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THE PRIME MINISTER

Thank you for your letter of 23 February about the GPs' contract and, in particular, the new target payments for preventive care.

The Government gives a high priority to increasing uptake for immunisation against childhood diseases and screening for cancer of the cervix. The new target payments provide a valuable opportunity to improve current performance and I am glad that you have been supporting us from the start on this important change to the GP remuneration system. There are real prospects for the elimination of the target diseases and, for the sake of patients, doctors must be encouraged to make every effort to achieve that objective. To eliminate vaccine preventable diseases, we must reach exceptionally high figures for uptake, or our efforts will be in vain. That is why we support the World Health Organisation objective of 90 per cent cover for childhood immunisation. In the case of cancer of the cervix, there are some 2000 avoidable deaths a year, mostly in the older age group.

The main point about the target payments is that it was never intended that all GPs should meet the targets, particularly the higher level ones. They are there as incentives to encourage GPs in the best organised practices to try to reach very high standards of coverage for immunisation and cervical cancer screening. We expect that the target

payments will encourage GPs to identify patients who have not been immunised or screened and persuade them of the positive benefits of being so. Some GPs already do this and achieve the higher levels. The lower targets will be relatively easily reached by many GPs but the higher ones must remain more difficult to achieve if they are to serve their purpose. Re-opening the contract now would mean fresh negotiations with the GPs' representatives, the General Medical Services Committee, and create fresh uncertainty at the very moment when the contract is about to become operational. Introducing the kind of flexibility which you propose would also undermine the basic performance related principles of the contract which Kenneth Clarke and I have been keen to see introduced.

It is therefore important that the target payments continue to be regarded as bonuses for high levels of achievement. Payment for the work itself is part of the capitation fee which has been significantly increased. The payments for the higher targets are to be payable on top of the average remuneration recommended by the Review Body so no GP will lose any money to which he or she would previously have been entitled as a result of failure to reach the higher targets.

As to the effect of patients who refuse preventive care on the GP's prospects of reaching targets, the leeway between the higher levels (90 per cent for childhood immunisation and 80 per cent for cervical cytology) and the maximum of 100 per cent allows for these patients and for the child for whom immunisation is contra-indicated (less than 2 per cent of all children). However, the main group of patients for whom cervical cytology is inappropriate, namely women who have had a total hysterectomy, have as you know been taken out of the calculation for the target payment. Given these arrangements the Government is satisfied that the target payment system itself is as fair as can be achieved on a national basis.

I appreciate the trouble you have taken in writing to me and I can assure you that I am aware that some aspects of the

new contract are still unwelcome to some doctors and that doctors' co-operation is important to the achievement of our objectives for the NHS. I also realise that the new target payments are a radical change from the old item of service system and that the effect of the change needs to be closely observed. The Department of Health will be monitoring all aspects of the new contract. If we find in the light of experience that the target payments system needs modification to improve its effectiveness, then we shall not hesitate to bring about the necessary change.

Dr. Clive Froggatt