

Committee Meeting of the Friends of Parkwood Surgery,

Monday 18 December 2023 1800hrs to 1900hrs

Attendees:-

Yvonne Metcalf (YM), Chair	Present	Richard Cartwright (RC)	Present
Lloanne Lees (LL), Secretary, Deputy Chair	Present	Valerie Day (VD)	Present
Sue Durham (SD), Treasurer	Apologies	Ian Morris (IM)	Present
Jo Bullen (JB), Communications	Apologies	Hilary Lawrence (HL)	Present
Augustina Badu (AB), Practice Manager	Apologies	John Howard (JoH)	Present
Mahdiya Islam (MI), Operations Manager	Present	Peter Allen (PA)	Apologies
		Simon Jackman (SJ)	Not Present

CC	Kirsty Day, Michael Ross, Jacquie Humphrey
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Minutes

1. **Minutes of last meeting:** agreed, approved by LL 27/11/23 and published on FPS website

2. **Chair Comments**

A busy month for me with coughs and colds! However, I've also been involved in a few FPS events over the month as well as some interesting interactions with the surgery on a more personal note.

John and I attended focus group re GP care along with Heather Aylward, public engagement manager, from the ICB. The six patient representatives in the group had a range of experiences of health care and the discussion was wide ranging. I was struck by the ongoing difficulties in patients being able to access appointments and finding their way round what are increasingly complex systems - well complex for those who don't know how to access them, also the differences in patient populations across the County. A stroke survivor talked eloquently about having to manage his own care package and another member spoke about accessing her health care in an EU country, obviously privately. I also had a sense of health care being managed in the future by a wide range of clinical staff. I came away thinking of our patient population. We're not the most deprived area in Dacorum but by and large we're not in the "private health care" bracket and we have an elderly population who we know are finding the changes difficult.

I have also been part of a "pro active care" group, in which Parkwood will be participating. I missed the first meeting but have been to two since as the only patient representative, along side GPs and representatives from a variety of parts of the health service and organisations including St Francis Hospice. In summary, the plan is to identify a group of patients and offer wrap around care to prevent hospital admissions and direct GP care. A previous similar scheme in Dacorum evidenced a reduction in hospital admissions and positive patient satisfaction. It is at an early



stage of identifying the group. My role to date has been one of “listening” as the issues are very much process led but again what seems important for the project to be successful is ensuring there are the resources to manage it, especially in the challenges in recruiting staff across health and social care, ensuring that there is good communication and indeed an element of “training” between the patients and the group of professionals managing their care as they will be essentially a very vulnerable group by its very nature.

My personal experience of the surgery this month is not for this meeting, but it highlights on many levels the difficulties we are hearing from patients about how to access services.

On that note, a Happy Christmas and a ‘Guid’ New Year to all, let’s hope free of coughs, colds and Covid !!

3. Summary Updates

a. Open Actions

Please see the [Open Actions report](#)

Key Updates:-

- Stair Ramps & Higher seated chairs – surgery to purchase and FPS to reimburse
Action is with the surgery, still awaiting details
Jun – AB or MI to advise
Jul – with MI
Aug – MI seeking confirmation of supplier for chairs, will then obtain quote for both
Sep – Awaiting purchase by the surgery
Oct – Ramps selected, surgery to purchase £174 Inc. VAT and FPS to reimburse
Chairs £200 each with minimum order of 20 so seeking alternative supplier
Nov – stair ramps have not yet been purchased, they are checking again as the item selected previously was not suitable, MI to review and confirm the correct item and price to FPS so we can confirm we will cover the cost, Parkwood can then arrange the purchase, MI to email confirmation of details
ACTION: MI to confirm revised product and cost for stair ramps to FPS
Also still reviewing the higher seated chairs, finding alternative supplier and identifying how many need to be purchased

Dec – preference is for the larger ramps which are more expensive:

The 8ft ramp is £270.00 / £324.00 inc VAT

The 10ft ramp would be less steep, for easier use, costing £330.00 / £396.00 inc VAT

Decision made by the committee is that FPS will fund the 10ft ramp

MI to arrange the purchase and FPS will reimburse when supplied with a copy of the invoice



Chairs – still seeking alternative supplier

b. Treasurer's Report – December 2023

- Current balance is £2839.43

Grants – all require specific purpose and costs

AB requested details of available grants to see if we might meet the criteria with a joint initiative, SD to share details

New ideas needed for ensuring we have funds

Collections at regular health talks, attendance at local events to raise funds etc.

The toys we gave out at flu clinics seemed to generate donations, so perhaps we should consider selling small craft items rather than simply asking for donations

Dacorum Small Grants – closing date end November, max £500

Agreed we should submit a request for funds: purpose – ramps/chairs/printing

ACTION: SD to compile and submit an FPS request

Dec – submitted but rejected, the reason given was that we asked for funds to buy things for the surgery that the NHS ought to fund: will ensure that we allow more time for preparing our requests in future and ensure that we identify a suitable purpose

Locality budget Fiona Guest may also be an option

Concern that criteria usually specify that the grant benefits the local community: we should be OK as long as we can demonstrate benefit to a large cohort, and as Parkwood covers approx. 11% of local population we should have a reasonable chance

Dec – TBC

Note that FG has sought meeting with AB but no response so far: the committee advised MI that it may also be in the practice's interests to engage with FG as this can often help with gaining local support in other areas

c. Comms

- October newsletter – issued early November
 - Next one to be published before Christmas: update re flu clinics & funds raised, mental health hub opening for 10-19 year olds
- Suggestions for other subjects to JB

Dec – FPS newsletter TBC

Surgery is planning an end of year newsletter, and plan to provide regular newsletters going forward.

FPS and surgery to ensure we are aligned on key messages and avoid unnecessary duplication



d. Website

- Review of website – to be scheduled for September meeting
Sep – the meeting conducted a review of the live website

Actions for RC:-

- Where hyperlinks are used, denote these with Bold and Underlined text so that we're not relying solely on colour to make them obvious

Nov – TBC

Dec – hyperlinks adjusted but may need to be more "bold"

Website header missing FPS logo, being fixed

4. Practice Manager's Comments

Dec – There are arrangements underway to start a Proactive Care project in South West Hertfordshire led by the ICB and Parkwood has been asked to find out if patient leaders would be key to help co-develop it due to "lived experience".

YM & JH attended, see Chair's comments

- Boots @ Stoneycroft asked if GPs can prescribe meds in the box quantity to avoid having to split packets

ACTION: raise with AB, MI

Jul – YM, LL raised with AB, MI on 06/07 – with AB

Aug – no update

Sep – no update

Oct – no update

Nov – MI to seek an update

Dec – ongoing

- Concern re lack of response to online consultation requests

JH mentioned that he had submitted a number of request but had no contact from the surgery in response.

LL suggested that he phone the surgery to confirm the requests had been received, since they are supposed to respond within 48 hours – this was tried but unable to get through after waiting for more than 45 minutes

Unable to raise as no surgery representative present

Oct – no update

Nov – still seems to be an issue that patients are not receiving responses within the 48 hour window indicated.

MI advised that this partly to do with the increase in volume of requests being submitted via Online Consultation form now (which is a positive), and still being understaffed so



don't always have the number of staff to review and process them: expect things to improve when new GP starts in next week or so

Patients are concerned when they don't get a response, there's no auto-acknowledgement that the request has been received and nothing to say there has been a delay, which means patients often submit again or call/turn up at the surgery to check which also then increases the volume of transactions staff need to deal with

[Dec – now within the 48 hour window, most patients seen same day](#)

Worth promoting the message that there are different clinical roles so don't necessarily need to see a GP, might be pharmacist, etc. and everyone who has had an appointment with other clinicians have been very impressed, plus they're often more knowledgeable or specialised

[Dec – to be addressed via joint webinar programme](#)

- **Gov introducing change in March 2024** whereby all surgeries will have digital phone lines, designed to make booking appointments easier. Patients will no longer hear the engaged tone, and find out how their request will be handled on the day they call rather than being told to call back later: urgent requirements to result in same day appointment, non-urgent appointments to be offered within 2 weeks, or be referred to a pharmacy or 11.

Question to AB, MI: Please can we have an update on what this means for Parkwood surgery?

Oct – no update

Nov – MI to discuss with AB

Change should mean that surgeries move to a new digital phone service when their current contract expires, the new service has to be chosen from named suppliers, it should include a service that tells you what number you are in the call queue

[Dec – surgery will be moving away from current provider soon, exact date TBC, new telephony will include new services such as number in phone queue, etc.](#)

5. Patient Queries

- Telephone recording needs updating as there's no mention of what to do to get test results - if the surgery wants patients to use PA, that needs saying somewhere, or an option adding to the switchboard
Nov – Reception would not give out test results “on spec” as they need to be reviewed by a clinician who would decide if further action is needed. Usually, the surgery only contacts the patient if further action is necessary.
FPS has advised patients via our booklet that they should use Patient Access to obtain test results wherever possible.



MI to review whether a change can be made to the telephone message

Dec – new message when new phone system implemented

- Can a timetable of when appointments will be released be published on the website for 2024? The explanation page we were all sent (<https://parkwoodsurgery.nhs.uk/routine-appointments/>) makes reference to the first 'cycle', but by January, it's a bit much to expect patients to count forward from 25th October. This page <https://parkwoodsurgery.nhs.uk/appointments/> (which is under the tab for appointments... the other is under 'News') says appointments are released each fortnight which isn't the case (as it's 2 weeks - no weeks - 1 week on a 3-weekly basis) and to ask at reception when the next batch is released - a simple page on the website might alleviate that pressure on reception.

Nov – this is being planned

Dec – changes made to the schedule and appointment availability is much improved

6. NHS Contract with Palantir

Concern was raised by the committee after reading reports in the press about the contract for the “Federated Data Platform” being awarded to a consortium made up of Accenture, PwC, NECS, Carnall Farrar and Palantir, and specifically the involvement of Palantir.

The purpose of the Federated Data Platform is to help NHS trusts manage data in their hospitals, connect information held by different trusts; help individual hospitals manage their data better and drive improvements in treatment and waiting times; and allow the health service to draw conclusions about population health. It's intended to help existing systems “talk” to each other better, not replace them, and at this stage its scope does not include GP medical records.

The storage and use of medical data within the NHS is always controversial, patients are naturally concerned that their data is at risk: we want to know that sufficient safeguards are in place. This contract is different - it relates to hospital data and patient information, with the software being used to optimise care and treatment: health authorities would remain in control of the data, but it seems that no additional consent is needed from patients to use their data in the new system.

Palantir seems to be of particular concern because of its origins in the US intelligence industry, and negative comments made by its Chair in regards to the NHS – although its chief executive made very positive comments about the NHS.

Palantir helped to analyse data during the covid pandemic that aided Government decision making, and already has IT software deployed in some hospital trusts that has helped to reduce waiting times.

FPS is a patient group and as such we don't get involved with political issues – we don't have the time, funds etc. to do so. We know that patients will be concerned, and we will keep a watch on



this story. For now we need to avoid jumping to conclusions based on stories we read in the press or online, and when we get more information about how this new system will impact patients we will seek to understand and share this with Parkwood patients.

7. FPS Achievements

June – Patient Access video & literature

Note that Health Matters webinars on hold due to strikes

Jul – supported PA mornings

K&N group continues

Aug – completed survey, discussed future actions

Online Consultation box on surgery website repositioned as recommended

Sep – newsletter, webinars, User guide for Online Consultation, New version of Guide to Surgery

Booklet, leaflet for issue at flu clinics, news cascade from external sources, appointment preparation form published

Oct – flu clinics

Nov – flu clinics

Dec – FPS attended focus group

8. AOB

- AB asked whether we had considered organising an event for all Parkwood patients
FPS had discussed having an AGM on a number of occasions but the logistics, whether the event is physical or virtual has stopped us going any further
AB thinks we should consider a joint surgery+patient group event at a local venue, so patients can learn more about how the surgery operates etc.
For further discussion
May – carried forwards
June – AB raised with Partners. Feedback awaited
Jul – with AB
Aug – the logistics and effort involved in organising one large event means that is unlikely to be feasible.
Based on our survey feedback LL suggests a series of smaller events using our health talk format but focussing on how the surgery operates, what's changing etc. – Dr Fernandes talk earlier this year was very well received. Talks can be in person, and we can record a version based on the same slides with voiceover to make available online
ACTION: LL to outline structure for discussion
Sep – proposal shared with committee members after August meeting
Agreed in principal
ACTION: LL to expand on proposal so it can be presented to the surgery for comment
Oct – proposal being converted to PowerPoint slides, LL to share for review and discuss with AB at next meeting
Nov – LL to share presentation re Joint Events Proposal with MI and AB for review and discussion



Dec – slides shared, awaiting feedback

Suggested that we put this on the agenda for our January meeting, if AB or one of the partners can attend

- Surgery Gardening – JB advised eco-group being set up at school and would be willing to help manage FPS gardens if the surgery is interested. Group is just being set up and would have tools etc. so probably looking at actively engaging in the new year

Discuss with AB

Nov – group still being set up

Dec – carried forwards

- FPS Infographic on which service to use has been refined, just waiting for confirmation that the wording is acceptable before we publish

ACTION: LL to send copy to MI and AB for review

Dec – reviewed and amended, agreed for publishing online

- Posters in the surgery now advise that patients are required to make an appointment when going for blood tests at the path lab

Agree that we should add to both newsletters:-

Assume that the surgery would provide instructions if giving you the blood test forms

Book via QR code on the poster, www.westhertshospitals.nhs.uk/bloodtests or by phone

Tue-Fri, 9am-1pm, 01727 897376

- HCA no longer providing webinars for patients, only for GPs

This means there will be fewer webinars we can share with patients going forwards

- Zoom Renewal

LL asked whether we should renew the license: we haven't used Zoom for our committee meetings as we are now meeting in person again, and we prefer in-person webinars?

The current license expires at end of January

- Renewal will be £130 + VAT
- Current license allows a max. of 100 participants
- To increase to 300 participants, next license level will be £185 +VAT (or £215 +VAT if we want live captions)

We could allow the license to expire and sign up again if and when needed?

Mixed views, agreed to delay decision till Jan meeting

- Jan agenda item – FPS noticeboard poster and Patient Access video on screens have been displayed for many months, we should review what we replace these with



The Friends of Parkwood Surgery

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9. **Date of next committee meeting:** Monday 15 January 2024 1800hrs, Parkwood Surgery
10. **Meeting closed at** - 1930hrs