

ANNUAL GENERAL MEETING

11.30 am Saturday 14th January 2023

Postponed from October 2022

At the Royal Society of Medicine, London, as well as on online access on Zoom

The meeting was recorded.

MINUTES

Colin Hutchinson (Chair) outlined the main outcomes of the meeting, which were an indication of what the association should focus on for campaigning moving forwards, and what our priorities were. He invited members to consider joining the Executive Committee.

1. Apologies were received from Paul Hobday, Wendy Savage, Maureen Sturrock and Penelope Jarrett.

2. Minutes of the DFNHS AGM October 2021 (York)

These were confirmed as a true record.

3. Matters arising from the minutes of the AGM 2020

These were addressed during subsequent discussion.

4. Chairman's report: Colin Hutchinson

Colin Hutchinson's report had been circulated. Colin emphasised the DFNHS was unlike the BMA and Doctors' Association UK in that it was constituted not to address matters of terms and conditions of service but to campaign for and maintain the founding principles of the NHS. This has placed DFNHS at odds with government policy for much of its existence. DFNHS should muster its arguments as to why a commercialised health service is not in the interests of the people of the UK and pointing out how the NHS has been mishandled to yield its current failings. Many media briefings about the NHS are badly briefed, and DFNHS needed to continue to counter these with factually based arguments.

Since retirement, Colin had noticed how 'the steel shutters had come down' with his former NHS employer. DFNHS members therefore had a vital role to provide information to the organisation about how things were working. Many DFNHS members are now retired and were likely facing the same difficulty about receiving feedback from colleagues still working. Membership was reducing slowly through natural wastage. Recruitment was aimed at working colleagues. The Peter Fisher Essay prize was aimed at doctors in training, and some years were more successful than others. Entries remained of a high quality and interest. Dialogue between members and the EC needed to improve and more recruitment in the other nations was needed, and Colin welcomed suggestions about this. He invited members present to consider joining EC.

Chris Birt pointed out that services in England and Scotland were fundamentally different, with many problems being less severe. Eric Watts referred to the growing importance of patients' groups and the role of Board governors in Trusts and suggested members had an important role to play with their expert knowledge. David Zigmond suggested a comprehensive account of how the system differed in Scotland would be effective. Mike Galvin agreed that patient's groups were important,

and democratising the healthcare system was a key element in restoring the NHS. He suggested exploring links with patients' groups. David Lawrence pointed out the importance of getting people working in public health 'on side'. It was suggested that looking at incorporating non-medical colleagues into the organisation to improve recruitment should be considered. Colin pointed out that there were already organisations which did this and DFNHS worked with them.

5. Honorary Treasurer's report: Peter Trewby

Peter's report and the accounts had been circulated previously. Peter reported that DFNHS was not in a weak financial position but had less to donate to other groups this year (£1-2,000). Main outgoings have been KONP, the Centre for Health and the Public Interest (CHPI), the Good Law Project, venue hire for the AGM, newsletter costs, and costs for the services of the Communications Manager, Alan Taman. Subscriptions had declined by £2,000 in the past year. Feeder account balance was at circa £5,000 at the time of the meeting compared with £8,000 a year ago. We lost 52 members since the last AGM. We attracted 2 new members this year. We currently have 583 members.

Essay prize: 24 submissions this year but many were of excellent quality. Suggestions for next year's title were invited. A list of suggested titles would be circulated.

6. Communication Manager's report: Alan Taman

Alan's report had been circulated previously.

Alan reported that the threat to the NHS was grave and we already had a two-tier system, with people resorting to private healthcare. Inequalities were worsening.

Liaison with other campaigning groups had increased this year, including KONP, We Own It and DAUK. DFNHS's 'voice' commanded attention because of our expertise. This year had been a difficult one for media attention because of the Ukraine war, changes of PM and the cost of living but the NHS was now definitely a main source of attention for the media. DFNHS was approached by national journalists for advice as well as for quotes. Our social media streams were faring quite well but more volunteers to populate the Twitter stream were called for. Alan would advise and support them as needed.

The newsletter continues to be well received but for reasons of cost has had to be dropped back to quarterly, but with more pages on average and with a greater number of external authors.

Recruitment remains an important concern, via a process of attrition. Approaching doctors at the end of their specialist training might be the best time to approach people. Patients' groups could be another avenue to approach. This will be a critical year for the NHS, and DFNHS needs to be discerning about which battles to fight.

It was pointed out that striking workers were concerned not just with pay but also about the state of the NHS, and this may be an opportunity to try to recruit more members. The meeting was divided about supporting strikes over pay, while acknowledging that many health professionals were facing grave financial problems; there were wider issues also at stake such as critical staff shortages. DFNHS had issued a statement which refrained from commenting about pay and focused on broader issues around conditions.

It was suggested that occasional guest editors specialising in a particular subject for the newsletter might be an advantage (eg the commercialisation of medicine).

Ben Burton introduced himself as the President of the College of Ophthalmologists. He raised the subject of private companies paying 2-3 times the current NHS rate. These companies provided no training. He reminded the meeting that retired doctors as a group could speak more freely at times than those still employed by Trusts.

Arun Baksi also reiterated that working conditions had deteriorated and staff shortages worsened, which had eroded any feeling of community, so any dispute had to address more than money.

7. KONP Report: Co-chair John Puntis

John thanked the group for its support of KONP. KONP remained busy and was being more effective.

The Peoples Covid inquiry had taken up a fair amount of time and the Report was now being widely circulated. KONP had helped set up the NHS SOS coalition and this continues, with national demonstrations occurring last February. Health Campaigns Together had now been incorporated into KONP. KONP had had more appearances in the media this year. It had established the End Social Care campaign and had established working groups in integrated care systems, and a working group looking at general practice. There had been some success in looking at Pathfinder Hospitals. KONP had continued to work closely with We Own It and 999 Call for the NHS. It had requested meetings with the health leads in the opposition parties. KONP remained active locally, with 70 groups and about 1600 members. The KONP national team remained relatively small and KONP was now a limited company, employing people directly. Financial reserves were currently under more strain than recently. John reminded the meeting that individuals committing to regular payments would be appreciated.

8. Plans for the future – priorities as suggested by members

The following suggestions were made:

1. Meeting with Wes Streeting, perhaps by approaching him as an alliance of campaigning organisations.
2. Co-posting Twitter tweets across other platforms such as Tik-Tok.
3. Contacting chief registrars, people who were already showing an interest in management.
4. Compiling accurate information about the NHS's position, which was currently dispersed, eg over poor capital investment for the NHS, or the mis-spent PPE/Test & Trace monies.
5. Arranging an interview with the Public Health Minister for Scotland (*Alan to do, via Chris*).
6. The breaking down of communities of colleagues through scaling up of healthcare organisations, especially in general practice, needs to be emphasised.
7. The anti-NHS narrative is growing in strength and needs to be countered with robust messaging. Again, strong evidence is available to do this and needs promoting. Political choices, not a lack of money that could be spent, were causing the problems.

9. Election of Executive Committee

Mike Galvin was elected on to the Executive Committee. Elected officers were re-elected unopposed.

AT

19/01/23