



Committee Meeting of the Friends of Parkwood Surgery,

Monday 12 January 2026 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	Mick Chadwell (MD)	Present
Tushar Shah (TS), Practice Manager	Present	Sarah Wartnaby (SW)	Present
Dr Sunassee (FS), Partner	Apologies		
Dr Kamal (AK), Partner	Present		

Minutes

- 1. Minutes of last meeting:** agreed, approved by YM 11/12/2025 and published on FPS website
- 2. Chair Comments**

Happy New Year!

Welcome to Sarah who is joining the FPS committee.

A New Year and my experiences of the surgery over the holiday time have seen improvements across a range of services and from my perspective a much more “patient focussed” service from the surgery. I appreciate that this may not be everyone's experience. It's important though that the surgery builds on the changes with information for patients as it's not always clear how the system works until you try it - certainly that has been my experience.

Thankyou Lloanne for the thinking with the surgery around the phone system - though feedback I have had from patients is that things are much easier- and thanks to Sue for bringing together the end of year financial statement.

I attended a meeting at Fernville surgery prior to Christmas – Alan Bellinger offered to help PPGs with their structure etc. so they're effective. YM to obtain and share a copy of the slides, so we can review whether we'd like to take Alan up on his offer.





3. News from the Surgery

Jan – the surgery has received a communication from the ICB to arrange a contract review, essentially a 4 hour audit. Most of the items were covered in their visit back in May 2025, which resulted in action plans being implemented with fortnightly reporting to the ICB: the surgery is therefore seeking clarification on purpose of this audit, and have engaged LMC: they have contacted the ICB and they're liaising on scope of audit. The expectation is that this meeting will take place in next 4-6 weeks.

It should be noted that the ICB is also going through cutbacks, following Government announcements last year: this might leave the audit in limbo. LMC has confirmed they will support Parkwood surgery in person for the meeting.

TS met with Fiona Guest today, she's part of the Chaulden, Warners End and Gadebridge Neighbourhood Action group. She's very happy with the improvements made and she's writing up a summary report.

LMC not happy with David Taylor (MP) following his recent post: they suggest contacting his office to arrange a site visit to show the improvements made and to request a retraction.

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

Dec – 1 more GP has been recruited and starts very soon, two more will be joining in February. In addition, two of our current GPs have increased the number of sessions they do.

A clinical pharmacist is joining in January

A locum doctor joins in February, he's also a trainer.

With all the above, the surgery will be able to offer more appointments which will alleviate the supply and demand issue we've been experiencing for some time.

Jan – Doctor joining next week, another in Feb, continuing to recruit

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.

Dec – final report still not issued.

The inspector has requested some additional information, which the surgery has supplied.

Jan – still providing info every 2 weeks. AK confirmed they are chasing the report but CQC won't provide a date. This is having an impact on the ability to recruit more clinicians.





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.

Dec - LL shared questions and statistics that are needed on the phone system to help assess what can be done to make improvements: closed

Jan – stats were supplied for two weeks in December. LL has reviewed and shared initial observations. More detail is needed to make meaningful deductions that can help us improve the call handling, this has been requested and Fiona is working to collate this information.

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.

Jan – at the last meeting, we were told that we should phone for urgent appointments and use the online consultation form for routine appointments. A few committee members raised concerns that the guidance on the surgery website has not changed, and that the experience of patients over recent weeks has been contradictory.

The reality is that patients can use either method for either purpose, but it's more helpful to the surgery if patients use the online form, because it speeds up the triage process. The doctor assessing the form will determine whether your ailment is urgent and needs a same day appointment, or not urgent and needs a routine appointment. Using the online form also frees up the phone lines for those who can't get online.

JB to incorporate this into future FPS communications.



RC suggested that the surgery adopts the approach by Fernville – everyone fills in the form, and if they can't then they can phone and the receptionist will help them fill in the form.

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.

Dec – no update

[Jan – Rebecca to provide details.](#)

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

Dec – no update

[Jan – Rebecca to provide details](#)

- TS to ensure correct information is published re training hours and it's consistent across all notices.

[Jan – addressed](#)

- TS advised that the current policy is for older and frail patients to have their blood tests done at the surgery, but he's keen to change this and make it an option for more patients. There is a 3-4 week delay in trying to book an appointment to have a blood test done at the hospital.

[Jan – no update.](#)

LL reminded TS about the number of posters on the reception screens which blocks the view of the door, and is a security risk.

- TS agreed that posters need to be removed, he is also seeking to put a structured plan in place to make better use of the noticeboards in Reception.

[Jan – posters situation addressed CLOSED](#)

[Better use of the noticeboards in Reception - ongoing](#)

b. Patient Queries raised via FPS

Issues raised by patients via FPS:-

[Jan -](#)

- [No new issues](#)

[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

Dec – Engineer has now been to site and confirmed the current device cannot be repaired. A new device is being purchased.

Jan – the new device has been purchase and installed.

JB to confirm to patient who raised this issue.

CLOSE

- 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

Dec – carried forwards

Jan – ECG and Doppler machines are in use; Cryotherapy services to resume next week; Ear irrigation services to be reviewed.

- 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

Dec – carried forwards

Jan – Rebecca to share the stats

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.

Dec – FPS and Parkwood Surgery has secured a number of Warm in Winter bags. IM and RC collected the bags from the distribution point and delivered them to the surgery, and have since sought an update to ensure that the bags were being given out to patients. The surgery is arranging to distribute during home visits.

Jan – RC and IM seeking updates on whether the bags have been distributed, an update was promised last week but nothing heard.

TS to seek update and provide an update to FPS this week.

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.

Dec – Purple pages / social prescribing info still being sought

Jan – RC has a copy of the Purple Pages booklet, and will request an electronic copy which we could then publish on the FPS website.

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

Nov – carried forwards

Dec – TS believes that 10 is a reasonable size for the committee.

YM would like the committee to be more representative of the patient base.

Jan – ongoing





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.

Dec – video on hold whilst we decide how best to engage with patients in person.

Jan – LL to generate video and share for review.

TS still keen to arrange a joint, open forum event, early July, details to be worked out.

Jan – plan would be to encourage patients to attend by inviting representatives from NHS England, the ICB and local council. Planning required, and FPS to decide what and how they can best engage with patients at the event.

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

Jan – confirmed that clinicians at the surgery would be willing to help deliver health talks, once they have a full staff.

JB to ask patients via Facebook what subjects they'd like us to cover; FPS can then identify external speakers and start arranging events. Note that we will need someone from the surgery on hand to support each event.

IM proposed a health talks for Carers, aligned to National Carers Week 8-14 June 2026.

IM to reach out to his contacts to identify possible speakers.

TS to confirm the surgery's Carer's Champion.

5. Summary FPS Actions

a. FPS Fundraising Opportunities

Nov – review for 2026

Dec – review in line with social & health talk events for 2026

Jan – if we can restart our health talks this offers the opportunity for a small collection at each event.





Assessment of local grants on offer has shown that either we wouldn't meet the criteria, or that the T&Cs associated with the grant would make it difficult for us to demonstrate compliance with the scope on which it was provided, limiting our options.

TS suggested that we might consider sponsorship, e.g. from local chemist. YM & LL confirmed this had been considered previously: sponsorship may work but it would need to be from a non-medical organisation so we avoid the appearance of favouritism or being directed by a company that wants us to promote its services.

b. Treasurer's Report – January 2026

- Current balance is £1916.76

c. Comms

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

Dec – newsletter for December is ready to go but would like to include the surgery opening times over Christmas.

- TS to confirm details.

JB also hunting for the pharmacy opening times which haven't been published yet, but will publish newsletter without specifics if necessary.

Jan – December newsletter published

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

Dec – TS needs to review how many patients they hold a mobile phone number for, so the costs can be estimated. He can then assess whether the FPS texts can be resumed.

Jan – TS to review costs associated with sending FPS texts.





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

Dec – ready to switch to new design: committee agreed that RC should go ahead with the update.

Software to build was free to build, but there's a charge to apply the upgrade into production. Agreed that FPS can cover the cost: RC to pay and SD to reimburse

Jan – new website design is now live

6. FPS Achievements

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

Dec – Warm in Winter bags secured and delivered to the surgery for distribution; newsletter published,

Jan – December newsletter published, FPS videos supplied for digital screens in Reception, initial analysis of phone system/call volumes undertaken.

7. AOB

- Issue raised re having an appointment with the Paramedic who confirmed a need for antibiotics but they can't prescribe medication: this resulted in a delay waiting for a GP to generate the prescription. Can paramedics go on a prescribing course, to eliminate this doubling of resources and the prescription delay?
TS to investigate, the buddy system that's in place should mean this sort of issue doesn't arise
Jan – TS advised that this isn't a simple course, it's a long term training commitment so isn't practical. He will ensure the buddy system is adhered to. CLOSED

8. Date of next committee meeting: **Monday 09 February 2026, 1800hrs, Parkwood Surgery**

9. Meeting closed at - **1915hrs**

