We’ve meant to take the kids to Anne Frank’s house for years. Somehow, when there were three of them at home, and therefore three lots of out of school activities to schedule in a weekend, it just seemed too complicated. But with just the little one left at home, why not? (Although I am now officially a bad mother since I’d never look like someone with schizophrenia). I’ve told this tale before but it bears retelling in this context. Not so long ago I ran a focus group with service users with schizophrenia and local GPs. As I sat with a group of three of four service users having our sandwiches before the session began, a GP walked into the room, looked at me and said ‘oh — I see I’m the first person here.’

Before anyone thinks I’ve completely lost the plot, I’m not trying to draw direct parallels between how some of us behave with some of our patients and the evils of the Third Reich, but there are lessons here around getting the little things right in all we do. And that’s why I worry a little about the current conversations that are going on nationally about commissioning. Companies are running around shouting loudly about the need for large scale leadership training programmes, for commissioning pathways in every clinical area and to do this all on a grand scale and at breakneck speed. But let’s not forget the underpinning principles here for commissioning, not the big headline grabbing issues in the papers but the fundamental little things. The moment we think that someone is different from us, is somehow less deserving of our attention, and doesn’t care as much about things as we do, then we fail as doctors and as commissioners. Commissioning is our opportunity to improve the health and the social care of those living at the edge, the seldom heard in society. Let’s get our principles, the little things, right.

DOI: 10.3399/bjgp11X549162