

Pregnancy, maternity and birth

Experiences of care in Haringey's
seldom heard communities



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Executive Summary

We asked users of maternity services from Haringey's seldom heard communities for feedback on the themes of 'Communication', 'Choice' and 'Improvement'.

Communication

We found a number of issues around communication. Contacting a midwife was not always easy, and only 18 survey respondents (just over half) reported having a named midwife. There was a lack of information and knowledge on how to self-refer to hospital to receive maternity care. People who spoke English as a second language were less likely to have been provided with information about pregnancy or birth. Those who asked for translated information or an interpreter did not always receive it and two survey respondents who did receive an interpreter or translated information found them not so useful or not at all useful. There was a lack of information in people's first languages.

Choice

The NHS's understanding of people's cultural needs was not always consistent. Nearly a third of survey respondents did not 'always' feel able to raise concerns. In terms of care received, people rated ante-natal care best followed by care in labour; but sentiments were less favourable about post-natal care. There were gaps in post-natal care including in breastfeeding support and maternal mental health. There was some concern raised about poor staff attitudes during pregnancy, birth and post-natal care, including an identified need to listen more. Problems were attributed to the pressure of understaffing.

Improvement

There were broadly four categories of improvements requested by respondents. They suggested improvements to:

- Staffing
- Staff training / behaviour
- Communication
- Equipment

Recommendations for improvement included:

- More nurses
- One midwife throughout pregnancy and birth
- More appointments for post-natal care
- More GP face-to-face appointments
- More staff training
- Better staff behaviour
- Better communication

Introduction

This report is based on data received from 33 survey respondents, a focus group of Polish women (three participants) and small focus groups / interviews with 18 participants from diverse backgrounds with staff and volunteers who support them.

Haringey is one of five boroughs in North Central London (NCL), an area of high ethnic diversity and wide socio-economic variation. Across NCL, stillbirth rates in the 20% most deprived areas are 55% higher than in the 20% least deprived areas. Stillbirth is defined in the UK as a fetal death after 24 completed weeks of pregnancy, before or during birth.

The data for 2019 - 2021 indicated that the stillbirth rate in Haringey is 14% higher than the London rate and 22% higher than England (4.3 and 3.0 per 1000 births respectively).

Project Description

As Haringey previously had one of the highest stillbirth rates in England, an audit and exploration of the stillbirth cases and common contributory factors is being conducted by the NCL Local Maternity and Neonatal System (LMNS), including an audit of inequalities in health and care provision within the Haringey community, to identify drivers of the high stillbirth rate.

This research project aimed to collect the views of maternity service users to help to inform future service improvement projects.

We engaged with maternity service-users about their experiences, including hearing from those who are seldom heard, via a survey, interviews, and focus groups. We partnered with local VCSE and service providers to ensure we reached the audiences specified.

Methodology

Survey

The survey was designed in consultation with NCL ICB. The survey collected demographic data and was split into sections dealing with 'Communication', 'Choice' and 'Improvement'. The online survey was published on the Healthwatch Haringey website on 3 July 2023 and it was promoted in the monthly Healthwatch Haringey Newsletter between July and November 2023. The online survey closed on Monday 13 November. The hard copy survey was in use until January 2024.

A copy of the survey is in the Appendix.

We collected 33 survey responses. The majority of these, 29, were in hard copy and the remaining 4 were completed online.

All except two survey respondents were residents of Haringey and most of the respondents lived in the more deprived East of the borough, with the highest concentrations of respondents in Wood Green and Tottenham. 18 of the respondents lived in N17 (Tottenham). We collected survey responses from respondents in the following settings, based in the East of the borough: Polish and East European Christian Family Centre (PEEC); Tottenham Town Hall Foodbank; Welbourne Childrens' Centre; Bridge Renewal Trust; CARIS.

The ethnicities with the highest representation were Polish, at 9 and Turkish / Kurdish at 5.

When asked if English was their first language, 23 out of 32 answered 'no'. Three respondents were of a 'White British' ethnicity.

The first languages spoken were:

- Polish
- Turkish
- Kurdish
- Russian
- Albanian
- Swahili
- Somali
- Arabic
- Afan Oromo (Ethiopian)
- English

House of Polish and East European Community (HoPEC) focus group

We conducted a focus group on 2 October 2023 at 11am with three Polish women. The focus group was hosted by House of Polish and East European Community (HoPEC) which is based in Wood Green library. The focus group questions followed the same themes as the survey of 'Communication', 'Choice' and 'Improvement'.

Christian Action and Response in Society (CARIS) Haringey small focus groups and semi-structured group interviews

We gathered feedback from 18 participants at CARIS Haringey. We spoke to nine participants on 26 July 2023 at 1:30pm and a further nine participants on 1 August 2023 at 12:45pm.

We planned to complete a focus group with parents of preschool children during their summer play scheme. They have volunteers who support the children, and they often hold workshops for parents. CARIS is a charity working with families who are in temporary accommodation in Haringey and are some of the most vulnerable families in the borough.

We started the focus group but then realised that most of the group had English as a second language and that there was a high variety of different languages spoken which made running the focus group very difficult. We decided to interview the women in small focus groups instead. We used the questions we had prepared for the focus group with the help of volunteers and staff to translate when necessary. We then returned to CARIS for one more session at a stay and play session for preschool children where we completed some more interviews with parents.

The languages spoken were:

- Somali
- Italian
- Arabic (Algerian)
- Twi (Ghanaian)
- Polish
- Spanish (Peruvian, Mexican, Ecuadorian, Bolivian, Colombian, Spanish)
- Serbian

Healthwatch Haringey Recommendations

Healthwatch Haringey's recommendations are based on insights and recommendations from the survey, interviews and focus groups.

1. Address staffing levels

Staffing levels were a sometimes hidden, sometimes explicit cause of problems with maternity care, and an overarching concern.

Respondents who expressed difficulty in contacting a midwife or the maternity department, or not having a named midwife, were likely experiencing the impact of low numbers of midwives and nurses in the hospital maternity department.

When giving birth people felt they were left 'alone' or without enough nurses to help.

There were also concerns about lack of GP appointments and people also talked about the inflexibility of the ante-natal appointment system, again likely to be a result of inadequate staffing. A lack of post-natal appointments and gaps in maternal care could also be attributed to low staffing.

2. Make it easier for patients to raise their concerns and ask questions

Maternity and birth do carry a certain amount of risk and are highly significant life events. It is vital that people are able to ask all the questions they need, to understand what is happening, and raise concerns about their own or their baby's health. But nearly a third of survey respondents did not 'always' feel able to raise questions or concerns. This may be attributed to the lack of time with a midwife or nurse, or the lack of appointments for post-natal support – an issue related to staffing levels.

3. Enable staff to listen more and improve staff training

Respondents reported problems arising because staff did not listen to them and take their concerns seriously either during pregnancy or during labour. Sometimes people felt staff were being judgemental, rude or unhelpful. More training may be needed to improve patient staff interactions; however these issues may also be associated with the pressure of understaffing, particularly the amount of time available to members of staff to listen to patient concerns.

4. Devote more resources to translated materials and interpretation services

The language barrier can mean increased vulnerability to maternal and foetal illness and stillbirth.

We found that people who spoke English as a second language were less likely to have been provided with information about pregnancy or birth. Those who asked for translated information or an interpreter did not always receive it and two people in the survey who did receive an interpreter or translated information found them not so useful or not at all useful. Improved and more plentiful resources are needed.

5. Improve communication about self-referral

There were gaps in communication around self-referral to hospital and some barriers to self-referral. GPs and hospital trusts should work together to make the process easier, particularly for people with English as a second language.

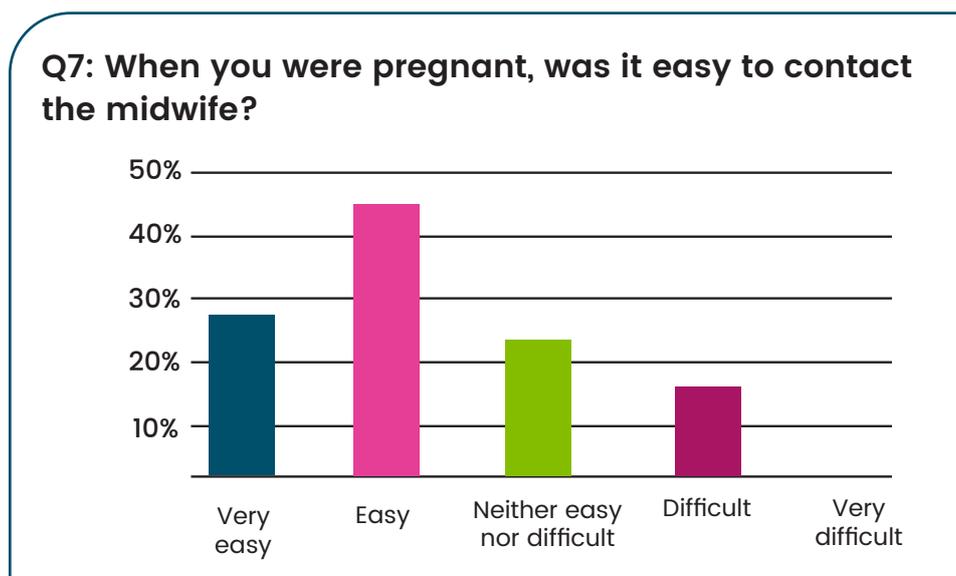
Findings

Responses were generally positive about the maternity services offered, however, this project was aimed at discovering issues which may help to understand the high number of still births in Haringey compared to the London and national averages, so this summary sets out the more concerning findings.

Communication

Contact with midwives and hospital

Although none of the survey respondents found it 'Difficult' or 'Very difficult' to contact their hospital, nine found it 'Neither easy nor difficult' suggesting some issues with communication. Contacting a midwife when pregnant was generally harder: none found it 'Very difficult' but three found it 'Difficult'.



Two respondents raised the issue of 'self-referral'. People were not aware they needed to self-refer to the hospital to receive maternity care and one respondent found the self-referral process difficult.

“First of all, I contact my GP and they told me that I have to refer myself to the hospital, which I did, but I didn’t know that I should do it to the one is in my borough. I went to GP who said go hospital but had to locate one. Went UCLH.”
Black-African survey respondent

“First of all it’s difficult to get yourself a hospital birth. There is a long wait on phone or through switchboards. Too many numbers to call to get to the right department. The midwife is always on duty so not easy to contact.”
Black-British survey respondent (Swahili-speaking)

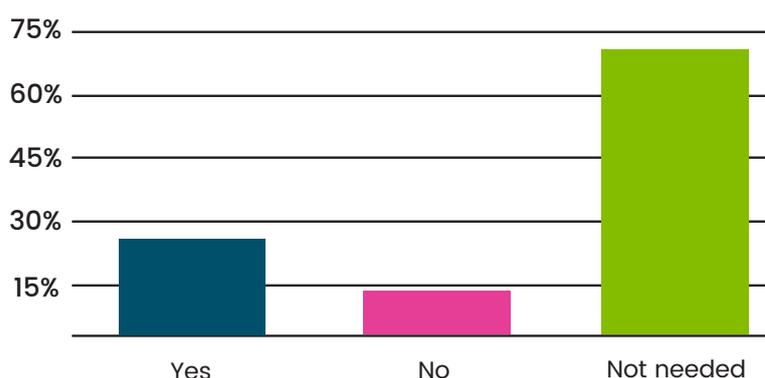
“The midwife was always name changing and it was difficult to contact with the same person always.”
Turkish survey respondent

Information from the NHS in English and other languages

24 survey respondents out of 32 stated that they received information or education about pregnancy or birth from the NHS, and eight did not. One of these was a Kurdish woman who did receive information, but it was in English so she was not able to understand it. Seven out of eight of the respondents not receiving information or education were speakers of English as a second or other language.

Eleven survey respondents said they needed an interpreter or translated information but only seven out of 11 received it. The four respondents who did not receive an interpreter or translated information but who needed it were Turkish, Kurdish, Somali and Black-African. Two respondents who did receive an interpreter or translated information found it ‘not so useful’ or ‘not at all useful’.

Q11: If you needed an interpreter or translated information, did you receive it?



This finding was echoed by a response in the CARIS focus groups, where quality of interpretation was raised. One HoPEC focus group participant said she did not receive any leaflets in Polish which would have been helpful. Another Polish focus group participant stated she received an interpreter for her birth plan. She brought a friend to interpret for her during birth.

Six survey respondents who told us about the amount and quality of information they received from the NHS about pregnancy and birth expressed negative sentiment. Four of the six negative comments related to the lack of information in their first language.

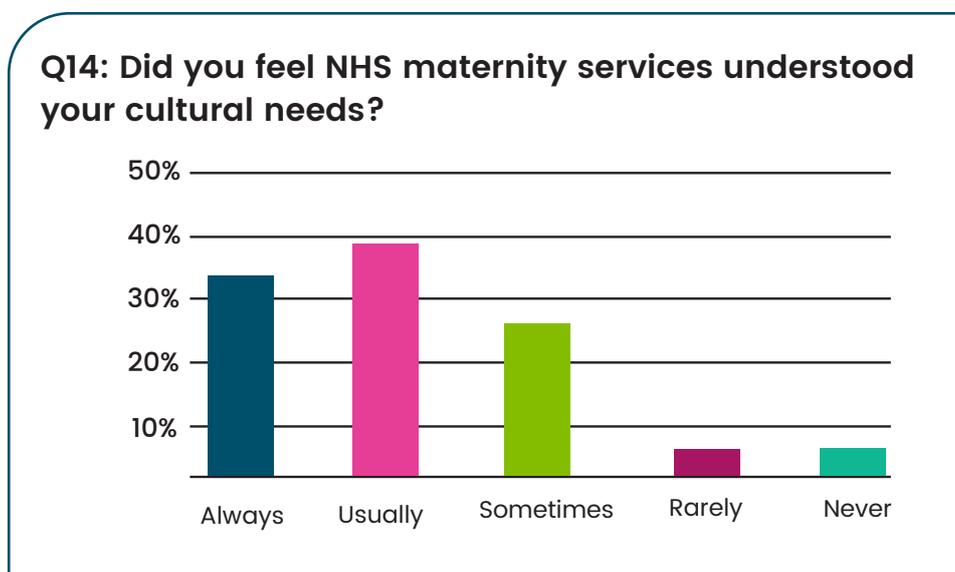
One survey response, which was filled in by someone on behalf of a Polish-speaker, said: “All information was given in English and she had to look it up on the internet and translate into Polish. Would have preferred information in Polish.”

One negative survey comment was from a person with dyslexia who sometimes found it difficult to understand the information. The final negative comment was from a Polish speaker and referred to the lack of information during the pandemic.

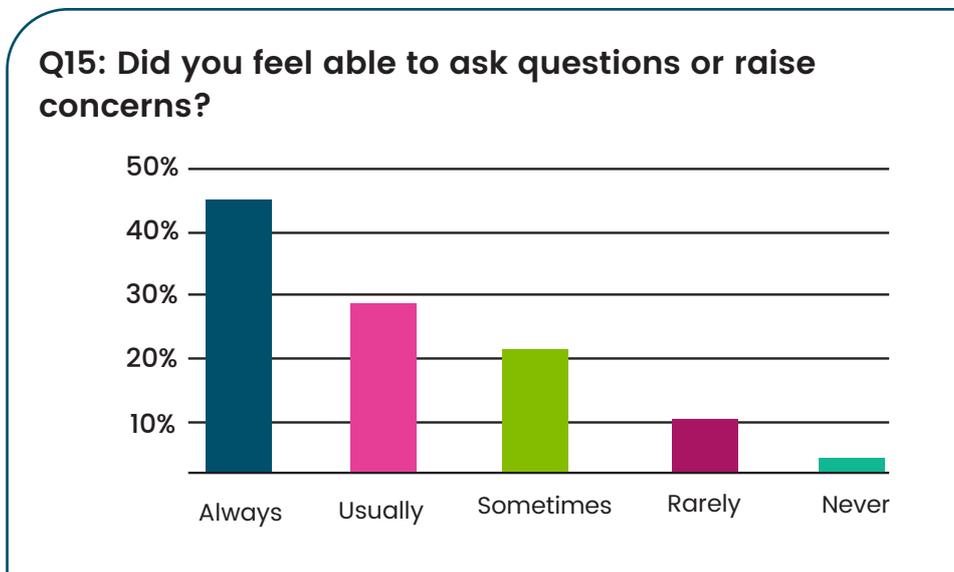
Choice

Cultural needs

When asked if the NHS understood their cultural needs eight survey respondents answered sometimes; one answered ‘rarely’; and one respondent thought the NHS ‘never’ understood their cultural needs. The respondent answering ‘rarely’ was a Turkish speaker, and the respondent answering ‘never’ was a Swahili speaker.

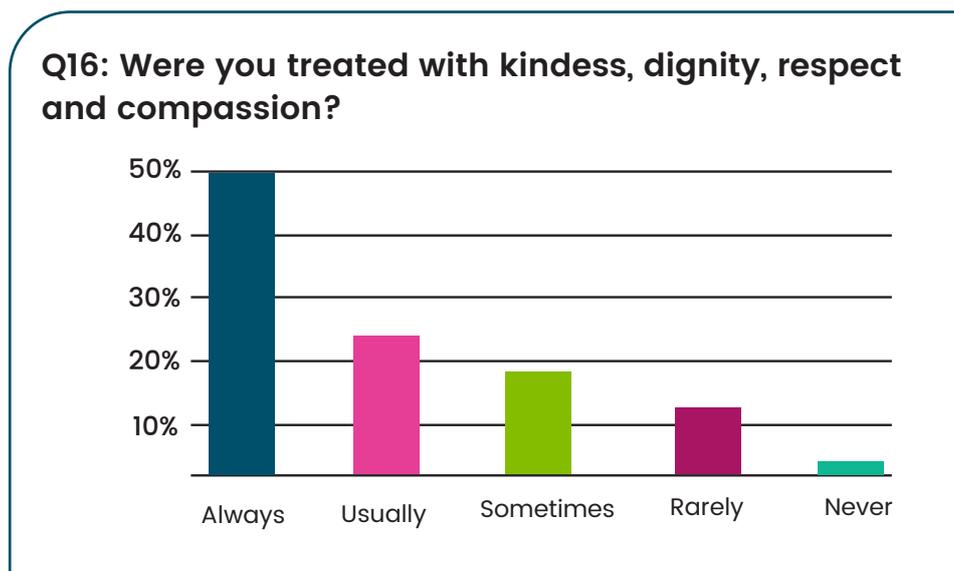


It was not always easy to raise a concern. When asked if they were able to ask questions or raise concerns six survey respondents out of 32 answered 'sometimes' three answered 'rarely' and one respondent felt she was 'never' able to ask questions or raise concerns. Therefore nearly a third of respondents did not always feel able to raise concerns.



Experiences of care during pregnancy and birth

We asked people to tell us something about how they were treated during pregnancy and birth. 20 people responded in the survey. Nine responses expressed a 'negative' sentiment and some comments included quite traumatic experiences of birth. Comments also pointed to a lack of staff or staff time.



“I don’t think I was listened to when in active labour. I previously had a fast labour and delivery (2.5 hrs) and I knew my second would be even faster. When I arrived at the hospital the midwife left me and I had to scream for help. 10 mins later the baby arrived.”

Black-African survey respondent

“Was crying for help. Not quick coming. Not interested her.”

Turkish survey respondent

Positive comments included praise for midwives and responsive care.

“I felt understood and listened to, always.”

Arabic-speaking survey respondent

“I was absolutely happy during appointments. All my questions were answered properly. Noone was unkind or rude when I was concern about something. During labour I had maximum support. Simple holding hand during contraction was absolutely helpful and I felt care.”

Polish survey respondent

Of our three HoPEC Polish focus group participants, one was happy with her birth experience at North Middlesex hospital but noted that the hospital needed more staff as she experienced delays.

Another Polish focus group participant said she was not offered very good support when breastfeeding: a midwife “just shouted” at her, she was told to express, and, in the end, a Polish cleaner showed her how to help the baby latch on.

“I was having problems breastfeeding my son, the midwife was upset with me. It was a Polish cleaner working in the hospital who showed me how to do it. I later found out that my baby had tongue tie.”

Polish focus group participant

Some focus group participants and interviewees at CARIS also expressed positive feelings about birth experiences at North Middlesex and Whittington hospitals but others reported a lack of concern about their mental health, a failure to listen, and a failure to communicate effectively. They stated they had to fight for the care they needed. This was a feature of their experiences of ante-natal care and care during birth (as well as post-natal care.)

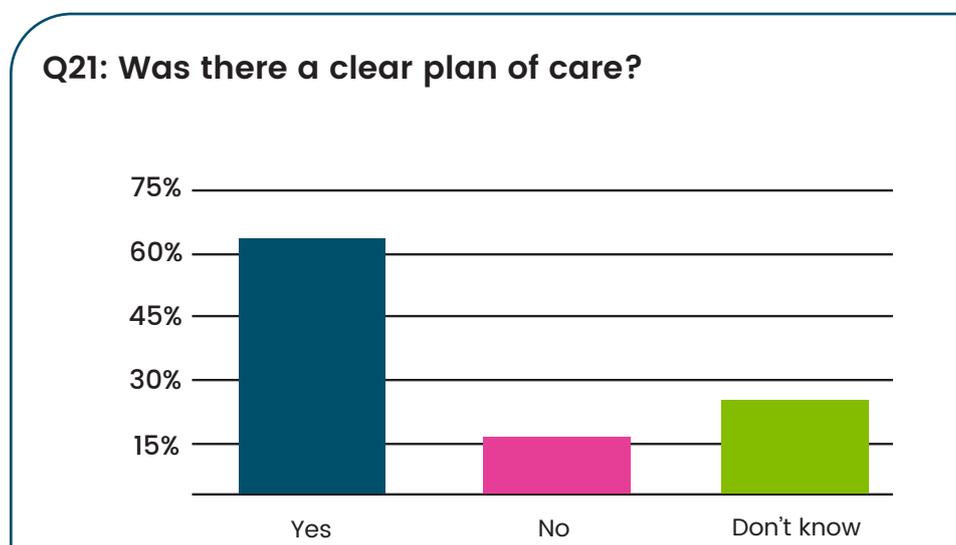
One focus group participant miscarried with twins at 12 weeks and felt that there was something wrong with the pregnancy from the beginning. She felt the doctors and nurses did not listen to her and take her concerns seriously. Another focus group participant was told to go home after presenting at the hospital in labour. She returned to the hospital and gave birth 30 minutes later.

Another woman, whose waters had broken, had to sit on the floor of the hospital and refuse to go home as she knew something was wrong.

One woman had to fight to be examined when arriving at the hospital when she was already 6cm dilated. They wanted to send her home. She felt she was not shown any kindness or support, despite being in intense pain and alone.

Getting ante-natal appointments

Three out of 33 people who completed the survey said they did not know how to get NHS care once they found out about their pregnancy. One of these respondents said she went to her GP but they told her to self-refer to a hospital. Most people who completed the survey (73%) did not seek healthcare advice before they got pregnant. Reasons for seeking advice included a previous miscarriage and being on IVF. One respondent sought healthcare advice but not from the NHS. She did her own research.



Five of the survey respondents (out of 28 who answered the question) were 'usually' or 'sometimes' told about appointments clearly. The remaining 23 were 'always' told about appointments clearly. Six respondents did not know if there was a clear plan of care for their pregnancy and birth, and another five said there was no plan of care.

When asked to comment further on getting appointments or the plan of care, one survey respondent specifically referenced the plan of care, saying she did not receive a proper birth plan. There were four 'negative' responses, one of which referred to not receiving a single, named midwife and having appointments cancelled. Another negative response referenced the difficulty of getting through to the maternity department on the phone.

Lack of continuity in midwife care was an issue:

“Sometimes they cancelled the appointments on the last minute. The usual midwife was replaced by some students or learners to care without prior notice.”

Black-British survey respondent (Swahili-speaking)

Satisfaction rates for different phases of care

We asked:

How would you rate the quality of the care on a scale of 1 - 5 where 1 is the worst and 5 is the best:

- When you were pregnant (Ante-natal)
- During labour
- After birth (Post-natal)

On average, survey respondents rated ante-natal care to be the best, with a weighted average of 4.21 out of 5. None of the respondents described their care as 'very poor' and only one thought the care they received 'poor'.

Care during labour had a weighted average of 3.85. Three described their care during labour as 'poor' or 'very poor'.

Respondent sentiment was less favourable for post-natal care where the weighted average was 3.53. 27% of respondents thought the post-natal care they received was 'poor' or 'very poor'.

Q23: How would you rate the quality of the care on a scale of 1 to 5, where 1 is the worst and 5 is the best.



17 survey respondents chose to tell us more about the quality of care they received and nine of these were expressing a 'negative' sentiment. Included in the nine negative responses, there were experiences of difficult procedures, poor staff attitudes, missing post-natal care and the pressure of understaffing.

"...After surgery tried to sew a few stitches but then explained to me the catheter (student) made a big tear so the more he sewed the more the damage. He said it will heal after some time. After surgery there was a lot of pain. What was even the point of c-section since I did it because it was a big baby according to scan. Which also turned out to be a small baby. Later I asked to speak to a manager or something showed up with few more students, checked and said it was normal just a perineal tear."

Black-British survey respondent

"Sonographers had very poor attitude. Kept on a postnatal ward, nurses had little to no respect. No advice given post birth."

White-British survey respondent

"Me and the baby left alone for an half an hours. So she did not help me how to breastfeed. She was so unkind. She was a nightmare."

Turkish survey respondent

"Felt alone."

Turkish survey respondent

"Midwives are super busy in the postnatal ward. I felt like lots of pressure when it comes to feeding and checking if the baby pass urine. My baby was sleeping a lot and I wouldn't wake him up and I wouldn't also get help what to do."

Polish survey respondent

It was OK, could be a bit better. After birth I was knackered and midwife said 'now you can dress your baby' etc. I could hardly stand on my feet as I hadn't eaten that day and only just gave birth.

Polish survey respondent

Each of these negative points were also raised by the three Polish focus group participants and the CARIS focus group participants and interviewees.

"I went into the hospital, and they said that it was not my time and I had to go home. I knew that the baby was coming, and I went back. They said that the baby was not coming, but I knew that it was coming as I could feel the head."

The baby did not take more than 30 mins to arrive.”
CARIS Focus Group Respondent – did not provide ethnicity

Improvement

There were 15 survey responses to the question in the survey seeking recommendations for improvement and 10 of these responses gave some form of recommendation. The areas identified for improvement could be broadly sorted into three categories:

- Staffing – four responses
- Staff training / behaviour – three responses
- Communication – two responses
- Equipment – one response

The focus groups and interviews also raised the issues of staffing, staff training and communication with the addition of the need for improved listening and cultural awareness.

Feedback from staff and volunteers at CARIS emphasised the importance of listening to women. They reported that during pregnancy sometimes the mother's concerns were not listened to. They knew of mothers who had gone into the hospital saying that something was not right but been sent home only to find out later that their concerns were justified.

Feedback from staff and volunteers at CARIS also revealed a need for cultural awareness. A member of staff for whom English was not her first language reported that in her community they do not believe in abortion so choose not to have some of the tests but staff in the hospital can be very condescending as they keep assuming that they do not understand the purpose of the tests because their first language is not English rather than they are making an informed decision.

Recommendations for improvement

Detailed recommendations for improvement were received from survey respondents, interviewees and focus group participants. Recommendations included: More nurses; one midwife throughout pregnancy and birth; more appointments for post-natal care and more GP face-to-face appointments. Some felt that staff training and / or behaviour could be better and better communication was important.

“More nurses needed”

White-British survey respondent

“In my opinion one midwife should look after her patient from beginning of pregnancy till end. It is not good idea to have a different midwife any time you have appointment.”

Polish survey respondent

“I would say that postnatal care is poor. There are too little appointments with the baby. Also the mental support is crucial after the birth. And mostly breastfeeding support is not enough. I was left alone struggling to breastfeed my little one.”

Polish survey respondent

“Second child born in covid times. Didn’t have face to face appointment with GP at 6 weeks for post-natal check - it was a telephone call. This was poor as actually baby did have a significant heart problem which was only picked up at the 8-week immunisation check-up. Had we seen the GP (Westbury Medical Centre) at 6 weeks, this would have been picked up 2 weeks sooner.”

White-British survey respondent

Respondents commented on improvements needed in staff training and behaviour:

“Not be rude to people. Felt judged.”

Turkish survey respondent

“Be more attentive.”

Turkish survey respondent

“Staff training how to treat people.”

Turkish survey respondent

Communication improvements were requested.

“I was unaware my midwife was going to be a man. I would have appreciated prior warning as he was removing my stitches and I felt uncomfortable.”

White and Black-Caribbean survey respondent

“More communications.”

Arab survey respondent

One woman in a CARIS Focus Group stated that there was a lack of communication and this was worrying.

One survey respondent felt that her experience would have been better if the equipment had been up to date (avoiding c-section):

“The scans should be updated according to the digital life we live in at least, 80% otherwise many people are doing surgeries because of un updated computer.”

Black-British survey respondent

Appendix

Maternity survey

Survey: Your experiences of maternity services

Pregnancy, maternity and birth

This survey is for people who live in Haringey and have given birth in the last five years.

The NHS North Central London Integrated Care Board and Haringey Council want to make sure that maternity services are fair, equal, and tailored to meet the needs of the individual. We are working with local Hospital Trusts across North Central London to gather feedback on the experience of people who have used maternity services to help improve maternity care.

This survey will take a few minutes to complete, and you can be as brief or as detailed in your answers as you like.

Thank you!

1. Do you live in Haringey now and/or did you live in Haringey when you were pregnant?

- ◇ Yes
- ◇ No

2. What is your postcode? E.g. N15 4RX

3. How do you describe your ethnicity?

- ◇ Black-British
- ◇ Black-African
- ◇ Black-Caribbean
- ◇ Black Other
- ◇ Arab
- ◇ Bangladeshi

- ◇ Bulgarian
- ◇ Chinese
- ◇ Greek
- ◇ Greek-Cypriot
- ◇ Gypsy
- ◇ Roma
- ◇ Indian
- ◇ Irish Traveller
- ◇ Kurdish
- ◇ Pakistani
- ◇ Polish
- ◇ Romanian
- ◇ Somali
- ◇ Turkish
- ◇ Turkish-Cypriot
- ◇ Mixed: White and Asian
- ◇ Mixed: White and Black-African
- ◇ Mixed: White and Black-Caribbean
- ◇ Mixed: Other
- ◇ White-British
- ◇ White Other

4. Is English your first language?

- ◇ Yes
- ◇ No

5. My first language is...

Communication

6. When you were pregnant, was it easy to contact the hospital? (Circle one answer)

Very easy / Easy / Neither easy nor difficult / Difficult / Very difficult

7. When you were pregnant, was it easy to contact the midwife? (Circle one answer)

Very easy / Easy / Neither easy nor difficult / Difficult / Very difficult

8. Did you have a named midwife to contact?

◇ Yes

◇ No

9. If you can, please tell us something about your experience with contacting the hospital or midwife.

10. Did you get any information or education about pregnancy and birth from the NHS?

◇ Yes

◇ No

11. If you needed an interpreter or translated information, did you receive it?

◇ Yes

◇ No

◇ Not needed

12. How useful was the interpreter or translated information? (Circle one answer)

Extremely useful / Very useful / Somewhat useful / Not so useful / Not at all useful / Not needed

13. If you can, please tell us what you thought about the amount and quality of information you received from the NHS about pregnancy and birth.

Choice

14. Did you feel NHS maternity services understood your cultural needs? (Circle one answer)

Always / Usually / Sometimes / Rarely / Never

15. Did you feel able to ask questions or raise concerns? (Circle one answer)

Always / Usually / Sometimes / Rarely / Never

16. Were you treated with kindness, dignity, respect and compassion? (Circle one answer)

Always / Usually / Sometimes / Rarely / Never

17. If you can, please tell us something about how you were treated.

Access to maternity services

18. Did you know how to get NHS care once you found out about your pregnancy?

- ◇ Yes
- ◇ No

19. Did you seek healthcare advice about healthy pregnancy before you got pregnant?

- ◇ Yes
- ◇ No

If yes, please say more about this.

20. Were you told about appointments clearly? (Circle one answer)

Always / Usually / Sometimes / Rarely / Never

21. Was there a clear plan of care?

- ◇ Yes
- ◇ No
- ◇ Don't know

22. Would you like to tell us anything more about getting appointments or the plan of care?

Quality of care

23. How would you rate the quality of the care you got on a scale of 1-5 where 1 is the worst and 5 is the best.

When you were pregnant? (Antenatal)

- ◇ 1 Very poor
- ◇ 2 Poor
- ◇ 3 OK
- ◇ 4 Good
- ◇ 5 Excellent
- ◇ N/A

During labour?

- ◇ 1 Very poor
- ◇ 2 Poor
- ◇ 3 OK
- ◇ 4 Good
- ◇ 5 Excellent
- ◇ N/A

After the birth? (Postnatal)

- ◇ 1 Very poor
- ◇ 2 Poor
- ◇ 3 OK
- ◇ 4 Good
- ◇ 5 Excellent
- ◇ N/A

24. Would you like to tell us anything more about the quality of care?

Improvement

25. Do you have any recommendations for improvement?

Please say if there is anything that could have been done better by the GP or the midwife or the hospital to make your care better.

26. If you would like to be contacted about your answers to this survey please leave your name, email and phone number.

Name

Email

Phone

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