

The value of listening

Healthwatch Milton Keynes
Annual Report 2023–2024



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Glossary

BLMK – *Bedfordshire, Luton and Milton Keynes*

BSL – *British Sign Language*

CNWL – *Central North-West London (NHS Foundation Trust)*

Denny Review – *a report into health inequalities, commissioned by the Bedfordshire, Luton and Milton Keynes Integrated Care Board. This work began during the early part of the COVID-19 pandemic.*

ELFT – *East London Foundation Trust*

Fuller neighbourhoods – *named after Dr Claire Fuller who recommended that health services are delivered by neighbourhood teams for better, more targeted healthcare delivery that meets the needs of the local area.*

HWMK – *Healthwatch Milton Keynes*

ICB – *Integrated Care Board*

ICS – *Integrated Care System*

MSK – *Musculoskeletal services*



"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."

Louise Ansari, Chief Executive at Healthwatch England



Message from our Chair

Welcome to the Healthwatch Milton Keynes 2023–24 Annual Report.

Last year, in my opening message, I talked of a positive shift in the way patients, service users, carers and families were being involved at the earliest stages of decision making in the design of health and care services.

Over the last 12 months, I've witnessed how the legislation driving Integrated Care Systems to work more closely with communities, has resulted in greater opportunities for the people of Milton Keynes to shape the health and care services that we all rely upon to stay healthy, and to treat us when we're ill or injured.

However, at a grassroots level, the development of good practice does not always mean that those views are taken into consideration.

We have listened to thousands of local people who've shared their experiences – both good, bad, and somewhere in between. Through ICB funding linked to the Denny Review of Health Inequalities, we've engaged with ethnic minority groups, people living in deprived neighbourhoods, people with disability, people experiencing homelessness, migrants, and LGBTQ+ communities.

These insights have highlighted examples of exceptional care and best practice that can be shared across the health professions, but also helped us to identify the vast gaps in our health landscape where change is urgently needed.

Funding for our future remains a concern with grant levels remaining the same for the last 10 years. Delivering the same work on an unchanged budget is a challenge, and Trustees will continue to consider the sustainability of the organisation and support the development of a strategy that allows Healthwatch Milton Keynes to thrive – despite an uncertain backdrop.

Finally, I would like to thank our staff for their commitment to the work of Healthwatch Milton Keynes over the last 12 months. Without their dedication and resilience, we would not wield such positive influence on the development and delivery of health and care services.

Carol Older, Chair of Board of Trustees



“These insights have highlighted examples of exceptional care and best practice that can be shared across the health professions, but also helped us to identify the vast gaps in our health landscape where change is urgently needed.”

Carol Older, Chair, Healthwatch Milton Keynes



1: About us

We are Healthwatch Milton Keynes. It's our job to listen to your experiences of using local health and social care services.

We make sure NHS and social care decision-makers hear your voice and use your feedback to improve care in Milton Keynes. We also provide the people of Milton Keynes with advice and support about local health and care services.

We are part of a network of over 150 local Healthwatch across the country. We are independent.

Our vision

People's lived experiences are used to design and improve health and social care services.



Our mission

To champion people's rights and access to high-quality health and social care.



Our recipe for success



Grounding everything we do in our values. We are always independent, inclusive and committed.



Partnering with local health and care leaders, service providers, the VCSE sector and the Healthwatch network to amplify your voice and drive change



Focus on equity, prioritising listening to those that suffer the greatest inequalities in health and social care outcomes.



Taking continuous action with our presence, evidence and recommendations for service improvements.



Promoting your rights to be informed and involved in your care and designing services in collaboration with health and social care teams.



Setting goals and actions that support the sustainability and growth of our organisation.

1.1 Year in review

Reaching out:

2,395 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

18,447 people

came to us for clear advice and information about topics such as mental health and the cost-of-living crisis.



Making a difference to care:

We published

19 reports

about the improvements people would like to see in health and social care services.

Our most popular report was

Great Big MK GP survey: our findings

which highlighted the struggles people have with GP services in Milton Keynes



Health and social care that works for you:

We're lucky to have

16 volunteers

outstanding volunteers who gave up 97 days to make care better for our community.

We're funded by our local authority. In 2023 - 24 we received

£173,644

which is the same as the previous year.









We currently employ

8 staff

who help us carry out our work.



1.2 How we've made a difference this year

Spring	 <p>Bletchley residents told us the things that would encourage them to take up healthy life habits, and what services are essential to the area. It was part of the Bletchley Pathfinder project run by the Milton Keynes Health and Care Partnership, which aims to create personalized, connected services for residents..</p>	 <p>Residents now have a clearer idea of opportunities to influence health services through the ICB, as we promoted our ICB's 'Forward Plan'. It aims to improve the health of people in MK, improve services, and reduce inequalities in outcomes, experience and access.</p>
Summer	 <p>We raised awareness of Martha's Rule, a change which means patients and their families can ask for an urgent second opinion if the, or a loved one's condition deteriorates or if there is a serious concern. This was one of the top 3 most visited pages on our website this year.</p>	 <p>Our report, 'More than medicine' explored our findings from 17 Enter & View visits to local pharmacies to understand how patients feel about the services on offer, and whether staff feel involved in the NHS decisions that affect them.</p>
Autumn	 <p>We ran a successful monthly Let's Talk women's health programme of events, to provide support and information on a range of women's health issues including menopause, mental health and money.</p>	 <p>As part of the Healthwatch England (HWE) call out to share experiences of cancer care, residents told us of delays to treatment and slow referrals. In response, NHS England announced a plan to simplify the care timeline, giving patients a better understanding of what they can expect during their cancer treatment journey.</p>
Winter	 <p>We raised awareness in the community of targeted lung health checks for residents aged 55-74 who smoke or have in the past. The checks identify lung cancer, but also any other long-term health conditions.</p>	 <p>We supported the Healthwatch England 'Share for Better Care' campaign which aims to encourage more people, particularly people from ethnic minority communities and people living on lower incomes, to feedback about their care.</p>

1.3 Your voice heard at a wider level

We collaborate with other Healthwatch in Bedfordshire and Luton to ensure local people have the opportunity to influence decisions made by the Bedfordshire, Luton & Milton Keynes Integrated Care System (ICS) about health and care services.



This year, we have developed a collaborative agreement with Healthwatch Luton, Healthwatch Bedford Borough and Healthwatch Bedfordshire. This agreement ensures that diverse communities across these three areas have an equal say in shaping health and care services. It also means we have a greater influence within our ICB to make positive changes to the services that our residents rely on, including GPs, dentists and hospital care.

Evidence shows that people from ethnic minorities are under-represented when it comes to this research into health conditions and treatment. We know that health research is an important tool that helps people lead longer and healthier lives, so this gap in research can result in health services that don't meet the needs of everyone in our community. We collaborated with the Research Engagement Network and other local Healthwatch to develop campaigns to raise awareness of the benefits of patient participation amongst people from minority backgrounds with type 2 diabetes.



We're collaborating with our local Healthwatch partners on four projects that act on key recommendations from the Denny Review. The Review began during the pandemic and sets out ambitious recommendations to reduce health inequalities across BLMK. It also explores reasons behind the health inequalities that were being exposed, for example, higher mortality rates from COVID in people from minority communities..

We partnered with Healthwatch Luton to recommend improvements to resident involvement in reducing hospital admissions for dental decay. Our ICB are now taking our idea forward: they are carrying out a scoping exercise with Public Health to survey all dental contractors and Local Authorities about their oral health prevention work and commissioned services. We hope this work will lead to a clear, targeted plan to improve the oral health of people in Milton Keynes.





2: Listening to your experiences

Health and care services in Milton Keynes can't make improvements unless they know what's working well for patients, and what isn't.

That's why listening to your feedback is always our priority. This gives us a clear picture of the things that need changing, and the ways we can help to make a real difference in our community.

2.1 Hospital admissions & discharge: creating a better patient experience

The MK Deal gave us funding to explore experiences of hospital admissions, hospital discharge and readmissions back into hospital – especially those that could have been prevented in some way. The NHS calls this the ‘system flow pathway’.

The aim of the project was to ensure the redesign of these ‘system flow pathways’ meets the needs of patients in our city and leads to better outcomes for patients.

What did we do?

We spoke to 52 patients at Milton Keynes University Hospital, including 15 who had been discharged within the last 6–8 weeks. We explored their personal experience of care leading up to being admitted to hospital and what, if anything, the patient felt could have prevented the admission. We also interviewed local service providers to understand their roles in reducing avoidable hospital admissions, improving discharge processes, and minimising readmissions. In addition, patients and professionals came together in workshops to share with each other their experiences of overall care and treatment, the discharge process, how they had been involved in decisions and how their needs had been met.



“Each person I see tells me something different, there is no continuity, but they don’t actually listen to me. I don’t get looked at as a person – only as an illness.”

Patient interviewed by Healthwatch Milton Keynes

What did patients tell us?

- Even where they had felt involved in the planning of treatment, care and discharge, there was no check in or re-evaluation of need unless the patient had been referred for a Social Care Assessment.
- People tended to see their hospital admissions as inevitable due to age or existing conditions, though few had received an Annual Health Check or been made aware of other ways to improve their health and wellbeing.

What difference did we make?

This is an ongoing project, and we’re now carrying out in-depth patient evaluation of the newly-established Milton Keynes Integrated Discharge Hub. This insight will offer the discharge hub management team ‘real time’ access to patient experiences and improve the quality of the services provided. This will lead to better outcomes for patients and a more efficient and effective discharge process



The MK Deal is a shared commitment across local NHS organisations, Milton Keynes City Council and other partners to ensure local services meet your needs. Find out more about what the MK Deal is doing in our community on our website:
www.healthwatchmiltonkeynes.co.uk/news/2023-01-04/what-mk-deal-and-what-does-it-mean-you

2.2 Creating a fairer Milton Keynes: The Denny Review of health inequalities

In 2023, we partnered with the YMCA and Community Action:MK to understand the biggest issues affecting people who experience day-to-day health inequalities.

This project was the third stage of 'The Denny Review' and was just the start of big commitments and investments by the Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) to reduce health inequalities and create a fairer health and care system for all BLMK.

The Denny Review timeline

2020

Rev. Lloyd Denny asked to lead a review in BLMK – exploring links between Covid-19 and health inequalities. Healthwatch Milton Keynes and other partners recommended a review of what local people had already shared about their experiences of health inequalities.

2022

Uni. of Sheffield published a literature review identifying the communities where the ICB need to provide focused support. They also identify communities who haven't had the opportunity to be heard. We sat on the project steering group to ensure strong representation of the MK voice.

2023

After hearing from over 350 residents and community groups, we published our joint summary of what people feel impacts their wellbeing and contributes to health inequalities in MK:
Poor communication, Accessibility and Cultural Competency in health and care services

The next steps

The final Denny Review makes 15 short-term and 15 long-term recommendations to improve:

- **Communication** – making sure the language that health and care services use is easy to understand, and that translation and interpretation is readily available when needed.
- **Access** – improving access to health and care services for people with physical or learning disabilities.
- **Representation** – making sure that people from all backgrounds are given genuine opportunities to shape local decisions, so that services take greater account of their needs.
- **Understanding others** – growing a health and care workforce which recognises that people have different needs, uses inclusive language and doesn't make assumptions about minorities, whether it's people with disabilities, people who have experienced violence or abuse, or people who are lesbian, gay, bisexual or trans.



Read the full [Denny Review](#) to find out more about what health inequality looks like in Milton Keynes, and the recommendations for change that our health and care leaders have committed to acting upon.

You can also watch a quick explainer – also with BSL: blmkhealthandcarepartnership.org/denny-review/

What difference did this make?

- The experiences, accounts and evidence that local people shared with us inspired the BLMK ICB to act decisively. All leaders and decision makers in the NHS, Councils, and clinical representative bodies were called to action and signed their commitment to act on the Denny Review's recommendations.
- Cultural competency training is already being rolled out to health and care professionals across BLMK.
- The BLMK ICB now has a designated Denny Champion who will monitor how ICB partners act on their commitments to reduce health inequalities and hold them to account.
- Throughout 2024-5, communities in Milton Keynes should benefit from targeted NHS funding for the BLMK ICB to invest in implementing key recommendations from the Denny Review.
- As a result of our work, the ICB invested £300,000 into collaborative health inequalities projects, for the four local Healthwatch (including us), plus voluntary, community and social enterprise organisations.
- This year, we're working with people across Milton Keynes to improve the design and delivery of translation and interpreter services to ensure those services can meet the needs of patients with communication needs.
- We'll be exploring ways to 'open up' patient participation opportunities for all communities to ensure they're inclusive. We'll be providing residents with more accessible information about staying healthy and how to get the right help when they need it.

The next steps

For us, the Denny Review findings about the causes and impacts of health inequalities didn't shine a light on anything new. The experiences that Milton Keynes residents share with us have always strongly reflected the themes set out within the Denny Review.

However, we are optimistic that the efforts by BLMK ICB to focus their strategies, culture and investments into addressing health inequalities can result in some real change for people who experience those inequalities due to their 'difference'.

Over the next year, we will be informing and supporting the ICB to redesign services and structures which improve communication, accessibility and participation, and remove the barriers in our health and care systems that can result in some of us living in poorer health for longer and dying younger.



"The Denny Review heard from more than 2,000 local people who experienced health inequalities and we owe it to them to make effective and lasting change through the use co-production and a population health approach."

Lorraine Sunduza, Chief Executive of ELFT and BLMK ICB Board Champion for the Denny Review

Find out more: www.blmkhealthandcarepartnership.org/icb-appoints-board-level-champion-to-oversee-progress-on-dennyreview-health-and-inclusion/

2.3 Improving care through Enter & View

We're incredibly proud of our Enter and View programme. It's been recognised by Healthwatch England as a well-run, exemplary programme and every visit we carry out is an opportunity to find ways to improve the care that patients and residents receive. It's also a chance to offer assurance to families and carers who want to know that their loved ones are safe and well-looked after.

Here are just a few of the services where we've made a difference this year.

Neath House, August 2023

Neath House care home provides care for residents who need personal or nursing care. At the time of our visit, the majority of residents had dementia, Parkinson's or other neurological conditions. Many residents had additional physical needs which meant they were bedbound.

We praised the activities on offer: from pampering days and a visit from the hairdresser, to music and movement, we observed staff spending time with residents, tempting them to join in, but also chatting with those in day rooms who were sitting alone or with just a few other residents, ensuring they were comfortable and that they were staying hydrated.

We observed staff to be caring and well-liked by residents, and when asked if there was anything they would change about living at Neath House, most told us they wouldn't change anything. Overall, the residents at Neath House told us they felt cared for and content.

We noted the relatively low staff turnover and the very visible presence of the longstanding manager as a major contributing factor in the consistently good standard of care that we've witnessed at Neath House over a number of years.

In response to our recommendations:

- The home provides 1:1 hourly wellbeing checks for residents who are prefer to stay in their bedrooms. 1:1 time also includes manicures, hand massage, reading, chatting, having a coffee together etc.
- We commented that ground floor lights were very dark, and the maintenance team immediately booked in an upgrade, alongside a number of other works already taking place, including new flooring, painting and decorating and new furniture.
- Staff arranged for residents to visit the monthly dementia café at their sister home and the home is exploring holding their own event on site.



Image: Ageing Without Limits



"Mum is happy and content here. What else can we ask for."

2.3 Improving care through Enter & View continued

Mallard House, July 2023

Mallard House provides nursing and personal care for up to 55 residents and is an example of exceptional care and nursing practice. During this visit, our team observed staff to be caring, attentive and compassionate towards all the residents.

Most residents were happy socialising with each other, and those who were not were regularly checked by staff to make sure they were content.



Image: Ageing Without Limits

We particularly noted their toothbrush campaign, which means a new toothbrush for everyone every three months, all residents are encouraged to brush teeth daily and the home has a dentist visit. Residents also have a weekly 'full body check' to ensure that nothing has been missed in routine medical rounds, at mealtimes, or anything a resident might not have mentioned but could be of importance to their health and general wellbeing

We suggested that Mallard house might explore linking in with other local care homes to share their gym facilities, so that residents receiving

physio treatment could have their sessions closer to home. In response to our suggestion, Mallard House are now working with the Aylesbury NHS Brain Injury Team to offer additional support to residents and their families.

We were delighted to congratulate the team at Mallard House on the culture and the physical environment they had worked hard to create.

 ***"Staff really 'knew' residents, they weren't just names on a door."***

Bletchley House, January 2024 (also visited throughout 2023)

Bletchley House provides personal and nursing care for up to 44 residents. It has historically been inconsistent in the results of the regulatory inspections by the Care Quality Commission, and the Milton Keynes Council Quality and Compliance team. The care home goes from Good to Requires Improvement and back again from visit to visit. We had visited four times prior to this unannounced visit, with equally inconsistent results.

During this visit, we observed Bletchley House to be clean and orderly, with a strong focus on improving the experience and wellbeing of all residents. We witnessed genuine care and affection in interactions between staff and residents. The residents clearly knew the staff well. It was nice to see that all of the residents who are able to get out of bed, even if they chose to stay in their rooms, were up, washed, and dressed. One resident told us about how one of the staff help her to do her hair, and how much she enjoyed it.

We sat in on one of the quizzes and enjoyed seeing how much laughter and banter this created among the group. We were also impressed at the displays of the residents' art and craft work; residents were quick to tell us which ones were theirs and were justifiably proud of their efforts. There were artistic and creative residents at Bletchley House, so it was nice to see that these interests and talents are given an outlet.

We've recommended a focus on retaining current staff and management to ensure the progress that has been made isn't lost as a result of continued senior staff changes.

2.4 Are GP services in Milton Keynes improving?

Last year, we ran our first ever Great Big MK GP survey to gain a clear picture of what people are experiencing when they visit their GP. We're now running the survey for a second time to see what's changed and identify more persistent issues.

Last year, as a result of our findings, the BLMK ICB committed to:

- Provide care navigation training to all reception/administrators.
- Use digital tools and improved signposting and care navigation to reduce reliance on urgent and emergency care.
- 'Open up' as many self-referral pathways as possible to support residents and reduce the need to have an appointment with a practice team member when a different service is better suited to the patient's needs.
- Work with GP practices in Milton Keynes to provide a 'modern general practice access model' by 31 March 2025, to include more digital technology and more efficient telephone systems.
- Remind practices of their obligation to meet any additional communications needs that patients have.



What is working well for patients at the moment?

Deregistration isn't a significant issue for residents. However, for those who do go through a deregistration the majority feel it's handled badly.



Of the patients who saw someone other than a GP for their appointment, the majority see a nurse instead, and over half felt they got the care they needed at their appointment.



The majority of patients tell us they feel listened to by their GP.



Just over half of residents told us they were given enough information about being prescribed, or not prescribed any medication. Almost half also felt that the repeat prescription system at their practice worked well.



"Can't knock the doctors or nurses I've seen. They have been fantastic. Just a shame they're so overwhelmed."

"My GP takes time to explain to me his thinking and what is happening to me and how medication/other support helps counteract my issue. It's really helpful and makes me feel very empowered and informed."

"I was very impressed with the GP's manner with my son. He asked him lots of direct questions, helped him feel comfortable, offered a chaperone when he needed to complete an examination."

2.4 Are GP services in Milton Keynes improving?

What are the persistent problems that people are facing when they try to see their GP?

Our latest survey analysis shows that residents are still struggling when it comes to accessing their GP. A recurrent theme over the last two years has been that phone systems are endlessly engaged or get switched off, and the only option is to fill in an online form and 'hope for the best'.

74% of people said they had struggled to get a **same-day appointment** at their GP practice when they needed one.

59% of people felt the system for making **advanced appointments** doesn't work well.

44% of people said the **telephone systems** at their GP practice don't work well for them.

30% said they were not given information on what to do if their health issue **did not get better or if it got worse**.

Almost **50%** of those who were eligible had not been offered an **annual physical health check** with their GP.

10% of people who were waiting for support or treatment had been **waiting more than a year**.



"My GP surgery doesn't understand mobility impairment."

"Autism training could be better."

"My daughter or son comes with me. On the letters it always says I can have an interpreter - but they have never provided one."



What happens next?

We'll be publishing the full report on our findings in the coming months. The report will include a second round of recommendations for GP practices and the ICB, for improving access to GP services in our community.

Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard. Here are just some of the ways we've made a difference to people in Milton Keynes this year.

Better, fairer care for D/deaf patients thanks to our work



We were commended at the National Healthwatch Impact Awards this year, for helping to improve care for local D/deaf people.

After hearing from patients in our community who'd been refused a British Sign Language (BSL) interpreter, we shared these stories with GP practice managers and NHS primary care commissioners. We reminded them of their obligations under the Accessible Information Standard, and called for them to add a clause to GP contracts that would ensure they met the needs of D/deaf patients who needed support at their appointments.

What impact did we have?

Our outreach in the D/deaf community included a dedicated D/deaf women's health event with a BSL interpreter, and we joined local coffee mornings to understand people's lived experience of not having their communication needs met.

As a direct response to our work, these are the changes that have been made in Milton Keynes:

- Whilst it's always been a legal obligation, providing a BSL interpreter is now also a contractual obligation for GP practices and Milton Keynes University Hospital.
- GP and hospital staff are now empowered to give adequate support to D/deaf patients because they're now receiving additional training and inclusive policies are in place.
- GP and hospital staff now communicate with D/deaf patients in a way that meets their needs. Patients are therefore less likely to feel dismissed, vulnerable and uninformed about their own health.
- Willen Hospice are now training their staff on how to meet the needs of d/deaf patients, and those with hearing loss.
- Central North West London NHS Trust (who provide mental health and community health services in Milton Keynes) are now making sure they book BSL interpreters as standard for any D/deaf patients.
- We used our influence to advocate for Carron, a local D/deaf woman who had been denied a BSL interpreter for her hospital appointment.



Learn more about our award and listen to Carron's story on our website:

www.healthwatchmiltonkeynes.co.uk/news/2024-03-14/weve-been-commended-improving-care-ddeaf-people-mk

Improving life for women on the Campbell Centre's Willow Ward



What is the Campbell Centre?

The Campbell Centre, Milton Keynes is a 38-bed **acute inpatient mental health unit**. It has two wards, Hazel Ward and **Willow Ward**, predominately for working-age adults who need a hospital admission when suffering from a mental health problem. The wards are staffed 24 hours a day and the team consists of nurses, occupational therapists, doctors, pharmacy staff and domestic staff.

Willow Ward is a women-only unit, with 19 beds for women aged 18-65, including those with learning disabilities and occasionally adolescents aged 16-18. The length of time spent as an inpatient varies for each person.

Over the last year, we've had almost 400 conversations with inpatients on the women's acute mental health ward. Women have shared their experiences with us, and thanks to their honesty, the management team have been able to use this feedback to make improvements that have had a big impact on how the women feel about their admission, discharge, safety, and care.

Here are a few of the issues that emerged, and the changes made:

The language used by staff when speaking to inpatients

The language used by some staff was unkind. It was dismissive of the women's experiences and feelings. E.g. 'they, them and us', 'paranoid', 'delusional', 'attention seeking', 'it's all in your head' and 'you're very unwell'.

What changed? Over 80% of staff on Willow Ward have now completed Trauma Informed Care training and staff have also completed, or signed up to, Personality Disorder training.

Not enough time spent with inpatients

Women told us they felt staff spent too much time doing paperwork in the office in the evenings which meant not enough staff were on the ward with the patients.

What changed? Staff now stagger their note writing times so there are more staff on the ward. This allows more time to play cards, board games and generally engage with the women.

No clear plan or support for discharge

Women told us they weren't given enough information about their discharge plan which left them feeling nervous and anxious about leaving.

What changed? A newly-recruited Peer Support Worker now leads a dedicated discharge group which has been successful.

Staff not treating women as individuals

Women reported that they felt staff didn't know how to meet their individual needs when they were unwell or in crisis.

What changed? A 'one page profile' is now clearly displayed in everyone's bedrooms. Each patient can fill theirs in to say what they need to feel cared for and safe.

Ward rounds are intimidating for inpatients

Women reported that they felt intimidated, overwhelmed and unheard in their ward rounds.

What changed? Staff developed a ward round session with the Lead Nurse, 'Preparing for Ward Rounds' guidance and provided nursing support to get ready.



Next steps

We will publish our full report of life on Willow Ward later this year.



Supporting women with their health

We regularly hear from women who aren't getting the care and treatment they need when it comes to their health.

Women often tell us that their symptoms are dismissed by GPs, they are denied certain treatment when they ask for it and are not taken seriously. We also hear about a lack of essential women's health services in Milton Keynes.

We collated patient feedback and identified gaps in the knowledge, services, and support provided to women living and working in Milton Keynes. To plug this gap, we set up a year-long programme of Let's Talk events that could offer support and information for local women, until the long-awaited Women's Health Hubs became a reality.

Our Let's Talk events have covered areas of women's health including sexual, physical, financial, and spiritual health and general conversations around hormones and their effect on women's lives. We also made sure we held a specific event for our women's BSL community.



What are Women's Health Hubs?

The 'hubs' are in the early stages of development across Milton Keynes. The plan is that they will bring together healthcare professionals and existing services to provide women's health services in the community. They aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities.

Find out more:

www.healthwatchmiltonkeynes.co.uk/womens-health-clinics



"Thank you so much for the opportunity to meet last night... I think that has been the most supportive group of women I have so far had the chance to meet."

"I'm totally over the moon that I've got to this point and would not have not got here without your support and help so thank you from the bottom of my heart."



What difference has this made?

Women in Milton Keynes had free access to mentors, experts and clinicians who provided invaluable advice and support ranging from what foods could support your hormonal health, how to talk to your clinician about your health concerns, and what kind of exercise might be suitable for your lifestyle and ability.

We have been able to support women to access the clinical appointments they need because of our local contacts and relationships.

The women who attended told us that, after sharing experiences in the groups, they finally felt that they weren't alone – and that they weren't just going mad!



3: Hearing from all communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.

This year we have reached different communities by:

- Talking to people from the most deprived areas of Milton Keynes about their experiences of accessing primary care.
- Running focus groups with Black and Asian women about musculoskeletal services to ensure their views are considered when the BLMK Integrated Care Board plan the future of the service.
- Ensuring D/deaf patients and those with hearing loss can have a British Sign Language Interpreter when they ask for one at hospital appointments.

3.1 The Bletchley Pathfinder

We regularly hear from people who cannot access health services, feel that they are not seen as an individual by healthcare professionals, or those who are struggling to manage long-term health conditions.



Milton Keynes Health and Care Partnership asked us to speak to people living in Bletchley to find out how they currently experience care, and what they would like, and need, to see from services to help them stay well for longer. This is part of a longer-term plan to develop a 'neighbourhood' model across Milton Keynes where health, social care and other services such as the police, schools and voluntary and community groups work together to improve access, health prevention support and personalised care to us in our local communities.

220 residents in Bletchley talked to us about their experiences of:



Mental health support for children and young people



Managing weight, healthy eating and exercising.



Living with multiple long-term conditions eg cancer, adult mental illness, dementia and type 1 and 2 diabetes.



Reducing or giving up alcohol, and drug addiction.

What's next for Bletchley?

As a result of what people shared with us, the BLMK Integrated Care System now:

- Have a clear understanding of how they could encourage residents to take up healthy habits.
- Understand what the barriers are to residents seeking support for their health when they need it.
- Have insights from the community that will help them to support residents who receive care for multiple conditions such as diabetes, asthma, high blood pressure; and those who use adult social care services.

The Milton Keynes Health & Care Partnership agreed to invest around £550,000 to develop the 'Bletchley Pathfinder Model.' The funding will focus on:

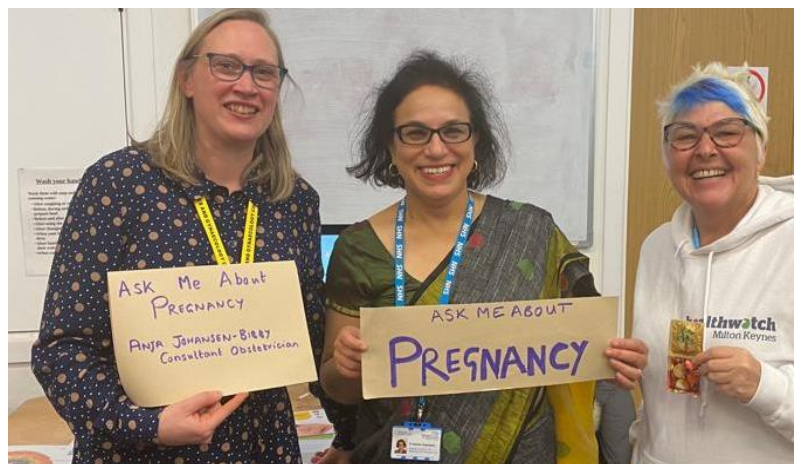
- Developing a Bletchley Health Coach Model
- Improve funding for social and support groups
- Pilot programmes aimed at families to eat well
- Training, workshops and support for professionals to develop integrated ways of working in Bletchley.

We'll be closely monitoring how these plans develop and will be working with Bletchley residents to understand what is working well and where improvements are needed.

3.2 Healthy choices before a pregnancy



We joined forces with Maternity:MK to provide local women – especially those from deprived areas of the city, or from minority ethnic communities – with trusted, expert advice on staying in good health before pregnancy, whether planned or not.



In a piece of work funded by the ICB's Health Inequalities Programme, we gathered feedback and evidence from local women to understand what steps they had taken before a pregnancy, and where they might go for support on preconception wellbeing. Did they take folic acid, or any other supplements? Had they changed their diet at all? If they had long-term conditions, did they feel supported in their pregnancy? Was the information available to them in languages and formats that they could understand?

We also launched a successful preconception advice hub, linking into expert organisations including Tommy's and the Royal College of Gynaecologists, so that local women now have the tools they need to make informed choices about ways to look after their health before getting pregnant.

We dedicated one of our 'Let's Talk' events to preconception health and were joined by one of Milton Keynes' leading clinical experts. We partnered with the Milton Keynes Hindu Association to host a Well Women health event, where we were able to do some myth busting, and provide accurate information to support good health before, during and after pregnancy.

We found that:

45% of pregnancies in the UK are unplanned, and if you are not planning a pregnancy, you don't think the information applies. In fact, in our survey, almost **70% of women told us they had not received any advice from a health professional prior to becoming pregnant**. Women who were given advice were those who were already under some form of specialist health treatment for existing conditions such as diabetes, epilepsy, mental health or who had experienced difficult maternity journeys previously..

What difference did we make?

Women from deprived areas or Milton Keynes, and those from black and minority ethnic backgrounds, know what steps to take to look after their health before a pregnancy. Women who don't speak English as their first language also have these resources in five alternative languages, including Romanian and Urdu. From caffeine and exercise, to drinking alcohol and STIs, mums-to-be now have access reliable information about getting themselves in the best possible health before pregnancy.

3.3 Involving our community in medical research

We partnered with other local Healthwatch colleagues and Health Innovation East on a longer-term project that ultimately aims to open medical research up to more diverse communities.

Typically, medical research studies do not reflect our diverse population. Simply put, this means that all the medicines, treatments, and approaches that doctors prescribe for us have never been tested on the groups of people who are predominantly affected by that condition – like diabetes, for example.

This project aims to encourage all communities to take part in research, particularly those who are usually excluded. This will be an important step towards ensuring that medical research can help to reduce health inequalities.

Why is this important for people in Milton Keynes?

Community research found that:

- Many people were not aware that health and care research was happening in their local area, or how to access studies.
- Overall, there was limited awareness about health research in local communities and about how participating in research can help to improve health outcomes and quality of life.
- The public felt that research should be based on the specific needs of their local community.
- The need to build a higher level of trust between communities and researchers was important to residents.

Evidence also demonstrated that medical researchers were often unaware of the conversations people were already having about certain health conditions, or the support that professionals were already providing to patients.

What do we want to achieve?

The project aims to create ‘Research Champions’ across BLMK who are well-connected in their community and can signpost residents to research opportunities. Initially, a strong focus will be on Diabetes Research Champions, as this long-term condition affects a large percentage of the local and national population and causes complex health issues. The aim is to have the ICB embed diversity in research into the way they design and plan services, and into their governance structures.

The project so far:

We’ve mapped existing research participation opportunities in Milton Keynes. We gauged public interest in local diabetes research and promoted opportunities for participation. We contacted 20 local organisations who are keen to be involved, such as Camphill Communities, Action Speaks, Unity MK (formerly known as the Winter Night Shelter), the Hindu Association, and the Friends of the Caribbean.



What happens next?

The partnership behind this project is planning to host an event later this year for residents and health and care professionals, including Milton Keynes University Hospital and Diabetes UK MK. Keep an eye on our website and social media for updates.



4: Advice and information

If you feel lost and don't know where to turn, Healthwatch Milton Keynes is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, making a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped residents by:

- Providing up-to-date information people can trust.
- Helping people access the services they need.
- Supporting people to look after their health during the cost-of-living crisis.

This year, over 18,000 residents have come to us for advice and support about health and social care services.

Here's how we were able to make a difference for two local patients.



The importance of clear, consistent, patient-friendly communications

We helped a local patient who was experiencing a number of complex health issues, including some cognitive and memory problems. They were booked in for a procedure at Milton Keynes University Hospital, but were struggling to navigate the confusing, and often conflicting, communications from the hospital staff. Conversations and correspondence from the hospital

were unclear and inconsistent. There were also significant gaps in their medical notes following the procedure. Understandably, all of this was causing considerable distress for the patient.

We supported the patient through the complaints process, and even went to several appointments with them. As a result of our involvement, Milton Keynes Hospital agreed to have nursing staff present in consultations, where possible, to ensure the patient understands their treatment and forward plans, and to record the information discussed for the patient.

Hospital management have reinforced to staff teams the correct practices for prompt, effective, patient-friendly communications. All staff have been asked to ensure that full and clear documentation is recorded on the patient portal, especially in relation to handover of patient's post-procedure records, and that post-operative instructions are confirmed and carried out.

A holistic approach for a patient in need

We received a call from a patient who was struggling with some health issues and their life circumstances. Many of the problems they were experiencing were made worse by their health conditions – but not directly caused by them. By listening to their experiences, we found the patient was having a lot of unnecessary GP appointments which weren't helping. The patient didn't need a clinical diagnosis or treatment plan, rather some hands-on, holistic support to manage the everyday situations they found challenging. Traditional social prescribing also wasn't improving things for the patient. When they were signposted to things like enrolling into support groups and therapeutic activities, and left to

approach all of them alone, the patient found they were either too old/ not old enough, too disabled, or too rich/ too poor to meet their eligibility criteria. All of this was compounded by the fact that the patient did not drive and had difficulties with public transport. We worked with the patient's GP to provide them with more joined-up, personal support. We worked with the professionals involved in their care to arrange home visits from a social worker and social prescriber. Together, they made a plan that offered the support the patient needed to make positive progress with their health and wellbeing.



Image: Ageing Without Limits



5: Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Carried out Enter and View visits to local services to help them improve
- Visited communities to promote our Great Big MK GP survey, and raise awareness of our work
- Collected experiences and supported people in all communities to share their views

We were lucky to have **Attiya** join us for her work university work placement.

As a student pursuing a bachelor's degree in public health, I was first introduced to Healthwatch Milton Keynes in my employment-based module at university. I chose my placement here as I wanted to have a first-hand experience of how they help local residents as well as gauge an idea of what working in such a field would entail.

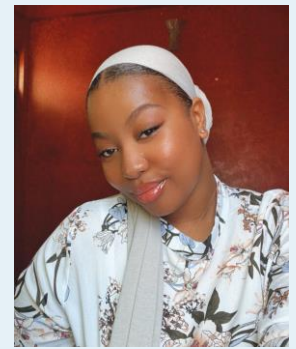
During my placement, I had the pleasure of participating in various different activities, such as helping to plan and deliver a women's healthcare event at the local Hindu temple, which was such a lovely event.

I enjoyed not only being able to participate in the event and interacting with different health organisations and the local people, but it was also interesting to experience another new culture and food!

I also had the opportunity to attend an engagement collaborative event with health and social care professionals within the Bedfordshire, Luton and Integrated Care System. It was interesting to see how these different organisations interact and work together.

In addition, I was lucky enough to be able to participate in an enter and view at a hospital where we were capturing patient experiences. Admittedly, I was a little nervous about interacting with patients, but all the staff and the patients at the hospital were very sweet and I really enjoyed it!

Overall, I had such a lovely time with the Healthwatch MK team, and I enjoyed every moment of being there. I would like to give a big thank you to everyone for making me feel welcome and allowing me to have such an informative experience. Being able to do so has allowed for me to complete my employment-based module, as well as gain useful insights that I will take forward with me into future employment. I look forward to future volunteer opportunities with Healthwatch MK!



John has volunteered with us for six years as a valued member of our Enter and View team.

I started out volunteering for another Healthwatch in London back in 2007. My work at that time was in the Pharmacy Department in a general hospital and mental health hospital, which was an excellent base for my volunteering role. I am now retired.

I joined the MK team in 2018 as an Enter and View volunteer. We visit care homes, hospitals, GP surgeries, pharmacies, and more. We speak to service users, patients and staff which allows us to build a picture of how the service is performing.

On one particular visit I became aware of a need for more bed spaces for younger people in our mental health system. To raise awareness and funds, I created my Timothy the Tortoise character. This was based on the starship delivery robots we see on our streets in Milton Keynes. Money raised from this project went to the young people's charity YIS, which very sadly is no longer running, leaving a large gap in support for local young people who are experiencing mental health issues. Timothy is available to borrow in all branches of Milton Keynes libraries.



Feeling inspired? We are always on the lookout for new volunteers, so get in touch. Go to:
www.healthwatchmiltonkeynes/volunteer



6: Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£173,644	Expenditure on pay	£160,001
Additional income	£70,594	Non-pay expenditure	£2,512
		Office and management fees	£34,243
Total income	£244,238	Total expenditure	£196,756

Additional income

Our income, as reported, is on an accruals basis and reflects income for which work has been carried out, or costs incurred in the financial year. Any funds received where the work, or costs will occur after the financial year end have been treated as deferred income and will be included in income statements in the 2024-25 financial year. On a cash basis (i.e. irrespective of when the work is carried out) the charity received the following project funds in addition to our annual Local Authority grant:

- £1,200 received from Healthwatch England to deliver Enter and view training to Enter and View authorised representatives and service leads in the Healthwatch network.
- £875 received from Healthwatch England to undertake Enter and View visits to Community Diagnostic Centres in Milton Keynes.
- £24,865 received from Central Northwest London NHS Trust (CNWL) to deliver a project at the Campbell Centre.
- £3,455 received from Milton Keynes Health and Care Partnership 'MK Deal' to undertake engagement for the Bletchley Pathfinder project.
- £38,360 received from Milton Keynes Health and Care Partnership 'MK Deal' to undertake engagement for the Improving System Flow project.

ICS funding

Healthwatch across Bedfordshire, Luton and Milton Keynes also receives funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
To work with the ICB, local Healthwatch and Maternity Voices Partnerships to deliver an ICS campaign survey and events to improve women's knowledge of, and access to, pre-conception advice and support.	£7,000
To work with local Healthwatch across the ICS to deliver activities that respond to the recommendations of the Denny Review.	£50,000
To deliver focus groups to co-design future MSK services.	£6,636
To map activities about type 2 diabetes research and patient participation across Milton Keynes, as part of an ICS mapping activity.	£4,000

Next steps

Over the next year, we will keep reaching out to every part of our community, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help nurture a health and care culture where, at every level, staff strive to listen and learn from patients.

Our top three priorities for the next year are:

1. Experiences of primary care services in Milton Keynes.
2. Health inequalities – acting on the [Denny Review](#) recommendations.
3. Mental health – the state of support in Milton Keynes.

Message from our CEO

We've witnessed a shift-change in the way health and care commissioners and service providers are working together to improve care for the people of Milton Keynes. We can better see how they're involving residents to make sure services meet our needs.

From co-designing future musculoskeletal services (MSK) with people who are traditionally under-represented, to working with the residents and community groups of Bletchley to design personalised support and care in the neighbourhood, there are some excellent foundations developing for what we call bottom-up service design – services designed by the people who need and use them.

Personally, I am excited to see that the evidence we gather from people with lived experiences of health and care has a growing number of forums and programmes where it can be heard and acted upon, improving access, quality and safety for all.

In the year ahead, Healthwatch Milton Keynes will be heavily involved in a number of activities supported by the MK Deal and BLMK ICB. These activities include:

- Supporting hospital discharge teams to model integrated working based on real-time patient feedback.
- Hearing what managers, staff, support services and people have to say about how well interpreter and translation services work and identifying what needs to change.
- Supporting local Patient Participation Groups to grow a diverse membership; and demonstrating the benefits of being an effective patient representation forum within the community.

Alongside these projects we have a packed year planned for Enter and View visits to GP services – armed with the findings from our Great Big GP survey – plus regular health promotion and information events. We're already planning nine monthly campaigns and listening events covering a range of themes including men's health, digital exclusion and mental health. You can read our [2024-25 Business Plan](#) to find out more or get in touch to talk about how you can get involved.

Maxine Taffetani, Chief Executive Officer



"We are grateful for the support of our key partners at Milton Keynes Healthwatch in 2023/24. Maxine, on behalf of all BLMK Healthwatch organisations, is a powerful voice for residents' concerns on our ICB Board. Our partnership with HWMK has this year been strengthened by the signing of our landmark Memorandum of Understanding, and our work together on the MK Deal priorities, women's health, musculoskeletal services, and tackling health inequalities in response to Denny – including through the Bletchley Pathfinder – provides a strong foundation 2024/25."

Maria Wogan, Chief of Strategy & Assurance and Place Link Director for Milton Keynes



7: Statutory statements

Healthwatch Milton Keynes, 113 Milton Keynes Business Centre, Linford Wood, Milton Keynes. MK14 6GD.

Healthwatch Milton Keynes uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

7.1 The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of **8** members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, the Board met **4** times and made decisions on matters such as approve a Memorandum of Understanding between the Bedfordshire, Luton and Milton Keynes Integrated Care Board and the BLMK Healthwatch Collaborative (Healthwatch Milton Keynes, Healthwatch Bedford Borough, Healthwatch Central Bedfordshire and Healthwatch Luton), to approve Healthwatch Milton Keynes 2024-25 business plan, and to approve the presentation of a special resolution to Healthwatch Milton Keynes members on proposed changes to our constitution.

In addition to developing priorities based on the experiences shared with us we test and consult on what people think our priorities should be through our outreach activities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, e-bulletin, social media profiles and share widely through our professional and community networks.

Responses to recommendations

We had 3 providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so, no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us. In our local authority area, for example, we take information to meetings with Health and Care providers, the Milton Keynes Health and Care Partnership, Milton Keynes Hospital Council of Governors, VCSE Alliance, Joint Strategic Needs Assessment working groups and the Health and Adult Social Care Scrutiny Committee. We also take insight and experiences to decision-makers in Bedfordshire, Luton and Milton Keynes Integrated Care System. For example, we share information with the Integrated Care Board where we collaborate within our established BLMK Healthwatch Collaborative to agree a shared Healthwatch representative on the Board of the ICB, within a non-voting participant role. We also share information across several ICB committees concerned with Primary Care, digital and health inequalities. We also share our data with Healthwatch England to help address health and care issues at a national level.

7.2 Enter and View

This year, we made **21** Enter and View visits. We made **51** recommendations or actions as a result of this activity. All our Enter and View reports can be found on our website.

Location	Reason for visit	What you did as a result
Lathbury Manor Care Home	Patients, commissioners or CQC raised safety concerns	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Blakelands Hospital	At the request of the provider	Wrote a report with recommendations
Devon Lodge Care Home	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Bletchley House Care Home	Follow-up visit to monitor improvements following unannounced visit based on patient concerns	Patient safety and experience had improved.
Caton House Care Home	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Castlemead Care Home	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Neath Hill Care Home	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Park Hill Care Home	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Milton Court Care Home	Follow-up visit to monitor improvements following unannounced visit based on patient concerns	Patient safety and experience had improved.
Ashby House Care Home	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Mallard House Care House	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Dyers Mews Assisted Living	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Highclere Care Home	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.

Location	Reason for visit	What you did as a result
Linford Grange Care Home	Follow-up visit to monitor improvements following visit based on patient concerns	Patient safety and experience had improved.
Whitehouse Community Diagnostic Centre	Activity funded by Healthwatch England	Wrote a report with recommendations
Ashfield Medical Centre	At the request of the provider	Report not yet due for publication
Milton Keynes Village Practice	At the request of the provider	Report not yet due for publication
Precious Home Assisted Living	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations – the service followed up on these and patient safety/experience improved.
Bay House Care Home	Patients, commissioners or CQC raised safety concerns	Report not yet due for publication



Want to know more about our latest Enter & View visits?

You can find all our Enter & View reports on our website. Go to: www.healthwatchmiltonkeynes.co.uk/news-and-reports

Healthwatch representatives

We are represented on the Milton Keynes Health and Care Partnership (Health and Wellbeing Board) by Chief Executive Officer, Maxine Taffetani. During 2023/24 our representative has effectively carried out this role by providing resident insight and views on local priorities, including the Bletchley Pathfinder, Fuller neighbourhoods and obesity.

We are represented on the Bedfordshire, Luton and Milton Keynes Integrated Care Partnership by Deputy CEO, Tracy Keech. We are represented on Bedfordshire, Luton and Milton Keynes Integrated Care Board by Chief Executive Officer, Maxine Taffetani.

7.3 2023 – 2024 outcomes

Project/activity	Outcomes achieved
Access to Primary Care – The Great Big MK GP Access Survey	<p>Our report made 7 recommendations to improve access for patients, and to support primary care teams to train and upskill their workforce to provide effective triage and comply with Accessible Information Standards. We received a response from BLMK ICB.</p> <p>The BLMK Primary Care Access Recovery actions include:</p> <ul style="list-style-type: none"> • Provision of care navigation training to all reception/administrators • Recognition that solutions to access need to be co-designed with residents. Working with local Healthwatch to support the development of PPGs is crucial. • Launch an online signposting directory for professionals and the public. • Enable as many self-referral pathways as possible. <p>BLMK ICB committed to continue to use every opportunity to remind practices of the AIS requirements and ensure adequate training is arranged through PLT/Z/HEAT sessions.</p>
Enter and View – Pharmacies	<p>Our report recommended an early review of the Pharmaceutical Needs Assessment (PNA) for Milton Keynes due to rapid change in local pharmacy provision, and the devolution of pharmacy contracting to BLMK ICB.</p> <p>The PNA is being reviewed after 18 months, rather than its usual 3-year cycle.</p>
Developing a local Healthwatch collaborative	<p>We developed a collaborative agreement with other local Healthwatch in BLMK which formalises ways of working together. We've embedded a partnership that supports and promotes equitable representation of residents of Milton Keynes and the three local authority areas in Bedfordshire.</p>
Formalising strategic partnerships with Bedfordshire, Luton and Milton Keynes Integrated Care Board	<p>We developed a memorandum of understanding with the BLMK Healthwatch Collaborative and the BLMK Integrated Care Board. The outcome is a strong strategic partnership which has supported Healthwatch in BLMK to secure funding to deliver several projects that have benefited residents in MK.</p>
Provision of responses to Quality Accounts – <i>Milton Keynes University Hospital NHS Trust (MKUH), Cambridgeshire Community Services, Blakelands Hospital and Central Northwest London NHS Trust (CNWL)</i>	<p>Improvements made to the 2023-24 MKUH Quality Account – more resident friendly, improved reporting and presentation.</p> <p>Blakelands clinic requested an Enter and view of the service to check how patients were experiencing the service.</p>

2023 – 2024 outcomes

Project/activity	Outcomes achieved
Enter and view – Community Diagnostic Centres	We spoke to 11 patients at Whitehouse Community Diagnostic Centre. The data reflected varying experiences among patients visiting the Community Diagnostic Centre’s Portal in Milton Keynes. While some patients reported positive experiences with accessibility and appointments, others highlighted challenges with transportation and appointment scheduling. The findings suggest opportunities for improvement in providing more options and information to patients, particularly around appointment choices and waiting times.
Improving System Flow	We interviewed 57 patients and family members, and 10 provider services. We recommend that an independent organisation be commissioned to capture patient experience moving forward to enable performance assessment and real time evaluation of the development of the Integrated Discharge Hub. We have been funded to carry out this work in 2024-25 for 18 months.
Bletchley Pathfinder	We spoke to 220 Bletchley residents about their views on developing a Fuller Neighbourhood model that works for them. Based on resident feedback, MK Health and Care Partnership invested £450k in developing a health coach model, eating well programmes and seed funding social and support groups.
Relationships with Patient Experience Leads at Milton Keynes Hospital	We recommended a fresh approach to existing working relationships with MK Hospital, to address hospital-specific feedback received from patients through the improving system flow project. We recommend involving HWMK earlier on when developing annual quality accounts. We are now routinely engaging with the MK Hospital Patient Experience Board on a quarterly basis.
Informing Milton Keynes Joint Strategic Needs Assessment (JSNA)	Thematic evidence from experiences shared by residents and recommendations from our reports were used to inform work around priorities in the JSNA.
Bedfordshire, Luton and Milton Keynes Learning Disability and Autism Strategy development	We used our strategic influence to secure a role for two local organisations – Talkback and Talent Unlimited – to provide an MK service user perspective to the BLMK wide LDA strategy.
Pre-conception survey and health events	Local women have benefited from expert support and education around perimenopause and menopause. We gathered evidence at our menopause awareness sessions and shared this feedback with local Women’s Health Lead to address gaps in education.
Womens’ health	We ran 10 women’s health sessions. Attendees reported feeling supported to discuss health issues with peers. The insight from these sessions is contributing to the design of Womens’ Health Hubs in Milton Keynes.

2023 – 2024 outcomes

Project/activity	Outcomes achieved
Access to BSL interpreters	We influenced BLMK ICB to include written contractual clauses in the APMS contracts to ensure D/deaf patients in Milton Keynes are guaranteed a BSL interpreter.
Procurement of Kingfisher Medical Centre	We worked alongside the PPG to gather views from patients and ensured that what was important to patients was incorporated into the service specification and interview questions for potential providers.
Denny Review of Health Inequalities	Key issues for residents in Milton Keynes experiencing health inequalities: poor communication; accessibility; and cultural competency formed the basis of recommendations in the Denny Review. We secured funding to support action on the recommendations in 2024-25.
Men's health session	We spoke to 17 men about their health and provided information and signposting to local support. Identified gaps in statutory services support.
Awareness raising of HWMK to PPGs and Resident Associations	We achieved contact and review meetings with 70% of local PPGs and MK Residents Associations.
MK 'Fuller neighbourhoods' engagement	Following feedback from a resident focus group run by HWMK, the MK Health and Care Partnership acknowledged that when developing 'Fuller neighbourhood' models, poor consideration of parish council boundaries risks creating inequity in service provision for patients using GP services. Consideration will be built into neighbourhood working.
MSK (musculoskeletal) service review engagement	We supported BLMK ICB's MSK contracting team to promote resident/patient surveys. The outcome was clear gaps in experience we were funded to carry out face-to-face engagement
Campbell Centre – inpatient engagement	384 interviews with mental health inpatients to explore their experiences of safety and support. We worked with CNWL staff to make improvements. Patients reported their treatment has vastly improved.
Supported accommodation complaints	Following several contacts from residents who were worried about the suitability and safety risks of their supported accommodation placement, we influenced closure monitoring of the provider by the contractor.
Enter and View – provision of training	We have provided 5 Enter and View training courses for other local Healthwatch across England. The outcome is a good reputation and an increase in requests for training provision.
MSK co-design workshops	We ran 4 workshops to co-design future MSK services with communities identified as under-represented in engagement work (by BLMK ICB in early 2023). Over 30 residents from African and Caribbean, South Asian and economically-deprived communities helped to inform future MSK services.

2023 – 2024 outcomes

Project/activity	Outcomes achieved
Parent and carers support – PACA mental health workshop/forums	In 2022, we recommended ways in which statutory services could improve support for parents/ carers of children with SEND. Families have told us they're not seeing the improvements promised by commissioners and providers. We've agreed with PACA to carry out a 2024 'state of support review' for parents/ carers of people with SEND.
Research Engagement Network – how engaged is the MK community in diabetes research?	We spoke to VCSE organisations and community groups to find out what conversations they have with residents about type two diabetes, how they get involved and promote research opportunities, and whether they would support the development of local 'diabetes research champions'. The outcome of this is further funding to deliver a large diabetes and research health event for the patients and the public during Summer, 2024.
Modern general practice transitions – moving to online triage to access GP appointments	We made the BLMK ICB aware of the consequences of GP practices failing to inform residents when they switch to digital-only triage systems. The outcome is increased communications from GP practices moving to online triage. This enabled us to support with pre-emptive communications and anticipate a rise in contacts made to our team.
Blakelands Hospital – Enter and View	Following our recommendations, we were invited to revisit the service. The outcome was an opportunity to monitor how this private clinic, which has approx. 90% of patients referred by local NHS providers, is experienced by patients. Patient experience is significantly more positive than those who receive treatment at NHS Trusts.

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