Reforms to NHS commissioning in England

Will general practitioners think the incentives are worth the effort?

The government's reforms to the NHS in England have focused on strengthening the role of healthcare providers through the creation of NHS foundation trusts and the procurement of additional capacity from the independent sector. Much less attention has been given to the role of healthcare commissioners. New guidance from the Department of Health describes how commissioning will be developed and also gives an update on the progress of the whole NHS reform programme.

There will probably be up to 100 NHS foundation trusts in England by the end of 2007 compared with 40 today, further enabling "a decisive shift from top-down to bottom-up" and completing the job of strengthening the role of healthcare providers. In an important development, the update guidance trails the possibility that providers of community services may become foundation trusts. Community NHS foundation trusts would enable the services provided directly by primary care trusts to be run independently of their commissioning functions. Equally important is the proposal that NHS foundation trusts should be able to operate outside their own areas and beyond traditional settings for acute care. This would allow horizontal integration of providers through the formation of foundation trust chains, and vertical integration as some organisations providing hospital care added intermediate care and community services to their portfolios.

On system management and regulation in the NHS, the update is important as much for what it hides as for what it reveals. The Department of Health promises that more detail on the future of regulation will come in a consultation document this autumn. This suggests that ministers have not yet decided whether to create a single NHS regulator that brings together the functions of Monitor (the current independent regulator of providers) and given the need for incentives and regulation. Above all, there is a lingering doubt about slow uptake of practice based commissioning and lack of engagement among practices. General practitioners’ substantial increases in income for work done in their practices under the new general medical services contract may make the offered benefits of practice based commissioning less attractive. Commissioning will require harder work, not least because practices will have to collaborate with each other to change the behaviour of powerful hospital providers.

This update on the NHS reforms and the new commissioning guidance fill gaps in the government's strategy and offer a more coherent narrative of the direction the reforms are taking. But how commissioning will work beyond hospital services is not clear, and difficult questions have still to be answered about payment by results and regulation. Above all, there is a lingering doubt that ministers have put the cart before the horse in developing the role of providers before that of commissioners.

Competing interests: CH was director of the strategy unit in the Department of Health from 2000 until June 2004.

3 Department of Health. Our health, our care, our say. 2006. www.dh.gov.uk/PublicationsAndGuidance/OurHealthOurCareOurSay/fs/en
4 O'Dowd A. Does in free practices have expressed an interest in commissioning. BMJ 2006;333:114. doi 10.1136/bmj.38917.441944.80

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