

Healthwatch Cambridgeshire



Annual Report
2014/15



Contents

Welcome	3
About Healthwatch.	4
Engaging with people who use health and social care services	5
Providing information and signposting.	8
Influencing decision makers with evidence from local people.	9
Working with others to improve local services.	13
You said we did	16
Our plans for 2015/16	17
Our governance and decision-making.	18
Financial information	19
Contact us	20

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, Cambridgeshire & Peterborough Clinical Commissioning Group, Cambridgeshire County Council and the local Health Committee.

We will be presenting this report at our Annual General Meeting on 15th July 2015 which is a public meeting.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.



Welcome

Welcome to our second annual report. It has been a busy year where we have worked hard to raise our profile, talk to more people about their experiences of care and build positive relationships with a diverse range of partner organisations.

We have thought carefully about how we prioritise our work and asked for feedback from members of the public and stakeholder organisations. As a small organisation with limited resources, we have to make sure we focus our efforts on getting the best results for local people. We used this information to help inform our new three year Strategic Plan.

The Health and Care System has continued to experience challenges over the last year. Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area was named as one of the eleven financially challenged health economies. Hinchingsbrooke Hospital was placed in Special Measures and transferred back to NHS management.

The older people's health care and adult community services contract consultation and tender took place. We are pleased to have been involved in all the discussions regarding these and other challenges, and continue to press for greater space for people's voices to be heard.

Against this backdrop we are particularly pleased to have raised the profile of the benefits of learning from people's experiences. This Annual Report tells the stories of some of those successes, gives an overview of our activities and the difference we have made.

In the last year we have developed our volunteering programme and have recruited many new volunteers to different roles within our Healthwatch. Our volunteers give their time and expertise freely for the benefit of our local community and we want to thank them for their unique contributions.

We look forward to continuing to work with you, to ensure people's voices get heard.



Ruth Rogers, Chair



Sandie Smith, Chief Executive



About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our vision

We are committed to listening to and working for all people in Cambridgeshire, to actively pursue improvements in health & social care.

To realise our vision we:

- Aim to be representative of the local community we serve.
- Engage with health & social care commissioners, service providers and communities when changes to service provisions are planned or public health issues addressed.

- Engage and represent the community we serve, with particular emphasis on seldom heard groups

Our strategic priorities 2014-15

We set the following strategic priorities for 2014-15:

- Develop different ways to raise awareness of our work and engage a wide range of people from different backgrounds and communities.
- Engage with and listen to children and young people about their experiences and views of health and social care.
- Provide and promote our Information and Signposting service, working closely with other information providers.
- Develop and consolidate our volunteering programme.
- Work to influence the strategic agenda of health and social care commissioners and policy-makers.
- Develop intelligence gathering projects based on what people are telling us and report the results to decision makers.
- Ensure transparent and appropriate governance, review and reporting of all our activities.





Engaging with people who use health and social care services

We talk to people from across the county, to help us understand how local health and care services are working for them.

We actively promote people's opportunities to feedback their experiences of care through a wide range of communication channels, including online, by phone and face to face.

We do this through:

- Our website, Facebook, Twitter and other social media sites.
- Our regular e-news and hard copy newsletters.
- Regular stories in local papers, newsletters and on the radio.
- Working in partnership with local organisations.
- Talks with local groups, including schools, Patient Participations Groups and support groups.
- Information stands at different locations and events.
- Focus groups.

We can provide information in other formats on request, however we want to do more work to make sure that we are providing accessible information to different members of the community. This is something that we want to develop more in 2015-16.

To help us gather the experiences of people who don't use the internet, we have developed an easy to use self-seal Freepost feedback "Tell Us" form..



Young People's voices

Our Youth Engagement worker Rita Nunes helps us listen to the experiences of young people and make sure they have the opportunity to get involved in local decision making.

We launched Youth Connect in 2015, our network for young people, to help them find out about opportunities to engage in local health and care decision making. We had 55 young people signed up at the end of March 2015 and are working hard to grow the membership.

We have attended local events like Huntingdon Regional College Fresher Fair, and visited several schools to listen to the experiences of young people.

We worked with the year five children at Priory Junior School in St. Neots, to find out what keeps them happy and healthy in their community. The children shared their findings in a community exhibition.



Rita attends the Young Health Ambassadors Network meetings, where a group of young people and other local Healthwatch learn more about health and share ideas.

As a member of the Children's Participation group on the Council, we work with the local authority and other organisations, to make sure that young people's voices are listened to.

Enter & View

As a local Healthwatch we have a statutory "Duty to Enter and View". This is our legal right to visit places that provide publicly funded health or care services, to see and hear how people experience these services. This gives us the opportunity to:

- Collect the experiences of people using these services, their carers or relatives.
- See the nature and quality of services.
- Develop insights and recommendations, which we publically report to the people who make decisions about these services.

In 2014-15 we started to prepare for our programme of Enter & View work. We developed our Enter & View policy and procedures; recruited and trained 21 volunteers and formulated a plan to visit local Care Homes.

We wanted to gather the experiences of residents and relatives about what it is like to live in a Care Home, looking at daily life choices, care and access to health and social care services.

We talk regularly to the Care Quality Commission and Cambridgeshire County Council about our plans and attend information sharing sessions with them, which help inform our visits.

During March 2015 this programme of work was rolled out, with visits planned to a number of care homes from April 2015.

We plan to expand our Enter and View work during 2015-16 to ensure that we can look in more detail at the services that people in our community are receiving.

"People give their stories and experiences in good faith, knowing that we are trying to make services better for everyone."

Emma Amez, Volunteer





Our Volunteers

Working with volunteers has been an important part of helping us talk to more people about their experiences.

During 2014-15 we rolled out our volunteer programme and recruited 10 Outreach Volunteers, 2 Researchers and a Street Reporter.

In particular, our Outreach volunteers help us talk to more people across the county. We have offered them communications training and one to one support, to help them in this role.

Emma's Story



Emma Amez, one of our Outreach Volunteers, has written the following about her experience with us.

"I have been volunteering for Healthwatch for a year now. Having been an RGN nurse in the past, I wanted to feel I was making a difference in the quest for improving the health and social care services.

I believe that the only way forward is to involve the public in decisions about healthcare services.

Being on the user-end of a service can produce extremely valid information to influence the future way of doing things. There is no doubt about that.

For me, volunteering for Healthwatch has been a very positive experience.

Straight away, I could see that the team are hard working and focused on what they do. With this in mind and with what Healthwatch stands for along with a very supportive and non-judgemental key-worker, I had much encouragement to help them.

My role as an Outreach Worker means that I join one or more of the team members and other volunteers at events to try to gain feedback about peoples' experiences of health and social care, good and bad.

The aim being, to feed this information back to the providers of care to improve the service they offer. This is, in fact, a very privileged role. People give their stories and experiences in good faith knowing that we are trying to make services better for everyone.

They hand their hope over to Healthwatch. Each story or experience could make a change for the better! I feel I am making a difference by either being a voice for people or helping them to find their own voices."



Providing information and signposting

We help people get what they need from local health and social care services, through our information and signposting service.

People can get tailored information to help them find the service they need from Julie McNeill, our Information Manager. They can contact us via the website, email, social media, telephone or at local events. In addition, we have continued to maintain and expand our online resources.

Whilst the number of contacts for this service is relatively small, enquiries are often complex, with people having a number of issues.

The range of subjects which we are asked about has also grown.

The most common signposting referrals are to Patient Advice and Liaison Services (PALS) and to advocacy organisations such as POhWER.

We have a growing list of organisations which we have signposted people to; we have made 161 referrals to over 50 separate organisations. We sometimes do a 'warm' handover, where we contact the organisation directly.

This can be helpful where people lack confidence to make that call themselves.

We work with other local Healthwatch, as people cross county boundaries for their care..

It is not unusual for patients to live in another county but to be registered with a Cambridgeshire GP. In addition, many people from outside Cambridgeshire are cared for at our Acute and Specialist hospitals.

“Enquiries are often complex, with people having a number of issues.”

Julie McNeill, Information Manager





Influencing decision makers with evidence from local people

Local Healthwatch has a duty to use reports and recommendations to suggest how local care services could or ought to be improved.

Engaging women and their partners in Maternity care

In July 2014 we published a report called 'Engaging Women in the Provision of Maternity Services in Cambridgeshire'.

This report shows that new and potential parents don't all have the same chance to feedback on their experience of maternity care, due to inequalities in funding local Maternity Service Liaison Committees (MSLCs).

MSLCs were developed to help parents work with maternity service staff to improve the care provided to pregnant women, their families and their babies.

The report looks at how the MSLCs work and how the ad hoc funding arrangements affect people's ability to feedback their experiences. This varies enormously from hospital to hospital.

The report recommends that the local Clinical Commissioning Group (CCG) establish a clear position on whose responsibility it is to fund MSLCs and calls for a set of good practice standards to be agreed.

The CCG responded by telling us that maternity service engagement is a decision for each GP-led Local Commissioning Group.

Unfortunately, not all of the LCGs consider it a priority for funding, causing inequalities of access.

We were not happy with this response and continue to press hard for people's voices to be heard. We have shared our report with Healthwatch England and will send it to the NHS England Maternity Review. The report is available on our website or in hardcopy from our office.

Our evidence base

In the last year, we have seen an increase in the amount of feedback we get from people about local care services.

We have looked at how to use this effectively, to influence local decision makers. We collate the information we receive and send it to care providers, commissioners and regulators on a regular basis.

We recently reviewed how our system works and have made some changes to improve its usefulness, without compromising people's anonymity.

We have also devised a system to identify where we need to take further action. This may be by writing to the provider and/or commissioner and asking for a response.



Talking to people who can be disadvantaged & seldom heard

Healthwatch has an important role to play in listening to the experiences of people who are not always heard by local decision makers.

Cambridgeshire is home to large Gypsy and Traveller populations. There is local and national evidence which reports that Gypsies and Travellers often have poorer health and can have problems accessing preventative care.

Literacy problems can cause difficulties with reading things like doctor's appointments and public health information. They also make it harder to respond to consultation documents, excluding them from these processes.

We linked with One Voice 4 Travellers, who work with Gypsies and Travellers to help their voice be heard by local decision makers. They have facilitated events that we have attended, to gather experiences of using local care services.

For example, in early 2015 we attended some of their events to talk to people from these communities about their experiences, as part of a Primary care project called First Steps to Health. As part of this project we gathered the experiences of 19 people who identified themselves as Gypsies or Travellers.

This work was part of a wider project looking at public attitudes to GP and urgent care services, which will be published in May 2015.

One of our volunteers has significant experience of working with the Gypsy and Traveller community.

She is helping us look at how we can effectively listen to people in these communities. We have also spoken to local professionals who work with Gypsy and Travellers, to help us begin developing a research tool for gathering oral feedback.

People from outside Cambridgeshire

We also listen to the experiences of people who volunteer, work or use services in Cambridgeshire, but do not live in the county,

We did extra work to talk people from out of county when Addenbrookes and Papworth Hospitals were inspected by the Care Quality Commission (CQC). These hospitals both provide specialist services to people from a wide geographical area; we wanted to make sure that these people also got an opportunity to feedback on their experiences.

To do this we shared our press story and contact details with colleagues across the local Healthwatch network, who helped us promote the call for evidence outside the county. We submitted 23 pieces of evidence to the CQC from people outside of Cambridgeshire for these inspections.





Raising local issues locally

We like to work co-operatively with commissioners and providers, to support the improvement of local care services.

For example, in the last year we have:

- Routinely advised Public Health Officers at Cambridgeshire County Council, regarding Joint Strategic Needs Assessment engagement and consultations.
- Fed back our opinions on how to improve Cambridgeshire County Council's Participation Strategy.
- Commented on and secured improvements to the CCG's NHS 111/Out of Hours Procurement Consultation document.
- Commented on and secured improvements to Vision Screening consultation run by Public Health.
- Advised Cambridgeshire County Council about the format and approach to their Mental Health Strategy consultation.

When we make a formal report or recommendation to a local commissioner or provider, they must respond to this within 20 working days, or 30 working days for more complex requests.

In the last year we have made 2 formal requests for information. No commissioners or providers failed to respond to these formal requests.

Raising local issues nationally

As a local Healthwatch we can formally escalate issues to Healthwatch England, if we think they are part of a national rather than a local issue.

This year we have worked with Healthwatch England to help develop their national Escalation Framework, co-facilitating a workshop at last year's Healthwatch Conference.

We have escalated the following issues to Healthwatch England:

- We are still monitoring the length of waiting times for older people's social care assessments. This was an issue we first escalated in 2013-14.
- Concerns regarding safe staffing levels. As a result we were asked to join NICE Safe Staffing Committee.
- Problems with long waiting times and poor quality care for local Children and Adolescent Mental Health Services. This information was fed into a national task force report.
- The inaccessibility of the language used by NHS England in recent consultations.





Lifestyle Services case study

In August 2014 we were commissioned by Cambridgeshire County Council's Public Health Department, to find out what people thought about 'lifestyle' services, as a part of the County Council's tender process for new weight management and healthy living services.

Public Health were particularly keen to hear from children and people who, because of disabilities, caring responsibilities and long term health problems, found it hard to access these services.

We hosted a number of conversations with groups of people and individuals to collect their opinions. We focused these activities on people with a wide range of disabilities and long term health conditions and their family carers, who face additional challenges in living healthy lives.

For example, we met with a group of people with learning difficulties who come together socially. We also clicked needles with a group of knitters, a number of whom have long term health needs. It was particularly valuable to talk to people who would not usually get involved in traditional consultation exercises and hear their experiences.

In addition we promoted an online survey across social media, to help gather the opinions of people who may not be in touch with local voluntary and community organisations.

The team also worked with children in a local primary school in St Neots, to gather their views of a potential 'health club'.

The children were presented with several questions that asked them to design an ideal health club. From drawings, to writing, to recording, we ended the session with enough data for the production of a report that we then shared with Public Health.





Working with others to improve local services

We work closely with organisations who plan, provide and regulate local health and care services, to help improve care for local people.

The Care Quality Commission

Over the last year we have been working with the Care Quality Commission on three key areas, to help improve care for local people.

These are residential and domiciliary care, hospital inspections and primary care services, e.g. GP surgeries.

This year we were invited to join a bi-monthly information sharing meeting looking at residential and domiciliary care. We have shared concerns raised by local people around certain care services. This work has helped inform our Enter and View programme.

During 2014-15, four out of five of our NHS Trust hospital providers were inspected.

We have worked hard to support public involvement in the CQC inspection of local hospitals. In the run-up to each inspection we promote it through a range of communication channels, including our local networks, online and the local media, achieving a good level of positive press coverage.

We ask people to feedback their experiences directly to us and we share that information with the CQC in an anonymised format.

We have also encouraged people to talk to the CQC if they have a more detailed experience to share that could help identify particular issues within a Trust.

“Healthwatch Cambridgeshire have been very supportive of hospital inspections in their area.

They have engaged with the CQC inspectors and highlighted concerns raised with them about services from the local NHS Hospitals.”

Fiona Allinson, Head of Hospital Inspection, CQC.

Hinchingbrooke Hospital was inspected in September 2014. In addition to promoting this locally, we also ran a “Listening Event” for the CQC, to help gather additional evidence.

We submitted 60 separate pieces of evidence of care to the inspectors, as well as the feedback from our Listening Event. The feedback was wide-ranging including positive, negative and mixed experiences. The CQC’s final report was published in January 2014 when the hospital was placed in Special Measures. Circle, the private company who had been managing the hospital, withdrew from its contract the same day. The CQC recognised our contribution to the inspection in their report.



Since the Hinchingbrooke Hospital inspection report, we've attended a range of meetings with CQC colleagues, Hinchingbrooke Hospital management and other stakeholders, to ensure that the experiences of people who use the hospital services are at the heart of the work to improve care. We are continuing to call for evidence on care at Hinchingbrooke, to help us identify whether patients are seeing an improvement.

We challenge the local CQC around any issues we see in their methodology. We told them that often information about a forthcoming inspection is published late, close to the date when evidence needs to be submitted. This can make it harder for local people to feed back.

For the Papworth Hospital inspection the CQC said they wanted to target people with learning difficulties, however the easy read information on their website was incomplete and confusing.

We have made no formal recommendations to the CQC, either via Healthwatch England or directly, to undertake special reviews or investigations.



Picture: Hinchingbrooke Hospital

Our Health and Wellbeing Board

We are pleased that Ruth Rogers, our Chair, has represented us on the local Health and Wellbeing Board. This is a place where key leaders from the health and care system work together to try and improve the health and wellbeing of our local population.

Sandie Smith, our CEO, attends the Officer Support Group. During 2014/15 we have been fully involved in discussions and feel we have influenced the local development of NHS England's Five Year Forward Plan, the CCG's System Transformation work, the Joint Strategic Needs Assessment Programme and the Better Care Fund bid.

Our role on the Health and Wellbeing Board has enabled us to further develop our relationships with leaders across the whole health and social care system, presenting a welcome opportunity to engage with elected members. As a result of this we have delivered training sessions for elected members of Local Authorities.

We have continually pressed for improvements in involving patients, carers and the public in decisions about services and are pleased that the Board will now be starting most meetings with a story about a person's experience of using services.

In the coming year we will be involved in several of the Better Care Fund delivery project; most importantly Person-Centred Services, Communications and Information and Seven Day Working Projects. We will continue to check that proposals make sense and ensure that people's experiences are fed directly into strategy.



Working with other “voice” organisations

We have worked hard to develop strong working relationships with other organisations that help people feedback on their experiences of local services. Our work with pinpoint is an example of how working together benefits local people.

pinpoint is an independent information, support and involvement network for parents in Cambridgeshire. They work with the families of children with additional needs and disabilities.

We have been working with pinpoint to talk to the people who make decisions about local mental health services for children and young people. pinpoint shared 200 accounts of the experiences of young people and their families with mental health services. These showed that children and young people are waiting too long before they get help.

We raised the issue with Healthwatch England, as we believe the problems identified are happening across the country.

We provided a briefing paper for all of our local MPs and the issues we raised, were mentioned in parliament by Julian Huppert., then MP for Cambridge.

This evidence has also been submitted to the Youth Select Committee’s enquiry into Children and Young People’s Mental Health services.

Our local mental health commissioners and providers are now looking in more detail at how they can improve the care that young people receive.

They have promised to involve people who use this service and their families in this process.

Lifeworks - getting voices heard

Lifeworks is a Cambridge-based support service for people with a personality disorder and other complex mental health conditions.

Cambridgeshire & Peterborough Foundation Trust (CPFT) were going to close Lifeworks as part of a county-wide change in local mental health service provision.

The people who use the Lifeworks Service were not happy that their service was going to close and launched a successful campaign to keep it open. The initial consultation had not made it clear that it would result in the closure of this service.

We lobbied CPFT about the inadequacy of the consultation. We liaised with local partners, in particular the Overview and Scrutiny Committee, to demand better service user involvement.

The initial consultation had led to a breakdown in trust between the Lifeworks protesters and CPFT. To help re-build this Trust, we supported CPFT to help them run more inclusive consultation.

We independently verified the findings with OSC, helping to reassure service users that their opinions were listened to.

We supported CPFT in developing a co-design project to involve the people who use Lifeworks in the re-design of Personality Disorder services across the county.



You said - we did

Podiatry Services

You told us that it can be hard to afford foot care services when you are on a low income. This is even when you have a medical condition like diabetes.

We looked at what services are available and entitlements to free NHS care. We found out that all across Cambridgeshire you have to pay for podiatry unless you are deemed as high risk. Not all patients with diabetes are deemed as high risk. There are no allowances for anyone on a low income. We were concerned that people with diabetes who are on a low income may wait longer before seeking help for foot problems.

We raised this issue with the CCG, who will be discussing it at the Clinical Prioritisation Group, to consider a policy change.

Cambridgeshire Community Services NHS Trust had a low cost foot care service called Feet Focus. It was available in a number of locations across the county, except in Fenland. We asked them to see if they could provide this service in Fenland, to help improve access. They looked at this but were having difficulty recruiting staff. These services have now moved to UnitingCare Partnership and we are continuing the conversation with them.

Access to cervical smears

Some local women told us it was sometimes difficult to book a smear test at a time and place that worked for them.

We know that the take up for smear tests is low amongst women in Cambridgeshire; this was reported in the most recent Annual Public Health Report for Cambridgeshire.

NHS Choices says, "If you are not registered with a GP practice, or you don't wish to be screened at your GP practice, you can arrange to have a cervical screening test at a well woman clinic, family planning clinic or at the genito-urinary medicine (GUM) department of your local hospital."

We found out that women in Cambridgeshire do not have all these options and can only get their smear test at a GP Practice. This is because of changes in how different health and screening services are commissioned.

We have been offered a place on a task and finish group being set up by NHS England, who commission cervical screening services, to look at how local women can be given more choice.

Continuing Health Care Letters

You told us that the letters that people are sent following a Continuing Health Care assessment are full of jargon and very confusing.

It is not always clear whether a patient had been assessed as being entitled to Continuing Health Care payments or not.

We raised this concern with the CCG and letters regarding Continuing Health Care are now being revised.



Our plans for 2015/16

Opportunities and challenges for the future

Our new Strategic Plan 2015 - 2018 was developed by working closely with local people and partner organisations.

To help us do this we asked local people and organisations what they thought of our work so far, and what they thought our priorities should be for the future.

We ran a survey on our website for six weeks in early 2015. The results were very pleasing, as the majority of people responding thought we had done a good job and are a friendly, responsive and listening organisation.

We followed this up with a workshop in Ely to listen to people more about what are concerns for them and suggestions for the future. This was attended by members of the public as well as representatives from a wide range of stakeholder organisations.

The priorities chosen for the next three years are based on the findings of both the survey and the workshop. These are:

- Gathering people's experiences and using them to influence service development
- Equal access to services.
- Children & young people's social care and the implementation of the Care Act.
- Person-centred services.





Our governance and decision-making

Our Board 2014-15

Chair

Ruth Rogers

Non-Executive Directors

Mike Andrews

Karen Begg (from 16th July 2014)

Mike Hewins

Graham Jagger (from 15th May 2014)

Ruth McCallum (from 16th July 2014)

David Neal (until 14th January 2015)

Sue Westwood-Bates (from 15th May 2014)

Payment of Board Members

Our Chair is remunerated and received £8,160 per annum.

Our Non-Executive Directors are unpaid but receive reasonable out of pocket expenses in line with our Volunteer Involvement policy.

Our governance

As a Community Interest Company (CIC) we are governed by our Memorandum and Articles of Association and comply with the reporting requirements of a CIC.

The strategic direction of our organisation is overseen and managed by the Board of Directors, comprising a Chair and six Non-Executive Directors.

Our Board of Directors meet bi-monthly in public and meeting documents are posted on the website at least one week in advance of each meeting.

Members of the public and our volunteers are actively encouraged to attend these meetings. There is a public section in each Board Meeting where the Board will answer questions

At every meeting the Board of Directors are updated on progress made against the Work Programme.

We have a grant agreement in place with our Commissioning Body Cambridgeshire County Council, and we regularly report our progress against the key outcomes.

We recognise the value of a mixed income streams and will continue to identify opportunities to expand commissioned and grant-funded projects.



Financial information

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	£316,739
Additional income	£4,870
Total income	£321,609

EXPENDITURE	£
Office costs	£23,712
Staffing costs	£234,667
Direct delivery costs	£26,853
Total expenditure	£285,232
Balance brought forward	£36,377

These figures are our pre-audited figures and may be subject to change. They are provided in advance of our full audited accounts so we can meet the statutory requirement to publish this report by 30th June 2015.

A copy of our full audited accounts will be presented at our Annual General Meeting, 7-9pm at The Maple Centre, 6 Oak Drive, HUNTINGDON, PE29 7HN on 15th July 2015.

They will be available on our website or from the office after this date.





Contact us

Healthwatch Cambridgeshire
The Maple Centre
6 Oak Drive
HUNTINGDON
PE29 7HN

Call: 01480 420628

enquiries@healthwatchcambridgeshire.co.uk

www.healthwatchcambridgeshire.co.uk

 @HW_CAMBS

 Healthwatch Cambridgeshire



If you require this report in an alternative format please contact us at the address above.

Community Interest Company No: 08516179

© Copyright (Healthwatch Cambridgeshire 2015)
