

Committee Meeting of the Friends of Parkwood Surgery,

Monday 14 July 2025 1800hrs to 1900hrs

Attendees:-

Yvonne Metcalf (YM), Chair	Present	Ian Morris (IM)	Apologies
Lloanne Lees (LL), Secretary, Deputy Chair	Present	Hilary Lawrence (HL)	Present
Sue Durham (SD), Treasurer	Present	John Howard (JoH)	Present
Jo Bullen (JB), Communications	Apologies	Clare Park (CP)	Apologies
Richard Cartwright (RC), FPS Website	Present	Val Day (VD)	Apologies
Dr Sunassee (FS), Partner	Present	Mick Chadwell (MD)	Present
Dr Kamal (AK), Partner	Present		

Minutes

- Minutes of last meeting:** agreed, approved by YM 10/06/25 and published on FPS website
- Chair Comments**

It feels there's a lot going on in health care provision both locally and nationally, highlighting the importance of FPS as a representative of the patient population. Looking at the government's 10 Year Health Plan, Nye Bevan's vision in 1948 has been much quoted 'putting a megaphone at the mouth of every patient' (what he actually said had a slightly different slant but ..) and integral to the plan is a refocus on the patient experience at a time when public satisfaction is historically low. There are three main tenets of the plan

- Move from analogue to digital
- Move from treatment to prevention
- Shifting care into the community

I attended a Patient Association webinar about patient partnership which explored all three subjects. Ambitious? - absolutely - however I was left with misgivings about staffing at all levels at a time when we know that recruitment to clinical roles is difficult and we are on the verge of yet more industrial action. Listening to a TV article last week about the challenges in getting appointments nationally, the mismatch between demand (over 20% increase in recent years) and resources (diminishing) was highlighted.

Sue D and I are going to a meeting later in the week about the proposed Hemel Hempstead Health Campus development, which as I understand it will embody the tenets of the 10 year Health Plan.

On a surgery level, I have had two very productive meetings with Sue Rivers-Brown, the Management Consultant brought in to help until a new Practice Manager is hired, one meeting along with Lloanne. Already, we are seeing productive partnership working, which I hope will continue into our future with the surgery.

Getting through to the surgery and accessing appointments are still the major issues for patients.

3. News from the Surgery

July updates from the Partners:

FS and AK reported that the surgery continues to be very busy with action plans to address the findings from CQC inspection. No serious or significant issues were identified, and they are evidencing progress to the CQC who will continue to monitor. The ICB has been very supportive.

The management consultant they hired to help stabilise things is doing a great job, her expertise is what was needed and came at the right time for Parkwood Surgery: she's working hard and has made significant improvements already, and there are new staff on board. She will continue to support the surgery, but has asked that it's made clear she's not the Practice Manager though she's covering those responsibilities for the time being.

FS and AK have engaged another person to help her run the surgery until they can hire a permanent practice manager, which they will do later in the year.

2 new receptionists and 3 doctors have joined, along with 3 long term locums who will stay and hopefully improve the patient experience.

Recent CQC inspection: the inspection went well, and the surgery is waiting for the formal result. Jul – have not received formal report but we're working through the concerns raised, see above.

The inspection noted the backlog on referrals, and on clinical letters: both result from the redeployment of staff under the previous managing partner. Action was already being taken to ensure that urgent referrals are processed quickly, so the backlog consists of less urgent needs and we're working to get this back under control, including asking GPs to do referrals themselves where urgent, and hiring more secretaries for admin tasks including referrals.

Jul – have not received formal report but we're working through the concerns raised, see above.

The CQC was concerned about turnover of doctors: we have had difficulties retaining GPs because of the significant admin overheads which we're now addressing, and because few wish to work full time. We're using locums to ensure we can provide appointments for patients and we're actively seeking additional clinicians. FS also working on her days off to help cover demand. Jul – see above.

There is a temporary Practice Manager, helping to stabilise the practice, they have increased from 2 days to 3 days per week and are making good progress. The staff are more confident because they can see she is very knowledgeable, and she also knows the area. They are currently advertising for an Operations Manager to assist her, and only once things have stabilised will they advertise for a permanent practice manager.

Jul – correction: a management consultant is helping to stabilise the practice and is covering the responsibilities of the practice manager – but is not the Practice Manager. See above for more detail.

4. Parkwood Outstanding Items:-

a. Appointments

Online Consultation form unavailable once 50 requests submitted on any given day, leading to the form being unavailable from early morning.

What is being done to move us to Total Triage and the Online Consultation Form remaining accessible all day?

May – carried forwards

Jun – FS has discussed with their clinical coordinator and asked that the form remains open, however a limit has been set which is resulting in the form closing early in the morning: the reason is due to the time required to assess and assign each request, and the number of appointments available, to ensure patient safety.

ACTION: FS will check this and ask for the limit to be removed, so the form remains open.

Jul – additional clinical staff should increase the number of available appointments, which should allow the online form to remain open. FS to discuss again with staff.

The alternative system for the Online Consultation forms, which is needed before we can move to Total Triage where all requests are submitted online, can't be implemented until we have a full complement of staff, as we need the bandwidth for the implementation project and to train staff.

CP asked whether it's possible to create a flow diagram to help patients identify whether to self treat, go to pharmacy, request same day appointment etc.??? to be considered – need to be careful not to incorrectly dissuade people from requesting appointments when their symptoms dictate they need one.

Jul – flow diagram idea is welcomed, can we develop something that guides users to self care for minor issue and who to contact when it's more serious?

Telephone system queue is problematic: some users report being on hold for 2 hours but not getting through, suggests there is a technical issue especially as this is not being reported in the phone system statistics.

What is being done to investigate the technical issues?

What is being done to reduce the time patients have to queue on the phone?

May – carried forwards

Jun – phone lines are still bad, 1st in the queue but still 20 mins before the call is answered.

LL suspects there is an issue either with the phone lines or the phone system handling the incoming calls: previous discussions on this subject said the phone system statistics did not report patients being kept on hold for this length of time.

Jul – process for handling calls is being revised so more staff available when phone lines are busiest

Responses from patients and committee members confirm that patients still experience lengthy waits on the phone and still fail to get through: LL recommended that the surgery asks its phone system provider to help by providing statistics on the incoming call volumes, wait times, etc. as there may be more than one root cause to this problem.

ACTION: FS to ask for the stats and share with us, so we can review against patient feedback to help identify where the problem lies.



FS also advised that approx. 45% of online forms result in needing same day appointment. In addition some patients are calling or walk-in to get appointment.

[Jul – carried forwards](#)

All Online Consultation forms are initially reviewed by both the care coordinator and a GP: LL commented that this was not an effective use of staff – can the review be done by one person so they could address twice as many forms in the same time?

[Jul – carried forwards](#)

New software to be installed on phone system to enable patients to access some information via IVR rather than needing to speak to a person.

We were told this was still being tested in February, when will it go live and what options will be available to callers?

May – carried forwards

Jun – still intended, but need more staff so that there is the bandwidth to conduct the implementation project and train staff on the new system.

[Jul – still planned but on hold until the project can be planned with sufficient staff](#)

Patients are continuing to report issues when trying to cancel appointments, believing they had done so but then being reprimanded for not cancelling.

What is/are the correct process(es) for cancelling an appointment?

May – carried forwards

Jun – carried forwards

[Jul – How to cancel an appointment information is now on the website.](#)

[YM and LL confirmed that the website is much improved, it's easier to find what you need.](#)

[MC commented that the link for the option to speak to a pharmacist isn't working on the website, FS to check this.](#)

b. Complaints Process

Patients have asked FPS where they can find the surgery's complaints process, or have raised complaints with us because they can't find the required information.

Please share with FPS the process for a patient to register a complaint and how this is handled, so that we're better able to advise patients.

Please add this information to the surgery website.

May – carried forwards

Jun – carried forwards

[Jul – Information about the complaints process is now published on the surgery website and is easy to find. Complaints are being processed but they're still dealing with a small backlog.](#)

c. The Surgery

Promoting the different clinical roles on screen in reception would help patients to understand why they might see someone other than a GP.

Apr – LL to review what FPS can do to assist the surgery in sharing this information on screen

May – LL has produced short video to explain the different clinical roles (demo).

This has been shared with the surgery for review to assess whether content needs adjusting, before publishing on our websites and on screen in Reception

Jun – video good, L to provide 4K version

They also have a version supplied by ICB so may use one or other.

Jul – Content has reviewed and confirmed OK. LL has supplied a 4k version to be run on the screens in Reception, it's already published on the Parkwood Surgery website and the FPS website.

YM thanked LL for her work on producing the video. CLOSE

d. FPS Engagement

FPS had been advised that the surgery would plan a joint Surgery and FPS event to which all patients would be invited. Initially planned as a lunch event when the new building opened, this has been on hold ever since.

Is the surgery still intending to run an event of this kind?

May – carried forwards

Jun – carried forwards

Jul – it's still the intention to have such an event, date to be discussed

FPS would like to resume its schedule of health talks at the surgery. To do this, we will need support from the surgery, this could be as presenters, but even if we secure external speakers we will still need surgery staff to be on hand to manage the building access, and also to address any surgery or clinical queries that are outside the remit of FPS.

When will it be feasible for us to resume health talks?

May – carried forwards

Jun – carried forwards

Jul – carried forwards, with aim of starting up after the joint event

5. Summary FPS Actions

a. FPS Fundraising Opportunities

Apr – carried forwards

May – carried forwards

Jun – carried forwards

Jul – carried forwards

b. Treasurer's Report – July 2025

Current balance is £2290.49

c. Comms

Apr – April newsletter published and text issued to patients

Thanks to Fiona for sending the text so promptly!

May – newsletter in progress

Jun – newsletter published

Jul – July newsletter published



d. FPS Website

May – RC advised that he had created a staging site, which allows him to try new layouts and options without affecting the live website. He is working on a page template, which will make it easier to update our site in the future (update is applied to the template rather than to each page individually).

We discussed possible changes to colour schemes and text: LL advised that we should refer to the WCAG website that sets out the standards for accessibility. Recommendations include ensuring text size of 14 and above, high colour contrast between text and backgrounds, and numerous other items to help ensure that everyone is able to access website content, even if using tools such as screen readers, keyboard navigation etc.

RC to investigate.

LL also mentioned a webpart in SharePoint that allows a rotating banner – 5 images + links can be configured such that they cycle through every few seconds, allowing you to promote 5 items without the user having to scroll up and down the page or manually click through the options. RC to investigate if there is something similar available for our website.

Jun – RC investigating and testing options

[Jul – RC continues to develop improvements for our website: LL to schedule time in the next meeting to review options](#)

e. New Patient Queries raised via FPS

Issues raised are the same as those listed above, plus:

FPS copied into letters of complaint regarding:

- Obtaining medication prescribed by third parties (e.g. Psychiatrist the surgery referred the patient to) now that the third party has passed them back to the surgery
- Getting medical records released to third parties (e.g. Life insurance companies, private referrals)

These are part of the admin delays discussed above.

[Jul – same subjects arose from patients:](#)

- [appointments](#)
- [Not receiving anything back from complaints](#)

[Both subjects addressed above.](#)

6. Planning & Logistics for Flu Clinics

FPS aware that surgery has/will soon be ordering flu vaccines for this year.

We're also aware that attendance by patients has not been as high in the last couple of years.

FPS has compiled a list of key factors that will increase the number of patients coming to the surgery for their jab, which we know results in the surgery receiving extra funding:-

- Early notification to patients about planned flu clinics: pharmacies start advertising early and if patients don't know when the surgery will offer the vaccine, they may not wait. Even if you can't tell patients the exact dates, tell them in early September that you're planning the flu clinics and everyone eligible will be invited soon.
- No Need to Book: asking patients to book specific appointments means patients may just as easily book at a pharmacy instead, where times may be more suitable





- Allocate a one-hour window to attend the surgery: this means that families can come together, they're less stressed about being seen at an appointed time and it's always worked well in previous years
- Ask people to walk instead of drive, if at all possible: this helps to avoid issues with the car park and surrounding roads

Jun – in the processing of ordering flu vaccines

Jul – will ask FPS to help review wording of text before sending it out to patients. Currently assessing availability from staff to schedule and confirm dates for this year's flu clinics

7. FPS Explains Booklet and Leaflet

LL updating the booklet for 2025, so that we can promote at the flu clinics.

Waiting for the surgery to advise if the information is all still valid, or if any changes need to be made – also aligns to the video, for example including other clinical roles such as Physician Associate, GP Assistant.

Leaflet also to be produced for distribution at flu clinics: before ordering, we'll need details of the number of flu clinics being planned and how many patients invited.

Jun – Consider change of format: we no longer print the booklet so does it need to be in booklet format? May be better as a series of short videos, or developed as web pages?

LL and RC to review.

LL also suggested that we hand out business cards at the flu clinic, one side printed with FPS contact details and the other with Parkwood contact details – it's more likely to be tucked into a pocket or phone cover than a leaflet?

Agreed this was a good idea, example layouts shared with minutes for review and final approval.

Jul – following discussions with the surgery, LL has updated the booklet to align with the new clinical roles video, and to remove references to Patient Access and promote the NHS App instead. The 2025 version has been approved and is now published on the Parkwood Surgery website, and the FPS website.

The booklet format was retained due to the possibility of printing and mailing a copy to each household registered at the surgery. This would be a way for the surgery to re-engage with its patients.

Assuming a print run of 5,000 the cost for printing booklets would work out at approx. 20p per copy, plus envelope, label, one page cover letter. There's also the question of the effort involved in "envelope stuffing". LL to share details so the surgery can assess the additional cost and effort involved.

The work on converting the booklet to video is on hold for now.

LL has also printed a trial run of the business cards discussed last time, which were handed out at the meeting – everyone was enthusiastic about making these available to patients.

LL to order batch of 2,000 at cost of approx. £60



The Friends of Parkwood Surgery

REPRESENTATIVE OF ALL PATIENTS * ENABLE IMPROVEMENT * SUPPORT THE PRACTICE

LL also proposed that, as we see few children at the flu clinics and leaflets aren't having the impact they did in previous years, we offer a "goody bag" with the business card, plus an acupressure ring or stress toy with small explanatory note.

Examples of the acupressure ring - which can also be a stress reliever or fidget toy – were handed out in the meeting and all agreed this was a good idea.

Cost of paper bag + business card + acupressure ring would be approx. 17p, less than the cost of the toys we've been handing out. £167 for 1,000 and the remaining business cards can be distributed at the surgery instead of our leaflets.
LL to arrange in time for the flu clinics.

8. FPS Achievements

Jan – newsletters published.

Feb – newsletter published

Mar – newsletter published

Apr – newsletter published

May – video produced explaining different clinician roles at the surgery

Jun – newsletter published

Jul – newsletter published; engagement with Management Consultant; 2025 FPS Booklet produced and published; clinical roles video finalised and published; business card idea confirmed

9. AOB

- Screen in the surgery meeting room: can no longer be used as large monitor as unable to connect it to a PC. Can this be replaced?
The screen had already been removed from the room.
ACTION: FS to confirm whether this is being replaced.
Jul – screen has been replaced and worked for today's meeting CLOSE.
- IM advised that he received a message from Parkwood Surgery about diabetes complications – quite scary wording, and not appropriate to him. This message also went to other members of the committee. It clearly went to the wrong cohort.
FS advised that they have a duty to notify patients about possible side effects, this is usually done at medications reviews but in this case a message was sent out: the cohort should have been more clearly defined to ensure it was issued to the right set of patients. FS will review this with colleagues.
Jul – carried forwards

10. Date of next committee meeting: Monday 11 August 2025, 1800hrs, Parkwood Surgery

11. Meeting closed at - 1900hrs

