



Speaking up for better care

Healthwatch Milton Keynes
Annual report 2025/26

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"I am an 87-year-old deaf/blind pensioner...Healthwatch Milton Keynes has been imperative in getting good healthcare for patients, especially for people who are disabled, elderly, living on their own without any family support, digitally excluded etc. This is a sizeable section of the community. They are the only independent voice we have to make our cherished health service accountable. Healthwatch Milton Keynes has been extremely valuable to us."

Milton Keynes resident

A message from our Chair

Back in June 2025, the Government announced its intention to dismantle both national and local Healthwatch. It is no surprise, then, that this past year has been one of the most challenging and demanding periods for Healthwatch Milton Keynes.

Since its establishment in 2013, the Healthwatch movement has grown in both impact and influence. A recent review by The King's Fund – a nationally respected, independent organisation specialising in health and social care – reaffirmed this. Their assessment highlighted Healthwatch's independence from commissioners and providers, and its unique ability to engage meaningfully with both service users and decision-makers. These national strengths are clearly reflected here in Milton Keynes, where Healthwatch is widely regarded as a model of good practice, consistently turning resident feedback into tangible improvements in local care services.

At present, very little is known about the detailed arrangements or even the timing for whatever will replace Healthwatch. This uncertainty has created a significant dilemma for us.



“Our goal for 2026/27 is to do everything within our power to ensure that this hard-won progress is not lost.”

Over the years, we have built mechanisms, relationships and ways of working that ensure people's experiences genuinely shape the development of future care services. Our goal for 2026/27 is to do everything within our power to ensure that this hard-won progress is not lost, and that it continues within the new structures and bodies that will eventually take on our functions and responsibilities. With this in mind, our strategy for the coming year balances several competing priorities:

- Supporting the development of sustainable resident engagement within whatever arrangements succeed Healthwatch.
- Continuing to deliver our existing services despite reduced finances and increasing pressures on staff and volunteer capacity.
- Ensuring that, when the time comes, we are able to bring Healthwatch Milton Keynes to an orderly close, while protecting the interests and wellbeing of our staff.



Chair
Jeff Maslen

We cannot ignore the fact that the abolition of Healthwatch is a profound blow to our dedicated staff and volunteers. Continuing to deliver high-quality services while also working to secure their future is the right strategy, but it relies entirely on the resilience, professionalism and commitment of the people who make up Healthwatch Milton Keynes. We recognise, deeply, the devotion they have shown during this period of uncertainty.

About us

Healthwatch Milton Keynes is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



Our vision

That the lived experience of people using health and social care is used to change services for the better.



Our mission

Champion people's rights to, access to and influence on high-quality health and social care now, and into a future beyond Healthwatch.



Our recipe for success

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

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

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

Partnering with health and care leaders, service providers, VCSE and other Healthwatch to amplify your voice and drive change.

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

Our year in numbers

In 2025/2026 we supported more than **3,600** people to have their say and get information about their care. We employed **7** staff and our work was supported by **26** volunteers.



Reaching out:

3,686 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

8,476 people came to us for clear advice and information on topics such as **mental health, vaccinations** and **dementia support groups**.



Championing your voice:

We published **19** reports about the improvements people would like to see, including **end-of-life and palliative care**, and the provision of **translation and interpretation services** in Milton Keynes.

Our most popular report was **From HK to MK**, highlighting the challenges that the Hong Kong community in Milton Keynes face when accessing health services.



Statutory funding:

We're funded by **Milton Keynes City Council**. In 2025/26 we received **£173,644**, which is **the same funding** as last year.

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Milton Keynes. Here are a few highlights.

Spring

Listening to residents is what we do best, and we celebrated the diverse cultures that make Milton Keynes so special at the MK Jeans Festival. Amongst the music and food, we supported residents with information and advice about local health and care services.



We brought residents' lived experience, insight and evidence directly into the ICB's community and mental health service change programme, shaping priorities through our existing data, surveys and case studies

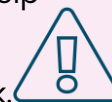


Summer

We supported over 80 residents who were impacted by changes to their home care services. We offered targeted information, advice and reassurance to residents and families affected.

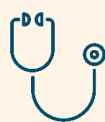


Following Government plans to abolish local Healthwatch, residents wanted to support our cause. We encouraged people to write to their MP and offered resources to help them do this, highlighting concerns about losing independent patient feedback.



Autumn

With only 37% of men saying they had ever been invited to an NHS Health Check, we promoted all aspects of men's health checks: what's involved, who is eligible, and asked what would encourage more men to take up the offer, particularly men on lower incomes, LGBT+ and those aged 18-25.



We made sure that resident experience was at the forefront of an MPs' roundtable on inequalities in Milton Keynes. We highlighted persistent digital-first access barriers and recommended stronger enforcement of Accessible Information Standards



Winter

We supported Chairs of local Patient Participation Groups to reconnect as a network, understand NHS reforms and neighbourhood changes, and think about their role in shaping local services with residents when Healthwatch is abolished.



We fed residents', patients' and professionals lived experience into the NHS Online consultation, highlighting the risks and benefits of digital care and recommending action on inclusion, safety, accountability and choice.



Working together for change

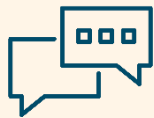
We've worked with neighbouring Healthwatch to ensure people's experiences of care in Bedfordshire, Luton and Milton Keynes are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at the Bedfordshire, Luton and Milton Keynes Integrated Care Board (now known as the Central East ICB).

This year, we've worked with local Healthwatch to achieve the following:



A collaborative network of local Healthwatch:

National changes to Integrated Care Boards saw Bedfordshire, Luton and Milton Keynes ICB join with Cambridgeshire, Peterborough and Hertfordshire to become NHS Central East ICB. We collaborated with five local Healthwatch to revise Healthwatch representation on the new ICB, and with resident insight inform amendments to merging policies including NHS Central East's Working with People and Communities Policy.



A big conversation:

With the news of the future abolition of local Healthwatch, we raised awareness in the community about what the future might hold for independent resident voice. Recognising that Patient Participation Groups will be unaffected by NHS reform, and the potential they have as community representatives in developing neighbourhood health services, we supported the PPG network to regroup and build a vision of their role in future patient representation structures.



Building strong relationships to achieve more:

Our CEO played a key role as Transformation Champion for Palliative and End of Life Care (PEoLC) across Bedfordshire, Luton and Milton Keynes on behalf of the ICB. This included supporting partnership discussions with services delivering care to residents at the end of their lives, as well as providing BLMK-wide lived experience insights from residents. System-wide impacts of this work included the launch of a new PEoLC coordination hub in Bedfordshire and investment in improving coordinated care between community and hospice providers.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Milton Keynes this year:



Research and Me: health research that reflects our diverse communities

Milton Keynes is one of the most diverse and fast-growing areas in the UK. But existing clinical research doesn't reflect that diversity.

Together with the National Institute for Health and Care Research (NIHR), our aim was to encourage people who are not typically represented in current health research to get involved. We know that when most people think of health research, they think about testing new drugs or vaccines. But not all research involves taking new medications or receiving a jab.

What did we do?

We delivered a facilitated focus group with Black African and learning-disabled residents, providing a trusted and informal space for open discussion about research, lived experience, and perceived barriers to involvement. We created the **Research and Me** webpage, bringing together community-led case studies, clear and accessible explanations of why inclusive research matters, and direct signposting to relevant NIHR research opportunities. Our LGBTQ+ residents preferred being able to use this resource over taking part in focus groups.

What we heard

Mistrust

LGBT+ and Black African residents highlighted that hesitancy towards research is not simply a lack of awareness, but is shaped by lived experience, historical context, and perceptions of fairness and reciprocity. Participants expressed concerns about being treated as "guinea pigs", reflecting a broader lack of confidence that research itself leads to any tangible benefit for the communities involved.

Engagement fatigue and the effect of history

For Black African participants, concerns were often rooted in historical experiences of exploitation and exclusion within health systems. For LGBTQ+ participants, resistance was more strongly linked to engagement fatigue, describing repeated experiences of institutions, including the NHS, engaging briefly to collect insight and then withdrawing without meaningful change or feedback.

What impact did we have?

Through relevant case studies, accessible explanations of why inclusive research matters, and direct signposting to relevant NIHR research opportunities, residents now have confidence in understanding the relevance of research in their own lives and for their own health. For example, the long-standing myths about biological 'differences' that still appear in parts of medical training.

Our **Research & Me** webpage is a lasting resource that will continue to support research awareness beyond the lifespan of this project.

Recognising their personal misgivings about getting involved in health research openly had a positive impact on engagement: exploring their concerns helped participants feel heard and respected, rather than persuaded or managed.

The future of research

While longer-term changes in research participation will take time to evidence, our work has increased readiness, openness and trust, and provided clear learning to inform more ethical, inclusive and sustainable approaches to research engagement moving forward.

Impact in numbers



Research and me: why we all need to be part of medical research

Find out more about why representation in health research matters for people in Milton Keynes.

3 March 2026
News



200+

engagements



4th

most visited web page



1+ min

visitors spent well over a minute exploring the Research & Me web resources

Feeling inspired?

If you'd like to know more about health research, why it's important, and how to get involved in future research studies, go to www.healthwatchmiltonkeynes.co.uk

Providing signposting and advice to MK Lymphoma Peer Support Group

This peer support group for people living with or beyond lymphoma, their loved ones and carers, offers a space to meet others with shared experiences, to discuss issues relevant to those affected by the condition.

We have been able to keep this group up to date with changes within the local care system, highlighting the areas that may directly affect them. We have regularly supported families with information about topics ranging from dentistry to how people with complex health needs and allergies can obtain vaccinations.

After one of our recent talks the group took time to send their thanks:

“Thanks for offering such valuable information at the meeting today...You can tell the staff at Healthwatch are passionate about the wellbeing of the public and you are all doing your very best to help people, and have to deal with the uncertainty of what changes will be happening in the future.”

Supporting Black SEND families through community collaboration

This year, we were invited to attend the *Impactful Mental Health Support 4 SEND Children in Milton Keynes* event, hosted by a local community organisation working to support Black SEND families. Following the session, organisers shared a message of thanks, recognising our contribution and impact. Local parents told us the advice, support and encouragement we offered really helped them navigate their own day-to-day challenges.

“To destigmatise SEND in our Black communities in Milton Keynes we hope to reach out, with your support, to a wider audience at grassroots level, who are and will need this knowledge, so they can get all or most of the support required to care for their children.”

By opening up conversations, sharing knowledge and connecting families with support, we hope to ensure that more parents feel equipped and confident when navigating SEND health and care services. We are grateful for the opportunity to be part of this event and to support a grassroots effort that puts local voices at the heart of improving access to care for Milton Keynes communities.

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from across Milton Keynes, about the health and social care issues that are affecting you the most.

From local Armed Forces veterans who are getting to grips with our health and care system for the first time, to residents telling us about their experience of being discharged from hospital, the people in our community have generously shared with us their personal experiences.

This helps us to know what's working and what isn't, so that we can give feedback on services and help them improve.



Conversations that matter: talking about the end

Patients and close family members are rarely asked about their personal experiences of end-of-life and palliative care.

What did we do

We were asked by the BLMK Integrated Care Board End-of-Life (EoL) Care Transformation team to explore experiences of palliative and end-of-life care. We spoke with residents whose voices are often missing from these rare conversations: people living with mental ill health, addiction, long-term conditions, and those from diverse cultural and faith backgrounds. We explored what matters the most at the end-of-life and identified ways that services could improve.



"It's what the NHS can give at the moment... not what you want, and I don't think it's what staff want to give, but it's all that there is."



Image: Pexels

What we found

Awareness of services

There is a low awareness beyond major cancer charities and local hospice. Many patients are unsure where to go for help, especially for non-cancer conditions.

Emotional, spiritual, and cultural support

People widely felt this to be inadequate. Patients regard emotional and mental health support equally as important as physical care, but services do not treat them as such.

Conversations about death and dying

These rarely happen proactively and are often avoided due to fear, trauma, cultural norms, or emotional overload.

Equity, inclusion, and respect

People hoped for equal access but doubted this was a reality. There was widespread concern that services are not equally accessible or inclusive. Cultural, faith, addiction, disability, mental health, and LGBTQIA needs are not consistently recognised.

Planning and decision-making

We found limited understanding of Advanced Care Planning, Do not Attempt Cardiopulmonary Resuscitation, and Recommended Summary Plan for Emergency Care and Treatment forms. People expressed a strong preference for conversations about the end when people are well, not during diagnosis or crisis. Families struggle to make decisions without written guidance, especially when there is limited awareness of what decisions they can make or services they can choose.



“I just felt lost. MacMillan were lovely, but no one really explained anything.”

“The medical people never even tried to help with the addiction... He couldn't ever stay in hospital because he needed to drink.”



What difference did this make?

This project helped to normalise a taboo topic, especially for people with mental ill health, addiction or trauma. Participants said it was the first time they had been asked about their wishes. Our recommendations included:

- Explore the use of 'Death Doulas' or community navigators who are 'matter of-fact and calm' to bridge the gap between clinical medical staff and overwhelmed families.
- Normalise early conversations about death and dying: Introduce routine, optional conversations at wellperson touchpoints (e.g. over-50s health checks, long-term condition reviews). Avoid initiating these conversations immediately after ordering diagnostics or delivering serious or distressing diagnoses.
- Create simple, jargon-free resources (or 'guidebooks') that explain the physical process of dying to families, including the loss of speech, appetite, and thirst.
- Ensure patients and families are clearly told what to expect physically and emotionally, especially in the final stages. Use plain language and check understanding. Build in time for questions and emotional processing.
- Strengthen emotional and mental health support, and provide alternatives to purely spiritual care, including counselling, peer support, and trauma-informed approaches. Train staff to respond confidently and compassionately to distress.
- Increase awareness and understanding of planning tools.
- Train staff to ask about beliefs, values, identity, addiction, and cultural practices. Ensure translated materials and interpreters are available and visible. Create clear, accessible pathways showing who supports end-of-life care, and who can access it.

You can read the full report on our website:

[Conversations that matter: talking about the end](#)

Heading home: improving the experience of hospital discharge

The Integrated Discharge Hub brings together hospital teams, community services and social care to support safe, timely discharge from Milton Keynes University Hospital.

As this new system was implemented, we wanted to understand what the process feels like for the people at the centre of it. Through conversations with patients discharged on Pathway 1 (home with support) and Pathway 2 (bed-based rehabilitation), we built a detailed picture of what works well and where the experience can be strengthened. While the two pathways share the same purpose, the way people experience them can be very different.

Key things we heard:



People on Pathway 2 often described a more predictable and supported journey. The structured environment, regular contact with staff, and clearer expectations meant many felt reassured and well cared for.

Pathway 1, however, revealed more variation. While many people spoke positively about individual staff and the support they received at home, others described uncertainty about what would happen

next, who would be visiting, or what equipment or care had been arranged. This variability shaped how confident people felt once they returned home.

Key themes

Communication: this was the most influential factor in people's experiences. Patients and families told us that not knowing what was happening, or receiving different information from different staff, made the process feel rushed or unclear. Many said that simple written information, given early and consistently, would have made a significant difference.

Delays to discharge, often linked to equipment, medication or care packages: for some, these delays caused frustration or anxiety.

Length of stay affecting confidence and independence: some people felt they lost mobility or strength while in hospital, only regaining momentum once they were home and receiving community support.



Medication: this stood out as a particularly concerning area. Patients frequently described being given medication without explanation. Bags were handed over, but the opportunity to talk through what had changed, or what needed to happen next, was missing. This left people unsure about what to take, when to take it, and how to manage once they were home.

Readmissions: in total, 32 patients were readmitted over 18 months. Some patients we spoke to had experienced multiple readmissions, and some were readmitted within 48 hours of discharge. This raises questions around the safety or appropriateness of these discharges. There is limited evidence of analysis into why these readmissions occurred, which indicates a missed opportunity to improve individual outcomes and strengthen the system overall.



No one went over my medication. They simply handed me a bag of tablets ...had a plan in place for carers, but this was only for a week for washing and dressing. Family should be more involved as they didn't know what was happening.



Impact

While patients have regularly shared their feedback, any evidence of change is limited. The same issues: communication, delays and inconsistent discharge planning, persisted over the entirety of the project – 18 months in total. There have been discussions and some proposed actions, but progress in implementing these has been slow or unclear. As a result, patient satisfaction has not shown a consistent improvement.

There are clear signs that integration is improving behind the scenes, and many patients spoke positively about individual staff. In particular, Pathway 2, appears to offer a more stable experience. However, from a patient perspective, the system is not yet delivering a consistently reliable experience. Too often, discharge feels:

- Unclear;
- Last-minute;
- Dependent on individual circumstances or individual staff members rather than a structured process;
- Driven by organisational needs rather than patient needs.

At the same time, the system is not yet mature or integrated enough to capture and respond to patient feedback at the scale required.

Experiences of care in the home

Milton Keynes City Council asked us to Enter and View pre-selected domiciliary care services in Milton Keynes.

Domiciliary care is support provided in a person's own home to help them maintain independence, hygiene, and safety. Often called 'home care', it ranges from hourly visits to 24/7 care, covering personal tasks (bathing, dressing) and domestic tasks (cooking, cleaning).

People who receive care at home have limited opportunity to voice their opinions of care, particularly when compared to those in residential care. We wanted to change this.

Leelin home care



Image: Jsme Mila, Pexels

Service users described care staff as respectful, polite and supportive, with communication consistently rated as good or very good. People told us they were treated with dignity and most said carers arrived punctually or contacted them if running late. The majority also reported familiarity with a regular team of staff, which helped build trust and comfort. However, half of the service users said that visit durations were often shorter than

expected, with some lasting only 10–15 minutes instead of the scheduled 30–45 minutes. Experiences of personal hygiene support were mixed: while people felt well cared for, all said they were only offered bed baths due to mobility or equipment constraints, and some expressed a wish for occasional access to a shower or bath.



Our recommendations include:

- Consider ways of offering a shower or bath to clients at regular intervals, rather than always bed baths.
- Ensure that conversations around preferred time for rising and going to bed, as well as preferences around personal care are included each time the care plan is assessed.
- Consider gender matching for personal care
- Ensure care staff stay with clients for their full allocated visit time, for some individuals this can be a significant part of their daily human interaction in any 24 hours.



Examples of best practice

Having an established team of care givers allows for rotation of staff for holiday and sickness cover, ensuring that clients are never reliant on a single person or faced with unfamiliar faces without notice. This gives the client base confidence in their care provider.



“Only get a bed bath as they don’t let me use the stair lift, so I can’t have a shower anymore.”

“I feel like they really care about me – not just look after me.”



Care MK home care



Image: Ageing without Limits

Feedback from clients was largely positive. Care staff were described as kind, friendly, respectful and supportive. People told us that carers generally arrived on time, communicated clearly about any delays, and stayed for the full duration of their scheduled visits. They also reported that medication support was delivered safely, and staff consistently used their preferred names and introduced themselves on arrival—actions that reinforced a sense of dignity and personalised care.



“There’s a male carer who’s very speedy at bed baths, makes it easier, less embarrassing.”



Our recommendations include:

- Consider ways of offering a shower or bath to clients at regular intervals, rather than always bed baths.
- Ensure that conversations around preferred time for rising and going to bed, as well as preferences around personal care, are included each time the care plan is assessed.
- Many clients told us they feel more comfortable when personal care tasks, like bathing, are supported by a carer of the same gender. Embedding this more fully across the service would further enhance dignity and make Care MK stand out for its person-centred approach.



Examples of best practice

Clients really appreciate being supported by someone who speaks their language. It helps ease the fear and discomfort that can come with having strangers in your home when you’re already feeling vulnerable.

You can read the full reports for our home care Enter and View visits on our website: [News and reports](#)

Voices from the hospital Ward

We wanted to find out how well Milton Keynes University Hospital takes account of patients' pre-existing health conditions and additional needs during their stay, and how this affects their overall care experience.

We carried out an Enter and View visit of eight hospital wards, speaking with patients and their family members where appropriate.

68%

of the patients we spoke to had pre-existing conditions that were not necessarily the reason for this hospital admission.

57%

had come into hospital with their own medications.



Image: Google, Ms Parker

Key things we heard:

- All wards were welcoming and were aware of our visit; staff were helpful in all instances.
- Patients and family members were often confused over discharge plans and felt these needed to be made clearer.
- Patients said that staff are very busy, leaving little time to converse with patients at any time during the day, evening, or night.
- We recorded inconsistencies between wards in the way names, medications, and dietary instructions were recorded above beds. These ranged between emojis, pictures, and written notes, to nothing at all

on some wards. This could lead to confusion, particularly for bank staff.

- Hard of hearing patients do not fare well with little signage to aid them, and staff not taking the time to stop and look at them while speaking.
- Dementia patients in beds on general wards tended to cause distress for other patients.
- Food was felt to be good by most patients however, people with special dietary requirements did not agree.
- Nursing staff were felt to be far too busy. They were seen as kind and caring, but patients felt that too much was asked of them.

What difference did this make?

Our Enter and View visit highlighted practical changes that would make patient care clearer, safer and more supportive. Our recommendations for change included:

- Improve communication and information sharing, including introduce more consistent daily updates for patients and families, particularly for those with longer stays or complex needs.
- Standardise bedside information and signage: implement a consistent hospital-wide approach to bedside whiteboards and patient information.
- Address boredom, isolation, and wellbeing on the wards.
- Improve medication safety and clarity.
- Build on staff strengths, including recognise and celebrate the compassion and commitment consistently shown by staff.
- Improve the physical environment.



Image: Pexels, Engina Kyurt

“I’m very comfortable and staff are friendly and nice.”

“Would like more opportunity to get out of bed but need assistance.”

“Most people don’t talk to me, they talk to my Mum or Dad. It would be nice if they talked to me more.”

“I couldn’t speak highly enough about their treatment of [my child].”

In response to our recommendations, the hospital has committed to:

- Implementing structured daily updates for patients and families during ward board rounds, including predicted discharge dates.
- Trust-wide patient bed boards have been commissioned for immediate roll out.
- Auditing day rooms and wards to ensure access to TVs and activity resources, with findings integrated into audits.
- Working with Estates on refurbishment programmes for wards (2B, 3, and 17, with business cases already approved).

We would like to thank Milton Keynes University Hospital for their commitment and constructive engagement throughout the process.

You can read the full report on our website:

[Enter and View: Milton Keynes University Hospital](#)

Checking in: patient perspectives of health & social care

We wanted to better understand residents' recent experiences of accessing health and care services in Milton Keynes, with a particular focus on access, navigation, communication, and confidence engaging with services.

We ran a resident survey for four months during the Autumn/Winter, to capture both the prevalence of common issues and the lived experience behind them.

Key things we heard:

Challenge identified by residents	Percentage of respondents
Waiting times	56.4%
Not enough appointments	53.8%
Problems with the process of booking appointments	41%
Transport options to appointments	15.4%
Communication issues	10.3%
Accessing community support	2.6%
Multiple websites/ systems causing confusion	2.6%
Unclear how to use services the right way	2.6%
Referral-related challenges	2.6%
Information not shared between staff	2.6%
Perceived lack of care/compassion	2.6%



69%

felt that health services have not listened to any patient feedback.



67%

of respondents said health and social care services have no understanding of what matters most to carers, disabled residents, or older people.



75%

said they felt comfortable talking about their mental health with a healthcare professional.

What we heard

Overall, it is clear that residents are acutely aware of the pressures on services and are often reluctant to add to the burden. However, they report persistent barriers.

Access problems can wear people down over time. There are concerns that online triage can disrupt or replace clinical judgement. Several residents gave examples where appointments were declined for symptoms that later turned out to be serious.

Long waits for treatment have a significant negative effect. While they waited, some people described increasing pain, limited mobility and increased anxiety, especially when receiving little or no information about what was happening.

Communication problems are often the point where frustration turns into a loss of trust in the care provider. Residents described appointments being cancelled without notice, chasing progress updates about referrals, being told someone would call back and then hearing nothing and being sent information that wasn't explained, with no channel to seek advice or clarity. For people with hearing loss, learning disabilities and anxiety, these breakdowns were described as particularly impactful.



“I had to wait 4 weeks for a GP phone call, then was offered a blood test date which took another 5 weeks...took a cancellation which halved the time, and now I've been waiting another 3 weeks for a follow up call to discuss the results.”



What difference did this make?

Drawing on feedback from residents, we have made the following recommendations:

- Make access to services easier to navigate.
- Make the care journey clearer and better connected.
- Make sure non-digital options for appointments are available to everyone.
- Identify where it matters most for people to see the same professional and prioritise the same healthcare professionals for those who benefit most e.g. people with long-term conditions, carers, and those receiving mental health support.
- Listen to patients more and act on their feedback to improve services.
- As local Healthwatch comes to an end, it's important for the Milton Keynes health and care system to develop new structured feedback routes for gathering resident experience.

You can read the full report on our website:

Health Check In: patient perspectives

Hearing from all communities

We're here for all residents of Milton Keynes. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping health services that meet their needs.

This year, we have reached different communities in a range of ways, including:

- Supporting SEND families to access health and social care services.
- Listening to the experiences of Lymphoma patients and their families.



From HK to MK: patient experiences from MK's Hong Kong community

We wanted to better understand the challenges faced by the Hong Kong community in Milton Keynes, when trying to get the healthcare they need.

Cultural context

Many Hong Kongers identify as migrants rather than refugees, despite leaving amid political change and declining freedoms in Hong Kong. Increasingly, they see themselves as 'Hong Kongers' rather than simply 'Chinese', shaped by experiences of political pressure and distrust of Hong Kong and Mainland authorities. This affects how they engage with health services and community initiatives. Language plays a significant role in building trust. Hong Kongers typically use Traditional Chinese (Cantonese), and materials presented only in Simplified Chinese can unintentionally signal alignment with Mainland China, which could discourage residents from accessing health treatment. Providing information in Traditional Chinese and English, avoiding politically-loaded terminology, and showing awareness of the community's recent history all help people feel respected and safe.



79%

of those surveyed felt uncomfortable or unable to talk to their GP about their mental health.

13%

of respondents felt that health services understood their cultural needs.

17%

reported a positive recent medical experience.

What difference did this make?

Thanks to our recommendations, the Milton Keynes women's health team provided a culturally-sensitive workshop, covering all aspects of women's health. From pelvic health conditions, understanding and preventing bladder issues and contraception, women from all generations benefitted from an open, supportive space that was tailored specifically to their needs. This is a direct example of community voices driving service change.



"The event was great! So many people came, and I want to highlight – it was really fun!"



What did we find?

We attended Hong Kongers meet-ups to listen to their experiences. We launched a Cantonese language survey to better understand what impact that the cultural disconnect is having. Patients described difficulty adjusting to the NHS approach, especially the 'wait and see' model, fragmented care pathways, and unclear updates. Mental health support is especially underused because of both language barriers and cultural stigma.

Many people cannot get Cantonese interpretation when they need it, and medical explanations are often difficult to follow. This affects understanding, confidence, and willingness to return for care. New arrivals find registration slow and confusing, and delays in call-backs or prescriptions create extra stress. Our work showed how a complicated bureaucratic process and poor communication across services can leave communities feeling unsupported and not understood by their health care professionals.

You can read the full report on our website:

[From HK to MK: patient experiences from MK's Hong Kong community](#)



"Applause, cheers, and laughter in the seminar with this topic! A welcoming space for us."



"The personality of Charlotte and Lisa were so open and funny that it is not embarrassing anymore."

We would like to thank Hei Chow and the team at UK Welcomes Refugees for their expertise, time, and support with translation. We would also like to thank the Hong Kong community in Milton Keynes for sharing their experiences with us. We value and appreciate the time and honesty they gave to this project.

Hypertension in the Black African community

Evidence shows that Black African residents with high blood pressure – or ‘hypertension’ – are less likely to be ‘treated to target’. This means they are less likely to have their blood pressure controlled to safe levels, even after being diagnosed.

Together with the LAN, we asked residents about their experiences to better understand the barriers behind this inequality. From the beginning, local voices took centre stage: listening in community spaces, running awareness sessions, and creating safe, culturally-aware conversations about what gets in the way of regular monitoring and staying on top of medication. Residents told us very clearly that they needed easier, more flexible access to blood pressure checks and someone they could talk to when they had questions.

What difference did we make?

When patient engagement stalled, we used our strong community connections to recruit residents whose lived experience is now shaping hypertension services from within. Ashfield Medical Centre, a key partner in the project, is now trialling out-of-hours drop-in sessions where people can pop in for a blood pressure reading and speak directly with the Health Coach. This came directly from suggestions made by participants, and shows what can happen when local people, GPs, and Healthwatch Milton Keynes work together to shape practical, and even life-changing, improvements.

Supporting veterans to live well

Nearly four percent of the UK population has served in the UK armed forces, yet veterans face unique challenges in getting the healthcare they need after leaving the military.



Last summer, by spending time with veterans at the Blue Light Armed Forces Hub, we uncovered how hard it is for ex-forces residents to get the healthcare they need. Many told us they feel lost in civilian healthcare, facing long waits, complex systems, and a lack of understanding about military trauma. This can be particularly challenging as service men and women are used to having their health care managed for them.

“Leaving the army is like moving to a new country where you don’t speak the language.”

We also heard that many veterans feel more comfortable seeing a GP who has an understanding of their circumstances, and the unique trauma they may have experienced. By capturing these stories, we have raised awareness of the over-looked challenges facing ex-Armed Forces residents in Milton Keynes.

Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

This year **8,476** people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care can be made better.

This year, we've helped people by:

- Providing up-to-date information people can trust on immunisations, neurodiversity assessment, and patient transport.
- Helping people access the services they need, including GPs, pharmacists, and dentists.
- Supporting people to look after their health as they experience long waits for treatment or diagnosis.



Supporting people through changes to their home care

This year, Milton Keynes City Council introduced major changes to local home care services after a new tender and accreditation process. As these changes rolled out, we were at the forefront of supporting residents whose at-home care was directly affected.

What was changing, and why it mattered

The Council asked home care providers to demonstrate how they met a new set of quality standards designed to ensure safe, consistent and high-quality care. With more than 70 companies on the previous provider list, maintaining oversight and consistent standards had become challenging. Following the accreditation process, the number of approved providers reduced to around 24 across adult and children's services. Providers who did not meet the standards, or chose not to take part, were no longer commissioned. For many residents, this meant receiving a letter telling them their home care provider would be changing – a worrying prospect for people who had built trusted relationships with their care workers.



“Thank you so much for the chat yesterday and for listening and being so informative – you were so helpful.”



What difference did we make?

We were named in the Council's communications as the independent organisation people could contact, and residents reached out to us in significant numbers. We:

- Listened to people's concerns and helped them make sense of what the changes meant.
- Provided reassurance where possible and connected people to the right Council teams.
- Talked individuals through their options, including direct payments – explaining how this could allow them to stay with their current provider, while also being honest about the additional responsibilities and reduced Council oversight this would involve.
- Supported people to request care reviews so their needs and preferences were fully updated during the transition.

Making sure people's voices shaped the process

Just as importantly, we captured what we heard and fed this directly back to partners, ensuring that residents' experiences informed how the changes were understood, communicated and delivered. Through this work, we helped people navigate a period of uncertainty, and ensured their voices remained central to decisions about the care they rely on.

Showcasing volunteer and supporter impact

In total, our fantastic volunteers have given **1,836 hours** to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Carried out Enter and View visits to local services to help them improve
- Collected experiences and supported their communities to share their views.
- Improved 7 patient-focused communications about health conditions and hospital procedures to make them more patient friendly.



At the heart of what we do: celebrating our supporters

We're incredibly fortunate to have long-standing supporters who follow our work, share their experiences, ask for advice, turn up to events and fill in our surveys. Their involvement is what drives our impact and earns the trust of our community.



Linda Morris,
Milton Keynes resident

Linda has been one of our biggest supporters over the years.

"I'm a carer trying to keep myself healthy so I can continue supporting my family, whilst also finding time to volunteer – and occasionally even do something just for me. I'm always pleased when the people I care for get their vaccinations and appointments, but it can be frustrating when I struggle to secure the same care for myself."

Linda first came across Healthwatch Milton Keynes a few years ago and she tells everyone she knows to get in touch with us and share their experiences. She says, "If we don't pass on info then how can you improve the health situation for us patients here in MK?"

“If something isn't right – or even if it is – tell Healthwatch. Your voice helps make things better for everyone.”



Her connection with us deepened after attending a women's health talk, where she took a friend along and asked lots of questions from the experts. Healthwatch Milton Keynes has also been a source of reassurance during moments when the system felt overwhelming. "There have been times when health professionals were too swamped to listen to my concerns, and Healthwatch helped me feel supported."

Linda carries difficult memories of a time when a loved one was left waiting for help during a medical emergency. The experience has stayed with her, shaping her belief in the importance of being heard.

"I would like to thank Tracy and the team. They are lovely and dedicated and wonderful."



Speak up, share your story, drive change

- Go to our [online Have Your Say form](#)
- Email us: info@healthwatchmiltonkeynes.co.uk



Alan Hastings,
Milton Keynes resident

Alan has been part of Healthwatch Milton Keynes since the very beginning.

After retiring from a long career in engineering, he found a new purpose in patient representation — first through his GP surgery’s Patient Forum, and then through the local wider patient movement. When LINKMK transitioned into Healthwatch Milton Keynes, he was closely involved in shaping the new organisation and continued as Chair during the early years.

Over the decades, Alan has contributed to almost every aspect of our work. He has taken part in Enter and View visits, and championed community engagement in all its guises. After stepping back from his role as Chair, Alan remained a committed member, joining our Readers’ Panel to review patient information and materials from a patient perspective.

He speaks with pride about how the organisation has grown and gone from “strength to strength. One area where there has been considerable improvement are the Enter and View visits. The team and their many volunteers have received countless numbers of compliments and thanks from a wide range of people, committees and organisations, for their dedication and the work they do to improve services and people’s experiences of services. Also, an important part of their work has been the help they have given with signposting people to the services they need, which are often difficult to find.”



“If something works well, people deserve to hear it. If it doesn’t, we should say so and suggest how it could be.”



For Alan, speaking up has always been about helping others feel able to do the same.

Even now, at 84, Alan continues to support our work where he can. What has meant the most to him is the chance to work alongside dedicated people, and the feeling that he has been able to give something back to the community he has lived in for more than fifty years. He says, “Healthwatch Milton Keynes is deeply committed to improving people’s experiences by going out and obtaining the experience of patients and users of NHS and care services. This will sadly be missed when Healthwatch MK has to close down under the latest decision by the Government.”



Inspired to get involved?

- [Sign up to monthly eBulletin](#)
- Find out more about joining our Reader’s Panel – email info@healthwatchmiltonkeynes.co.uk

Finance and future priorities

We receive funding from Milton Keynes City Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£173,644	Expenditure on pay	£174,884
Additional income	£35,356	Non-pay expenditure	£21,062
		Office and management fee	£21,623
Total income	£209,000	Total Expenditure	£217,569

Additional income is broken down into:

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 following financial year. On a cash or invoiced 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:

- £13,340 from BLMK ICB for engagement activities relating to palliative and end of life care
- £18,582 from BLMK ICB for engagement activities relating to patient discharge
- £3,434 from NIHR for engagement activities related to participation in health research.

The organisation also received non-trading income of £1,707 which has not been accounted for in the above figures.

Finance and future priorities

This year, we've reached communities across Milton Keynes, especially those facing the greatest barriers, so their experiences are heard and used in decisions about care.

2025/6 was shaped by a challenging context rather than a change in what we do. This will be the case for the year ahead also. We have continued to deliver our core statutory functions which are providing advice and support to residents, gathering insight from people's experiences, and ensuring that this is used to influence local health and care services.

Alongside this, we're working within a health and care system facing sustained pressure and ongoing change.

Our information and signposting work has remained central to our service delivery. Supporting many residents on a one-to-one basis has given us a clear picture of where people are struggling most: whether that is trying to use new digital triage in GP surgeries, understanding what should be happening next in their care journey, or dealing with delays and poor communication. We have used this insight to identify patterns and feed these directly into local discussions with commissioners, providers and partners.



CEO
Maxine Taffetani



“With or without Healthwatch, there will still be a need to listen to people, identify where services are not working as intended and ensure that this information reaches the people who can act on it. .”

We've also focused our engagement on the areas where we can add most value. By working with communities who experience the greatest barriers, including those affected by language or unfamiliarity with the NHS, we've been able to provide detailed and practical insight into how services are working in reality, and how residents can assert their rights. We've also continued to connect people and services in practical ways. This has included supporting Patient Participation Groups to restart their network meetings, enabling direct conversations between residents and clinicians, and making sure that issues raised in one part of the system are visible in others.

Despite the uncertainty, our delivery has remained steady and focused. Residents continue to come to us for help, and partners rely on our insight to understand what is happening on the ground. Looking ahead, this approach will remain important. With or without Healthwatch, there will still be a need to listen to people, identify where services are not working as intended and ensure that this information reaches the people who can act on it.

Finance and future priorities

Over the next year, we will keep reaching out to every part of the Milton Keynes community that we can, focusing on people who need our support the most, so that those in power have our legacy of insight and recommendations to take into the future.

With the future of local Healthwatch uncertain, we will work with partners at MK City Council, the VCSE and our local Integrated Care Board to help develop a resident-centred culture beyond Healthwatch where, at every level, staff across the NHS and Social Care services listen and learn from patients to make care better. Our strategy has 3 simple aims:



Information – Making sure that, when Healthwatch Milton Keynes closes, you still know exactly where to go for help and support if your health or social care isn't working for you.



Impact— We will concentrate on the projects that matter the most to you, that will leave lasting improvements to health and care services and patient participation in Milton Keynes.



Insight— We'll ensure your insights become the foundation for the future work of local agencies who are responsible for acting on patient feedback and improving health and care services.

Our top three priorities for the next year are:

1. What does good look like for non-regulated social care services including supported living for care leavers and day opportunities
2. Maintaining a strong Enter and View portfolio, with the potential to increase unannounced visits to the services where patients tell us they experience the biggest barriers.
3. Collate our insight reports and informal intelligence for use by commissioners and regulators to challenge providers and improve patient experience in the future.

Statutory statements

Healthwatch Milton Keynes, The Vaughan Harley Building, The Open University, Walton Hall, Milton Keynes. MK7 6AA. Healthwatch Milton Keynes is operated by Engage-Share-Inspire MK CIO.

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

The way we work

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

Our Healthwatch Board consists of **9** members who work voluntarily 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 2025/26, the Board met **8** times and made decisions on matters such as approving changes to our activities plan and proposing changes to the Charity's objects. We ensure wider public involvement in deciding our work priorities.

The residents of Milton Keynes are actively involved in shaping our priorities. We run an annual survey to hear what matters to residents most, and what they want to see Healthwatch Milton Keynes focus on. In 2025-26 insight from this survey, Have your Say webform and our advice and information service highlighted increasing concerns about access to GP services - particularly digital exclusion - and barriers to providing feedback to service providers. This insight directly shaped our focus on primary care access and equitable service provision.

Feedback gathered through engagement activities, including surveys, focus groups, and Patient Participation Group (PPG) discussions, informed our priorities around digital inclusion, neighbourhood health models, and ensuring residents can both understand and influence changes in how care is delivered.

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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 2025/26, we have been available by phone, email, WhatsApp and across three social media platforms. We have provided a website Have Your Say form. We attended a wide range of meetings of community groups and forums.

Healthwatch Milton Keynes is committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who often face the greatest barriers to involvement, participation and sharing their experiences of care.

This year we took a targeted and partnership-led approach to engagement. We delivered outreach roadshows and community-based engagement activities, working with organisations and a range of community groups to reach refugees, people experiencing homelessness, and those in unstable accommodation.

We also undertook targeted engagement through projects such as the Local Action Network on Hypertension, and Research and Me, working with Black African, LGBTQ+ and women's groups to better understand barriers to participation in health and care, what good care looks like and to build trust and inclusion.

In addition, we used accessible engagement methods including in-person sessions, surveys, access to interpreters and partnership working with community networks to ensure that people experiencing digital exclusion or other barriers to participation could share their experiences and shape our work.

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 and circulate it to our e-bulletin subscribers.

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Responses to recommendations

We had 2 providers who did not respond to recommendations contained in reports and 1 provider that did not engage despite requests from Adult Social Care. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were 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 shared with us.

For example, in our local authority area, we take information to the Milton Keynes Health and Care Partnership and its operational sub-groups, the Health, Housing and Adult Social Care Scrutiny Committee, System Flow and Primary Care working groups, Quality Sharing Group at Milton Keynes City Council, and Milton Keynes Hospital Council of Governors.

We also took insight and experiences to decision-makers in Bedfordshire, Luton and Milton Keynes Integrated Care System, recently reformed into NHS Central East ICB. This included the Board of BLMK Integrated Care Board and its committees/programme boards concerning primary care delivery, end-of-life and palliative care, and insights network. We worked in collaboration with other local Healthwatch across BLMK to share representation at system level where we agree it is appropriate to do so.

We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Milton Keynes is represented on the Milton Keynes Health and Care Partnership (Health and Wellbeing Board) by Maxine Taffetani, Chief Executive Officer.

During 2025-26, our representative has effectively carried out this role by providing resident insight and views on local priorities including neighbourhood health models, mental health and community services and the MK Deal.

Healthwatch Milton Keynes was represented on Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Partnership by Tracy Keech, Deputy CEO and BLMK Integrated Care Board by Maxine Taffetani, Chief Executive Officer.

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Enter and view

Location	Reason for visit	What you did as a result
Tickford Abbey	Talk about social isolation, physical activity and consider the experience of residents with additional communication needs.	Four recommendations were made and two mentions of best practice. Tickford Abbey responded in brief to recommendations.
Bletchley House	Talk about social isolation, physical activity and consider the experience of residents with additional communication needs.	Four recommendation were made and a mention of best practice. Bletchley House responded in full to recommendations.
Ashby House	Talk about social isolation, physical activity and consider the experience of residents with additional communication needs. Revisited previous visit recommendations.	Four of the 2024 recommendations still outstanding and three new recommendations were made. Best practice mention to the new Activity Coordinator. No response received to our recommendations.
Blakelands Day Hospital	Requested visit by service provider to see implementation of previous recommendations.	Full report with service provider response published.
Precious Homes At Fenny Mews/Stratford Park/Howe Park House	To build a picture of the experience of living the home and ask about social isolation and physical activity.	Four recommendations were made and a best practice mention. A full response was made by the provider to all recommendations.
Castlemead Court	Talk about social isolation, physical activity and consider the experience of residents with additional communication needs.	Five recommendations were made with two best practice mentions. The home have responded to our recommendations which is included in the final report.

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Enter and view

Location	Reason for visit	What you did as a result
Lakeview Lodge	Talk about social isolation, physical activity and consider the experience of residents with additional communication needs.	Five recommendations were made and a mention of best practice for the activity lead. However, we did not receive a response to the recommendations.
Caton House	Talk about social isolation, physical activity and consider the experience of residents with additional communication needs.	Eight recommendations were made. Caton House responded in full. A mention of best practice for a dedicated team of volunteers at the care home.
Milton Keynes University Hospital NHS Foundation Trust	Nine wards visited. Reporting on how well MKUH takes account of patients' pre-existing health conditions and additional needs during their stay, and how this affects their overall care experience.	Full and positive response to recommendations received from CEO, we plan to revisit in Q3 2026.
Leelin Health Care Dom Care	Collaboration with Adult Social Care for service user feedback	Feedback from service users, full report published with provider feedback.
Mayfair Home Care Domiciliary Care	Collaboration with Adult Social Care for service user feedback	No participation by service provider
CareMK, Dom Care	Collaboration with Adult Social Care for service user feedback	Feedback from service users, full report published with provider feedback.

Want to read our Enter and View reports in full?

You can read each report in full by clicking on the name of the service in the table above. Or just visit our website and click on **reports and publications**.

Statutory statements

2025 – 2026 Outcomes

Understanding our impact

We use Healthwatch England’s outcome categories to show clearly where our work is making a difference across health and care. They group our impact into seven areas – from shaping decisions and improving services to strengthening involvement and championing a culture of listening. Using this approach helps us to

- show the full picture of our impact
- demonstrate how we influence change across the system.

At its core, this is about showing how listening to people in Milton Keynes leads to better services, better experiences, and fairer outcomes for our communities.

Project/activity	Outcome Category	Outcomes achieved
Home Care Advice and Information – Working in partnership with MK City Council’s commissioning team – HWMK agreed to be the key point of contact for resident queries/ concerns to a reallocation of Care Provider Scheme	Good communication in health and social care	Over 100 residents contacted us who were worried about changes to their care. We were able to talk them through the reasons for the change and the benefits. Adult Social Care commissioning teams were given insight on hidden impacts of changes.
Led a local consultation response to the NHS Online proposal, gathering insight from residents, volunteers, clinicians, and community networks to reflect diverse experiences of digital health and highlight risks such as digital exclusion, accessibility, and loss of human contact.	<p>Involvement and co-creation.</p> <p>Safety and regulatory effectiveness.</p> <p>Governance and oversight.</p>	Influenced national policy development, with local insights reflected in DHSC’s consultation themes around digital exclusion, accessibility, need for human support, and co-design. Helped shape the ongoing design and approach to NHS Online.

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2025 – 2026 Outcomes

Project/activity	Outcome Category	Outcomes achieved
Acted as System Champion to lead and oversee the palliative and end-of-life transformation programme, driving collaboration, governance, and system-wide engagement across partners.	Governance and oversight. Service design, improvement and quality.	Helped enable key system improvements including the launch of the Bedfordshire palliative care coordination hub, expanded workforce training and progress toward more joined-up end-of-life care.
Palliative and End of Life Care (PEoLC) – Conducted targeted conversations with residents with mental ill health and experience of addiction to understand their experiences of palliative and end-of-life care.	Shifting the culture and agenda towards listening Service design, improvement and quality.	Identified key gaps in communication, awareness, emotional support, and inclusivity, informing recommendations to improve person-centred end-of-life care. This insight was used by PEoLC transformation team to inform professional education programme across BLMK.
Research and Me – Delivered a targeted public engagement project working with LGBTQ+, African and Caribbean communities and people from lower socio-economic backgrounds, who often have lower awareness and confidence in research. using a focus group and digital content we provided NHIR with insight for strategic improvement for public participation in research.	Involvement and co-creation.	Highlighted barriers such as mistrust, low understanding, and perceptions of research as only clinical trials. Helped increase awareness and shift perceptions of research, generating 210 engagements. Provided insight to NIHR to inform more inclusive approaches to increasing participation in research.

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2025 – 2026 Outcomes

Project/activity	Outcome category	Outcomes achieved
<p>We supported the development of the ICB Hypertension Local Area Network (LAN) Quality Improvement project by enabling engagement with African patients diagnosed with hypertension and shaping culturally appropriate messaging to gain consent for participation. Through this engagement, patient insight challenged the prevailing system narrative that poor outcomes were primarily due to patient reluctance to engage, instead highlighting wider systemic and structural barriers.</p>	<p>Service design, improvement and quality.</p> <p>Involvement and co-creation.</p> <p>Good communication in health and social care.</p>	<p>The approach taken by the LAN shifted to better recognise these systemic factors, with patient perspectives directly informing the development of change ideas. This contributed to a more inclusive and reflective approach within the Quality Improvement programme.</p>
<p>Undertook statutory reviews of NHS Trust Quality Accounts (MKUH, CCS and CNWL) through a resident-led panel, bringing together volunteer, patient and community insight to scrutinise reporting, accessibility, and evidence of impact in quality improvement</p>	<p>Good communication in health and social care.</p> <p>Governance and oversight.</p>	<p>Helped drive improvements in the clarity and accessibility of Quality Accounts, notably at MKUH where reporting was more patient-focused and responsive to prior feedback. It also reinforced expectations for stronger use of data, localised reporting, and clearer ‘you said, we did’ evidence of impact across providers</p>

Statutory statements

2025 – 2026 Outcomes

Project/activity	Outcome Category	Outcomes achieved
As part of our Hearing from Refugees Roadshow, we highlighted critical gaps in how services listen to and meet the diverse needs of the Hong Kong community.	Shifting the culture and agenda towards listening. Involvement and co-creation.	The collective insight and needs of a very under-represented community informed a case for change in the commissioning of community and mental health services
Health, Housing and Adult Social Care Scrutiny Committee – challenged ICB to contextualise system-level reports to improve transparency of impact and outcomes for MK residents.	Governance and oversight	At subsequent meetings, information had improved local contextualisation, improving elected councillors’ understanding and ability to scrutinise information.
A local group for Lymphoma Action reached out to us for information and advice about navigating care. Policies for how they accessed care and contact points change frequently, and they found professional staff lacked knowledge. HWMK provided specific information on their rights to priority treatments e.g. dentistry and the pathways/contacts to access support.	Good communication in health and social care.	People living with Lymphoma in MK accessing this group report a significantly improved understanding of their rights to care and how proactively access support.

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2025 – 2026 Outcomes

Project/activity	Outcome Category	Outcomes achieved
We supported a clinical lead in pelvic health to connect with the Hong Kong community and deliver an education session on pelvic health for women. The event was well attended.	Good communication in health and social care.	Our support enabled NHS professionals to connect personally with a community who often face barriers to engagement and education due to digital, language or other reasons to access essential information about pelvic health. Attendees reported that the session was both informative and fun.
We supported PPGs to redevelop their PPG network – a space to share good practice, address common challenges for PPGs and be involved in developing neighbourhood health systems	Shifting the culture and agenda towards listening. Involvement and co-creation.	9 of 21 PPGs are regularly involved. ICB has been provided with a health status of PPGs to track GP practice compliance with their contracts.

Looking ahead

This may be the final annual report published by Healthwatch Milton Keynes. Since 2017, we have built a trusted, independent way for people in Milton Keynes to be heard, understood, and taken seriously within the health and care system.

Through this, residents' experiences have shaped decisions, improved services, and brought focus to those most at risk of being overlooked. The real legacy of Healthwatch Milton Keynes is not just in the work we have delivered but in the expectations we have helped create. The services that deliver your care should listen, people's experiences matter, and that insight must lead to change.

As new arrangements take shape, it is vital that this standard is not lost. What replaces Healthwatch must carry forward the same principles of independence, reach and credibility, so that people in Milton Keynes continue to have a strong and effective voice in their care.

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