

APPG for London

Minutes of the Annual General Meeting held on Monday 24 April 2023

Parliamentarians in attendance:

Sir Bob Neill MP (Chair)
Catherine West MP
Lord Tope
David Simmonds MP
Dawn Butler MP
Munira Wilson MP
Lord Davies of Brixton
Nickie Aiken MP
Rt Hon Sir Stephen Timms MP
Rupa Huq MP

Also in attendance:

Officers from the Secretariat at London Councils
Colleagues from Marsha De Cordova MP and Sir Bob Neill MP's Office

1) Election of officers:

After confirming that the meeting was quorate, the chair suggested starting the election of officers.

The Chair announced his intention to re-stand as co-chair of the APPG alongside Florence Eshalomi MP who was unable to attend due to responding to an urgent question in the chamber. Both were duly elected co-chairs of the APPG.

Five of the existing officers were also nominated to continue in their APPG roles. This was carried without any objections.

The chair nominated Dawn Butler, Marsha de Cordova and Munira Wilson to become vice-chairs of the group. This was agreed.

The officers of the APPG for London for 2023/24 are therefore:

Sir Bob Neill MP, Co-Chair
Florence Eshalomi MP, Co-Chair
Catherine West MP, Secretary
Lord Tope, Vice Chair
David Simmonds MP, Vice Chair
Bob Blackman MP, Vice Chair
Feryal Clark MP, Vice Chair

Dawn Butler MP, Vice Chair
Marsha De Cordova, Vice Chair
Munira Wilson MP, Vice Chair

The chair explained the need to approve an income and expenditure statement for the year. This was approved without any objections.

ACTION: The secretariat will arrange re-registration of the APPG with the parliamentary authorities and upload the minutes and income and expenditure statement to the APPG's website page.

2) Briefing from Martin Machray, Executive Director of Performance for London, NHS England

Martin thanked attendees for support in difficult times over the past three years. He summarised the challenges that the NHS in London now faced:

- 20,000+ Londoners died due to covid, far more affected by deaths and by long covid.
- Polio scares in East London, MPox, a variation of Strep A and now serious industrial action.
- Change in the nature of demand in the NHS. There has been a rise in respiratory conditions, and mental health issues, which are not necessarily down to covid but contributory.
- A 'good news story' on cancer – London is region with lowest cancer prevalence rate.
- NHS is also seeing behaviour changes including a drop in people coming forwards for screening, for example breast cancer screening.
- NHS system is very paper heavy and anachronistic, contributes to the barriers that arise to effective screening.
- NHS is recovering from covid, but 1.1 million people currently on waiting list. Number of people waiting more than a year and a half for treatment has reduced to less than 1000 – These people who are still waiting have complex needs.
- Need to invest more in prevention and provision at lower tiers of need. For example, talking therapies for mental health issues could help people before hitting crisis.
- 270,000 NHS staff / 150,000 staff working in social care in London – Difficulties with recruitment and retention. Numbers of staff are growing, but not necessarily in the right place/right time. Need to increase numbers of nursing staff but also more general clinical staff. Speaking to groups like London Higher with regards to recruitment strategy.
- Ambition to make London healthiest global city. London will be the first city in the world to have stopped HIV infections (98% stopped, 2% to go)
- Have been effective in stopping rates of cancer. In London, they are reaching the target of treating people within 62 days (which is the national standard, nowhere else in the UK is achieving this currently).
- A&E and ambulance waiting times are improving but are still high. The average current waiting time for an ambulance for a Category 1 call (heart attack or stroke) is 7 minutes. 4hr wait in A&E is still the target for clinicians. More to be done on discharge. Work with London boroughs is ongoing.
- Primary care – GP & dentists. There can be massive variation across the capital. New NHS boss in London is coming in with a desire to change primary care access and improve it.

- Asked MPs to visit their NHS services and staff.

3) Q&A Session with Martin Machray, Executive Director of Performance for London, NHS England

- Catherine West asked about the provision in services for women (implants etc) reducing, with some providers having to turn down women asking for contraception even in violent relationships. She also asked about constituents finding it difficult to get through to GP surgeries and the high numbers of people with respiratory issues.
- Martin said that London had 90% of monkeypox cases last year and so many providers had to repurpose services as a result. Now should be seeing return of sexual health services back to BAU. On GPs, there is a need for a 21st century system. Capital limits is the main thing stopping this happening. Have to balance off where the capital is needed most. Ambition would be to have new service for Londoners to contact GPs. On respiratory issues, he said there had been a rise in the number of young people with these. Clean air in London is massively important. But smoking remains main reason for issues, rates are falling but biggest public health priority. Respiratory physicians are seeing more and more people. Rates of flu-like symptoms falling since December.
- Nickie Aiken observed that lot of young women had started to smoke -> link with trying to suppress appetite.
- Martin responded that there is lots of evidence that e-cigarettes aren't an entirely healthy replacement, as people are still addicted to nicotine. More pregnant women are also smoking and more needs to be done with smoking cessation.
- Munira Wilson requested a borough by borough breakdown of screening figures and also raised that CAHMS is not fit for purpose. She said that Richmond gets less funding than some boroughs but there are no less mental health issues – just different ones. She also said that a recent media investigation found children were not being treated unless suicidal – and that patient records aren't being shared between A&Es.
- Martin said that London isn't doing as well as other regions on CAHMS. Overarching shortage of junior doctors and training opportunities and so less consultants coming through. London losing training places through new distribution of places (30 in London a year at present). Not nearly enough. This area represents 10 mental health trusts, 9 of whom are in Tier 4 (inpatients). People waiting 2 years for first appointment. Suicide rate isn't rising but it's too high. Young person going into a mental health bed is lifechanging and we need to try and stop this happening. Martin said he would ask Thrive colleagues to send over more info.
- Catherine West asked about issues with pharmacies and young people struggling to pick up mental health prescriptions.
- Martin said this would be mostly due to a risk assessment by psychiatrist to not allow young people to pick up too many pills at once. Also a global supply issue – UK is heavily reliant on Europe and beyond for medication.
- David Simmonds asked about challenges with prescriptions between NHS and private providers. He also asked about the plan for access to gender identify clinics as he has some constituents struggling with this.

- Martin said that children's services in relation to gender identity issues up to now have just been provided by Tavistock – which has now been deemed unfit for providing these services for children and will stop seeing children in April. Plan for two other providers, including Great Ormond Street Hospital, to provide these from September instead. 11k adults 10k children currently on the waiting list and demand has changed over last 10-15 years.
- Dawn Butler requested absolute numbers for the number of women missing mammograms.
- Rupa Huq asked about a constituent who had tried to get an NHS licence for her pharmacy but had been turned down. Said that the constituent thought private providers had influenced this decision.
- Martin said they were keen to have mixed economy when it comes to the pharmacies and don't want to rely heavily on 2 or 3 chains. To be licensed, whole range of must haves.

4) Planning future business

The chair explained that the co-chairs had agreed three priority areas for future APPG activity earlier in the year: the cost-of-living, support for businesses and the capital's key sectors, and housing and homelessness. He advocated for arts and culture to be included as part of the group's support for businesses. Attendees agreed that these were the right priorities for the group.

The meeting was brought to a close.