

Together

we're making health
and social care better

Annual Report 2022–23

healthwatch
Milton Keynes





"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Contents

Message from our Chair	4
About us	5
Year in review	6
How we've made a difference	7
Ten years of improving care	8
Listening to your experiences:	
Dentistry	10
Vaccinations	12
Great Big MK GP Survey	14
Pharmacies: more than medicine	19
Life in care homes	21
Making a difference in the community	23
Hearing from all communities: women's health	26
Health inequalities in Milton Keynes	27
Advice and information	29
Finding a dentist	30
Feedback about GPs	
Mental health support	31
Complaining about primary care services	
Volunteering	32
Finances and future priorities	35
Message from the CEO	36
Our priorities 2023-24	37
Statutory statements	38

Message from our Chair

Acting on your views, your experiences and involving you in designing your health and social care services is now a legal duty.

The Health and Care Act 2022 created Integrated Care Systems (ICSs) which bring together the NHS, local government and wider partners, including the voluntary sector, police and fire services. All ICSs work collaboratively to plan and deliver the health and social care services that we rely upon throughout the course of our lives.



**Carol Older, Chair
Healthwatch Milton Keynes**

This year, the common thread running through our work has been ensuring that the health and care experiences, and needs, of Milton Keynes residents are represented in local NHS decisions.

To achieve this, we've supported the Bedfordshire, Luton and Milton Keynes ICS as they develop the tools they need to work with people and communities. Our own Board of Trustees are also witnessing a shift in the way residents are being involved at the earliest stages of local NHS decisions.

I'm encouraged to see that health and social care commissioners now recognise our statutory, independent role and the value of patient engagement. From reporting on your experiences of health inequalities, digital exclusion, and access to dentistry and primary care, to the challenges of long NHS waiting lists, care assessments and life as a carer, we've shared your feedback about how those services could be better. Your evidence has directly influenced service improvements.

Whilst this transformation in health and care is positive, it is also taking place at a time when the economy is struggling. NHS and social care budgets are significantly challenged, and services are still recovering from the disruption of COVID. The growing and ageing population of Milton Keynes brings increasing demand for services; our city is also affected by a national workforce shortage in key health and care roles.

Many of these issues will take years to resolve, but armed with your insight, health and social care leaders in Milton Keynes are in a much better position to achieve their aims: help us to live a healthy life; deliver a better quality of care; and make services we need financially sustainable.

About us

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

We make sure NHS and social care leaders hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



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 values are:

Independent

The power of our statutory independence drives our culture. We're here for people using health and social care services first and foremost and we're a valuable critical friend to health and social professionals. We continuously work to evidence and demonstrate our independent approach to influencing positive change with your views and experiences.

Inclusive

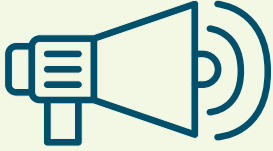
We work for everyone using health and social care services. We provide welcoming, accessible, respectful involvement and participation approaches that embrace differences and nurture trust, allowing you to feel safe and bring your entire, authentic self when you share your experiences and views.

Committed

Change can take time. We are focused on achieving change that benefits our residents and work with passion and determination to keep our residents' experiences and views on the health and care systems' agenda.

Year in review

Reaching out



1,910 people

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

20,648 people

came to us for clear advice and information about topics such as mental health and finding an NHS dentist.

Making a difference to care

We published

16 reports

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

Our most popular report was

Let's Talk: Menopause

which explores women's experiences of menopause, local menopause health services, and recommends improvements to services in Milton Keynes.



Health and care that works for you

We're lucky to have

20

outstanding volunteers who gave up **52 days** to make care better for our community.

We're funded by Milton Keynes Council and some small projects for the ICS. In 2022-23 we received

£180,806

This year we had

7 staff (4.25 Full Time Equivalent)

who carried out our work.

How we've made a difference this year

Spring



Together with Healthwatch England, we highlighted the urgent need for improved maternal mental health services. Local and national feedback from new mums revealed that 41% of those who were struggling with their mental health received little or no support.



We supported the Healthwatch *Your Care, Your Way* campaign, highlighting the need for all healthcare providers to make patient information (eg appointment letters) available in other formats where needed, such as Braille, phone, assistive technologies and translations.

Summer



We supported residents to have their say about the services on offer in our pharmacies and how they could be improved. In total, 180 people shared their views.



Using your feedback, we supported our NHS Integrated Care Board to develop a plan for how it involves local communities when designing health and care services.

Autumn

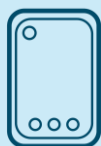


We supported residents to give feedback on Community Equipment Services and Musculo-Skeletal Physiotherapy Services. They told potential new service providers what's needed to make these services better for patients.



Our volunteers represented your views on patient feedback panels to decide new service providers for three GP practices in MK.

Winter



Thanks to us, local people helped to design our NHS Integrated Care Board's digital strategy, sharing ideas on how technology would be useful in health services, and what barriers there may be to residents being able to access services in this way.



We highlighted problems experienced by D/deaf people and those with hearing loss when using Connect Health Physio services.. In response, the service has now improved IT access and processes, and now works with a qualified deaf/blind communicator to make it easier for people to make appointments, and to understand what's going on during their treatment.

10 years of improving care

This year marks a special milestone for Healthwatch Milton Keynes. Over the last ten years, people have shared their experiences, good and bad, to help improve local health and social care. We'd like to say a big thank you to all our Healthwatch MK Heroes who have stepped up and inspired change. Here are a few of our highlights:

How have we made care better, together?

Better access to mental health support



Access to mental health support in GP practices was given permanent funding and expanded based on your feedback and our recommendations.

Your right to see a GP



We reported on the challenges people faced when trying to register with a GP and produced a card to help people assert their rights to register without photo ID.

Cards like ours were so helpful that NHS England now produces their own.

NHS dentistry



Since 2018, we've continuously campaigned for greater access to NHS dentistry in MK. In the last 3 years, we've given advice to over 500 people needing urgent dental treatment. Our website page has had thousands of visitors..

Accessibility and inequalities



We're joining the national Healthwatch campaign to improve the accessibility of health services. Accessibility and reducing health inequalities are now a key focus of the NHS

Enter and View



We launched our Enter and View programme. Today, residents and social care teams use our reports and recommendations when deciding on a care home for their loved ones.

Prescriptions



Through our awareness campaigns, we supported residents to have their say on prescribing policies. Access to gluten-free food prescriptions was reinstated for vulnerable people, because affected residents knew how to get involved and influence change.

NHS admin



We highlighted the negative impact poor NHS Covid vaccination admin had on people's lives, and because of our evidence, changes were made nationally.

Waiting list support



Together with other organisations, we called for an urgent response to hospital waiting lists, and better interim communication and support for patients affected. In response, the NHS set out a recovery plan to address the backlog.



Image: Centre for Ageing Better

Listening to your experiences

Services can't make improvements without hearing your views. That's why we make listening to feedback from all areas of our community a priority. This allows us to understand the full picture, and feed this back to services to help them improve.

Advocating for fairer NHS dentistry

NHS dentistry is in desperate need of reform and this year we have enabled Healthwatch England to successfully move NHS dentistry up the political agenda, campaigning to make it easier for people to find a dentist taking on NHS patients.

The findings we shared with Healthwatch England show widening health inequalities as people in Milton Keynes struggle to access an NHS dentist, and with living costs on the rise, more and more people are struggling to pay for preventative and urgent dental treatment.

We have seen a shortage of NHS appointments, which has affected people on the lowest incomes the most, meaning they were less likely to have dental treatment than those on higher incomes.

Your experiences supported Healthwatch England to make renewed calls on NHS England and the Department of Health and Social Care to put a reformed dental contract in place.

Changes to NHS dental contracts

These findings achieved widespread media attention and as a result NHS England announced changes, including:



- Increasing the payments for dentists when treating patients with complex needs, for example, people needing work done on three or more teeth.
- Requiring dental practices to regularly update the national directory as to whether they are taking new NHS patients.
- Moving resources from dental practices that are underperforming.

What difference will this make?

This announcement showed the power of people's feedback – with decision makers listening to your voice and taking action.

With these changes in place, it should get easier for people to find a new dentist taking on NHS patients, elevating the stress and worry so many suffer when they cannot afford to go private.



I've been petrified of the dentist since childhood but now I desperately need to see a dentist because I have a painful, broken tooth. I can't afford to go private. I can't eat much, and sleep is non-existent. I've called every dentist in Milton Keynes, and no one will help me unless I pay privately."

Milton Keynes resident

There are no NHS dentists

In 2018, we found fewer than 7 of the 29 dental practices in Milton Keynes was taking on new NHS patients. In 2023, there are now no dental practices taking on new NHS patients.

Despite Healthwatch Milton Keynes providing evidence to Healthwatch England, Milton Keynes' MPs and working with local NHS commissioners to find people help, real change in the provision of NHS dental treatment is slow. We will continue to highlight the struggle of hundreds of our residents who need NHS dental care.

"My front denture has fallen out and smashed. I tried to stick it back in but my gums are bleeding and painful. I can't find anyone who will help me."

"I've been trying for years to find an NHS dentist and it seems impossible. My teeth are now in such bad condition I barely leave the house and I've been taking anti-depressants."

"Can you help me? Today I paid for an emergency appointment at a private dentist and was told I need a lot of work. I'm unable to afford the cost – is there anywhere accepting NHS patients in MK?"

"We deliver deteriorating patient training to care home staff within Milton Keynes. During our last session, attendees highlighted concerns over getting an emergency dentist to visit their residents. No one has been successful in securing a dentist to attend. I have emailed commissioners for advice and looked at CQC requirements but there is no formal pathway as to how this can be achieved. The care homes carry out mouth care, but it is when a dentist is required, they become unstuck. Tooth ache is miserable and tooth decay stops many nutritionally compromised people from eating – any information will be gratefully received."

"I had an emergency NHS appointment 10 days ago and was given antibiotics but given no information about a follow-up appointment. Can you help me please?"

I can't afford a private dentist and our previous NHS dentist said they've changed to private and won't see us under NHS anymore."

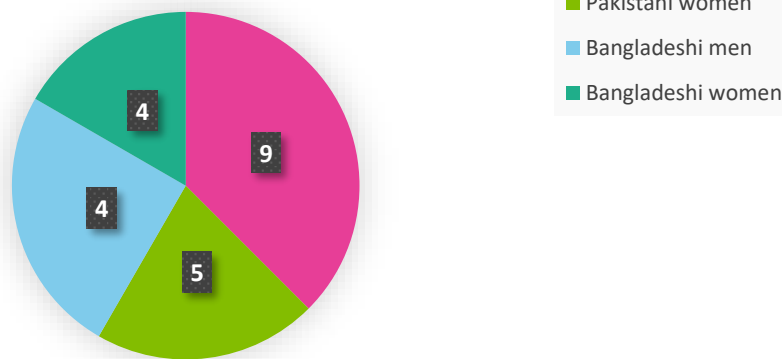
"I work for a charity in MK running a residential unit supporting people overcoming addictions. We teach core practical living skills (like washing, laundry, cooking and budgeting) Our residents also have access to health and mental health care. We have contacted several NHS dentists within MK and can't find any for our residents."

"I am looking for an NHS dentist for myself and my daughter. My daughter is 2 years old and has type 1 diabetes. She has not yet seen a dentist and due to needing glucose to treat hypoglycemia it is essential that she sees a dentist regularly. I am currently not working as I am caring for her full time due to her condition. Can you help?"

Exploring barriers to vaccination

NHS England and the NHS Improvement COVID Vaccination Equalities Team asked us to speak to Pakistani and Bangladeshi residents about their perceptions of vaccination programmes, and how the NHS could improve access.

Who did we speak to?



What we found

- People working in healthcare, those who had close family that did, and those who held jobs that required degree-level qualifications were far more likely to express a positive opinion of the NHS vaccination programme. They were happy to share that they, and their families, had been vaccinated.
- People who were self-employed, in lower-paid, contract, or unstable work, were less likely to tell us their vaccination status. They were more likely to have a negative view of the vaccination programme. Their views on the vaccination programme were aligned to their views on the overall pandemic response, the national lockdowns and restrictions, and how supported, or otherwise, they'd been during this time.
- Those who hadn't felt supported by the Government or the NHS during the pandemic said they felt they were being blamed for getting COVID. They had to work in their front-line roles while everyone else was being told to stay at home.
- The NHS didn't translate information on the virus and the vaccine itself into other community languages until much later. This added to the perception that if you didn't speak or read English, you weren't important.



"I had to keep working. No one asked about me then, why do they care what I think now?" **Milton Keynes Resident**

Exploring barriers to vaccination

- Difficulty getting through to their GP practice on the phone was a barrier to accessing vaccination. Whether they agreed with the vaccine or not, people told us they didn't think it was a good idea for GPs to give the vaccines, as it made it harder for everyone else to get an appointment for actual health problems.
- People appreciated being able to take their children or parents with them once the vaccine centres were able to open to everyone. It was easier for families and people with older relatives as they didn't have to arrange appointments online, or on the phone. This also reduced barriers for people who didn't have the internet and those who spoke limited English.
- Some people suggested that the messages shared by their faith leaders, and their wider faith community, had a greater influence on their decision to get the vaccine or not, than the official Government communication. They trusted the information shared by their faith community and could rely on it being appropriate for their particular faith.

Our recommendations

- Important national health messages should be made available in other languages and formats at the same time as they are shared in English.
- Avoid making assumptions, or targeting messaging, on the basis that people or individuals from a particular ethnic group are all having the same experience.
- Ensuring that faith leaders, community role models and community leaders are involved and educated early, will result in fewer gaps in knowledge that could be filled with misinformation.
- Having seasonal, all ages, central vaccination centres working on a drop-in basis in the future will allow families to come together and all be vaccinated at the same time.



 *For us [Shia Muslims], vaccination is for all of us, it's for the community.*
Milton Keynes resident

What difference will this make?

We've provided NHS teams who are responsible for promoting equality with valuable insight into the diverse views on vaccination within minority communities.

We've made four recommendations to improve accessibility and reduce barriers to national vaccination programmes.

We'll continue to monitor how NHS public communications are tailored to reach the diverse communities across Milton Keynes.

The Great Big MK GP Survey



People on Facebook share their frustrations to each other. They write to their local Healthwatch, councillors and MPs. People on TikTok even make satirical videos about trying to get a GP appointment in England. GP access is the hot cultural joke of the nation, but it is no joke.

NHS England, local NHS leaders and GP teams tell us that they're working hard to make access to GPs easier. However, problems such as shortages in the primary care workforce, economic issues, and the fallout of reduced access during COVID, are not making this easy. So, we asked the people of Milton Keynes about how they access their GP practice, and what their experiences are of some of the initiatives put in place to make the process easier. In total, 433 people shared with us what it feels like trying to access their GP in Milton Keynes.



"I know [my GP] is more expert than me on illnesses and disease, but I know what's happening in my body, and we work together towards getting me the right treatment. This is great, because [they] understand I'm involved in decision-making, and not just going there for an edict from on high. It's a rare thing in my experience!" **Milton Keynes resident**

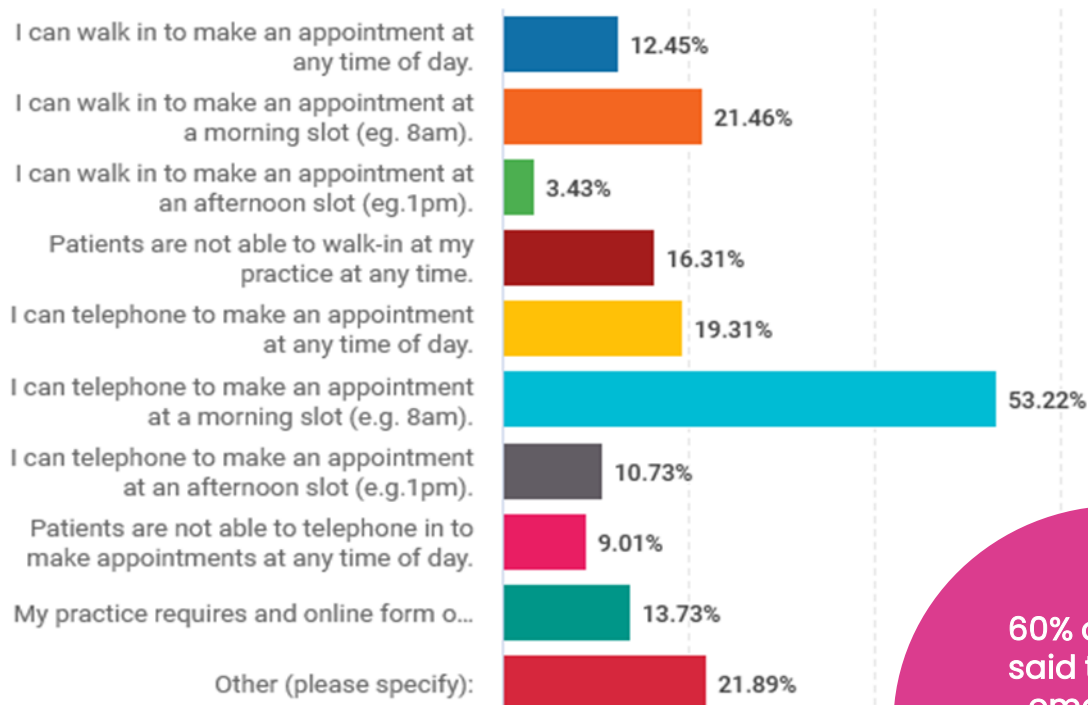
The Great Big MK GP Survey

What did we want to learn?

1. Experiences of registering with a GP or being de-registered from a GP.
2. Experiences and views on booking emergency, non-emergency and longer (or double) appointments.
3. Experiences of triage systems by GP practice.
4. Experiences of seeing other health care professionals.
5. How accessible are our GP practices?
6. Experience of digital technologies to improve access.
7. To what extent do residents feel informed, cared for and supported by their GP practice?
8. People's experiences of Social Prescribing.
9. People's access to, and experiences of receiving annual health checks.
10. People's awareness of and involvement with Patient Participation Groups.

What we found

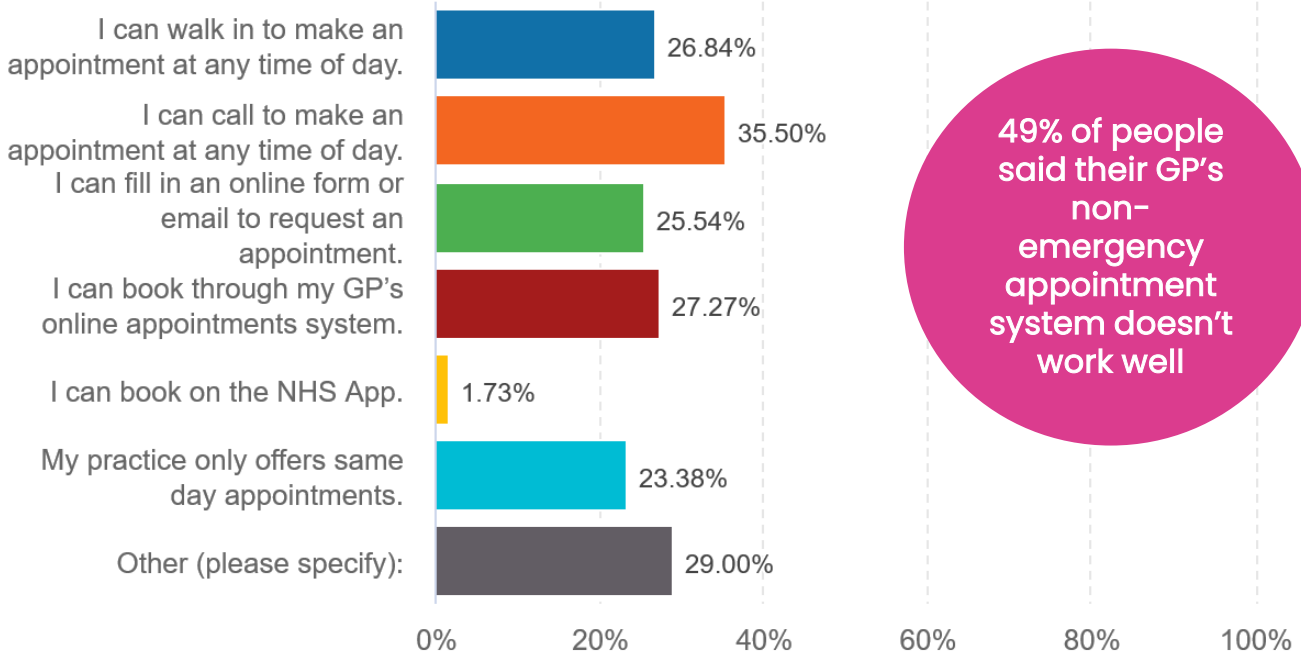
Making emergency appointments



60% of people said their GP's emergency appointment system doesn't work well

The Great Big MK GP Survey

Making non-emergency appointments



I am happy if I have a straightforward need that can be easily triaged by someone not medically trained. I don't like that... I have to convince a non-medical person that I need to see someone. **Milton Keynes resident**

People were quite split on their views about being triaged by receptionists with **46%** saying they were happy with it, and **54%** saying they were not happy. People's concerns about being triaged by receptionists were confidentiality, or their clinical skills to understand the patient's needs.

75% of people said they had been given an appointment with someone who was not a GP – **70%** of those said this appointment met their needs and they didn't need to go back to the GP.

Only **16%** of people said they've told their GP about specific accessibility needs and **55%** of these patients said those needs were not being met. **44%** said their needs were being met.

The Great Big MK GP Survey

63% of people find GP digital services helpful if it makes prescription and clinical queries easier.

- Sometimes they're difficult to use for people with dyslexia, learning disabilities, sensory impairments, or if English isn't their first language.
- Text confirmations and reminders are helpful.
- Changing digital service providers caused confusion.
- Being able to use digital platforms to make appointments is useful. However, these systems are frequently 'turned off' and can't always be relied upon, over and above traditional methods of contact like the phone.
- Offering patient training on how to use these systems was helpful.

76% of people felt they were treated with dignity and respect at their appointment.

8% of people had been referred to a social prescriber, but most had confused this service with Talking Therapies.

Only 36% of people left their appointment with a clear understanding of how they could help themselves with self-care.

79% of people said they were eligible for an annual health check but hadn't been offered one.

Our recommendations to the ICB:

- Value the complicated and challenging role that GP receptionists have and provide triage staff with thorough training and support.
- Improve communications to patients about pre-appointment triage and assessment processes in their practice.
- Involve patients in reviewing triage processes and act on their feedback.
- Primary Care teams must innovate and co-produce good access pathways with patients.
- Transform current cultural norms of channeling patients through emergency only pathways and improve access to advanced booking for non-emergency appointments.
- Make digital access easier and consistent.
- Make it easier for patients to cancel appointments.
- Support GP practices to comply with the Accessible Information Standards and Equality Act.
- Develop and support Patient Participation groups.

The Great Big MK GP Survey

It may not feel like it, but there's a lot of work going on behind the scenes to improve your access to primary care services. It's a big challenge for local health and care professionals, and they need your support. Here are some of the ways you can get involved in 2023.

GP Access in 2023 – what's going on?

Healthwatch MK: Talking to GPs

In June, we'll be presenting the findings of our report to GPs in Milton Keynes. We'll work with GPs and residents throughout the year to improve GP access.

What about action?

We'll monitor how primary care leaders within our ICB act upon our recommendations. We'll keep you informed of the changes you should expect to see when it comes to your health and care journey.

The 'Denny' Project

The Integrated Care System has asked residents about the inequalities they face, and how that affects their experience of primary care. This summer, the Integrated Care Board will be setting out their plans to improve accessibility and reduce inequalities around access to care.

MK Deal pilots 'Bletchley Pathfinder'

How can health and social care services join up to deliver better care, closer to your home that works for you? Bletchley is the test site for a new way of delivering health and social care around a community. Get in touch with us if you'd like to be involved.

Enter and view?

Do you have a passion for talking to people about GP services? Why not join our Enter and view volunteer team. You'll visit GP practices and talk to patients about their experiences and help individual GP practices to improve their care.

Accessibility and inequalities

We're joining the national Healthwatch campaign to improve the accessibility of health services. Accessibility and reducing health inequalities are now a key focus for the NHS.

Did you know...

The NHS Health Check is a check-up for adults in England aged 40 to 74. It can help spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. If your GP hasn't told you about the annual health check, you don't have to wait for an invite. Contact your GP and ask for one.

You can read our full report here:

www.healthwatchmiltonkeynes.co.uk/report/2023-05-25/our-findings-great-big-gp-access-survey

Pharmacy: more than medicine

In a bid to free up more GP appointments, NHS England is looking at how pharmacies can offer more services and help us with common illness and preventative self-care.

NHS England has taken a step towards this change by making Integrated Care Boards responsible for commissioning local pharmacies. This means that residents can now expect to see NHS health leaders asking them for their views and experiences of pharmacy services, so that services can continue to meet their needs.

We wanted to gain a better understanding of how patients, pharmacists, and NHS commissioners work together, or not. We carried out Enter and View visits to **17** pharmacies across Milton Keynes, we spoke to **over 100** residents, and all staff in those pharmacies.



What did we hear?

From patients

People liked the ease and speed of the electronic prescription service and online ordering services, although some felt the wait for electronic prescriptions to be sent over by the GP meant it was quicker to use paper prescriptions.

36% were unaware of enhanced services offered by pharmacists (smoking cessation, emergency contraception, flu jabs and blood pressure monitoring). 42% were aware, but hadn't used the services

When asked what could improve services, people said:

- Opening hours can be an issue if you work and don't always align well with GP opening times.
- Improved communication between GPs and pharmacists – issues with prescriptions can take too long to resolve.
- Low stock levels can mean patients have to reattend regularly to collect 'IOU' items.

People were generally happy with the patient focus of their pharmacy and staff attitudes

From staff

Staffing levels vary and staff in bigger pharmacies had less control over staffing levels. Many pharmacies rely on locum pharmacists and can struggle to find suitable trained staff.

Almost half of pharmacists were unaware of the new commissioner – the Integrated Care Board – and were broadly indifferent or cynical to how the changes would mean more, or improved support to pharmacy teams.

New online systems for repeat prescriptions have reduced their workload and medication wastage, but patients don't always understand the system. Pharmacies are spending time explaining digital prescriptions services to patients.

When asked what could improve services pharmacy staff said:

- NHS contracts should reflect what they do.
 - Better promotion of the profession.
- Easier ways to contact their patient's GP
 - Clarity about the role and duties of pharmacists employed within GP practices.

Pharmacy: more than medicine

Our recommendations:

Due to changes in commissioning for pharmacies, and because several local pharmacies have recently closed, we have recommended that the Integrated Care Board carry out a review of the 2022 local Pharmaceutical Needs Assessment (PNA). This Assessment is carried out so that local pharmacy providers and commissioners can:

- Understand the pharmaceutical needs of the population.
- Gain a clearer picture of pharmaceutical services currently provided.
- Make appropriate decisions on applications for NHS pharmacy contracts.
- Commission appropriate and accessible services from community pharmacies.
- Clearly identify and address any local gaps in pharmaceutical services.
- Target services to reduce health inequalities within local health communities.

What difference will this make?

By carrying out this project, we wanted to open up the community conversation about pharmacies.

The Integrated Care Board's Pharmacy, Optometry and Dental (POD) Delegation and Transformation team have welcomed our report. They now have a much clearer idea of the key issues that pharmacy teams are facing every day. They have a better understanding of the gaps in awareness and use of enhanced pharmacy services by the public. We will be working with the POD team regularly to monitor:

- Residents' experience accessing pharmacy support for common and minor illnesses.
- The availability of enhanced services in pharmacies, and how easy it is for the public to find information about these services, as well as access them.
- Issues in relation to communications between GPs and pharmacy teams and how these are resolved to make sure that services like digital prescriptions work well for patients.



Image: Jakayla Toney, Unsplash

You can read our full report here:

www.healthwatchmiltonkeynes.co.uk/report/2023-06-06/pharmacies-more-medicine

Life in care homes

This year, we've visited 12 care homes in Milton Keynes to listen to the experiences of residents and their families. Our Enter and View programme is led by Helen Browse who is supported by a team of five volunteers.

Every care home we visit is an opportunity to improve the lives of people living there, suggest positive changes for staff, and hopefully give peace of mind to families who want to know their relative is safe, comfortable and content.

Here are some of the homes that have stood out for us this year.

Linford Grange care home

April 2022

Over the past four years, our team had attempted to visit Linford Grange care home on five occasions. Whilst we hadn't been able to provide a meaningful review of resident experience, we had seen enough to raise concerns with the Milton Keynes Council Compliance team, and the Care Quality Commission.

We were pleased to report that this care home had undergone a complete transformation under new leadership. Residents told us, unprompted, how safe they felt, and how they were enjoying new activities. Most people were happy to socialise with each other, and every resident we spoke to knew about their personal care plan and had been involved in putting it together.

Because staff have made a concerted effort to become knowledgeable about [my son's condition], and because he's so happy here, I don't worry about him - I know they care for him, and it means the world to me.



Image: Centre for Ageing Better

The care home had also had a physical makeover, which included a bright, vibrant communal living space with sensory art and 'conversation clusters'. Bedrooms and self-contained flats were redecorated according to each resident's wishes.

We congratulated staff at Linford Grange on a complete culture transformation within the home, and significant changes to the building and environment.

Mallard House care home

May 2022

This is a specialist neurological care home, which stands out for the innovative and compassionate care it provides to those with complex needs. In particular:

- Their trial of an AI infrared monitoring system which notices patient movement or lack of movement, and also learns patient habits including the ability to monitor BP, pulse, respiratory trace, and types of fall. This technology could allow for much faster response to any incident, particularly at night.
- The care taken to meet everyone's food needs and preferences, from making a resident's 'off the menu' favourite, to asking if they wanted to eat before or after their nap.
- The diverse range of activities on offer, including gardening, karaoke and pampering. There are regular displays of residents' artwork.
- A new toothbrush campaign ensures everyone gets a new toothbrush every three months. All residents are encouraged to brush teeth daily, and a dentist regularly visits the home.
- Residents also have a weekly 'full body check' to ensure nothing has been missed in routine medications rounds, or that residents might not have mentioned but could be of importance to their wellbeing.

Precious Homes Assisted Living

January 2023

Fenny Mews and Stratford View are part of a supported living service in Bletchley, which provides a step-down service for individuals moving on from a range of care environments or hospital.

We praised Precious Homes for their caring and empowering ethos, but they also stand out for their willingness to put in place some specific recommendations we made for one Shona-speaking resident (Shona is the Bantu language of the Shona people of Zimbabwe).

The resident had behavioural issues, and due to the lack of common language with staff and other residents, he was finding it difficult to communicate when angry or frustrated. This was having a negative effect on other people. We recommended that staff were given a communication grab sheet with regular phrases in Shona, so that other staff could identify what he was saying in moments of distress.

This has resulted in a quicker resolution to problems and disagreements, reduced feelings of anger and confusion for the resident, and now other residents feel less unsettled.



Image: Centre for Ageing Better

Did you know?

Our Enter & View programme is regarded as one of the most successful and well-run in England, and we've been asked to offer training to other local Healthwatch to share our approach.

Three ways we have made a difference for the community

How we've helped local people facing health inequalities, and made change happen in Milton Keynes.

"Everyone using Medicines Admin Records knows they don't work." Safer medication records for at-home patients

We're collaborating with local partners to reduce the risk of medication errors for patients receiving at-home care from family or official carers. Maureen had become an unofficial carer for her partner, Malcolm. Both in their 80s, Malcolm has Parkinson's and needs round-the-clock care. They live in sheltered housing in Milton Keynes. Malcolm was supposed to have four carers visit him daily, providing essential care, and giving medications at certain times. In reality, this was not happening. Carers were inconsistent, and often did not have enough time to provide the care that Malcolm needed.

As a result, Maureen was regularly managing his medicine doses, but under the current system in MK, she isn't allowed to record the medication she gives Malcolm – only paid carers can do that. This meant that his records were incorrect, leaving him at risk of serious harm. Local pharmacists also told us this was a common issue.



Image: Centre for Ageing Better

We're now working with Milton Keynes Council and the Integrated Care Board to change MAR charts so that family carers can record any medication doses they give at home. This is a much more realistic, accurate system for relatives, who often need to give their loved one's medications outside of those limited hours when an official carer or district nurse is present.

Because we were able to help Malcolm and Maureen:



There will be a safer system for everyone involved. Patients will no longer be at risk from serious error such as overdose, and paid carers and nurses can work with families to ensure patients getting the medication they need to stay comfortable, and/or manage symptoms.

The local hospital pharmacy are also changing their MAR charts so they can be used to record medications given at home by relatives in the first few weeks after coming home from hospital.



Fairer, more accessible social housing for residents

Milton Keynes City Council's Housing Team made changes to their policy on Social Housing Allocation following our recommendations. The original Housing Allocation information was difficult to understand, which was directly disadvantaging the vulnerable people it was supposed to be supporting.

Thanks to our feedback, residents can now better understand if they are eligible to apply for social housing, how the application works, and what's involved. Much of the legal jargon that was used throughout the Housing Allocation documents has been replaced with more user-friendly Plain English. It's now also available in different languages.

Our feedback resulted in these additional changes, all of which will benefit thousands of vulnerable residents in our City who need a safe place to live.

- Residents can now apply to live in social housing that's close to family members, not just someone who receives an official Carer's Allowance in relation to you. This will benefit anyone who needs day-to-day family support, even if their relative isn't officially registered as a carer.
- You can now apply for housing if your housing benefit (or any other benefits) are restricted. This helps anyone who is struggling on a low income.

An inclusive vaccination service for young people



Last year, we shared with you Jake's story. Jake has autism and needed to get his childhood vaccinations up to date. However, he found the whole vaccination experience distressing due to significant sensory issues. We know that many other neurodiverse young people, and those with disabilities would be experiencing the same. We highlighted this to local providers, and in response they've created a new, bespoke vaccination team for families.

The new service allows young people, aged 0-19, to get their up-to-date vaccinations, such as their annual flu, COVID, or childhood immunisations, in a way that feels safe and comfortable. The team meet the child first, get them comfortable with the idea, and even if they only feel safe getting their vaccine in mum's car, that's fine.

The Children's Immunisation Team work with all young people in schools and those who are home-schooled, so everyone has the opportunity to protect themselves.

If you need more information about the Children's Immunisation service, visit their website where you can also self-refer:

<https://eput.nhs.uk/our-services/children-s-immunisation-and-vaccination-team-bedfordshire-luton-and-milton-keynes/>



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:

- Running a monthly 'Let's Talk' **women's health issues** event.
- Visiting **food banks and community larders** to talk to residents about how their health is affected by financial difficulties.
- Spoken to parents at **local children's centres** about their experiences of postnatal care, children's services, and mental health support.
- Visited **faith groups** and inter-faith cafes to hear how cultural differences affect experiences of health and care services.


The health inequalities faced by women

Each month we run a 'Let's Talk' discussion group for local women of all ages, to explore experiences of specific women's health issues.

Menopause and perimenopause

Women told us the main problem with local menopause services is poor communication about what to expect, and a lack of knowledge and empathy from GPs. Many women felt they were just dismissed or offered medication without any explanation. We've recommended to our Integrated Care Board that menopause information needs to be proactively given to women earlier in life, recognising that not all women will have a typical menopause journey. We've also recommended that information on evidence-based complementary therapies (not just medication) is offered to women.

Thanks to the welcoming, safe and supportive community that we've created, women have had the opportunity to connect with others going through the same thing. They don't feel so alone or embarrassed about their symptoms and have learnt how to manage aspects of the menopause from a trained professional. We've shared our findings and recommendations with our Integrated Care Board, and we'll continue to push for improved services for women in Milton Keynes.

 I had anxiety, lack of confidence, I received no advice just a pill, you don't get an explanation.

Physical activity and self-care

Research from Sport England shows that more men do sport and physical activity than women at almost every age group. Women from lower socioeconomic groups and Black and South Asian communities are even less likely to be active.

We helped local women to overcome this health inequality and 'imposter syndrome', through information signposting about free and low-cost classes and activities. There was honest conversation, without judgement, about the barriers and enablers women face when it comes to exercise.

Our community of women told us they now feel encouraged and inspired to try something new: walking, running and swimming are all in the mix!



Image: Centre for Ageing Better

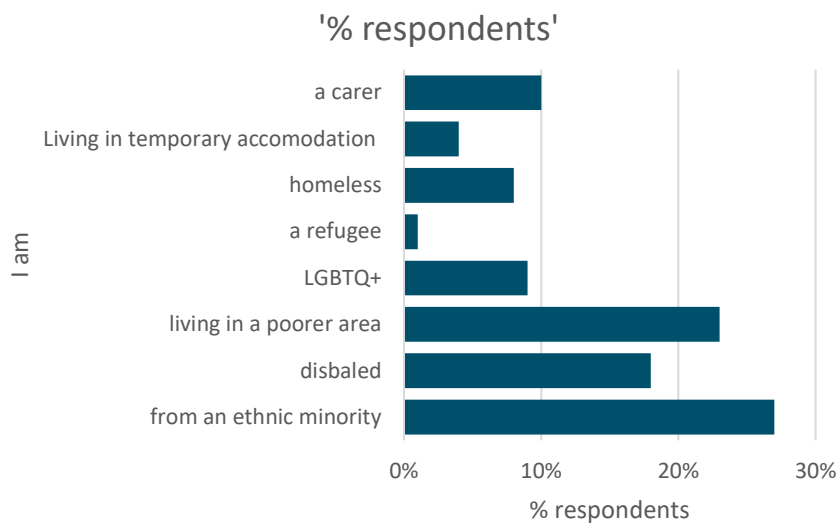
Health inequalities in Milton Keynes



This year, we teamed up with Community Action:MK and YMCA to listen to people in Milton Keynes who face the greatest health inequalities. These are people in our community who find it the hardest to have their experiences and views heard by health and social care services, and as a result, they don't receive the support they need.

This isn't right, and the ICB want to reduce inequalities in health outcomes. The Integrated Care Board (ICB) launched the 'Denny Review' project to research and identify people in Bedfordshire, Luton and Milton Keynes who have the poorest health outcomes. This includes those people who live shorter lives than others or spend much of their later life in poor health. The research shows that certain 'groups' of people commonly experience poor health. They asked us to work with voluntary sector partners in our city to explore the biggest barriers to health equality for people who:

- Are from an ethnic minority
- Have a disability
- Live in poorer areas of Milton Keynes
- Identify as LGBTQ+
- Are refugees
- Are homeless or have unstable housing.



Health inequalities in our city

We asked residents about the specific health inequalities they face. Themes were:

- Culture and religion
- Communication barriers
- Knowledge/understanding of health services
- Cultural competency of NHS staff
- Accessible language
- Information about poor health prevention.

We used their voices to understand where, and why, certain communities are experiencing inequalities. We explored whether people understood what health inequalities are, and how the current health and social care system needs to change to reduce these inequalities.

With evidence from 344 residents and 9 voluntary sector organisations, we're now working with the Bedfordshire, Luton and Milton Keynes Integrated Care Board on future improvements, including:

- Interpreters, translators and/or information in alternative formats for residents who need them.
- Inclusion, diversity and awareness training for all new staff, and regular refresher training to ensure that best practice is maintained.
- Exploring ways in which patients can receive more person-centred, holistic care, e.g., using social prescribers, extended appointments.

Reducing health inequalities isn't a 'quick fix'. Long-term change will involve commitment from local and national NHS leaders, and continued, genuine opportunities for involvement from our residents.



I'm a young trans man and the lack of support, knowledge and care for people like me is destructive. My GP said it's a phase, my school force me to use the women toilets and CAMHS are saying it's all because I'm autistic.



Image: Max Harlyn-King, Unsplash

Advice and information

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, how to make a complaint or choosing a good care home for a loved one – you can count on us. This year, the top four things we've provided information on are:

- **GP surgeries in Milton Keynes**
- **Helping residents find an NHS dentist**
- **Signposting people to local mental health support**
- **Showing people how to make a complaint**

Helping our residents when things go wrong

This year, over 20,000 residents have come to us for advice and support about health and social care services. Here's how we've helped with the four most frequent issues:

Finding a dentist

It's no secret that finding an NHS dentist for routine or emergency treatment is a challenge. There are no NHS dentists taking on patients in our area. This year, hundreds of residents have contacted us about the difficulties they're facing. Every month, our dental advice and information website pages are the most visited pages on the entire site. We shared all your feedback with Healthwatch England, which has directly influenced the Government's new dental contract which aims to improve the situation (you can read more about the new dental contract on page 10.) Significant improvements are still urgently needed to help people in Milton Keynes – and across England.



Image: Caroline Im, Unsplash



The worst it's ever been...Can understand why so many people have conditions which go untreated when you can't even get a simple GP's appointment.



Feedback about GPs

A record number of residents have contacted us about issues related to doctors: not being able to get an appointment, poor communication and accessibility problems, and deregistration have all featured highly. Our Great Big MK GP Access Survey explored these issues in detail. We're now urging individual surgeries and the Integrated Care Board to make improvements, such as training for reception and triage staff, improve the appointments process, and better accessibility of communications.



Did you know...

We have a cancer care support hub on our website.

www.healthwatchmiltonkeynes.co.uk/advice-and-information/2022-10-11/cancer-care-diagnosis-and-treatment-your-guide-services-and

Finding mental health support

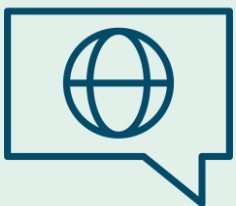
Residents in Milton Keynes are finding it difficult to access mental health care when they need it. We know that services for young people are particularly scarce and overstretched. Long waiting lists for treatment are a common issue, along with GPs who are sometimes ill-equipped to deal with people who are in mental distress. We've worked closely with Central North-West London NHS Trust who provide services in our city. We share every piece of evidence with them and recommend ways to improve services. In early 2022, our report into the experiences of children and young people with Special Educational Needs and Disabilities (SEND) in Milton Keynes prompted change to CAMHS that has continued to benefit young people this year.



Image: Centre for Ageing Better

Help with making a complaint about NHS primary care services

We regularly hear from people who want to make a complaint about the care they've received. The health and social care system is vast and complex, which can make it difficult to know where to start. We support residents with the process, from looking at talking to the service itself to begin with, to advocacy services, to the Health Service Ombudsmen, and perhaps escalating things to the relevant regulatory body if needed. Armed with clear, realistic information about the process, we have empowered patients, families and carers to find answers and hopefully reach a resolution.



Did you know...

Our website is available in 80 languages? Every page can be translated. Go to the top right-hand side click the 'Languages' icon and select from the drop-down menu.

community care champion

We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve health and social care in Milton Keynes.

Free and confidential advice and information about local health and care services.

Tell us your experience of using GPs, dentists, hospitals, care homes, pharmacies and other services.



Have your say today.



Volunteering

We're supported by a team of 20 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:

- Visited **diverse communities** across Milton Keynes to listen to their experiences of health and social care services.
- Carried out **Enter and View visits** to care homes and pharmacies to help them improve.
- Reviewed information on our website for **accessibility**.
- Maintained our **evidence database of feedback** from residents.



Hannah has been volunteering with us for six months, and in that time, she has made a big impact.


Hannah gives up two to three days of her time each week, to collate all the experiences that people have shared with us into topics, themes and demographics.

Her contribution ensures we have a reliable, accurate evidence database so our team can quickly spot where there are problems with specific services – for example, NHS dentists or getting to see a GP. We also share this information with Healthwatch England.

Hannah's role is crucial, and her contribution is huge. Whether working in the office or from home, the time she gives us means we have the tools at our fingertips to influence NHS decision makers.



Hannah Brown, volunteer

 I very much enjoy my voluntary position, and working alongside such an amazing team who have made me feel very welcome.

Hannah told us: "I decided to volunteer with Healthwatch Milton Keynes as I have a real interest in the health sector. I love that I'm supporting the community by highlighting the issues that residents are facing right now.

It's rewarding as the feedback I'm working with is also used to support national campaigns on things like accessibility of health services, and maternal mental health."

Hannah brings a wealth of experience to her role. For over ten years she volunteered with the MK Centre for Integrated Living, another local charity that provides a wide range of support for people with a disability, their families, and carers.

 I would highly recommend volunteering at Healthwatch Milton Keynes. I've gained so much already.



Over the last 10 years, we've been lucky enough to have an incredible community of volunteers. Each person has made a difference in their own way. Thank you for your time and commitment. We couldn't do it without you!



Colin has volunteered with us for 5 years. From talking to residents in care homes to being a 'secret shopper', no two days are the same.



Colin Weaving volunteer

Colin is an indispensable part of our team. He's supported our activities in a variety of ways, and can connect with anyone, whatever their circumstance, and really listen to their story.

"From my background, you wouldn't immediately imagine I'm a natural candidate for volunteering with Healthwatch. However, my family and I have had multiple interactions with health services over the years, receiving care that has been superb, and sadly not so good.

I've spent my working life in hard-nosed business environments, so being able to help people achieve a better health care journey gives me an enormous amount of satisfaction."



Everyone deserves to be treated fairly and with dignity.

Colin shared with us one particularly memorable experience: "Kim, a lovely patient with very impaired sight, was being collected for treatment appointments, but then 'dumped' in the carpark hundreds of metres away from the clinic where she was being treated.

A quick call to the treatment department was all that was needed to find a better way of getting Kim to her appointments safely. It was a simple, quick win for us, but it made a huge difference to her experience as a patient.



My advice to anyone thinking of volunteering with us? If you're passionate about helping to improve patient care, just do it! You'll grow as a person, make new friends and get a huge degree of satisfaction improving life for MK residents.



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



www.healthwatchmiltonkeynes.co.uk



01908 698800



info@healthwatchmiltonkeynes.co.uk

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	£140,162
Additional income	£7,132	Non-pay expenditure	£1,360
		Office and management fee	£42,559
Total income	£180,806	Total expenditure	£184,081

Additional income is broken down by:

- **£5,064** received from Bedfordshire Luton and Milton Keynes ICB for work on the Denny Inequalities project
- **£2,068** received from NHS England for work on the vaccination hesitancy project

Next steps

In the ten years since Healthwatch Milton Keynes was launched, we've demonstrated the power of public feedback to help the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS. Over the next year, we will continue to collect feedback from everyone in our local community so that residents can help to shape improvements to services.

We will also continue our work to tackle inequalities that exist and reduce the barriers you face when accessing care, regardless of whether that is because of a disability, ethnic/cultural background, where you live, sexuality, gender or any other characteristic.

Top three priorities for 2023-24

1. Improving access to primary care services.
2. Improving patient journeys, including avoiding admission, and readmission to hospital, and improving discharge from hospital.
3. Improving access and accessibility to services for residents with the greatest health inequalities.

Message from the CEO

People's views and experiences are being sought more and more by health and social care leaders to inform the design and delivery of services. Progress has been made, but there is still a long way to go.

For us, there's an ever-present challenge of championing your voice, and ensuring your views don't simply 'tick a box' as evidence of an organisation involving people and communities. My team strive to hold health and social care to account, to ensure that your views and experiences are acted on and that you can see services working better for you as a result.

I've been with Healthwatch Milton Keynes for 6 years, and it's disheartening that we are all too often championing for changes to health and care service issues that persist.

I do look to the recent formation of Integrated Care Systems as the last, best hope of services genuinely being designed and delivered in co-production with those of us who use them.

Our work in the year ahead will focus on some of those persistent issues you face, such as getting the help you need, when you need it from primary care services, and getting well-coordinated, timely support when you need to go to hospital, and when you're well enough to leave.

At the same time, we're going to be working hard to influence how the Integrated Care System develops a good mechanism that truly demonstrates people and communities as partners in service design. That doesn't mean simply listening to views, and tweaking how a service is delivered here, or there. It requires innovating whole new ways of working alongside each other to ensure services work for everyone, and make a difference to the health and wellbeing of the whole of MK.

That's where you come in. Your views and experiences are important. The more you share with us, the more evidence we have. We can demonstrate what would make services work better for people and influence those changes – not just for a few, but for the many.

So, speak out. Be curious. Question the norms. Call us for a chat about a service that isn't working for you, or to share your ideas about how it could be better. Talk to us, and we will champion the change you need.

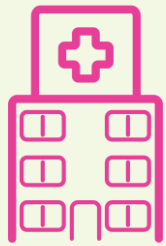


Maxine Taffetani, CEO
Healthwatch Milton Keynes

Our priorities 2023-24

Access to primary care services

You told us what works and what needs to improve – and we'll be working hard to influence positive change to accessibility.

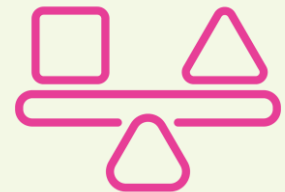


Improving 'system flow'

Making sure that people who have experienced complicated hospital admission, discharge and readmission journeys help to design a better system for the future

Inequalities in MK

You told us about the inequalities of care and access you experience last year. We're asking the Integrated Care System to improve support to those who need it the most



Women's' health

From pre-conception to menopause, we'll be increasing access to information and a chance to chat about your health with peers and professionals

Enter and view

Using our statutory power, we'll reach people receiving care in Care Homes, their own homes and our hospital and publish reports about what we find and what needs to improve





Image: Centre for Ageing Better

Statutory statements

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

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

The way we work

How volunteers and lay people are involved in our governance and decision-making

Our Healthwatch Board consists of **10** members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Throughout 2022/23 the Board met **11** times and made decisions on matters such as setting and approving Healthwatch Milton Keynes 2022-25 Organisational Strategy, approving annual budgets and our annual priorities.

We ensure wider public involvement in deciding our work priorities. We draw from the experiences shared directly with us, intelligence from the voluntary sector and digital community forums and the priorities of the health and social care sector.

How we record people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, social media, provided a webform on our website, WhatsApp text service, freepost service, attended meetings of community groups and forums, and provided our own face-to-face activities. 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 at www.healthwatchmiltonkeynes.co.uk

Responses to recommendations

We had **5** 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 insight and experiences that have been shared with us.

In our local authority area for example, we take information to the Milton Keynes Health and Care Partnership, Health and Adult Social Care Scrutiny Committee and Milton Keynes Hospital Council of Governors.

We also take insight and experiences to decision makers in the Bedfordshire, Luton and Milton Keynes Integrated Care System. For example, the Integrated Care Board, ICS Primary Care Commissioning and Assurance Committee and the ICS Working with People and Communities Committee. We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we made 45 Enter and View visits. We made 35 recommendations for actions as a result of this activity.

Purpose of Enter and View visits

2

Care home providers were visited in response to a request by Milton Keynes Local Authority, and the Care Quality Commission, to explore resident experience following concerns raised.

1

Care home provider was visited (unannounced) in response to a request by Milton Keynes Local Authority and the Care Quality Commission to explore resident experience following concerns raised.

24

Nursing and residential care home providers were visited to explore overall experiences of care and build a picture of experiences of social isolation and physical activity during and following the lifting of Covid-19 restrictions.

18

Providers of pharmacy services were visited to explore with Pharmacy staff, how involved they feel in the local 'neighbourhoods' and with their local Primary Care Networks (PCNs) and to speak to pharmacy patients and customers to explore the ways, and reasons, they utilise their local pharmacy.

All our Enter and View reports can be found on the Healthwatch Milton Keynes website and the national Healthwatch reports library.

[National Reports Library | Healthwatch Data](#)

Healthwatch representatives

Healthwatch Milton Keynes is represented on the Milton Keynes Health and Care Partnership by Maxine Taffetani, CEO. During 2022/23 our representative has effectively carried out this role by promoting the role of residents in the priorities of the MK Deal, agreed between the Partnership and the Integrated Care Board.

Healthwatch Milton Keynes is represented on Bedfordshire, Luton and Milton Keynes Integrated Care Partnership by Tracy Keech, Deputy CEO.

Healthwatch Milton Keynes is represented on the Bedfordshire, Luton and Milton Keynes Integrated Care Board by Maxine Taffetani, CEO of Healthwatch Milton Keynes.

healthwatch

Milton Keynes

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