healthwatch

Proposals for new clinical commissioning groups for Tees Valley and Durham CCGs

Healthwatch Engagement Report

July 2019

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Background

Purpose

In 2018, NHS England and NHS Improvement told CCG's that they would be reducing their administration costs by 20% by 31 March 2020. In turn, they asked all CCGs to reduce their own running costs by 20% in the same timescale. Whilst the reduction does not apply to the health services that they commission (and therefore will not affect frontline patient services), it does apply to CCG staffing arrangements.

CCGs aim to take a more streamlined approach to commissioning and simplify their governance arrangements. The new organisation/s will be more efficient, saving money from management to direct towards patient care and able to support their health and care partners in improving local people's health and the services they use, and implementing the NHS Long Term Plan.

They will keep their current local arrangements for engaging with people and health professionals in the places where they live and work and look for opportunities to improve that engagement, so that they stay in touch with, and take account of, local needs.

If supported by CCG Governing Bodies and by NHS England, the new CCG/s would be created on 1 April 2020, following the dissolution of the existing ones.

The County Durham and Tees Valley CCGs approached Healthwatch to help gather the views of local people during July 2019. These views will be taken into account and presented to the five CCG Governing Bodies to help them decide on a proposal to create a new CCG/s.

The local Healthwatch organisations involved in this engagement include:

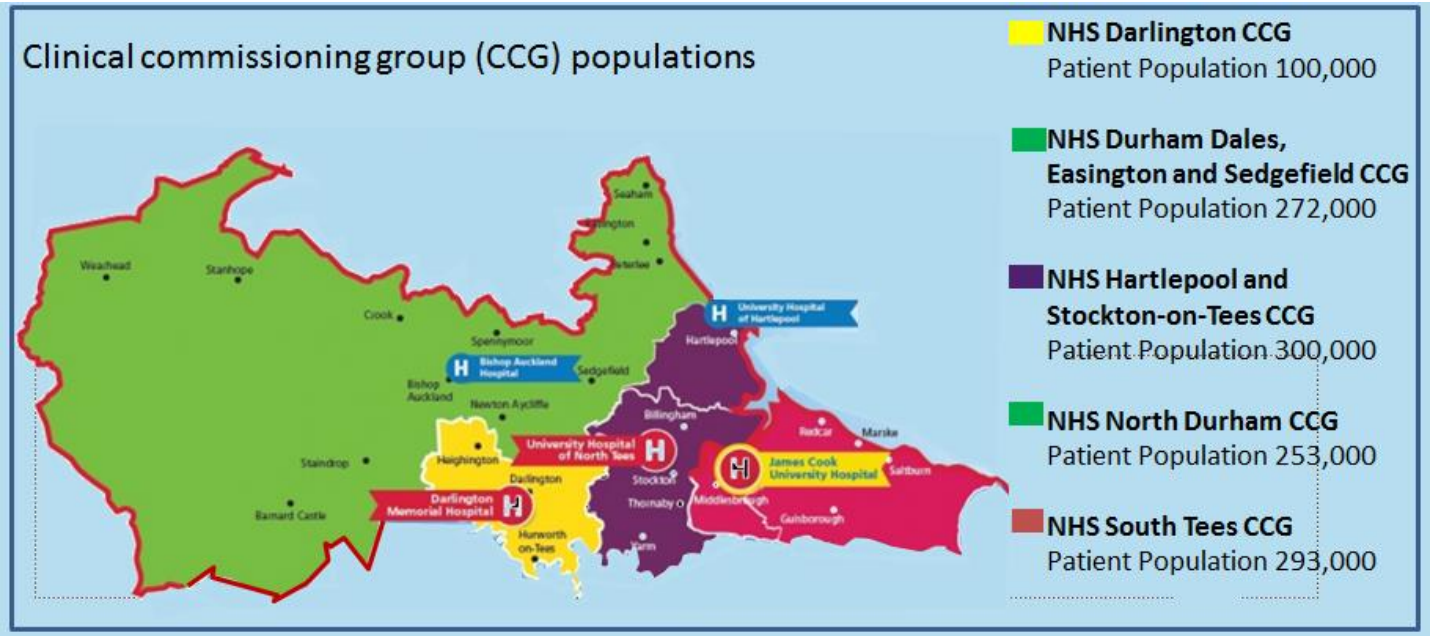
- Healthwatch County Durham
- Healthwatch Darlington
- Healthwatch Hartlepool
- Healthwatch Middlesbrough
- Healthwatch Redcar and Cleveland
- Healthwatch Stockton

The five CCGs include:

- NHS Darlington CCG
- NHS Durham Dales, Easington and Sedgefield CCG
- NHS Hartlepool and Stockton-on-Tees CCG
- NHS North Durham CCG
- NHS South Tees CCG

Between them, the CCGs plan, buy and monitor (commission) local health services for a population of over 1.2 million people.

They cover the following areas:



CCGs work to improve population health, by tackling health inequalities, to improve life expectancy and the quality of life and to ensure local people can get the services they need when they are unwell.

They are membership organisations, with local family doctors (GP practices) as their members.

Responsible for commissioning most hospital and healthcare services in the local area, CCGs are regulated by NHS England and are accountable to the Secretary of State for Health and Social Care. The types of services commissioned by CCGs include:

- planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours and NHS 111)
- most community health services
- mental health services
- learning disability and/or autism services

What are the current arrangements?

The 5 CCGs across Durham and the Tees Valley have been working together under a joint leadership and management team with a single Accountable Officer (Dr Neil O'Brien) and two Chief Officers (Dr Stewart Findlay and Mrs Nicola Bailey) since October 2018.

Whilst changes have been implemented to help joint working they have maintained a strong focus on local communities and the delivery of the new NHS Long Term Plan priorities locally, such as Primary Care Networks (PCN)[1] and they would ensure this continued.

There is a move nationally however, to reduce the total number of CCGs and create more 'strategic' commissioning organisations, the NHS plan states this would '*typically involve a single CCG for each Integrated Care System area*', which in our region would be for Cumbria and the North East. Whilst this is intended to support greater efficiency, and improve population health by supporting providers to work with local government, the CCGs believe that they can achieve more for local people if they keep a greater level of local focus.

The CCG collaborative work and the management changes they have already made, mean that the CCGs are already in a good position to demonstrate the benefits of working across a larger population base with a shared management resource. Given national expectations and the desire to ensure as much resource as possible is freed up for investment into front line health services, they believe that they should give this serious consideration.

In each CCG, member GP practices come together in a "council" that directs the work of the organisation. CCGs also have a governing body made up of elected GPs and other clinicians, including a nurse, a hospital consultant, and lay people. The governing body ensures that the CCG follows the direction set by the members and makes decisions that will provide the best outcomes for patients.

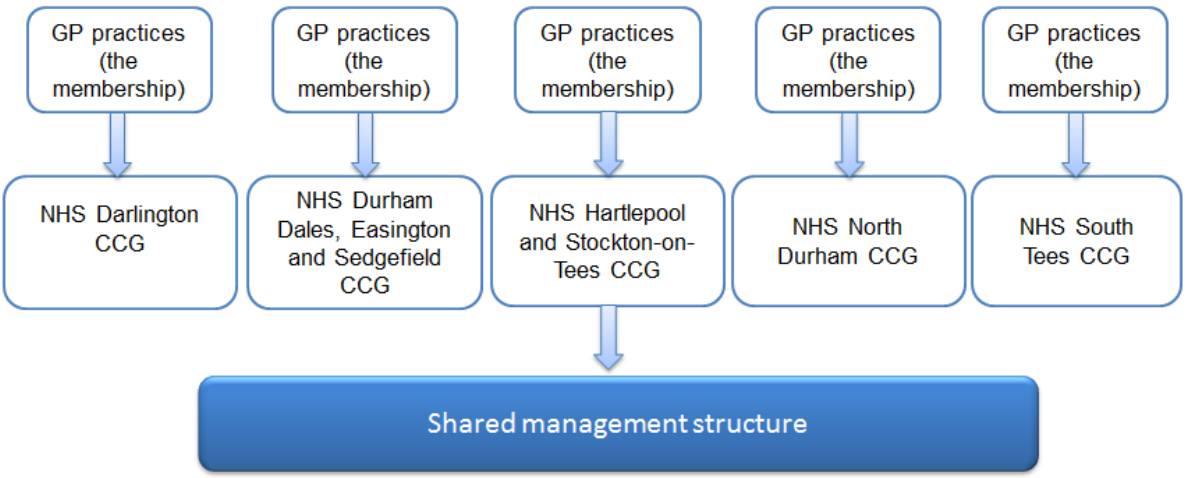
Although each CCGs appoints its own members to a governing body and other committees, since 2018/19 these have been operating as committees in common in Tees Valley and in Durham (that is, one meeting at which members take decisions together or separately, as appropriate). The CCGs' clinical leaders are central to making these decisions.

All five CCGs commission primary care (services provided by, and in, general practice) and have a Primary Care Commissioning Committee.

[1] All General Practices are now part of a Primary Care network. Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care by working closely with partners in health and social care.

Based on the health needs of local people, and to help reduce health inequalities, NHS England gives money to CCGs to pay for local NHS services. Money allocated to the CCGs is spent within each of the CCG local areas. Within the CCGs' annual budget, there is a separate allocation for administration (or "running") costs, which helps to determine their total staffing.

Since October 2018, all five CCGs have implemented a shared management structure to try and avoid duplication and to cut down on management costs.



What do the CCGs propose to do?

The CCGS think the best way they could balance reducing costs with keeping a local focus would be through creating two single CCGs instead of the five that they have now.

They would make the savings in ways such as reducing some costs that all 5 CCGs have to pay such as audit costs and by appointing members to two governing bodies (rather than a combination of the membership of five governing bodies) and through shared clinical leadership across the Durham and Tees Valley.

They are looking to achieve the rest of the savings required in two ways. For some time, they have appointed staff to vacant posts only if their role is essential, looking to share staff with their partners where this is sensible. They are also reducing their buildings where these are not being or will not be fully used.

Ultimately, if they do not achieve their savings target, they run the risk of further staff cutbacks and impacting on the services they commission.

How will fewer CCGs impact on their members and partners?

By moving to two CCGs, they know that there may be concerns about the dilution of the voice of five smaller CCGs. However, they are already working with groups of GP practices and others at a local level across Durham and Tees Valley that focus on people's health and wellbeing in local communities. They will be strengthening the clinical leadership within the new CCGs.

How will having one CCG impact on patients and their carers?

Two single CCGs would ensure consistency and help make their resources go further, delivering fair outcomes for patients no matter where they live. It would not affect frontline patient services. Their financial resources are directly linked to supporting these communities in improving health outcomes and reducing inequality.

As many of their existing teams already work across Durham and Tees Valley there are good relationships and engagement networks in all areas that put local people's views and experiences at the heart of their decision-making. They will continue to build on these relationships and strengthen joint working with partners.

So that people's voices are heard no matter where they live in Durham and Tees Valley, CCGs will continue to meet their statutory duties to provide information about, and opportunities to influence, their plans, priorities and any future plans to change services.

Methodology:

Engagement Method:

The CCGs provided information and questions including a slide set for local Healthwatch to use to engage with the public. The questions included:

1. Are you responding as an individual or on behalf of an organisation?
2. What benefits could you see from CCGs merging?
3. What concerns do you have about a CCG merging?
4. Is there anything else you'd like to tell us, or any questions which have not been answered?

As the coordinating Healthwatch across the region, Healthwatch Darlington distributed the CCGs information to each Healthwatch with suggestions for engagement during July.

The questions were uploaded to Surveymonkey to ensure everyone could access the survey online as well as upload hard copy questionnaires from each area.

Through their ongoing outreach activity and events local Healthwatch helped communities to receive and understand information about the proposals and to gather people's views.

Healthwatch Darlington collated the engagement information from all 6 Healthwatch and the online survey to produce this report for the CCGs

Conflicts of Interest:

Healthwatch leads who had a potential conflict of interest listed below made it known to HWD as the coordinating Healthwatch, should a direct conflict of interest occur with any connections they have with organisations or agencies during the course of this project.

Healthwatch	Conflict of Interest

HW Darlington	Chief Executive Officer – Michelle Thompson BEM: • Darlington CCG Patient and Public Involvement Lay Member • South Tees CCG Patient and Public Involvement Lay Member

Ethical Considerations:

All Healthwatch proactively championed ethical behaviour and reflected and applied their organisational values in all activity they undertook, in addition to meeting their legal and regulatory requirements.

Who was engaged:

All Healthwatch used their local knowledge to focus on particular groups to ensure they included ages, gender and other variables that could have affected the engagement methods. Each Healthwatch gathered feedback in their communities during their everyday activities due to the tight timescales. These included online newsletters, e-bulletins and social media as well as outreach activities including community events, groups and meetings.

Feedback

The findings are based on responses to the surveys designed by the CCGs and Healthwatch Darlington. In total, there were 356 survey responses collected by local Healthwatch in the region. The five questions asked were as follows:

1. Are you responding as an individual or on behalf of an organisation?
2. Please indicate which CCG area you live in?
3. What benefits could you see from CCGs merging?
4. What concerns do you have about a CCG merging?
5. Is there anything else you'd like to tell us, or any questions which have not been answered?

Question One: Are you responding as an individual or on behalf of an organisation?

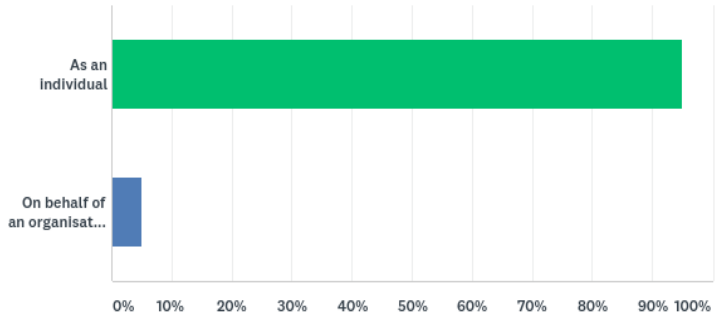
Healthwatch wanted to ensure that they reached a wide range of individuals and groups in their everyday activities. There were 18 responses from people who represented organisations and 338 individual responses including 4 blank responses.

1. Coniscliffe W.I Darlington, Co. Durham
2. CRUSE Bereavement care - Tees Valley and Durham area
3. Alice House Hospice, Hartlepool

4. Alice House Hospice, Hartlepool
5. Cleveland Fire
6. St Cuthbert's Hospice
7. Hartlepool Deaf Centre
8. Whippet Up CIC
9. Alzheimer's Society

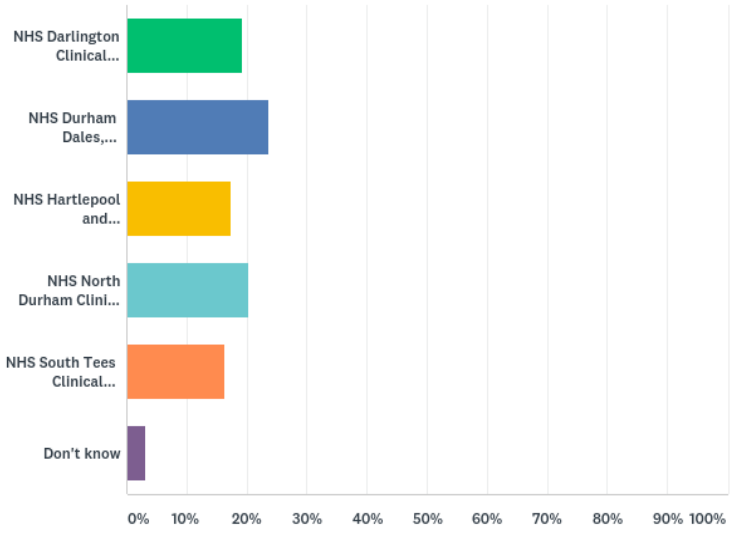
10. Accept Care Ltd
11. North Durham patient reference group
12. Social Enterprise Acumen CIC
13. Darlington M.S society
14. Darlington M.S society
15. Darlington M.S society
16. Darlington Borough Council
17. Sunshine Project North East
18. Darlington Mind

Q1 Are you responding as an individual or on behalf of an organisation? (Please tick which one applies)



Question Two: Please indicate which CCG area you live in?

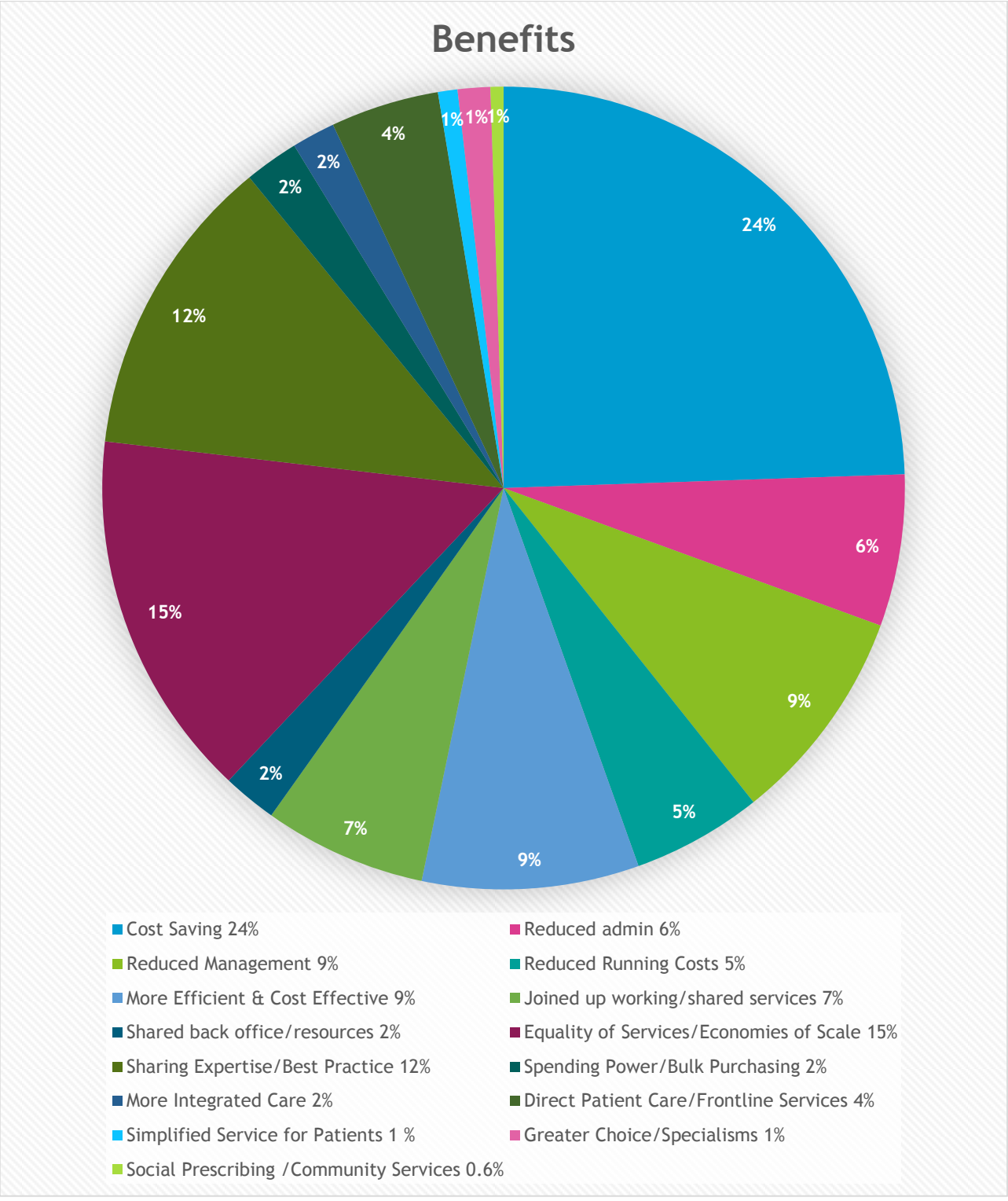
Q2 Please indicate which Clinical Commissioning Group area you live in?



- NHS Darlington Clinical Commissioning Group = 67
- NHS Durham, Dales, Easington and Sedgefield Clinical Commissioning Group = 83
- NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group = 61
- NHS North Durham Clinical Commissioning Group = 71
- NHS South Tees Clinical Commissioning Group = 57
- Don't Know = 11 Blanks = 5

Question Three: What benefits could you see from CCGs merging?

Following analysis of the 324 survey responses to this question from across the 5 CCG areas, the most important benefits that people cited from the CCGs proposals were:



Darlington

Most Darlington responses revealed that "cost saving" would be most beneficial through "better joined up working" and "more shared services". People also saw the benefits in the reduction in admin, management and running costs and hoped that the savings would be "ploughed into frontline services". In addition, "addressing services geographic inequalities" to ensure people get the same service everywhere was deemed important as well as "sharing best practice". However, pooling resources was thought to have risks due to the "dilution of services" from the savings of higher salaries by taking on lower salaried staff to accommodate a higher volume of work load. Some people were "unsure" about the benefits with others stating that they would like the CCG to "remain independent" because although there will be cost savings, the "local focus and knowledge will be lost". It was also mentioned that combining smaller CCGs with larger ones "could result in patients in outlying areas being disadvantaged as they will be swallowed up and forgotten about".

Durham, Dales, Easington and Sedgefield

In this area there was a very strong 40% emphasis on the benefits of "saving money" especially in "reduced management and admin costs". Opinions were also very positive about the consistency of services across localities to "prevent a postcode lottery" with a "more joined up approach" and "more efficient way of working". Also an increased size was thought to be beneficial in giving "better bargaining power" or "service acquisition". It is hoped that freeing up medical staff from CCG work would also reduce the load by "eliminating some of the duplication". However there were also some strong opinions against the proposals with 11% of the responses to this question stating that there were "no benefits" and "local voices and concerns will be heard even less than what they are now".

One individual said: *"The CCG are currently out of touch with the needs of individual communities and local areas. They are unable to organise meetings in public that actually tell the public they are happening. The current CCG manages to make decisions completely against the wishes and views of local people. Making the area the CCG covers will only make all these issues of local knowledge and local accountability much worse. The CCGs need to remember that they are funding publicly".*

Hartlepool and Stockton-On-Tees

"Cost saving" from this area was also was deemed the most important with a particular emphasis on the "cost efficiency" benefit as well as "economies of scale", "less duplication of bureaucratic departments" and "less chance of communication hiccups". A common theme of opinion was regarding the "increased commissioning power" and a

"more streamlined management arrangement". Responses also recognised that this approach could provide the opportunity to "service provision across a patch that is coterminous to the hospitals that patients can access in this area". Some people, however were not so sure and questioned whether there will be a fairer pricing structure in future as they currently believe that CCGs in different areas pay different amounts for the same service. Others expressed concern about "job losses" and "having to travel for vital services" eg. A & E services. One individual voiced their unease regarding redundancies: "How many will be made redundant and brought back again?" Whilst 8% of responses felt there will be no benefit whatsoever and the "local focus will be lost" in another "cost cutting exercise".

North Durham

60% of responses thought "saving money" especially regarding "reduced management costs" and "economies of scale" would be most beneficial. People mentioned the benefit of "standardised systems and procedures" with an emphasis on "sharing expertise" and "best practice" as an efficient way of working together. Access to a "wider range of specialisms" in health care was thought to be a positive as well as "greater patient choice" "Better communication" and "less variation in quality of care services offered" were also seen as benefits of the proposal. Concerns were raised regarding structures who cover larger areas may give "less attention to local detail" and members of the decision making body may have "less feel for local issues". Others feel it is purely about "cost cutting rather than care".

South Tees

Although the benefit of "cost savings" including "reduced management, admin and running costs" featured highly with respondents, the "equality and efficiency of services" were deemed equally important benefits of the proposal. "Better and easier access to services" throughout the region and less of a postcode lottery was mentioned in addition to a "reduction in duplication" of some roles and services. "Improved co-ordination of the VCSE sector" was suggested as a benefit including "social prescribing" and "community based solutions to wellbeing". Some respondents were unclear of the benefits and said they "needed more information to understand the proposals" whilst others expressed concern about the workload for the remaining staff in what they feel is an over stretched service. One individual said "short term savings frequently create increased overall costs in the longer term" and although the benefit of cost savings was a common theme, concern was expressed regarding the retention of current services due to reduced costs.

Don't know/blanks

Respondents who did not know which CCG area they belonged to, or left the question blank, all expressed similar opinions with regards to benefits as in other areas. In particular the "pooling of resources", "equity across larger areas" and "sharing of best practice". A few people were not sure or did not understand the proposal enough to give a definitive opinion.

Question Four: What concerns you have about the CCGs merger?

The main themes across the Tees Valley and Durham CCG areas are as follows in order of importance and were completed by 305 respondents:

1. Loss of local connections and needs 37%
2. The organisation will be too big 12%
3. Making people unemployed will lead to loss of expertise 10.5%
4. Loss of budget for local needs 7%
5. No concerns 7%
6. Worse services/reduction in frontline services 5%
7. Less staff/less effective 4%
8. Would all areas have equal status in decision making? 4%
9. Having to travel further/rural issue concerns 4%
10. Lack of local accountability 3%
11. Reduced patient participation/no voice 2%
12. In house fighting – who will they report to? 1%
13. Is it cost cutting for privatisation? 1%
14. More difficult to influence 1%
15. Public accountability at zero 0.5%
16. Re-inventing the wheel 0.5%
17. Health and Social Care should be joined up 0.5%

Examples of comments:

- *"Lack of focussed leadership at the top and how would it work in terms of separate Health and Wellbeing Boards? Working across a larger patch may mean losing that on the ground community knowledge. Red tape accessing data across the areas to efficiently use population health management may lead to unfair bias for some areas compared to others"* **Darlington**
- *"A lessening of the commitment to provide appropriate services for the people of Darlington. The CCG is not even in Darlington anymore. If become two,*

Darlington would be part of Tees Valley, the hospital trust is Co Durham and Darlington. Too few staff, I worked in the CCG believe me I know how stressed these folk already are I saw more and more staff who were not local and so did not have the commitment to Darlington Once again, we reinvent the wheel" **Darlington**

- *"Merging the CCGs (as with option 1) to make a single commissioning body for the entire North East and Cumbria is very concerning. CCGs were intended to consider the needs of a locality. How can we get health provision tailored to local needs when the 'locality' spans across the country?*

  I am concerned that services will consolidate into fewer 'central hubs' - as we have seen within DDES CCG in the past (moving services from the Richardson and Bishop Auckland hospitals to Darlington and Durham). In rural areas as large as ours, this just is not feasible.

  Decreasing management staff whilst increasing the geographical area will only result in greater stress and overwork for managerial and administrative staff. I believe that managers have an important role within the NHS (contrary to popular belief) and I am concerned that this will increase their workload unfairly - or lead to poorer, one-size-fits-all processes being introduced which may be detrimental to services". **Durham, Dales, Easington and Sedgefield**

- *"Ensuring local needs are met, maybe having champions/representatives/service users/carer reps from each area would help"* **Durham, Dales, Easington and Sedgefield**

- *"Would some smaller areas ie Hartlepool and Darlington, get overlooked in planning. How will Hartlepool be appropriately represented as a town in its own right?"* **Hartlepool and Stockton on Tees**

- *"Becoming too strategic, focusing too much on beyond the area than within it. Need to ensure that existing local patches are not lost if there is a merger of existing CCGs. Each household should know, without asking, that it has parity of access and parity of quality in the health services it requests. Governance at a micro level could be either over done or under done and it is important to do neither - perhaps by ensuring each and every resident in the area has improved access to the powers that be in terms of meaningful feedback and engagement - NOT tokenistic friends and family forms. Individual Practice Managers feeling a loss of control and over reacting to try and gain that back. At the best of times, these folks are individuals to be reckoned with: very few of them understand the impact and consequences of their actions and rules and when made aware of them very few listen and learn"* **Hartlepool and Stockton on Tees**

- *"Service area too big and I may have to travel further for services. Amalgamation of services so less availability near to where I live. Longer waiting times for appointments"* **North Durham**
- *"That the savings made from merging will not go towards reducing health inequalities/towards front line patient care That there will not be proper scoping of jobs that are made redundant and as a result agency will be used to plug the gap or those individuals whom have been made redundant return to a newly formed CCG (which has happened in the past)"* **North Durham**
- *"Appointments will become inaccessible for the low paid and poor leading to more deaths. Too many managers and administrators soaking up funding for health. Top health professionals being unable or unwilling to travel for clinics".* **North Durham**
- *"Reducing staff can effect quality of care. Confusion created during the transition could have a damaging effect on those with a greater need, how are you going to ensure a smooth transition and keep people informed. Including people with Learning Disabilities and those who care for them who are sometimes too over stretched to read material and often find this confusing and worrying"* **South Tees**
- *"Bigger is not always better. We have a unique population in this area with unique needs, they can be very different from other regions. Keep it local where local people understand the local needs"* **South Tees**
- *"Firstly for the staff left behind to continue the exact same workload (reportedly already stretched) and stretch their capacity further, likely to put at great risk their locally developed connections.*

  Whilst local systems are just getting used to having adapted to the south tees geographic way of working, many more plans exist to maintain this strategic area through cross south tees plans. Clearly, this will pose tough questions of a potential tees merger when it comes to many other commissioning intentions, aligned so strongly to a south tees set up.

  I see it as a politically (and therefore about austerity and financial savings) driven idea that is being dressed up as savings and increasing efficiency where wastage exists when the reality is very different. We already have a fund and react system that with proper long term planning and time and incentive could do much better with the available resource.

  The issues are in the lack of prevention thread in long term planning and in capacity and policy to allow this to happen properly. Young person's mental health and prevention agenda are perfect examples of many missed opportunities and quick reactions that would be even less prepared in such a proposal.

  The areas of current coverage for the South Tees CCG and essential links from CCG to local providers, local pathways, local public health teams, blue light

services, voluntary sector and more would be under threat. The widening of geographic area coverage, a step backwards into old, tired and previously failed systems combined with cuts to staff numbers would be a damaging policy which has been shown to impact on the services that the most vulnerable desperately need the most.

The changes only go towards maintaining a status quo of reform into a generation old system. Evidence from inequality studies demonstrate that this would further damage the life expectancies and integration of essential grassroots and community services for which we owe much debt to in holding back the flow for many health issues. The merger should not happen, and a much longer period of planning and evaluation should be encouraged with stability with the current system to maintain the still fairly young system. In short, old ideas dressed up as reform do not make a healthy population" **South Tees**

- *"There will not be sufficient capacity to deliver everything that is needed. There will also be a lack of local knowledge to ensure that appropriate services are put in place"* **Don't Know/Blanks**
- *"Larger towns get more benefits. Outlying districts and smaller areas suffer."* **Don't Know/Blanks**
- *Less responsive to local needs Less understanding of local issues Loss of links to the coal face Waste from reorganising again and having to establish new ways of working"* **Don't Know/Blanks**

Question Five – Is there anything else you would like to tell us, or any questions which have not been answered?

Many of the questions and comments relate to those already mentioned earlier in the report. The following are a snapshot of further questions and comments gathered across the region which people thought important to ask or mention:

Questions:

1. If the Clinical Commissioning Groups were to merge could this be the first step in seeing us lose vital, already overstretched services to our rapidly expanding town?
2. How much money would it save?
3. Would standards remain high?
4. Who would be on the single CCG?
5. How many members?
6. How unbiased would the members be?
7. When is this likely to be introduced?

8. If 20% reduction is required by March 2020, why are we just being asked now in July 2019?
9. In the case of a merger, what plans are there for local consultative networks to ensure local communities feel they have a voice?
10. The proof will be in the detail and as health commissioning appears to have been in a constant state of change for over 30 years I wonder if in-fact a completely different model is required?
11. Will contracts be publicised (value) transparency?
12. How can upstream investment generate better and more favourable cost effective outcomes?
13. I would like to know if Equality Impact Assessments, Equality Delivery Systems and the impact on your Public Sector Equality Duty have been considered in these proposals.
14. At what level will decisions be made for the medicines and services we receive?
15. Will the changes have any effect on the local authorities & social care services?
16. Will I still have choice as to where I go for appointments? I'm led to understand that quickest appointments may not be close to where I live, will travelling times be taken into consideration?
17. Where can I access a copy of the full proposals and their implications as only able to give general observations on the sparse information provided?
18. The VCSE input into health and wellbeing across the Tees Valley is an untapped resource - how would a merged CCG improve the discussion about VCSE involvement?

Comments:

"Would be fantastic if the financial savings and other benefits are shared with us after the mergers so we can see the impact of the change"

"Those with certain illnesses are often ignored and rely on charities"

"Involve patients more in the best way you can to provide information and ensure inclusion and involvement in decision and potential impact"

"Need to have some clarity about how the voice of each resident in the CCG area can be heard and listened to"

"I think that there should be a greater focus on providing health services for people in work. For example, those that are suffering with chronic pain or chronic illnesses and still going to work, need a system that is quick and not having standard response times of 3 months, 6 months etc. It's not good enough. More people will end up having to leave work if the system does not look at this demand. The economy is built on an active and healthy labour market. We need to make sure that every effort is made to

streamline services for those trying their best to remain economically active and in work, and therefore contributing to the prosperity of the UK"

"That all patients should be offered holistic, mental health options"

"There needs to be more transparency with regard to CCG as to members and what you do, you also need to be more responsive to the needs of service users/ patients"

"I know to my cost that an Angiogram cannot be offered in North Durham Hospital. The bus journey from Chester le St takes 2 hours 38 mins. Similarly an MRI for cardiology purposes is commissioned at James Cook. Chemotherapy Services in North Durham are not adequate and patients have to put up with cramped conditions or even have to travel the length of the county. That in my opinion is not providing safe good quality local services. I speak not from my own experience but from supporting patients who have required these services"

"Would want reassurance that larger contracts have clauses for enabling smaller organisations to be full parts of a supply chain and not just bid candy"

Next steps

Local Healthwatch have listened to a wide range of local people's views in each CCG area which is reflected in this report. As agreed, these views will be taken into account when presented to the Governing Bodies to help them decide on a proposal to create a new CCG/s. In addition, and in response to the questions, comments and concerns raised in this report, there will be a follow up question and answer document provided by the CCG/s once a decision has been made.

All local Healthwatch will be reviewing the impact of the research findings by keeping positive and collaborative working relationships with their respective CCGs We expect communications to be released on a regular basis from the CCGs in order for it to be fed back to the relevant parties involved including participants and the general public.

Acknowledgements

All local Healthwatch would like to thank everyone who completed the surveys. Your comments and opinions are so appreciated and will help to influence at a strategic level to ensure the planning and delivery of services meets your needs and those of your family and friends. Thank you to all our volunteers across the local Healthwatch network who supported us to achieve this work by actively sharing the surveys in your local communities.

Local Healthwatch contact details

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healthwatch Darlington	Phone: 01325 380145 (Landline) 07525 237723 (Text) E-mail: info@healthwatchdarlington.co.uk Website: www.healthwatchdarlington.co.uk
healthwatch Hartlepool	Phone: 01429 288 146 Website: www.healthwatchhartlepool.co.uk
healthwatch Middlesbrough	Phone: 01642 955 605 E-mail: general@healthwatchsouthtees.org.uk Website: www.healthwatchmiddlesbrough.co.uk

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healthwatch Stockton-on-Tees	Phone: 01642 688312 08081 729559 Email: healthwatchstockton@pcp.uk.net Website: www.healthwatchstocktonontees.co.uk