

 **Minutes of the Executive Committee Meeting**

**Video conference held on Saturday 20th August 2022**

**10 am to 12.30 pm**

**Participants:** Colin Hutchinson (Chair), Peter Trewby, Malila Noone, Alan Taman, Andrea Franks, Eric Watts, Arun Baksi, Pam Zinkin and Maureen O’Leary.

**1. Apologies:** David Zigmond,Morris Bernadt, Alison Hallett and Chris Birt.

**2. Minutes of the EC meeting 22nd May 2022:** These were accepted as correct.

**3. Matters arising from the minutes**

***i) Request for assistance from a member*:** Malila has been in further contact with Dr Idrees. Malila has pointed out that DAUK has a specific remit to help individuals in circumstances similar to his. Agreed to draw a line under this matter.

 **4. Treasurer’s Report**

Peter reported that because DFNHS had donated £1,000 each to KONP, CHPI, and the Good Law Project in the past year and also paid the full amount for the hire of the venue for AGM (at the RSM), this had reduced the amount in the feeder account considerably, as had the move to producing bi-monthly newsletters (which had been a good move for communicating more with members), which had increased postage costs. Membership has continued to decline slowly, with only 2 new members joining and none joining from the Essay Competition. The feeder account was therefore currently under £3,500 compared with about £5,000 in previous years. Although we are not yet in any financial difficulty, there was not currently any capacity to give money away to other organisations. Peter suggested that newsletter frequency was reduced back to quarterly as a cost-saving measure, which would have the additional benefit of freeing up some of Alan’s time to devote to efforts at recruitment.

Alan noted Peter’s comments and pointed out that increasing the average pagination of the newsletter to 32-36 pages and increasing the number of ‘high-profile’ external authors could offset any disadvantage in dropping back to quarterly production. Doing this would allow him to concentrate more on recruitment and commission more articles from a wider range of authors. Agreed: the next issue of the newsletter will therefore now be sent to members in early October, as soon as possible after AGM, and quarterly thereafter.

Early ideas to improve recruitment included:

* Targeting doctors who were just finishing their specialist training via selected Deaneries – we have good contacts for Yorkshire and Humber Deanery.
* The website will have more blogs, starting immediately.
* Prominent newsletter articles to be given more prominence on the website via a blog or tags or both.
* The Twitter feed will have more posts (which should improve attention slowly but surely), starting immediately.
* Consider retaining more of DFNHS’s available finances for ‘our own use’ in future, notably Alan’s funding.
* Members to be given more information about media enquiries and quotes when made.
* Copies of the newsletter to be sent to Post-graduate Centress with a covering flyer explaining DFNHS’s purpose and assessed as to effectiveness.
* Alan to investigate whether some form of shared research project, using DFNHS’s pool of expertise, could be undertaken (possibly with the CHPI?) with a view to producing a report which could then be used for promotional purposes.
* Alan to report back to EC on progress and this would be re-considered in December.
* If recruitment continued to decline in 2023 Alan may be able to lower his fees as a contingency – Peter assured the meeting that this should not be necessary.

 ***The Peter Fisher Memorial Essay Prize***: 25 entries had been received, many of which were of excellent quality. Colin, Peter, Morris and Alan had now selected the best four which would be sent to the editor of the JRSM for consideration. Members were urged to consider and submit titles for next year’s essay fairly soon. There were signs that trainees had found this year’s title more difficult to answer with reference to their own experience, which might have contributed to the reduced number of entries. Last year’s title had dated rapidly, resulting in none of the essays being published in the JRSM, which is a pity for the winners. The choice of title is therefore of great importance.

**5. Communications**

 **i) *Strategy for the future:***covered in the previous item.

 ***ii) The Newsletter:***covered in the previous item.

Alan has agreed to take over production of EC minutes and coordinate EC meetings in future.

**6. The AGM: 1st October 2022**

 ***i) Venue:*** Royal Society of Medicine

***ii) Speakers:*** Colin reported that the Peter Noone Lecture would be given this year by health commentator Roy Lilley. Other speakers included Arun Baksi (with Malila Noone and Helen Fernandes), David Rowland (CHPI) and John Lister (Health Campaigns Together).

***iii) Evening meal:*** Colin had made a provisional booking at *Comptoir Libanais*, Wigmore Street, at £40 per head, including wine and service, starting at 6.30 pm.

***iv) Bookings*** would be organised via Eventbrite, following distribution of details to members by post. It would be possible to sell tickets via this route for Roy Lillley’s address (if he is willing to do this) to a wider audience as well as to members. The venue had a maximum capacity of 60, which again can be organised via Eventbrite, along with virtual attendance. Alan will check with the RSM about AV facilities and what we need to bring ourselves.

***v) Lunch*** is not being provided this year. Members would be advised of this.

***vi) Invitations*** would be sent to members in early September.

***vii) Cost of tickets:*** £35 for ‘real-life’ attendance. Similar for online bookings.

***viii) AGM 2023:*** A provisional booking had been made in York.

**7. Current issues and campaigns**

***i) ‘Sustainability of the NHS’:*** this remains a critical concern. The BMA had been much more supportive recently of the need to defend the NHS but the Royal Colleges remained non-committal, with the exception of the College of Paediatrics and Child Health. Pointing out how expensive alternatives to the NHS were going to be might be the most effective tactic. Especially as the costs of Test & Trace were included in ‘NHS’ expenses in the years 2020 and 2021, the use of these years to demonstrate how much the Government is spending on the NHS, is liable to paint a flattering picture of their commitment. Comparison with other systems apart from those in the USA might be more fruitful, especially as unfair comparisons with EC outcomes were being made by UK politicians to cast doubt on the NHS. It may be possible to point this out to key health correspondents, possibly in coordination with other health campaigns. Members were asked to consider submitting to Alan any accessible information on matters such as unfair comparisons, so that a rapid response could be made when these unfair views were made publicly, and to have local information ready to raise over local matters. **Action: All members**

 ***ii) NHS disciplinary procedures****.* Arun mentioned the recent BMA report on delivering equality, which mentioned using scrutiny panels. Jeremy Hunt had given a very encouraging response to the proposal. Arun’s own MP said he would write to the Secretary of State. The GMC had undertaken to look at the proposal.

***iii) Workforce planning and retention of staff:*** The cap on medical school places was a constraint on this, as was the shortage of Foundation Year and specialist training posts. Trusts also had little incentive to invest in training posts in the current clinical environment. Colin had been trying to persuade West Yorkshire’s ICB to have a training strategy for these reasons. Resourcing social and community care services would provide a better solution than focusing on hospital resourcing, which is the current trend.

***iv) Medical apprenticeships.*** Colin outlined the current system, which on one level made more sense than the traditional route to enter the profession and could offer people a way into medicine when they would not be able to via the traditional route. However, current proposals were lacking in detail. It was felt that DFNHS should support the idea in principle but try to find out more information on details. **Action: Colin**.

 **v) *Primary care*:** No further action. Maureen reported that a recent project for funding GP practices in deprived areas in Sheffield had been successful, attracting £37 million in funding. Colin reported some difficulty in discerning how Primary Care Networks were fitting into the ‘Place-based’ structures set up through the Health and Care Act 2022.

 ***vi) Good Law Project:*** The appointment of Dido Harding had been challenged and the court agreed but costs were then awarded against the Project.

***vii) Meetings with politicians:*** Nothing to report.

***viii) KONP Steering Group:*** These continue to give a good reflection of what is happening in the country. Local groups are getting to grips with what the Health and Care Act means for their local areas.

 ***ix) Devolved nations*:** Colin reported that he would meet with Chris on his return from holiday to see how this might be developed. A meeting in Scotland would be facilitated if sufficient members in Scotland indicated an interest.

 ***x) Centralisation of services:*** This was continuing across the country.

***8. Any Other Business:***

***i) FADP Spain:*** Malila reported that this group had produced good quality comparisons between private and public healthcare for Spain. She would circulate the links for their material.

***ii) GMC and Dr Arora.*** Alan reported that DAUK had campaigned successfully to have the GMC decision on Dr Arora reversed.

***9. Date of next meeting:*** This would be as soon as possible after AGM in early October.

*AT*

*22/08/22*