



Annual Report 2024–2025

**Unlocking the power of
people-driven care**

Healthwatch
Milton Keynes

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"The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They're changing the health and care landscape and making sure that people's views are central to making care better and tackling health inequalities."

Louise Ansari, Chief Executive, Healthwatch England

Glossary

BLMK – Bedfordshire, Luton and Milton Keynes

BSL – British Sign Language

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

CQC – Care Quality Commission

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

HWMK – Healthwatch Milton Keynes

ICB – Integrated Care Board

ICS – Integrated Care System

MSK – Musculoskeletal services

PPG – Patient Participation Group

A message from our Chair

Looking back over the past year, I feel incredibly proud of what we've accomplished together. Achieving impact within health and care services, in a time of constant change and challenge, is not easy. Healthwatch Milton Keynes has not only remained focused, committed and independent, but we have continued to thrive. This is thanks to the dedication of our team, the strength of our partnerships, and, above all, the Milton Keynes residents who contribute their time and honesty to share their personal experiences of local health services.

Everything we do starts with the voices of local people. From our Enter & View visits to care homes and GP practices, to targeted outreach and awareness campaigns, we've highlighted the stubborn and persistent health inequalities that directly affect the health and wellbeing of diverse communities across our city.

We've worked closely with our partners across Bedfordshire, Luton and Milton Keynes (BLMK) to ensure the views of our local community are part of conversations that matter. Our reputation has grown locally, within the BLMK Integrated Care Board, and at a national level, culminating in national recognition as winners at the Healthwatch England Impact Awards.

None of this would have been possible without the incredible work of our staff and volunteers. Their energy, compassion, and strategic thinking have helped us stay proactive and responsive in a changing political and healthcare landscape.

Of course, we are mindful of the challenges ahead, particularly around funding cuts and NHS system reforms. These changes mean that prioritising patient experience is more crucial than ever. Moreover, we are ambitious to build a sustainable Healthwatch Milton Keynes for the future – one that can navigate this uncertainty with purpose and creativity.

Thank you to everyone who has supported our work this year. Together, through collaboration and resilience, we can continue to play a meaningful role in improving the way health and care services are developed and delivered.



The stories and insights we've gathered have helped to shape real improvements in services, from enhancing patient experiences in care settings to influencing how decisions about the health services we depend upon, are made at system level.

Jeff Maslen, Chair, Healthwatch Milton Keynes



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

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



Our mission

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



Our recipe for success:

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



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



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

Our year in numbers

We've supported more than **2,700** people to have their say and get information about their care. We currently employ **7** staff and, our work is supported by **20** volunteers.

Reaching out:



2,740 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

10,069 people came to us for clear advice and information on topics such as **finding an NHS dentist, children's mental health services and Lyme disease.**

Championing your voice:



We published **22** reports about the improvements people would like to see in areas like **GP access, care homes and MSK services.**

Our most popular report was **The Great Big MK GP report** highlighting people's experiences – good and bad – of GP services in Milton Keynes.

Statutory funding:



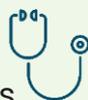
We're funded by our local authority. In 2024/25 we received **£173,644**, which **remains unchanged since 2016.**

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

We heard the views of service users at the Recovery College. We raised awareness of worries about the service being cut and the value of such services in preventing ill health. The service was subsequently funded for another 12 months.



Residents shared their views on initiatives aimed at bringing health services closer to home through 'Neighbourhood working models'. We listened to their views on how neighbourhood boundaries could impact their future care.



Summer

The ACTIVATE research study monitors the activity levels of patients with Type 2 diabetes through wearing an Apple watch. We promoted the study to local residents, and worked with GPs to encourage take up.



We supported the BLMK ICB to host a big launch of work planned in response to the Denny Review into Health Inequalities. Over 60 people attended and shared their views on priorities.



Autumn

Our influence as a strategic partner shaped the ICB Health Services Strategy which sets out priorities and challenges for Milton Keynes until 2040. This includes a focus on mental health, autism and learning disabilities.



We developed policy and training resources on Enter and View in care homes. This new package will support professionals across the Healthwatch network to improve the quality of their Enter and view visits.



Winter

To support the NHS 10-year plan, we promoted the #ChangeNHS campaign to residents, highlighting the need for their patient experiences to help shape NHS services that meet the needs of our city.



Flu, norovirus and NHS were just a few of the topics covered, as we supported the BLMK ICB's winter health campaign. We shared advice across our socials and newsletters to help residents look after their health through the winter months.



Working together for change

We've worked with neighbouring Healthwatch to ensure people's experiences of care in 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 (ICB).

This year, we've worked with Healthwatch across Bedfordshire, Luton and the East of England to achieve the following:

A collaborative network of local Healthwatch:

We have an established collaboration agreement with local Healthwatch in the Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS). Through this collaboration we coordinated and delivered many activities last year. This included: spot-checks of how services meet the needs of patients requesting translation and interpretation support, designing musculoskeletal (MSK) services, and a toolkit to support Patient Participation Groups to attract more diverse membership.

To support Black African and Caribbean residents with their health and wellbeing, we worked with the BLMK ICB, GPs, and communities to improve high blood pressure, or 'hypertension', care. Together, we interviewed patients to understand their knowledge of high blood pressure and their experiences of care. We shared these suggestions with clinical teams to inform service improvements. We also raised awareness of the condition and the importance of preventative care.

The big conversation

Together with local Healthwatch partners, we championed the unheard voices of residents who find it difficult to communicate their care needs and understand what care professionals are saying to them. In Milton Keynes, we focused on the struggles of D/deaf and hard of hearing residents. They told us they frequently feel let down by local services who don't provide personalised communication approaches, such as British Sign Language interpreters. Their needs are often ignored because of poor coordination, costs of equipment/interpreters, or dismissed due to lack of knowledge about their legal rights to accessible information.

This year, we've lost 13 pharmacies in Milton Keynes. We got out into the community to understand the impact of this loss, and to encourage people to contribute to the local Pharmacy Needs Assessment (PNA) survey. Our dedicated work resulted in an **86%** increase in residents and **140%** increase in pharmacists completing the survey compared to the previous PNA.

Working together for change

Building strong relationships to achieve more:

Across the East of England region, local Healthwatch united to promote a survey run by the Marie Curie charity which asked about people's experience of palliative and end of life care for their loved ones. Hundreds of people shared their experiences with us. Their evidence fed into a BLMK-wide report with 12 recommendations to improve end of life care. Next year, the BLMK collaborative will jointly work with residents to make sure local services use their feedback to improve services.

Working together with Q:Alliance and Alzheimer's Society, and funded by Milton Keynes Community Foundation, we produced an event two years in the making. We brought care home teams together to learn about LGBTQ+ people's rights, and the challenges that may arise for LGBTQ+ individuals who develop conditions such as dementia whilst in a residential care home setting.



Images L-R: all taken at our LGBTQ+ awareness day. Feedback from an event participant, Tracy Keech, Deputy CEO cutting a rainbow cake, Jay Virgo (Q:Alliance) presenting.



We've summarised all the outcomes and impact we've achieved this year in the **Statutory Statements** section at the end of this report.



Making a difference in our community

In March, we were proud to win the **national Healthwatch Impact Awards**, for our work on Willow Ward at the Campbell Centre. At the heart of this project was a community of women who needed to be heard. Listening to their experiences of care and sharing their stories with healthcare professionals who were committed to improvement, was integral to creating lasting change.

Empathy and better care for women on Willow Ward



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

How did we achieve change?



Following concerns raised by the Care Quality Commission (CQC) about patient experience and poor staff/patient relationships, CNWL Trust invited us, as an independent, statutory body, to evaluate women's experiences and make recommendations for improvements.

Our remit was patient/staff communication and relationships, and how the women experienced care on the Ward. Specifically, do women feel safe, are they treated well, are they aware of their own care plan and discharge?

- We used Quality Improvement methodology to support Ward staff to implement and track positive changes.
- Our evidence covered staff/ inpatient communication, staff attitudes, sharing information about care plans, admission/discharge, and the Ward environment.
- We are Independent and trusted, so inpatients felt they could be honest with us, and it would not affect their care.
- We made targeted, specific recommendations to achieve impact.



Making a difference in our community

How have people's experiences improved?



Staff received trauma informed care training and personality disorder training is planned for all staff, covering the importance of using appropriate and sensitive language. Staff are now educated, and women report being treated more respectfully as individuals. Their individual triggers/experiences/preferences are taken into account.

Note-writing times are now staggered across staff, and women are now benefitting from more time spent chatting with staff, playing board games, cards, etc. This fosters a sense of connection, and women feel they are in a supportive space which aids their recovery.

A dedicated inpatient discharge group has been established, led by a newly-recruited Peer Support Worker. Women are now reporting that they feel less anxious about leaving the Ward because the discharge process is communicated to them. Feeling more informed about what life will look like when they leave and gaining an understanding of the support they will have, has helped women to adjust when they leave the ward.

On admission, everyone has a Ward tour and reception is always staffed.

Better relationships with staff mean patients feel safer and more secure. They report feeling less overwhelmed during Ward rounds, and more confident to ask questions about their medications.



"It was overwhelming when I come in – it's my first time in a place like this! The nurses were lovely, made me a cup of tea and were very calming."

"There seems to be more staff about, I feel safe on this admission."

"Nurses have been hearing me so I can open up. We can have one-to-ones in the evenings now and it's been really good."



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 all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.



Listening to your experiences

Breaking the language barrier: translation and interpretation services in MK

Over a quarter of people across the BLMK region face significant language barriers, including a considerable number of Milton Keynes residents from minority ethnic communities. The Denny Review highlighted the impact this has on health inequalities and stressed the need for greater communication support for patients.

What did we do?

We wanted to understand whether health professionals and administrative staff are aware of their obligations when it comes to organising interpretation and translation for patients. We also spoke to patients to find out if their communication needs were being met.

What did we find?

Together with Healthwatch Bedford Borough, Healthwatch Central Bedfordshire, and Healthwatch Luton, we visited local hospitals, GP practices, dentists, pharmacies, opticians, community and mental health services. Here is what we found:

- A general lack of awareness of interpretation and translation services.
- Heavy reliance on Google Translate and family members for interpretation.
- No visible signs telling patients to ask for interpretation/ translation if they need it.
- Reliance on multilingual staff and as a result, challenges and resistance to booking interpreters.
- GPs were more aware of translation and interpretation services but still relied heavily on Google Translate and family members.
- British Sign Language interpreters reported issues with service contracts which hinder their ability to deliver a consistent service.
- Hospitals offered variable provision of interpreters and translated materials.
- Standardised procedures, flow diagrams and training are needed.

What difference did this make?

In response to our work, the BLMK ICB have committed to working with services to improve their understanding of their legal obligations under the Accessible Information Standards. The ICB have recognised the need for the BSL community to have equitable access to interpreter support.

Listening to your experiences

From hospital to home: improving patient experience of hospital discharge

Heading home after a stay in hospital can be a daunting experience, and patients often need support with the transition.

We interviewed 67 people who have been discharged through the new Integrated Discharge Hub to find out what is working and where improvements are needed. We also spoke to older patients who are receiving further care or 'reablement' after their hospital stay, to find out if they have received the care they expected.

62%

of people said that they were satisfied with the overall discharge process.

3%

of people said they felt involved in designing their discharge.

10%

of people thought that the different providers involved in their care communicated well with each other.



The Integrated Discharge Hub

is a collaborative effort between Milton Keynes University Hospital, Milton Keynes City Council, and Central and North West London NHS Foundation Trust. It aims to provide a more streamlined and coordinated approach to discharge planning.



"I've mostly been looked after well. I could have done with more information and making sure everyone knew all the plans."

What difference did this make?

There are encouraging signs of progress. More patients who require complex support after leaving hospital are telling us they feel well-informed and are actively involved in decisions about their hospital discharge.

However, there is still some way to go. Many patients still report feeling uninvolved in their discharge planning—particularly when it comes to understanding their discharge instructions and medications.

The Integrated Discharge Hub team have committed to producing a patient-friendly discharge planning leaflet that will answer questions and offer much-needed support to patients and families.

Listening to your experiences

Championing unheard voices

This year, we've created safe spaces where communities feel listened to, and empowered residents to shape the health services they use.

Honesty and connection: men's health

We partnered with **The Man Cave**, a grassroots men's mental health group, to listen to men's experiences of health issues, accessing local services (such as GPs, hospital, pharmacies) and to understand the barriers that might be preventing them getting the care, treatment and support they need. People shared with us a wide range of health experiences, from diabetes to neurodiversity. The issue of referrals between services came up frequently. Many men expressed frustration at such a disjointed system and 'jumping through hoops' to get services to talk to each other.

"Now I know how to better manage my diabetes, that will lower the burden I put on the NHS."



Diabetes research for minority communities

Asian, Black African and Caribbean communities were empowered to take part in diabetes research, and learn more about the condition and risk factors, thanks to a joint initiative that highlighted the importance of diversity in health research. Health research typically involves a very narrow demographic that isn't representative of our diverse population. Our collaboration with Health Innovation East, and the National Institute for Health Research (NIHR) raised awareness of the opportunities and benefits of getting involved.

84%

said they had a better understanding of health research.

51%

said they would take part in medical research in the future.

Championing unheard voices (continued)

The power of listening

Through our partnership with Q:Alliance, we've listened to the experiences of people in the trans and non-binary community who are neurodiverse. Having the opportunity to talk about the need for equity in care, particularly for those with additional physical health needs, has a positive impact on individuals, the LGBT+ community, and helps us to support services to offer more inclusive care to vulnerable communities.

Bridging the gap

Pencarrow Mews is a purpose-designed community of temporary accommodation units for families in Fishermead, Milton Keynes. Thanks to a monthly pop-up outreach session, families now know their rights when it comes to registering with a GP and know how to get an appointment for the health issues that are affecting their wellbeing. Previously, many weren't aware they could register with a GP whilst in temporary housing. Residents also had very little knowledge of the local health and care services that were available to them. Through our signposting, they now have more knowledge about where to go for essential healthcare needs.



“Our regular slot means that we can offer up to date, targeted, advice and information to residents at Pencarrow. The families staying here face specific challenges when getting the care they need, so meeting the community regularly means they have a clearer idea of their rights and what to expect when it comes to health and care services.”

Paul O'Grady, Healthwatch Milton Keynes Project Officer

Listening to your experiences

GP access and care: has anything changed?

A year on from our first ever Great Big MK GP survey, we wanted to see if things had changed for people living in Milton Keynes. GP access is still the number one reason people contact us, so it often feels like nothing has changed even with advancements such as digital triage to reduce telephone queues in the morning. We spoke to over 800 residents about their experiences – nearly double the previous year’s responses. Here’s what you told us.

Key things we heard:

67%

said **same-day appointment** booking doesn’t work.

500+

shared **frustrations** with booking.

71%

Had seen a non-GP professional instead. Most who saw a nurse practitioner were happy with the outcome. Those who saw a physician’s associate reported a negative outcome. **Patients want to know who they are seeing, and why.**

25%

said their practice doesn’t offer advanced bookings.

72%

said they felt listened to during their appointment. **GPs and nurse practitioners** garnered the most praise for this.

25%

of those with **additional accessibility needs** felt their needs were met.



“I wasn’t able to get through to the practice and the online form was closed.”

“I have had to continue living in pain and anxiety.”



Listening to your experiences

GP access and care: has anything changed? (continued)

Our recommendations for change include:

- Tackle the 8am rush: spread out the release of appointment slots throughout the day.
- Offer more flexible scheduling to include advance and same-day needs.
- Simplify cancellation process.
- Establish a 'follow up' system for patients who need ongoing care.
- All healthcare providers should receive communications or 'customer service' training to ensure they are listening to and understanding their patients' concerns during appointments.
- Regularly review how well they're meeting patients' accessibility needs.
- Ensure all eligible patients are invited for their annual physical health checks.
- Work closely with hospitals and other secondary care providers to shorten the time it takes to get patients onto appropriate waiting lists.
- Provide support whilst people are waiting for follow on care.



"I was very heavily pregnant at the time, and they basically kicked me out right away, even though I was worried about not receiving proper care in a cross over between surgeries. It was also my first baby so had no idea how things worked."

How has the ICB responded?

"The Healthwatch Milton Keynes report into resident's experiences of General Practice access and care gave us valuable insights into current provision, what is working well, and where there is room for improvement.

All General Practice teams in Milton Keynes have successfully achieved implementation of Cloud Based Telephony systems which allows them to monitor and manage demand alongside capacity in real time to ensure they can minimise delays to patients seeking care. The majority of practices have moved to a 'Total Triage' model to improve patient access and the ICB are supporting the remaining practices to achieve this by the contractual requirement of October 2025 .

Feedback from Healthwatch Milton Keynes has helped us to understand how best to locally promote the NHS App and the services available within it, to encourage residents to use the app as an alternative way of communicating with their GP practice, with the uptake of MK residents at approximately 60%."

David Picking, Head of Primary Care Integration

Listening to your experiences

What do patients really think about their GP practice?

To understand patient experiences of GP practices, this year we expanded our Enter and View programme and visited five GP surgeries across Milton Keynes. Here are examples of two GP visits where our recommendations resulted in positive change.

Water Eaton GP surgery

We spoke with 40 patients and their families to understand what it's really like to use this service. Many told us they appreciated the kindness of the staff and the care they received. The practice was described as 'welcoming', with a team that listens. However, some patients—especially older people and those without easy access to technology—found the online appointment system difficult and confusing to use. Others were unsure why changes had been made to the location of their appointment, which sometimes meant longer travel or delays in care. **In response to our recommendations**, practice staff are making the reception desk more accessible, offering one-to-one help with the online system, and looking at how to better explain how appointments are managed. While their PPG can't currently run tech support sessions, the practice is finding other ways to help people feel more confident using digital tools.



"If it's for the kids, I can always get them an appointment, it's great."

Stony Stratford GP surgery

In total, 28 patients told us their views, and many appreciated the friendly staff and continuity of care, especially with nursing teams. However, concerns were raised about the new online booking system, telephone access, and lack of clarity around repeat prescriptions and appointment triage. **In response to our recommendations** the practice has introduced digital support touchscreens, appointed 'digital champions' at each surgery, and is working with the PPG to offer patient training in the new booking systems. They've also merged phone systems across sites to improve call handling and clarified that patients unable to send photos will still receive full care. Our visit helped highlight where communication and support could be improved, especially for older or digitally-excluded patients.

Listening to your experiences

Residents speak out on the unmet need of mental health support

Mental health continues to be one of the most urgent and emotionally-charged issues raised by residents in Milton Keynes.

We spoke with people from all walks of life who shared with us deeply personal experiences that reveal a system struggling to meet demand, especially for those facing complex or long-term challenges.

What we heard:



At the Man Cave, a men's mental health support group, men spoke openly about the emotional toll of isolation and the lack of accessible support. One resident shared, "sometimes being alone is quite hard. I have started visiting The Man Cave every week... someday soon I might pluck up the courage to speak."



"We feel that we must be 'hard' as a generation and sometimes what we are dealing with gets overlooked."

"No one has a clue where to turn to."

"I find as being the man of the house I really struggle, I don't know where to turn."



Key issues identified:



The **referral process** remains a major barrier



The **lack of visibility** of mental health providers at community events

Older people expressed feeling overlooked.



Inconsistencies in service quality

As well as sharing our findings with service providers, your voice is helping to inform the design of future mental health services contracts

Listening to your experiences

“We deserve better”: What trans and non-binary people told us about seeing their GP

We asked trans and non-binary people about their experiences with local GP services. Thanks to the voices of 27 local people, this project has shone a light on what’s working, what’s not, and what needs to happen next.

Many trans and non-binary people told us they feel misunderstood, misgendered, and dismissed when they visit the doctor. This can lead to people avoiding the healthcare they need. With support from local LGBTQ+ groups and funding from Healthwatch England, we set out to listen and act on what we found.

What did we learn?

Names and pronouns matter – and are often ignored.

Many participants told us their correct name and pronouns were still not used by GP staff – even after being clearly shared.

The system doesn’t fit everyone. NHS records only allow male or female gender markers, meaning non-binary patients are left out. They are sometimes even missing essential screenings like smear tests or prostate checks.

Poor communication and long waits. People described waiting years for referrals, receiving no updates, and feeling like they were stuck in the system with no guidance or support.

What’s working?

Not everything was negative. Some participants praised individual staff – like one practice manager who was described as “amazing” – and said changing their name on the system was straightforward.



“At this point it feels like a battle of attrition. I’ve been close to giving up many times.”

What happens now?

Based on what people told us, we’re recommending:

- Mandatory trans awareness training for GP staff.
- Better recording of preferred names and pronouns.
- Reform of gender markers in NHS records.
- Clearer, fairer pathways for prescribing gender-affirming medication.
- Better communication and tracking for referrals.
- A Trans Care Liaison in every GP practice.

We’ve shared our findings with NHS leaders and GP practices in Milton Keynes. Together with local and national partners, including Healthwatch England and Q:Alliance, we’ll be monitoring how services improve and evolve over the coming months.

Listening to your experiences

Inclusive care for people with dementia

The care home population is shifting. No longer a mix of older people needing light support and companionship, it is now heavily-weighted toward people living with dementia, often with complex or diverse needs. Yet the system isn't keeping up.

We listened to the honest experiences of local residents who are caring for loved ones with dementia. Here's what we found:

Welcomed, up to a point

Care homes often fail to specify what *level* of dementia care they can truly support. Families report being misled. Each care home is CQC-registered to support certain care needs, and residents are welcomed during initial enquiries but later rejected after assessments. They're often told the home 'doesn't cater for that level of dementia'. Families want their loved ones to stay in places where they feel safe, known, and settled, not forced to move again because a care home says they're now "too complex".

Financial fairness and transparency

Some families noticed an unsettling pattern: when homes discover they are fee-paying, availability suddenly disappears, with beds being "pre-booked" for council-funded placements.

Gaps in care

Residents whose first language is not English may have cultural or religious requirements that are not being met. Those who identify as LGBTQ+ are left feeling isolated or unsafe because care home staff are not always aware of how to be sensitive to their needs, aware of their personal challenges, and trained to deliver care that is inclusive.



"My husband was expelled from his care home as his dementia had progressed – they told me they didn't 'deal with that level.'"

Our impact

We are encouraging the ICB to improve the availability of interpreters and translated materials across health and care services. We made recommendations to specific care homes regarding the language, dietary and religious needs of their residents. With our Adult Social Care team, we're ensuring care providers are employing sufficient staff and giving them adequate training so they can meet the care needs of more 'complex' dementia residents.



Thanks to Milton Keynes Community Foundation funding, we worked with Q:Alliance and the Alzheimer's Society to deliver an LGBTQ+ awareness session for care home staff. **Read more about this project on page 9.**

Listening to your experiences

What is life like for residents in local care homes?

Our Enter and View programme is highly-respected amongst our local partners, and nationally by Healthwatch England. When we visit a healthcare setting, we get to see what life is like for care home residents, patients, families and carers using that service. Highclere is just one of 13 care homes where we made a difference this year.

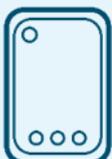
Highclere care home

Highclere care home provides personal and nursing care for a maximum of 40 residents. When we asked residents, their friends and family if they felt that staff treated people with dignity and respect, everyone responded with an unhesitating 'yes!'. We noted several best practices examples: Advanced Care Decisions and preferred place of care wishes are managed by the care home in a sympathetic way; part of each resident's arrival check is an oral care assessment to ensure that they are not in need of any urgent dental treatment. **In response to our recommendations:**

- Staff are already planning training sessions in Accessible Information (e.g. providing BSL interpreters) and their obligations under the Equality Act.
- Staff are planning to coordinate with external transport providers to offer more accessible opportunities to get out on day trips.
- Plans are underway to involve residents in refurbishments so they can contribute ideas to the design plans.



"It's difficult when you can't communicate easily with people, I feel isolated."



You can read all our Enter and View reports from the last year on our website:

www.healthwatchmiltonkeynes.co.uk/news-and-reports/

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 services to meet their needs.

This year, we have reached different communities by:

- Providing health information, support and signposting to people experiencing socio-economic deprivation.
- Listening to the health experiences of seldom-heard communities, including parent carers, LGBTQ+ and Black African and Caribbean communities.
- Providing dedicated British Sign Language health information to the D/deaf community.



Hearing from all communities

Inclusive patient participation

In response to the persistent health inequalities identified in the 2022 Denny Review, we collaborated with Healthwatch Central Bedfordshire to create a Patient and Participation Toolkit. We wanted to help existing Patient Participation Groups (PPGs) attract a more diverse membership and develop inclusive practices.



What does the Toolkit offer?

- Guidance on governance, recruitment, inclusive communication, and digital engagement.
- A 'how-to' on reaching minority communities.
- Practical templates and strategies for involving patients with lived experience across a wide range of backgrounds and circumstances.



"This toolkit aims to empower patients, boost engagement, and assist practices in addressing health inequalities."

Achieving impact

- PPGs in Milton Keynes have already started to reach out to groups that are not typically represented: younger people, minority communities, disabled individuals, and carers.
- By encouraging flexible and inclusive participation in PPGs (e.g. online meetings, easy-read formats, and community-based outreach) GP practices are opening up opportunities for involvement.
- We'll be monitoring how the Toolkit supports long-term change: encouraging services to be shaped by the residents that use them.

Hearing from all communities

“I am different, not less.”

Over the past year, we've continued to work with Parents and Carers Alliance (PACA) MK to amplify the voices of parents/carers who are navigating local mental health services for their children and young people with Special Educational Needs and/or Disabilities (SEND).

Building on the foundation of our 2022 report, *“I am different, not less”*, we've continued our outreach with local parent carers and sustained our influence with CNWL NHS Trust to create better services for families.

The commissioner's response to our report was encouraging, with specific actions promised. However, the landscape changed shortly afterwards: Clinical Commissioning Groups (CCG) were replaced with Integrated Care Boards (ICB). With a new system in place, some commitments risked being lost in the transition.

Through community workshops, forums, and surveys, we've continued to gather evidence to highlight the ongoing, persistent challenges that families face. The issues include confusing assessment processes, long waiting times, and fragmented support.



“CAMHS* is inconsistent- our current case worker is a star but it has taken several years and a number of trips to A&E to access it.”

*Children and Adolescent Mental Health Services

Has there been progress?

74%

of parents say they can now find mental health support information, thanks to our 2021 recommendation that CNWL create a clear, visual guide to help families understand the referral process.

Four years on, many of the deeper challenges we found in 2021 are still present. We know that newly-established Mental Health Support teams in schools are unable to support children who are already waiting for CAMHS services. These young people, who clearly meet the threshold for support, continue to fall through the cracks. Families are the ones left carrying the weight.

We will continue to push services to deliver on the promises they have made for better care for families.



Read the full 2021 report on our website:
www.healthwatchmiltonkeynes.co.uk/report/2022-02-03/experiences-camhs-and-mental-health-support

Hearing from all communities

Tackling high blood pressure in Milton Keynes

High blood pressure (or 'hypertension') is a serious issue, especially in Black African communities, where people are more likely to be diagnosed but less likely to get the support they need to reach safe levels.

We partnered with the Milton Keynes Learning Action Group (LAN) to help more Black African residents manage their blood pressure and stay healthier for longer. We worked with residents to find out why, once they have been diagnosed with high blood pressure, they are less likely to be 'treated to target'. This means their blood pressure is being actively managed and has been brought down to within a safe range.



Only **48% of Black African groups** with high blood pressure are treated to target, compared to an average of **62% across Milton Keynes**.

Hypertension can lead to serious complications like **heart attacks, strokes, kidney disease, and vascular dementia** if left untreated.

What difference did we make?

The project struggled to find Black African residents whose insights and experience could inform better treatments and condition management. We used our community influence to recruit two people who are now shaping the project from the inside.

We're challenging the one-size-fits-all approach to ethnicity in healthcare. The broad categories often used—like 'African', 'White', or 'Asian' don't reflect the rich diversity within our communities. We're highlighting the need for more accurate, culturally-sensitive messaging that speaks to people's real identities.

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one, you can count on us. This year, **10,069** people have reached out to us for advice, support or help finding services.

We've helped people by:

- Providing up-to-date information that residents can trust.
- Helping people access the services they need.
- Supporting people to look after their health.
- Signposting people to additional support services.



Information and signposting

Health insights for the D/deaf community

The D/deaf community in Milton Keynes are often excluded from wider conversations about health because their communication needs aren't met by local health services.

We were awarded funding from Great Linford Parish Council to hold a British Sign Language health information event specifically for D/deaf residents. The D/deaf community told us they would like more information on:



Getting involved in health research opportunities



Mental health



Heart health



Dementia



“What a well put together event. That was much needed for the D/deaf community.”

100%

of people said the event had increased their knowledge and understanding of the health topics discussed.



What impact did we have?

Using qualified BSL interpreters for every section of the day meant that everyone who needed BSL could fully engage in everything that was on offer, from information about health conditions, to discussions on health inequalities.

D/deaf residents had a much-needed opportunity to freely contribute their perspectives and experiences, which in turn meant the evidence we gathered was comprehensive and diverse. We're continuing to share this evidence with commissioners and services to encourage improvements.

Finding dental care for cancer patients

The lack of NHS dentists is nothing new. But what if you are living with cancer? Is help available?

We were contacted by a Howard*, a Milton Keynes resident with stage 3 cancer. Due to the cancer and associated treatment, Howard was finding it almost impossible to eat. He was in considerable discomfort. Desperate for relief, Howard contacted us because he couldn't find any dentists locally who were accepting new patients. Private dental treatment wasn't an option.

Howard's ill-fitting dentures were making things worse, and even the priority dental team were insisting that he needed a referral from a dentist before they could treat him, which he couldn't get because he couldn't find an NHS dentist.

We used our contacts and influence with the Local Dental Committee to try to find a solution. We reached out to one of our Restorative Dental Leads who arranged for one of their colleagues to call the patient and arrange an urgent appointment.

They were also able to remind our other dental providers that they should be signposting people to the Dental Access Programme so that future patients are seen quicker.

*name has been changed



“WOW! Thank you so much. Less than 24 hours after first contact I am so grateful for everyone who has helped me with an issue that only took [the dentist] a few minutes to fix... it was impossible to fix myself.”

Supporting families with lost property claims

Over the past year, we've supported several families who were struggling to navigate the reimbursement process after losing essential personal items, such as hearing aids and dentures, whilst in hospital.

These losses can have a significant impact on patients' wellbeing and dignity. We helped by signposting families to the Patient Advice and Liaison Service (PALS) and stepped in to offer further support when the information provided was unclear or insufficient.

To help prevent similar issues in the future, we recommended to the Hospital Patient Experience Board that their lost property policy should be made publicly available on its website to improve transparency and access. In response to our recommendations, the hospital has begun collecting data that will include lost property concerns. This is part of a wider Quality Improvement initiative.

Showcasing volunteer impact

Our fantastic volunteers have given **106 days** 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:

- Improved 11 information leaflets about health conditions and hospital procedures to make them more patient friendly.
- Collected experiences and supported their communities to share their views.
- Carried out Enter and View visits to local services to help them improve.



Showcasing volunteer impact

Meet Essie, volunteer on our Board of Trustees

From improving support for those who are neurodiverse, to tackling high blood pressure and diabetes, Essie Rewane-Adejare is passionate about bridging the gap between communities and health services

"I'm an applied behaviour analyst, specialising in therapeutic work with autistic children and young adults. After qualifying as a legal practitioner in 1991, I briefly worked in a law firm before moving to various roles in the civil service, and then gaining a master's degree in public health in 2022.

I'm passionate about shaping inclusive, equitable services that reflect everyone's needs, including those facing access barriers. Being on the Board of Trustees is an opportunity to strategically influence health and social care services.



"Start where you are, use what you have, and know that your voice matters."

I've particularly enjoyed being part of the ICB's resident panel working on an ongoing high blood pressure project. The discussions and community engagement have been amazing. It's inspiring to see how local voices—especially from communities like mine—are genuinely listened to and included in shaping health interventions. As someone passionate about improving engagement around the topic of preventative care in the Black African community, it felt powerful to sit alongside health professionals and share lived experiences that often get overlooked. I contributed ideas around culturally-sensitive outreach and breaking down barriers to GP access. I am looking forward to the end results.

Being part of that panel has shown me the real impact volunteers can have when we are invited into the conversation - not just as observers but as partners. I am continuously reminded why I care so much about community-led solutions and health equity.

Knowing that I'm part of a team working toward fairness, inclusion, and better outcomes in health and social care makes the role incredibly meaningful to me. At the heart of everything I do is a strong belief in fairness and making sure every voice counts when it comes to health and wellbeing. What would I say to anyone thinking of volunteering with us? You have more to offer than you think! It's about sharing your experience, perspective, and passion. You don't need all the answers—just be willing to listen, learn, and contribute. Even small efforts can make a big impact."

Showcasing volunteer impact

Our Reader's Panel are a group of 16 volunteers who love words! They offer insightful feedback on how to make information more patient-friendly. From hospital leaflets about health conditions to documents about clinical hospital procedures, they generously give their time to improve patient communications.

"As a parent of a child with SEND, I am constantly trying to interpret documents to make them appropriate for my teen. This made me curious about how patient leaflets were developed. I enjoy being part of the collaborative team supporting a better patient journey. It gives me a sense of purpose and keeps the brain working! I like that it's not about me as a person either. I'm hoping my feedback helps to simplify patient information about health conditions that may otherwise be confusing and stressful. It's so important that people understand the health care they are receiving. I now have my own health battles, and the information I receive can be overwhelming. As patients, we need information presented so we can absorb it, understand what's happening to us and plan what the next steps may be."



Sarah Downing, Reader's Panel volunteer

"Retirement and previous experiences of reading patient documents that weren't reader friendly inspired me to get involved. I like words and playing with them when I can get away with it. Each document is a fresh challenge, and I'm continually learning something new. It involves me interpreting what the physicians think to understand the process of treating a particular illness, followed by imagining myself as the patient who is experiencing that condition. Volunteering is a real opportunity to give back what you have learned and get enjoyment doing something for the benefit of others."



Crad Allerton, Reader's Panel volunteer

Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can volunteer with us.

 www.healthwatchmiltonkeynes.co.uk

 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	£201,873
Additional income	£112,485	Non-pay expenditure	£21,944
		Office and management fee	£16,771
Total income	£286,129	Total expenditure	£240,588

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 2025-26 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:

- £800 from Healthwatch Staffs & Bucks for the delivery of Enter and view training.
- £400 from Healthwatch England for the delivery of Enter and view training to local Healthwatch staff and volunteers.
- £2,943 from Milton Keynes Community Foundation for the delivery of a transgender awareness session and reflective discussions to care home teams.
- £1,000 from Healthwatch England for conducting a survey of local transgender residents on their experiences of care at GP practices.
- £600 to promote, and support residents to share their feedback on end-of-life care.
- £3,200 from Healthwatch England to design a suite of training materials for volunteers conducting Enter and view in care homes.
- £500 from Great Linford Parish Council to provide BSL interpreters for a focus group with D/deaf residents from within the community.

Finance and future priorities

Integrated Care System (ICS) funding:

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

Purpose of ICS funding	Amount
To deliver on behalf of the Milton Keynes Health and Care Partnership patient discharge interviews and co-design activities within the Improving System Flow MK2028 vision – across an 18-month period.	£37,163
To deliver engagement and a focus group aimed at informing and encouraging residents from minority ethnic groups in Milton Keynes to get involved in diabetes health research	£5,000
For the provision of an independent local Healthwatch representative on the Bedfordshire, Luton and Milton Keynes Integrated Care Board.	£10,670

Next steps:

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

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. Care in the Community – Our community conversations and communications will focus on the Top Six priorities that people have told us are most important to them.
2. Improving System Flow – Using patient and family experiences of discharge support through the new Integrated Discharge Hub, we aim to influence changes that will improve care, avoid the risk of being readmitted to hospital and help free up beds.
3. Enter and View – We will be active across GP practices and Milton Keynes University Hospital. We will also be increasing the focus on enabling people receiving care at home to have a voice.

Message from our CEO

Involving residents in the services they rely on has become more common place in recent years. Under the backdrop of increased service demand and continued financial pressure, it is more important than ever to speak up for our care.

Our small team has had an incredibly busy year: from assessing how people can access translation and interpreter support, to reviewing progress against promises made to improve mental health services for neurodiverse children and young people, no two days have been the same.

The year ahead will bring challenges. With Integrated Care Boards changing in structure, there is a risk that it becomes more difficult for residents to have their views and experiences reflected in local service design. In continued collaboration with our local Healthwatch partners, we're committed to making sure our relationships with NHS commissioners remain strong, maximising our ability to make change happen for you.

Here's a flavour of what we have planned for the year ahead:

- Outreach roadshows targeting some of our most under-represented residents to hear about the health and care issues that matter the most to them.
- Championing palliative and end of life care, supporting professionals to improve earlier palliative support, data sharing and provide more joined up care for those nearing the end of their lives.
- Gathering your views about community care and mental health services so that new service contracts, and 'care closer to home' services, are designed with your needs in mind.

Alongside these key projects, as always, we'll be using our Enter and View powers to report on home care settings, GPs, hospital wards and more. You can read our [2025-26 Business Plan](#) to find out more, or get in touch to talk about how you can get involved.

Maxine Taffetani, Chief Executive Officer



Healthwatch Milton Keynes is an important system partner, whose involvement and influence across local health and care services is wide-ranging. Together, we have continued to tackle health inequalities in our city. HWMK are also a crucial member of the 'MK Learning Action Network', formed to increase awareness of high blood pressure risks and treatment in Black African communities. The team has supported our work to prevent poor health, and Maxine Taffetani, CEO is also system champion for our End of Life Transformation Programme. HWMK's involvement ensures that resident voices are at the heart of all decisions.

Maria Wogan, Milton Keynes Place Link Director, BLMK ICB

Statutory statements

Healthwatch MK CIO, Room 1-2 Vaughan Harley Building, The Open University, Walton Hall, Milton Keynes, MK7 6AA

Healthwatch MK CIO 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 **7** members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Throughout 2024-25, the Board met 4 times and made decisions on matters such as approve resolutions in relation to the Charity's constitution, to approve Healthwatch Milton Keynes 2025-26 business plan and to approve expenditure on legal services.

Residents get to decide what our annual activity priorities are via our annual priorities survey. In addition, we continually test and consult on emerging priorities through our outreach activities.

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

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2024-25, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community groups and forums.

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

Statutory statements

Responses to recommendations

We had 0 providers who did not respond to requests for information or recommendations. 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 sub-groups, Health, Housing and Adult Social Care Scrutiny Committee, local Primary Care working groups, Quality Sharing Group at Milton Keynes City Council and Milton Keynes Hospital Council of Governors.

We also take insight and experiences to decision-makers in Bedfordshire, Luton and Milton Keynes Integrated Care System. This includes the Board of BLMK Integrated Care Board, Primary Care Assurance and Delivery committees Insights Network and VCSE Alliance. We work in collaboration with other local Healthwatch in 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 2024-25, our representative has effectively carried out this role by providing resident insight and views on local priorities including neighbourhood working, public health reports and the MK Deal.

Healthwatch Milton Keynes is 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.

Statutory statements

Enter and view (1)

Location	Reason for visit	What we did as a result
Ashby House nursing home	Agree programme to support quality visits by Milton Keynes City Council following changes in care home management.	Wrote a report with recommendations. The service responded to the report after long delays following changes in care home management.
Becket House care home	Agree programme to support quality visits by Milton Keynes City Council	Wrote a report with recommendations. The service followed up on these and patient safety/experience improved.
Bluebirds Neurological care home	Agree programme to support quality visits by Milton Keynes City Council – visit was not alongside the Council team.	Wrote a report with NO recommendations. The service responded very positively.
Burlington House care home	Agree programme to support quality visits by Milton Keynes City Council – visit was not alongside the Council team.	Wrote a report with recommendations. The service responded positively had put in many changes from our previous visit and followed up on these and patient safety/experience improved.
Caton House care home	Agree programme to support quality visits by Milton Keynes City Council.	Wrote a report with recommendations. The service developed an action plan for staff training in response to our recommendations.
Dovecote Manor care home	Agree programme to support quality visits by Milton Keynes City Council – visit was not alongside the Council team.	Wrote a report with recommendations – the service responded to recommendations.
Highclere nursing home	Agree programme to support quality visits by Milton Keynes City Council – Visit was not alongside the Council team.	Wrote a report with recommendations. The service followed up on these with a 5-point action plan for improvements for experience.

Statutory statements

Enter and view (2)

Location	Reason for visit	What we did as a result
Kents Hill care home	Agree programme to support quality visits by Milton Keynes City Council.	Wrote a report with recommendations. The service followed up and put together planned improvements to replace flooring in corridors and involve residents in menu changes which all improved resident experience.
Milton Court care home	Agree programme to support quality visits by Milton Keynes City Council, following repeated changes in Manager at this facility.	Wrote a report with recommendations. The service followed up on these. New water jugs with labels clearly showing when contents refreshed, residents asked what activity they would like and an art and craft space has been created and patient safety/experience improved.
Neath House care home	Agree programme to support quality visits by Milton Keynes City Council.	Wrote a report with recommendations. The service responded to recommendations to improve dementia support and in room activities for residents.
Newport Pagnell Medial Centre	Part of our programme of planned health & social care visits.	Wrote a report with recommendations and received a positive response from the provider.
Parklands Nursing Home	Agree programme to support quality visits by Milton Keynes City Council. Visit was not alongside the Council team.	Wrote a report with recommendations. The report is with the provider for response.
Watling St Medical Centre	Part of our programme of planned health & social care visits.	Wrote a report with recommendations and received a positive response with suggested actions from the provider.

Statutory statements

Enter and view (3)

Location	Reason for visit	What we did as a result
Water Eaton Medical Centre	Part of our programme of planned health & social care visits.	Wrote a report with recommendations and received a positive response with suggested actions from the provider.
Water Hall care home	Agree programme to support quality visits by Milton Keynes City Council. The visit was not alongside the Council team.	Wrote a report with recommendations. The service responded to recommendations.
The Willows care home	Agree programme to support quality visits by Milton Keynes City Council. The visit was not alongside the Council team.	Wrote a report with recommendations. The report is with the provider for response.



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

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

2024 – 2025 Outcomes

Project/activity	Outcomes achieved
Access to primary Care – The Great Big MK GP Access Survey 2	We received 823 responses to our second GP Access survey to follow up on what, if anything had changed for residents since we set out 7 recommendations for change to Bedfordshire, Luton and Milton Keynes ICB in 2023-24.
Enter and View	Concerns about independence at visits and residents being prepped. Redeveloped joint protocol with the LA and agreed a process for delivering Enter and view in care homes.

2024 – 2025 Outcomes (1)

Project/activity	Outcomes achieved
Review of MK 2028 vision	Our CEO was invited to undertake an independent review of progress against Milton Keynes Health and Care Partnership's MK2028 vision for Neighbourhood Working. A VCSE representative was invited to join a local key decision-making board as a result of the review's recommendations.
Participation in research event	<p>The Diabetes Information and Research Event held in September 2024 successfully engaged underrepresented communities in health research. Targeted at Asian and Black African & Caribbean communities, the event drew 21 attendees. 81% were female, with ages ranging from under 18 to over 75. The program, supported by Healthwatch Milton Keynes and partners including NIHR and Diabetes UK, offered education on Type 2 diabetes, information about local studies like the ACTIVATE trial, and promoted pathways into research participation.</p> <p>Impact from the event was clear: 71% of attendees completed a feedback survey, with 84% stating they now understood what health and care research is, and 81% reporting they knew how to get involved. Additionally, 51% expressed interest in participating in research, and 42% intended to join the Be Part of Research Registry. These figures highlight the event's effectiveness in raising awareness and building momentum for greater research diversity. However, challenges remain—financial burden, work commitments, and travel needs were cited among the main barriers to participation.</p>
PPG toolkit	<p>We developed a toolkit to support Patient Participation Groups (PPGs) to increase community diversity within their membership. We developed this toolkit in collaboration with Healthwatch Central Bedfordshire and in co-production with PPGs in Milton Keynes. Outcomes were that PPGs reported more confidence in assessing their current effectiveness and membership gaps, as well as where to get help and how to tailor their approach to increasing accessibility to their group.</p> <p>We raised awareness of the value of PPGs at an ICS level with a demonstrable increase in GPs, PPGs and ICB staff contacting the organisation to ask advice on membership and governance within PPGs. We have influenced several key stakeholders to better understand the value and potential of PPGs.</p>
Menopause information and discussion group	We connected the Women's Health Champion for Bedfordshire, Luton and Milton Keynes ICB with Network Rail – women's health staff events held as a result.

2024 – 2025 Outcomes (2)

Project/activity	Outcomes achieved
Increasing engagement with local Pharmaceutical Needs Assessment (PNA)	<p>In 2023-24, we recommended that the local PNA should be reviewed earlier than the 3-year cycle due to an increasing number of local pharmacy closures. The PNA was reviewed 1 year earlier as a result. Noticing poor resident and pharmacist input into the previous PNA surveys, we got out into the community to encourage people to contribute and make their experiences heard.</p> <p>Our dedicated work resulted in an 86% increase in residents and 140% increase in pharmacists completing the survey compared to the previous PNA.</p>
Sharing views about mental health and wellbeing services	<p>The service provider of the local Recovery College shared that the funding for the service was at risk and might close. We spoke to service users and listened to their concerns about what the service meant for them, and the value it offered in supporting them with their mental health. We shared this insight alongside local partners, and the service was funded for another 12 months.</p>
Encouraging participation in research	<p>We were contacted by a local GP to ask for support to promote a local research project – ACTIVATE – that aimed to support people with Diabetes to improve their health with wearable technology.</p> <p>We held a session with residents to discuss and promote the project. As a result, several residents got back in touch to say they had spoken to their GP about participating in the trial.</p>
Local Action Network – Hypertension	<p>The LAN hypertension group struggled to recruit residents from the Black African community to inform quality improvements to hypertension identification and medicine optimisation. We supported the team to recruit two residents to the group. Our support has ensured residents have genuine involvement and participation in this QI project.</p>
Water Eaton Medical Centre	<p>Implemented a recommendation to support patients with online access. A single trainer to ensure consistency for staff training.</p>
Palliative care and end of life review	<p>In a system-wide review of palliative and end-of-life care, we championed the importance of having open conversations around death and dying to support earlier identification of people with palliative care needs. This is now one of three key priorities for end-of-life services transformation for Bedfordshire, Luton and Milton Keynes Integrated Care System.</p>

2024 – 2025 Outcomes (3)

Project/activity	Outcomes achieved
Trans GP survey	<p>Our Trans and Non-Binary GP Experiences survey gathered responses from 27 individuals, revealing significant barriers to inclusive primary care. Of the 20 people who had sought gender-affirming care, over 75% rated their experience as "poor" or "very poor." Just 1 respondent rated the care as "very good." Hesitation to access HRT was widespread: only 1 respondent accessed it through a GP without difficulty, while 5 resorted to DIY or informal sources, and another 4 avoided seeking it entirely.</p> <p>Concerns about misgendering and lack of recognition were common. Only 6 respondents had changed their first name at their GP practice, and just 5 had notified their GP of their pronouns. Confidence in using GP services was low, with 44% (7 out of 16) saying they were "not at all confident." Respondents frequently reported being misgendered in face-to-face interactions and written correspondence, and the lack of a non-binary gender marker on NHS records further complicated access to appropriate care and screenings.</p>
Trans awareness event for care home providers	<p>In partnership with a local LGBTQ+ charity Q:Alliance and Alzheimer's Society, we upskilled 38 care home staff about caring for LGBTQ+ residents in their care.</p> <ul style="list-style-type: none"> • 100% of attendees said that they would make changes to the way they carried out care. • 100% of attendees said they would attend a future Healthwatch Milton Keynes event. • 100% of attendees rated all presenters as good or excellent. • 100% of attendees said that the information was relevant and interesting.
Concerns raised about a local supported living provider	<p>We were contacted by several residents who had recently been discharged from a local mental health inpatient unit into supported accommodation. Their concerns included their supported living provider deregistering and reregistering them with a different GP without their knowledge or consent, and unsafe/unsuitable living conditions. We raised concerns with the local authority and CQC that the organisation was providing unregistered personal care. In addition, our attempted announced Enter and view was blocked.</p> <p>Our leads ensured that these concerns were not dismissed. Our concerns were raised at appropriate forums and we sought appropriate action. The provider has now been removed from the preferred provider list.</p>

Statutory statements

2024 – 2025 Outcomes (4)

Project/activity	Outcomes achieved
Improving System Flow	<p>We're helping to ensure that patient feedback informs the implementation of a new Integrated Discharge hub, through interviews with patients following their discharge from hospital. 6 months in, our officer presented up to date patient feedback on the discharge process. Many patients continue to express feelings of being inadequately involved in their discharge planning, particularly regarding understanding their discharge plans and medications. Patients on a particular care pathway who require a greater level of support are now reporting feeling well-informed and engaged in their discharge decisions. The Discharge Hub has committed to enhancing communication about discharge plans, including the development of a more effective discharge planning leaflet and investigating reasons behind patient readmissions.</p>
Raising the profile of the needs of D/deaf residents	<p>With financial support from Great Linford Parish Council, we hosted a dedicated health insights event for the D/deaf community In January 2025. 17 individuals attended, along with two British Sign Language (BSL) interpreters, ensuring full accessibility. The session covered key health topics including dementia, heart health, and mental wellbeing. These topics were identified as priority areas by community leaders. Guest speakers included a GP, a representative from the Alzheimer's Society, and our own staff who stepped in to cover mental health after a speaker cancellation.</p> <p>11 attendees completed feedback surveys. Responses were overwhelmingly positive, with praise for the "range of topics discussed" and appreciation for the presence of BSL interpreters. Notably, 100% of respondents said they would attend another Healthwatch MK event, and most indicated they gained new knowledge, with many expressing an intention to make changes to their health and wellbeing. Attendees also suggested future sessions cover conditions such as autism, asthma, and diabetes, highlighting continued demand for inclusive, accessible health engagement in the D/deaf community.</p>

2024 – 2025 Outcomes (5)

Project/activity	Outcomes achieved
<p>Translation and interpreter provider audit</p>	<p>We conducted a comprehensive review of current translation and interpretation services across MK. This was part of a BLMK- wide project coordinated with other local Healthwatch. This review contributed to the BLMK map of translation/interpretation services and provided insight from service users, carers, and the workforce regarding current BLMK language provision. We reviewed practice at:</p> <ul style="list-style-type: none"> • 1 optician • 1 dental practice • 2 pharmacies • 3 GP practices • 12 departments at MK hospital • 5 community health services <p>As a result of our findings and recommendations, BLMK ICB are conducting an 'options appraisal' of current provision of translation/interpretation services. They have committed to socialising provider legal obligations with Accessible Information standards, with recognition of the impact upon BSL non-spoken translation provision. A focus on maternity and the impact in planned and unplanned care is being explored.</p>
<p>Campbell Centre</p>	<p>Following a 12-month weekly drop-in to research and recommend improvements to care for women on the Willow Ward in the Campbell Centre:</p> <ul style="list-style-type: none"> • Staff received trauma-informed care training. Women report being treated more respectfully as individuals. Their individual triggers/ experiences/preferences are considered. Women are now benefitting from improved connections with staff, and women feel they are in a supportive space which aids their recovery. • A dedicated inpatient discharge group has been established, led by a Peer Support Worker. Women report feeling less anxious about leaving the Ward because the discharge process is communicated to them. Feeling more informed about what life will look like when they leave and gaining an understanding of the support they will have, has helped women to adjust when they leave the ward. • On admission, everyone has a Ward tour and reception is always staffed. Women report feeling less overwhelmed during Ward rounds, and more confident to ask questions about their medications.

2024 – 2025 Outcomes (6)

Project/activity	Outcomes achieved
BSL lip reading card	<p>Our D/deaf community were happy to discover we had developed an 'I can lip read' card that our hard-of-hearing residents use to remind health professionals, retail staff, and other people they are talking to, that the speaker needs to face people when they speak. Our lip reading BSL users were able to use this card to support communication.</p> <p>Because we know that not all of our BSL users can lip read, we redesigned the card so that it is now double sided, with the second side providing a space for people to write their names and asking that they are provided with a BSL interpreter. It also asks that a note is placed on their records so that this is booked for future appointments.</p> <p>Our text number and a link to the BSL resources available on our website is also printed on the card.</p>
GP procurement – Kingfisher	<p>At the request of the ICB, we worked with the PPG to help them understand the reasons for the procurement of their GP Practice. Working closely with the PPG, we gathered the views of the wider patient list to ensure that their concerns were heard and that they had input into the procurement process.</p>
Neighbourhood boundaries in MK	<p>By working closely with Milton Keynes Health and Care Partnership and residents in establishing health and care neighbourhood working boundaries in MK, we were able to highlight an area of challenge for one community in Milton Keynes. One Residents' Association was able to raise concerns about how they had been impacted by types of borders being applied to their community in the past, and how this could have a wider impact on the care and support they access. As a result, this community was able to establish the neighbourhood border that worked for their community and felt that their concerns had been listened to.</p>
MSK codesign	<p>We provided support to BLMK ICB by hold sessions with residents to provide insight into the effectiveness of, and co-design Musculo-skeletal (MSK) service specifications. As a result of the sessions, the ICB were able to recruit several residents to support the procurement process and in the longer-term evaluate the effectiveness of the new service model.</p>
Communications to GPs about patient experiences	<p>We launched a quarterly report for service providers with statistical information about views and feedback from patients. The impact of this has been:</p> <ul style="list-style-type: none"> • GP practices routinely request detailed feedback to review and address the feedback reported to us. • Improved joint working with GP practices on public communications, including participation in local research, improving information about accessing appointments and women's health support.

2024 – 2025 Outcomes (7)

Project/activity	Outcomes achieved
Milton Court care home	Following our recommendations, hydration for residents improved with new jugs and labelling and improved of staff cover during meals. The home has explored all religious and spiritual needs of their residents.
Becket House care home	Following our recommendations, this care home has implemented volunteer assistance at lunchtime and an experienced activities person.
Kents Hill care home	Following our recommendations, this care home provided an action plan which included staff retraining for resident interactions to ensure residents 'feel at home' at all times, flooring upgrades to improve odour and alleviate pressure to maintain hygiene standards.
Caton House	Following our recommendations, this care home provided an action plan which included a commitment to staff training for moving/handling to improve mobility for residents, with an emphasis on more social activity and exercise for residents. The home also committed to utilising their base volunteer team to ensure 1:1 time for those bedbound residents increased.
Burlington Hall	Following our recommendations, we received an extensive response from the care home to communicate the changes implemented. This included improvements to laundry services, staff training reviews and updating activities to be more tailored and inclusive for gender specific activities. Additionally, the home increased engagement with the local community, inviting the community in and where able resident can visit the community. There is a large volunteer network that the home nurtures and provides relevant training resources to.
Neath House	Following our recommendations, the care home plans to liaise with community dementia clubs to enhance engagement at their weekly Memory Café. Those who are cared for in rooms have the benefit of personal visits from activity groups, entertainment and individual visits to their rooms.
Newport Pagnell Medical Centre	Following our recommendations, the Practice committed to improved patient communication, to ensure a better understanding of the process and timings for appointments and triage system at the practice. The PPG has been asked to support with this.

2024 – 2025 Outcomes (8)

Project/activity	Outcomes achieved
Highclere nursing home	<p>Following our recommendations , a five-point action plan has been put in place in response which includes:</p> <ol style="list-style-type: none">1. Staff training on accessible Information and Equality Act, staff training in BSL and improved knowledge of interpreter booking.2. Décor and involving residents in the choices that the home makes in the decision process.3. Use of the minibus, be more pro-active and thoughtful about its use for residents.4. Review the handrails in the home.5. Installing notice boards for upcoming events and social activities in prominent places.

Inspired to get involved?

Become a Trustee on our Board



- Do you have a passion for the health and wellbeing of Milton Keynes residents?
- Are you skilled in governance, or legal, organisational transformation and change programmes or eager to upskill in these areas?
- Are you a strategic thinker?
- Looking for a rewarding volunteer role, with a commitment of around 6-10 hours each month?

What's involved?

- Our Board meets 4 times a year, normally the first or second Wednesday of February, May, August and November.
- Board meetings are 3.5 hours, and you'll need to prepare in advance by reading papers.



If you're interested in finding out more, and maybe applying, all the details are on our website:
www.healthwatchmiltonkeynes.co.uk/trustees

Healthwatch Milton Keynes
Room 1-2, The Vaughan Harley Building
The Open University
Walton Hall
Milton Keynes, MK7 6AA



www.healthwatchmiltonkeynes.co.uk



01908 736005



info@healthwatchmiltonkeynes.co.uk



/HealthwatchMK



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