



## COMPETITION

# Burnham's flawed regime will stifle commissioning ambitions

The row over NHS competition policy played out over the pages of this week's *HSJ* goes to the heart of Labour's leadership of the NHS.

On one hand, Paul Corrigan is an architect of Tony Blair's health reforms who sees competition from both inside and outside the state-owned sector as an essential driver of NHS service quality and efficiency.

On the other hand, health secretary Andy Burnham argues that the best way to achieve the scale of reform needed is to work to improve existing services. Competition from the independent sector will be a last resort to deal with the poorest services (see pages 12-13).

Mr Burnham's reasoning is flawed. He talks about taking the health service from good to great, but also argues that "where existing NHS services are delivering a good standard of care for patients, there is no need to look to the market".

This means that, where a good service exists, commissioners are barred from commissioning an even better one from another provider. Excellence is no longer the aim; good is good enough.

And under the new regime, patients will often be kept waiting for "good". Where a service is inadequate it is now deemed more important to keep the staff happy than to deliver a better service as soon as possible, so primary care trusts will have to provide at least two formal chances to improve before considering tendering.

This could take months – how many patients will have their care compromised in the meantime?

This 'if you don't succeed at first, try, try again' approach is spelt out in Mr Burnham's extraordinary letter to TUC general secretary Brendan Barber explaining the new rules (news, 22 October, page 7).

It says: "Only if there was insufficient improvement within a reasonable timescale, and the scale of underperformance was significant, would the PCT consider engaging with other potential providers."

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So much for the minister's pledge that "quality must always come first".

The role of the third sector should not be forgotten in all this. They have a great deal to offer the NHS in their deep understanding of the needs and desires of patients. They are exactly the organisations that can spark innovations which transform services, the management of long-term conditions being an obvious example. But they are not part of the NHS, so Mr Burnham's new policy will push them away.

The rule change demolishes the central pillar of world class commissioning – namely that

everything PCTs do must be geared to improving the patient's experience of NHS services and outcomes of care.

No amount of sophistry and spin can hide the fact that this guiding principle of the entire commissioning programme has been ditched.

If the Department of Health was to spell out the true implications of this change it would tell PCTs: "As long as services are deemed good enough, commissioners must stick with existing providers even if there is a service down the road offering to do a better job for less money."

As public finances tighten, managers are faced with trying to do much more with much less. There could not be a worse moment to choke off competition as a means to improve efficiency.

The secretary of state is reversing a central tenet of Labour's renewal of the NHS. He risks taking us back to a service focused on the needs of staff, not patients – the NHS we have been trying to leave behind. Managers and clinicians are far more ambitious than merely achieving "good". They want to provide the best possible services, working with existing teams, other NHS organisations and the private and third sectors – whatever mix of provision comes closest to delivering excellence.

The health secretary should leave local commissioners free to do what they believe is best for patients. ●