**Communications Report 2022**

*Background*

The NHS now undeniably faces its greatest danger since it was formed. A dogmatic assertion that the NHS ‘has had enough money’ and ‘is not facing imminent collapse’ is prevailing in government. Despite the now unified voices of the Colleges and the BMA joining us in crying out that our NHS is so close to collapse and lives are now put at risk so commonly that not admitting that massive and systematic investment is needed is close to delusional.

The four ‘big demons’ for the NHS remain the increasing times people are having to wait, lack of workforce planning, under-investment in staff, and staff vacancies, all of which are related and – with the fifth related danger of poor social care – complement each other to yield the dystopian reports we are now seeing. People having to wait for days in A&E even if they can get there; people simply unable to get a GP appointment and resorting to self-treatment or putting up with suffering instead; colleagues resorting to strike action out of sheer despair; and others leaving the service because they simply cannot carry on. We now see the emergence of the very ‘two-tier’ health service we campaigners have been fighting and warning against for years, as people pay for what they can out of desperation, often going into debt to do so. A cost of ailing crisis to match the cost of living one. Privatisation continues apace, often on this ‘micro-scale’ of individual worry as much as through large-scale contracts and fragmentation on an organisational level.

*What this means for Communications*

Last year we advocated more coordinated action with other campaigning groups. This was facilitated by closer working for communications with Doctors’ Association UK for common concerns (a liaison which continues on an informal basis), and more press coverage did result. This should continue, by considering working with other groups on the areas of concern described above. We already have good links with the established grass-roots organisations nationally such as KONP and We Own It. The current crises in the NHS have now become much more noticeable and the public and our colleagues need health campaigners to continue to fight for the NHS. We possess a perspective founded on long years of clinical experience which other groups, the media, and the public recognise. That is our ‘USP’ and that continues to be where we derive the authority and conviction of our messages from. We need to choose where we are going to focus, and this year’s AGM is looked to for suggestion about that. Picking our battles has never been more important nor the stakes higher.

*Media and other channels*

DFNHS continues to receive regular enquiries from the national press. Over the last year we have been quoted in the *Guardian, Independent*, the *Sunday Post* in Scotland and the *Observer*, as well as approached by the BBC. Opportunities to comment will unfortunately be many over the coming months and it would be worth while deciding what our three or four ‘key messages’ might be so that these can be advocated regularly. We have good national contacts through which to do so.

The newsletter changed to bi-monthly and was well received, with an increased contribution from external authors. However, with distribution costs increasing it has been decided to revert to quarterly issues but to focus on increased pagination (32-36 pages as opposed to 20-24 per issue) and more articles from key authors outside the organisation. So members get more to read, albeit slightly less often. The website will have more blogs on a wider range of topics, and members are invited to send in articles for posting or to talk to myself about doing so.

The social media streams have continued to increase slowly in popularity. There remains scope to develop these more and this remains a priority. More volunteers would be very welcome and I will gladly support anyone who offers their time.

Recruitment remains a concern. We do not face large-sale disaffection but as for any organisation we cannot continue indefinitely without more new members to replace those lost. One suggestion is that by changing to target doctors just reaching the end of their specialist training, DFNHS should be able to persuade more people of the need to join. Our membership remains largely Consultant level but an increasing number are retired. Doctors in training, although many are concerned about privatisation, are often faced with more pressing problems related to their early careers and life stages. So by targeting this ‘mid-level’ group, we aim to recruit people just as these early-career concerns are being surpassed. This is perhaps one way of addressing recruitment but there will be others and all suggestions will be welcome.

Most of all, we need to focus on what we should aim to do over the coming months, and even though there will be many more areas of concern we could address it is now important to be focused. AGM remains one of the best ways of voicing ideas – though anyone is welcome to make suggestions via the newsletter or to myself at any time. The fight is now at a critical stage and DFNHS has an important part to play.

*Alan Taman*

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