



# HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

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**Patient and Public Involvement in  
Health and Social Care**

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## **ANNUAL REPORT and FINANCIAL STATEMENT**

**For the year ended 31 December 2024**

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**HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION**

**WWW.HAPIA2013.org**

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**Special Thanks to our Excellent Team**

- Ruth Marsden for her great Bulletins
- John Larkin – Company Secretary
- Polly Healy for her excellent support with our research projects, reports, publicity and websites

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**WWW.HAPIA2013.org**

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## HAPIA STEERING GROUP MEMBERS 2024 and their PORTFOLIOS

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RUTH MARSDEN (until 15 July 2024) Yorkshire and Humberside <b>Trustee, Vice Chair</b>	Information and Communications Lead
ELLI PANG South West	General Practice
ELSIE GAYLE West Midlands, <b>Trustee</b>	Maternity, Obstetrics, Patient and Public Voice, Patient Safety
JOHN LARKIN <b>Trustee</b>	Company Secretary
MARY LEDGARD East of England	Theory and Practice of PPI
MALCOLM ALEXANDER London, <b>Trustee, Chair</b>	Patient Safety, Mental Health, Urgent and Emergency Care

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## LOSS OF LEN ROBERTS

**Steering Group Member LEN ROBERTS sadly died in 2024. He was one of our most active members over the whole life of HAPIA and contributed so much to the development and effectiveness of HAPIA. Len was active in so many of our discussions about both the development and failings of health care, and was full of ideas about the developing work of HAPIA.**

**As Ruth Marsden said to Len's wife Maria: "We are eternally grateful for Len's wise, measured and faithful contribution to the work of HAPIA and to the many other organisations he was active in both locally and nationally. Thank you for sharing him - so many were enriched by his friendship and support. Gone to meet our Risen Lord - RIP Len. Ruth Marsden."**

**From Ellie Pang – About Len Roberts**

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**"I remember Len so well from our meetings when HAPIA established and formed ourselves into a highly active and effective organisation. I felt privileged that he kept in touch with me having recognised that we thought similarly on a number of important issues! We will really miss you Len."**

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## **Farewell Ruth Marsden**

Unbelievably, our energetic, highly active, inspirational, excellent communicator, outstanding and amazing leader Ruth Marsden has decided to stand down as Vice Chair of HAPIA and to concentrate on her high profile prison work. She has been active in HAPIA and its early incarnations since 2003.

Ruth said: “This is to let you know that I am standing down as Vice Chair of HAPIA. After 20 plus years, it is time for other hands to take the reins. I shall retain some involvement in health and social care matters, but prisons will be my main focus. After so long, I shall miss you all. Feel free to retain my email address if you wish. Kind regards, Ruth Marsden.”

**RUTH WILL BE VERY MUCH MISSED.**

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## **REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED 31st DECEMBER 2024**

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The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31 December 2024.

### **DIRECTORS AND TRUSTEES**

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The Directors of the company are its Trustees for the purpose of Charity Law. As provided in the Articles of Association, the Directors have the power to appoint additional Directors. The Trustees, who have served during the year and subsequently, are:

**Malcolm Alexander**

**Elsie Gayle**

**John Larkin**

**Ruth Marsden (resigned 15 July 2024)**

The Healthwatch and Public Involvement Association (HAPIA) comprises members of the public, including patients and carers who are members of local Healthwatch. HAPIA’s office is located in London.

## **OBJECTS OF THE HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION**

The Healthwatch and Public Involvement Association (HAPIA) is a not-for-profit company with exclusively charitable objects. The Company is committed to acting for public benefit through its pursuit of wholly charitable initiatives, comprising:

- (i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering.
- (ii) The relief of those in need by reason of youth, age, ill-health, disability, hardship or other disadvantage, including by the provision of accommodation or care.

## **MISSION STATEMENT**

### **HAPIA seeks to:**

1. Provide a national voice for Healthwatch and Healthwatch members.
2. Promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run.
3. Promote the capacity and effectiveness of Healthwatch members to monitor and influence services at local, regional and national levels and to give people a genuine voice in their health and social care services.
4. Promote community involvement in public consultations designed to influence key decisions about health and social services and hold service providers, commissioners, NHS England, Integrated Care Systems (ICS) and the Department of Health to account.
5. Promote open and transparent communication between communities across the country and their health services.
6. Promote accountability in the NHS and social care to patients and the public.
7. Support the involvement of people whose voices are not currently being heard, and to promote inclusivity, diversity and equal opportunities.

## HAPIA MANIFESTO

HAPIA has produced a Manifesto based on its aim to provide Healthwatch and the wider public with a better understanding of HAPIA's work. The Manifesto is based on the following key points:

- Build HAPIA as the independent national voice for Healthwatch and users of health and social care services.
- Promote the long-term development and strengthening of Healthwatch, as powerful, independent, campaigning, influential bodies for patient and public involvement in policy, strategy and delivery of care services.
- Support the growth and development of the NHS as the provider of health services free to all at the point of use.
- Campaign for the right of all vulnerable people to get the care and support that they need to lead fulfilled lives.

## HAPIA WEBSITES

The main HAPIA website is updated regularly and provides information about Healthwatch and other major developments in the NHS and social care provision. The 2024 websites were as follows:

- **[www.hapia2013.org](http://www.hapia2013.org)** - The main HAPIA website.
- **<http://www.achcew.org>** - Archive site celebrating the work of Community Health Councils and public involvement between 1974 & 2003.

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**HAPIA CONFERENCES: Reports and Presentations can be seen at:**  
**[www.hapia2013.org/2015---agm.html](http://www.hapia2013.org/2015---agm.html)**

## HAPIA ACTIVITIES IN 2024

### HAPIA NORTH – RUTH MARSDEN

**Pharmacy issues** have been absorbing much time – the national contract for community pharmacies has been long delayed and many communities are losing pharmacies as a result of them going under. At a regional level, work has been initiated with ICBs and local councillors and liaison maintained with Parliament, conspicuously with Baroness Cumberlege who is a member of the All Party Parliamentary Group for pharmacy. Local Healthwatch has assisted with fact finding and evidence gathering, as a result of which supplementary statements have been sent to the HWBB, leading to approvals for more pharmacies in the area. <https://www.pharmacyappg.co.uk/>

**Local Authorities' Section 106 agreements** with developers of new housing and local estates have failed to yield the funding for health and for GP premises that was part of the planning agreement. Hundreds of thousands of pounds vital to health infrastructure has not been paid, due to loopholes enabling selling off divisions of developments to permit applications for the voiding of section 106. Local councillors have been alerted to this and to the consequences for health infrastructure. Pressures on GPs have been intolerable.

**Note: A section 106 (S106) agreement is a legally binding agreement or “planning obligation” between a local planning authority and a property owner. The purpose of a S106 agreement is to mitigate the impact of the development on the local community and infrastructure. These are legal agreements created under section 106 of the Town and Country Planning Act 1990 in connection with a planning permission linked to the land.**

**Many GPs have acquired ‘Veteran Friendly’ status**, which has made a conspicuous difference to outreach to this cohort and to the care available to them and to their families.

Membership of the **Specialised Commissioning Group for Radiology** is ongoing and enables input to initiatives such as adapting to the future of children’s radiotherapy, in order to design services fit for the future.

Access to the countryside and to green spaces is an initiative for promoting health and wellbeing and is led by the **JLAF [Joint Local Access Forum]** of combined local authorities in this region. My re-election for a further three years has given the opportunity for real input for those with mobility and disability issues, and recently resulted in the removal/redesign of many barriers on rights of way, footpaths, bridle paths, styles and permissive access routes. This has opened up suburban and rural routes that have not been accessible to the disabled for thirty years and has been hugely appreciated and much taken advantage of.

**Local PPGs [Patient Participation Groups]** have formed a small group for sharing information and contacts. This networking has made a big difference and saved time and duplication of effort. We have been able better to get alongside clinical colleagues, give meaningful steer to practices' emphasis, and add value to patient experience. Regular articles in practice newsletters have reinforced the mechanism and the message.

Some work started with **Carers**, and the strains they face amid ageing populations and ever reducing LA budgets. It is noticeable that the regular movement of staff, at all levels of service provision, both dislocates standards and dents confidence. Safeguarding Boards for Adults came under scrutiny as there seems to be opaque tracking of reported concerns. It was expected that a report of a concern would yield a case number/incident number/report number – something by which the issue could be followed up if the reporter continued to have concerns and looked for reassurance that steps were being taken. There is no such number or similar form of identity for safeguarding issues. Work continues with the local authorities on the **national strategy for carers**. Membership of the Carers Advisory Group has enabled input to this strategy.

Involvement has been maintained in **specialized commissioning**, mainly radiology-based. Consultations offer opportunities for feedback on patient-preference and experiences. Similarly, any opportunities for **Patient and Public Voice** roles are notified and circulated.

# HAPIA SOUTH – MALCOLM ALEXANDER

## HEALTHWATCH GOVERNANCE

### **Serious Concerns About the Governance of Healthwatch Hackney**

HAPIA gave advice to three Board members of Healthwatch Hackney following an alleged serious breakdown of Governance, which resulted in these highly experienced Board members being removed from office without due process. No rational or reasonable case was presented by Healthwatch Hackney for the removal of these outstanding Board members.

We advised the Board members who were removed to make a formal complaint to the London Borough of Hackney (LBH) as the commissioner. They produced a very detailed and well-argued case against the leadership of Healthwatch Hackney, which unfortunately received a very inadequate response from the LBH. We also advised them to contact the Mayor of Hackney and the Cabinet to highlight the following issues:

- The LBH has a statutory duty to ensure that the functions listed in the Healthwatch legislation are fully met but LBH was not showing due regard to this duty.
- The LBH's response to complaints about the governance of HWH was considered grossly inadequate.
- Publicly funded bodies, especially those that have an important role in raising the quality of health and social care, should be able to demonstrate the very highest standards of governance.
- The complaints submitted by 3 Board members to the LBH included 70 items of evidence which the LBH failed to properly and fully investigate.
- Toleration of such low standards of governance reflects badly on LBH as the funder of HWH.
- Reasonable discussion and resolution of problems was impossible within HWH, because internal processes regarding resolution are dysfunctional.

- The LBH claimed that the alleged poor governance of HWH was an internal matter for HWH and not a matter for the LBH to investigate, despite their legal duties as funders and commissioners.
- The statutory duties of HWH include monitoring adult social services provided by the LBH, which could suggest a conflict of interests, e.g. in relation to the light-touch approach taken by the LBH to investigate concerns raised about the effective functioning of HWH.
- LBH was willing to be monitored by a body (HWH) alleged to have very poor standards of governance.
- The poor governance of HWH could have a very serious impact on the trust that local communities place in the organisation as the body with a duty to monitor local health and social services.

HAPIA was closely involved in the national development of Healthwatch before, during and after its start in 2013, and worked with the DH to create the governance framework that was intended to ensure that HW was a powerful community organisation, capable of challenging commissioners and providers of health and social care. The information provided by the three excluded Board members suggests that HWH may not be fit to represent local people and local communities in Hackney.

**Note:** Healthwatch was established under the Health and Social Care Act 2012, which came into effect in April 2013.

# COVID – THE SPRING BOOSTER

## Joseph Healy

Spring Booster – who's getting it and why it's important. The annual spring booster started being distributed by the NHS on 15<sup>th</sup> April, 2024 to those listed as eligible.

They are a very limited group – over 75s, immunocompromised (although the definition of this is very limited) and those in care homes. It is not going to NHS or social care staff, nor to carers and the wider clinically vulnerable group who received the autumn booster in 2023. This is far too short-sighted as the largest Covid wave was in the summer and, having been relatively low over the winter months, there was a prediction of a large wave, which was already building, in May 2024.

With the current heated debate on the large number of people missing from the workforce, classed as sick and the rising number of those with Long Covid (already at 3 million according to GP reports), it is particularly short-sighted, not only in terms of health but also economics, not to vaccinate a larger proportion of the population.

Another major issue is anti-vaxxer disinformation campaign and vaccine hesitancy, both of which are fired up by inaccurate and unscientific reports in both the tabloids and social media. Reports also suggest that in 2024 there is a lower than normal take-up of the vaccine among older groups (over 75s). Until now take-up among this group has been quite high but the constant sniping at the vaccine, plus the general feeling among much of the population that the danger of Covid has passed, has led many of those who are most vulnerable to serious illness not taking the vaccine. The low-key campaign by both the UK Health Security Agency (responsible for public health) and the NHS has not helped with this. Also the vaccine is now being dispensed via pharmacies. which in many parts of the country are long distances from where people live, and there are anecdotal reports that people are not being sent reminders by their GPs or the NHS.

It needs to be stressed that getting the booster is still really important because, especially amongst the elderly and those with compromised immune systems, the protection offered by the earlier vaccines wanes after a few months. None of this has been helped by the barrage of disinformation spread by the anti-vaxxers, many of whom are linked to other antiscientific conspiracy theorists. We advised those who are eligible to get the spring booster as soon as possible. The vaccines being used in the spring are the same as those used the previous autumn and are deemed effective against the variant currently in circulation.

# FALLS PREVENTION SERVICE STOP THE CLOSURE

The outstanding Hackney Falls Prevention service was commissioned by the Public Health service in Hackney and funded by the London Borough of Hackney (LBH). Because of the massive cuts in budget suffered by local authorities, public health decided to close this highly successful service down, using the argument that they should be running 'population based' services, not services for people receiving care from the NHS. They further argued that their service was for the prevention of falls for those who had never previously suffered a fall, not for those who had already fallen!

On November 8<sup>th</sup> 2024, HAPIA submitted a formal objection to the LBH against closure of the Falls Prevention Service, and made a request for a full public consultation:

## **HAPIA's Request to the London Borough of Hackney for Formal Consultation Regarding Termination of Falls Prevention Service – November 8<sup>th</sup> 2024:**

"Local communities and clinical staff are very concerned about the consequences of closing the Falls Prevention Service (Staying Steady) commissioned by the Public Health Department of the LBH. We strongly believe that closing this service poses a significant risk to the quality and safety of services provided to older and vulnerable people in Hackney.

We note that you do not seem to consider public involvement is necessary in this case, despite the planned closure representing a significant change in the way that services will be provided. We are concerned that you seem to feel it is inappropriate to hold a public meeting with staff and users to listen to their voices, and to delay your decision until a full public consultation has taken place.

We believe that *Gunning v Brent Borough Council* (1985) is significant in this case, where it was agreed the decision-maker's discretion is not unbounded and that they cannot consult on a decision already made, because the outcome of the consultation would in that case be pre-determined, and the process therefore pointless. The following 'Gunning principles' must be adhered to in all matters in the NHS and local government concerning significant changes in the provision of services:

(i) consultation must take place when the proposal is at a formative stage;

- (ii) sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- (iii) adequate time must be given for consideration and response;
- (iv) outcome of consultation must be conscientiously taken into account.

In Pam Smith v NE Derbyshire PCT (2006), the PCT awarded a contract to United Healthcare to run a GP practice without consulting patients. At Councillor Pam Smith's appeal, the court decided that patients should have been consulted before the contract was awarded, because there was a significant change to services, as there will be in this case.

You will also be aware of the Four Tests procedure introduced in 2010 by NHSE, in relation to significant changes in service provision:

1. Support from commissioners is essential;
2. Arrangements for public and patient engagement, including local authorities, should be further strengthened;
3. Greater clarity must be produced about the clinical evidence base underpinning proposals;
4. Proposals should take into account the need to develop patient choice;

We believe that the information provided above strongly suggests that you have a duty in law to consult the public on your plans to close the falls prevention service.

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The closure of this service is likely to lead to more older people falling and suffering hip and other bone fractures, that will substantially reduce their mobility and social interactions. The plans to consider a wider brief for the provision of a falls prevention service makes no sense, because the current service is excellent and has prevented many people from ending up in casualty, followed by long term admission to acute and elderly care wards. We would like you to formally consult local people about your plan to close the falls prevention service in City Hackney. If you choose not to do so, can you please send HAPIA a copy of the legal advice which you relied upon, when you decided that you did not have a duty to formally consult the public on your plans to close the outstanding falls prevention service.  
Yours sincerely, Malcolm Alexander, Chair – HAPIA”

## **On Thu, 28 Nov 2024 HAPIA wrote to all Hackney Councillors**

“Dear Hackney Councillors, we are very concerned that the Mayor and Chief Executive have ignored our formal objection to closure of the outstanding 'Falls Prevention Service' and have failed to respond to our requests for a formal public consultation. Please raise our concerns with the Mayor and do everything possible to stop the closure of this excellent service, which prevents falls and fractures for so many older and disabled people. Malcolm Alexander, Healthwatch and Public Involvement Association – HAPIA.”

## **On December 13<sup>th</sup> the Mayor and Chief Executive of the LBH replied as follows:**

“We are writing in response to your further correspondence raising your concerns about the decision to end the funding for the Public Health commissioned falls prevention service and requesting public consultation on the decision. Please accept our apologies for the delay in responding to your email of 8 November.

As set out in the Mayor’s previous reply to you (of 7 November), in the current financial context, with significant pressures on local government and NHS budgets, the scale of the public health challenges we are facing locally require us to review all of our local spending decisions very carefully. The decision to end funding for this service is driven by a need to prioritise Public Health investment in primary prevention activity with the broadest reach - this includes Public Health and wider Council investment in targeted community-based physical activity including for older people.

On 14 November Public Health presented its medium term financial plan at the Health in Hackney Scrutiny Commission. The decision not to continue to fund the falls prevention service from the Public Health grant was discussed as part of this item. The papers and a full recording of the public meeting can be accessed ([here](#)).

Discussions with the provider about the decision to close the service have also been ongoing since the beginning of September, and regular meetings are now taking place to implement the decision.

The current contract period for the falls prevention service comes to an end on 31 March 2025. There is no requirement for further public consultation on the ending of the contract. However, we are committed to working together as a Place Partnership to review and improve the local falls pathway to better meet the needs of local people. A City and Hackney Falls Group has been established to take this forward and is being led by the Integrated Commissioning Board.

Multiple partners are involved in falls prevention across a range of specialties and sectors, and given the limited resources available, we will need the involvement of all of these partners so that we can ensure that local services are designed in a way that provides access to the most effective falls provision within these constraints. Therefore, throughout the review of the falls pathway to develop a new system-wide approach to falls prevention and recovery, we will engage local residents, users of the current falls pathway, service providers and other relevant stakeholders.”

**Caroline Woodley - Dawn Carter-Mcdonald**  
**Mayor of Hackney - Chief Executive**

**The Current Situation**

The campaign continues. Hackney Council and Public Health have refused to reinstate the service. Appeals to Marie Gabriel, the Chair of the Integrated Care Partnership for north east London, failed to receive a positive response. But, service users and staff in hospitals and the community are determined to reinstate this outstanding service.

**HAPIA PUBLICATIONS**

<p><b>PUBLIC INVOLVEMENT IN THE NHS: LEGISLATION, REGULATIONS AND DUTIES 2017</b></p>	<p>The law on public involvement.</p>
<p><b>HEALTHWATCH CAMPAIGNING BRIEFING NOTE - 2017</b></p>	<p>A collation of evidence demonstrating the right of local Healthwatch to campaign for service improvements.</p>
<p><b>HAPIA CONFERENCE REPORT 2014</b> Cath Gleeson &amp; Mary Ledgard</p>	<p>Summary of Speakers’ Presentations. Conference Speakers’ Biographies.</p>
<p><b>PATIENT TRANSPORT SERVICES (PTS)</b> HAPIA’s recommendation for changes to PTS contracts. October 2014</p>	<p>For everybody connected with PTS – service users, Local Healthwatch and community organisations working with service users and with commissioners and providers of PTS. The report is intended to help improve patient transport services across the UK.</p>

<p><b>QUALITY ACCOUNTS AND THE SCRUTINY ROLE OF LOCAL HEALTHWATCH</b>  HAPIA Briefing Note  Catherine Gleeson  27 October 2014</p>	<p>Among the many priorities for Local Healthwatch Groups (LHW), commenting on Trust's draft Quality Accounts (QA) is of great importance. By providing knowledgeable commentary on QAs, LHW can influence improvements in local health services.</p>
<p><b>HEALTHWATCH AND IMMIGRATION REMOVAL CENTRES</b>  Healthcare for Asylum Seekers in Detention Centres  August 2014</p> <p><b>HEALTHWATCH AND IMMIGRATION REMOVAL CENTRES</b></p>	<p>Numerous reports from HM Inspector of Prisons (HMIP) indicate serious problems in the standards of healthcare provided.</p> <p>As HM Chief Inspector of Prisons, Nick Hardwick points out: "...away from public scrutiny, it is easy for even well-intentioned staff to become accepting of standards that in any other setting would be unacceptable".</p>
<p><b>COMPLAINTS AGAINST DOCTORS. SHARING INFORMATION WITH PATIENTS AND CARERS</b>  Improving Doctor's performance</p>	<p>This Good Practice Guide has been prepared by HAPIA, to enhance an understanding of the principles and benefits of sharing information with patients and carers, when a doctor is being revalidated, or undergoing complaints investigation or remediation.</p>
<p><b>REVALIDATION OF DOCTORS</b>  The Role of Case Manager in Improving the Performance of Doctors Sharing Information with Patients, Carers and the Public</p>	<p>Good Practice Guide to support Case Managers in understanding the principles and benefits of sharing information with patients, carers and the public when a Doctor is undergoing investigation or remediation.</p>

<p><b>LEAFLET</b></p>	
<p><b>REVALIDATION OF DOCTORS</b>  Working with Your Doctor to Improve Medical Care – A Guide for Patients</p>	<p>August 2014</p>

## MEMBERS AND AFFILIATES

During the year ended 31 December 2024, membership remained active. Each member guarantees, in accordance with the Company's Memorandum of Association, to contribute up to £10.00 to the assets of the Company in the event of a winding up.

Membership is open to:

- Local Healthwatch.
- Individuals who live anywhere in the UK, who are either members of a Local Healthwatch or other organisations that support the objectives of HAPIA.
- Individuals active in developing more effective health and social care service and who support the objectives of HAPIA.

Members are entitled to attend meetings of the Charity and to vote thereat.

The Annual Membership Fee for individuals is £10.00 and for Local Healthwatch the fee is £50.00. New members are welcome to join.

Affiliation is open to other organisations and individuals with an interest in supporting the objects of HAPIA. Affiliates are fully entitled to attend meetings of the Charity, but not to vote thereat.

The annual Affiliation fee for local and regional groups/organisations is £50.00 and £200.00 for national organisations.

New Affiliates are welcome to join.

This Report was approved by the Trustees on  
and is signed on their behalf by:

2025

Malcolm Alexander  
Director/Chair

John Larkin  
Director/Company Secretary

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2024

	Unrestricted Funds 2024	Total 2024	Total 2023
Incoming Resources	£	£	£
<b>Donations</b>	-	-	-
<b>Membership fees</b>	50	50	50
<b>Total Incoming Resources</b>	50	50	50

### Resources Expended.

Websites and administrative expenses	54	54	-
Companies House fees expenses	40	40	40
<b>Total Resources Expended</b>	94	94	40
<b>Net Income(expenditure) for the year</b>	(44)	(44)	10
<b>Total funds brought forward</b>	1453	1453	1443
<b>Total funds carried forward</b>	1409	1409	1453

## BALANCE SHEET      DECEMBER 31, 2024

	2024	2023
<b>Current Assets</b>	£	£
Cash in hand	-	-
Cash at bank	1409	1453
Debtors	-	-

<b>Creditors</b>		
Amounts falling due within one year	-	-
Total assets less current liabilities	1409	1453
<b>Total net assets</b>	<b>1409</b>	<b>1453</b>

<b>Reserves</b>		
Unrestricted funds	1409	1453
<b>Total Charity Reserves</b>	<b>1409</b>	<b>1453</b>

### NOTES

- 1) These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime and in accordance with the financial reporting standard for smaller entities historical cost convention and the charities statement of recommended practice 2005.
- 2) For the year ended 31 December 2024 the Company was entitled to exemption under Section 477 of the Companies Act 2006.
- 3) No notice from members requiring an audit of the accounts has been deposited under Section 476 of the Companies Act 2006.
- 4) Directors acknowledge their responsibility under the Companies Act 2006 for:
  - (i) Ensuring the Company keeps accounting records which comply with the Act, and
  - (ii) Preparing accounts which give a true and fair view of the state of affairs of the Company as at the end of its financial year, and of its income and expenditure for the financial year in accordance with the Companies Act 2006, and which otherwise comply with the requirements of the Companies Act relating to accounts, so far as applicable to the Company.
- 5) HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION is a Registered Charity and a Registered Company Limited by Guarantee and not having a share capital; it is governed by its Memorandum and Articles of Association.

This Report and Financial Statements were approved by the Trustees  
on \_\_\_\_\_ 2025 and signed on their behalf by:

Malcolm Alexander  
Director/Chair

John Larkin  
Director/Company Secretary

## GLOSSARY

AvMA ... ..	Action against Medical Accidents
BHA ... ..	Black Health Agency
CPD ... ..	Continuing Professional Development
CCG ... ..	Clinical Commissioning Group
CQC ... ..	Care Quality Commission
CRG ... ..	Clinical Reference Group
DH ... ..	Department of Health
DNR ... ..	Do Not Resuscitate
E&V ... ..	Enter and View
ELFT ... ..	East London Foundation Trust
EOC ... ..	Emergency Operations Centre
GMC ... ..	General Medical Council
HAPIA ... ..	Healthwatch and Public Involvement Association
HCPC ... ..	Health Care Professions Council
HMCIP... ..	His Majesty's Chief Inspector of Prisons
HMIP ... ..	His Majesty's Inspectorate of Prisons
HSJ ... ..	Health Service Journal
HWBB ... ..	Health and Wellbeing Board
HWE ... ..	Healthwatch England
HWH ... ..	Healthwatch Hackney
IAPT ... ..	Improving Access to Psychological Therapies
IAS ... ..	Independent Advocacy Service
IC ... ..	Intelligent Conveyancing
ICAS ... ..	Independent Complaints Advocacy Service
ICB ... ..	Integrated Care Board
ICS ... ..	Integrated Care System
IRP ... ..	Independent Reconfiguration Panel
IMB ... ..	Immigration Monitoring Board
IRC ... ..	Immigration Removal Centre
LA ... ..	Local Authority
LAS ... ..	London Ambulance Service
LHW ... ..	Local Healthwatch
LTC ... ..	Long Term Conditions
MSLC ... ..	Maternity Services Liaison Committee
MHCC ... ..	Manchester Health and Care Commissioning
NAOPV ... ..	National Association of Prison Visitors
NHSE ... ..	NHS England
NHSI ... ..	NHS Improvement
NHSR ... ..	NHS Resolution
NICE ... ..	National Institute for Health and Care Excellence
NIHR ... ..	National Institute for Health and Care Research

NMC	...	...	Nursing and Midwifery Council
OPD	...	...	Outpatients Department
OPV	...	...	Official Prison Visitor
OSC	...	...	Overview and Scrutiny Committee
PHE	...	...	Public Health England
PoS	...	...	Place of Safety
PPG	...	...	Patient Participation Group
PPI	...	...	Patient and Public Involvement
PRF	...	...	Patient Report Form
PTS	...	...	Patient Transport Service
RAG	...	...	Red, Amber, Green
SALS...	...	...	Staff Advice and Liaison Service (WMAS)
STP	...	...	Strategic Transformation Plan
TB	...	...	Tuberculosis
URL	...	...	Uniform Resource Locator
WMAS...	...	...	West Midlands Ambulance Service
WTE	...	...	Whole time equivalents

## APPENDIX ONE - NHS CONSTITUTION - 20 PLEDGES

### Pledges

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The Constitution contains pledges which the NHS is committed to achieve, supported by management and regulatory systems. The pledges are not legally binding because they express an ambition to improve, going above and beyond legal rights.

There are 20 Pledges which are as follows:

### The NHS pledges to:

- 1) Provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution.
- 2) Make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered.
- 3) Make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them.
- 4) Identify and share best practice in quality of care and treatments.
- 5) Provide screening programmes as recommended by the UK National Screening Committee.
- 6) Ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively.
- 7) Ensure if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution.
- 8) Anonymise the information collected during the course of your treatment and use it to support research and improve care for others.

- 9) Ensure where identifiable information has to be used, to give you the chance to object wherever possible.
- 10) Inform you of research studies in which you may be eligible to participate.
- 11) Share with you any correspondence sent between clinicians about your care.
- 12) Inform you about the healthcare services available to you, locally and nationally.
- 13) Offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available.
- 14) Provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.
- 15) Work in partnership with you, your family, carers and representatives.
- 16) Involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one.
- 17) Encourage and welcome feedback on your health and care experiences and use this to improve services.
- 18) Ensure that you are treated with courtesy, and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment.
- 19) Ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again.
- 20) Ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services.

## APPENDIX TWO – SUMMARY OF INFORMATION ABOUT HAPIA

### Company Secretary:

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John Larkin – Fornham Lodge, 4 Verna Street, Marham Park, near Fornham All Saints, Bury St Edmunds, Suffolk, IP32 6FU.

Tel: 07493686549

Email: [larkinj1946@gmail.com](mailto:larkinj1946@gmail.com)

### HAPIA Contact Details:

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#### HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION – NORTH

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The Hollies, George Street, COTTINGHAM, HU16 5QP

Tel: 01482 849 980 or 07807519933

Email: [ruth@myford.karoo.co.uk](mailto:ruth@myford.karoo.co.uk)

#### HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION - SOUTH

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30 Portland Rise, London, N4 2PP

Tel: 020 8809 6551 or 07817505193

Email: [HAPIA2013@aol.com](mailto:HAPIA2013@aol.com)

Website: [www.hapia2013.org](http://www.hapia2013.org)

### Trustees of the Charity:

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John Larkin	Malcolm Alexander
Elsie Gayle	Ruth Marsden (until 15/07/2024)

### Rotation of Directors

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One third of Directors (or the number nearest one third) retire(s) each year by rotation in accordance with the Company's Articles of Association and may be eligible for re-election.

**Date of Registration as a Charity: 27 September 2010**

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Charity No: 1138181

Originally known as National Association of LINKs Members until the company name changed in December 2013 to Healthwatch and Public Involvement Association (HAPIA).

**Date of Registration as a Company: 20 May 2008**

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Company No: 6598770. Registered in England. Company Limited by Guarantee.

Originally named National Association of LINKs Members from May 2008 to November 2013 until a new Certificate of Incorporation on Change of Name issued by Companies House on 2 December 2013 in the name of Healthwatch and Public Involvement Association.

**Governing Documents:**

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Memorandum and Articles of Association as incorporated.

**Charitable Objects:**

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1. The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering.
2. The relief of those in need by reason of youth, age, ill-health, disability, hardship, or other disadvantage, including by the provision of accommodation or care.

**Classification:**

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<b>WHAT</b>	The advancement of health or saving of lives.
<b>WHO</b>	Elderly/old people - people with disabilities - people of a particular ethnic or racial origin - the general public/mankind.
<b>HOW</b>	Provide advocacy/advice / information. Sponsor or undertake research. Act as an umbrella or resource body.

## APPENDIX THREE – MORE ABOUT HAPIA

### AIMS AND OBJECTIVES

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- (1) Support the development of Local Healthwatch (LHW) and Healthwatch England (HWE) as powerful and effective bodies that enable the public to monitor, influence and improve health, social care and public health services.
- (2) Promote democratic and accountable public involvement organisations across England, which genuinely empower patients, care receivers, carers, and all individuals and communities to influence planners, commissioners and providers of health, social care and public health services, in order to achieve safe and effective services.
- (3) Investigate, challenge and influence health, social care and public health bodies which fail to provide or commission safe, effective, compassionate and accessible services.
- (4) Collaborate with other community and voluntary sector bodies, patients and service users, to achieve HAPIA's objectives.
- (5) Hold the Government to account for its legislative and policy commitments to public influence in health, social care and public health services.

### KEY GOALS

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- (1) To scrutinise effectiveness of HWE, LHW, IAS (Independent Advocacy Service) and complaints investigation as vehicles for public influence, redress, and improvement of health, social care and public health services.
- (2) To reflect continuously upon the effectiveness of Healthwatch in relation to recommendations of the Francis Report.
- (3) To advise on effective ways of influencing Commissioners, Providers, Regulators and Policy Makers.
- (4) To advise on effective ways of learning from complaints, incidents, accidents and systemic successes and failures that occur in health and social care services.

- (5) To communicate key messages and information rapidly and continuously to HAPIA's membership, communities and the media.
- (6) To promote the accountability of providers, commissioners and regulators of health, social care and public health services.

## **PRIORITIES**

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- (1) Equality, inclusion and a focus on all regions and urban / rural diversity.
- (2) Continuous and timely information flows from and to members and the wider community.
- (3) Influence through interaction with Ministers, the Department of Health, NHS England, Regulators, Local Authorities, the Local Government Association (LGA) and other national and local bodies.
- (4) Ensuring members of HAPIA shape the strategy and policy that drive our work.

## **BUILDING RELATIONSHIPS WITH OTHER BODIES AND CHARITIES**

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Sustaining and developing relations with LHW, HWE, the DH, NHS England, Patients' Forum Ambulance Services (London) Ltd, the Friends of the Halcyon Birthing Centre, Action Against Medical Accidents (AvMA) and other national and local voluntary sector bodies on the basis of shared interests and objects, e.g.: National Association of Voluntary and Community Action (NAVCA), Community and Voluntary Services (CVS) and the NHS Alliance Patient & Public Involvement (PPI) Group.

## **FUTURE MEMBERSHIP**

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Membership will be invited from:

- Current membership.
- Local Healthwatch organisations.
- Individual Local Healthwatch members / volunteers / participants.
- Individuals who support the aims and objectives of the Association and who are active in their community and / or nationally.

- Organisations working locally and / or nationally to influence NHS, Local Authority, social care and public health services.
- Lay people involved in Patient Participation Groups, Clinical Commissioning Groups, Specialised Commissioning Groups, Local Area Teams (NHS England) and Quality Surveillance Groups.

## **FUNDING**

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- Subscriptions for individuals, LHWs and other organisations.
- Consider applications for funding to the DH, Department of Communities and Local Government (DCLG), HWE and grant giving bodies.
- Consider raising funds from payments for commissioned research and survey work.
- Consider raising income via an independent fundraiser working on a commission basis.