

MINUTES:

Date	HWCB Annual General Meeting				
Date:	1 st November 2022				
Time:	10.00 – 12.00				
Venue:	Warrenfield room, The Rufus Centre, Steppingley Road, Flitwick, Bedfordshire, MK45 1AH				
Attendees					
First Name	Surname	Initials	Role	Organis ation	
Diana	Blackmun	DB	Chief Executive Officer	HWCB	
Gill	Hiscox	GH	Deputy Chair	HWCB	
Carol	Carter	CC	Director	HWCB	
Linda	Grant	LG	Director	HWCB	
Louise	Cole	LC	Director	HWCB	
Annette	Brown	AB	Engagement & Volunteer Officer	HWCB	
Eleanor	Ryles	ER	Youth Engagement & Volunteer Officer	HWCB	
Debbie	Hull	DH	Digital Communications Officer	HWCB	
Alison	Newnham	AN	Data & Office Administrator – Minute Taker	HWCB	
Guest Speakers					
Alexia	Stenning	AS	Associate Director Primary Care Commissioning and Transformation	BLMK ICS	

Amanda	Flower	AF	Associate Director Primary Care Commissioning and Transformation	BLMK ICS	
Dr Nina	Pearson	NP	Strategic Workforce Lead	BLMK ICB	
Apologies					
Dave	Simpson	Chairman		HWCB	
Dennis	Lee	Director		HWCB	
Karen	Proctor	Director		HWCB	
1.	Welcome and Introduction				Action
	<ul style="list-style-type: none">GH welcomed everyone to the AGM 2022 and acknowledged the attendance of HWCB volunteers, speakers and the General Public.				
2.	Apologies				
	<ul style="list-style-type: none">Apologies received from Dave Simpson, Dennis Lee and Karen Proctor were noted.				
3.	Guest Speaker				
	<p>GH highlighted a selection of issues and complaints HWCB received relating to GP services between May to October 2022 as a context to introducing our guest speakers, Alexia Stenning, Amanda Flowers and Dr Nina Pearson.</p> <ul style="list-style-type: none">Alexia Stenning (AS) began by thanking HWCB for their feedback over the past year which they found very valuable and informative. Her presentation would be available for viewing after the meeting.AS advised of her current role and past experience. She explained the registered patient population across all GP practices in Central Bedfordshire in January 2022 was 305,477, and in August, had risen to 307,880. Face to				

	<p>face appointments (does not include phone calls) was recorded as 77.8% in June, increasing to 79.4% in August.</p> <ul style="list-style-type: none"> ▪ Four practices in C Beds do not have their own Primary Care Network (PCN) but are part of a PCN in Luton. ▪ NP confirmed that data was important across all areas of service delivery to see where the challenges are, what is working and what isn't. ▪ Physician Associates are new roles that have been introduced in the last few years and are proving invaluable support for GP's. ▪ Social Prescribers are also helpful in the local community, supporting the public with their health and wellbeing needs. ▪ Mental Health Practitioners is an area where recruitment is a big challenge and uptake is sadly low. ▪ Overall, Direct Patient Care roles in Central Bedfordshire, including recruiting doctors, is on the increase after the past few years of decline. ▪ AS spoke about the highlights of the National GP Patient Survey and explained that the questions tend to be medically led rather than a whole team approach. Results showed that: <ul style="list-style-type: none"> ○ BLMK are below the national average for GP experience. Hilton PCN achieved the highest percentage ('Good') followed by Ivel Valley South PCN. ○ All our PCNs are below the national average for being easy to get through on the phone, and helpfulness of receptionists are at or above average. ○ The Online Consultation Service is most used for ordering prescriptions; low use for accessing medical records, online consultation and booking appointments. However, this was challenged by Practice Managers who attended the meeting as they confirmed the service was switched off on 31st October 2022, due to security issues with access by the public. ○ 'Ease of use of practice websites' – At or above the national average; average being 67%. 	
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	<ul style="list-style-type: none"> ○ 'Experience of making an appointment' – with the exception of the Hilton PCN, all are significantly below average. ▪ AF spoke about 'Accessing Primary Care'. <ul style="list-style-type: none"> ○ 1K more appointments for GP practices ○ Telephone system improvement ○ Administration roles and pressures on them, with a lower pay scale than in wider sector ○ Recruitment and training of new work force roles ○ Higher need in the population with more complexity. ▪ Staff are working on all these areas within the ICB to ensure all aspects are collaborating together to give the best access to surgeries. ▪ Fantastic developments occurred during the pandemic, some of which will continue e.g. younger people prefer online bookings and video appointments rather than a physical meeting, especially if working. Those older with specific needs prefer a 1:1 appointment and these will be continued to be offered. ▪ Work with staff at Bedfordshire NHS Foundation Trust is continuing to ensure they are aware of the different services available in the community, as is implementing fully integrated neighbour's teams, to ensure that people can be seen by the right person, keeping the care localised. ▪ Improvement of delivering same day emergency care. ▪ Question from the audience, <i>'Why does a large period of time have to be allocated to patients, waiting for a telephone call from the surgery?'</i> NP replied that this is usually because appointments overrun or the surgery has wider issues generally and this is built in to accommodate that issue. Additionally, it depends on who the call is with, as not all have full access to advance practice professionals, and doctors have to additionally cover this instead. Best practice is shared on how to manage these types of calls, and the waiting time reduction is actively being shortened. ▪ NP highlighted concerns about retention of staff and what the requirements are, what is important to staff and changing the perception of the public fuelled by the 	
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	<p>media about surgeries and their staff, which can mostly be negative.</p> <ul style="list-style-type: none"> ▪ AS spoke about Neighbourhood Teams and the Fuller Review. The report outlined how a cultural shift needs to happen and that everyone in all areas of health and social care need to give the same messages to the public, to ensure accuracy and continuity. ▪ BLMK ICB are embedding the Fuller stocktake, according to local needs and why each practice nationally, is different. ▪ Same day access to services – ‘what people need, not what they want.’ Question from audience, ‘Are ‘flags’ placed on a patients notes on the computer system if they have special requirements e.g. mental health issues?’. NP replied that it varies but with the new telephone system this will be possible with <i>Surgery Connect</i> but not all practices have this, only a third have this currently. A follow up question included, ‘How does the Fuller Report take this forward to change things, as can’t see how it can be achieved?’. AS said that this is a whole community response, for all to be involved in the improvements. ▪ In April 2023, pharmacy, optometry and dentistry commissioning will be under the ICB; more staff recruitment is taking place. Delegation of the primary care services enables a holistic approach to be implemented too. ▪ AF summarised the presentation and spoke about using a data driven approach, developing a clear bespoke plan to ensure the system is fit for purpose and resilient, working within the wider community. ▪ Question from DB, ‘Why do practices ask for 8am calls for appointments, as it clearly frustrates patients when they cannot get through and have to continually keep ringing?’ GH said it’s usually so that appointments can be allocated fairly quickly; if a patient calls at 10am there won’t be any appointments left, but appreciate how frustrating this is. She will take the question to the GP forum, to see if this can be reviewed and discussed by all. 	
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	<ul style="list-style-type: none"> ▪ Questions from the audience, 'Why has funding been taken away from the Personalised Care Strategic Co-production Group and the group disbanded? This was an excellent forum for sharing patient feedback and what happened to the funding to manage the group?' and 'Why do the PCNs not have a route to raise issues directly?'. AS will raise these points and report back to HWCB. ▪ DB confirmed that a wider audience needs to be made aware of the presentation given by Alexia and her colleagues, and she will discuss with other local HW, PCNs etc., and ICB colleagues, on how this could be implemented. ▪ GH thanked all three speakers for their informative presentation. 	
4.	Chief Executives Report	
	<ul style="list-style-type: none"> ▪ DB presented an overview of HWCB activities over a previous 12 month period up to June 2022. ▪ Volunteers were highlighted due to their invaluable support to the organisation, and involvement in key activities. ▪ DB also highlighted various reports published detailing the feedback received from local residents and our recommendations for how services can be improved. ▪ DB reminded all that HWCB reports etc. are all available online and hard copies are available on request. ▪ A section detailed in HWCB's Annual Report 2021/22 included, 'What were people telling us?' which detailed feedback about accessing GP services, dentists, mental health support and several others. ▪ Making a difference is our raison d'être and our reports reflect this. 'Improving the Carers experience of hospital discharge' and the 'Seen and Heard' reports were the key ones which were most viewed in the last year. ▪ Young Healthwatch wrote their first Annual Report for 2021/22, which included their key activities and projects. DB outlined several examples, including a successful CPR training programme delivered to over 500 young 	

	<p>people, and a report highlighting discriminatory treatment of young people with hidden disabilities. The BLMK CCG as was (now BLMK ICS), utilised YHW for a Covid myth buster project during the pandemic.</p> <ul style="list-style-type: none"> ▪ Future activities involves First Aid training for young people and working with Keech Hospice. ▪ HWCB are working with other local HW focusing on health inequalities as part of the Denny Review, commissioned by BLMK ICS. ▪ We have also resumed our Enter and View programme. ▪ Special thanks were given to all HWCB volunteers which included Directors/Trustees and our bookkeeper for their ongoing outstanding work. ▪ Finally, DB said a huge thank you to staff who go above and beyond in their role to ensure the success of the organisation. ▪ Question from audience, <i>'As Healthwatch is a listening organisation, can we think about how HWCB can get more involved in the reach and effectiveness of PPGs; how to empower the patients, to ensure they are effective?'</i>. DB agreed it was very important for surgeries to have an effective PPG and if HWCB had the capacity to get involved we would certainly look into it. ▪ A copy of the CEO presentation is available on request to HWCB. 	
5.	Presentation and approval of accounts for year ending 31st March 2022	
	<ul style="list-style-type: none"> ▪ GH confirmed the Board had approved the Annual Accounts 2020/21 which had been approved and audited by HWCB Accountants. GH confirmed that HWCB are in a healthy financial position for the year ahead. ▪ HWCB Annual Accounts 2020/21 were proposed by LG and seconded by Steve Owen and unanimously approved by Board Members. The Annual Accounts 2020/21 will be filed at Companies House and the Charities Commission. 	

6.	Appointment of Directors	
A.	<p>Nomination of Chair</p> <ul style="list-style-type: none"> GH proposed and nominated the current Chair, Dave Simpson, for the position – unanimously approved. GH explained that DS had advised he would hold the position until 31st March 2023, which LG proposed and GH seconded, and GH will Co-Chair with DS in the interim. <p>Standing for re-election</p> <ul style="list-style-type: none"> The following Directors were identified as standing for re-election: <ul style="list-style-type: none"> Linda Grant – GH proposed and Steve Owen seconded. <p>B.</p> <p>Directors appointed in 2021/2:</p> <ul style="list-style-type: none"> Dennis Lee – DL was unanimously approved for election on to the Board by all Directors in attendance as of 1st Nov 2022. Louise Cole, LC newly appointed as of 1st Nov 2022 was welcomed to the meeting and on to the Board. <p>GH asked for thanks to be extended to Karen Proctor, who resigned her position as Director in October 2022, but who will continue as a HWCB volunteer.</p>	
7.	AOB	
	<ul style="list-style-type: none"> GHB gave huge thanks to all staff and volunteers, for being adaptable and going above and beyond in the last year, and thanked them for their commitment. She also thanked the volunteers, the Board and Chair. GH also thanked DB for her leadership of HWCB in the past year. 	
8.	Close	
	<ul style="list-style-type: none"> The meeting closed at 11:59am and all were thanked for their attendance. 	