Committee Meeting of the Friends of Parkwood Surgery,

Monday 10 August 2026 1800hrs to 1900hrs

Attendees:-

Yvonne Metcalf (YM), Chair	Present	Hilary Lawrence (HL)	Present
Lloanne Lees (LL), Secretary, Deputy Chair	Present	John Howard (JoH)	Apologies
Sue Durham (SD), Treasurer	Present	Clare Park (CP)	Apologies
Jo Bullen (JB), Communications	Present	Mick Chadwell (MD)	Present
Richard Cartwright (RC), FPS Website	Present		
Dr Sunassee (FS), Partner	Not Present		
Dr Kamal (AK), Partner	Not Present		
Syed Ali (SA) Practice Manager	Not Present		

Minutes

1. **Minutes of last meeting**: agreed, approved by YM 15/07/2026 and published on FPS website

2. **Chair Comments**

First to give my thanks to Lloanne for the work she's put into the phone lines, and her forward thinking about the flu clinics. We need some dates now!

We had our monthly meeting at the surgery last week. It was generally productive and feedback continues to be more positive than when we started these sessions. From the discussions I had with fellow patients the nurses and the GP assistant were top of the list in terms of helpfulness. We are looking at whether another weekday might be appropriate as the baby clinic has changed from a Tuesday.

I met one of our former committee members in the surgery this morning and he mentioned he hadn't been aware until recently that blood tests are available in the surgery. My own experience of trying to book at the hospital is that there are quite long waits to get an appointment. We should clarify the process and criteria for booking blood tests at the surgery, and promote this service if the surgery agrees. Equally, I discovered only last week how the out of hours service functions, again highlighting the need for communication at a very basic level.

We have no representation from the surgery this evening: YM and LL to request a meeting with the Partners to discuss future attendance and support.

LL Note: the out of hours service is explained in the revised wording for the Appointments page we submitted to the surgery.

3. News from the Surgery

2026 Flu Clinics
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
Aug – Patient Survey form has been redesigned with input from the committee, our version has been provided to Fiona, this is under review.

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.
Aug – waiting for confirmation thar the surgery will use the revised form.
FPS can add an article to the September newsletter with the link to the form on our site or the surgery website. The surgery should also make the form available via their website.

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.
Aug – RC provided clarification that the aim would be to hand out only the information booklet at flu clinics: the committee still felt this would still be too much to coordinate.
Waiting for FS to confirm how many patients would meet the criteria for a WiW bag 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.
Aug – business cards etc ordered, YM and HL to help construct the cards, LL will fill bags etc in September, in good time for the flu clinics.

e) Dates for flu clinics – requested, surgery not yet able to confirm.

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.
Aug – no update.

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.
   Aug – stats supplied, LL has shared details via email. There has been an improvement in call handling with more incoming calls being answered, but still a significant percentage being dropped by the patient if the call isn't answered within 5 minutes.

Encouraging patients to submit their appointment requests online would help to alleviate the queues on the phone. For comparison, there's an average of 71 online requests submitted each day, 52 for appointments, 19 for admin, as opposed to approx.. 380 incoming calls per day.

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.
Aug – new version of wording for Appointments page shared with Rebecca, Fiona, FS. Partners to approve before website can be amended.
If updated, the phone message also needs to be updated so they give the same information.

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.
Aug – July newsletter was published at the end of the month, but due to issues with the hosting company had to be recreated, delaying the email to patients so it was renamed as the August newsletter.
Once recreated, we asked Rebecca to issue the email to patients, this went out on Wed 05 August, and should reach around two-thirds of patients.

Encouraging patients to provide their email address to the surgery would increase this rate, and make it easier for the surgery to communicate with patients.

This item can be closed, we will monitor in Comms section.

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.
Aug – we noticed at the Surgery Chat that the posters on the reception screen have been repositioned to keep a clear view.

Re Noticeboards, JH suggests that the large unused TV screen is switched with the noticeboard at the far end of Reception. This would make it easier for patients to see messages on screen, and the noticeboard is more likely to be read on entry/exit.

A comment from FB said the CQC report from 2017 was still displayed, the surgery should address this.

b. Patient Queries raised via FPS

Issues raised by patients via FPS:-

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.

Aug – JH suggests replacing cryotherapy with laser pen?

August –

- Patient raised concerns about being able to overhear conversations with Reception. They suggested playing music with speakers positioned in the seating area to mask the conversations. The surgery usually has a radio playing in the background behind reception, if this could be repositioned or connected to the TV speakers this could be a low cost solution.

- Delays on the phones lines are still being reported by patients, e.g. queuing for an hour on the phone to cancel and reschedule an appointment. As above, encouraging patients to use the online form would reduce the volume of phone calls and reduce the queue time. The surgery has previously redeployed staff at busy times to ensure calls are answered, we should request confirmation this is still in place.
  There may be an underlying problem with the phone lines rather than the call handling software, but difficult to prove.

- The position of the two working TV screens in Reception means it's difficult for patients to view appointment alerts when seated in certain areas. JH suggested that the larger TV screen is swapped with the Noticeboard at the far end to increase visibility of screen content, plus the noticeboard is more likely to be read when queuing to speak with Reception. An alternative might be to change the seating layout, so no seats are underneath the screens.

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.
Aug – ongoing

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
Aug – 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.
Aug – Treasurer Handover is in progress and is expected to complete in the next couple of weeks.

b. **Treasurer's Report – August 2026**
- Current balance is £1825.81
- 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.
Aug – July newsletter became the August newsletter issued 05 August.
For the (early) September newsletter, we may be able to focus on flu clinics at the surgery, link to the patient survey form, if we can confirm clinic dates. LL also has another "one small change" article that can be included. All committee members to help identify articles and events that JB can add.

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
Aug – additional local events added. Site visits increased significantly after the email on 05 August with the link to our newsletter, the number of site visits far exceeded those achieved when we were sending text messages. This shows that email communications are the way forward.

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
Aug – patient survey form updated, wording for appointments page simplified, call stats assessed, surgery chat meeting patients and collating their feedback, preparations for flu clinics, August newsletter.

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.
Aug – no update.

8. **Date of next committee meeting**: **Monday 14 September 2026, 1800hrs, Parkwood Surgery**

   Next Surgery Chat: Tuesday 01 September, attendees will be Yvonne, Mick, Lloanne

9. **Meeting closed at - 1900hrs**