

Healthwatch Board Meeting Agenda

8th June 2026

Venue: Online

Time: 6pm – 7pm

1.	Welcome and introductions	Manisha Modhvadia, Healthwatch Manager
2.	Minutes of the last meeting and Matters Arising	Manisha Modhvadia, Healthwatch Manager
3.	Healthwatch updates	Manisha Modhvadia, Healthwatch Manager
4.	Referral Pathways Project	All members
5.	Enter and View updates	Agne Pilkauskiene Project and Engagement Officer
6.	AOB	All Members

Healthwatch Barking and Dagenham Board Meeting Minutes

Monday 8th June 2026

Venue: Online

Present:

Rachel Allen (RA) Board Member
 Samuel Spence (SS) Board Member
 Manisha Modhvadia (MM) Healthwatch Manager
 Agne Pilkauskiene (AP) Healthwatch Engagement and Project Officer
 Abigail Agyei (AA) Board Member
 Samuel Spence (SS) Board Member
 Kehinde Omirinde (KO) Board Member

Apologies:

Mizan Rahman (MR) Board Member
 David Sollis (DS) Board Member
 Elspeth Paisley (EP) Board Member
 David Singleton (DJS) Interim Chair

Item	Discussions and actions
1. Welcome and introductions	MM welcomed attendees to the meeting and introduced the new Board Member, KO. KO provided a brief introduction to his background and experience, highlighting his interest in healthcare quality, service improvement, and community engagement. Members welcomed KO to the Board and were invited to introduce themselves and share their areas of interest.
2. Minutes of the last meeting and Matters Arising	Minutes of the last meeting were agreed as accurate.
3. Healthwatch updates	MM provided an update on the work plan, including progress against current priorities and a review of key projects completed during the previous year. • MM advised that there had been no further updates following the King's Speech and that Healthwatch is currently expected to continue operating until March 2027. It was noted that some local Healthwatch organisations are reducing staffing levels in preparation for potential future changes. • An update was provided on the NHS App Digital Project. MM highlighted that digital literacy remains a

	significant challenge within the borough and that efforts are ongoing to increase resident engagement and survey responses. The Healthwatch work plan and a link to the NHS Digital Survey will be circulated to Board members. • The number of Enter and View visits planned for the year has been limited, with priority being given to those considered most impactful and necessary to enable more time to be dedicated to project work and the potential closure of HW, however this will be monitored as the year progresses. • MM reported that Healthwatch continues to benefit from a strong and active volunteer base, alongside support from a work placement student, with additional placements planned in the coming weeks.
4. Referral Projects	AP provided an update on the Referrals Project, reporting that the project is progressing well and receiving regular responses through a partnership with a local Primary Care Network, which has distributed information to patients via email. Community engagement activities are also continuing to ensure the views of residents who may not have access to online platforms are captured. AP explained that the project aims to examine the full referral pathway, including communication from GPs, waiting times, the impact of delays on patients, and the support available while individuals are waiting for treatment or specialist appointments. AP invited board members to suggest additional services and referral pathways that may warrant further investigation, including less commonly discussed services, to ensure the project reflects a broad range of patient experiences. Members were encouraged to share ideas and knowledge to help maximise the project's impact and ensure all relevant issues are explored. KO highlighted concerns about delays and barriers within GP and referral services, sharing examples of patients experiencing difficulties accessing timely care, cancelled appointments, and lengthy waits for specialist treatment. He also raised concerns about inconsistencies within the Pharmacy First pathway and prescription processes, noting that such issues can create unnecessary barriers for patients. KO emphasised the importance of timely access to care and recommended that these issues be considered within the Referrals Project to help inform recommendations for service improvement. KO raised concerns about reports of cancelled blood test appointments, noting examples of patients having

	appointments cancelled multiple times. He highlighted the potential impact of these delays on early diagnosis and treatment, particularly for individuals with underlying health conditions. MM noted that blood testing and X-rays are already included in the referral questionnaire. RA shared an example of a teenage girl who experienced a sudden onset of severe neurological symptoms, which significantly affected her daily life and safety. Despite multiple visits to A&E due to the seriousness of her condition, there were considerable delays in accessing a neurology appointment, with the referral resulting in an appointment scheduled far into the future. RA expressed concern about the impact of such delays on patients and families, particularly where symptoms are severe and rapidly worsening. She suggested that neurology services, waiting times for specialist appointments, and referral pathways from A&E could be important areas for consideration within the Referrals Project. AA highlighted challenges in accessing sexual health and reproductive health services, drawing on her own recent experience of seeking an appointment. She described the system as difficult and confusing to navigate, citing limited appointment availability, the need to repeatedly contact services, and long waits before securing an appointment. AA noted that these barriers could be particularly challenging for individuals with urgent sexual health needs, those balancing work and other commitments, or people who may already feel reluctant to seek support. She suggested that difficulties accessing and navigating these services could result in delays to treatment and care, making this an area worthy of consideration. AP noted that Healthwatch has recently undertaken significant work on women's health and reproductive services but acknowledged that concerns raised by AAJ remain valid and may warrant follow-up. AAJ additionally raised: - Social prescribing pathways. - Awareness of community support services. - Long waiting times for ADHD and autism assessments. SS suggested exploring access to postnatal and after-pregnancy support services as part of the Referrals Project. He highlighted the importance of understanding what support is available to parents following childbirth, including access to mental health services and support for postnatal depression.
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	SS also noted that outcomes and access to services may vary across different communities and demographics, suggesting this could be an area for further investigation to better understand patient experiences and potential inequalities. SS asked questions regarding housing-related health impacts and whether such issues are adequately monitored and reported. AP explained that GPs can support housing cases through medical evidence but are not directly involved in housing processes. MM clarified that housing falls outside Healthwatch's formal remit but acknowledged its significant impact on health outcomes.
5. Enter and Views	AP highlighted two recent Enter and View reports: Barking Community Diagnostic Centre • Feedback was largely positive. • Strengths included professional and reassuring staff. • Minor recommendations focused on improving communication and reassurance during diagnostic procedures. Five Elms Medical Centre • Findings were mixed during a period of transition following a merger with Victoria Medical Centre. • Positive feedback was received regarding staff friendliness. • Difficulties using the Evergreen app for appointments. • Lack of awareness about how to make complaints or raise concerns. • Limited face-to-face appointments. Members were informed that a report on Barking Urgent Treatment Centre had been submitted, and responses to recommendations were still awaited.
6. AOB	A discussion took place regarding volunteer and board member engagement opportunities. MM suggested that the next board meeting, scheduled for 7 September, could be held face-to-face to allow members, including the newest board member, to meet in person. A further social gathering is also planned around December, subject to availability. Members were thanked for their contributions, and the meeting was closed. Key Actions • Healthwatch team to consider additional Referral Project focus areas such as neurology, social prescribing, mental health, and neurodivergence pathways.

	• Board members to review Enter and View reports and raise any follow-up questions. • MM to circulate the Healthwatch work plan and NHS Digital Survey link to Board members. • MM / AP to explore arrangements for a face-to-face Board meeting in September
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