



Committee Meeting of the Friends of Parkwood Surgery,

Monday 14 September 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
Clare Park (CP), Treasurer	Apologies	Mick Chadwell (MD)	Present
Jo Bullen (JB), Communications	Present		
Richard Cartwright (RC), FPS Website	Present		
Dr Sunassee (FS), Partner	Present		
Dr Kamal (AK), Partner	Present		
Syed Ali (SA) Practice Manager	Not Present		

Minutes

1. **Minutes of last meeting:** agreed, approved by YM on 14/08/2026 and published on FPS website

2. Chair Comments

Apart from attending the Surgery Chat earlier in the month, my focus has been on liaising with the ICB regarding the change of provider which will take place on 1st October. At this point I have nothing to add (see section 3 below) apart from some reassurance that patients are at the forefront of their planning and that there is no need for immediate concern. I of course appreciate how unsettling change is and also understand why some patients have found it difficult to understand what this will mean for them. Over the next two weeks, I will endeavour to keep in touch with the contacts in the ICB and plan to initiate an extraordinary committee meeting when there is concrete news of the change.

3. News from the Surgery

On 02 September 2026, the Partners issued a communication to all patients advising that they had decided they could no longer continue as the contract holders for NHS GP Services.

This means that:-

- a) the ICB will be seeking a new provider.
In the short term, we're likely to have an interim provider assigned whilst the ICB seeks a longer-term contract holder for Parkwood Surgery.
- b) patient services will continue to operate as normal at Parkwood Surgery.
Patient services are not being changed, and they're not being relocated, it's only the contract holder, i.e. the Partners, that will change.

FPS were not given advance notice of this decision or the communication to patients.

This was a little disappointing but given the commercial nature of the situation it's not surprising. We are, of course, doing everything we can to seek clarity on what the changes mean for patients. We're pleased that the ICB proactively reached out to us, and they have agreed to get back in touch when they can share details of the interim or permanent provider.

FPS is keen to reassure patients that there is no need to panic: everything continues "as is" and it's only the "name above the door" that will change.

FS and AQ attended the first part of tonight's meeting. They explained that this had been a very difficult decision having put their heart and soul into the business and their patients over many years, but they were confident about the future of Parkwood Surgery. They are working with the ICB through the transition phase and will be leaving the practice on 30 September.

YM expressed the committee's gratitude to FS and AQ for coming to tonight's meeting, for sharing what information they could, and for all their efforts over many years to care for Parkwood patients – we will miss them both, and we wish them both well for the future.

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.
 Sep – re-shared with FO on 09 September, minor update requested and our format has been accepted.
 CLOSED
- 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 that 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.
 Sep – FO asked SA, interim practice manager, he has asked that we stick to handing out the forms on the day of the flu clinics. CLOSED
- 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.

Sep – the charity is offering two options this year, the Warm in Winter bag which includes a copy of Purple Pages, or Purple Pages only. The latter may be a better option if we wanted to hand them out at flu clinics in the future.

We will need the surgery to confirm how many patients meet the criteria before we can order any bags this year. If we're distributing bags to Parkwood patients this year, as this is a charity FPS should consider making a donation.

- 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.

Sep – pocket hugs have been prepared, we now need to fill the bags – LL and YM to complete.

LL will also ensure we have a supply of toys for handing out to children at the flu clinics.

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

Sep - one date confirmed so far, Sat 10 October 9am to 4pm, invites have already been issued for this date.

Other dates being planned, the surgery is also scheduling appointments during the working week where nurses have availability. FP will advise LL if further Saturday clinics are confirmed.

Note that invites to make a flu jab appointment are valid for seven days, and if no appointments are available when you first logon, keep trying through the seven-day period as appointments continue to be released.

Committee members to confirm availability to LL please.

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.

Sep – no update from the practice. The committee is hearing mainly positive feedback from staff and patients alike.

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.

Sep – on hold until we can discuss with the new provider.

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.

Sep – on hold until we can discuss with the new provider.

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.
 Sep – on hold until we can discuss with the new provider.

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?

Sep – on hold until we can discuss with the new provider.

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.
 Sep – on hold until we can discuss with the new provider.
- 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.
 Sep – on hold until we can discuss with the new provider.

Feedback from September Surgery Chat (prior to announcement):-

- Latest FPS newsletter said things were improving but we're not seeing the evidence of this. When we can get through the door everything is great, but getting an appointment continues to be difficult. I've had to queue at the surgery at 7.30am to get an appointment, often to be told by 8am that they're all gone. Later that day I submit an online form and get a same day appointment. There's no logic and no consistency.

FPS comment: when you submit an online form, these are triaged by clinicians and so they're able to assess the urgency and book an appointment. This may explain why online forms seem to result in an appointment sooner. This is one of the reasons why the practice asks patients to use the online form for all appointment needs, and why FPS is asking for the information published on the Appointments page to be revised.

- We've had difficulty getting appointments and prescriptions for my daughter, she has asthma and has been in hospital several times, so meds are critical. Last time the grandmother had to come to the surgery in person and create a fuss to get things addressed. They need specialists at the surgery so there's proactive care and continuity of care.
- Patient asked if the surgery could provide water in Reception, this would have been especially helpful in the recent hot weather.

FPS comment: The surgery has rejected this request in the past on health and safety grounds (e.g. slip on spilled water etc.)

September

- A patient emailed FPS to share a letter he had sent to David Taylor MP, praising Dr Sunassee and asking the MP to speak with the ICB about asking Dr Sunassee to remain at Parkwood Surgery, following his very positive experience.

FS acknowledged that she had seen the letter.

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

Sep – 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

Sep – [close this item.](#)

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.

Sep – we still need to identify fund raising opportunities, the flu clinics are the best option at the moment. LL to ask CP to set up the PayPal account asap.

b. Treasurer's Report – September 2026

- Current balance is £1611.24

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.

Sep – September newsletter has been issued, and patients advised via Parkwood email

October newsletter being planned.

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.

Sep – issuing the link to our newsletter via email has resulted in approx. 3,000 site visits, much higher than when we notified by text message.

RC asked ChatGPT to review our site, and it provided a comprehensive review. The committee felt that whilst the points it raised were worth reviewing, it was suggesting a lot of significant changes which we wouldn't have the bandwidth to do.

RC has generated a revised critique and shared the output with the committee.

LL to review the points raised and suggest which options we may wish to act on, to improve our web site, but we're unlikely to make any changes in the short term.

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.

[Sep – patient survey form finalised; September surgery chat meeting patients and collating their feedback, preparations for flu clinics, September 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.

[Sep – on hold until we can discuss with the new provider.](#)

- [FPS Paperwork. We have minutes etc. that go back to the first meeting \(2007\). How much of this do we wish to retain?](#)

[For financial paperwork we need to hold 7 years of data. Proposal is to scan all documentation so we hold copies electronically, and we retain a minimum of 7 years paperwork.](#)

[To be discussed at the next meeting.](#)



8. **Date of next committee meeting:** [Monday 12 October 2026, 1800hrs, Parkwood Surgery](#)

Next Surgery Chat: [Tuesday 06 October 2026, attendees will be CP, YM, MC](#)

9. **Meeting closed at** - [1910hrs](#)