

PPG MEETING MINUTES – 6th November 2025

PRESENT

Dr M. Farrelly – Senior Practice Partner
Vernon Morgan – Chair
Nayib Ahmed – Practice Manager
Naym Ahmed – Representing Reception
Beverley Saunders
Daniel Kruyer
Anne Palmer
Caroline Crowley
Deborah Savage
Kit Chan
Angela Orphanou

Jerome Cotter
Angela Abeysinghe

APOLOGIES

Carol Taffinder – For NHS Network
Sally Unwin – Secretary
Samantha Melbye – For Ward Panel
Hugh Maloney
Mike Nulty
Misba Ahmed

The Chairman welcomed all members and commenced the meeting at 18:15hrs. He announced that several members were once again unable to attend this PPG, because of a diary clash with the Wapping & St Katherine's Ward Panel AGM. We will endeavour to ensure that this does not repeat next year by publishing our dates in advance.

The chair briefly suggested that the Chancellor's autumn budget scheduled for the 26th November 2025 is expected to impact our lives in a myriad of ways. This may be through new taxation levels, or changes in the qualification for means tested social care, changes to disability benefits, prescription fees, or tax changes to pensions. Alternatively, indirect taxation, may affect our patients, creating additional financial pressure for many families. There has been media speculation for months on the content of the Chancellor's Red Box, but until such time as we have definitive information on the new government reforms and how to access healthcare, there is very little guidance we can offer our patients at this stage.

Vernon also added that he hoped the recent press coverage was accurate. There had been a revolt by disability charities in recent days, regarding the chancellor's intention to withdraw tax benefits for severely disabled people. Those who qualify for Motability assistance, feared they would lose access to the scheme. The Chancellor's intention was to withdraw the existing concession on VAT fees on new vehicles. We understand the U-turn on these measures which would have made Motability vehicles unaffordable for most individuals, had been a reaction to a rebellion from her own backbench MP's and a number of high-profile charities. The Motability scheme is the only method of achieving independence for many disabled individuals who cannot consistently and reliably access public transport.

Apologies for absence were received from: Carol Taffinder – For the NHS Network, Misba Ahmed, Hugh Maloney, Mike Nulty, Samantha Melbye and Sally Unwin – PPG Secretary. The minutes from the PPG meeting held on 11th September 2025, were passed unopposed and will be publicly available on the practice website.

1. Wapping Group Practice Report.

Dr Farrelly opened the discussion with the practice report, confirming that there had been only one change to the practice staff, since our last meeting. We welcome a new Personal Assistant: - Mohammed Kamaly, who has joined the reception team, bringing that complement of reception staff to nine in number.

Telecoms, complaints and patients communicating with the practice:

The chairman stated that: nationally GP's have recorded the highest number of appointments on record, this summer, and this has not slowed over the autumn period. Some of this has been perpetuated by the delivery of winter flu vaccinations and an increase in seasonal illness with steep rises in new variants of COVID-19, Noro and rhinovirus. Thus, placing additional pressure on GP's to satisfy demand for appointments. The situation is relentless, which gives rise to patient frustration when appointments are not available when they are required. There is a renewed awareness for personal health and fitness from influencers on social media. Some of this is driven from those patients using health monitoring apps, smart watches and those making health enquiries by accessing Ai and Google searches. All these sources are creating a new awareness and from these stems a general hypothesis on patients perceived symptoms, thereby raising anxieties across the population. Many families are increasingly seeking mental health referrals for adolescent young people and a professional diagnosis for neurodivergence, ADHD and autism, to satisfy Dept of Work and Pensions benefit claims. All these additional demands on doctor's expertise places considerable pressure on the number of appointments available for release.

The number of complaints received regarding wait times for patients before their calls are answered has dropped markedly. The chairman said that he hoped that this was due to his encouragement of patients to use the call back service, rather than wait in the queue.

There was a short discussion on the triaging process, and some patients had reported feeling self-conscious or did not wish to fully disclose their symptoms, nor the reason for their appointment. We have raised this as a contentious subject in previous meetings. Dr Farrelly was clear in defending her patient assistants, who are instructed to triage the patient, in order to direct them to the correct type of healthcare practitioner. Using the analogy that a patient reporting concern over a mental health issue, may require a referral to a community healthcare provider, such as those at Mind or Age UK or a professional counselling service, rather than be seen by a GP. Likewise, if a patient has a post-operative follow-up from a hospital discharge, clip removal, or wound dressing changes, that should be a referral to the practice nurses and not to a GP, (although the patient will inevitably ask for a GP appointment.) The practice manager added that, it is imperative that his team seeks the full details of the patient's enquiry, to allocate the correct duration for the appointment, when managing the GP's diary. Some patients may require double appointments or occasionally even longer time frames to fully appraise the clinical condition in question. If the patients are not accurately triaged, the productivity of doctors and the diaries of other health workers within the practice would be detrimentally impacted.

The fact that patients have raised this as a genuine complaint, was recognised as a sensitive issue. Dr Farrelly acknowledged the importance of training for reception staff, from within the practice and in off-site professional NHS coaching courses.

We also discussed patient confidentiality in the waiting area and agreed that this could be challenging at times. The practice manager agreed to ensure that staff undertaking triaging on the telephones do so with sensitivity and with a view to recognising red flags and major sensibilities.

The chairman said that with the advance of social media, satisfaction surveys and online reviews now form a large a part of everyday business performance, he was keen to maintain the very high reputation the practice enjoys. He identified how quickly negative reviews can multiply, and he did not want to witness any escalation in poor feedback and recommended consistent monitoring of Google reviews and other online outlets by the practice manager. Where necessary, to respond swiftly if a dearth of negative reviews should promulgate.

The conversation recognised that general practice is changing and the delivery of appointments has also changed **with most patients now accepting that face to face appointments are not required for more than 50% of the time.** The geographic location, age demographic, and economic and social catchment of a practice have an impact on the operational functionality of many GP's and the services they offer. On average most patients have only 3-4 appointments with their GP per year, according to their overall fitness. Nationally, this rises to 5.8 appointments according to the demographic, age, and social make-up of the area. It is relevant that most patients only visit the practice according to need. Some patients with co-morbidities. Such as those requiring type 2 diabetes management, or, those patients with high cholesterol or high blood pressure, may require more regular monitoring. These are increasingly issues that can be self-administrated from home with back up from nurse practitioners, pharmacists or doctors monitoring these conditions by telephone, ensuring the levels remain within tolerance. This is a positive improvement. Modern technology allows our patients, (particularly those who are elderly or infirm and have to travel a distance) do not need to come to the surgery as regularly as they once did for simple tests. Favouring instead home testing with smart devices and low-cost monitors.

The issue of same-day care options was discussed, and it was emphasised that this is a national directive from NHS England, with the majority of surgeries releasing urgent on the day appointments when patients contact the practice at 08:00am.

Patients must telephone-in and verify with the reception staff that the issue requires an urgent appointment, and if a face-to-face consultation is required the patient will be seen that day by the duty-doctor. Patients cannot book urgent same day appointments via the NHS App because there is no method of triage or verification of the symptoms. Not all Same-Day options require a face-to-face appointment, and in some cases the GP may telephone to discuss the case instead, Where this is felt appropriate, the GP is still capable of assessing the condition and if necessary prescribing anti-biotics, or other medication, thereby sparing the patient the need to journey to the practice. This also reduces contagion or virus transfer protecting doctors, and other vulnerable patients or staff members from further illness. When a patient is extremely unwell and unable to get to the surgery, a domiciliary visit may be initiated. In the future, as part of the digital revolution, the government wishes to introduce video calling over Microsoft Teams, as part of a national roll-out. Making this another quick and simple method of accessing Same-Day care options. This service is not yet available at Wapping Practice.

The government and the NHS have implemented a new working directive that is outlined here: [The NHS Medium Term Planning Framework – Delivering Change Together \(2026/27 to 2028/29\)](#)

The Secretary of State for Health and Social Care, maintains it signals the end of the short term ‘just coping strategies’ that we are told has held the local NHS back for so long.

The chair stated that in his view, he was sceptical of more political rhetoric and sound bites. First we had a *Long-Term Plan* which was introduced in January 2019, following major demands from the NHS and a massive injection of capital by the Tories. This was in turn upgraded to: *The 10-year Reset-Plan* by Labour in July 2025. We now have this latest initiative entitled: *The Medium-Term Planning Framework*. What has happened to the millions of pounds spent by managers and quango organisations commissioned to develop these new strategies, only for them to be superseded within a few short months by alternatives. This latest plan has come about because of the major reorganisation of NHS England and the appointment of Sir James Mackey as chief executive. It bears his name and that of Wes Streeting on the master head.

Central to the broader reforms the government is delivering and continuing to focus on improving access to GP practices. This is critical to not only managing the wider system pressures but also rebuilding the public faith in the NHS. ICB’s must-ensure practices are delivering the 2025/26 GP Contract, including recent updates made on the 1st of October, 2025. These included improving and providing good access to appointments, whether by phone, online or walk-in consultations across all core hours. This update includes all patients knowing on the day how their request will be managed as well as increasing the number of people who can see their preferred healthcare professional, to minimise variations in service between GP practices. The government insists that patients deserve an improvement in GP Contracts, and a transformation for primary care. They maintain that these new directives have been agreed as part of their remuneration package and will therefore be delivered. It has been agreed that GP’s will provide additional capacity. This will be commissioned to meet demand, providing cover out of hours and over surge periods, including bank holidays and weekends. There will be support for primary care providers to deploy ambient voice technologies, and automated digital systems, ensuring the time freed up is used to ensure additional patient appointments. The ambition is to improve patient experience and give better access to general practice; some of which will be met by transferring responsibility to community pharmacies. Primary care doctors have voiced concern over these measures, and said that they have no idea where to identify this slack, talked of within their sector, or the staff to service longer hours at weekends and over bank holidays.

These rhetorical pledges sound like aspirations and political sloganeering to hoodwink patients into believing the government has fixed all the problems patients encounter in accessing healthcare services. It is naive in the extreme. Patients have encountered postponements and cancelled elective procedures for more than 15 years, and they are not blind to the realities of using the NHS and primary care in England. Any false promises or wild claims made by this government for political expediency will be met harshly by voters when there is no infrastructure to implement fundamental changes.

Winter Flu Vaccinations.

The chair said that the winter flu vaccination programme has been expanded to minimise viral spread in schools and colleges. The NHS initiative has been to start vaccinating earlier to widen the net to try to target more patients before the worst of the seasonal virus's spread. Specifically, targeting those in universities, colleges and school settings because these are considered highly contagious areas and in the case of children, the illness quickly spreads back to parents and is then taken into the workplace. The seasonal flu contagion is then a circular pattern of re-infection between education establishments, transferred to families and then into the wider work environment infecting more of the population. This is why the government has advertised for patients to take up the offer of vaccination of children, young people and adults and those in eligible groups to minimise risk and reduce hospital admissions in those most at risk and in vulnerable groups.

Reports on specialist healthcare services.

With the changes we have discussed already it is important that patients understand the concept of community healthcare and how they access the services. Increasingly we are returning to a programme where many specialist services that were delivered in the hospital framework of secondary care are now being transferred out into the community under the local authority.

In Tower Hamlets, community healthcare is coordinated by several key organizations, including the East London NHS Foundation Trust (ELFT), Barts Health NHS Trust, and Tower Hamlets Council, often in collaboration with voluntary sector partners like Age UK and Mind. A central resource for finding local services is [Tower Hamlets Connect](#).

Community healthcare services include public health initiatives like drop-in services. Free 15-minute health checks are available in community centres, or at local events, under the GP Care Group. For the community this provides:

- **Healthier, more informed residents.**
- **Less pressure on local health services**
- **Stronger community connections through shared health initiatives**

For the more reluctant patients who are not keen to visit their GP in a conventional appointment system this provides an opportunity to:

- Take charge of their health with expert guidance from healthcare assistants
- Learn simple ways to improve well-being, nutrition and exercise.
- Reduce the risk of preventable conditions.
- Self-manage BMI weight and blood pressure.
- Manage Type 2 diabetes risk scores.
- Undertake Smoking and alcohol risk scores.
- Receive Sign posting to support services.
- Politically, it provides an opportunity to identify issues before they become critical and costly.

Clinical services such as district nursing, physiotherapy, and occupational therapy, are all delivered by [Tower Hamlets Council](#) and the [East London NHS Foundation Trust](#). You can also find mental health support, including a 24-hour crisis line, and general well-being services through websites such as: [Tower Hamlets Connect](#).

The chairman added that patients are aware that many of these community health services, although promoted by Mayor Rahman as positive services he has introduced, are in fact funded from central government initiatives. These changes occur nationally across all Councils as part of NHS England and the work of the ICB's in reorganisation. The demand on these services is enormous, especially in boroughs with poverty levels above the national average. Tower Hamlets has the most diverse ethnic mix of nationalities of any Council in Britain and as a result this places a huge demand on social housing and community healthcare. These high levels of demand produce waiting times of 52 weeks or longer across certain sectors, particularly for patients wishing to access mental health practitioners. The target for all community medicine is for 92% of all patients to be seen under 18 weeks, but that target is simply unachievable within LBTH.

The following services are all delivered from within community healthcare:-

- District nursing: Support for patients in their own homes.
- Therapies: Services include physiotherapy, occupational therapy, and podiatry now fall under the local authority, and are free services if you can access them within a sensible timeframe.
- Specialist support:
 - Community heart failure service
 - Continence services
 - Community intermediate care and rapid response teams
 - Frailty assessment clinics, including social care, care-planning for elderly patients, planning elderly care, and dementia care. Advice on local authority care homes.
 - Community end of life and palliative care planning exist, but the pathways for access are limited.
- **Child health:** Various community-based services are available, such as health visiting and paediatric clinics. The library runs a number of infant workshops.

How to access services

- Contact a community navigator: Located in the Idea Stores, they can help you find and access health and wellbeing support.
- Visit [Tower Hamlets Connect](#). These sites provide a central point for finding health, social care, and community services in the borough.
- Referral through your GP: Many community services can be accessed by referral from your GP.

- **Mental health support:**

A 24-hour crisis line (0800 073 0003), mental health crisis cafés, and other services for severe symptoms. See LBTH website for links to online services:

[. https://www.towerhamlets.gov.uk/lgnl/health_social_care/Health-and-adult-social-care/Health-and-wellbeing/mental_health/mental_health.aspx](https://www.towerhamlets.gov.uk/lgnl/health_social_care/Health-and-adult-social-care/Health-and-wellbeing/mental_health/mental_health.aspx)

- **Health-related advice:**

Information and advice on services like quitting smoking, weight management, and other community support through resources are available on the main LBTH website:

- **Physical activity:**

A variety of free classes and organized sports are available, including outdoor classes, swimming, badminton, squash and netball. The council has committed money to repairing football pitches, and Wapping families should benefit from the Tideway Section 26 Notice that undertook the construction of football pitches on the super sewer site on King Edward Memorial Park. The site was due to complete and deliver the original Planning Application Agreement in 2020/21, after three years of construction. Work commenced in 2017 and its remains incomplete.

Plans are available online, but there has been some push back from Tideway on timings and the design of the new tennis courts and football pitches which were agreed as all-weather facilities, five- a-side and children's mini pitches as well as a number of full-size professional standard football pitches with changing facilities.

If you have an event such as luncheon clubs, or gatherings where groups may benefit from personal community health checks, please contact Tower Hamlets using the link below:

For enquiries or more information, please email: healthyworkplaces@towerhamlets.gov.uk
The PPG suggests following up on the email by telephone through the main switchboard as these generic public email addresses are not always well monitored. Request a named individual from the LBTH switchboard operators to follow-up.

The NHS is setting up an 'online hospital' entitled: – NHS Online – This is a significant reform to the way healthcare is delivered in England.

The innovative new model of care will not have a physical location, instead it promises to digitally connect patients to expert clinicians anywhere in England. The first patients will be able to use the service from 2027.

Patients are being told they can be seen faster, as teams triage them quickly through the NHS App and let them book in scans at times that suit them at Community Diagnostic Centres closer to home. When a patient has an appointment with their GP, they will have the option of being referred to the online hospital for their specialist care. They will then be able to book via the NHS App and have the ability to see specialists from around the country online, via a video link, without leaving their home or having to wait longer for a face-to-face appointment. The Chairman raised the point that there is already considerable push back on this scheme from the BMA, as doctors fear that online triaging will place patients in danger and issues will be missed and other complex conditions mis-diagnosed.

Initially the focus will be on a small number of planned treatment areas, concentrating on those with the longest waits. Over time this will be expanded to more areas of the country. The government has said that: "Connecting patients with specialists across the country means the same high-quality care available to everyone regardless of postcode, helping to reduce variation and inequalities. It will also help to spread out demand, with patients no longer held back by long local waiting lists." We are told that doctors will have new levels of flexibility, managing their time in a way that works better for them and their patients. NHS England and DHSC will work with clinical staff and their union representatives on how best to deliver this new model of care.

Sir Jim Mackey, NHS chief executive, said: “This is a huge step forward for the NHS and will deliver millions more appointments by the end of the decade, offering a real alternative for patients and more control over their own care. Patients who choose to receive their treatment through the online hospital will benefit from us industrialising the latest technology and innovations, while the increased capacity will help to cut demand and slash waiting times.”

The chairman warned of caution. He believed the scheme is political spin and will not change the delivery of care to patients. It follows a particular style of governance in which politicians and policy makers believe they can launch an initiative, the intention of which is not to improve services, but to make the electorate believe the government are fixing the national health service. It is true that the NHS can, must and will move forward to match other sectors in offering digital services, but the logic of making services ‘personalised, convenient, and flexible as possible for both staff and patients.’ is farcical. This reform suggests that there are doctors, and specialist consultants at various hospitals across the country with their feet up doing nothing. It also suggests that our MRI, ultrasound and CT scanners are lying idle. I know that this is untrue, because across London and at the RNOH the scanning department has run across extended hours, seven days a week to maximise the number of patients awaiting essential diagnostic scans, and even with these extended hours they cannot service demand or catch-up on the backlog.

The new 3T MRI scanners cost between £750,000.00 - £1M, each, depending on manufacturer, and associated installation and servicing costs. There are architectural and design considerations of how and where these scanners will be installed, and then the time in training staff to use them. We then require highly skilled radiographers, (assisted by Ai) to operate these machines and read these images for patients. The installation of scanners has to be planned years in advance. They do not just pop up in “Community Diagnostic Centres.”

Medical organisations and trade unions unite over ongoing hostility towards healthcare staff. Especially doctors and staff members perceived as from international backgrounds or ethnically distinct from the UK majority population.

The chairman reported that despite several national campaigns last year highlighting abuse of NHS employees in our hospitals and surgeries, the issue has escalated. Healthcare is at risk of being undermined as doctors and other healthcare staff face “*a sustained campaign of anti-migrant rhetoric*”. The BMA has joined seven other trade unions in demanding an end to the escalating use of hostile language against people from overseas living in the UK.

The statement, which has been backed by organisations including the Royal College of Nursing, the Society of Radiographers along with Unison, Unite and the Hospital Consultants and Specialists Association, calls on politicians and the media to end the spread of misinformation. The health and care sector in the UK has always been reliant on the commitment and expertise of its international workforce. Figures from NHS England show that in England, 776,000 workers – around a quarter of the total workforce of just over three million – are non-British nationals.

Many of our colleagues, especially those from international backgrounds or perceived as ethnically distinct from the majority population, are facing a sustained campaign of anti-

migrant rhetoric. Some Staff members are unsettled and concerned, with some directly experiencing hate and violence at work, particularly in A& E departments and GP surgeries.

The NHS will continue to implement zero tolerance to all forms of abuse.

2. Chairman's Report.

Artificial Intelligence in healthcare: Is this to be a partnership for better care; or is it all media hype?

The discussion opened by considering the impact of artificial intelligence and digital technologies in the advancement of medical care. Specifically, the current identifiable benefits to patients from Ai and language models. The chairman suggested that in his view it will be about managing expectation for this sector in the years ahead.

1. The Changing Landscape of Healthcare

The NHS and primary care are under strain. Patient assistants, reception teams, and front-of-house staff are stretched thin. Demand grows as people live longer with multiple chronic conditions.

Where does Ai fit? Can it make things better, or is it just another layer of complexity?

2. Staff Concerns & Industry Divide.

Not everyone is excited about Ai. Administrative and patient-facing staff often see automation as a threat. Meanwhile, surgeons enjoy extraordinary advances with using robotics and augmented reality to open the human anatomy in ways we could only dream of a decade ago. The development of this remarkable precision technology is undeniably transformative for clinicians undertaking complex medical procedures.

At the same time, the NHS is becoming more divided. Ancillary services are outsourced, and parts of the system edge toward privatisation. Ai is often presented as a panacea "it will shorten waiting times, read scans faster, detect disease earlier."

These promises are powerful, but often **false**. Most patients will still experience delays. Ai and the promises of digital improvements must be grounded in reality.

3. What Ai Is Doing Now?

Ai reads X-rays, mammograms, and retinal scans with accuracy rivalling specialists. Multiple-choice diagnostic systems suggest possible conditions without replacing clinical judgment.

Ai also supports administrative tasks, writing summaries, referral letters, coding consultations and software exists to assist GP's with completing a summary of a consultation with a patient and updating their medical record, saving valuable minutes per patient.

4. The Role of Clinicians & GPs

For clinicians, Ai's greatest gift is time. Ai can take on the repetitive, low-value work that drains hours every week. To assist with the endless form-filling, duplication, chasing. It can also enhance decision-making finding relevant research quick and accessible, flagging medication interactions, suggesting alternative pathways based on historic medical data. It's a clinical assistant, not a competitor.

5. Patients: Empowerment & Partnership

AI enables earlier diagnosis, faster triage, and proactive care. Wearables provide real-time feedback. *None of this works without trust.* Patients must know that all decisions remain human-led and are backed up by clinical oversight.

6. The Role of the GP: Still Essential, Still Human

It is understandable why some GPs feel threatened by AI. With talk of automated triage and digital prescribing assistants, it's easy to imagine the GP being squeezed out of the loop.

But here's the truth: **Ai cannot replace human care.** It can suggest, it can analyse, but it cannot understand the nuance of a conversation, the unspoken worry in a patient's eyes, or the intuition built from years of experience. Good GPs can read the unsaid. Ai cannot. We know that during the pandemic when face-to-face appointments were rare, cases of undetected domestic abuse rose exponentially.

If anything, Ai can help protect the GP's role by stripping away the administrative clutter that so often blocks the doctor-patient relationship. GPs will continue to be the interpreter, the empathiser, the person who makes the diagnosis. It is just that their decision making is assisted by easily accessible meaningful medical data.

In short: Ai can handle the information, but only humans can handle the emotion.

7. Challenges, Politics, and Cost

We must also face the broader challenges honestly. Data privacy, bias, accountability, all matter deeply. Equally, we must recognise that Ai is now part of the political theatre of healthcare.

Ai is held up as the solution to systemic problems, workforce shortages, waiting lists, resource gaps, problems that are fundamentally human and structural, not purely technological.

Ai can help. But it cannot paper over the cracks of underfunding or poor policy. It cannot replace empathy, nor should it be used as a distraction from the need to invest in people.

Cost considerations: - Even when the media claims: "Ai can read hundreds of mammogram images without stopping", a human must initiate it, oversee it, validate the output.

Ai costs between: £5 –7.50 per-scan; once operational, Ai can read as fast as the data can be interpreted without any requirement for resting or bathroom breaks. An advantage in productivity and a cost saving.

A human radiographer: cost approx £27 per 15-min scan. At a rate of between 4-6 scans per hour. The human can only work for a limited period without interruption from designated breaks and meals. In the short term the two will compliment each other. **Ai improves work flow.**

Licensing and integration fees can be between £8,000 – £44,000, depending on the complexity of the reader, plus annual maintenance. There will be productivity gains through

time and human labour saved, freeing staff for patient care. However, the development of technology has come at huge cost, and the tech companies need to recover that cost in the form of licensing software.

Integration challenges: - Staff training, workflow redesign, space for new equipment. Executives within the NHS will be fearful of committing to a technology that has high risks of obsolescence within months, due to rapid technological advancement. Realistic planning and expectation management is essential for success and the partnership of Ai in healthcare.

8. A Human Future Enhanced by Ai

Used wisely, Ai transforms care: reducing burnout, improving accuracy, and increasing efficiency. It is a servant, not a saviour. It empowers professionals, allowing humans to deliver the empathy and judgment machines cannot.

We will look back in 5 years and recognise Ai as another turning point in delivering clinical care. As a technology, it is suited to implementation and improvement in healthcare. Providing the cost to benefit ratio can be maintained successfully it will have a place in delivering care alongside humans.

3. Information for patients.

Resident doctors have set a strike date from 7:00am on 14th- 19th November 2025.

****The issue of pay and pension contributions for doctors is a complex one and the chairman has tried to offer an explanation here, because the disruption to patients over the winter may be significant.***

He felt that in order to support any action the unions take, patients should have a better understanding of the plight of our junior doctors (Resident doctors) our hospital consultants and the doctors working in primary care. Inevitably, the broadcast media will focus on sensational headlines and the ensuing hospital disruption, will distract from the reality of negotiations on pay.

It is highly unlikely that a strike will be averted because the two sides are miles apart with the resident doctors seeking a 29% pay deal on top of the 22% agreed last summer. The Health Secretary has offered 5.4% with some restoration on training. This will impact on our patients, on hospital appointments and lead to cancellations.

The BMA has announced doctors will stage a full walk out across the industry, while urging health secretary Wes Streeting to avert the action by returning to the negotiating table.

The announcement comes after resident doctor's leaders met with the health secretary on 13th October to find a way forward on addressing pay erosion and job shortages.

A recent BMA survey of 4,401 resident doctors reveals 34 per cent of respondents say they have been unable to secure substantive employment or regular locum work. The [British Medical Association \(BMA\)](#) is pushing for a further 29% pay increase, or a flat rate increase of £4 per hour, to address [pay erosion](#) and bring their pay in line with its 2008 value.

The dispute is also concerned with non-pay issues, such as the availability of specialty training places.

The UK Government position: The government will not be held to ransom by striking doctors, Health Secretary Wes Streeting has said. Streeting told the BBC at the end of October there was a deal available to increase the number of speciality training places and provide support for things like exam fees. But he said: "I can't do that if I'm spending a quarter-of-a-billion pounds meeting the costs of strikes."

In an interview with the BBC, Streeting said the strike action had "little to no public support" and would be "inflicting more harm and delays to patients". He added that the deal, which does not include negotiating on pay rises, remained on the table.

But he told the programme: "What we will not do, however, is be held to ransom and what I will not do is allow the costs of strikes to be inflicted on other NHS staff who are working constructively with us, or on patients in terms of the services that they receive."

This strike is the 13th in these pay disputes since March 2023. It is expected to cause significant disruption across hospitals, and it is understandable that the population will feel aggrieved. Many patients have not caught up on treatment that was postponed or cancelled during previous pay review disruptions.

Hospital Consultants are also considering strike action.

They are seeking:

Pay restoration: Consultants are asking for pay to be restored to 2008 levels, which is a 27% increase in real terms, with a significant take-home pay cut of 35% when inflation, tax, and pension contributions are factored in.

The Explanation: Pay restored to 2008 levels, which is a 27% increase in real terms. The [British Medical Association \(BMA\)](#) argues that years of sub-inflationary pay awards have led to a substantial decrease in the value of their gross pay. To bring the purchasing power of current salaries in line with what they were in 2008/09, an average real-terms increase of approximately 27% is needed. This figure accounts for cumulative inflation (often using the higher Retail Price Index (RPI), which includes housing costs) over the period. The consultants are not asking for a 27% "pay rise" in addition to current pay, but rather a one-off adjustment to reverse the cumulative pay cut they have experienced relative to inflation since 2008.

In real terms the consultants argue their wages have suffered a significant take-home pay cut of 35% when inflation, tax, and pension contributions are factored in": The actual impact on a consultant's personal finances is worse than the 27% gross pay erosion due to the UK's progressive tax system and new pension arrangements.

Progressive Taxation: As nominal (cash) salaries have risen only slightly over the years (below inflation), more of that income falls into higher tax brackets due to "fiscal drag", where tax thresholds do not keep pace with inflation. This means a larger proportion of their income is lost to tax.

Pension Contributions: Consultants contribute a significant percentage of their salary to the NHS pension scheme. Similar to tax, as their nominal pay has moved up the pay scale, their pension contribution rate has also increased, further reducing their take-home pay.

Overall Effect: When these deductions are considered alongside the rising cost of living, the *net* or take-home pay has been disproportionately affected, resulting in an estimated actual reduction in living standards and take-home pay of nearly 35% since 2008/09.

In summary, the 27% figure represents the increase required to restore the *gross* pay's value, while the 35% cut is the *net* impact on a consultant's personal finances after all deductions and inflation are applied. The discrepancy highlights how senior doctors have seen a significant decline in their actual financial well-being over more than a decade, leading to dissatisfaction and the consideration of industrial action.

Pension improvements: The consultants are seeking the right to partial retirement, allowing them to take their pension without their employer's permission and ensure that additional pensionable hours count towards their pension. This negates a punitive system of draw down currently in place that requires an agreement with the employer and encourages the doctor to continue working in the NHS, after partial retirement.

In summary, while an employer agreement for the initial contractual change is still necessary, recent reforms have removed the most restrictive elements, making it easier for consultants to partially retire, continue working, and build further pension benefits (in the 2015 Scheme) without facing the previous financial penalties or rigid restrictions.

(Dr Farrelly added that not all doctors and consultants are on the same contracts, some date back to 1995, 2008, and the most recent – 2015 agreement. All active members of the legacy 1995/2008 scheme were moved into the new, reformed 2015 Scheme from April 1, 2015, except for some members who had age-based protection arrangements allowing them to remain in the legacy scheme for a transitional period.)

Reforms to the pay review process:

The doctors are also calling for reforms to the Doctors' and Dentists' Remuneration Body (DDRB) to ensure it provides timely recommendations for pay increases that reflect the value of their work.

This is a complex area and if the public are to be supportive of any strike action it is important that the media report the issue correctly. Doctors are not seeking a 27% pay rise, they are seeking a revaluation thereby restoring their take-home pay, to incorporate inflationary, tax and pension rises that have impacted that pay in the 13 years since 2008.

Immediate Attention Required on UK Hospice Funding Crisis.

Hospice Care in the UK Faces Imminent Collapse: Urgent Action Needed

The UK hospice sector is facing an unprecedented crisis. Chronic underfunding, declining NHS contributions, and increasing reliance on charitable donations have pushed hospices to the brink, putting end-of-life care for thousands of patients at serious risk.

Hospices provide essential, holistic care for patients approaching the end of life, offering symptom control, emotional support, and dignity. Yet, with NHS funding stagnating and charities struggling to bridge the gap, every hospice bed lost shifts patients into already overcrowded hospitals. This not only increases NHS costs by two to three times but also fails to deliver the quality of care that patients deserve.

“Every decision to delay or underfund hospice care condemns patients to dying in hospital beds, rather than hospice beds, where they could receive comfort, dignity, and expert care,”. “This is not just a funding gap; it is a failure of our moral and civic responsibility.”

Hospices are a cost-effective solution. Investment in hospices reduces emergency admissions, frees up acute hospital beds, and improves patient outcomes. Every £1 spent on hospice care returns multiple pounds in reduced hospital costs. Despite this, current policy continues to treat hospices as optional, charity-based services.

Key Recommendations:

1. Treat hospices as core NHS partners, embedded in service planning.
2. Secure multi-year, stable funding agreements.
3. Invest in the hospice workforce to ensure skilled staff retention.
4. Integrate hospices into community care pathways.
5. Use data to drive policy and funding decisions.

The hospice sector is at a crossroads. Immediate action is required to prevent unnecessary suffering, preserve dignity for patients, and relieve strain on hospitals.

Death Certificate Reforms.

The chair reported that he had received a response from the government in reply to the letter he wrote from the PPG raising our concerns on the recent reforms to the UK death certification process. Specifically, those negative experiences felt by Anne when she was forced to deal with the Medical Examiner over the death of her husband.

In the circumstances of having posed a series of specific questions that required a targeted response, the Department of Health and Social Care administrators have chosen to dismiss and ignore all our questions, offering only a generic dismissive response on the new measures implemented. Both Anne and Vernon agree, they believe the departmental

response curt and insensitive, and considered it wholly unacceptable in the circumstances of the subject matter. We will however follow up the complaint and report back with any updates.

Covid Update.

Flu and COVID-19 vaccines were launched to help 'winter-proof' those most vulnerable and protect the NHS amid new variants circulating this year.

Vaccination teams are active across England, working to protect millions most at risk of getting seriously ill this winter. The NHS wants to build immunity ahead of December and January, when hospitalisations for respiratory viruses typically rise.

It comes as data shows early signs of an increase in flu cases, and an increase in COVID-19 cases, particularly with a spread in universities and colleges as students returned to halls. These have been steadily increasing for some weeks, with hospitalisations increasing by 60%. The increase follows the emergence of the XFG variant in May. UKHSA has also reported a 50% increase in rhinovirus, which causes the common cold.

There has been a spike in flu cases over winter in the southern hemisphere in Australia and New Zealand. Historically when this has occurred in previous years, the UK usually suffers a similar rise in cases, during our winter season. The NHS is taking an even stronger approach to this seasonally busy period, with 2025 forecast to be the busiest on record for A&E and ambulance services.

Regional teams across the country are working to make it as easy as possible for people to receive their vaccines – like hosting mobile vaccination buses to deliver vaccines closer to home, running family drop-in sessions in the community, and first the first time ever delivering flu vaccines to two- and three-year-olds in some community pharmacies.

The NHS National Booking System opened for all eligible individuals to book their winter flu and COVID-19 vaccinations, with appointments ending 31st January 2026.

<https://digital.nhs.uk/services/vaccinations-national-booking-service>

4. PPG Report from members / Community news.

Unfortunately, Sam and Sally were unable to attend the PPG meeting. The chair read a short statement prepared on behalf of the Ward Panel that related to community improvements.

Royal Mint Court Planning Application.

For those residents who have kept a close eye on the long-anticipated final decision from the public enquiry concerning the proposed construction of a new Chinese Embassy on Royal Mint Court site at Tower Hill. We were due a decision from the government on 21st October, however, Angela Rayner's dismissal and the alleged security breaches concerning two special parliamentary advisors further complicated the matter and drew unwanted scrutiny on the Prime Minister.

In a further act of procrastination, the government has now deferred the decision on the Application until December 10th, much to the annoyance of the Chinese who were expecting the rubber stamp much earlier in the year. The matter has now become hotly contentious with the recent collapse of the High Court case involving government officials allegedly selling secrets to the Chinese state. Both MI5 and other security sources have raised concerns that sensitive fibre optic cables, which are a major source of national data transfer, run very close to, or potentially beneath, the proposed site for the proposed Chinese embassy at Royal Mint Court. These cables carry sensitive data traffic in and out of the City, to Canary Wharf. Many MPs are now calling for the Application to be rejected on grounds of national security. There is considerable evidence to suggest that China is at the centre of cyber security attacks, data leaks, hacking and assaults on this nation's security.

The issue remains delicate as the government has entered into secret deals with Beijing surrounding a £600 million investment by the Chinese to assist the government in building a UK Embassy in Beijing, and the chancellor gave undertakings on trade that are so far unpublished, but it is believed were conditional on the Application passing successfully.

The PPG chair had previously stated that the details of the Section 26 Notice have not been publicly disclosed but the PRC has disclosed via Kings Counsel that Tower Hamlets Council will receive substantial reparations for local infrastructure, and the scheme will bolster employment opportunities associated with the construction of an embassy at the site. You will remember Tower Hamlets Planning Committee rejected the Application before it was sent to a public enquiry. The Planning Inspectorate delivered her verdict to the Prime Minister earlier in the year. Although we believe she found no substantive legal objections against the Application.

Steve Reed MP and Minister for Housing, Communities and Local Government (MHCLG), will now report for the government before the parliamentary recess on Thursday, 18th December.

We know that President Trump warned of his opposition to the construction of an embassy on this site, and this was endorsed by America's Intelligence and Security Department. A senior U.S. official expressed deep concern that approving such a facility might grant China access to sensitive communications for one of America's closest allies. [CSIS](#). This was also before BBC employees on the *Panorama* programme thought it credible to edit audio of the President of the United States, to alter his words and make him sound as if he were inciting violence in the assault on the Capitol in January 2021. In an unprecedented act of defence, President Trump's lawyers have sought an apology, and threatened to file a defamation claim against the British Broadcasting Corporation for \$1 billion USD in damages. Sir Keir Starmer should act swiftly to demonstrate the importance of our alliance with the United States of America and make clear that parliament utterly condones the actions of these rogue journalists.

Sainsbury's Supermarket

The chair reported that he had finally received a response from the CEO's office, having opened correspondence on the 10th July. Although sympathetic to our claims as stakeholders

they have refused a meeting, citing that they are doing everything to support their staff and customers against anti-social behaviour. They have told us that they will be upgrading their CCTV cameras and briefing management and staff on company policy regarding engagement with criminals. The reply was designed to be short and non-committal in content. I felt it disappointing that an organisation such as Sainsburys would not acknowledge the genuine fears of residents. I tried to instigate a collective meeting with the Ward Panel, Police, Councillors and PPG representatives, but it was declined.

Organisations such as this do not wish to acknowledge any form of liability. They wish to mitigate against all forms of accountability and indemnify against claims. Some of the limited engagement is prompted by their insurers, who would prefer they do not permit staff members to offer opinion on any matters that could become subjects of a litigious claim. Particularly if, later, they are subject to employee or public liability claims arising from criminal theft on their premises.

On a positive note, in recent weeks the number of thefts has declined to almost nil, and we can only hope that the organised crime syndicate have been influenced by the Police presence. We welcome the new security measures have meant the thieves have moved to alternative locations away from Wapping. Sainsburys has also acted on our engagement by constructing better instore protection for their staff behind substantial security screens at the cashier's desk.

Community Crime Records.

The number of crimes recorded by the Metropolitan Police in our area for August was 186, including crimes of antisocial behaviour. The total figure for September was 149 cases. This is an excellent reduction from the escalating figures we had to deal with from the spring and summer months. It is difficult to know precisely how the police were recording the thefts from the supermarkets, both on Wapping Lane and at Waitrose in the west. The online map for our area does contain an index of crime definitions, and a log of how the total is broken down, but it does not give sufficient detail.

Understandably a number of patients had studied the figures on the Met Police website and as they are able to identify crime numbers for individual streets in detail, some patients had expressed a level of anxiety that was not otherwise present. As a result, the PPG chairman had a long discussion with a senior officer at the Metropolitan Police about publishing data online that is not clear or helpful. A proportion of cases (99) for September were directly attributable to the inner – Wapping area as we refer to it on the map, and a further 45 cases logged towards Waitrose at Vaughan Way, and the remaining 5 cases logged in the east, Limehouse area of the ward. The presence of the Uber Bikes at Waitrose has also caused ASB issues with residents and pedestrians. Although Waitrose recognises that a designated Uber parking/collection area is required, it will necessitate a major change in the infrastructure to accommodate a successful outcome.

The Police acknowledge that in terms of sexual or violent offences, tagging locations on named streets where the crimes have been recorded, can give rise to anxiety from residents. Specifically, when these figures are consistently elevated in numbers or are associated with green spaces or areas perceived as safe.

The Officer was also in agreement that without more data on the type of crime the figures relate to, the data could be inaccurate and misrepresentative of the truth. She also advised in terms of cases of anti-social behaviour, domestic abuse and robbery. If a member of the public telephones the police to report a crime, it is recorded, whether evidentially investigated or not. In terms of domestic abuse, domestic violence or stalking, this can cause the figures to be incorrect. Especially if false or vexatious accusations are made. I note that the Police have re-quantified theft and robbery offences, differentiating those that are recorded as shoplifting and those that involve thefts of property such as cycles or personal items such as vehicles or mobile phones. We agreed to review the figures over the next 6 months to appraise a spike in certain designations. The officer has also made a note to ask the IT department for a method of investigating the totals more thoroughly, thereby establishing low level crime from serious assault, and sexual crimes.

We welcome the full complement of police officers in our locality and their community engagement, in forming the local Police Safer Neighbourhood Team (SNT's) who work closely with members of the Ward Panel to combat and minimise crime in our area.

<https://www.police.uk/your-area/metropolitan-police-service/st-katharines-and-wapping/?tab=CrimeMap>

Although we have suffered a sudden escalation in community crime in recent months, particularly with the rise in drug dealing and drug abuse on our streets. This is a daylight crime that has upset many residents and raised understandable concerns with teachers and parents across our many schools. Although troubling, we must remember that Wapping and St Katherine's is largely considered to have a low crime rate; generally lower than the London average. With safety perception good, and residents believe it a secure and safe area to live. It is with the dedication of our stakeholders, community groups and residents that we are maintaining relatively low levels of crime. It has been said many times before, but it is so important to report any incidence of crime to deter criminals from the area.

Use this link to record a crime online:

<https://www.met.police.uk/ro/report/ocr/af/how-to-report-a-crime/>

Always Call 999 In emergency situations like these:

- If there is an immediate danger to life.
- If someone is using violence or is threatening to be violent.
- If a crime is happening right now, like a house burglary or a theft.
- If the suspect is still at the scene of the crime.

5. Any Other Business:

National GP's Premises Survey: results published on suitability.

It is no secret that the partners at Wapping Practice have been looking for new premises for some time without success. That is not to say that we are not constantly involved in looking at viable premises and investigating the possibilities. Unfortunately, the structure of estate

management within the NHS is complex, and even when a suitable building is put forward there are many hoops through which one must jump before success is guaranteed.

The BMA's 2025 GP Premises Survey - conducted between 13 June and 18 August 2025, gathered insights from almost 2,000 GPs and Practice Managers, representing nearly one-third of General Practices in England and all Integrated Care Boards (ICBs). The results reveal widespread concern about the condition, capacity, and sustainability of GP premises across the country.

As we have heard earlier the government's Medium Term Planning Framework and the 10-year Health Plan, rely on delivering patient care closer to home through neighbourhood health, these can only be achieved with an urgent and substantial investment into GP premises.

- Many practices face critical infrastructure challenges to maintain caring for their patients in a safe, accessible, specialist facility.
- Staff welfare and training are hindered by inadequate facilities.
- Integration of additional workforce employees, including Primary Care Network (PCN) staff is limited by space constraints. Likewise, the expansion of practices to provide specialist healthcare services, such as podiatry, physiotherapy, specialist abuse clinics etc.
- Service charge disputes with NHS Property Services (NHSPS) and Community Health Partnerships (CHP) are putting practices at risk of closure.

The Chairman was keen to offer caution and warn against false claims. Some patients had seen a post online made by Labour Councillor Ullah on his WhatsApp social media platform concerning our move to new premises, these are unverified and false. This is just political expediency on his part, to make it look as if he is at the centre of community negotiations in securing suitable premises for a new healthcare centre, The chairman reported that he had requested he delete his posts, which contrary to his word, he has not done because he believes it a positive residents story that will attract publicity for the May elections. Never mind there is not a shred of truth in its validity.

We know that practices need support to unlock space and digitise records. NHS England should fund the removal of paper notes from GP premises and reimburse practices that have already paid for digitisation or off-site storage of patient's medical notes.

Many practices such as our own need to resolve historic service charge disputes and explore alternative ownership models for premises held by Department of Health and Social Care (DHSC) owned companies, NHS Property Services (NHSPS) and Community Health Partnerships (CHP). These contracts are expensive, to maintain and are holding back these practices from developing better business models.

The survey results uncovered statistically high results that over 80% of those surveyed believed their premises unsuitable for present and future needs of their patients. 74% of respondents do not have enough space to provide training for new GPs.

Almost all GP's reported being incorrectly billed for tenant and service charges by NHS Properties, or Community Health Partners. Tenants highlight a stark difference between buildings managed by these landlords.

Doctors in NHSPS buildings also reported major unresolved issues relating to tenancy payments

Wapping Group Practice is also not immune to a shortage of space and although we have reported previously that there are currently plans to utilise some of the patients waiting room area, this is a far from an ideal situation with our patient numbers growing we need more space for treatment rooms, consulting, and administration.

Tower Hamlets launch Family Hub.

Tower Hamlets Council has launched its new Early Help Strategy 2025-2028, setting out its plans to make support easier for babies, children, young people and families across the borough. This new strategy builds upon recent milestones, including the successful launch of four Family Hubs and the insourcing of the Baby Feeding and Wellbeing Service.

It also follows Ofsted's "Outstanding" rating for children's services in the borough earlier this year, which recognised Early Help as a particular strength in Tower Hamlets.

Early Help is not just a single service – it covers a whole range of support for families and children across different areas of their lives. Our Family Hubs provide trusted spaces where families can find both universal support and targeted help.

Over the next three years, the strategy will focus on six priorities, from supporting parents in the first 1,001 days of a child's life, to strengthening community networks and investing in a skilled workforce.

The council launched its first Early Help strategy at its Meath Gardens site off Roman Road, bringing together families, community partners, council staff and local leaders.

Read full details of the scheme here: www.towerhamlets.gov.uk/earlyhelpstrategy

After a reorganisation and improvement all TH Community health services are now also located within the four Family Hubs centres. Additionally, in June 2023, the baby feeding and well-being service was brought in house, allowing us to provide more holistic support to families. This is an important service and runs for the first 1001 days of a child's life from conception, to age 2 and beyond.

Stress and adverse experiences can weaken the architecture of the developing brain and have a lifelong impact. Optimal development during these early years is crucial. For later success in school, physical health and overall life skills. This is recognised as the most important time in a child's life.

Family Hubs deliver [Early Help](#) services for families with children aged 0-19, or up to 25 for young people with Special Educational Needs and Disabilities (SEND) with community partners from many different backgrounds,

From breast feeding to child development, benefits advice, to health visiting services, midwifery, and guidance for parents on transitioning into the school system in the UK and the rules and expectations, all these areas of childcare and parenting advice is covered by this strategy.

For further information contact:

Email:

familyhubs@towerhamlets.gov.uk.

<https://www.thfamilyhubs.co.uk>

https://www.towerhamlets.gov.uk/ignl/health_social_care/children_and_family_care/Early_Help/Early-Help-and-Children-and-Family-Service.aspx

020 7364 6495 or emailing fis@towerhamlets.gov.uk.

The borough has been divided into four, with Hubs located at Overland Family Hub, Bow, at Chrisp Street, Poplar, the Wapping One O'clock Club, in Wapping Gardens and Wapping & Bigland Centre, in Richard Street, (near Bigland Primary School off Canon Street Road) both the latter hubs are in our locality, and finally, Meath Gardens in the North sector. Other smaller units that provide family assistance are listed on the website here.

https://www.towerhamlets.gov.uk/ignl/health_social_care/children_and_family_care/Early_Help/Children-and-Family-Centres/Children-and-Family-Centre.aspx

If you know any young parents expecting their first child, they will welcome this information, to dispel some of the anxieties of bringing a first child into this world.

TOWER HAMLETS TACKLES ANTI SOCIAL BEHAVIOUR INSTALLING NEW CCTV ACROSS 26 BLOCKS IN THE BOROUGH.

Anti-social behaviour is one of the top concerns for Tower Hamlets residents, as highlighted in the latest resident's survey.

In response, the council is investing £3.7 million to upgrade CCTV infrastructure across 26 estate blocks in Tower Hamlets. The Council has already invested over £4 million in community safety since 2022, and these improvements are part of an additional £4 million to be invested by 2026.

The improvements include:

- Installation of 100 new cameras targeting ASB and fly-tipping hotspots.
- Repairs and replacements at existing sites.
- Enhanced coverage at Town Hall, London Square, and leisure centres.
- Expansion of the Automatic Number Plate Recognition network to track unlicensed, stolen and untaxed vehicles. This is not only important to trace unregistered vehicles with DVLA but it provides a deterrent to organised crime gangs and a revenue stream for LBTH from fines issued.

All cameras will feed into the council's upgraded state-of-the-art CCTV control room. This will enable faster response times and support crime prevention efforts in partnership with the Metropolitan Police and eventually will include facial recognition technology.

TH claims to be upgrading CCTV because every resident deserves to feel safe in their home, and they know this is a concern expressed by many residents. Nearly £4 million investment, part of a wider £8 million commitment to community safety, is just one of many measures taken to improve safety across the borough. They have tripled the number of Tower Hamlets Enforcement Officers, created a dog patrol service, and upgraded the state-of-the-art CCTV control suite. The Council is committed to making Tower Hamlets a safe community.

Wapping residents feel money is spent disproportionately, and unfortunately Wapping is seen as undeserving as most residential conversions are held as private rather than social housing, compared to other areas of the borough. As a result, Wapping must fight much harder to upgrade services. The absurd thing is that there are a number of housing association, council flats, and rental properties in our area that are considered social tenancies. The majority occupied by two generations of the South Asian or Bangladesh community since this area of docklands was developed in the late 1980's.

DES treatment - a synthetic oestrogen, widely prescribed but now linked to severe health issues. Advice and guidance for patients exposed to this drug.

There are two primary medical contexts for "DES treatment":

Treatment with the synthetic oestrogen, DES was prescribed to pregnant women to prevent complications like miscarriage and preterm birth, as well as menopausal symptoms and hormone deficiency.

Diethylstilbestrol (DES) and treatment using **drug-eluting stents (DES)** for coronary artery disease. A treatment known as Angioplasty.

Diethylstilbestrol (DES)

Diethylstilbestrol is a synthetic oestrogen that was widely used in the past for various conditions but is no longer used for most human therapies due to serious long-term health risks.

Historical treatments with Diethylstilbestrol

- **Preventing miscarriage:** From the 1940s to 1971, DES was prescribed to pregnant women to prevent complications like miscarriage and preterm birth, even though studies showed it was ineffective. The drug was banned for use in pregnant women by the American FDA in 1971 after it was linked to a rare vaginal cancer in female offspring.
- **Menopausal symptoms and oestrogen deficiency:** The drug was historically used to manage symptoms arising during menopause.
- **Other uses:** Past applications also included managing postpartum breast engorgement and treating dysfunctional uterine bleeding.

Modern treatments with Diethylstilbestrol

- **Hormone therapy for cancer:** Today, the use of diethylstilbestrol is rare, but it is sometimes used as a hormone therapy for advanced cases of prostate cancer, particularly when other treatments have been ineffective or the cancer is at an advanced stage. It is also occasionally used in postmenopausal women to treat breast cancer. Diethylstilbestrol must not be taken by a woman who could become pregnant.

Adverse effects and long-term health risks

Long-term health consequences affect mothers who took DES, their children (known as "DES daughters" and "DES sons"), and potentially their grandchildren.

- **Health issues for mothers:** Women who were prescribed DES during pregnancy have a 30% increased risk of developing breast cancer.
- **Health issues for DES daughters:** Daughters exposed to DES in utero face higher risks of reproductive tract abnormalities, infertility, autoimmune conditions, and clear-cell adenocarcinoma, a rare form of vaginal and cervical cancer. They also have more than twice the risk of experiencing early menopause.
- **Health issues for DES sons:** Sons exposed in utero may suffer from genital abnormalities, infertility, and an increased risk of testicular cancer.
- **Cardiovascular and other disorders:** In-utero exposure to DES has been linked to an increased risk of high cholesterol, hypertension, coronary artery disease, and pancreatic disorders.

Drug-eluting stents (DES)

A drug-eluting stent (DES) is a medical device used to treat coronary artery disease. It is a wire mesh tube that is placed into a coronary artery to keep it open following a procedure called angioplasty.

Treatment process

- **Angioplasty:** The procedure starts with a catheter being guided to the blocked coronary artery, and a balloon is inflated to open the blockage.
- **Stent implantation:** The DES is then left in the artery to hold it open. It is coated with medication that is slowly released over time to prevent the artery from narrowing again.
- **Medication:** The drugs released from the stent interfere with cell cycles to prevent the overgrowth of tissue that causes restenosis (re-narrowing) of the artery.
- **Medication after placement:** Patients with a DES must take a daily aspirin and a prescription blood thinner to prevent blood clots from forming inside the stent.

Considerations for drug-eluting stents

- **Surgical needs:** Those who may need noncardiac surgery within a year of getting a stent may be recommended a bare-metal stent instead, as the required anti-clotting medications may need to be stopped for surgery.
- **Bleeding problems:** DES may not be suitable for people with a history of bleeding problems because of the long-term need for blood-thinning medication.

If you or your mother took DES during pregnancy, it is crucial to consult a doctor. You can also find specialized DES clinics at university hospitals for further evaluation and support.

You have the right to access your medical records to confirm if you or your mother were prescribed DES.

For further research information:

<https://dceg.cancer.gov/research/what-we-study/des-study>

<https://www.cancer.org/cancer/risk-prevention/medical-treatments/des-exposure.html>

<https://questions-statements.parliament.uk/written-questions/detail/2025-03-14/38407>

https://www.health.harvard.edu/newsletter_article/what-are-the-health-risks-for-des-daughters-and-their-children

Please note dates for your diaries. The next PPG meeting will be held on January 8th 2026.

The following meeting will return to the first Thursday of the month, on 5th March 2026.

The chairman thanked all members for their attendance.

*The meeting closed at 19:45hrs.