

Minutes of meeting held 21 January 2014

Ladybrook Hotel, Bramhall, 7.30pm

Attending: George Rogers, Tony Carew, Brian Preece, Elaine Preece, Graham Trickey, Ray Tallis, Paul Leake, Andrew Renshaw, Dave Owen, Marj Owen, Val Murray, Wendy Darling, Tom Gillespie, Ian Barker, Rod Kilgour, Liz Harlow
Chair: Terry Tallis (TT)

1. Welcome

TT opened the meeting and welcomed Dave Owen, attending for the first time.

2. Apologies:

Jack Wrigley, Peter Phillips, Andy Wedderburn & Sharza Dethick

3. Minutes of previous meeting (10.12.13) were approved.

4. Matters arising:

Tendering & contracts: TT felt that, despite the meetings with Jane Crombleholme (JC) and Ranjit Gill (RG), SNHSW had not received straight answers about, nor been given clear sight of, the tendering process and the type of contracts being tendered for.

TT thought we should watch carefully the situation re cancer services. Ian Barker (IB) would elaborate later.

Tom Gillespie (TG) commented that Cambridgeshire CCG had put £1bn worth of contracts out to tender. They had published all the data relating to contracts including 'commercially sensitive' data. Ray Tallis (RT) asked TG to circulate the details to members.

HealthWatch

TT has signed SNHSW up to HealthWatch (HW) as a group. She went to a meeting recently, but it was not clear what HW's remit was. HW members themselves were unclear about their remit. It did transpire that some members of HW have the right to do unannounced 'spot checks' on providers, but it was unclear who, or what, instigated these.

Elaine Preece (EP) asked if HW was a pressure group. Graham Trickey (GT) explained that it was a statutory body. IB asked if it reported back to the CCG. GT thought that it had input into the CCG. George Rogers (GW) explained that HW has a board member on the CCG.

TT said that HW seemed to be involved in several projects, but it was unclear where these were referred from or whether HW chose them itself. Rod Kilgour (RK) said that HW was represented on the Health and Wellbeing Board of Stockport Council.

Ray Tallis (RT) thought that SNHSW should invite the Chair of HealthWatch to appear at one of its meetings. TT explained that the Chair, Tony Stokes, had already turned down an invitation from SNHSW. RT thought another invitation should be issued.

5. Invited guests:

i) JC's responses to questions were available on a separate sheet and had been circulated to members. JC said that cost and previous performance would be taken into account when awarding contracts. This didn't answer the question about the appointment of Arriva, given its documented failures in Leicestershire, to the Greater Manchester contract for non-emergency ambulances.

ii) RG had clarified the question about whether the CCG was paying for the 111 service and Mastercall – it pays for both. Mastercall dealt with out-of-hours services and 111 had taken the place of NHS Direct. TG commented that 111 had had to recruit a number of inexperienced and untrained temporary staff to cover over the Christmas period.

IB reported that RG had approached him at the CCG meeting on 11 December. RG complained about the last question put to him at SNHSW's 10 December meeting. RG said he "wouldn't take lessons about the meaning of the NHS". He had been very careful about what he had said, as the meeting was minuted and would be published online.

RT commented that neither meeting had produced reassurances about what was being put out for tender or the transparency of the process. RT asked the meeting if this should be SNHSW's main focus. It was agreed.

IB said that Mark Chidgey (MC), Director of Quality and Provider Management at SCCG, had promised, before Christmas, that there would be more information available. GR commented that this should be on the website, but it was not there at present (21.1.14). IB thought SNHSW should hold the CCG to this promise and scrutinise the details when they do appear. RK thought the list of bidders should also be pursued. RT summarised the objectives for SNHSW scrutiny as – what is up for tender, the process used and who are the bidders? IB suggested that SNHSW should press JC for this information.

GT thought SNHSW should clarify its own position re the issues it intended to focus on. RK suggested this should be on who is bidding for contracts and the transparency of the process. TG added that the public also needed to know the criteria governing selection for contracts. GR asked how did prospective bidders know what was coming up for tender. TG replied that available contracts appeared on the NHS Supply2Health website. TG added that 40% of GPs' Local Enhanced Services were to be put out to tender by April this year.

Paul Leake (PL) commented that SCCG's behaviour is defined by the culture of the new legislation. It was feeling its way. SNHSW needs to know what the pressures are on the CCG. It seems to be very unsure of its way forward. GR thought the CCG was concerned not to upset the private sector as it was wary of litigation. IB said that this had been referred to in previous minutes of a Patient Panel meeting, where MC had said that Stockport was "not immune" from such pressures.

RT volunteered to formulate a letter to the CCG asking what was going on. PL said that the public wants assurances that procedures are impartial and open. GR added that it was important to have information before decisions were taken. RT said he would supply a draft, ask for comments and then send it to JC. The letter and her responses would be made available for publication. GR thought that there needed to be a key group to work on this. IB, PL, Dave Owen, Wendy Darling (WD) and Liz Harlow (LH) volunteered. RT would co-ordinate.

RK asked if there were any contracts relating to Stockport that SNHSW could track. GT said that nothing had gone out so far. TG reminded the meeting that hospitals, as well as the CCG, can invite tenders. TG thought that hospital tenders might be easier to discover than CCG ones. TT suggested contacting KONP Bristol on this aspect as they have some experience in unearthing such information.

RK asked if there was anything in the pipeline. GR replied that the budget allocation was due this month. The CCG's Chief Finance Officer, Gary Jones, would be at the next Patient Panel meeting on 29 January. TT thought that the Patient Panel should be asked what had been awarded. Elaine Preece asked if Stockport Council had a member on the CCG board. GR replied that the Chair of the Health and Wellbeing Board of Stockport Council, Lib Dem Cllr John Pantall, sat on the CCG board.

iii) TT asked the meeting if it wanted to invite prospective parliamentary candidates (PPCs) to attend a future meeting. (Lisa Smart is the Lib Dem PPC for Hazel Grove and Mary Robinson is the Conservative PPC for Cheadle.) TT asked whether, in view of the fact that the Labour Party is the only major party pledged to reverse Section 75, should SNHSW be supporting local Labour candidates with realistic prospects of victory.

TG said that he had received an email from the National Health Action Party (NHAP) asking whether SNHSW would be willing to field a candidate in the May local elections. TT thought that it might stretch SNHSW resources and commit members to a considerable amount of support work. RK thought leafleting one ward might be manageable, but it would be expensive as it would not be a 'one-off' activity. RT thought it could be regarded as a PR exercise and that intensive leafleting etc might not be necessary. It would be an opportunity to highlight the collusion of the Lib Dems in the passing of the 2012 Act.

Dave Owen commented that a candidate would need to distribute two or three leaflets at least and this could prove expensive. TT added that the 4,000 leaflets that SNHSW had handed out so far had cost £130. EP thought that leafleting wasn't productive and eye-catching events gained more response.

TT said she would get in touch with the NHAP to see what its intentions were. TT asked the meeting if it wanted to field a candidate. About four members were in favour.

EP reported that the Labour Party thought it had a good prospect of regaining control of Stockport Council. She also added that leafleting in Bramhall had been depressing. Brian Preece (BP) added that its residents were under the impression that they could afford private medicine, but were unaware of the limitations of insurance.

TT suggested that SNHSW undertook more research re fielding a candidate, consulted with NHAP and then made a decision. The meeting agreed on this action. It was decided that RK, TG, TT, RT, EP and LH would meet separately to explore the option.

TT asked if the meeting wanted to hear from the PPCs. LH thought it was worth making contact with them and also suggested inviting other activists, such as from KONP etc. TT said she would re-invite Tony Stokes to a meeting.

EP asked about citizenspace.com – did anyone have any information about who was behind this 'consultation hub' entitled 'Have Your Say'. A password was necessary for access to some parts of the site. TT suggested contacting Shirley Hamlett (the CCG's Community Engagement Officer) at shirley.hamlett@nhs.net. TT would also query it with the Chair of the Council Scrutiny Committee. An issue was also raised concerning SNHSW's own website. Some people had had difficulty accessing the site via general browsers. GT said that he had talked to Jack Wrigley (JW) about this. JW thought the solution might be to use a different host. LH said that the hosting was due for renewal soon, so it would be good time to consider this. BP said that he had additional space available, via his provider, and would look into using this space for SNHSW.

6. Local campaigning

i) Experience so far.

TT invited the group to give their views on this.

Tony Carew (TC) said that the leafleting in Marple, just before Christmas, had gone well with a lot of people taking leaflets. (Peter Phillips sent his thanks to all who participated.) TC thought the group should continue with leafleting, possibly on a monthly basis in different locations, between now and the general election. This was an essential activity in raising awareness that could run parallel with more elaborate events.

RT thought it was an activity that might not suit all members, if they found approaching people on the street difficult.

Marj Owen suggested leaflets should have some kind of reply slip for those not online to contact the group.

TG said he was in contact with other groups, such as KONP, about acquiring some generic publicity material.

RT said that he would happily forward his slides to anyone who could use them. EP said that she had been forwarding them to relevant people and organisations. She also asked about purchasing distribution lists. GR said that the U3A's list could be acquired. TT asked members to let her have any distribution lists. Also Shirley Hamlett could supply lists of organisations.

It was also suggested that SNHSW should consider visiting other groups, to deliver talks and leaflets, such as the Townswomen's Guild and the U3A. GR reported that the Bramhall U3A already had speakers arranged for the whole of the year and the Cheadle Hulme branch for the next four months.

ii) Future Plans

TT had previously joined SNHSW to KONP. TT had received a request from the Manchester branch of KONP to attend a meeting of the People's Assembly on 15 February. The Assembly would be adopting a motion in support of our, and KONP's, aims to keep the NHS public.

RT commented that the organisations working to save the NHS were diverse and needed coordination. TT mentioned a workshop aimed at bringing together people from all over the UK to create an umbrella organisation and focus action.

It was suggested that SNHSW invite a representative from Wyre Forest to discuss how they achieved the ring-fencing of LES in their area.

7. Reports from members

IB reported that there was nothing directly on cancer care at the CCG. The City of Manchester was spending the most in the Greater Manchester area, but with the worst outcomes. The next CCG meeting was on 12 February.

GT referred to a Monitor investigation re the roles of Stepping Hill and South Manchester Hospitals in local cancer care. The hospitals had appealed against their exclusion from cancer care in the area. There was nothing on Monitor's website that indicated a conclusion had been reached.

RT commented that Stepping Hill and South Manchester were forced into this position to protect their funding, even though specialist centres would have better outcomes for patients.

GT added that a large number of Christie beds were private, so that hospital couldn't absorb extra patients lacking provision more locally.

PL thought this division between local provision and quality of service shouldn't be being created. WD thought it was perfectly possible for people to be assessed at the Christie and then some treatments carried out more locally. RT would like to know the process by which such decisions were being made.

IB notified the meeting that the Healthier Together Committees in Common would be holding their first meeting, in public, at Manchester Town Hall on 22 January at 2pm.

IB went on to raise the issue of conflicts of interest (COIs). There would be no change re COIs which arose in relation to the CCG. Those who might benefit will not be excluded from voting. For example, GPs who might have a COI will still be able to vote on the decision about LES. IB is waiting to see if this is minuted.

RT suggested SNHSW should write an open letter to SCCG about COIs and post it on the website. WD asked if we could trust its response. TT added that it could be copied to the four local MPs and the press. GT suspected this was another area where the CCG had no clear policy. RT thought this was an issue of high importance to get clarity about. TT said a letter should be sent directly to JC about this. IB, RK, TG and GT would formulate it.

Amendment to CCG constitution

TT raised the situation re the inclusion of the original 38 Degrees drafted amendment. She reminded the meeting that Haringey had adopted it and Tim Ryley had originally implied that it could go forward. He then suggested it be incorporated into procurement documents. JC is now saying that constitutional changes have to go before NHS England – for which there are only two opportunities a year. TT sought the meeting's permission to pursue this. It was agreed.

TC thought that the amendment should be resubmitted if nothing satisfactory came back from JC.

TT proposed to write to Stockport MPs raising the constitution and its lack of ethical employment standards etc.

8. Funds It was decided to leave this matter until the next meeting.

9. AOB

TG raised Clause 118 – which allows for any hospital to be closed summarily. He thought it should be raised at the Healthier Together meeting. What is the function of Committees in Common if the Secretary of State is making arbitrary decisions?

TG also noted that 70% of the contracts awarded, thus far, have gone to private providers.

He also advised that the government had made it possible for people to change their GP online. This also enabled GPs to tout for patients outside their catchment area – putting practices into competition with one another.

There was no further business and the meeting concluded.

The next meeting would be held on Tuesday 11 February at the earlier time of 7.00pm.

**Minutes of meeting held 11th February 2014
Ladybrook Hotel, Bramhall, 7.00pm**

Attending: Graham Trickey, Peter Philips, Jack Wrigley, Debbie Hind, Paul Leake, Ian Barker, Val Murray, Marj Owen, Tom Jackson, Paul Green, Tom Gillespie, Wendy Darling, Elaine Preece, Yvonne Guariento, Ray Tallis, Maureen Yallish (Governor Stockport NHS Trust, attending as an observer)

Chair: Terry Tallis (TT)

1. Welcome

TT opened the meeting and welcomed Tom Jackson and Yvonne Guariento, attending for the first time.

2. Apologies: Rod Kilgour, Andy Wedderburn, Brian Preece, David Owen, George Rogers. Liz Harlow also sent apologies and Ray Tallis (RT) took the minutes in her place.

3. Minutes of previous meeting (21/01/2014) were approved subject to the removal of a sentence "GT said he had talked to JW about his" which was factually inaccurate.

4. Matters arising:

i. *Jane Crombleholme Lay Chair of CCG (JC)*

TT reported that she had not yet received a response from JC to her latest email (19th January) following up unanswered questions about commissioning arising out of her visit to SNHSW.

ii. *Jane Crombleholme*

TT reminded members of the letter, by Ray Tallis (RT) and others, that had been sent to her – in accordance with the decision at the previous meeting - calling for more transparency in the CCG's role in the commissioning process and issues of potential conflict of interest. The letter had been sent on 31st January and had also been posted on the website. There had as yet been no response.

Members of SNHSW felt that this double silence was unsatisfactory and agreed 2 courses of action: a) the failures to reply would be noted on the website; and b) Ian Barker (IB) who was attending the CCG on 12th February would raise this with her.

(iii) *Healthwatch*

TT reported that Tony Stokes Chair of Healthwatch (HW) was willing to meet with SNHSW. In response to IB's questions, TT suggested that we should ask about HW's powers, the extent to which they were able to engage in a genuine two-way dialogue with CCGs and other decision-making bodies, and the issues HW is currently focussing on in Stockport. It was agreed that Mr. Stokes would be invited for the second half of the March meeting – starting at 8 p.m. TT would circulate some questions and ask others to add to them.

(iv) *Meetings with Other Bodies*

TT reported that there was to be a meeting of Greater Manchester K.O.N.P on 13th February which she would attend. She would report back. After some discussion it was agreed that there should be a joint workshop – perhaps an afternoon - between KONP, SNHSW, the People's Assembly and the Green Party, to discuss joint strategies.

(v) *Contact with Local Politicians*

TT reported that she had contacted the leaders of the three main parties. Tony Lloyd (Conservative) would be willing to meet with SNHSW. She had also left messages with Sue Derbyshire of the Lib Dems and Andy Verdeille of the Labour Party but had not yet received a response. The group agreed that TT should go ahead and arrange visits to all three leaders in their surgeries – preferably in March. There was some uncertainty as to whether it would be of value to meet the Chair of Health and Well-Being Board, John Pantell, though it was felt that it would be useful for him to give IB relevant papers at the CCG meeting.

There was discussion as to whether there should be a press release after each of the meetings with the council leaders. It was felt that the discussion might be more free and frank if it was felt that they were 'off the record'. It was decided that there would be a report of the meeting on the website and a press release if sensational information emerged.

(vi) *Petition on Locally Enhanced Services*

Thanks to the extraordinary efforts of GT, a petition opposed to putting out to tender Locally Enhanced Services (LES) – 40% of GP contracts - (flagged up by the GP magazine *Pulse* by Dr. David Gilbert Chair of Stockport Local Medical Committee) had been created. After a slow start there had been a staggering response and at the last count 3,558 signatures had been obtained. GT, the Chair and several other members of SNHSW had been interviewed by the press, in response to a press release master-minded by GT. Peter Philips (PP) had created a stunningly beautiful 95 foot scroll containing the list of signatories to the petition.

The petition was to be handed in to J. C. in person at Regent House CCG on 12th February and as many members of SNHSW as possible had been invited to attend. GT was also booked for a short interview with Pure Radio. IB would take the opportunity to raise the issue of LES at the CCG Board Meeting. TT led on a vote of thanks for all involved and a standing ovation for GT.

(vii) *Chair's Confession* TT 'confessed' that she had not been able to chase up the clause suggested by Tony Carew, and agreed by Tim Ryley, to be put into the Stockport CCG Constitution regarding ethical procurement. She would follow this up. She would also make contact with the Bristol Group about sharing props, visuals, and expertise.

5. Chairperson's Round Up – After One Year of Existence

TT felt that in view of the packed Agenda, she would postpone her one year review of the activity of SNHSW until the next meeting. However she reminded members of the main tasks of the organisation:

- i) To find out and, if necessary, challenge what was happening locally in terms of the purchase and provision of healthcare by the CCG.
- ii) To raise public awareness of the implications for access to healthcare of the Health and Social Care Act and the local and national decisions that have followed
- iii. To raise public awareness of SNHSW in order to increase membership and the proportion of members who are active.
- iv. To hold local and national politicians to account for their stance on the NHS, to challenge those who are colluding with the privatisation of healthcare, and work with those who share our concerns and will support our aims.
- v.

6. Reports from Members

Monitoring the CCG and Other Organisations

I.B. reported that there had been no CCG meetings since the last SNHSW meeting. The next one would be on 12th February and he would be attending. He noted that the Agenda for the CCG meeting had not been published until *two days* before the meeting. This was highly unsatisfactory as it gave attendees insufficient time to digest the relevant documents and think about the issues for consideration. Among the latter was the future of the 111 service. Tom Gillespie (TG) draw members' attention to the development of a new nationwide ambulance service that could be accessed only by professionals and not by the general public.

I.B. reported on his attendance at the 'Healthier Together Committee in Common' on 21st January. This is "a review of health and social care and is part of a wider public service reform, seeking to improve outcomes for all Greater Manchester residents... The programme is clinically led and is managed by the Service Transformation Team which is accountable to Greater Manchester's twelve CCGs" (Website). It seemed very pleased with itself but looked like another talking shop. [IAN WOULD YOU LIKE TO ADD A BIT MORE ON THIS?]. G.T. had the impression that commissioning for acute hospital services might be collectivised across the CCGs in Greater Manchester and Monitor will have a major input.

GT.had been in contact with a Unison official who informed him that the CCG was planning major re-commissioning across hospital and community services in April 2015. We need to keep an eye on this. He was concerned that the Local Area Teams were secretive organisations and he was encouraged by members of SNHSW in his intention to use FOI requests to find out more about their decisions and the processes that led up to them.

Concern was expressed about what was happening to mental health services. Wendy Darling (WD) said that care for Stockport citizens was provided across Stockport, Tameside and Rochdale. She agreed to find out what was going on in this service on behalf of SNHSW.

Website

There had been some problems accessing the Website via search engines such as Google. Jack Wrigley (JW) explained the nature of the problem (meta-tags) which he and Brian Preece had now solved. The members echoed TT's gratitude for the work Jack and Brian had put into this. JW asked members to let him know if there were any future problems, in particular about accessing pictures. There was now a facility for Stop Press entries on the Front Page.

Any material for the website should be sent first to the Chair and then she will pass it on to JW. The question of changing server arose. The feeling was we ought to stay with our present server 1..2...3 [IS THIS NAME RIGHT JACK?] as there was still a very large amount of spare capacity, which would make it possible to archive non-current material. It was agreed that the present annual fee of £35 was good value for money and a move to a free site could be a lot of effort. There was general support for the proposal to renew the contract unless there was a huge rise in annual fee.

JW also reported the good news that a talented singer Lucy Ward has agreed to the free use of her highly relevant protest song on our website. The members asked JW to convey their gratitude.

In response to Val Murray's (VM) query, JW said that the front page will be altered in July to change 65th to 66th Anniversary year.

Media, Publicity Etc.

PP reported that we had 400 of our leaflets left. Reprinting a further 2,000 would cost £68 which was felt to be reasonable. Members confirmed that they felt that leafleting remained a worthwhile exercise.

There was an extended discussion as to how we might make our leafleting more strategic. The local elections presented an opportunity - see below. GT pointed out that over 3,500 people would have seen our email address in relation to the petition and of these 38 had asked for more information about SNHSW. We needed to follow them up. PP suggested that we should leaflet in those postcodes where there had been a concentration of signatures and undertook to look at the post codes.

VM pointed out that tendering for LES provide a good local focus for our general concerns. IB felt that we needed to go north of the Mersey in the Heaton, for example, which we had not yet covered. PP wondered whether people might want to lead on their own area.

The question then arose as to whether we should target GP surgeries. It was felt that this might not be desirable as we may look as if we were picketing the surgeries and worried individuals visiting their doctors might not be appropriate for buttonholing. An alternative – writing to GPs

expressing our concerns – was discussed. RT agreed to draft a letter with members to add in key local details. We would not be able to afford the postage for a letter to each of the 400 or so GPs but we could be able to send a letter to the senior partner in each of the 80 or so practices in Stockport CCG. PP said he would be able to compile a list of GPs.

It was felt that , as well as leafleting, we should make full use of electronic social media. Liz Harlow (LH) was congratulated on establishing a very active and effective Facebook site.

What Is Happening Nationally

TG reported on some of the worrying and at times extraordinary events that were taking place nationally, as the private sector encroached on the NHS.

- a. These included Serco's latest adventure, in Braintree, where they had pulled out of a community hospital scheme for reasons that, it was assumed, related to financial problems.
- b. NHS England had commissioned a lobbying company working for some of the world's biggest drugs and medical equipment firms (Specialised Health Care) to produce a reports determining its future 5-year strategy for commissioning £12 billion of services. (NHS England does not register its meetings with lobbyists.)
- c. David Lock Q.C. pointed out a contradiction in the law. CCGs have legal duties to promote the involvement of patients and carers in decisions about healthcare services while at the same time they have precise procurement obligations which require a tendering process that has everything to do with the needs and rights of the private sector and nothing to do with that of patients.
- d. Clause 118 – which permits the Secretary of State to close hospitals or re-configure services without consulting local views – is currently being contested. If Jeremy Hunt is successful in getting this clause through – his revenge for the Lewisham humiliation – local democracy will be seriously damaged.

The band plays on.

TG also flagged up concerns relating to the Health and Social Care Information Centre, the gathering of data from primary care, and the possibility that confidential patient data might be de-anonymised and made available to health insurers, Big Pharma, etc.

Politics: National Scene

RT reported the cheerful news that the House of Lords was looking critically that evening at Section 75 of the Health and Social Care Act. Several peers, notably Lord Turnberg of Cheadle, would be pointing out that the Act not only paved the way for wholesale privatisation (despite the denials of Lord Howe and other government supporters of the Act) but that it was having a very damaging, indeed, destructive effect on the endeavours to develop services in a way that would benefit patients rather than private healthcare companies.

Local Elections

TT reported that a meeting convened on 30th January discuss whether or not SNHSW should field a candidate this May on behalf of the National Health Action Party had concluded that it would not be feasible. We did not have the time or resources. (The minutes of that meeting are available on the website.) The local and European elections did, however present an opportunity to highlight our concerns about the NHS and to publicise SNHSW.

Following the meeting Rod Kilgour (RK) had produced an excellent draft paper explaining to the general public why we exist and highlighting both the national political framework and some key local issues. As he was not present to discuss the paper, TT suggested that it should be circulated among the members and the feedback would inform the discussion of the paper at the next meeting.

Elaine Preece is holding a meeting at her house with a labour candidate in the European elections. The latter are particularly relevant because the impending trade deal between the EU and USA will expose all NHS services to competition in the open market – and will discuss this with the candidate.

EP then introduced Yvonne Guariento who is the Labour Candidate for Cheadle North in the forthcoming local elections. TT welcomed YG and then emphasised that, although SNHSW is not a party political organisation, Labour is the only one of the major parties committed to repealing the most toxic parts of the Health and Social Care Act. YG expressed strong support for our cause. She offered to include our leaflet in the 5,000 to 10,000 items they would be posting through doors in the forthcoming election – subject to agreement with other members of the Cheadle constituency group. This would take place in late March and would saturate 3 wards. In addition, it was agreed that a further contribution from SNHSW – either in the form of a small independent leaflet (snappier in a single A5 sheet) or a few key points about threats to local services inserted into Labour leaflets – would be distributed in May.

7. Future Programme of Action

It was felt that this had been covered under previous items.

8. Any Other Business

TT mentioned that a play, based on *NHS SOS*, which was touring the country, would be in Bolton early April. The idea of hiring a minibus, and of populating the foyer of the theatre with our placards, was enthusiastically supported.

TT said she would look into the logistics of hiring a van. TT drew our members' attention to a CCG Engagement Exercise ('Have Your Say'). IB agreed to circulate the dates of the events.

There was no further business and the meeting concluded.

9. Date and Time of the Next Meeting

Tuesday 11th March, staying with the earlier time of 7:00 p.m.

**Minutes of meeting held 11th March 2014
Ladybrook Hotel, Bramhall, 7.00pm**

Attending: Wendy Darling, Ian Barker, Tom Gillespie, George Rogers, Val Murray, Paul Leake, Jack Wrigley, Debbie Hind, Tony Carew, Graham Trickey, Kath Callan, Margaret McCausland, Marj Owen, Yvonne Guariento, Liz Harlow
Chair: Terry Tallis (TT)

1. Welcome & Apologies

TT opened the meeting and welcomed Margaret McCausland, Kath Callan and Yvonne Guariento.
Apologies: Peter Phillips, Ray Tallis, Andy Wedderburn, Elaine Preece and Brian Preece.

2. Minutes of previous meeting (11.2.14) were approved.

Marj Owen mentioned that she had difficulty in opening them in doc.x format. Tom Gillespie (TG) said that he would note that for future distribution. Jack Wrigley (JW) pointed out that they were also available on the website.

3. Matters arising & reports

Letters to GPs re LES:

Ray Tallis had written to Dr David Gilbert, Chair of the Local Medical Committee, following an article in 'Pulse' where Dr Gilbert expressed concern about putting LES out to tender. Dr Gilbert did not respond, so it was decided to write to all GPs in the area about the issue.

TT thanked Peter Phillips for all his work in designing, printing and distributing the letter to the hundreds of GPs in the area. Each surgery had also received an A5 poster. SNHSW awaits a response from the GPs. Wendy Darling (WD) suggested members should check that the poster is displayed at their surgery.

TT requested that the letter be put on the website. JW said he would 'Stop Press' it on the home page.

TT thanked JW and LH for renewing the website. JW said that it worked out at 94p per week for the year.

Petition:

Graham Trickey (GT) reported that the 12 March CCG Board meeting had an agenda item relating to SNHSW's petition about outsourcing LES. TT added that when the petition had been delivered Ranjit Gill, Clinical Director SCCG, had said he had no idea when the issue would be discussed. The petition was due for discussion, but contracts for LES were not on the next agenda.

(Tony Stokes, Vice-chair of HealthWatch arrived at 7.30pm)

GT explained that LES have to be re-contracted by 1 April to comply with a government instruction. He had written to Jane Crombleholme, Chair of the SCCG, asking if it had been discussed in view of this deadline. She had replied that it would be discussed under the item. Ian Barker (IB) said he would be attending the 12 March meeting. TT requested IB to ask a direct question about when the decision would be made. WD also suggested that he ask if the decision had already been made, hence no public discussion.

TT suggested that SNHSW needed an interim meeting before the next scheduled one, which would be after 1 April.

She also mentioned the action of the Bristol group Protect Our NHS. They had mounted a legal challenge requiring their CCG to have proper consultations with the public that are open and transparent; it would be interesting to follow this move.

TT drew members' attention to good coverage in the Stockport Express re the petition.

Mental Health Services

WD outlined the groups and areas covered by Pennine Care: children, young people, older people and drug and alcohol abuse for Bury, Tameside, Oldham, Glossop, Rochdale and Stockport.

Paul Leake (PL) described the meeting re Pennine's proposed 25% cut in services, which had taken place at Stockport Town Hall on 6 March. The CQC had raised concerns about using private providers in the mental health sector. NHS England had put a moratorium on mental health service rationing. The sector was also affected by reorganisation in community health services. Ranjit Gill had said he was listening to concerns, but PL got the impression that mental health needs were not a priority for the CCG. If beds were closing, there would be greater need in the community. The sector had been suffering cuts for the last 15 years resulting in 1700 lost beds.

There would be another anti-cuts meeting on 2 April at 6pm at Stockport Town Hall. On 1 April the Health and Well Being Scrutiny Committee would be meeting at the Town Hall at 5.30pm. GT thought that SNHSW should join the lobbying of this meeting. Members agreed that this was something SNHSW could get behind, particularly as it is a Stockport specific issue.

GT was concerned that the cuts are in the budget of Pennine Care which was paid for by SCCG. WD thought this meant hospital beds would close in addition to community care being cut back.

Tony Stokes (TS) raised a point of information. There were two Foundation Trusts in the Stockport area: Stepping Hill looking after physical health and Pennine Care looking after mental health. Sometimes they 'overlapped', such as with the Oasis Café in Stepping Hill which was actually under Pennine Care's remit. Pennine Care was an NHS body funded by SCCG and other CCGs in the area.

He continued that opinions varied about whether the cuts were 20 or 25%, but it looked like Pennine Care was being paid to provide a service and then cutting it. TT asked if this could be clarified. TS offered to raise this and try and get more information at the 12 March CCG meeting.

Jane Crombleholme's response to SNHSW 's letter

IB had drawn up questions for the Chair of SCCG about the lack of transparency and information about spending and procurement decisions. IB said she had replied on 18 February and her letter could be viewed on the website. TT thanked IB for this.

Invitation from Mark Chidgey

IB reported that he had received an invitation from Mark Chidgey, Director of Quality and Provider Management at SCCG, to a meeting to discuss procurement policy. This was not fixed yet, but would be within the next ten days. A new procurement policy was going to the CCG in April. IB and GT arranged to discuss this issue prior to the Chidgey meeting. They invited views from members so they could present these.

At 8pm it was agreed to suspend the meeting and conclude the business at the interim meeting. This would be on 26 March at the Tallis's house in Bramhall at 7pm. Future meetings at the Ladybrook would also commence at 7pm.

Question & Answer Session with Tony Stokes

TT introduced Tony Stokes (TS) from HealthWatch (HW). TS explained that he was one of two Vice-chairs working with the Chair, John Leach. HealthWatches had been set up by local councils to meet the government instruction to create a community voice on the NHS.

HW looked for trends in patient experience and passed their findings on to the CCG and directly to providers. HW had a large membership represented by its Board which had administrative support from permanent officers. It operated independently.

Currently HW was collecting information about Arriva's performance with the non-emergency ambulance contract which had begun in April of last year. HW had managed to draw the CCG's attention to the poor service for dialysis patients. There had been no contact number available when ambulances were late. This has now been established. Previously stand by vehicles were based in Ardwick, now there were two based at Stepping Hill. The contract would be due for renewal in 2016.

TG raised concerns about lack of continuity in provision if providers changed. TT raised the issue of awarding contracts to providers with a documented poor record, such as Arriva's in Leicestershire. George Rogers (GWR) reminded the meeting that it had been told by JC and RG that contracts would be based on quality of provision, not price.

TS said the Arriva contract was for Greater Manchester, not just Stockport. It had been commissioned by Blackpool CCG, which had also commissioned the 111 Service; oxygen services were commissioned by Trafford. All this was for historical reasons. He conceded that the more arms-length commissioning gets, the more difficult it became to keep track of it.

HW had been able to raise concerns about the lack of consultation about cancer services in the area. It had written to Monitor, which had instructed NHS England to stop its reorganisation. HW would be meeting the Director of NHS England in Manchester.

Tony Carew asked what sanctions HW had. TS said that HW had no 'teeth', but it did have influence – there had to be public consultation. TT asked how NHS England consulted with the public. TS thought that NHS England had 'crept in by the back door'. TC asked when he, as an individual, was going to be consulted. TS said he should join HW. TT said that SNHSW had joined as group.

TS went on to explain that HW had created a conduit for compliments, complaints and comments via a leaflet and its website: www.healthwatchstockport.co.uk/content/have-your-say. There had been no clear route for this before. This was likely to be taken up by NHS England, based around the Stockport HW leaflet.

TS also mentioned a survey by HW into support services for hearing aid users (repairs, batteries etc). It had discovered poor provision which resulted in people not using their hearing aids. This will be relayed back to the CCG.

TC asked where HW members came from. TS said they were actively recruited. There were 30 volunteers, three paid administrators and a membership of about 800.

TT asked how issues came to the attention of HW and how it decided which to pursue. Is the CCG compelled to listen to HW? TS said that it was. He sat on the CCG Board and raised issues at every meeting. HW had a Patient Experience Group which gathered information and experiences. The Operational Team would research issues further and its findings would form the basis for questions to be asked by TS at the CCG.

GT asked if HW had meetings with Ranjit Gill, Tim Ryley and Mark Chidgey outside the CCG. TC asked if HW had a pre-emptive role. TS said HW would raise any problems it could foresee. It could be proactive as well as reactive.

TC asked if HW had had any input into the procurement policy and had it seen the document? TS said he had seen it in rough and was aware of discussions. IB asked if we could get access to it via our membership of HW. TT asked how TS had got sight of it. He said talking about specific services had raised concerns about procurement.

GWR asked TS if he was aware of the difficulty of getting information from the CCG's website. TS said he would look into it and raise the problem.

TT asked if TS was aware of any other organisations that the CCG regularly consults with. TS said no.

TT said TS's explanations had been very helpful. Was he concerned that HW would become a way for the CCG to 'tick the consultation box'? SNHSW and other organisations had great difficulty in getting through to the CCG and discovering what is going on, such as the details of contracts.

TS didn't think this was the case. The CCG did direct consultation with the public. They were obliged to consult HW by statute.

TT asked if HW had plans to consult the public about cuts in mental health care. Margaret McCausland (MM), a HW volunteer, said HW had a sub-group concerned with the problems facing mental health.

TS said he had been a governor of Pennine Care, but had not stood for re-election. In his experience, the staff was outstanding, but the organisational structure was the main problem.

TT asked how HW differed from Patient Panels. TS said that HW was a legal requirement.

GWR informed the meeting that the Patient Reference Groups aren't required to meet in person. Views can be sought by email.

Debbie Hind asked how HW found out about issues. MM said it could be via complaint forms, but they also did a lot of outreach approaching people directly at health related events. Also HW contact details should be posted in every surgery.

TS added HW was trialling advertising its existence via the information screens in surgeries, for the next three months.

GWR asked how HW was funded. TS replied that money went from the government to the council, who then funded HW.

Yvonne Guariento asked if HW was concerned about locum consultants in A&E.

TS replied that Stepping Hill was in the middle of national figures relating to waiting times in A&E. It found it difficult to attract consultants in some specialisms because it's not a teaching hospital.

The Tertiary Stroke Service was under threat because of waiting times in A&E, but pressure from HW had led to the policy being revised.

WD commented that a lot of people presenting in A&E could be seen by a GP. TS agreed adding that the attendance at A&E had been exacerbated by the problems with III. However, improvements were in the pipeline. III would be run by ambulance services, throughout the country, working in conjunction with the 999 service.

TT asked if Stockport's out of hours service would continue to be run by Mastercall. TS confirmed that it would. There had been a weakness in the duration of contracts, but providers would be offered longer contracts.

TT also asked about HW's ability to do unannounced inspections. How were these decided upon? MM said HW visited places people had raised questions about, after which it made a report. Since moving from Link to HW there had been a reorganisation and a set of standards to work to had been established. However, they have no jurisdiction over totally private providers.

TS said he would get a document to SNHSW when it is available.

Marj Owen asked who inspected HW. TS said he was writing a document about outcomes achieved by HW which would be presented to the Council.

HE added that HW had input to both the Health and Well Being and the Health Scrutiny Committees.

HW would soon be looking at children's services and was currently recruiting young people to a panel.

TS said he would send a document on 'Enter and View' to SNHSW and follow up on the procurement document. If SNHSW wanted issues raised TS suggested passing these on via IB.

TT thanked TS for visiting SNHSW to answer members' questions.

TT then reminded everyone to let IB have questions they wanted raising at the next day's CCG meeting. Also that SNHSW would be leafleting in Councillor Lane, Cheadle on Saturday (15 March) at 10.30am.

The meeting closed at 9.20pm; remaining business to be completed at the interim meeting of 26 March.

CONTINUATION

Minutes of meeting held 26th March 2014 at the home of Terry & Ray Tallis, 7.00pm

Attending: Wendy Darling, Ian Barker, Tom Gillespie, Val Murray, Jack Wrigley, Graham Trickey, Marj Owen, Dave Owen, Andy Wedderburn, Rod Kilgour, Ray Tallis

Chair: Terry Tallis (TT)

Meeting With Tony Stokes

TT asked for opinions on the visit of Tony Stokes from Healthwatch at the last meeting.

VM said that although Tony Stokes had no voting powers and little influence, it was a "talking shop" of enthusiasts and it might prove a useful way for the group to feed in to the CCG.

GT questioned whether or not Tony Stokes was an effective person for this role.

RK Asked what terms of reference he had and that he came across as waffling, a sop to the public.

RT Thought that we might be able to feed them information to further the group's cause. Perhaps we could work more closely and thought that Tony Stokes wants this. A formal meeting with Healthwatch might give it life, a blood transfusion?

DO asked why Healthwatch was a limited company?

IB thought it was because although it was not part of the council, it received a grant therefore, it was a limited company.

TT thought that perhaps 30-40 people attended their meetings and therefore it might be a useful way of influencing or raising issues with the CCG.

RK offered to search the Healthwatch website to find out how it reports to the council.

AW saw little point to Healthwatch.

TT thought it had some influence worth cultivating.

RK offered to report back on the Budget for Investigative Research, i.e. Arriva

CCG Meeting 12th March 2014

IB said that at the meeting the Mental Health Cuts question was asked. The CCG claimed additional funding, but it was actually a cut of 20% over 2 years.

TT said that Tim Riley had described the 20-25% cut as an inflation increase and that Pennine Care would just provide less services.

GT described this as a muddle.

RT said that cuts in real terms of inflation were always worse than the general rate. Was it a 20% or 5% reduction? Perhaps, a letter to Ranjit Gill is required?

MO said that elderly patients were being prioritised.

RT said the real picture was difficult to understand and that they should be held accountable for their accounting.

TT suggested that we should wait for the next union organised meeting and then send a letter.

GT said that £2million more was being quoted, yet Pennine Care would get 20% less.

TT said the group should wait for the meeting and formulate a response.

IB said that no formal decision for locally enhanced services had been made and that contracts would roll over. Perhaps, Pennine Care had leaked information?

RT said it was frustrating to have conflicting information everywhere.

TT said that there had been a delay in the "Healthier Together" plan of a consortium of CCGs and the July target was likely to be missed.

IB thought that Ranjit Gill regarded these meetings as a "softening up" process.

TT described the "Healthier Together" plan as a linking of larger and smaller hospitals, theoretically sharing staff. Hospital closures were still possible.

TG thought that it would be worrying if hospitals closed before alternatives were ready.

RT defined the premise as being "better to have distant excellence, rather than local mediocrity".

IB said the public needs more explanation and a response from the CCG should be sought.

RT advised caution and asked just what are their powers?

GT thought that no hospital would close, but that 4 sectors would be organised with local hospitals being given access to centres of excellence. Final details would not be released until June.

RT asked what powers they would have and whether we could attend meetings and find out how to engage with their decision making processes.

IB feared a fait accompli by June and suggested meeting well before then.

RT volunteered to try and find the best way to meet with them.

IB was meeting with Mark Chidgey soon to discuss the update of procurement policy to CCG boards. Ian had requested a copy of the existing policy, but nothing had arrived as yet.

TG suggested that the danger was that the service providers might end up running the CCGs?

GT suggested that KONP's campaign plans leading up to the general election and the general issue of how we can help to raise the national profile of the organisation should be discussed with Jaqui Davis and the results added to the website?

TT thought that KONP were not doing much effective work at a national level and that a national voice was required.

The group offered their gratitude for Graham's work on this.

VM said that practices had started email consultations in Bramhall and that Elaine Barnes had formed a focus group with All Patient Questionnaires. They wanted to raise the bigger issue of budget cuts of 10% and how services could continue to be delivered was a concern. Fears of medicine and specialist referral reductions a concern.

The enhanced services group of 33 GP practices is called Archway Health. They were very stretched. No Power = No Resources.

Val offered to remain in contact with the group, who were very much of one mind with SNW.

AW asked if Ranjit Gill was involved with this group?

RT said the bill that should have empowered GPs had actually disempowered GPs.

GT said that Archway Health was described differently, more like a "consortium for collectively contracting support services", i.e. a very different perspective?

RT said that the SNW letter to GPs had resulted in a null response!

RK suggested targeting a favourable GP to ask their opinion as to why we have had such a poor response?

RT offered to compose such a letter.

Action Plan for Future Activity

TT said that a meeting with councillors had been considered, but that a meeting with Don McGhee had proved to be a waste of time.

Leafleting

It was generally agreed that printing leaflets for letterbox delivery, was not an effective exercise for SNW and that the previous model of assembling members with SNW cake and banners in busy areas was far better, giving members the chance to discuss issues with the public.

Meetings with Local Politicians

These should continue, if they are possible to arrange.

Future Elections

With the Local, Euro and General elections pending, it was felt that SNW should offer help for Labour candidates, given the election pledge given by Andy Burnham.

DO suggested having a group presence at Car Boot Sales and local events such as Poynton Show? He thought it was better to concentrate on specific issues such as mental health rather than more general issues.

RT said that he was extremely worried by the fragmentation of the health service through privatisation.

TT agreed that the Cuts could only mean Less Service.

TG agreed that the group focus should be on the Mental Health Cuts and that details of the Pennine Care meetings would be distributed to members via SNW emails.

RT thought that the MEP prospects did not look good, but within 6 months the Withington and High Peak elections, might offer suitable opportunities for SNW.

TT asked for suggestions from members for future events that might be suitable for SNW leafleting. Reprinting of leaflets to be discussed at next meeting.

Tony Carew

TT informed the group that due to health reasons, Tony Carew was unable to attend meetings. The group thanked Tony for his past contribution and wished him all the very best for the future.

Next meeting is Tuesday 22nd April at The Ladybrook Hotel, Bramhall, 7.30pm.

Minutes of meeting held 22nd April 2014 Ladybrook Hotel, Bramhall, 7.30pm

Attending: Tom Gillespie, Ian Barker, Rod Kilgour, Peter Phillips, Val Murray, Marj Owen, Dave Owen, George Rogers, Ray Tallis, Brian Preece, Elaine Preece, Liz Marron, Monica Hastings, Wendy Darling, Liz Harlow.
Chair: Terry Tallis (TT)

1. Welcome

TT opened the meeting and welcomed Liz Marron, from the Cheadle Labour group and Monica Hastings.

2. Apologies Paul Leake, Andy Wedderburn, Sherza Dethick, Jack Wrigley, Debbie Hind and Graham Trickey.

3. Minutes of previous meeting (11.3.14) were approved.

4. Matters arising

Viaduct Health

This company has been created as a federation of Stockport GPs working in partnership with Mastercall. Viaduct Health will be a commissioner and provider of services. (Further details available at: <http://www.viaducthealth.org.uk/home/>)

LES & Mental Health funding

Ian Barker reported the CCG as stating that the contract for GPs' local enhanced services would "very probably roll over". George Rogers (GWR) thought that this had already been confirmed. TT asked that this should be raised at the next CCG meeting for clarification.

IB also mentioned that the CCG is saying it is putting extra money into mental health services and that the reported 20% cuts were a result of inflation.

Tom Gillespie (TG) commented on the confused picture re mental health cuts. The next CCG meeting would be attended by members of Unison and individual carers who would be seeking clarification.

Demonstration at Stockport Town Hall (1 April)

This was attended by TT, Peter Phillips (PP), Graham Trickey and Jack Wrigley along with mostly Unison representatives. TT had thought that the Health and Wellbeing Board had been making the decision re mental health funding, but it transpired that the Scrutiny Committee, chaired by Tom McGee had no teeth and had merely set up a consultation. IB asked if SNHSW could liaise with the Scrutiny Committee.

Campaign meeting (2 April)

TG, Wendy Darling (WD) and Marj Owen (MO) had attended this meeting. The two main groups behind the campaign (carers and the unions) had published a set of minutes and were planning a further meeting on 7 May. They proposed to lobby any relevant meeting and Unison had set up a petition against the cuts. Campaigners were trying to link up with other groups as well as trying to raise awareness via Face Book and Twitter. They proposed to invite Owen Jones to speak at a future event. TG would attend the 7 May meeting as an observer.

TG also explained the work done by Eileen Harris who runs meetings at Petersgate Medical Centre where NHS issues vital to carers are discussed. TG commented that there are not enough SNHSW members to support every venture in the area, but we could offer other groups publicity via our website and Face Book pages.

Meeting with Mark Chidgey

IB, Graham Trickey and Tony Carew (TC) met with Mark Chidgey (MC), Director of Quality and Provider Management, SCCG on 28 March.

They were invited to comment on, and possibly provide input to, a procurement policy that MC was intending taking to the CCG's board meeting on 9th April. They asked for sight of the draft policy and the standard contract on which SCCG contracts are based, prior to the meeting. In the meantime, they sent MC information on the topics SNHSW wanted to discuss and examples of clauses that other CCGs used in these areas.

As they didn't receive the policy until 9pm the evening before the meeting, instead of going through the draft line by line, as MC wanted, they went through (most of) our areas of concern.

MC agreed to many of our wishes/clauses being included in the draft, but would need to consider others. MC decided not to take the draft to the SCCG board on 9th April, but to issue an updated draft and then take a version to the board in one or two months' time, probably after another meeting with us. This gives us a further opportunity to get our wishes incorporated, but the delay means that it's possible that more procurement will be made in the meantime.

IB had written to MC about the updated draft but there was no sight of it at 22nd April, despite Jane Crombleholme's (JC) promise of firmer rules by the end of the month.

IB was also concerned that MC had thought that the outcomes from the BMI Alexandra were good. TT asked if SNHSW should send MC evidence of the better outcomes from public providers. IB thought that was a good idea. Ray Tallis (RT) would assemble figures.

RT asked what MC had thought of SNHSW. IB said MC thought it was a force to be reckoned with. He had also said that he wanted to hear SNHSW's views and seemed reasonable in the meeting.

GWR was concerned that the "cherry picking" of straightforward treatments was undermining general providers.

RT thought that SNHSW should keep the pressure on re deadlines and promises of information from SCCG and its officers. TT raised JC's lack of response about Patient Participation Groups. She would pursue this with copies to the SCCG's chief officers.

IB also noted that MC had thought PFI was "a good thing". RT thought that MC should be furnished with the graph demonstrating the opposite. PP was in the process of producing a colour version of the graph used by the play "This May Hurt a Bit".

TT thanked IB for his work on the Chidgey meeting and went on to describe the play attended by some members of SNHSW. "This May Hurt a Bit" illustrated the situation of the post "reform" NHS and the impact on patients. The Bolton Octagon had kindly allowed SNHSW to set up "the cake" and hand out leaflets before and after the performance. SNHSW members also stayed on after the show to take part in a discussion with the cast on issues raised in the play. (The play had been written by Stella Feehily whose director husband, Max Stafford Clark, suffered a stroke and was treated at the Wittington Hospital, London. A free performance, as a thank you to the hospital, was turned down by its management as "too political".)

MO mentioned that a group from The Brookdale Club, in Bramhall, had also seen the play and had been very surprised by the facts presented.

5. Reports

IB reported on the CCG Board meeting of 9 April.

The CCG was keen for people to visit hospital less and their GPs more. They also suggested that "minor ailments" could be treated by chemists. A definition of "minor ailments" wasn't made clear. IB will ask for clarification on this.

Healthier Together (the committee in common of regional CCGs) would be organising a roadshow to promote its message about the rationalisation of hospital services across Greater Manchester "to improve healthcare". The roadshow would "be a genuine consultation – not like a nominal NHS consultation".

TG pointed out that this would be in response to the £3.8 billion Integration Transformation Fund (ITF), now known as the Better Care Fund. Each CCG has to find £10 million to contribute to this.

Elaine Preece (EP) asked if this meant merging services. IB said that it did. TC said that it included cancer care. WD wondered about links to local authorities. TT explained that the idea was to link large hospitals such as the MRI, with smaller ones, such as the North Manchester Hospital, to ensure staff got a breadth of experience. She also asked about the mechanisms for public engagement. IB said that he was looking in to it and thought that there might be a consultation in the summer. There was a lot of information on the Healthier Together website re services that HT want to keep and those it thinks could be moved to specialist centres.

EP asked if the representatives are delegated to make decisions. IB said that voting had mainly been on administrative issues such as terms of reference. The Stockport delegate, Ranjit Gill, had been late. The Wigan delegate had voted against the proposals, but the other 11 had been in favour.

RT commented that we should support sensible rationalisation, not always assume that it is a euphemism for "cuts".

Publicity

PP demonstrated the car sticker idea that he had been working on. It would be adapted to feature Cameron as he would be more recognisable than Hunt to the general public. It might be possible to share the costs of production with KONP. It was decided to do a small run and test the water.

Research

TG reported on developments nationally:

One in eight CCGs had overspent their budgets, so the commitment to the Better Care Fund, of £10 million per CCG, would result in cuts. TT asked IB to investigate SCCG's position on this.

Clinical Support Units: it looked likely that between six and nine units would be supporting all the CCGs, therefore giving them huge power over procurement. This also needed to be raised with SCCG. Rod Kilgour added that the Greater Manchester and Liverpool CSUs were amalgamating. The Manchester CSU was run by KPMG.

David Prior, Chair of the Care Quality Commission, had had a hip operation done privately.

People's March – a 999 March for the NHS – will take place from Jarrow to London. This is organised by people from Darlington in the footsteps of the original 1936 march. The march will leave Jarrow on 16 August and stop in towns and cities along the 300 mile route. It plans to reach parliament on 6 September. The meeting thought we should get involved with this.

General information

Dr Jacky Davis, founder member of KONP and co-editor with RT of "NHS:SOS", would be debating with Andy Burnham MP, Shadow Health Secretary, at Manchester University on 8 May at 5.00pm. Places can be booked via Face Book or Twitter.

Brian Preece (BP) suggested looking at Tweetdeck – software designed to manage twitter accounts, so that SNHSW could tweet regularly. It could be used in conjunction with Ow.ly, which shortens urls. BP also urged LH to use the paid promotion facility on Face Book to increase the number of visitors to the page. LH agreed to look into this when SNHSW wanted to promote a particular event.

"The Paragraph"

(The amendment to CCG constitutions, drafted by 38 Degrees' lawyers.) SNHSW had received a verbal assurance, from Tim Ryley, in December 2012 that this would be included. Jane Crombleholme had given a similar assurance. It had still not happened. IB would monitor this.

6. Priorities

RT said our main priority should be to discover and challenge privatisation within Stockport. TT thought it was important that SNHSW did not spread itself too thinly.

RK had been looking into the opportunities for co-operation with other groups.

RK summarised his findings about HealthWatch (which are described in greater detail in the paper distributed at April's meeting).

HealthWatch had been set up as part of the 2012 Act, but was not actually part of the health service. There are 152 independent units mirroring the local councils in England. They receive £43 million in funding via local councils. HWs are statutory groups, but have no regulatory powers. Their remit is to collect

evidence of service shortfalls and to ensure these are brought to the attention of the appropriate body.

Stockport HW has seven board members, but it isn't clear how they are appointed or how long they serve for. Nor is it clear how the core group is selected.

HWs have the right to "enter and view" publicly funded health and care premises. However, HWs have to rely on FOI requests to obtain information about private providers. This has proved administratively cumbersome.

HWs can make representations to the regulator Monitor, which Monitor has to respond to. RK thought that real power lay with Monitor as it sets and enforces rules for providers and commissioners and licences NHS funded providers.

Local HWs collaborate with neighbouring HWs, for example, locally, over Arriva's non-emergency ambulance provision and Pennine Care Trust.

Although HW is not necessarily opposed to privatisation, Tony Stokes' (Vice-chair, Stockport HW) remarks at the 11 March meeting were encouraging. There could be opportunities for cooperation. Stockport HW has access to useful data from its case studies and has permanent support staff.

TT thanked RK for his helpful analysis.

RT thought that a relationship with HW could be useful because it is a statutory body. RK thought that a little more research was necessary, but he thought that HWs were trying to actively engage with the public through community advocacy and SNHSW should maintain a relationship with Stockport HW. GWR suggested asking Tony Stokes for more information. Val Murray thought Stockport HW's data could be very useful. RK would investigate the procedure for joining the core group. WD thought HW would welcome our input.

Leafletting

MO suggested several opportunities to distribute our leaflets:

The Heaton Festival, Heaton Moor Park, 22 June.

The free Marple car boot sales on Sundays (Rose Hill Station car park): 25 May, 29 June, 27 July, 31 August, 28 September & 26 October.

Railway stations

Health and Social Care courses at colleges and universities.

TT and MO would investigate pitches and fees. MO would attend a car boot sale and see if it would be good option.

TG had had another 2,500 leaflets printed. PP would get car stickers printed.

The mental health campaign were organising a petition in Stockport on 11 May which could provide an opportunity to distribute leaflets.

7. Any Other Business

GWR raised the funding disparity between Salford and Stockport. Salford received £1,257 per head and Stockport £1,140. Although Salford was an area of high deprivation, Stockport had a greater number of elderly people.

GWR also mentioned that Heald Green Patient Participation Group had written to Stockport MPs asking that they press the government for better funding for SCCG. He thought that SNHSW should also support SCCG in seeking improved funding.

IB mentioned that SNHSW should keep a watching brief on the amendments to the hospital closures bill and its passage through the House of Lords.

TT mentioned that Andrew Gwynne MP had had a car accident and suggested a message of support from SNHSW. The meeting agreed.

8. Date & time of next meeting:

Please note this now Tuesday 27 May at 7.30pm (not 20 May, as originally planned.)

Minutes of meeting held 27th May 2014 Ladybrook Hotel, Bramhall, 7.30pm

Attending: Tom Gillespie, Rod Kilgour, Jack Wrigley, Debbie Hind, Ray Tallis, Brian Preece, Elaine Preece, Irene Harris, Graham Trickey, Ian Barker, Yvonne Guariento, Barbara Dresner, Liz Marron.
Chair: Terry Tallis

1. Welcome

Terry Tallis (TT) opened the meeting and welcomed Irene Harris, chair of Stockport mental health carers group, and Barbara ? from Tameside KNOP.

2. Apologies George Rogers, Paul Leake, Andy Wedderburn, Wendy Darling, Peter Phillips, Liz Harlow.

3. Minutes of previous meeting (22.5.14) were approved.

4. Matters arising

Better Care Fund

Will the CCG lose money through the Better Care Fund which transfers spending from hospitals to community health and social care? Ian Barker (IB) said that he had asked about this at the last CCG meeting and would do so again.

Jarrow March

TT said the Jarrow March "999 call for the NHS" was supported by KONP and others. Elaine Preece (EP) said the march begins in Jarrow on 16 August and ends in London on 6 September. It will go from Barnsley to Sheffield on 25 August and from there to Chesterfield on the 26th. Sixteen people had so far signed up to march from Jarrow. TT said the marchers ambitiously wanted to confront Clegg in Sheffield. It was agreed that we would join the march in Sheffield and might walk the 12 miles to Chesterfield. EP will continue to track developments. Peter Phillips (PP) will be asked about materials we may need for the march.

5. Reports

Stockport Clinical Commissioning Group

IB reported on the CCG including its recent meeting. The amended procurement policy including "The Paragraph" had still not appeared, and neither had the promised list of what the CCG is procuring. IB thought Jane Crombleholme (CCG chair) had sounded a bit shirty when he asked about the non-appearing items – despite "The Paragraph" being promised back in 2012. IB had sent letters to Mark Chidgey (head of procurement) and J Crombleholme. IB had also asked at the meeting about the Better Care Fund and about the merger of Greater Manchester, Cheshire and Merseyside Commissioning Support Units. He had asked whether the CCG would retain control of its commissioning and been assured it would, though he was not convinced. Tom Gillespie (TG) said CSUs would take over CCGs.

Referring to the non-appearing items, Ray Tallis (RT) said that what we had got were broken promises and unanswered questions; we should send a strong letter and also put it on the website. Rod Kilgour (RK) said the facts should be set out. Brian Preece (BP) asked what would make the CCG respond. It was agreed that channels for making complaints about the CCG should be investigated. TT pointed out that the Bristol group Protect Our NHS was taking legal action against lack of public consultation. RT thought legal action was a possibility further down the road. RK said we should keep track of the Bristol action; procurement transparency was another possible legal issue. RT said we had been extraordinarily patient; "they think they can shake us off like a gnat off a rhino's arse".

IB also reported on the CCG decision over GP "locally enhanced services" (LES) about which we had submitted a 3,600-signature petition opposing privatisation. IB said Paul Pallister of the CCG had told him only on 7 May that the CCG meeting would talk about LES on 14 May. TT said this was after having been assured at the March meeting that the contracts would be rolled over, which had been deeply misleading. RT pointed out also that when the petition was handed in in February, CCG chief operating officer Ranjit Gill had said he had no idea when LES would be discussed. Graham Trickey (GT) described the decision taken by the CCG to offer contracts for LES for 24-hour blood pressure monitoring and chest (spirometry) assessment to "any qualified provider" while ECG and "near patient testing" would remain with GPs.

RK said that pharmacies getting involved in LES could be like the situation with flu vaccines uptake; Healthwatch had been told that offering flu vaccines from pharmacies as well as surgeries could weaken the very good level of uptake. TT said she and Val Murray could ask questions through their membership of Bramhall Health Centre's Patient Participation Group. RK and TG agreed to search on the Internet to find out which companies were in the market to supply LES.

It was agreed that letters be sent to the CCG about "unanswered questions" (by IB and RT) and about "3,600 people misled" (by IB, RT and GT) and the letters would be featured on the website. TG reported that he had asked his GP about the letter we had sent to all Stockport GPs about LES. TG's GP said the practice manager was instructed to bin all non-medical communications. No GP had responded to the letter.

BP said we needed to get the press involved. Debbie Hind (DH) suggested a letter to the local paper and trying to involve Oweb Jones. EP said TV coverage could be a possibility if the story was big enough. Barbara Dresner suggested that all local groups should do something at Media City.

Publicity

TT said PP could not be present for the discussion of media and publicity but had been busy creating car stickers, which were wonderful and featured Cameron in his Bullingdon outfit. Jack Wrigley (JW) reported that his accountant had said that there would not be a problem if a donation was received from people who took a sticker. TT thought it would be good to get a letter from JW's accountant confirming that donations were OK. Liz Harlow was thanked for her work on the car stickers. TT said a version had been made for KONP.

JW reported on the website and also asked whether another "Stockport Watch" news sheet should be produced. GT said he was unable to write material for this at present. RT said that we could do without "Stockport Watch" because the website was fantastic. TG said A5 flyers were needed for campaigning. RT volunteered to work with Peter on updating our current leaflet in August.

JW said he had again talked to folk singer Lucy Ward and reported progress on using one of her songs on the website.

Mental health campaign

Tom Gillespie (TG) reported that he had attended a meeting of the campaign. Eight hundred signatures for the campaign's petition had been collected in Stockport town centre. More collecting of signatures will take place on 7 and 21 June, 11am-1pm from outside the Heart Foundation shop. The campaign is to meet CCG chief operating officer Ranjit Gill on 4 June and will lobby Pennine Care on 25 June. Pennine Care had reduced cuts from 25% to 16% in the community mental health services that it is paid to provide by Stockport CCG.

Irene Harris (IH) explained that jobs would still be lost from the teams dealing with adult mental illness in the community despite the smaller cutback. Seven posts had already gone and the remaining posts to go would come from the main teams.

IH said that the campaign was not just concerned with the Cost Improvement Plan (cuts) but also with parity of esteem for mental health: "equal access to a safe and efficient health service". IH gave spending comparisons in which Stockport was at only 8.5% while the national average was 13% and for parity of esteem this should be 23%. IH said Stockport CCG's strategic plan included cuts to some mental health services, including for the 16-25 age group; saving money by using volunteers and lower paid staff; and taking hospital patients back into primary care. IH accused Ranjit Gill of trying to close down hospital beds that were at 100% capacity. People would be discharged into primary care with no support.

IH warned that if the campaign was not listened to, we could get a "Francis" (Stafford) situation. TT said the campaign was assured of our support and we would stay in touch.

General politics

RT reported attending the Manchester Debating Society for a debate between Andy Burnham and some scumbags. Burnham had reiterated that Labour would repeal the toxic parts of the Health and Social Care Act. RT was confident Burnham would not let us down. There were also reports of Andy Burnham speaking at the Unite conference and Ed Miliband and Burnham at a Labour rally in Manchester.

YG reported on the local and European elections: next year's elections were still anybody's to win. One net Labour gain was achieved in SMBC. The press had given far too much publicity to UKIP.

Healthwatch

RK reported on attending a meeting of Healthwatch. The organisation's range of work was impressive. Groups were tracking the CCG; Stepping Hill Hospital; adult social care; children and families; Pennine Care and SMBC public health. There were reps on 27 committees. Another aspect of Healthwatch was "Task and finish" groups which would take on a particular issue until the work was concluded.

RK's observations were that while Healthwatch's membership was diverse the directors were white male and older; there was no obvious privatisation bias (they said they had to be non-political); they were really struggling with a huge workload. Tony Stokes (director and rep on CCG) had said Healthwatch should try to do a good job on fewer matters.

RH said Healthwatch was struggling to get to the bottom of a lot of its areas of work eg the Stepping Hill discharges group returned later and found that despite their work, nothing had changed.

RK reported that Healthwatch member Alan Watt was very concerned about the planned TTIP (transatlantic trade treaty) and wanted Healthwatch to lobby against it. Healthwatch Stockport was finding out the Healthwatch Manchester and national views on this.

RK concluded by recommending that we keep our lines open to Healthwatch; this was agreed. TG will go to the next Healthwatch meeting because RK is unavailable. RK will go to the AGM. It was also agreed to keep in touch with Tony Stokes. IH said she was a member of Healthwatch's mental health subgroup and will keep us in touch with them. RK was thanked for his work.

Healthier Together

RK said we needed to follow Healthier Together's reconfiguration of Greater Manchester's acute hospital services more closely. IB, who attends its public meetings, said it was a secretive body but it was promising a consultation later in the summer that it said will "not be the usual sham NHS consultation".

Public campaigning

IB said we needed to articulate our anti-privatisation stand in terms of outcomes – worse care, costs more. RT said this should be taken into the new leaflets. Allyson Pollock would provide info. BP said the Netherlands was slipping down the rankings since privatisation.

TT said she would work out a plan from dates of car boot sales provided by Marj Owen. TT would also work on distribution of car stickers.

TT asked for constituents of Ann Coffey to go to talk to her since, unlike other MPs, she would not talk to SNHSW members from other Stockport constituencies. TG and IB agreed to see her.

TT agreed to investigate the outsourcing of Manchester's sexual health services to Virgin.

It was reported that the TUC has called a demonstration in London on 18 October ("Britain needs a pay rise"). The People's Assembly has a "no more austerity, demand the alternative" demonstration in London on 21 June.

Future meetings

Discussion of our general election strategy was held over to a special meeting on 16th September at EP's/BP's house.

Please email Tom at info@stockportnhswatch.co.uk if you need location details.

The next meeting of SNHSW will be at the Ladybrook on 17th June at 7.30.

Minutes of meeting held 17 June 2014

Ladybrook Hotel, Bramhall, 7.30pm

Attending: Tom Gillespie, Ian Barker, Graham Trickey, Jacky Wrigley, Debbie Hind, Elaine Preece, George Rogers, Rod Kilgour, Tony Carew, Andrew Renshaw, Wendy Darling, Liz Harlow.

Chair: Terry Tallis (TT)

1. Welcome & 2. Apologies

TT opened the meeting and received apologies from Peter Phillips, Val Murray & Ray Tallis.

3. Minutes of May meeting were approved.

4. Matters arising

Incorrect dates on previous minutes, noted.

5. Reports

999 Call for NHS March

Elaine Preece (EP) explained that this was replicating the route of the 1936 Jarrow Crusade. It was likely that the most convenient joining points for SNHSW would be as it went through Sheffield (26 August) or Chesterfield (27 August). EP suggested promoting it on SNHSW's website. Jack Wrigley (JW) said that this had been done. Liz Harlow (LH) asked for a link for SNHSW's Face Book page. EP also said she was thinking of attending the People's Assembly March in London on 21 June.

TT added that Unison had announced an "autumn of activity" which might also provide opportunities for involvement.

Protect Our NHS, Bristol

TT thought that the success of Protect Our NHS, Bristol in winning a successful challenge against Bristol's CCG (for failing to put in place proper arrangements for involving patients and public in their decision making) could set a precedent.

TT had emailed Rosa Curling of solicitors Leigh Day, who acted for the Bristol group, requesting details of the process and costs involved. SNHSW could benefit from the work already done in Bristol. TT was waiting to hear back.

SNHSW had Graham Trickey's (GT) petition evidence of 3,600 Stockport people not wanting LES privatised. Rod Kilgour had highlighted our claim to be representative in his paper (for which TT thanked him). Tom Gillespie (TG) added that GT's follow up email to signatories had provoked a lot of email responses.

RK was happy to be involved in an audit of our representation to validate our credibility. He was looking at procedures for involving people according to the CCG's constitution.

George Rogers (GWR) explained the CCG's relationship with the Patient Panel (PP). There is no representative from the CCG on the 35 member panel. The PP has been asked to appoint its own Chair and Vice-Chair to run meetings. The CCG would send speakers, but has no other input. GWR would raise this at the next meeting in July. He also confirmed that the PP has no right of representation on the CCG.

GT thought that in order to define the adequacy of SCCG's consultations we needed a legal opinion. SCCG might operate slightly differently from the Bristol CCG. We needed to know if SCCG's actions were within the spirit of the law.

TT thought that the judge's ruling should be something all CCGs should note. GT raised the issue of costs. TT explained that the Bristol group received 80% of their costs. She would check with Leigh Day on whether the ruling would be implemented across the board and if it is not, what SNHSW would face in pursuing it locally. TT would also write to Tony Stokes (of HealthWatch) to get his opinion.

JW asked TT if she had spoken to Steve Timmins (Bristol). TT said she had been in email contact. He had forwarded the misleading statement put out by Bristol CCG in which it claimed that Protect Our NHS had dropped the claim and the CCG had been awarded some costs. (See *appendix*.)

Healthcare at Home

SCCG had given a contract, to deliver antibiotics at home, to Healthcare at Home, despite its track record.

"The failures in the service offered by private contractor, Healthcare at Home, have been described by patient groups as 'appalling' and 'unsafe', and have left patients with life-threatening conditions frightened about their ability to get hold of their drugs." (Bureau of Investigative Journalism, 2.6.14)

This bears directly on SNHSW's amendment to the CCG constitution "dealing with reputable companies"

Responses from CCG Officers

Tony Carew (TC) commented on the meeting that he, Ian Barker (IB) and GT had had with Mark Chidgey (Director of Quality and Provider Management, SCCG). The documentation had arrived very late (see *Minutes 22.4.14*). TC had emailed Jane Crombleholme, Chair, SCCG asking if this was serious consultation. JC's reply had been very indignant claiming that it "was serious consultation" and that "my staff are working very hard". There had been no further contact with Mark

Chidgey in the last two months, despite MC promising revised documents within three to four weeks.

TT added that JC had not replied to SNHSW's questions about Patient Participation Groups.

HealthWatch and Patient Participation Groups

EP asked about the position of HealthWatch. TG said its role was only advisory. EP thought that the issue of private providers should be raised with HealthWatch.

LH reminded the meeting that Tony Stokes had promised SNHSW sight of HW's 'Enter and View' policy.

Debbie Hind asked what was discussed at Patient Participation Groups (PPGs). GVR said that they were mainly talking shops. His PPG would have two representatives from the CCG visiting to inform the next meeting about an issue. There was no opportunity to initiate things.

Pursuing SCCG over policy

IB, GT and Ray Tallis were composing letters re what was happening to the production of a procurement policy and where a list of upcoming contracts could be obtained.

Publicity

LH showed the meeting the car stickers produced by Peter Phillips (PP). To prevent 'trading' complications for SNHSW – these would not be 'sold'. Members are asked to take one and make a £2 'donation' to funds.

Some stickers would be sent to high profile, sympathetic individuals to garner their support. PP had produced a compliments slip to accompany the stickers.

A KONP version had also been produced for their use. TT passed round a picture of Jacky Davis handing a sticker over to Andy Burnham MP at the Manchester University debate.

TT thanked PP and LH for organising the stickers.

TG was investigating the production of badges for members to wear at upcoming events.

Website

JW drew the meeting's attention to the extract in the Guardian from "Harry's Last Stand". The moving account by 92 year old Harry Leslie Smith of what the introduction of the NHS had meant to him and how his family suffered under the pre-1948 system. JW was keen to post this extract on SNHSW's website.

TT had contacted Icon Books who were delighted for the extract to be posted. She was still awaiting clearance from The Guardian. JW said he would post the extract and take it down if an objection was received from The Guardian.

DH observed that the piece had generated a great deal of correspondence.

TT asked JW to upload the Bristol judgement and also to highlight events since our petition – how the CCG have backtracked and GT's email to signatories.

The link to the 'Jarrow March' would be maintained for the duration of that campaign.

PP's views would be sought on what SNHSW material could be used by members joining the march. Eg: possibly stationing the cake at the day's end point, if transport could be arranged.

TG would supply information about the 'Stockport Against MH Cuts' petition.

Other publicity

TT would ask Marj Owen to investigate the car boot events in Marple.

EP suggested inviting major speakers to meetings. Cheadle Labour Party had had a big response to an event to be attended by Andy Burnham MP. Should SNHSW consider inviting someone like Joan Bakewell or Owen Jones – both with connections to Stockport.

Another possibility was a musical event. Lucy Ward, from Ashbourne, was suggested.

The meeting also considered flash mob singing as demonstrated effectively at last year's major rally in Manchester. JW played "Can we afford the doctor?" sung by Sandra Kerr. JW would contact Ms Kerr about using the song.

DH would investigate taking a stall at the, last ever, Stockport Carnival on 26 July. (It would cease after 2014 due to funding problems.)

GWR would investigate involvement with the Heald Green Festival.

Relationship with KONP

KONP was dealing with administrative difficulties which were impacting on its effectiveness. TT would attend the AGM as an individual. IB would attend the Manchester branch meeting on 19 June.

Mental Health Campaign

Stockport Against MH Cuts had had a meeting with the CCG. Ranjit Gill (Chief Clinical Officer, SCCG) had said that the budget would reduce by £15m to £350m and that Pennine Care had been contracted as the provider because it could deliver care at a low cost.

Gill and Chidgey had offered to meet with Stockport Against MH Cuts again.

Staff working on acute mental health wards could be made redundant and replaced by volunteers.

Stockport Against MH Cuts would be collecting further signatures for its petition on Saturday 21 June in central Stockport. They would be lobbying the Pennine board on 25 June.

Oldham, Trafford and others were arranging a conference: 'Crisis in Mental Health' and were inviting members of the Royal College of Psychiatrists to attend. Also possibly high profile individuals with direct experience of MH issues, such as Alistair Campbell.

Other events planned were: a public meeting at the Town Hall Tavern in Manchester on 30 June; Stockport's regular monthly meeting at the Town Hall on 2 July and the Picnic in the Park day of action at Vernon Park on 5 July.

TG had written to Pennine Care under FOI asking about the occupancy rate of MH beds.

National picture

TG reported that in Yorkshire some ambulances would be operated by "Emergency Care Assistants" with only six weeks training. These would be used to respond to emergency calls.

The use of private ambulances has increased significantly in London, where £4.5m had been spent to plug gaps in the service.

Meeting with Andy Burnham MP

Andy Burnham's office had suggested 4 July for a meeting with SNHSW representatives. TT asked the meeting which areas should be concentrated on, given that AB only had limited time available between other engagements.

IB thought we should discuss the EU-US Transatlantic Trade and Investment Partnership's impact on the NHS. GT thought EU competition law should be raised. TT asked that members should submit additional questions to her via email.

HealthWatch, follow up to petition and Healthier Together

The meeting agreed that RK should continue his research into HealthWatch.

GT reported that his follow up email, explaining the position on LES, had elicited 20 to 30 requests to go on SNHSW's mailing list.

RK suggested complaining about the lack of consultation about LES. TG asked if LES had gone out to tender. GT replied that a competitive tendering process wasn't deemed necessary if private providers "met the specifications". The criteria for being a "qualified provider" were not known.

TG noted that the procurement website "Supply to Health" had now been closed. Registration was necessary to visit the replacement site. There was no information available on the European tendering database.

IB said he had sent questions to the CCG about contracts and tenders. The CCG had put a very brief document on the website which mentions four ways of commissioning including "Any Qualified Provider". Each contract has its own criteria.

Healthier Together (HT) is still working towards delivering, by the end of June, eight proposals for the reorganisation of hospitals. There are no details available yet, but it is thought that HT favoured the creation of four or five major hospitals to deal with specialisms. These would be located in accordance with population grouping and accessibility. They would concentrate on specialist treatments – elective or emergency. Ninety-six per cent of routine visits would still involve local hospitals.

The meeting closed at approximately 9.30pm.

EXTRA MEETING: Monday 7 July, 7.30pm at TT's
Regular meeting: Tuesday 15 July, 7.30pm at the Ladybrook – to be confirmed

Appendix

Protect Our NHS, Bristol – Press Release:

Bristol CCG was today exposed for trying to hide the fact that it had admitted acting unlawfully and had agreed to take steps to correct its unlawful actions. Instead of being open about its failings, the CCG attempted to mislead the public about the outcome of a court action brought against it by local patients by suggesting that the action had been "dropped".

The patients had taken Judicial Review proceedings because the CCG had breached its legal duties to involve patients in its decision making. Initially the CCG denied that it had acted unlawfully but, once proceedings were issued, Bristol CCG backed down, admitted that it had acted unlawfully and agreed to revise a series of its policies and its core constitution to bring them into line with the law. The CCG also agreed to pay 80% of the legal costs of the patients as part of the settlement.

However, after this humiliating climb down, the CCG put out a press release which claimed the patients had "dropped" the legal challenge and effectively suggested that the legal challenge did not achieve anything. A furious Steve Timmins of Protect Our NHS said

"The CCG's press release is totally misleading and we have a court order to prove it. The CCG admitted that they had acted unlawfully and, as terms of the settlement, they have agreed to revise a range of their public engagement policies. They originally threatened us with a legal costs order but, after they accepted they had acted unlawfully, they agreed to pay 80% of our legal costs. It was therefore not necessary for us to go to court to prove the CCG acted unlawfully because they admitted it and so we withdrew the challenge.

Meeting with Andy Burnham MP, Shadow Health Secretary

Midland Hotel, 4 July 2014, 2.10pm

Present: Andy Burnham MP, Terry Tallis, Ray Tallis, Jack Wrigley, Rod Kilgour, Ian Barker, Tom Gillespie, Liz Harlow.

Private Member's Bill

Andy Burnham outlined the measures Labour would be taking to repeal the 'worst bits' of the 2012 Health and Social Care Act.

AB said he and his colleagues had been working with David Owen. Professor Allyson Pollock* had also been working closely with David Owen.

Clive Efford, MP for Eltham, was bringing forward a Private Member's Bill which would:

1. Restore the Secretary of State's responsibility to provide a health service.
2. Repeal the role of the competition authorities.
3. Scrap Section 75
4. Return to the private patient income cap. (With 40% of trusts in deficit they would be tempted to see private patients as an income stream.)

Clive Efford's bill had come highest in the ballot and was backed by the Party.

Publicity

AB agreed with SNHSW that coverage of the impact of the 'reforms' by the media had been feeble. However, he said there would be a lot of activity over the summer. The March (999 Call for NHS) would help pull all the campaigning together and build a coalition of opposition. He thought it would be good if the N. West could have a strong presence, as the march, by virtue of following the original route, is limited to the east side of the country.

AB was meeting 38 Degrees on Monday to discuss their input. He thought the appointment of Hugh Pym as the new BBC health correspondent might see an improvement in coverage.

TTIP

AB understood concerns that Section 75, which mandated tendering, might put the health service "in the firing line" of TTIP.

AB had met senior members of the European Commission, including the Vice- President, in April. They had said that previous treaties had always exempted public services and led AB to understand that TTIP would also adhere to this.

Internal market

AB thought that commissioning itself was not a bad thing, however market making was.

He thought 21st century health care needed to move to a preventative model. The Marmot Review** had highlighted the links between health inequalities and other inequalities such as education, housing etc

*Allyson Pollock is professor of public health research and policy at Queen Mary, University of London and author of 'NHS plc: the Privatisation of Our Health Care'.

** 'Fair Society, Healthy Lives' by Professor Sir Michael Marmot, 2010

AB wanted to see care starting in people's homes and building out from there rather than being focused on hospitals.

AB also wanted to see a clearer separation between generalist and specialist care with more vertically integrated services. The specialist centres would concentrate on their specialisms; they would not be required to carry out minor procedures.

This would take five to ten years to establish and would need to be carefully managed.

Ian Barker asked about the affordability of the proposals – would AB submit them to the Office of Budget Responsibility for scrutiny. AB acknowledged that there would have to be transitional funding.

AB said that hospitals work on capitation. Councils wanted to reduce their social care costs. AB wanted to extend NHS principles to social care and make it one service. It couldn't be done entirely through general taxation. He proposed a levy on all estates of around 10%. His proposal was the Year of Care Budget – individuals would have a budget that covered all their care, medical and social, for a year. This would be paid to the NHS as the preferred provider. Councils would lose their responsibilities for providing social care.

Before leaving to go to his constituency, AB gave SNHSW an email contact and also recommended keeping in touch with Andrew Gwynne. He also mentioned that there would be a policy forum in Manchester.

**Minutes of meeting held 15 July 2014
Ladybrook Hotel, Bramhall, 7.30pm**

Attending: Tom Gillespie, Graham Trickey, Jacky Wrigley, Debbie Hind, Peter Phillips, Elaine Preece, Brian Preece, Yvonne Guariento, Liz Harlow

Chair: Terry Tallis (TT)

1. Welcome & 2. Apologies

TT opened the meeting and received apologies from Ian Barker, Val Murray & Ray Tallis.

3. Minutes of 17 June meeting were approved.

4. Matters arising

Bristol Challenge

Please see 17 June minutes for details of Protect Our NHS, Bristol's legal challenge.

TT informed the meeting that she would be doing further research and taking advice, over the summer, to see if this was a possible strategy for SNHSW.

The petition created by Graham Trickey (GT) provided the evidence of support.

Bristol was granted 80% of its costs and its lawyers waived the other 20% - but this is not something that could be guaranteed.

CCG Officers

SNHSW was still trying to get "the paragraph" inserted into contracts. (Healthcare at Home and Arriva, which have contracts with SCCG, were examples of companies causing concern.)

There had still been no response from Jane Crombleholme (Chair, SCCG) or Mark Chidgey (Director of Quality and Provider Management, SCCG). Ian Barker (IB) would be writing to Mark Chidgey (MC) in the coming weeks. MC had told IB that he was aiming to bring the procurement policy document that may or may not include "the paragraph" to the September Board meeting.

The meeting discussed posting the lack of responses on the website. JC had promised information when she attended SNHSW's November meeting and, despite having had eight months to formulate a response, nothing had been received.

HealthWatch

TT would write to Tony Stokes (Vice-chair, Stockport HealthWatch) to remind him that he had promised SNHSW a copy of its "Enter and View" policy relating to inspections of NHS premises.

Healthier Together

IB had discovered some information about Healthier Together's (HT) reorganisation plans. TT explained that there would be "stakeholder briefings" where HT would be asking the public to "tell us what you think and help us improve our ideas".

TT asked if SNHSW should formulate a response. Tom Gillespie (TG) said that there was a very lengthy questionnaire that needed to be filled in on an individual basis. He added that the proposals (the Strategic Direction Case) had been heavily criticised by Graham Stringer MP (Lab, Blackley & Broughton) for being badly written - "tripe dissolved in twaddle".

Elaine Preece asked if this was about creating specialist hospitals. TG confirmed this and pointed up Stringer's concern that "downgrading [some] hospitals when NHS Greater Manchester is projected to be running a 16% deficit in three years' time jeopardises the future of those hospitals."

TT asked the meeting if SNHSW should take any opportunity to make a response and it agreed. Peter Phillips (PP) suggested that one of the group's responses should be to point up the poor quality of the questionnaire. The consultation ends in September.

TG would send out a link to the questionnaire. TT suggested that members look at it before 16 September, then put together a joint response or fill it in individually.

GT commented that the consultation was not well designed – it did not marry up with the booklets available in libraries. This was a question we had not addressed. If money is moving to primary care does that mean that hospital cuts are less serious? SNHSW needed to uncover some hard figures to form a judgement.

Some sources were indicating that Salford, the MRI and one other hospital would become "super hospitals". There was also another list of optional "super hospitals". It was not known how the configuration would be arrived at. IB had asked Ranjit Gill (Chief Clinical Officer, SCCG) about this at an SCCG board meeting. RG had refused to comment.

Because of the confusing situation – some sources claim that all South Manchester hospitals are "failing" – TT asked if members would do some research into

this. EB offered to contact Andrew Gwynne MP and Kevin Lee (from Andy Burnham's office) about this.

Brian Preece said he had understood the idea was to create centres of excellence for complex conditions, but it was beginning to sound as if it was really a way to obfuscate cuts.

5. Reports

Meeting with Andy Burnham MP

Liz Harlow briefly described the outcomes of the meeting with Andy Burnham (AB) on 4 July. He had outlined the forthcoming (November) private member's bill being proposed by Clive Efford MP (Eltham). This sought to remedy the "worst bits" of the 2012 Act by restoring the Secretary of State's responsibility to provide a health service; to repeal the competitive authorities; scrap Section 75 and restore the private patient cap.

AB had also had a meeting with members of the European Commission about TTIP. They had told him that public services had historically been exempted from such treaties if governments put in a formal request. However, no such request had been made by the UK government to date.

GT pointed out that the EU's Trade Commissioner, Karel De Gucht, had said that the NHS would be exempted. However this had not been confirmed.

(Note: The Independent reported on 17 July that the chief negotiator, Ignacio Garcia Bercero, had written to the parliamentary group on TTIP saying the NHS was "in principle within the scope of these agreements and ongoing negotiations.")

TTIP protest, Manchester, 12 July

Jack Wrigley (JW) reported that SNHSW's participation had been worthwhile, even if the location, in Market Street, had not been ideal. (There had been other events taking place in Manchester on that date.) There had been several speakers, including Ray Tallis (RT) - who was very well received. In order to illustrate a complex issue people had dressed up as the US and Europe and their potential victims - farmers, doctors, lawyers and workers. SNHSW had distributed plenty of leaflets and received over £30 in donations.

Stockport Carnival, 26 July

JW said that he and Debbie Hind (DH) would get there early to get a good pitch - there was no pre-booking available. The event would run all day, but the main influx would be, following the procession, at around 2pm.

JW also modelled the tabard designed by DH for multiple uses - text could be attached to the front for different events. The meeting thanked DH for all her work on the tabard.

Saturday 13 September

Cheadle Labour Party would be staging an event in the High Street on this date - a possible opportunity for SNHSW to promote itself too.

New meeting venue

TT explained that members had recced a potential new venue, following the meeting with AB. They had visited Whitehill Fire Station which had a community room available to local groups free of charge. However, an administrator from the Fire Service had told TT that SNHSW might be deemed "too political" to use the facility. TT would write and explain our *raison d'être*.

A provisional booking had been made at The Ladybrook for 23 September, but SNHSW would continue to look for a new venue.

Yvonne Guariento mentioned that the Cheadle Labour Party used the Drill Hall in Cheadle (behind the church) at a very reasonable rate, c£40/50 per annum.

6. Future activities

999 call for NHS ("Jarrow March")

EP had sent out an email about the travel arrangements. She had had a quote of £180 for a vehicle and driver - available for both potential dates: 25 August (Barnsley) and 26 August (Sheffield).

EP and DH would research the route and end points in both places. EP would keep people updated on the coach, meeting points, venue and route and would also source alternative coach firms, if necessary.

It was decided that those attending would wear "undertaker" black and DH's tabards would be available for those not carrying the cake.

New leaflet

PP and RT would look at updating SNHSW's leaflet to incorporate recent developments.

Campaign meeting

This will be held at the Preece's house in Headlands Road on Tuesday 16 September at 7.30pm. SNHSW will be concentrating on formulating campaigns to keep the NHS in the forefront of the public's mind in the run up to the general election.

Mental Health Campaign

TG had no details as yet, but would circulate information as soon as it was available.

7. Any other business

a) *Letter to Manchester Evening News*

TG and DH were working on a letter to the MEN about the CCG's activities.

(Note: this letter was published by the MEN and is available on SNHSW's Facebook page.)

b) BP noted that Asda were now offering blood pressure tests.

The meeting closed at approximately 9pm.

There is no meeting in August.

The next regular meeting is scheduled for **23 September** at the Ladybrook Hotel, unless an alternative venue is confirmed.

Minutes of meeting held Tuesday 23 September Drill Hall, Brook Road, Cheadle, 7.30-9.30pm

Attending: Jack Wrigley, Debbie Hind, Graham Trickey, Ian Barker, Tom Gillespie, Rod Kilgour, Brian Preece, Marj Owen, Dave Owen, Andy Wedderburn, Paul Leake, Liz Harlow, Steve Torley.
Chair: Ray Tallis (RT)

1. Welcome 2. Apologies & previous minutes

RT opened the meeting and received apologies from Peter Phillips, Terry Tallis, Elaine Preece, Sandy Broadhurst and George Rogers. He welcomed new attendee, Steve Torley.

The minutes of the 15 July meeting were approved.

3. Campaign meeting – 16 September

RT explained that the meeting held the previous Tuesday at the Preeces' house dealt with political campaigning in the run up to the general election. Tonight's meeting would be about general issues.

4. SCCG

Ian Barker (IB) explained that he had written to Jane Crombleholme (JC), Chair, Stockport CCG about the lack of ethical clauses in the constitution and procurement policies and the publicising of existing and forthcoming contracts. JC's reply was "we've been busy". IB had asked how the query could be escalated. JC felt sorry that IB thought this might be necessary. At the last CCG board meeting there had been no time for public questions. Since then Graham Trickey (GT) had been putting documents together.

GT added that there was a procurement policy draft document available on the SCCG website until 6 October. This does not include ethical clauses. There is a little information on the site. GT had drafted some letters dealing with these matters, which were distributed to the meeting.

JC had suggested that the issues should be raised as a formal complaint to the CCG or with NHS England. IB cautioned that NHS England would take very long time to reply.

Rod Kilgour (RK) raised the Bristol ruling requiring "publicity and consultation" and wondered if SCCG wasn't failing in its responsibility to fulfil these requirements.

Brian Preece thought that the letters should include a deadline to force a reply from the CCG.

RK added that the CCG website included information on the formal complaints procedure, but he felt the wording implied that it wasn't taken seriously. It would be an interesting situation if the CCG was not abiding by their constitution.

Steve Torley (ST) suggested taking this up with Mark Hunter MP. RK explained that SNHSW had not had satisfactory conversations with Mark Hunter, in the past.

Andy Wedderburn asked how binding the constitution was. RK thought the wording suggested it was mandatory.

RT asked the meeting how SNHSW's letter should be end – a formal complaint or referral to NHS England? The meeting agreed to opt for the threat of a formal complaint.

GT suggested offering alternatives. SCCG would be required to respond in four weeks otherwise the issue would be brought before the full board meeting or put into the formal complaints channel. Plus the letters should be copied to the four local MPs and the local press.

RK would recheck the complaints procedure and forward any additional information to GT within a week. The meeting felt the letter should be signed by Terry Tallis on behalf of SNHSW.

RT asked if there was anything else arising from CCG meetings that we should be aware of.

GT replied that SNHSW had been obliquely accused of being derogatory (in a CCG website blog).

"[There is an] assertion flying around that Stockport CCG has "sold off" its 24 hour blood pressure monitoring and spirometry testing services – services historically done by GPs. The reality is that GPs in Stockport continue to exclusively provide these services and yet this misinformation is being touted as proof that Healthier Together is somehow about privatisation and cuts!

Change is difficult enough without us having to constantly combat untruths circulating around but it is vital that you do know what the truth is. We'd ask you to think twice about anything you read or hear that doesn't sound quite right. To

know exactly what is really going on come to one of the consultation events, listen and ask questions or if you want email the communications team at Stockport CCG on stockportccg.communications@nhs.net and they'll get back to you with answers."

From SCCG's "Our Blog" – accessed at <http://nhsstockportccg.tumblr.com/>

GT suggested an FOI request to ascertain exactly what is happening to spirometry and blood-pressure monitoring.

RT asked about the overall picture re outsourcing. GT replied that a £1million contract for dealing with macular degeneration was being put out to tender. He had submitted an FOI request about this. At present, Stepping Hill, which is not being expanded, cannot handle the macular degeneration caseload and was sending patients to the Alexandra Hospital or the Manchester Eye Hospital.

GT also raised the re-procurement of community services due next April. This contract was currently with Stepping Hill. It was likely to remain with Stepping Hill for two to three years.

5. Healthier Together

RT thanked GT and IB for trawling through the documentation relating to Healthier Together.

GT explained that there were 170 new standards of care. Healthier Together would create specialist hospitals which would deal with high risk surgery. He went on to outline the main features of his letter: basing high-risk surgery in Oldham would have detrimental impacts for people in Stockport and further afield, such as Derbyshire; Stepping Hill, which has achieved high rankings for care and developed expertise in several areas should be considered for specialist status. Also hospital services should not be reduced until community care is in place.

RT suggested that GT's letter should form our response to Healthier Together – the alternative was filling in the questionnaire. The meeting felt the questionnaire had several 'loaded' questions.

RK questioned whether those charged with making the decisions could be trusted. He wondered if there was any campaign in favour of Stepping Hill.

Debbie Hind (DH) mentioned the upcoming debate to be held at Stockport College on 25 September. She also questioned the timing of the consultation period – over the summer and with a narrow window for responses.

RT asked the meeting if SNHSW wanted to take on the defence of Stepping Hill. RT thought it was important not simply to come to a reflex defence of a local hospital in the absence of full understanding of the bigger picture. Tom Gillespie (TG) thought the issue was one of managed decline.

IB quoted Healthier Together's Committee in Common which claimed that the proposals were "not a cost reducing exercise, but costs should reduce".

RK had rung the helpline to query why cancer care had not been included in the proposals. GT explained that NHS England is responsible for cancer care. Also stroke, heart attacks, trauma and burns are going through a centralisation process.

GT added that Tony Stokes (HealthWatch) would be making a statement about the Healthier Together document at the next CCG meeting.

DH said that the speed of the consultation had attracted some media attention. BBC I had questioned the timing and the cost - £4million to elicit 10,000 responses. Graham Stringer MP had also raised the same queries.

IB reported that he had attended one of the "listening events" over the summer where Ranjit Gill, Chief Clinical Officer, SCCG had said that he, and the CCG, "didn't have a view" on the proposals.

RT summarised the discussion: we are not professionally qualified to judge the proposals, but we have concerns and should attend the debate. (25 September, 7pm, Lecture Theatre B, Stockport College). GT had registered to go and had submitted a question.

RT suggested a letter focusing on the rejection of privatisation and cutbacks; the timescale for the consultation; the loaded questionnaire and the cutting of beds ahead of adequate community provision. ST thought the letter should also express our concern that reorganisation should not be a guise for privatisation. GT agreed to draft the letter.

RK would try to find out HealthWatch's response.

6. Contact with other bodies

RK had been to some HealthWatch meetings, but not over the summer. He would resume attendance and report back.

TG referred to a depressing HealthWatch Q&A session on mental health, which was all about managing 8% of cuts.

7. Frequency of future meetings

RT explained that with the Efford Bill, due in November, and the general election looming it was thought the group needed to alternate political campaign meetings with regular meetings.

ST asked how our local MPs stood on the Efford Bill. RK said that we thought the Liberal Democrats might associate themselves with Efford in an effort to distance themselves from the Tories. The Lib Dem conference should be interesting.

It was pointed out that Clive Efford MP had an online petition in support of his Bill:

<http://epetitions.direct.gov.uk/petitions/68064>

The group thought that meetings should increase to every three weeks, dependent on the availability of the Drill Hall.

8 Website & publicity material

Jack Wrigley (JW) drew the meeting's attention to the animated banner and asked for "killer facts" that could be displayed on it. He also suggested a countdown to the Efford Bill.

JW explained that there were potential problems with reproducing some of our placards on flyers – because of the pictures used - which might make us liable to copyright infringement.

DH reported that the last SNHSW letter published by the "Stockport Express" had been accompanied by a photograph of GT and the petition. RT asked if it was worth making another attempt to engage with the health correspondent. DH said she would try.

Following on from the Stockport Carnival, JW thought that if we were to attend a similar event in future we should invest in a gazebo (approx. £100). The weather won't always be favourable and providing shelter could provide a "captive audience".

Car boot sales – Marj Owen would investigate this option.

E-petition - RK would investigate. Meanwhile we would continue to collect signatures with a view to taking these to local MPs.

9. TTIP

EU commissioners were saying that the NHS will not be involved, but there is no confirmation of this. IB thought that statement carried no weight while all the documentation was being developed in secret.

Liz Harlow mentioned that SNHSW's Facebook page was promoting 38Degrees' petition re TTIP.

10. Any other business

RK would liaise with Stockport Green Party re anything we could support.

TG reported that Tameside KONP had combined with Unison and Unite.

Details of the next meeting would be circulated by TT. The meeting closed at 9.30pm.

**Minutes of meeting held Tuesday 7th October
Valley Road, Bramhall 7.30- 10.00pm**

Attending

Terry Tallis, Jack Wrigley, Elaine Preece, Rod Kilgor, Marj Owen?, Graham Trickey, George Rogers, Tom Gillespie, Ray Tallis, Brian Preece, Steve Torley, Peter Phillips

Chair

Terry Tallis

Welcome and Apologies

Debbie Hind, Ian Barker and Andy Wedderburn

TT. Support needed for KONP Leeds event. No takers.

Letters to JC.

GT outlined IB's investigation of Wirral Private Midwife Service.

Direct referral / GP referral. One to One have a contract. Any qualified provider.

The new bill means money will be squandered.

No action at present.

Discussion on stroke treatment at Stepping Hill.

CCG and Stepping Hill 'in dispute' regarding over-treatment.

Plans to restructure Primary Care due 12th November. New regulations for joint commissioning could make it even more difficult to monitor CCG's actions if merging happens. Action?

RK Outlined the difficulty of maintaining transparency if bodies start morphing together. Keep corresponding with Healthwatch. Healthwatch is monitoring Healthier Together and is fearful of what's happening.

Some discussion about the effectiveness of survey. RT described cost of £4 million with 10,000 replies. £400 per questionnaire.

Consider support from SNHSW to Healthwatch with cc to National Healthwatch.

- No decision.
- ?
- Useless public consultation
- Democratic deficit of merging.

Action: Letter of support to Healthwatch. RK? and TT.

Procurement.

Ethical clause still not in.

IB consulting with Mark Chiddy, who is offering a further meeting with the group.

Commissioning. Arriva process starting again in 2016. Our input? No clear decision.

111 Helpline starting again.

Discussion regarding "the assertion".

General agreement that Spirometry and Blood Pressure monitoring could be regarded as a great success. GT to provide a piece for the front page and also contact the 3,600 with the good news. GT and JW to liaise

TT thanked GT for sitting through the meetings and presenting the information.

Healthier Together.

RT. Quote from Prof. David Oliver

BMJ analysis and meta analysis?

October 24th new deadline.

GP letter to be sent by Healthier together.

Proposals are wishful thinking. £2.5bn by 2016? Or over the whole period?

TT to send open letter and JW to post on the website, with links to pdfs etc.

Circulate to members beforehand?

Marj Owen Car boot sale – no progress to date.

JW Concert. Lucy Ward has no availability before Christmas. Plan for early next year.

TTIP Action at weekend 11th October with 38 degree leaflets.

Mark Hunter. What's in the manifesto?

John Pugh's speech.

Collect signatures in support of the Efford Bill and approach all Stockport MPs.

EP Suggests meetings in their offices not at surgery.

Ask: 'Do you want the headline

Liberal MP supports Privatisation of the NHS?'

Paul and Andy to visit Ann Coffey.

PP could attend with other members to see Andrew Stunnel but declined to set up the meeting.

Also, Lisa Smart should be tackled in the New Year.

RT. Save our NHS Manchester at MU

RK. News papers may be more receptive?

Dr Steve Nichols – pictures?

Political Strategy.

Challenge.

New leaflet, ST suggests including email address for MPs so that readers can follow up.

Wards in Stockport? Decision next meeting.

Efford Bill. Raise awareness and hold politicians to account.

21st November. Only six Saturdays.

RT and TG to highlight five facts for inclusion of new leaflet.

PP to prepare draft for circulation and approval before next meeting.

Petition whole of Stockport, including High Peak, Withington, Hazel Grove, New Mills*

EP and RK to target Cheadle area.

ST to investigate petitioning via 'Change.org', (words to be provided and approved)

GT to investigate a new petition in support of the Efford Bill via 38 degrees and bring to the attention of the 3,600 if possible.

Minutes of meeting held 18th November 2014, Drill Hall, Cheadle, 7.30pm

Attending: Ray Tallis, Tom Gillespie, Rod Kilgour, Janet Stoppard, Tony Carew, George Rogers, Jack Wrigley, Graham Trickey, Wendy Darling.
Chair: Terry Tallis (TT)

1. Welcome & 2. Apologies

TT opened the meeting and received apologies from Debbie Hind, Steve Torley, Elaine Preece, Brian Preece, Peter Phillips and Ian Barker.

3. Previous minutes.

The minutes of the meeting of 6 November were approved.

4. Matters arising

Liz Harlow apologised for the incorrect date for the meeting appearing in those minutes.

5. Stockport CCG (SCCG)

TT thanked Ian Barker (IB) for his email and the annotations he had made to the letter from Jane Crombleholme (JC) to TT.

Re the ethical clause SNHSW was trying to get inserted into SCCG's constitution. The reply from Ranjit Gill had said SCCG was investigating.

TT explained that SCCG has no formal complaints procedure. SCCG's Complaints Officer had confirmed this. SNHSW's complaint would be dealt with as an internal matter.

TT rang the parliamentary and NHS ombudsman for advice. The ombudsman's office confirmed that it was an internal matter, but did explain the stages involved:

1. SCCG, having acknowledged the complaint, now has to write to TT and explain what it is going to do about it.
 2. If SNHSW is not satisfied the matter can be taken to the ombudsman.
- There is no fixed timescale for resolution.

Tony Carew (TC) asked if NHS England could become involved. TT thought that it might be possible to complain to NHS England.

The meeting was concerned about the lack of an independent complaints procedure.

Ray Tallis (RT) asked what SNHSW should do to publicise this. It was decided that the story might be more suitable for sections of the media that had more space and time to explain the complexities – such as "The Guardian" and "File on Four".

Graham Trickey (GT) mentioned that IB had asked for a meeting with Mark Chidgey (MC), Director of Provider Management, on 20 November, but there had been no response so far. If the meeting goes ahead the ethical clause could be raised again.

TC said that JC claims in her letter that the clause could not be included in full on "legal advice", but the spirit of the clause is included. However, no one has found evidence of this.

Rod Kilgour asked if it had been included by other CCGs. GT said that it had been in Norwich. TT added that 38 Degrees said it had been included in Hackney. Tom Gillespie pointed out that only one element had been actioned there – fair pay.

RK thought we should ask to see the legal opinion that SCCG had received. TC said he would do so if the Chidgey meeting goes ahead or use an FOI request. We should also reply to JC saying we want to see the opinion. MC had agreed verbally and it looks like he is being overruled by legal opinion.

GT agreed that we need to pursue MC on this legal advice in addition to contract information. SNHSW should reply to JC's letter about the request for the clause to go before the CCG – it has never made it. IB had suggested emailing all the members of the CCG so they are aware of the complaint.

Wendy Darling wondered if this was a fight that could be won. RT thought it important that SCCG is clear that it cannot ignore SNHSW.

TC thought SNHSW should take every opportunity for consultation – meeting MC and replying to JC. The letter to JC had two important issues – the inclusion of the clause and the CCG's lame procedures, ie the inability to answer emails or issue proceedings for meetings. IB thought we should cooperate wherever possible – so we look reasonable.

RK asked who CCGs were responsible to. RT – NHS England. RK – can we complain to NHSE? George Rogers pointed out that SCCG had said that they needed NHSE approval for changes to the constitution. TC thought SCCG was hiding behind this requirement.

Action:

TC and IB would talk to MC, if the meeting goes ahead.

The reply to JC would request:

1. sight of the legal advice
2. notice of when the clause would come before the board meeting, as SNHSW would like the opportunity to address the meeting.

6. Petition

Friday 14 November – GT organised a meeting with Andrew Stunell MP (Hazel Grove) re the petition.

There was also a meeting with Andrew Gwynne MP (Denton & Reddish) which went very well. Gwynne signed the petition, cooperated with a photo-shoot and offered to deliver the petition to parliament.

Tuesday 18 November - petition delivered to Mark Hunter MP (Cheadle) and also Ann Coffey MP (Stockport).

Coffey's office accepted the petition, but refused to participate in any publicity. Coffey's position on the Eford Bill had been entirely negative – she regarded PMBs as having very little hope of success. However, TT had received encouragement from Andy Burnham's office – which considered the 21 November Second Reading of the bill as winnable.

Elaine Preece has the final figures for the petition.

7. One to One ("Wirral midwives")

(The Warrington based company has a contract with Wirral CCG. Trafford CCG is investigating two stillbirths that occurred in Greater Manchester.)

RT explained that SCCG was writing to local GPs with advice and SNHSW needs sight of this.

TG added that SCCG was not happy about women in the area using the service as it impacted on their budget.

RK asked who was responsible for monitoring One to One's performance in Stockport, if its contract is with Wirral CCG. TT asked if HealthWatch was concerned. RK said they were aware that One to One was working in Stockport, but not about the baby deaths.

Action: TG would investigate where the responsibility lies for monitoring companies operating in areas outside their original contracts.

8. Healthwatch

RK reported that HealthWatch was going to have its budget cut. Also its partners, charities etc, will also suffer cuts. TT asked if SNHSW could get details of these cuts.

Action: RK would investigate further re the cuts.

9. Political Strategy

RK praised the tremendous effort by everyone involved in the pro-Efford petition. TT reported a good response from Bramhall Park runners on 15 November.

TG – Debbie Hind and Steve Torley are liaising on a letter about TTIP.

Engagement with members of the House of Lords – this would be discussed at a future meeting.

Future political strategy:

TT – always been important that SNHSW is non-aligned and that support would be given, when appropriate, to political parties committed to maintaining the original principles of the NHS; in practice this meant Labour and the Greens.

After Christmas SNHSW needs to give some thought to how it handles the run up to the general election. Should it support certain candidates in areas outside Stockport, or should members act in an individual capacity?

RK thought that some support could be offered to the LibDems if they produce an acceptable policy on the NHS. RT said that they would need to categorically state they would rescind Section 75 [of the 2012 Act]. It had been put to Mark Hunter that the Efford Bill was in line with LibDem thinking. MH had said he would "be happy" to meet SNHSW again.

Withington – currently LibDem (maj:1,850), but considered winnable by Labour. RT has a contact with a junior doctor who will mobilise her colleagues at Wythenshawe Hospital.

RK and Liz Harlow (LH) thought that members wishing to work for political parties should do so as individuals. TT asked that members give the matter some thought, so it could be reviewed at a post-Christmas meeting.

10. Website & publicity

Action – Jack Wrigley would publicise activity relating to the petition on the website.

Elaine Preece's hard work had resulted in the Stockport Express sending a photographer to the Gwynne presentation. TT gave a video interview for inclusion on the paper's website. TT had sent a press statement following a request from the paper.

LH – petition activity had been tracked on the FaceBook page.
TG – tweeted regularly about the petition.

Leaflet – *action* – new post-Efford version would be produced.
Car sticker – *action* – Peter Phillips revising the car sticker for KONP

FaceBook and website had posted thanks to petition signatories. GT had emailed thanks to signatories who provided an email address.

Current finances available, after publicity expenses – c£200 reported. (£245.23 *actual*)

11. Christmas

Saturday 13 December – fund raiser at Preece's house
£7.50 per person + please bring item for raffle.
Please let EP know soonest if attending.

Thursday 18 December – The Istanbul Grill, Cheadle
Thanks to JW for organising this.

12. Any other business

TG – the care data plans have been re-launched unchanged. It is possible that people may have to renew their instructions to their GPs to opt them out.

Crisis in Mental Health meeting – Cross Street Chapel, Manchester, Saturday 22 November 1230-1400

Lobby of the Wellbeing Scrutiny Committee, Fred Perry House, Tuesday 25 November, 1730

The meeting closed at 9.30pm.

DECEMBER MEETING: Thursday 4 December, Valley Road, Bramhall, 7.30pm

JANUARY MEETING: 20 January, Drill Hall, Cheadle - tbc

THERE IS NO MEETING ON 16 DECEMBER

Minutes of meeting held 4th December 2014, Valley Road, Bramhall, 7.30pm

Attending: Debbie Hind, Jack Wrigley, Peter Phillips, Yvonne Guariento, Steve Torley, Graham Trickey, Ian Barker, Rod Kilgour, Sandy Broadhurst, Andy Wedderburn, Paul Leake, Ray Tallis, Liz Harlow

Chair: Terry Tallis (TT)

1. Welcome & 2. Apologies

TT opened the meeting and received apologies from Tom Gillespie, Wendy Darling and Elaine & Brian Preece.

3. Previous minutes & 4. Matters arising

The minutes of the meeting of 18 November were approved. There were no matters arising.

5. Stockport CCG (SCCG)

Amendment to constitution

TT thanked Ian Barker (IB), Graham Trickey (GT) and Tony Carew (TC) for all their work relating to "the clause".

IB, GT, TC and TT had compiled a letter following their 28 November meeting with Mark Chidgey (Director of Provider Management).

IB summed up the situation so far. Following the March 2014 meeting with MC – SNHSW had been promised another meeting, which eventually happened on 28 November. The 38D-designed clause would be put before the board for potential inclusion in the procurement policy. However, the legal department of the Clinical Support Unit did not like certain aspects – particularly references to a "living wage" and "tax avoidance". SNHSW did not get sight of what had been accepted. MC was still "working on it".

IB explained that if the clause was to go before the board at the following week's meeting – it should have been included in the meeting's papers. These should be available a week prior to the board meeting – but currently there was no sight of them. SNHSW had been promised back in April that the clause would go before the board, but still had no idea when this would actually happen.

TC had unearthed information re Department of the Environment contracts – they must include a living wage. However, SNHSW does not know what elements of its input have been included, rejected or are up for discussion by SCCG.

Jane Crombleholme (Chair, SCCG) had said that the clause raised "important issues" and its spirit could be reflected in the procurement policy. However, SCCG seems to have misinterpreted SNHSW's letter of 30 September (re the ethical clause and information about contracting) as a complaint about the time taken for JC to reply – not about the substantive issues. TT had acknowledged the apology, but reiterated that SNHSW was still awaiting answers about the substantive complaints.

GT confirmed that he was awaiting a reply from the solicitor David Locke.

Andy Wedderburn asked what the national picture was regarding adoption of the 38D clause. IB thought that it had been implemented by Hackney and one other CCG. Steve Torley suggested SNHSW ask 38D if they had figures on this.

IB had asked MC if he had consulted with other CCGs re the clause. MC claimed that he had, in addition to taking legal advice.

Rod Kilgour was concerned that the merging of CSUs meant that CSUs in the region were all receiving the same advice.

TT reported that the meeting with MC indicated that SNHSW was not going to get much, if any, of what it wants into future policies. MC was focusing on producing a "legally unchallengeable" policy for the CCG.

SNHSW had been offered a meeting with the CCG on 11 December, but TT thought this was only to discuss JC's tardy reply, rather than any substantive issues and this offer might be withdrawn.

Ray Tallis (RT) asked what information we had received re contracts. IB said MC hadn't supplied SNHSW with all the information he should have provided. A new webpage with contract information had been promised for 30 November, but it had not yet appeared. The information on this webpage would be updated annually.

GT added that SCCG should be giving much longer notice about its procurement with information and contract specifications. The procurement policy was going through various committees and it remained to be seen if it went before the board. We needed to make our demands clear before it gets to the board stage, when it would be too late to influence the content.

IB said that the CCG needs to log input from the public. At present there is no way of tracking things. TT suggested raising this at the next board meeting. IB said he would try at the 10 December meeting. He also added that MC had said that JC and Tim Riley should not have been making promises re the clause.

TT added that a copy of the "involvement policy" was coming via HealthWatch – the CCG would regard that as public involvement being complied with.

RK would investigate good practice re consultation and SCCG's assertion that its consultation procedures met acceptable standards, particularly as SCCG had received the CCG of the Year Award!

6. HealthWatch

RK and TT had been in discussion with HealthWatch (Chair, Tony Stokes). HW is a statutory body with a non-voting seat on the CCG.

TS is very much in sympathy with the aims of SNHSW – pro holding SCCG to account. HW is happy to share information and make common cause.

One area where SNHSW could join forces with HW is that of joint commissioning - in order to discover the extent of this in SCCG. HW thinks the ultimate responsibility lies with the initial commissioning CCG. It requires approval at CCG board level.

RK had come across the body Greater Manchester Association of CCGs. It was not clear if this had any statutory status or any mechanisms for transparency and accountability.

IB wondered if this was related to the Committees in Common. He had already requested information re commissioning activity by the CinC. Following the September amendment he had asked again.

TS had told SNHSW that the whole Healthier Together programme was to be shelved until after the general election. RT said that the Guardian was claiming it would go ahead.

Debbie Hind thought SNHSW should ask local MPs for clarification on this. HW is not able to lobby politicians, but would be keen for SNHSW to pursue this. Currently Mark Hunter is happy to have further discussions.

HW had been looking at specific services and had contacted Monitor about the possible shutdown of Stepping Hill's Urology Department. There had been no public consultation on this.

DH reported that a company called Medinet was supplying staff to Stepping Hill.

It was decided that the lack of transparency about decision making and responsibility should be flagged up to Andrew Gwynne to question SCCG directly and to Andy Burnham to raise nationally.

RK raised the case of One to One Midwives. According to the MEN the findings of the Trafford CCG investigation into the baby deaths would go to the GM CCGs group. Local Area Teams do not have to make their deliberations public.

TT raised the impact on CCG budgets of providers working outside the purview of the original commissioning group. It will make budgets hard to predict and increase administration costs.

AW asked about the criteria for acquiring "qualified provider" status. IB said that it appeared that providers had only to be approved by one CCG in order to gain access to the whole of England. IB had put questions to the CCG about One to One – these had not been reflected accurately in the minutes. JC had commented about whether One to One had adequate insurance cover or if SCCG could be liable.

IB would ask SCCG about One to One and it would be put on the agenda for any meeting with Andrew Gwynne.

7. Political strategy

ST was working on a letter, with DH, for publication re the criteria for "approved providers".

Efford petition

TT thanked GT for organising the Stunel meeting and Elaine Preece for the coverage of the Gwynne signing in the 'Stockport Express'. (Danielle Roper article. Contact: [HYPERLINK "mailto:danielle.roper@menmedia.co.uk"](mailto:danielle.roper@menmedia.co.uk) danielle.roper@menmedia.co.uk / @RoperDanielle)
The Stockport Express had published DH's thank you to signatories of the Efford petition.

Liaison with members of the Lords

Dave Goddard had told Sandy Broadhurst that it was a matter for MPs

Liaison with Green Party – SNHSW would make contact with the Greens and report back to a future meeting.

Liaison with Cheadle Labour Party – Yvonne Guariento (YG) advised that Cheadle LP would be giving support to Withington, High Peak and Crewe and Nantwich for the general election. There was a great deal of apathy to overcome. Sandy Broadhurst (SB) thought SNHSW members, who wished to, could most usefully give support to Labour in the High Peak constituency. Withington would be well supported by Manchester and Crewe was twinned with Cheadle.

RT reminded the meeting that Lucy McClellan (a junior doctor in Withington) would be working to mobilise her medical colleagues. Members agreed that they would like to support any student/doctor events planned there.

RT also asked members if they would be happy to invite Unite to a future meeting. RT would have a preliminary meeting first and report back.

A *Factsheet* outlining the NHS position of each party was being developed by Peter Phillips (PP). This would be in PDF format for easy home printing – so SNHSW members were prepared for discussions with the public.

PL thought that the impact of budget cuts on healthcare needed spelling out to the public. He was particularly concerned about the under-reporting of suicides by disabled people. GT pointed out that social care budgets are not ring-fenced.

RK had heard, via HW, that low level services provided by the voluntary and charity sectors would be adversely affected by budget cuts.

SB said that cuts in mental health budgets were already resulting in people being discharged without adequate follow-up care; consequently there were a worryingly high number of suicides in the borough in recent months.

YG reported that Chelwood Food Bank was predicting that Universal credit could force people to wait for up to a month to receive any benefit.

8. Website & publicity

Jack Wrigley reported that all website changes were nearing completion.

Liz Harlow reported a good response to Face Book postings about the Efford Bill and France's threat not to sign TTIP.

PP had done some costings on behalf of KONP for a new batch of their car stickers. They would be paying for these directly. PP would also forward a link to the twitter feed showing the Our NHS "For Sale" boards featuring the "Cameron-Hunt estate agency". He would also pass on the Daily Mirror list of the 70 coalition MPs with financial links to health care companies.

9. Christmas Events

TT reminded the meeting of the fundraiser being organised by Elaine and Brian Preece on 13 December at their home. She also thanked JW for organising the meal at The Istanbul Grill on 18 December.

10. Any other business

Future meetings:

20 January, 17 February & 17 March – Drill Hall, Cheadle, 7.30pm