

Response from a Primary Care Trust CEO

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This is an incredibly interesting discussion which rightly or wrongly you have chosen to polarise around a single issue (I think wrongly). There is a wider debate around additionality, quality, EWTD and Conflicts of Interest.

The CCP panel should issue guidance – but not along the format hinted at within these proposals. Employers should be able to restrict behaviours that are not in the wider interest of the NHS. The problem is how you delineate between those behaviours that are in the interest of the wider NHS (as expressed by Commissioners and SHA's) and those of single organisations that will sometimes wrongly choose to maintain the status quo.

Employment arrangements may be a clumsy way of dealing with this, as what is important is the Strategies of PCT's to determine future models of service provision – and this will involve smaller Acute Hospital and increasing levels of care closer to home. To achieve this we require a fully engaged consultant work force that can work along a Vertically integrated care pathway, not an individual who has either become disenfranchised by their employers behaviour or motivated by self interest to see essential changes fail.

The documents tend to identify the Consultant as the scare resource around which Competition is limited or controlled, and perhaps creates the idea that by providing these individuals with greater freedom this will enhance the choices available to patients and will leverage change in the system, and then gives these individuals (or groups of individuals) preferential treatment. Surely this must be wrong. It implies that NHS Trusts or FT's should be facility managers who rent beds and other services to providers of service. In other words it breaks down our systems of governance quality and control, and attempt to make NHS hospitals the same as private sector hospitals who only undertake Elective procedures. In which case what happens to Universality and guarantees of service provision.

Events may well be overtaking this consultation, e.g. The latest Department of Health update on 'High Quality of Care for all' talks about Clinically held budgets within Hospitals, this cannot work alongside a proposal that makes consultants a free agent and not an integrated part of the organisations success.

This is a complex issues, and there is a real danger that we attempt to find a simple solution that is wrong!

PCT CEO