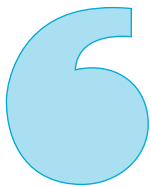




# Hospital discharge in Gloucestershire:

Local people's experiences



July 2021

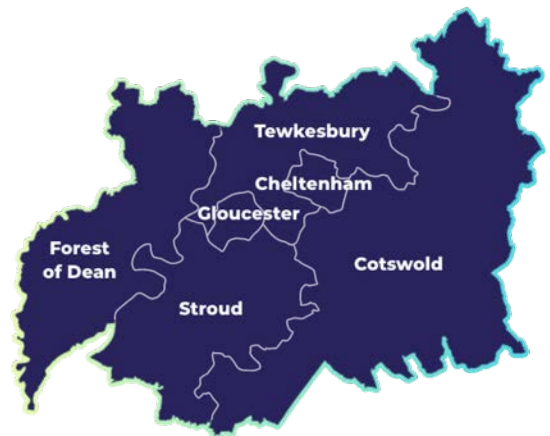


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# Introduction

Healthwatch Gloucestershire is the county's independent health and social care champion. We exist to ensure that people are at the heart of care. Our dedicated team of staff and volunteers listen to what people like about local health and care services, and what could be improved. These views are then shared with decision-making organisations, so that together a real difference can be made to improve local health and social care services.

Healthwatch Gloucestershire covers the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.



## Background

Anxiety, delay and confusion are common themes in the feedback we hear from people moving from one service to another. While health and care services themselves are often regarded as good, the transition between services can be stressful. We wanted to identify what works well and what needs to be improved for patients and their carers to deliver a more seamless transition between services.

We worked closely with Gloucestershire's NHS Trusts to reach people with experience of hospital discharge and transition between services, and to make sure that we ask the right questions to help services improve the transition process.

## What we did

We conducted an online survey from 23 February to 23 April (the full list of questions can be seen in **Appendix A**). Alongside this, we offered the opportunity for respondents to have a telephone conversation with us.

We publicised this project through our website, newsletter and social media channels. Gloucestershire Hospitals NHS Foundation Trust also handed out information about this project to patients being discharged from hospital. Gloucestershire Health and Care NHS Trust also publicised the project widely to their patients and experts by experience.

A survey poster for Healthwatch Gloucestershire. The top section is dark blue with the text 'Local health and care shaped by you' and the Healthwatch Gloucestershire logo. Below this is a photograph of an elderly man sitting in a hospital room. The bottom section is orange and contains the survey question: 'Have you been discharged from a Gloucestershire hospital in the last 12 months?'. It also asks 'What works well? What could be improved?' and states 'It's easy to share your views: 1:1 conversations | Online survey'. At the bottom, it says 'Find out more' and provides the website 'healthwatchgloucestershire.co.uk/project/transitions' and the phone number '0800 652 5193 (freephone)'.

Local health and care shaped by you

healthwatch Gloucestershire

Have you been discharged from a Gloucestershire hospital in the last 12 months?

What works well? What could be improved?

It's easy to share your views:  
1:1 conversations | Online survey

Find out more

healthwatchgloucestershire.co.uk/project/transitions  
0800 652 5193 (freephone)

# Who we spoke to

Our survey was completed by 11 people; nine identified as a carer or family member and two were patients.



Two patients were treated at Cheltenham General hospital, nine at Gloucestershire Royal Hospital and one was also treated at Stroud District hospital. Ten patients had been discharged within the last 12 months, and one within the last 24 months. Seven of the respondents were discharged since the beginning of 2021.

In addition to the survey, we also spoke a gentleman whose father was treated at Gloucestershire Royal Hospital, Cheltenham General Hospital and Lydney Community Hospital (read our case study on page 8).

A full breakdown of respondents' demographic data can be seen in **Appendix B**.

## Key messages

- Overall care for patients in hospital was good.
- Patients were often unsure about when and how their discharge would be happening.
- Carers and relatives were mostly not involved in the discharge process. This meant they were not always prepared enough to take good care of the patient after leaving hospital.
- Transport arrangements for a significant number of people were unsatisfactory or overlooked the needs of the patient.
- Arrangements for patients' needs after discharge were variable; problems arose with medication and equipment.
- Most people felt that they did not have enough information about the ongoing care that would be needed, including how to manage while other services were put in place.
- Most people were not kept informed about referrals to other services, though some were provided with relevant contact details.
- People experienced variable waiting times for other services.
- Accessing Continuing Healthcare funding is challenging and disjointed for the patient and their carers and relatives.

# What people told us

## Dignity, compassion and respect

We asked people to tell us about dignity, compassion and respect the patient had received.

- Eight of the survey respondents felt the patient was treated with dignity, compassion and respect by the staff.
- Six of the respondents said the patient felt valued by the staff, four said they did not, and one chose not to answer this question.
- Six people said the patient was involved in decisions made about their care, whereas five said they were not.
- Four people said that the patients' concerns were taken into account, with six saying they were not, and one person chose not to answer this question.
- Four respondents said that the patient felt listened to, and seven said they did not.

***“Most staff were respectful and care of a high standard.”***

***“Care in hospital was good... although seeing so many consultants was confusing, and advice sometimes contradictory.”***

***“Mum was poorly and very confused but still discharged from hospital.”***

***“Was moved to a different room when asked as was worried about Covid.”***

***“On the whole, my husband was treated with dignity and respect, but compassion was often lacking so difficult to give a straight yes or no answer. Very often he was not listened to and seemed to know more about when his meds/feeds should be administered than the staff.”***

## Carers and relatives

We asked if the patient had a carer or family member to help and support them; seven people said they did and four did not. The following answers are based on the seven who did have a carer or family member.



Two of the seven respondents said the carer or family member was involved in the discharge process, and five were not involved. We then asked if the patient wanted their carer or family member to be involved in the discharge planning, and six said they did while one did not. Following on from this, we asked if the carer or family member wanted to be involved, and six also said they did while one did not.

One person said that carer or family members needs were considered, and six said they were not.

Two people told us that their carer or family member was informed about the discharge plans, and five were not.

***“Throughout a stressful time, communication between ward staff and myself was difficult. Sitting at home for days wondering what is going on was stressful. Staff were busy, that was understood but a regular update from the ward would have reduced anxiety a lot. I feel processes need to be put in place to do this.”***

***“The decision to discharge happened very quickly, without the root cause being identified. I (her daughter) was told she was being discharged and had no involvement in the decision.”***

***“I was with my husband as wife and carer - it was difficult to establish when he would be discharged and unexpectedly after three weeks he was discharged and he had to phone me as he needed to be collected.”***

## Discharge process

We asked if they felt the patient was discharged at the right time. Three respondents said they were discharged too early, three said they were discharged too late, and the remaining five people said they felt they were discharged at the right time.

***“Discharged from Stroud after rehabilitation. For a fortnight after being declared medically fit she bed blocked waiting for a home care package from the discharge service. It never came, and we went private in desperation as she was in danger of deterioration.”***

***“Just right, better to recuperate at home.”***

In the survey we asked, ‘When told the patient could go home, was the discharge process timely?’ Six people said that it was a timely process, whereas five said it was not.

Of the five people who said the process was not timely, one said they were kept informed and updated about the delays in the discharge, and four said they were not.

People told us the cause of the delays to the patient’s discharge were due to medication availability and delays, and staffing issues. We were also told that ***“more communication and realistic promises would have helped.”***

## Transport

Four respondents said that transport was arranged for the patient within the discharge planning process, while seven said it was not arranged.

We asked what transport the patient used to leave hospital.

- Own car 5
- Hospital transport 4
- Family / relative 1

We then asked how satisfied they were with the transport option.

- Very satisfied 4
- Satisfied 3
- Unsatisfied 1
- Very unsatisfied 3



***“I picked him up ... appropriate.”***

***“Nurses asked if we could take my dad to his nursing home as they hadn’t booked transport, he was requiring morphine and oxygen and it would have been unsafe and unfair for us to do this.”***

***“All good, thank you.”***

***“Far too late at night, it was maybe 10.30/11pm!!”***

## Equipment and support aids

We asked if the patient was provided with any equipment to support them after discharge. Two people said they were, while nine said they were not.

We then asked if they thought the patient needed any additional equipment to support them. One person said yes, eight said no, and two didn't answer this question.

***“Regular carer visits to ensure mum was up, eating and ok. There was absolutely no way she could prepare her own food or even remember to microwave a plated meal. Handrails had to be installed once we got home - done by ourselves.”***

We asked if they thought the equipment provided supported the patient. Of the 2 respondents that were provided with equipment 1 said yes and 1 said no. We then asked if the equipment was delivered and set up in a timely manner, and 1 said yes and 1 said this was not applicable. They commented saying the equipment was sent home with their relative.

## Information

We asked, ‘When the patient was discharged, did you feel that enough information was given about ongoing care and what to expect?’ Four of the respondents said yes and seven said no.

***“Patient was fully informed.”***

***“Timely GP follow up would have been helpful.”***

***“Medication advice... what to expect would have been helpful, but I don't know if John was told what to expect, and didn't take it in.”***

***“GP did ring after two weeks... that was helpful.”***

***“Not really - leaflets were given about food preparation and how to manage the swallowing but no real discussion about the impact the stroke would have on both of us.”***



## Referrals

We asked if the patient was referred to other services. Four of the respondents were referred and seven said they were not. When asked which services the four patients were referred to, answers included physio, community hospital, speech and language therapy, GPs and District Nurses.

We asked if they were kept informed and updated during this referral process. One of the respondents said they were, whereas three were not.

We also asked if adequate contact details were given for the service/s the patient was referred to. Two people said yes and two said no.

We then asked if enough information was provided about how to manage the patient's health whilst waiting for other services. One person said yes and three said no.

We asked how long the patient was waiting between being discharged from the hospital and their first contact with the service they were referred to. Responses varied from same day, a few days to over a month.

***“It would have been better to have had earlier contact, but we did have plenty of info to get on with and did our own research.”***

## Case study: Derek\* from Cheltenham

*“My Dad had been diagnosed with metastatic prostate cancer in 2012 and by the summer of 2020 was unable to walk, he had lymphoedema and was doubly incontinent. He was seriously ill. At the beginning of August, Dad was readmitted to hospital with cellulitis. He was transferred to Sue Ryder Leckhampton Court Hospice, where he died on the 21 August.*”

*“In May 2020, my father was admitted into Cheltenham General Hospital after a fall at home. After two weeks, my father was sent to Lydney Community Hospital for rehabilitation. Although my father received excellent care at the hospital, they decided he wasn’t fit enough to go home and needed to go for rehabilitation at Lydney Community Hospital.*”

*“Dad was there for a month. The view was that he would be rehabilitated, but he was clearly quite poorly, and I don’t feel we were getting the full picture. The hospital wanted to discharge dad home. My mum and I weren’t really consulted about his discharge planning and there were lots of assumptions made about his condition.*”

*“They were planning to send him home with a care package arranged through the hospital and the council. The care package they were planning to put in place felt disjointed and it wouldn’t have been sufficient, with only two carers a day. It felt like a ‘take it or leave it’ situation, there wasn’t any real understanding of what his condition was and the care he would need, which my 76 year old mother wouldn’t have been able to provide.*”

*“Mum had to take the decision to put him into a care home. No-one from the hospital or council told us about Continuing Healthcare funding at that time. We paid for four weeks of nursing care which was £7,500. This caused huge distress for my mother.*”

*“The care received within the hospitals was good, however the process of discharge and care packaging was poor. I feel we should have been involved more in the process, there were no conversations with the hospital unless we initiated them.*”

*“One of the issues is finding out what you are entitled to. The NHS is needlessly adding to families emotional and financial burden by refusing to fully fund NHS continuing care. When I tried to search through the Government guidelines none of it makes it clear. Whilst I recognise that it is a complicated process that involves several agencies supposedly working together, and it requires professionalism on the front line. If people are not communicated to in time of personal crisis and told what their rights are, they are not going to easily find out.*”

*“The NHS and the Gloucestershire County Council really needs to sit up a take notice of what the Parliamentary and Health Service Ombudsman are saying in their Continuing Healthcare report. I know that many MPs have described NHS continuing care as the best kept secret in the NHS. This is certainly true.”*



---

\* Not his real name



# Recommendations

- Ensure that carers are involved in the discharge planning process.
- Keep patients informed about their discharge and any delays to this.
- Plan transport home that is appropriate for patients' needs.
- Ensure patients' needs after discharge are fully met.
- Provide patients and carers/relatives with sufficient information about their ongoing care, including how to manage their health while waiting for referrals to other services.
- Ensure patients are provided with contact information for receiving a referral service.
- Manage patients' expectations in relation to waiting times for other services.
- Provide patients and their carers/relatives with information about Continuing Healthcare funding and how to access this.



## Stakeholder's responses

**Gloucestershire Clinical Commissioning Group (CCG)**  
*Sarah Jeeves, Clinical Manager, Continuing Healthcare, and*  
*Debbie Sanders, Head of Adult Continuing Healthcare*



"Gloucestershire CCG recognises that Continuing Healthcare (CHC) can be seen as a complex process. The CCG is committed to raising the profile of CHC across the county, and is continuing to work with all agencies, individuals and their families to provide information and training.

"The **CCG's website** has been updated and contains written information, including links to the National Framework for CHC and the relevant documents:

- [gloucestershireccg.nhs.uk/your-services/funding-treatment/continuing-healthcare-2/#link-further-reading](http://gloucestershireccg.nhs.uk/your-services/funding-treatment/continuing-healthcare-2/#link-further-reading)

"Below is the link to **National Framework**:

- [gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care](http://gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care)

"The link below is to the **NHS England CHC website** which includes a video and a link to the public information leaflet:

- [england.nhs.uk/healthcare/](http://england.nhs.uk/healthcare/)
- [youtube.com/watch?v=9xE2oGVRqY&t=1s](https://youtube.com/watch?v=9xE2oGVRqY&t=1s)

"**Contact details** for Gloucestershire CCG CHC Team:

- Continuing Healthcare, Sanger House, 5220 Valiant Court, Delta Way, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE
- Tel: 0300 421 0302
- Email: [GLCCG.CHC-SPA-Team@nhs.net](mailto:GLCCG.CHC-SPA-Team@nhs.net)."

“We welcome the report from Healthwatch Gloucestershire and the valuable insight it provides our Trust and we worked closely with them in developing the scope of this review.

“It is really important to us that we continually listen to the experiences of people using our services so we can identify areas of improvement. Despite the challenges of the pandemic, work has continued throughout the last year to support this, including the joint working with Red Cross to contact patients after they have been discharged from our hospital, and ongoing work with carers and community partners through our Hospital Reflection Group.

“The recommendations highlight that there are more opportunities for us to work with our patients and community partners to make a real difference to their experiences, and we will develop our response to each of these recommendations into an action plan that will be monitored internally, and through our quarterly meetings with Healthwatch Gloucestershire.

“Ensuring that people who receive health services have a positive discharge experience is a responsibility for all organisations, and we are keen that Gloucestershire Hospitals play its part in providing a responsive, kind and focused service to our patients and their loved ones.

“We recognise there is still more for us to do, and the report gives us some clear areas to further strengthen our work with patients, their loved ones and our community.”



**Gloucestershire Health and Care**  
NHS Foundation Trust

**Gloucestershire Health and Care NHS Foundation Trust**  
*John Trevains, Director of Nursing, Therapies & Quality*

“We are grateful to receive this report from Healthwatch Gloucestershire regarding the results of a recent survey relating to hospital discharges in Gloucestershire.

“Being discharged from hospital has the potential to be a worrying time for our patients, their families and carers, and so we are keen to utilise this feedback in order to improve people’s experiences.

“Although only two responses relate to experiences of Gloucestershire Health and Care NHS Foundation Trust’s Community Hospitals, we believe that we can learn from all of the feedback contained within this report. We will pull together a ‘Learning on a page’ document in order to cascade the themes and recommendations to our Trust colleagues. The recommendations within this report chime with our Trust’s quality ambitions and we will ensure that these important areas are addressed in order to continuously improve the care and support that we provide to our patients and their carers.

“Thank you for providing us with the opportunity to comment on this helpful report and we look forward to keeping Healthwatch Gloucestershire updated on our progress and developments.”

# Thank you



Our thanks go to staff at Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust for their collaboration and support in this work. Thanks also to our partners in the VCS network for promoting and sharing this project.

Thanks to everybody who took the time to tell us about their experience. We can only do what we do because you talk to us. Particular thanks to Derek for talking to us so freely and allowing us to share his story.

## Appendices

### Appendix A. Survey questions

#### Hospital discharge survey

##### *Your voice matters*

Anxiety, delay and confusion have been common themes reported to Healthwatch Gloucestershire by people moving from one service to another. While the services themselves are often regarded as good, the transition can be stressful. We are investigating this further by engaging with people who have left hospital in the last 12 months.

Our aim is to identify what works well and what needs to be improved for patients and their carers, to deliver a more seamless transition between services.

We are interested in hearing from anybody who has been discharged from hospital in the last 12 months

##### *Get involved*

We want to record your comments and use them to help highlight what is working well and where improvements or new ideas can be considered.

Your feedback will be anonymous and will not influence your treatment in any way.

##### *How we use your feedback*

We will share our findings with partner organisations such as the Hospitals, Gloucestershire County Council and CCG and others who provide services. A report will be published on the Healthwatch Gloucestershire website.

Thank you for taking time to share your experiences with us.

We welcome the views of people who have been discharged from hospital, as well as unpaid carers, family and friends supporting loved ones.

#### **1. Please say whether you are completing this survey as:**

- A patient
- A carer/family member

#### **2. Which hospital and ward was the patient treated at?**



**3. When was the patient discharged from hospital?** (if unknown give an approximate date)

DD/MM/YYYY

## **Dignity, compassion and respect**

Thinking about the patient's stay in hospital.....

**4. Did the staff treat the patient with dignity, compassion and respect?**

- Yes
- No

**5. Did the patient feel valued by the staff?**

- Yes
- No

**6. Was the patient involved with decisions made about their care?**

- Yes
- No

**7. Were the patient's concerns taken into account?**

- Yes
- No

**8. Did the patient feel that they were listened to?**

- Yes
- No

**9. Please give us your comments about dignity, compassion and respect.**

## **Carers, relatives and friends**

**10. Did the patient have a carer or family member to help and support them?**

- Yes
- No

**11. Was the carer/family member involved in the discharge planning?**

- Yes
- No

**12. Did the patient want their carer/family member to be involved in the discharge planning?**

- Yes
- No

**13. Did the carer/family member want to be involved with the discharge planning?**

- Yes
- No

**14. Were the needs of the carer/family member considered?**

- Yes
- No

**15. Was the carer/family member informed about the discharge plans?**

- Yes
- No

16. Please give us your comments about the involvement of the carer/family member.

## The discharge process

17. Do you feel the patient was discharged at the right time?

- Too early
- At the right time
- Too late

Tell us more:

18. When you were told the patient could go home, was the discharge process timely? For example, were there delays with arranging medication, transport or the availability of community beds?

- Yes
- No

19. Were you kept informed and updated about the delays in the discharge process?

- Yes
- No

20. What caused the delays to the patient's discharge?

## Transport

21. Was transport arranged for the patient within the discharge planning process?

- Yes
- No

22. What transport did the patient use to leave hospital? For example, own car, public transport, hospital transport etc.

23. How satisfied were you with this option?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

24. Please give us your comments about the patient's discharge transport.

## Equipment and support aids

25. Was the patient provided with any equipment to support them after discharge? For example, handrails, toilet risers, walking aids

- Yes
- No

26. Do you think the patient needed additional equipment to support them?

- Yes
- No

If yes, what equipment did the patient need?

27. Do you think the equipment provided supported the patient?

- Yes
- No

**28. If the patient had equipment at home, was it delivered and set up in a timely manner?**

- Yes
- No
- Not applicable

**29. Please give us your comments about equipment.**

## Information

**30. When the patient was discharged, do you feel that enough information was given about ongoing care and what to expect?**

- Yes
- No

**31. Please give us your comments about information.**

## Referrals

**32. Was the patient referred to other services?** For example, occupational therapy, community nursing, reablement teams etc.

- Yes
- No

**33. What service/s did the hospital refer the patient to?**

**34. Were you kept informed and updated during this referral process?**

- Yes
- No

**35. Were adequate contact details given for the service/s the patient was referred to?**

- Yes
- No

**36. Was enough information provided about how to manage the patient's health whilst waiting for other services?**

- Yes
- No

**37. How long was the patient waiting between being discharged from the hospital and their first contact with the service they were referred to?** (if the patient has not been contacted yet, how long have they been waiting?)

**38. Please give us your comments about the referral process.**

## Tell us a bit more about you.

By telling us more information about yourself, you can help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

**39. How old are you?**

- |                                   |                                |                                |
|-----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> under 18 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66-75 |
| <input type="checkbox"/> 18-25    | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 76-85 |
| <input type="checkbox"/> 26-35    | <input type="checkbox"/> 56-65 | <input type="checkbox"/> 86+   |

**40. Which of these best describes how you think of yourself?**

- Male
- Female
- Non-binary
- Transgender
- Prefer not to say
- Prefer to self-identify (please specify):

**41. Please tell us which sexual orientation you identify with:**

- Asexual
- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Pansexual
- Prefer not to say
- Other (please specify):

**42. How would you describe your ethnicity?**

- White British
- White Irish
- White European
- White Other
- Black British
- Black African
- Black Caribbean
- Black Other
- Asian British
- Asian Indian
- Asian Pakistani
- Asian Chinese
- Asian Other
- Mixed heritage
- Other
- Prefer not to say

**43. Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply)**

- Yes, I consider myself to be a carer
- Yes, I consider myself to have a disability
- Yes, I consider myself to have a long-term condition
- None of the above
- Prefer not to say

**Postcode**

So that we can track peoples experiences across the county....

**44. Please tell us the first part of your postcode, for example GL15**

## Appendix B. Demographics

Q.39) How old are you?	Total
under 18	-
18-25	-
26-35	-
36-45	1
46-55	5
56-65	4
66-75	-
76-85	-
86+	-
Prefer not to say	1
Total	11
Q.40) Which of these best describes how you think of yourself?	Total
Male	2
Female	9
Non-binary	-
Transgender	-
Prefer to self-identify	-
Prefer not to say	-
Total	11
Q.41) Please tell us which sexual orientation you identify with	Total
Asexual	-
Bisexual	-
Gay	-
Heterosexual/straight	10
Lesbian	-
Pansexual	-
Prefer not to say	1
Other	-
Total	11



<b>Q.42) How would you describe your ethnicity?</b>	<b>Total</b>
White British	10
White Irish	-
White European	-
White Other	-
Black British	-
Black African	-
Black Caribbean	-
Black Other	-
Asian British	-
Asian Indian	-
Asian Pakistani	-
Asian Chinese	-
Asian Other	-
Mixed heritage	-
Other	-
Prefer not to say	1
<b>Total</b>	<b>11</b>
<b>Q.43) Do you consider yourself to be a carer, have a disability or a long-term health condition?</b>	<b>Total</b>
Yes, I consider myself to be a carer	5
Yes, I consider myself to have a disability	2
Yes, I consider myself to have a long-term condition	3
None of the above	5
I'd prefer not to say	-
<b>Total</b>	<b>15</b>

Q.44) Please tell us the first part of your postcode	Total
GL1 – Gloucester	1
GL2 – Gloucester	3
GL12 – Wotton-under-Edge	1
GL15 – Blakeney, Lydney	1
GL19 – Tewkesbury	1
GL51 – Cheltenham	1
GL52 – Cheltenham	1
GL54 – Cheltenham	2
Total	11
Q.45) How did you hear about this survey?	Total
Letter from the hospital	-
Email from the NHS trust	-
Social media	6
Healthwatch Gloucestershire website	-
Other	4
Did not answer	1
Total	11

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## Why not get involved?



[healthwatchgloucestershire.co.uk](https://healthwatchgloucestershire.co.uk)



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