Why nobody wants to be a GP

By John Kapp, 22, Saxon Rd Hove BN3 4LE, 01273 417997, johnkapp@btinternet.com, see papers on section 9 of www.reginaldkapp.org.

1. Executive summary - Councillors are now responsible for GP practices

Being a doctor used to be a high-status profession, but the primary care system is now a crash waiting to happen - 8 practices have already closed in our city, and 3 or 4 are at high risk of closing in the next year. Surveys of GPs show that most are planning to retire early in the next few years, and nobody wants to replace them. The remaining 37 practices are already at (or beyond) full capacity, so any further closures will leave the patients displaced in the unprecedented position of being unable to register (as has already happened to NHS dentists). Although CCG chairman, Dr David Supple held a Big Conversation about this on 27.9.17, he failed to identify any plausible solution, and dismissed my suggestion that the root cause is that GPs have been reduced to legal drug dealers (pill pushers) for the drug companies in a toxic NHS. (I can well understand that he and his colleagues are too ashamed to publicly admit this)

Whatever the cause, a solution must be found. Councillors have not been affected hitherto, because the statutory responsibility for the provision of GP registration for 314,000 patients in the city used to be with NHS England. However, last April (2017) this responsibility devolved to our CCG. Nevertheless, they are only appointed council officers, who are statutorily accountable to our Council, so the buck stops with our elected councillors, particularly the 5 on our Health and Wellbeing Board (HWB) who have to sign off all the CCG’s strategies and plans, together with their errors and omissions. Hitherto they have trusted the CCG officers, and nodded through every paper, which ignores the root cause, so the crisis has got worse.

The solution is for councillors on the HWB to refer back the CCGs strategy and operating plans until they empower GPs to do their proper job of prescribing meditation rather than medication (talking therapies, such as the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course which teaches patient self care) The Better Care Fund provides £25mpa this year and next to provide these talking therapies to our vulnerable citizens at Community Care Centres, (mental A&Es), but which the CCG have hitherto refused to commission (as described in papers on my website).

2 Report on the Big Conversation event on 27.9.17

I attended this meeting together with about 20 members of the public. Dr David Supple (chairman of the Clinical Commissioning Group, CCG) gave a presentation, followed by a breakout with Dr Andy Hudson (chief of leadership and engagement, and a GP at Preston Park surgery) and Murray King (who is responsible for GP commissioning throughout Sussex and advises all the local CCGs).

Dr Supple opened by saying that he started his career being responsible for 2,000 patients who were much less medicated than they are now. His power point slides included 10 actions which the CCG are taking to address the problem of recruiting and retaining GPs, but they were all provider-centred (such as re-procuring the 111 service with the Out Of Hours service). None of them were patient-centred, nor addressed the root cause of why nobody wants to be a GP, which is over-prescribing of drugs. I said that
we need to change from ‘medication to meditation’, but Dr Supple did not take my point, and promptly changed the subject. I discovered the following.

a) 7 GP surgeries have closed since 2015, and one more (Ridgeway, Woodingdean) is closing in Oct, reducing the total number of practices from 49 in 2015, to 37 (some, such as Trinity, have amalgamated).

b) The statutory responsibility for ensuring that all citizens of Brighton and Hove can register with a GP surgery in the city transferred from NHS England to our CCG in April 2017. The patients currently supposed to be registered number 314,000, which is more than our population, as some patients living outside our city boundary (such as in Newhaven) are registered with our city’s practices.

c) Murray King said that only 5 of those 37 practices have capped (closed) their lists, and the remaining 32 have open lists, and are taking new patients on to their registers.

d) I told him to check this data, because it conflicts with what I was told at the Wish Park Patient Participation Group (PPG) on 5.9.17. Practice manager (Greg Barnes) told us that Wish Park have 7,200 patients listed now, having taken on about 1,300 more since the closure of Goodwood Court. They have just reopened their list (which they had capped for nearly a year) in the hopeful expectation of recruiting another salaried GP, but who is still not yet in post. He also implied that most of the practices in the city have had to cap or close their lists because of the unavailability of GPs and practice nurses. I therefore believe that the CCG’s reporting system is faulty, and that the governing board are misinformed about the seriousness of the situation. It is increasingly difficult to get appointments.

e) Murray said that 3 or 4 practices are at high risk of closure in the next year. He wouldn’t disclose which, but I have heard that Benfield Valley and Burwash Rd (Hangleton) may be among them, which will impact on those in West Hove (Portslade Health Centre, Links Rd and Wish Park).

f) We had a short discussion about dentists, (for which the CCG is not responsible) but It is generally acknowledged that it is now impossible to find a NHS dentist in the city. Andy said that GPs now have to treat patients with dental abscesses, caused by neglected dental care from the lack of NHS dentists.

g) Somebody asked whether paying GPs more would solve the problem. David answered: ‘no, not even a 20% rise would attract them.’ This shows that the underlying problem must be very deep, and gives weight to my ‘pill pusher, legal drug dealer’ theory, which needs to be discussed openly, and not presumptuously denied.

h) I asked Andy Hudson had he ever prescribed a mindfulness course? He said: ‘no, I refer my mental patients to the Wellbeing Service.’ I said ‘do you know that there is a 6 month referral to treatment (RTT) waiting time, so patients may jump off Beachy Head?’ He admitted that this RTT is too long, but could not see that it is the CCG’s duty and within their power to commission and procure sufficient talking therapies to bring down the RTT to a few days, so that GPs can provide a proper mental health service that is fit for purpose, thereby feeling that they are doing good (rather than harm).

3 The root cause of the problem – over-prescribing of drugs

I continue to hammer my slogan: ‘medication to meditation’ at public meetings, but the GPs and CCG are totally deaf to this point. It is an ‘elephant in the room’, as the conversation immediately stops, and the subject is always promptly changed. I therefore conclude that this solution is politically incorrect and
taboo. However, the shortage of GPs is a brand new problem which has arisen only in the last few years, whereas becoming a doctor used to be regarded as one of the highest status professions and applicants require the highest grades at school.

I reminded the meeting that patients go to the doctor for treatment to cure them, but for mental disorders GPs, A&E doctors, and psychiatrists can only prescribe drugs, (anti-depressants and anti-psychotics) which do not even claim to cure, but have side effects making patients keep coming back in a revolving door, overwhelming primary care. This treatment is often worse than the disease, making doctors feel guilty about breaking their Hippocratic oath ‘do no harm’, and making their job soul destroying, so that they don’t want to continue working in this toxic system.

4 Why can’t GPs admit that they have become pill pushers for the drug companies?

They are too ashamed to admit that they have been taken in by the drug company marketing, so take the natural action of going into denial. Some of them have sampled what they prescribe, and become addicted, so feel doubly ashamed. Even if they are clean, professional solidarity prevents them from exposing their colleagues in the medical profession.

This is not a local problem, but is now worldwide, as the drug companies have conned almost every country in the world to subsidize their ‘pill for every ill’. This is a story in which everyone wants to believe, but is not true, as with street drugs. Many books have been written exposing this, but the drug companies have been powerful enough hitherto to maintain the status quo. However, Donald Trump publicly endorsed Dr Andrew Wakefield and ‘The truth about vaccines’ in the run up to his election in 2016, so a paradigm shift has started, and the whole house of cards could suddenly fall down.

5 What can be done locally about this?

The good news for patients is that everything is already in place for the CCG to commission and procure sufficient effective talking therapy (‘medication to meditation’) so that doctors could do what their name implies (‘doctare’ is latin ‘to teach’) and want to go to work and continue for a lifelong career.

For example, the Better Care Fund was enacted in July 2013, and funded from April 2015, but the money was not spent as Parliament intended (paper 9.112 of www.reginaldkapp.org). This year (2017/18) the city has been allocated £25 m with which to treat 2,500 Rachels (65, depressed in sheltered accommodation) and Daves (40, alcoholic and homeless) in Community Care Centres, (mental A&Es) with SECTCo’s £1,000 intervention of one day per week for 10 weeks of a NICE recommended Mindfulness Based Cognitive Therapy (MBCT) course and supporting meditations.

I have been suggesting this solution in papers published on section 9 of www.reginaldkapp.org, (such as 9.117), but the CCG cannot listen to, hear or read this, as they are deaf and blind by their conditioning and shame. ‘Clinical commissioning’ means buying treatments that work in sufficient numbers to treat all that need it within the statutory waiting times (2/6/18 weeks RTT) but the CCG have only rolled over the old 5 year performance based contracts that don’t work for patients, so the crisis worsens. Councillors should change this scandalous abrogation of duty of the CCG, for which we are all paying as taxpayers.

6 Conclusion - councillors are now responsible for GP practices

The bad news (for councillors) is that since last April, they are responsible for everything that the CCG does (and doesn’t) do, as the terms of reference of the Health and Wellbeing Board (HWB) say that they have to
call the CCG to account by signing off their strategies and operating plans. Hitherto Councillor Daniel Yates and his HWB committee have preferred to blame Jeremy Hunt for the lack of GPs, but the buck now stops clearly with him and his HWB, and ignorance of this change in the law is no excuse.

Hitherto, councillors in West Hove have not had any complaints from residents that they cannot find a GP practice with whom to register. Hopefully this is because Charter Medical Centre and Wish Park have had enough spare capacity to absorb those displaced from Goodwood Court. However, it may be that some patients have not yet been able to re-register, but still think that NHS England is in charge, so don’t complain to their councillors. If and when other surgeries close, (such as Benfield Valley and Burwash Rd), councillors should be prepared to have to deal with these justified complaints.

The purpose of this paper is to alert all councillors of their new responsibility for the provision of primary care services, (just as they have always had for social care, schools, etc) and the leaders of the CCG, who can now relax into being council officers, who are on tap not on top, so should just do what they are told.

7 Recommendations

a) **To Healthwatch** I suggested to David Lilley that Healthwatch should set up a committee of experts by experience to consider this paper and make recommendations to the HWB (on which he sits) about finding a solution to this problem. I suggest that he recruits the retired GPs who gave evidence to the HOSC (Dr Chris Tredcroft) and the working party on the STP, (Carl Walker, Jane Roderick-Evans, and Judith Aston).

b) **To CCG leaders.** The good news is that the buck for solving the crisis in primary care (by empowering GPs to do the healing job to which they were called) does not stop with *you*, but with the councillors on the HWB. You should therefore pass the buck up the line to them, and do what they instruct you to do, as council officers, and obedient servants.

c) **To councillors on the HWB.** Summon the CCG to have a Big Conversation with you, to discuss this paper, and decide how you are going to get the CCG leaders to overcome their shame, and work to your instructions to solve the crisis in primary care on behalf or your electorate and taxpayers.

d) **Advisor to the HWB** I am willing to read the papers coming from the CCG governing board to the HWB for ratification and sign off, (next meeting on 14.11.17) and advise you councillors about them, so you could then give better consideration to them than you have in the past, and if necessary refer them back, instead of nodding them through. Others (such as those named in a) above, could also be invited to do the same.

I look forward to receiving your comments.
DETOXIFY THE NHS WITH ‘MEDICATION TO MEDITATION’ TO EMPOWER GPS TO WORK FULL TERM AND ATTRACT NEW ONES


Campaigner, John Kapp (81) has called on councillors on the Health and Wellbeing Board (HWB) to have a Big Conversation with Dr David Supple, chairman of the Brighton and Hove Clinical Commissioning Group (CCG) to detoxify the NHS by adopting a policy of ‘medication to meditation’. (see attached 4 page paper which will be published as 9.123 on www.reginaldkapp.org)

8 surgeries have already closed in the city, and 3 or 4 more are at high risk of closing because GPs are retiring early, and nobody wants to replace them. The remaining 37 practices are running at full capacity, and any further closures will mean that the displaced patients will not be able to register with a GP. This will prejudice their health, as the inability to see a NHS dentist has already prejudiced the dental health of many of our citizens.

John believes that the root cause of this crisis is that doctors can only prescribe drugs which don’t even claim to cure, but have side effects making patients keep coming back in a revolving door, overwhelming surgeries and A&E. Doctors were called to heal and cure their patients, but knowing that these drugs generally do more harm than good (as with street drugs) feel guilty and ashamed. Rather than increasing this toxic environment, they take early retirement. Statistics show that prescribing of drugs has been doubling every decade, and now more than a billion monthly prescriptions are issued in England, showing that half the population are on 3 drugs, mostly against NICE guidelines (such as antidepressants).

The statutory responsibility for ensuring the continuity of registration of the 314,000 patients in the city changed from NHS England to our CCG 6 months ago in April 2017. However, the CCG staff are only appointed officers, and are statutorily accountable to our elected councillors on our HWB, who are Daniel Yates (chairman) Karen Barford (deputy chairman) Nick Taylor (opposition spokesman) Dawn Barnett, and Dick Page.

John has written to them asking them to instruct David Supple to do the job that the CCG were created to do, namely ‘clinical commissioning’. This means buying treatments which heal and cure patients, such as the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course, which teaches patients how to look after themselves better, so do not need so much public services.

Funding is already allocated for this, such as £25 mpa Better Care Fund, for treating vulnerable patients, personalised as Rachel (65, depressed and in sheltered accommodation) and Dave (40, alcoholic and homeless), in Community Care Centres, which are mental A&Es. This funding has been available since April 2015, but to date the CCG has not commissioned any Community Care Centres, nor treated any Rachel or Dave, which is a scandal, particularly as the Council has committed to a policy of ending the need for rough sleeping by 2020.
If these councillors work together with David Supple to detoxify our city, it would become a truly ‘Bright town’. Our GPs would then be empowered to stay on for a full term career, and newly qualified GPs would be attracted to come and work for them here. Thus Brighton and Hove could lead the way out of the crisis in primary care.

John has also called on Healthwatch to set up a committee of experts by experience (including retired GPs and researchers) to study this problem, and write a report for the HWB next meeting on 14.11.17. If you are interested in joining this campaign, please contact John Kapp at the above contact details.