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Kenneth Clarke, Secretary of State for Health, and David Mellor, Minister for Health met Dr Wilson, Chairman of the GMSC and his Negotiating colleagues on 4 May. The purpose of the meeting was to discuss the new contract for family doctors.

Agreement was reached on all the major outstanding issues. These were:

1. Prevention Targets. Payments will be made for two levels of achievement:

- for childhood immunisation a higher level of payment will be made to GPs who achieve 90% coverage. A lower payment will be made for reaching 70% cover. The differential will be 3:1;
- for screening for cervical cancer the upper level will be 80% and the lower level will be 50%; the same differential applying.

2. Night visits. It was agreed that a two level fee will be introduced for night visits on the ratio of 3:1. The higher level will be paid where the visit is made by a doctor from the patient's own practice or from a small rota of local GPs (up to a maximum of ten practitioners).

3. Minor surgery. So that patients will benefit fully from the new arrangements for more minor surgery in the GP's premises, individual operations up to a total of five will be allowed to count towards entitlement to a monthly sessional payment:

4. Availability to patients. To optimise the time that GPs are available to patients, the GPs' terms of service will be amended to require GPs to be available for 26 hours on average over 5 days each week. This will include availability in surgery, health promotion clinics and for home visits. In recognition of the work that some GPs do elsewhere on health related activities in the public service, this commitment can be reduced to four days subject to agreement with the Family Practitioner Committee.

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5. Rural Practice. It was agreed that the present system of rural practice payments needed to be updated. Work on revising the scheme will be taken out of the present negotiation and considered by the Central Advisory Committee on Rural Practice Payments.

6. Seniority Payments. This allowance will be retained but will be reduced by the value of the new postgraduate education allowance. This change will reflect the fact that under the new arrangements all GPs who are entitled to seniority payments will be entitled to this new allowance (provided they meet the necessary training requirements).

7. Basic Practice Allowance. This allowance will be reduced as a proportion of GPs' income. The payment will be made on a proportionate basis for all patients up to 1200. GPs with fewer than 400 patients will not be entitled to BPA. This is a change from the original proposal that the limits should be 500-1500 and will be consistent with proposals in Scotland.

Another change to the original proposals for BPA will be that one of the main criteria for assessing entitlement will be retained, namely that entitlement to BPA will be based on average list size within the partnership.

8. Funds for practice teams and premises. The Secretary of State confirmed that commitments entered into under the existing arrangements for the direct reimbursement of staff, premises, and premises improvements will be honoured.

9. Areas of Deprivation. The Health Departments will consult the GPs' representatives about the detailed arrangements for distributing the new capitation payments to GPs serving deprived areas.

10. The Secretary of State and the Negotiators also agreed to submit joint evidence to the Doctors and Dentists Review Body about pricing the new contract in such a way as to meet the Government's policy objective for the General Medical Services in that the joint

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evidence would refer to the profession's acceptance of the Government's intention that the proportion of the remuneration of GPs arising from capitation* based payments will reach 60% from 1 April 1990.

11. Finally, the Negotiators undertook to commend this agreement to the profession for implementation with effect from 1 April 1990; and that (i) evidence be prepared for the DDRB to price the new proposals and (ii) draft amendments to the Statement of Fees and Allowances and Regulations be prepared for consultation with representatives of the profession.

KENNETH CLARKE

Secretary of State for Health

DR MICHAEL WILSON

Chairman, General Medical
Services Committee

* Under the new contract capitation will include: standard capitation fees (as currently understood) together with the new capitation fees for registrations, child health surveillance and the deprivation supplement but exclude Basic Practice Allowance and contraceptive payments.