

HealthWatch

for science and integrity in healthcare



Registered Charity No 1003392

HealthWatch AGM 31st October 2018

- 1) **Present:** Alan Hennes, David Bender, Ken Bodman, David and Margaret Colquhoun, Richard Lansdowne, Susan Bewley, Anne Raikes, Keith and Jenny Isaacson, Colin Brewer, Sofia Hart, Jolene Galbreathe, John Kirwan, James May, Till Bruckner, Nick Ross, Edzard Ernst, Walli Bounds, Peter Wilmshurst, Barbara Welsby, Andrew Fulton, Roger Fiskin, Susan Pope (student prize winner), Abdul Badran (student prize winner), Edward Christopher (student prize winner).
- 2) **Apologies for absence:** Diana and Malcolm Brahams, Philippa Pigache, Neville Goodman, Les Rose.
- 3) **Minutes of the 2017 AGM** were approved; there were no matters arising.
- 4) **Chair's report** (Susan Bewley)

Welcome to this evening's AGM. I am indebted to James May – the latest in series of excellent Chairmen of HealthWatch - for demitting to me halfway through the year in March. Any omissions in this report or baton handover difficulties are mine! I am very grateful to all the Trustees, specifically David Bender, secretary, Anne Raikes treasurer, Alan Hennes membership secretary, Keith Isaacson vice-chair, Roger Fiskin, John Illman, John Kirwan, Tom Moberly, Les Rose, and Philippa Pigache, and the co-opted members Andrew Fulton and Jolene Galbraith and our student representative, Sofia Hart. I must also particularly thank Mandy Payne our Newsletter editor and Nick Ross, president.

This year has seen the fruits of HW's intentional change in strategic focus from 2016 to (1) improve communications, (2) focus on specific projects and (3) student outreach. We've aimed to pursue a defined range of ongoing projects, alongside improving our ability to respond quickly to consultations or issues picked up in journals or the media as a formal HealthWatch response. I was reflecting about my nearly 3 decades of involvement this beloved charity that is one of the guardians of the holy grail of evidence-based healthcare and how I always describe myself as 'the youth wing'. However, this year became official dinosaur status as I both picked up my free Transport of London bus pass and became the Chair.

Communications

The good news is that HealthWatch has entered the 21st century in terms of communications! Internally, the committee has undergone a number of innovations, mixing 2 face-to-face with 4 teleconference meetings and that is settling down. The website is greatly improved. Mandy Payne has been indefatigable in continuing to produce excellent online newsletters with such diverse topics as electronic patient records and prostate biopsy. We have reached 1385 separate threads on the HealthWatch Google group, a place of wonderful information sharing, discussions and networking. Twitter is an increasingly useful way of communicating what we are doing. As of today, HealthWatch has tweeted 1,632 times and has 842 followers. A decision has been made to investigate opening an Instagram account alongside our Facebook account. All this means speedier communications and being part of an influencing network. We keep in touch with many previous HW award winners. Who knows whether their careers were boosted by HW (it may be association, not cause), but we note that Ben Goldacre is now the Health Secretary's digital 'tsar' and just today Peter Wilmshurst was involved in a Daily Telegraph article about fraudulent work by stem cell researchers making trachea implants and the involvement of UCL and the Lancet.

Other examples of timely successes with media this year included getting three letters in major newspapers related to the 'so-called' scandal of older women missing a last invitation to breast screening, which provoked a lot of discussion about the risks and not just presumed benefits of screening. We were pleased to work with Deb Cohen, another previous award winner, on a Daily Telegraph investigative feature about the 6 million women Age-X trial. We have just heard about a provisional acceptance of a BMJ Analysis article on this, inspired by a conversation with Fiona Godlee, BMJ editor, at an AGM exactly two years ago. Les Rose and Roger Fiskin have been instrumental in keeping up and publishing in a long running dispute with BMJ Case Reports about a

misleading report on cucumerin that was uncritically discussed on Radio Four. Sadly, our complaints to the BBC about quality scientific reporting have gone unheeded.

Consultations

We have been more proactive in responding to consultations, and there are at least four consultations to which individuals and HealthWatch responded in 2018. In particular we must thank Roger Fiskén and Till Buckner. Hot off the press, just yesterday, the Science and Technology Committee of the UK's House of Commons issued a report calling on the government to launch a "*national audit programme of clinical trials transparency*" and impose sanctions on institutions and individuals who fail to register trials or report their results. The report cites Healthwatch and TranspariMED (a UK-based initiative that develops and promotes policy solutions to the problem of evidence distortion in medical research) and even reproduces the table on "options for auditing clinical trials" that we jointly submitted. It has already elicited a rapid positive response from the Health Research Authority about imposing sanctions. So this is very good news and we must keep an eye on further developments. But is it good to have participated in a joint submission and further collaborations may be a way to go in the future.

Several consultations are still awaiting final decisions. HealthWatch took part in Improvements to the Research Excellence Framework, undertaken by the four UK research funding bodies (Research England, the Higher Education Funding Council for Wales, the Scottish Funding Council and the Department for the Economy). The weight of our response was placed mainly on trial registration and trial reporting and we await issue their guidance in the first half of 2019. We also await publication of NHS England's response to their Consultation on Evidence-Based Interventions which will apparently be used to develop provider contracts for 2019/20 later this financial year. We don't know when a response will be forthcoming for the Professional Standards Authority consultations on refining their measures for overseeing various health regulators to which we submitted. There does not appear to be any involvement of the Human Fertilisation and Embryology Authority with the PSA or its processes, despite the obvious connection between the work of fertility clinics and other forms of medical care.

Specific projects

We have been more active in policy collaborations, and have used some of our research fund to support Dr Till Bruckner, of TranspariMED, who has done a project on Clinical trial transparency in the UK: Who gets to see what evidence? We have seen interesting and reassuring preliminary results about the Health Technology Assessment authorities and will be receiving a full report soon. Next year we hope he will be able to explore more about regulatory device processes to inform HealthWatch's strategy.

Les Rose has continued to pursue the CPR2 (Consumer Protection Regulation) project with Trading Standards. You'll recall that the Trading Standards Review journal had a problem seemingly because the results were perceived as critical of Trading Standards but several publications did ensue. Les Rose, Alan Henness and John Kirwan have been working on a conciliatory approach, and met officers at Camden Trading Standards in March, with a view to establishing a working partnership with HealthWatch. Camden TS provides the legal backstop to the Advertising Standards Authority, for non-compliant advertisers who do not respond to ASA sanctions. They were warm to the idea of HW providing free expert advice on health-related marketing claims. To reinforce this arrangement, we wanted to bring the ASA into the discussion, but they have been hostile to having any meeting with us. We are still working on this as we see that the problem lies with regulation working at individual Local Government level, thus failing to deal with national, international and multi-site businesses. Other work Les has been doing on reporting several bioresonance machines manufacturers and practitioners to UK and EU regulators can be followed in the newsletter.

An enormous amount of work goes into running the student prize competition, and I thank John Kirwan and Roger Fiskén for their continuing commitment to this (see separate report). Plans to involve students and expand membership have not progressed as well as hoped (see membership report) but we still recognise the vital importance of improving evidence-based teaching in medical and other healthcare schools, so that students have critical thinking skills, and pursuing projects in line with our aims, improve evidence based teaching, and maintain a long term commitment to our aims and objectives.

Last, but not least, a particular highlight was the public meeting on Debunking False Health News held earlier in October at Kings College with three excellent speakers; the GP/journalist Faye Kirkland, researchers Jens Koedmasden and Geoff Walton. We learned how and why false reports travel

further, wider and more rapidly than truthful ones due to our emotional responses and personality types – there is hope in teaching and although the audience was select, we must build the insights into future work. I thank Phillipa Pigache particularly for her hard work setting up lecture largely single handed. We will look to repeating a public event next year, and value any suggestions for future topics for debate and discussion, or for any volunteering to help with workshops.

In summary, it has been a positive year. Do look at the website, and join the Google group. There are financial resources to spend on projects in line with our aims, so do apply and particularly if you have ideas student groups can work on. It cheered me up to realize just how much has been done this year, and how the focus on strategy and systems within HealthWatch has paid dividends in terms of wider impact, though more needs to be done to draw in a rejuvenated membership of students and new doctors who are as passionate about evidence as we are.

5) Membership report (Alan Henness)

Subscription plan	subscription
Standing Order	104
Full-time student	80
Graduate	2
One year only	19
Lost Standing Orders - treated as donations	12
Complimentary	8
Life	6
Patron	5
Automatic annual renewal	7
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Total database entries	243
Total members	231
Total voting members	141
Total paying members	132

Date	Members
07 September 2017	219
24 September 2017	223
07 November 2017	225
16 January 2018	229
18 March 2018	243
15 May 2018	266
30 October 2018	231

6) Treasurer's report for the 12 months to May 31st 2018 (Anne Raikes)

The Balance Sheet and Statement of Financial Activities for the period 1st June 2017 to 31st May 2018 are available at the AGM. The complete Financial Statements will be provided on request.

In the year to 31st May 2018, Healthwatch's general (unrestricted) reserves rose by £2,573 to £21,995. Total running costs were £3,480 compared with £4,558 last year. Running costs last year were inflated by the higher costs of the AGM when we celebrated the life of John Garrow.

Members of the Committee continue to give their time and effort at no cost to HealthWatch. The level of subscription income of £3,841 was much the same as last year which, together with Gift Aid, now more than covers the cost and distribution of the Newsletter and costs associated with holding the AGM.

During the year only £876 (£1,024) was expended on the HealthWatch Student Prize. Once again,

the lower cost is very simply explained by there being fewer prizewinners. There remains £1,009 in this fund for this year. Healthwatch is very grateful to the Royal College of Physicians who have in the current year awarded £4,000 towards this annual student prize.

There remains a need to maintain Healthwatch's level of reserves, not only for the Newsletter but also in case of libel defence (insurance being impractical) and for future projects that the Committee would like to implement.

In February 2018, Till Bruckner was awarded a grant from the HealthWatch Research Fund for the project entitled *Clinical trial transparency in the UK: Who gets to see what evidence?* The Research fund stood at £39,773 as at the end of May 2018.

Healthwatch reserves, excluding the Student Prize Fund and the Healthwatch Research Fund, totalled £21,995 at end May 2018, the bulk of which is held in a COIF Charities Deposit Fund.

It was agreed to reappoint Lawrence Melineck as independent examiner of the accounts.

7) Election of officers and trustees (returned unopposed)

Chair:	Susan Bewley
Vice-Chair:	Keith Isaacson
Treasurer:	Anne Raikes
Secretary:	David Bender

Trustees:

Roger Fisker, Andrew Fulton, Alan Henness, John Illman, John Kirwan, James May, Tom Moberley, Philippa Pigache, Les Rose

8) Student Prize competition for critical analysis of clinical research protocols (John Kirwan)

To stimulate and support the interest of students in evidence based healthcare, HealthWatch runs the Student Prize competition. The aim of this competition is to test the research skills of (a) medical and dental students and (b) students of nursing, midwifery and professions allied to medicine. Students are asked to read four clinical trial protocols and rank them in order of quality, i.e. their ability to provide a reliable answer to the stated aims of the trial, and also their adherence to accepted standards of ethical behaviour as regards the obtaining of written, informed consent and consideration by a research ethics committee. Achieving this correctly earns a certificate.

Students also explain in less than 600 words their reasons for the ranking. They are asked to imagine they are a member of a research funding body, and explain why they would award a grant to the protocol that they rank first, as well as explaining the strengths and weaknesses of each of the protocols. Students are assessing the methodological quality of the protocol, not the desirability of the aim. For students achieving the correct rankings, these short essays are judged (by two HealthWatch Trustees) and competition winners agreed, based on mentioning up to 10 issues considered by HealthWatch as important, discussing wider implications and raising novel issues.

The highest score in a category is the winner (£500 prize) and runners up are identified if their score falls noticeably above the Gaussian distribution (£100 prize). (In 2018 the student Prize competition was devised and administered by David Bender, Roger Fisker and John Kirwan.)

This year we had 69 entries, mostly from medical and dental students, who came from 28 UK universities. It was good to see that 70% were awarded a certificate of merit. The prize winners were as follows:

Winner: nursing, midwifery and professions allied to medicine: Susan Pope, Greenwich University.

Winner: medical and dental: Abdul Badran, Cambridge University.

Runners up: Edward Christopher, Edinburgh University; Matthew O'Donnell, Queens University Belfast; Nicholas Heng, Dundee University.

We are pleased that the Royal College of Physicians has agreed to sponsor (and fund) the HealthWatch Student Prize for the next few years. We would like to see a larger number of students

entering our prize competition – please do encourage any you know. Finally, if you would like to try the competition yourself, just contact studentcoordinator@healthwatch-uk.org!

9) Presentation of the 2018 HealthWatch Award to Dr Sarah Wollaston MP: *“From GP to MP: How to Lose Friends But Try To Influence People”*

Sarah Wollaston is that rare politician: a scientifically literate and sceptical MP. She consistently uses her background as hospital doctor, GP and forensic examiner for the police, to bring a logical and dispassionate analysis to social problems and affairs of state.

Even more precious, she will change her mind in the face of new, sound evidence. Her track record includes advising on the ill-considered Saatchi Bill, supporting minimum-unit pricing for alcohol, chairing the government’s Health Select Committee, and defending patients’ confidential information. She has always maintained the highest level of personal integrity. HealthWatch applauds her.