Committee Meeting of the Friends of Parkwood Surgery,

Monday 10 November 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)	Apologies
Jo Bullen (JB), Communications	Apologies	Clare Park (CP)	Apologies
Richard Cartwright (RC), FPS Website	Present	Val Day (VD)	Apologies
Tushar Shah (TS), Practice Manager	Apologies	Mick Chadwell (MD)	Present
Dr Sunassee (FS), Partner	Present		
Dr Kamal (AK), Partner	Apologies		

Minutes

1. **Minutes of last meeting**: agreed, approved by YM 20/10/25 and published on FPS website

2. **Chair Comments**

This month the main issue coming to our attention is the phone lines, availability of appointments, and from that how demand is being managed now that the online form is open during working hours. Several committee members have had lived experience of the difficulties encountered in getting through to the surgery.

I attended an inaugural meeting of the South and South West Herts PPG network last week. It was of interest in thinking about sharing ideas and perhaps events in the future and the plan is now to hold a monthly meeting.

Our committee member, Val, is due to move nearer her family imminently. Val has been a stalwart of FPS for several years and we wish her well in the future.

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.

Nov – There is now a full complement of reception staff, 1 more GP has joined and interviews are taking place in the next couple of weeks for 3 additional GPs

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.
Nov – No final report yet.

4. **Parkwood Outstanding Items:-**

   a. **Appointments & Telephone System**

   [historical info in previous minutes]
   A number of committee members shared first-hand experience of the issues in contacting the surgery by phone, and of obtaining appointments in the last few weeks.

   Patients are still spending a long time just queueing in the phone system – committee member was 29th in queue and waited 45 minutes before speaking to someone.
   We know that staff can now see on screen the number of callers in the queue and how long they've been waiting, so this suggests that perhaps what they're seeing on screen does not reflect the patient experience.

   IM reminded the meeting that patients have been reporting similar experiences on social media for some time, comments mainly around the problems of appointments availability /telephone system etc. and these are now spreading to other social media channels.

   This would suggest that there is still a mismatch between what staff see, and what the patient experiences when trying to contact the surgery, and FS agreed that this needs further investigation so we can understand what's going wrong and put it right.

   The committee has offered to help review the call handling statistics and compare with patient experience, so we can assess whether the phone system has a fault or if it's how calls are handled once you get through that's causing the delays.

   LL to share a list of questions / statistics needed for the review.

   Patients are also given conflicting advice – on the phone system it says to use the online form for urgent/same day requirements, but the online form says not to use it for anything urgent, and that patients will receive a response within 2 days.

   Experience would confirm that patients are phoning the surgery because they get immediate confirmation of their requirement being handled, rather than having to wait 2 days to find out if they need an appointment, when that will be, etc.
   It's stressful being unwell, having to get up and dressed so you're available at short notice for an appointment if called, not knowing when you'll hear or not knowing if you're covered by a sick note etc.

The committee opined that more account needs to be taken of the patient experience, to minimise the time they have to wait for a reply, minimise the stress etc.
Again, the committee offered to work with the surgery to assess how this might be achieved.

LL to share details of committee member experiences to FS.

MC advised that the phone system option to speak to someone about prescriptions is now working.

Online consultation form is staying open all day. FS advised that some patients are using the admin option out of hours for medical requirements.

The committee opined that better communications are needed between the surgery and its patients: a regular newsletter that offered tips or advice on how best to engage with the surgery for different requirements could help to alleviate some of the bottlenecks.

Since text messages are currently only being used for medical reasons, and even the FPS newsletter isn't being promoted by text, we'd need to address the issue of the volume of costs of text messages or seek to publish email newsletters.

FS to seek stats on the percentage of patients they hold an email address for.

FS to seek stats on the number of requests being submitted via Online form.

FS and TS to confirm when to phone the surgery and when to use the Online form.

b. Patient Queries raised via FPS
Issues raised by patients via FPS:-

Nov –

- Can a patient self-refer to the social prescriber - GP has been asked but no response?
  No: the GP has to complete a form for the referral.

- Is there a way that 2 patients can be signed onto Patient Access using the same email address?
  No – the email address is used as the unique identifier for the individual, so a different email address is required for each patient. Paper prescriptions can still be submitted in the box by the main door, or handed in.

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.
Nov – FS to request update from FO 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.
  Nov – 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
  Oct – carried forwards
  Nov – carried forwards

c. Small Acts of Kindness – Warm in Winter bags

IM shared details of this initiative and asked if we could participate, so that Parkwood patients could benefit.

Their "Warm in Winter bags" are issued to vulnerable patients to help them keep warm through winter – blanket, gloves, soup sachets etc. at a cost of £35 per bag.
The ICB works with a range of organisations e.g. Fire Service, Age UK Herts and community groups to identify recipients, and they're keen to partner with health services so they can reach those older people whose only real contact is their health provider.

Could we set something up to identify Parkwood Patients as recipients?
Should/could we support through funding?

The committee is keen to get involved and FS also agreed this would be worthwhile.
FS to speak with social prescribers about taking this forwards, as they would be best placed to identify patients who may be in scope.

d. FPS Engagement

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.
Nov – If we can obtain a copy of the Purple Pages, as noted in the previous item, then FPS can include some of the details.

Committee also to identify other local events and clubs that we could promote.

ACTION: TS to review whether staff can help identify additional committee members.
Nov – carried forwards

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.

Nov – suggestion to consider a regular FPS coffee morning, cake sale type event that we can promote, as a way of raising some funds but also offering a way for us to meet patients in between flu clinics.

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
Nov – review for 2026

b. **Treasurer's Report – November 2025**
- Current balance is £1983.65

c. **Comms**
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.
Nov – carried forwards

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.
Nov – awaiting feedback on issue of texts

Nov – JB has requested ideas for the 2 features at the end of the newsletter - even if they're vaguely Christmas-related.
Maybe something on loneliness/isolation and then something else?

Suggestion that we link into the concept of "small acts of kindness" both relating to loneliness – e.g. looking out for neighbours etc. and just generating a more positive outlook in general, volunteer with a charity, get involved with a local club etc. – which also has a positive effect on mental health.

HL mentioned that at church, they have a list of helpful numbers for honest, reliable people who volunteer their time to help others with tasks in the home, such as ironing or help using their smartphone, and trusted tradespeople recommended by friends. Could we do something similar?

All agreed it was a great idea, but the catchment area for Parkwood patients is quite large, and we'd need to be careful about promoting trades. Better to encourage acts of kindness that can be agreed between patients, perhaps.

d. **FPS Website**
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.
Nov – carried forwards

6. **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.
Nov – flu clinics completed, newsletters published

7. 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.
  Nov – new posters published

- 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.
  Nov – LL to bring Christmas cake, everyone to advise by email what they intend to bring so we don't all bring the same.

8. Date of next committee meeting: Monday 08 December 2025, 1800hrs, Parkwood Surgery

9. Meeting closed at - 1915hrs