

Communications Report for AGM 2025

From a communications viewpoint, *Doctors for the NHS* commands a unique position. This group remains the only exclusively 'stand-alone' medical campaign group, allowing only qualified doctors to join. It has a well-received regular publication, which regularly examines relevant issues in some depth as well as providing summary overviews of the current threats to the NHS. Journalists do not doubt the accuracy of what we say as a result.

But the gradual decline in numbers should not be dismissed. While we are still very much a going concern and still a unique voice to be heard, there will come a point when numbers make continued functioning of the group increasingly difficult, then impossible. By my own calculations, assuming a steady drop, we are some time from that point: several years. It would, however, be a sad moment if the group were to face formal winding down just after its 50th anniversary. That is quite some going, for any campaigning group, and stopping because numbers drop is something I am keen to avoid.

So I have proposed expanding what is undoubtedly one of the group's greatest strengths – its newsletter – into the virtual world even more, by developing its presence on 'Substack', allowing online access by anyone. I am going to develop more interviews with prominent people and campaigners, increase the book reviews, and add sections on local campaign issues, to broaden its readership as well as its reach.

I also welcome warmly the moves we are making to more planned, extensive collaborative working on carefully chosen projects through more formal affiliations, which I will support as much as I can.

When thinking about DFNHS and the health campaign 'landscape', which I have been familiar with for over 10 years now, one point remains prominent: any of our members is already at liberty to join any other group, and leave ours at a moment's notice (or none at all). So why don't more of our members simply leave us and go elsewhere? Why are at least some members already in other organisations, yet continue to pay to stay with us?

USP. Something from my own background of public relations, journalism and marketing. We have one. A Unique Selling Point. I stated it at the start of this report. The very fact that we stand alone, as 'medics only', gives us a far more powerful voice than our numbers (though still at close to 500 – that's a decent sum for any special interest national group) might suggest. But we need to harness it with other groups, and work more effectively as a result. I believe that in itself will bring in more members.

Looking now at specifics for the past year:

- The newsletter remains well received. Nearly all members prefer a printed version, which inevitably increases production and delivery costs, but I still produce them for around £3 per issue per member, factoring in my time: good

value, I would suggest, for high quality and topical relevance. Should a wider demand for print copies present itself from affiliating or joint projects, the cost per issue drops with increased volume, substantially if numbers exceed 1,000, chiefly through greatly reduced postage using 'business rates' (which only operate at bulk). Something to explore, perhaps?

- The website continues to be updated regularly with posts in topical issues, as well as hosting back-issues of the newsletter in PDF form and telling visitors who we are and what our aims are.
- Social media: we retain our followers on 'X' though I remain sceptical about the prevailing political direction of that channel. Substack newsletter development will hopefully increase interest more widely over the coming months.
- National media: more difficult to gain traction now than it was a few years ago, chiefly because more and more of the traditionally more 'well regarded' media sources are now saying what we always have about threats to the NHS! But journalists will regard what we have to say in advice as reliable. Collaborative working on joint projects will allow better coordination of timely statements moving forwards.

Conclusions

The coming year will present new opportunities for DFNHS and myself, which I will take and develop. This will allow us to assess whether the planned collaborative working is both achieving more campaign goals, and giving us more time, with new members joining.

AT

08/10/25