

*Prime Minister*

9 July 1986

MR WICKS

c Mr Ingham

BROCHURE FROM TRENT REGIONAL HEALTH AUTHORITY

Here is some more information about the brochure which impressed the Prime Minister so much at this morning's meeting.

The idea came from the Manager of Trent RHA. He felt he had a record and a plan to be proud of, and wanted to spread good news. Professional designers helped prepare it. 8,000 copies have been printed at a total cost of £25,000. Budget constraints meant that they couldn't prepare enough to distribute to all patients, or even to all staff. But copies have gone out to libraries, Community Health Councils, voluntary bodies, unit managers, and to all MPs in the Region. They have also distributed many copies to on schools because they want the brochure's positive message to bolster their recruitment policy.

They wanted a picture and a simple message dealing with each of the major groups they have to care for (eg the mentally handicapped). The brochure therefore has much less prose than other documents prepared by individual Regions.

*David Willetts*  
DAVID WILLETTS



## Your views

If you want to make any comments, you can do so by writing before **31 December 1986** to:

### In England –

Primary Health Care,  
DHSS,  
Eileen House,  
80-94 Newington Causeway,  
LONDON SE1 6EF.

### In Scotland –

Primary Health Care,  
Scottish Home and Health  
Department,  
St Andrew's House,  
Regent Road,  
EDINBURGH EH1 3DE.

### In Wales –

Primary Health Care,  
Welsh Office,  
Cathays Park,  
CARDIFF CF1 3NQ.

### In Northern Ireland –

Primary Health Care,  
DHSS Northern Ireland,  
Dundonald House,  
Upper Newtownards Road,  
BELFAST BT4 3SF.

Further copies of this leaflet are available from DHSS Leaflets Unit, PO Box 21, Stanmore, Middlesex HA7 1AY.

Copies of the consultative document *Primary Health Care: An Agenda for Discussion* and of the report *Neighbourhood Nursing: A Focus for Care* can be obtained from HMSO.

# Primary Health Care

**The Government's proposals  
for discussion on health services  
outside hospital.**

Our primary health care services deal with over nine-tenths of the contacts that the public have with the health service. They include all the services provided outside hospital by family doctors, dentists, pharmacists and opticians and by the health visiting and other community health services. In the United Kingdom we spend about £5,000 million a year on primary health care in the Health Service. On an average working day over a million people use the services. It is therefore particularly important to ensure that this part of the Health Service is doing its job properly and providing the highest possible standards of care. Yet until now these services have never been comprehensively reviewed. We decided to study them and prepare a discussion document. This leaflet provides a brief summary of the main proposals in that document – entitled “Primary Health Care” – which the Government will now use as the agenda for public discussion.

Norman Fowler  
Secretary of State for Social Services

Nicholas Edwards  
Secretary of State for Wales

Tom King  
Secretary of State for Northern Ireland

Malcolm Rifkind  
Secretary of State for Scotland

## The Government's objectives

The Government's aim is to improve services for the public. Its key objectives are:

- to make services more responsive to the consumer;
- to raise standards of care;
- to promote health and prevent illness;
- to give patients the widest range of choice in obtaining high quality primary care services;
- to improve value for money;
- to enable clearer priorities to be set for family practitioner services in relation to the rest of the NHS.

## Family doctors

In this country almost everyone in need of medical treatment goes first to a family doctor. There have been major advances in recent years in the services available but there are still considerable variations in standards. The Government wishes to raise the general quality of services nearer to that of the best. To achieve this, it has made proposals for discussion on a number of key issues.

**Raising Standards** The present structure of the general practitioners' contract has undoubtedly raised standards. But it needs to develop to meet new needs. There is a growing feeling in the profession that the highest standards of performance – which may cost the doctor more to provide – should be encouraged and rewarded in the remuneration system. The Government has set out proposals for a “Good Practice Allowance”.

On average only 45% of a doctor's pay is related directly to the number of patients on his list. This proportion could be increased in order to provide a greater incentive to doctors to practise in ways that will encourage patients to join their lists.

**Information about Services** The Government wants the public to have more comprehensive and accessible information about the different types of services available from doctors in

their area to help them choose the sort of practices they want. It wishes to see information on every practice made widely available through surgeries, Family Practitioner Committees, Health Boards, local consumer groups and the media.

**Choice of Doctor** The Government believes that the freedom of patients to choose their doctor can be an effective influence on the quality of services. The system for registering with another doctor is already simple but could be made easier still.

**Training** In 1981 the Government introduced compulsory three year vocational training for general practitioners. In addition, the Government wants to see greater emphasis in medical schools on the role of primary care and its interface with the hospital and specialist services, and to increase the proportion of general practitioners involved in post-graduate education.

**Retirement** The present arrangements under which there is no upper age limit for general practitioners were introduced in 1948 when there was a shortage of young doctors. They are now out of date. The Government believes that there should be a flexible system which ensures that doctors do not continue to work past the age when this is sensible. It is proposed, therefore, that doctors should continue to be able to retire at 60 but that there should be compulsory retirement at 70; doctors would need approval to stay in practice over 65. The Government also intends to end the present system under which doctors can “retire” and rejoin the NHS almost at once and draw both their pay and pension.

**Prevention** The Government wishes to see discussion on what more might be done to promote prevention in primary health care.

**Child Health Services** The Government wishes to increase the number of family doctors involved in the regular checking of children under school age.

## Dentists

**Availability of Services** The Government wants to ensure that the full range of NHS dental treatment is readily available to everyone who needs it. Access to NHS services might be improved if the NHS dentists' contract required them to provide NHS treatment for a given number of hours each week and also to provide the full range of treatment in the NHS fee scale.



**Advertising** The Government wants to increase patients' ability to make informed choices between dentists. A further relaxation of the restrictions on advertising could help.

**Preventive Treatment** There should be more emphasis in the dental services on oral hygiene and the prevention of decay. To achieve this the Government proposes that:

- the pilot scheme under which some dentists are paid a capitation fee for their child patients rather than fees for individual forms of treatment should be extended. If the promising results achieved so far are confirmed the Government will give all children the opportunity of being treated on this basis;
- the requirement to give proper advice on maintaining oral health could be more fully defined in the dentists' contract and this item given greater value in the payments system;
- health authorities in areas where dental health is poor or the level of attendance at the dentist is below average should consider the benefit of fluoridation with particular care.

**Unnecessary Treatment** The Government will act upon the report of the Committee of Enquiry into unnecessary dental treatment in England and Wales and take action on the majority of the recommendations later this year.

**Retirement** As with doctors, the Government intends to change the retirement arrangements for elderly dentists. The system under which dentists can "retire", draw their pension, and rejoin the NHS almost immediately will be ended and the Government proposes that there should be similar new arrangements to those proposed for doctors for the retirement of dentists between the ages of 60 and 70.

## Pharmacists

**An Extended Role** The Government believes there is scope for making better use of pharmacy skills in advising patients and providing other services both for patients and doctors. It therefore welcomes the recent report of the Nuffield Foundation into the future development of pharmacy. With the benefit of that report the Government will examine carefully and positively what additional contribution pharmacies might make to NHS primary care.

**Supervision of Dispensing** Most modern medicines no longer need specialised dispensing skills as they are supplied ready-made by the manufacturer. The Government is proposing that the stringent supervision requirements for

dispensing could be relaxed to enable the pharmacist to spend more time dealing with the public, explaining and advising on the use of the medicines.

**Restrictions on the Sale of Medicines** Some medicines are available only on prescription from a doctor; others can only be sold under the supervision of a pharmacist; and some are on general sale. Some restriction on the sale of medicines is necessary as a safeguard for the public but the operation of the system needs to be reviewed from time to time. The system was reviewed in 1982/83. The Government would welcome views on whether it would be appropriate to make further changes.

## Opticians

The Government has already taken major steps to improve services to consumers. The opticians' monopoly has been ended and restrictions on advertising have been removed. As a result new businesses have started, budget-priced ranges of glasses have appeared and prices have gone down. Plans are in hand to issue vouchers in place of the present NHS supply of glasses to children and people on low income so that they too can benefit from a wider choice available in the private sector.

## Inner cities

The Government is determined to make further progress in dealing with the problems of providing high standards of primary health care in inner cities. Many of the Government's proposals will help but those directed specifically at the problems peculiar to inner cities are:

- making the scheme for helping doctors provide purpose-built practice premises more sensitive to local needs;
- providing additional financial incentives to doctors practising in inner cities;
- making services more accessible to ethnic groups;
- experimenting with different contracts for doctors in inner cities.

## Other proposals

**Assessment of the Quality of Services** There are already a number of forms of quality control in operation in the primary care services. But there may be a need for standards of service delivery to be evaluated more independently. As an experiment the Government proposes to appoint a team, composed mainly of health service personnel, to make a study in depth in one or two areas in England of the ways in which primary care services are being co-ordinated, planned, and delivered.

**New Ways of Providing Services** The Government hopes that primary care services will develop in ways that provide both an alternative source of care and also means of comparing the present services with those provided under different arrangements. There would be advantages to the public in being able to get different primary care services in the same premises. To facilitate this, the law which restricts to dentists and doctors the running of dental businesses for profit might be changed. And the NHS might, as an experiment, enter into contracts with practices which would undertake to provide a range of primary care services.

**Number of Practitioners** The numbers of doctors and dentists working in the family practitioner services over the years has increased faster than the population. The Government intends that there should be further increases, but to ensure that these are consistent with relative future priorities for the family practitioner services and the hospital and community health service it is necessary to consider what action might be needed to influence the growth rate in the numbers of practitioners.

**Patient Charges** The structure of dental charges is complicated. The British Dental Association has proposed a simpler system under which when people have to pay they would pay a fixed proportion of the cost of the services they had individually received. This would give the public a greater interest in the costs of their dental treatment. It would be possible to consider relating prescription charges more to the cost or importance of the medicines.

**Complaints** There is a statutory complaints procedure for dealing with serious complaints about doctors, dentists, pharmacists, and opticians in the family practitioner services. But it is complicated and time consuming and the

Government believes it can be made simpler, more accessible, and more effective. The time limits for making a complaint may not be long enough and patients may need more help in presenting their cases. There should also be informal conciliation procedures to settle less serious complaints quickly and effectively.

## Community nursing services

The report of the review of the community nursing services in England has been published simultaneously with the Government's discussion document. Ministers intend that there should be consultation and comment on that report as part of the primary health care debate in England. The main proposals in the report on which views are sought are that:

- community nursing services should be planned, organised and provided on a neighbourhood basis;
- there is scope for making more and better use of nursing skills;
- the effectiveness of the primary health care team needs to be improved;
- there should be a more integrated approach to the training of all nurses working outside hospitals;
- consumer groups could have a stronger voice.

Separate reviews of community nursing services are under way elsewhere in the UK.

## Discussions

The Government wants to promote a wide public debate on all these issues and others that relate to the primary health care services. Ministers will therefore be holding a series of meetings with representatives of the professions, of consumer organisations and other interested bodies. But it also wants to hear from local bodies and individuals – those engaged in providing care, those receiving it and others with an interest in improving this vital part of the Health Service.