

Dear GPC

I went to a CCG meeting last night about new models of care, dictated from on high and it is clear that colleagues in the CCG are either delusional or disingenuous on pushing through Sustainability and Transformation Plans which are neither sustainable in the long term nor able to achieve transformation without considerable unresourced time and effort from change-fatigued GPs who are already overwhelmed with day-to-day donkey work.

There is just no answer to the intolerable demand, lack of capacity, crippling workload, and recruitment and retention woes, other than platitudinous acknowledgement that they are aware. It goes without saying that no amount of 'forward viewing' will be achieved without addressing these factors. The lip service paid to these issues is interspersed with veiled threats that failure to not only continue to provide all normal services and additionally failure to engage with these new processes of collaborative working will be met with warnings of further practice closures and isolation whilst surrounded by an MCP world. So there's the plan, or part of it as least.

Further, there is no evidence that any of the much vaunted and pump-primed Vanguard sites around the country will have the longevity to solve the problems of the NHS, now having to manage, as expected, on less funding than originally. And it is also clear that many are expected to fail in some sort of massive money-swallowing experiment in futility. The aim probably is to keep everyone busy whilst the real agenda continues to play out; I believe that such networks, the successful ones at least, whilst we are told overtly that they are all about promoting patient-centred care and improved outcomes, they are actually driven by cost-cutting at their cores, with noctor-heavy protocol-driven structure and that they are the precursors to private provision of some form, either through evolution or takeover.

I find it strange that 'choice' is a word bandied about so readily in the NHS, yet we as GPs, in our respective membership organisations of course, seem to retain responsibility without the rights or the power to change outcomes. Equally ironic, given that this new system was meant to be clinician-led and outcome-based.

Additionally the complete lack of understanding that General Practice is absolutely crucial to the NHS, with phrases like 'it's not all about General Practice you know' betrays clear directives from government. Such phrases are insulting considering that the NHS would collapse before a day was out without General Practice filtering the ideas, expectations and concerns of a million patients and absorbing the associated incalculable risk.

The only model of care that has withstood the test of time throughout all the changes of the NHS has actually been the partnership model based around the simple yet effective doctor-patient relationship, still here after all the changes around it, however everyone accepts that even that is now at risk, but then that is only because it has been deliberately starved of resources. General Practice, and indeed the NHS itself, only runs now because of the dedication and goodwill of its workers.

If the government was truly interested in new models which maintained high quality care then it would fund General Practice itself at appropriate levels that would encourage small business innovation, investment and collaborative working and things would naturally evolve from this. Instead we are forced to make changes towards wholesale unproven 7 day schemes, stretching everyone thinner on the ground and sacrificing safety and quality in the process, tactics which seem to be much in favour at the moment.

Short of injecting massive amounts of cash into the system, or modestly charging patients, neither of which will happen, I am convinced that there are only two ways out of this sorry mess:

1. Further closures of enough GP surgeries until a critical mass results in the collapse of the entire NHS
2. The GPC immediately starts collecting undated resignations from GPs, again until a critical mass is achieved, for joint submission to NHS England

I believe the NHS is now beyond saving, given all that is at play and given that the real issues are deliberately not being addressed, but I do think that some form of General Practice can still exist, so either way is preferable to me. If option 1, then the sooner everything fails the better, rather than this slow death we are seeing, however if option 2, then I would suggest that the GPC act soon, before General Practice becomes too fragmented. I think only by doing this can General Practice then come out of this, with or without the NHS.

Yours sincerely

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