

## Committee Meeting of the Friends of Parkwood Surgery,

Monday 18 March 2024 1800hrs to 1900hrs

### Attendees:-

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

<b>CC</b>	Augustina Badu, Kirsty Day, Michael Ross, Jacquie Humphrey
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### Minutes

1. **Minutes of last meeting:** agreed, approved by YM 22/02/24 and published on FPS website
2. **Chair Comments**

Welcome to Clare Park, who is joining us tonight as she's expressed an interest in joining the committee. She's also meeting with Yvonne later this week.

We also say farewell to Val as she's decided to resign from the committee. We're very sad to see her go, we will miss her valuable input and contributions, and we thank her for all her efforts over the years with raffles, flu clinics, Knit & Natter etc.

#### In response to our Group Discussion in the last meeting

YM and LL met with MI, and briefly with AB, to discuss concerns raised.

In direct response to the concerns raised last time:-

- The scope of the practice manager has changed significantly in the last couple of years. Responsibilities have evolved and become more complex, reflecting the changing NHS environment, so some of those responsibilities have been assigned to the Operations Manager, a role recently created at Parkwood Surgery to help address the additional complexities of running the practice. We, as the FPS committee, therefore need to acknowledge that there is a new operating model, and a new way of working for FPS with our primary contact being the Operations Manager. On this basis, we need to be careful about comparing now with how things may have been in the past.



- The Operations Manager, nor the Practice Manager, are sole decision makers: all proposals have to be impact assessed and discussed with the partners, including anything suggested by FPS. This means that we may not get immediate responses to queries or suggestions raised in our meetings because they have to be discussed with the partners, and we need to respect that process going forwards.
- The situation with appointments is constantly being reviewed, the main issue is the number of GPs – they are currently short of 2 GPs - and they are recruiting. It's also been explained that appointment time is being spent dealing with online consultation forms so an alternative process is being considered that will free up appointment time.

Going forwards, MI has support from the Partners to engage with clinicians about our webinar programme and has already reached out to see who might be willing to get involved.

In the short term, they will focus on producing recordings that can be published online to explain different roles, services etc. at the surgery and introduce members of staff to the patients.

In parallel, FPS should plan to hold health talks as we have done previously, with external speakers. This will allow us to raise our visibility, support and engage with patients, and support the practice, As availability arises we can include talks presented by Parkwood clinicians later in the year.

Group discussion:-

MI confirmed that the partners are the decision makers, and that both she and AB can raise issues with the partners, so is able to take any queries from our meetings to obtain responses: this process would be the same if AB attended.

The issue of GP representation at the meetings was raised, because we're reliant on their input to help us determine where FPS can best focus its efforts to help both practice and patients.

MI confirmed this is still the intention, whether a partner, GP or other clinician, but it's dependent on having enough staff to cover all appointments first. Once the additional GPs have been recruited and are in post, this can be revisited.

CP explained her reasons for wishing to join the committee, and commented that:-

- She was on a PPG committee previously and felt it should be the practice manager that attended our meetings
- She works within the NHS so is aware of the pressures facing the surgery and its staff, and also understands the patient view: she has examples of situations that could and should have been handled better by staff and is keen that we help to address this in a positive way



- Communication – not just what’s said but the tone, intent and body language when meeting in person – influences how people behave, and this seems to be the core problem: if this can be addressed, as some staff may not realise how they are impacting patients, this would go along way to addressing the negativity we’re seeing at the moment.
- CP offered to run a training session with staff on communications

We discussed the pros and cons of arranging health talks. We previously agreed that we would return to in-person talks held at the surgery, which would limit attendance to no more than 50 people, and that we’d provide a recorded version of the content for publishing on our website. However, the effort involved in finding speakers, agreeing content, testing, publicising the event etc. was felt to be outweighed by the limited attendance and the difficulty of directing people to the recorded content afterwards.

Having hosted a virtual health talk previously we’d also decided that this wasn’t for us and we didn’t renew our Zoom license (we would have had to upgrade to accommodate an audience >100), and we don’t have the tech skills to live stream an event (which would need us to have cameras, mics etc. in the surgery and agreement for those attending in-person to be recorded).

We therefore agreed that the best approach was for MI to lead on the creation of short videos with Parkwood clinicians as agreed, but that FPS would focus on helping patients by directing them to existing information and support on health subjects, e.g. by focussing on a specific subject each month, collating a number of links and sharing a dedicated newsletter / article etc. with patients. This removes the overhead of creating content whilst providing an opportunity for us to help educate and guide patients.

First subject should be the Blood Pressure checks campaign, which IM forwarded details of (lots of collateral available), and JB will include in our March newsletter.

Perhaps we could do a dedicated web page for each subject we promote?

The subject of the acoustics in Reception was raised (again): it’s possible to hear everything that is said and this shouldn’t be the case when having to give personal information and discussion private health concerns. Can we ask the surgery to do something about this, such as create booths at each desk so that sound is muffled, or install electronic sound dampening to stop voices being heard across the large reception area?

MI to feed this back to the Partners



### 3. Summary Updates

#### a. Open Actions

Open Actions report to be updated and shared with the minutes.

Key Updates:-

- Stair Ramps & Higher seated chairs – surgery to purchase and FPS to reimburse  
Jan – the larger ramps have been purchased by the Practice, and FPS has reimbursed the surgery.  
Higher seated chairs are still being investigated, as need supplier prepared to sell single chairs at reasonable price  
Feb – higher seated chairs still being sourced  
Mar – carried forwards

#### b. Treasurer's Report – March 2024

- Current balance is £2369.70  
Grants  
Jan – review options available to us this year  
Feb – Financial Summary for 2023 completed, to be published on our website.  
Mar – Financial Summary published

#### c. Comms

Feb – Feb newsletter published on our website, but not yet asked the surgery to send out a text message  
Request for others to write an intro for the next newsletter  
Mar – next newsletter in production.

Blood Pressure checks for over 40's campaign to be included in FPS newsletter, on website & facebook.

Concern raised about text messages for newsletter now being received as an email, but sent from an "accurx" sender address rather than "Parkwoodsurgery" so it's being treated as spam by many people.

MI advised that the new process sends messages first via the NHS app, if unable to reach user it will send by email if an address is registered (e.g. through using Online Consultation), and if can't send by app or email will send as a text message.

JB to include info in newsletter so we can help make patients aware of this.



#### d. Website

Feb – newsletter added

Mar – RC to remove VD information from the FPS website Committee page

#### 4. Operations Manager Comments

Mar -

- 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

Jan – carried forwards

Feb – no update

Mar – MI seeking engagement from clinicians to produce short recordings to explain roles, and is reviewing the ICB collateral on Blood Pressure Checks for adding to screens in surgery

- **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.

Jan – no set date yet, to be planned

Feb – no update

Mar – telephone system was due to change this month, may now be deferred to April

LL asked if MI can share details of what is changing, so that we can understand whether patients will see changes and comms are needed to help explain the changes

MI to confirm



- Concern that comments put into the text box on a repeat prescription request submitted via Patient Access seem to be ignored?  
MI advised that GPs have been told that they need to review these comments  
NB. If an item has disappeared from your list of repeat medications (e.g. if not requested for 12 months), then submit a request via Online Consultation on the surgery website to ask for it to be re-added  
Feb – this continues to be a problem and many patients have reverted to submitting paper repeat prescriptions as a result.  
Mar – LL tested this and confirmed comments still not being acted on.  
However, there's no way to know if the comment has been ignored, or it has been read but cannot be acted on for whatever reason – if it's the latter is there a way that the clinician can respond to the patient so they at least know the comments are being read?

MI to check and advise.

## Jan patient queries:-

- December newsletter was issued on the surgery website, but there was no communication to patients about it.  
Mar – MI advised that Practice December newsletter was not sent to patients via text due to our text cost issues. However, we did keep printed copies available for patients to view and take from the waiting areas if they wished.
- lots of negativity on Facebook re: making complaints to the surgery which are never followed up. All citing practice manager as never returning calls/emails/refusing to engage with them. Several saying they intended to follow it up by reporting the surgery to the ICB.  
The feedback to the surgery includes a) the loss of Parkwood Surgery's good reputation (lots of people saying they have left/are leaving) and b) the need to review the complaints procedure and engage with patients.  
Fernville now seems to be the surgery of preference across the town, so maybe also consider finding out what they're doing which works? (They're in our PCN)  
See Chairs comments  
Feb – situation does not seem to be improving  
Mar – FPS working with Surgery to rebuild relationship with patients.

Negative voices may be a minority but they're loud, and it would help if we can show this in perspective.

CP asked if we could do a pulse survey that helps to gauge patient satisfaction with the surgery / areas of concern / two or three yes/no questions that take seconds to complete but which give us evidence to work with?

FPS has done surveys previously, this one would need to be in conjunction with the surgery, questions need to be carefully worded

Also need to recognise that many people only complete surveys when there's something negative to comment on, so survey results may still be skewed

Is there a way we can engage directly with patients?



## Feb Patient Queries:-

- appointments: none available the day after release which is counter to what we've been advised/have advised patients; patients being turned away on the day of release and no explanation more are released at 1pm (are they still?)  
Committee is concerned that despite being told the issue with appointment availability has been addressed the evidence from patients appears otherwise: we need a combined effort to address this

Mar – MI advised that appointments are still being released at 08:30am and 1pm. I have seen our receptionists inform patients about more appointments being released at 1pm and to either come in or call at this time if there had been no luck in the morning.

Unfortunately, yes, the appointments released on Wed 7th were all taken on the same day, we believe this was due to the number of GPs available. However, the last batch of appointments released on Wed 21st did last until Tue 27th . Although, despite appointments lasting till then, we are aware we do not have enough appointments for our practice size, and unfortunately, this can only be resolved through recruitment of GPs, which we have been interviewing for.

Appointments released on Wed 6th Mar lasted until Fri 8th Mar.

With there being less GPs, there are less appointments to offer. Have been relying on Locums to increase the number of appointments available.

- letters/queries directed towards Augustina have been ignored  
a lack of response to patient complaints just fuels the negative feedback and the perception that no one cares: simply addressing this to ensure that there is always a response will go along way to restoring faith in the surgery

Mar – see group discussion

- out of date images on website including of a staff member who died some 18 months+ ago  
MI advised recently that she was working through the website to update it, but sections such as staff should be updated regularly to ensure they remain current

Mar – MI confirmed this is being addressed

- staff hanging up on patients when they express dissatisfaction with the service  
is this the staff view?

Mar – MI advised that staff are not hanging up when dissatisfaction is raised by patients. The staff will raise any dissatisfaction to AB and KD, but patients will be advised to email any complaints to the surgery email address. If patients are being disrespectful or rude, the staff will ask them to calm down, and if continues, then will say to the patient that the call will be put down. All calls are recorded, so if a patient has raised this, if the date and time is provided, this can be looked into.

- staff advising patients to visit Urgent Care for non-urgent medical matters due to there being no appointments available





we can refer patients to our new infographic about when to use each service, perhaps there needs to be clarity on what's urgent or not urgent?

Mar – MI advised that urgent care is an alternate option to visiting the GP. Staff have been informed by Partners to refer patients to Urgent Care if they are unable to wait for an appointment. Urgent care can see all patients, which is why we also refer patients to them during our closed hours. If a patient is requiring/wanting to be seen, and we have no appointments, the staff will explain that if they are unable to wait for an appointment at the surgery, urgent care is available for patients to attend to if they require it. We do receive notification from Urgent Care when they get extremely busy, and all staff are advised not to refer to Urgent Care in these situations.

FPS should further promote the infographic on using the right service

- patient receiving no contact from surgery following a referral from a podiatrist (patient is diabetic; podiatrist could not detect pulse in either of their feet) without the patient chasing repeatedly  
Mar – MI advised that this would have to be looked into to see why this may have happened.
- query whether there is a diabetic clinic as the website says so but a diabetic patient has never received notification of this  
in the past patients with diabetes would automatically be called for their reviews?  
Mar – MI advised that diabetic clinics are happening at the surgery and have previously happened. Patients are being invited in for their diabetic reviews at the surgery with our new Practice Nurse, Sarah. There were no diabetic clinics happening at the start of Jan whilst Sarah was training, but by the end of Jan she had started on this and has been continuing with this.
- whether Boxmoor or Gadebridge surgeries are functioning  
Committee is aware that these locations are being used for dedicated services such as physio but not for GP appointments on a regular basis, and that this is dependent on staff availability  
Mar – MI confirmed that both branches are still open, again still only for pre-booked appointments only.
- patient received a text request to submit multiple blood pressure readings - text began with 'I would like you to...' and no indication who this was actually from or what was for. Patient followed instructions and submitted them all, but has had no response as to what this was for - logged on their PatientAccess record, alongside an abnormal blood test result from several months ago which the surgery has never contacted them about  
Committee members have also received these texts, with no context and no GP named so very impersonal and unclear if it's a genuine concern or just general health monitoring. Text needs to be rethought

Mar – MI advised that BP reading texts are sent to update patient records where up-to-date information may be missing. These are sent by admin staff which is why there is no name attached. Once sent through it is updated onto the patients' records. Will look into changing the wording of this to make it clearer for patients (I have tried but not had luck so far).





- Not something the surgery are responsible for, but issues with booking blood test appointments e.g. getting them on the day when requested, and having to wait until the next week. Maybe the surgery can feed that back to the hospital.  
Many have reported booking an appointment at the hospital but when they arrive the hospital has no record of their appointment, so they have to rebook – not a good experience

Mar – MI advised that WHH have got a Patient Advice and Liaison team who can be contacted for any queries/advice/complaints which patients can be directed to if there have been issues with the blood test process. If patients contact directly, they should be able to look into what had happened during the booking process and if there are technical errors, they will be alerted to rectify these. Their contact details are 01923 217198 or email [westherts.pals@nhs.net](mailto:westherts.pals@nhs.net).  
<https://www.westhertshospitals.nhs.uk/patientexperience/pals.asp>

## March Patient Queries

- Similar concern about the struggle to get appointments  
Problem due to being 2 GPs down, recruiting in progress, see response to Feb queries
- Query re training days sent by Fiona Guest to an FPS committee member: how many training sessions a year is a GP surgery supposed to have, as Parkwood seems to have a lot and concerned about this, and how many GPs should we have v population

Training sessions – once per month for all surgeries in the area, which is an NHS Directive.

## 5. Joint Event: Webinar Series Planning

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.

The logistics and effort involved in organising one large event means that is unlikely to be feasible.

FPS suggested 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

The FPS proposal was shared with AB, MI for review and discussion

Jan – MI advised that details have been shared with the partners, not yet sure if they've had a chance to discuss but initial conversations suggest that, whilst they agree this is a good idea, they and the GPs don't have the time available to develop and support the events

Feb – on hold

Mar – clinicians will focus on producing pre-recorded content for now, so FPS should focus on health talks with external speakers

## 6. FPS Noticeboard & Patient Access Video



The poster on our noticeboard and the Patient Access video on the screens in surgery have been there for many months.

Is the poster and video still relevant, are they effective, should they remain or should we replace them, and if so with what?

Video – MI advised that most patients are managing their repeat prescriptions via PA now, so we probably don't need to continue running this video.

LL to revisit the FPS content that we started to produce and update for review.

Suggestion made that the blood test appointment poster should be added to the digital screens

For the Noticeboard, suggestion made that we display a large poster of our "Using the Right Service" infographic

LL to assess size and costs

Feb – new posters put up today. Will review content for the screens next

Mar – MI is updating the screen content

LL has requested info on format, resolution required etc. so we can provide FPS content

Suggestion made that we produce a one-pager to help explain the different clinical roles

LL to draft

## 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

Jan – newsletter published

Feb – newsletter published, posters put up on noticeboard in the surgery

Mar – meeting with MI, AB

## 8. AOB

- 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

Jan – carried forwards

Feb – carried forwards

Mar – carried forwards

- Councillors would still like a meeting with the surgery, can we help to ensure this meeting is arranged? Has been requested for some months  
MI to remind AB and the Partners, JH offered to help with introductions  
Feb – no update  
Mar – carried forwards
- Parkwood Surgery sign still hasn't been displayed – can this been done?  
MI to investigate
- HWEDSG offering talk for people at risk of developing diabetes for our PCN (Parkwood, Fernville, Everest, Highfield – note Highfield due to merge with another surgery so leaving our PCN at some point).  
Date of talk can be negotiated  
MI to raise with Dr Nicholas

**9. Date of next committee meeting: Monday 15 April 2024 1800hrs, Parkwood Surgery**

**10. Meeting closed at - 19.20**