

1. Andrew Lansley's "reforms" would bring the biggest privatisation of health care anywhere in the world. It would transform our National Health Service into a competitive National Health Market, in which £100 billion of public money would be used to buy services from privatised providers. Competition and privatisation can force standards down, as happened when hospital cleaning services were privatised in the 1980s.
2. GPs will be compelled to join local commissioning "consortia", each probably including 80-100 GPs. These statutory bodies will take decisions on how the money should be spent. But the White Paper includes the biggest-ever squeeze on NHS funding, with £20 billion of "efficiency savings" required by 2014. So consortia will become **Rationing Boards**, offering GPs and their patients FEWER choices than they have now.
3. A recent poll of GPs suggests fewer than one in five believes the White Paper will improve the patient experience of the NHS. Almost three quarters believe it will increase the role of the private sector in commissioning. If GPs and consultants stood together to oppose it, this "reform" package could not pass.
4. Each PCT area would have 2-3 consortia, each of them taking its own decisions, with no overall planning authority, creating a new "postcode lottery" in which some consortia fund treatments that others will not.
5. PCTs and Strategic Health Authorities will be scrapped, and thousands of skilled and experienced managers and service planners will lose their jobs. But taking on the work these bodies did will divert GPs from their main role in delivering clinical care. Many consortia will either re-hire redundant PCT staff, or bring in private management consultants: the total level of 'bureaucracy' will be little different from now.
6. It will be less accountable to local people or to Parliament. Ministers will no longer answer questions or take any responsibility for local health services, which will be "regulated" by Monitor and the Care Quality Commission, neither of which has a successful track record. The new National Health Market would be even less publicly accountable than companies supplying gas or broadband.
7. The White Paper is silent on how consortia could avoid being 'captured' by the biggest and best resourced GP practices, most of which are in wealthy areas. There is no requirement for GP consortia to work with other consortia, or take any wider view beyond their own local catchment population. Contradictory decisions could result in the collapse or withdrawal of some local hospital and mental health services, again reducing choice for patients.
8. Every remaining NHS Trust will be forced to become a Foundation Trust – or be taken over by one – by 2013. Foundations will be removed from the NHS balance sheet. They would all become "social enterprises", and encouraged to tear up national pay scales for their staff, who would no longer be NHS employees. Legal limits on the amount of money Foundations can raise from private medicine are abolished by the White Paper. With NHS funding frozen, this will mean FTs will concentrate on drawing in paying patients from the UK and other countries, and open up a new 2-tier health service.
9. A competitive healthcare market will 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 will apply, and will brand cooperation of this type as "collusion". The split between "purchaser" and "provider" will be widened.
10. All these changes are proposed without a shred of evidence that they will deliver the promised improvements. The last Tory government's experiment with GP Fundholding was an expensive failure in the 1990s, and new figures now show that "practice based commissioning" experiments under New Labour were more expensive than the system they replaced, with high levels of overspending.