

healthwatch

North Somerset



Enter and View Report

Heywood Family Practice
7th December 2017



Contents

Details of the Visit	3
Acknowledgements	4
Purpose of the Visits	4
Description of the Service	4
Planning for the visit	5
How was the Visit Conducted?	5
How were findings recorded?	5
Communication with the Manager	5
Observations and Findings	7
External Building Condition.....	7
Internal Decoration, Cleanliness and Furnishings	7
Outside Heywood Surgery.....	8
Access to Heywood Surgery.....	8
Reception area	8
Waiting Room.....	9
Information Boards/Leaflets	10
Patient Contact	10
Communication with the Practice Manager at End of Visit	11
Good Practice	11
Out of Hours	11
Review of the Practice Website	12
Recommendations	12
Provider Responses Received	13
About Healthwatch North Somerset	15
Enter and View	15
Key Benefits of Enter and View	16



Details of the Visit

Location

1 Lodway Gardens, Pill, Bristol BS20 0DL

Date and Time of Visit

Thursday 7th December 2017 at 0930

Enter and View Representative

Sue Stone

Registered Provider

Heywood Family Practice

Type of Service

GP Service

Specialisms

The practice provides several clinics, in addition to the general appointments available to patients.

The clinics include

Asthma	Blood Testing
Child Health Immunisations	Chronic Health Disease
Counselling	Diabetes
Family Planning	Health Promotion
Maternity Care	Minor Illness

Manager

Richard Harrison, Practice Manager

Enter and View Report

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Acknowledgements

Healthwatch North Somerset Authorised Enter and View Representatives wish to thank the staff and patients at Heywood Family Practice.

Purpose of the Visits

Healthwatch North Somerset is carrying out a series of visits to GP Practices in North Somerset to ascertain the experience and opinions of local patients. Heywood Family Practice was selected as part of our series of North Somerset GP Enter and Views of GP Practices in North Somerset.

Healthwatch North Somerset made the decision to visit GP practices in North Somerset to observe the patient experience of using the services. Feedback gathered from local people provides a lot of positive feedback and there are numerous examples of good practice. Access to primary care is a theme frequently identified in the intelligence gathered by Healthwatch North Somerset and Enter and View visits allow observation of the patient environment.

The purpose of this enter and view visit was aimed at outlining what was observed and recognising, highlighting and sharing of good practice and making any suitable suggestions for improvement to the service concerned.

The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, Enter and View visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

This report relates only to this specific visit and feedback received directly by Healthwatch North Somerset during the two hours of the Enter and View visit. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

Description of the Service

Heywood Surgery is an independent Community General Practice situated in the North Somerset village of Pill.

The practice has a list size of approximately 6800 registered patients, and has a catchment area which covers Pill, Failand, Abbots Leigh and Ham Green. The practice also has a dispensary.

Surgery opening hours are 8am to 7pm, Monday to Friday.

Planning for the visit

The visit was an announced visit with Richard Harrison the Surgery Practice Manager being given two weeks' notice. We sent a confirmation of visit letter, Practice Manager questions, posters and leaflets to the Surgery to inform patients, relatives, carers and staff about the Enter and View visit and about the role of Healthwatch North Somerset. The Enter and View visit was planned with the Practice Manager to take place between 9:30 am to 11:30am. As part of the planning the Enter and View Representative sought some background information and reviewed the website to note the information available to patients and made a call out of hours to note the recorded information given to patients.

How was the Visit Conducted?

One Volunteer Enter and View Representative, Sue Stone, carried out the visit. The Enter and View Representative met with the Practice Manager at the start of the visit to discuss the Practice Manager's responses to the questions that had been sent out prior to the Enter and View visit and then again at the end of the visit to clarify any queries that had come up during the visit.

The Enter and View Representative observed the condition of the premises and the interaction between the staff and patients.

The Enter and View Representative was approached by two patients and was able to explain the role of Healthwatch and reason for the visit. One patient was able to answer questions about their experience of using the practice. The Enter and View Representative was able to have a conversation with the Receptionist, Practice Manager and Practice Nurse.

The information and evidence detailed in this report is collated from speaking to the Practice Manager, Staff, Patients and the Enter and View Representatives own observations.

The Enter and View Representative sought background information and reviewed the website to note the information available to patients and made a call out of hours to the surgery.

How were findings recorded?

Comments and quotes were recorded by the Enter and View Representative whilst observing the Practice and engaging with the Practice Manager. Observation and prompt record templates were used to make notes, these were typed up after the visit by the Enter and View Representative. The report was compiled and written based on the notes and records of the visit.

Communication with the Manager

The Enter and View Representative met with the Practice Manager immediately before the Enter and View. Three prompt questions were used to establish instances of good practice, evidence change occurring because of patient feedback and identify potential improvements. The three prompt questions and responses are recorded below.

Q1. Are there any examples of good practice that you would wish to share with the rest of the primary care community?

- Gordano cars - this is a service set up with the community. It offers a team of volunteers to take patients to appointments and return them home. To the surgery and to hospital.
- The surgery offers improved access appointments on a Saturday. Within this, patients are offered a home visit slot of an hour's duration in order that a patient with severe frailty or a number of chronic diseases can be afforded the time for a full review.
- There is a local receptionist who understands surgery patient's needs.
- The surgery has skilled up a receptionist to take bloods to maintain a full service to our patients.
- The surgery tried to get a Leg Club up and running with some other local surgeries in the cluster area, however patients advised that they preferred to have their care at the practice rather than travel.
- The concept of a duty team - close working between the duty doctors, the nurse practitioner and the trainee doctor ensure that patients with urgent or semi-urgent problems are dealt with by an appropriate clinician. The system also promotes an environment for learning through closely supervised clinical experience.
- The practice has recently joined the Woodspring MSK (Musculoskeletal Assessment Service), this gives GPs the opportunity to send patients for an assessment to 4 venues within BNSSG (Bristol, North Somerset and South Gloucestershire) area.

Q2. Do you have any examples of how the Practice made changes following feedback from patients?

- Feedback on NHS Choices website saying that the practice was rude and unwilling to refer patients. This was discussed, and reception staff were booked onto frontline customer service training and care navigation training.
- Referrals, as a practice they are happy to refer patients, but this must be within the guidelines for referrals. Patients need to be aware of the guidelines, so the GP will speak with the patient when they are discussing any potential referral.
- Patient suggested could have an email facility whereby patients could email the GP. This was discussed at the Patient Participation Group meeting, however the GPs felt that they do not have the resources. Recent studies have shown that most of this type of contact end up in a face to face appointment.
- Patient unhappy with new answerphone and message when booking an appointment. Discussed with the patient and message amended to make it clear.
- The practice now has a face to face Patient Participation Group, previously it was virtual.
- Chair of the Patient Participation Group, suggested having a comment slip in reception. Poster and slips implemented.

Q3. From the surgery's perspective, are there any changes or recommendations you would make to improve access to services at the practice for patients?

- More money into general practices not on wasted initiatives.
- The clinical staff provides fantastic care and access. This is evidenced by recent Client Forward Evaluations programme survey, which has been discussed with the patient group. 91% good, very good and excellent. The only criticism of the system is the lack of appointments for patients that don't consider themselves urgent and not routine. At present this is managed by providing on-the-day telephone triage to give advice to those patients who don't feel their problem is urgent but equally don't feel that they can wait for a routine appointment. There are limited resources and the way around this would be to make Primary care an attractive place to work for new doctors.
- Text reminders to patient re their appointments.
- More funded doctor time.

Further Discussion

The Practice Manager advised, the Practice has recently moved to a new telephone system. This system is used by several other practices in the area. Also, One Care which is a collaboration of GP practices across the Bristol, North Somerset and South Gloucester also use this telephone system. Should there be a failure of a phone system at any of the practices using the system the calls can be picked up by another. The system in use is Bistech.

The Practice Manager informed the Enter and View Representative about waiting times for appointments. The practice runs a triage system in which the duty GP will triage the calls. Waiting times for routine appointments are on average 10 working days. Clinics slots/rotas are managed by the practice and are planned 6-8 weeks ahead.

The Practice provides access to Patient Online (Patient Access) for appointment booking, repeat medication and the patient record.

Observations and Findings

The Enter and View Representative observed the following:

External Building Condition

- The surgery is a purpose built two storey building in the centre of the Pill Village and set back from the main road. The ground floor is the patient area, with treatment rooms, waiting areas, reception and dispensary.
- There is a sign visible as you turn into the cul de sac where the entrance to the patient car park is situated. The foliage in the borders around the entrance are cut back. The path to the entrance doors is level.
- On the entrance door to the surgery there are posters relating to the 111 service (contact during evenings and weekends). In addition, there is a poster providing information and phone numbers for the Bristol Walk In Centre.

Internal Decoration, Cleanliness and Furnishings

- The building was very clean and colours were neutral.
- The surgery has two waiting rooms, both within sight of the reception desk.

- There are steps down to the lower waiting room, however running alongside this there is a ramp for easy access to the waiting room and treatment rooms.
- All the doors in the treatment areas have laminated signs with the person's name on and a room number.
- There is also a separate children's area which is situated next to the entrance and upper waiting area.
- There are three toilets accessible to patients, one has baby changing facilities and supports for those patients with a disability. All were clean and tidy.
- The waiting areas had notices about infection control.

Outside Heywood Surgery

- There is a small designated patient car park with two disabled spaces.
- The entrance to the car park is narrow as it is situated on a residential road. It is not clear where patients would park if the surgery car park was full.
- There is a bus stop close to the surgery.
- The staff have a car park at the back of the surgery, which is gated.

Access to Heywood Surgery

- Signage to the building is clear and wheelchair/pushchair accessible.
- The entrance door is a wide automated door, this takes the patient into a foyer and a second-wide automated door. This then leads the patient directly to the reception desk.
- On exiting the building, it was observed that the push button was located on the wall adjacent to the door, however it was not clearly marked and was away from the door. It is also possible to pull the door open.

Reception area

- The reception desk location is directly in front of the patients as they come through the entrance.
- The reception desk is both high and low, the low part is to the left-hand side and is wheelchair accessible. There are no screens.
- On the day of the Enter and View visit there was one receptionist on duty, who managed the patient flow and dealt the questions and booking patients in. During the observation patients were dealt with quickly and at any one time no more than one more person was waiting to speak to the receptionist.
- At the back of the reception there was an office area.
- The receptionist had an ID badge, this was the same for all the staff seen during the observation.
- The reception area location is within sight of the two waiting areas. When patients sit in the waiting areas it is difficult to overhear any conversations at the reception desk.
- At the entrance to the surgery, on one of the door frames there is a notice about confidentiality, and a second notice is laminated and stuck to the top of the reception desk.
- The receptionist was friendly and approachable.

- Behind the reception desk there was a hearing loop sign, however the Enter and View Representative was unable to confirm if system was in use during the observation.
- The Practice Manager showed the Enter and View Representative the location of the Dispensary, as no signs were observed. The Practice Manager commented that as this is for patients attended/registered with the practice and if medication is required the GP/Nurse directs the patient to that area.

Waiting Room

- The waiting rooms are bright and airy, the main waiting room has a window which overlooks the car park and entrance. The second waiting room, is slightly below ground level and has windows which give light to the area but no view.
- There was an electronic sign-in screen with a sanitiser gel located next to it. When patients sign in using this system there are informed of the current waiting time. Otherwise no other methods are visible to let patients know the waiting time. On the day of the visit the patients waiting did not appear to wait for any length of time.
- In the main waiting area, the chairs are located around the edge of the room and a number were laid out in rows. The lower waiting area has chairs placed around the edge.
- There was no information about the GPs/staff on display. In discussion with the Practice Manager the Enter and View Representative was shown the updated practice website which has names and details of the GPs.
- There is a separate children's area which was bright and clean and children's toys and seats were provided.
- The chairs were upholstered and had arms to help those who needed a bit of leverage to get up from the seat.
- All chairs looked clean, in good repair and there were enough for patients to sit on.
- The setup of the waiting rooms provided space to be able to manoeuvre a wheelchair or pushchair.
- The flooring in the reception and waiting areas was wood and appeared to be in a good state of repair, apart from the normal scuffs from wear and tear.
- The overall noise level was very quiet, during the observation there were approximately four or five patients in the upper waiting area and two in the lower area.
- No water was available to patients in the reception or waiting areas. In later discussion with the Practice Manager it was explained that if a doctor needs a patient to have some water they will come up to the staff area themselves to collect the water.
- There was a TV screen in the lower waiting area, which the Practice Manager explained was not used and the patients' preference was not to have it on. No background music is played.
- There are signs giving the direction of the toilets in both sections of the waiting areas. However, no signs were observed that show a designated disabled toilet or baby changing facilities. Following the visit this was discussed with the Practice Manager and signs were put up showing the location of the toilet and baby changing.
- All toilets were clean and tidy.

- During the observation the Enter and View Representative noticed a bin in a corridor which appeared to be used for samples. Placed above this was a sign which indicated that this was a drop off point for patients when bringing their samples into the practice. This was brought to the attention of the Practice Manager and the Enter and View Representative had an opportunity to discuss this with one of the senior nurses. It transpired that the bin had been moved from the reception area and that the nursing staff regularly check if there is anything in there to test. The concerns raised related to a drop off point being in a public area and patient identity would be on the samples. Following the visit an email was received from the Practice Manager, in which it was confirmed that the sample bin had now been placed behind the reception desk and the signage changed.
- The Enter and View Representative, in observing the patient waiting areas, was able to see that although there was no TV screen/electronic system all the patients were called individually by the GP/nurse who came out from their treatment rooms to call for their next patient.

Information Boards/Leaflets

- There are several noticeboards and areas where information is located.
- In one area the practice mission statement/patient charter was on display and all information appeared to be relevant to health and social care. No out of date information was observed. One notice board was not accessible as the donated Christmas tree had been placed in front of it. This is where the information about the practice complaint procedure was located.
- Information relating to the Patient Participation Group, the Family and Friends test, and a new comments slip were all available in the entrance foyer.
- No “you said, we did” display was seen. In discussion with the Practice Manager the Enter and View Representative was informed that this was being planned.
- Healthwatch North Somerset posters and information were on display. It was also noted that the posters announcing the Enter and View visit were visible.
- There is a Carer’s Centre board which can be accessed in the main waiting area.
- It was observed that there did not appear to be an information relating to translation services. This was discussed with the Practice Manager and the Enter and View Representative was informed that Practices in the area were looking at providers.
- In the waiting room, a poster was observed which informed patients that information was provided/available in other formats. This poster appeared to be a standard NHS “How do you communicate”.

Patient Contact

- The Enter and View Representative explained the visit and Healthwatch North Somerset to two patients who expressed interest in what was going on.
- A third patient spent a few minutes with the Enter and View Representative, his patient said that at the Practice it was very easy to make both urgent and routine appointments. The method preferred by this patient was to make the appointments in person.
- On the choice of being able to see someone, the patient said that they were not worried who they saw if the need was urgent. Otherwise they could see the GP of their choice.
- When booking in the patient preferred to speak to the receptionist.

- The patient said that all the staff at the practice are approachable, knowledgeable and caring.
- The patient had been with the practice for many years and had always felt safe, respected, listened to and treated as an individual.
- The patient had not completed the family and friends test.
- On the question about raising complaints/concerns the patient said that contact about a complaint would be made with the Practice Manager. However, there had never been a need.
- The patient was aware of the Patient Participation Group but did not know about Healthwatch and its role.

Communication with the Practice Manager at End of Visit

At the end of the Enter and View visit the Representative met with the Practice Manager to clarify some issues that were unclear. Responses to the queries are below:

Two observations were made by the Enter and View Representative during the visit relating to the location of a sample bin and the signage. The Enter and View Representative considered that what had been noticed needed clarification relating to patient confidentiality (sample bin). The second issue related to signage to designated disabled toilet and baby changing facilities.

Both were discussed with the Practice Manager at the end of the visit. The Practice Manager rectified the issues immediately after the Enter and View visit and emailed Healthwatch North Somerset to confirm that appropriate action had been taken.

Good Practice

- The practice has access to a car service which was set up with the community. The service offers a team of volunteers to take patients to appointments and return them home. (surgery and hospitals).
- Improved access to appointments on a Saturday are available.
- The practice offers a home visit slot of an hour's duration in order that a patient with severe frailty or several chronic diseases can be afforded the time for a full review.
- The practice has developed close working between the duty doctors, the nurse practitioner and the trainee doctor to ensure that patients with urgent or semi-urgent problems are dealt with by an appropriate clinician. The system promotes an environment for learning through closely supervised clinical experience.

Out of Hours

As part of the background research the Enter and View Representative noted the following details when they phoned the surgery out of hours: -

- When phoning the surgery out of hours the surgery name is given with a message that states if the call is an emergency to hang up and dial 999.
- The message continues that if the issue is non-urgent and cannot wait the caller can contact the out of hours provider on 111 (the caller is notified that the call to 111 is free from a landline or mobile)

- The caller is advised that if they wish to cancel an appointment at the practice they need to press 0.
- At the end of the message there is a reminder that the surgery is open Monday to Friday 8am to 6.30pm

Review of the Practice Website

As part of the background research the Enter and View Representative noted the following details when reviewing the Practice website: -

- The opening hours are located at the bottom of the home page, although they did not reflect the Saturday opening hours which the Enter and View Representative had been advised of by the Practice Manager.
- The website provides the patient with the Out of Hours number (111) which is located under the telephone numbers on the top of the home page and was easy to find. There is no logo or indication that the service is free to call.
- In looking for the NHS 111 logo it was noted that there was a NHS Direct logo under Medical Information at the bottom of the home screen. By clicking on this link, the Enter and View Representative's laptop fire wall indicated that this was an unsecure page. Further investigation by the Enter and View Representative showed that NHS Direct was dissolved in March 2014.
- The Enter and View Representative clicked onto the various tabs to locate information relating to the Practice complaints procedure. It was noted that there is no search facility provided on the website.
- If a patient wished to raise a complaint or concern, there was downloadable patient information leaflet alongside the Practice complaint procedure (last reviewed in June 2017).
- Options for discussing issues with someone outside of the practice were given, firstly NHS England Customer Service Centre, and the second stage of going to the Parliamentary Health Service Ombudsman if the complaint is not resolved.
- In reviewing the Practice website, the Enter and View Representative was unable to locate information about the Practice catchment area or how to register as a new patient.
- The Practice Manager's contact details are available under the contact details tab. This included the direct dial number and email address.
- The Enter and View Representative found the Practice website easy to navigate and it was formatted clearly.

Recommendations

Healthwatch regulations stipulate that service providers and commissioners have a duty to respond to local Healthwatch reports and recommendations within 20 working days, in writing, to acknowledge receipt and to explain what action they intend to take; or if they do not intend to take action they must explain why. (Health and Social Care Act 2012: Addendum to summary report: issues relating to local Healthwatch regulations).

Healthwatch North Somerset recommends the following based on the Enter and View Representative's observations and feedback received by the public in North Somerset.

We believe the following recommendations to be achievable, affordable and

evidence based.

- To provide information about the catchment area and how to register as a new patient on the website.
- To remove the NHS Direct Logo.
- To inform patients that Saturday appointments are available and update the website.

Provider Responses Received

The Practice Manager Richard Harrison emailed a response to the report, details of which are recorded below

Thank you for the Enter and View report which we have read thoroughly. We are pleased to see that the Enter and View Representative thought the practice was well run and had a nice quiet, friendly atmosphere. We really do pride ourselves on giving excellent care to our patients. We thought the representative Sue Stone carried out her Enter and View duties excellently.

We wondered whether some reference in the report could be made regarding the attached report regarding NHS England's GP Patient Survey 2017 and the practice being the top performer in the area. We did have discussions about this on the day.

Re your recommendations

1. The catchment area is live on our website with information on how to register at the practice <http://www.heywoodfamilypractice.nhs.uk/appointments.aspx>
2. The NHS Direct Logo has now been removed.
<http://www.heywoodfamilypractice.nhs.uk/>
3. This was already on our website.....

“Improved Access for patients

Improving access to general practice: evening and weekend appointments now available

Patients who are registered at this practice can book an appointment to see a GP on weekday evenings (after 6.30pm) or at the weekends (on Saturday mornings). Some GP appointments will take place at this Practice and others including nurses' appointments at another NHS setting in the area. Talk to the practice receptionist to find out more or book an appointment.

By March 2019 it is the government's intention that everyone in England will benefit from some access to general practice appointments in the evenings and weekends. This is part of a national drive to help improve access to general practice and get the best possible outcomes for patients. Further information is available at www.england.nhs.uk/gpaccess.

We will add an entry onto our surgery message after Christmas as follows: The bit in bold added.

“If you are calling for an appointment, please provide a brief description of your problem. This will help us ensure you see the most appropriate clinician. **We are also offering some evening and weekend appointments please ask reception for details.** Please hold the line and a receptionist will be with you shortly”.

We hope that by carrying out the suggested actions promptly we can assure you of our best intentions.

Kind regards

Richard

Richard Harrison

Practice Manager

Heywood Family Practice

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a Representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

Enter and View

To enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset Representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter and View

- To encourage, support, recommend and influence service improvement by:
- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning.

Relevant Legislation

- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).
- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).
- The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



Healthwatch North Somerset
3rd Floor
The Sion
Crown Glass Place
Nailsea
BS48 1RB

01275 851400

contact@healthwatchnorthsomerset.co.uk

www.healthwatchnorthsomerset.co.uk

