**Doctors for the NHS Annual General Meeting**

**3rd October 2020**

**Chair's Report**

## The year that has passed

In my report to the 2019 AGM, I commented that it had been a year of political turbulence in which the struggles of the NHS had assumed a lesser priority. Well, the turbulence persists, but health has been well and truly centre stage for most of the year that has just passed and is the reason that this year's AGM is being held online, for the first time ever.

Despite this turmoil, many of the chief concerns of members then have not gone away, though superficially obscured by the public health emergency. As the Government pursues the old tactic of 'Never let a crisis go to waste', long-term plans to remodel the NHS in England, to reduce it to a funding stream and a logo, have proceeded apace.

The NHS Long Term Plan continues its restructuring of health services across England. With almost all GPs signing up to new contracts in the spring, Primary Care Networks are a fact. Our role now is to monitor whether they deliver the benefits that were so loudly trumpeted, or whether the risks that many feared materialise. Integrated Care Systems (ICS)are taking a number of forms, as Clinical Commissioning Groups merge, with the risk of weakening democratic accountability of these bodies. The picture is varied: in some places, mergers simply bring CCG footprints into line with Local Authority boundaries, which may be sensible. In others, mergers are taking place over a larger area, towards Simon Stevens preferred model of one CCG per Integrated Care System.

Despite ICSs having no statutory basis, it would appear that distribution of funding from government will be to the entire ICS, rather than to the individual component organisations. Some people hope that there could be a return to something resembling the earlier model of Regional Health Authorities and District Health Authorities, with ICSs filling the role at district level. Others are wary that the commercialisation of the NHS in England will promote the involvement of private companies in these structures, with tempting opportunities for wealth extraction. There are no Integrated Care Partnerships (ICP) yet, although Dudley Group NHS Foundation Trust is poised to become the first, against the wishes of 80 of its senior doctors. Whether ICS or ICP, it is hard to see a future for CCGs, as commissioning becomes more of an irrelevance, but they are still the statutory bodies.

The release of 'Health Equity in England: the Marmot Review 10 Years On' was slightly overshadowed by the developing crisis, but the unequal impact of the pandemic, affecting more deprived communities disproportionately, has given this report greater emphasis and, as the economic impact feeds through, will lend greater urgency to reducing inequality in all its forms. We need to press for this to happen.

Similarly, the hostile environment has not become any less hostile, with the continuation of charging for most non-emergency healthcare, eroding two of the founding principles of the NHS. The Black Lives Matter campaign; the disproportionate impact of Covid-19 on people

of black, Asian and minority ethnic (BAME) origin; the over-representation of doctors of BAME origin subject to disciplinary action and the under-representation of BAME people in the higher tiers of clinical medicine and management indicates the scale of the challenge before us.

All this is taking place against the backdrop of a general election which returned a government with a majority that should assure its stability for a full term and allow it to follow whatever policies it chooses, but with a perilous economic situation and uncertainties largely of its own making, and a questionable supply of political talent and competence. Specific concerns affecting the NHS include the final terms of any Brexit agreement that might be reached; the degree to which the NHS and other public services are protected in any future trade deal (and not simply any deal with the USA); yet another delay to any policy to reform social care; and a deepening workforce crisis.

**Our Unique Selling Point**

What part can Doctors for the NHS play? Our membership includes experienced clinicians from most branches of medicine, who can bring their knowledge and understanding, and their professional ethics to the analysis of the problems facing the NHS.

Our Communications Manager, Alan Taman, has been instrumental in developing our reach into mainstream media, through surveying the stories that they are reporting and helping us to respond with press statements and letters to the papers, so we seem to be developing a reputation as a trusted source of information and ideas with papers such as The Guardian and the Morning Star, but we have also been quoted in both the Daily Mail and the Daily Mirror on the same day!

Issues that we have commented on include the detrimental impact of the private health sector upon the NHS; the huge subsidy paid to private hospital chains during the period of lockdown; the potential for a damaging blurring of boundaries between private and public healthcare during the recovery of non-Covid services within the NHS; the incoherence of the national response to Coronavirus, including the abandonment of testing , early on in March, except for hospital admissions; the outsourced test and trace system; and the abolition of Public Health England.

Alan Taman has also worked consistently at sourcing a steady supply of fresh material for the DFNHS website and building our following on Facebook and Twitter, as well as coordinating the production of the quarterly newsletter and all-member emails as the need arises. I would like to extend my personal thanks to him.

There are many non-medical people who feel passionately about the NHS and campaign at local or national level. The support of practising and retired doctors can increase their confidence and resolve, even by simple measures such as interpreting NHS jargon and understanding the full implications of changes proposed, so they know where to focus their campaigns. I would encourage individual members to get involved as much as they can.

We collaborate with many other organisations where their views coincide with ours. We continue our longstanding support of Keep Our NHS Public (KONP), and we have a place on

their Steering Group, which forms a useful forum for hearing what is going on around the country. KONP has a dynamic leadership and is developing into a very impressive campaigning organisation. I hope we will agree to support fully their forthcoming campaign to press for a Rescue Plan for the NHS, a copy of which is included with these papers, and which we will discuss during the AGM.

We also have links with the NHS Support Federation, Health Campaigns Together, Doctors Association of the UK, We Own It, Open Democracy, Docs Not Cops and Build Back Better.

Many of the changes we seek can only be achieved through government action, so there is a pressing need to get our ideas heard by politicians, both at local and national level. The links that DFNHS used to have with a number of MPs have fallen away over the years and I recognise that it is a priority to try and rebuild them. There are perhaps greater opportunities to develop a dialogue with one's own constituency MP, so if any of our members would like to do this, I would be very pleased to discuss ways in which these contacts could be fostered.

**Actions over the past year**

I would like to thank the members of the Executive Committee for their consistent and enthusiastic hard work, the ideas and expertise that they bring to the table and the projects that they work on. I would particularly like to thank Malila Noone, our indefatigable Secretary, Peter Trewby, our Treasurer and our President, Peter Fisher, for his advice, experience and steadying hand, but also Andrea Franks and David Zigmond for taking on the role of Editor of the Newsletter and everyone who has contributed articles.

I would also like to thank David Wrigley and Jacky Davis, who have contributed enormously to DFNHS over very many years, but who have taken on other time-consuming responsibilities, as Secretary of BMA Council (David) and with Dignity in Dying (Jacky), so will be stepping down from the Committee. We wish them every success in these roles.

**The pandemic** As might be appreciated, there has been intense discussion within the Executive Committee as to the strategy we should follow in our criticism of Government action (or inaction) in the early phases of the pandemic. It was agreed that there was a risk that being overly critical, at that time, of the long-term policies and mismanagement that had weakened the ability of the NHS and our other public services to respond to the pandemic could be seen as meddlesome and divisive. We should develop our evidence and our arguments for the Public Inquiry that we and others would demand in due course, and ensure that its terms of reference include consideration of those decisions taken over the years of the marketisation of the NHS.

On the other hand, it was felt to be appropriate to challenge the Government on actions it was taking, or failing to take, at the present time over testing strategy, contact tracing, personal protective equipment and other matters, both from perspectives of competence, effectiveness and investment for the future and from the contrast between policies that strengthen public services and those that automatically default to outsourcing for those

services. I would hope that our contributions to the debate in the national media and online have gained some traction.

**Workforce crisis** There is an acknowledged workforce crisis affecting many disciplines in the NHS and this has been a theme of our activity for many years. We submitted evidence to the LSE-Lancet Commission 'The Future of the NHS', drawing particular attention to the effects of increasing subspecialisation of the medical workforce, with problems of continuity of care, the viability of smaller hospitals and challenges in providing round-the-clock cover. We also submitted evidence to the House of Lords Public Services Committee Inquiry into Public Services after Covid, which concentrated on factors leading to poor retention of doctors in the NHS and reduced job satisfaction.

**Our NHS, Our Concern** Arun Baksi, one of the members of our Executive Committee, has set up a 'think tank', called Our NHS, Our Concern, in conjunction with a number of colleagues, both medical and non-medical, to try and get the ear of politicians and help them understand that the skill and knowledge already exists within the NHS to tackle many of the problems exist. The knee-jerk reaction to buy in services of management consultancies is inappropriate. DFNHS has worked with this organisation on papers submitted to the same House of Lords Public Services Inquiry, which concentrated on reform of Social Care and on a change to the way in which Trust Boards are elected, to try and make them more representative of the staff, and better able to involve staff in the management of the hospitals and their departments.

**Essay Prize Competition** Peter Trewby once again took the lead in organising the third DFNHS Essay Competition for doctors in training, this time in collaboration with the Journal of the Royal Society of Medicine. I am very grateful for the enormous amount of work he has put into this project over the last three years: it gives an opportunity for young doctors to think more broadly about the way in which healthcare is delivered, and their role in that service. The subject chosen was "If I was Minister for Health", and it attracted fifty very diverse entries of remarkable calibre. Some entrants gave a broad brush discussion of their approach to the task, while others chose to home in on a specific problem that they would like to resolve. Three themes occurred repeatedly; the need for fair and effective social care reform; job satisfaction and staff retention; and the corrosive effect of racism. We should be paying close attention to these concerns. We would also be grateful for suggestions for a title for next year's essay – preferably one that will encourage constructive reflections, rather than dwelling on how awful it all is.

**Virtual meetings** We have been discussing the possibility of holding virtual meetings of the Executive Committee for a number of years. Meeting face to face does help communication between members, but it requires much greater commitment of time, particularly for members who live a long way from London. We want to encourage members to join the Executive Committee, particularly members who are actively employed in the NHS, and also members in Scotland, Wales and Northern Ireland, so that we can gain from their experiences as the health systems evolve in each nation: I hope that virtual meetings will remove the barriers and make it possible for such members to join the Executive Committee and take the work of DFNHS forward, possibly in new directions. Could this be you?

**Proposals for work in the coming year**

1. Malila Noone and Arun Baksi are taking the lead on developing ideas for a refreshed approach to disciplinary procedures within the NHS, which are too often opaque, terribly protracted, unfair, wasteful of talent and destructive of people and careers.
2. 'A Rescue Plan: 2020 vision for a post-Covid NHS' has been produced jointly by Health Campaigns Together and KONP. It outlines the actions that need to be taken to set health and social care services on a firm footing. Of necessity, it is a starting point, a framework, which indicates the scope of change that is needed and the reason for those changes, rather than a detailed document. It is, however, the result of discussions between many organisations that has resulted in a consensus. We would like the support of members to engage in development of the themes in the Plan and lobbying action to further those aims.
3. The Government has announced further delays to any proposals for reform to the social care system. Reform has been repeatedly delayed for at least 15 years. The current system is grossly unfair to the people who need these services and the people who provide them. The paper that we wrote jointly with Our NHS, Our Concern contains a range of ideas, but there is also a campaign due to be launched shortly by a group called Reclaim Social Care, in conjunction with Health Campaigns Together and the Socialist Health Association, based on a number of demands that have been agreed with organisations representing people who use social care services.
4. The Trade Bill is before the House of Lords as I write. We have serious concerns that the Bill does not expressly exclude the NHS from the scope of the negotiations. Those charged with these negotiations need clear instructions as to what is on and what is off the table – as it stands, they have no such instruction. The American Congress and the European parliament both have the right to scrutinise and accept or permit any trade deal. The UK Parliament has no such right. We Own It is campaigning for amendments to the Bill that would address these two points. DFNHS signed a joint letter to parliamentarians with these demands and have participated in lobbying members of the House of Lords.
5. Front-line clinicians are ideally placed to raise concerns about the way in which services are being delivered, and the impact on patient safety, but fear retaliatory action that could damage, or even end, their careers. It has been suggested that DFNHS could host a platform, so that individual doctors could air such concerns regarding their work in the NHS anonymously, without attracting retribution. The contributions would need to be moderated. Is this an idea that we should take forward?

This list is not exclusive. If there is anything you would like to see included, don't keep it to yourself. It's your meeting, so let's discuss it.

**Colin Hutchinson**