**Annual General Meeting**

Tuesday 22nd November 2022 6:00pm – 7:30pm

Online Zoom Meeting

**MINUTES**

**Present:**

**Board** Georgie Bigg (GB) [Chair]

Dick Whittington (DW) (Treasurer)

Lance Allen (LA)

Raquel Benzal (RB)

Tim Evans (TE)

Peninah Achieng-Kindberg (PAK)

**Staff** Vicky Marriott (VM)

Helen West (HW)

Julie Bird (JB)

Luke Millward (LM)

Ken Luxon (KL)

Bethany Marshall (BM)

**Guest** Richard Brown (Dr R B) CEO Local Pharmaceutical Committee (Avon)

**Attendees**

Tricia Godfrey, John Rose, Mike Bowles

Dave Crofton

Jemma Bellinger

Louise Becks (Interpreter), Amy Jenkins (Interpreter)

**Apologies for Absence**

Members: Pete McAleer, Joe Poole, Geoff Matthews.

Board: Sue Geary, Michael Bennett.

Staff: Jill Reakes, Jacqui Reeves, Charlie Back.

1. **Welcome and Minutes**

**GB** welcomed everyone to the meeting then welcomed the guest speaker Dr Richard Brown, who Healthwatch have been working with on the Pharmaceutical Needs Assessments (PNAs) being prepared by the Local Authorities in Bristol, North Somerset and South Gloucestershire.

1. **Doctor Richard Brown,**

**Dr RB** explained that the PNAs have resulted in Healthwatch working together with LPC and hopes this will be built on in the future. He also explained that he supports pharmacies in Bristol, North Somerset, South Gloucestershire and Banes areas and represents them when talking to NHS England, the Integrated Care Board and others.

**Richard** explained that he was a pharmacist, went into a management role, and enjoyed being a community pharmacist. He said that Community Pharmacies are accessible, allow people to access a health care professional and are becoming more common in the high street. He said the public were more aware of the importance of their local pharmacy. He said however that just like other parts of the healthcare service, pharmacies mention the lack of funding, mainly for recruitment. He works with NHS England and Pharmacies to try and limit the number of premises that close and the impact on patients.

Pharmacies are now able to support surgeries and GPs with consultations and blood pressure test as examples. **Richard** stated that pharmacies provide a lot of services for free and as such, a pharmacy may close due to the lack of profits.

Before opening the floor to questions, **Richard** stated that pharmacies are important to the healthcare system, and if used effectively, will help take off some of the pressure off the rest of the system.

*Q : “The roles of pharmacies in social prescribing?”* **Richard** brought up that whenever this topic was mentioned to commissioners, they said the patient should be referred to a GP for social prescribing. It is frustrating but pharmacies are funded differently than GP’s. If that wasn’t an issue, he would be behind the idea.

*Q: “A medication I had was withdrawn, and I didn’t know until I went to collect it; is there a way to be told beforehand so this doesn’t happen again?”* If medication is withdrawn, it should be taken off the patients record and be replaced with an alternative. **Richard** mentioned that sometimes things do slip through. Due to supply chain issues, shortages, sudden medicine changes (which the Pharmacy must arrange themselves) it can lead to a patient not getting what they need and becoming upset.

*Q: “Pharmacies can offer more services, but won’t this put more pressure on them?”* **Richard** stated that while the transition is difficult, it will hopefully improve the system, one example is that staff are becoming multiskilled and are able to do more and support the Pharmacist better.

*Q: “It takes me a week to get medication due to recent changes, is this common?”* It was explained that the situation the inquirer was describing is the introduction of a “hub and spoke” process. **Richard** said while the flow is slower, it lets Pharmacies free up their teams so they can effectively use their staff, overall, there will be a benefit once teething problems are settled.

1. **Minutes from Healthwatch BNSSG AGM 2021**

The minutes, while correct in the content contained spelling mistakes and will be corrected. It was noted that it was a verbatim transcription of the meeting.

1. **Healthwatch BNSSG Annual Reports**

**GB** introduced **JB**, who has a new job role as Engagement Programme Manager for Healthwatch BNSSG. **JB** will present the highlights from Healthwatch work in

Bristol, North Somerset and South Gloucestershire. **JB** stated that her role tonight was to shine light on the impact that the group had made on the areas in the year 2021/22 as seen in the Annual Reports.

The highlights from **Bristol** contained the following:

“Dementia Carer’s report and support map” allowing carers from across Bristol to obtain support as they needed, including for those with a language or disability barrier.

“Health visiting service and building links into the right support,” allowing new parents to get support with their mental health needs, the right information, and facilitating holistic support from peers via community drop-ins.

“Understanding A & E Department (ED) attendance,” a project looking at why people were using the A&E service and which services they had tried to access immediately prior.

“Appointment advice for those without digital access,” highlighting a patients’ rights for an in-person appointment.

“Discharge to Assess, Pathway 3”, a project that has led to a common set of info guides for people going to acute hospitals in Bristol. The project recommended a number of themes that are being taken up and has provided evidence for the Transformation Programme in the I While the flow is slower Integrated Care Board.

The highlights from **North Somerset** contained the following:

“GP practice website audit,” using an audit we developed in 2018 which is taken up by academics in Bristol who are involving our volunteers in 5 more GP website audits to ensure there is consistency and support for patients.

“Representing seldom-heard voices in stroke service consultations,” making sure that all voices were recognised in a changing healthcare system.

“Championing patient involvement in Weston Hospital transformation.” Healthy Weston 2. We created and facilitated a Public and Patients Reference Group over 4 months, to comment on a set of priority service changes as they were developed in advance of an 8-week public engagement exercise in June and July 2022.

“Supporting NHS services in areas of high demand,” using our communications to provide awareness messages so that people continue to access 111 and use appropriate services to support services coping with the high demand.

The highlights from **South Gloucestershire** contained the following:

“Vaccine webinars” we provided several webinars and invited panels to provide communities with information and myth busting about the COVID vaccination. They had a wide range of experts answering questions from the guests and addressing public concerns.

“Listening to voices of people who had babies during Covid, to help improve care,” a project to help identify the problems experienced by vulnerable parents transitioning from midwifery to health visitor (HV) support. This has led to an apology to the public from Sirona who provide HV nursing and promises to change quality outcomes in an upcoming transformation programme.

“Championing the patient voice in changes to bladder & bowel services,” looking into the concerns of patients about recent changes and recommending improvements and highlighting the changes it would make.

“Facilitating improved uptake of Annual Health Checks for people with Learning Disabilities” by creating Easy Read documents that help people prepare for the check and improve their health outcomes.

**JB** mentioned that two of the projects have been nominated for the Healthwatch England Impact Awards: Healthwatch South Gloucestershire’s project won a ‘Highly Commended’ for looking at the Covid redeployment that led to limited support for new parents. <https://www.healthwatchsouthglos.co.uk/report/2022-06-16/report-lessons-health-visiting-during-covid-19>

Bristol’s report won the ‘Shortlisted’ (a total of 8 projects were shortlisted from 151 Local Healthwatch) This was reporting the experiences of people on a discharge process. <https://www.healthwatchbristol.co.uk/report/2022-05-25/report-hospital-discharge-ongoing-care>

1. **Treasurer’s Report**

**DW** said this Healthwatch BNSSGs second full year of accounts but third year of the five-year contract. Accounts go to Healthwatch England, and his main goal tonight is to explain the reports and accounts of the charity as agreed by the Board. The accounts are independently inspected by D R Hicks.

To start he explained that the charity, income-wise, are slowly reaching quarter of a million pounds. Most of the money comes from the Unitary Authorities; (£229K) a small amount came from commissioned projects (£17K) which make an important contribution to the organisation. The rest is from interest.

The expenditure was shown in a breakdown, with the most expenditure on salaries (168K) and IT costs (11K), **DW** also mentioned that the consultancy services were our freelancers or associates who have been an invaluable workforce for the commissioned projects. He added that there was a slight error in numbers and the surplus was incorrectly imputed but would be corrected.

**DW** mentioned while there was a small year-end surplus, it was due to the fact the charity had recruiting difficulties. DW feels this may change with health service reorganisation creating new demands and commissioned projects becoming even more important. One project which began in April 2022 is the Ageing Well IT project known as HealthClick.

From Peninah Achieng-Kindberg: “Question on the increase of commissioned projects - is this an opportunity for the organisation to invest in new markets?”

DW: Yes, although we would always make sure commissioned work aligns with our charitable purposes.

Comment from Tricia Godfrey “Lance Allen and I sit on a committee with other Healthwatch from South West Citizens Assembly, and Torbay Healthwatch make a great deal of money from their commissions.”

1. **Election**

**GB** explained that a proportion of the board had to step down each year and stand again (if they wished) in order to be re-elected, **VM** led the re-election. Lance Allen was re-elected. Dick Wittington, the Treasurer, was re-elected. Georgie Bigg, the Chair of the board, was re-elected.

It was announced that sadly Ken Abrahams who was a Board member representing South Gloucestershire has decided to step down due to work and family commitments. Georgie Bigg on behalf of the Board and staff thanked him for his hard work and support.

1. **Polling**

Reaching the end of the formal part of the AGM, **GB** explained the **VM** would now be asking for feedback about how our volunteers feel we effectively influence and impact services and commissioners.

**VM** explained the polling has a set of questions that attendees will be asked to vote on. These questions are part of a Quality Framework document, created by Healthwatch England which measures each local Healthwatch’s effectiveness within a set of 6 domains. The domain VM is looking at today is Impact and Influence.

4 Polling questions went into the chat and as people responded we shared the screen to show their answers. This was followed by a discussion.

*VM answered questions about how we will use our polling in our Quality Framework for Healthwatch England.*

*John Rose* :**“**Is there anything to say about the new HW strategy because I was not at the Galleries meeting?”

*GB* answered that the Board had been working on the strategy to ensure Healthwatch sustainability and a focus to maximise our resources in key areas for the best outcomes*.*

*endS*