

It's one thing to read stories in the press about this government's control freakery, and their formidable capacity for playing the media, it's quite another to feel the full force of HMG's press office directed against you. But more of that later.

You will have noticed a series of reports in the print and broadcast media suggesting that one of the main causes for the dire state of NHS finances is the drain placed upon them by overpaid doctors. I'll say something about the greedy consultants in a minute, because that's what I am (a consultant, not greedy) so that's what I know most about, but first a word about GPs, who are much in the news at the moment.

I have a lot of friends who are GPs, and it was really them I was thinking about when I wrote the rather emotive first sentence of this article. You can hardly open a newspaper without reading about the newly-rich family doctors, coining it at the public's expense because their new contract is rewarding them for doing nothing. You will read that they just turn up at their clinics for a couple of hours every day, take a few blood pressures and give a bit of anti-smoking advice, then wheelbarrow the day's takings out to the Bentley and motor back to their turreted mansions for a bit of high living and general debauchery. I think we need to remind ourselves that it was actually this government which devised the new GP contract, and engineered it to reward GPs for achieving against a wide range of healthcare targets. Well, they have done just that. In fact, they have achieved far more than La Hewitt's predecessors expected, which is why she is now panicking and talking about putting a cap on the GPs' take-home pay. So, having told the GPs that they would only get paid if they jumped through government-imposed hoops, she now wants to penalise them for their success in doing just that. But although GPs have done well out of their new contract, forget those stories of individual doctors taking home £250,000. Not only is the average GP earning much less than half of that, the papers also forget to mention that they are self-employed, and have had to fund increases in their staff and surgery costs over the past two years with no increase in income to pay for it. In addition, the government has stopped paying the employer's contribution to GP pensions, and so they are having to fund their own superannuation. But you won't have seen any of that in the papers.

And if the government underestimated the amount of work that GPs were doing, they did exactly the same with us consultants. In fact, their tendency to undervalue the work of public servants is a consistent failing of this government. Alan Milburn paid lip service to independent surveys showing that the average consultant worked about 48 hours a week for the NHS, despite only being paid for 37 hours on the 'old' contract. He then boasted to the Parliamentary Select Committee on Health that by imposing a 40 hour week on the consultants, he would extract more work from them for only a very modest increase in pay. The Americans have a saying 'do the math'. Mr Milburn either didn't do the math, or he didn't really believe that we were working 48 hours a week, having swallowed the socialist stereotype of medical professionals as arrogant, lazy parasites, bleeding the NHS dry as they make their fortunes in Harley Street. But of course, what happened when the new contract was imposed was that employing Trusts told us that we would jolly well have to work 40 hours a week, so we said 'OK, what do you want us to stop doing?' And the answer, of course, was 'nothing', because if the consultants dropped an average of

eight hours of work per week, waiting times would soar, and targets would go out of the window. Actually, of course, our managers didn't say any such thing, because they (unlike Milburn) knew all along that they needed us to carry on working the same hours we had always worked, and that the new contract would mean that they would have to pay us for all of those hours, not just some.

So, if doctors have had decent pay rises over the past couple of years, and if those rises have cost more than the government expected, it's the fault of the politicians who forced the changes through against very considerable opposition from the profession. And to go back to that opening sentence – the GPs have noticed that most of the media comment on the issue of their pay contains the same inaccurate figures; figures that can be traced back to misleading government press releases. They are beginning to think that they are victims of a deliberate campaign of misinformation, culminating in Hewitt's threat to renege on the pay deal. But why would HMG want to undermine hard-working GPs like this? Well, they might do it if they were softening up the public for an auction of GP services to the private sector, and that would be all of a piece with what we are seeing in our hospitals. The involvement of the private sector in the provision of diagnostic and treatment services has gone far beyond the initial move to procure a bit of extra capacity here and there to help reduce waiting times. That was helpful, and generally welcomed (albeit with some reservations over the quality of the services being bought in). But now the Primary Care Trusts, who purchase healthcare for their local population, are being forced to spend even more money with the private sector, regardless of need. The Leeds PCT, for example, has been told to spend £9M on diagnostic investigations in the private sector. They don't need to do that, and they haven't been given any extra money, so the £9M has to come from within the budget that they would normally spend with their local NHS providers. The result is likely to be a reduction in the amount of work being done by Leeds hospitals, thus making their financial position even worse than it already is. This is happening across the country, with money being diverted out of the NHS and into the pockets of the independent sectors' shareholders. And because the commercial outfits will only deal with the cheap, simple (and therefore profitable) work, this has serious implications not only for the finances of NHS providers, but also for their ability to train the next generation of doctors, nurses and other healthcare workers, who need to gain experience in diagnosing and treating these bread and butter conditions. And to add insult to injury, the government ensures that the NHS can't compete by paying the private companies whether they actually perform all the work they are contracted to provide or not.

The only logical way to account for New Labour's behaviour is as a deliberate attempt to destabilise the NHS, and privatise it piece by piece. And of course, because they *are* a Labour government, of sorts, this is the only way they *can* dismantle the NHS without appearing to sell out their 'socialist' principles. Paranoid? Kafkaesque? Yes to both, but if anyone can come up with a better explanation, I'd like to hear it.