

## Committee Meeting of the Friends of Parkwood Surgery,

Monday 09 February 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             | Apologies | Clare Park (CP)      | Present |
| Richard Cartwright (RC), FPS Website       | Apologies | Mick Chadwell (MD)   | Present |
| Tushar Shah (TS), Practice Manager         | Apologies |                      |         |
| Dr Sunassee (FS), Partner                  | Present   |                      |         |
| Dr Kamal (AK), Partner                     | Apologies |                      |         |

### Minutes

1. **Minutes of last meeting:** agreed, approved by YM 13/01/2026 and published on FPS website

2. **Chair Comments**

I've been in the surgery for either me or my daughter more times than I might have wished this month. I joined "the queue" (there were 3 of us at 8am) one morning both for experience and to try and secure what I wanted/needed. One of our visits coincided with the "outage" so an interesting experience watching emergency mode in operation. My view was staff did the best they could in a beyond their control situation. I have had the opportunity to talk with fellow patients in my visits. One of the things that struck me most is that patients who are irregular attenders do not know how systems work, although I might add that I've found out a few things myself over the weeks.

My personal experience and anecdotal comments from patients have shown an improvement in the surgery and certainly there appears to be a much-improved atmosphere overall. I have heard comments about the helpfulness of staff and certainly that was apparent on "outage" day.

I attended a meeting of the Herts and West Essex PPG group last week. There was an interesting presentation about DNAs, with one of the PPGs doing a project with their surgery. Whilst some of the issues were surgery-specific like parking, some of their findings were things our surgery routinely do like reminders being sent. A few interesting findings though:

More DNAs with

- Non GP staff like nurses. Professional respect?
- Age groups- people with under-5s and also the working population;
- Areas of social and economic deprivation within the catchment area;
- Multiple appointments being made.



They put in place some practical things, like transport (a free transport system in their area) and the phone system (people were leaving messages prior to the “beep” and thought they’d cancelled their appointment) and the DNA numbers fell.

Of interest is that Fernville has the lowest number of DNAs across the region. Location?

The next meeting is looking at diversity of PPGs which is of interest to us as a committee.

### 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 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.

Jan – ICB meeting to take place on Wednesday to discuss how things are going.  
Staff morale is improving.

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.

Feb – still waiting for final report but no significant concerns.



## 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 29<sup>th</sup> 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.

Feb – with FO to collate more comprehensive stats and share with LL.

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.



Feb – patients are still confused about which method to use to book different types of appointment. It's clear that the surgery needs to start regular newsletters with patients so they can easily share this sort of detail with everyone.

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.

Feb – FS to seek details from Rebecca, so FPS can develop a plan to encourage patients to register an email address with the surgery and make email newsletters an effective and practical solution.

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

Dec – no update

Jan – Rebecca to provide details

Feb – FS to obtain and share stats on appointments being booked online versus by phone versus in person.

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

Feb – carried forwards

## b. Patient Queries raised via FPS

Issues raised by patients via FPS:-

Feb -

- No new concerns raised this month

Oct –

- 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.

Feb – Cryotherapy services still dependent on nitrogen supplies being secured, ear irrigation still 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

Feb – missed appointment information is now published on the Parkwood Surgery website home page.

If possible to analyse the data, we might identify ways to reduce DNAs.

### 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.



Feb – no update from TS and IM expressed concern that the bags had been provided to the surgery some 3 months ago but we've no idea if they've been distributed.  
FS to assess this week and provide update to the committee.

#### 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.

Feb – [Soft copy of the Purple Pages booklet has been requested](#)

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

Feb – [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.

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

Jan – LL to generate video and share for review.

Feb – Carried forwards, LL to create collateral now we've agreed surgery chats and health talk schedules.

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.

Feb – carried forwards

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.

Feb – request via facebook for health talk subjects has resulted in no significant responses.

The meeting agreed the following subjects should be covered:-

- Memory Loss,
- Diabetes prevention,
- Healthy diet/general wellbeing,
- Carers & Carers support
- Neurodiversity and ADHD,
- Women's Health.

FS to seek speakers from surgery clinicians or external speakers.

LL to create draft schedule for talks, comms, booking process.



## 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.

Feb – carried forwards

### b. Treasurer's Report – February 2026

- Current balance is £1912.51

### 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

Feb – No January newsletter.

JB developing February newsletter and has requested articles for inclusion: a couple of suggestions made to be shared directly with JB.



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.

Feb – FS to seek costs and re-evaluate the sending of FPS texts.

#### d. FPS Website

Jan – new website design is now live

Feb – no update this month

#### 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.

Feb –

#### 7. AOB

- Suggestion made that we print copies of our Surgery Handbook and leave them in Reception for patients to pick up and take home, as it explains the new processes being used. The size of the Handbook means printing would be costly, so as an alternative we'll look to produce a handout for patients explaining key improvements at surgery, e.g. new callback feature where link is texted to you so you can see where you are in the queue, with details of where to find the online version of the Handbook.
- CP shared that there's a Rare Dementia talk that might be of interest: IM knows the speaker and rates them highly. CP and IM to discuss either sharing details of existing talks with Parkwood patients, sharing links to recordings of past talks, or arranging a talk specifically for Parkwood patients.
- LL to scan the repair shed poster for JB and RC to include in the newsletter and on the FPS website.



- YM asked whether we ought to define the scope of events and articles that we're willing to publish on the FPS website, and which would be best left to the surgery or other channels. Team to consider and discuss at next meeting.

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

**9. Meeting closed at - 1907hrs**

DRAFT