We use cookies to ensure that we deliver the best user experience of our website. If you would like to, you can change your cookie settings at any time. Continue

Benefits of competition in the primary care market may not be realised, warn experts

Posted on Wednesday 1st April 2009

Reforms to increase competition in primary healthcare are unlikely to deliver benefits unless more attention is given to patient choice, according to new research published online today in the British Medical Journal.

The team from the University of Birmingham's Health Services Management Centre spoke to health authorities, commissioners and providers about their experiences of the system. They found that far more attention had been paid to stimulating competition between providers than to encouraging patients to choose services that best meet their needs.

They also found a number of concerns about whether Primary Care Trusts (PCT's) have the skills to commission the right locally focused services for their areas.

Government plans to open up competition in primary healthcare mean that by October 2008 more than 100 practices were being run by alternative providers, like GP led companies or corporate providers. By the end of March every primary care trust (PCT) in England should have commissioned a new general practitioner-led health centre.

The report's author Dr Jo Ellins comments: "Many people were worried that the latest set of reforms would lead to the rapid commercialisation of healthcare. However the pattern that we've seen develop is actually the majority of contracts have been won by GP providers rather than private companies, hardly a corporate takeover in healthcare.

We also found that there were very few examples of patient choice happening in practice. One reason for this may be the lack of public understanding about the right to choose a GP and the shortage of reliable information about the availability and quality of local services."

The paper argues that the bigger concern is whether the reforms are actually helping to develop more effective services.

A number of providers interviewed for the study expressed concerns about the financial viability of the contracts on offer. There was unease both about the amount of financial risk providers are being asked to shoulder and the penalties for failure to meet key targets.

Professor Chris Ham adds: " The national programme may well result in a system that results in underused services in some areas and problems recruiting providers to other areas.

In reality there needs to be an acceptance that spare capacity and instability could well be the drivers for greater choice and competition in healthcare. However, this requires careful monitoring and management if government policy is to deliver real benefits for patients."

ENDS

© University of Birmingham 2014