

Great Ecclestone Health Centre Enter and View Report

Tuesday 5th December 2023, 10:00-12:30



Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and patients who met members of the Enter and View team on that date.

Contact Details

Contact details:

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Registered Manager:

Rebecca Benyon - Practice Manager

Date and Time of our Visit:

Tuesday 5th December
10:00-12:30pm

Healthwatch Lancashire Authorised Representatives:

Sue Edwards (Senior Engagement Officer)
Steve Walmsley (Engagement Team Lead)



Introduction

Our role at Healthwatch Lancashire is to gather people's views and experiences, especially those that are seldom heard, to give them the opportunity to express how they feel about a service. The aim of an Enter and View visit is to gather views and experiences of patients and staff of a service and observe the environment to assess the quality of the service.

This was an announced Enter and View visit undertaken by authorised representatives who have the authority to enter health and social care premises, announced or unannounced.

The team collate feedback gathered and observations made to compile a report. The report identifies aspects of good practice as well as possible areas of improvement. Healthwatch Lancashire is an independent organisation, therefore we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the manager for their opportunity to respond before being published on the Healthwatch Lancashire website at www.healthwatchlancashire.co.uk.

Where appropriate, Healthwatch Lancashire may arrange a revisit to check the progress of improvements. The report is available to the Care Quality Commission, Healthwatch England and any other relevant organisations.

General Information

Great Eccleston Health Centre has capacity for 9,136 patients with approximately 8,000 patients currently registered; including patients in nursing/care homes and the rural and farming community. Patient registrations are currently increasing due to housing development being undertaken in the Great Eccleston area.

Services include GPs, advanced clinical practitioners, specialist nurse practitioners, practice nurses, frailty nurse, social prescribers, care-coordinators, clinical pharmacist, paramedic technician, health visitors, health and wellbeing coaches, a carers champion and administrative staff.

Acknowledgements

Healthwatch Lancashire would like to thank management, staff and patients for making us feel welcome and for taking the time to speak to us during the visit.

Methodology

The Enter and View representatives made an announced visit on Tuesday 5th December and received feedback from nine Patients and five members of staff.

Healthwatch Lancashire obtain the views and experiences of patients and staff. Conversations with patients and staff are adapted to capture individual experiences to help assess the quality of services. Patients were asked about their general feelings about the GP Surgery including their experience of making an appointment, communications, and the surgery environment. Conversations with staff included their thoughts about provision, appointment management, communication, staffing levels and support, including training.

Healthwatch Lancashire Representatives also recorded their own observations on the environment and staff-member interactions.

To retain confidentiality and anonymity of respondents, names, pronouns, and any identifiable details have been removed from quotes.



Summary

Surgery Demographic

Great Eccleston Health Centre is located on Raikes Road, in the rural village of Great Eccleston. The health centre is in a purpose built, single storey building with a small carpark which includes disabled parking. The health centre has maximum capacity for 9,136 patients with a current number of 7,907 registered patients.

Registered patients are predominantly older generation white British from the retired, rural and farming communities; there is also a small community of patients who live in a local residential caravan park. Due to on-going housing development in the area there is currently an increase in more ethnically diverse, younger, working families registering at the practice.

Appointment Management

Patients can make appointments via the app Patient Access, by telephone or in person. The practice has up to five receptionists available to take telephone bookings dependant on demand of time and day. Same day appointments are usually available, as well as out-of-hours appointments with either the health centre or with partner practices in the Wyre Rural Extended Neighbourhood Primary Care Network (WREN) which includes Great Eccleston, Garstang, Kirkham and Over-Wyre.

On arrival patients can check-in themselves using an electronic system located within the main waiting room, and patients were also observed checking-in with reception staff.

For those needing interpretation services these can be provided via the CoSign Language Line, and this includes British Sign Language (BSL).

Visit Summary

When initially contacting the health centre the practice staff responded quickly and were found to be welcoming to a proposed visit by Healthwatch Lancashire. Prior to the visit a pre-visit questionnaire was completed by the practice manager which provided information around the day-to-day running of the practice, this allowed for the Healthwatch Lancashire team to be fully prepared for the visit.

On arrival the health centre team were welcoming to the Healthwatch Lancashire representatives and gave in-depth information about their services; with nine patients and five staff members providing feedback about the health centre.

There was a lot of health and wellbeing information for patients available within the practice with further advice and support available through the website, which was very informative and easy to use, although several links did not appear to work at the time of viewing for the purpose of this report. There was no opportunity

to book appointments through the website although patients were able to book through the Patient Access app.

Services provided at Great Eccleston Health Centre included GPs, advanced clinical practitioners, specialist nurse practitioners, practice nurses, frailty nurse, social prescribers, care-coordinators, clinical pharmacist, paramedic technician, health visitors, health and wellbeing coaches, a carers champion and administrative staff.

The practice has an active Patient Participation Group (PPG) and are looking to diversify the group and gain more young people, in order to ensure that the local community is fully represented.

Overall patients were satisfied with the health centre although there appeared to be a lot of dissatisfaction around making appointments, especially over the telephone due to long waits to speak with reception staff. It was also observed to be long waiting times for some patients to see the clinicians when sat in the waiting room.

Patients were satisfied with their care and treatment, although comments around long waits for referrals which were out of the control of the practice, identified the need for more communication around referral procedures.

Staff were praising of their work environment and stated that they felt well supported and able to provide person-centred care.

Accessibility, especially for those who may have limited mobility or are wheelchair users, was identified as a key area requiring improvement. It was also felt that the building was in need of some modernisation and a more cohesive lay-out to improve first impression and patient experience.



Enter and View observations

Location and External Environment

Great Ecclestone Health Centre is located on Raikes Road, Great Ecclestone, close to the village centre. Raikes Road leads to and from the A586 Garstang Road which links the M6 and Garstang area to the Wyre coast including Fleetwood and Thornton-Cleveleys.

Due to the rural aspect of Great Ecclestone there was a high number of patients from the retired, farming and rural communities, as well as residents of a local residential caravan park. Patients were predominantly older white British, with few patients of other ethnicities; although as a result of on-going housing development in the area there was a transition occurring in population demographics to include more ethnically diverse, younger, working families.

There was public transport to the area with bus stops directly outside the health centre. Some on-site parking was available including disabled parking spaces, although at the time of the visit the carpark was full and Healthwatch Lancashire representatives had to park some distance from the health centre. Getting in and out of the carpark was found to be difficult with residential street parking causing issues with on-coming traffic; however it should be noted that this was out of the control of the health centre.

The health centre was located in a purpose built single-storey building. The building was set on land higher than Raikes Road and is accessed either via the carpark which had sloped access or steps leading from the footpath along Raikes Road; these steps had handrails to aid mobility and safety.

A slight ramp led into the centre for easier access, although it was noted by Healthwatch Lancashire representatives that this would benefit from a handrail for safer mobility when entering/leaving the health centre.

The main doors leading into the practice were seen to be challenging for some patients due to being manually opened, and it is felt that an electronic push button door may be beneficial for some patients.

Signage on the entrance door to the health centre provided information about the practice including opening times, this information was detailed although was hard to read and needs to be in a more accessible format for patients with visual impairments, neurological conditions and the such. There was also a sign about dog fouling on the practice doors and Healthwatch Lancashire representatives felt that this sign did not provide a welcoming look to the practice, it is therefore recommended that a more appropriate location is found for the sign.

Internal Environment and Waiting Areas

On entering the building there was a small entrance area which led directly into the reception and main waiting area. The main reception area led into consultation rooms, offices and a second waiting room.

The reception desk was clearly identifiable; space around the reception desk was seen to be restricted by waiting room seating during the visit, however, when this was pointed out staff immediately moved the chairs allowing for freer access.

The reception desk was of one overall height with a separate lower counter and window located further along from the main desk. It was felt that the height of the reception desk created a barrier for wheelchair users and whilst the lower counter and window compensated for this it meant that reception staff were not as easily accessible for wheelchair users as to other patients. It is therefore recommended that a lower area is incorporated into the main reception desk which includes a knee-hole space to allow for a wheelchair to pull up to the counter and enable full inclusivity.

Within the reception area was a pharmacy and it was explained to Healthwatch Lancashire representatives that the pharmacy used to be part of the health centre but is now independently owned. A small screen was in place to separate the health centre and pharmacy.

Seating in the main waiting area was of the same type and height and would benefit from some varied seating to account for individual needs and requirements. The main waiting room seating appeared slightly disjointed due to the layout of the room and it's recommended that some consideration is given to how the space could be utilised to create a more cohesive layout. It was also felt that the waiting room areas could benefit from a few small tables intermingled for patient use.

An appropriate analogue clock was on the walls within the main waiting room, although this would be better located by the electronic information screen as this is where most patients will be looking; currently the seating arrangements mean that some patients will have their backs to the clock.

Leading from the main reception and waiting areas was a smaller waiting room, consultation rooms and other clinical and non-clinical teams. A quiet room was available on request for anyone with autism, dementia or other individual needs such as shielding.

Signage was seen throughout the health centre, although it was noted that some of this was confusing and in need of updating i.e. door with GP name implying a consultation room led to further rooms. It was also felt that there was a need for more visual images in order to ensure that the health centre is fully dementia friendly.

There was a visitors toilet which was clean and with some equipment for those with disabilities, although access was rather limited for wheelchair users. It was also noted that the emergency assistance cord was fastened up and would be out of reach for wheelchair users or should someone fall.

An electronic check-in point was available for patients arriving for appointments, and patients were observed using this to check-in on arrival. There was also an electronic information screen in the main waiting room displaying appointment information as well as health and wellbeing advice.

Practice and health information was displayed in the communal spaces, including information about the Patient Participation Group (PPG) and for carers; although it was felt that the walls appeared quite bare in places and that there was the potential to have more information displayed such as staff structure. There was a featured display of information around the role of health coaches which is a new service being provided at the health centre; and the health coaches were present during the visit talking with patients about their service as well as offering health and wellbeing information.

There were no Comments, Compliments and Complaints or Friends and Family Test (FFT) forms seen to be available in order for patients to provide continual feedback and it would be good to have these prominently displayed. The Healthwatch Lancashire poster announcing the visit was displayed clearly on the reception desk window.

Hearing loop signs were evident, and when asked around interpreter services including British Sign Language (BSL) the manager confirmed that these are available via telephone or video call as required.

Some building work was being carried out during the visit in order to increase office space although this didn't appear to be impacting on patient areas.

The reception area and waiting rooms appeared clean and well maintained. However, it was felt by Healthwatch Lancashire representatives that the building looked dated in places and in need of some modernisation such as the toilet, entrance door and internal doors.

On arrival Healthwatch Lancashire representatives were asked to sign confidentiality agreements and provided with visitor badges demonstrating good practice around data protection and patient safeguarding.



Patient Interactions

Staff were seen to be professional, friendly and efficient. Reception staff were seen to be knowledgeable, helpful and had an approachable manner. There was a calm atmosphere and staff demonstrated good understanding of individual needs and requirements.

Patients were called into appointments verbally by a member of staff and taken to the relevant consultation room. Staff were seen to support those with mobility needs and were reassuring to those who were unable to move quickly to take their time and be safe. Staff were observed knowing their patients well and being very welcoming and friendly.

Several patients were observed to have long waits for their appointments and asking staff how long it would be before seeing the clinician. Staff appeared understanding and apologetic, but it is recommended that clearer communication is needed to allow for better patient experience.

Patient Involvement

To make an appointment patients could telephone or walk in. Healthwatch Lancashire representatives were informed that the health centre had up to five members of staff available to answer phone calls, dependant on the time of day and number of calls being received. Patients also had the option to use the online booking system Patient Access. Information on appointments was easily found via the health centre website although patients were unable to book direct through the website.

It was explained to Healthwatch Lancashire representatives that same day appointments were usually available as well as out-of-hours appointments with either the health centre or with partner practices in the Wyre Rural Extended Neighbourhood Primary Care Network (WREN) which includes Great Eccleston, Garstang, Kirkham and Over-Wyre.

When making appointment patients were triaged to ensure that they will see the most appropriate clinician; patients may subsequently receive a telephone call from a GP for further information in order to ensure that they receive the most appropriate care. They were still able to see a GP if preferred.

The health centre had a new website which was informative, clearly set out and easy to use; finding the health centre contact number was straightforward and there was a lot of information around health and wellbeing. It was explained to Healthwatch Lancashire representatives that the GPs also write regular articles for the local community newsletter 'In Focus', and that this was used as one of the methods of communication by the practice.

Great Eccleston Health Centre has an active Patient Participant Group (PPG) and information about the PPG was on display within the centre. Minutes of PPG meetings were available on the website, as well as information around the role of the PPG and how patients could join; although this was found under Practice News and some of the links did not work at the time of viewing the website. It may be worthwhile having a specific PPG page on the website to further promote the group and highlight the work being undertaken more.

Patient feedback

Healthwatch representatives spoke with nine patients during the visit. The practice called several patients into their appointments quickly upon arrival so some patients were called in before Healthwatch Lancashire representatives had the opportunity to talk to them, and most patients preferred to leave the practice immediately after their appointment.

Those that engaged with the Healthwatch team were at the practice for various reasons including seeing a GP or other healthcare professional, making an appointment and general queries.

Due to the fact that some patients were called into their appointments quickly several conversations were short and most of those that engaged preferred not to carry on with conversations following their appointment.

How did you make your appointment?

Out of the nine patients spoken with three had made an appointment over the telephone, three had repeat visit appointments which had been made by the practice, two had made an appointment by walking in, and one preferred not to share.

There were several comments around long waiting times to speak with staff when telephoning the practice

- *"[Spouse] had to phone very early, we were lucky today but can be up to an hour [to speak to reception], and have to wait for them to call you back"*
- *"I rang up and I was twelfth in the queue, as soon as I spoke to them they made me an appointment"*
- *"If you phone for an appointment [they] can be busy, [I was] seventeenth on list"*
- *"...find it hard to get through in the mornings so I usually come in"*
- *"Phoned the day before, told no appointments, came in person at 8am, they were good but all [they] could do was put me on the triage list.... consultation on phone and been invited in for an appointment, lots of back and forth"*
- *"The biggest nightmare is when you phone at 8am, three times I have driven here whilst ringing and seen a member of staff before they answered the call"*
- *"I've been told there's no GPs today [in the past]"*

One patient commented that when they arrived for their appointment reception staff were unaware of it but sorted it for them and they were able to have their appointment as planned. Another patient stated that they sometimes struggle to get an appointment.

Do you feel that you receive care and treatment that meets your needs?

All of the patients engaged with felt that they received care and treatment that met their needs, but there were also some comments around the need for improvement “yes absolutely”, “very helpful”, “getting face-to-face is not always easy”, “... it's not as good as it used to be”, “Admin is usually friendly” and “very happy...”.

One patient told Healthwatch Lancashire representatives that they had been waiting over forty minutes for their appointment; and another was observed asking staff how long it would be until their appointment as they had been waiting a long time and had work commitments following their appointment, which they were later seen to have to cancel.

One patient stated that they felt that reception staff sometimes appeared to lack empathy or compassion, and that clinicians need to actively listen more to their patients when discussing their concerns or a serious issue.

How do you rate the communication between yourself and the surgery?

Overall patients were happy with communications between themselves and the practice, although one patient stated that they had to follow up on test results as they hadn't heard anything. Several patients spoke about long waits for referrals; however these were referrals into the practice from external healthcare professionals and therefore out of the control of the practice. This does however suggest that there was a need for clearer communication around external referrals and how they are received and actioned by the health centre GPs.

One patient stated that they liked text messages “it works for me I am pretty tech savvy”, although all stated that they preferred to either telephone or call in to the health centre to book appointments or discuss a matter. One patient spoke about how when they make an appointment in person they are given a paper slip with the date/time on which is followed up with a text reminder, and that they thought this worked well for them.

Do you think the premises are well maintained, accessible and clean?

Two patients provided feedback about the premises with “it's fine”.

Observations showed the premises to be clean and tidy but in need of some modernisation and a more cohesive layout.

Do you know who to speak to if you are not happy with the service or wish to make a complaint?

When asked if they were aware of how to make a complaint only two patients said that they did, with the majority saying that they would speak to reception staff.



“Very Helpful”



Staff feedback

Healthwatch spoke to five members of the staff team during the visit. Staff spoken with were in various roles including clinical and non-clinical. Staff were observed interacting well with patients and appeared to be confident in their roles. The team was observed to be working well together and communicating appropriately with each other.

Do you have enough staff when on duty?

Overall the practice team felt that there was sufficient staff on duty other than when sick leave may impact on normal staffing levels. One staff member spoke about how mornings (around 8am) can be busy.

Do you feel supported to carry out a person-centred experience?

Patient facing staff spoken with felt that they were able to carry out a person-centred experience. Comments included “Yes, I always try to make time”, “Yes we try”, “Can be very busy but we manage”, “Wouldn't be here for [length of

employment] without that support..." and "Providing patient care is what I love to do".

Staff spoken with also stated that they felt supported by senior staff, "take advice on mental health from supervisor".

One member of staff explained that they 'care navigate' patients to the most appropriate clinician but that if a patient doesn't wish to disclose their problem they will note this on the patient file to prevent the patient being asked repeatedly during appointment bookings.

What measures are there in place for people with disabilities such as people with physical impairments or who are Deaf?

Discussion with practice staff determined that there was a hearing loop system in place, and that the practice uses the Prestige Language Line which provides interpreter services for those whom English is a second language as well as British Sign Language (BSL).

Observations during the visit found some barriers around accessibility for patients who use mobility aids including wheelchair users, especially at the main entrance and reception desk.

Feedback from staff around accessibility echoed the observations made by the Healthwatch Lancashire team with comments around the main entrance doors "electronic/automatic doors [in order to improve patient experience]", and "Limited, ...doors not wide enough, [internal] double doors need to be held open".

Practice staff explained that they provide extra support based on individual needs for those with visual/hearing impairments, autism, dementia and the such. Quiet rooms were available for those who may find the general waiting areas overwhelming.

One staff member commented that they have staff training around accessibility.

Staff were observed being patient and friendly when calling patients in to their appointments who had mobility issues or were of an older generation and not able to move quickly.

Do you feel you have enough training to carry out your duties well?

All staff spoken with felt that they have sufficient training in order to be able to carry out their duties with comments including "Absolutely, open to more training" and "Yes, regular updates from senior management".

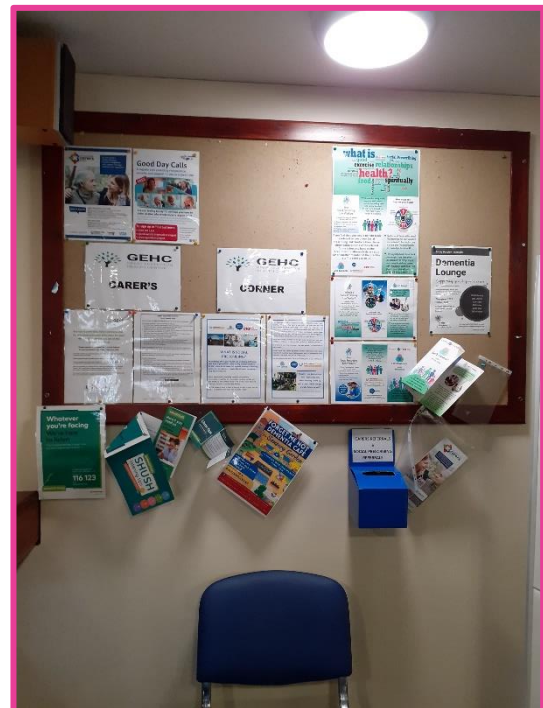
What is your experience of working here?

All five staff members spoken with were positive about their experience of working at the health centre and comments included “I enjoy working here, everyone is so friendly and helpful”, “I like working here” and “I love it, really good place to work”.

One member of staff informed Healthwatch Lancashire representatives that they can find it exhausting continually needing to explain their role to patients.

Are there any changes that can be made to improve the patient experience?

Staff members spoken with shared some recommendations that they felt could be made to improve patient experience and these included “Communication could be improved around the changes to the patient experience, of how services [in general] have changed” and “may be to be seen face-to-face rather than telephone. Not always great ringing at 8am”.



Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from patients and staff.

1. Consider accessibility at the main entrance, could there be electronic doors and push button entry?
2. Consider hand rails for the ramp leading up to the main entrance for safer mobility
3. Reduce either the whole or a section of the reception desk height to improve accessibility and inclusion, especially for wheelchair users
4. Look at the current appointment booking system and how this can be more efficient in order to improve patient experience and reduce telephone call waiting times; consult with patients to determine what they would like to see implemented
5. Consider how waiting room times can be improved to prevent long waits for patients from arrival to seeing clinician; and how communication with patients around this can be improved
6. Look at displaying more information around staff structure in waiting rooms so that patients are more familiar with staff roles and the triaging system
7. Ensure that toilet(s) emergency assistant cords are reachable/accessible for patients for in the event of an emergency
8. Ensure that any/all information on display is in an accessible format, worded appropriately and relevant
9. Consider waiting room seating with the introduction of more varied type chairs as well as creating a more cohesive layout to help improve patient flow and first impressions; also include a few small tables for patient use
10. Consider more visual signage for patients with less capacity such as those with dementia
11. Look at how the interior can be improved/modernised to create a better patient experience
12. Consider having a Patient Participation Group (PPG) page on the health centre website to showcase work being undertaken by the group
13. Look at clearer communication with patients around external referrals and waiting times

14. Have easily accessed Comments, Compliments and Complaints forms such as the Friends and Family Test (FFT) in order to allow for continual patient feedback

Provider response

Recommendation	Action from provider	Timeframe	Comments
Consider accessibility at the main entrance, could there be electronic doors and push button entry?	Investigate costings for facility	TBC	There are 3 sets of double doors within the building. A solution such as this would mean replacing the existing external doors and either replacing or removing the internal double doors. The building is old and estates discussions continue. Obviously, any future new build would incorporate this facility. The implementation of this would be cost dependent and would also depend on any future estates proposals.
Consider hand rails for the ramp leading up to the main entrance for safer mobility	Source handrail and install	April 24	Agree this would be a welcome enhancement for our less mobile patients. Sourcing a suitable handrail to be installed.
Reduce either the whole or a section of the reception desk height to improve accessibility and inclusion	Reduced height facility already in existence	Now	We have always offered a facility to liaise with patients in wheelchairs. Clearer signposting could be put in place to ensure disabled patients are aware.
Look at the current appointment booking system and how this can be more efficient	New CBT solution funding agreed, surveys/training completed and awaiting install date.	Deadline from supplier is June 24. We are advised we are priority 1 so expectation is April 24.	This is an ICB driven initiative from NHSE. Callback facility and call flow options will streamline patient enquiries and reduce call wait times. Online booking facility for simpler routine appointments via accuRx continues to be utilised.
Consider how waiting room times can be improved	Reception training	Now	The wait time observed on the day is unfortunate.

			Reception are advised to oversee the waiting room and highlight any patients that appear to have been waiting for extended periods. This is the purpose of the receptionist on the front desk. The observation from this report will be fed back at the next Reception team meeting to ensure they are aware. Patient expectations should be managed if an emergency is taking place that may affect their wait time.
Look at displaying more information around staff structure and the triaging system in waiting rooms	Reintroduce the photo board behind reception. Utilise the waiting room TV screen to display flow chart for triage system.	June 24	PPG feedback requested the reintroduction of the GP photo board behind reception that was removed in Covid. All staff have photo ID badges to be worn at all times. The triage system will be adapted with the introduction of our new CBT system. This will be advertised via the website and Facebook page, will also utilise the waiting room TV screen for the information.
Ensure that toilet(s) emergency assistant cords are reachable/accessible for all patients	Agreed that new emergency assistant cord required in disabled toilet	April 24	Investigating new option for emergency assistant cord replacement as a priority.
Ensure that any/all information on display is in an accessible format, worded appropriately and relevant	Agree to review all information displayed in waiting rooms	April 24	In Covid most information was removed as per guidelines. A full review will take place and displayed information replaced where appropriate.
Consider waiting room seating with the introduction of more varied type chairs, include a few small tables	Agree to review seating arrangements in waiting rooms to ensure all patient requirements met	June 24	We have a variety of chairs available for patients, including lower seating, seating with handles, etc. Review existing supply and

			order additional seating as required.
Consider more visual signage for patients with less capacity such as those with dementia	This review will take place as per the information display action above	April 24	As per information display action above.
Look at how the interior can be improved/modernised to create a better patient experience	An ongoing concern	Ongoing	The building itself is old and estates meetings have taken place dating back over 10 years. Great Ecclestone Health Centre has been identified as a priority, based on the age of the property and its geographical footprint within our Network. Estates discussions and recommendations continue into 24/25 with no commitments to date.
Consider having a Patient Participation Group (PPG) page on the health centre website	Already in place	Now	Already in place
Look at clearer communication with patients around external referrals and waiting times	Ensure clinicians are kept up to date with lead times in secondary care to communicate to patients. Utilise resources to post on website and Facebook page	Now	Clinicians ensure to manage patient expectations around referral wait times at point of referral. Admin team to ensure this communication is kept up to date with clinicians. LMC have provided resources historically to inform patients of secondary care processes, utilise these on Practice website, Facebook and waiting room areas.
Have easily accessed Comments, Compliments and Complaints forms such as the Friends and Family Test (FFT)	Reintroduce FFT box with pre-printed forms	April 24	Pre Covid the FFT box and forms were on display in the waiting room. Reintroduce this. The PPG have their own feedback boxes in Pharmacy and local buildings (ie Village halls, Village Centre, etc) The comments from these are fed back in the bi-monthly PPG meetings and then

			reviewed at the Partner meeting.
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Lancashire

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