

Editorial



The office of Chief Executive of the NHS has a certain gravitas to it. Its postholder is not given to pithy 'soundbites'. So when Sir David Nicholson tells us that the changes about to happen are so great that 'you could probably see them from space' it is time to sit up and take notice.

The new proposals are about breaking down walls between 'primary' and 'secondary' care. There will be a shift of resources, and responsibility of defining health, from secondary to primary care. Those of us currently in secondary care who practice medicine on outpatients may be tempted or required to move our outpatient clinics out of the hospital. We don't yet know who will continue to be responsible for our contracts and our oversight. Those of us who have to practice in hospital may find that primary care has a far greater say in what we do, and is able to approach 'any willing provider' if we are not able to provide what is required.

This is not the time for geographical isolationism, nor for the 'network of hospitals' of University Hospitals of Morecambe Bay (UHMB) to assume that it can set the agenda to rationalise services between three sites. The 'willing providers' to whom primary care may turn are already established locally – up to now they have been small-scale outfits with limited impact on the local NHS scene. Unless UHMB designs its services with primary care in mind the 'willing providers' may take resources away from it.

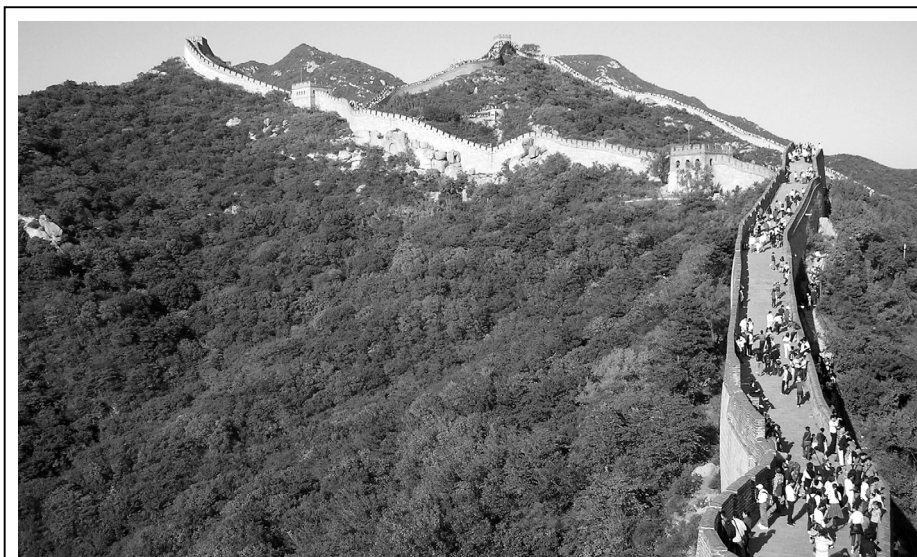
I can't speak for primary care, though I am indebted to a colleague for a view on the process (see page 115).

In secondary care, the idea that consultants are employed by a hospital to develop services in compliance with the views of professional bodies and local management may be under threat. It is but a small step to the abolition of hospital-held contracts and a return to a system of employment from outside the hospital – a system that was abolished shortly before I was appointed to the consultant grade.

We would do well to consider what the changes may mean to the consultants and their teams. Savings from tariffs for hospital outpatient attendance that currently pay for hospital-based secretaries, nurses, buildings, supporting professional activity (SPA) and 'state of the art' information systems might be spent on more effective direct face to face communication between primary and secondary care. I tried this approach after a difficult consultation last month and found it valuable (and the complimentary cup of coffee very welcome).

And the future of the *Journal*? Like any other part of the secondary care sector, it cannot take its existence for granted. It remains a resource for any health professional or manager in the area to set out his or her stall in the challenging months ahead. It's a showcase for original ideas, case reports, audits, and if anyone is still doing it, research. It's a forum for demonstrating that the time and money (some £2 million) invested in consultant SPA time around the Bay is being well spent. It's your *Journal*. If you want to visit us to discuss an idea, come over to the office in Royal Lancaster Infirmary's library. Coffee is available from the dispenser in the main foyer.

Andrew Severn
Editor



So big, you can see it from space! Unlike this construction, however, the new NHS reforms, with which it has been compared, are characterised by the breaking down of barriers. More like the wall of Berlin than that of China! (Photo: MB Smith)