Selling off unused or underused estate sounds like a good idea for any organisation in need of funds, and the NHS is certainly that. The Naylor Review, published in March (doi:10.1136/bmj.j2072), concluded that a sale of NHS buildings and land would raise £5.7bn (£6.5bn; $7.7bn) and save a further £1bn a year. Along with government and private investment, a total of £10bn could be reinvested in the NHS. The government has yet to respond formally, but the prime minister has said that she supports the plan. Robert Naylor sets out his stall in The BMJ this week (doi:10.1136/bmj.j4290), promising that selling estate is not privatisation or a “fire sale” but a reinvestment of wasted assets to improve patient care. All we need now, he says, is to get on and do it.

What possible concerns could there be? Kailash Chand, a GP in Manchester, has a few (doi:10.1136/bmj.j4290). Some of the buildings proposed for sale are in active use, so services would have to close or merge. There has, he says, been insufficient consultation and limited scrutiny of the plans—a further report by Naylor on London’s NHS estates has not been published, because of “commercial confidentiality.” The March Naylor Review said that properties could be converted into affordable homes, but there is already enough land in the hands of private sector developers to meet this need, says Chand, and once land is sold to private developers there is no guarantee as to how it will be used. Central London hospitals would contribute most of the sales, far more attractive to private developers than long derelict general practice surgeries in small towns.

The NHS sustainability and transformation partnerships (STPs) have become the driving force for saving the money needed to fund NHS England’s Five Year Forward View. But health professionals and the public are being misled about their purpose and outcome, say Allyson Pollock and colleagues (doi:10.1136/bmj.j4279). Rather than being about integration of health and social care, they (and the linked devolution of services to local authorities) are about reducing services and entitlements, increasing private provision of publicly funded services, and, potentially, introducing charges for health services. Is this simply a clash of ideologies, or is there something more fundamental and worrying going on? Pollock and her colleagues have been right on other things, notably the damage done to the NHS by private finance initiatives (doi:10.1136/bmj.c7175; doi:10.1136/bmj.d324). This doesn’t mean they are right on STPs, but it does mean we should listen and respond to what they have to say.