

Committee Meeting of the Friends of Parkwood Surgery,

Monday 08 September 2025 1800hrs to 1900hrs

Attendees:-

Yvonne Metcalf (YM), Chair	Present	Ian Morris (IM)	Present
Lloanne Lees (LL), Secretary, Deputy Chair	Present	Hilary Lawrence (HL)	Present
Sue Durham (SD), Treasurer	Apologies	John Howard (JoH)	Apologies
Jo Bullen (JB), Communications	Present	Clare Park (CP)	Present
Richard Cartwright (RC), FPS Website	Apologies	Val Day (VD)	Present
Tushar Shah (TS), Practice Manager	Present	Mick Chadwell (MD)	Present
Dr Sunassee (FS), Partner	Present		
Dr Kamal (AK), Partner	Not Present		

Minutes

1. **Minutes of last meeting:** agreed, approved by YM 18/08/25 and published on FPS website

2. **Chair Comments**

Interesting month. In the news today we heard that two GP surgeries are closing every week in the U.K. which highlights the pressures from underfunding, staffing, higher bills etc. – Parkwood is not the only surgery dealing with such issues.

Lloanne and I met with members of the admin team last week to talk about the flu clinic action plan. A useful meeting where we were able to meet the new Practice Manager, Tushar.

I attended a Fernville PPG meeting where a member of the ICB gave a presentation on the NHS app. I was also able to meet the Chair of Everest House PPG as well as Fernville's, and had a brief discussion about collaborative working in the future. The presentation was useful and explained the cost/time saving in the use of the app and the underlying reasons for its promotion rather than Patient Access.

3. **News from the Surgery**

Sep – New Practice Manager, Tushar Shah, started on 01 September.

TS is used to working closely with PPGs so is keen for FPS to be proactive and productive. He will be attending our meetings going forwards, and has ideas on different initiatives that we may be able to work on together.



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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.

Aug – no update

Sep – Surgery has not received the full CQC report yet, last week's planned meeting has been rescheduled. TS is confident that the surgery's plan and the actions being taken are making good progress and has no concerns.

Priorities include availability of appointments and securing more permanent staff.

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.

Aug – no update

Sep – TS is reviewing the organisation chart for the practice: he is keen to increase the number of permanent GPs at the surgery and move away from locums, because this will improve continuity of care and ensure that admin, referrals etc. are dealt with in a timely manner.

2 members of reception team leaving, replacements to be recruited.

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.

Aug – no update

Sep – TS is reviewing the organisation chart for the practice: he is keen to increase the number of permanent GPs at the surgery and move away from locums, because this will improve continuity of care and ensure that admin, referrals etc. are dealt with in a timely manner.

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.



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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.

Aug – no update

Sep – TS will review the number of patients at the surgery and compare with appointment availability, to inform his decision-making when it comes to the number of appointments needed and how they are allocated.

He will review the process used to triage requests for appointments: improving this aspect of the service should also reduce the number of incoming phone calls making it easier to get through on the phone, and reduce the number of people arriving in person to request an appointment. Any change to the triage process is dependent on increasing the number of GPs.

Also keen to promote e-consults. For Parkwood the online consult form is only being enabled for >1 hour each day which forces people to telephone instead. TS to investigate this and move to approach where the form is available for the duration of the working day, with a break at lunch to provide space to deal with any backlog from the morning, and overnight to ensure patient safety.

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?

Aug – it might be better for a clinician to define the flow diagram, a paramedic would be best placed to do this

Can we help raise awareness of the varied symptoms of a heart attack?

Can we direct people to 111 for all issues if they're not sure what to do – use the online system as it works through a set of questions to help you

Sep – Parkwood continues to use AccuRx. Whilst the alternative system they saw in operation at Everest seems to provide better categorisation and prioritisation to aid triaging, they need more clinicians in place so they have the bandwidth to take time out for training on new systems. So, this is on hold for now.

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





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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.

Aug – no update

Sep – Phone system in use has large screen display that shows staff the number of people in the phone queue, and how long they have been on hold. It's possible to configure the system to flag those waiting the longest, so supervisors can ensure that call handlers pick up those calls.

TS has identified that there is a glitch in the system: when calls come in but aren't picked up by first handler, the call should route to the next handler in the group; if they're also busy the call moves on to the next person etc. This means it's possible for a call to remain in the queue if it keeps reaching the next handler when they're busy. This is where a supervisor needs to be monitoring the call queues and directing specific calls to be picked up, to minimise wait times.

It's a known issue with the phone system which was approved by the NHS and commissioned by a number of ICBs before it had been thoroughly tested, so the issue is impacting a lot of surgeries.

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

Aug – no update

Sep – likely that this needs to remain the approach used, for patient safety.

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

Aug – no update

Sep – IVR system in place, but MC advised that option to speak to pharmacists isn't working. TS will be reviewing this system, to optimise calls handling and to ensure that patients aren't left hanging or in a loop.

b. 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

Aug – no update

Sep – TS mentioned that at his previous surgery, some members of the PPG were set up as voluntary social prescribers and provided with a 3 hour window in-surgery each week, supported by trained social prescribers and surgery staff.

Could this be viable for FPS?

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

Aug – YM is meeting with Chairs of other local PPGs with the suggestion that we organise joint events including health talks next year

Sep – to be discussed for 2026

5. Summary FPS Actions

a. FPS Fundraising Opportunities

Apr – carried forwards

May – carried forwards

Jun – carried forwards

Jul – carried forwards

Aug – carried forwards

Sep – carried forwards

b. Treasurer's Report – September 2025

- Current balance is £1998.37

c. Comms



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Aug – August newsletter being finalised, JB to add info re flu clinics being planned, the surgery gets extra funding for each flu jab given

JB advised that the surgery is no longer sending link to newsletter via text: this is a result of the surgery being told they're spending too much money on text messages.

This is an issue for FPS because it's the only way we can engage with all patients and was part of the comms plan agreed with the surgery when we changed our membership model.

LL to contact FS and ask for FPS texts to be issued: we always ensure that texts cost a single text message (unlike surgery texts that often cost 2 or more text messages). It was also noted that we may have to contribute to the cost of these text messages going forwards, though we understand there has been a plan to move to emails for non-urgent communications such as newsletters.

FPS can encourage patients to register their email address on their patient profile so that we can move to email comms in the future, as this would avoid any costs.

Sep – newsletter under construction, have included how to recognise symptoms of heart attacks, stroke etc. and included a reminder about the flu clinics

TS to share copy of newsletter focussing on health articles etc that we can share

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

Aug – website review postponed to next meeting.

RC to share images of a proposed new design via email so we can decide if we'd like to update the website design.

RC advised that the software currently used to create the website has some limitations that impact site maintenance, and he's identified a different software that would make website design and maintenance much easier going forwards. Both existing and new software are free. RC to demo this at the next meeting.

Sep – carried forward to next meeting

e. New Patient Queries raised via FPS

Issues raised by patients via FPS:-

2 positive comments via FPS mailbox – asking where they can post positive comments for the surgery?

TS looking at enabling Google Reviews so when patient has been seen the clinician sends QR code to request a review. In previous post, within 3 months they had 5-star reviews.

In the interim, TS to advise

- Ongoing issues with referrals not being made (example of referral to MSK) and complaints not being responded to.

We know this is due to the backlog that the surgery is dealing with: it is being addressed but it takes time to catch up and bring lead times back to reasonable levels.

[Sep – see above](#)

- Who should any forms requiring practice manager name be addressed to? Reception don't seem to know so patient has asked us who it should be directed towards (he has a form to fill in which requires a practice manager name but all reception said was there was no practice manager)

[Sep – TS now in post.](#)

- Cryotherapy/cryopen - patient raised that he had treatment using this before which FPS purchased, but nobody at the surgery seems able to find a cryopen now and so it isn't offered in the surgery.

The committee observed that we also funded an ECG machine but the surgery doesn't seem to conduct ECG tests "in-house" these days, nor do they offer ear-syringing despite there being a demand for it.

[Sep – carried forwards](#)

- Suggestion we publicise the numbers/effects of people not attending their appointments more.

FPS can do this – it would be helpful to have regular updates of how many people miss their appointments and the equivalent loss of clinical time (e.g. Presumably if 10 people missed their appointments, that's 100 minutes of clinical time).

This is something that we've suggested the surgery include in their monthly newsletter when it's re-started.

[Sep – carried forwards](#)

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:-



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- 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

Aug – LL noted that Boots is already promoting flu jabs and taking bookings for October.

To maximise the number of people getting their jab at the surgery, Parkwood should start communicating about the planned clinics even if dates can't be confirmed yet – a simple message added to the website home page and the screens in reception would help.

YM to contact FS to request an update.

Sep - YM & LL attended planning meeting on 01 Sep re flu clinics. Surgery is much better organised this year, with documented plan and schedule for clinics.

This year the surgery is offering flu and covid vaccines to those who are eligible: patients will receive an invite to book their appointment.

Flu/covid appointments on weekdays will operate as usual week day appointments.

Saturday flu/covid clinics will be dedicated: whilst patients still need to book this is mainly to make sure the surgery has sufficient vaccines available, appointment times may vary slightly. In addition, not all clinicians can give the children's flu vaccine or the covid vaccine, so some patients may need to be directed to specific clinicians on the day.

The committee identified that some patients who had received their invitation this week, had the option to book appointments on dates not on the plan.

FS to check as sounds like a mistake because schedule to be agreed

LL collating details of Committee availability to support at the various clinics.

7. FPS Explains Booklet and Leaflet

Aug – 2025 booklet published on FPS website. Decision re printing on hold

Sep – carried forwards



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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

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.

Aug – all items have been ordered: YM and LL to prepare the handouts.

LL submitted the invoices to SD, Treasurer, for reimbursement.

[Sep – all prepared for 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

Aug – FPS handouts for flu clinics arranged. Newsletter published.

[Sep – FPS handouts for flu clinics purchased and prepared.](#)

9. AOB

- [VD moving to Northern Ireland, last K&N will be early December](#)
[Can JB please add article to newsletter asking for a volunteer to take over running the group](#)
[Approx. 12 regular attendees, running at William Crook House each Tuesday 2-4pm](#)
- [Prescriptions post surgery](#)
[CP concerned about the complexity of ensuring that medicines needed post op but only referenced in medical notes rather than being supplied as a prescription request are identified and addressed.](#)
[CP to review with FS.](#)

10. Date of next committee meeting: [Monday 13 October 2025, 1800hrs, Parkwood Surgery](#)

11. Meeting closed at - [1908hrs](#)

