

**Minutes of the Executive Committee Meeting held on**

**Friday 21st January 2022. Video-conference 1pm -3.20pm**

**Participants:** Colin Hutchinson (Chair), Peter Trewby, Malila Noone, Alan Taman, Andrea Franks, Eric Watts, David Zigmond, Morris Bernadt, Helen Fernandez, Maureen O’Leary and Chris Birt.

**1. Apologies:** Arun Baksi, Pam Zinkin

**2. Minutes of the EC meeting November 2021:** These were agreed as correct

**3. Matters arising from the minutes**

Alan reported that he had made up for the time lost when he underwent surgery.

Our members on BMA Council include Allyson Pollock, David Wrigley, Jacky Davis, and Anna Athow.

***i) Migration and healthcare:*** Colin attends webinar meetings of City of Sanctuary based in Bradford. It is difficult to obtain data about the number of migrants refused access to healthcare to which they are entitled. The numbers are likely to be high particularly in cities. The link between Trusts, primary care and the Home Office deters some from seeking help.

***ii) Good Law Project:*** The high court ruled as unlawful the fast-track VIP lane operated by the government for awarding PPE contracts to those with political connections. The high court also found against Michael Gove in relation to the Public First contract. This was overturned by the court of appeal but the case is to be taken to the Supreme Court. 14 billion has been spent on directly negotiated contracts but the considerable sum spent on unusable PPE has not been disclosed.

***iii) Centene and North central London***: The judicial review about the lack of consultation when the CCG allowed transfer of AT medics to Centene is going ahead. The hearing at the High Court is fixed for 1st and 2nd February 2022.

**i*v) Request for assistance from a member:*** Malila has been in touch with Dr Idrees who is seeking advice from DAUK. She will report back. **Action Malila**

**4. Treasurer’s Report:** We have given away £2000 to KONP, £1000 to NHS Fed, £2000 to CHPI, £1000 to We Own It, £500 to Good Law Project, £1000 to Foxglove Legal (digital rights) but nothing further since August 2021. Alan has increased his hours as agreed, and the newsletter is now produced every two months instead of quarterly and the AGM was expensive but despite these cost pressures we should be able to donate £3000. We have £8941 in the feeder account and £3500 in the current account and our subscription income is £22000. Colin, as chair of the AGM, felt the cost of the AV system at the AGM was money well spent.

In the past 12 months we have lost 47 members (8 deaths) and gained 12 new members (including seven trainees.) We currently have 604 members including 25 trainees and 36 GPs. Although membership has not increased, we are solvent and are able to support other relevant organisations. Colin has communicated with members in specific specialities in the past in an attempt at getting the membership more involved. Alan too has undertaken this.

There has been media interest in potential conflicts of interest in relation to doctors with financial interests in private companies. We do not have anything similar to the US Stark law which directly forbids this so we should support investigations relating to this subject. We agreed to support CHPI which is very active and authoritative. Their blog post has highlighted public expenditure amounting to support for private sector providers who are suffering from lack of access to patients because of the pandemic.

It was agreed that KONP, CHPI and the Good Law project will each receive £1000. NHSFed is well supported by the unions.

Alan has been in touch with the Guardian journalist Julia Kollewe and Colin’s recent interview on this subject should provide us with some publicity.

**5. The Peter Fisher Memorial Essay prize:**

Proposals submitted as suitable titles were discussed: The myth of the apolitical doctor, Medicine is political; social justice and health, The NHS greatest political consensus? The myth of the apolitical NHS, The impact of Covid in Germany compared with UK, Compassion and commerce. Inclusion of the writer’s own experiences will be specifically requested. Alan may be able to publicise the essay prize via the DAUK network. The 2021 essays will be published in the Newsletter.

**6. Communications and collaboration with DAUK; Alan Taman**

Alan was pleased to announce his appointment as communications lead for DAUK. Alan feels this will be of benefit to both organisations. We have much expertise to offer and DAUK would give us wider publicity. He is able to report back on their activities. Alan feels it is a time of growing opportunities.

DAUK have a large communication network but probably have a fairly small number of active members. Colin has had discussions about several key issues with Jenny Vaughan who is chair of DAUK and a member of DFNHS.

Every Doctor is similar and shares a joint initial history but have a different management style.

**8. The AGM Saturday 1st October2022**

***i) Venue:*** It was agreed that remote access facilities should be available at the meeting. It was also agreed that London would attract the largest number of attendees.

Unite venues will be pursued in the first instance. **Action Eric**

Chris reported on responses from Scottish DFNHS members after >60 letters were sent out by Alan. There were <10 responses but none from Glasgow or Edinburgh. A meeting in Scotland will continue to be considered.

***ii) Suggestions for speakers / themes***

James Wilson medical ethicist has been approached as a speaker.

Amanda Pritchard and Rachael Clarke were suggested as speakers.

**9. Current issues and campaigns**

***i) NHS disciplinary procedures:*** The BMJ reported on the NHSI review of Trust action against a whistleblower Dr Mills who was found to have been victimised by management. The case illustrates our view that disciplinary action can be grossly unfair and often a lengthy procedure.

Arun has led on formulating a proposal which has now been shared with the other supporting bodies and individuals. The final document includes their feedback. We suggest that each Trust appoints a scrutiny panel comprising elected senior doctors and senior nurses and nominated non-executive directors. Before formal procedures are commenced, the evidence will be reviewed by two senior doctors, a senior nurse and a non-executive. They will follow MHPS guidance.

We plan to take this proposal to parliament in order to ensure that the proposal is mandatory rather than merely advisory. We would like DFNHS to formally support the proposal.

The document will be circulated to the EC. **Action Malila**

***ii) Meetings with politicians:*** None reported.

***iv) The Health and Care Bill:*** The Bill is undergoing scrutiny in the Lords at the moment. Colin has written to DFNHS member Baroness Ilora Finlay drawing attention to the amendment Allyson and Peter Roderick had drawn up. She herself has put down a number of amendments trying to ensure that palliative care is a core responsibility within the integrated care system. She was also vocal about emergency care being available locally when it is needed outside one’s own ICS but this amendment was not ‘called’. She has replied to Colin saying she is trying to avert the worst impacts of the Bill. She seems to be actively engaged and has spoken on Newsnight. Virtually all the amendments tabled so far have not been called. Eric wrote to Angela Smith former MP for Basildon who has forwarded his letter to Baroness Thornton, Baroness Merron and Baroness Wheeler.

***v) Reform of Social care:*** There is a National Care Support and Independent Living Service public meetingon February 3rd evening. Jan Shortt who spoke at our AGM is a speaker. NaCSILS is a campaign group supported by disability rights groups, KONP and others.

***vi) Workforce planning, retention of staff, exploited overseas doctors:*** At a local level Colin is trying to get the constitution of the ICS amended to include a subcommittee which will address workforce planning across the geography of the ICS with an agenda, minutes and reports. The urgency of a workforce plan is being widely recognised but nothing has been produced. A crucial part of the analysis should be the reasons behind staff leaving and staff motivation. This is a complex issue which is not always mentioned in political statements but there have been several relevant reports e.g. nursing (loss of 1 in 3 trainees) GMC, MDU (impact of sleep deprivation). Colin reported on a local strategy document produced in 2017 identifying gaps and strategies to address them but this has not been followed up. Retention of fully trained staff beyond 55 is also important and is adversely impacted by the pensions issue.

Jeremy Hunt is taking a strong interest in the workforce issue and feels he should have done more. Although he removed the nurses’ bursary he set up an additional number of medical placements. Unfortunately HEE is not at present able to fund additional post graduate training places.

***vii) Primary care and general practice:*** have come under attack in the media as not complying with government instructions on remote consultations.

***viii) Centralisation of services, incl. pathology services****:* There are 29 pathology networks but there is no data on the extent of pathology service privatisation. Information is usually commercial in confidence. Many public/private partnerships have emerged. **Action Eric**

The Academy model with commercial sponsors has been suggested as being suitable for NHS hospitals. Large tracts of public property taken over by Trusts are in danger of being lost to the local community

***xi) Efficiency, value and affordability of the NHS:*** The question of whether the private sector delivers a more efficient and responsive service has been raised. It has also been suggested that the country cannot afford the NHS. Our expenditure as a proportion of our GDP is around the OECD median but surprisingly we have far fewer doctors, nurses and equipment per head of population. There is therefore a proportion of NHS expenditure that is not accounted for and cannot be identified. In the Commonwealth fund analysis NHS was placed first in the past based on equal access and outcomes but this has changed.

[NHS drops from first to fourth among rich countries’ healthcare systems | NHS | the Guardian](about:blank)

A paper comparing two units in Scandinavia (one private and one run by clinicians) shows that the greater efficiency of the private sector is a myth. The author is looking for a publisher.

Like the NHS, private hospitals have problems with staffing due to Covid. Sajid Javid is providing them with much needed support with his latest directive to Amanda Pritchard to release funding through contracts with the private sector. The subject of safety in private hospitals was addressed by CHPI and is being pursued by DAUK.

**10. The Newsletter:** The January issue is ready to print. It was agreed that, as Alan suggested, instead of a nominated editor for each edition, he would take on the role of managing editor with contributions from individuals. It will be open to individuals to propose and compile an edition around a particular topic of interest.

**11. Any Other Business:** None

**12. Date of next EC Meeting:** To be arranged.