

Committee Meeting of the Friends of Parkwood Surgery,

Monday 15 June 2026 1800hrs to 1900hrs

Attendees:-

Yvonne Metcalf (YM), Chair	Apologies	Ian Morris (IM)	Apologies
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	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 12/05/2026 and published on FPS website

2. **Chair Comments**

YM sends her apologies for this evening.

The major issues identified in this last month remains appointments, and several reports of online requests not being actioned - patients just not hearing anything. This has happened to committee members. Feedback from the local hairdressing salon has gone from "much improvement" to lots of grumbling. One recurring issue is referrals, being told that they've been actioned when that's not the case, YM experience was that the referral was only actioned after she queried it.

The health talks - unfortunate for tomorrow as a great subject – however, I'm sceptical about whether health talks are what patients want in this current climate, not only the challenges in the NHS overall but also access to information more generally.

LL:- the talks or any events aren't viable until we're in a position to text or email patients with FPS comms. This needs to be addressed as a matter of urgency if we're to make any progress.

IM has today announced his decision to retire from the committee after nearly 10 years. YM wishes to thank Ian for his long service, commitment and significant effort over the years across numerous initiatives, we will miss him.

LL:- LL, SD and MC manned our "Surgery Chat" with patients on 02 June. Overall, it was a positive experience, patients seemed happy. One or two acknowledged things still needed to improve, but no complaints or issues raised with us. We also managed to hand out 20-30 acupressure rings which went down well, this is a great, no-pressure way to bring FPS to patients' attention.



3. News from the Surgery

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.

Jun – NS has left, and a new interim practice manager has started. FS to share contacts details with LL who will invite him to our next committee meeting.

ECG Machine – FS to confirm if issues now resolved.

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

FPS to request new set of stats for review.

[Jun – stats still to be shared](#)

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.

[Jun – wording on website seems a little better but it still feels overly complicated. LL to share pared back version as an alternative.](#)

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.

Jun – in light of the cancelled health talk due to lack of bookings, LL raised the fact that bookings are low because we have no way to communicate with patients.

FPS changed its membership approach to auto-enrol all patients as members, on the basis of the commitment made by Parkwood Surgery management that the surgery would issue comms on behalf of FPS. The refusal to send text messages due to excessive costs means we must put in place an agreement and process for comms to be issued by email.

FS to take this up with staff in meeting tomorrow.

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

Jun – assigned to the new interim practice manager.

b. Patient Queries raised via FPS

Issues raised by patients via FPS:-

- 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.

Jun – details still not on the Contact Us page, LL to raise with FO



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.

Jun – resolved. Closed.

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

c. FPS Engagement

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

Feb – carried forwards

Mar – carried forwards

Apr – carried forwards

May – carried forwards

Jun – carried forwards



FPS has resumed its schedule of health talks at the surgery.

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.

[Jun – talk tomorrow has been postponed, due to very low numbers. It's clear that we can't proceed until the surgery resumes issuing comms on behalf of FPS.](#)

5. Summary FPS Actions

a. FPS Fundraising Opportunities

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

[Jun – SD is standing down as Treasurer later this year, so the role will need to be transferred to another committee member – seeking a volunteer, with objective of agreeing the appointment in our July meeting.](#)

[Once transferred we'll resume discussions about fund raising](#)

b. Treasurer's Report – June 2026

- [Current balance is £1841.51](#)
- [iZettle account has been closed: replacement solution with tap-and-go option to be set up once Treasurer role has been transferred](#)
- [New Paypal account to be set up once Treasurer role has been transferred](#)

c. Comms

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
Jun – June newsletter in production

d. FPS Website

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

Jun – no updates

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

Jun – call stats reviewed and analysed, posters created, talk scheduled (and postponed).

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 forwards

Jun – Close.

8. Date of next committee meeting: **Monday 13 July 2026, 1800hrs, Parkwood Surgery**

Next Surgery Chat: Tuesday 07 July, attendees will be Clare, Sue, Yvonne

9. Meeting closed at - **19:08**