Annual General Meeting
Wednesday 7th July 2025
Hebburn Central

Present:

John Lowther (JL)	Chair	Arthur McKean (AM)	Vice Chair
Tracey Grainger (TG)	Director	Barbara Tennet (BT)	Director
Sheila Scott (SS)	Operations Manager		
Bev Cook (BC)	Business Support/Engagement Officer (minute taker)		
Jonathan Omole (JO)	Engagement and Insight Officer		

Guest Speaker:
Louise Lydon, Chief Officer of Community Pharmacy Gateshead & South Tyneside

Agenda Item		Actions
1	**Welcome and apologies for absence** AM opened the meeting and welcomed everyone noting apologies from; Angela Fahey (Director HWST), Carl Buckley (Director HWST) including sixteen others from voluntary and statutory organisations.	
2	**Housekeeping** SS shared health and safety and general housekeeping details to those present.	
3	**HWST Board introductions, with background** TG began by explaining that not all of HWST Board Members were present due to annual leave. The Chair JL was unable to be present at the start of the meeting but was hoping to attend later. AM Vice Chair gave a detailed overview of his experience. • Working in Adult Social Care for over thirty years. • Involved as a Healthwatch volunteer for thirteen years. • Joined the HWST Board in 2020. • Interim HWST Chair for one year. • Currently Vice Chair. TG HWST Director • Has worked for the NHS both Nationally and Regionally for 34 years. • No declarations of interest to declare as her work takes part in other areas of the country. • Is a carer for her mum and is passionate about getting access to good services and good care for those who need it. This drives her voluntary work providing support to HWST. • Is a mum and a grandmother.	

	BT HWST Director • Works for South Tyneside Council as a site support officer looking after those charities and businesses who have signed up to the South Tyneside Pledge. • Mum and carer for her daughter. • Worked in the community within welfare support as a social navigator. • Involved with homeless drop-ins. • Joined HWST three years ago.	
4	**<u>Guest Speaker</u>** Louise Lydon, Chief Officer of Community Pharmacy Gateshead & South Tyneside and Gary Dobinson, local pharmacist and owner. **Presentation:** Community Pharmacy Roles Supporting Local Communities Louise began by introducing herself and Gary. Louise is the Chief Officer of the Gateshead and South Tyneside Pharmacies Representative Committee, who provide training and communication support. They negotiate on behalf of community pharmacies with local providers e.g. local councils and ICB and provide feedback and data to Community Pharmacy England. Big movement for community pharmacies. In 2000 there was an initiative called PIANA – Pharmacy in a New Age. Getting pharmacists into a more public facing role and delivering health promotional advice, services and public health intervention. Louise became an Independent Prescriber 15 to 20 years ago. Big pressures on community pharmacies with around 1000 closures in the last few years. In South Tyneside there are 35 pharmacies down from 37. By providing less funding the government has made it more difficult for pharmacies. Pharmacies have had to diversify across all services to survive. Some offer private services where as in some areas within South Tyneside this is not an option. It is the pharmacies in the most needed areas which are closing. Gateshead have been most affected by pharmacy closures. The government's 10 Year Health Plan is focused on neighbourhoods and bringing care closer to home. 99% of the population in South Tyneside can access a pharmacy within a twenty-minute walk. Unique selling point is you don't need an appointment. This is being realised by the government. Patients visit the pharmacy on average fourteen times per year with the pharmacist seeing patients more than any other healthcare professional. The pharmacist is well placed to identify health difficulties and will refer a patient to the GP. Services funded through the NHS are 50% underfunded.	

Community Pharmacy teams are the third largest group of health professionals and voted the second most trusted service in a WHICH poll.

Training for pharmacist is four years master's degree plus a year's training. Most undertake further additional qualifications - independent prescribing and clinical diplomas.

Pharmacy First which began in South Tyneside, is delivered across the country by 95% of pharmacies.

Its remit is to:

- free up capacity for GP's, around 10 million GP appointments. But GP Surgeries need to refer.
- Provide care closer to home, evenings and weekends.

Sources of funding are being looked at for an Out of Hours Service. This has been trialled in South Tyneside with other areas across the country looking at this model.

Pharmacy First restrictions are prohibiting but are being reviewed.
A recent Healthwatch report highlighted medicine shortages, poor awareness of the service, recommending that the Pharmacy First scheme be expanded.

Louise welcomed contact from those present by providing her email address.

Questions

- Do all GPs refer to pharmacies?

This is patchy. Some surgeries embrace this system whilst others rarely send a referral. It depends on the awareness of the GP of this service and of the procedures to follow. This needs to be ironed out. Louise is doing work to promote.

- We use domiciliary care to pick up medicines. Would these be able to be dropped off?

You will need to get in touch with the pharmacy to arrange.

Cllr Paul Dean – Cannot sing your praises enough. Edinburgh Road Pharmacy has been really helpful. Much easier system, residents no longer need to put in a repeat prescription, can now contact the pharmacy direct.

Louise Lydon - In a few years' time Pharmacy First will be superseded by a new wave of pharmacist prescribers who have the correct clinical skills.

- Pharmacy First is front and centre in the NHS 10 Year Health Plan. What are you seeing as a percentage with your trialling to make the case for change?

Nationally 3 million GP appointments have been freed up. But a lot more can be done. Demands on the service are huge, particularly for minor ailments. Visiting the pharmacy saves GP and A&E appointments.

	The 35 pharmacies within South Tyneside receive about 30 referrals from a GP per month. We can do more. • There is a big drive to reduce costs across health and social care, what does this look like for pharmacies in ten years? The last three years have been a struggle. With 50% underfunding we have learned to work efficiently. We are working to close the deficit. There has not been a funding increase for decades. The government are now starting to realise the benefits of pharmacies. Pharmacies need to be viewed as walk in centres and use the clinical expertise of pharmacists to a higher level. • I had to go back and forth to my GP and pharmacy to get the right medication, and I had to change my pharmacy. Drug shortages are a huge problem. We liaise with local pharmacies to share medication to get treatment to the patient as quickly as possible. We cannot always get the same brand, but this is explained to the customer. • You are delivering reactive care but what about proactive care? We are doing hypertension case finding. We can often find patients who are A symptomatic and by taking an ambulatory blood pressure checks we can refer patients on to have a 24-hour monitor fitted. By doing this we are helping to prevent heart disease or stroke. We have the oral contraception service which is up and running and methadone service. We have a meeting to reinvigorate the NHS Health checks. Pharmacy staff have been trained in "Making Every Contact Count" and "Stop Smoking Service" providing NHS vapes. Louise and Gary were thanked for their presentation. Presentation slides are available on request.	
5	**To note reappointment of HWST Chair and Vice Chair to HWST Board of Director** TG confirmed the extended tenure of the roles of Chair - John Lowther and Vice Chair - Arthur McKean for a further two years. **To note resignation of HWST Board member** The resignation of Trustee Nafizah Ahmed in May 2025 was noted. TG - The closure of HWST by March 2027 as documented in the NHS 10 Year Health Plan was discussed and the importance of hearing the public, patient and service user voices. This service will be picked up by the ICB and Local Councils.	
6	**To Receive Healthwatch South Tyneside's Annual Report for 2024-25** **HWST Directors reflections on the year** AM gave an overview of the HWST Home Care report and his experience working within adult social care. Emma Kennington was thanked for her support in producing the report. Emma responded by saying that the information in the report is invaluable.	

	TG thanked the team and the Healthwatch Board for giving up their time to support HWST. She stressed that collaboration with other networks and regional Healthwatch plays a big part in the work which we do. BT supported this by sharing her experience working with the Armed Forces Group NAAFI Break when gathering feedback for the NHS 10 Year Health Plan and how working with community groups is key. Healthwatch has an Enter and View function. BT shared how she is grateful for the experience seeing the impact of this function at the Lodge Care Home in South Shields. **Next Steps and top three priorities for 2024-26** TG outlined the three top priorities for the next two years. These are: Adult and Young Peoples Mental Health, Pharmacy First and Care in the Community. The Care in the Community piece of work has now concluded but will feed into other work such as the NHS 10 Plan three big shifts e.g. Hospital to community, analogue to digital and being digitally accessible and from sickness to prevention and self-management of care.	
7	**Appointment of Accountants** AM recommended the reappointment of Quantum Accountancy Services Ltd. This was unanimously agreed.	
8	**Any Other Business** TG asked for any questions. • As the community is so diverse I have noticed that there is no care specific for Muslim residents. Dietary requirements for those in care homes is particularly challenging as the staff have no training. As a care provider about 4.9% of people receiving health care come from diverse backgrounds and this tends to be children. I think it is a lack of education and training for staff down to funding implications. South Tyneside Council are making care homes as accessible and equitable as possible. Older Person Residential Review and co-production work is shining a light on seldom heard communities. One member of the public confirmed that herself and her husband received excellent care when her husband was poorly. South Tyneside services were described as wonderful. TG reiterated that HWST are fully committed to continuing our work to the highest standard whilst we wait for further information on how this statutory service will be provided in the future. JL HWST Chair who arrived during the meeting brought the meeting to a close, thanking those in attendance.	
9	**Date and time of the next meeting TBC**	

Healthwatch South Tyneside AGM 7th July 2025 Attendees

John Lowther HWST
Arthur McKean HWST
Tracey Grainger HWST
Barbara Tennet HWST
Sheila Scott HWST
Bev Cook HWST
Jonathan Omole HWST
Chris Jennings Cian Creative pr
Anne Hetherington Member of the public
Caitlin Stewart Healthworks
Cllr Paul Dean STC
Kristina Redford Victoria Medical Centre
Emma Kennington STC
Emma Leggott STC
Gary Dobinson LPC
Hellen Mullen SAM
Jamie Brown STC
Janel Havven Member of the public
Leah Emmerson Waythrough
Lindsey Cheyne Garden Hill Care Home Manager
Louise Lydon Speaker
Lynn McClelland Member of the public
Laila Abdullah TWFRS
Madeleine Wallner Member of the public
Mahida Begum Rise
Margaret Snowling Member of the public
Sarah Kucukmetin South Tyneside Health Collaboration
Stephen Reay STC
Steve Clark Action Station
Stella Carmichael WHiST
Victoria Buglass STC
Victoria McGlen Victoria Medical Centre