

Holland House Surgery

Date: 6th February 2024

Time: 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

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Registered Manager:

Judith Milne (Practice Manager)

Date and Time of our Visit:

Date: 6th February 2024

Time: 10:00-12:30

Healthwatch Lancashire Authorised Representatives:

Staff: Sue Edwards – Senior Engagement Officer

Staff: Steve Walmsley - Engagement Team Lead



Introduction

Healthwatch Lancashire is the independent public voice for health and social care in Lancashire and exists to make services work for the people who use them. We believe that the best way to do this is by providing the people of Lancashire with opportunities to share their views and experiences.

Healthwatch Lancashire has statutory powers to listen, act, challenge and gather feedback to improve Local Services and promote excellence throughout the NHS and social care services.

To help achieve this Healthwatch has a statutory power to 'Enter and View' health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery.

Following the Enter and View visit a report is compiled identifying aspects of good practice within the service visited, along with any recommendations for possible areas of improvement.

As we are an independent organisation 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 service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Lancashire website at:

www.healthwatchlancashire.co.uk

The report is available to members of the public along with the Care Quality Commission, Healthwatch England and any other relevant organisations. Where appropriate Healthwatch Lancashire may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

General Information

Holland House Surgery has approximately 11,100 registered patients including patients in local nursing/care homes and those who may be housebound.

Services include GPs, advanced clinical practitioners, specialist practitioners, practice nurses, clinical pharmacists, community nurses, a respiratory nurse, health visitors, a care at home team, social prescribers, a mental health team, physiotherapists, and administrative staff.

Acknowledgements

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

What did we do?

Healthwatch Lancashire Enter and View Representatives made an announced visit to Holland House Surgery on 6th February 2024 and received feedback from:



Pre-visit practice survey

Healthwatch Lancashire emailed a pre-visit questionnaire to the practice manager to learn about the patient population, services offered and how the surgery manages appointments for patients. Information from this questionnaire is included in the summary below.

Introductory meeting with Practice manager

At the beginning of the enter and view visit Healthwatch Lancashire met with the practice manager to discuss the surgery and to view the facilities. The manager explained that appointments can be booked via the phone, via online apps and also in person at the surgery.

One to one discussions with patients and their relatives

Healthwatch spoke with patients about their experiences including appointment booking, how they felt about the service and the care and treatment delivered by the staff at the surgery.

Discussions with members of staff

Healthwatch Lancashire Representatives spoke with members of staff about their experiences of delivering services to patients. Questions centred around support for patients and any improvements staff felt could be made at the surgery.

Observations

Observations were made throughout the visit. This included patient and staff interactions, accessibility measures in place throughout the surgery and the condition and cleanliness of the facilities.

Summary



When initially contacting the surgery 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 surgery team were welcoming to the Healthwatch Lancashire representatives and gave in-depth information about their services.

Twelve patients and two staff members provided feedback about the surgery.

Services provided at Holland House Surgery included GPs, advanced clinical practitioners, specialist practitioners, practice nurses, clinical pharmacists, community nurses, a respiratory nurse, health visitors, a care at home team, social prescribers, a mental health team, an occupational therapist, physiotherapists, and administrative staff.

Overall patients were satisfied with their care with positive comments regarding the surgery team. Issues around making appointments by telephone was raised as the area requiring the most improvement, along with clearer information around staff structure and the triaging and referral processes.

More information and support around the use of the digital platforms was also highlighted as a patient need, with several patients stating that they would potentially use the apps if they were more aware of what was available and what services they could access using these.

Easy access to a blood pressure monitor was seen as a positive by patients with several patients attending the surgery at the time of the visit purely to use the one available in the main waiting room area.

Staff felt that demands on their time could be challenging but that they were able to provide person-centred care; and that they were supported well to undertake training. Both staff spoken with were praising of the staff team and stated that they are happy working at the surgery.

A high level of issues around abusive patients was a concern and some research into why this is occurring is recommended to identify the reasoning behind patient frustrations.

Accessibility at Holland House Surgery was good and with clear signage, plenty of space for those with mobility aids, and was dementia friendly.

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

Practice Overview



Holland House Surgery is located within the Lytham Primary Care Centre. The centre is based on Victoria Street, a side street leading to/from Preston Road which runs along the coast connecting Lytham St Annes and Preston, and which also leads further on to Blackpool.

Lytham Primary Care Centre is situated in a modern purpose built two-storey building which incorporates Holland House Surgery, Fernbank Surgery, a pharmacy, community health services and a café. Some community services are also located in the neighbouring former Lytham Hospital.

Holland House Surgery is part of the Lytham St Annes and Ansdell Primary Care Network which includes five practices in the Lytham St Annes and Freckleton areas. Out of hours appointments are available through the Primary Care Network dependant on which practice is open at the given time. Patients can also access out-of-hours appointments through the Fylde Coast Integrated Urgent Care Service which covers practices across the Fylde region when practices in the Lytham St Annes and Ansdell Primary Care Network are closed.

Freckleton Health Centre, which is located in Freckleton, approximately three and a half miles to the east, is a partner practice with Holland House Surgery and patients are able to access either practice dependant on individual needs and preferences.

There is good road access with on-site parking including disabled parking spaces, and some street parking is also available. There is good public transport to the area with frequent buses, and there are bus stops close to the health centre.

Surgery Population



Patient demographics are mainly white British with a low number of other ethnicities; there is also a small number of Ukrainian refugees registered at the surgery. There is a high number of older retired patients registered, with approximately twenty percent of all registered patients being eighty years and above. There is also a high number of residential care and nursing homes in the area meaning that there is a higher need for Care at Home services.

Appointment Management



Appointments can be made in person at reception or by telephone, as well as the NHS, Patient Access and MyGP apps. When phoning to make an appointment there is a call-back system in place allowing for patients to end the call and the surgery to return their call rather than being on hold for a length of time. When making an appointment the patient is triaged and care-navigated to the most appropriate clinician.

The practice has up to four receptionists available to take telephone bookings dependant on demand of time and day, with additional staff able to support as and when necessary. The surgery offers all patients face-to-face appointments unless a there is a specific request for a telephone appointment.

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

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.

Enter and View observations

External Environment

On arrival it was noted that despite there being a high number of parking spaces in the carpark it was challenging to find a space; however it must be noted that this was out of the control of Holland House Surgery.

The main entrance into the health centre was located from the carpark with a smaller secondary entrance to the front and Victoria Street. Clear information about services was on display externally at the main entrance.

Access into the building was level with the footpath providing good accessibility for wheelchair users and those with poor mobility. Entrance doors were automatic and sufficiently wide enough to allow for easy access.

The building appeared in good repair, and established planting was seen throughout the outdoor space giving a pleasant green feel to the site.

Internal Environment and Waiting Areas

On entering the health centre several reception desks were located around the ground floor for different practices and services, and these were clear and easily identifiable as to which practice/service they represented.

Holland House Surgery was located in a clearly defined space, with its own waiting area and consultation rooms, along with a second smaller waiting area located on the second floor for patients accessing clinical and non-clinical services.

The reception desk was easily identified and included a lower section with knee-hole space allowing for good access to reception for wheelchair users. A chalkboard sign placed on one side of the reception desk provided up-to-date information around missed appointments and reminded patients to let the surgery know if they were unable to attend their appointment.

Patients were able to check-in themselves using an electronic check-in system located close to the reception desk and were observed using this throughout the visit.

Waiting areas were spacious, well maintained and clean, with seating suitable for individual needs and requirements. During initial observations the fact that there was higher seating available was missed due to the fact that all seating was of same colour and style, and it's therefore recommended that this seating is highlighted more so that patients can quickly identify the most appropriate chair for their individual needs; especially for those who may have visual impairments. There was sufficient room for those in wheelchairs, using mobility aids etcetera to move around freely.



Two lifts were located centrally for access to the second floor and these were sufficiently large in size to allow for easy access. Stairs were also situated between the lifts. A second set of stairs was located in one corner of the building although these were spiral and not used as public access. A fire evacuation chair was located next to the spiral stairs for in the event of an emergency, although the

nature of spiral stairs would make the use of this difficult and it may be worth considering relocating or adding an additional fire evacuation chair in the vicinity of the main stairs, although this would be an action of Lytham Primary Care Centre rather than Holland House Surgery.

Both the surgery and health centre was well-lit with lots of natural light from large windows, and with an open style central atrium with skylights.

Within the main waiting area was a designated space for patients to take their own blood pressure, measure their height and record their weight. Screening around this area allowed for patients to maintain a level of privacy and dignity. Patients were observed using the equipment throughout the visit and were doing so for various reasons. There was positive feedback around having access to this, with several patients visiting the surgery purely to use the self-check equipment.

Consultation rooms and offices were located leading off from the reception and waiting room areas on both floors and these were clearly marked. Some wall signage identifying consultations rooms was considered to be too high and small for those with visual impairments to see and read; however, this would be difficult for Holland House Surgery to rectify as the Primary Care Centre manage the communal areas of the centre

Quiet rooms were available for anyone requiring space for confidential, sensitive conversations, and for those who may have dementia/Alzheimer's, autism or long-term conditions and who may benefit from a less stimulating environment whilst waiting for their appointment.

Toilets were located throughout the primary care centre, and these were clearly identifiable, clean, well presented and with appropriate adaptations and equipment for accessibility. Emergency pull cords were easily accessible and it was explained to Healthwatch Lancashire representatives that these are connected to reception(s) and the pharmacy.

There were large screen monitors in the waiting areas showing health advice and information as well as calling patients into their appointments. It was noted that when announcing appointments on the monitors there was an announcement notification but no other audio to enable those with visual impairments to be aware that they had been called in to their appointment, although staff were observed meeting some patients and supporting them to their appointment. A video with one of the surgery GPs was playing on regular intervals although the volume was too low to hear, and it is recommended that subtitles are included; use of an on-screen British Sign Language (BSL) interpreter would also enable those in the Deaf community who use BSL to have access to the information being provided. It was noted that on several occasions the volume of the screen would increase suddenly and startled several patients.

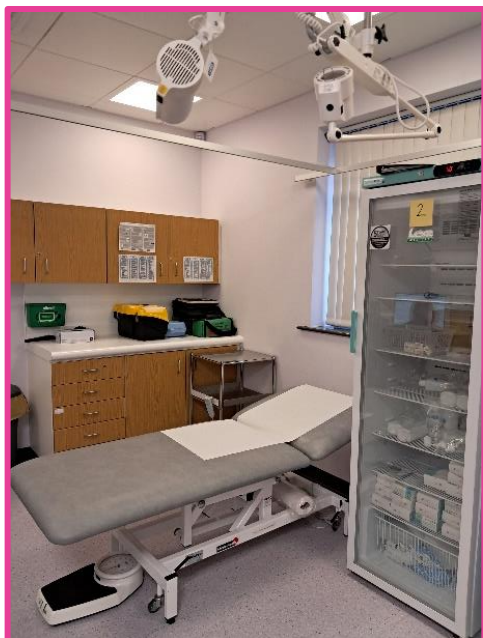
Practice and health information was displayed throughout the communal spaces including information about the Patient Participation Group (PPG). During the visit it was noted that several of the leaflet holders were empty and underutilised, and it is therefore recommended that these are used fully to provide further health and wellbeing information. It was also felt that information around staff structure, the triage process and services provided would ensure that patients are fully informed.

The Healthwatch Lancashire poster was clearly displayed in several locations within the reception area.

Accessibility was observed to have been considered throughout the surgery, and overall the surgery was seen to be dementia friendly with contrasting colours, plain flooring and good lighting. The practice manager informed Healthwatch Lancashire representatives that the surgery team had recently carried out their own dementia survey to ensure that the surgery and services were fully dementia friendly.

Hearing loop signs were evident, and during discussion with practice staff it was explained that there is a British Sign Language (BSL) interpretation service available provided by Prestige Network, and that this also includes interpretation services for patients for whom English is not their first language.

Throughout the surgery Healthwatch Lancashire representatives observed signs stating that violence and aggression will not be tolerated, as well as a banner in the reception area. The practice manager stated that they were experiencing a high number of incidents where patients have been aggressive to staff; and reception staff were observed dealing with a frustrated patient during the visit. However, it was felt that the number of posters and signs around the surgery was excessive and may also impact on patients confidence to raise a concern for fear of being identified as a 'nuisance patient'. It is therefore recommended that the surgery reduce some of the posters, carry out some research to ascertain the cause(s) for patients abusive behaviour and identify ways of reducing this i.e. better communication, patients understanding of the triaging process etcetera. The Patient Participation Group (PPG) could support with this.



Patient Interactions



On arrival Healthwatch Lancashire representatives observed a busy reception desk with people queueing; reception staff were observed to be knowledgeable and helpful and had an approachable manner. Reception staff were also observed dealing appropriately with a frustrated patient.

Patients were called into appointments quickly and whilst there was a steady flow of people coming in and out there was a calm atmosphere; and staff demonstrated good understanding of individual needs and requirements. All staff observed were professional, friendly and efficient.

The surgery has a team of staff answering phones to make appointment and deal with enquiries, and it was explained to Healthwatch Lancashire representatives that there can be up to four members of staff available for this dependant on time of day and demand.

Staff were observed knowing their patients well and being welcoming and friendly.

Patient Involvement



The website for Holland House Surgery was easy to use with information around services, the practice team, health advice, making appointments and sharing patient experience, with a clear 'You Said We Did' page. Although a recommendation would be to include photographs of the team in order for patients to be able to identify with who they may see.

Friends and Family Test (FFT) forms were easily accessible on the reception desk allowing for patients to provide feedback.

At the time of the visit the practice had an active Patient Participation Group (PPG) and were looking to diversify the group in order to ensure that the local community is fully represented.



Patient feedback

Healthwatch Representatives spoke with twelve patients during the visit.

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 today?

Two patients had attended specifically to speak with Healthwatch Lancashire representatives and three patients had attended purely to use the blood pressure equipment.

None of the patients spoken with had used the Patient Access, MyGP or NHS apps; although three patients shared that they were open to using the online booking process but needed more guidance and/or support on how to use the apps.

“I feel digital options help but we need to know what we can access”

“If the app worked I would be open to using it”

Satisfaction around making appointments varied with some patients stating that it is straightforward with others finding it difficult or inconsistent.

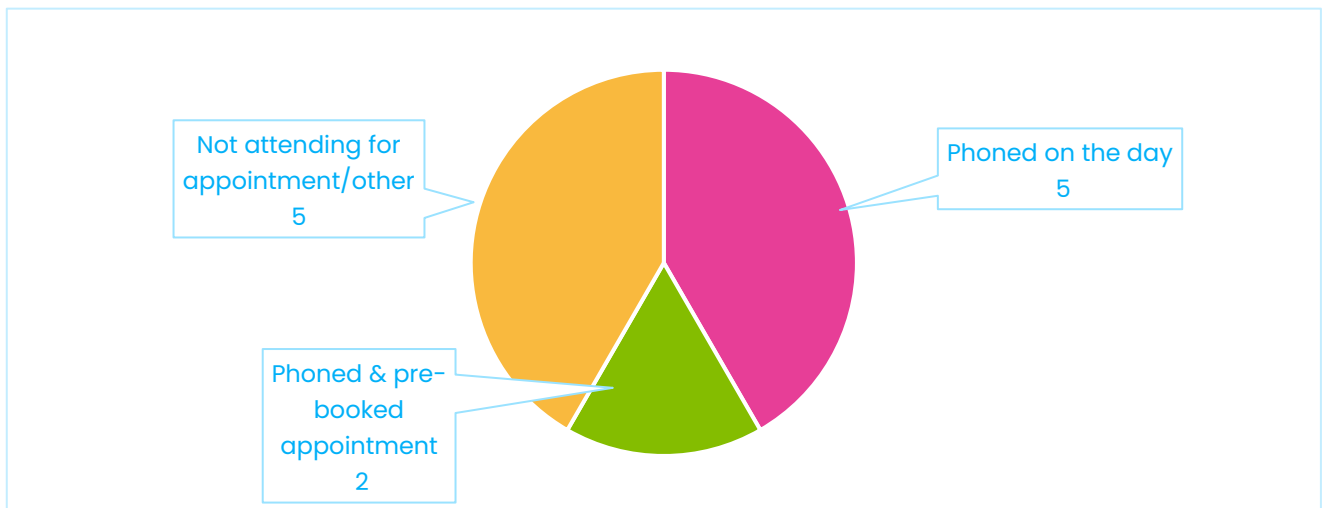
“Normally brilliant, [but] not always easy”.

Several patients discussed the callback system with some liking it and others preferring to stay on the call, with one patient stating that they preferred to stay on the line as they would worry about missing a callback phone call.

One patient stated that they had been number thirty in the queue to make a telephone appointment.

“It took thirty minutes to get through [telephone], I like the callback”

“Callback is as quick as it can be”.



Other comments included:

“It took me two hours; it kept cutting off [telephone]”

“Takes forever [telephone]”

“I find it frustrating”

“Fastest [way to make an appointment] is in person”

“...no chance after 8:30am [making an appointment by telephone]”

What works well at this surgery?

Overall patients were satisfied with the care that they receive from Holland House Surgery. Staff were discussed as generally friendly and helpful, and it was felt that overall individual needs were being met.

The availability of a blood pressure monitor was seen as a positive by several patients *“Love the blood pressure machine”*.

Two patients talked about the environment saying that it was nice, clean and spacious; and two stated that it was convenient for them as they lived locally.

Two patients stated that they liked the fact that the pharmacy was located within the same building and that this made things easier for them.

“Staff are great”

“Care is good”

“Don’t wait long at all”

“Staff care is usually good”

“Practice nurse is first rate”

“I don’t see how they could improve it”

Is there anything that can be changed to meet your needs?

Making appointments was the key issue patients identified as requiring improvement, as well as waiting room times for appointments, the need for a clearer understanding of the triaging process, understanding staff structure and parking.

Several patients discussed digital access with the need for some clearer guidance around which platforms to use as well as ensuring that apps are working fully.

Patients appeared unclear about the triage process with several saying that they had been referred to services other than the GP when making an appointment and were unsure as to why. Two patients spoke about needing to travel to an alternative health centre for blood tests and that this means a lot of travel and forward planning. One patient asked why annual health checks have stopped.

Two patients stated that they would prefer to see gender appropriate GPs for certain appointments around specific men's or women's health. Continuity of care with the same GP was also discussed as something patients would like to see more of (where possible) ***"Would be nice to see male or female [GP] when appropriate"***.

Two patients who provided feedback commented on the reception stating that at times they have found reception staff unhelpful, although they acknowledged that reception staff are under pressure and may not always have the time and/or a gender appropriate GP available. ***"Reception can be difficult and unhelpful"***

Other comments included:

"Would be nice to see what doctors are on duty so that we can be more familiar"

"Seeing the same GP where possible"

"Not sure why sent to another [clinician than GP]"

"...if you need a blood test you get sent from here to Whitegate... I don't think this is fair"

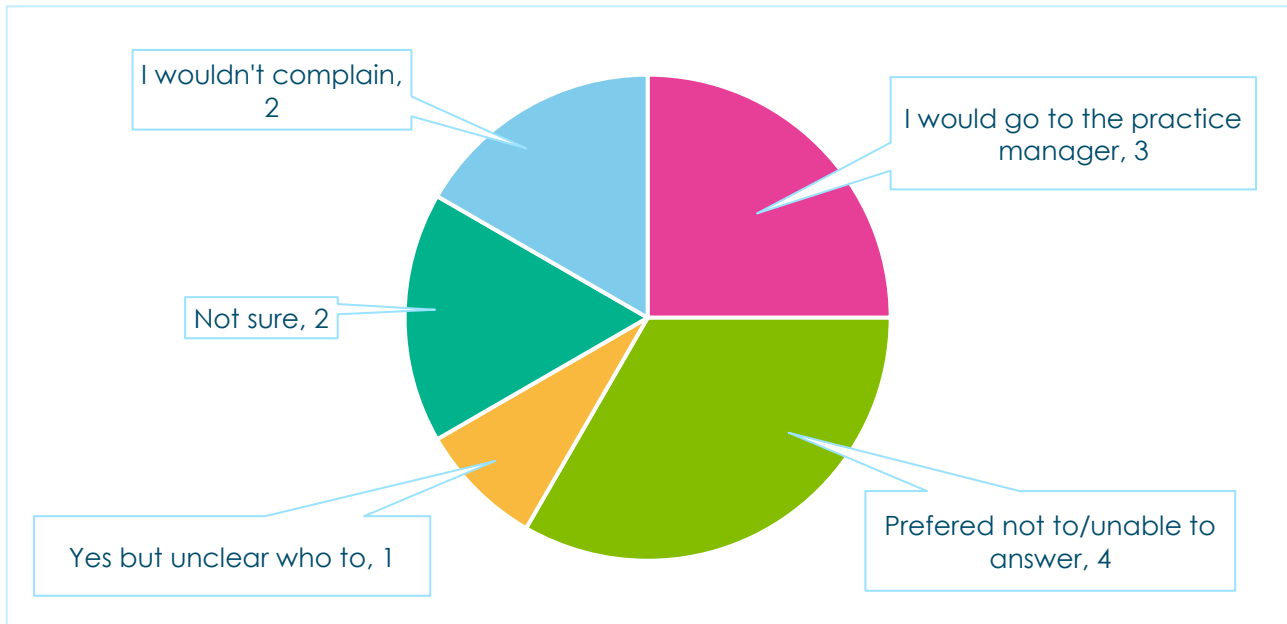
Do you receive information from the surgery that is easy to understand?

Out of the twelve patients spoken with during the visit six were satisfied with the method of communication, two were dissatisfied and four preferred not to/were unable to answer.

Patients spoke about receiving texts, letters and/or phone calls dependant on the reasoning for the communication, with most patients spoken satisfied with the way they received information from the surgery; although two patients stated that despite requesting communication in a specific format this had not happened.

Do you know how to make a complaint if needed?

Three patients stated that they would speak with the practice manager if they had a complaint, one said that they felt able to make a complaint but were unsure on who they would speak with and two were unsure on the complaint process in general. Two patients who provided feedback stated that they wouldn't make a complaint as it's not something they would do, and four patients either preferred not to or were unable to answer this question.



Do you know what a Patient participation group is?

Several patients were called in for their appointments before having the opportunity to be asked if they were aware of the Patient Participant Group (PPG) and so only three responses were received. None of the three patients spoken with were aware of the PPG. Following discussion on the role of the PPG two patients were interested in joining and were signposted to the surgery for further information.

Staff feedback

Healthwatch spoke to two members of the staff team during the visit. Staff spoken with were in differing roles including clinical and non-clinical. Staff were observed interacting well with patients and appeared to be confident in their roles.

Do you have enough staff when on duty?

Both staff members felt that overall the surgery has sufficient staff on duty, with staff sickness, annual leave and staff turnover the main reasons for the surgery to be understaffed at any given time.

“There are times with sickness, annual leave and staff changing departments when we do struggle”

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



Both staff members discussed an increase in workload which is adding to their daily schedules but that they were still able to provide person-centred care.

“...if a patient needs more time we spend that with them and deal with each one individually depending on their needs”

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

The two members of staff both stated that they felt sufficiently trained in order to carry out their duties and that staff can request further training if they feel it would be beneficial for their roles.

“Very supportive for personal development”

What measures are in place for people with additional communication needs?

Surgery staff explained that they use the system Surgery Connect which provides access to electronic patient files for both Holland House Surgery and Freckleton Health Centre ensuring patient information is easily available; this allows for staff to identify where extra support may be needed for individual needs for those with visual/hearing impairments, autism, dementia etcetera.

Discussion with surgery staff determined that there was a hearing loop system in place, and that interpreters were available for British Sign Language (BSL) via the Prestige Language Line. Interpreters were also available by telephone for those whom English is a second language.



Quiet rooms were available for those who may find the general waiting areas overwhelming, and consultations were being carried out in the most appropriate space for the individual.

What is your experience of working here?

The two staff who provided feedback were positive about their experience of working at the surgery.

“...I really enjoy working here”

“We are a forward thinking practice that embraces change and moves with the times”

“I would have no hesitation in recommending our practice”

“The team is a great bunch of people, always there to support each other”

“We have what we consider a fantastic supportive [team] to staff and patients”

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

One of the staff team discussed how streamlining referrals was a potential way to improve services due to the current need for patients to go through several pathways before reaching the correct clinician which created unnecessary GP appointments; although it must be noted that this was around external services referring in to a GP rather than the surgery.

One member of staff spoke about how the surgery was currently reviewing the triaging system to help alleviate the issues around 8am telephone calls.

“We are looking into a triage system that would hopefully end the rush of the 8am”

Recommendations

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

1. 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
2. Have clearer communication with patients around digital access in order for those patients preferring to use online/apps to be aware of what is available, and support patients to learn how to use the digital platforms
3. Implement signage for patients to more easily identify the higher seating in waiting rooms, especially for those who may have visual impairments
4. Consider how video information is provided on the electronic monitors and look at the use of subtitles and an on-screen BSL interpreter
5. Investigate why there is a high number of incidents with frustrated patients and see how this can be reduced; include the Patient Participation Group (PPG) as the patients representatives. Remove some of the signage around the surgery regarding aggressive and violent behaviour to ensure a better patient experience
6. Display more information around staff structure, the triage process and services provided to ensure that patients are fully informed; utilise leaflet holders more in order to help improve patient health and wellbeing
7. Look at including key staff photographs on the Who's Who page on the website so that patients can be more familiar with the team and thus improve patient experience
8. Further promote out of hours appointments so that patients are aware of what's available when the practice is closed

Provider response

Recommendation	Action from provider	Timeframe	Comments
Look at the current appointment booking system and how this can be more efficient	We are currently evaluating a new appointment system in line with NHS guidelines	Implementation is expected to happen this year – but is dependent on suppliers and NHS funding	We do always keep our systems under review and we currently use the NHS care navigation system to allocate appointments. However, the NHS is currently going through a transition period with new technology being contracted to assist practices to cope with the increasing level of demand. All of the practices within our PCN are taking part in a new “total triage” initiative along with our PCN colleagues which will result in the replacement of our current appointment system
Have clearer communication with patients around digital access	We are looking at holding digital clinics for our patients in conjunction with our PCN colleagues.	This will run in parallel with changes to our website and the appointment system	We currently use our social media to help provide communications for digital access and staff in the practice also help patients with setting up their accounts as much as they can. We will be changing our website this year to make it more user friendly and content will be updated and standardised throughout the PCN. We will be looking at holding dedicated digital clinics as part of the upgrade strategy – some will be walk in clinics and some appointment based – so

			that we can try and help patients gain access via digital means as much as we can.
Implement signage for patients to more easily identify the higher seating in waiting rooms,	New signs in place	April 2024	We have tried to highlight the seating in the waiting room to make it more visible
Consider how video information is provided on the electronic monitors and look at the use of subtitles and an on-screen BSL interpreter	We will implement what we can.	By the end of the year	The practice does not produce video content but is provided with files from various sources so is dependent on what is contained within the files we are given. We are investigating whether there is anything available that might help with applying subtitles to what we have on our screens. We have not been able to find anything that can retrofit BSL interpretation to existing files.
Investigate why there is a high number of incidents with frustrated patients and see how this can be reduced	Patient Surveys have been conducted and will continue to be undertaken	Ongoing review	We get a lot of feedback from our patients via our PPG, patient surveys (our own and friends, family test) as well as through complaints and compliments. Evidence so far demonstrates that patients are frustrated with the NHS overall and not just General Practice. Many patients are struggling with access and are particularly frustrated at having to wait for services especially if they are in pain or have waited a long time. As we are based in the community and therefore close to the patient, we frequently bear the brunt of that frustration.

Display more information around staff structure, the triage process and services provided	We have had some very helpful communications provided by the LMC that help to explain services provided and the staff structure	April 24	This information has been shared on our social media and will also be included on our new website once it is up and running. We are also trying to get it uploaded onto the screens in the building.
Look at including key staff photographs on the Who's Who page on the website	This suggestion has been discussed with the staff and photographic identification will not be implemented in practice. We do maintain a list of staff and their roles on our website already.	N/a	Unlike hospitals, We have a lot of staff who live close to the practice and it can cause problems for them and their families if patients are aware of who they are and where they work. I explained at the time of the visit that we have had incidents in the past that have resulted in staff leaving the practice and also patients being removed from the practice list so we do not encourage staff identification.
Further promote out of hours appointments	This is undertaken regularly	Ongoing	Patients are routinely offered appointments at the Extended Access and Out of Hours services as a part of our care navigation processes. We also promote these services via our social media on a regular basis and will continue to do so.



healthwatch
Lancashire

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