The Friends of Parkwood Surgery

REPRESENTATIVE OF ALL PATIENTS * ENABLE IMPROVEMENT * SUPPORT THE PRACTICE

Committee Meeting of the Friends of Parkwood Surgery,

Monday 09 November 2026 1800hrs to 1900hrs

Attendees:-

Yvonne Metcalf (YM), Chair	Present	Mandy Curtis (MCu), Patient Services Manager	Apologies
Lloanne Lees (LL), Secretary, Deputy Chair	Present		
Clare Park (CP), Treasurer	Apologies	Kaushal Dave (KD), Managing Partner	Present
Jo Bullen (JB), Communications	Present		
Richard Cartwright (RC), FPS Website	Present		
Hilary Lawrence (HL)	Present		
John Howard (JoH)	Present		
Mick Chadwell (MC)	Present		

Minutes

1. **Minutes of last meeting**: agreed, approved by YM on 18/10/2026 and published on FPS website.

2. **Chair Comments**

We're now six weeks into the new practice team. I have had several contacts with the surgery, both for myself and my daughter and the new way of working has been very positive. I would highlight the speed of response in regard to appointments as well as more general queries e.g. medication. I have had several visits to the surgery, including our usual "Surgery Chat" afternoon last week and there is a very different atmosphere there, one of calm which has been absent for some time. Chatting to reception staff, they feel well-supported which impacts on their dealing with patients. Feedback from fellow patients is generally positive, from clinical response to practical things like the new layout in the waiting area. It is positive that we have been able to have a visual representation of change in the surgery, seating, screens and just general tidiness which makes it look more professional. I noted there were issues raised on our MP's FB page but they were more of an NHS than local nature. But a positive start to our new relationship with the surgery.

3. **News from the Surgery**

Total Triage working very well

Salaried GPs – one returning to Parkwood starts on Wednesday, paramedic also returning, and 4 GPs starting in January. This should provide more continuity for patients.
Partners are also providing additional sessions.
Also recruiting additional admin staff

Friends & Family Feedback – now have October data, 82% good/very good which is comparable with Fernville at approx. 92% good/very good.

Warm in Winter Bags
FPS would like the bags to be distributed again this year. There are two options, the bag that includes a copy of Purple Pages, or Purple Pages only. The surgery would need to identify eligible patients, so we know how many bags to order.
FPS will also consider making a donation.
Oct – MCu and KD were not aware of this initiative. They will ask staff if they know what criteria was used to identify eligible patients last year, and ask our social prescriber to help identify patients who may qualify this year.
The charity website has more detail: https://www.smallactsofkindness.co.uk/warm-in-winter-gift-bags
"Every Warm in Winter gift bag contains essential, keep warm items including a fleece blanket, thermal hat, gloves and socks, hot drinks - tea, coffee and hot chocolate and porridge sachets. In addition the gift bag contains our Purple Pages information pack, which has carefully sourced information from national, county and local organisations, signposting to support. They are gifted FREE to those aged 55 and over."

Nov – since the last meeting LL contacted the social prescriber but she was unable to help identify Parkwood Patients as she currently knows the Fernville cohort.
KD has engaged Helen Mutio from Community Action Dacorum for input, they distribute bags to their community transport users so there may be some overlap: Helen will arrange a meeting to explain their experience and logistics.

4. **Patient Queries raised via FPS**
No new issues raised by patients via FPS this month.

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.
  Oct – combined with next item
- 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.
  Oct – combined with above item.
  A review of the reception area is being undertaken, this will assess the number and position of the screens and noticeboards, the position of the seating to make it easier to see the screens, the check in screens, and what can be done to minimise the ability to overhear conversations between patients and receptionists.
  Nov – seating layout in Reception has been changed and patients agree this is much better.

Signage has been reduced and posters that are displayed are more friendly and engaging.

There is a plan to relocate the main noticeboard to replace the large TV screen that's not in use.

5. **FPS Engagement**

What can we do to engage with patients and support the surgery – joint event? Health talks?
Oct – MCu and KD confirmed that Fernville and Parkwood remain separate, and so the PPGs also remain separate. FPS should continue to operate as normal.
As the caretaker provider transition stabilises, we can look at events etc. in more detail.
Nov – carried forwards

Surgery Chats
These are proving to be a great way to engage patients, but we noticed that the footfall in the surgery was much reduced last week, and wonder if there is a better day/time that would mean we can engage with more patients?
KD advised that the reduced footfall is a result of improved appointment availability and scheduling, which spreads the demand more evenly through the day. Footfall patterns are likely to change as the new GPs arrive and so it may be better to wait until February/March before reviewing alternative days/times for us to be at the surgery.

6. **Summary FPS Actions**

a. **FPS Fundraising Opportunities**
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.
Oct – Treasurer handover has stalled as SD unavailable: to be resumed when she's in a position to deal with the bank.
CP tried to set up a PayPal account, but as the rules are tighter now, it seems impossible because we're not a business or a charity. Agreed not to pursue this option.
We may be able to take payments via mobile app linked to our Lloyds account, which would also give us the option to have a QR code and take online payments. To be investigated once CP is the primary contact with the bank.
Nov – no progress this month. We should consider opportunities for 2027

b. **Treasurer's Report – November 2026**
- Current balance is £1588.34

c. **Comms**
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.
Oct -newsletter held so that "news from the surgery" can be included. Aim to issue in the next few days.
Nov – October newsletter published and communicated by Parkwood.
JB noted that she received the notification via text, but she has the NHS app and the surgery has her email address so is concerned that the process isn't working as expected and may be costing the surgery money unnecessarily.

We know from previous discussions that notifications are sent:-

- to the NHS App if the user has an account;
- If not, then it's sent to their email address if it's held by the surgery
- If no NHS app or email address, then the notification is sent by text message.

KD to investigate.

November newsletter to be created:-

- YM to provide article
- LL articles already shared with JB
- KD to provide "news from the surgery" article by 15 November, and agreed to provide the surgery's article by the 15th of each month going forwards.

d. **FPS Website**

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.
Oct – no action this month re GPT assessment.
Nov – RC confirmed a significant increase in site visits when the October newsletter was shared

e. **FPS Explains Booklet**

LL updated the booklet to reflect Total Triage and other recent changes, including updates requested by MCu. These are back with MCu for final approval before we publish.

KD confirmed that we should avoid including names in the Booklet.
LL to update and provide a copy to KD for review.

7. 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.
Oct – patient survey form updated, October surgery chat meeting patients, flu clinic and October newsletter.
Nov – Surgery chat, October newsletter, FPS Explains booklet updated.

8. AOB

- 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.
  Oct - To be discussed at the next meeting.
  Nov – carried forwards

- When patient is called, can name and room stay on screen for longer as patients often miss the detail
  MCu to check if this can be changed
  Nov – rearranging the seating in Reception has alleviated the issue, as it's now easier to see the screens, and the information remains on screen longer than before. Close.

- Check in screens: there used to be two, now there's only one. Can we go back to two, as sometimes there's a queue.
  MCu advised that Fernville only has one, but will review.
  Nov – MCu confirmed that the ICB permits only one check in screen. Close.

- FPS Clinical Roles Video
  Shared with KD for review, but KD hasn't seen it.
  KD to check emails and advise LL if it needs to be resent.

- ECG machine wasn't working, it's been decommissioned, and have loan machines whilst two are being repaired, plus one new device. All devices are now under service contract.

- December Meeting – will be our seasonal celebration, YM to bring food, LL to bring cake, request for others to bring liquid refreshments.

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

   Next Surgery Chat: **Tuesday 01 December 2026, attendees will be YM, MC, LL**

10. **Meeting closed at - 1913hrs**