healthwatch Dorset

Baby Steps

An investigation into the experience of Maternity Services in Dorset by people with Protected Characteristics

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Overview

As part of the NHS Five Year Forward View, in March 2015 NHS England launched a review into the current provision of maternity services. After a nation-wide consultation with women, families, NHS staff and stakeholders, the Better Births report published its findings in February 2016 and set out a proposal to make maternity services across England "safer [while giving] women greater control and more choices".[1]

In November 2016 Dorset Local Maternity System (LMS – a partnership of patient representatives, health and care providers and NHS Dorset Clinical Commissioning Group [CCG]) was identified as one of seven sites to "pave the way for the national roll-out of initiatives that deliver safer, more personalised care for all women and every baby, improve outcomes, and reduce inequalities."[2] This transformation project started in February 2017 and was informed by the views of women, partners and families.

The need for this investigation

Dorset LMS worked with the Market Research Group based at Bournemouth University to undertake independent analysis of the feedback collected. As well as the 427 participants who completed the Better Births in Dorset questionnaire, 57 people attended 3 Whose Shoes workshops run by LMS and responses were gathered from an additional 69 members of staff. As well as this, 2 maternity voices representatives were tasked with seeking views from members of the community. However, the Maternity Service Review Consultation Results[3] show that the "consultation questionnaire" only asked one question (about the age of the respondent) relating to "protected characteristics". No questions were asked, and so no information recorded about, other characteristics such as respondents' ethnicity, nationality, religion or disability. It is, therefore, not possible to

[1] www.england.nhs.uk/mat-transformaton/mat-review
[2] www.dorsetccg.nhs.uk/aboutus/clinical-delivery-groups/betterbirths
[3] Dorset CCG Maternity Service Review Consultation Results 2017

determine to what extent people from diverse backgrounds responded to the questionnaire.

Healthwatch Dorset believes that the transformation of maternity services in Dorset should take into account the needs of all services users in the county, including those with protected characteristics. A prerequisite for that is to actively seek the experiences and views of those people.

We undertook this investigation in order to contribute to filling in the gaps in the research and raise awareness of the importance of gathering feedback from all service users. We embarked on several months of investigation to gather feedback about local maternity services from a diverse range of people in Dorset, to highlight the views and experiences of people, groups and communities whose voices may not usually be as loud or as often heard as others.

The aims and objectives of this investigation

1) To add other insights to the research conducted by our local NHS as part of the Better Births Early Adopter initiative
2) To contribute to ensuring that Dorset's diverse demographic of service users is more fairly represented, including those with protected characteristics.

Our methodology

Healthwatch Dorset aimed to gather feedback from a diverse range of people, including those:

- With disabilities
- With refugee backgrounds
- Who have limited ability in speaking English
- Who are in same-sex partnerships
- Who have different religions
- Who have different ethnicities
- Who have different cultures
- Who are vulnerable and marginalised by society

- Who are young parents or older parents

We also wanted to speak to the partners and fathers to gather their feedback on the maternity services and to ensure sexual equality is considered in the maternity service transformation.

We conducted a survey which was advertised to Dorset parents via Facebook twice over a period of 24 hours each. We advertised it on Facebook parent groups in Dorset and sent the survey to all of Dorset Race Equality Council's contacts. A total of 58 people completed the surveys. Of these 58 respondents, 5% were European, 2% were Hispanic/Latino, 2% were Asian British and 91% were White British. This reaffirmed the need to use alternative methods of engagement to reach a more diverse community that truly represented Dorset's demography.

The following methods of engagement were used.

- Email/phone contact with:
    - Over the Rainbow
    - Access Dorset
    - Muslim Contact Group
    - Gypsy Romany Traveller community
- 2 x "mini moments" events in Boscombe which engaged 47 passers-by in a richly diverse area of the county
- Face-to-face meetings with people who work with service users with disabilities and with vulnerable women (who have experienced homelessness, domestic abuse or sex trafficking)
- Face-to-face meetings with people with refugee backgrounds
- Group meetings with young parents at a Children's Centre

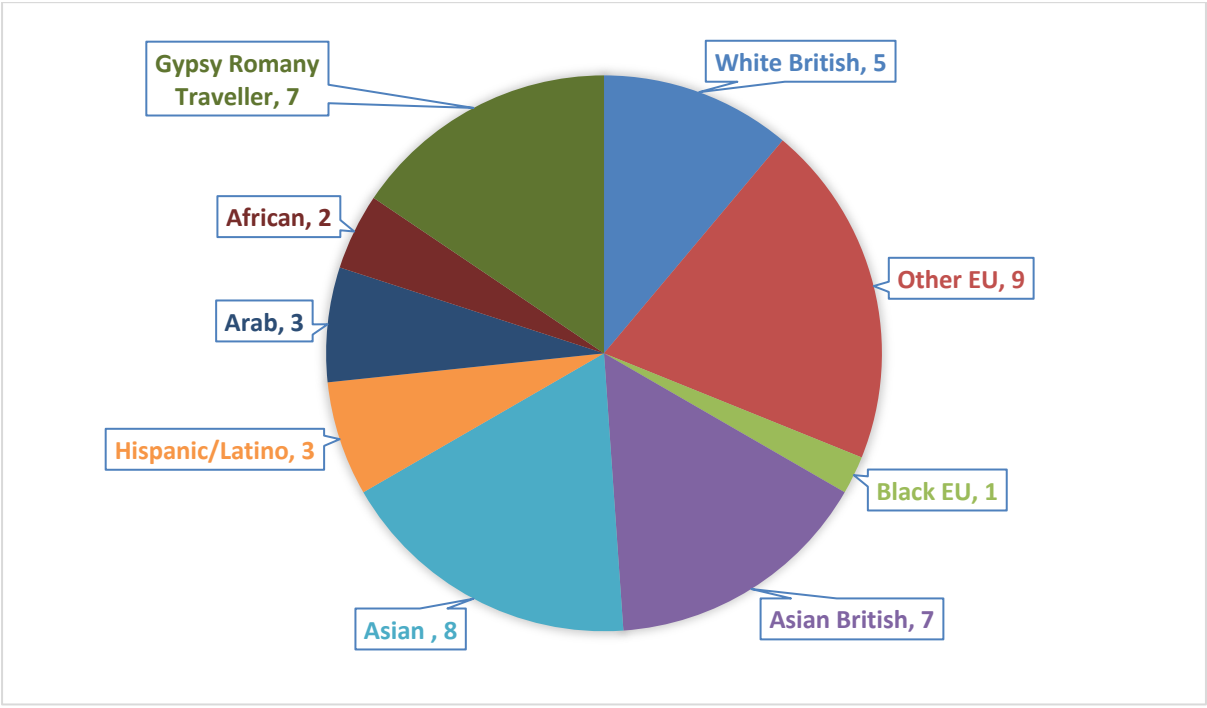
In order to acquire useful insight that shows how people use these services, we also gathered feedback from people from different locations within the county, as well as ensuring these respondents have used a variety of maternity services including home births, midwife-led birth centres and obstetric units.

Respondents

We gathered feedback from 110 people.

58 people responded to the Facebook surveys. Their racial background was white British (53), other EU (3), Asian British (1) and Hispanic/Latino (1).

Separately to the Facebook surveys, we went out to talk in person to targeted groups and thereby gathered feedback from a further 52 respondents. These respondents had the following protected characteristics: people with disability (4), people in same-sex partnerships (1), very young parents under 21 years (6), Muslim women (12). Their racial background is shown in the chart below.



People who attended the two “mini moments” events came from the following backgrounds: Brazilian, Italian, Nigerian, White British, Czech, Black European, British Arab, Thai, Mauritian, Libyan, Romanian, Lithuanian, Mexican, Spanish, Algerian, Italian, Moroccan, Ukrainian, Dutch, Indian, Slovakian. Research also included 7 mums from the Gypsy/Traveller/Romany community in Dorset.

We believe this shows that in order to receive feedback from a more diverse set of respondents it is necessary to be active in going out to seek people's views and experiences and to target specific groups.

Findings

The research from the Better Births National Maternity review indicated that there were some key actions needed to improve maternity services throughout the UK in order to fulfil the NHS's vision for maternity services:

'Every woman, every pregnancy, every baby and every family is different. Therefore, quality services (by which we mean safe, clinically effective and providing a good experience) must be personalised. [NHS England's] vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.'[4]

One of the key actions was about improving communication, continuity and the need to allow new parents the support to make their own choices. This was reiterated in the research conducted by Dorset CCG:

'Better continuity of staff and having professionals who allocate more time to care planning discussions to fully explain things and listen to parents would help form better relationships and make parents feel more supported. It is also important to parents to be able to make their own choices that are right for them with the support of professionals but without feeling pressured, and to feel in control of their pregnancy and birth.'[5]

[4] 2016 National Maternity Review (https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf)
[5] Dorset Maternity Better Births Maternity Services Review Consultation Results August 2016

The investigation conducted by Healthwatch Dorset also confirmed the need for better communication, respect and understanding of what the mother wants. This is even more important when talking about people with protected characteristics as they may have stronger preferences due to disability, religion, or culture and may require more time to achieve a better understanding due to lack of English speaking ability or disability. This is also a priority for the Better Births initiative: 'Key for all groups was that healthcare professionals understand and respect their cultural and personal circumstances as well as their decisions.'[6]

There were 2 key themes that arose from our investigation regarding the need for improvement in local maternity services from people with protected characteristics within Dorset:

1. Lack of respect for individual circumstances

While much of the feedback about the NHS maternity staff was very positive, there were some people who felt patronised and that they weren't listened to or respected.

There was a general feeling from the group of young parent respondents (aged 17 – 21 years) that the health visitors can be a bit 'old school' and 'judgemental' and 'they need to try to understand young mums more'. One young mother said: 'My daughter was in NICU [Neonatal Intensive Care Unit] for 4 days. They wouldn't let me stay with her but all I wanted to do was be with her. I asked the nurses to wake me up, so I could feed her, but they left me sleeping and tube-fed her against my wishes. I felt patronised." Another said, 'at times I felt they talked down to me because I was a young mum'.

Sometimes the lack of respect comes from a limited understanding of religion or culture. The Muslim Contact group said that 'regarding [the women's] faith and their will to wear the headscarf during labour (as there may be a male present), midwives and other staff did not understand why the ladies would want to wear [the headscarf] and why they did not want male doctors [and other staff] in the

[6] 2016 National Maternity Review (https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf) 3.18

room whilst in full labour.' A contact at the Gypsy/Traveller/Romany (GTR) Community also mentioned the fact their culture isn't respected by healthcare professionals: 'Some people want to involve their big families, and this puts the midwives' backs up and are told 'don't bring your family'.' In one case, a security guard was called when they raised concerns about being treated fairly. In another case, one GTR mother said she had all her requests ignored and ended up with a caesarean section, which she found upsetting.

This lack of respect can also be perceived in professionals' interactions with vulnerable women. Vulnerable women can include asylum seekers, trafficked women, sex workers, women from foster care, homeless women, women who have experienced domestic violence, or women who have a history of substance misuse. Two doulas who work with vulnerable women in Dorset explained that some women feel there is often a discrepancy of reactions by healthcare professionals between women from 'normal circumstances' and socially marginalised women. The women feel they are often met with instant judgement and there can be a lack of empathy and understanding rather than a supportive dynamic. For example, a woman from Eastern Europe, who had previously been sex-trafficked said, 'I don't mind talking to the police, they understand I'm the victim, but when I speak to the social workers and midwives they think I'm the one that's bad.'

A couple of the fathers who experienced maternity care in Poole Hospital said there was also a general lack of equality and respect for them in the post-natal ward. Two of the new first-time fathers were told to 'Get off the bed. It's for mothers only' when they were cuddling/having skin-to-skin with their new-borns. This is an important time for fathers (or same-sex partners) and they also need to adjust to being a parent as much as the mothers do. They may also require support and understanding while they bond with their child and help look after their birth partner. One of the fathers also mentioned that he was told he couldn't have a shower, even though all the showers weren't occupied, and he'd slept in the hospital for 4 nights.

Poole Hospital allows fathers/birth partners to stay with the mothers in the postnatal ward while some other hospitals like Dorset County Hospital state 'It is not generally possible for partners to stay in the unit overnight. However, partners

of women in real labour or fathers of babies who are acutely ill will always be accommodated.'[7]

One mother said: 'I discharged myself because I didn't want to stay there overnight on my own.' Another said, 'The experience would have been much better if I had my partner stay in hospital with me'.

In Reaching out: Involving Fathers in Maternity Care by the Royal College of Midwives[8], it states: 'Fathers will come from a range of backgrounds, ethnic groups and ages; their individual needs will need to be assessed and the differing roles they play within different communities recognised and addressed. Appropriate – and culturally competent – preparation for childbirth and fatherhood has the potential to enhance maternal and child health and have positive impacts on families in general.'

This advice should not be limited to fathers and should be extended to same-sex partners.

There is also a focus on this inequality problem in the national maternity review: 'Some fathers told us that they had felt excluded, that their role had not been recognised and so opportunities were missed to support the family and to have as positive an experience as possible. Some women told us that they relied on their partner to support them in pregnancy and with the care of the baby and the NHS needed to recognise this and help their partners to help them.'[9]

2. Better communication and more time to allow mothers to understand

Communication is key when putting mothers-to-be at ease and allowing them to make their own personal decisions about the healthcare they receive. This was also underlined in the National Maternity Review: 'Many women told us about the

[7] NHS Dorset County Hospital Website, Maternity Unit page
[8] Reaching out: Involving Fathers in Maternity Care by the Royal College of Midwives
[9] National Maternity Review

importance of good quality and consistent communication and emphasised how vital it is for professionals to communicate with each other.' [10]

With particular groups of people with protected characteristics, the importance of clear communication is paramount. For example, the Muslim Contact Group said that the majority of mothers talked about 'very poor lack of communication due to the mother's language not being English first. Midwives seemed frustrated to have to explain and speak to other members of the family to help the mother through the labour.' However, Bournemouth Hospital was praised for having a good understanding of faith and culture and good communication: 'Communication skills and understanding were excellent' which led to a 'calmer, less stressful experience'. In fact, the leader of the group said 'overall [she felt] the ladies feared giving birth at Poole as if [there were] complications they were not made aware fully of procedures and staff did not have time to explain'.

In the Equality Impact Analysis Report for the Dorset Clinical Service Review (July 2017) it was noted that women who do not speak English as a first language 'may be dependent on an English-speaker such as their partner or another family member. This can help engage the father in the pregnancy process but can also make it difficult for the mother to have open discussion about sensitive issues.' Suggested mitigation did not include independent translation which would help prevent this issue, but rather included '[monitoring] the ethnicity of patients using paediatric and maternity services in Dorset annually. This would enable any changes in ethnic profile to be identified, service provision and cultural training of staff to be reviewed and amended if needed'. It also included '[identifying] if NHS staff awareness/training in relation to race is effective.'[11]

When speaking to one of the Doulas who work with vulnerable women, she said the midwives were always pleased when she told them she had access to a translation line. It seemed the translation line they usually use is landline-based and therefore only accessible in the office. This leads to questions about how women in labour

[10] National Maternity Review (3.8)
[11] Dorset Clinical Service Review, Equality Impact Analysis Report, Final July 2017

get access to this translation line and what happens about getting permission for surgery if the need is imminent.

Additional time might also be required to communicate with vulnerable women about their past, so that they can be offered additional support. The present procedure seems to be for these women to be asked about any history of substance misuse or domestic violence on their initial appointment only. The doula said 'They need to be given the opportunity to talk about their difficult circumstances several times throughout the antenatal process as highly traumatised women will be reluctant to be forthcoming and may give more information after a couple of meetings. They may also need the reassurance that it's about tailoring their care and support correctly as many are scared that being honest will involve the social services and they'll have their baby taken away.'

The need for clear communication was also underlined in the Bournemouth University report: The Human Rights & Dignity Experience of Disabled Women during Pregnancy, Childbirth and Early Parenting Centre for Midwifery Maternal and Perinatal Health: 'it is evident that disabled women are not generally receiving appropriate support and communication needed for individualised care.' In the report it was recommended that 'maternity care providers should seek to allow additional time, particularly at the beginning of the relationship with a disabled woman to listen to her and discuss and document her specific needs, abilities, expectations and preferences' and that 'information and communication is accessible, providing alternate formats or adapting communication style to enable a person with a sensory impairment.'

When we asked a new father, who is deaf if there was anything which would have made the whole experience of having a baby easier for him or his partner (who is also deaf) he said 'yes, understanding the deaf awareness and pace'.

Satisfaction

A lot of the feedback we received throughout our investigation was very positive, whether the births had been complicated or not. For example:

'Very satisfied with my maternity experience at Dorchester Hospital. Everything was wonderful, I had a long, complicated birth, which ended in a C-section. I had the support I needed throughout and all the medical professionals were professional (!) and kind'.

'I can honestly say that the staff were amazing, and we didn't feel that we were treated any less favourably than a heterosexual couple'.

'I felt comfortable as the staff were very patient. I was in hospital 3 days to establish breastfeeding. They gave lots of support. They encouraged breastfeeding and natural birth which is good and is different from Mexico'.

However, many respondents said they were both satisfied and dissatisfied with the maternity experience and had comments to make about aspects of their care provision.

Some other themes presented themselves in the general feedback we received from respondents (whether they had protected characteristics or not):

1. Mixed advice and lack of support regarding breastfeeding

Some mothers talked about the lack of support regarding breastfeeding. Breastfeeding can be difficult and many mothers are surprised by this. It can also be a source of great stress and upset because the baby can lose weight quickly and even become unwell if they are not receiving the sustenance they require. However, it's also important to understand that this can make mothers feel inadequate, isolated and depressed.

The mothers who talked about their experiences and were desperate to breastfeed their babies said they received mixed messages from post-natal staff and health visitors which led to mothers feeling more confused and frustrated:

‘I went to Poole when I had my son and the staff made me cry about breastfeeding. They said I was doing it wrong. There were so many people telling me to do it in different way.’

‘When I struggled to breastfeed my baby, one of the post-natal staff told me not to worry and that it was expected for babies to lose a bit of weight at the beginning, before breastfeeding was established. We were re-admitted into hospital 2 days later as my baby had lost over 10% of its bodyweight and it was force-fed formula every 2 hours for 2 days.’

‘I received very mixed advice [at Dorset County Hospital] regarding feeding, every person who came in would say something different.’

2. Understaffing and lack of space

It was felt by many mothers that the maternity wards were understaffed and there was a lack of space. This was mentioned predominantly in terms of post-natal wards and presented itself in the lack of communication, check-ups and early discharging:

‘Postnatal facilities were very busy which meant that health problems were missed, and we were sent home too soon- we had to return to hospital within 24hrs’. (Poole maternity)

‘Not enough members of staff and resources.’ (Poole maternity)

‘Post-natal experience was not good – under staffed, mixed messages, no continuity of care, little help to understand what had gone wrong/what wasn’t working well. Dismissive midwives, slow to respond to buzzer despite being high care priority. One midwife came in 3 hours post section and declared how much she hated mothers using the buzzers all the time. Drugs (for high blood pressure) were frequently forgotten about and went one whole day without seeing a midwife for 9 hours despite me and my baby being high priority’. (Dorset County Hospital)

‘There was not enough space for me to have a bed during my induction process so was having minor contractions in an office for 3 hours before I could even go to a ward.” (Poole Maternity)

3. Lack of tongue-tie diagnosis

This was a common theme. Several women explained the difficulty they had had trying to breastfeed for several weeks, to later find out their baby had tongue-tie which might have been diagnosed immediately and treated easily:

‘The 100% tongue tie was overlooked by 2 midwives, 1 health visitor and the 'specialist' at the TT Clinic at Poole. I struggled for 11 weeks to breastfeed without pain and eventually paid for support from an ILC (independent lactation consultant).’

4. Feeling pressure to be induced

Some women mentioned the pressure they felt with suggestions of induction. Several of the more confident women said they argued against induction and went on to have natural births. Others said they felt it was unnecessary and would certainly argue against it with their second child.

‘Only a few days over my due date I had a hospital appointment for procedure monitoring. At the appointment, I had my first experience of a consultant telling me I should think about having an induction else I’ll be putting my baby at risk. Her tone and approach were too much, too passive aggressive and it wasn’t gratefully received. There are more facts about going over the due date than the consultant gives. It is a very biased opinion. I feel there should be more support for women who choose to delay (the midwives have the right approach, consultants chill!).’

‘I was induced because a scan showed my baby had a large abdomen and the measurements (head, abdomen and legs) estimated my baby could be 9 pounds at 38 weeks and therefore 10 or 11 pounds by 40 weeks. I had a horrible experience being induced only a day after my due date for 3 days when my baby was not ready to come. When he eventually arrived, he was an average size of 8 pounds 8 oz. and not the feared 11 pounds! My entire birthing experience (I had planned a homebirth) was ruined because of an inaccurate estimation and too much fear-inducing pressure about potential risk.’

5. Confusion over antenatal classes

Some women weren't clear about what antenatal classes, if any, were on offer. One mother said 'I wasn't aware of any antenatal courses'. Another said that 'only private antenatal classes costing £95 were offered by the Bournemouth midwives' and was later asked why she didn't attend the free antenatal classes provided by the Health Visitors. This could be the reason why some women said they would have liked 'more education about the first six weeks of life with a baby before they arrive' and 'could have done with some advice on what to expect when I was home'.

6. Discharged too early/lack of check-ups after birth

Several women, particularly those who had experienced complicated births, felt there weren't enough check-ups for the mother after birth:

'I was not told about the extent of my stitches until I saw my midwife at home a week after giving birth. I ended up in a lot of pain due to not being told where the stitches were or how to look after them'.

'Was discharged before I should have been and ended up with baby losing lots of weight and being admitted into children's hospital at 4 days old.'

'It would have been better if they had made sure I was in a good state to go home and checked me properly.'

7. Concern of relapse regarding the administration of opioids and women with a history of substance misuse.

One of the doulas who works with vulnerable women expressed her concern about the administration of opioids for pain relief in labour, when the woman has a history of substance misuse. The National Institute for Healthcare and Excellence states the following cautions when prescribing all opioids:

'Repeated use of opioid analgesics is associated with the development of psychological and physical dependence; although this is rarely a problem with therapeutic use, caution is advised if prescribing for patients with a history of drug dependence.'

In Pain and Substance Misuse: Improving the patient experience by the British Pain Society (2007)[12] it states: 'Appropriate discussion of all options and their relative advantages and disadvantages is recommended in the antenatal period. Additional psychological support may be helpful during labour and delivery.'

8. Lack of support at home after birth

Some women said they would have liked more support after birth:

'No postnatal support for our babies past 2 weeks from birth. A&E is not a place to take new-borns for help!'

'I would have preferred more home visits after leaving the hospital for the first few weeks.'

'Care received after birth at home is not sufficient.'

'More contact and support after giving birth. Particularly around changing, bathing and breastfeeding.'

Project Development

Whilst we did gather feedback from a diverse range of people throughout Dorset, it is important to acknowledge that the investigation is by no means extensive, and there are many more voices to be heard. We have presented the findings of our investigation to Dorset LMS with the strong suggestion that they should gather further feedback from people and groups with protected characteristics, including faith groups, the LGBTQ community and people with disabilities. We are pleased to see that since this investigation, the Dorset LMS Maternity Voice Representatives group has now been tasked with specifically targeting diverse groups and individuals.

[12] Pain and Substance Misuse: Improving the patient experience by the Practitioners by the British Pain Society (2007)

Recommendations

1. Surveys to include equality and diversity questions

It is important that future surveys requesting patient feedback should include questions regarding age, ethnicity, religion, disability, sexual preference and gender identity. This will help to prevent gaps in the feedback and will ensure that services are as equitable as possible.

2. An individual-centred approach

Each birth is different, because of the individual's particular choices, circumstances, body, partner, age, religion and culture. There should be appropriate training and ongoing support for staff to ensure better communication and understanding of the individual.

3. Communication with people with additional needs

Research has pointed to better communication creating happier parents. Greater understanding of circumstance and procedures leads to mothers feeling empowered to make informed decisions regarding their birth, their body and their baby. If the mother has additional needs, whether a disability, a cultural requirement or a lack of ability in speaking English (to name a few) then extra time should be allocated to make sure the midwives fully understand the specifics of the mother's individual circumstance and to make sure the mothers understand what is happening. This may mean more or longer antenatal appointments or having different methods of communication on offer.

4. Translation and staff training in relation to race and culture

Translation services should be provided in a way that best meets the needs of patient, and staff training in relation to race and culture should be reviewed.

5. Additional support for women with no birth partner

It is important to recognise that a very high percentage of women are supported by birth partners and there is an expectation that women will have this informal support. If there is no birth partner, the woman should not be questioned as to

why they are on their own and should receive even more support. This might include extremely vulnerable women who have experienced sex-trafficking and are pregnant following sexual violence, or young adults in care that don't have family support.

6. Opportunity for disclosure of complex personal circumstances

Women should be given the opportunity to disclose their circumstances at various points in the maternity process and not only at the initial meeting, as they may need to build some trust in the relationship. This is another reason why continuity of care is important. They may also need the reassurance that it it's about tailoring their care and support correctly as many are scared that being honest will involve the social services and they'll have their baby taken away.

7. Equal treatment of partners

Postnatal care should include overall treatment and inclusion of the family unit and not exclude the father or same-sex partner in this care.

8. Support for women wishing to breastfeed

Supportive communication about breastfeeding is key. It is understandable that there is a great deal of encouragement for women to breastfeed, but they could also be told that breastfeeding is very difficult and may take weeks to fully establish it. It seems that many mothers found the situation confusing and frustrating because of being given so many mixed messages. As there is not one solution that fits all mums and babies, they need to be told this in a supportive manner and encouraged to try whatever works for them with as much time and support as possible. This may mean more time in the post-natal ward, or group information sessions involving breastfeeding specialists where mothers can encourage one another. This would help avoid mothers feeling unnecessarily inadequate in the early stages of parenthood and even more importantly, it should help avoid babies losing weight and parents having to go back to hospital with unhealthy New-borns.

9. Better tongue-tie assessment

Babies should be checked for tongue tie along with their first post-natal check-ups and treated immediately.

10. Assessment after every suggestion of induction

Induction can be necessary but can sometimes be suggested quickly. The circumstances and reasons for every suggestion of induction should be noted by staff and reassessed after the birth (whether or not the mothers were induced after all) in order to gain a comprehensive understanding as to whether or not this suggestion was necessary.

11. Antenatal Classes

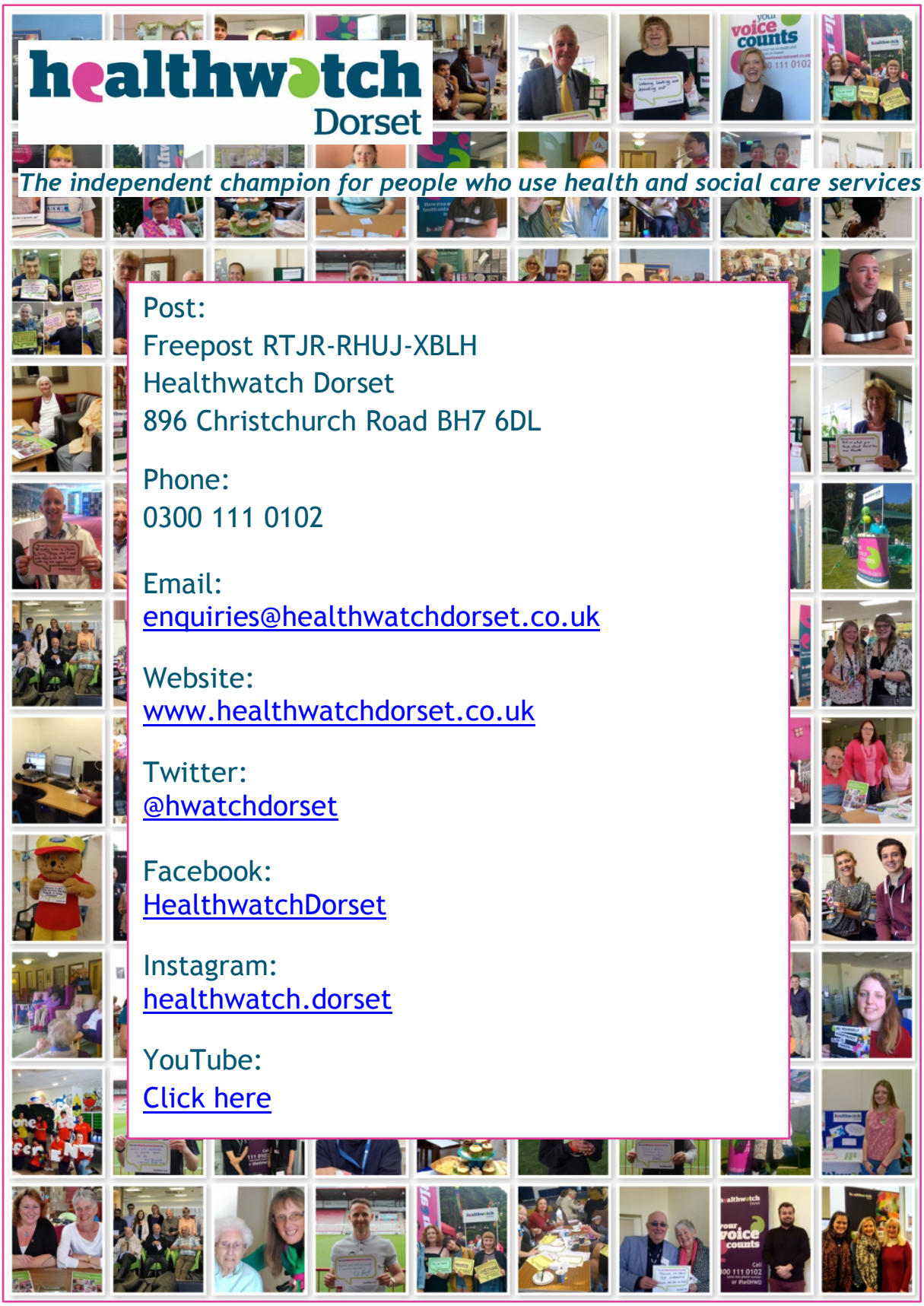
Free antenatal classes should be available for everyone and midwives should give clear information about how to access these classes.

12. Support at home

Clear information needs to be given to new parents about what support they can access once they arrive home with their babies. Parents need to understand they can call the Health Visitors for support when they need, and that additional support can be provided if necessary.

Thanks

We would like to thank all those who took part in, enabled or supported this investigation. In particular, those who have shared with us their experiences of, and views on, maternity services.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Freepost RTJR-RHUJ-XBLH
Healthwatch Dorset
896 Christchurch Road BH7 6DL
Phone:
0300 111 0102
Email:
enquiries@healthwatchdorset.co.uk
Website:
www.healthwatchdorset.co.uk
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