



Church Street Medical Centre
 11b Church Street • Eastwood • Nottingham • NG16 3BS
 Tel: 01773 712065 Fax: 01773 534295
 www.churchstreetmedicalcentre.com

Practice Meeting: *file name*

Ref: S:\CHURCH STREET\DATA\MEETINGS\SUB FOLDER\File Name
 Version: 14.01.01



Nottingham West
 Clinical Commissioning Group

Meeting Date: 4pm Thursday 3 December 2015

Meeting Type: Friends Meeting

AGENDA

- 1 Welcome, review of last minutes and apologies
- 2 Update from Dr Atkinson
- 3 Report made to Health Watch or NHS England regarding issue with Boots Chemist in Eastwood
- 4 Flu Update
- 5 EPS Postponement
- 6 Any other business
- 7
- 8
- 9

ATTENDEES:

Rosemary Weir

Mick Wagstaff

Dr Atkinson

Joan Morley

Brian Griffiin

Debbie Brookes

Teresa Burgoyne

Richard Biscoe

Diane Rowley (minute taker)

Pauline Beech

Suzanne Sheils

SUBJECT:

NOTES:

**ACTION BY
& DATE:**

Welcome , review and apologies	RW welcomed all attendees, explanation given as to change of meeting time. No apologies received. All agreed last minutes was a true record of meeting	RW
Update by NA	Staffing Update – due to a staff issue being highlighted in October, advice had been taken and NLT suspended, process followed and meeting planned for 1 December for NLT to be dismissed for gross misconduct but NLT handed in resignation prior to meeting (officially finishing end of Nov). No legal process or tribunal is to take place. There are currently no plans to recruit a PM, the PM roles will be shared between DB (Debbie, admin manager) and KB (Karen, secretary). JA (Julie, summariser) will be filling in some of the secretarial hours. The practice has help from Sally Heywood from PICS who is an ex PM and is involved in helping practices with CQC. Alison Rounce from NWCCG/Church Walk Surgery will be an advisor for long term aims to encourage both practices to	

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	<p>work together. Dr Chersich will be leaving at the end of December to become a 2 day partner at Valley Surgery and she will not be replaced due to the current financial situation.</p> <p>NA explained that the practice had changed its contract from GMS (General Medical Services) to PMS (Personal Medical Services) which in essence means the more you do, the more you can earn but that you do need to claim this. NLT had mismanaged and not claimed from January which had created a temporary cash flow problem. The practice should be in a better position financially at the end of the year with the changes that have subsequently been put in place.</p> <p>Changes to appointment system, extended hours – a new system will be in place from January. GPs will be working different days, extended hours with 7am start on a Wed (3GPs, HCA and a nurse) so more appointments will be generated.</p> <p>Home Visits and Volunteer Bureau Taxi Service– There will be a much tighter control on who is eligible for this, letters have gone out to patients who have had HV in the past 12m explaining. A meeting is planned regarding the community nurses to engage them more in this area. TB explained the current request for funding for the volunteer service taxi service had been rejected but given recent events an appeal is possible.</p> <p>Ownership of PPG and CQC Volunteer – CQC may visit in March and they will give us 2 weeks notice. TB volunteered to be the CQC PPG rep on the day. CQC want to see added community value and evidence of work done by the PPG. All agreed to work together collating evidence and suggestions made on future PPG meetings to gain maximum benefit without drawing excessively on manpower from the surgery. Positive reviews of the practice on relevant websites have recently increased.</p> <p>JB ran through the mystery shopper experience and the practice had not fared well (long wait on the phone, abrupt and no appointment offered), the next one is due in January.</p> <p>TB raised the subject of the Friends Notice board and for photos to be added as planned with the possibility of a contact number /email address for patients to contact the PPG.</p> <p>Discussion around the format of future meetings, generally agreed the PPG could run itself with limited input from DB/DR and a GP presence at some meetings</p> <p>NA left the meeting</p>	<p>TB to contact NWCCG re funding</p> <p>DB to raise at team brief</p> <p>TB to look into</p> <p>PPG to agree on roles</p>	
<p>Report made to Health Watch/NHS England regarding Boots the Chemist</p>	<p>JM/BG gave an update and the general consensus is for individual concerns to be raised by patients rather than from a PPG. CQC stated that if fell out of their remit.</p> <p>JM also updated the group on a recent PPG meeting she attended although much of it was over her head, there is still no sign of joining up of information from hospital to hospital, JM has the full</p>		
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	documents should anyone wish to view them. TB says that CQC plan to carry out a patient survey in the last 2 weeks of January and will forward any information to DB on this.		
Flu Update	The clinic held on 4 Nov produced a great result 600 vacs given, proved to be a very efficient method. DB thanked all involved and stated there had been very good feedback from patients. PB apologised and left the meeting		
EPS Postponement	This is a voluntary service and so will no longer be live in January due to the current situation and will be postponed to a later date.		
AOB	Discussions on future meetings.		DB to arrange GP attendance
Dates of next meetings	The next date planned will be Thurs 14 Jan 2-4pm, DB to be present if needed. Topics of Patient Champions and Patient Survey 2016 to be carried forward to the next meeting Following that Tues 23 Feb 2-4pm with a GP to update the group, DR to be present when needed. AGM to be held the end of March		
	Meeting closed 4.45pm		

COPY OF MINUTES TO BE CIRCULATED TO ATTENDEES AND **ALL** MEMBERS NOT AT THE MEETING

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