



## Draft minutes of KONP Steering Committee special meeting 3 October 2007

### 1. Attendance

Present:

Wendy Savage (WS) (chair), Peter Fisher (PF), Peter Draper (PD), John Lister (JL), John Lipetz (JLip), Jacky Davis (JD), Harry Keen (HK)

Apologies:

Dot Gibson (DG), Dave Eastham (DE), Barrie Brown (BB), Paul Evans (PE), Chris Burns-Cox (CBC), Guy Collis (GC)

### 2. Minutes of 12 September

Referred to but not considered in detail.

### 3. Proceedings

Meeting called primarily to discuss statement of KONP position on government Review of the NHS (the Darzi reconfiguration proposals). Draft of that statement had been prepared by Jlip. Other points of discussion were brief KONP perspective on 2007 Wanless Report 'Our Future Health Secured' prepared by PD. There was brief preliminary discussion of proposed 3 November NHS march/demonstration/meeting. Uncertainty about its present status was expressed along with concern about lack of publicity and general awareness of occasion.

#### **(i) Darzi Review**

Draft commentary by Jlip was considered. Jlip warned against conflating Darzi's proposals on London NHS reconfiguration with his more general national proposals, the Interim Report on which was expected following day. Discussion followed on:

(a) general question of desirability of clinical downgrading of the many DGHs,  
(b) introduction of high tech centres for major and highly specialised procedures,  
(c) creation of new enhanced NHS primary care facilities with 'outpatient' therapeutic, diagnostic, preventative and public health roles in place of the existing network of 'independent' practices.

There was general agreement that, although there were dangers inherent in proposed reorganisation which could open way for further incursions by private sector, proposals contained number of ideas that deserved fuller consideration. Rapidly became apparent that principles supposedly underlying reorganisation, ie greater collaboration between primary and specialist care, facilitated movement of patients between services, new capital expenditures inherent in new build and

modification of old build, were incompatible with present, market-based funding structures currently imposed on NHS. Their introduction must not be used as excuse for further introduction of private finance or corporate control by commercial concerns with primarily profit making agenda and accountable to shareholders. It was very strongly felt and unanimously agreed that if any of desirable goals of Darzi London Plan and/or the National Plan were to be achieved, abolition of the market was essential with scrapping of wasteful and restrictive transactional bureaucracy which currently consumed so much time, effort and money. Acknowledging inherent risks of easier privatisation if primary care was bundled into large multiplex polyclinics, it was agreed that publicly accountable underlying financial structure was essential precondition if truly reintegrated and collaborative NHS was to emerge. So integral to success and security of Darzi reconfiguration plan is underlying funding structure that it was agreed that this should be accepted as central principle of any such reorganisation.

KONP response to Darzi should acknowledge need for change and potential value to healthcare of many of proposed new ideas but concluded that constitution and governance of refashioned NHS should ensure conciliation between need for setting of broad central policy and achieving maximum degree of devolution in democratic decision making. JLip agreed to modify Constitution section of document along lines discussed and JL to provide additional paragraph on incompatibility of Darzi and 'the market'. It was recognised that KONP response should take into account interim Darzi Report covering England as a whole. Final KONP statement should be kept short, deal separately with London and the nation and be placed on KONP website.

One page version of KONP position on NHS reconfiguration should be prepared, perhaps by Alex Nunns or PE with copies to MPs with simultaneous press release. Statement should also be sent to concerned groups in N America (National Health Programs) and Europe. PF and JD had existing contacts. Possibility of interesting Michael Moore, shortly to visit UK with Sicko, was raised with suggestion of a meeting built around him if he would agree.

#### **(ii) 2007 Wanless Report 'Our Future Health Secured'**

PD briefly presented his first thoughts on this 5 year follow up on original Wanless proposals. Although some advances had been made, Wanless was concerned that 'productivity' had not risen as much as it should. There was no clear definition of productivity and it was pointed out that many years of under-funding soaked up much of additional money coming into NHS. Growth of transactional apparatus, advertising, PR and, in large part, salary increases of substantial dimensions were responsible for much of increased inflow but no clear accountancy appeared to have been done on segmenting fate of increased income.

#### **4. KONP strategy**

Meeting ended with short discussion of KONP's financial situation and constraints that this laid on activities. The debt to Alex Nunns and PE (including financial for AN) and very substantial contribution in kind made via PE by NHS Support Federation was recognised. Fund-raising pressures intense for PE who was making efforts for both organisations. Letter to KONP supporting doctors is near completion and inserts for local papers have also been prepared.

**Next meeting:** Wednesday 14 November 2.00pm. DG to advise venue.