Comments on funding assistance for GP

My impression is that if there is funding available to assist GPs, it should not be directly dished out to GPs. I know GPs are in desperate need for assistance but this is not the public perception. The public still think doctors are privileged and well off. Funding which appears to line the doctors' pocket so they can buy another flat screen TV is likely create a public outcry.

My proposed model is for a funding assistance for doctors in the form of subsidized services.

Let's call it "Practice Enhancement Project".

Under this project, **funding is provided to pay for SERVICES (not goods) which will allow a doctor to spend more time with patients.**

Funding is allocated on a yearly basis. The doctor must apply for the funding, stating who the service provider is and how the service will allow him/her to see more patients. The service provider must provide a tax invoice on a monthly basis. The tax invoice is forwarded to the PEP for payment.

The public and the politicians should have no problem approving this project as the funding provides direct employment, hence a stimulation to the economy. Since the funding does not go to the doctor, nobody can say the fund lines the doctors' pockets and the funding is less likely to be abused. Tax invoices ensure the service providers are legit and all payments can be accounted for.

Some example of funding can be in the form of: practice nurse, bookkeeper (if a doctor has to spend 5 hours a week doing bookwork, then funding to pay for a book keeper for 5 hours a week will allow the doctor to spend 5 more hours with patients) , babysitter, tradesman (building an extension to a room may facilitate patient throughput, doctor pays for the material, the funding is for the tradesman), new computer system may help improve Pt care, doctor pays for the computer, funding pays for the IT or networking person to set up the system. In fact, it is up to the doctors' imaginations what services they will need to help them see more patients.

This will be a win win situation for government, patients and doctors. Nurses can be employed under this project and they can be providing services much more effectively under this model than an independent nurse clinic.

The division is perfectly situated to be the fundholder.

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