



December 2025

To All Leicester, Leicestershire, and Rutland General Practitioners and Practice Managers.

Dear Colleagues

LLRLMC NEWSLETTER

Welcome to our **DECEMBER** Newsletter which includes feedback from our LMC Board meeting, and other current issues.

No time to read this newsletter? Then listen to the Podcast:



SUMMARY OF IMPORTANT INFORMATION:

[Check if you are signed up to OpenSafely](#)

[Are you ready for Christmas/New Year Subcontracting?](#)

[Do you and your staff use NHSmail appropriately?](#)

Topics in this newsletter:

- 1) [LMC Meeting DECEMBER 2025](#)
- 2) [OpenSafely –**ACTION NEEDED**](#)
- 3) [NHSmail \(NHS.net Connect\) –**LIMIT TO WORK USE**](#)
- 4) [Leicestershire Health Informatics Service – **YOUR HELP NEEDED**](#)
- 5) [Changes in Training and Development](#)
- 6) [OPEL Reporting and Directory of Service rating](#)
- 7) [LLR Shared Care Record](#)
- 8) [New GMS Contract / 10 Year Plan](#)
- 9) [Google Reviews of General Practice](#)
- 10) [NHS Health Checks – **FURTHER UPDATE FOR CITY PRACTICES**](#)
- 11) [Sub-Contracting for Christmas Eve and New Year Eve](#)
- 12) [Podcasts](#)
- 13) [Upcoming LMC Events](#)
- 14) [Advertise your Job Vacancies Free with the LMC](#)
- 15) [Available to Work](#)
- 16) [Final Thoughts](#)



OpenSafely
Has your practice
enabled this?
Click to find out how
and why it is crucial.

As always if you have any comments, questions, or suggestions please [contact the LMC](#)

1. LMC MEETING - DECEMBER 2025.



The LMC Board met on 10 December 2025. Dr Gang Xu (Medical Director from February 2026, UHL) attended on behalf of UHL.

Dr Ruw Abeyratne (UHL Director of Health Equality and Inclusion) also attended who is their lead on the development of Neighbourhood Health Services. A full discussion regarding the opportunities and threats of the 10 Year Plan and the Neighbourhood project was discussed. Board members noted that whilst transfer of services from secondary to primary care is evidence based, this cannot be at the expense of destabilising existing general practices. It was made clear that the LMC would expect to be involved in designing and agreeing to any pathway which could potentially impact general practice.

The LMC Board discussed many other issues including:

- Can we fix It – Download Button on ICE.
- Campaign to stop Google reviews of general practices
- Ten Year Plan/Contract Update
- Concerns about Tasks from Midwives
- Problems with IT support by LHS.

ANY GP, GP REGISTRAR, OR PRACTICE/PCN MANAGER IN LLR
CAN ATTEND AND OBSERVE A MONTHLY LMC BOARD MEETING.
CLICK ON THIS BOX IF YOU ARE INTERESTED

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2. OPENSAFELY.



THIS IS AN IMPORTANT ISSUE FOR GENERAL PRACTICES AND NEEDS ACTION.

As per our [August Newsletter](#) and [October Newsletter](#), NHS England issued a [Data Provision Notice](#) (DPN) in July 2025 which requires GP Practices to provide the OpenSAFELY Data Analytics Service.

We are advised that many practices have still not signed up for this. Following feedback, GPCE has been working with the RCGP, NHS England and the OpenSAFELY team to reduce the burden on Optum/EMIS Web and TPP/SystemOne practices in England in accepting the OpenSAFELY Data Provision Notice.

45% of practices in England have signed up, but only 20% in LLR. OpenSafely allows other bodies to access GP data **with the oversight of the profession**, if practices do not sign up the alternative will be a mandated data extraction without this degree of control by GPs.

Signed The NHS England website has been updated this week with clearer instructions:

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/opensafely/how-to-activate-access>

There is now also an agreement over a single national Data Protection Impact Assessment (DPIA) which practices can note, reducing any need to construct their own. The Joint GP IT Committee reviews are now referenced within this national DPIA. No additional work is needed by practices. The national DPIA is available via the above web page.

There is also has a link to a 2-page "easy read" version of what OpenSAFELY is

(<https://digital.nhs.uk/binaries/content/assets/website-assets/services/opensafely/the-nhs-opensafely-data-analytics-service.pdf>) including a link to a short video (<https://www.youtube.com/watch?v=GRjRqOAlVY8>).

All practices need to do now is activate the service, note the national DPIA, update their website privacy notice (suggested text is in the above web page) and update their Record of Processing Activity (ROPA).

For any comments or queries [click here](#).

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3. NHSMail (NHS.NET CONNECT).



Please remember that your NHSmail account is a work account and can be accessed by your employer etc.

When I was part of the small team which designed NHSmail in 2005 to replace the previous X400 accounts, one of my stipulations was that it should be an 'email for life' so your address followed you for the whole of your work-life as you transferred between different work places, and also supported more than one job.

Since then, like many, from time to time I have very occasionally used for non-work purposes (mainly due to my succinct easy to use address – gji@nhs.net).

NHSmail has recently been rebranded as NHS.net Connect (anyone know why???)

However, recently there have been incidents (not in LLR) of NHS employers successfully requesting full access and control of an employee's NHS email account. There is case law supporting an employer's right to do this, e.g.:

- [Brake v Guy](#): The Court of Appeal found that a former employee's personal emails sent from a "general enquiries" email address owned by their employer could be accessed, indicating that the expectation of privacy may not apply in such cases.
- [Bărbulescu v Romania](#): The European Court of Human Rights ruled that an employer could access an employee's workplace email account without breaching privacy rights, provided that the monitoring was reasonable and necessary.

This has caused the salaried GPs significant problems as they were suddenly unable to access the accounts. I have provided advice and support, but once due process is followed, as the NHS owns the email accounts, there is nothing that can be done to stop it.

Please ensure that you stick to using your NHS.net Connect account only for work and avoid using it to send anything which could be embarrassing.

There are many other email providers that can provide accounts for personal use. GPs may be interested that mail.com has the domain 'dr.com' available for free email accounts (I reserved gji@dr.com when it first became available, which I plan to use into retirement).

For comments or queries please [email the LMC](#).

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4. LEICESTERSHIRE HEALTH INFORMATICS SERVICE (LHIS).



The LMC is receiving an increase in concerns regarding the LHIS service.

The ICB is required to provide various hardware, software and support for general practices. The details should be set out for each individual practice in the [CCG Practice Agreement](#). What the NHS supplies is set out in [The Primary Care \(GP\) Digital Services Operating Model 2019-2021](#). As you can see both documents are now well out of date (newsletter passim).

The ICB delivers the requirement by subcontracting with LHIS which is hosted by the Leicestershire Partnership Trust.

Issues that have been reported include:

- Practices charged for replacement of worn-out peripherals (mouse, keyboard etc).
- Prices for peripherals that can only be purchased from LHIS being extortionate.
- Practices advised that they need to purchase new kit without consideration whether current can be repaired.

If your practice has been affected or has other concerns about the LHIS service, [please contact the LMC](#). It is easier to make changes if we have clear examples where it is not working.

For comments or queries please [email the LMC](#).

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5. CHANGES IN TRAINING AND DEVELOPMENT.



As per our [August Newsletter](#) and November Newsletter following the ICB's decision to axe the Training and Development programme for General Practice, the LMC will fund Bluestream for all LLR practices with effect from 1 April 2026 initially for a 3 year period.

In addition, we have been clarifying what face to face training will and will not be provided.

With effect from 1 April 2026 the following WILL CONTINUE TO BE PROVIDED:

- [Safeguarding training](#)
- [Oliver McGowan Training](#)

The following WILL NO LONGER BE PROVIDED, and practices will need to pay for it:

- Basic Life Support
- Vaccination

For comments or queries please [email the LMC](#)..

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6. OPEL REPORTING AND DOS RATING.



The LMC has been contacted by practices concerned that when they are OPEL reporting that the ICB is changing the DOS rating to Amber and not to the appropriate Red. The LMC’s view is that this is a patient safety issue

We have raised this previously (see [October 2024](#) and [January 2025 Newsletters](#)) where we advised that practices should advise when they require their DOS setting to be changed when OPEL reporting.

The current DOS RAG ratings are below:

RAG	DoS definitions
Green	Service has capacity available. The service can accept referrals and is likely to meet any disposition timeframe.
Amber	Service has limited capacity. The service can accept referrals but they are busy and may not be able to meet the disposition timeframe. Alternative services should be considered where possible.
Red	Service has no capacity. The service is not able to accept referrals or has run out of appointments. Services will not present as an option (apart from an emergency department in a catch all event).
	Services can also be suspended by changing the service status to show it is 'suspended'.

If your practice is OPEL reporting and have no remaining capacity, please request DOS to be changed to RED for your practice. If the ICB only change to AMBER, please ask the ICB to reconsider on the grounds of patient safety and [inform the LMC](#).

For comments or queries please [email the LMC](#).

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7. LLR SHARED CARE RECORD.



The LLR Shared Care Record (ShCR) is part of a national programme to develop local repositories of information from general practice, community services, mental health services, social care, secondary care,

and specialist services such as ambulance services, cancer services, etc. and can also contain documents such as outpatient department (OPD) letters, discharge summaries etc.

The record can be accessed by all health and social care services across LLR.

Practices should be aware of the Shared Care Record, and how patients can opt out.

We have been asked to share the following with general practices:

- [Short LLR CR comms items](#)
- [GP – IG , safety, quality outline](#): PowerPoint summary of the strategic fit and assurance arrangements for the LLR Care Record.
- [2025 11 LLR CR rollout – GP practices](#): introduction to the LLR Care Record, including what the LLR CR looks like, what information is provided and who is using it.
- [LLR CR SOP final v1](#): high-level Standard Operating Procedure supporting integration of the LLR CR into existing processes.
- [2025 11 LLR Care Record rollout pack](#): puts some of the materials into context for organisations driving their own rollout.

The project team have provided the following online resources

- [LLR Care Record web page](#)
- [LLR CR FAQ](#), including information on
- [Introductory animation](#)
- [YouTube training refreshers](#)
- [Poster](#)
- [Leaflet](#)
- [Objection process](#)

Patient leaflets are available in multiple languages and Easy Read, with examples of how the Care Record supports patient care. These can be shared electronically or printed for patient-facing areas. Copies can be requested from: lpt.llrcarerecord@nhs.net

OPT OUT

As the shared care record is for direct care only, neither the [Type One Opt-out](#) or the [National Data Opt-out](#) apply. If a patient wants to opt-out of their data being uploaded to the shared care record, they need to either:

- email: lpt.llrcarerecord@nhs.net, or
- phone 0116 295 5296.

For comments or queries please [email the LMC](#).

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8. NEW GMS CONTRACT / 10 YEAR PLAN.



There is not much more to add this month about this. The LMC continues to be concerned about aspects of the 10-year plan, the changes to the current GMS contract for 2026/7 and the proposed replacement GMS Contract.

Thank you for the 360 people who asked to be signatories to [our letter to Wes Streeting](#) (Secretary of State for Health and Social Care).

Many other groups and individual GPs have written to Mr Streeting about withdrawing his engagement with the GPC, his language and the inherent risks to general practice in the 10-year plan and how it is being delivered.

At least one GP has [written to the Parliamentary Commissioner for Standards](#) regarding Wes Streeting's language and abuse of the medical profession.

GP Online sent a FOI request to all ICBs in England and from those that replied found that at least 64% (extrapolating to 80%) had been contacted by one or more GPs in their area raising concerns about workload and/or patient safety as a direct consequence of the changes to the online consultation tool.

The LMC will continue to keep you up to date with developments

For comments or queries please [email the LMC](#).

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9. GOOGLE REVIEWS OF GENERAL PRACTICE.



At our December Board meeting, one member proposed that we started a campaign to get Google to disallow Google Reviews of general practice, citing the announcement that this was brought in for [primary and secondary schools](#) with effect from 30 April 2025.

The reasons cited for blocking reviews for schools also apply to general practices, with the added disadvantage that we often cannot fully respond to Google reviews without breaching patient confidentiality regardless of how abusive or inaccurate they are.

My own practice has successfully managed to require abusive/inappropriate postings to be taken down where the originator can be identified by threatening the individual with removal from the practice list, banning them from the premises and advising that we may consider legal action for defamation.

We may need your support in petitioning Google, but in the interim if there is an unfair posting on social media about your surgery that you feel unable to respond to, talk to the LMC and we will advise and discuss whether we can provide a general response on the behalf of general practice.

For comments or queries please [email the LMC](#).

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10. NHS HEALTH CHECKS – UPDATE FOR CITY PRACTICES



The LMC has previously reported the changes within PSR regulations which means that practices within the City are required to reapply and submit expression of interest for delivering NHS Health Checks from April 2026 – full details can be found: <https://www.llrlmc.co.uk/news/nhs-health-checks-city-practices/>

The City Council have advertised the NHS Health Checks service onto the EastMidsTender Portal. LLR City GP Practices can now express their interest and gain access to the full suite of documents if they have already registered onto the portal. The GP Practices have until 12:00 noon 09th January 2026 to submit their expression of interest form. Technical Support Sessions will be in place from week commencing 24th December, for those who require support to register onto the portal.

We have reported the dissatisfaction from practices around the level of financial data required to evidence. The Council has since confirmed that they have amended their requirements and no longer requirement any response for question 1.9, and no attachments of accounts, policies, and procedures for Sections 3, 4 and 5.

Practices can access the updated “Expression of Interest form v4” document once they have registered onto the EastMidsTenders portal.

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Updated timeline below and information included in the September newsletter is available [here](#).

No.	Activity	Start	End
01	Documents to be published onto the Proactis Portal	21/11/2025	
02	Drop-In Support Sessions	24/11/2025	19/12/2025
03	Deadline for submitting the Expression of Interest response document	21/11/2025	09/01/2026
04	Expression of Interest Response document reviewed by LCC Procurement and supporting teams	24/11/2025	30/01/2026
05	Award of Contract Notice	02/02/2026	
06	Contract distribution & contract signature	02/02/2026	31/03/2026
07	NHS Health Checks Contract Commencement	01/04/2026	

To discuss anything regarding the City Health Check Changes, contact Liane Pereira Liane.Pereira@leicester.gov.uk

For comments or queries please [email the LMC](#).

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11. SUB-CONTRACTING FOR CHRISTMAS EVE AND NEW YEARS EVE



If you have decided to subcontract from 4pm to 6.30pm on Christmas and New Years Eves, please remember to put in place what you included when notifying the ICB.

Practices should notify patients in advance using the follow channels *{Adapt to what your practice will be using}*:

- Practice Website
- Posters in waiting areas and on *windows/notice boards* facing outside of building
- Facebook *{+ other social media if the practice uses it}*
- *Electronic message sent to all patients*

On the two days when sub-contracting is in place, remember to prominently display a notice(s) on the outside of the premises which will state that:

- In an emergency the patient should phone 111 or 999
- That the practice is being covered by DHU and advise that on phoning the practice their call will be diverted to DHU, or patients can phone DHU directly on 0300 323 0671.
- The patient can put a request via a patient post box or letterbox of the practice, which will be acted on during the next working day.
- Patients can attend the below sites *{Highlight which is closest to your surgery}*.
 - Merlyn Vaz Health Centre, 1 Spinney Hill Rd, Leicester LE5 3GH
 - Oadby Urgent Treatment Centre, 18 The Parade, Leicester LE2 5BJ
 - Loughborough Urgent Treatment Centre, +Loughborough Hospital Way, Loughborough, LE11 5JY
- During 4pm to 6.30pm patients can send non-urgent electronic requests via NHS App or *practice website*, which will be responded to during the next working day.

Please ensure that you re-direct your telephone lines to DHU from 16.00 to 18.30 (0300 323 0671) and ensure that at 18.30 the call diversion is changed back to the normal practice message/diversion.

The practice online consultation tool (OCT) should remain available (non-urgent) throughout the core hours and highlight via your website that any requests will be managed during the next working day in line with Your and Your General Practice charter.

The following additional suggestions may help the smooth running of sub-contracted and out of hour's services during the holiday period and to ease pressures on your practice on days when the practice is open:

- arrangements are in place to ensure that repeat prescriptions are ordered and collected in a timely matter to avoid requests over the period of practice closure.
- Extend repeat prescriptions so they do not fall due during the period from 24th December to 2nd January
- Ensure patients on opiate substitution prescriptions have enough to cover practice closure periods and collect their prescriptions before closing.
- answer phone messages should be changed at 6.30pm on the afternoons of 24th & 31st December 2025 for the duration of the Bank Holidays
- Minimise or avoid pre-booking advance appointments, particularly for non-essential services, from 24th December to 2nd January
- Minimise or avoid appointments for routine consultations, i.e. non-essential services from 24th December to 2nd January
- Ensure during any sub-contracted periods that a GP from the practice is contactable by the covering service in case of unforeseen queries.
- Ensure urgent lab tests carried out during this period have the clinical condition and phone number of the patient clearly on the form.
- Ensure special notes are sent to the out of hours organisation on vulnerable patients e.g. those without mental capacity, those with complex or terminal conditions and those where special arrangements are in place (e.g. GP to be informed during the out of hours period if patient dies).
- Ensure residential and nursing home patients have repeat prescriptions, know the opening times and any sick patients have been reviewed before closing the practice.

Any questions, please don't hesitate to contact the LMC office by email (enquiries@llrlmc.co.uk) or by telephone 0116 296 2950.

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12. PODCASTS.



The LMC is developing a library of Podcasts.

The main Podcasts are monthly roundups based on the newsletters, but the library will be expanded to include interviews with other local people important to general practice.

Featured Podcast

- [2025 05 21 Interview with Louise Pinder, HM Senior Coroner, Rutland, and North Leicestershire.](#)
- [An LLR LMC Christmas carol – December 2025](#)

Monthly Podcasts

- [December 2025 LLR LMC Podcast](#)
- [November 2025 LLR LMC Podcast](#)
- [October 2025 LLR LMC Podcast](#)
- [September 2025 LLR LMC Podcast](#)
- [August 2025 LLR LMC Podcast](#)
- [July 2025 LLR LMC Podcast](#)
- [June 2025 LLR LMC Podcast](#)
- [May 2025 LLR LMC Podcast](#)
- [April 2025 LLR LMC Podcast](#)
- [March 2025 LLR LMC Podcast](#)
- [February 2025 LLR LMC Podcast](#)
- [January 2025 LLR LMC Podcast \(Long Version\)](#)
- [January 2025 LLR LMC Podcast \(Short Version\)](#)
- [December 2024 LLR LMC Podcast](#)

Recordings of Webinars

- [2025-10-09 What a GP needs to know about their pension](#)
- [2025-10-01 eLearning Platforms presentation](#)
- [2025-09-23 LMC Webinar on GP Contract Changes from 1 December 2026](#)
- [2025-09-16 Leicester City Council: An Introduction to NHS Health Check Contracts for 2025](#)
- [2025-07-30 LLR LMC Understanding Notional Rent Reviews & Improving property Webinar](#)
- [2025-06-25 LLR LMC webinar with DR Solicitors Partnership Agreements what you need to know](#)

Other Podcasts

- [2025 09 18 Dispute with NHS E/GPCE Dr Katie Bramall](#)
- [2025 03 05 BBC East Midlands Today re Migration](#)
- [2025 07 08 NHS 10 Year Plan Dr Katie Bramall](#)
- [2023 01 13 GPs in crisis: East Midlands doctors reveal difficult and desperate challenges | ITV News Central](#)
- [2022 11 22 Greatest Hits Radio re GP Crisis](#)

Please [contact the LMC](#) to let us know if you have any comments or questions.

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13. UPCOMING LMC EVENTS.



The LMC has completed its events schedule for 2025, we hope that you have enjoyed them and found them useful.

If you have any suggestions what to include in our 2026 programme, please [let the LMC know](#).

The only confirmed event so far for next year is the AGM and Award ceremony and I look forward to seeing you all there.

A list of all upcoming Training and Events put on by the LMC can always be found on the [LMC Website](#).

Some webinars are recorded – see the list in our [‘Podcasts’](#) section.

Wednesday 4 February 2026, 7pm to 10pm **An Evening with Dr Katie Bramall – Chair of GPC England**

Join Us for a unique chance to hear from the leading voice in general practice, ask questions and connect with other GP staff in the Midlands. Get ready for a relaxed and insightful night in person with Dr Katie Bramall, the Chair of GPC England. This is a unique chance to hear from the leading voice in general practice, ask your questions, and connect with others passionate about healthcare. Don't miss out on this casual and engaging evening.

This free event offers a vital opportunity to hear directly from Dr Bramall as she reflects on the current challenges facing general practice and the profession's response amid ongoing tensions with government. The discussion will focus on what this moment means for practices and the importance of a strong, collective voice in shaping what comes next.

- **Target Audience:** GPs and Practice Managers
- **Date:** Wednesday 4th February
- **Venue:** Crowne Plaza East Midlands Airport by IHG
- **Time:** 7.00pm – 10.00pm
- **Speakers:** Dr Katie Bramall

Tickets can be booked here: [An evening with Dr Katie Bramall - Chair of GPC England Tickets, Wed 4 Feb 2026 at 19:00 | Eventbrite](#)

Wednesday 4th March 2026, 7pm to 10pm **Annual General Meeting and Award Ceremony**

Join us for our annual general meeting which will include a meal, a reflection on the previous year, a talk by a celebrity doctor, and award ceremony.

- **Target Audience:** GPs and Practice Managers

- **Date:** Wednesday 4th March
- **Venue:** Marriott Hotel, Smith Way, Leicester, LE19 1SW
- **Time:** 7.00pm – 10.00pm
- **Speakers:** [SECRET]

Details, including how to book, will be released closer to the date.

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14. ADVERTISE YOUR JOB VACANCIES FREE WITH THE LMC.



The LMC continues to advertise vacancies associated with General Practice/PCN in LLR – this is a free service for LLR practices, and we hope extends reach outside the usual mailing groups.

The LMC regularly receives **negative feedback** about adverts on the LLR global Listservers, so we would encourage everyone to use the LMC facility instead.

This platform is open to everyone to view; including the public, and other organisations who may be interested in reviewing the vacancies.

All we require is the relevant details relating to the vacancy e.g. advert and any supporting information you wish to be included like Job Description, person specification, how to apply and a contact person for role.

To advertise please [email the LMC](#).

Looking for a role? All our open vacancies are available [-click here](#).

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15. AVAILABLE TO WORK



There is an increasing workforce crisis in General Practice, with many GPs unable to find a job or being underemployed.

The LMC has been continuing to spread the word on our local 'Available to Work' initiative. This is a free service which is open to LLR practices and GPs, Nurses and Practices and allows clinicians/practices the opportunity to share:

- availability of locums (GPs, practice managers, nurses)
- details of people looking for a more substantive post with LLR practices e.g. salaried GP, Salaried with view to partnership.
- to provide practices with details that could potentially fill such roles.

It is important to note that, the LMC does not endorse any adverts for vacancies (GP, PM, or Nurse), availability or opportunities which have been included on our website, and it remains the responsibility of interested parties for conducting relevant checks.

- [FOR INDIVIDUALS: I am an individual who is available to work and wish to share my details with interested LLR practices](#)
- [FOR LLR PRACTICES: I am a LLR practice looking for role to be filled](#)

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16. FINAL THOUGHTS



A Christmas ~~Care!~~ Wes

Bevan was dead to begin with. There was no doubt about that. Old Bevan was as dead as a doornail.

Ebenezer Streeting was leaving Richmond House. He nodded to the doorman and was assisted into his car by Bob his chauffeur.

“Well Bob, that was a good year’s work”, said Ebenezer rubbing his hands against the December cold.

“I was worried that Treasury would mess it up but they came through in the end. It was a close shave though – but I triumphed and have been able to put thousands of NHS managers and admin staff out of work just in time for Christmas.”

The sleek grey Range Rover came to a halt a hundred yards from Ebenezer’s house. “What’s this Bob?”

“It has turned 5 o'clock and your recent edict said no overtime and no excuses.”

“See you bright and early tomorrow” said Ebenezer.

“But tomorrow is Christmas day” blurted out Bob before being able to stop himself.

“Having Christmas day off is a poor excuse for picking a man's pocket,” said Ebenezer Streeting. “Next you will be saying you will be joining the BMA moaning meanies on the picket line.”

After a perfunctory farewell Ebenezer walked to the front door of his imposing, if delapidated, mansion. “I need to apply for more expenses and this time I may actually spend the money on what I said it was for,” he thought to himself.

As he looked upon the imposing brass knob, it turned into the likeness of Nye Bevan. The ghostly Bevan said “Ebenezer I have come to warn you to mend your ways. During my life I worked endlessly to established a health service fit for our nation, but you continue the work of the previous governments to wreck it. I have come to warn you that you will be haunted by three spirits.”

“Without their visits,” continued Bevan, “you cannot hope to recover the path I tread. Expect the first tomorrow, when the bell tolls One. Expect the second on the next night at the same hour. The third, upon the next night when the last stroke of Twelve has ceased to vibrate. Look to see me no more; and look that, for your own sake, you remember what has passed between us!”

Ebenezer Steeting turned on the light and saw there was nothing amiss “You may be an undigested bit of beef, a blot of mustard, a crumb of cheese, a fragment of an underdone potato. There's more of gravy than of grave about you, whatever you are!”

After a well-deserved glass of Louis Roederer, Ebenezer climbed the wooden stairs to his sumptuous four poster bed, noting to himself “It was a great idea getting the little ones from the children’s ward to embroider the four poster curtains as a form of therapy. Their small fingers create the finest of finishes.”

He fell into a peaceful sleep dreaming of whipping staff, and walking wearing sharpened high heeled shoes over the prostrate BMA chair.

His alarm woke him at one o’clock, but after seeing nothing was amiss hissed ‘bah humbug’ and lay down again, only to see a vapour coalesce into an amorphous form that said, “Ebenezer I am the ghost of NHS past.”

“Oh good” said Ebenezer, “I watched the play Nye twice so know everything there is to know. I even repeatedly referred to the doctors looming ominously over Nye when I lectured that BMA bunch of out-of-date laggards last summer.”

The ghost continued “but see the time before the NHS the families watching their loved ones dying in pain as they did not have the money to pay for medical treatment, the women dying in childbirth and families sent to the poorhouse due to bankruptcy from medical bills.”

“Yes, yes, yes,” said Ebenezer. “This is boring so just get on with it.”

“Next you will be haunted by NHS present” said the ghost as it shrunk into the skirting board shaking its head in despair.

Just as Ebenezer Streeting was riding the tide to REM sleep he was awoken by a bang. “I am the ghost of NHS present,” said the dishevelled spectre.

“Look upon your works and despair, Ebenezer.” The ghost showed him queues of patients longer than the eye could see, young people dying of treatable diseases. Managers running around in circles trying to pretend there were enough of them to do the job, asking everyone they passed – “do you know what the 10-year plan actually means?”

Resident doctors were on strike again, and a group of consultant surgeons were curled up in a corner saying repeatedly “can someone tell me how the AI on my computer is going to replace me, examining patients and performing operations.”

But the worst was a shrivelled figure with chunks missing and so faded you could see through it. “I feel I daren’t ask, spectre, but what is that pitiful creature.”

“That, my dear Ebenezer Streeting, is the remains of the jewel of the NHS, the most successful, productive and financially viable part of the NHS that used to be the bedrock and reason why the health of the nation was improving. That is what is left of general practice.”

“Wow” said Ebenezer “I did not realise how successful my policies have been. This will teach those irresponsible and dangerous BMA types. How dare they campaign for enough money to provide a service to their patients. What do they think the government is actually here to do?”

Once again, the spectre gave up, and left shaking his head and whispered, “Wait for the third visit.”

Ebenezer Streeting treated himself to another glass of champagne and waited for the third visit with eager anticipation.

As expected, clothed in a shroud, the third Phantom slowly, gravely, silently approached. When it came, Ebenezer bent down upon his knee; for in the very air through which this Spirit moved it seemed to scatter gloom and mystery.

It was shrouded in a deep black garment, which concealed its head, its face, its form, and left nothing of it visible save one outstretched hand. But for this it would have been difficult to detach its figure from the night and separate it from the darkness by which it was surrounded.

"Spectre" said Ebenezer "just get on with it will you – I don't have all night"

It said nothing but just swept his hand showing Ebenezer a vision. There were masses weeping. A few people were handing over their lifesavings for simple treatments. Others just sat looking as dispondent anyone can with open sores and chronic foul coughs. Most doctors had emigrated, and those left had retrained as taxi drivers or McDonalds servers.

"But" said Ebenezer, "tell me what happened to little NHS general practice."

"It is dead and buried, leaving only AI computer kiosks to diagnose and prescribe random medications for the poor unable to afford private services."

"Spirit!" he cried, tight clutching at its robe, "hear me. I am not the man I was. I will not be the man I must have been but for this intercourse. Why show me this, if I am past all hope?"

For the first time the hand appeared to shake.

"Good Spirit," he pursued, as down upon the ground he fell before it: "Your nature intercedes for me and pities me. Assure me that I yet may change these shadows you have shown me, by an altered life."

The kind hand trembled, and the spectre dwindled down into a bedpost.

"I don't know what day of the month it is," said Ebenezer Streeting. "I don't know how long I've been among the Spirits. I don't know anything. I'm quite a baby. Never mind. I don't care. I'd rather be a baby. Hallo! Whoop! Hallo here!"

Running to the window, he opened it and put out his head. "No fog, no mist; clear, bright, jovial, stirring, cold; cold, piping for the blood to dance to; Golden sunlight; Heavenly sky; sweet fresh air; merry bells. Oh, glorious. Glorious!"

"What's to-day?" cried Ebenezer, calling downward to a youth in baggy jeans and a hoodie pulled over his head, who perhaps had loitered in to look about him, case the joint, or more likely rendezvous with his drug dealer.

"Eh?" returned the boy, with all his might of wonder.

"What's to-day, my fine fellow?" said Ebenezer Streeting.

"To-day?" replied the boy. "Why, Christmas Day you barmy git, and if you ever tell anyone I talked to you I'll shank you good and proper."

“I feel as light as a feather” said Ebenezer. “It is great to see all my plans working out as expected. I need to rush to my computer to buy even more shares in private medical firms, and demand even more money from their millionaire owners.”

Ebenezer thought to himself “I need to sack more people without delay. This is all playing into my project to highlight that I am the tough one. I am the only one to have brought the BMA down, and I am the clear and obvious heir to replace Starmer as the supreme leader. It’s a shame that the NHS had to be wrecked in the process, but needs must!”

With that, Ebenezer Streeting went skipping down the street leaving a low level synchronised grinding sound of Nye Bevan and Charles Dickens spinning in their graves.

Wishing you a fantastic Christmas and Happy New Year..



Dr Grant Ingrams
Chief Executive Officer, LLR LMC
Grant.Ingrams@llrlmc.co.uk