The Friends of Parkwood Surgery

REPRESENTATIVE OF ALL PATIENTS * ENABLE IMPROVEMENT * SUPPORT THE PRACTICE

Committee Meeting of the Friends of Parkwood Surgery,

Monday 13 July 2026 1800hrs to 1900hrs

Attendees:-

Yvonne Metcalf (YM), Chair	Present	Hilary Lawrence (HL)	Present
Lloanne Lees (LL), Secretary, Deputy Chair	Present	John Howard (JoH)	Present
Sue Durham (SD), Treasurer	Present	Clare Park (CP)	Apologies
Jo Bullen (JB), Communications	Present	Mick Chadwell (MD)	Present
Richard Cartwright (RC), FPS Website	Present	Syed Ali (SA) Practice Manager	Apologies
Dr Sunassee (FS), Partner	Present		
Dr Kamal (AK), Partner	Apologies		

Minutes

1. **Minutes of last meeting**: agreed, approved by LL 20/06/2026 and published on FPS website

2. **Chair Comments**

An eventful month for me personally with lived experience of several aspects of health care - the surgery, all three hospitals, and two different physio providers - with my fractured elbow. I perhaps have more understanding of the challenges which face many of our fellow patients when transport is an issue. It's not easy!! That said, the surgery has been great in responding to my many demands over the last few weeks - the longest wait from filling in the on-line form was about 45 minutes and the shortest on a Friday afternoon 10 minutes.

LL and I met on-line with the new practice manager on 25 June and it was pleasing to hear he's very aware of the challenges in the practice. At our monthly visit to the surgery, there was positive feedback from staff, so we can only hope that there will be some consistency for a while.

LL, SD and I attended our session in the surgery on 07 July. We distributed some of our goody bags to patients and a few toys to visiting children. In the main, there was positive feedback from patients who have seen some improvements in accessing care - 'getting better 'appeared to be the theme, so again a hope that this will continue. On one of my visits when I had to wait for a while, I was struck by there being no patients being called to see a GP, highlighting again the changes in how we access our health care.

I attended an afternoon meeting of the Patient Engagement Group on 29 June. There were about 10 attendees from practices across the area. It was interesting hearing the differences in how we all function as PPGs - most have retained patients having to join the PPG, rather than our universal approach and most do not have any funds so having to rely on their practices for financial support. I gleaned some ideas about events as well as sharing our own experiences. My thanks to Kevin Minier from Fernville for arranging transport for me.

LL note: PPGs are a separate, independent entity so are required to maintain a degree of separation to ensure that they can present a true patient perspective. For this reason, FPS is not financially supported by the practice.

We have said our goodbyes to Ian Morris, a stalwart of this committee for many years. I hope he enjoys his book token in this new phase of his life. We are sad to see Sue Durham leaving us too to move to pastures new. Her replacement as treasurer in on the agenda tonight.

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.
Jul – LL and YM had meeting with the new practice manager (via Teams), see above. Closed

ECG Machine – FS to confirm if issues now resolved.
Jul – ECG machine is working and is being used. Closed

2026 Flu Clinics – has planning started yet?
More important this year to know dates so the committee can ensure availability and cover.

a) LL requested a copy of the form patients will need to fill in, with a view to redesigning the form to make it easier/quicker to fill it in
b) LL also suggests sharing the form in advance via the surgery/FPS websites so patients know what data they'll need to provide and can come prepared, this should also help speed up the completion of the form.
c) Warm in Winter bag distribution at flu clinics – all agreed the bags were a great idea and we're keen to distribute more this year. However, trying to identify patients who qualify during the flu clinics would complicate and slow down the flow of patients, so isn't really practical.
   FS to obtain details of patients that would qualify (this can't be shared with FPS for GDPR reasons), but the numbers would allow RC to liaise with the charity to secure more bags this year.
d) FPS goody bags for 2026. Acupressure rings went down extremely well last year, but we need something different this year. We'll continue to distribute small toys to children.
   Suggestion is for the bag to contain the FPS/Parkwood business card, plus a "pocket hug" – a card with small animal attached and an inspiring verse of some kind.

Proposed options reviewed and agreed during the meeting, LL to arrange printing etc. soon so that we have time to construct the cards and prepare the bags.

FS advised that the practice continues to make improvements, they are no longer seeing issues with appointment availability, delays on the phones etc.
FPS commented that their discussions with patients shows that they're recognising the improvements, and staff also seem much happier, confident etc. which also helps to improve patient engagement.
FS advised they are recruiting more salaried GPs.

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.

Jun – stats still to be shared
Jul – FS has requested a further set of stats for LL to review, to see if this confirms the improvement being reported by patients.

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.
Jul – wording still to be refined. We discussed the confusion around urgent and non-urgent appointments and when to use the online form and when to phone.
FS advised that all requests can be submitted online and part of the triage process is to determine what's urgent. Patients unable to use the form can still phone.

LL to take RC input and compile a set of words to simplify the appointments page and share for review.

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.

Jul – FS confirmed that they are able to send emails form AccuRx so this can be used for FPS comms. There's no limit on length of email messages, but we cannot add attachments.

Suggest we start with the July FPS newsletter, with a set template for the email format.

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.
  Jul – LL commented that posters on the reception screen are again blocking the view of the door. FS to raise this with the team.

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
  Jul – positive feedback option now added to Contact Us page. Close.

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.
  Jul – FS seeking an update on the cryotherapy supplies.

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
Jul – this is more important now, as IM has retired and SD will also be stepping down from the committee.

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.
Jul – on hold

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
   Jul – CP volunteered to take on the role of Treasurer. As she is unopposed, the committee confirms this appointment.
   SD and CP to commence the handover process.

   b. **Treasurer's Report – July 2026**
   - Current balance is £1837.26
   - Once the Treasurer handover is complete, we should set up a new PayPal account and consider getting a SumUp device, both of which would make it easier to take donations without relying on cash.

c. **Comms**
Apr – April newsletter being planned
May – April/May newsletter issued
Jun – June newsletter in production
Jul – June newsletter postponed to July.
All to help with articles and content for future newsletters.

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
Jul – remove health talks from calendar until ready to resume

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).
Jul – new posters created, meeting with new practice manager, surgery chat to meet patients

7. AOB

- Patient raised issue that the surgery had "opted out" of screening services where vans are parked in e.g. supermarket car parks, why?
  Issue seems to be that these services operate within certain areas, so it's not that the surgery opted out, but that the services aren't available locally.
  FS to investigate options.

- Blood tests: patients receive text message from surgery asking them to arrange a blood test, but unable to book and had to ring the surgery but then struggled to get an appointment. FS confirmed that there should have been a link in the text to the bookings page.
  Some blood tests do have to be taken at the hospital, but it often takes 2 weeks to get an appointment there so the surgery is offering phlebotomy appointments on site.

- FS advised that SA will attend the next committee meeting.

8. **Date of next committee meeting: Monday 10 August 2026, 1800hrs, Parkwood Surgery**

   Next Surgery Chat: Tuesday 04 August, attendees will be Lloanne, Yvonne, Mick

9. **Meeting closed at - 1856hrs**