**Chair’s Report**

**Doctors for the NHS AGM 23rd October 2024**

We have been through a turbulent period in national political life, during which the NHS has seen continuing restriction of the resources that it requires, both in terms of revenue for day to day spending, but also, crucially, capital spending on buildings, equipment and information technology, accompanied by deteriorating public satisfaction with the services that are available to them. With the election of a new government and the electoral mandate that should allow their continued period in office for at least five years, it is more important than ever that they are held to their manifesto pledge to “Build an NHS fit for the future: that is there when people need it;with fewer lives lost to the biggest killers; in a fairer Britain, where everyone lives well for longer.” Achieving this pledge is one thing: how they approach the task is vitally important. Members of DFNHS can play an important role in trying to influence policy development, as individuals, through participation in DFNHS and through membership of other campaigning and professional organisations. DFNHS exists to extend support to our members to help them in these various aims.

There have been some encouraging early steps, such as the resolution of the junior doctors’ strike, moves to restore confidence in public sector pay review bodies, and the extension of the Additional Roles Reimbursement Scheme to allow this funding to be used to employ new GPs, rather than being restricted to employment of Physician Associates and Pharmacists. It does seem that concerns that “reform” of the NHS could indicate a fundamental change to the NHS business model towards an insurance-based system can be allayed for the time being, backed up by a clear statement in the Darzi Review. At the same time, concerns have been raised about the influence of those with an interest in increasing the opportunities for commercial interests in accessing public funding to embed themselves long-term in the delivery of care, rather than increasing the capacity of the NHS to provide that care, coupled by a nagging suspicion that some reincarnation of Private Finance Initiatives could be seen as the means to find the necessary capital investment.

We may get some idea of the direction of travel when the Budget is announced on 30th October, but we will probably have to wait until the multi-year Public Spending Review due to report in Spring 2025, before the picture becomes clearer. It is important that we use this time to join with others to make the strongest possible case that any additional funding is used to build up the capacity of NHS services, that the Chancellor’s pledge to insource public services is kept, and that progress is made on addressing the social determinants of health. We need to make the case as strongly as possible that the NHS be openly accountable to the public and should not only be funded from general taxation, but that the tax system needs to be truly progressive and, crucially, that the foundations of our NHS are much stronger when they are based on the concept of public service, rather than driven by profit-seeking.

While remaining non-partisan, we have always understood the need to engage with the political process and our elected representatives, because the NHS was created by the political process and can only be sustained through political support. It seems to be increasingly difficult for campaigning organisations to gain the ear of our parliamentary representatives, while there exists a whole lobbying industry to promote the interests of those who would exploit the NHS for commercial or ideological purposes. Can I encourage all members to seek to build a relationship with their constituency MP, to ensure they are as informed as possible about the way in which the NHS works and how their role as policy-makers is having a real impact on the service received by their constituents, for better or worse. I am always happy to assist members in working with local MPs, whenever the opportunity arises.

Over the past year we have expressed our views on the misguided broadening of the scope of practice of Physician Associates and other Medical Associate Professionals, through letters to the Royal College of General Practitioners and to the new Secretary of State for Health. There needs to be a much greater awareness of the value of a comprehensive general medical education for all doctors, no matter in which discipline they eventually choose to practice and that sense of value and the obligation that flows from it may not always be sufficiently recognised by some doctors themselves.

DFNHS continues to have strong links with Keep Our NHS Public, with at least four of our members also being members of KONP’s Executive Committee. Their Co-Chair, John Puntis will report on their activities later in this meeting, but I once more urge members to make links with their local KONP group, because the support of clinicians can be valued warmly by campaigners. DFNHS joined with 15 other groups to present evidence to Parliament’s Health and Social Care Committee Inquiry into NHS leadership, Performance and Patient Safety, focussing on ways in which the NHS disciplinary process is both ineffective and prone to abuse, work that has been promoted over a number of years by Executive Committee members Arun Baksi, Malila Noone and Helen Fernandez. In addition, we have links with the Doctors Association of the UK and have contributed to some work on the outsourcing of ophthalmology services to the private sector with both DAUK and the Centre for Health and the Public Interest as this can indicate the perils of extending such outsourcing for other elective care. DAUK has extended an invitation to all members of DFNHS to attend a conference in memory of their founder member, Dr Jenny Vaughan in London on 17th May.

Individual members are also performing valuable roles through other bodies, including the first award of the Royal College of Physicians’ Eric Watts Award for Excellence in Patient Care and Patient Engagement. Eric served many years as Chair of DFNHS and continues as a member of the Executive Committee. The winner was the Lincolnshire Living with Cancer Programme.

But DFNHS could be a much stronger and more effective advocate for our message that service must come before profit, as detailed on our website. There continues to be a slow inevitability in the reducing membership numbers, many through mortality. A large proportion of our membership have retired from clinical practice, so it becomes impossible to recruit colleagues within the workplace. Further, our ability to draw on examples drawn from examples of current practice in shaping and making our arguments is weakened. We need to be confident that the issues on which we are campaigning are reflective of the current priorities within the NHS. Our attempts to attract younger members through the Peter Fisher Memorial Essay Prize have resulted in some fine contributions, providing an insight into the factors shaping the next generation of doctors, but have not resulted in many new members. Reducing membership subscriptions have also reduced our ability to give financial support to the work of other bodies, even when this coincides with our own objectives.

The sustainability of our Annual Conference is called into question. It is a significant item in our organisation’s expenditure and when the number of attendees is low, it becomes less realistic to invite high profile speakers, even though a fairly comprehensive account of their presentations is published in the Newsletter and so is made available to the whole membership, as well as to the general public. The quality of the material presented in these reports has usually been excellent and of wide interest, so it is difficult to understand why attendance has not been greater. Previously, attendance has been higher when the meetings have been held in London, but that is not the case this year. We have tried a mid-week timing to see if this makes a difference, but seemingly it has not. Is there a point at which we should consider switching to an online AGM, rather than combining it with a conference?

All organisations should also actively consider succession planning, which includes developing opportunities for enthusiastic members, with new ideas, to become involved. I have had the privilege of being Chair since 2018 and a fresh approach is probably overdue, so we need to be taking steps to ensure a transition in due course, and that would be best achieved through membership of the Executive Committee. We would welcome members with a desire to become more actively involved to put themselves forward for membership of the Executive Committee and, if you are considering this, please get in touch with myself or any other member of the Committee – our phone numbers are in the Newsletter.

**Colin Hutchinson**

**Chair, DFNHS**