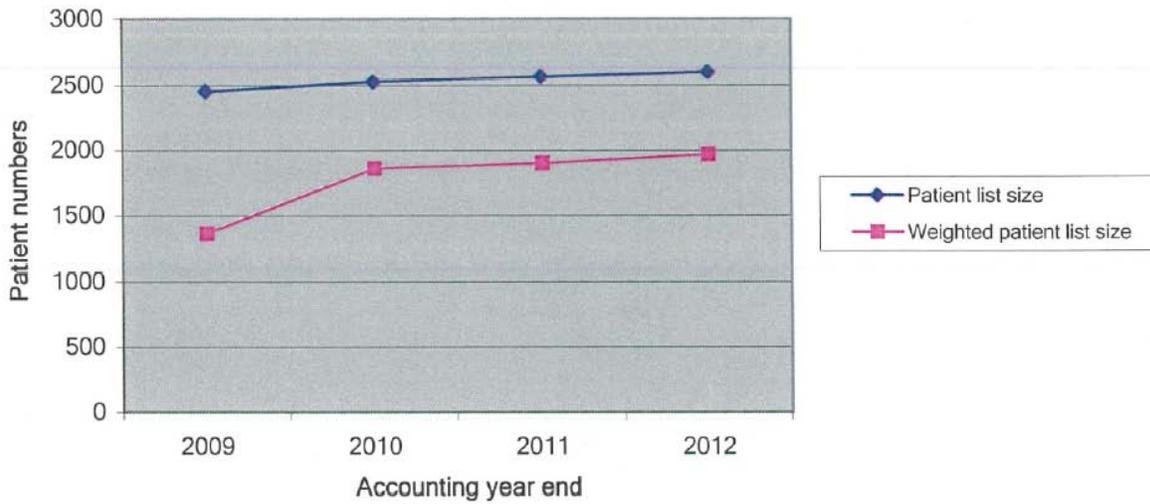


GRAPHS PRODUCED BY PRACTICE ACCOUNTANT

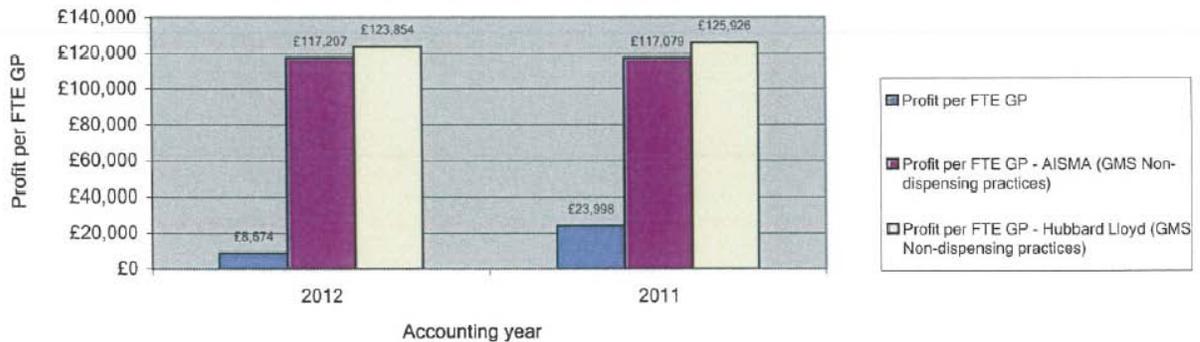
(Hubbard Lloyd)

THE GREENWOOD SURGERY YEAR ENDED 31 MARCH 2012

Average patient list size



Practice Profit per FTE GP (After adjustment for personal income/expenses)



In Hubbard Lloyd ranking of client earnings per FTE GPs for 2012;

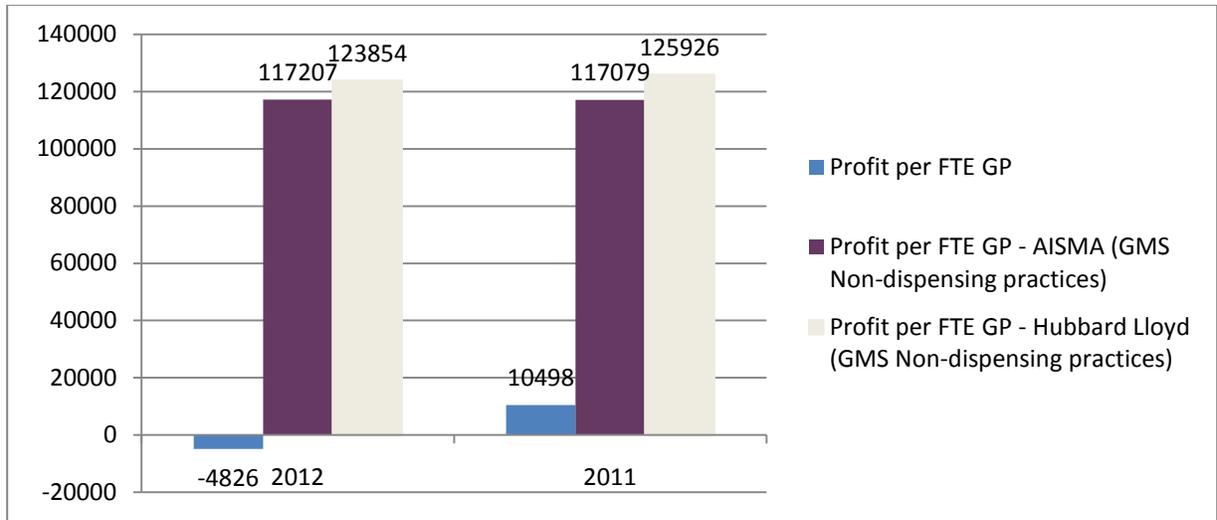
- GMS Non-Dispensing practices
- All practices

**4th quartile
4th quartile**

**(2011 - 4th quartile)
(2011 - 4th quartile)**

The above graph showed a 'profit' of £8674. The accountant pointed out, however, that this includes a sum of £13,500 for 'rent' – i.e. for the use of surgery building. To work out what the single handed GP is paid for looking after nearly 3000 patients this figure has to be deducted. This means, therefore, that I effectively paid the sum of £4826 for the privilege of looking after my patients for a whole year. What of the Seniority pay due to me for service to the NHS for 30+ years? I don't get a penny of that because I don't earn enough to qualify. (It's not worked out based on hours worked ... but on how much you earn.)

The following graph, produced by the practice manager, is identical to the one above except that it just shows what I am paid for looking after my patients. (In other words, this is what it looks like if you deduct what we are paid for 'rent' of the surgery building.) This is probably a better indication of the true state of affairs as the only reason we seemingly made a profit from the rent was because we were obliged to use the money for patient care (and so we had to let the building fall into disrepair.)



The first (blue) column shows a loss of £4826 for the last financial year for which we have figures - and the second (blue) column shows a profit of £10,498 for the previous financial year. The latter equates to a rate of pay that is less than half the minimum wage for the hours I put in.

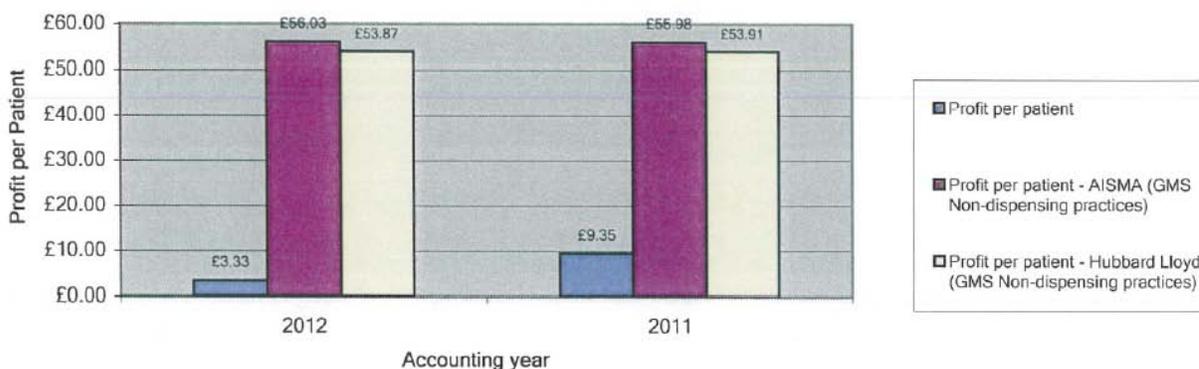
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The following graph shows the 'profit per patient per year.' Again, this is much, much lower than any of the other practices in the area that use Hubbard-Lloyd ... and much lower than the national average (AISMA)

PTO

THE GREENWOOD SURGERY YEAR ENDED 31 MARCH 2012

Practice Profit per patient (After adjustment for personal income/expenses)



Conclusion – here in SWF we have an extraordinary situation which has been allowed to go on- and on – and on. Since 2004, any patient who left our practice and joined any other practice in the town immediately enjoyed a substantially larger slice of the NHS cake. This, then, is an example of discrimination by the NHS against a practice and its patients. It is not being over-dramatic to point out that this is fraud on a massive scale – these patients have paid their taxes and have every right to be treated on the same basis as everybody else – and yet they find themselves in a practice which has nothing in its budget for any doctors.

During the year in question we had a practice manager who claimed for just about everything it was possible to claim for and made sure we were ‘top of the pops’ when it came to popularity ratings and QOF etc. So there is no convincing reason (other than good old-fashioned discrimination) to account for this situation.

There is a new twist to the story. Another practice in the same town has just been closed and over 1000 of the patients have signed on here. Although we are only a few hundred yards away we get less than half their budget (as calculated in £ per patient per annum.) Patients from that practice don’t have to get any younger or richer or healthier to suddenly find themselves treated as second class citizens – and nor do they have to move to a posher postcode. They merely have to move to another practice a few yards away. This then is a new twist on the postcode lottery whereby it’s the postcode of your GP (rather than your own one) which determines how well or how badly you’ll be treated by the NHS.

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NOTE: Bear in mind that the practice did not have any GPs on the payroll throughout the entire financial year – the only GP present was me and, as you can see, I didn’t get paid a penny. If we had employed a salaried GP or taken on a locum(s) the end of year figures would have been MUCH worse – and they’re already pretty bad! It was for this reason that the former practice manager (Janice Nightingale) suggested that we should evolve into a ‘nurse led surgery’ – and it is this strategy that has enabled us to continue to provide some sort of service to our patients despite the formidable constraints within which we have been made to work.

JC