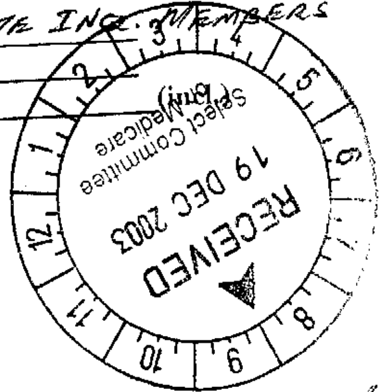
TO BE PUT ON PUBLIC RECORD

HEALTH MONITOR
MEDICAL CENTRE

DR MICHAEL PIETRYK

FACSIMILE TRANSMISSION

Att: ALL M'CARE SENATE INQ. MEMBERS
Date: 18.12.03
No. of pages: 16



Senator Meg Lees
Aust. Progressive Alliance
PARLIAMENT HOUSE, CANBERRA ACT.

Dear Senator Lees,
Please review my submissions to the first Senate Inquiry on Medicare.
It appears that very obvious evidence of gross GP Medicare underfunding has been totally ignored with the current gov. now playing "serial inquiry" political games to avoid facing its responsibilities.
It is emphasised that (under Australian Company law) any enterprise (eg. Medicare) which cannot pay its bills when & as they fall due must be declared bankrupt & liquidated. A pathetic $25 patient refund or "bulk-billing" payment to GPs for a consultation of up to 25 mins. is less than 1/2 of what a DOG is worth at the vet. In no way can Medicare be construed (as it has by "Health Dept" officials on well-paid taxpayer-funded sinecures!) as a properly-run, fair "Health Scheme". Scheme indeed!!
THE $90 BILLION BLACK HOLE IN FED. P.S. (INC. THE HEALTH DEPT.) "SUPER" HAS LED TO THE DESPERATE "MEDITHEFT" OF MORE THAN $2 BILLION from "bulk-billing" GPs + patients that have been dudded with only 1/2 ($25) of the proper (RVS) refund of $50.

Yours Sincerely,

New GP angst at Medicare reform delay

by Edwina Light

GP frustration is building over delays to Medicare reforms, with progress now stymied until February next year when a second Senate inquiry will report on the federal government's latest Medicare package.

While the new Senate inquiry presents GP groups with a further opportunity to lobby for an $820 million restructure of attendance items, Australian Divisions of General Practice chair Dr Rob Walters said the politicisation of the Medicare debate was delaying meaningful reform.

Senate inquiry member and Australian Progressive Alliance senator Meg Lees has urged doctors to put their issues forward, particularly key information, such as the final report on the proposed Attendance Item Restructure. It was not available during the first Medicare inquiry.

However, Dr Walters said "game playing" by politicians was adding more hurdles for GPs in their push for GP-preferred Medicare reforms.

"It makes GPs disillusioned with the process and the future."

The federal government's MedicarePlus package was put on hold until after the new Medicare Inquiry reports, after the Australian Democrats and the government failed to reach agreement on fine-tuning of the package which would guarantee its passage through the Senate.

The Democrats were reportedly seeking extension of the $5 bulk-billing incentive to all bulk-billed consultations and lower thresholds for the proposed new Medicare safety nets.

"You've got to overcome two fronts for change now – convincing the government and then convincing the Senate," Dr Walters said.

AMA president Dr Bill Glasson was also pessimistic about the inquiry process, labelling it as "a waste of time".

"What will give us pressure for change is the approaching federal election," he said.

The Senate inquiry is accepting submissions until 19 December 2003 and is due to report on 11 February 2004.

Meanwhile, the AMA has also commissioned research from Access Economics on the indexation of Medicare rebates, with GP groups unanimous in their rejection of the current index, which they consider inadequate. MO

LONG, DRAWN-OUT "INQUIRIES ARE A STANDARD POLITICAL PLOY USED AGAINST GPS IN THEIR TOTALLY JUSTIFIED CLAIMS FOR REMUNERATION JUSTICE.

EG., AFTER SEVEN YEARS OF DELIBERATION THE "RELATIVE VALUES STUDY" (RVS) WAS TRASHED BY WOOLDRIDGE WHO TOTALLY IGNORED THE "UMPIRES DECISION" WHICH STATED MEDICARE BULK-BILLING SHOULD BE

An appropriate fee for appropriate care

EDITOR: Prime Minister John Howard is much less than honest in stating "the purpose of bulk-billing was always to protect the less well off".

The PM knows he did not win power until he did a total back-flip from the abovementioned position, and until he indicated that vote-winning bulk-billing freebies for all would remain unchanged.

Freebies win elections, but the PM is already known as the inventor of the 'non-core' election promise.

Former health minister Dr Michael Wooldridge boasted that he had the political power to grind the AMA [and presumably all GPs] into the dirt when Dr Kerryn Phelps constantly demanded either remuneration justice for GP bulk-billing or the abolition of bulk-billing.

With Mr Howard's blessing, Dr Wooldridge shackled GPs to a $25 bulk-billing fee (half vets' fees) despite a government-initiated independent Relative Values Study stating that $50 was the fair fee.

However this government believes that might is right, and spin-doctor Wooldridge publicly defamed GPs as "just plain greedy and after a 100% pay rise". Since when is restitution of the $2.7 billion per annum under-funding in bulk-billing a pay rise?

In conclusion, the (plucked) chickens have come home to roost: GPs are no longer willing to allow the government to steal half their income.

Thus Medicare becomes a non-core election promise, and GPs will charge an appropriate fee for appropriate quality care.

Dr Michael Pietryk
Heidelberg, Vic

Herald Sun, Tuesday, April 15, 2003

Hidden tax adds $30b to coffers

By FLEUR ANDERSON

PRIME Minister John Howard yesterday admitted to presiding over Australia's highest taxing government.

But he rejected findings that Australians were paying more tax than before the GST was introduced.

Mr Howard was responding to reports the Federal Government collected an extra $31.1 billion each year in hidden taxes on items such as Medicare, sugar, milk, petrol and plane tickets.

"I can tell you that obviously if you look at nominal dollars then every government is the highest taxing ever because the nominal amount of dollars collected always rises," Mr Howard said.

But he did not accept the "highest taxing government" tag when the annual tax collection was considered on a proportional basis.

Pressure has been building on the Government to lighten the tax burden on ordinary Australians in the form of tax cuts in the May Budget.

The $31.1 billion was revealed yesterday as industry body the Australian Industry Group urged the Government to give something back to middle-income earners.

"Bracket creep is pushing Australians into the higher income tax brackets," AIG chief executive Bob Herbert said.

"We should not be asking middle-income earners to pay 42 per cent and 47 per cent of their extra income in tax."

The Government should lift the second highest tax threshold from $50,000 to $52,500, after which the 42 per cent tax rate would kick in, according to the AIG's Budget submission.

Without the reform, the Government's election promise that 80 per cent of taxpayers would pay 30 cents in the dollar or less in tax would be broken.

Mr Howard has repeatedly talked of possible tax cuts but the war with Iraq and national security were bigger spending priorities.

Treasurer Peter Costello has played down tax cuts, forecasting a small Budget surplus and highlighting the costs of war and the risk of an uncertain global economy.

Opposition Treasurer Bob McMullan said yesterday the Government should still be able to afford tax cuts for middle and lower-income families.

He accused Mr Costello of hanging on to tax cuts until a federal election or if he ever succeeded Mr Howard as prime minister.

"In the United Kingdom last week, the Chancellor of the Exchequer, Gordon Brown, was able to fund the much larger British military commitment and deliver tax cuts and deliver a surplus," Mr McMullan said.

"If a well-run budget can pay for the war, deliver tax cuts and deliver a surplus in the United Kingdom, Peter Costello should be able to do the same."

An Access Economics report released yesterday said the Commonwealth coffers were healthier than the Treasurer and the Prime Minister would have the "spending ministers" believe.

Access Economics estimates bracket creep, where wages are pushed into higher tax brackets because of inflation, would add an extra $17 billion to the Commonwealth bank account over three years.

HOWARD + COSTELLO DELIBERATELY CONTINUE TO UNDERFUND MEDICARE "BULK-BILLING" BY $2.7 BILLION (VALUING YOU THE PATIENT AT $25 — HALF OF WHAT A DOG IS WORTH AT THE VET) IN SPITE OF HAVING AN EXTRA $30 BILLION IN "HIDDEN TAXES" COMING IN EACH YEAR.

THE GOVERNMENT DOES NOT CARE ABOUT "MEDICARE"

(COMMONWEALTH "PUBLIC SERVANTS"/VOTERS ARE MORE IMPORTANT)

We need morale action, not surveys

Doris Young
Professor of General Practice,
University of Melbourne

A NUMBER of health bureaucrats have said to me over the years: "You GPs are a whingeing, unhappy lot!"

Are we?

If we are, are our grievances justified?

Certainly, the observation that we are unhappy is supported by a host of GP well-being surveys, conducted annually by GP groups. As expected, these quick surveys have had varied response rates, but they all concluded that a large proportion of GPs are dissatisfied with their current roles.

Factors such as poor remuneration, an overload of paperwork, excessive government control and unreasonable patient demands were cited as reasons for dissatisfaction, with a high proportion of GPs saying they would leave general practice if they had a choice.

As a professor of general practice, how can I instil enthusiasm and passion among my students about general practice when the morale among GPs is apparently so low? How can I stop teachers discouraging students from entering general practice? It is with self-interest I put forward the argument that GP morale has to be raised. But how?

First and foremost, payment for general practice services must be increased. Remuneration is a reflection of the value placed on our services and an indicator of our worth to the community. What is our market value compared to other doctors and health professionals? What attributes does a GP contribute to the healthcare system?

> "Remuneration is a reflection of the value placed on our services"

I think the answer lies in our unique communication/consulting styles and problem-solving skills, our ability to diagnose and manage a diverse range of problems in a diverse population, and our ability to offer a responsive service that adopts a patient-centred bio-psychosocial model of care.

Why are these skills worth so little when compared to removing a few age spots or performing an investigational procedure? Why are GP services so undervalued by consumers and health bureaucrats alike? We must all ensure that due recognition is given to the intellectual property and other skills that a GP brings to every consultation.

Another way of boosting morale is to vary the content of general practice by enhancing the scholarship role of GPs through teaching and research.

In Australia, this role is undervalued and under-supported by health bureaucrats and educational institutions. I would argue that increasing support for GPs to teach and do research will raise the intellectual rigour of general practice as an academic discipline, and thereby its perceived value and GP morale.

The flow-on effect will be that a larger number of GPs can become educators and researchers, providing an alternative career structure for GPs. In reviewing the literature on GP well-being, I found that GPs who had a variety of roles had higher job satisfaction and suffered less burnout than those who were only involved in direct patient care.

However, in order to free up GPs to take on the more intellectually challenging clinical and academic work, better practice support must be put in place. GPs need to reorganise their practice structure so they can have stimulating interaction with peers and arrange proper time off to recharge, reflect and take on other roles.

It is time for all GP groups to unite to increase the morale of GPs. We do not need more surveys, but action. Increased remuneration and improved practice support for general practice and valuing GPs as researchers and teachers are the ways forward.

Letters Editor

Tony Abbott, new Health Minister has been quoted (MO 17/10) as saying "Australians do not want ministers to play politics with their health, and that means TELLING THE TRUTH ….." Quite so! GPs and patients have both had enough of "stunting" – the futile and feigned ignorance of severe problems by previous health ministers determined to *appear* to be doing something important whilst in reality cleverly and deliberately *avoiding* the hard issues.

The hardest to consider is the staggering **$90 BILLION** in unfunded "super" owed to the Commonwealth PS, including an over-zealous HIC constantly and unfairly fiscally constraining GPs at the clinical coalface ostensibly "to save the taxpayers' money" only to have it sucked into this super black hole.

Successive malfeasant governments have failed to properly fund actual investments for their employee "super" (ref: Bulletin Magazine 26.11.02, copy available on fax request 03 9459 5830). To do so would have required raising taxes which would result in a politically unacceptable loss of votes.

Also the appropriate, responsible path of increasing the Medicare levy to adequately fund general practice would similarly lose votes – instead money has been progressively filched "on the quiet" by miscreant politicians from general taxpayer revenue so that today the levy covers a mere quarter of outlays: hardly the intention of the original Medicare charter lost in political expediency.

Politicians have issued 8 million "health care cards" as a glaring vote-buying ploy. The notion that more than a third of Australians are "disadvantaged" is absurd, self-serving politicking. In requiring GPs to "bulk-bill" such card holders, politicians have unashamedly displayed one of the cardinal principles of dirty politics: get someone else to do the work but you, the politician, take the credit!

Successive governments have, in addition, failed to responsibly budget for the looming huge fiscal problem of an ageing population seeking pensions.

Little wonder that the "independent umpire" Relative Values Study recommending a long overdue doubling of Medicare rebates (ie. restitution of $2 BILLION stolen from the MBS each year) was dumped by government with obscene haste: too much TRUTH for politicians to handle!!

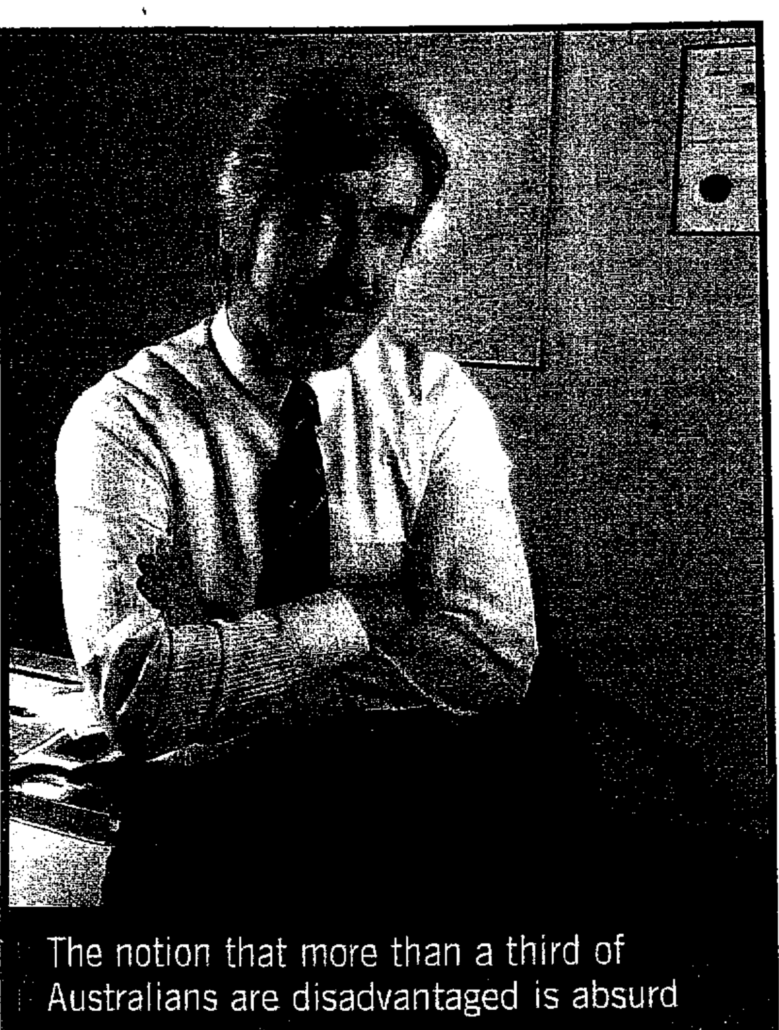
Such crass "Meditheft" from patients as well as bulk-billing, scapegoated GPs cannot continue as a born-again "truthful" Mr Abbott will appreciate, hopefully without the vengeful reminder of the ballot box.

Yours sincerely

Dr Michael Pietryk

letter

'Meditheft' cannot continue for long



The notion that more than a third of Australians are disadvantaged is absurd

EDITOR: Tony Abbott, the new federal health minister has been quoted as saying "Australians do not want ministers ... to play politics with their health and that means telling the truth" (*Medical Observer*, 17 October).

Quite so!

GPs and patients have had enough of 'stunting' – the futile and feigned ignorance of severe problems by previous health ministers determined to appear to be doing something important while, in reality, cleverly and deliberately avoiding the hard issues.

The appropriate, responsible path of increasing the Medicare levy to adequately fund general practice would lose votes.

Instead, money has been progressively filched from general taxpayer revenue so that the levy today covers a mere quarter of outlays: hardly the intention of the original Medicare charter lost in political expediency.

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In requiring GPs to bulk-bill such cardholders, politicians have unashamedly displayed one of the cardinal principles of dirty politics: get someone else to do the work, but you, the politician, take the credit.

Successive governments have, in addition, failed to budget responsibly for the looming fiscal problem of an ageing population seeking pensions.

Little wonder that the independent umpire, the Relative Value Study, which recommended a long overdue doubling of Medicare rebates (i.e. restitution of the $2 billion stolen from the Medicare Benefits Schedule each year), was dumped by the government with obscene haste. It was a case of too much truth for politicians to handle.

Such crass 'Meditheft' from patients as well as bulk-billing scapegoated GPs cannot continue, as a born-again 'truthful' Mr Abbott will appreciate, hopefully, without the vengeful reminder of the ballot box.

Dr Michael Pietryk
Heidelberg, Vic

Dr Michael Pietrvk

26.8.03

The Editor,
Medical Observer Letters

Dear Sir/Madam,

I have read a considerable amount of dissembling nonsense from Wooldridge's protégé Kay Patterson, but her statement (MO 22/8) that "patient rebates for after-hours services provided by **ALL** GPs were increased by 50% in 2001" plumbs new depths of political fakery and sheer humbug.

LET IT BE BROADCAST LOUD AND CLEAR THAT POLITICALLY ASTUTE GPs ARE FULLY AWARE THAT THE FEDERAL GOVERNMENT IS TECHNICALLY BANKRUPT DUE TO THE $90 BILLION (YES FOLKS, THAT'S $90,000 MILLION) IN UNFUNDED SUPERANNUATION LIABILITY OWED TO ITS COMMONWEALTH "PUBLIC SERVANTS" (INCLUDING THE FEDERAL HEALTH DEPARTMENT AND THE HIC).

And yes folks, that **does** mean that government hasn't been following its own rules and putting money away into "super" for its employees , a malfeasance for which us mere mortal GPs would be heavily fined! Although bankrupt, the government is trying (illegally according to company law) to trade whilst insolvent and pretend it is in the business of running a "health insurance scheme".

Patterson claims to have "seen a variety of models of after-hours care". It would appear that by far the most common "model" has escaped her as well as the "unique stress" on GPs of the HIC valuation of that model at a quarter of what a dog is worth at the vet!

I am referring, of course, to the metropolitan GP who turns up for work at his surgery for a fixed number of hours on a Sunday, reminding the Minister that on that day by law surgery staff must be paid overtime rates. Can the minister enlighten us which specific item number in the HIC's schedule was "increased 50% in 2001" to cover this very common metropolitan GP scenario?

Let me inform the Minister that her HIC requires the metropolitan GP to itemise his account on a Sunday with a Monday to Friday in hours item 23 $25 rebate - one quarter of the $100 plus vet fee on a Sunday! Furthermore, if the GP out of compassion for the "disadvantaged" bulk-bills, then in effect HIC legislation dictates the GP payment is **LESS** than Monday to Friday in hours, given the overtime surcharge for staff. The 50% increase was applied to only the uncommon and mostly rural scenario in which a GP is called back after hours to open up his surgery for one or two patients.

I suspect the Minister is fully aware of this situation but her public face is (as with all matters affecting GPs) one of feigned ignorance.

Given her stated enthusiasm for meeting with doctors "face to face in the work environment", Kay Patterson is invited to my surgery any Sunday of the year to observe me charging an appropriate fee for after hours service and itemising accounts with an item number according to the "independent umpire" RVS.

The RVS, totally ignored by a bankrupt federal government unable to pay appropriate and fair rebates, is the line drawn in the sand; from there I don't retreat. I refuse on moral grounds to be an entangled accessory to **THEFT** by government from patients with its paltry item 23 $25 joke of an "after hours" rebate. Let Patterson try a "face to face" with patients (ie voters) in my surgery on a Sunday and explain to them why she values them at a fraction of vet fees! All Sunday patients at my surgery receive a copy of the "Bulletin" article of 26/11/02 exposing the $90 billion "super" black hole along with an explanation of their rebate. Readers can receive a return fax copy by faxing me on (03) 9459 5830.

In accordance with Bankruptcy Law, an administrator should be appointed to Medicare and it should be liquidated. As a business, Medicare obviously is not "able to pay debts as they become due and payable" (a standard directors' declaration required of public companies). A morally as well as financially bankrupt government should not be allowed to be in the health insurance business let alone dictate monopoly status for itself in direct contravention of ACCC principles. Of course, none of this will come to pass. What will happen is that I will be "investigated" by the HIC ("KGB") for "illegally" providing my Sunday patients with a proper and appropriate after-hours rebate according to RVS valuations.

My message to self-serving HIC apparatchiks (more worried about their tenuous hold on their all-important "super" rather than any sense of justice in GP rebates competing for tax payers' funds with that "super") is that **GPs OWN THEIR SKILLS AND THOSE SKILLS ARE NOT AVAILABLE FOR DISTRIBUTION TO THE PUBLIC AT WHATEVER LAUGHABLE PRICE BANKRUPT TOTALITARIAN GOVERNMENT CHOOSES TO PAY.**

The opposite view equates with "command economy" constantly indebted, bankrupt Communism. The history of such sovietized regimes in Eastern Europe has shown that such economies benefit only their elite authoritarian cabals.

The much-revered Socrates was sentenced to death by poisoning with hemlock for siding with what he believed to be true rather than what he knew would be popular. In his eloquent work, "The Consolations of Philosophy", Alain De Boton states: "True respectability stems not from the will of the majority but from proper reasoning".

The HIC purports to represent the will of the majority when in fact it represents no-one's opinion bar that of its own well-remunerated operatives – I have yet to meet a patient who agrees with being valued at a quarter of what a dog is worth at the vet!

...3/

Alain continues with his own soliloquy: "One of the saddest of fates is to be good and yet judged evil. Bitter enemies are appointed to positions of power over us, and denounce us to others. In the hatred unfairly directed towards an innocent philosopher we recognise an echo of the hurt we ourselves encounter at the hands of those who are unwilling to do us justice. We should not look to Socrates for advice on escaping a death sentence; we should look to him as an extreme example of how to maintain confidence in an intelligent position which has met with illogical murderous opposition".

GPs can certainly empathise with that.

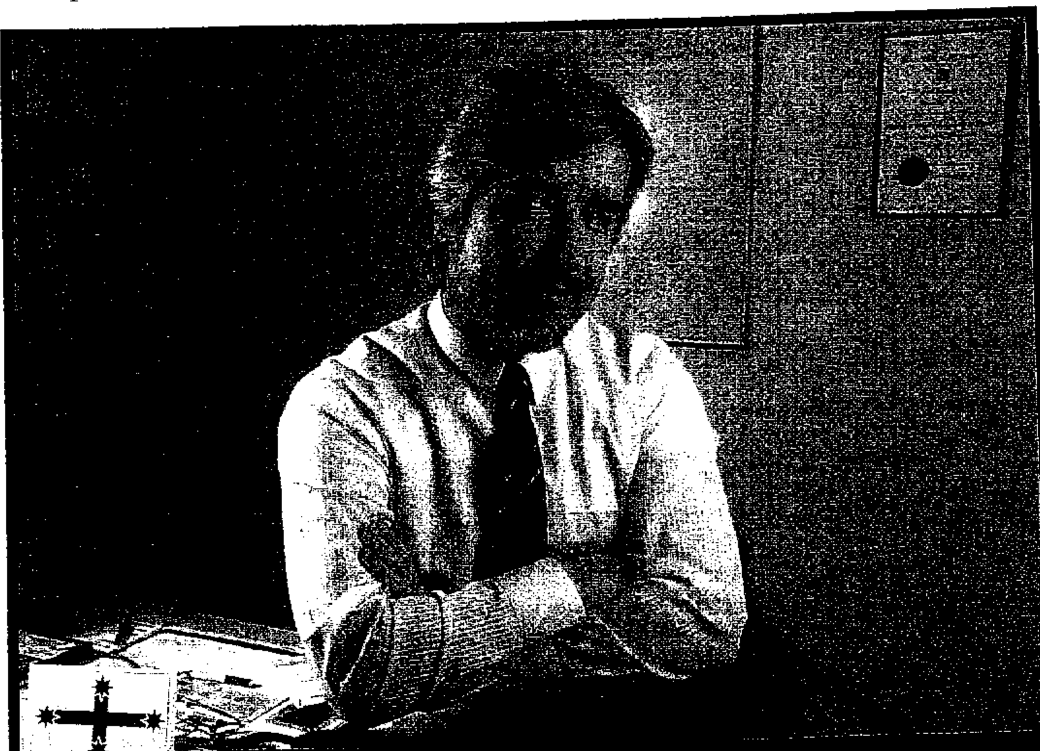
Yours sincerely,

Michael Pietryk

Which rebates are 50% higher, senator?

EDITOR: I have read a considerable amount of dissembling nonsense from Senator Kay Patterson, but her statement that "patient rebates for after-hours services provided by all GPs were increased by 50% in 2001" (Opinion, 22 August) plumbs new depths of political humbug.

Senator Patterson claims to have "seen a variety of models of after-hours care". Yet it would appear that by far the most common model has escaped her, as has the unique stress on GPs of the Health Insurance Commission (HIC) valuation of that model at a quarter of what a dog is worth at the vet.



Let Senator Patterson try a face-to-face with my patients, and explain why she values them at a fraction of vet fees

I am referring, of course, to the metropolitan GP who turns up for work for a fixed number of hours on a Sunday. I remind the minister that, on that day, by law, surgery staff must be paid overtime rates. Can the minister enlighten us – which specific item number in the HIC schedule was increased 50% in 2001 to cover this very common metropolitan GP scenario?

Given her stated enthusiasm for meeting doctors "face-to-face in the work environment", Senator Patterson is invited to my surgery any Sunday to observe me charging an appropriate fee for after-hours services and itemising accounts with an item number, according to the 'independent umpire', the Relative Value Study (RVS).

The RVS, totally ignored by a federal government unable to pay appropriate and fair rebates, is the line drawn in the sand: from there, I don't retreat.

Let Senator Patterson try a face-to-face with patients (i.e. voters) in my surgery, and explain to them why she values them at a fraction of vet fees.

Dr Michael Pietryk
Heidelberg, Vic

Govt urged to inject $1b into Medicare

(EACH YEAR)

photolibrary.com

The $1 billion surplus might help the proposed Medicare reforms make it through the Senate.

by Karen Burge

GP groups have backed calls for the federal government to inject $1 billion of its $7.5 billion budget surplus into measures to make the Medicare reform package more attractive to GPs and a hostile Senate.

Australian Progressive Alliance Senator Meg Lees said that if the government committed $1 billion in extra funds "to provide some real support to GPs", the bill would have a far better chance of making it through the Senate.

AMA council of general practice chair Dr David Rivett supported the move, saying the money should be spent on providing fair rebates to general practice patients.

"An added $1 billion per annum rather than just over four years would be ideal."

Rural Doctors Association of Australia president Dr Ken Mackey said more funding was welcome, but hoped the Medicare package would be introduced without "coercion elements" such as bonded medical places.

He said that a "fair share" of the surplus should go to healthcare, particularly to the worse off part of healthcare – rural general practice.

Australian Divisions of General Practice chair Dr Rob Walters said: "If the funds were injected into some of the principals of the package, such as single point of service transaction and practice nurses, then that would go a long way, but they would have to be prepared to compromise on the compulsion element of the bulk-billing issue."

GP groups also want the government to support the proposed seven-tier Medicare attendance item re-structure – which aims to reward longer consultations – with RACGP council chair Associate Professor Claire Jackson saying the plan had been warmly welcomed by GP groups and doctors.

"Many of the GPs I've been speaking to feel that's a much more equitable remuneration to their patients for their services than what patients currently get through Medicare," she said.

Professor Jackson also urged the new federal health minister to consider using the funds to assist with access to general practice and the medical indemnity levy. **MO**

Mediocrecare

26 September 2003 | Australian Doctor

Claim nurses can fill GP roles — only cheaper

BY GEORGE LIONDIS

NURSES would take over many of the key functions performed by GPs, including diagnosing patients and prescribing medications, and would be paid through the MBS like GPs, if the recommendations of a new paper are taken up.

The international team of authors of the paper, published in *Australian Family Physician* (September), believe the plan could be the solution to the shortage of GPs in some rural and remote areas in Australia.

Nurses could also "take on functions currently undertaken by GPs in a more cost-effective manner while still maintaining quality of service".

The paper calls for the establishment of a new type of nurse — the family nurse practitioner.

The nurses would become the first point of contact for primary care for people in rural communities, filling a role currently reserved exclusively for GPs.

They would manage "both medical and nursing problems", including "conducting physical examinations, ordering, performing and interpreting appropriate diagnostic and laboratory tests, and prescription of pharmacological agents and other necessary treatments to manage the conditions which they diagnose".

In a move the paper's authors conceded would be controversial, nurses would be paid the same as GPs through the MBS to perform the tasks.

They would also have to undergo extra training at a postgraduate level.

"Given the probability that primary care nurses can undertake many, if not all, of the functions which are currently the province of the GP, and can do it in a more cost-effective manner, it therefore seems logical to adopt a policy of role interchangeability," the paper said.

Central Queensland University professor William Lauder, who wrote the paper with a team of academics from Europe and the US, said the proposals would anger some GPs, who would feel their status and financial security were being threatened.

Similar proposals in the US and Europe had led to "vicious" debate between the general practice and nursing professions, and polarised the medical community, Professor Lauder said.

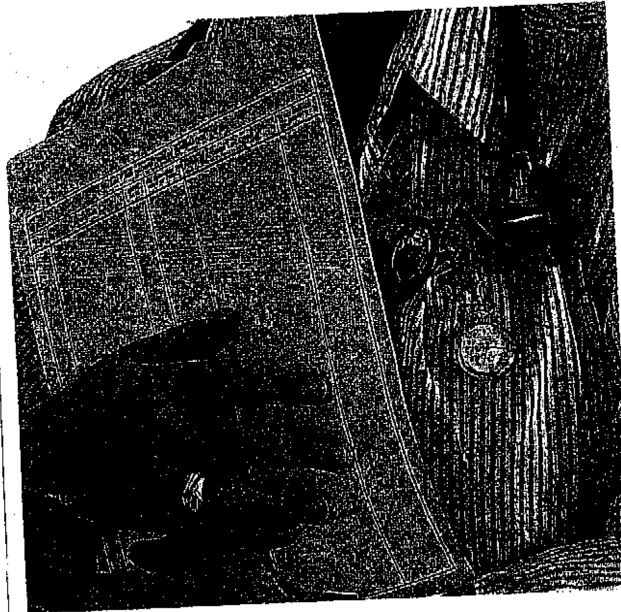
However, the biggest resistance to the new nursing roles would come from nurses themselves.

Professor Lauder said other nurses would feel threatened by those who attained family nurse practitioner status.

He also hosed down suggestions that nurses were in as short supply as GPs in rural areas.

"Some people say we can't recruit nurses as it is. My argument is that one of the reasons why we can't recruit is that they currently have a poor career structure," he said.

Australian Family Physician 2003; 750-52.



A FINANCIALLY AND MORALLY BANKRUPT GOVERNMENT NOW WANTS TO REPLACE GPs WITH NURSES – WILL THE STANDARD OF MEDICAL CARE BE THE SAME ?

THE "FINAL SOLUTION" FOR THE GP PROBLEM . . .
REPLACEMENT BY "NURSE PRACTITIONERS" !!
(HAS ANYONE CONSULTED THE PUBLIC ON THIS PROPOSED [illegible]ISATION OF THE MEDICAL SYSTEM ?)