August is famously the silly season, a slow news time with parliament in recess, when newspapers fill their pages with daft stories in the absence of serious political news. I recently returned from a two week break to find a very full inbox and a whole new range of proposed activities to keep us idle GPs busy.

Our primary care network is putting plans in place for the new extended hours requirement starting in October, which will see GP surgeries open in the evenings and at weekends. We’re also gearing up for our flu vaccination programme and the next round of covid boosters, with a new bivalent covid vaccine that requires additional training all round. But on top of this I hear that the Treasury is considering asking GPs to assess whether patients are struggling enough financially to be eligible for a prescription for money off their fuel bills.

Admittedly we’re local, we cover almost the whole population, and we’re trusted, which is a good place to start, but 30 seconds’ thought is all it takes to come up with multiple reasons why this is a bad idea. We’ve no knowledge of our patients’ financial situations and lack the skills to assess them. I suspect that even the politicians or civil servants who mooted this proposal know that we’re a bit short of GPs right now, so the question must always be, “What would you like us to stop doing to make time for this?” Put diabetes reviews on hold? Call a halt to all mental health work?

On a typical day in most practices the phones ring non-stop, and reception staff work hard to find out what the patient needs and direct them to the best person to help. Can you imagine the deluge of calls on day one of a policy like this? It wouldn’t surprise me if some surgeries were already receiving requests for this “money off” prescription, given the media coverage it’s received.

We have a welfare system that’s currently failing to provide adequate benefits to support the poorest people in our society, many in working families. We’re facing a crisis that’s likely to see huge numbers of people unable to heat their homes. I anticipate that our waiting room may get a bit more crowded this winter as people come for an appointment and stay for the warmth, although heating the premises is likely to prove a financial headache for general practices too. I’ve never seen a case of hypothermia, so I’ll need to do some catch-up reading (the NHS website helpfully advises that hypothermia is more likely if you live in a cold house).

GPs have neither the ability nor the inclination to become further embroiled in the benefits system. The Treasury and the incoming government really need to sort this one out themselves—and quickly.