Uncertainty over reorganisation is destabilising primary care

Adrian O'Dowd *London*

Primary care staff are leaving their jobs or are becoming increasingly distracted from their day to day work because of uncertainty caused by government plans to reorganise primary care, MPs have been told.

The reconfiguration of primary care organisations is taking its toll, witnesses said at last week's hearing of the House of Commons health select committee's inquiry into changes to primary care trusts.

The finance director at one primary care trust, giving evidence to the committee, said some staff were already "voting with their feet" and leaving to go and work in the acute sector—which is seen as more stable—because of the uncertainties in primary care.

Phillip Barrett, director of finance at High Peak and Dales Primary Care Trust, said: "I was

talking last week to one of my matrons in a community hospital. She has lost four qualified nurses in the last few weeks to the local foundation trust, and they have gone because of uncertainty about their future and fear of effectively being privatised."

Karen Rhodes, director of primary and community care at North Lincolnshire Primary Care Trust, said: "I think there's a very serious risk in destabilising some essential community services. Where I come from we haven't yet seen a drift of staff, but they are so uncomfortable about their futures that it's only a matter of time."

A committee member, the Conservative MP Anne Milton, said: "I am left in no doubt [about] the fact that [reorganisation] is going to cause a huge distraction, a huge loss of focus, a decrease of service delivery, and some extraordinarily unhappy staff."

The health minister Norman Warner, giving evidence, said: "No one likes organisational change. In a nutshell, this is about strengthening the commissioning function."

The effect of these changes was not as deep as was interpreted by some people, Lord Warner

argued. He said that some of the proposals that had been received from strategic health authorities to reconfigure primary care had opted to make no change to the current organisation of primary care trusts.

"It isn't all change, and the variety of change is variable in the proposals that have come from the health authorities," he said.

Timing had been tight, Lord Warner said, but the government had talked about change in March in its *Creating a Patient-Led NHS* document, which had

Lord Warner: "No one likes organisational change"

said that organisational change would be needed.

Lord Warner then discussed the letter sent out by the NHS chief executive, Nigel Crisp, at the end of July that had sparked a furore. The letter, which outlined his vision for primary care over the next two years, set out his expectation that primary care trusts would become commissioners rather than providers of services and that many of them would merge. It also contained a tight timetable for this process, with the first deadline being mid-October for strategic health authorities to submit their proposals to reconfigure services in their area.

Lord Warner said: "The timing was not impeccable, but we were where we were, and if we had just let things drift for three months until Parliament came back [after the summer recess] we would have had more speculation and more unease about where the direction of travel was."

The Royal College of Nursing has subsequently requested leave for a judicial review of the letter, questioning the Department of Health's right to issue such a statement without proper consultation first. (See p 1156.) □

Private commissioning plan raises question over conflicts of interest

Adrian O'Dowd *London*

A strategic health authority has postponed its plans to make one of its primary care trusts subcontract its commissioning function to an outside body, possibly in the private sector.

Following widespread protest, it has now said that the change will not occur until next summer.

The proposal, made by Thames Valley Strategic Health Authority last month, was part of the authority's submission to the Department of Health on how it plans to reconfigure primary care—something that all health authorities have had to do.

What is different about Thames Valley's case is its suggestion that it would create a new, larger version of Oxfordshire Primary Care Trust and tender for the management of its commissioning role among the private and

voluntary sectors as well as the NHS.

This caused alarm among several organisations in the NHS and the BMA, which wrote to the House of Commons health select committee earlier this month to say that doctors were feeling confused and frustrated about proposed changes to primary care.

Helen Groom, a GP member of Oxford Primary Care Trust's professional executive committee, gave evidence to the select committee recently as part of its current inquiry into changes to primary care trusts.

Speaking in a personal capacity, Dr Groom voiced her concerns about the Thames Valley authority's reconfiguration plans.

"What they are saying is that a private sector company would

come and hold the purse strings to the £600m [\$1bn; €900m] worth of money that is spent on healthcare services in Oxfordshire," she said.

"The private companies that are interested... are not just interested in commissioning. They are providers. I think there is quite a large conflict of interests there."

When asked where she thought the idea had come from, she replied "Number 10" and that the idea was a result of talks between the prime minister's office and private companies such as UnitedHealthcare.

John Appleby, chief economist at the health policy think tank the King's Fund, told the *BMJ*, "This is a significant proposal. It is the only one I have heard of its kind to tender out the commissioning part of a new PCT [primary care trust]."

"It will be a hard thing to do. I wonder how they will draw such a contract up and how they will specify what they want. If you were a private company, you might not be interested at first in

making a lot of money but want to get your foot in the door.

"There is potential for a conflict of interests. Even in the US, doctors who have a financial interest in a hospital have limits on their ability to refer patients to that hospital."

Speaking at a session last week of the health select committee's primary care inquiry, the health minister Norman Warner said it was up to the new primary care trust to decide on its management organisation. "I am not an advocate for this. That is a matter for them, but going along that path doesn't in any way remove their statutory obligations, their accountabilitys, their responsibilities for the appropriate expenditure of public monies," he said.

Lord Warner said such a move could not take place until next summer, when the new primary care trust configuration was settled.

Health authorities' proposals need government approval before they are subject to a public consultation next year. □