

MINUTES OF THE ANNUAL GENERAL MEETING

Held on Saturday October 26th 2019
Bedern Hall, Bartle Garth, St Andrewgate, York YO1 7AL

The AGM was attended by 25 members

The meeting was opened at 11.30 am by Colin Hutchinson Chairman. Colin noted that we had lost several members due to natural causes and mentioned two in particular who were commemorated.

Eric Watts spoke about Paola Domizio who had been a member of the EC and secretary for 5 years. She was extremely hard working and brilliant in her field of histopathology. She was a gifted communicator who pioneered the engagement of children with their own pathology and quite appropriately appointed Professor of Pathology Education. Outside pathology she was a good negotiator and was forceful and plain speaking when meeting up with politicians.

Peter Fisher spoke about Chris Burns-Cox who was a general physician in Bristol. He was a long term member of the organisation, was co-chair for 5-6 years and continued to serve on the EC till the end. He was committed to the NHS and also championed several other causes. He helped found the very successful charity for altruistic kidney donation – donating a kidney himself. He was also passionately committed to human rights issues in Palestine. We need clinicians with his outlook and optimism to see us through the long struggle faced by the NHS. It is good to note that his son who is a Urologist is also a member of our organisation.

1. Apologies

Apologies were received from John Duncan, Maureen O’Leary, Jack Czauderna, Chris Birt, Sally Mitchison, Jonathan Dare, Peter Hayes, Coral Jones, Anthony Seaton, Paul Hobday, Jim Neilson, Sebastian Hendricks, Janet Porter, Arun Bakshi, David Wrigley, Paul Goulden, Maureen Sturrock, Helen Fernandes, Ian McKinlay and David Lawrence.

2. Minutes of the DFNHS AGM 2018

These were accepted as a true record.

3. Matters arising from the minutes of the AGM 2018

Colin spoke to “Plans for the future” item 7

- **Safety issues:** Eric was instrumental in submitting evidence to the NHS England consultation, “Developing a patient safety strategy”. Our submission referred to the previous policy document from 2000, “An organisation with a memory” which urged the NHS to learn from adverse incidents in a consistent way. Most of the recommendations have not been implemented. Our submission was not acknowledged. The NHS Patient Safety Strategy was published in July. It does focus away from individual responsibility which could lead to bullying and harassment and refers to ‘safety culture’. It recommends the appointment of local/regional Patient Safety Specialists. It is ‘fluffy’ and could have been better. Comment from the floor: There are no published risk assessments when new policies and developments are announced by NHS England. This implies that changes are risk-free, but this is rarely the case. If risks are not acknowledged, it is difficult to mitigate them.
- **GMC** and its role in malicious referrals. We have not been able to influence the GMC relating to its overall culture of action against individuals.
- *Comment from the floor:* An underlying problem is that doctors do not seem to know their own support staff and colleagues. We are likely to be safer if we reverse this.
- **Hostile Environment:** Colin outlined the effects of the 2016 Immigration Act and the enforced regulations. Although primary care and acute care are not affected this message is drowned out by application of the charging regime elsewhere. Trusts are coerced into implementing these discriminatory rules by the offer of a cash incentive. Docs Not Cops has spearheaded effective local action at a number of hospitals. James Skinner a key organiser in the organisation is a speaker at the conference.

The general encouragement to work with other local campaign groups remains. Peter Trewby is a member of The Doctors’ Association UK which has been effective and we should continue to work with them. Eric Watts follows their ‘Consulting Room’ on Facebook. They are keen to attract working doctors.

Item 4: Evidence given to Commission on Challenges facing the NHS:

Peter Fisher pointed out that one of the challenges facing the NHS is ‘super specialisation’ at an early stage. The RCP has taken this on board. Super specialisation, the loss of the ‘Firm’ system and the visa system for overseas doctors are elements which have an impact on the fight to retain DGHs.

Colin reported that we put forward these views regarding super specialisation quite strongly in evidence given to the Commission and it is good to note that NHS Long Term Plan refers to a need to redress the balance between generalist

and specialist skills which may be contributing to the shortage of doctors within secondary care. It may interfere with staffing on call rotas if staff feel they cannot deal with most of the problems which come in through the door, because they have lost, or never acquired, the breadth of skills required. Super specialisation also gets in the way of setting up outreach services as it takes too long to build up sufficient numbers of cases for a Specialist visit. There are plans for 'credentialing' may help specialist regain/retain generalist capabilities. Some fight back from specialists via their College e.g. ophthalmology.

Comments from the floor:

- Increasing mechanisation vs humanism. Specialisation and micromanagement without understanding leads to fragmentation and demoralisation
- Special interest group on generalism within a few Colleges is encouraged.
- The Kirkup Report on West Cumbria showed that small teams working together can work well. It is a 'National' not 'Central' Health Service.
- Specialists visiting a DGH to do a clinic is not the same as having a locally based consultant who develops a working relationship with GPs.
- The Maudsley which covers four London Boroughs underwent a massive reorganisation in 2011 introducing a diagnosis based system. This is now being rolled back as it was found to be unworkable and hampered continuity of care.
- . The needs of the service are often trumped by desires of the doctors e.g. being on call for acute medicine is unpopular. Participation in on call needs to be promoted, not just as supporting the needs of the service but the speciality benefits as doctors become aware of general problems such as side effects of drugs and a more holistic view of patients.

4. Chairman's report: Colin Hutchinson (previously circulated)

We have collaborated with several organisations to campaign against changes affecting the NHS. Although we have a relatively small membership we can have significant impact by working with other groups such as KONP. Colin is on the steering group which brings together a number of local groups across the country.

Trade unions have not been as active as one would have hoped. Many healthcare workers work for private employers and they too need representation. DFNHS is affiliated to Health Campaigns Together, which includes eight national trade unions and many campaigning organisations, to try and broaden the campaigning base within health workers of all disciplines. Essay prize: Colin thanked Peter Trewby and Roger Franks for running the essay prize in its second year. The title "Where have all the doctors gone – and why" is aimed at doctors in training and attracted 50 entries. Two in particular – from the Philippines and Zimbabwe – show the problem in a different light from countries which have a very long history of training doctors, only to see

them lured away from their homelands, where their skills are desperately needed. These will be published in the Newsletter.

We should look at other ways of communicating with the public including the use of different media. Paul Hobday's novel tries to explain why the NHS is where it is, using the medium of fiction. The book is dedicated to our President, Peter Fisher, and all proceeds from sales are going to campaigning organisations. The feature-length documentary film, "Under the Knife" tells the story of the NHS from its conception to the present day and includes contributions from a number of members. It has not attracted commercial backing for general distribution, but KONP and the Daily Mirror have collaborated in organising free screenings at many venues around the country. Several shows have been funded by KONP. Viewers cannot be charged at the door but donations are allowed. There is a Crowdfunding appeal to support a further tranche of screenings. www.crowdfunder.co.uk/undertheknife.

5. Honorary Treasurer's report: Peter Trewby (previously circulated)

We have £17,050 in the feeder account and £3,500 in the current account. We have 642 active paying members including 34 GPs and 14 trainees. Although membership has not increased overall, we have a healthy balance which allows us to donate to appropriate projects. We should consider any expenditure which might draw in new members and further our wider aims.

Suggestions include sponsoring a showing of "Under the Knife" which would help publicise our organisation.

Titles for the next essay prize were invited. The title should encourage support for the NHS rather than criticism as implied in the last title e.g. "What is your idea of the perfect NHS"

6. Communication Manager's report: Alan Taman (previously circulated)

The quarterly newsletter has improved and is well received. It is the only means of communication with the entire membership. The Website is now more responsive and up to date. The frequency of website blogs should ideally increase. Press enquiries continue to be made and press releases are sent in response to NHS related news.

Our Facebook and Twitter streams grow modestly and there is scope for more members to populate these streams. It is the best way to attract younger members. Low level persistence (keeping the ball bouncing) is preferred to a big push. Members were encouraged to volunteer to help with the association's Twitter and Facebook streams.

7. KONP Report: Tony O'Sullivan (previously circulated)

Successful activities included Mental Health Crisis Summit and collaboration with Under the Knife production Team. Funding is needed for two full time

equivalent staff to support and coordinate activities around the country. A crowd funder appeal will be launched shortly.

9. Plans for the future

On the political front the level of concern and support for the NHS model is very high and we must capitalise on this.

Colin urged those with an artistic bent to consider putting our ideas across in a more creative way. Examples given were

- Carol Norris suggested a theatre production highlighting the dangers facing the NHS.
- David Zigmond suggested interviews/articles by members on fears for the future and how they saw their discipline being eroded and contrast this with the views of young doctors.

Colin enquired about areas of emphasis on which we should concentrate.

- Views are thought to be inherent within individuals, often at an emotional level, so a reasoned argument may not succeed in changing people's minds as they use reasoning to justify their own position. As doctors we believe in reasoned analysis and argument but this may fail. We are facing a crisis and have to exploit the fears of the people that the NHS is going to be privatised. The NHS is a people's service for them and run by them and not by private enterprise. We have to appeal to people's emotions. Colin agreed that arguments on the emotional level were vital but we should also have the reasoned arguments and evidence to back them up.
- Highlight facts which cannot be disputed e.g. why are there foodbanks?
- BUPA distributes glossy brochures but this is not what we will get when the NHS is privatised. It will not be available to all.
- CCGs are not highlighting dangers. The profession is being pressured and is in effect co-operating with proposed plans.

10. Election of Executive Committee

Brigid Hayden wished to resign from the committee due to pressure of work.

11. NHS Support Federation Report (previously circulated)

The report was tabled.

12. AOB

- There was a discussion about Clinical Senates which are not widely known about. All public plans can be referred to them. They are regional, give a second opinion but members are selected and not accountable
- Mergers of CCGs are being opposed by KONP and 999 Call for the NHS