Practice based commissioning—a shambles?

Zosia Kmietowicz LONDON

On paper the idea of practice based commissioning, a major plank of the government's modernisation programme for the NHS in England, seems to be a remarkably simple proposal, with few risks and potentially many gains.

The theory is that if general practices are given control of their own budgets for commissioning secondary care and community health services, the number of referrals to hospitals will fall, cutting hospitals' running costs along the way. With greater autonomy, GPs will also gain the freedom to exercise their entrepreneurial and clinical skills for the good of their patients by developing community services according to local needs.

And by providing expert care closer to patients' homes through "super clinics" in the community, GPs get to keep patients within their sights, delivering true follow-up of care and reaping professional fulfilment.

So what could possibly go so wrong? Why did Hamish Meldrum, chairman of the BMA's General Practitioners Committee, last week declare the scheme a "shambles"?

The Department of Health launched practice based commissioning in 2004 as part of the NHS improvement plan to "put people at the heart of public services," and GPs were able to take part from April 2005.

Government figures show that 96% of general practices have received the first part of the directed enhanced service (DES) payments for signing up to the principle of practice based commissioning (*BMJ* 2007;334:922, 5 May). And all primary care trusts are "providing practices with the budgets, information, incentives, and accountability and governance arrangements to take on practice based commissioning," the government says.

However, general practices report that implementation is being stalled and commissioning plans are being hampered by absurd bureaucracy and scant support from primary care trusts.

James Kingsland, a GP on the Wirral and chairman of the National Association of Primary Care, disputes the government figures on take-up of commissioning and criticises trusts for delays in getting projects off the ground.

Of 800 GPs and practice managers he recently questioned at meetings where he spoke about commissioning, Dr Kingsland said that less than a fifth indicated by show of hand that they had received the full DES payment.

Half of the payment of £1.90 (€2.80; $3.80) per patient is paid up front, to allow GPs to start planning to buy in services. The second half of the payment is released when practices meet the objectives outlined in their plans.

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Although Dr Kingsland admits that his evidence is "soft," his findings among practice staff who are at the "cutting edge"—committed to practice based commissioning and already engaged in it—fall far short of the uptake rate being touted by the Department of Health.

Maggie Marum, a management consultant at the National Association of Primary Care, said, "There is also almost universal resistance across the NHS to GPs holding indicative budgets. Most practices have not received any data in 2006-7 on which to base commissioning and service design decisions."

Dr Kingsland said that his own practice has been genuinely frustrated by what should have been a simple project for the trust to approve. The project, to take over the phlebotomy service from the local hospital, was held up at the primary care trust's committee stage 12 months after it was first conceived.

"We had planned to redeploy any profits from running the phlebotomy service into paying for a clinical psychologist. But now she [the clinical psychologist] has been employed elsewhere, and we have lost all our momentum and enthusiasm," said Dr Kingsland.

Brian Palmer, chairman of Essex Local Medical Committee, said that primary care trusts' financial difficulties and their short and turbulent history have led to nervousness within them.

"PCTs have only been in existence for six months, and they are now being told that they have to share their power. It would take a phenomenally strong management to be able to do that," he said.

Stewart Drage, of the London-wide local medical committees, struggles to name two trusts out of 24 on his patch with successful commissioning projects.

"There is no incentive for primary care trusts to do it [hand over commissioning to general practices], because it is a reduction in their role if they hand over control to practices. Trusts are in deficit, and there is a large amount of distrust between GPs and managers, with little signs that they [at the trust] are going to build a protected resource for commissioning," Dr Drage said.

Let fingerprints help the healing

Lynn Eaton LONDON

The soothing power of art was the theme of this year's "Heal" exhibition at the Naughton Gallery in Belfast.

The annual competition, sponsored by Queen's University School of Nursing and Midwifery, invites artists to submit work that will enhance the physical and mental wellbeing of patients who might be feeling anxious, uncomfortable, and isolated. The settings for the final works were a paediatric ward, a ward for elderly patients, a maternity ward, a communal area in a hospice, and an accident and emergency waiting room.

"Even as far back as 1860, Florence Nightingale realised that patients' recovery was positively affected by form, colour, and light, noticing an actual physical effect and an increase in their progress," said Jean Orr, head of the School of Nursing and Midwifery at Queen's.

The exhibition features nearly 30 works from artists across the north and south of Ireland and covers a variety of themes, from the healing power of the chrysanthemum through to the idea that laughter is the best medicine.

Shown here is part of *Fingerprint Studies no. 1* by Eoin Mac Lochlainn, one of three prize winners awarded £2000. **"Heal" continues until 16 June 2007. For details visit www.naughtongallery.org.**

Hamish Meldrum called commissioning "a shambles"