

1. Open letter to the BMA

- **Colin T. Leys, Emeritus professor**

Queen's University, Canada

The letter from Clive Peedell and over a hundred others makes several fundamental points which deserve the widest support. It should also be remembered that there is no electoral mandate for the coalition government's plans: on the contrary, David Cameron promised not to undertake any major new reforms to the NHS. This is more than a matter of political integrity. What the government is proposing to do to the NHS is as close as a government can get, in the absence of a written constitution, to acting unconstitutionally.

At the same time so much of what is now planned has been anticipated, more or less covertly, by the previous two Labour governments, that vigorous and principled opposition to the marketisation of health care cannot be expected from the current Labour leadership, notwithstanding Labour's historic identification with the NHS and its founding principles. The Chief Executive Sir David Nicholson has also thrown in his lot with the proposals, saying that he thinks NHS staff who 'hate' what is happening should leave. It seems that no one in either kind of political leadership is going to speak up for the principles of comprehensiveness and universality and declare what the evidence so clearly shows, namely that a marketised system is not compatible with those principles.

This is a sobering historical fact, and it lays a heavy responsibility on the medical profession. What is at stake is more important than the 'best' way to run health services. That way of thinking is the result of two decades or more of treating health services as just a set of services like the postal services or train services. Universal high quality health services are at the heart of what has been most democratic and decent in British society and culture since 1945. If they are discarded, a very different kind of society is implied, and will eventually emerge. Doctors have a unique opportunity to speak up for them. In doing so they would be speaking for the majority of the population, who opinion polls also show are opposed to private provision of their NHS services

Competing interests: None declared

[Submit rapid response](#)

Published 10 January 2011

2. Re: Response to open letter

- **Patrick L Zentler-Munro, Retired now Locum Consultant Physician**

Raigmore Hospital, Inverness

NO, Drs Meldrum and Buckman, the BMA's response goes way beyond "greater role for clinicians in the design and planning of services, and a focus on quality and outcomes rather than crude targets" and there is every reason now to change the BMA's response to, or even

disengage from, negotiations in a fundamentally flawed White Paper: without BMA support, and with suitably orchestrated professional and public opposition, it cannot be passed. I and others are seriously considering their membership of the BMA.

Competing interests: None declared

[Submit rapid response](#)

Published 10 January 2011

3. Rapid response

- **Asad Salim, Consultant Dermatologist**

Countess of Chester NHS trust

I agree with authors conclusions and strongly feel that BMA has a duty to prevent NHS from being fragmented and services taken over by dubious providers.

Competing interests: None declared

[Submit rapid response](#)

Published 10 January 2011

4. Support for Open letter by Clive Peedell

- **David W Owens, Senior Lecturer & Honorary Consultant Psychiatrist**

Leeds Institute of Health Sciences

I support the co-signatories of the NHSCA letter to Drs Meldrum and Buckman. The present government is breaking its election promise in proposing these fundamental changes to the NHS structures. It has already shown a poor record for hasty reforms that will wreak harm - evidenced by the damning conclusions of last week's Public Administration Select Committee concerning the abolition of quangos. The proposed reforms to the NHS seem certain to be at least as harmful as the NHSCA letter sets out, and to lead to a service that is much less accountable to the public or the professions than it is now (a case set out well by the Rapid Response letter from John Lister).

As far as the BMA is concerned, it has a poorer record on reforms to the health service than Drs Meldrum and Buckman's response suggests: it opposed the institution of the NHS, and we appealed the damaging changes inflicted by Mrs Thatcher's government. Now we can be effective in our protection of the service because, this time, doctors are to be key players in the proposed changes. But we need to tell the public about the privatisation of the NHS that will ensue if the government's proposals are carried through. We can focus public interest in the matter by becoming vocal in our opposition in a united way, which would be best achieved by a high-profile special representative meeting where the BMA membership can have its say.

Competing interests: None declared

[Submit rapid response](#)

Published 10 January 2011

5.Re:Re:another signature

- **Noel B Thomas, GP**

BronyGarn, Maesteg

I fully support Clive Peedell's letter, and the need for an SRM. In view of the threat posed to the NHS, the response of the BMA is woefully inadequate.

Competing interests: None declared

[Submit rapid response](#)

Published 10 January 2011

6.The BMA must take a clearer stand

- **Brian H Fisher, GP**

Socialist Health Association

I support Dr Peedel's letter.

The Socialist Health Association appreciates that there may be aspects of the Coalition's proposals that are progressive; for instance moving Public Health to the local authority.

However, the main thrust of the Coalition's policies are so dangerous to the NHS that the BMA has to develop a far stronger campaign of opposition - as it did with the previous government.

The proposals are unworkable in practice, causing enormous disruption and risk to patient care. On these grounds alone they should be opposed. Ideologically, they will commercialise the NHS to an extent that will make it even more unaccountable; that will strip away its collaborative core; that will fragment the infrastructure. And all with virtually no evidence of benefit.

The BMA must take the clearest of positions to aggressively fight these proposals.

Competing interests: None declared

[Submit rapid response](#)

Published 10 January 2011

7.Re:Re:Re:Support for Open letter by Clive Peedell

- **Hilary J Kinsler, consultant old age psychiatrist**

London

I too wish to add my support to Clive Peedell and his fellow signatories.

This white paper is a disaster for the NHS, a disaster for all our patients but is a catastrophe for the elderly and the mentally ill.

I cannot understand why we hear so little in the media of the BMA condemning these changes. We are failing to get this urgent message to the public and to our patients.

Competing interests: None declared

[Submit rapid response](#)

Published 10 January 2011

8. Re: another signature

- **Tom Yates, Academic Foundation Programme Trainee**

Oxford Deanery

After months of failed leadership from the BMA and, until recently, the RCGP, this letter from Dr Peedell and colleagues at the NHS Consultants' Association is really welcome. I fully support the arguments they make.

Particularly offensive have been the arguments made by prominent figures, such as Steve Field at RCGP, that GPs are best placed to commission services because they are 'close to the patient'.

Some of my most thoughtful peers are training as specialists in public health. They are not distant pen pushers. They have done their time caring for sick patients in the middle of the night. The important specialist skills and experience they are now acquiring in health economics, service planning, and other key disciplines is why we choose them to plan and commission services for the NHS. Whilst input from practising clinicians is vital, commissioning is too important a function to be managed by amateurs.

This week we have seen figures within the Government [1] joining others, including the Kings Fund and a majority of doctors, in expressing concerns about the damage the proposals outlined in the white paper might cause. It is time for the BMA to step up to the plate.

1. Toynbee P. Even the Tories now foresee chaos in Lansley's NHS. Guardian, 3 January 2011.

Competing interests: I am a junior doctor with a lifetime working for whatever the NHS becomes ahead of me.

[Submit rapid response](#)

Published 10 January 2011

9. Yet more support

- **David J Cottrell, Dean of Medicine**

University of Leeds

I too would like to add my name to this growing list of rapid responders and express my strong support for Peedell et al. The coalitions plans for the NHS will lead to immense damage. It is time for the BMA to start representing the views of its members. David Cottrell

Competing interests: None declared

[Submit rapid response](#)

Published 10 January 2011

10. **Re:another signature**

- **David H Ruben, GP**

Langstone Way Surgery, NW7 1GR

I was not born in 1948 and I feel no responsibility to any sense of past BMA inaction - I'm sure neither politicians nor the public now care as to its views in the previous century. They might look at BMA's actions with the nGMS contract and to current ineffectual mealy-mouthed words of good intent. The current reforms are unnecessary reinventing of past NHS structures - commissioning bodies will clearly be too small for major spending on say dialysis, transplants, and other high-cost treatments, and for these and needs of economies of scale (policy development, pharmaceutical advisors, training programmes etc) will need effectively to merge. Hmmm, just like Primary Care Groups did on becoming the initial Primary Care Trusts and how those in turn merged into the current 152 organisations; which in London at least are merging again as an interim transitional body to save the millions required to not leave a deficit. Mere polite discussion when the government is about to rip up all existing managing bodies and require GPs to take this on, and that with no clear promise GPs will not be saddled with hundreds of thousands of pounds of individual debt, is I am afraid just being incompetent. The GPC was sidestepped by the previous government as nGMS was introduced (remember the promises to continue negotiating over what the core services were, provided we all first voted to agree to the deal or have a worse one imposed upon us ?). The BMA, as seems always the case, is ineffective in negotiating for the benefits of its members and by extension the benefit to our patients.

Competing interests: None declared

[Submit rapid response](#)

Published 9 January 2011

11. **Open letter to the BMA about the health white paper**

- **Malcolm M. Segall, Retired paediatrician**

Hove, BN3 6HS

I fully support the excellent initiative by Clive Peedell and colleagues in calling on the BMA to provide more forceful leadership in opposing the 'reforms' laid out in the White Paper and elsewhere. The Lansley proposals represent yet another huge step in the marketisation of our health service and will lead to further fragmentation, waste of resources and a decline in quality of care. The BMA should come out much more clearly in opposing these potentially damaging proposals. It should mobilise the profession in defending the NHS and its proud heritage.

Competing interests: None declared

[Submit rapid response](#)

Published 9 January 2011

12. Another signature

- **Jienchi Dorward, GPST1**

NHS

Agree the BMA needs to take a lead on opposing this.

Competing interests: None declared

[Submit rapid response](#)

Published 9 January 2011

13. Support and other actions

- **Katie J Cole, Specialty Registrar in Public Health**

London School of Hygiene and Tropical Medicine

I would like to add my support for this letter.

The BMA is critically placed to determine the future of the NHS.

However, until it changes its stance, individual doctors should use their position to defend the NHS against the proposed changes.

For example, we have invited friends and colleagues who work for the NHS to our home for a dinner and letter-writing evening to make MPs fully aware of the implications of the White Paper. We were overwhelmed by the response - catering will be tricky.

Other rapid-respondents have proposed other actions.

I hope that this letter is the touch-paper that galvanising the medical profession in to protecting the NHS from these proposed changes.

Competing interests: None declared

[Submit rapid response](#)

Published 9 January 2011

14. **Re:Re:Re:Support for Open letter by Clive Peedell**

- **John RW Lister, Senior Lecturer Health Journalism**

Coventry University

As the author of a very early Open Letter to Hamish Meldrum and the BMA National Council seeking to persuade them to reconsider the policy of "constructive engagement" just after the White Paper was published I am delighted to see the powerful arguments marshalled in Clive Peedell's Open Letter and the level of support it has attracted. The so-called "consultation" on the White Paper was obviously a sham from the very outset, and it has been no surprise that Andrew Lansley has brushed aside almost every critical response. He has closed his eyes to the evidence that his efforts to break up the NHS and transform it into a market in which taxpayers' money is used to purchase care from a variety of for-profit and non-profit private providers will increase costs, reduce the quality of care, and introduce a rampant "post code lottery" of local inequalities and rationing of care. It is a sad state of affairs that most of the press debate on the White Paper has ignored much of its detail and content, focusing purely on the issue of GP commissioning. However it is important to note that all of the bodies to be abolished by the White Paper proposals (PCTs, SHAs, NHS Trusts) are public bodies which meet in public and publish minutes and board papers, while the new bodies to be put in place (consortia, social enterprises and Foundation Trusts) are secretive bodies that would meet behind closed doors with press and public excluded. While PCTs (and the health authorities before them) are not by any means fully democratic bodies, Mr Lansley's alternatives are far worse, and could lead to further radical policy changes with no opportunity for public debate. Those who value democratic accountability should also join the growing ranks of health professionals, trade unionists, academics, think tanks and patient groups who have recognised the weaknesses in the White Paper. Clive Peedell and colleagues are right: the BMA should call a special conference to allow its members to decide how best to campaign against the coming NHS Bill.

Competing interests: None declared

[Submit rapid response](#)

Published 9 January 2011

15. **Re:Re:Re:Support for Open letter by Clive Peedell**

- **Justine Schneider, Professor of mental health and social care**

University of Nottingham

It's good to see the BMA membership protesting. The sell-off of Britain's greatest national treasure, the NHS, has been under way for many years, of course. The current plans will make it irreversible.

Competing interests: None declared

[Submit rapid response](#)

Published 9 January 2011

16. Inside the tent

- **Brendan O'Reilly, GP Ret**

Retired CF72 9GA

"The consequences of not being involved would be far more damaging to the NHS we are seeking to protect and preserve"

I believe that the joint-Chair's comment is one that has already damaged British medicine and the NHS. By being inside the tent on every issue it is putting itself in a position where it is impossible to fight because it is then part of the problem and it has a conflict of interest. See - MMC, MTAS, revalidation etc.

This issue is being 'negotiated' by the GPC. It has been noted elsewhere that the government does not care what the BMA think.

Is that not an indication that BMA should actively oppose these changes then we can alter the joint-Chair's statement to:

"The consequences of being involved would be far more damaging to the NHS we are seeking to protect and preserve"

I do not believe that the GPC has the proper negotiating expertise. Any (opposition) talks on such a fundamental issue should be done by the BMA itself and should not be derogated.

Finally - I think the relationship between consultants and GP's needs to be explored further as this is such a fundamental issue involving both groups.

Competing interests: BMA Wales Council member Excluded from running in the last BMA UK Council election

[Submit rapid response](#)

Published 9 January 2011

17. Another signature

- **Robbie Foy, Professor of Primary Care**

University of Leeds

I wish to endorse the letter by Clive Peedell and colleagues, especially the point that the BMA now has an opportunity to redeem itself for its opposition to the establishment of the NHS in 1948. I welcome the pledge given by Hamish Meldrum and Laurence Buckman that the BMA will step up its lobbying once the Bill is published. However, I find it hard to believe that the BMA will

be representing the views of the medical profession if it fails to express much sharper and more intense opposition on our behalf.

Lobbying is fine - but I am still waiting for a proper response from my local and newly-elected Conservative MP (Stuart Andrew, Pudsey) to concerns I expressed in a letter three months ago.

Perhaps it is time for a more public demonstration of opposition - anyone for a rally? Or an online referendum calling for a halt to further NHS re-organisation?

Competing interests: The author used to be involved in organising public demonstrations but had always assumed that his next coach trip to the Houses of Parliament would be organised by SAGA.

[Submit rapid response](#)

Published 9 January 2011

18. **Re:another signature**

- **Peter W Bennett, GP**

Cambridgeshire

Totally support the letter. I fail to see how the changes outlined are going to improve the system apart from opening it up to private business. How GPs really are going to take over from PCTs and deliver a coherent system in the time scale baffles me unless we are being set up to fail. At the same time we have to save 15-20 billion.... if it wasn't so serious it would almost be funny. Not sure there is a business in the world which would make such ludicrous plans....unless plan b back door privatisation is the real plan a.

Competing interests: None declared

[Submit rapid response](#)

Published 9 January 2011

19. **Re:another signature**

- **Anthony Seaton CBE, Emeritus Professor**

retired

As one who worked 40 years in the NHS and who now is a patient, I am seriously concerned at the failure of the BMA to engage the profession in fighting this disgracefully concealed move towards private takeover. I have the good fortune to live in Scotland, but the companies greedily eyeing up England are unlikely to stop there if not vigorously opposed by all of us.

Competing interests: None declared

[Submit rapid response](#)

Published 9 January 2011

20. **Re:another signature**

- **Kate McLintock, GP & Clinical Lecturer in Primary Care**

Leeds Institute of Health Sciences

I add my support to Peedell et al's open letter to the BMA. In my mind there is no doubt that, if enacted, the changes proposed in the White Paper will further destabilise the NHS, result in a more inequitable health care system and have detrimental consequences for wider society. I urge the BMA to take a more public and robust stance to resist these changes.

Competing interests: None declared

[Submit rapid response](#)

Published 9 January 2011

21. **Re:Re:Support for Open letter by Clive Peedell**

- **Geoffrey Lewis, Retied Anaesthetist**

UHL

The majority of doctors in England want the BMA to remain true to its campaign to "Look After Our NHS."

The BMA has failed miserably in its attempt to modify the proposed changes in the NHS pursued by the Secretary of State and reasonable men would conclude the gamble of "critical engagement with the consultation process" to modify these damaging effects of government policy has fallen by the way.

Andrew Lansley has made it clear that he has no interest in the views of the BMA, doctors or other medical professionals. He wants to encourage competition and allow medical decisions to be made on financial considerations and not clinical needs which will stimulate a lowering in the quality in care. Competition will encourage fragmentation of the service and a consequent destruction of cooperation which will drive up transactional costs.

If the BMA is to retain any credibility in the eyes of the public in defending the NHS, it must defy the government and take measures to ensure that the government is aware of the influence it commands.

Competing interests: None declared

[Submit rapid response](#)

Published 8 January 2011

22. **Use your union and lobby MPs**

- **Jim Sikorski, GP**

Sydenham Green Group Practice, SE26 4TH

As a missed-off signatory of the original letter I would urge BMA members countrywide to submit a motion to their local BMA Division calling for a SRM. If no division currently exists there is excellent support available from the BMA to reconvene a branch (this has happened in two London boroughs in the last week).

It is clear that both MPs and the public are not aware of the degree of marketisation inherent in the proposals and members of the profession should lobby local MPs to make them aware of their concerns. In addition there are other campaigning materials such as the petition on the NHS Support Federation website (<http://www.nhscampaign.org/current-issues-2/e-petition.html>) which members of the public and the profession can be encouraged to sign.

Dr Jim Sikorski

Competing interests: The author is member of the Labour Party but has not supported that party's policies which have facilitated the privatisation of the NHS.

[Submit rapid response](#)

Published 8 January 2011

23. **Re: More signatures but still not enough?**

- **Andrew Robins, Consultant Paediatrician**
- **Natasha Arnold, Consultant Geriatrician**

Whittington & Homerton

We both endorse the letter and would have signed given the opportunity.

The effects of marketisation of healthcare are stark and apparent to many of us already and the prospects for caring for the most vulnerable patients seem grim and grimmer. Cherry-picking over what is profitable, leaves those left behind more and more at risk.

There seems to be a direct line of descent from Ken Clark in 1989 to Andrew Lansley 2010/11, with New Labour in charge for 13 years never altering the descent from NHS towards HMO.

When surveyed by King's Fund, 80% doctors were not in favour of proposals in White Paper/Health Bill.

It is the duty of those 80% to wake up, activate their local BMA divisions, to pass a local resolution in favour of calling the BMA leadership to call for an SRM. (as the Islington Division has done, as our neighbours did in City & Hackney did recently).

The BMA membership need an opportunity to debate these proposals properly and use their democratic base to shape the policy of the BMA leadership

Competing interests: None declared

[Submit rapid response](#)

Published 8 January 2011

24. **Re:Re:yet another signature**

- **Elizabeth Brierley, consultant geriatrician**

Bradford teaching hospitals

Well done Clive Peedell for your eloquent letter. Come on the BMA fight for your doctors and our patients. Unless this disastrous health bill is stopped we will see unprecedented changes to the structure of our health service, further fragmentation of the NHS and unnecessary siphoning off of valuable resources in the process of reorganization and then managing this bizarre proposal.

Competing interests: None declared

[Submit rapid response](#)

Published 8 January 2011

25. **Re:another signature**

- **Sheila A Cheeroth, GP Principal, The Limehouse Practice**

Tower Hamlets PCT

I strongly agree with Clive Peedell et al and all the responses that followed except that from Meldrum and Buckman. No other contributor has supported any of the White Paper or the BMA's approach of measured structured engagement with a government intent on harmful so-called reforms. This is because this method has not worked for numerous previous attempts to rein in politicians' damaging interference with the NHS - always more about their political interests than safe, good, sustainable care for all. Of course the NHS can improve - that will always be the case, it is the nature of any organisation, especially in a fast changing discipline like healthcare. However to admit it can improve is not to say it should be taken apart.

It is abundantly clear that this White Paper is dangerous for the NHS for those who work for it and those who use it. Large scale if not wholesale privatisation is inevitable and will leave those most in need of care, those most vulnerable - the chronically ill, the mentally ill, the old, the disabled as well as more poorly paid NHS employees - worst off. It is a complex proposal; many of the public do not understand the huge implications if it is implemented. As we can see the pitfalls more easily, it is our duty to defend the people who will be most vulnerable by opposing this white paper strongly. The BMA must represent our views honestly not give us flannel.

Competing interests: None declared

[Submit rapid response](#)

Published 8 January 2011

26. Re:yet another signature

- **John N. Wilkerson, Sessional GP**

NHS Dorset

Like so many others it seems, I only wish I had had the opportunity to sign the original letter from Dr Peedell et al.

I hope and believe that I am amongst the silent majority of doctors who are dismayed by this government's proposals and only rarely feel compelled to communicate with the media, medical or otherwise, preferring to get on with the job we were trained to do. Over many years I too have despaired at successive dogma-driven maulings inflicted by interfering politicians on our NHS; this could well be our last chance to save it.

The BMA should cease all cooperation with the government until the profession has been properly consulted.

Competing interests: None declared

[Submit rapid response](#)

Published 7 January 2011

27. Re:another signature

- **Alasdair Miller, Doctor**

Lincoln County Hospital

A predictable, and depressing, response from the BMA. Do medical politicians never learn? Opposing anything whilst going along with it doesn't work. Doctors do have to be united - to prevent the government destroying the NHS, not to facilitate this destruction. The proposals as they stand are not acceptable and no degree of involvement will protect the NHS or our patients.

The BMA has clearly not learned from MMC/MTAS. The stakes are higher this time - the most vulnerable and in need will suffer the most. The patients who are failed will not have the option of seeking greener pastures. The on-going failure of the BMA to engage with grass-roots doctors is staggering. Calling this organisation democratic is to ignore its archaic structure.

Competing interests: None declared

[Submit rapid response](#)

Published 7 January 2011

28. Re:Support for Open letter by Clive Peedell

- **Catherine Oppenheimer, Old Age Psychiatrist (retired)**

NHSCA

I fully support the letter and its call for the BMA to remain true to its own campaign to Look after the NHS. One of the great merits of the NHS was the principle of cooperation for the benefit of patients between all branches of medicine and with other bodies, such as social services. For patients with mental illness, especially older people (for whom my loyalty is most intense)the march of competition and fragmentation throughout the NHS has been, and will be, particularly deadly.

Competing interests: None declared

[Submit rapid response](#)

Published 7 January 2011

29. **Open letter to the BMA on the health white paper**

- **Martin B Skirrow, Hon emeritus consultant microbiologist**

Gloucester

After many years service as a medical microbiologist in the NHS and former Public Health Laboratory Service, I wish to add my strong support to the letter from Clive Peedell and colleagues concerning the health white paper(BMJ 2011;342:d7). Privatisation and the introduction of marketing pressures are a sure recipe for the destruction of an equitable health service.

Competing interests: None declared

[Submit rapid response](#)

Published 7 January 2011

30. **yet another signature**

- **Simon Kirwin, SpR, General Adult Psychiatry**

London

I joined the NHSCA just a few days too late to add my signature to the letter. This rapid response is to rectify that.

I fully support the content of the letter. There's little to add - the BMA must follow the advice given, and start listening to its members.

It is not an overstatement to say that the future of the NHS is in the BMA's hands. And what that means, of course, is that the BMA will be responsible, in part, if the NHS is destroyed.

Competing interests: None declared

[Submit rapid response](#)

Published 7 January 2011

31. Seeking the withdrawal of the Coalition proposals re the NHS

- **John Lipetz, Ex primary care manager**

KONP SHA

The Lansley proposals were not in either of the coalition parties manifesto, nor in the agreement between the coalition partners. They would result in the dismantling of the NHS and lead to a privately provided service. This is not what patients or the public want or need. At a cost of 3bn to introduce and giving ?80bn to GPs to commission, few of whom have the skills, creates conflict between their role as providers and commissioners. This will result in the use of private companies, driven by shareholder returns, to run the service, putting the whole system at risk. The NHS is left simply as a brand.

Competing interests: None declared

[Submit rapid response](#)

Published 7 January 2011

32. If you don't work with them...

- **Gordon B. Drummond, retired senior lecturer, Anaesthesia**

University of Edinburgh

When Trusts were "expressions of interest" and training schemes were "proposals" the cry from the medical politicians was that unless we co-operated with the politicians, we would have it done to us anyway. Better to try to influence the process, they said.

Look where that's got us.. now we have leaders who take proposals as a done deal.. but probably because that's learned behaviour. (Let's forget some of those medical politicians who seem to end up with gongs for co-operation). It's been remarkable how little comment there has been on the revolving door between the government's health advisors and commercial agencies.

Time to say NO to these proposals, and co-operation, and insist on consultation and debate. I fully support the letter.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

33. Re:Support for Clive Peedell's letter and need for an SRM

- **Coral E Jones, GP Principal and trainer**

Honorary Secretary City and Hackney BMA Division

Members of the reactivated City and Hackney Division of the BMA voted overwhelmingly at a meeting last night to support the opinions expressed in Clive Peedell's letter.

Both hospital consultants and GPs at the meeting expressed opposition to the White Paper, fearing it will lead to fragmentation and part- privatisation of the NHS (the lucrative parts). The rhetoric of competition and choice disguises the privatisation agenda of this policy. The health care of mobile, often young, patients who basically aren't sick, will be prioritised as they can exercise 'choice'. Patients in Hackney, many of whom have chronic illness and social disadvantage, will be ill-served by a market system which will increase health inequalities and divert precious NHS resources away from areas of greatest need.

The City and Hackney Division of the BMA calls on BMA Council to hold a SRM to debate these issues as quickly as possible.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

34. Support for Open letter by Clive Peedell & 118 Cosignatories about the white paper

- **Carol A. Norris M.B.E., Consultant Physician**

NHSCA

I endorse every point made in this letter which has come so precisely at this most perilous time in the history of the NHS. If enacted, the "reforms" will destroy the NHS even though care may remain free at the point of contact. There will be very little care left & our NHS will be overrun by the free marketeers, who are already here infiltrating & disintegrating our service. A service it is & so it should remain, not a commercial profit making business.

The present posture of the BMA Leadership regarding the proposed new health legislation is vividly reminiscent of the BMA leadership of Dr. Jeremy Lee-Potter, who in 1981, when the first White Paper, bringing in the Internal Market was fiercely opposed by the majority of the profession, collaborated with the Government, and in so doing, betrayed the membership and the profession.

Yours sincerely,

Dr. Carol Norris MBE.

Retired now Locum Consultant Physician, Borders General Hospital, Melrose TD6 9BS

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

35. **Re:Re:Re:another signature**

- **Anne n Solomon, GP**

Springfield health centre N16 6LD

Absolutely agree with the letter by Clive Peedell and urge the BMA to listen to its members and provide strong leadership on this issue before it is too late

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

36. **Another signature**

- **Richard FitzGerald, Consultant Radiologist**

Wolverhampton

I fully support the Open Letter to the BMA about the Health White Paper written by Dr Peedell and co-signatories.

The BMA should hold a Special Representative Meeting about the White Paper

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

37. **Re: Ten points why the white paper should be withdrawn**

- **Isky Gordon, Emeritus Professor**

UCL Institute Child Health

A very good letter calling for the BMA to behave in a democratic manner and listen to its members. Here are just 10 points why the white paper should be withdrawn.

Broken promises - During the election the promise was "no more top down reorganisations of the NHS"

The proposals will fundamentally alter the relationship between GP and patient, for the worse.

Creation of GP consortium will make the health care more local. This will be detrimental to the 'national' of the NHS

The potential for privatisation of many GP consortia is real. This will lead to a money driven service and not a patient driven service.

The proposals are not patient focused but aimed at reducing the cost of health care Another re-organisation will cause a further loss of morale of the health care professionals

Huge cuts will occur (?80bn) during the current parliament, yet the white paper proposals will cost between ?1 - 3 bn.

Savings of ?15bn are required from the NHS over the next 3-4 years. This is independent of the proposals in the white paper.

Major reorganisation distracts managers from patient care

Senior members of the CBI state that in no business would new management propose such drastic wide-sweeping changes very early on.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

38. **Open letter to the BMA about the Health White Paper**

- **Ian F. Pye, Consultant Neurologist**

Leicester

I should like to add my support to Clive Peedell and his cosignatories for their timely letter. It is depressing and frustrating that the Government has not addressed the concerns expressed by many doctors and others and seems intent on ploughing on with the changes regardless.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

39. **Re:Re:Support for Clive Peedell's letter and need for an SRM**

- **Chris J. Burns-Cox, Physician**

NHS Consultants Association

Once for-profit companies control and receive contracts they will have to maximise their profits and payment to shareholders. This will entail sending patients for treatments wherever cheapest For example a charter flight of patients for cholecystectomy to Poland or India.

Gradually the rump NHS in England will be deskilled, teaching and research greatly diminished and staff will emigrate.

It is crucial that as many doctors and members of the public as possible demand to see their MPs about the appalling threat to the NHS of the lonely Mr.Lansley's bill.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

40. **Re:another signature**

- **Tony Shanahan, GP**

City Walls Medical Centre Chester CH1 2NR

I agree with this letter and feel that the proposals - presented as a done deal- are detrimental to the precepts of the NHS and more importantly a disservice to our patients

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

41. **Re:Re:another signature**

- **Jack M Czauderna, GPwSI in CFS/ME and retired GP**
- **Dr Maureen O'Leary**

Fairlawns, Sheffield S6 1TT

Fantastic letter which lays out the issues and the dangers to the NHS from the proposed government white paper. People may think that those opposed to these proposals are all of one political persuasion but there are signatories to this letter who are not known for any left wing tendencies. The BMA needs to listen and convene a Special Representatives Conference as suggested

Competing interests: Medical Practitioners Union member

[Submit rapid response](#)

Published 6 January 2011

42. **Re:another signature**

- **Harry Keen, Retired physician**

Guy's Hospital Campus, King's College London

In 1948, the BMA bitterly opposed Parliamentary proposals for the radical reshaping of the provision of health care in Great Britain that had been openly formulated, debated widely and at length and given whole- hearted support by the vast majority of the British public. Today, the BMA is entering into constructive engagement with a set of deconstructive Parliamentary proposals which sprang, un-mandated and un-consulted from a non-descript, lean-to of a government and in the teeth of a puzzled public suspicious indifference.

One could re-catalogue ad nauseam the fundamental flaws, fallacies and downright deceptions of the Lansley plan to 'liberate' NHS. The fact is that it finishes off the process of dismantling the

NHS, begun 20 years ago by Thatcher and Clarke, again sprung on the public "without mandate, without consultation and without consent". This leopard does not change its spots.

Twenty years ago, the BMA stood up and spoke out for the principles of an independent, socially accountable NHS, responsive to individual patients' needs and at the same time expressing a deeply held public sense of social purpose. It is this that Lansley proposes to 'liberate' us from. This is the precious legacy the BMA must now defend.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

43. **Re:another signature**

- **David G Seymour, Emeritus Professor, Old Age Medicine**
- **Dr Ruth M Seymour**

Aberdeen

We are a recently retired Professor of the Medicine of Old Age and a former consultant in Rehabilitation Medicine, and we strongly support the letter of Clive Peedell and his hundred co-signatories.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

44. **Re: Wendy Savage's response to BMA reply**

- **Richard Lehman, GP**

none

Wendy Savage is absolutely right: the net result of the government's proposals will be to destroy the NHS. The process of destabilisation has already begun. The BMA response is no longer proportionate to the scale of the threat.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

45. **Re:another signature**

- **Nigel Speight, retired consultant paediatrician**

Durham

Having already signed all I can do is congratulate Clive Peedell again for his excellent initiative.

I cannot understand the different posture of the BMA before and after the last election. Before, the BMA was taking a strong stand to defend the NHS from New Labour and their deplorable beginnings at dismantling the NHS and beginning the process of privatisation. Dr Meldrum even spoke at a rally in Trafalgar Square last April to this effect. Now that Andrew Lansley has far more far-reaching and damaging proposals the BMA seems to have adopted a policy of appeasement.

What has happened to effect this change? It seems that the prospect of short-term gain via GP commissioning is the only possible explanation. However these proposals are definitely not in the long-term interests of GPs who will end up having to go cap in hand to private HMOs asking for salaried employment on their terms.

It is not too late for the BMA to provide some real leadership firstly by opposing the proposals strongly and on principle, and then in practice by leading a campaign to obstruct the proposals. Without the support of the profession these plans would grind to a halt.

Competing interests: Member of the NHSCA (dedicated to protecting the NHS) and also a member of the BMA!

[Submit rapid response](#)

Published 6 January 2011

46. **Re:Support for Clive Peedell's letter and need for an SRM**

- **Wendy D Savage, Retired Senior Lecturer in O&G and Honorary Professor**

Wolfson Institute QMUL & Middlesex University Dept of Health and Social Science

As a cosignatory of this letter I wholeheartedly endorse its principles. Whilst I understand the difficulties of Hamish Meldrum's position I do not think the response from him and Laurence Buckman is adequate to address the very real threats to the NHS. Sarah Wollaston MP in her article in the Guardian on 31.12.10 pointed out the risks of privatisation and Polly Toynbee echoed these on 4.1.11. If the NHS is broken up into competing units and becomes subject to EU competition law it will destroy the NHS as we know it. There is no need for this radical re-organisation which is not wanted by the public and satisfaction with the NHS has grown over the last 10 years.

We do need an SRM so Council hear the views of as many doctors as possible. I am disappointed that after the BMA sent a letter on my behalf to Honorary Secretaries asking them to convene meetings to pass a motion calling for an SRM if their members agreed there was need for one, that only a couple of Divisional secretaries notified me that they were holding meetings. A follow-up letter to 14 Divisions for whom I could find the addresses has been met with a deafening silence. Let us hope Clive Peedell's letter wakes people from their apathy before it is too late.

Competing interests: I am Co-Chair of Keep Our NHS Public

[Submit rapid response](#)

Published 6 January 2011

47. **Re:Re:another signature**

- **Jackie Applebee, GP**

BMA

It is such a relief to read this letter, which I am sure could have had had many more signatories, myself included, if there had been more time to collect them. I am a grass roots GP in Tower Hamlets and am aghast at the implications that the proposed changes in the White Paper have for the NHS. Have also been very frustrated that the White Paper seems to have been taken as a done deal before it has even been presented as a Bill to Parliament. It is not a done deal and if we unite and oppose it now the changes which threaten the very essence of the NHS can be stopped. I fully support Dr Peedell et al's letter and hope that this heralds the start of effective opposition, otherwise I foresee the NHS descending into a US style health care system where the poor die on the streets for lack of ability to pay.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

48. **Support for Clive Peedell's letter**

- **Ron Singer, Retired GP**

President, Medical practitioners' Union (Unite)

'Constructive engagement' has not attracted the government's attention enough. The White Paper proposals simply spell out the end of the NHS as a national treasure. Buildings, plant, and staff are to be distanced from the NHS as all hospitals become Foundation Trusts and later Social Enterprises. The BMA has a policy of no further privatisation of the NHS. Most health workers and huge sections of the public value and appreciate the ethos of a 'not-for-profit' NHS. I support the NHS remaining so.

Competing interests: Member of GPC

[Submit rapid response](#)

Published 6 January 2011

49. **Re:another signature**

- **David J Hunter, Professor of Health Policy and Management**

Durham University

I fully endorse this important and timely letter and urge anyone concerned about the fate of the NHS under Lansley's ill-conceived and reckless plans to give their full support to what is

proposed. We are at a crucial stage in the reform process with a 'tipping point' close to being reached (it may have already been reached in some places). Either these reforms are halted in their tracks or they are allowed to proceed inexorably on their way with far-reaching consequences that threaten the survival of the NHS's founding principles. I predicted a 'perfect storm' arising from the changes and spending cuts (BMJ 2010; 341:901). This open letter demonstrates how damaging that storm will be unless it can be averted. Time is running out.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

50. another signature

- **Neil Bhatia, General Practitioner**

Yateley

Me too.

The authors are spot on - "the association has effectively sent a message to the profession that the white paper is a done deal". A self-fulfilling prophecy.

I would echo this simple fact: If the BMA were to say no, then the whole initiative **will** grind to a halt.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

51. Re: another signature

- **Steven G Edgar, General Practitioner**

ba7 7ee

I agree that the white paper is seen as a done deal by the profession and it should not be.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

52. A Special Representative Meeting is urgently needed

- **Anna C Athow, consultant surgeon**

BMA Council

The main points made in the "Open letter to the BMA about the White Paper" BMJ 2011;342:d7 are correct and timely.

The White paper (WP) is designed to legislate the privatisation of the provision and commissioning of NHS care in England.

The BMA leadership is effectively assisting the introduction of the WP legislation by its policy of "engagement".

Were the BMA leadership to take a principled stand in support of its own Look After Our NHS campaign and ARM resolutions, these WP plans could be scuppered.

The membership has not been formally consulted through a Special Representative Meeting (SRM)

This is really very urgent. To date are those of us on Council who have called for an SRM have not achieved a majority. I appeal to all BMA members to lobby their Council members and also to use their powers under the constitution to pass motions through their divisions calling for an SRM. 30 divisional motions are needed.

Yours sincerely,

Mrs Anna Athow, Member of BMA Council.

annaathow@btinternet.com

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

53. **Re:another signature**

- **JULIAN LAW, GP**

Kirkby Community Primary Care Centre, Kirkby-in-Ashfield

I too wish to add my support to Clive Peedell and his fellow signatories. It seems that the proposed reforms have been accepted as a fait accompli by many, even before primary legislation has been enacted through parliament. The BMA needs to listen and robustly represent the disquiet and opposition of many patients and doctors to the proposed untested and ideologically driven changes. Furthermore our MPs should hold to account an Executive that is intending to rush through legislation without proper consultation or debate. The inconclusive general election result did not give any party a legitimate mandate to undermine the NHS in the way that is presently being envisaged.

Competing interests: None declared

[Submit rapid response](#)

Published 6 January 2011

54. **Response to open letter**

- **Hamish Meldrum, Chairman of Council**
- **Laurence Buckman, Chairman of GPC**

British Medical Association

Since the publication of the government's NHS White Paper in July, the BMA has played a leading role in responding critically to the proposals.

The BMA's position on the government's plans is rooted in policies agreed through our democratic processes, shaped by ongoing feedback and consultation with members, and following several debates on the issue, endorsed by a large majority of its elected Council,. The BMA represents all doctors in the UK and so there will always be a broad spectrum of views - our job is to represent, and support, them all as fairly as possible.

The BMA has rightly acknowledged those aspects of the proposals which reflect improvements the profession has been calling for, such as a greater role for clinicians in the design and planning of services, and a focus on quality and outcomes rather than crude targets.

However, it is on the issues where the majority of the profession has the most concern that the BMA has been most vocal. We have been very clear about the consequences of rushing ahead with the planned reforms, particularly at a time of significant financial pressure, and the dangers of increased, market-based competition in the NHS. We have stressed that an NHS based on a competitive model, rather than a co-operative one, is very likely to lead to a fragmentation of services, create significant inefficiencies and ultimately lead to a poorer quality of care for patients.

The proposed NHS reforms, which cover a wide-ranging and diverse set of issues, have profound and far-reaching implications - some potentially good, some potentially bad, and many more, as yet unknown. Across the country, some of the proposals are already becoming a reality; with doctors often at the forefront of that change. By turning our back on the reform process now there is a danger that the changes continue but without the professional leadership that is so vital to ensure the highest standards of care for patients. We should question the evidence for change, reflect the impact of policy on the frontline of patient care and, above all, ensure our professional values remain at the core of what doctors do. The consequences of not being involved would be far more damaging to the NHS we are seeking to protect and preserve.

We are working closely with patient organisations, professional bodies and trades unions, other stakeholders, as well as parliamentarians. Our views are respected - and shared - by many. It is vital that we stand together and through continued argument, evidence and practice work to get the best possible service for our patients and the wider public.

The BMA has no intention of ceasing its pressure on government to reconsider its position on the areas of most concern to the profession and patients, and we will be stepping up our lobbying

and member engagement activities once the Bill has been published and during its passage through parliament.

We would encourage you to continue sending us your views on the government's plans and to share with us your experiences of any developments locally. We have a member feedback form on our website where you can give your views on the key proposals or you can email us at info.whitepaper@bma.org.uk

Dr Hamish Meldrum Chairman of Council, BMA

Dr Laurence Buckman Chairman, General Practitioners Committee

Competing interests: Chairman of Council, BMA; Chairman of General Practitioners Committee, BMA

[Submit rapid response](#)

Published 6 January 2011

55. another signature

- **Martin McKee, Professor of European Public Health**

LSHTM

Had I known that this letter was circulating, I would have signed it enthusiastically. Although a number of well-known commentators on the NHS have sought to maintain a balance in public, I am aware that they view the reforms with incredulity in private. Furthermore, it is increasingly apparent that a growing number of MPs on the government benches, and on the Health Select Committee are extremely concerned about what is being proposed. Given the way in which responses to the consultation have been quoted selectively, it is now necessary for responses to be absolutely unambiguous. As the authors note, this is an excellent opportunity for the BMA to redeem itself for its opposition to the NHS in 1948.

Competing interests: None declared

[Submit rapid response](#)