

Committee Meeting of the Friends of Parkwood Surgery,

Monday 11 May 2026 1800hrs to 1900hrs

Attendees:-

Yvonne Metcalf (YM), Chair	Present	Ian Morris (IM)	Apologies
Lloanne Lees (LL), Secretary, Deputy Chair	Present	Hilary Lawrence (HL)	Apologies
Sue Durham (SD), Treasurer	Apologies	John Howard (JoH)	Present
Jo Bullen (JB), Communications	Apologies	Clare Park (CP)	Apologies
Richard Cartwright (RC), FPS Website	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 15/04/2026 and published on FPS website
2. **Chair Comments**

Sue D, Mick C and I attended the surgery on 07 May where we spent the afternoon in the foyer. No sun that day so a little more comfortable than last month! The surgery appeared less busy than the previous time. Again, although we spoke with only a few patients, it seemed worthwhile. The general feedback about clinical care was positive. Appointments less of an issue, although one of our number's online request appeared to have been overlooked and the two-day timescale on the website wasn't met.

One practical issue brought to our attention was the toilets - no toilet paper or hand wash - this was confirmed by us that afternoon. Given that the cleaners come in the evening, we wondered if the toilets are routinely checked during the day. The patient who spoke to us highlighted the issue of cross infection, both in regard to general hygiene and as an example waiting for a blood test in amongst other patients who may have an infection they could pass on.

I have spoken with Dr K who highlighted that staffing levels have improved but also the complexities of work-load management - one of the GPs has been off recently.

The blood pressure machine is working!

We note that the timing of prearranged calls can be an issue. Basically, a patient will get a system-generated text with a time but this cannot be guaranteed due to other demands on the clinician's time. The website is to be amended to indicate this.

Generally, though, pleased there have been some improvements.



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.

Feb – ICB meeting to take place on Wednesday to discuss how things are going.

Staff morale is improving.

Mar – temporary practice manager in place as TS remains unwell, unsure when he will be back at work.

More clinicians joining the team – Advanced Nurse Practitioner, GP joining soon

Apr – more GPs have joined and appointment availability is good, staff morale is good.

May – there is an issue with ECG machine, not working for 2 weeks. If a patient requires an ECG they are being referred to hospital but we know this can take a while to get an appointment.

Seeking to get the machine fixed.

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.

Mar – CQC report issued today

Apr – final report to be released soon

May – final report has been released. We need to put this in context: the report is based on an assessment conducted at a specific point in time, one day in April 2025.

Many improvements have been made since then, and there is clear evidence via speaking with patients at the surgery chats that things are better, there are no longer queues for appointments for example.



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.

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

Mar – further stats shared with LL for review

Apr – LL to share stats findings via email.

May – Findings for January and first few days of February were very similar to those for Nov-Dec 2025. It would be interesting to see stats for April, to see if new staff and recent training has reduced queue time, missed calls or call duration

FS to request new set of stats for 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.

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.

Mar – we discussed again the ongoing confusion about which method to use when requesting urgent or non-urgent appointments. Online form and phone can be used for either appointment type, the preference is to use the online form so that phone lines are clear for those who can only use the phone. However, this increases the volume of requests that are received and that need to be triaged, which can only be done by a GP.

Current system does not have the ability to flag requests by priority: others systems do but there's no appetite for an IT project at this time.

We could review the page on surgery website re making an appointment with aim of simplifying the guidance.

Apr – FPS to review wording on Appointments page and suggest changes so that it's easier for patients to understand.

May – LL & RC shared suggested words with the committee for review and discussion, the committee will consolidate and share a single proposal to the surgery.

Surgery newsletters via email would also help raise awareness of process changes for those who don't attend the surgery often.

May – see below.

The surgery holds an email address for 66% of patients so it's becoming viable to issue newsletters via email, which would help to raise awareness of new processes, etc.

Plan required to prepare for and manage email newsletters.

Apr – LL to create template for FPS newsletter that can be issued by the surgery on our behalf.

Surgery will need to consider:-

- a) The sending email address, as this will be visible to recipients.
LL recommends that they set up a "no reply" shared mailbox so they can send emails without patients being able to email the surgery.
- b) Who has access to the shared mailbox to be able to issue the newsletters: needs to be more than one person so there's no single point of failure
- c) Whether there are spam filter constraints that might affect the sending of emails to all patients. This might require that the list of recipients is configured as one or more distribution lists (possibly nested) to avoid triggering the spam filter and preventing emails from reaching patients.

May – FS needs to seek information on the above items, and confirm if there's any cost associated with sending bulk emails, so that we can decide the best way to proceed with sending surgery and FPS emails to patients.



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.

Mar – mobile number held for 97% of 16,300 patients

FS to confirm text message costs and whether the surgery will cover the costs of FPS texts to patients

Apr – FS confirmed this was reviewed but confirmed it's too expensive for the surgery to issue texts for FPS.

LL asked for costs to be shared so the committee can understand whether funding the texts may be an option, or if we move to emails.

May – the costs have been shared and it's excessive (costs are high compared to an individual's mobile phone contract. We have to rule out text messages as an option and focus on encouraging users to visit the FPS website, follow us on Facebook, and find a way to send emails to patients that comply with GDPR requirements.

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

Mar – carried forwards

Apr – this action now sits with the interim practice manager

May – carried forwards

b. Patient Queries raised via FPS

Issues raised by patients via FPS:-

Apr -

- How can patients submit a positive review for the surgery, not necessarily in response to an appointment?

FS advised that patients can submit a Google review, and will ask for the surgery website to be updated to explain this

May – Contact Us page still doesn't say how patients can provide feedback: FS to ask Rebecca to make the update.

Appointment feedback form not working – LL to resend email to FS explaining how this can be fixed.

May – this has been fixed, waiting for committee to confirm.



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.

Mar – NHS no longer carries out cryotherapy services, but TS is planning to resume minor surgery on site.

Ear irrigation still be assessed.

Apr – Ear irrigation will not be resumed.

Still trying to address supply issues so that cryotherapy can be resumed as part of minor surgeries clinic.

May – carried forwards.

c. FPS Engagement

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

Mar – carried forwards

Apr – carried forwards

May – 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.

Mar – Draft schedule started as Wednesdays but Tuesdays seem to be a better fit.

First health talk will be 14 April, delivered by FS on women's health / the menopause

LL to create posters

JB to manage bookings

Confirm who will attend on the night

Apr – talk is tomorrow night, several committee members will attend

FS to confirm subject and speaker for May so that LL can create posters and videos to publicise the event.

May – April's talk was great, but numbers lower than expected. This is a direct result of not being able to text or email patients.

May's talk has been deferred, so now planning June's health talk. FS has a speaker and subject, details to be confirmed to LL this week so posters and comms can be organised.

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

Mar – continuing to review local grants etc. but we couldn't qualify for most of them, so need to agree on fund raising options

Apr – still impossible to qualify for any available grants.

Agreed that we'll need to focus on raising donations at flu clinics this year: we'll need to make patients aware in advance so they come prepared, and be able to explain what we'll use the donations for.

[May – Dacorum grants / Paypal account for QR code carried forwards](#)

b. Treasurer's Report – April 2026

- [Current balance is £1860.16](#)

c. Comms

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.

Mar – Info from Social Prescriber shared, can this be promoted via FPS website and newsletter.

HWEDSG programme of 8 webinars plus a webinar on Preventing Diabetes shared by IM, please can this also be promoted via FPS website and comms, and by the surgery to relevant patients.

CP to write intro for next FPS newsletter

Apr – April newsletter being planned

[May – April/May newsletter issued](#)

d. FPS Website

Jan – new website design is now live

Feb – no update this month

Mar – no updates this month

Apr – RC advised that there's an option to publish an events calendar on our website, which might make it easier for patients to find our events.

RC to set up on the test website and present at the next meeting for us to decide if we wish to use this on our live website.

[May – events calendar published](#)



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 – Surgery Chats scheduled

Mar – first Surgery chat on site; newsletter published

Apr – second surgery chat, newsletter published, video created and published

May – [third surgery chat, newsletter published](#)

7. AOB

- 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.

Mar – CP attending one this week in Watford

Apr – CP attending one this week in Watford

May – [carried forward](#)

- MC has found company that can provide key for the BP machine in reception and will share details with FS so the machine can be recommissioned.

Apr – key has been purchased. BP machine should now be operational.

May – [BP machine now working. Closed](#)

8. Date of next committee meeting: [Monday 15 June 2026, 1800hrs, Parkwood Surgery](#)

Next Surgery Chat: [Tuesday 02 June, attendees will be Sue, Lloanne, Mick](#)

9. Meeting closed at - [1900hrs](#)