

SETT VALLEY MEDICAL CENTRE  
PATIENT PARTICIPATION GROUP  
MEETING AT NEW MILLS VOLUNTEER CENTRE 24.01.2017

Present : Ian Mason (chair), Dr J K Douglas (Senior Partner ), Andrew Pollitt (Practice Manager ), Nicola Fryers (Secretary), Leona Hutchings, Denise Hall , Lance Dowson Brian Waddell, Gordon Lyons, Ann Lyons , Godfrey Hutchins , Michael Bruek.

1. Apologies/Introduction, Leam Jackson, Judith Bailey, Josie Longson. The Chair noted the passing of PPG member Graeme Boardman.
2. Minutes Of last meeting Read and agreed. Matters Arising – Did Not Attend (DNA'S) still a significant amount of numbers , Ian mentioned Thorn brook surgery Patient's being able to book their own appointments via an automatic telephone appointment system – Dr Douglas to enquire when he is next at Thorn brook
3. Practice Manager's update – Andrew read his report out to the group please see attached
4. Doctor's Update – Dr Douglas mentioned how difficult it is to recruit new GP's which is a problem nationally, and the prospect of practices being open from April 2018 from 8am until 8pm Monday- Friday. Dr Douglas mentioned a Diabetes Nurse Caroline Fletcher who is working closely with the practice and seeing patients at Sett Valley, and has updates with Dr Douglas and Vicky Ashenden (Diabetes Nurse ) . She is working for a pharmaceutical Company Novo Nordisk and Dr Douglas gave assurances about management of any conflict of interest.
5. Feedback from Networking meeting – Ian reported on the meeting at which Chief Executive of North Derbyshire CCG gave an update on the 21<sup>st</sup> Century proposals and the progress of the System Transformation (STP) for Derbyshire. He also referred to the financial difficulties at the CCG.
6. Chair/Members Report : The MIG was explained which our Practice has signed up to . This lead to a discussion about medical records like SCR (Summary Care Record) and the enhanced SCR. Members expressed confusion about medical records so Nicky undertook to present a sample (Donald Duck's) at the next meeting. Ian mentioned how he has been updated on some ideas for practice's working Monday – Friday 8am – 8pm and the basket of services which is how GP practices are funded.
7. Patient Survey results - to be discussed further and at next meeting
8. Members' Issues – Denise asked what new patients needed to do if they were moving practice from Dr Powell's to The Old Bank Surgery – Dr

Douglas explained the practice has an open book and patient's would be able to register, The practice is in discussion with the CCG on having a room altered to make two consulting rooms (old Bank Surgery) The TV screen's – Patients are not always hearing the ping sound, so it's to be altered so the name is spoken out.

9. AOB – Godfrey shared two documents about STP plans and the dangers facing the NHS through privatisation. Please see attached.  
Lance mentioned Stockport have Electronic PPG meeting's  
BT Phone Box's – there are 45 in the High Peak. Lance took a request to the council to have them adapted to have a DE – FIB in the box.  
Members asked about training for using the equipment .Possible item for a future meeting or event if the installations actually happen.

**Date of Next Meeting Tuesday 28<sup>th</sup> March 2017 6pm**

## **PPG meeting – Tuesday 24th January 2017**

### **Practice Manager's Report**

#### **Staff Changes**

Andrea Rimmer, ANP, joined us in January 2017 as a replacement for Fiona. Andrea has a lot of experience in secondary care, and we feel her skills and role are easily transferable to a GP surgery. One of our longest serving nurses, Bridget Wagg, retired at Christmas. Bridget had been at the surgery for 13 years and clocked up 50 years in the NHS. We are actively seeking a replacement nurse, but this is proving a little more arduous than anticipated.

#### **GPs**

Dr Emma Ward and Dr Sarah Whittaker are now on maternity leave.

Dr David Keogh (4 days), Dr Pip Fisher (Mondays) and Dr Isobel Heyworth (Fridays) will be covering maternity leave for the 2 GPs, for up to 12 months.

Dr Williams will continue to work on Thursday mornings from April to June 2017.

Dr Hamid Ali will be our new GP Registrar from 1<sup>st</sup> February 2017, full time for 6 months. Dr Gor will be his GP Trainer.

#### **Surgery Closures**

Quest Sessions – Wednesday afternoons (8<sup>th</sup> February, 8<sup>th</sup> March and 12<sup>th</sup> April).

#### **Hayfield Branch Surgery**

Hayfield Branch surgery will be closed on Wednesday afternoons (formerly covered by Dr Ward).

Dr Horsfall will cover Hayfield Surgery on Monday mornings for Dr Ward.

#### **Arden House – Hayfield Branch Surgery**

Arden House has applied to NDCCG to close their HF Branch Surgery from 1<sup>st</sup> April 2017. SVMC have agreed to take on any patients wishing to register in Hayfield. About 20 patients have registered as at mid-January 2017. The situation is being monitored and conversations are ongoing with NDCCG (Hannah Belcher) regarding the impact on our Hayfield patients and surgery, with a view to seeking assistance from NDCCG. This is likely to take the form of minor building work.

Andrew Pollitt  
Practice Manager  
16.01.17

**Government want the NHS to save £20billion over four years which equals 20% of the total spend on the NHS.**

This will mean a huge reduction in what the NHS provides. GP's are administering budgets and are overseen by **MONITOR** the regulating body which scrutinizes the process of competition which GP's have to assist with. This in the long run means cherry picking from private health providers for easy profit. Consequently GP's will have to relate to many different organizations. **WHY REORGANISE the NHS.** General improvement all round we are told. **This is nonsense and lies.** It's to establish the **MARKET. with AMERICAN style INSURANCE** being the end game which no politician will admit to.

GP's will be a under pressure to keep the lid on referrals and be unable to offer the referral that you might need. They will be under pressure from CCG's to keep within budget. Also they will have to be involved with private companies that provide services to the NHS. ( this already happens) This ---by some academics is thought to possibly endanger the GP/patient relationship.

**A TWO TIER HEALTH SYSTEM.** This is thought to be a distinct possibility, which could be the result if the public is forced into an insurance system, similar to America where 60 million people ( 1 in 5) can't afford Health Insurance. Here we could see the private sector cherry picking for profit and leaving complicated health care to public provision.

**HOSPITALS.** Foundation Trusts are separate from the NHS and are allowed to gamble on the Stock Exchange and borrow money from various sources and they're very much in the **Business Model.** This and the reorganisation of the NHS **undermines** a hospital's ability to cope financially. Not forgetting the disaster that PFI FUNDING has created with **interest** on loans being paid back for 50+years in many cases when the original build costs were often double that of a publicly funded hospital. PFI's were a crime of Tony Blair and New Labour, an idea adopted not from America but from Australia.

**COMPETITION** in the NHS is known to provide a worse service because everyone is competing against everyone else. Every hospital in time has to become a **Foundation Trust** and offer services to private patients. The cap on how much they can make is to be abolished under the new Bill. They will become strapped for cash ( are already) because of the required savings, so more work has to be done for private patients, leaving less money for the public sector. So waiting lists will grow and private patients will be pushed ahead of NHS patients, resulting in putting pressure on people in pain, to join private provision. Furthermore, the protocol for many procedures have become more stringent. This specifically applies to hip and knee operations, second cataracts and certain screening for thyroid.

**The percentage GDP FUNDING for the NHS** has dropped under this government from 9.4% in 2010 to 6% in 2017. This is the lowest in Europe and is a scandal with France and Germany both spending **12%** of **GDP** on their Health Service. Admin costs have gone from 4.5% before reorganisation to an estimated 15% and climbing now that STP's have been introduced. The CCG's ( Clinical Commissioning Groups) cost the NHS £10 billion a year. Also of the 3225 CCG members in England, 125 of them are directors of Private Health Companies.

**The Government** has perpetuated the myth that the NHS is unsustainable, but it's the most efficient health service in the world. However the narrative that we hear from the government and health bosses is pushing us towards user charges and ultimately an insurance based system. **This is not the direction that we want to go.** But none of the politicians will admit that this is their end goal despite that act that many in government are directly involved in the

management of private health care. There is a covert attempt to move money into the pockets of private corporations. Richard Branson is a prime example.

**Andrew Landsley** had these plans for reorganisation in secret, under wraps for five years. It wasn't in any manifesto and no-one knew about it. No one told us, not the government, or the media. **This is a major con which needs to be exposed because it is totally unacceptable as none of these plans however, have a proper evidence base.**

**It's important to note that facts and evidence are not partisan, they are the bedrock of democracy and we must all try to diminish the malignant lies that regularly reach into our society. We all need to ask questions.**

*Notated from an on - line talk in October 2016*

*Best wishes*

*GSH.*