



Paul Lambden is a Doctor and Dentist and currently works as a practising clinician and a clinical and strategic lead GP in Lancashire. He has previously been Chief Executive of an NHS Trust, Special Advisor to the government's parliamentary all-party Health Select Committee and a medico-legal advisor in the medical defense industry. Surely, one of the most qualified clinicians in the UK, plus a prolific author and columnist .

Lambden

PRIVATE PROVIDERS IN PRIMARY CARE?

So, should they be used or not? An emphatic 'no' say the opponents.

Their arguments are a mixture of cuddly, warm friendly supportive views about the NHS, which is to be found in the same list of protected institutions as the Queen, The Archers and Terry Wogan, and a range of business criticisms which revolve around loss of income, service fragmentation and disruption to existing primary care facilities.

'Yes' say the proponents who argue that the private sector introduces the value of competition, gives commissioners a choice of provider, eliminates a one-size fits all approach and forces down costs. So should the department support a collaborating all encompassing NHS or the competitive value for money healthcare service?

Some of the support for the NHS stems from nostalgia about what is really our only remaining nationalised industry. There is anxiety that the Department is dogmatic about the inclusion of the Private Sector and major concerns that some contracts negotiated by PCTs have been unmitigated disasters, losing vast sums of money on unrealistic block contracts.

Tendering processes are seen as costly exercises where the provider with the lowest cost, rather than the most cost-effective option, is selected, particularly in the current financial environment.

Not so, say the private sector supporters. For the NHS to be comprehensive it must include all options. If the Government is to extend general practice, new developments mean that some services are better provided outside the traditional partnership model and give options in areas of poor performing surgeries.

But, say the opponents, introduction of private providers necessarily introduce extra layers of bureaucracy with monitoring that the NHS doesn't need and the profits from contracts go to shareholders rather than being ploughed back into the service or distributed to staff. Not so say the private option supporters. If the service is better, more comprehensive and cheaper, does it matter how the money is distributed and, if monitoring is more wide-ranging in the private sector perhaps it should be more so in the NHS.

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The arguments are finely balanced but, regrettably, the NHS is a ponderous beast that is getting ever more expensive to feed and a new Government of whatever colour will need to find ways to save money.

Work harder or longer, yes, but NHS bureaucracy makes change very difficult.

New contracts with private sector providers are easy to set up and make clear demands without the problems (for the NHS) of staff conditions and pensions.

This battle royal is set to continue and should prove a considerable challenge for whoever is in Richmond House after May.