

Minutes of the Derby Medical Society, Thursday 6th March 2025
Derby Medical School Lecture Theatre

Talking the talk and walking the walk-how difficult will it be for the Government to deliver its promises to general practice?

Professor Kamila Hawthorne MBE; Chair RCGP Council

Apologies: None Received

Dr Sally Archer, President, welcomed everyone to this, the ninth meeting of the 2024-2025 season.

Minutes of previous meeting given by Dr McIntyre

Dr Archer introduced Professor Kamila Hawthorne. She qualified from Oxford University in 1984, completed her GP training in Nottingham in 1988 and has been a GP in South Wales for 24 years. She is Head of the Graduate Entry Medicine Programme at Swansea University. She is a past Vice Chair (Professional Development) at the RCGP and currently Chair of RCGP Council. Her research and clinical working interests have been in health inequalities and access to health services. She has been named 'GP of the Year' twice for her work with BAME communities and with patients, and was awarded an MBE in the Queen's New Year Honours List 2017 for services to General Practice.

Prof Hawthorne outlined what the new Secretary of State, Wes Streeting, has been saying about direction for Health policy of the new government: bring back the family doctor; a Neighbourhood Health Service; halve the difference in healthy life expectancy between rich and poor; Children's' Health Plan; Focus on Prevention; Solve social care. The three main themes are: a shift from secondary care to primary care; illness to prevention; analogue to digital. The nostalgic vision of the 'family doctor' as epitomised by the TV series Dr Finlay's Casebook is however that of a 20th Century GP and it is not realistic for how we should think of GPs in the 21st century.

How will the government make good its promise to 'Save the NHS'? The Darzi Report states '*the NHS is in a critical condition, but its vital signs are strong*'. The initiatives underway include public consultation, a 10 yr Health Plan (due late Spring), a spending review, review of LTWF Plan. There is a desire to shift power from NHSE to ICBs, providers and patients. ICBs will focus local commissioning and learn what their communities need to develop a new neighbourhood health service with the aim of keeping patients healthy and out of hospital.

In the outline of how the Government plans to achieve its goals there are some encouraging signs for GP's including progress on the 25/26 GP Contract. Prof Hawthorne expanded on some of the implications for general practice and acknowledged that these are the first 'baby steps' but promising signs that the Government does appear to be listening and prepared to shift money from secondary to primary care. However, at present the reality is far from the vision of health and care services focused on communities with only 7.4% of the NHS budget spent on primary care rather than hospitals even though the majority of NHS activity occurs in primary care. The reasons for this are complex. Nevertheless there is good evidence for

the value of spending in the primary care setting: for every £1 spent on primary care or community care it can increase local economic output by £14.

Prof Hawthorne highlighted how demand on the NHS far exceeds its capacity. GPs numbers are finally slowly rising but due to chronic underfunding, there are unemployed GPs despite needing thousands more to staff the service. The RCGP Tracking survey from 2022 of over 1200 GPs indicates the high levels of stress and risk of burnout with many GP's intending to retire or leave the service. The Health Foundation Report surveys over 9000 primary care physicians in 10 high income countries and reports that there is high pressure on GPs around the world with UK GP's under extreme stress. Furthermore many of the pressures will increase because of the inevitable challenges that come from eg an increasing ageing population, chronic disease management and widening health inequalities. However, Prof Hawthorne reminded everyone of the huge advances that continue to be made in medicine in areas such as Genomics, advances in medical technologies and AI, new drugs, new ways to manage common illnesses, new vaccinations etc. Some of the potentials of innovative new ways of using technologies are already being realised and she gave the example of Frimley Health and Care. The Government's 3 themes make sense but will require more than just reform. The RCGP document Fit for the Future has been updated and identifies key ways of supporting the development of general practice.

Prof Hawthorne concluded by reflecting on the RCGP General Election Manifesto that suggested seven steps to save general practice and safeguard our NHS and the realistic prospect that 4 of these could be achieved. It's essential that the current GPs are included and listened to as to what they want and do not want. As the Government works on the 10 year Health Plan she suggested way that the RCGP can 'help' the them. There is a need for change and 'If you always do what you always done, You always get what you always got.

There followed a lively question and answer session

23 members and guests signed the register.