

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 ('doctropreneurs') 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

the mantra, choice determined by cost not quality. Once the competition genie is let out of the bottle, regulation will have, at best, a secondary role. Monitor, the body nominally responsible for regulation, is itself accountable to ... no one.

A parallel is drawn with the rail industry, 'rising ticket prices coupled with declining service, and serious compromises with safety, arising from myriad contracts and sub-contracts for which no one has overall responsibility'. Except that, no matter how much we value an efficient, effective rail service, we should value our health service more. When Chris Ham, of the Kings Fund, was interviewed on the Today programme in July this year, his vocabulary, 'productivity targets', 'overheated system', 'prices', seemed to fit more with a rail service than a health service.

If what you are looking for is a balanced analysis of the recent history of the health service, this is perhaps not the book for you. The clue is in the title and on the cover; the image of an exhausted, worried nurse leaning into a wall sets the scene. The authors make no attempt to give those who have perpetrated this conspiracy an opportunity to defend their actions. But they do provide a powerful rallying call for those who strongly believe that, 'the NHS is not for selling'.

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ACADEMIC GENERAL PRACTICE IN THE UK MEDICAL SCHOOLS 1948–2000; A SHORT HISTORY
JOHN HOWE AND MICHAEL WHITFIELD
Edinburgh University Press, 2011
PB, 160 pp, £19.99, 978-0784643561

The first university chair of General Practice in the UK was established in Edinburgh 15 years after the beginning of the NHS, in 1963. Academic general practice and primary care is now a strong and self-confident discipline, making major contributions to undergraduate education and to research in the UK medical schools and, of course, primary care is now at the heart of the NHS reforms, with self-evident implications for academic support.

This readable compilation of accounts of how the discipline developed in each medical school, written by those most

involved, at least in more recent events, may not have the brio of a David Lodge or even a CP Snow story but it is nonetheless an interesting one. Remarkable, really, to think of how those who had fallen off Lord Moran's ladder have emerged as research leaders, educational innovators, and Deans of medical schools. Many of the early units sprang from established departments of academic public health (and were often seen as almost identical to them by universities because they were 'out there', although nothing could be further from the truth). The general practice departments mirrored the multidisciplinary of general practice itself, so that collaboration between clinicians, allied health professionals, and social and behavioural scientists rapidly became commonplace. The GP departments were often the medical school leaders on the softer parts of the curriculum, such as medical ethics and communication skills.

The newer medical schools have recognised the value of a community focus, of teaching in general practices and the potential of primary care research, and set up primary care departments from scratch. Ironically, under pressures from institutional re-configurations and fashions in research structures and funding, some of the older departments are now becoming absorbed into relatively amorphous groups with half-hearted titles such as healthcare research and population sciences. The replacement of the generalist perspective by a focus on a single illness or organ may not be a particularly smart strategic move, particularly at this time of confusion, and therefore opportunity, in the NHS and in medical education and training.

The individual stories are tales of opportunities grasped and missed, heroes and villains, Davids and Goliaths. They are case histories which may not be generalisable. The bigger story, and the messages for those interested in building up academic primary care, is touched on in the final appendix to the body of the text. The first essential building block was to convince the system of the ability of general practice to deliver high quality undergraduate education outside the walls of the medical schools, and then to prise the funding — SIFT in England, ACT in Scotland — out of the hospitals and into general practice to pay teachers properly and provide an adequate infrastructure. The next was to demonstrate the need for research in general practice by general practice, and to convince funders of its quality: the Medical Research Council Topic Review was crucial in this respect, and the Mant Report of NHS R&D was a further

essential plank in the foundations, laying out the rationale for adequate funding for primary care research and the beginning of a career structure for primary care researchers. Getting senior academic GPs on to the same terms and conditions as academics in specialist medicine was another key to recruitment and retention.

Only 1:225 GPs has an academic post compared with 1:16 consultants — but this doesn't tell the whole story, because over half of all general practices in the UK are involved in undergraduate teaching and/or postgraduate training. Research activity, especially recruitment to trials, has been hugely enhanced by the creation of well-funded primary care and comprehensive research networks as part of the National Institute for Health Research (NIHR) Strategy, and the formation of the NIHR National School of Primary Care Research is the most recent endorsement of the value to the health service attached to primary care research. We have a good deal to thank our courageous and imaginative predecessors for, and this book is a fitting tribute to them.

The publication of this book is timely. As the focus of clinical work shifts further towards the community, the need for a highly skilled primary care workforce is greater than ever, and the medical schools have a key role in providing exposure and education in general practice for their undergraduates. As the complexities of illness and healthcare management increase, research that builds the evidence base for diagnosis, treatment and service delivery is crucial, and the university departments are once again in a pivotal role, for which they are uniquely well equipped.

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"Follow This Way, If You Please ..."

Autumn fireworks with Iona Heath, at:

<http://events.rcplondon.ac.uk/details.aspx?e=2274>

Less clearly, cricket. When cricket gets tough, nothing more balancing than an Australian perspective, the splendid Sydney Morning Herald, and take care to scroll down and read (and respond to) the correspondence, at:

<http://www.smh.com.au/sport/cricket/englands-beaming-time-to-suck-it-up-and-admit-poms-are-no1-20110802-1i9y7.html>