AM322

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From the Secretary of State for Health

19 March 1990

Dear Paul

GP CONTRACT CERVICAL CYTOLOGY TARGETS

I understand that my Secretary of State mentioned to you that he had in mind writing to all MPs to set out the arguments about cervical cytology and immunisation targets in the new GP contract. You both considered that it would be helpful if a draft could be available for Tuesday's meeting in order to focus attention on the main issues and their presentation. A draft is attached.

A copy of this letter and enclosure goes to Jim Gallacher.

Yours
Andy

A J McKEON
Private Secretary

DRAFT "DEAR COLLEAGUE" LETTER

GPs' NEW CONTRACT

You may have been receiving correspondence from GPs about the new target payments scheme for improving coverage for cervical cancer screening and childhood immunisation.

The GPs' new contract comes into operation on 1 April. It contains a number of important reforms designed to improve the service patients get from their family doctors.

The central theme of the new contract is the promotion of health and the prevention of disease. The eradication of childhood diseases such as measles, mumps, rubella and whooping cough is within our reach. To eliminate these diseases, we must reach exceptionally high figures for uptake, or our efforts will be in vain. That is why we support the WHO objective of 90% cover for childhood immunisation. As to cancer of the cervix there are some 2000 avoidable deaths of otherwise healthy women from this condition each year.

Our record in preventing avoidable diseases has been improving but by no means fast enough. The rate of uptake of cervical cytology and immunisation services is variable and in some parts of the country the record is poor.

To help improve the situation the GPs' new contract contains a range of new measures. In the first place the prevention of diseases and the promotion of health are to become a specific requirement in the GPs' terms of service. Not providing these services would be a breach of the contract. Second, we are making the GPs' remuneration system performance related. In other words there are to be financial incentives firmly linked to a doctors' output, ie to the amount of preventive care provided for the practice's patients. Under the revised remuneration system staged "bonus" payments will be made to GPs when 70% or 90% of their

children under 5 have been immunised and when 50% or 80% of women patients between the age of 25 and 64 (except those who have had total hysterectomies) have been screened for cancer of the cervix during the previous five years.

Item of service payments for this work are to be abolished and capitation fees increased as a proportion of income. By this means the remuneration system will reflect the fact that preventive care is a routine feature of general practice and paid for through capitation. The bonus payments are for reaching specific levels of cover. The payments for reaching the lower targets, at one third in value of the higher bonuses, is a recognition of the fact that the lower targets are within the reach of the great majority of GPs. The upper target is deliberately pitched at a high level over and above the average remuneration that most GPs would expect in the light of the Review Body awards and it is recognised that GPs will need to put in extra efforts to explain the benefits to patients. That is why the reward for reaching the upper targets is substantial; £1,000 a year for childhood immunisation and £2,280 for cervical cytology.

Some say that the new system is unfair on GPs when some patients refuse preventive care and the result is the GP loses the bonuses. The system is actually designed so that one or two refusals will make no difference. By pitching the upper targets at 80% (cervical cytology) and 90% (childhood immunisation) rather than 100% we are allowing enough leeway for the few patients who in spite of counselling do not want the service in question. There is of course much more leeway for reaching lower targets which will be achieved for cervical cytology even if one half of the eligible women on the doctors list refuse screening.

One suggestion is that women patients who do not want to be screened or parents who do not want their children immunised should be asked to sign a form confirming their position. Such patients would then be excluded from the calculation of the GP's bonus. In my view this would be a negation of our policy. The point of having targets is to encourage GPs to be more active in

advising and persuading patients in a sensitive and professional way of the benefits of preventive care. We will lose sight of that objective and the incentive to counsel patients if the system has an opt-out clause.

I must stress that there is no question of infringing the rights of women to refuse screening or parents to say no to immunisation for their children. That right is in no way altered or diminished by the new arrangements which are concerned with the way GPs are paid. Indeed it could be said that form-filling by such patients - the disclaimer considered in the previous paragraph - implies greater coercion not less. All conscientious GPs should be advising and encouraging their patients to take advantage of these services now and the new system merely ensures that the more successful ones will receive a new additional payment.

Another argument that is now being deployed since the publication of the new contract, is the matter of screening nuns and virgins. Presumably the best doctors already take account of such patients when trying to promote cervical cytology now. Very few practices will face such overwhelming numbers of women who are unsuitable on these grounds to make their targets unattainable. Many doctors do not even agree that it is a waste of time to offer screening to these categories of women. Cervical cancer is not unknown in women who indicate that they have never been sexually active.

I have also heard that doctors with a high proportion of women from different ethnic groups on their lists will have problems in persuading them to be screened. It is clearly right that different cultural backgrounds should be acknowledged with sensitivity. Many women patients (especially those from ethnic communities) prefer to see a woman doctor. The Government is keen to see more women doctors in general practice and the new contract contains a number of changes which we believe will encourage more practices to include women doctors. It is the job of District Health Authorities and Family Practitioner Committees to collaborate in providing services tailored to local needs (for example by using link workers to explain the benefits of preventive care to ethnic groups). I do not believe that the

Government should allow GPs to abandon the attempt to screen ethnic minority women against cervical cancer simply in order to make it easier for GPs to earn bonus payments.

In conclusion, I believe that the new target payments scheme will improve the prospects for reducing significantly diseases of childhood and cancer of the cervix. The scheme is fair on doctors and the targets are pitched at the right level to provide an incentive to improve performance. Many GPs are already reaching the lower targets and some, the higher targets. Of course we shall be monitoring the effectiveness of the new arrangements closely and should experience show that further improvements to the scheme are necessary then I shall not hesitate to introduce them.