**AGM 2025 minutes**

**1. Present**

Colin Hutchinson (Chair), Peter Trewby (Treasurer), Malila Noone (Secretary), Hisham Al-Quassab, David Bareford, Morris Bernadt, Mary Eminson, Helen Fernandes, Andrea Franks, Michael Galvin, Paul Hobday, Penelope Jarrett, Maureen O’Leary, John Puntis, Tom Treasure, Eric Watts, David Zigmond, Alan Taman (Communications Manager, taking minutes).

**2. Apologies**

Apologies were received from Arun Baksi, Chris Birt and Jack Czauderna.

**3. Minutes of DFNHS AGM 2024 (previously circulated)**

These were accepted as a true and accurate record.

**4. Matters arising from the minutes of AGM 2024**

Colin reminded the meeting that a full discussion of decisions and developments relating to the question of working with other groups, which had been agreed at AGM 2024, would be taken under item 10, future direction for DFNHS. There were no other mattes arising.

**5. Chair’s report – Colin Hutchinson**

The report had been circulated previously (attached with minutes).

Colin summarised the approaches he and the organisation had made over the past year regarding the Ten Year Plan on the NHS and the Leng Reviews on PAs, and the gathering crisis over the lack of postgraduate training programmes.

He described the contributions he was making to the 99% Organisation’s meetings and publications on the NHS and the economy to try to improve the understanding of MPs, and his continued work as a member of KONP’s Executive Committee.

He reminded the meeting that the current attrition in membership (about 40 members net loss per year) could not continue indefinitely, and if it continues at its current rate the group would have to wind up in about 4-5 years’ time. Donations to other organisations had also been stopped. The increasing proportion of retired members was also a cause for concern, because although this gave the group substantial collective experience it made campaigning on issues facing the NHS more difficult owing to a lack of information about current practice and working conditions: ‘fighting yesterday’s battles’.

The newsletter in print form continued to be one of the most valued aspects of membership. Colin thanked Alan Taman for his work on improving the newsletter, and the plans to expand its reach and content.

EC had decided not to hold an Annual Conference this year because of consistent low attendance (less than 20) at meetings over the past 5 years and the relative costs of organising such an in-person meeting.

Colin said he would want the Peter Fisher Essay Prize to continue whatever form DFNHS takes in future. Entries typically exceed 40 and are generally of excellent quality.

Concern over falling membership numbers had prompted detailed discussion at September’s EC meeting, and the decision to explore possibilities of some form of affiliation and closer working with Doctors’ Association UK (DAUK) and EveryDoctor UK (EDUK), then to inform AGM of progress. This could increase the relevance and impact of DFNHS moving forwards. Further discussion was deferred until item 10, Future Direction.

Colin concluded by saying that after 7 years as Chair, he would be standing down at this AGM, and that Eric Watts had offered to take up the position unless there were other members who wished to be considered.

David Zigmond echoed Colin’s views about the newsletter. DAUK or EDUK could benefit from this in electronic format with no added costs to DFNHS. He also raised the value of holding face-to-face meetings. It was agreed to consider holding face-to-face conferences at low-cost venues at which members could speak to other members on subjects they felt were important, to which other campaigning organisations could be invited.

Andrea reminded the meeting that informing members more often by global e mail could offer another way to reach the membership with critical issues in addition to the newsletter. Colin invited members to suggest items to circulate. [*Alan agreed to start doing this*.]

Colin recommended the KONP resource section on its website [<https://keepournhspublic.com/resources/>] and The Lowdown [[https://lowdownnhs.info](https://lowdownnhs.info/) ], and the value of approaching and trying to educate MPs about the limitations of increased marketisation of health services and their harmful impact on the NHS.

**6. Treasurer’s report – Peter Trewby**

The report had been circulated previously (attached with minutes).

Peter reported that finances would allow 4-5 more years of continued activity at the current rate of decline. He pointed out that producing the printed version of the newsletter was a relatively high expense for the group, even with Alan’s success in keeping printing costs down – postage costs (about 50% of the overall cost) remained a constant, and this may need to be reviewed as financial reserves reduced. The group’s overall balance was decreasing slowly towards £4,500 with a roughly 10% drop in membership numbers annually.

The Essay Prize had been set up in the hope this would increase membership. Most years the group gains a few members from this but they usually leave after a few years. The JRSM continued to consider essay entries for publication each year.

Most membership losses were from deaths.

There was no capacity to give other groups any donations.

Peter pointed out that EDUK were carrying out more activities than DFNHS but they charged £12 each month, and DAUK’s subscriptions were also higher. He thought the prospect of merging with either group would therefore offer no financial advantage to them, because most DFNHS members would probably not be willing to pay their much higher subscriptions.

Colin asked members for suggestions for next year’s essay title, after this year’s title’s success in playing to the experiences of doctors in training. Maureen suggested a title covering mental health: ‘Mental health crisis – what crisis?’. David suggested ‘When and why are personal relationships and understandings important in medical practice?’.

**7. Communication Manager’s Report – Alan Taman**

The report had been circulated previously (attached with minutes).

Alan reminded the meeting that DFNHS still commanded a unique position in remaining the only campaign group which had only doctors as members and therefore retained a good reputation with other parties such as the media, but he agreed that the current decline in membership numbers could not be ignored, giving the group 4-5 years at the current rate before it would have to wind down.

He would therefore improve the newsletter’s content with more high-profile interviews, book reviews and news about campaigning issues, and increase its readership by placing copies on the social media platform Substack, which would widen readership and allow easier translocation of articles as stand-alone blogs on the group’s website. He believed that making a formal affiliation arrangement with another group would also widen readership and facilitate more effective working on joint campaign projects (agreed jointly), as well as making more doctors aware of DFNHS and its aims.

He reported that newsletters remained well received and currently cost just under £3 per copy, factoring in his own time. Producing printed copies in higher numbers would reduce costs per copy even further, but would require third parties to pay for their copies to be affordable to the group.

The website continued to be updated with regular posts – Substack publication would also facilitate this. Social media activity remained steady on ‘X’.

National media publicity remained more difficult than in former years owing to the increasing number of ‘more mainstream’ organisations such as the BMA echoing the group’s concerns, but journalists continued to regard the group as a reliable source.

Collaborative working would allow the group to assess whether it was achieving campaign aims better, and increasing membership.

Colin suggested the format used by *Carbon Brief* would be a useful model for compiling global e mail summaries of current issues.

Morris pointed out to members that they could write directly to the Minister for Health. He thought that the organisation should write regularly to Wes Streeting, Colin agreed, while remaining to be convinced that many would actually be read by the Secretary of State.

Malila said that the Public Accounts Committee were asking for written information on the costs of clinical negligence, and suggested that the group explored this further.

**8. KONP report – John Puntis**

The report had been circulated previously (attached with minutes).

John made the point that the organisation already had a lot of overlap with membership, thanked Colin for his contributions to the Executive Committee. DFNHS has been formally affiliated to KONP since its foundation, in 2005, and is represented formally on the KONP Steering Group (by Colin for the past 7 years).

KONP had been considering lately what it could do to be more effective and had reconsidered its internal strategies. One conclusion was to undertake closer working with other like-minded campaign groups, using the NHS SOS Coalition. Joint meetings had already taken place. It would be worth while exploring how the expertise within DFNHS could be channelled within KONP.

KONP remained relatively stable and was making some progress. KONP national membership remained around 1,000 but there were many activists working with local KONP groups who were not paid-up members.

KONP had lost local groups, down to about 46 from 70. Some groups focused on local issues, others were more involved with demonstrations, street stalls etc. The Health Campaigns Together section remained important.

The continuing financial health of KONP remained a concern, and John expressed gratitude to DFNHS for its past support.

The group’s newsletter was sent out about twice monthly, with about 33,000 distributed by e mail. The online Members and Supporters meeting remained open to all.

The sister campaign, End Social Care Disgrace, was holding a meeting in Manchester (25 October). Further details of meetings was on the KONP website under ‘activities’ [[https://keepournhspublic.com/transforming-social-care](https://keepournhspublic.com/transforming-social-care/)/].

KONP also ran several special-interest groups, detailed under ‘campaigning’ on the KONP website [ <https://keepournhspublic.com/campaigns/> ]. KONP was also working with the 99% Organisation.

Colin thanked John and said that he had found KONP’s local activities valuable for signposting where issues were likely to be found in other areas. He encouraged members to consider joining KONP if not already members, or at the least look at the KONP website.

John reported that KONP wrote regularly to Wes Streeting. He told the meeting that KONP had produced a briefing on privatisation recently, and was encouraging its members to send this to their MP and ask for a meeting.

Attempts to expand KONP membership in Scotland was mirrored by DFNHS’s concerns that Scottish health issues should not be neglected.

**9. Election of Executive Committee**

Colin noted that it was with great sadness that the EC had lost Pam Zinkin this year., after 13 years as a member of EC. She was highly respected as a former paediatrician and campaigner.

No members had said they wished to stand down from EC. Colin invited members present to join EC. John said he would be happy to join EC. Nominated by himself, seconded by Eric Watts. Agreed unanimously.

Eric Watts was proposed as Chair. Nominated by himself, seconded by Colin. Agreed unanimously. Eric reminded the meeting that he had undertaken this role before, and thanked Colin for his time as Chair. He agreed to let Colin continue to Chair the remainder of the meeting. He shared Colin’s view that the way forward was with greater working with other organisations.

**10. Future direction**

Colin asked if anyone had any concerns about exploring more formal ties. Helen Fernandes cautioned that there was still a deal of enmity between Doctors’ Association UK (DAUK) and EveryDoctor UK (EDUK) following historical conflict and continuing suspicions, to the extent that DAUK committee members were unlikely to consider affiliation workable if affiliation with EDUK was planned. Some reservations were also expressed about approaching EDUK by other members, and the view that DAUK should be approached in the first instance.

Colin informed the meeting that he had made initial approaches both to DAUK and EDUK about some form of affiliation following discussion at last month’s EC meeting. DAUK had responded positively, and suggested a joint EC meeting to consider options and details further. Alan Taman was arranging this. A positive response had also been received from EDUK, although discussion was at an extremely early stage. Helen Fernandes said that DAUK’s governing committee was very enthusiastic about joint working, with most of their members ‘at the other end of the age demographic’. DAUK was in a good financial position, with its higher subscriptions (£10 monthly). Newsletter sharing of the DFNHS newsletter electronically would be very welcome.

On being asked from the floor, Colin explained that EC had agreed not to pursue any form of merger with another group, because the unique features of DFNHS would disappear within another organisation, and members were already at liberty to join these groups. Merger would therefore mean winding down for DFNHS. DFNHS also continued to have a viable voice and remained an effective campaigning organisation.

It was agreed to explore affiliation with DAUK only in the first instance: if a mutually acceptable agreement could be reached with DAUK, it would then be put before the membership before ratification. Colin was happy to offer Eric any further assistance with this process.

**11. Any other business**

Colin reminded EC members to ensure their contact details were up to date.

Peter thanked Colin on behalf of all those present for guiding the organisation for 7 years. Unanimously agreed. Colin thanked Peter for his work as Treasurer and on the Essay Prize.

*AT*

*21/10/25*