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# NHSCA

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December 2012

*Your editorial board welcomes Richard Taylor's contribution which describes National Health Action, its background and principles*

## National Health Action

National Health Action (NHA) is a political party registered with the Electoral Commission (EC) and with Companies' House as a Private Company Limited by Guarantee under the name Action for the Nation's Health.

It was formed by Clive Peedell and Richard Taylor after a letter in the Independent on Sunday in March 2012, signed by 240 doctors that expressed great anger at the coalition government's unheralded and deeply damaging reforms of the NHS. The only way to register opposition to this Act of Parliament at this late stage is through the ballot box at future elections. To do this effectively and to include any words other than 'Independent' on ballot papers for UK elections, a party name has to be registered with the EC.

The aims of the party are summarised in the following paragraphs from our constitution:

"The National Health Action party is a group of like-minded individuals, who strongly support the original principles of the National Health Service (NHS) and are shocked by the failure of the democratic process as demonstrated by the appearance and the passage through parliament of the Health and Social Care Bill. The resulting Act is now destroying the NHS in England as an effective, efficient health system fair to all citizens and patients. It will transform a cost-effective public system of health care into one that will be more expensive, wasteful and unequal, whilst diminishing levels of trust and corroding standards of ethical behaviour within the health system.

"Quite apart from the direct effects on healthcare provision, the destruction of the NHS also marks the violation of important social values. The NHS was more than just a structure for the delivery of healthcare. It was also a social institution that

reflected national solidarity; expressed the values of equity and universalism; and institutionalised the duty of government to care for all in society. The NHS marked out a space in society where the dictates of commerce and the market were held in check so as to give expression to socially directed goals, for individuals and society as a whole.

"As a party, we reflect these principles and values of the original NHS and seek to apply them politically. In our view, all three main political parties in England have lost credibility in their stewardship of the NHS, and reflect the increasing capture of parliament and the democratic process by powerful but narrow interest groups and financial interests. In seeking to prevent the further destruction of the NHS, we recognise the need to improve the democratic and public interest credentials of parliament and have established this party as a platform for the election of MPs and local councillors who will first and foremost serve the public interest.

"With the current financial constraints facing the country, we will demand that all possible measures for improving value for money and reducing unnecessary expense within the NHS have been applied before reductions in core services are considered. We will seek to maintain adequate and appropriate levels of public spending on health whilst opposing changes that will increase inefficiency, inequity, and expenditure from the NHS budget which does not go on service provision.

"There are many challenges that arise from our ageing society. But the marketization of social care will only add to these challenges. As the Dilnot Commission pointed out, people are currently left exposed to potentially catastrophic care costs with no way to protect themselves. We agree with the principle that an "individual's lifetime

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contributions towards their social care costs – which are currently potentially unlimited – should be capped.” Our proposals for social care will reform the current unfair, overly complex and unsustainable social care system.

“We also see great value in promoting innovative public health approaches to health improvement. Much can be gained through the more effective regulation of damaging commercial activity: real patient and community empowerment; the reduction of social inequities; and the creation of a healthier environment. A progressive public health agenda would not only improve health, but also result in more efficient use of limited resources for health.”

These views are complemented by paragraphs from the invitation to our press launch on 15 November 2012 as follows:

“Let’s make this clear. We realise that the NHS is not perfect. Even institutions that have a strong place in people’s hearts need to be renewed and reimagined. We’re not afraid of change where it brings genuine improvements in care. But for the people who turn to it for help - and that’s got to be all of us at some stage of our lives - it’s an illustration of altruism in action. We will not let that source of support and strength for families and communities be torn apart by coalition policies that are causing lives to be ruined, services to shut, quality of care to suffer, and NHS jobs to be lost. We are totally committed to fighting all attempts by the government to wreck what we and the people of this country hold most dear.

“Our aims and constitution can be seen in full on our website [www.nationalhealthaction.org.uk](http://www.nationalhealthaction.org.uk) We will carefully and strategically select seats that will give us the best chance of being elected, but will not challenge MPs who are fully committed to restoring and protecting our beloved NHS.”

Thus far the party has been organised by an interim, designate, executive committee made up of doctors, public health specialists and experts in analysis of election results and publicity leading up to the launch of the website at the end of October and the press launch on 15 November. The website produced an immediate response from potential members, supporters and volunteers and the press

launch was a great success generating excellent press coverage and an extraordinary statement from the Department of Health reported by the BBC as follows: “There is no reason for this party to exist. The founding principles of the NHS are not only being protected by this government, but enhanced and extended.” We believe the first sentence is a breach of the Civil Service Code and we have written to the chief executive of the NHS in England demanding a retraction and an apology. What gives an administrative department the right to tell the citizens of a country what their political stance should be? If nothing else, it certainly shows that we have alarmed the government.

The next phase is to consolidate our membership and to hold our first AGM at which an elected executive committee will be constituted. For this we will hope to procure the services of health professionals of all sorts as well as NHS patients and carers who have seen the service from the inside. We are determined not to be seen as elitist. From this executive we will obtain working groups to consider policies on issues relating to health and social care, strategy for the successful achievement of our aims and a group responsible for press and publicity. Some work has already been done on policies and strategies and this will form the starting point for further discussions. An election group will select constituencies and, local council seats where we will put up candidates who will have been interviewed and appointed by this group. When we have councillors and MPs elected there will be no party whip, but on health and social care issues we will expect to achieve consensus. On other issues our representatives will be free to decide their stance according to their conscience, local and national needs and demands of their local electorate. The huge advantage of being a councillor or MP not belonging to a major political party is that one can vote for whatever one considers the best solution for one’s people if it means supporting the party in power or the opposition.

We will face an extremely tough challenge to achieve positive results in elections but we believe that even if Labour win the next election, it will be vital to have elected National Health Action MPs, and elected MPs from affiliated groups who will exert influence on what an incoming Labour government puts in place of the current Act when it repeals this as it has promised to do.

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If a decision is made to contest elections in your area please give us your support. For outsiders to break into the current political landscape it is virtually impossible unless one has an unpopular sitting MP or party, a well-known, popular local candidate and a strong local issue. As the NHS is vital for everyone, we believe this could be as strong an incentive to vote for our candidates as

a truly local issue upon which the sitting MP has taken the wrong line. We shall see! But we have to break the precedents of failure set by every other incipient political party independent of the Conservative, Labour and Liberal Democrat parties in recent years.

**Richard Taylor**

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## The AGM and Conference 2012

were held on Saturday 6th October at Friends Meeting House, Euston Road, London.

Minutes of the AGM have been sent to all those who attended and to members of the Executive Committee. They are available to any other member on request, electronically or in hard copy.

Reports presented at the AGM follow and a list of members elected to the Executive Committee, with contact details appears elsewhere in this Newsletter.

### **HONORARY TREASURER'S REPORT FOR THE AGM OF THE NHSCA**

The Honorary Treasurer managed to surprise the Executive Committee, in early 2012, by agreeing to several requests for large funds in our highly effective but sadly eventually unsuccessful attempts to stop the Cameron/Lansley/Clegg NHS Privatisation Act. Inevitably this has resulted, in a second year in succession, in the largest ever year on year deficit-vide infra. Whilst the publicity surrounding the fight to stop the Bill enhanced our recruitment of new members that has now fallen right back. However our Subscription Income went up by 5 %. This came on the back of a huge amount of work and effort by our President.

As ever, we owe a debt of thanks to our Auditor Mr Bob McFadyen who has, once more, kept our accounts in impeccable order as witnessed in his accompanying report.

The major feature of this year's account is that we outspent our income by £5,695.95 eating further into the reserves we had slowly accrued over many preceding years. We again increased our funding of KONP, this time to nearly £11,000, maintained our regular contribution to the NHS Fed and gave backing to two of our high profile members Allyson Pollock and Clive Peedell who worked so hard in the

fight against the Bill. The support to those cost us an extra £6,000.00 as seen in the accounts. There is the increase of £2,000.00 in the "Publications" element of stationery, the nearly £3,000.00 more to KONP on top of our £8,000.00 annually and the £1500.00 to support the Bevan Run.

Provided we do not have these sorts of extra demands on our funds this year we will be able to continue our high level of financial donation to KONP and the Fed indefinitely.

The following points will help clarify some of the issues arising from the accompanying audited accounts:-

1] The Annual Conference/AGM ran at a £200.00 deficit last year as the catering costs had increased significantly on the previous year. There will be a much larger demand on our reserves this year consequent on the decision to hold the meeting in London. Despite our searching out the most economic venue we will still be subsidising the Conference by a very large amount. With our finances needing careful management I recommend that a combination of cheaper venues and larger delegates' fees should be adopted in future years.

2] Perhaps more members should follow the generosity shown in the donations part of our income?

3] The increase in Committee Travel costs is a reflection of the success in having a wider geographic representation from the membership on the EC.

4] The "HPN Expenses" is a misnomer it actually refers to our publications such as the Newsletter etc.

I would be very happy to clarify any aspects of the accounts that members find unclear

**Jonathan Dare**  
**Honorary Treasurer, NHSCA**

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# KONP Report

The steering group has met every month apart from August at the RMT offices. We are very grateful for this facility as accommodation in London is expensive. We have expanded the group by inviting a representative from each local group and co-opted Lucy Reynolds from public health.

## Personnel

Adeline O’Keeffe has continued as campaign manager working about half the week and has done a brilliant job. Helen Cagnoni works one day a week on finance and entering data on to the database. John Lister (HE) has designed leaflets but meetings clash with teaching commitments. Peter Fisher (NHSCA) and Harry Keen (NHSSF) attend regularly.

## Website

*www.keepournhspublic.com* Paul Lister continues to maintain the website (free) and gives invaluable advice for which we are very grateful. We have continued to pay Anna Macfarlane in Dundee and Matt Shapiro in Leeds to trawl the press to update the website.

## The Health and Social Care Act

The whole year was taken up with lobbying MPs and then Lords about the Health and Social Care bill which despite our best efforts became law in March 2012. Twice we came near to derailing the process, first in May 2011 when the almost unprecedented pause was announced and then in March this year when, if the Medical Royal Colleges had stood together with BMA, RCN, RCM and Chartered Society of Physiotherapists the Coalition might have listened. Assuming those who bought postcards sent them on Cameron would have had 20,000 postcards including the 3000 we

delivered personally in January to Downing St when Clive Peedell and David Wilson completed their run from Cardiff to London in 6 days to protest against the bill.

## Parliament

We concentrated on the Lords after the Bill passed its third reading in the Commons in June 2011. Before third reading in the Commons we sent a dossier compiled by Jacky Davis and Adeline to every member of the House of Commons (675) and before the first reading in the Lords we send an updated version to over 800. This contained articles from lay and medical press and several peers thanked us saying how helpful this was. At Xmas we sent them all a Christmas card and a further letter just before third reading. Lastly we sent Labour Lords and a few Xbenchers a thank you letter by email in May.

Our thanks to Eileen Smith, Frances Hook, Shirley Murgraff, Alec Gordon, Colin Francome, Shirley Gibb, Helen Cagnoni and Jim Fagan who helped to stuff envelopes and Lord Rea and Baroness Jenny Tonge who put the envelopes into the internal post for us.

I went to see Tim Farron, who is the President of the LibDems, with a constituent in February 2012. This time he said they should have thrown it out last year..... Jacky Davis and I went to see Baronesses Jolly and Barker in the House of Lords without success. KONP held a fringe meeting at the LibDem conference in March attended by about 30 people including Evan Harris and Andrew George with whom I have also been working.

## Demonstrations and rallies

Candy Udwin (Camden KONP) organised a march from St Thomas’ Hospital to Parliament



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on 7.9.11 to join the TUC candlelit vigil as third reading ended. London KONP and London Region BMA marched to the TUC rally on 7.3.12

### **Speaking engagements**

Jacky Davies, Colin Leys. John Lister, Jonathan Tomlinson and I have addressed meetings in several places in London, Bath, Broadstairs, Oxford, Northampton, Newcastle, Nottingham, Portsmouth, Sandwell, Sheffield, Stroud and Wigan. Others have also spoken on behalf of KONP and Peter Fisher has circulated the NHSCA members and we have another 12 volunteer speakers to add to our original list, which had dwindled due to death and ill health. This will be circulated to groups when finalized. Jacky Davis took part in the Guardian roundtable discussion on health and in the Guardian blog along with Jonathan Tomlinson.

### **The AGM on 23.6.12**

This was a joint effort with NHSCA and combined with an open meeting for activists "Reclaim our NHS" at Friends House. This was very successful with 500 attending, workshops and speakers from the TUC, Unite, Unison, Jacky Davis and NHS workers, a panel in the afternoon where Polly Toynbee joined John Lister, Clare Gerada, David Babbs and myself. You can read all about it on the NHS Support Federation's website <http://www.nhscampaign.org/reclaiming.html>. We adopted a statement of support for the NHS which did not receive any publicity.

### **Groups**

We still have 30 groups as although we have some new ones we have lost Bristol and Southampton. Cambridge and Oxford have revived. Do consider starting one as still most

people do not understand what is happening to the NHS.

### **Finance**

NHSCA have given us a quarterly grant of £2000 for which we are very grateful. We need at least £1000 a month for administrative costs and thanks to NHSCA members, SG members and my friends we have managed to get to £1300 in standing orders- at last. Thanks to all those individuals who are contributing regularly. If you could afford to do a S/O I promise I will cancel it when KONP ends.

Letters to the Guardian or articles from Jacky Davis, Peter Fisher. Colin Leys, Jonathan Tomlinson, Peter Draper, David Wrigley and I have been published and do generate interest via the website but rarely cash.

Our Facebook group has grown but not dramatically and Suzy Conrad, Jacky Davis and David Widgery have been tweeting for us on KONP's behalf. We have made links with other groups such as 38degrees, and Big Society NHS. Jonathan Tomlinson has a great blog called ABetterNHS and Richard Blogger is also useful.

The battle continues. We have sold over 25,000 postcards for people to give to their GPs saying they do not want private care if NHS is available which raises awareness of patients and GPs. You can order via our website [www.KeepOurNHSpublic.com](http://www.KeepOurNHSpublic.com) £7.50 for 100 including p&p. We have a new leaflet encouraging people to join, featuring Cameron - see the website. We have been working with 38 degrees on CCGs and are about to send a letter to all chairs which we will post on our website highlighting the dangers of seeking authorization and we hope to Press release this and get some debate going.

**Wendy Savage**

### **The Government's NHS changes**

The campaign against the health bill presented a huge challenge to inform and involve the public. Key organisations were contacted to help. We launched the first national petition supported by 14 trade unions, which 45,000 signed, including Polly Toynbee and Michael Mansfield QC. We developed short briefings which were used by other organisations such as the trade union UNITE, to help inform their members. We asked other organisations to join in publicly opposing the health bill. Many people were motivated to get actively involved, by lobbying MPs, often by seeing them in person. 20,000 people a month visited the Fed's website to find out what's happening with the health bill and to find advice and help about how they could get involved.

As the campaign intensified events were organised to help NHS supporters lobby their MPs including a cross party meeting in Parliament with Andy Burnham, Caroline Lucas and Polly Toynbee, at which the Labour Party promised to back an NHS based on planning rather than the market. We aimed to show that, contrary to the government's claims, their plans were deeply unpopular with NHS staff and the public. We commissioned several opinion surveys which demonstrated this and the findings were reported in the *Daily Mail* and *Daily Telegraph*. By developing creative ways to communicate our message we were able to spread key points quickly across the internet, including a graphic showing the proportionate disapproval amongst NHS staff, which was re-tweeted 50,000 times. We worked with UNISON and the Labour Party to table amendments to the health bill as it passed through both houses of Parliament.

### **Reclaim the NHS: a public conference**

The campaign to save the NHS is back on its feet according to the Guardian's Polly Toynbee in her report (*Guardian*, June 29) on *Reclaiming the NHS* – a national public conference organised by the NHS Support Federation with the support of KONP, NHSCA, UNISON and six other partner organisations. A packed hall of 500 people from around the country came to find out the latest from the frontline of the NHS and help to decide what patients, NHS staff and its supporters can do together to protect it. The health bill may have been passed, but the powerful message from this vibrant event, which included a host of practical workshops, was that we will not give up and that there is much that we can do.

The Federation organised a joint agreement between ten organisations (national unions, charities and campaign groups) launching the beginning of the next stage in the fight to save the NHS from privatisation and the free market changes. They committed themselves to working together and giving national support to achieve this.

### **Our Research**

Over the last few years the Federation has developed its capacity to generate research to provide evidence about the impact of health policy on the founding principles of the NHS.

Commissioned by UNISON we are continuing to map privatisation and to publish summaries and reports about its impact. We have setting up a new website [www.NHSforsale.info](http://www.NHSforsale.info) to publish proof of how the NHS is being privatised.

Last year Federation research published in the British Medical Journal revealed that commercial companies are preparing to cash in on a multi-billion pound opportunity to run NHS hospital services. Our analysis of the business strategies of a group of leading private healthcare providers found them to be highly



enthusiastic about the government's changes. It also revealed substantial evidence that their business approaches and past records would be likely to lead to clashes with the interests of the NHS and its patients.

Commissioned by the TUC to we are generating profiles of all the major private providers, to be placed on a central website as a resource for campaigners across the country, a project which will be completed by the end of October. We have been charting the impact of Any Qualified Provider and translating this into graphics to try and increase public awareness of this process.

#### **'Centre for Ethical Healthcare' launched**

The Federation has launched a charitable company dedicated to providing ideas and evidence to support the need for a comprehensive healthcare system, publicly driven, that provides access to all in our society. It will help local people find ways to have more influence over the future of their health services and help educate them in becoming more involved. The Fed hopes to expand its research work and to help fund other health campaigning projects through this initiative. We need experts in health or individuals who want to undertake small research projects. Please contact Paul Evans – paul@nhscampaign – if you are interested in learning more.

#### **Our Strategy**

The impact of the Health Act and the country-wide cuts are a huge threat to our NHS. It is crucial to the link the impact of the two and to politically sensitize the NHS in the run up to the next election. The government's plans have become hugely controversial providing a genuine opportunity to get the NHS back on track. However much of the response now rests with the public in their own localities. Therefore we aim to support local campaigners whilst also working nationally to influence direction of the NHS.

**Help the public achieve a bigger say:** There are ways to resist the outsourcing of NHS services and influence how health services work. We want to help local people with information and advice they need to do this. This will involve influencing their new CCG or mounting a legal campaign in a similar way to that in Gloucester.

**Produce evidence to fuel debate:** We have launched research projects, sponsored by UNISON and the TUC to find and display evidence about how the private sector are affecting our NHS. We will work to collect evidence and find creative and powerful ways to publish it.

**Work with partners and encourage cooperation:** Our recent conference showed how the Fed is well placed to bring lots of organisations and individuals together in support of the NHS. 38 degrees, UNISON, TUC, KONP and the National Pensioners Convention are amongst those we are working with.

**Build a long term structure to defend the principles of the NHS:** It will only survive with support and involvement of the public. We believe it is vital to create sustainable and effective ways of working that can raise public influence over the NHS.

***We would like to thank the NHSCA and its members for their continuing and generous support. It is very important in helping us to be successful in our work and is it most appreciated.***

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# The Conference

## A. The Paul Noone Memorial Lecture: All The King's Horses

**Professor Gabriel Scally, Professor of Public Health & Planning**

**University of the West of England and former Regional Director of Public Health for the South**

Prof Scally opened with a gentle reminder to the meeting that for an Irishman about to lecture in the Friends House was a poignant moment, giving an opportunity to express gratitude to the Quakers for help during the famine.

Referring to the title of his talk he suggested that unlike the many NHS reorganisations he had experienced as one-time GP, community physician and Regional Director of Public Health he saw the HSC Act as a deliberate dismantling of the NHS such that there was no obvious way of putting Humpty together again. There was no local responsibility for CCG's and the NHSCB was the most centralised controlling authority ever devised. Why even the Secretary of State had attempted to divorce himself from responsibility! All this was in marked contrast to his experience in N.Ireland, where as Chief Officer he experienced the democracy of representative members including L.A. Councillors questioning how services were provided.

Whatever problems the government considers need fixing, in an NHS which is really doing quite well, the solution does not lie in denigrating or removing the whole group of NHS management but lies in improving their function. Likewise, "target" setting needs to be used with discretion. "Achieving a target of 18 weeks for a surgical procedure is meaningless if it takes 18 months to obtain a wheelchair".

Planning has taken a back seat. The PFI programme has robbed the NHS of vital revenue. Dismantling of the NHS with cartels of independent organisations needs to be challenged.

Attempts to break apart the solidarity of NHS workers with local pay deals (as in the South West recently) must be resisted and national terms and conditions for NHS staff must be protected. Now was the time to be joining and being active in Foundation trusts seeking influence with the new powers created under the HSC Act.

Turning to issues of population health he expressed disappointment that the message conveyed by the late Derek Wanless "The NHS will fail if not fully engaged in prevention" has gone unheeded. Thus there is a culture of open acceptance of alcohol abuse in our towns with a worrying increase in liver disease and the campaign against smoking has flattened. Health and social care is barely integrated in contrast to full integration in Northern Ireland since 1983.

Prof. Scally argued that there are important misconceptions to be addressed. One is that the burden of the elderly will be unsustainable, whereas in reality the elderly are healthier than ever with many problems which are preventable, notable among these being poorly insulated housing in U.K, leading to excess winter deaths compared with the statistics for the Finnish elderly with their good housing insulation standards. "Let's abolish winter for the elderly".

Finally, he had this challenging message for the profession "We don't play a full enough role in civil society." We need to act on Barbara Castle's dictum that preventative health is everyone's business".

We should follow the example of colleagues such as Jonathan Shepherd, Cardiff maxillo-facial surgeon successfully campaigning for compulsory introduction of shatterproof glass into Cardiff bars with a major impact on pub-related facial injuries. Paediatricians should be out on the streets campaigning for safer roads



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in their vicinity to not only reduce accidents but to encourage parents to allow their children to walk and cycle to school as a healthy alternative to transportation by car (e.g. 34% primary-school children in Bristol.) Similarly, scalds suffered by children in the home should be addressed in a prevention programme.

Yes, there are problems in the way of achieving a change of approach. One is the new Consultant NHS contract which militates against prevention. Perhaps one session should be allocated each week for primary prevention work? "Let's unleash the profession on prevention!"

There is no thinking going into the future of primary care, with lack of integration and structure and there is urgent need of a Royal Commission.

Summing up his message he pleaded that we use our existing powers to ensure the NHS is not dismantled, that we ensure there is a policy debate on the NHS conducted at the next general election and that we ensure that the most vulnerable are safeguarded.

In answering questions from the floor he agreed that it was time for NHS consultants to mobilise and reverse our exclusion from influencing NHS policy through e.g. Regional medical advisory committees, that the honours system and "gong" chasing has a corrupting influence, that the public generally has no clue about new NHS structure and its implications but that this must be tackled by simplifying and explaining the terminology and taking the message into schools.

**Geoffrey Mitchell**

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## B. Our strategy towards the Health And Social Care Act and forward vision for a positive alternative.

The session on "Collection of evidence" was given by Paul Evans who is director of the NHS Federation.

People are furious to hear of what is going on and want some form of action. Paul told of the Department of Health not collecting information about privatisation centrally and being unaware of what PCTs are doing locally. Apropos Freedom of Information requests, commercial confidentiality is cited to thwart transparency. In respect of private companies one can get information from shareholder reports and from the company's website. Those organisations publicising the privatisation agenda include:

1. The TUC which has considerable power.
2. The NHS Federation, KONP and NHSCA
3. The BMA is key in terms of its prestige.
4. Twitter allows immediate dissemination of news and information can be spread widely.
5. Members of parliament, informed by their constituents, liaising with Andy Burnham

6. The Labour Party publishes its annual NHS Check Report and the second Report "The Doctor won't see you now: patients locked out of Cameron's NHS" can be viewed on <http://www.labour.org.uk/second-nhs-check-report,2012-07-25>.

7. Dr Eoin Clarke's The Green Benches provides a frequent powerful punch on <http://eoin-clarke.blogspot.co.uk/> though one comment was that information on this website is sometimes not accurate.

8. Academics such as Profs Allyson Pollock and Martin McKee, the latter of the LSHTM.

These points were interspersed with general discussion about the insidious effects of Any Qualified Provider, the influence of large city and healthcare firms on DOH policy, and other matters. Paul concluded that with the switch to CCGs in April 2013, one should expect a train crash.

**Morris Bernadt**

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## Session on “Getting our ideas across”

### Frank Dobson MP - How best to use the key resource of politicians and influence your MP alternative.

1. MPs are particularly sensitive to articles in local news media in their area. This includes local newspapers, local radio, the letters pages and local radio. MPs are very much focused on their local patch.
2. No one can envisage the NHS as a whole—people understand local happenings.
3. The NHS and its privatisation by the Coalition are subjects of major public concern and anxiety and MPs are very much aware of this.
4. There are many examples of legal claims against private health care providers in the US and no doubt these will rapidly grow against such providers in the UK as privatisation is rolled out.
5. Private health care providers in the UK hide behind the veil of commercial confidentiality and secrecy, making it difficult if not impossible to assess value for money, safety / risk and quality in care. Contrast this with services in the public sector that have to be open and transparent and audited for value for the taxpayer pound. In times of austerity this is more important than ever.
6. If private companies hide behind legal concepts of commercial confidentiality then the public will be wary and not trusting and confident. Ultimately it is very important and right that the public must always attribute any blame directly back to the Prime Minister, Mr Cameron, and Deputy Prime Minister, Mr Clegg, and the Secretary of State for Health, now Mr Hunt. After all they are responsible for the new 2012 Health and Social care Act that has directly enabled these changes.
7. Draw matters also to the attention of the House of Lords.
8. Demand that local MPs meet with local doctors and forensically question them.
9. Try to enlist the support of high-profile celebrities and run persistent campaigns and signed petitions.
10. Do not forget the NHS is one of Britain’s most loved institutions. Communicate the serious effects of the NHS changes and cuts. NHS administration costs have now risen from 4% to 12% as transaction and other costs rapidly escalate. This arises directly from the purchaser provider split that created the market place in health care.
11. Should I contact MPs other than my constituency MP? Usually not, but if there is a health service issue that affects wider boundaries then it is legitimate, stating your reason for doing so.
12. Appropriate open letters to MPs are very useful. It is essential to be sure of the facts and be objective and polite in order to maintain credibility and reputation.
13. What happens if my MP does not reply to letters? Timely replies are required, but if this does not happen, one strategy is to publish the letter in the local press with a note that a reply has not been received. Also the Chief Whip may assist in obtaining a reply for you.
14. Direct and indirect actions that are legal and peaceful are very powerful and useful. One example is direct actions on the high street and telling the press in advance so matters become well publicised. This approach has been used very successfully by Occupy and many others.
15. When communicating by making a speech, read it aloud to yourself before delivery.

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# Alex Nunns, former KONP information officer

## How to engage and influence the media

### *Direct ways to influence the media*

1. Get your facts correct when supplying material to the media, in order to maintain reputation and credibility. You are entitled to voice an opinion, especially, as doctors, it can be an expert opinion: it carries much more weight if you are reporting on a subject within your area of expertise.
2. The media include national and local: press, TV and radio. Local press are usually easier to get stories published and may impact on local MPs. A powerful recent story was the coverage of Accident and Emergency services and potential or actual serious harm to patient care.
3. Journalists are very busy and any assistance you can give in providing a good story that is relevant and factually correct is welcomed. But, do not hesitate to approach journalists, e.g., especially with something like an exclusive, with key message as title/headline. Use catchy, relevant, clear headlines. Over time you can build up working relations with a particular journalist and some may have a subject area of particular interest or expertise.
4. Alternatively, send round a press release generally, i.e., to news agencies, newspapers, etc.
5. Get your story's chronology correct and write as if for the tabloids. Whenever possible use clear, simple, easily-understood language. Unless it is an expert article, avoid technical hard-to-understand language. E.g., 'privatisation' is a turn-off, so use 'Privatisation wastes money'. If necessary and legitimate, appeal to emotions in the story as these have lasting impact in memory, perception and persuasion. Do not 'over egg' the story.
6. The media like inside information and tip offs, especially on big stories.
7. Clearly identify the harmful effects of changes on patients, e.g., service access, costs, risk, safety, and quality of care.
8. Whistleblowing is seen as the 'holy grail' but legal advice is advisable before proceeding with this. Cf. Bristol heart scandal and of Sir Ian Kennedy's report, etc.
9. If a journalist gives poor coverage, write a polite, factual, but firm, letter of complaint and clearly set out your premises and argument.
10. Use the Freedom Of Information Act. It is a very potent tool, but only applies to public bodies. This needs to change urgently, via new primary legislation, so that private/commercial providers/companies are included and so that value for money for the taxpayer pound can be obtained.

### *Indirect ways to influence the media*

11. Use letter pages.
12. Use social media: they are very powerful, especially Twitter. Journalists will think there is a story if it's, say on Twitter. For example, Alex repackaged a story about Care UK which was already in the public domain and blogged/tweeted it, and 70,000 read it. Twitter very rapidly amplifies and leverages stories—it is possible to reach more than 5000 people in five minutes on Twitter! Feed catchy appetisers as your headline. Twitter hits a local, national and global audience across all social sectors, e.g., Clive Peedell, Dr Grumble, National Health Action, Jacky Davis, Prof. Gabriel Scally are just a few excellent examples. You can also re-package the information and disseminate it through other communication channels.
13. Always operate within the law. The RCGP have produced an excellent document on appropriate and legal use of social media and other media.



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## Jacky Davis, NHSCA co-chair and BMA Council member Talking to the press

1. Seek media training; for example, the BMA run special courses for some members. Find out, e.g., via Google, how to become involved with twitter and skill up in its use. Sharing information is key.
2. Talk to journalists and when doing a release say when you want to be on and off the record. Journalists in general respect confidences. Ask them to send quotes, check they are correct, clear and what you intended to say, and suitably edit and return.
3. Talk to everyone provided you think they are on-the-level. Be a 'media tart' and don't forget freelance journalists.

Key messages: be factual, use opinion and expert opinion, be catchy, use Twitter, be legal, and use all channels of media.

**Derek Timmins  
and David Lawrence**

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## Newsletter - planned changes

Those of you who attended the AGM will be aware that your EC is proposing changes which we hope will involve members more, both by offering constructive feedback on articles and by offering to be on a list of contributors which your newly created Editorial board can draw on at short notice as it focuses on particular NHS issues of concern to the media and public, as is its intention.

The Editorial Board will spring into action with the March 2013 edition and if there are any member volunteers who are raring to flex embryonic or underused editorial muscles then please join us, if only for a trial period.

We also have a small list of volunteer contributors, some longstanding and some "press-ganged" at the AGM but we could do with many more of you to offer your names with an outline of your current activities and areas of special interest concerning the NHS which you would be willing to write about. If you will send these details by e-mail to any of us it will be much appreciated.

Indeed, if you have an article already available or one already printed elsewhere which you consider suitable for the Newsletter, which you are prepared to edit and submit then please do so.

We intend to continue producing March, June, September and December editions, and we don't want to start preparation of each edition with the "coffers" empty, as is currently often the case. As an EC we also have a duty to take pressure off our overworked President, Peter Fisher, who is often left struggling at the eleventh hour to gather together promised articles and knock the edition into shape for the printers.

Finally, if you have any feedback to offer on what you most enjoy about the Newsletter, how it might be improved e.g. with more light articles, the odd limerick or medical joke, then please let us know when you make your offer to contribute. Don't forget that it's your magazine, which gives you a chance to have your say alongside being informed of NHS developments.

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# Using Twitter

## Have Your Eyes Glazed Over Yet?

On rainy Saturday in November an estimated 15,000 people marched through the centre of Lewisham in response to a call to protect their local hospital and its A&E department. How was it possible to organise such a huge turnout at relatively short notice? And how, given the fact that there was very little mention of the event in local or national press, would organisers face the challenge of getting publicity after the event?

The answer to both lies in the same place – Twitter. Twitter advertised the details of the rally far and wide and afterwards reports of it spread rapidly via Twitter that same evening.

Have your eyes glazed over yet? Indeed, have you already moved on to the next article? Say the word Twitter to most older colleagues and the protestations begin. I don't understand it, I don't do Facebook, I don't want to know what Wayne Rooney did last night, I don't have time. Of these only the last one is a legitimate reason to reject it. Twitter is easily understood by anyone who can send an e-mail, and has nothing to do with Facebook. You don't have to engage with celebs. Younger colleagues have long understood its potential for getting the word out, and most who write professionally these days will have a Twitter name under their articles. Go to any campaigning organisation and Twitter will be on the agenda as a campaigning tool.

It is also the best way of getting up to the minute news – depending on who you choose to follow, whether journalists, campaigners or institutions, you will get the latest about the NHS, sport, morris dancing or whatever else interests you.

So – just supposing you are still reading this and want to get involved but feel that it's all too difficult? My advice is to turn to children or grandchildren if you have them. My older son set me up with a Twitter account (against my protestations) in less than 5 minutes. From there it's plain sailing

If this is not an option just Google Twitter and then go to 'sign up' and follow the simple instructions. You will need a Twitter name which can be your own or a nom de plume. And then you're all set. The decisions you now face are:

*Shall I tweet?* A tweet is a message of 140 characters or less that goes to your followers. If people like it they may send it on to their followers (retweeting).

In this way your tweets – if fascinating enough – can reach thousands of people in a short time.

*But I have no followers!* This is where your friends come in handy. It is almost certain that you have friends who are already on Twitter who can be persuaded to retweet your messages to get you started.

*What shall I tweet?* Most people have an interest – in my case the NHS and politics. So I tweet new articles, often with a short comment to indicate what they are about. Almost all articles these days have a tweet button at the top or bottom (a blue bird). If you click on this it takes you to a site which allows you to send a link to the article to your followers. You can add a comment at that stage (but will always be limited by the 140 character rule).

A friend who has thousands of followers advises that photos and a witty approach are both popular. Endless whingeing is not.

*Who shall I follow?* You can follow anyone from Noam Chomsky to an institution or newspaper to your friends. Following someone means that if they send a tweet it arrives in your in-box (called a timeline). The more people you follow the more tweets will arrive. You can 'unfollow' someone at any time.

Last night when I got back from the Lewisham rally I could find almost nothing in the media about it, and the little coverage that there was quoted figures for the crowd which were a clear underestimate. I sent out 4 tweets about the rally, and within hours these messages had been re-tweeted 80 times to reach approximately 42,000 people. That's 42,000 more than if I'd sat at home and complained about the lack of media interest. Unless you own your own newspaper there is simply nothing to match Twitter when it comes to getting news out and bypassing the traditional media. It is inconceivable to think of running a campaign without it.

Finally a health warning - Twitter is highly addictive and you may find yourself spending more time than you anticipated on it. Don't blame me...

**Jacky Davis**

@DrJackyDavis  
@cpeedell

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# Engaging With Politicians

## (my learning experiences)

How doctors can best influence political outcomes is an enduring question given that working doctors have limited time to pursue political ends and politicians can take a lot of convincing.

Getting involved with politicians is best done if we can understand something of the dark arts. Starting with the Mr Nice approach one politician, who took an interest in blood transfusion, invited all hospital chief executives (CEOs) to comment on his plans to improve the lot of patients requiring transfusions. Most of the CEOs passed his letter to haematologists – some replied and were invited to a meeting in the pleasant and impressive surroundings of the Palace of Westminster. He stated that he wanted to gather as many allies as possible to help to build his case. He had been advised by a company which produced erythropoietin that their drug could help prevent patients with anaemia from the inconvenience of attending hospitals for transfusions. We were able to advise him that the situation was a lot more complex than they had made out. We saved him the embarrassment of making a big issue for change without having the supporting facts.

As the NHS and Social Care Bill has been passed it is clear that the NHS will change but not as much as in the original plan – which shows the effectiveness of taking political action, the question remains how best to get our points across?

### **Political Consensus – NHS is Best?**

All politicians pay tribute to the NHS whilst wanting to reform it, currently with waves of privatisation, under the guise that private = more efficient. Working in haematology I have always been a budget holder and have studied management including gaining a Diploma from Keele University under the tutelage of Prof Roger Dyson an advocate

of marketisation. Studying how hard nosed businessmen operate – particularly regarding motivation revealed some home truths.

### **Hard Nose or Soft Centre?**

There is a consensus amongst the top businessmen that people perform best when they are working for a purpose. The stronger the belief, the better they work together for a common goal – nothing too surprising there; “team spirit” is a vital ingredient of many activities especially in sports. But what did surprise me was how much they used the NHS as an example of a motivating force. Using the language of management consultants, seeing how much has been achieved by the NHS with its limited resources they would say “this is marvelous, how do you do it? – if you can find the magical ingredient then bottle it and sell it!”

Successful companies have had a core message, or mission statement to give their employees a sense of direction to aid cooperation and some of the managers I’ve heard talking about “identifying our purpose, differentiating our product etc” are missing the point that we do know what we wish to achieve – health for all – and we did choose to work for the NHS for many reasons including the wish to work in a firm that embodies civilised values. Talking of values often provokes the response, “That’s soft!” Perhaps, but it can also be powerful if we are prepared to move away from the big stick school of management towards one that really does get the best out of people.

### **Why change a winning team?**

The last government poured money into the NHS but productivity did not increase proportionately. However, rather than being a sign of failure of the service this is good evidence of the harm of creeping privatisation. Much was spent on Independent Sector Treatment Centers (ISTCs), privately owned



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and run, carrying out a limited range of services with the great bonus that they would not have any emergency admissions to disrupt planned surgery schedules. Also they selected the less complex cases and yet they were 12% more expensive than the NHS equivalent. This is not surprising when we appreciate that these were companies out to make a profit and the NHS does not.

How much profit should be made from healthcare? It depends on whether you see health as a business or as a right. As funds for healthcare are limited one argument is that any money that is lost from the system in profit to an external company is a lost opportunity to spend it on patient care. The opposing argument is that if a company can provide the same service more cheaply then more patients will benefit but the experience is that too often the NHS loses out through poorly negotiated contracts and short-termism.

The classic example of short-termism is PFI, which is costing us dear and was described by the (Tory) chair of the Finance Committee as the “Unacceptable face of capitalism”. ISTCs are another example – we don’t pay the capital cost of building them but we pay handsomely to use them.

### **An ISTC for my hospital?**

At Basildon we badly needed more space for our haematology day unit and as our CEO advised that we would only get a new build by getting an ISTC, I agreed. It would also provide a medical day ward and endoscopy suite. The Trust placed the required adverts and the proposals came flooding in. It would have been hilarious if it had not been serious, we made it plain that this was to be a medical unit but we were swamped with proposals for operating theatres. We had a shortlist of suppliers, consortia of building companies and private health companies and you could only admire their optimism and powers of self-promotion.

They confidently sat down and told us they could provide what we wanted for a given

price then showed they knew next to nothing of the services they had been bidding for. A typical example was that as the service would replace our day unit it would have to provide all of the current services including open access to patients with complications of treatment. “No,” they replied, “Such patients will have to join the queue at A&E” but that is not the way to manage complex haematology patients who often do need direct access to haematology units. Our endoscopists had a similar problem – the unit would be closed at night, urgent GI bleeders would have to join the A&E queue.

At that point we pulled the plug and developed the services in house 2 years later.

That dented my belief that Labour were truly committed to supporting the NHS and some at the top of the party were talking of the NHS as if it were merely an insurance company which would use any provider, favouring the private sector which was more efficient – a myth that still exists in the minds of some. There is information collected by the Healthcare Commission and benchmarking companies which is confidential but it shows that there are many, highly efficient NHS laboratories and it makes sense to see how they do it so we can generalise the best.

I later heard Nigel (now Lord) Crisp, CEO of the NHS at the time, talk about ISTCs. Although the amount of work they did was tiny we saw a dramatic drop in waiting times because (he said) patients had been given the chance to go and NHS hospitals suddenly realised they had competition and got to work. One example of the sudden change, once DoH started promoting choice and competition, was cataract waiting times, which were 2 years in Surrey and 4 months in London. When the rules allowed the Surrey patients to go to London the Surrey hospitals soon increased their throughput.

He gave that example of using competition to help to induce a will to change within NHS hospitals that had not responded to the call to cut waiting times or who had claimed it

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could not be done. He also gave examples of improvements by collaborative working within the NHS such as reducing the time to treatment with clot busters for patients with myocardial infarction. The waiting list example was a good example of judicious use of the private sector! We should not get complacent.

In 2007 there was widespread concern about piecemeal privatization. An amalgam of health unions launched “NHS together” and had a big march and rally in London. I set off with my home made placard (Public Need before Private Greed) through the leafy suburbs and getting dirty looks from salesmen as I walked past the Jaguar and BMW showrooms, but getting supportive comments from fellow travelers on the train and tube. (Arriving at the start of the march on the embankment I saw that everyone else with a placard had come in a hired bus or had had the placards taken there by van). It was a good day out, meeting many new people but the rally was simply preaching to the converted.

I was puzzled and embarrassed by Labour’s position so off I went to change it. I took a motion to my local branch calling for an end to a policy of increased privatisation and it was passed nem con with one abstention. I waited to hear how policy would change - it didn’t. I tried to find out what happened to motions from branches – it seems very little unless you’re part of a coordinated national movement.

I spoke to our MP who was riding high in the party at the time and she got me into No10. I met Gordon Brown in the corridor, he was waiting to meet the Sarkozys, he directed me to an advisor who listened to me, thanked me for explaining the home truths and assured me they would do better next time.

Would the Tories have been more responsive to medical advice? I had an interesting meeting with Tom Sackville, Minister for Health when Virginia Bottomley was Secretary of State. As a cancer survivor I’m active in many cancer charities and at one meeting he had given an excellent speech with great

aspirations of improving cancer care. I thanked him for the wonderful future he had displayed for us and invited him back next year so we could review progress. His reply? “Well I would very much like to but I can’t as no politician knows where they will be next year.”

So engaging with politicians is a long learning experience – they’ve heard it all before, they know what they want to do and they’ll humour you when they’re being nice and ignore you when they’re not. The best way to influence a politician? Find the Minister with the most marginal constituency and move there for the election.

As an individual it’s hard to make a difference but as a group we should find it easier. Many Colleges and medical associations made their views on the Health and Social Care Bill known and one of the most common themes was that the Bill would undermine the NHS through fragmentation and that privatised services will be too selective to allow free services for all. Evidence of the benefits of integration has been published by Professor Chris Ham, current CEO of the King’s Fund. (Curry, N and Ham, C (2010) Clinical and service integration: the route to improved outcomes.) In particular they cite the Kaiser Permanente’s move towards increasing integration.

It is a simple truth that money is limited and therefore we should use the most efficient services but how do we measure efficiency? The World Health Organisation have done it and published their league table in 2002. Although France and Italy fared better than the UK, we were at that time spending 6% of our GDP compared with 9% in most of Europe and we were more effective than other large countries. Lord Carter acknowledged that UK pathology was good value by international comparison and most recently the Commonwealth Fund (a New York-based independent agency) commented that we outperform other high income countries (BMJ 2012; 344: e1079).

One college which chose to lobby on the Bill both publicly and privately was the

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Royal College of Physicians, London (RCP) and in their commentary their president states that the RCP's lobbying has led to a series of real improvements in the Bill, including: the inclusion of hospital doctors on the boards of clinical commissioning groups; ensuring the Secretary of State has responsibility for education and training; coordination of education and training at a national level; and a commitment that all providers will pay, via a levy, for education and training.

Their lobbyist, at a recent meeting on global healthcare talked about the value of lobbying, which sometimes has a poor image but is both legitimate and expected by politicians. In the UK the lobbying industry employs 14,000 people and has a turnover of £1.9 M. Her top tips for successful lobbying are to be precise about what you want, be prepared to be challenged, engage with as many people as possible, use local media (your MP will), be prepared for the long haul and, above all be persistent and courageous. Lord Crisp spoke next and endorsed her comments adding that he paid most attention to lobbyists who knew the practicalities of their subject and had a good track record.

In pathology we have sweeping changes resulting from the Carter report and it would have been a political own goal to complain collectively about increased privatisation under this government if we did not under the last (at least I did my bit). A major problem with sweeping changes is a lack of proper before and after evaluation. Doubtless the administration will prioritise one key performance indicator which will trump the others when results are announced – the smart politician will await the result, see what's come out best and trumpet that triumph.

One of the new features that will particularly affect pathology will be services provided by "any qualified provider". Experience with out-sourcing such as during the GP fund-holding years and the current round of out-sourced ultrasound services is that the service may not be up to the standard of the local hospital

and GPs will requests repeats, leading to increased costs.

Since then I've spoken to Labour Party officials and joined the Socialist Health Association, one of their (SHA's) officials commentated "there is little point in CLPs debating resolutions. And there is no point at all in a dozen CLPs submitting identical resolutions. What they are supposed to do is make submissions to the National Policy Forum. There might be some point in that. In particular in exploring how we might move from a what we will have in 2015 to what we want - ie something less market led. But harking back to the 1997 manifesto won't win us any friends. We need to be addressing the challenges of the future. I'm pleased to say that there is considerable support on the front bench now for a retreat from the market, but they are very anxious not to be seen proposing another top-down reorganisation. And there is interest in what is going on in Wales and Scotland, but its not obvious that it can be easily adopted in England, where the pattern of services is complex".

In conclusion, influencing a politician or party requires careful thought and planning, as Nye said the NHS will last as long as we believe in it and will fight for it, the fight is becoming harder.

### **The TUC March 20th October 2012**

I joined the TUC's march "A future that works" and proudly displayed our banner. It was gratifying to hear many people comment that they didn't realise consultants were with them in spirit as well as being there in person.

One piece of advice for first time marchers for the next march – it's well worth taking ear plugs as some organisers give out whistles, horns and they like to hear a lot of noise.

**Eric Watts**



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# Executive Committee - Elected at AGM 2012

Contact information is provided so that members can if they wish make contact with a committee member in their area or working in the same specialty.

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Since the AGM, we have co-opted 2 more members to the EC

**Dr Pam Zinkin** *Paediatrics London*

**Dr Steve Olczak** *General Medicine Boston, Lincs*

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# The Officers Of The Association

At the first meeting of the new Executive Committee, on 15th November, the current officers were re-elected.

Their contact details are as on the Executive Committee list in this Newsletter.

*Co Chairs*

**Dr Jacky Davis and Dr Clive Peedell**

*Hon Secretary*

**Dr Malila Noone**

*Hon Treasurer*

**Dr Jonathan Dare**

**Peter Fisher**  
**President**