

Housing with Care Summary Report

Autumn/Winter 2024



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Introduction

Background

Our role as Healthwatch Coventry is to listen to people and hear their experiences of health and social care.

We want to hear from people who are least heard, those who are isolated and vulnerable. We do not hear from people in housing with care, so we decided to speak to them about their experiences of health and care, including GPs, community health services, including opticians, dentists, community nurses and the hospital.

When working with people from housing with care, we were aware of the diverse nature of the residents and the different abilities they have, in terms of both physical and mental health. We made sure that people consented to having their stories heard, see appendix 1.

The role of Housing with Care

Housing with Care, “is housing designed for frailer adults and older people, with various levels of care and support available on site. People who live in Housing with Care have their own self-contained flats, their own front doors, and a legal right to live in the property. It comes in many forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes be an alternative to a residential or nursing home.

In Coventry there is a range of Housing with Care schemes run by both the Council and private companies.”ⁱ

Housing with care schemes have staff that support the residents as little or as much as they want, cleaning, ordering medications, liaising with services, and creating events and activities. The care is personalised to the individual needs to keep them as independent as possible.

“I became unwell, and wasn’t able to look after myself at home, the social worker said I should come here”

How we did the research

We wanted to hear the experiences of health and care services for people who live in Housing with Care

We spoke to CCC Housing with care providers for more information and to let them know what we wanted to do, as it is good for our relationship and collaboration.

We carried out a briefing meeting with our volunteers to help them to understand the project.

We worked with the staff to set up and advertise coffee mornings to encourage people to talk with us, as the staff are close to the residents and can encourage them to attend, as well as work with us.

We carried out 9 visits to Housing with care schemes across Coventry see Appendix 2.

We offered the opportunity for people to be part of a wider discussion group or to be interviewed on their own through a short survey.

We interviewed 13 people on a one to one basis and 57 people through 9 focus groups. We asked them for their consent see Appendix 1.

We spoke to three people in depth to hear more of their stories.

We created case studies that show some people's experiences of health and social care, dentists, religion and difference, age and their impact on people's experiences.

What the residents said

“How do you do a phone call with a GP if you have a disability, can they see what is wrong with you?”

“Staff collect my medications that works for me”



“I have good services I have a care plan, I am happy here”

“Optician and Chiropractors work well, they come here”



“You need to build up a relationship with a GP – it takes time”

At The Wisdem Centre staff are great”

“Don't go [dentist] makes me sick”
“am too old for the dentist”

People said their needs were met and were happy living in the housing with care scheme

People were happy their medications were ordered by the carers or family. Delivered to the scheme by the pharmacy and given to the residents by the housing with care staff.



GP appointments can be difficult to get whether you are independent enough to phone them yourself or if the carers do it. Everyone who joined in said they would prefer a face to face meeting with their GP.

District nurses visited the homes to give insulin injections or other treatment to residents who can't do it themselves. One person said the nurse didn't come to change their bandages, when they had a “leaky leg”.



Dentistry was not seen as something important by all residents.



People with diabetes or other issues go to UHCW for their dental treatment.

What the staff said:

“Working together with other services for the residents”

Positive

Palliative care team excellent, always respond when required

Physiotherapist and OT came up into unit to liaise with staff about the use of a leg splint

They (doctors and other care professionals) usually respond to an email or call.

Learning for improvement.

“Sometimes the pharmacies get meds wrong”

Sometimes we are chasing doctors

Services are stretched so sometimes it takes a long time for a response or something to be done

“A customer waited for a week for a visit from the nurse –they ended up in hospital

Social workers should listen to staff more, as they know residents on personal level

Constantly receive [documents with] missing information from social work team and from UHCW referrals.

Need a care plan

Case Studies

We spoke to people from housing with care and developed three case studies from people's journeys through health and social care

Religious beliefs and care experience in hospital
(Case study 1)

How people in housing with care experience dental services
(Case study 2)

Changing Care needs, housing with care, age and homelessness
(Case study 3)



Services working together

GP Surgeries

Community Health care services

Other services

Experience of Community

Environment

What we learnt

Services did not always work together and on two occasions it was mentioned that carers had to try to get community nurses to come to the home, Social workers were named as a service people interacted with, but people did not get their annual reviews, and they did not always provide the right information when people moved into the scheme.

It was hard for residents or carers to get a GP appointment, people had to wait up to three weeks for a face to face appointment. For those who were mobile, doctors were not far away, and people could travel to them. When they received face to face treatment one person said they were "excellent".

Chiropodists and opticians come to the schemes to provide a service. Dentists were not acknowledged as somewhere people wanted to go. Four people said that they would not go to the dentist, due to previous problems and many did not mention it at all.

Services for maintaining equipment were used, and depending on the person's needs or finance they used either NHS or private companies to look after their wheelchairs, and walking frames This seemed to work well.

The schemes had good links with community activities, one resident went to the local community centre on Fridays. The housing with care schemes holds events and seasonal activities such as tea parties and celebrations which we witnessed while visiting the homes. Family members played an active role, supporting people with their medication and taking them to their medical appointments and shopping.

Two residents highlighted issues with their environment, such as rooms - not been cleared properly from a previous tenant and one required additional support and equipment. Healthwatch Coventry highlighted this to the scheme manager.

Conclusion

This was a valuable snapshot of a relatively small number of people from housing with care, and we asked them about their experiences with GPs, dentists, care services in the community and medical services. We did not focus on the resident's experiences of care from within the housing with care scheme.

From visiting the schemes, we were aware that all the people we spoke to value the care and support they received and were happy and relaxed. The services that residents receive meet their needs and people are generally happy with them. There was also a recognition from residents and staff that the NHS is stretched, and services sometimes do not respond as quickly as people want them to.

Overall, we found the residents were incredibly happy to be in the housing with care schemes, and there was also a positivity about the services that people received.

However, like most of the people we speak with within wider outreach there were similar concerns, as well as those more specific to housing with care, these included:

- The difficulties getting a face-to-face meeting with a GP, and the length of time it took to get through to them on the phone.
- The difficulties in sometimes getting community health services to the schemes in a timely way when they were needed, for example community nurses to change bandages.
- There was sometimes an issue where different services did not communicate effectively with each other which led to services being delayed, e.g. Pharmacies and GPs.
- Social Services sometimes did not complete paperwork or provided incorrect information, that delayed discharges or referrals to the Housing with Care Schemes.
- The main issues appeared to be the communication between different services, in terms of discharge from hospital, paperwork and district nurses to treat residents for one off conditions.

“I love it here; we are very well looked after.”

Next Steps and recommendations

We are going to use this information to:

1. Share with Adult Social Care housing with care managers and management.
2. Share with CQC
3. Share with Community Health Teams and Coventry and Warwickshire Integrated Care Board.
4. Changes to health and care are being considered within the government's 10-year health plan, Healthwatch Coventry will continue to make sure that everyone's voice is heard in this process.
5. For services to look at improving communication and quicker responses from district nurses and social services to residents who live in housing with care schemes.
6. To explore ways to improve access to dentistry within the homes, for local dentists and housing with care workers to work with people to help overcome their fears and encourage people to attend their dentists.

Our thanks

Healthwatch Coventry thanks the residents, and staff of the housing with care schemes for participating in this piece of work, we thank Coventry City Council for their support to enable the piece of work to happen. We thank the staff of the housing with care schemes for their support and we thank our volunteers for their time and commitment to hearing the voices of people in housing with care schemes.

Case Study 1 Housing with Care

When individual views and medicine meet.

Wendy, a case study from housing with care



Healthwatch Coventry has been speaking with people living in housing with care schemes to hear their stories about health and care services, and how they work for them. Wendy's story shows a way that people come to live in housing with care. And for Wendy, her experience of being in hospital was difficult because her religious beliefs came into conflict with doctor's views

Wendy has been living in a housing with care scheme for over two years, following on illness and an accident that meant she was no longer safe to live at home on her own, but before this she has had a long, fulfilling and busy life.

As a young woman Wendy had a varied career, from; an administrator in a metal plating factory to working in a wholesale food market. Getting married later in life and having children she says "I have always worked hard and "I did what I had to do to earn money, there was lots of swearing, but it was the sort of work I enjoyed. I am quite strong willed"

Later, the family became separated and after many more years Wendy found herself alone and unwell.

However, after time in hospital Wendy was told that living in her home would not be possible so she was offered a range of places in housing with care. When she heard of the place she wanted to go, she immediately snapped it up. "I knew the room was right for me"



it's great, it makes you feel like you are home, and there are lots of people who speak to you as who you are. I am happy here”



Unfortunately, in 2024 Wendy ended up in hospital in UHCW and Rugby. Where she had a terrible experience. Wendy's beliefs meant that she would abstain from blood, and she did not want a blood transfusion.



Wendy says one of the doctors said “ we've got one of them” in front of her and other staff members, they then ignored her for the rest of the time in the hospital “they were very rude, and aggressive and said if I didn't sign the form, they wouldn't be able to treat me”

She found the stay in hospital difficult and isolating, she felt that she was not listened to or supported, with some staff “walking on the other side of the ward from me.” This was made worse when she contracted Covid. But there were some positive experiences where nurses were kind, and “I saw how rushed off their feet they were, not all staff were horrible” Wendy also said that people's beliefs shouldn't be “pooh poohed by professionals.”



People's beliefs shouldn't be pooh poohed by professionals



Guidance from the from the Royal College of Surgeons is clear on the matter of people who will not accept blood as part of their treatment. It has created ways that patients can be supported by different surgical methods to allow for their beliefs.

Working with people whose religious or other views can go against the medical beliefs of medical professionals, and this is recognised within policies. Surgeons who feel this would impact on their work are given permission to not treat the patient.

“Surgeons have the right to choose not to treat patients if they feel that the restrictions placed on them by the refusal of blood products are contrary to their values as a doctor”

“If a surgeon is not prepared to treat a patient who refuses blood, they must refer them to a doctor who is suitably qualified and prepared to take on the patient knowing the circumstances of this refusal of blood.”¹

Guidelines in the NHS around faith and personalised care, recognises that treating people holistically helps them to recover and gain wellness quicker:

“While people turn to the NHS for issues with their health, we know that supporting their pastoral, spiritual and religious needs is integral to their overall care”

It is not only patients who can benefit from spiritual support, research shows that acknowledging staff’s beliefs and religions can help with patient care and recovery:

“When NHS staff are feeling comfortable and safe expressing their faith and belief, it will allow them confidence to ask patients about their faith and beliefs. This in turn will help NHS staff to better understand how to support patients who hold a faith or belief system with their recovery”²

The UK has a diverse and multicultural population, and much of the NHS has been staffed by people from all nationalities and religions from Sikh, Muslim, Hindu, Christian to speak of a few. ⁱThe importance of recognising belief within the delivery of health and care services is something that can benefit staff and the patients that they care for equally, ³

Back to the beginning of this case study, Wendy who has lived a long and productive life which benefited herself and others, is now enjoying spending time with the fellow residents and staff at the housing with care scheme.

¹ <https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/patients-who-refuse-blood/>

² <https://jewishmedicalassociationuk.org/wp-content/uploads/2023/04/yinfei0322.pdf>

³ <https://www.england.nhs.uk/blog/windrush-and-the-nhs-an-entwined-history/>

When asked about what could happen to improve her experience of hospital, and other services, Wendy said "Don't ignore the person behind the patient, as everyone is different."



Within the housing with care scheme, Wendy says, "it's great, it makes you feel like you are home, and there are lots of people who speak to you as who you are, I am happy here" She can see the value of seeing everyone as individuals and personalising their care



Don't ignore the person,
behind the patient, as
everyone is different.



Case Study 2, Housing with Care

Are Coventry residents being left in the dentistry desert?

The experiences of dental services for people living in housing with care in Coventry.



Recently Healthwatch Coventry has visited some housing with care schemes, speaking with 59 residents about their experiences of health and social care. People living in housing with care are among the most unheard voices due to their vulnerability and isolation.

When speaking about their experiences of community services, there is positive feedback about the way chiropodists or podiatrists come to check and look after people's feet: -

"Chiropodists come every six weeks, and most people use them", this was repeated by staff and residents.

Hearing and eye tests/checks are regular occurrences within the homes when providers use the community area to set up shop and provide a service. Residents say they are happy with these services.

However, noticeable by people's negative comments and lack of comments are their experience of dentists, and dental care.

For one person the dentist is something to be avoided at all costs. Negative past experiences have left this person with traumatic memories around their dental treatment. One person, said he has removed his own teeth, when they have become too painful for him, rather than go to a dentist.



**I have removed my
own teeth rather
than go to
the dentist"**



One person had a horrible experience: - they took their dentures to be fixed, and when they came back their gums had shrunk, and they no longer fitted so they thought "Why bother".

Other comments included:

" Yes, I know I should make an appointment to go."

A general feeling was "I'm too old for the dentist"

"I have no teeth; I don't need the dentist"

At least half the people spoken to said that they did not go to their dentists, only one person said that they regularly visit their dentists, taken by a family member. Staff said that there were local dentists available.

Three people said they always attend the centre at UHCW or Walk in Centre for dental treatment as they have specific needs, which require medical support, for example diabetes or blood thinners. Transport is provided for them to do this.



"I am too old for the dentist"



Access to dentistry

As a Healthwatch England study has shown there is confusion about who can access NHS dentist care, and there are barriers to people getting dentist services, due to costs, availability of dentists and ability to access them.

"In 2023 a national and local Healthwatch representative gave evidence in person to the 2023 inquiry held by the House of Commons Health and Social Care Committee. The final inquiry report concluded that there was an access crisis and that "Everyone should be able to access and NHS dentist when they need one, wherever they live"⁴

The idea of a dental desert where some groups of people have been unable to access services is underlined through the failure of the Dental Recovery Plan. Louise Ansari the chief executive of Healthwatch England has said in the Guardian: -

"These findings underline the deplorable state of NHS dentistry."

⁴ <https://www.healthwatch.co.uk/report/2024-11-20/access-nhs-dentistry-2024-findings>

“The difficulty of getting NHS dental treatment is one of the public’s biggest concerns about the healthcare system generally and is a crisis that dental leaders have estimated is denying 13 million people access to NHS appointments.”⁵

We are waiting for new governments plans to address the issues. Through the Dash report which will outline 10-year plans for the NHS, Steven Kinnock in the Independent said, “This government is committed to rebuilding dentistry, but it will take time,”⁶

As a local Healthwatch we wait to see what happens next.

For people in housing with care, there appears to be three issues: -

1. relevance of dentistry to life experiences, future health, and wellbeing.
2. access – people using UHCW transport is provided whereas to visit local dentists people need to be taken by family/staff/friends.
3. If community dentists/ nurses could visit the homes, there may be opportunities to overcome barriers and help people access the dental services they need.

One of the pledges in the dental plan was to have:

- Mobile dental vans to deliver some dental services to targeted communities”⁷

From what we have heard this would help people living in housing with care, who are less mobile and rely on family/carers to take them to their dentist. Thought could be given to people’s attitudes and perceptions about dentistry and how to encourage them to take up the services.



⁵ [Plans to end NHS dental care crisis not working, warns spending watchdog | Dentists | The Guardian](#)

⁶

[Plan to boost NHS dental treatments 'not on track' - BBC News](#)

⁷

[Investigation into the NHS dental recovery plan - NAO report](#)



When we next ask people about their experiences of dentistry it would be good to see them smile!



For more information about dental recovery plan see:⁸

⁸ <https://www.bda.org/what-we-do/campaigns-and-advocacy/priorities/fair-pay-and-contracts/contract-reform/dental-recovery-plan-faqs/>

Case Study 3, Housing with Care 2024

6

“It was very scary, thinking I was Homeless”

9

Changing care needs, housing with care, age and homelessness. A case study.



Healthwatch Coventry has been visiting housing with care schemes in Coventry to talk to residents about their experience of health and social care. Fahim was one person we spoke to, and his experiences highlight how health and life changes can impact on individuals'

Fahim is a confident, well liked and easy to get on with person. The residents of the housing with care scheme he lives in clearly adore him. But Fahim has a concern, since having a major operation Fahim has been put into temporary care in a housing with care scheme while he recovers, before being discharged back to the community. Before the operation Fahim lived with his sister and had a full-time job as a catering assistant, work that he enjoyed, and found rewarding. Fahim also had a full social life with relatives and friends however, his operation has changed the way he can live his life and means he will need support to live independently.

To live with his relatives means their house would need adaptations for him to live there again, and they don't feel comfortable with having changes made to their home.

Fahim is effectively homeless and waiting on the Homelessness Team to help to apply for a new place to live. He cannot move into the housing with care

complex as it only takes people who are over 55 years old, and he is younger than that by a few years. Fahim is caught between his health needs and his age.

Fahim had a chat with the housing manager who said, "you will not be asked to leave yet, until more things are in place, but at some point, you will be given an eviction order to leave the home" Fahim found this "very scary" as he has settled in the home and is worried about being made homeless with nowhere to go. The Manager assured him this would not "happen yet"

The manager and Homelessness Team⁹ are working with Fahim to look at potential places to stay, but few places come up within other housing with care complexes and if he was offered another place to live in in the community, it would need adaptations.



The manager and Homelessness Team¹ are working with Fahim to look at potential places to stay"



There may be other homes with care services where there is a different age limit. Fahim needs to go through Homefinder to find a new home, whether housing with care or a registered social landlord.ⁱⁱⁱ¹⁰

Fahim's experience in hospital and of community care staff was they all worked really hard and cared for them well, but the uncertainty has impacted on his experience of care.

Despite all these things, Fahim remains upbeat and positive about his future. Having spoken with his relative he says, "What's the point of worrying about it, it will all work out in the end."

Fahim's experience of fear of homelessness has been due to his changing health state, however, there are people who become homeless due to different reasons and the ability to find somewhere to live is difficult and challenging for all.

⁹ Link to <https://www.coventryhomefinder.com/choice/content.aspx?pageid=48>
¹⁰health/#:~:text=45%25%20of%20people%20experiencing%20homelessness,people%20who%20are%20homeless%20face.

Homelessness, and concerns about homelessness whatever its cause impacts on people's mental and physical health:

"Furthermore, [housing insecurity](#) and homelessness is stressful and can exacerbate or cause mental health problems." ¹¹



For more information about Coventry Homeless Team see: [Homelessness team](#) For more information about housing with care see <https://www.coventry.gov.uk/care-support/types-support/4>

¹¹ <https://www.crisis.org.uk/ending-homelessness/about-homelessness/insecure-housing/>

Appendix 1 Consent form and Consent information

Discussion Group participant form

Who we are and about this piece of work

Healthwatch Coventry is your Health and Social Care Champion. We listen to your experiences of health and care to see what works, and what does not work. We use this information to work for better services that meet people's needs.

Healthwatch is independent from NHS and social care services, so we are impartial.

We are speaking to people who live in supported living/housing with care schemes about NHS and social care services.

How we will use what you tell us about

We will analyse what you and others tell us and write it up in a report, which we'll publish and share with health and care managers. This will help us inform them and make the case for anything that should be done differently.

As well as your feedback, we ask you to volunteer some personal health related information. This helps us understand how people's needs are being met by health professionals. You do not have to share this information with us, it is optional.

Find out more about how we handle your information in our privacy statement www.healthwatchcoventry.co.uk.

A few questions about you

What is your Gender?

Woman

Prefer not to say

Man

Non-binary

Prefer to self-describe

What is your age group?

18 to 24 years

65 to 79 years

25 to 49 years

80+ years

50 to 64 years

Prefer not to say

What is your ethnic group?

Arab

Mixed: Asian and White

Asian/Asian British:

Bangladeshi

Mixed: Black African and White

Asian/Asian British: Chinese

Mixed: Black Caribbean and White

Asian/Asian British: Indian

Any other Mixed/Multiple ethnic groups

Asian/Asian British: Pakistani

White: British/English/Northern Irish/Scottish/Welsh

Any other Asian/Asian British

White: Irish

Black/Black British: African

White: Gypsy, Traveller or Irish Traveller

Black/Black British:

Caribbean

White: Roma

Any other Black/Black British

White: Any other White background

Any other ethnic group (please say)

Prefer not to say

Do you have a long-term health condition

Yes No Prefer not to say

Do you consider yourself to be disabled?

Yes No Prefer not to say

If yes please say what condition or disability you have (tick all that apply)

Asthma, COPD, or respiratory condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Blindness/visual impairment	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>
Heart condition (including stroke)	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Chronic kidney disease	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>
Deafness/hearing impairment	<input type="checkbox"/>	Musculoskeletal condition	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Other	<input type="checkbox"/>

I am happy to take part in this piece of work

Please tick the appropriate boxes:

	Yes	No
I voluntarily consent to participate in this project and understand that I can refuse to answer questions. I can withdraw without having to give a reason.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my information can be quoted in your final report, as you will remove any information that would identify me from any of my quotes.	<input type="checkbox"/>	<input type="checkbox"/>

I understand that personal information collected about me such as my name or where I live, will not be shared beyond Healthwatch Coventry.		
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Your name	
Signature	Date

Thank you for talking to us

We asked participants if they would voluntarily consent to participate in this project and understand that they can refuse to answer questions. And also that they can withdraw without having to give a reason.

55 people said that they consented to participate in the project and two people said that they did not consent to participate in the project. (their information was not used)

Similarly, we asked people if they would agree that their information can be quoted in our final report, as we will remove any information that would identify me from any of my quotes

55 people said that they would be willing to be quoted in the final report and that Healthwatch Coventry would remove any information that would identify them from any of their quotes. (their information was not used)

Appendix 2 We visited nine housing with care schemes

date	Housing with care scheme	Volunteers and staff
30 August 2024	Quinton Lodge	Neil Howe, Ruth Burdett, Fiona Garrigan
5 September 2024	Wyken Lodge	Nick Darlington, Saranya Nagarajan, Fiona Garrigan, Ruth Burdett
6 September 2024	Poppy Court	Allen Margrett, Kath Lee, Ruth Burdett, Fiona Garrigan
18 September 2024	Henry Court	Fiona Garrigan, Ridhwana Sheikh
19 September 2024	Cottage Farm Lodge	Saranya Nagarajan, Fiona Garrigan, Samantha Barnett
1 October 2024	Harry Caplan House	Ruth Burdett, Ridhwana Sheikh, Saranya Nagarajan
14 October 2024	Leofric Lodge	Ruth Burdett, Samantha Barnett, Allen Margrett
30 October 2024	Copthorne Lodge	Ruth Burdett, Fiona Garrigan, Saranya Nagarajan
14 November 2024	Knightflow Lodge	Fiona Garrigan, Ruth Burdett, Saranya Nagarajan

For more information about housing with care see:
Demographic information about the people we spoke to

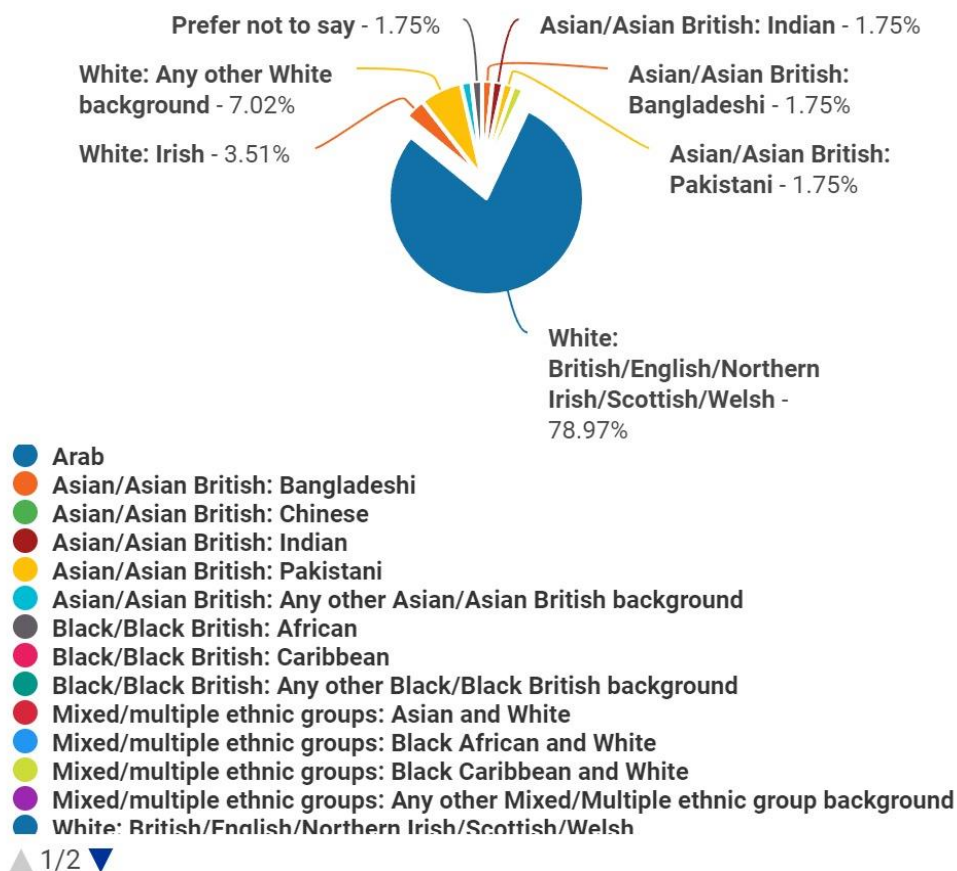
Gender

When asked what is your gender, 29 people said they were women, 27 people said that they were a man, and one person said that they preferred to self-describe.

Ages of people

age	number
25 -49	1
50 -64	10
65 -79	21
80+	23
Prefer not to say	2

Ethnicity information of the people we spoke to: - the majority of people



Disabilities

We asked whether people considered themselves to have a disability, 34 people said they had a disability, 20 people said they did not have a disability and two people preferred not to say.

When asked if you have a long term health condition

41 people said they had a long-term health condition, 12 people said they did not have a long term health condition and three people preferred not to say.

person did not answer. 'https://www.coventry.gov.uk/care-support/types-support/4

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