

From Dr. Clive Froggatt

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The Rt. Honourable The Prime Minister,
10 Downing Street,
London SW1A 2AA

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Dear Prime Minister,

I enclose two further notes on the GPs contract and the Government's response to Sir Roy Griffiths report on Community Care.

Yours sincerely

Clive Froggatt

Enc

Quality of Patient Care and the GP Contract

"Doctors will be encouraged to take on more patients" by the Government's reforms is an often stated objective which is at the root of much of the opposition to the White Paper. The medical profession asserts that this means less time for each patient which is anathema to patients and doctors alike and unites them in opposition.

However, the reforms are aimed also at improving the quality and standards of care that patients receive. Indeed, the incentive based new Contract for GPs rewards the provision of good standards of care. In future GPs remuneration will be derived by payments in proportion 45 per cent "quality": 55 per cent "quantity". (Compared with 45 per cent "quantity": 5 per cent "quality": 50 per cent indeterminate).

I recommend strongly that the emphasis in Government statements should be placed heavily on the provisions for rewarding quality something which has not been done hitherto.

The Government should make clear also that by balancing the demand for good quality care against the number of patients for whom a doctor is responsible, it will ensure that no doctor is encouraged to take on more patients than can be cared for to the required standard.

Christy Hoag
5.7.89.

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Community Care Review : Mentally Ill

In its response to the Griffiths report, the Government must make clear its commitment to a comprehensive service for the mentally ill. Responsibility for both residential and community based provision must continue to be shared by the Health and Social Services.

Presently, no guide lines exist to provide a framework within which health and social services can determine their relative responsibilities. With increasing demands and limited resources, both services have attempted to shift the burden of responsibility onto each other which has resulted in regular under-provision of resources and inefficient delivery of services.

The legislation should oblige local health and social services to ensure that a comprehensive provision is made. The Government could publish subsequently a Statutory Instrument which gave guidance on the relative responsibility of each service.

For example: The Government would suggest the responsibility for residential provision for the elderly mentally ill should be shared by health authorities taking 15 per cent of the population and social services the remainder.

: The Government would suggest that residential provision for all other mentally ill should be shared by health authorities taking two per cent of the population and social services the remainder.

The likely outcome of such a statement is that health and social services would pool their resources in the proportions advised and thereby enable a comprehensive service provision to be rationalized.

Christy
5.7.85.