

Dear BMA,

Essentially, I think that this is a move of sheer desperation, a fudging of widely disparate political aspirations and an attempt (covert to some, blatant to others) to shift the financial burden of running the NHS over to the private sector.

It has been the most unpopular change in the NHS I have come across in the 28 years since I qualified. GP's do not want to be commissioners and freely admit in large numbers that they have no idea how to do it on this scale. Their last dabbling in GP fund-holding was a complete failure and resulted in the PCT's being created to run it properly.

I can envisage that in my area the 165 GP's are all going to get together to form a single large consortium and then employ the previously sacked PCT managers and commissioners to run it for them. In other words, just shift the payroll from an NHS resource to a privately contracted resource, which will inevitably cost more in the process. Quite how this will work any better than our current system beats me.

We have just started to see the real benefits of the last few years of financial investment and service redesign reaping rewards. Like all investment schemes, it takes times to see the dividends appear and in health terms it has been about trying to deliver all the previously un-met needs of patients and attend to all the glaring health inequalities out there. There is no doubt that some waste needed to be cleared out and the management structure and size needed simplifying and reducing respectively. Some refinement and tweaking was in order.

However, such immense and widespread change is just going to cause chaos. Who will they try to blame when the whole thing comes crashing down around us in three or four years time? Presumably by then, it will all be the fault of the GP's and when the government comes wading back in to save the dying NHS just before the next election the government ministers will be seen as the heroes!

And as for the systems of regulation being suggested, they are laughable. Again, the SHA's needed slimming down a bit but not killing off!

The only good thing that appears to be in there is the "pledge" to put patients and clinicians back at the front end of decision making. We were already making good progress on that front so I don't understand how this will make things any better. My expectation is that clinicians will now be burdened by so much management and financial activity that they will not have enough time to make proper clinical decisions any more. The decisions will soon change from "does the patient need this?" to "can the consortium afford it?", with the consultants having to ask permission to touch the patient all the time for fear of their departments being crippled financially. No more will anybody want to risk treating complex cases, just do the mainstream simple stuff that guarantees a good return with low risk. No longer will we be driven to do what we can but to stick to what we get paid for.

And the patients? They are blissfully unaware of what is going on – and I have asked many of them. When they voted, they were led to believe their beloved NHS was going to be protected. They have no concept of what is being proposed and I am quite certain that if they really understood what was going on behind all the glossy campaigning and rhetoric, they would demand another election! I bet that there will not be a minister in sight once all the complaints start coming in.

Nope, these plans will not be going down in my list of reasons to stay enthusiastic about working in the NHS! I said all along that a hung parliament would be a disaster for the NHS and it appears that I was right. What we have now is pretty much the worst future that I could have ever imagined.

Perhaps Mr Lansley needs to remember that London, WC1 is not representative of the wider NHS! Perhaps he should consult a bit more widely next time.

Yours faithfully,

A P%&&£ Off Member!*