

Arguments for the public

1. You are being promised right of referral to any hospital or named consultant as if it was something new.
Prior to the imposition of the market system in 1990 you could be referred in this way to anywhere in the NHS but that right ceased with the introduction of commissioning in which contracts were made with particular hospitals and “patients followed the contract”. Rights of referral were further obstructed by the introduction of referral management systems which could refuse GP referrals or direct them to some other hospital or consultant.
2. Despite government claims, this right will not necessarily be restored because as well as acting for the individual patient, your GP will be obliged, whether he/she wishes it or not, to have a role as commissioner, making contracts with hospitals which may conflict with where you prefer to go.
3. Acting as commissioner will leave your GP less time to give to patients. The only alternative will be to employ someone else to do this work, which may well be a private company having an interest in private treatment centres or hospitals.
4. Allowing private providers to compete with the NHS, “to increase choice”, brings the system under EU rules. These state that no preference can be given to NHS facilities, including your local hospital. Any GP consortium which does so could be open to legal challenge. This makes it more likely that your local hospital could see its services reduced.
5. Instead of having the patient’s interest as the only concern, GPs will in future have to watch their commissioning budgets, so there may be a conflict of interest when considering a referral. If you wish to go to a hospital other than the one with which your GP has a contract, it may cost more from the commissioning budget. This could mean pressure on your GP about where to make referrals (as there has been under PCT commissioning)
6. All hospitals are to become Foundation Trusts, competing with each other and the private sector. Thus they will be obliged to try to attract patients from outside the area and concentrate on their most profitable lines.

7. The idea of a hospital seeing its prime responsibility as providing a service for its local population will be a thing of the past.
8. The real question is **not** about whether commissioning should be transferred to GPs instead of Primary Care Trusts.

It is commissioning itself which should go. The Health Select Committee recently concluded that commissioning was still a problem after 20 years of trying to make it work .

To continue with this expensive, divisive and inefficient system at a time when the NHS is under financial pressure is perverse and means diverting scarce resources from frontline services.

It should be replaced by a system of planning in which GPs, hospital staff and representatives of the public work together to design integrated services in the best interest of patients.