

TARGETS IN THE NEW GP CONTRACT

Kenneth Clarke remains adamant that the targets for immunisation and cervical screening in the new GP contract will have no adverse impact. He argues that GPs are far angrier about the demands on their time they fear will result from offering check-ups to patients. If that is truly the case, why then does this week's 'Doctor' newspaper - which is distributed to all doctors - state in its main headline: 'DoH set to get tough over GP job target deals' (attached)? And furthermore, if targets are not a problem, why are some FPCs circumventing the regulations?

I remain equally concerned we are storing up problems for ourselves in the future. My main concerns are:

- (1) National targets should not be applied across the board to individual general practitioners without applying some degree of flexibility, because the demographics of practice populations can vary substantially.
- (2) If a GP is just short of one of the targets, there is a risk that target payments will provide an incentive to apply undue pressure on the patients. Also it may encourage some GPs to remove non-assenting patients from the list.
- (3) A GP may think twice before accepting a new patient with an 'unscreened label' especially if the GP is only marginally above his target.
- (4) The Labour Party and the BMA will capitalise on this inherent weakness in the contract. It will therefore become a political issue at the next General Election. And GPs are important public

opinion formers because of their regular contact with patients.

Possible Options

- (1) Continue to press Kenneth Clarke to introduce an element of flexibility as proposed by Malcolm Rifkind in his separate note.
- (2) Another option would be to accept Kenneth Clarke's proposal for an early review of progress after the first quarter. Although I have heard this would not be available until September at the earliest.

Conclusion and Recommendation

Now that GPs have voted against taking any action against the contract, we have a window of opportunity. If we make some sensible changes at this stage - as proposed by Malcolm Rifkind - the Government will be able to take the credit rather than the BMA.

I strongly favour the first option. Kenneth Clarke and Malcolm Rifkind should be asked to develop further the ideas set out in the Scottish Office note.

If Kenneth Clarke's proposal for a 3 month review is your preferred option, he should be asked to report back before the summer. And he could be encouraged to evaluate publicity leaflets for the general public about the benefits of cervical screening and immunisation as soon as possible. 'Publishing later this year' will be far too late.

Ian Whitehead

IAN WHITEHEAD

DOUC'LOK

DoH set to get tough over GP job target deals

by Vincent Dawe

The Department of Health is set to penalise GPs and FPCs if they agree local deals on immunisation targets.

A DoH spokesman said it would 'come down heavily' on any FPC general manager who introduced exemptions.

'The manager must know the ultimate line -- that there is no alternative contract and we can withhold money from GPs and their FPC,' he said.

The threat came after East Sussex FPC general manager Leon Screene allowed 69 children to be exempted from targets because their parents withheld permission for immunisation.

The children represent 20 per cent of one practice's target population and belong to a movement whose beliefs restrict medical treatment of children.

Mr Screene said he believed

the DoH could not have foreseen such pockets of population. But the DoH rejected his claim, saying it had set two target levels, 70 per cent and 90 per cent, for that very reason.

DoH insistence on no exemptions jeopardises deals up and down the country where FPCs have agreed to bend targets.

As in East Sussex, local list inflation has been taken into account when setting targets and FPCs will accept signed forms from parents who refuse permission.

The department's line has infuriated senior General Medical Services Committee members.

Said chairman Dr Michael Wilson: 'This exposes just one of the glaring defects of the contract and demonstrates how it fails to respond to the rights of individual patients.'

'When these patients are

concentrated in one particular practice, targets cannot be worked. There should be an exclusion clause.'

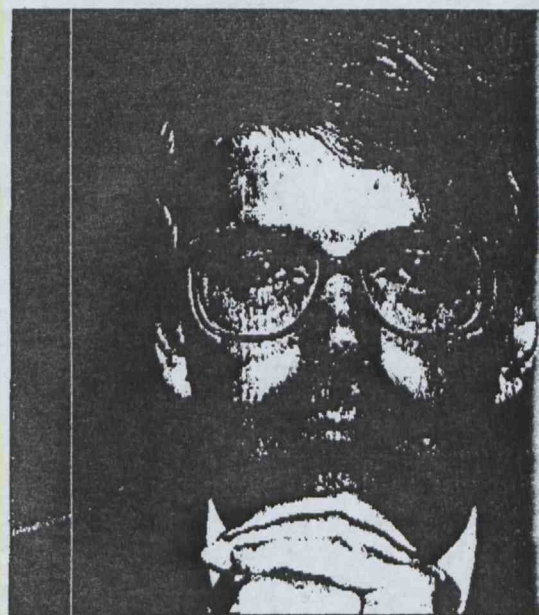
GMSC negotiator Dr Ian Bogle condemned the DoH line as 'typically short-sighted' and said the issue must be raised with the Government.

'It was not foreseen that the lower target level would cater for such groups of people, and it is quite wrong of the DoH to suggest it does,' he said.

'The DoH response implies compulsion and, as far as screening and immunisation is concerned, that is quite wrong.'

The children whose case sparked off the row live in a 2,000-strong Rudolph Steiner community near East Grinstead.

The FPC deal was struck after their GPs at Ashdown Forest Health Centre said they could not reach even the lower 70 per cent target.



Crèche cash for GF

Financial advisers are urging GPs to consider setting up surgery crèches for the children of staff and patients.

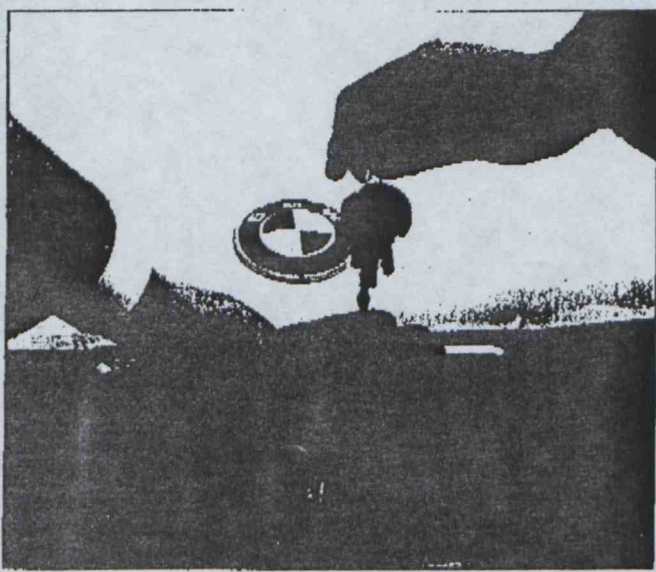
Banks and accountants claim that Budget concessions from Chancellor John Major (above), which remove crèches from taxable benefit, should help retain valuable employees and attract patients.

Leading GP accountant Peter Burrows of Pannell Kerr Forster said: 'Crèches in surgeries could help maximise income. They could attract the staff GPs need to become a money-making

prospect and offer to earn extra income. National Westminster Bank medical product unit manager John Emmerson said: 'Doctors looking at purely for business.

And Emma Dou, said: 'Crèches could retain good quality

But accountants that rural doctors hit by the petrol price increases and constant interest rates would discourage GP investment in capital equipment computers.



Labour 'to scrap contra

The Labour Party has pledged to scrap the GP contract if it wins the next election.

Labour's alternative contract, due to be unveiled by the party's health spokesman Robin Cook in the first days of April, will be designed to reduce patient list sizes.

But no details are yet available on how these reductions will be achieved.

Labour's alternative would be geared to preventive care with greater emphasis on GPs

list sizes were reduced, it could reduce pressures on individual GPs.

Long waits in uncomfortable surgeries, offering awkward hours and too little time to talk over problems are cited by Labour as the current ills of general practice.

Too little co-operation between GPs, hospitals and community health services exists at present, claims Labour.

Underpinning the contract will be the overall aim of pro-

bring together GPs, nurses, health visitors and other community care developed, it says.

Labour also favours prescribing which could put more pressure on the budget than individual budgets, which it pledged to abolish. It fears uneconomical being dumped from Shadow health