

The impact of the market in primary care/general practice in England

The BMA is committed to an NHS funded from general taxation providing care free at the point of delivery and advancing the social goal of providing healthcare fairly and transparently. The BMA wishes to reverse the current government's policy, and that of the main opposition parties, which actively promotes a market approach in the NHS, with its emphasis on competition and private sector involvement at the expense of co-operation and a public service ethos.

What is the market in primary care/general practice?

In line with its overall approach to running the NHS, the government has introduced market incentives to primary care and general practice. This involves using levers such as patient choice, plurality of providers, over-capacity and competition as the basis on which the system is run.

The policy of patient choice is being developed as a prerequisite for competition and marketisation and positions patients as customers of the healthcare system. The government has, and continues to put, continued emphasis on how patients should have the ability to choose between GP services. In October 2007, the government instructed every PCT across the country to set up a new GP-led health centre which would provide, among other things, GP services. [In addition, 50 PCTs in the most under-doctored areas were also instructed to set up between 1-3 new GP practices each.] As a result of this blanket, national approach, the majority of these new services are being put in places where they are not needed, resulting in significant over-capacity or in other words, too many GP practices in any one area. This then provides a platform for competition to come into play with GP practices potentially having to compete with other neighbouring practices in order to maintain their registered patient lists.

What is the rationale?

Patient choice is being used as an economic weapon in order to stimulate markets in the NHS. The government believes that it will give rise to greater competition between providers and so be an effective driver of quality improvement.

By introducing over-capacity, the government wishes to increase competition so that practices will, in effect, be fighting over patients. They believe that this will ultimately improve the quality of care.

What is the reality?

Introducing choice to health care is a complex process with potentially unpredictable results and the evidence suggests that choice is likely to increase costs, is probably more likely to increase than decrease inequalities, and may or may not increase efficiency.¹ A further concern is that current policy specifically raises the public's expectations, giving rise to an unrealistic and rising demand on limited NHS resources. There is little evidence to suggest that patient choice will lead to an improvement in services.

There is no evidence to support the wholesale introduction of the health centre model in the NHS, nor has there been any piloting before national roll-out. Furthermore, there was no proper consultation on this policy either at a national level or at PCT level when plans were being made for the new services to be put in place.

Significant over-capacity such as that resulting from the new health centres is unaffordable for the NHS, not only for costs reasons, but also for the potential for this to later destabilise existing and established services. Although some extra funding will be made available to PCTs, this will not meet the actual costs of running the new surgeries and the health centres. This will put extra financial pressure on the PCT, meaning that it may have to cut existing services in the future.

Evidence shows that competition and market incentives do not always lead to better or positive outcomes in healthcare. The traditional model of general practice has delivered continuity of care to patients and the new environment of a plurality of providers will threaten this, as well as lead to fragmentation of health services.

Another reason why the government's approach will not improve patient care in the long run is that it is encouraging commercial companies to run the new health centres/polyclinics. The two main problems with this are that PCTs are likely to offer commercial companies only short-term contracts, which would mean that the company running the health centre could change every few years, leading to a higher turnover of doctors and nurses. This will threaten continuity of care, particularly for those patients with complex health needs, the elderly, the long-term sick and the vulnerable. The second problem is that commercial companies will usually be accountable to shareholders, not to local patients. Most NHS GP surgeries are independently run by local GPs on behalf of their patients. In addition, evidence shows that such an approach results in high patient satisfaction and a healthier population.

Conclusion

The strength in UK general practice is its ability to respond to local needs and circumstances and is a model that is still envied by many other countries. It is therefore not appropriate for the government to dictate, from above, how services should be arranged at a local level. GP-led health centres are not the right model for every area. GPs listen to and engage with their patients, both during the course of their everyday work and through more formal structures such as patient participation groups (PPGs); it is this engagement that should determine the future direction of GP services.

The BMA urges the Government to restore the NHS to a service based on:

- **public provision, not private ownership**
- **co-operation, not competition**
- **integration, not fragmentation**
- **public service, not private profits**