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CONFIDENTIAL

PRIME MINISTER

meeting recd at flap

GP CONTRACT TARGETS

I have considered further the points which we discussed at Tuesday's meeting.

In the light of the discussion I have revised the draft "Dear Colleague" letter which sets out the underlying policy aims and the arguments for maintaining the targets.

Nevertheless, I fully recognise that the targets need to be regarded as fair and realistic by GPs. The lower targets are well within the reach of most GPs. The higher ones are more challenging. The DDRB recognised this when recommending that payment for the higher targets should be over and above average net remuneration which GPs could expect to receive. But they are not out of reach: the best practices reach them now. I shall be publishing later this year leaflets for the general public about the benefits of cervical screening and immunisation and the services which GPs can be expected to offer under the new contract. This should help GPs to reach the targets. But, adjusting the targets to enable most GPs to reach the higher level would simply be a waste of money on a further pay increase if it resulted in little increase in the take-up of cervical cytology or immunisation. It would be a notable success in both political and health terms if we could achieve a significant reduction in deaths from cervical cancer and eradicate serious childhood diseases.

The targets should also not be achieved at the expense of putting undue pressure on women to be screened for cervical cancer and on parents to have their children immunised. I do not believe this would be so. All doctors have a clear professional duty to advise patients about their health and the risks that they may run if they do not accept treatment or services which the doctor recommends. Most doctors do this in a sensitive and sensible way.

I do not consider that it would be feasible or wise to change the targets now with only some 10 days to go before the new contract which has been priced by the DDRB is introduced. The BMA have just had a conference of GPs which has decided not to take any sanctions against the contract. It was interesting to see that doctors at the Conference were not apparently complaining about

the targets - the dissidents are far angrier about the demands on their time that they fear will result from offering check-ups. Family Practitioner Committees and GPs have been preparing for many months for the new contract which was promulgated last Summer. A change at this eleventh hour would cause considerable uncertainty and operational difficulty.

However, I believe it would be right to review the operation of the targets when figures for the first quarter's payments are available. But, I propose not to announce now that the targets will be reviewed as this would only lead to more vigorous campaigning by GPs against the contract in general and the targets in particular. We must not re-open an old battle that shows every sign of dying away at last.

I am copying this minute and attachment to Malcolm Rifkind, Peter Walker and Peter Brooke.

22 March 1990

KC

Secretary of State for Health

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LETTER

DRAFT DEAR COLLEAGUE LETTER

GPs NEW CONTRACT

You may have been receiving correspondence from GPs about the payments under the new GP contract for cervical cancer screening and childhood immunisation which will be introduced from 1 April.

The immunisation of children and cervical screening for women are an important part of general practice which most GPs undertake routinely. Nobody disputes the potential benefits of these screening programmes. Currently some 2000 otherwise healthy women die each year from cervical cancer. Most of these deaths are avoidable. 93% of women who die are over 35 and death rates are highest in the older age groups. The majority have never been screened. The available medical evidence suggests that an effective five yearly screening programme of the kind introduced by this Government could reduce deaths among women screened by 84%.

A steady increase in the level of immunisation in the last few years has led to a marked decrease in the number of cases of childhood diseases which can cause death or serious permanent disability. The World Health Organisation has set an objective of at least 90% cover for childhood immunisation which if achieved over a sustained period would eliminate those diseases.

The new GPs contract that will come into force on 1 April will pay all doctors fairly for the immunisation and cervical cancer screening that is now a standard part of the service provided by general practice. It is also intended to encourage GPs to improve the coverage of the programmes. The rate of uptake of cervical screening and immunisation services is variable and in some parts of the country the record is poor. The contract will particularly reward those GPs who put in the effort required to lift our coverage to the best international standards.

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Under the new contract, the basic payment for the services will no longer be by item of service but will be covered by the much higher capitation fee which has been increased from £8.95 to £12.40 (nearly 40%). This is the normal method of payment for routine general medical services which most definitely includes immunisation and cervical cytology.

The target payments are on top of other pay and are intended as bonuses to encourage GPs to achieve particularly high levels of coverage. The lower levels (70% of children under two for immunisation and 50% of women between the ages of 25 and 64 for cervical cancer screening) are well within the range of most GPs. Many practices achieve them now. The higher targets (90% for immunisation and 80% for cervical screening) will be more difficult to achieve. The Doctors and Dentists Review Body recognised this when recommending that the payments for the higher targets (£1800 for immunisation and £2,280 for cervical screening for the average practice) should be on top of the average remuneration which a doctor could expect to receive. This means that higher target payments will be on top of the 11.5% increase which the doctors will receive next year.

I expect that the target payments will encourage GPs to increase take-up through taking a more active role where necessary in contacting patients and by explaining fully to them the benefits of immunisation and cervical screening. It has always been part of a doctor's duty to give sensitive, personal, professional advice to the patient. The relationships here are no different from those when say a doctor gives any other kind of personal, sometimes intimate, advice. There is no question of individuals being forced or coerced into being screened for cervical cancer or having a child immunised.

Some GPs have argued that particular categories of patients should be excluded from the calculation of the target. Expert medical advice is that the only group who can be safely and easily excluded from the cervical cancer screening target is women who have had complete hysterectomies. This group has therefore been excluded.

To exclude women from ethnic minorities would clearly be perverse as they are just as much at risk from cervical cancer and we need to reduce avoidable deaths amongst Asian women as much as any others. Some GPs argue that patients who refuse to be immunised or screened or nuns and virgins should also be excluded. The targets ~~have been pitched~~ are at a level which allows for all these people. ~~Refusal is by no means as common as some people claim and is comparatively rare in some practices when~~ the right explanation is given ~~in the right way~~. Half the eligible women on a GP's list could refuse and he or she would still meet the lower target. One in five could refuse and the higher target could still be met.

The aim of the targets is to encourage more GPs to achieve high levels of coverage which some good practices have already reached. Excluding significant numbers of women or children from the targets would ensure that almost all GPs received the higher target payment and were paid for doing so without any improvements in the protection of our population against disease. The new contract is not just about paying doctors and not just about health promotion. It is a fair combination of higher rewards linked to higher achievements. It would be pointless to pay most doctors substantial extra sums for reaching targets when the actual proportion of women having a cervical smear test or of children being immunised increased very little.

I intend to help our family doctors to reach their targets by issuing leaflets to the public about cervical screening and immunisation which will help GPs to explain the benefits to individual patients. The effectiveness of the targets will be closely monitored to ensure that they are set at realistic levels and achieve the underlying policy aims. If in the light of experience, changes are needed then I shall not hesitate to introduce them. The target system was agreed in negotiations with the GPs representatives after I made significant concessions to them on the subject. Some GPs are still unhappy about that settlement but Parliament has endorsed the resulting contract. We should now test it in practice and pursue the aim of elimination of some childhood diseases and the avoidance of the premature death of hundreds of women.

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