

Healthwatch Tameside Board Meeting Minutes (Part A)

Meeting date: Thursday 10 July 2025

Meeting time: 11.30 am

Meeting location: Age UK Tameside, Ashton-Under-Lyne

Members present:

Name	Position
Glyn Goodchild (GG)	Chair of meeting
Linda Kent (LK)	Member
Oliver Jones (OJ)	Member
Helen Chauhan (HC)	Member
Glenis Lee (GL)	Member
Kelly Cahill (KC)	Member

Attendees present:

Name	Position
Alex Leach (AL)	Healthwatch Manager
Abby Turner (AT)	Healthwatch Coordinator
Martyn Nolan (MN)	Project Support Officer (Minute taker)
Jennie Pimlott (JP)	Contracts Officer, TMBC
Richard Whitehead (RW)	Engagement Lead NHS GM Integrated Care

Item	Title and minute
1	Welcome and Introductions: Richard Whitehead arrived and was welcomed to the meeting, and everyone gave an introduction.
2	Apologies for absence: Apologies received from Fleur Piacentini (FP), Mark Widdup and Aminah (new member unable to attend today).
3	Registration of interests and declarations of interest to any agenda item: None declared.

4	<p>Minutes of the previous meeting 8 May 2025</p> <p>Minutes of the previous meeting were approved as accurate by the Board.</p>
5	<p>Action Log review</p> <ul style="list-style-type: none"> • AT49 - CDC Update. Healthwatch Tameside is involved in planning conversations for this service. Speaker will come to a future meeting. A change of management has taken place, so it will be dealt with in the near future. • AT52 - Pharmacy First - Report has been finalised and is sitting with the commissioners in the ICB. Once a response is received, it will be sent out, and the report will be at the next meeting • AT53 – LK – Hospital feedback. Spoken to Patient Engagement Advisory Group. Nothing will happen immediately as they are incredibly busy. LK , GG and FP will meet early next time. The same observations were made with Imogen when she was involved. Keep on log and will pick up at the next meeting. • AT54 - HW in GM - Danielle will be invited to the next board meeting to hopefully be able to discuss the ongoing situation. • AT55 - Here to present to the board today. • AT56 - can be signed off. • AT57 - Enter and view training coming up. Board to contact Abby if interested. • AT58 - Circulation of summary chair report. Taken off.
6	<p>Questions from members of the public</p> <p>No questions were presented by the public.</p>
7	<p>Healthwatch Tameside Chair Update</p> <p>GG would like to present a report to the board in the future, but has been very busy. The meetings between local Healthwatch and nationally with Healthwatch England have been challenging. He thanked both AL and AT for their support in recent weeks.</p>
External Speaker	
8	<p>NHS – GM Integrated Care in Viltro Fertilisation (IVF) in Tameside Consultation Update</p> <p>Richard introduced himself and delivered a presentation:</p> <ul style="list-style-type: none"> • Consultations are taking place across the country regarding IVF treatment. • 70% of ICBs do not implement NICE recommendations. • Consultation is between 18 June – 31 July. • Offered to women aged 39 and under. Depending on where you live, you are eligible for a different amount of cycles:

	<ul style="list-style-type: none"> ○ Tameside residents are offered 3, Stockport, Wigan and Salford are 2 and all remaining GM locations are offered 1. • The idea behind the consultation is to standardise the service so it's fair rather than a postcode lottery. • The preferred option is 1 complete cycle plus a second attempt if the first one is abandoned/cancelled. This means any issues, they have access to a second attempt. • This means that Tameside, Stockport, Wigan and Salford would have their cycles reduced. <p>LK raised concerns about these decisions being made on a cost basis rather than clinical evidence. Richard clarified that the costs are around £1.2 million per annum, with about 900 people across GM accessing the service. LK thanked Richard for the information and clarity and understands that it can be a difficult position to be in.</p> <p>HC wondered if some areas might be better at delivering the service or not, and whether this might mean that better areas could reduce and it wouldn't need the additional attempts. Richard explained that 4 providers across GM deliver the service, and patients can choose which clinics they want to attend.</p> <p>Richard explained that so far they have obtained feedback via:</p> <ul style="list-style-type: none"> • 715 online surveys • 20 focus groups • 400 people (face-to-face conversations) <p>Richard asked if this consultation could be shared within our networks and left details of the online survey and leaflets for distribution.</p>
	Items for discussion
9	<p>Healthwatch Tameside Annual Report – Presentation</p> <p>AT presented the annual report key facts:</p> <ul style="list-style-type: none"> • Report deadline was 30 June • Assisted 3,400 people in navigating services • 648 people shared their experiences directly with us • The main areas of feedback were regarding GP access and mental health in young people. • 1,200 young people across GM and Tameside played a big role in this CAHMS work delivered across the region. • Report is published and available on the website. <p>GG praised the work done and stated it's a huge piece of work to promote. Wants to review this moving forward so that it gets priority in future, as it's a great testament to the work undertaken by the team. Discussion took place Think about whether we increase the number of meetings from 6 to 8 or whether the meetings get extended slightly.</p>

	Action: Put a poll out to the board to see what works best with them.
10	Impact and Operations Report (questions only) AT circulated the report to the board previously. Progress, student starting 23 July 2025, which should be beneficial for both the student and LHW.
	Items for Information
11	Risk Register
12	Forward Plan
	Meeting close
13	Any other Business (Notified in advance) GL – She explained that she co-runs the Tameside Macular group and they have had a new person in post who has decided to streamline the service in the region, and this will result in regional staff being made redundant. She stated that the person claims that it's not a financial decision which doesn't make sense to her. This decision will really impact on the service as they are overly reliant on volunteers. GL wondered if the board could make a statement to support the issues raised. AL requested whether we can point out how this impacts the residents of Tameside. AL and GG will review the letter that GL has regarding this in the first instance and see what is the next best appropriate action.