to decline even further.

Experiences of support

The most common services people accessed for help and support included GPs, 'Mind', the Crisis Team, and Counselling teams. Experiences of support were both positive and negative. For **20%** of our respondents, their experience of mental health support was "*fantastic*", "*brilliant*" and "*good*". Where people described it as "*poor*", "*bad*" and "*inadequate*", experiences were linked to long waiting times, referrals to different places and, a lack of rapport between the professional and the patient due to the barrier of telephone appointments, rather than accessing face-to-face support.

Summary

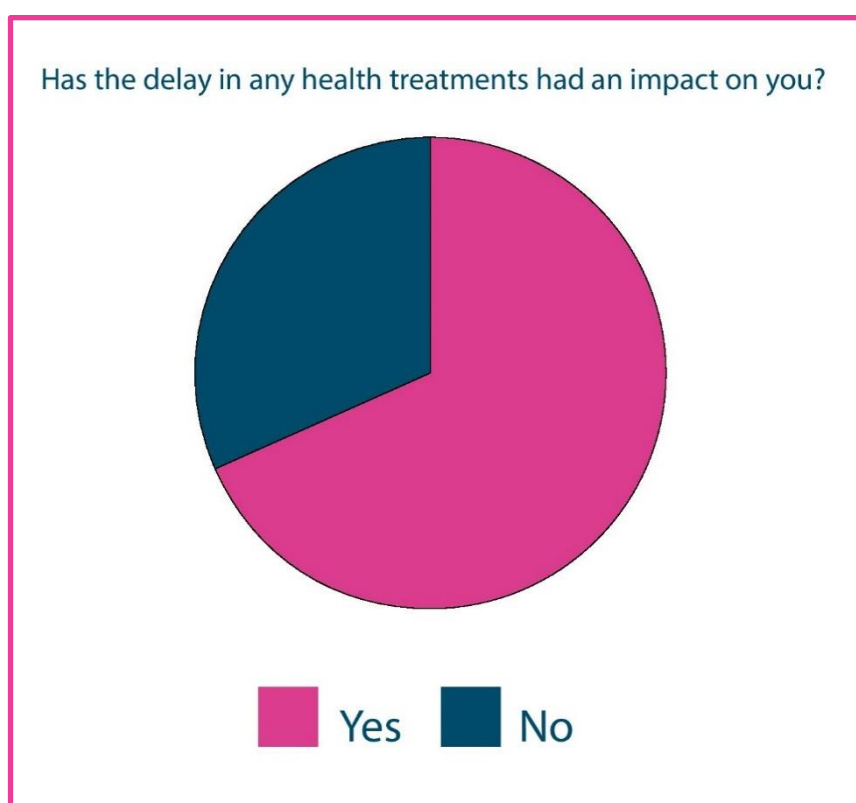
- People relied on community activities to help their mental and emotional wellbeing and without this low level support, they have struggled;
- Despite so many people feeling their mental health has declined, not everyone has accessed mental health services due to reliance on internal support systems, not wanting to bother services, or feeling their mental health wasn't severe enough for professional help;
- Despite long waiting times and a range of Voluntary and Community Sector (VCS) organisations offering support, people are still not made aware of the alternative support they can access while waiting for appointments, which can help prevent conditions deteriorating further.

Perspectives

While the majority of our respondents fit into these themes and trends listed above, there were some responses that outlined experiences specific to their characteristics and circumstances. These related to the following backgrounds:

- Long term health conditions;
- Carers;
- Autism;
- LGBTQ.

Long Term Health Conditions



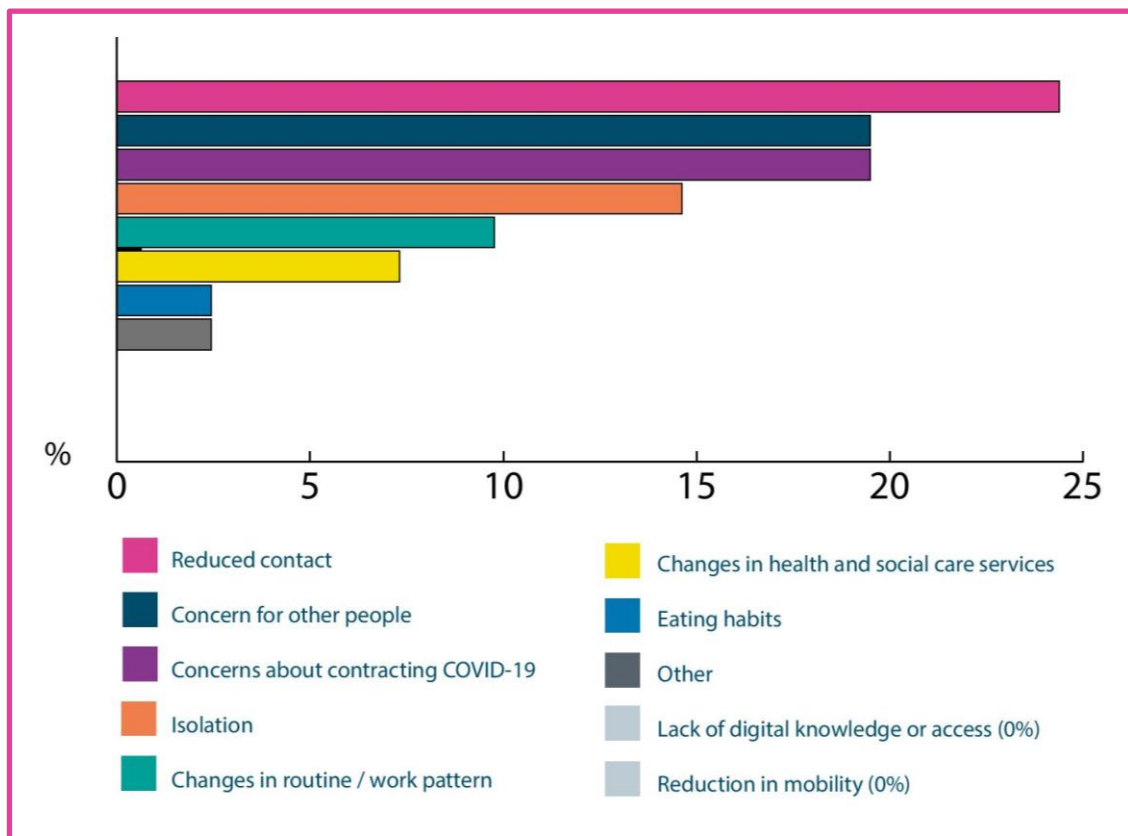
For those who stated they had long term health conditions, **69%** stated the delay in treatments had had an impact; causing further issues to their health, especially for those who needed regular injections and tests to manage their condition. Many have been left with the feeling that COVID has taken priority over caring for all other health conditions. Some people expressed disappointment in that they had already experienced a long wait to receive support. This had then been exacerbated by the changes health and care services had made in reaction to the pandemic. As their physical health deteriorated, so did their mental health due to the increase of pain and reduced ability to carry out everyday activities. A lot of people with long term health conditions have also had to shield, meaning reduced contact and isolation has contributed to poor mental health.



Carers

Throughout lockdown, many carers have been managing their own health, as well as that of their relative and/or friend. Due to the increase in waiting times for treatments, appointments and assessments, as well as a reduction in support services, many carers felt their own health conditions have worsened and mental health has been affected, which has had an impact on their capacity to care. They have also expressed more concern for those they care for, without the care and support of external services and organisations that were previously accessed.

The following graph shows that for carers, their poor mental health was largely caused by reduced contact, concern for other people, and concerns about contracting COVID, which reflect their role as a carer:



"As I am a carer for my husband I need to look after my health. Although I am now feeling OK, I was worried about my health and this severely impacted my mental health."

"We had Covid in mid-October. We wanted a prescription for stronger pain meds. We were told that they weren't handling anything to do with COVID and to ring 111. My husband is 75 and has Alzheimer's and had been hospitalised with pneumonia early March 2020. I am his sole carer. All we needed was some advice about stronger pain meds. In the end we just managed."

"Too busy with work and family issues, so own health and wellbeing has taken even more of a back seat than usual."

"My husband had Alzheimer's so we had lots of activities and routines." (before lockdown)

"I have a child with additional needs and challenging behaviour which affects the whole family."

"I asked for a carer's assessment before Christmas and waited a month. I have accessed wellness and resilience sessions for carers via Zoom."

Autism

For a respondent with autism, the move to telephone appointments and the telephone booking system had deterred them from accessing GP care, as the process affected their anxiety. This portrays that these new methods aren't suitable for everyone, causing people to wait for things to return to normal and in turn deteriorating their health.

I am autistic and hate using the telephone. My GP practice are only offering phone appointments now and to get these you must telephone them. The phone lines are always busy, you are always in a long queue, assuming you are not cut off at the beginning. This causes me great anxiety and I have stopped trying to get any sort of appointment even though I am chronically unwell and I currently have no one monitoring my health.

LGBTQ Community

For those part of the LGBTQ community, the issues they detailed, predominantly about waiting times for both mental health care and the gender clinic, existed even prior to COVID and therefore while they may have worsened as a result of restrictions from the pandemic, they are not a direct result.

"Still waiting for mental health treatment after over a year."

"When I spoke to my GP about being transgender two years ago he told me he was too busy dealing with cancer patients and patients with the flu, although at my insistence he referred me to the gender clinic two years ago. I have still not had my first appointment with the clinic and I have luckily been able to pay for my treatment including HRT and surgery transgender care in England is an absolute disgrace and every step of the way I've had to calmly argue my case to get any support from GP. Even changing my name and gender marker at my GP practice was a nightmare. Draining on my mental health and delayed my access to further treatment outside of the gender clinic."

"AA meetings and non binary transgender support group."
(face to face are much more beneficial to me than online ones)

Recommendations

Our findings reflect 395 people's experiences of health and care services between the months of October - February. Our suggested recommendations below are driven by the key themes and data insights explored in this report for services to consider when making improvements:

- Ensure reception staff offer evening and weekend appointments to all patients to reduce waiting times;
- Increase awareness of the NHS app for booking appointments, to free up the telephone booking system for those who are solely reliant on this method, and for emergencies;
- Uphold the key principles of the Accessible Information Standard and make reasonable adjustments to ensure improved accessibility for all of our local communities. Some of these are examples highlighted in our survey responses;
 1. Offer a variety of options to ensure equity of access to appointments for all patients;
 2. Ensure communication and appointment types meet the needs of individual patients and their circumstances e.g. telephone and video appointments may not always be suitable for those with hearing loss, visual impairments or disabilities;
 3. Enable all patients to give feedback.
- Ensure continuous and effective communication between services and patients throughout their care journey - check up on their condition, provide updates on expected timelines of service delivery;
- Increase awareness of alternative, low-level support among professionals and the public; for those to access when on the waiting list for professional help, but also for those who previously accessed community activities for general wellbeing.

This can be adopted in new service specifications and monitoring arrangements for existing services.

Conclusion

Our findings detail a similar picture to the one we collated in our June Lockdown report. It must be highlighted that there are increasingly more experiences of people's physical and mental health deteriorating as a result of the pandemic and lockdown restrictions continuing throughout the year lasting longer than may have been initially anticipated. The existing long waiting lists for appointments, treatments and operations has been impacted by the reduction of face-to-face opportunities, e.g. for appointments, booking systems and communication, by the delays in service delivery and, by the ever-increasing need for mental health support. These findings are echoed in the Healthwatch England report that collates national data, showing that these are national trends.

Acknowledgements

We wish to thank:



- All those who took the time to complete our survey and share their experiences with us;
- All those who shared and promoted this piece of work to enable access for a wide range of communities across South Tees;
- Our partners and stakeholders who helped in the development of the survey, influencing questions to gain information which would be useful to help their own service improvement.

A special thanks goes to the Healthwatch South Tees Community Champions who without their help would not have reached as many of our local diverse communities as it did. This also includes Everyday Language Solutions who supported our reach to the deaf community through the provision of a BSL interpreter and promotional video.

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