

Zero tolerance

M T Pocket

Like many general practitioners (GPs) I reached for the bag of frozen vegetables, sweet corn actually, wrapped this in a towel and placed it against my cheek when I heard I was to get zero pay rise. After all, it was a slap across the face to learn that my hard work checking and recording every single little detail about a patient's health, and then enduring the pathetic comments in the said patient's satisfaction survey report, was from now on to take money out of my pocket. I don't often agree with those doctors who play at representing the profession but in this case I did because, yes, GPs have had a pay cut this year, no question.

For me, both personal and professional costs of living are increasing. Gordon Brown has single-handedly threatened my patient visiting service by slapping a huge road tax increase on my 4x4 – it's not as though I work in a rural area but my children's school expects parents to transport their 'fee-paying angels' safely, and if you looked after some of our estates then you would drive a Hummer too. Plus staff demand, and have been given, a pay rise.

So we had a little pow-wow the other day, an extraordinary practice meeting. Extraordinary because everyone came, seemed interested, and stayed till the end. Sow the seed of job losses and people become very obedient and agreeable. The only item on the agenda was saving money. If standards are to remain, and indeed have any chance of improving, but no extra money is coming in, then we have to save money or, to use a filthy word, make cutbacks.

It was reassuring to find that I wasn't the only bitter and twisted member of our practice. In fact, the ideas that my team came up with put a lump in my throat. I was proud of them. Over the years we've had away days, team-building exercises and bonding sessions, some of which (thanks to the booze) have ended up with some unfortunate physical rather than just emotional bonding. Thank goodness emergency contraception is available over the counter and that forward-thinking stores offer a round-the-clock service. But never before has our team gelled so well and been so unanimously clear on how to approach the future. From now on, it would be zero tolerance.

Selling off some of the chairs in the waiting room was the first idea. Patients could share chairs; they didn't need one each. But what about the obese patients; they're already sitting on two chairs so it would be impossible for them to share. Anyway, two fat people on one chair equals broken chair. Not only would that mean spending money on a new chair, and repairing the floor, think of the costs if they sued us. OK, ban fat people from the surgery. Re-register them elsewhere. No, obese patients are priceless as regards QOF points, we need them. They offer guaranteed year-by-year points just like long-term private psychotherapy pays a mortgage.

Then the penny dropped, and everyone scrambled for it! Get rid of all the chairs. After all, if we see patients quickly, achieving super-access status, patients won't have time to sit, so no need for chairs. Those who find it difficult to stand will probably be in a wheelchair anyway, and if they're not we can arrange for social services to organise

one for them. We'll come across as so helpful. No more need for our dog-eared magazines either, which no doubt could be sold on eBay.

Someone then had a light bulb moment, literally, and low energy of course. The patients could walk around the waiting room whilst waiting, if they had to wait that is. We may even be able to get some funding for this cardiovascular health and fertility-promoting clinic from the PCT. But what about the wear and tear on the floor? Treadmills. Yes, that's the answer. Sponsored, so they cost us nothing. Patients benefit by getting exercise, we benefit by protecting the floor from wear and tear and not needing chairs. With some appropriate electrical connections, patients on the treadmills could generate power so our electricity costs fall but we can still have electric light. How green we would be: better get ready for a visit from Her Royal Highness, not the new BMA President, the other one. Just in case the costs of this idea were to be prohibitive – after all, people do fall off treadmills with the regularity of a good laxative and, although entertaining to watch, so far as insurance and legal costs are concerned it can be expensive – an alternative solution was placed on the subs bench. Surgery would only be open during daylight hours, which will be great for our SAD patients.

From now on our formulary would contain mostly over-the-counter drugs and patients would be encouraged to get their family planning advice and pill supplies from family planning clinics. Women wanting any form of intrauterine device would be asked to sign an agreement that these would remain *in situ* for a minimum period of time, dependent upon nationally agreed guidelines, and under no circumstances would their premature removal be entertained.

On leaving the surgery, instead of a prescription patients will be given a bag of rubbish to dispose of for us so we'd no longer need to pay for refuse collection. Care was to be taken to ensure that incriminating paperwork was not placed in general waste. Anything remotely patient related would be kept to one side and at the end of each week would be ceremonially burned under moonlight in the practice garden whilst we all enjoyed a celebratory glass of wine.

Everything was falling into place. Patients would be encouraged to bring their own toilet tissue as the practice would no longer be providing this. You'd be amazed how many toilet rolls actually disappear when there's not a Labrador puppy in sight. Coin-operated toilet door locks would soon follow. And whilst we're on the subject of tissues, no more in the consultation room. Patients who wished to cry could bring their own or, better still, cry elsewhere, which would make consultations quicker thus enabling us to see patients more efficiently.

It was also decided that each month the practice would have a 'yard sale' at which those patients who felt they knew more than us about health could further fuel their delusion by buying the medical equipment and supplies that we no longer had any use for. Added to this we believed that our weekly 'Guess the weight' of a particular patient would serve not only to increase awareness of the importance of healthy weight management but also the contents of our petty cash box, which would fund the aforementioned wine. If successful, in time this idea would be expanded to include 'Guess the blood pressure', 'Is she on the pill?' and 'Does he have an STI?' amongst many

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others. We did, however, draw the line at 'Guess the STI scratch-and-sniff cards'.

Our practice team had never been so motivated and already we've set about putting our plans into action. Whether they'll be acceptable to our patients remains to be seen. I expect patients will react in the same way that GPs

did when the zero percent pay award was announced. Initially there will be much shouting and wailing that it's not right and not fair, but after a month or two the moaning will have stopped. Everyone will have impotently accepted it and all that will be heard is a quiet rustling, not of discontent, but of the extra notes in my wallet.



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