Committee Meeting of the Friends of Parkwood Surgery,

Monday 13 October 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	Present	John Howard (JoH)	Present
Jo Bullen (JB), Communications	Present	Clare Park (CP)	Present
Richard Cartwright (RC), FPS Website	Present	Val Day (VD)	Apologies
Tushar Shah (TS), Practice Manager	Present	Mick Chadwell (MD)	Present
Dr Sunassee (FS), Partner	Apologies		
Dr Kamal (AK), Partner	Apologies		

Minutes

1. **Minutes of last meeting**: agreed, approved by YM 11/09/25 and published on FPS website

2. **Chair Comments**

Major activity has been around the flu clinics. I attended one and there was some waiting but generally both ran well. A comment from the daughter of an elderly patient that it was nice seeing people chatting while they were waiting as lots of people don't talk to anyone all day. A learning lesson for me about the complexity of administering Covid jabs. Our input helped the smooth running and was very much welcomed by the surgery.

I have had more contact with the Chair of Fernville PPG. They are not in a position to join up with us to put on an event. Everest House's PPG has only just got up and running and so again not in a position to join us.

3. **News from the Surgery**

Recruitment

- One more member of reception staff has joined the team, another starts next week. Meetings arranged to bring 3 more staff in.
- 2 more doctors recruited, one starts 01 November, start date to be agreed for the second. In discussions with 2 more doctors.

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.
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.
Oct – final report not yet received, but CQC is happy with progress being made.

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.
   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 phones 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.
   Oct - All surgeries nationally were asked to keep their online appointment booking process open during core hours from 01/10/25. Core hours are 08:00 to 6:30pm.

   MC commented that he had tried to use the online form today, but the form for urgent queries had been taken down by 10am. TS advised that this should not have happened and will investigate, as they are required to keep the form open during core hours.

   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.
Oct – Demand & Capacity for number of appointments available
TS attended ilec conference in London and came across 'Abtrace' software that will greatly assist in Demand & Capacity planning. Abtrace was already being used at Midway surgery in St Albans. TS and staff to attend demo from Susan (practice manager) at Midway surgery, date is being discussed.

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 it 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 comes in but isn'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.

Oct – Telephone System

- TS is monitoring incoming calls and the number of call handlers on duty. It is apparent that on days where staff are on AL or off sick on same days gives rise to longer queue. TS has informed the reception supervisor to monitor the 'Wall Board' and make sure calls waiting more than 5 minutes are picked up quickly. Once staff recruited and in place call waiting should be reduced and with the introduction of Total triage this should vastly improve patient experience.
- Options menu on the telephone system will need to be reviewed so as to make the patient journey via the phone much easier.

b. Patient Queries raised via FPS

Issues raised by patients via FPS:-

Oct –

- Raised by a patient at the first flu clinic: Loop system has not worked for months, and despite several complaints it's not been fixed. If BT can fix issues with Loop on domestic phone in 2 days, why has this issue not been fixed at the surgery?
  Raised with CH on the day
  FO confirmed last Saturday that the provider had been contacted about the issue.

  ACTION: TS to seek an update and share with FPS.

- 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
  Oct – TS advised that Dr Kamal has been certificated for cryotherapy, so this service can be offered to patients again.
  With regards to the ECG machines, they still have them but they need to train new staff on how to use them, before this service can be offered at the surgery again.

- 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
  Oct – carried forwards

c. 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?

Oct - Voluntary Social Prescribing – Signposting by FPS?

- TS can set up a meeting with Parkbury House Surgery Chair – Paul McNally to come and discuss what is involved.
  Does FPS want to do this?

YM is concerned about FPS dealing with patients on a one to one basis, especially if they share sensitive/medical information, and this was echoed by other committee members.

TS advised that we would only provide generic information, and we would be supported by a qualified social prescriber: any notes we take would be passed on to them, so they're able to provide additional, more tailored support if needed. TS commented on dealing with patients with more complex needs.

LL added that currently, FPS doesn't have the bandwidth to take this on as many of us work full time.

ACTION: FPS to update its "FPS Recommends" booklet / web site content as a way of signposting generic help, instead of taking on the social prescriber role at this point.

ACTION: TS to review whether staff can help identify additional committee members.

ACTION: LL to generate poster / screen content to encourage patients to get in touch with FPS and seek new committee members:-
Note:-

- This may mean we get lots of people wanting to speak to us, so we need to be prepared to arrange an event for this purpose, so patients can voice their concerns
- This may also mean we get several people wanting to join the committee, we should be clear on how many additional members we require.

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
Oct – review 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
Oct – review in line with health talk planning

b. **Treasurer's Report – October 2025**
- Current balance is £1994.12

c. **Comms**
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
Oct – LL asked TS via email last week, and raised again today, the issue of text messages.

FPS used to manage its own comms to patients, but patients had to proactively sign up as a member of FPS which limited our audience to 300-400 patients. We changed our membership model on consultation with the practice a few years ago, which means all patients automatically become members of the patient group and we can communicate with a much larger audience, but indirectly – due to GDPR rules the surgery cannot share contact details with FPS and so the surgery agreed to send FPS comms on our behalf.

Not sending out the text messages for the FPS newsletter is preventing us from reaching patients – this is one text message per month, and is within the one-text message character limit.

TS advised that the ICB provides the allocation of text messages to each surgery, and because Parkwood Surgery had gone over its allocation, the ICB has restricted the number of text messages that can be sent.

ACTION: TS to review the text message allocation to determine if they can resume sending one text per month for the FPS newsletter.

We also discussed the possibility of promoting the FPS newsletter through other channels: it resides on our FPS website so only requires signposting – on the screens in reception, on the repeat prescription stubs, physical copies in the surgery etc.

LL also asked whether FPS contributing to the costs of the text message would help: TS to review.

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
Oct – demo of new look demo site by RC

New software used for the demo site would make it much easier to manage the site going forwards, by managing the header and side navigation bar once and replicating to all pages.

New look for our site was also cleaner, easier to read with a change of fonts, and the committee agreed that the new look was great, and that Richard should go ahead with the updates.

LL suggested that the menu icons now looked old in comparison, so will seek to create replacements.

6. **Flu Clinics - Feedback**
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.
Oct – the first flu clinic on 04 October went very well: it was well organised, we had a steady stream of patients and it was very positive. FPS were front of house, welcoming patients in, asking them to complete the short health survey, collecting the forms in, handing out our goody bags and toys, and seeing them to the consulting rooms where staff then directed them to the next available clinician.

08 November clinic is cancelled.

7. **FPS Explains Booklet and Leaflet**
Aug – 2025 booklet published on FPS website. Decision re printing on hold
Sep – carried forwards
Oct – assume we're not printing the booklet. Close

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
Oct – goody bags went down well at the flu clinics. Extra business cards to be placed at reception. Close.

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.
Oct – two Flu clinics supported so far, one more to go.

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
  Oct – posters put up in surgery asking for volunteer to take over the running of the Knit & Natter group, also posted on social media. HL and another member of the group to take over the running of the group, new posters to be arranged.

- Christmas: instead of going for a meal we agreed to bring festive food & drink to our December meeting, as we've done the last couple of years.

10. **Date of next committee meeting: Monday 10 November 2025, 1800hrs, Parkwood Surgery**
TS provides his apologies for the next meeting.

11. **Meeting closed at - 19:05**