

Mile in My Shoes: Neil's story

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My name is Neil James. I'm a GP in a place called Meddygfa Cwm Rhymni. Which is Welsh for Rhymney Valley Surgery in the Rhymney Valley, in South Wales. It's... an old mining community with high deprivation and all the problems that are associated with deprivation.

It's very green now in the summer. It's very different from the landscape that would have been here 40, 50 years ago when all the hillsides would have been bare and you'd have seen coal tips on the, on the mountains. They've all since greened over and in the summer, it looks very verdant. But it hides the sort of, atomisation of the communities that still live here.

We have two practices in two different villages. One in Rhymney which is at the head of the Rhymney Valley. And we've just been driving down from Rhymney to the village of New Tredegar where is our other surgery. And we merged with the surgeries in Rhymney to create a larger practice that serves the whole community and hopefully provides more stability.

So just walking into the waiting room now of the surgery. And... down the corridor. Down to my consulting room, which is a bit quieter.

So, this is my room and... you know I've been in this room for a long time. A blood pressure machine on the desk. There's a sharps box in the corner and an examination bench. So, it's very traditional.

The combined surgery looks after about 20,000 patients. And they're spread over quite a large area. And back in the middle 20th century it was a booming sort of place – Welsh coal and anthracite was very high-quality coal. It so happens that I'm from South Wales and... so I also have the advantage of 55 years of seeing the change. And, I mean the change has been absolutely massive and profound.

The reality is, is when you remove economics, which is actually what happened, communities fall apart. So now all the institutions that people once used to rely on – not just primary care and GPs, but there were churches, there were sort of community groups, there were miners' institutes, and there was the family. All those things have fallen apart. It's incredible how many people, families now we have on the child protection register or the safeguarding register. Whereas 20 years ago it was, seemed to be a rarity, now it seems to be pretty generic.

So even the families fall apart and the results of that are a complete failure of aspiration. A failure to engage in education for kids. And a failure to realise any sort of opportunities in life and the results on people's health are huge. Now in these areas, life expectancy is

decreasing for the first time, and the prevalence of chronic disease is absolutely massive. 20 years ago, it was rare to see anyone with Type 2 diabetes under the age of 30, it tended to be an older person's disease. But now we've got many patients under the age of 30 with Type 2 diabetes.

There's no economics in these communities. So, whereas once, you know, you have a vibrant village high street ... there's nowhere in this village that you can buy fresh food. There's a sort of 7/11 Spar which sells everything, it's stacked full of alcohol and fast, you know, cheap products. But there's nothing that drives healthy eating. So, people's health is definitely decreasing and that's very challenging for us as general practitioners.

So, this is the baby room where the health visitors sometimes come, but it's small. There's a baby weighing scales on the desk. Height scales in the corner. This room is mainly frequented by our health visitors.

I went to university in Liverpool, spent 10 years there and had a sort of real sense of adventure in my soul. And so, I went from Liverpool to New Zealand to work for a few years. And spent a bit of time working in the outback in Australia. Came back and went to Scotland to do my GP training. Then I went to India to work for a year. And then came back to the UK. And I've been here for 20 years now. So, I think all those different jobs in different places helped me develop a sort of informed understanding perhaps of practice and people that... I might not have had if I'd just stayed in one place.

So, we're walking out of the surgery, across the waiting room. Heading back out into the community. And we're about to head back up to the Rhydney medical centre where I have an afternoon surgery waiting for me.

Just observing life in the car park. A couple here – a gentleman and his partner walking... across the car park. And... the lady is sort of, badly overweight and on a stick. Clearly beleaguered by pain or arthritis and... it's very typical of what the community is and has become. You look at people around this community and they look 10, 20 years older than they actually are. It's tragic in many ways. And changing behaviour is actually difficult. But it's – these are the issues of poverty.

What I would call on government to do... What I would really like them to spend time and invest resource into is looking at inequity. Health inequity first and foremost, because I'm a doctor. Across these valleys primary care is collapsing. Practices are handing their contracts back, left, right and centre. But the reasons that things are collapsing is because we can't recruit or retain doctors. Because the work is harder, the emotional cost is greater, and the remuneration is less.

In my experience, government doesn't truly understand the depth of the problems that exist in places like this. And what tends to happen is that you have public health bodies or, you know, statisticians working out formulae on how to allocate resources and they try and take into account deprivation. But those formulae have always been problematic. And they've

always perpetuated health inequality. And even now we have a formula called the Carr-Hill formula, which again is perpetuating health inequality. It doesn't account enough for deprivation. You could spend a bit of time looking at those, trying to alter the resource imbalance, the inequity which would maybe encourage more people, more doctors to come to areas like this to work.

The longer term is more difficult but it is vital, and that is to address the journey and trajectory of children from birth and it means looking at services for children, good services for families, health visiting services, supportive services, that try and ensure that infants have a good start in life as best we can. But education is so important to try and get people into an aspirational life.

I live in Brecon, which is the other side of the Brecon Beacons, in a very beautiful place. I travel over to work here. That's the other thing to say, of course, is that – I'm a part of that, I realise – is that when economics leaves a community, the first thing that happens is the middle classes leave. And so whereas previously you'd have in these mining villages, you'd probably have the miners, the industrial workers, you'd have the, sort of, shopkeepers and you would have – probably have the teacher living on the outskirts of the village and the doctor living in the big house at the top of town. It gave people a sense of, sort of, progression. It wasn't always a meritocracy. There's certainly in the latter half of the 20th century there was a feeling that, well you could become a doctor, you know, I could become a teacher. And having those proximity to people was, I think, was actually very beneficial. But of course, those days are gone. I live in Brecon now. I couldn't contemplate living in Tredegar, I don't think.

But... I have a sort of big outdoor life. I love being in the hills. And actually, last weekend, most of my partners got together, we all went for a walk for the day. A hike. That's the thing that sort of keeps me going. A sense of progression, a sense of building something and a sense of achievement. And all those things in your life help you to deal with – what the reality is – it can be very stressful; it can be very emotional in a place like this. And you learn to process that and support each other, I think.