

MINUTES:

Date	HWCB Annual General Meeting				
Date:	19 th November 2024				
Time:	10.00 – 12.00				
Venue:	Warrenfield room, The Rufus Centre, Steppingley Road, Flitwick, Bedfordshire, MK45 1AH				
Attendees					
First Name	Surname	Initials	Role	Organisation	
Diana	Blackmun	DB	Chief Executive Officer	HWCB	
Gill	Hiscox	GH	Chair	HWCB	
Carol	Carter	CC	Director	HWCB	
Linda	Grant	LG	Director	HWCB	
Louise	Cole	LC	Director	HWCB	
Joanna	Zaworska	JZ	Database and Office Administrator (min taker)	HWCB	
Speakers					
Mike	Harrison	MH	Co-Chief Executive of Bedfordshire & Hertfordshire Local Medical Committee	LMC	
Dr Nicky	Williams	NW	Co-Chief Executive of Bedfordshire & Hertfordshire Local Medical Committee	LMC	
Apologies					
Vannessa	Filmer	HWBC Director		HWCB	
1. Welcome and Introduction					
					Action

	<ul style="list-style-type: none"> ▪ Meeting Started at 10am ▪ GH welcomed everyone to the AGM 2024 and acknowledged the attendance of HWCB volunteers and the General Public. 	
2.	Apologies	
	<ul style="list-style-type: none"> ▪ Apologies were received from VF and were noted. 	
3.	Guest Speaker	
	<ol style="list-style-type: none"> 1. GH welcomed Mike Harrison and Dr Nicky Williams, Co-Chief Executives of Bedfordshire & Hertfordshire Local Medical Committee (LMC), who gave a presentation on the challenges, barriers, issues and concerns facing GP Practices; increasing demands on the service and potential industrial action, and how this will affect patients. Main Points Discussed: 2. Challenges Facing GP Practices <ul style="list-style-type: none"> ▪ Increasing Demands - GPs are experiencing higher patient loads, more prescriptions, and administrative burdens than ever before. ▪ Workforce Issues -There are ongoing concerns about GP shortages, with fewer professionals taking on an increasing volume of work. ▪ Impact of Industrial Action - Potential strikes are on the horizon, which could disrupt services and affect patient care. ▪ How General Practice Has Changed <ul style="list-style-type: none"> Before 2019 - Practices were simpler, with clear structures involving GPs, nurses, and administrative staff. Funding was direct, with practices using allocations to hire staff. ▪ Today - Practices are part of more complex systems, such as Primary Care Networks (PCNs) and Integrated Care Boards (ICBs). Multiple funding streams now exist, adding administrative layers. GP roles have expanded to include supervising non-GP clinicians, attending regular PCN and ICB meetings, and handling increasingly complex cases. 	

- **Shift in Patient Access** – During COVID-19, practices adopted “total triage,” where patients were assessed remotely before appointments. More recently, “digitally enabled triage” has become common, with patients submitting online queries and requests.
- **Impacts on GPs and Patients**
 - **Workload Transformation** – GPs now spend much of their day on administrative tasks, supervising staff, and responding to external requests from other healthcare providers. Patient-facing time is limited to around 6 hours daily, with the rest of the time consumed by paperwork and meetings.
 - **Continuity of Care** – Traditional continuity (seeing the same GP regularly) is less common. Care is now delivered by a team of professionals, including Paramedics, Pharmacists, Dieticians, and mental health workers, supported by digital records for coordination.
 - **Desired Future for General Practice** – Practices want a model focused on **patient-centred holistic care**, addressing the whole person rather than isolated issues. Reducing workloads is critical for GPs to provide better care and avoid burnout. Simplifying systems and ensuring sustainable funding would help practices manage their responsibilities effectively.
- **Actions Taken by GP Practices**
 - **Limiting Patient Contacts** – Many practices have capped the number of daily patient appointments to 25 per clinician to ensure safety and quality care.
 - **Restricting Data-Sharing Agreements** – Practices are pausing new agreements that add to workloads or risk compromising patient data security.
 - **Referral Policy Adjustments** – Some practices have stopped rationing referrals, investigations, and admissions to streamline patient care.
 - **Why Collective Action Matters**
By working together, practices aim to improve conditions for both patients and staff. Limiting daily appointments and controlling data-sharing agreements are seen as necessary steps to prevent system overload.

	<p>The goal is to advocate for fairer policies and sustainable working conditions across the healthcare system.</p> <ul style="list-style-type: none"> ▪ Conclusion: The meeting emphasised the need for reforms to ensure that General Practice can meet patient needs while supporting staff well-being. Collective actions and a united voice are seen as critical to achieving these goals. ▪ Q&A Attendees raised several thoughtful questions during and after the presentation, which were comprehensively addressed by the presenters ▪ Presentation: Copies available on request. 	
4.	Chief Executives Report	
	<p>DB presented an overview of HWCB activities over a previous 12-month period:</p> <ul style="list-style-type: none"> • Website: Enhanced feedback centre. • Committees & Boards: Active participation. • Surveys/Reports: Multiple projects completed. • Signposting: Continued support services. • Projects & Events: Festival for Older People 2024, 'Just Ask' Programme 2024. • Regional Work: Collaboration with other Healthwatch groups. <p>Reports Published:</p> <ul style="list-style-type: none"> • <i>Annual Report 2023/24:</i> Insights on GP access, NHS dentists, mental health, digital divide, and medication struggles (https://healthwatch-centralbedfordshire.org.uk/annual-report-2023-24). • <i>Pharmacy Services:</i> Promoted "Pharmacy First" model to enhance self-care and urgent care. • <i>Cervical Screening:</i> Advocacy led to NHS England introducing App-based screening invitations. <p>Key Projects:</p> <ul style="list-style-type: none"> • Women's Health, Men's Health, Diabetes Awareness, MSK Engagement. • Interpretation & Translation services. • Draft <i>PPG Toolkit</i> to assist surgeries. 	

	<p>Young Healthwatch (YHW):</p> <ul style="list-style-type: none"> • <i>Annual Report 2023/24:</i> Highlighted youth-led projects (https://healthwatch-centralbedfordshire.org.uk/wp-content/uploads/2024/06/YHW-Annual-Report-2024.png). • Key Activities: <ul style="list-style-type: none"> ▪ Surveys, training, and 15 Steps Visit to Sue Ryder Hospice (https://healthwatch-centralbedfordshire.org.uk/wp-content/uploads/2024/11/Enter-View-Visit-Sue-Ryder-St-Johns-Hospice-2024.png). <ul style="list-style-type: none"> • Feedback on mental health game Lumi Nova and co-authorship in the READY Trial. • Time Out Cards initiative in schools. • Future Focus: Autism diagnosis research, children’s dentistry, and mental health. <p>Acknowledgments: Special thanks to volunteers, trustees, and staff for their contributions.</p>	
5.	Presentation and Approval of Accounts for year ending 31st March 2024	
	<ul style="list-style-type: none"> ▪ GH confirmed the Board had approved the audited Annual Accounts, verified by HWCB Accountants. HWCB is in a healthy financial position for the coming year. 	
6.	Appointment of Directors	
A.	<p>Standing for re-election</p> <ul style="list-style-type: none"> ▪ The following Director was identified as standing for re-election: Linda Grant – GH proposed and LC seconded. 	
7.	AOB	
	<ul style="list-style-type: none"> ▪ Acknowledgments: DB expressed gratitude to staff and volunteers for their adaptability, dedication, and outstanding efforts over the past year. Special thanks were given to the Board, Chair, and all volunteers for their commitment. ▪ GH thanked DB for her exceptional leadership of HWCB over the past year. 	

8.	Close	
	<ul style="list-style-type: none">▪ The meeting closed at 11:51 am and all were thanked for their attendance.	