

**ANNUAL GENERAL MEETING**

11.00 am Wednesday 23rd October 2024

At The Town & Country Planning Association, Carlton Terrace, London

The meeting was audio-recorded.

**MINUTES**

Those present:

Colin Hutchinson (Chair), Peter Trewby (Treasurer), Hisham Al-Qassab, Morris Bernadt, Jack Czauderna, Jonathan Dare, Mary Eminson, Andrea Franks, Maureen O'Leary, John Puntis, Eric Watts and David Zigmond plus Alan Taman, Communications Manager (taking minutes).

Colin thanked people for attending.

**1. Apologies**

Apologies were received from Arun Baksi, Chris Birt, MelanieDavis, Mike Galvin, Jacky Davis, Ian McKinlay, Mary Gibbs, and Tom Treasure.

**2. Minutes of the DFNHS AGM 7th October 2023**

These were confirmed as a true record.

**3. Matters arising from the minutes of the AGM 14th January**

None raised.

**4. Chairman’s report: Colin Hutchinson**

Colin Hutchinson’s report had been circulated.

He reminded the meeting that the NHS was a political construct, influenced by political institutions, so it was important for groups like DFNHS to try to influence the new government to develop policies and carry out actions in line with their manifesto promise to ‘build an NHS that is 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’. The NHS was now severely affected by poor infrastructure and lack of capital investment, with funding channelled to acute provision in hospital and with primary, community healthcare, mental healthcare and particularly social care wound down. Levels of poverty, inequality, influence and life chances, nutrition, housing, and community cohesion have all been affected severely by reductions in public spending. This was an important time politically for the stated ambitions for the NHS, which he hoped most members would agree DFNHS should find ways to influence.

The group has steadily reducing membership numbers, largely because of losses through attrition allied to low recruitment. This means a reducing income, which in turn reduces what we can seek to do by ourselves and reduces donations to other groups sharing our values such as Keep Our NHS Public, the Health Foundation and We Own it. However this does not prevent DFNHS from working alongside these groups in collaboration – DFNHS has a significant number of members on the Executive Committee of KONP, for example. Colin thanked DFNHS for nominating him to join this. We had also done some collaborative work with the Centre for Health and the Public Interest [*see also item 8*] in Colin’s specialty of ophthalmology, looking at the outsourcing of so much ophthalmic care to large commercial ‘cataract factories’, which reduces budgets available for any other eye care. We have also collaborated with We Own It. Therefore there are ways in which DFNHS can operate in association with other organisations. Individual members also have their own networks and areas of interest, including the Royal Colleges, and informal contacts which provided routes of influence. DFNHS should offer support to anyone trying to develop this influence so they can have the confidence and information to do so, such as their local MP (many of whom struggle to understand the complexities of health issues).

One of the reasons we have been less successful in attracting new members recently has been that many members are now retired and unable to recruit directly from the workplace, which was an effective method formerly. This also meant retired members had a great deal of experience and were likely to have more free time to devote to furthering the aims of DFNHS but were increasingly reliant on hearing about changes and issues affecting delivery from others. This meant that trying to establish links with those still in active practice is something retired members should try to do locally [*see also item 8*]. Colin noted that sitting on various health scrutiny committees in his own local integrated care system had been useful for this purpose. He advised those present that although it was difficult to engage with the Health Minister directly, going through the local MP may be more fruitful in making the MP more aware of health issues and the NHS.

Colin will be proposing a letter to the Health Minister via EC, following the announcement of a period of public consultation on the NHS.

DFNHS could therefore act as a potential support for individual efforts in several ways. He offered to assist any member in briefing them or meeting with their local MP.

Colin then raised the question of future AGMs. These were relatively expensive, especially with attendances at their current level [*see also item 5*]. They also required a relatively great deal of effort, especially in inviting and attracting speakers for the live venue, which could then prove embarrassing if live-attendance numbers remained small. Changing to a mid-week date which was away from the Party conference season had allowed a greater choice of venues in London but had not attracted any high-profile political speakers or greater attendance figures. Colin asked those present to consider whether changing to an online format would be better.

He then summarised successful areas of collaborative working over the past year, ending with an emphasis on the need to collaborate more with patient groups over key issues such as patient safety.

On succession planning, Colin pointed out that he had enjoyed 6 years as Chair but there was a need to try to encourage new ideas and asked members to consider taking over his role.

**5. Honorary Treasurer's report: Peter Trewby**

Peter’s report and the accounts had been circulated previously.

Peter reported that the group held £4,900 in its deposit account and £3,500 in its current account. This reflected a steady state for the finances. £900 had been spent on the Peter Fisher Essay Prize, with two equal second prizes this year. The newsletter was produced quarterly to a high standard for very low cost but attracted relatively high postage costs (£2,400 pa), with the vast majority of members still preferring to receive their copies through the post. Sending out a separate mailing for the AGM attracted similar delivery costs. DFNHS had been unable to donate money this year to the groups it supported and in some cases had helped set up. The group’s historic (year on year) deposit account balance was slowly decreasing. DFNHS had lost 37 members since the last AGM. Five of these were deaths, but most of the remainder simply do not reply to requests to consider staying members. Two new members had joined this year. Average losses over the past 5 years had been 31 per year. The group membership was currently 553 members (15 trainees), which is still a large number.

Peter Fisher Essay Prize: The *Journal of the Royal Society of Medicine* was unfortunately unable to publish any winners this year because the essay subject (non-medical practitioners) was ‘too fast moving’ for them to include the essays. He invited suggestions for next year’s essay title. He thought ‘how do we or should re-humanise the NHS?’ was a good title to consider and referred members to past years’ titles.

**6. Communication Manager’s report: Alan Taman**

Alan’s report had been circulated previously.

Alan pointed out to the meeting that this was his 10th AGM in his role and he thanked members for the continuing opportunity to work for them.

He echoed Colin’s thoughts on the importance and effectiveness of continuing collaboration with other groups.

The newsletter remained successful but postage costs remained relatively high, with Alan manually preparing deliveries as the most cost-effective method (mailing house costs would be higher for a group of this size).

DFNHS continues to receive queries from national outlets which reflects the group’s good standing with journalists, based on its reputation as a ‘doctors group’ and its reliabilty. Website blogs would continue to be developed but Alan asked members to consider contributing to this. Social media output via ‘X’ continues to do relatively well for a group of this size, and Alan thanked Andrea for her continued assistance in sending out posts. Overall the group continued to be in a strong position to formulate evidence-based approaches both individually or in collaboration with other groups.

Alan reported that many doctors probably join groups such as DAUK for wider purposes than political campaigning. DFNHS still punches well above its weight and retained a strong ‘voice’ which was widely respected. Focus on defined aims was needed to direct that voice to its best effect, with increasing collaboration with other groups.

**7. KONP Report: John Puntis**

The KONP report had been circulated prior to the meeting.

Colin reminded the meeting of the importance of collaboration and the benefits of joining KONP individually and locally.

John thanked Colin for joining the KONP Executive. He said that the formation of working groups had been an important development for KONP in the past year.

KONP membership continues to grow (total membership now about 1,000 nationally) slowly. Their online newsletter now had a following of about 30,000 monthly, many of these non-members. Monthly online meetings over specified subjects had also proven successful. Health Campaigns Together has been developed within KONP.

The SOS NHS campaign set up by KONP had had some success in drawing in about 50 allied organisations and trade unions, and attempts were now being made to reinvigorate this.

He pointed out that retaining a focus on local issues was important for retaining up-to-date awareness, such as by attending health scrutiny or wellbeing meetings or monitoring local press. He also pointed out to the meeting that often NHS staff in post are themselves unaware of what was happening in their organisations or locally, and it was a vital part of the role of campaigning organisations such as KONP to try to combat this.

A review of KONP groups had revised their total number to 50 groups, with 3 new groups formed. KONP continues to work with the trade unions in furthering its aims.

KONP’s Press Officer had now built up a good network of contacts, which was yielding good coverage nationally as well as in social media.

KONP’s sister organisation, End Social Care Disgrace, was continuing to develop although currently quite small in size. KONP had collaborated with Medact on combating hostile approaches to immigrants for healthcare. It has worked closely with We Own It and Doctors in Unite, as well the People’s Assembly and the 99% Organisation. KONP had also worked to increase awareness over the negative impact of outsourcing for ophthalmological services.

KONP’s effectiveness hinged on the size of its national team and it was grateful for the support given it by DFNHS. He pointed out the importance of KONP members to give whatever regular contributions they could. Reserves currently stood at around 2 months.

KONP was continuing to build links with local organisations, eg with local environmental campaigns. It had good contacts with some MPs and had had some success in drawing together groups of MPs cross-party with similar concerns. It was currently developing an e mail system to allow people to e mail their MP directly.

Colin added that awareness of what was happening in one local area often served as a warning to what was likely to happen elsewhere.

**8. General discussion around items 4-6**

Colin invited members to discuss the points raised.

John Puntis told the meeting that the current public consultation over the NHS was probably more of a ‘publicity exercise’ than a rigorous attempt to gauge wide public opinion.

Jack reminded the meeting that Medact’s brief was far wider than DFNHS’s so it was important to consider how we should best engage with them to further the group’s aims.

Affiliating or merging formally with other groups such as Medact or DAUK would be difficult because these groups all charge much higher membership fees and have wider aims. Members were encouraged to consider joining these groups as an individual.

Alan reported that the CHPI were engaging the public currently to publicise the growing risks of a two-tier service, and ways of collaborating further with them on this would be explored. He would also look further into ways of collaborating with Medact, though their aims were far broader than DFNHS’s. John agreed to include a link to the DFNHS newsletter with KONP’s online monthly newsletter, and Alan would liaise about sharing content for future issues. He would also communicate directly with KONP’s working group coordinators to develop further collaboration and improve coordination.

Peter asked whether the group might consider engaging marketing expertise in an attempt to reverse the current slow decline in membership. Alan agreed to explore this further.

Mary told the meeting that gauging DFNHS’s unique contribution should be critical in deciding the group’s fate and actions as well as making further links with other organisations. Colin reminded the meeting that DFNS remained unique as the only group consisting of doctors which addressed its aims, with the ability to speak from that perspective and engage people from it with conviction. The group had always acted and continues to act to keep its members informed about overarching issues in socialised healthcare while engaging in the political process in a non-partisan way, reassuring them that they did not stand alone in holding these views. Members had been approached several years ago and asked their opinion about the group’s activities: replies had been relatively few but were all positive, reflecting a wish for the group to continue as it was and to keep campaigning on key issues around commercialisation, resourcing and fragmentation of the NHS. Alan said as far as he could tell, the group was regarded as unique and was widely respected by the national media and other groups, so was worth preserving and remained effective.

Maureen asked whether determining the number of members who were retired might be useful, with a view to approaching those still working for current information in their own places of work. She added that the group did serve a vital function in supporting members. Peter replied that about 60 per cent of members were probably now retired.

There was some discussion about the effectiveness of continuing to hold live-venue AGMs. Hybrid meetings were agreed to be too costly. Opinion was divided about continuing the current format. Colin reminded the meeting that weekday meetings were likely to attract good speakers more easily [*agreed to continue these*]. Peter proposed booking Bedern Hall in York for now, given the booking could be cancelled, for a weekday in late October 2025 [*agreed*].

**10. Election of Executive Committee**

EC members were re-confirmed at the meeting.

**11. Any other business**

None raised.

The meeting was closed 12.35 pm.

*AT*

*30/10/24*