

Dr Michael Dixon of the NHS Alliance, got it wrong this week when he issued a rather desperate appeal for GPs not to turn their backs on the government's plans for the NHS, claiming that it would be "utterly disastrous" if they did not "embrace the White Paper and make it work".

Dr Dixon seems to sense that the tide of opinion is turning against these controversial reforms, none of which was put to voters in May, and none of which will yield the positive results he imagines for primary care.

The real disaster would be for GPs and their organisations to allow themselves to sleep-walk into a situation in which they could be cynically used by Ministers to push through unpopular proposals.

Commissioning could be a poisoned chalice for GPs, who would be compelled to join local commissioning "consortia", each probably including 80-100 GPs, which will be statutory bodies, deciding how £80 billion in budgets should be spent. But this is no "liberation": the White Paper also includes the biggest-ever squeeze on NHS funding, with £20 billion of "efficiency savings" required by 2014.

So consortia would inevitably become Rationing Committees, offering GPs and their patients FEWER choices than they have now.

Each PCT area would have 2-3 consortia, each taking its own decisions, with no overall planning authority, creating a new "postcode lottery" in which some consortia will fund treatments that others won't.

GPs in each consortium would have to share the responsibility for decisions that are taken, and share public blame for services being cut, rationed and withheld.

The White Paper does not say how consortia should be formed, or how they might be held locally accountable for their actions. This leaves the likelihood that the larger and better-resourced GP practices, which tend to be in the wealthier areas, would be able to take the lead – raising potential problems of unequal access to care and a lower levels of provision for patients in deprived areas.

The White Paper makes no requirement for GP consortia to work with other consortia, or take any wider view beyond their own local catchment population. So neighbouring consortia could take counterposed decisions on commissioning care, which could result in the collapse or withdrawal of hospital and mental health services, reducing choice for patients, and widening the inequalities from one area to another.

And despite the White Paper's rhetoric about 'quality' the new competitive market would make it more difficult for GPs to collaborate with their medical colleagues in hospitals, and for consultants and hospital staff to share best practice. Competition law would apply, meaning that cooperation of this type could be branded as "collusion", while the split between "purchaser" and "provider" would be widened by the £20bn financial pressures on GP consortia.

Perhaps worst of all, there is absolutely no evidence that these expensive, experimental reforms, the biggest-ever privatisation of health care anywhere, costing at least £1.7bn, could deliver the promised improvements for patients.

A recent poll of GPs suggests fewer than one in five believes the White Paper will improve patients' experience. Almost three quarters believe it would increase the role of the private sector. They are right.

But if Dr Dixon, the NHS Alliance, the Royal College of GPs and the BMA took a firm stand against the White Paper, it's already clear they could carry a large majority with them – and force Mr Lansley to think again.

And almost everyone would thank them for it.

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