

Meeting Record
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10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

20 March 1990

Dear Andy,

NEW GP CONTRACT: CERVICAL CYTOLOGY AND IMMUNISATION TARGETS

The Prime Minister held a meeting this morning with your Secretary of State and the Secretary of State for Scotland. Ian Whitehead (Policy Unit) was also present.

They had before them your letters to me dated 12 March and 19 March.

The Prime Minister said that she continued to have serious concerns about the arrangements under the new GP contracts whereby doctors were likely to press their patients to undertake immunisations and cervical smear tests. She sympathised with the worries that had been set out in the letter she had received from Dr Clive Froggatt. It appeared that some doctors were pressing their patients too hard, and there was a serious risk that patients who declined to undergo immunisations or tests would be dropped from GPs' lists. She had not been at all reassured by the draft "Dear Colleague" letter your Secretary of State had prepared; indeed, this increased the worries that patients would be pestered to accept immunisations and cervical cancer screening tests. She had also been struck by the worries expressed by GPs she had met recently about increased pressures on them under the new arrangements and the risk that their incomes could fall significantly, in one case allegedly by some 20 per cent.

Your Secretary of State said that some of the concerns expressed by members of the medical profession had been exaggerated. There was no clear evidence that, in reality, patients were being dropped from doctors' lists; and he thought there would be extremely few GPs whose incomes would be reduced under the new contract by anything like 20 per cent. He recognised that the draft "Dear Colleague" letter should be reconsidered. But two factors must be kept clearly in mind. First, the relationship between doctor and patients was inevitably to a degree paternalistic and involved the doctor advising the patient on appropriate health promotion and disease prevention; while at the same time respecting the rights of patients to reach their own decisions. Second, it was undeniable that the United Kingdom had a relatively poor record compared with other countries in the areas affected by the targets; for example, it was estimated that there were annually 2,000 preventable deaths from cervical cancer. Against that

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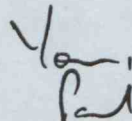
background, he thought it reasonable for GPs to have to achieve the lower 50-70 per cent targets that would enable them to receive the full 11.5 per cent pay increase following the recent Review Body award. If doctors were then able to achieve the higher targets, they would gain an additional pay increase. He was extremely reluctant at this stage to amend the terms of the contract but it would be possible to review the position at the end of the year if, in the light of experience, it appeared that the targets had been set at unreasonable levels.

In discussion the following main points were raised;

- Although it was both inevitable and right that doctors should advise patients on health promotion and disease prevention measures, the fact that doctors now had a clear financial incentive to press patients to agree such measures created a new and unsatisfactory position. This concern was increased by the higher targets having been set at levels which it seemed highly unlikely many doctors would be able to attain. Consideration should therefore be given to ways of moderating the present contract position.
- One possibility would be to have an arrangement under which patients who did not wish to undertake immunisation or tests covered by the targets could sign a form to this effect; and the doctor would then suffer no penalty under the contracts to the extent that he was able to present such forms from "conscientious objectors". Against that, there were concerns about creating another tier of form filling.
- Other possibilities that might be considered would be the introduction of some measure of latitude for doctors who narrowly missed the fixed targets or, more radically, introducing sliding scales rather than just two arbitrary fixed points.

Summing up the discussion, the Prime Minister said that your Secretary of State had agreed he would now reconsider the terms of the "Dear Colleague" letter he was minded to circulate. He would also consider further how best to handle the immunisation and cervical cytology targets within the framework of the new GP contracts.

I am copying this letter to Jim Gallagher (Scottish Office).



PAUL GRAY

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Department of Health