

# West End Community Council Update

## #dundeewestend

I have today launched my West End Community Council Update for February – you can [download](#) this [here](#).



The Update covers the following issues :

- Nethergate road surface
- Miller's Wynd Car Park
- Lighting – Ninewells Village to Clayhills
- Hawkhill and West Port – Street Lighting

The Community Council meets at 7pm tonight at the Logie & St John's (Cross) Church Hall in Shaftesbury Terrace – included is the AGM – all welcome!

The agenda is as follows :

1. WELCOME AND APOLOGIES
2. CHAIRMAN'S REPORT
3. TREASURER'S REPORT
4. ELECTION OF OFFICE BEARERS
5. POLICE UPDATE
6. ANY URGENT COMMUNITY COUNCIL BUSINESS
7. WEST END DECIDES
8. THANKS AND CLOSE

Light refreshments will be provided.

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## Where do we want the boundary to be between the public and private sectors

Labour wants to change the current boundaries between public and private provision of public services.

They have to accept that the bulk of public service will continue to be supplied by the private sector, as they acknowledge they cannot buy up all business in the UK to provide everything from the public sector. Bread and circuses would remain privately supplied were there to be a future Labour government as they always have been.

The two most sensitive battlegrounds where they wish to change things are health and railways. It is important to understand where the current boundaries are. These are boundaries agreed by both the previous Labour governments and the current Conservative government.

In the case of health, the private sector makes and supplies all the drugs. Most GPs are private sector contractors of the NHS, some with private practises as well and many with for profit pharmacies alongside. Most pharmacies are for profit private sector businesses, dispensing over the counter medicines.

Many hospitals use private sector cleaners, caterers, computer service providers and other suppliers from the private sector. Labour introduced the idea of buying in operations from the private sector where they were good or where the NHS lacked capacity.

The public sector owns and runs most of the hospitals, but not the surgeries. It provides many of the operations, and pays for most of the care however delivered.

What do you think about these current boundaries? Are there bits which you think should be done entirely in house in public sector owned assets with public sector staff? What parts of current private sector healthcare would you want a government to nationalise?

Should GPs be made to be salaried NHS employees? Should surgeries be bought up by the state? Should all pharmacies be public sector businesses?

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## **Press release: Public can expect 'gold standard' protection against flu next year**

The new guidance is based on recently published expert advice and will ensure the most vulnerable people get the best available protection next season.

From the clinical evidence available to GP practices and community pharmacists from the Joint Committee on Vaccination and Immunisation (JCVI) and the Green book since October it is clear that people aged 18 to 64 and at risk should get the quadrivalent vaccine which provides protection against 2

strains of influenza A and 2 strains of influenza B for the 2018 to 2019 winter season.

This will mean that pregnant women and other people in risk groups such as those with asthma and chronic obstructive pulmonary disease (COPD) will receive the quadrivalent vaccine protecting them against four strains of flu. Children, who are considered 'super-spreaders' and are generally more susceptible to flu B, will continue to receive the nasal spray quadrivalent vaccine.

Meanwhile, people aged 65 and over will be offered the newly-licensed adjuvanted trivalent vaccine, an enhanced form of the vaccine given to this age group in 2017 to 2018, which is designed to boost an immune response improving the effectiveness of the vaccine in this older age group. This was not available for the 2017 to 2018 season.

Given the evidence, use of these more effective vaccines in the 2018 to 2019 season is clearly in the best interests of patients, particularly given the association of flu with increased mortality.

The letter sent from NHS England and Public Health England (PHE) advises GPs and community pharmacy contractors to review all orders for the 2018 to 2019 season and ensure these are in line with suppliers who have extended the deadline for orders until the end of March.

It is estimated that flu causes around 8,000 deaths people each year. For the week ending 14 January 2018, there were a 289 reported intensive care admissions due to flu thought to be the peak of this year's season. However, figures show over one and a half million more people got their free vaccination this year compared to last.

Dr Arvind Madan, GP and NHS England Director of Primary Care, said:

Flu can have serious health implications, particularly for the most vulnerable people, as well as having a significant impact on NHS services.

The evidence is clear so the NHS is going further to advise gold standard protection is provided. Importantly, the public ineligible groups can also play their part by getting their free vaccination again next year.

Professor Paul Cosford, PHE Medical Director said:

Vaccination is one of the best public health interventions we have available to us, saving thousands of lives every year. We already have one of the best flu vaccination programmes in the world and making these vaccines available next season should offer greater protection than ever before. We urge everyone eligible to take up the offer of flu vaccination.

Suppliers have also confirmed that there will be enough adjuvanted trivalent vaccine and quadrivalent influenza vaccine to meet demand. If GP practices and pharmacists encounter difficulties in placing or amending orders they have been advised to contact their local NHS England team.

## Background

For further information please contact the NHS England media team on [nhsengland.media@nhs.net](mailto:nhsengland.media@nhs.net) or 01138 250958 / 01138 250959.

- The adjuvanted trivalent vaccine (aTIV) for all 65s and over. Given aTIV was only licensed for use in the UK in August 2017, long after orders were placed, this was not an option for the 2017 to 2018 season. However, the JCVI has now provided its advice given the receipt of its UK license
- The quadrivalent vaccine (QIV) for 18 years to under 65s at risk. In light of an independent cost-effectiveness study into QIV undertaken by PHE and considered by JCVI, the Green Book was updated in October 2017 to provide the advice that QIV is the best option for 18 to 65 at-risk groups in 2018 to 2019

## About NHS England

NHS England leads the National Health Service in England – setting the priorities and direction, encouraging and informing the national debate to improve health and care.

The NHS in England deals with over 1 million patients every 36 hours and employs more than 1.5 million people, putting it in the top 5 of the world's largest workforces. NHS England shares out more than £100 billion in funds and holds organisations to account for spending this money effectively for patients and efficiently for the taxpayer. It strongly believes in health and high quality care for all, now and for future generations.

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## [How to keep up to date with the Liberal Democrats online](#)

It's never been easier to get all the latest news from the Liberal Democrats online – and there's one quick and easy way to beat the algorithm and make sure you never miss a thing.

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Author:

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## [Press release: Bankruptcy restriction for man who gambled money borrowed from family](#)

This follows an investigation by the Insolvency Service, which found representations were made to family and friends to get money, which was used for online spread betting and to fund his lifestyle.

Mr Patel entered into a 11 year bankruptcy restrictions' undertaking on 18 December 2017, by the restrictions set out in insolvency law that a bankrupt is subject to until they are discharged from bankruptcy (normally 12 months) until 2028.

Between 2013 and 2017, Mr Patel made false representations to family and friends to obtain loan funds of £390,000, saying that the funds were to be used as a venture investment. He used £238,451 of these funds to finance online spread betting, with the majority of the remaining funds being used to fund Mr Patel's lifestyle. Mr Patel's actions directly resulted in him becoming insolvent with total liabilities of £403,753.

Mr Patel was declared bankrupt on 26 July 2017 with a deficiency of £386,238. Mr Patel was interviewed at the Official Receiver's office at which time he stated that around December 2012 he began online spread betting and initially used his savings to fund this. However once his money ran out he obtained funds from family and friends and used the money he received to continue gambling.

The loans were covered by formal agreements which stated that Mr Patel would hold the investment funds for the duration of 12 months during which time the investor would not be able to withdraw the capital invested.

Mr Patel advised family and friends that the funds were to be used as a venture investment but he was in fact using the funds to finance his online spread betting and, from June 2015 onwards, to fund his living expenses with a very small amount being used to repay a couple of the lenders.

In January 2017 when all the money had been exhausted he ceased gambling and sought advice regarding his financial situation following which in July 2017 he made his own application for bankruptcy.

Commenting on the bankruptcy restriction, Gerard O'Hare, an Official Receiver at the Insolvency Service said:

Where a bankrupt has taken undue risks with creditors' money, he should not expect to do so without repercussions, particularly when others suffer financial loss as a result.

A bankruptcy restriction in these circumstances will serve to provide creditors with a degree of protection, and it will also act as a deterrent to the bankrupt not to act in a similar manner in the future.

## Notes to editors

Mr Shared Dayaram Patel is of Leicester and his date of birth is January 1966. The Bankruptcy Order was made on his own petition

If the Official Receiver considers that the conduct of a bankrupt has been dishonest or blameworthy in some other way, he (or she) will report the facts to court and ask for a Bankruptcy Restrictions Order (BR0) to be made. The court will consider this report and any other evidence put before it, and will decide whether it should make a BR0. If it does, the bankrupt will be subject to certain restrictions for the period stated in the order. This can be from 2 to 15 years.

The bankrupt may instead agree to a Bankruptcy Restrictions Undertaking (BRU) which has the same effect as an order, but will mean that the matter does not go to court.

These are restrictions set out in insolvency law that the bankrupt is subject to until they are discharged from bankruptcy – normally 12 months and include that bankrupts:

- must disclose their status to a credit provider if they wish to get credit of more than £500;
- who carry on business in a different name from the name in which they were made bankrupt, they must disclose to those they wish to do business with the name (or trading style) under which they were made bankrupt;
- may not act as the director of a company nor take part in its promotion, formation or management unless they have a court's permission to do so;
- may not act as an insolvency practitioner, or as the receiver or manager of the property of a company on behalf of debenture holders;

Additionally, a person subject to a Bankruptcy Restrictions Order/Undertaking or a Debt Relief Restrictions Order/Undertaking,

- may not be a Member of Parliament in England or Wales.

The Insolvency Service, an executive agency sponsored by the Department for Business, Energy and Industrial Strategy (BEIS), administers the insolvency regime, and aims to deliver and promote a range of investigation and enforcement activities both civil and criminal in nature, to support fair and open markets. We do this by effectively enforcing the statutory company and insolvency regimes, maintaining public confidence in those regimes and reducing the harm caused to victims of fraudulent activity and to the business community, including dealing with the disqualification of directors in corporate failures.

BEIS' mission is to build a dynamic and competitive UK economy that works for all, in particular by creating the conditions for business success and promoting an open global economy. The Criminal Investigations and Prosecutions team contributes to this aim by taking action to deter fraud and to regulate the market. They investigate and prosecute a range of offences, primarily relating to personal or company insolvencies.

The agency also authorises and regulates the insolvency profession, assesses and pays statutory entitlement to redundancy payments when an employer cannot or will not pay employees, provides banking and investment services for bankruptcy and liquidation estate funds and advises ministers and other government departments on insolvency law and practice.

Further information about the work of the Insolvency Service, and how to complain about financial misconduct, is [available](#).

## Contact Press Office

Media enquiries for this press release – 020 7674 6910 or 020 7596 6187

### Press Office

The Insolvency Service

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This service is for journalists only. For any other queries, please contact the Insolvency Enquiry line on 0300 678 0015.

For all media enquiries outside normal working hours, please contact the Department for Business, Energy and Industrial Strategy Press Office on 020 7215 1000.

You can also follow the Insolvency Service on:

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