separate commercial 'players' within primary care is unlikely to work well or be rolled out elsewhere if they remain independent and separate from mainstream care. Establishing integrated healthcare teams in primary care remains difficult, but with yet another separate provider, the chances of success recede further.

Fundholding, despite its inherent inequality, supported massive change and innovation in many practices that were willing to grasp the opportunity. It accelerated the secondary to primary shift, and having treatment within primary care saved many hospital referrals.[6] Fundholding was also conceptually more robust and had clearer rules of engagement than PBC, which suffers by comparison because budgets are indicative and not real, and there is a lack of clarity over key issues such as management funding, risk apportionment between practices and the range of services commissioned.[7]

Unless there is support for further change in ways of working in primary care and an acceptance of both risk and necessity of investment through commissioning, there is little chance of a clinically effective and financially balanced health service. Less well performing practices deserve attention, but to do so at the expense of innovative practices able to provide tangible solutions to the challenges facing healthcare would be a folly that leaves us all poorer.

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Self-inflicted injury ...

It's a Sunday afternoon in August. The sun is shining but I'm holed-up in a rural English A&E department treating people who have injured themselves 'having fun in the Dales'. Bikers with broken legs, paragliders picked off pylons, horse riders who have gone head-over-heels, concussed climbers: they all get the treatment that they need. Inwardly, however, I'm resentful and have an inner dialogue along the lines of 'What do you expect if you choose to do such foolish things?'

That was 6 years ago when I was fairly fresh out of medical school. Cut forward now to my recent summer holiday in north Cornwall. 'Let's buy some wetsuits and body boards before we go — the surf's meant to be great!', suggests my holiday companion. This sounds a splendid idea. Thus, on our first day in Cornwall (a Sunday afternoon, as it happens) you find us striding confidently towards the rocky beach, sporting crisp new wetsuits with shiny body boards tucked under one arm. Not put off by the ominous grey skies and strong gusting wind we venture forth towards the looming waves. We don't actually stop to wonder why no one else is out in the surf, or falter at our own inexperience. 'No fear' is our mantra as we struggle to penetrate the wind-whipped breakers pounding the rocky shoreline at high tide. Once in the sea my spirit lifts as I catch a whopper and rise heavenwards on its crest. My elation turns to panic as I twist and tumble in its force, and am slammed back down onto the rocks. Unable to get up, I need carrying out of the pounding surf by four bystanders who have been watching our progress with interest and alarm. Spine-board, then helicopter to the not-so-local hospital and I'm starting to castigate myself for my foolishness.

'Oh mate, I've done the same thing', a paramedic sympathises as he loads me into the helicopter. 'Is the surf any good today', someone else asks while they're unloading me at the other end. Inwardly I'm still wagging an accusatory finger at myself: 'What do you expect if you will indulge in such stupidity?'. However, I don't sense any criticism from the staff in A&E. Not even a whiff of judgmentalism. Far from it in fact, some treat me as a fellow surf comrade while others cluck and brood in a motherly tone.

Now, thankfully, my back is fine and the hole through my lip has been stitched-up perfectly. However, when I feel the scar and I remember my day of reckless fun-turned-nightmare, I am humbled. I am reminded not to judge, but to care for the injured, no matter how self inflicted their plight. After all, to err is human and to be a bit crazy sometimes is part of the joy of being alive.

Richard Darnton

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