

APPENDIX 1

The Rt Hon The Prime Minister
10 Downing Street
London
SW1A 2AA

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RETAINED UNDER SECTION 3 (4)
OF THE PUBLIC RECORDS ACT

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Ret

22/11/16

23rd February 1990

Dear Prime Minister,

New GP Contracts - Targets for Immunisation and Cervical Cytology

As some doctors begin to recognise the potential of the NHS reforms, those opposed focus attention more sharply on real weaknesses in the Government's proposals. In general practice serious concern, which I share, has been expressed about targets for immunisation and cervical cytology, or more specifically about eligibility for these preventative health measures.

The policy of having targets was advocated (by me amongst others) to improve the uptake for immunisation and cervical cytology. GPs have been given bonus payments for meeting targets which could be achieved with extra effort. By rewarding GPs by their results, the Government expected to see a significant improvement in patient care.

Setting national targets and then applying them to individual GPs fails to recognise that certain patients, for sound medical, demographic and ethical reasons, will not be eligible for preventative health measures. This will leave some GPs unable to achieve their (national) target.

eg: 1. A GP takes on the care of a gypsy encampment where none will have their children immunised. This makes it impossible to achieve his target.

2. A neighbouring GP (maybe for spurious reasons) removes from his list 30 women who refuse cervical cytology so that his target can be achieved. Which local GP then takes on willingly these patients knowing they will make achievement of his targets (and bonus payments) more difficult?

Already the National Press is reporting examples of GPs removing patients from their list, it will not be long before similar reports are heard of patients having difficulty finding a GP because they do not wish to undergo immunisation or cervical cytology.

GPs have a legitimate grouse. Most policy advisers, GPs and Ministers admit this privately but are concerned about the consequences of conceding the point. However, in my view, the consequences of ignoring this problem are more serious.

At present there is widespread disillusionment in the profession and a basic distrust of Government (thanks to the BMA). Confidence would be restored if doctors felt their comments were being listened to, taken seriously and acted upon. Unless this happens, then GPs will continue to be cynical about the new arrangements and there is always the danger that disillusionment will spread further amongst the general population. Furthermore, doctors could resist passively the introduction of the reforms thereby establishing an unofficial low grade work to rule in which the whole thrust of the Government's policy will become bogged down.

Confidence amongst GPs would improve very significantly if the Regulations were changed subtly with no compromise on the target levels. The Government must recognise that national averages are not always directly applicable to individual practitioners.

If the policy is unchanged, patients will suffer by being made to change doctor. Doctors will suffer because the system is unfair. The doctor-patient relationship will be compromised by the differences in interest between a doctor and the patient who refuses the service on offer.

Most important of all, the new Contract's positive effect on patient care is likely to be diminished seriously. If targets are unachievable because of the practice demography, then GPs will have little incentive to make an extra effort. This means that Government policy will not be successful in raising the uptake of preventative health measures. Thus Government would be denied an excellent parameter of assessment for the impact of its NHS reforms.

At the next election, the rates of immunisation and cervical cytology will provide one of the few measurable indicators of the benefits of NHS reform. They should have improved dramatically but without achievable targets the proper incentives will not have been created.

I would recommend now that the grounds for eligibility need to be reviewed. This will demonstrate the Government responding to the profession's legitimate concerns and make the achievement of better preventative health care and an improved quality of patient care more likely.

Yours sincerely

Christyann

Doctors drop 'unprofitable' female patients

MORE THAN 100 women have been struck off the lists of a general practice in Yorkshire because they were affecting doctors' chances of earning bonus payments under the new GP contract.

The payments, which start on 1 April, reward doctors for ensuring that high percentages of women aged 25 to 64 on their lists receive cervical smear tests to detect cancer. They will receive the bonus only if 50 per cent of the women are tested; the money trebles if they screen 80 per cent.

The North Yorkshire Family Practitioner Committee, at the

By Adam Sage
and Sharon Kingman

request of the practice in Filey, sent out 120 letters telling women they had seven days to find a new doctor. Only women aged 25 to 64 received letters, which were posted two weeks ago.

The four doctors at the practice had checked FPC records. The practice manager, David Walker, said the patients were "affecting whether we reached targets". Mr Walker said the new contracts were "making doctors efficient businessmen".

Dr Phil Garnett, a partner at the practice, said all the patients struck off the lists had either died or moved out of the area. However, Mr Walker conceded that some of the women might still be in Filey, having failed to notify the surgery of new addresses.

Chris Town, general manager of North Yorkshire FPC, was sceptical of the practice's claims that there were 120 errors in the records. "I would not swear our records are 100 per cent accurate but I would be surprised if we were that many people out. He added: "It is certainly possible there are now women who think they are registered with a doctor and are not."

The move comes as community health councils throughout the country report growing numbers of patients being removed from lists. They suspect many removals are for financial reasons.

In Dewsbury, West Yorkshire, Adam Miles, a five-month-old baby born nine weeks premature, was struck off after his mother received a letter from her GP, Christine Conway. Dr Conway, the letter said, was "increasingly concerned at the over-use of the out-of-hours emergency doctor".

Sharon Miles said her son suffered from bronchiolitis and at times had trouble breathing. "At the most we called the doctor out once a week, sometimes because Adam was turning blue."



Sharon and Adam Miles: off list for 'over-use' of emergency doctor



David Walker, the Filey practice manager: Contracts are making doctors 'efficient businessmen'

"The doctor once told me she could not give everyone what Adam was on because it was too expensive."

Dr Conway said Mrs Miles had been removed because of a "break-down in the doctor-patient relationship". "She was not removed for financial reasons," she said.

In Bradford, an elderly couple, who have asked not to be named,

were told their GP could no longer treat them as they lived more than 15 minutes journey from the practice and the doctors needed "more time to achieve the new targets". The couple have been with the practice for 27 years.

Some GPs believe the new contract will be self-defeating in its attempt to ensure more women undergo cervical screening.

Bruce May, a GP who prac-

tises in Guildford, Surrey, said reaching his target might prove difficult because nuns working at a local Catholic hospital were registered with his practice. Women who are sexually inactive are unlikely to develop cervical cancer and therefore do not need tests. "There are enough nuns to make the difference between 81 per cent and 75 per cent," Dr May said.

cc DoH

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