

Committee Meeting of the Friends of Parkwood Surgery,

Monday 15 April 2024 1800hrs to 1900hrs

Attendees:-

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

<u>CC</u>	Kirsty Day, Michael Ross, Jacquie Humphrey
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Minutes

- Minutes of last meeting:** agreed, approved by LL 24/03/24 and published on FPS website

- Chair Comments**

From reading the minutes of the last meeting, my major thoughts this month have been about how we can support the surgery in moving forward from the negativity we hear from patients. I have had the opportunity to hear from several patients where this negativity has been expressed but generally there have been a number of positives although the theme has been 'once you get through the door it's great' with several compliments regarding individual staff. I was delighted to see a message the other day praising the empathy of the receptionists. However, the appointment system and communication generally remain ongoing issues.

The major news of the month is the appointment of a new Partner Practice Manager and this gives us, as representatives of the patients, the opportunity to forge a new working relationship which I hope will be positive and help us shape our way forward as a committee.

I also met with Val, and delivered our card and gift. She's not been well and we wish her a speedy recovery.

- Summary Updates**

- 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

Apr – carried forwards

b. Treasurer's Report – April 2024

- Current balance is £2362.50

Grants

Mar – Financial Summary published on our website

Apr – keeping an eye out for opportunities to apply for grants to raise funds, but many have tightened up the rules on what they will fund, e.g. CoOp

c. Comms

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.

Apr – newsletter ready to go, guest intro this month LL.

MI has checked regarding the sending address for text messages sent from Accurx: they have a standard reply email address which cannot be changed. Part of the reason is that, if the sending email address was Parkwood Surgery, patients would be able to Reply, and this would create a different problem.

d. FPS Website

Feb – newsletter added

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

Apr – cleaned up old content.

Visits have reduced, probably due to lack of new content – 30-40 hits per day

4. Complaints Procedure

Carried forwards as no representative from the surgery at the meeting, but note the comment about the new Practice Manager making changes to ensure such concerns are addressed.



5. Surgery News and Updates

- The Surgery website has been updated, it's a new NHS style so there are direct links to NHS pages and information, and a lot of the "extra" content has not been carried forward so it should be much cleaner and easier to navigate.
- New Managing Partner, Ranvir Kalra, has started at the surgery. He will be part time for first 3 months, then full time.

He has a wealth of experience and knowledge which we hope will strengthen our team and enhance the quality of care we provide to our patients.

He has joined as a Partner, is aware of issues complaints, appointments, staffing and is keen to tackle these first as he transitions into his new role, he also has lots of ideas to better our surgery and improve our image publicly.

Ranvir is looking forward to meeting with FPS, is happy to attend the monthly meetings. Evening meetings will be difficult so has asked if the meetings could be during the day? YM to discuss in meeting with Ranvir on Wednesday, as daytime meetings are difficult because a number of committee members work full time.

MI advised there will be a lot of changes now the new practice manager has started, there will be a restructure that should help to deal with areas of concern such as complaints, appointments, letters etc.

- GP Assistants are not Physician Associates. GPAs are there to provide support to the clinicians and the practice, assisting with admin and occasionally see patients when an initial review is required, both are currently completing their training
- 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
 - Apr – MI working on explanation of roles

LL developing a one-pager we can share on our website and perhaps on screen

- **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

Apr – Infrastructure has been checked and installer is waiting for stock, once available a date will be arranged for implementation.

New phone system will include (items in bold are most relevant to patients):-

- **Intelligent call queues, queue position, playlists**
 - **Patient call back option with retries**
 - **Automatic call distribution, skill based, priority and overflow routing**
 - **Patient self-routing to alternative teams and resources**
 - **SMS links to patient from call flow for data collection and OC**
 - **Option to check, cancel, book appointments with Electronic Patient Record (EPR) integration**
 - Desktop tools for single click patient access
 - Video calls with switch to video mid-phone call
 - All patient communications rolled up into EPR consultation record
 - New number capture for import to EPR
 - Data capture for unattended telephone triage
 - SMS on demand with template and save to record
 - Real time and historical reports across practice or estate
 - Live dashboards
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- 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.

Apr – all Clinicians have been asked to take note of comments in prescription requests and text messages to be issued if the comment can't be actioned

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
[Apr – 2 new GPs starting](#)

April Patient Queries

- [Dacorum Health Action Group](#) – mail received from DHAG Chair Philip Aylett, into the FPS mailbox:-

I am Chair of Dacorum Health Action Group, and recently I asked a general question on the nextdoor social media about Dacorum people's views of their GP practice. This was an open question and encouraged positive as well as negative responses.

Unfortunately Parkwood has been the subject of many very negative comments, especially over the appointments arrangements. Elderly people in particular have been finding it very difficult to access the services of the practice. I must say that Parkwood appears from this evidence to have a worse reputation than other Hemel practices.

I would very much appreciate your views on this situation, which seems to me to be unacceptable.

[Agreed that FPS will respond with a summary response centered on the appointment of a new practice manager and that changes are already being planned to address the issues being raised.](#)

6. Event / Video / Comms Planning

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

Apr – MI working with clinicians to produce short videos that can be published on the surgery website.

Many clinicians are still wary about being on camera, so plan will be to provide voiceover to screen recording or slides.

FPS happy to assist with subjects and house style for the recordings.

FPS decided against live talks, so we need to develop monthly campaigns focussing on an agreed subject and directing patients to existing materials.



- NHS Blood Pressure Checks campaign – April newsletter
- Stop Smoking
- Small Changes?

ACTION: All to help identify subjects we should focus on so we can agree a running order for the year: we can then support JB in pulling together the content to be included in our newsletter and via our website.

LL working on:-

- FPS video for screens, promoting FPS
- One-pager re different clinical roles: difficult to put on single page at font size that's easily read
- A video version of our "right service" infographic, for screens and website

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

Apr – meeting with new practice manager this week

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
Apr – 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
Apr – carried forwards, discuss with new practice manager

Mike Penning has written to surgery, but hasn't had a response?
- Parkwood Surgery sign still hasn't been displayed – can this been done?
MI to investigate
Apr – outdoor sign has been put up, query re indoor sign
- 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
Apr – carry forwards
- Acoustics in Reception
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
Apr – carried forwards. Note that this is more about the data protection issues of anyone in reception being able to overhear every conversation
- Mandatory Training: for everyone at the surgery?
If a training afternoon did not need the receptionists, could this be an opportunity for FPS to meet with them?
MI to advise
- CP has details of possible training/awareness course for reception staff, run at/by Hospice of St Francis and provided info to YM
YM to review
- Can we get any details of the programme of training that needs to be covered, purpose of each of the courses, so we have an overview of the breadth of subjects, number of hours involved, etc. as it helps to justify closing for half a day etc.
LL to ask MI



The Friends of Parkwood Surgery

REPRESENTATIVE OF ALL PATIENTS * ENABLE IMPROVEMENT * SUPPORT THE PRACTICE

- Query why surgery is shutting the doors at lunchtime, when some patients may need to attend at lunchtimes
LL to ask MI
- Flu Clinics – can be consider if anything can be done to alleviate the problems with traffic during the flu clinics, issue is mainly on the road but also the blind corner as turning into the surgery car park.
We should remind patients to walk to the flu clinic if at all possible.
We and the surgery should review whether it's possible to arrange for a temporary one-way system during the flu clinics, change the road markings or speed limit, or other options that may need support from Highways

9. Date of next committee meeting: Monday 20 May 2024 1800hrs, Parkwood Surgery

10. Meeting closed at - 1900hrs