

Minutes of Derby Medical Society Meeting 20th November 2019

Derby Medical School Lecture Theatre

Apologies

Susie Hewitt
Alistair McCance
Roger Chapman
Ian Scott

Notices

Announcement of the death of Dr Peter Bavister, consultant anaesthetist.

£511 raised from the charity auction at the annual dinner with The Royal Medical Benevolent Fund as the recipient.

Elective bursary deadline fast approaching. Reminder to get the applications submitted.

Case and poster presentation evening submissions also open. Details on the website.

NHS Long term plan Professor Stephen Powis, National Medical Director

Speaker

Professor Powis the National Medical Director of NHS England NHS Innovation and Professor of Renal Medicine at University College London

He came to talk about the long term plan with the strategy over the next 5-10 years.

What does the national medical director do?

He manages NHSE which includes all the various chiefs (except nurses). He is responsible for all other HCPs including primary care, emergency care, professional leadership areas. He works closely with the national leads in the various domains.

He is also responsible for revalidation and professional standards. He commissions national clinical audits and also manages clinical policy. He was in developing the cardiac, respiratory and stroke policies. He also supports policy development in maternity, clean air etc.

Prof Powis also advises ministers, works with the Chief Medical Officer as well as PHE and HEE. He leads the medical workforce and people's plan whilst also looking at 4-hour A&E targets and antimicrobial strategy.

The current issues facing the NHS

NHS history was discussed including when it started.

He recommended reading 'The 5 giants'— this book discusses the origins of welfare state.

The effect of the NHS includes longer life expectancy which has led to increased multi-morbidity. Chronic conditions are now moving towards increasing complexity due to the impact of the NHS.

The increase in knowledge is now every 73 days compared to every 50 yrs when the NHS was set up. Over the last 70 years many developments have occurred including DNA structure, whole genome and MRI scans which have been transformational in how the NHS functions.

The NHS today sees 1million patients every 36 hrs, has a £123bn budget and there are 340m GP visits per year – just some of the figures in the NHS today.

Current challenges

- Ageing population
- Workforce with increasing vacancies and currently 100,000 vacancies
- Social care – severe financial and workforce pressures - how this is funded from social care or health budgets is closely inter-linked.
- Capital – backlog of improvements required.
- EU exit?

Despite pressures, the NHS is efficient, equitable and continues to improve. Waiting times are lower than they were a decade ago. Cancer survival is improving particularly breast cancer.

Health care system performance rankings

UK is ranked number 1 in care process, access, administrative efficiencies, equity, health care outcomes. US spends the most and the poorest outcomes.

When looking at the ‘how good is the NHS’ – it shows UK is performing well and looks at which health care outcomes require specific attention. These are specifically cancer, respiratory, CV disease and neonatal mortality.

There were some key findings within this report.

The NHS long-term plan

In June 2018, PM Teresa May announced a funding settlement which was significant because it had a funding increase which was back to its historic levels after a period of austerity to allow real term growth. Secondly its significant because it was a 5 year funding settlement rather than 1, 3 year funding settlement which tends to be the usual funding agreement.

The benefit of a 5 yr funding settlement is that it allows can planning to be done strategically. PM May asked that a plan to be made to look at how the money would be spent over the next 5 yrs. Last year, there was lots of work with various organisation and charities to discuss what the strategy would be. This plan was published in Jan 2019.

Aim to provide much more co-ordinated care in the following specific areas where the UK has been identified as falling behind other developed countries.

CANCER

Aim for 75% of all cancers to be diagnosed at an early stage which is the main reason we are behind other countries in detecting cancer.

Rapid diagnostic centres are being set up to allow this to happen.

We need to do better and the LTP aims for diagnosis within 28 days of referral.

CV PREVENTION

Aim to prevent 150,000 heart attacks strokes and cases of dementia over the next 10 yrs.

Reduce mortality by managing HTN, cholesterol, obesity, AF better.

Aim for improved rates of out of hospital cardiac arrest.

STROKE

In London and Manchester, these services were re-organised when taken to specialist centres and managed. Thrombectomy needs to be increased to improve outcomes.

RESPIRATORY

Need to diagnose earlier. Look at ensuring more pts have access to testing such as spiro, diagnose and treat resp problems earlier.

MATERNITY

Transformation programme looking at stillbirth and the LTP aims to halve rates by 2025.

Need to reduce smoking in pregnancy and also address health inequalities.

CHILDREN AND YOUNG PEOPLE

Need evidence-based programmes to look at managing this.

Asthma, epilepsy and diabetes are particular health concerns that are being addressed in LTP.

AGEING WELL

Aim to get more community based person centred and co-ordinated care.

MENTAL HEALTH

We need to do better and get it on parity with physical health. This included increasing the speed at which mental health is accessed and increasing mental health services for children to young adults.

PRIMARY CARE

Being asked to work at scale with PCN formation and share resources as well as knowledge by scaling up and bring workforce flexibility.

INTEGRATED CARE

Structure to get primary and secondary care to get joined up care.

The best and advanced health care systems are being applied in Frimley.

PREVENTION

Better than cure. Areas of intervention include tobacco, HTN, air pollution.

The LTP is aiming to reduce outpatient appoints by 30% to help reduce air pollution as the NHS responsible for 5% traffic in the UK on a daily basis.

DIGITAL

There is an expected revolution over the next 10 years and that genomics will transform healthcare.

NHS PEOPLE PLAN

There is recognition in the LTP that the NHS needs to invest in people and grow our workforce. Specifically, there needs to be a review of rotas and accommodation for junior doctors to ensure we look at a workforce which is skilled to do what it needs to do.

Prof Powis ended his talk with a quote from Bevan:

“We never shall have all we need. Expectation will always exceed capacity. In addition, the service must always be changing, growing and improving; it must always appear inadequate”

Questions were then taken from attendees.

Summary

Prof Powis gave a wide ranging talk about the potential positive impact of the long term plan. This includes looking at key areas for development encompassing both primary and secondary care.

The UK performs well internationally but there are key areas which are challenging how the NHS works and strategies are now in place to address these specific domains.

His main tip was to ‘Be Kind’.

Register

Members	19
Students	36