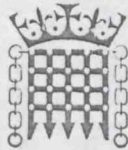


From: The Rt. Hon. Kenneth Clarke, QC, MP



HOUSE OF COMMONS
LONDON SW1A 0AA

4 APR 1989

Dear Colleagues

As we are all receiving a lot of correspondence concerned about GP Contracts I enclose a sample letter you might like to send out to constituents should the occasion arise. I enclose also a Question and Answer Briefing on the Contract which should be useful.

Finally there is my response to the BMA pamphlet circulated last Friday to all GPs.

A handwritten signature in dark ink, appearing to be 'K. Clarke', with a large flourish at the end.

KENNETH CLARKE

DRAFT LETTER TO CONSTITUENTS CONCERNING GP CONTRACTS

As you may know the Government is currently negotiating with the BMA (British Medical Association), the terms of service of the new General Practitioners Contract for every GP employed in the NHS. Negotiations have now been in process for over a year following proposals set out originally in the 1986 Green Paper. The Government is anxious to conclude these protracted discussions.

Given the recent outcry in the Press following the BMA's decision to 'go public', I thought it would be useful to write to you setting out the Government's position, telling you something of the background to the contracts and why we think changes to these contracts are necessary.

I would like to point out right away that this is a contract between the GP and his NHS employer, the Government. It will only affect the patient insofar as the ultimate aim is to produce a better service for the Patient. Some people have tried to suggest that the new proposals might mean a reduced service, perhaps to the elderly, or that the service might no longer be free. Both suggestions are utterly without foundation. The NHS service, through your GP, is FREE to all, with drugs available and FREE to exempt groups as always, so please do not allow yourself to be misled on this score.

The GP remuneration system has not been significantly altered for over 20 years. Yet during recent years major changes have occurred. During the last 10 years, whilst this Government has been in power, the numbers of doctors in general practice has grown rapidly from 25,000 to about 30,000 and average numbers of patients on doctors' lists have dropped sharply as a result. All new entrants to general practice are now specifically trained as GPs. Other health professionals such as nurses have extended their role in patient care as part of primary health care teams. Public expectations of the family doctor service are changing and people

have acquired much more positive attitudes to health promotion and disease prevention. Performance related pay is a common feature in many public sector remuneration systems so that people who work most effectively are rewarded for their achievements. Greater competition in the provision of services is now a major feature in both private and public enterprise because it encourages a BETTER service to consumers.

With these developments in mind the Government has decided to restructure the remuneration system for GPs. The aim behind the restructuring is to IMPROVE the General Medical Services and offer a BETTER service to the patient. We recognise that while most GPs offer an excellent service, it must be said that some do not and it is clearly the Government's duty to raise the level of the whole service up to the very best.

The Government's proposals will not affect the average salary of GPs which has been set on the Review Bodies advice. The contract will be worth on average £60,000 for each GP next year of which £31,000 is salary and the remainder payment of expenses of various kinds. Some doctors do better than the average and some will do worse. The Government proposals will benefit those who attract patients, do the work and develop new services. Doctors with lighter work loads will do less well but for every doctor who loses under the new proposals there is another doctor who will gain and do better. Consequently the contract is being changed to reward those doctors who attract patients, and who provide a really comprehensive service to the patient which will cover PREVENTION as well as TREATMENT of illness.

The main features are:

1. the proportion of income paid through capitation fees will increase so that GPs income is more responsive to their ability to attract and retain patients; this will encourage GPs perhaps to provide attractive waiting areas and employ helpful staff as well as to provide good personalised care to families on the doctor's list.

2. there will be a sliding scale of supplements for each patient living in a deprived usually inner city area, for those patients in scattered rural areas and especially for elderly patients to make sure their needs are particularly well catered for. Our opponents sometimes try to exploit and frighten the elderly about the new initiatives but they can be utterly reassured that their interests are protected in the new proposals.
3. health promotion and disease prevention will represent a greater part of general service. This includes the provision of advice and care through screening and regular check-ups.
4. GPs will have to make themselves available to patients for direct consultation for a specified amount of hours per week spread over at least 5 days, and at a time convenient to patients.
5. GPs, under guidance from their FPCs will be required to live within reasonable distance of the surgery.
6. Changing doctors will be made easier. The patient will simply ask the doctor of his choice to accept his or her or to that doctor's last. It will no longer be necessary to approach either the FPC or the GP to whom the person was previously registered.
7. Medical lists will contain additional information about GPs, namely the sex of the doctor, date of qualification or year of birth, clinic sessions available and the professional staff in the practice team to facilitate choice of a new doctor.
8. GPs will be required to issue practise leaflets.
9. Consumer surveys will be carried out by FPCs and the results used to highlight where services need improving.

10. In consultation with the doctors own Local Medical Committees (LMCs) FPCs will take steps to inform consumers about the family doctor services that are available and how to make best use of them.
11. a postgraduate education allowance will be paid to GPs to encourage them to continue their medical education. There will also be an allowance for GPs who teach under-graduate students and sessional fees for those who perform health promotion work over and above their contract obligations.
12. The night visit Fee will be retained, but a higher rate will be payable to the doctors from your own practise who make the call than will be paid for use of a deputising service.
13. a new Child Health Surveillance Supplement will be paid to those GPs who carry out services for children under the age of 5.
14. Payments for child immunisation and cervical cytology will be made if the GP immunises 90 per cent or screens 80 per cent of his target population. Setting targets is a far more effective way of raising performance than the alternative of simply paying an item of service fee for however many vaccinations or screenings are carried out.
15. minor surgery performed by a GP will be rewarded by a sessional fee. GPs will only be able to perform such surgery if they have attended the appropriate training course. This will reduce pressure on hospitals.

I have set out above the main objectives within the new proposals for GPs. I believe that the Government's contract proposals will lead to a great improvement in standards of medical care for patients. We all, to some extent, resist change and I do realize that the introduction of a competitive element and the prospects of having to meet targets is something of a change for doctors. It is a challenge, but one which is being suggested in the very best interest of the patient.