

## **THE NHS “PAST, PRESENT AND FUTURE”**

A series of talks given by  
Mr Kenneth Appel, Dr Joshua Rabinowitz and Natalie Fitzpatrick  
At Manor View Practice  
Monday 25<sup>th</sup> June, 2018, 7pm

We were privileged to host three excellent speakers on 25<sup>th</sup> June, who described three very different and personal views of medicine and the NHS as it has evolved over the past 70 years.

### **(1) Mr Kenneth Appel**

Qualified as an optometrist in 1946, having studied at Northamptonshire University and Moorfields Hospital. He described how during the week his day would start at 8am and he would work and study through until 11pm!

We were told that before the NHS (7<sup>th</sup> July 1948) patients with money would be charged by the doctors and their fees would cover those who were too poor to pay. A lot of services were covered by volunteers. There were no Social Services so patients would be looked after by their families – remember often women stayed at home whilst the husbands went out to work.

Work at an optometrist was extremely valuable to the medical services because we must remember that at that time there were no CT scanners and most of the equipment we take for granted today had not yet been invented. In those days a lot of diagnoses were confirmed by looking into the back of the eye, at the retina where the clinicians could detect damage being done to arteries by high blood pressure, kidney disease, diabetes etc. Even end of life changes could be detected.

The good old days did not exist!

Just before the 7<sup>th</sup> July 1948 “start date” of the NHS, dentists and opticians found their waiting rooms empty. Patients were waiting for the day they could obtain their free set of dentures and 2 pair of glasses free. Even these prompted some complaints that “the wife can’t see out of my glasses” or “my free teeth are killing the wife”.

Mr Appel is a wonderfully sprightly gentleman, who still contributes to medicine via his involvement with the Brompton and Harefield Hospital. He is truly inspirational!

### **(2) Dr Joshua Rabinowitz**

Is a Doctor currently working at Watford General Hospital. He has completed 6 years of medical school and he is a F1 (Foundation Year 1) doctor, just finishing his first year at Watford. His time will be spent acquiring and expanding his experience via surgery, A&E, medicine and General Practices before he decides the direction his career will finally take. He is usually the first member of the team that the patient will see and his job is to collect information to feed back to the consultant, who will then decide on which course of treatment will be appropriate.

Joshua told us that when asked why he had chosen medicine as a career, he had little difficulty in admitting it was because he loves working with people and he believes the doctor/patient relationship is central to everything he does. He explained how he has been greatly influenced by Sir William Osler, a 19<sup>th</sup> Century doctor who established the Johns Hopkins School of Medicine in the USA. He used to teach his students “The good physician treats the disease, the great physician treats the patient who has the disease.”

Joshua then went on to explain that today’s consultants were trained in a very different manner to his own training. They would become ‘house officers’ (very junior doctors) at the bottom of a pyramid, at the top of which would be the consultant (boss of the firm). The consultant and his team would know all his patients and would follow them through their stay in hospital until discharge.

Today is very different. Doctors and consultants are forever covering for each other. Junior doctors may be given a “day off in lieu” so they can be called on to work a full weekend. Locums may be called in to cover for consultants running extra clinics set up to reduce waiting lists and it is rare for one doctor to see a patient through his hospital journey from beginning to end. Nurses are so busy ticking boxes there is little time to spend with the patient, let alone remember to take the required blood pressure. GPs are also under huge pressures, often asking “one problem per consultation” even though it may have taken two weeks to get that appointment.

Oh! he wondered. What would the great Dr Osler think of today’s medicine?

Well – let’s consider: Dr Osler may well have spent an hour consulting with each patient. The biggest killer was infection. He had a limited amount of medical/diagnostic equipment. There were few medicines – including antibiotics. Many patients died. Today, 150 years later, here at Watford Hospital things are very different. For example: we can diagnose with simple blood tests, see inside your body with various scanners, operate with the help of fiber-optics and successfully treat all manner of diseases from which there would have been no recovery. We have medicines, computers, equipment and skills that would have been unthinkable. We successfully treat many, many more patients.

To sum up the NHS today is under huge pressures, treating an ever-ageing population with many complex needs. There are huge difficulties with time, staff and accessing the right services. But we do the best we can. We treat more patients than ever and we are getting better outcomes. It is a great privilege to be a part of this great team.

extracted from a talk given by Dr Joshua Rabinowitz 25.6.18

### **(3) Natalie Fitzpatrick**

Trained as an epidemiologist and she works at the UCL Farr Institute of Health Informatics on the “About Me” genetic/genomic project. She has spent 25 years working in research and is very excited at the progress over the past ten years of technology and Artificial Intelligence (AI). She tries to encourage students (especially women) to enter the world of science and brings them into the Institute to show what great careers they can have.

She explained how today information and knowledge is shared, to the extent that even the offices are open plan. The interest is in being able to analyse the data on millions of patients, to the benefit of each individual patient who can then be looked after “from cradle to grave”.

Information is collected from many sources including – GP practices, Hospitals and data on diseases and mortality to identify patterns. Now genes are analysed and linked to data, but we are BEHIND other continents. In the US they are using gene sequencing and electronic health records. Treatments can be tailored to DNA.

Natalie explained that the Pharma model is broken – 95% of drugs fail on testing – so medications are expensive. Rare diseases are left behind. But the use of Genetics is at last improving this situation.

However, we must remember that without Pharma – THERE WOULD BE NO RESEARCH. They pay!!

Natalie works as Patient Engagement Lead with the “AboutMe” project which looks at the genetic basis of: Finding the disease/treating the disease/preventing the disease. This is a new approach within the NHS. Blood is donated and information is collected from your Health Care record. The results can be fed back to the patients – although unfortunately at present there are not enough genetic counsellors to provide support. Looking to the future, patients are being invited to help with all aspects of rolling out this new branch of medicine.

We know that previous projects have failed: Sharing data (Care.Data), NHS Digital, Linking data – everyone should have been informed, the processes were unclear, there was poor governance and poor information sharing.

The processes are still very complicated – such as the new GDPR and if you really don’t want your data used please ask about the National Data Opt Out. There is a 2-stage consent process (which needs to be simpler). You should always ask the ethical & legal questions: who holds my data? who uses my data?

BUT the digital infrastructure (super computers) are SAFE. And the PATIENT is central.

REMEMBER: SHARING DATA SAVES LIVES.

extracted from a talk given by Natalie Fitzpatrick 25.6.18

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Questions and comments from the audience included:

Q. “What are the panel’s expectations of the NHS in general?” At one time it was a safety net to stop you getting ill. Now everything is supposed to be curable. Doctors are at the beck and call of patients and Watford Hospital is like Kings Cross Station. How can anyone work like that?

A. (JR) People need to be more aware of the pressures that the NHS works under. Maybe if they are more aware they will become more understanding. There are no miracles. Today's NHS is not what it was conceived to be. We all do our best.

Q." Is the current model sustainable?"

A. (NF) No it isn't. The UK is behind in many things including diagnostics and new technologies.

- However, we do the best we can. Many patients live in a culture of "me" in the centre, they are impatient. We should all be grateful for what we do have.

(KA) Whatever we have, we should recognise the improvements that have been made. Look at the advances in medicine in the past 70 years.

Comment – At the start of the NHS GPs lost respect of the public. Before people paid or were charity cases. GPs status changed when they became employees of the NHS.

(KA) Whatever our status was, we always enjoyed working with patients. That's why we did what we did. Not for the status.

Comment – Ideally patients should take responsibility for looking after themselves (if they are not ill). There is an exponential growth in demand. We don't know how this is going to be met!