

Minutes of the Derby Medical Society
10th February 2022
Lecture Theatre Medical School
Prof. Andrew Goddard
"We're going to need a bigger boat"

Apologies:

DMS President welcoming audience

Minutes of last meeting - available on DMS Website

DMS President introducing Speaker:

Prof. Andrew Goddard

President Royal College of Physicians

MD Cambridge University. Trained in Nottingham.

Appointed as a Consultant Physician and Gastroenterologist in Derby in 2001.

Clinical and research interests: bowel cancer screening, H. pylori, iron deficiency anaemia and inflammatory bowel disease.

Chair of the British Society of Gastroenterology - gastro duodenal section.

Director of the RCP's Medical Workforce Unit for 5 years. Appointed RCP registrar in 2014.

In 2018 - elected the 121st RCP president, the youngest for 400 years, first from the East Midlands.

Priorities as president: are **the 3 Ws**: workforce, wellbeing and worldwide.

Continues in clinical practice: on call at weekends, continuing in clinical research.

Golfer - past winner of the DMS Lindsey Cup.

Speaker:

The title derived from the phrase "**You're going to need a bigger boat**" **Roy Scheider's character Sheriff Brody ("Jaws")**, said to the captain when seeing a giant shark in the sea.

COVID - Omicron- Health inequalities - Climate change

Prof. Goddard remembered a meeting 2 years ago, when he thought COVID-19 might play an important part in his presidency - he has now realised that was an understatement. He feels lucky to be on the front row of the theatre in the biggest health challenge in the past 100 years.

He mentioned "the 4 horsemen": antimicrobial resistance; climate change; politics, which he never thought will truly arrive.

COVID-19 appeared in Wuhan's food market 2 years ago - one of the successes of these past 2 years was the medical research. We have been able to learn everything about a new disease, which is not going away.

Prof. Goddard presented the variant chart - we will get consecutive waves of variants.

The main concern now is a Delta mutation - likely much more aggressive.

Vaccines have now managed to flatten the mortality of Omicron.

Debated Question: Should we have gone into lockdown sooner?

Jeremy Farrar's book "Spike". Very well written. Prime Minister delayed both major lockdowns by 10 days

The **plan for UK** was: CONTAIN-DELAY-RESEARCH-MITIGATE

Prof. Goddard considers that isolation reduces the spread substantially; 80% of people had it and transmitted it asymptotically - we did not act on that information. That was a big mistake, as we could have saved 4 weeks of deaths from acting on that.

Initially the **face masks** were not recommended.

We know now that was the wrong answer. We have to accept that we don't know everything and that we make mistakes. There is nothing wrong about making mistakes.

Before we knew, COVID-19 had already destroyed our society. In some ways we mustn't be too hard on ourselves.

There was good evidence that we should shut down. Most experts in pandemics and viral pathogens say you always have to go down harder and earlier than you think you should because it's an exponential increase. It wasn't until we had multiple deaths and the cases were really going out of control.

We had a huge mortality in the first wave in the care homes. We have cleared out the hospitals in first wave but we didn't in the second wave.

We have forgotten that most people pick up COVID in the community. Yes there is nosocomial spread, care homes spread, on buses, in family homes and through children. This is hard to control.

There was not enough **PPE**.

At the beginning of the first wave there were 5 factories in China that supplied PPE all over the world, whilst in lockdown. Our way of supplying PPE doesn't work in a pandemic. Mr Hancock was in anger about PPE. He really cared about the NHS.

Prof. Andrew Goddard remembers colleagues who died due to the COVID, particularly Donal O'Donoghue - Renal Physician in Salford, was president of the Renal Association, he was the RCP's Registrar until his death from COVID on 3rd of January 2021. He personified what medicine is, and medicine has lost a brilliant person, an inspiration.

Before the vaccine became available we have seen a lot of colleagues and relatives dying, not so much after.

Health inequalities

In most deprived areas COVID has had a higher impact, its effects are worse the more deprived the area is.

Successes of the pandemic

The RECOVERY trial that showed that steroid work and Remdesivir works a bit.

When COVID started we all thought that this was more like the ARDS and we should keep patients dry. We have soon learned that was the wrong thing to do and we should keep them wet. We then learned about different risk factors for different age groups, ethnicities and different diseases (The Open safety study). So we could create the clinically vulnerable people and protect them. We made sure that we have easy testing and early treatments for people at risk.

The vaccines are a major success of the pandemic, much of that to PM's credit, and we led the world.

We may end up with a more polyvalent vaccine, that we will all going to get every year.

There is no doubt that many people who are not vaccinated end up in hospital.

Waiting game: when will widespread vaccination coverage be achieved? Vaccinating the rest of the world - this is one of the biggest challenges.

We will probably have more and more variants. We will probably need to boost every 6 months.

We cannot vaccinate into many of the countries due to supply fund, countries that do not give vaccines away.

We must try to make it possible.

During the pandemic one of the biggest clashes Prof. Goddard had publicly was with the Chair of BMA, Dr. Chaand Nagpaul. This was when Pfizer vaccine was first licensed, the booster to be given after 3 weeks. The government, under advice from JVT, Chris Whitty, spaced the vaccine doses at 12 weeks, from 3 weeks initially.

Cerebral sinus venous thrombosis associated with mortality - we quickly learned about it, we came up with effective treatment, shared the information. The NHS did not publish the guidance.

Testing: The test and trace failed because it was already late - it works very well with a small number of people.

Messages: The public want simple, consistent messages - we had vague, confusing messages from politicians in all parts of the country.

Going virtual - it worked during the pandemic, but we need to meet face to face.

Virtual consultations - we have to find the right balance.

The Nightingale Hospitals - 53 people treated in 4000 bay unit in London. No way to staff it.

An Assessment of preparedness and resilience of the public services at the start of the pandemic showed we were not ready.

Emergency admissions to hospital have increased greatly (>60%); the number of hospital beds has decreased by 25% and the length of stay has decreased by over 40%.

Trolley waits > 4hours from decision to admit to admission were getting worse well before the pandemic and have not improved.

Waiting time > 62 days for 2ww cancer GP referral is getting worse.

Waiting lists for consultant led elective treatment have increased, reaching 6 million.

Ageing population - the older the population the higher the morbidity. This is the biggest challenge for the society - it's happening very quickly and it is a global problem. Primary care needs to work in co-operation with secondary care.

The number of medical graduates has increased significantly from 2000 to 2019.

The number of doctors joining the Register has increased by 40% between 2013 and 2019.

The number of GPs per 100,000 population has fallen in a sustained way, most of doctors wanting to work less than full time.

Health inequalities - a societal problem. Wage, housing, pollution. UK government strategy is to reduce health inequality, not only a health problem.

Climate change

CO2 emissions have massively increased dramatically - not temporary; it stays for the eternity - we have to reduce it!

The global temperatures are raising, extremes are becoming more frequent - earthquakes, tsunamis, tropical storms, volcanic eruptions, floods and slides. If we reach 2 degrees, billions of people will migrate from very warm countries to Europe, we will be competing for land, food. We will lose further land because waters are raising, by thermal expansion, ice melting at an unbelievable rate, and because of erosion.

We need to change what we do, we need to make strong commitments and hold our politicians to these commitments.

Reflections on RCP President's time:

He will be remembered for:

- his contribution to the Pandemic
- new building for the College "The Spine" - an exam and education centre built during the Pandemic
- Assisted dying
- financial challenges he had to deal with
- weekly bulletins during the Pandemic
- the Royal College of Physicians is one of the most professional institutions.

Questions and answers:

1. What are your views on NHS vaccinations?

"Vaccinations are good, the evidence is overwhelming. The risk of myocarditis, for example is 6 times greater if you had COVID than if you had the vaccine".

2. In the article that Steve James wrote in the Spectator - it wasn't so much getting the vaccine that was important, but the demonstration of immunity either acquired through the vaccine or through natural immunity. Testing people who have not had the vaccine for antibodies or T-cell - what are your views on that?

"There is good evidence now that having previous infection gives about 40% immunity, the vaccines are better than that. If you had vaccines and after it infection - that is best of all. However you can get re-infected. Vaccines reduce cases, therefore reduce asymptomatic transmission. As healthcare worker you are protecting your patients. Now the mandatory vaccination is shifting to professional responsibilities".

3. Some employment conditions are that you are vaccinated and have antibodies against Hep B to protect patients. What is the differentiation between that, which everyone accept, and COVID vaccination?

"The difference is that you don't need many boosters of Hep B, but you need boosters of COVID vaccine. The Occupational Health guidance on blood born viruses is that is not mandatory".

4. NHS always seems to be asked to do more and more. Is that sustainable, do we have to stop doing certain things and what do you stop?

"We need to stop doing some things, we need to use preventative strategies; the waiting lists are a way of rationing. Data from Newcastle - they have a very poor, deprived population, high levels of risk of lung cancer, therefore you would expect large numbers on the 2ww referrals. But they have the smallest group of 2ww of cancer. It is necessary to prioritise the people who need it the most. That doesn't win votes - it is a political issue".

5. With regards to vaccinations: is it advisable to aspirate before administering the vaccine?

"Unfortunately I cannot answer this question, I have never been confronted with this, never thought about it".

DMS President thanking guest.

Next meeting: Thursday, 24th February 2022 - Prof. Nilesh Samani, Professor in Cardiology, Leicester University - "A Life in Cardiology and Research".