

# Life & Times

## Interview:

Paul Williams: MP and GP



Paul Williams is the Labour Member of Parliament for Stockton South, where he overturned a Tory majority of 5046 at the 2017 election. Until then he was a GP partner and head of a GP federation.

Paul qualified from Newcastle upon Tyne, where he joined the Labour Party, and did house jobs in Bishop Auckland and Carlisle. He trained as a GP on the Cleveland vocational training scheme. His medical career was always going to be general practice, and it has been driven, he says, by an appreciation of the meaning of health and the determinants of health and illness, and a keen awareness of the Inverse Care Law. After spells in a number of practices around Teesside, Paul and his partner Vicky travelled to Africa with VSO to spend almost 5 years in Bwindi, Uganda, where the Bwindi Impenetrable Forest is home to half of the world's mountain gorillas and the Batwa Pygmies, the 'first people of the rainforest'. Here, Paul set up innovative preventive programmes for malaria, HIV, and tuberculosis, established a community hospital, and also instituted an insurance fund to provide primary healthcare services to the local community.

He brought his understanding of leadership, advocacy, and negotiation back to the UK, where he joined a GP partnership in Stockton, and was a CCG lead between 2012

and 2016, focusing on mental health, learning disabilities, and dementia. He formed the 40-practice Hartlepool and Stockton Health GP Federation in 2016, becoming its Chief Executive, and recognising the negotiating power of representing 300 000 patients.

### BECOMING AN MP

His 2017 election campaign focused, among other things, on local NHS issues, including access to general practice and the configuration of A&E services. Successful candidates are immediately handed a letter instructing them to report to Westminster the following Monday, and Paul found himself having to rapidly disentangle himself from his practice to start his new job. Using health inequalities as a springboard, he has launched into a range of topics including health, education, and housing. He is a member of the cross-party Health and Social Care Select Committee and leads an all-party parliamentary group on the prevention of adverse childhood experiences, a topic of passionate interest. He maintains his licence, doing sessional work in his old practice.

### BREXIT AND HEALTH CARE

He has a particular interest in the impact of Brexit on the NHS. There are, he says, four important themes here. First, there is the exodus of staff and the increasing numbers of unfilled NHS posts, which we are already seeing, and which is likely to get worse. Second, there are already major changes ahead in pharmaceutical regulation — the European Medicines Agency is moving from London to Amsterdam along with 900 jobs, and with major implications for the EU science programme and access to the high-value European medicines and research marketplace. There are concerns that Brexit will hit pharmaceutical investment in the UK causing drug prices to rise and disrupt the medicines supply chain. Third, there is likely to be less money for the NHS as a result of

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the adverse financial impact of Brexit on the UK economy.

Finally, and perhaps most worrying, he warns, is that transatlantic trade deals with the US may come with a heavy price tag, including having to allow US pharma companies access to direct consumer advertising, and also giving access to the NHS to big American healthcare providers.

He recognises the good intentions of the *Five Year Forward View* but is concerned that some of the good ideas and money will not get through to the front line — partly because of the continuing problems of NHS funding but also because the current small-business model of general practice makes it difficult to spend. Williams sees the potential in accountable care systems, and the concept of the primary care home, with general practices working together and at scale, and which could potentially provide mechanisms for encouraging more general practices to work together in larger and more effective groupings. Perhaps these GP-led collectives could become NHS organisations, which could provide support structures for difficult aspects of practice, which can be challenges for individual practices, such as GP career progression, practice nurse recruitment and development, procurement, IT, and practice management systems?

Having a well-informed and committed medical voice like Paul Williams's in Parliament is of the greatest importance, especially when the government's focus on Brexit tends to push everything else into the long grass. His strong primary care and public health background, his commitment to addressing health inequalities and driving health improvement, and his input into cross-party work on the future of the NHS give this young, but rapidly rising, GP MP a potential role which transcends the party politics that have been a problem for the NHS for as long as I can remember.

#### Roger Jones,

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