



Annual report 2019–2020

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Message from our Chair

As I write this in May 2020 the world has changed dramatically in the past few weeks. The COVID-19 pandemic has affected all of us, but it has especially affected our health and social care services and systems.



We have seen changes in how we access services and in the type of care and support for vulnerable people. We are still processing and learning what impact these changes are having now and the long-term implications.

One thing that hasn't changed is our mission to engage with users of health and social care services across Newcastle. We do this in several ways, but the most important is to find out what matters to you. We hear your experiences, both the good and the bad, and make sure that policy and decision-makers at local and national levels are not only aware of them but can incorporate them into their policies and delivery of services.

Thanks to the skill and professionalism of the team and our Champions (volunteers) we have become a respected and valued partner with key organisations. We play an important strategic influencing role with the Newcastle City Council Wellbeing for Life Board, and we highly value our relationship with the council's Health Scrutiny Committee as we do with NHS Newcastle Gateshead Clinical Commission Group and Newcastle Hospitals

NHS Foundation Trust. We are proud of the way that we have been able to present to key organisations the voices of people who are often not heard in the process of services delivery.

We have produced six excellent investigate research reports which have resulted in 10 recommendations that I believe will improve various health and social care services, ranging from children and young people's mental health services to accessing primary care services, such as opticians and dentists, for people who are housebound.

The feedback we receive has been incorporated into Healthwatch England's evidence to Parliament's Select Committees, so they can understand what you are experiencing and make recommendations to government on policy.

We have only been able to achieve the above and more due to the dedication and commitment of our team and our Champions. To them all I have to say that you have my greatest respect and gratitude.

I am confident that we as an organisation will be able to rise to the challenges in these unprecedented times and continue to serve the residents of our city. Please continue to tell us your experiences so we can continue to strive for improvements to health and social care.

A handwritten signature in black ink, reading "Alex Dargès-Chantler". The signature is written in a cursive style with a horizontal line underneath.

Alexandros Dargès-Chantler BA (Hons),
MBA, MA DBA, Dip
Healthwatch Newcastle Chair

Our priorities

Last year many people told us about the improvements they would like to see health and social care services make in 2019—2020. In January 2020, our Committee selected five potential priorities for the coming year, based on what we had heard:

- Carers' assessments
- Interpreting services
- Reviews of social care support for people who are no longer in crisis
- Supporting young people who are facing gender identity issues
- The adult social care assessment process

We asked the public to help us prioritise them over the next few months and the top two priorities became the adult social care assessment process and carers' assessments.

However, at the time of writing this report we are in the middle of the global coronavirus pandemic. Our health and care services and the wider social sector are facing real challenges to deliver both new services and existing services in different ways. So, we have adjusted our immediate priorities for 2020—2021.

Information-giving and feedback-gathering – communicating key messages and important information to the public and asking them to share their experiences.

Signposting – supporting people to get the help they need.

Troubleshooting – helping people who are not getting the response they need.

Supporting local communities – working with others within the voluntary and community sector, health and the local authority to support the wider community.

We will continue to gather information and feedback about people's experiences of health and care services. This information will be shared with the people that plan and provide services to help them plan and change what is offered as required.

At the moment we think it is sensible to use this as an opportunity to help the system reflect on and learn from the pandemic response. Once the current situation has moved into a different phase, we will review our priorities on a regular basis.

About us

Here to make care better

We are the independent champion for people who use health and social care services. We're here to find out what matters to people and help make sure your views shape the support they need.

We listen to what people like about services, and what could be improved, and we share these views with those with the power to make change happen. We also help people find the information they need about services in their area.

Nationally and locally, we have the power to make sure that those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.



Share your views with us

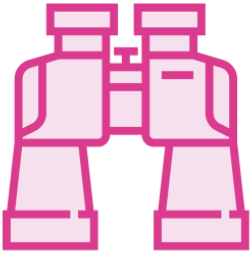


If you have a query about a health and social care service or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Newcastle is here for you.

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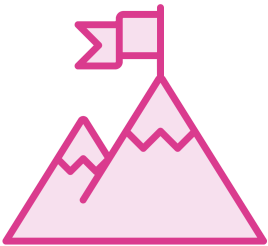
e: info@healthwatchnewcastle.org.uk



Our vision is simple

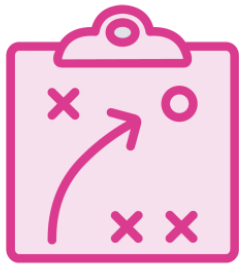
Health and social care that works for you.

People want health and social care support that works – helping them to stay well and get the best out of services.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need from health and social care services.



Our approach

People's views come first – especially those that find it hardest to be heard.

We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations



Find out more about us and the work we do

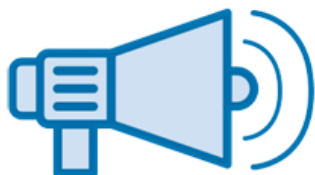
Website: www.healthwatchnewcastle.org.uk

Twitter: @HWNewcastle

Facebook: HWNewcastle

Highlights from our year

Reaching out



206,500 people

engaged with us through our website, social media or at community events.

Supporting people



478 people

shared their health and social care story with us.

55 people

accessed Healthwatch advice and information online or contacted us with questions about local support.

Making a difference to care



We published

6 investigative research reports, with a total of **10** recommendations to be implemented across health and social care services in Newcastle.

Health and care that works for you



We have achieved this with our team of **5** part-time staff members and **9** volunteers.

How we've made a difference

Speaking up about your experiences of health and social care services is the first step to change.

Take a look at how your views have helped make a difference to the care and support people receive in primary care

Spotlight on health at home

We explored how easy it was for people who are housebound to use their GP, dentist, optician or pharmacy.

As part of this, we called some of these services as if we were a housebound patient, to find out how easy it was to get information about services housebound people were entitled to.

GP practices generally provided a good level of information. However, opticians or dentists that did not carry out home visits often did not provide much information or signpost to services that do provide home visits.

In the best-case scenario, any housebound person should be able to ring any dentist or optician and get information and/or signposted to home visiting services at their first contact.

We recommended that all dentists and opticians in Newcastle should be provided with a list of all dental and optical home visiting services so that if a housebound patient calls any dentist or optician, that information is to hand.

The Northumberland, Tyne and Wear Local Optical Committee (LOC) acted on this recommendation and placed a list of all the opticians providing home visits on its website.

In its next newsletter to all opticians, it reminded them that they must provide details of opticians that do provide home visits if they are asked. This reminder directed the opticians to the Northumberland, Tyne and Wear LOC website for the details.

The website was also updated to state that 'Practices not offering a domiciliary service have an obligation to provide patients who need it with details of practices that do.' The Northumberland, Tyne and Wear LOC also got in touch with other LOCs in the region suggesting they do the same.

With this in place, we hope that housebound people in Newcastle will now find it easier to get the information they need to get their eyes tested at home.

We are currently working on how dentists can provide similar information to patients.

A good practice award for Patient Participation Groups

In partnership with Healthwatch Gateshead, Patient Participation Groups (PPGs) were chosen as one of our priorities for 2019–2020.

Over recent years, several GP practices and several PPG members had contacted us to tell us that their PPG was not working effectively. Some also asked for help in either setting up a PPG or supporting their PPG to become more effective. We were also aware that NHS Newcastle Gateshead Clinical Commissioning Group (CCG) was concerned that some local PPGs were not functioning well. We aimed to support and complement the CCG's work towards increasing the effectiveness of PPGs.

Initial research showed that there was already a lot of information about PPGs 'out there'. NAPP (National Association for Patient Participation), the Patients Association, other Healthwatch (Sunderland and Leeds) and the NHS have all produced toolkits or other forms of guidance.

To avoid duplication, we chose to take a different approach and decided to introduce a best practice award, 'Healthwatch participation in practice', which PPGs could work towards. The award is based upon the four PPG requirements in the 2015–16 General Medical Services contract, which are for all practices to:

- Develop and maintain a PPG to obtain the views of patients and enabling the practice to obtain feedback from the practice population.
- Make reasonable efforts for this group to be representative of the practice patient population.
- Engage with the PPG at a frequency and

in a manner agreed with the group to review patient feedback (whether from the PPG or other sources) with the aims of the practice and PPG agreeing on improvements that could be made to services.

- Act on suggestions for improvements, where the practice and PPG agree.

Several criteria were developed for each requirement, founded upon accepted best practise for patient involvement. The criteria were aimed at promoting effective, autonomous and supportive PPGs, to provide crucial 'critical friend' role for practices. Criteria included mandatory and non-mandatory elements. GP practices and PPGs must meet all the mandatory criteria to achieve the award. A minimum 90% of all the criteria (at least two criteria from each requirement and all the mandatory criteria) must be achieved to receive an award with distinction.

A pilot was launched to assess interest in an award and test the criteria and the support we planned to offer to see if it was appropriate.

A pilot launch event was held in September 2019 to recruit between four and eight participants from across Gateshead and Newcastle. In the end we recruited 12 practices, seven from Newcastle and five from Gateshead. We could have recruited many more, however, 12 was the maximum we were able to viably support on the pilot.

From September 2019 to March 2020 we supported practices and their PPGs to meet the award criteria through one-to-one visits, workshops, informal get-togethers and the sharing of best practice materials and template documents through Basecamp, an online project management platform.



When the pilot ends, Healthwatch staff will visit practices to assess whether they have achieved the award. There will be external moderation of decisions by the CCG. The pilot will also be evaluated by the regional Academic Health Science Network, which has supported the project from the start. If the evaluation finds the award successful in increasing PPG effectiveness, we will consider how it can be rolled out more generally across Newcastle and Gateshead.

The evaluation will also consider the potential for the award to provide a model of support that can be adopted on a much wider scale, possibly regionally or nationally.

We planned to run the pilot to April 2020, with an extension to September 2020 for practices that needed more time to achieve the award. Due to the COVID-19 outbreak,

activities and events associated with the pilot are on hold, with the agreement of all practices. We are currently investigating how we can continue to provide a level of online support, perhaps focusing more on PPG members rather than very busy practice staff, throughout the current crisis.

It is difficult to assess the impact of the award while the pilot is incomplete. However, initial indications from the practices and PPGs involved has been very positive. Activities have all been well attended and people have told us they found them very helpful. We have heard that one-to-one support has been appreciated and some practices have stated that their PPGs have already become more motivated and effective, as they work towards achieving the award.

Since getting involved with Healthwatch and the PPG award I feel I have a better understanding of what a PPG is. I feel there has been some great ideas shared and it is good to have a work plan and an aim for the end goal. I have successfully recruited a number of members and feel this has really helped the PPG here.

Cheryl Mooney, Newcastle Medical Centre

NHS long term plan

#WhatWouldYouDo

The NHS long term plan was published by NHS England in January 2019. It sets out priorities for the NHS over a ten-year period in order to improve the quality of patient care and health outcomes.

This was one of the largest engagement exercises that the NHS has ever carried out, done in cooperation with Healthwatch England and the 110 local Healthwatch, including ourselves.

Highlights



More than 40,000 people shared their views with local Healthwatch



Our national network held over 500 focus groups reaching different communities across England



Healthwatch throughout England attended almost 1,000 community events, including festivals, carers cafes, shopping centres and NHS services to speak to the public about their experiences

Mental health for young people – our role in the NHS long term plan

As part of the NHS long term plan, we collected the views of young people on mental health. We conducted a focus group with local young people's organisation Streetwise, discussing prevention and/or early intervention, assessment, diagnosis and treatment and the provision of ongoing care. The young people recommended the following.

Prevention and/or early intervention

- Engagement with young men to get support to combat stigma.
- More publicity on talking about mental health.
- Include mental health on the curriculum from primary school upwards, using interactive activities to engage with young people.
- Public and professionals need training to identify mental health conditions.
- Include videos on websites alongside standard information, as young people can access this on their phones. Can be updated easily and reach more people.

Assessment, diagnosis and treatment

- Mental health services should be attached to services within the community, as people with mental health issues won't travel or it can cost too much for them.
- Home visits should be offered initially to those with severe issues who can't leave the house; they can visit GP practice once able to travel.
- Better to speak in person but use Skype as an alternative for sessions.
- Hold more sessions as it takes a while to build a relationship. Work is lost after sessions stop.
- Offer more counselling; medication was seen as an easy option.

- Training for health professionals to reduce inconsistent advice/treatment between staff. Need better communication.
- Create a service for 16–18 year olds who are between adult and children services.
- Give patients access to online records.
- Test results should be given to children under 16 as well as their parents.
- Put money into existing services rather than create new services/apps as it takes a while to promote and build a reputation.

Provision of ongoing care and support

- Educate parents on how to deal with mental health problems and change attitudes as lack of awareness affects young people's mental health.
- Offer checkups and support while on the waiting list.
- More support in schools to prevent teachers taking on responsibility.
- Teach young people mental health first aid to understand and support peers.
- Have fewer people involved in care and support for young people to reduce miscommunication between those involved.

Helping you find the answers

Finding the right service can be worrying and stressful. Healthwatch plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped 281 people get the advice and information they need by:

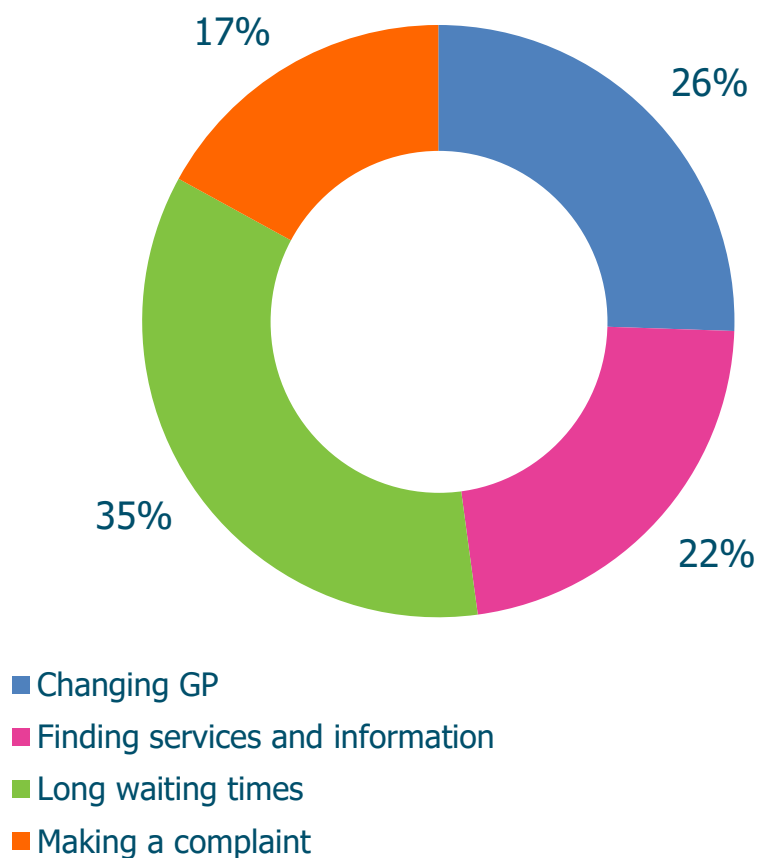
Providing advice and information articles on our website.

Answering people's queries about services over the phone, by email, or online.

Talking to people at community events.

Promoting services and information that can help people on our social media.

Here are some of the areas that people asked about.



How we've helped you

Accessing further support

A father called about his son, who has Asperger's and obsessive-compulsive disorder. His son was receiving support from a local psychiatric team and was waiting for a community psychiatric nurse. He also had some social care support (home care workers). His father explained that, as far as he was aware, his son was getting all the support he is entitled to. He wanted to know if there was anything else that could be of support to his son.

We made enquiries on his behalf and shared the following with him:

- Information about a free online counselling service — www.kooth.com.
- A website that offers mental health support to people aged 25 or under — www.themix.org.uk.
- Contact details for the children and young people's mental health duty team.
- Contact details for a local young people's organisation (Streetwise) that offer some support services.
- Contact details for the local community mental health teams.
- Contact details for a local mental health recovery college — www.recoverycoco.com.

Registering as a temporary patient

A student of Leeds University got in touch with us about her difficulties accessing a GP while visiting Newcastle (her home) during university holidays. She had lived in Newcastle most of her life but had registered with a GP in Leeds. During her visit to Newcastle the student tried to see her former family GP when she was unwell with suspected tonsillitis. The GP would not see her because she was registered with a Leeds GP. The student was advised to go to a walk-in centre.

She followed this advice but was turned away at the walk-in centre. She was informed that she needed to see her GP to get penicillin.

She returned to her former GP and was advised that she needed to re-register to

access their services and that this process would de-register her from her Leeds GP. There was also a two-week wait. Because of this wait, she decided to return to Leeds to see her GP there.

This should not have happened. People can see a GP at any GP practice if they require emergency treatment. If they need treatment for more than 14 days, they can register with the practice as a temporary patient if they will be living near the GP practice for less than three months. Doing this does not de-register a patient from their permanent GP practice.

We called the practice on the patient's behalf. The practice manager apologised and said that they would ensure that reception staff were trained on temporary resident protocols.

Teething troubles

A woman got in touch about her dental treatment. She had paid a band one dental charge and was supplied with a handwritten receipt. Shortly after this, she received a penalty notice from the NHS Business Services Authority (NHS BSA) imposing a charge on her for not paying for her treatment. She had contacted the NHS BSA to tell them she had paid but no longer had the receipt. NHS BSA advised her to take the issue up with her dentist.

She contacted us for some more advice. We advised her to contact her dental practice to get a copy of the receipt and use that as

proof of payment. We told her that if she had any problems, she could escalate the issue to NHS England.

The woman also expressed some concerns about the dentist's fitness to practice. We provided contact details for the Dental Council so she could raise a concern about the dentist's fitness to practice if she wished. As she was dissatisfied with the dentist, we also told her about the NHS Choices and Healthwatch Newcastle website and explained that she could use these websites to find a new dentist near her if she decided to change her dentist.

Accessing screening

A local charity got in touch with us about a refugee it was supporting. The refugee did not speak English but was keen to engage in the cervical screening program. Her support worker had got in touch with her GP practice on her behalf to arrange this appointment.

When the support worker requested an interpreter for the appointment, she was told that was not possible; arranging an interpreter for appointments other than GP appointments was 'outside of contract'.

We contacted Newcastle Gateshead Clinical Commissioning Group to check if the statement from the GP practice was correct.

We also got in touch with the cervical screening trainers at the New Croft Centre in Newcastle to see if she could be screened there if the GP was not forthcoming.

We were told that an interpreter should be arranged regardless of the type of appointment and was given guidance on how to access an appointment at the New Croft Centre if needed. This information was shared with the support worker and we encouraged her to speak to the practice manager to try and resolve it. If the issue could not be resolved with the GP practice quickly enough, we would be happy to help her to access services via the New Croft Centre.

Our volunteers

At Healthwatch Newcastle we are supported by nine volunteers, known as Champions, to help us find out what people think is working, and what people would like to improve, to services in their communities.

This year our volunteers:

- Raised awareness of the work we do at events, in the community, with health and care services.
- Visited services to make sure they are providing people with the right support.
- Helped support our day-to-day running.
- Listened to people's experiences to help us know which areas we need to focus on.

How our Champions help us

We knew that changes had been made to how children and young people's mental health services were being delivered locally. We wanted to find out how much children, young people and their parents and carers knew about accessing these services and if they had heard of a new service called Kooth (an online counselling service). We also wanted to hear people's experiences of using these new services. To do this we designed a survey to gather people's views.

Our Champions helped us with this work in three ways. Firstly, three of our Champions with research and survey writing experience got involved in helping to design the survey. They viewed several draft surveys and helped us adapt them to ensure that the survey was as effective as possible.

Secondly, two Champions with research experience helped us build a database of all the mainstream, specialist and independent schools in Newcastle and Gateshead. This database included contact details, the school

mental health leads (if any) and if the school was actively promoting Kooth on its website.

Finally, two Champions helped us to run stalls and a focus group to gather people's experiences.

We also involved our Champions in smaller projects. For example, last year we completed a project looking at how easy it is for housebound people to access their GP, dentist, optician or pharmacy. This project was called 'Spotlight on health at home'.

As a result of this work, we want to find out how dental and optical services in Newcastle that are commissioned to provide home visits are gathering feedback from their housebound patients.

Two of our Champions with research experience have helped us to write an information request that will be sent to these services. In the future, these Champions will lead on analysing the responses we get and writing a report summarising the findings.

We could not do what we do without the support of our amazing volunteers. Meet some of the Champions and hear what they get up to.



Linda

I have been a Healthwatch Newcastle Champion for six years. I enjoy this role as it gives me an insight into how and what are the priorities in health and social care for people in the area where I live.

During my time volunteering I have helped staff with many different projects including questionnaires at the Royal Victoria Infirmary and various community venues. Covering reception at Healthwatch events and meeting and greeting attendees is one of my favourite roles. I also promote Healthwatch at various community stalls including the Newcastle Mela and Chinese New Year.



Allan

From a very early age I became interested in magic tricks and for the past thirty years have performed as a semi-professional magical clown throughout the North East.

When I retired from work I became a volunteer with Healthwatch Newcastle, which gave me the opportunity to continue my interest in meeting new people. I have been working as a Healthwatch Champion for about six years and I particularly enjoy participating in their conferences. I believe that the NHS is very good but has room for improvement and hope that through Newcastle Healthwatch I can play a little part in this.



Cath

I have been volunteering with Healthwatch Newcastle for many years now. I believe it can and does make a difference to the lives of ordinary citizens in the complex and varied world of health care.

In this past year I have been involved with a project for asylum seekers seeking primary care, a U3A group and an NHS-sponsored survey of A&E departments in Newcastle and Gateshead. My colleague and I chose the unpopular hours of midnight to 4am – they were very interesting and eye-opening times!



Be our Champion

Help us make a difference in Newcastle.

Find out about the opportunities we have for you at

www.healthwatchnewcastle.org.uk/volunteer-with-us



Our Committee

The Healthwatch Newcastle Committee has continued to support and lead our work over this year. The members come with a wide range of experience. Some bring direct experience of having worked in health or social care while others bring a strong understanding of the needs of service users.

Last year, some of our Committee members took on a project sponsor role for our in-depth research and our Project Managers found their guidance, advice and perspective very helpful. We repeated it this year and it has helped us to think about new ways to hear from people and present our findings.

Our Chair, Kate Israel, stepped down at our AGM in October 2019. Kate has been a great leader for Healthwatch Newcastle and brought with her not only a great understanding of social care but also experience of setting up Healthwatch

Newcastle and working for Healthwatch North Tyneside. We would like to thank her for her time with us.

We continue to have vacancies on our Committee. We would love to be able to have a Committee that truly reflects the population of Newcastle and will be recruiting new members in 2020—2021.

Committee members 2019—2020

- Feyi Awotona
- Terry Bearpark
- Tim Care
- Alisdair Cameron
- Gill Clancy
- Alexandros Dearnley-Chantler (Chair)
- Kate Israel (stepped down)

Our plans for next year

Looking back

This has been yet another active and full year for us at Healthwatch Newcastle.

Rachel Wilkins, Project Manager, has led work to find out about people's experiences of children and young people's mental health services. The work has been emotional and challenging at times and we have made recommendations that will hopefully help improve the experience of so many young people and their parents and carers.



We have also built stronger relationships with GP practices through our work supporting the development of effective patient participation groups. Unfortunately, we have had to pause this work due to the pandemic but our Associate Lyndsay Yarde, who has been leading the Participation in Practice Award, is hoping to find ways to

continue to offer support until the work can restart properly.

We also joined with Healthwatch Gateshead and Healthwatch North Tyneside to do a survey over two 48-hour weekend periods in the Emergency Departments at the Royal Victoria Infirmary and the Queen Elizabeth Hospital. This was unprecedented work and wouldn't have been possible without the help of our Champions and Committee members.

We said goodbye to our Mel Bramley, our Volunteer and Outreach Coordinator, in December. Mel's skill, knowledge and passion will be much missed as will her ability to take care of everyone.

Looking ahead

All of our plans started to change in late March 2020 as we realised just how significant the pandemic was going to be. Our focus for the duration of the pandemic is on making sure that people get the support and information they need.

We will continue to gather information about people's experiences of health and social care and will share this with the people that are planning and providing the services. As a lot of the ways in which services are being provided are very new, using technology to support social distancing, etc. this feedback is still very important.

We also need to make sure that the services meet the needs of all the communities across the city.

As this year progresses, our priorities will change to meet the needs of our communities.

Thank you

This is the last annual report that I will be part of as I move on to pastures new. I am very proud of the way we take feedback from members of the community and use that to make real changes in services in Newcastle. I have learned so much from my five and a half years with Healthwatch Newcastle and all the people that I have come into contact with.

I would like to thank the Committee members, Champions and staff for all that they have done to deliver our work. I know that we will continue to work hard to do our work, even against the current background of the coronavirus pandemic.

I'd also like to thank the wider population of Newcastle for supporting our events, sharing your experiences and trusting us to support you.



Steph Edusei
Healthwatch Newcastle Chief Executive



Contact us to get the information you need

If you have a query about a health and social care service or need help with where you can go to access further support, get in touch. Don't struggle alone. We're here for you.

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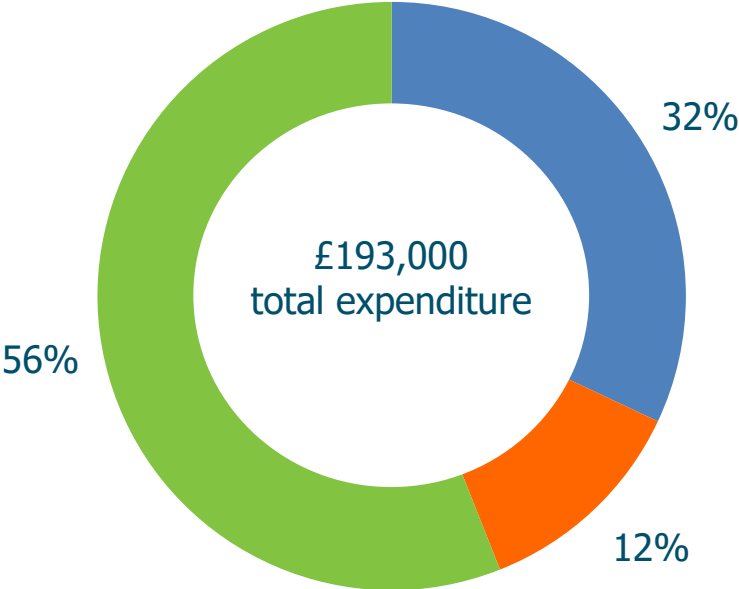
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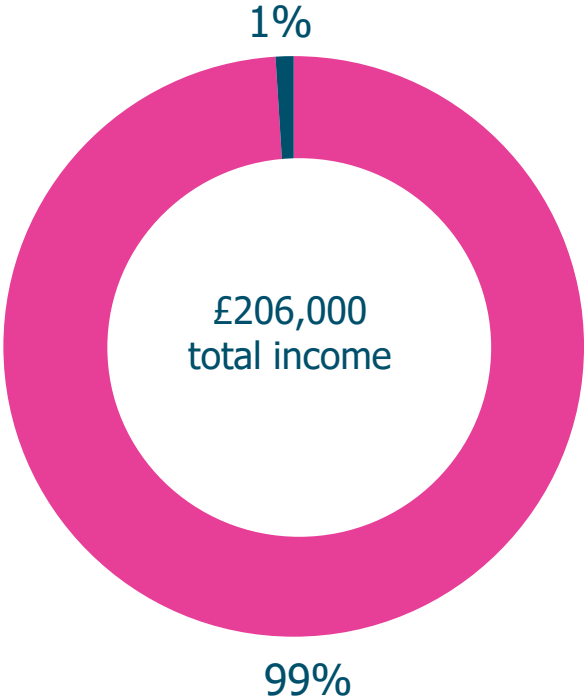
Finances

We are funded by our local authority under the Health and Social Care Act 2012. In 2019—2020 our budget was £202,500 and we spent £193,000.

- How much it costs to run Healthwatch Newcastle
- Management costs
- Staff costs



- 99% funding received from local authority
- 1% additional income



Thank you

Thank you to everyone that is helping us put people at the heart of care, including:

- Members of the public who shared their views and experience with us
- All of our amazing staff and volunteers.
- The organisations that have contributed to our work.
 - Archibald First School
 - Gateshead College
 - Jesmond Park Academy
 - Newcastle College
- Our partners and stakeholders
 - Academic Health Science Network for the North East and North Cumbria
 - Action Foundation
 - Children North East
 - Connected Voice
 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Service User and Carer Reference Group
 - Deaflink
 - Fulfilling Lives Newcastle Gateshead (a project of Changing Lives)
 - Gateshead Healthcare NHS Trust
 - HAREF (Health and Race Equality Forum)
 - NE Youth
 - Newcastle City Council
 - NHS Newcastle Gateshead Clinical Commissioning Group
 - Newcastle upon Tyne Hospitals NHS Foundation Trust
 - NRASS (North Regional Association for Sensory Support)
 - People's Kitchen
 - Scotswood Community Centre
 - Search
 - South Mountain Chinese Older People's Association
 - Streetwise
 - The Newcastle Upon Tyne Hospitals NHS Trust
 - The Riverside Group
 - Youth Focus: North East
 - All of the practices involved in the Participation in Practice award: Birtley Medical Group, Bridges Medical Practice, Cruddas Park and Hillside Surgery, Denton Turret Medical Centre, Dilston Medical Centre, Elswick Family Practice, Fell Cottage Surgery, Newcastle Medical Centre, Oxford Terrace and Rawling Road Medical Group, Teams Medical Practice, Throckley Primary Care, Westerhope Medical Group

Contact us



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07551 052 751



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**If you require this report in a different format
please call Freephone 0808 178 9282**

Organisation holding the Healthwatch Newcastle contract as of 31/03/2020
Tell Us North CIC (company number 10394966)
MEA House, Ellison Place, Newcastle upon Tyne, NE1 8XS
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We confirm that we are using the Healthwatch trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.