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## Opinion

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Dr David Jenner on the workability of PBC  
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In his **opinion column (p17, 3 May)** Simon Stevens claims that practice-based commissioning is 'unworkable'. He blames a lack of GP capability and motivation and the greater gains to be made elsewhere in PMS and the QOF.

However he does not mention what sometimes appears to be a high level 'dead hand' campaign, led by the vested interests of foundation and acute trust chief executives but also, sadly, their counterparts in many strategic health authorities who most often hail from similar provider organisations.

Many clinicians and middle managers in primary care are now wondering if there is an internal conspiracy to halt practice-based commissioning before it is given any reasonable chance to prove itself. That is an issue I hear raised almost weekly at PBC Federation events around the country.

If GPs are failing to engage, let's ask why. Are PCTs and SHAs really encouraging them to get to grips with PBC? Or are some of them encouraging this policy to fade away?

In fact, the majority of general practices are keen to shape and improve local health and health services but are frustrated by the lack of information, budgets and any tangible management support from re-organised PCTs who, in many instances, are not yet fully fit for purpose.

Just one example. My practice has had no activity data since January and is currently paying £90k more than last year for 40 fewer elective cases at our local foundation trust. The PCT that contracts on our behalf cannot tell us why.

This is the reality of the economies of scale in commissioning that Simon Stevens proposes. Large-scale commissioners, whether NHS or private sector, know what their contracts say but they do not know what is actually delivered. That is why we need local clinicians to be empowered and informed to drive PBC forward. It is only they who know what has been provided to their patients, and what patient experiences actually are.

It is GPs and their colleagues who see the inadequacies of past and current NHS commissioning, where no one really knows what they are buying, and a competent health-needs assessment to inform the commissioning process is a rare luxury indeed. It is GPs who, as Simon Stevens freely admits, delivered on the QOF. And it is GPs in some areas who are now being blocked from properly implementing practice-based commissioning.

So let's pause before scrapping PBC and no doubt inviting the large American HMOs to take over commissioning for us. Remember that the USA spends nearly twice as much of GDP on a system that delivers worse outcomes and wider health inequalities, even though it does deliver generous rewards to its executive and shareholders.

So is PBC 'unworkable'? Only if the NHS makes it so.

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