The Review

Book reviews

EFFECTIVE GP COMMISSIONING — ESSENTIAL KNOWLEDGE, SKILLS AND ATTITUDES **SUNIL GUPTA**

Radcliffe Publishing 2011
PB, 152 pp, £21.99, 978-1846195204

Sunil Gupta clearly understands the breadth of learning needs in order to progress effective clinical commissioning. The addition, at the back of the book of negotiating skill together with a summary of the Nolan Principles of public life, is helpful, as is the section on leading meetings.

Although this book is published while the outcome of 'the pause' in the Health Bill is uncertain, the NHS will need to adopt a new approach to the challenges of an aging population, increases in long-term conditions, and changing public expectations, and this book provides some useful stepping stones to progress this change. Public involvement and patient engagement is a fundamental subject and is alluded to, but this will necessarily evolve and change over the forthcoming months.

Clinical commissioning, working with patients, public, and local communities will be the catalyst of that change and creating some building blocks for both doctors in training and established practitioners is needed. While the excitement and challenge of clinical commissioning is difficult to convey in a book, this provides a useful guide to the issues and topics discussed and makes a good read on a train journey or equivalent. The Centre for Commissioning has undertaken over 20 foundation workshops. A simple pre-workshop questionnaire of those attending showed that most wanted to be more involved in commissioning, but expressed real anxiety about where to start. A straw poll of GPs at a recent commissioning foundation workshop revealed that a quarter of those attending, had written 'learning about commissioning' in their Professional Development Plan (personal experience). If we believe that 'Good commissioning is integral to being a good GP' then support should be aimed at the majority of GPs who are 'interested but not yet involved'. This book might be a useful aid in this process.

However, the book lacked basic simple graphs, tables, diagrams, and examples to illustrate key messages which was a pity.

Clinical commissioning moves the NHS

from essentially PCT-led activity-based-contracting based on in-patient admissions, out-patient activity and A&E attendances, to clinical-led outcome-based-commissioning centred on population outcomes within a tighter financial framework. Reading this book would help create some understanding of terms and systems and different ways of working.

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THE PLOT AGAINST THE NHS **COLIN LEYS AND STEWART PLAYER**

The Merlin Press Ltd, 2011
PB, 128 pp, £12.95, 978-0850366792

At the beginning of this review, I declare an interest. I have worked in the US (in the 1970s) and, more recently, in Australia and New Zealand and these experiences, especially working in New York, made me feel passionate about the NHS and the need to preserve its core values.

This book clearly describes how commercial organisations and politicians have worked together to undermine these values and to encourage privatisation in the health service in England. The 'conspiracy' is unveiled and it is made clear the extent to which the previous government laid the path for Lansley's Health and Social Care Bill.

The image that came into my mind as I read about the interconnections between advisers, private providers, and think tanks was of a spider's web ... with the patient as the fly.

The new GP contract in 2004 greatly increased GP income and, by making out-of-hours cover optional, opened the gates to fragmentation and private providers. Business ventures between GPs ('doctoprpreneurs') and private companies abound; but the Royal College of General Practitioners (RCGP) is identified as one of the Bill's most significant critics and Dr Clare Gerada, the Chair of RCGP Council, is quoted as saying that it would mean 'the end of the NHS as we currently know it'. Fear that complete opposition to the Bill would

lead to the NHS being circumvented and even faster privatisation led to the creation of the 'pathfinder' commissioning consortia.

GPs signed up to them can be persuasive advocates of the system. I met one at the GP conference last October. He worked in a large consortium spread over four central London sites. Staff were deployed where required and continuity of care did not seem to be a priority. 'How do you share information about patients?' I enquired. 'We have a regular meeting for an hour every week', he assured me in an upbeat, positive tone. The sort of tone patients/voters hear on the media all the time. It seemed to me that, in such a fluid environment, an hour a week might just be enough to remember who your colleagues were, never mind what complex health problems your patients had.

The situation in Scotland and Wales, mercifully, is very different (I work in Scotland). Here, area health boards have remained in place, foundation trust status has not been introduced, PFI was only used for three hospital building schemes and only one independent sector treatment centre was opened. However, public reaction was such that, in 2003, the purchaser-provider split was ended and the market option was decisively closed off. The NHS in Scotland is a publicly funded and publicly accountable organisation. 'Marketizers' tend to present it as a failure claiming that long waiting lists are due to lack of competition whereas, in fact, since 2005, waiting times have fallen faster in Scotland than England. The authors cite cultural traditions, that is, a strong commitment to social democracy in public life as one of the reasons that the market has been rejected.

The power of health lobbyists is extraordinary: 'The labyrinthine nature of the private health lobby defies neat description'. A chart, the 'Marketizer Network', shows the interconnection between key players, many of whom, like Patricia Hewitt, worked in government, gaining experience in health care provision before taking up employment in the private health sector. No one in this web would have been at all surprised by the introduction of Lansley's reforms. 'The only people likely to be surprised were the public with whom the marketizers had chosen not to share their vision'.

Or they had provided an insight but obfuscated it with careful use of vocabulary ... contestability for competition, choice as