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The Hon David Cameron  
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Dear Prime Minister

I know your game. Ok, it's not completely your own doing, but it's a Plan that was hatched many years ago and you're rolling with it. But I do know your game.

I write this from the perspective of one of the nation's 40,000 GPs and one of the 34,000 GP partners in the country, from just over 10,000 GP practices. Just in our single practice we have collectively over a century of experience of the NHS and how primary care does and should work. You don't need to hide your game from us because we can work it out.

I've got to say I'm not a political person, and my language is not very technical so you will have to excuse this very long letter but I feel I do have to explain my thinking on this, because I'm pretty sure not everyone who works in the NHS even knows that you have a Plan, and certainly the public haven't got a clue. The naïve will think you don't actually have a Plan, that you're too disorganised, and the politically-minded or the aligned will deny that you have a Plan, but neither is true. At all. I think there is a Plan and you're sticking to it.

Another reason my letter is so long is because I've got a lot to mention, because one thing I've learnt during my life so far is that people's memories tend to be short. Very short. No disrespect to some, but the memories of politicians and journalists perhaps are the shortest of all. It helps to remind now and again. Despite this, I've probably missed out a load of stuff, but I'm sure pretty much all of what I am saying can be referenced and corroborated elsewhere by those willing to investigate.

In our jobs, formerly for life, though you can't be too sure now, we've now seen costly tail-chasing NHS reorganisations at least every 3 or 4 years. Just to recap, from the ones I can actually remember in a mere 20 years of practice, as there are so many, we've had fundholding, commissioning pilots, primary care trusts, practice based commissioning, clinical commissioning

groups, devolvement of regional health authorities, development of area teams and so on. I haven't really got the time, energy or enough acronyms to name them all.

We know the NHS is expensive. Extremely expensive. It's all these patients you know, each of the 63 million of them costing us money and they're not smoking as much as they did, and living far too long. Not only that, but then there's all these NHS workers, I think 1.4 million at the last count and because they're patients too, they're living too long as well. That's pensions to pay for. Lots of pensions. That's a lot of money for a country that's bankrupt.

Basically, we all know the NHS is not doable in its current form.

We know you can't tell people to drop dead either. It's not the done thing. It would look bad on the news. They wouldn't be able to vote for you for a start.

We know you can't tell people to stop using the NHS. It's their right to use the service they paid for. And anyway, when there's going to be an election, we know that you've got to make promises to the worried well, middle England, the Benefits Streets, the silver vote and so on, promises that the NHS can and will provide care for them, whenever they want, wherever they want.

So, here you are, making those vote-winning promises; promoting seeing your doctor all hours whenever you want, getting a visit whenever you want or when you've reached some senior milestone, ringing a helpline for computer generated medical advice, coming in early for every minor ailment, registering with any doctor you want from anywhere you want, have your operation after Sunday lunch, being screened for all and sundry. And at the same time, you are promoting the need for the NHS to change. You are promoting the need for high quality NHS care to be delivered at all times, all in the name of convenience, but more importantly for you I think, all in the name of votes.

But you also know the NHS cannot cope with this. You know we GPs cannot cope with this. I think your advisors do know the vast majority of GPs do not earn £250K a year doing a 9-5 job with a healthy dose of golf in between sleeping with patients, bumping them off or injecting themselves with controlled drugs. I think your advisors also know that the vast majority of GPs are overstretched, working much harder, 12-13 hour days being not unusual, to deliver your agenda for you, for much less take home pay.

You know that General Practice is on the point of collapse. You do know this. I know you know this because we know with absolute certainty that Clinical Commissioning Groups (CCGs) pass this information to Area Teams, who pass it to NHS England, who pass it to your advisors, who pass it to you. But you still come up with these wild initiatives to flood our waiting rooms with the unnecessary and fill our consultations with the inappropriate. Why do you do this? It's part of your Plan of course.

It is a widely accepted fact that primary care is the key to the NHS, what with its 300 million plus [UPDATE: 340 million is the current figure] patient contacts every year. Despite some recent lazy reporting, it does a fairly good job at stopping the hospitals and A+Es being swamped. In comparison, NHS 111, the successor to the previous 'exemplar' NHS Direct service, much like its predecessor, is complete and utter pants. It must be the bane of every A+E consultant's life when some non-medically trained telephonist reading some computer blurb sends every 20 year old with chest pain to the emergency department in a blue light ambulance.

Primary care doesn't do that. If you want to find the answer to why hospital emergency rooms are full, perhaps look to shifting the mess off your own doorstep first?

Back to the point, primary care is key. Nearly everyone in the country sees a GP. Without us, your political agenda for the NHS cannot be achieved. Being good souls, we try to please and try to do all that you ask of us. But because of all your unrealistic promises, which I understand you are forced to make to keep yourself in a job, you know that all it does is pile the pressure on us in primary care.

You promise, but you know full well we cannot deliver.

We know your game. We also know you have friends in high places. In the British Medical Association (BMA), Department of Health (DH), the General Medical Council (GMC), NHS England, the Royal College of General Practitioners (RCGP), the other professional Royal Colleges. You need to have a long term Plan to fix the NHS, to get it off your hands, because it's just not doable. You need this Plan and you need your friends to help you do this. And you don't want to be the leader left holding the baby either.

So what do you do? You need the infrastructure to support your Plan. First and foremost, that infrastructure is information. Forget people, staff, buildings and other tangible stuff, you need information, information to formulate, information to appoint, information to disseminate, information to hold.

You know, just as your predecessors did, that a good database is essential in order to control a service. A good database is also essential in order to provide a good service. We all hate it when we ring somewhere up and they say 'the computers are down'. It's frustrating and annoying and you end up getting a poor service. We are now all pretty hopeless without the IT that forms our extended notepads and memory banks aren't we? You know as well as I do that information is power. Just do a quick internet search, on, erm, what was that site again, ah yes, Google, if you don't know if that's true. So you need a good database.

So forget continuity of care, one of the cornerstones of modern, safe medicine. Instead you need continuity of record for every person in the country, one of the requirements for modern, cheap medicine provided by the lowest bidder. With that information, which you control, you can then ask or allow anyone you choose to provide whatever service you need, at whatever price you decide.

Now, the longstanding tenants before you gave it a good try but couldn't see it through. Actually, though, I was too young to care about politics then, I think it was the longstanding tenants before the previous longstanding tenants who started with all this philosophy change but then they got voted out. Anyway, back to the previous longstanding tenants, there included Patsy Hewitt, Ben Bradshaw and the like who all also tried, but for goodness sake, spending £20 billion on setting up a database to provide NHS care was just a bit too off the wall and a bit too ambitious even for Gordon's spending plan.

By the way, when I mean tenants, I don't just mean Tony and his merry band, but also your bunch of civil servants, all out to serve the same master at the end of the day. Give or take some job reapplications, they all just circulate and do the same thing again and again. It's an important point to make, as there's continuity to this story.

So, back to the point, how are you going to get this information? Your advisors (or your predecessor's advisors) tell you that GPs were computerised well before hospitals, some having had computer systems in for more than 25 years. Can you imagine that? When kids were piddling about with their ZX Spectrums and Amstrads, GPs had computerised clinical data on machines that they paid for themselves out of their own pockets. BPs, smoking habits, health conditions, alcohol, social history, the whole lot. All in there. You know this information is priceless and would make a fantastic database. But where is it? Oh dear, it's in our surgery buildings on our own computers. You can't get access to it can you? How can you (or your predecessors) fix this?

I'm now going to fast forward through all of this IT stuff, but you will get my drift: you offer to take the expensive cost of IT off GPs hands, so subsume IT costs into Primary Care Trusts (PCTs), and since you now own the hardware, because you paid for it, you make the hardware and its data part of the NHS spine. Move towards hosted systems, making it a mandatory part of the National Programme for Information Technology (NPfIT), because of course, you need this data out of individual GP surgery buildings by whichever legal way. Oops, now you yourself take up the tenancy and say NPfIT is just not what you want, too damn expensive, you have got to be seen to putting a stop on that, but because you already worked out where things were headed, you need to come up with another way to maintain continuity (see, I told you it was important) in order to get your hands on this data.

I know, you already get anonymous data from GP practices as part of Quality and Outcomes Framework (QOF), Primis and other schemes [eg, CQRS, GPES], what about a change in the law to make it compulsory for GPs to release identifiable data too? Now why didn't your predecessors do that instead of looking to spend £20 billion? The nutters. Instead, just change the law. Disguise it all in an all-encompassing Act that will Improve the Health and Social state of the Nation. I understand that grabbing all this confidential data was your very own personal idea, and I must say, that was a master stroke and like a community nurse seeing a constipated toddler, I must congratulate you on passing that motion.

Now you can just steal the data. All legit. Forget data protection. Forget patient confidentiality. Make it illegal for any GP, currently custodians of the data, to try and protect their patients' data.

You know, over the years, GPs have become the quintessential patient advocate, though admittedly that role is fading of late. A shoulder to cry on when your mother died, a non-judgemental ear when you committed adultery, a sympathetic counselling when you needed another termination, a font of advice for when your son started abusing drugs. GPs made notes in their records (longstanding computer systems remember). You can't blame GPs for wanting to protect the details that their patients have given in complete and utter confidence; information that has been shared in all good faith to help support a close personal relationship and to help provide a longstanding family health service. Darzi-style, you need to 'remove the doctor from that relationship', and ignore him or her, because you can't be having GPs stop this blatant data mining can you? It's not part of the Plan.

So you don't let anyone know about it. Keep it hush hush. Oh no, you've been rumbled, the Information Commissioner got wind and is not happy. So you try and keep everyone happy with a junk mail flyer sent along with that Indian takeaway menu, the solar heating card, Zumba classes at the local community hall and the ironing lady advert. And then you get your friends to say everyone needs to give you their confidential and identifiable information in order to Save Lives and Conduct Life-Altering Research of Massive Importance. Really. That is pathetic. Admit it, you need this confidential and identifiable information in order to bypass GPs and set you up ready for when you can provide your own service.

But of course, that's only one prong of this Plan. Where was I? Yes, primary care. By primary care, we do really mean the hubs that are providing care in the community, where the community teams are based. OK, do I have to spell it out, it's GP practices. What are GP practices made up of? Essentially GP partnerships or single-handers running small businesses.

Any plan for the NHS will always involve the key part of the NHS, and as I've said, that is primary care, which is, as I've said, GP partnerships. GP partnerships are in the way of your Plan. You cannot have independent free-thinking small businessmen and women derailing what you want to do. You've got to get rid of them.

So you need to dismantle General Practice bit by bit, but obviously, Duracell-battery style, you've got to keep the ball rolling up until that final point of collapse, as you cannot be seen to be the guy pulling the trigger, and you don't want the crisis to be out in the open. It would not look good on the news. Or for your votes.

So, the second prong of your Plan, how on earth do you dismantle GP partnerships? Well, OK, some would argue, they've done a pretty good job breaking it up themselves what with some salaried doctor models, but then, hey, some of those models really do work don't they, for the directors that is. Sorry, got distracted there. Back to how to break GP partnerships? Really easy. Just make work life so intolerable, that GPs leave their partnerships, retire or emigrate. Make General Practice so unattractive that the workforce diminishes. Pressure increases. Targets fail to be met. Make life completely untenable for single-handers, because aren't they all just unregulated mavericks in disguise anyway?

What are the ways in which you can make life intolerable? Easy. Ramp up demand. Fuel expectation. Make General Practice available and responsible 12 hours a day, 7 days a week (initially that is, until you make your move to shift back to full 24 hour responsibility). Encourage early attendance because you can never be too sure (chest X-rays and fingers up bottoms have never been so popular thanks to your public health media campaigns). Put more at the door of General Practice: surgical reviews, A+E attenders, Dr Finlay social visiting, evidence-free health checks. Did I mention gambling?

Recognising some of the pitfalls of the target driven culture (well you could hardly ignore it could you?), which has resulted in patient care becoming a secondary issue, you reassure the public on the one hand that this will change, yet enforce more targets and regulation on the workers at the other end; Care Quality Commission (CQC), Chief Inspector of General Practice, ratings, satisfaction surveys, QOF inspections, locality team 'friendly visits' and Area Team policing.

Your good work here is already bearing fruit, with the GMC issuing record numbers of certificates of good standing [required for emigrating doctors in order to work abroad], fewer recruits are entering General Practice, over 50 year old GPs are retiring in droves. Numerous studies by Local Medical Committees (LMCs) all around the country on workload and GP stress, and even your own national GP work-life study confirm all of this. But do you take notice? No, because it's all part of your Plan.

Using your tame media and your friends, you constantly wage a war against GPs, now in its 10th year at least. Decry our massive pensions, our laziness and short working hours, our vermin-ridden buildings, our dishonest ways, our poor accessibility, our failure to diagnose dementia soon enough, our inability to stop hospital admissions, our lack of compassion and care, the list is endless.

Yet, publicly and with great gusto, state how great we are. How we want and need our GPs to provide personalised care and exalt your laudable aim to bring back the 'Good Old Days'.

I must admit it is genius. Constantly berating and praising, often at the same time, is a genius plan. There is nothing like blowing hot and cold to confuse people and get them chasing their own tails trying to work things out. Recognise this behaviour? It's what controlling people and bullies do. Just like in your own public health adverts. Anyway, more on controlling later.

What do our esteemed leaders do in reaction to this? Do they enjoin in a chorus of no further abuse of the NHS, of primary care, of GPs? No, they tell us to Federate, with a capital F [Federating is essentially where groups of practices join forces in order to reduce running costs].

Now I find this interesting. As the more astute have said, if the Answer is 'Federate', what is the Question? Well, the Question is not any of these questions: It's not 'How GPs can deliver more'. It's not 'How can Primary Care cope in the Modern NHS?' It's not even 'How can GP Practices survive in an era of uncertainty?'.

If these were the Questions for which the Answer is 'Federate' then the answer is actually a foolish knee-jerk reaction on how to manage a deliberate man-made crisis, without dealing with the roots of the problem, which are namely lack of demand management, lack of manpower, and hence lack of time to actually resolve the crisis properly and cleanly. Our leaders are the band merrily playing on, whilst the rest of us foolishly shuffle deckchairs on the NHS Titanic.

Actually if the Answer is 'Federate' then the Question that is being asked is: 'How to transform a few entrepreneurial GPs into future leaders of Primary Care?' or perhaps it is 'What's a good way to make a disparate 'cottage industry' a viable takeover option for private provider companies?' Not my words to describe the most cost-effective and most efficient part of the NHS, by the way.

Why do we think that the Question is this? Well the answer lies in the questions themselves of course.

Whatever the future model of General Practice, the key ingredient is manpower. You need manpower to manage the insane demand and address the capacity issues. As admirable (or misguided) as the aims of our leaders are, even a federated or a collaborative model still needs coalface GPs to do the day to day work, to push back the tide of all that evidence-free rubbish you are throwing at us. You see, there are not enough of us to manage what we have now but then you know that already. Unfortunately, much as we'd like to, we can't all be directors overseeing a healthcare sweat shop.

Further clues lie with the fact that CQC currently has its hands in determining how and when we as GPs can add members to our own partnerships. GPs have been working in partnerships for half a century, all above board, all without external interference. Now there's form filling, external approval, strict time scales. If you ask me, CQC's role here is more suited to having a controlling influence in how private companies hire and fire their workers and directors. Hmm, why would you need that?

Even more clues lie with DHL, Circle, Alternative Provider Medical Services (APMS), Virgin, United Healthcare, supermarkets, opticians, Any Qualified Providers (AQPs), Private Finance Initiatives (PFIs), Walk-in Centres (WICs), Coca Cola, Boots, the list is endless, all are or have been players on a very muddy playing field with NHS workers (if at all) manning a massive open goalmouth at the bottom of a hill. Unfair competition in a competitive market, which in effect isn't a market at all

because it's completely closed. Another genius idea.

Third prong in your Plan is responsibility. Shift it. Away from yourself, preferably. Whilst maintaining control. Another master stroke with which I am impressed. This is where the CCGs come in. Get them to take on record-breaking debt from their predecessor organisations. Reinvent Primary Care Trust (PCT) management structure, but without the supporting infrastructure, staffing, funding or expertise. Offer 'control' in exchange for the purse strings and with it a large shift of work into the community. Keep every one of these organisations busy reinventing the wheel with make-it-up-as-you-go-along guidance.

Why do this? Obviously when it goes belly up you do not want to be the one who was left pulling the trigger, OK, not trigger, more of a smouldering match dropped on a very long fuse leading to a massive stash of dry gunpowder. See what I did there with the dry powder thing? Oh, never mind.

I'm not going to get into a massive debate about CCGs or the consequent provider organisations that must spring up in response, but I think the results speak for themselves. What results you ask? Exactly. Just add it to the list of mindless money wasting exercises that is the endless Reorganisation and Reinvention of the NHS rather than money well spent on Improving Patient Care.

What's the fourth prong in your Plan? Control the profession. That's been an ongoing process for quite some time now. You can't have Professionals running the health service and interfering with your Plan. It could be, well, Dangerous. They might have ideas and get ahead of themselves, and take away one of your main sources of votes. We don't need to mention the isolated case of one particular mass-murdering psychopathic GP too much, but that really was a gift to you wasn't it?

With the shameful collusion of our leaders and professional bodies, this gift brought the opportunity of tightened control of the profession, through the evidence-free process of Revalidation and all the nonsense that entails. But don't forget, we've had to contend with other extremely dodgy processes along with way, like Modernising Medical Careers (MMC), Medical Training Application Service (MTAS), Referral Diversion, Choose and Book. All aimed at some form of control and splitting the profession. And don't forget the Choice Agenda, Hotel Style Ratings, NHS Tripadvisor, Patient Satisfaction, QOF Nonsense, to which we must all conform.

Sadly for our patients, our profession has been reduced from one where clinician talked to clinician with the best interests of the patient at heart to one where box-ticking numbness with 'have a good day' customer care trumps 'every day' patient care. Add further disempowerment through blatant robbing of hard-earned pensions and you have an easily controllable and submissive workforce.

Anyway, back to the point, time for a quick summary, you have your stolen data, so you can pick and choose who provides the care and, rather importantly, they in turn can choose whom they provide the care to, you have your friends steering everybody towards your 'vision' for the NHS, you have your private providers ready to take over the best bits, you have dismantled NHS General Practice, you have control over the professions, and not only that, you have the fall guys ready to take the blame when the NHS falls apart. Your votes are safe. It wasn't your fault. It was mismanaged by those CCGs. And who runs CCGs? Who are all part of CCGs, because it's a membership organisation? Yes, all those GP practices. Sorted.

So when the NHS falls apart, it is then no longer your problem. It's the country's problem. You did your best. You promised a high quality, convenient, open all hours service. You gave those responsible the money to manage the NHS. Those greedy doctors messed it up big style. Luckily you can provide some sort of service, but funding issues mean only to those who are truly needy. The rest of you can take your chances with the private providers, but then again, they now know how much you smoke, that you beat your wife up, that you miss all your diabetes clinic appointments, and you're now being treated for your third sexually transmitted disease this year. Good luck with that.

Don't tell me, you categorically deny that this is not the Plan? You tell me that the entire direction we have been heading for three decades or more is not that? Hmm. I challenge you to come outright and say that this is not your Plan.

Look, it needn't be this way. There is a way to fix this. Also a way in which our leaders can keep their treasured NHS too. Here are some ideas for a get-out clause.

I think that the 60-odd year old model of GP partnerships in their own practices, with or without salaried doctors, it's their choice after all, would be more than capable of carrying forward your future vision of universal high quality and convenient NHS care if:

1. You come and say outright that you are reversing the direction of travel towards NHS Plc. I know it really would seem a bit disingenuous of you say that, given that it's been what you want and where you've been heading for quite some time now, but hey, the Great British Public love their NHS, and you saying you're keeping it public, as well as completing the rest of this get-out clause – well, your votes are assured.
2. You tell the public that, even though they paid for it, the NHS is a finite resource, with no analogies whatsoever to retail, banking or travel (so forget Tripadvisor), and you tell people that they need to look after themselves and that you do this consistently and pervasively from a national and public health level. Health is not a commodity that can be treated like some sort of convenience, it's actually a privilege that you nurture through looking after yourself with appropriate and timely help. You need to promote need, not want.

You can tell the people that the NHS and its workers are swamped with unstoppable demand and to get back to the 'Good Old Days' people must start to use the NHS wisely. You can always reassure them that the NHS will always see people who are truly sick. In other words, you need to cut this insane and irresponsible demand that has been fuelled by decades of political promises and allow existing capacity to meet those who need to be seen. I believe there is more than enough capacity in the NHS to meet genuine need.

Rather than keep having the profession do it for you at each individual consultation, you finally and openly admit to the need to ration a finite resource for the good of the people. But you can also tell the people that if they actually do want an open all hours, convenient, see anything, do anything NHS, that, yes, they can have this (and indeed you could promise it) but that that will actually cost far, far more than what they are willing to pay for it. Remember the 'Good, Fast, Cheap – you can pick two' idiom. It's a cliché, but it's true.

I know this is not a vote winner for you, but look, I understand you're all about society and family values and it's time for people to take back some responsibility for their own health.



3. You stop immediately with this underhand daylight robbery of GP patient data [UPDATE: care.data upload has been postponed until September]. For the art of medicine to work, and it is an art, you know, we need all our patients to continue to trust us explicitly with their lives and their stories. This is not going to happen if they think some spotty nerd is going to sell their medical history to some suited geek on some USB stick somewhere on a train under the Channel Tunnel. Wait, that could be a great idea for a movie...

4. You stop playing political games with primary care – no more perverse incentives to chase that £1 coin under the bus, and scrap all the QOF points recycling into hare-brained and time-consuming schemes intent on making us chase our tails. The millions you recycle into this or the millions you expect us to save in primary care in this way is peanuts compared to the whole NHS. It's perverse and completely unnecessary game-playing and distracts from the provision of real patient care. Real care.

5. I know we see nearly all the population at some point, and I know the temptation to abuse us in this way is strong (heck I might abuse us in this way if I was in power) but would you please stop playing social engineering games with primary care – in the words of one famous physician, 'I'm a doctor, not a gambling monitor/immigration police/public health screener/financial advisor' (delete as applicable). This means no more stupid targets and stupid tasks and stupid Directed Enhanced Services (DESSs), if the point isn't clear enough. Please leave us to provide real care as above. Real care.

6. Make a GP career an attractive prospect, with stability, a more pleasant working environment. You could start by stopping with the constant bashing via the media. Just stop. Our professional discomfiture has gone on far too long now. We get the message. The constant bashing is tiresome and does nothing to encourage care and promote quality work.

By the way, and I know there will always be some bad eggs, but being a Professional (capital 'P') means you don't need to be hit regularly with a stick to do what you need to do, you just do it, without being told. Most people, like you, don't realise that to be a professional is an innate quality that lies within us. It's our minds which motivate us. Probably closely followed by money though, but nevertheless it's still our minds first and foremost. Most of us didn't leave school, then constantly study for the next 10-11 years, before even getting our first proper job, just for the sheer fun of it. We did it because we were motivated to do it. Leave us alone to do our jobs and we will do everything we can to do it well. Guaranteed.

7. Increase overall funding in primary care, to match the shift in the work. I mean real investment, not this 'take away with one hand and re-earn it by doing more' rubbish. You can even offer worthwhile and suitable incentives to improve access - we're a pretty enterprising bunch you know, we all have our own businesses, we could come up with something great if we had the time, energy and resources. You would get the new recruits you need for the NHS and you would encourage those already in General Practice to stay. Our leaders might even be impressed too, though I am certain some of them really do want to invent a new model of General Practice and be at the top of the fairly flaky pyramid that results.

Hospitals might have a thing or two to say about this, but for too long now, the money has not followed the work. It just hasn't and it needs addressing. Even if funding didn't flow from elsewhere where would it come from? I'm sure that you could save a penny or two if you didn't constantly reorganise.

I know the money thing is controversial, given that for ten years or more now, the media has reported the Big Lie that GPs earn £250K. And the last thing you want is to be seen to be giving

those greedy fat cats even more money. It's true that if you repeat a lie for long enough, people start to believe. Well, it's also true that if you tell the truth for long enough, people won't just believe, they will have faith. Well, you know the truth. GPs don't earn £250K.

Primary care is the key to the NHS. You properly invest in it and you will see results. Everyone, especially you guys, has slagged off the 2004 contract, but look, fewer strokes and heart attacks these days. Since then, you and your predecessors have used the 2004 contract as an excuse to cut our pay in real terms every single year for the last decade, but you did get to improve the Health of the Nation and Save Lives. You initially disbelieved our ability to work hard, thinking we were on the golf course most of the time, but you know we GPs will always do what we can to make it work. You thought exactly the same of our hospital colleagues too with the same results. Trying to do a good job is in our nature. It means, in conjunction with all the above, we could be more accessible, we could devote time to be seeing the truly sick, we could concentrate on appropriately referring those who need to be seen. And because we have time, we will be able to actually reflect, review and develop (all essential parts of our job) and do all we can to make the NHS work.

At the moment, we are just fire-fighting with a rapidly diminishing and demoralised workforce, holding back the hordes of inappropriateness you have sent our way, whilst jumping through all those ridiculous hoops you've set us just to make a living. What this means at the end of the day is that we don't feel we're doing a good job. And that's not good for our patients. You can only fire-fight for so long before you have had enough. It's not going to last.

It's a tall ask, I know. It involves a complete sea change in your current thinking and direction. You might need to speak to some advisors about this, but I think it is just about doable. And enacting this would be much quicker than the last decade of slow death of General Practice, the slow death of NHS that we're going through now and also would be much quicker to enact than the consequent rebirth of NHS Plc and Collaborative Primary Care or whatever you're going to call it. You might even get some results before the election. Mustn't forget the votes.

Back to faith and what I believe. What I strongly believe. I believe that, at the end of the day, when I am a patient, and we all become one sooner or later, when I am sick and vulnerable, I would rather see a satisfied, happy, fresh GP who has great job satisfaction and an equally great family life, and whom I know is going to care enough to do the very best for me, whilst keeping my utmost confidence, than see some overworked, tired, burnt out, unhappy, protocol-following, clock-watching factory healthcare worker ticking computer checkboxes into my remotely monitored health insurance record.

I daresay you might believe it too. I know that my patients believe it. Anyway, have a think about it and get back to us via the usual channels.

Kind regards

Yours faithfully

Michael Wong  
GP in Ripley, Derbyshire  
Ever your servant