

Dr. Clive Froggatt FILE

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10 DOWNING STREET
LONDON SW1A 2AA

From the Private Secretary

15 March 1990

Dear Andy,

NEW GP CONTRACT: LETTER FROM DR. CLIVE FROGGATT

Thank you for your letter of 12 March, enclosing a draft reply for the Prime Minister to send to Dr. Clive Froggatt. The Prime Minister has now had an opportunity to consider this. She does not think that it would be appropriate to write to Dr. Froggatt in the terms proposed. She feels that this would confirm GPs' fears that the Government had decided that immunisation and tests for cervical cytology must be undertaken. The Prime Minister wishes to discuss this issue with your Secretary of State and the Secretary of State for Scotland; this office is arranging a time.

I am copying this letter to Jim Gallagher (Scottish Office).

Yours,
Paul

(PAUL GRAY)

Andy McKeon, Esq.,
Department of Health.

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PAUL GRAY

14 March 1990

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DRAFT LETTER TO DR CLIVE FROGGATT

There are three main problems with Kenneth Clarke's draft letter to Dr Clive Froggatt.

First, the letter does not address Clive's principle concern that there is growing evidence that GPs are removing unscreened patients from their lists. He does not object to the general principle of targets. Indeed he has always been a staunch supporter of challenging, but attainable targets which will give GPs a real incentive to improve the quality of patient care.

Second, the draft letter does not tackle Clive Froggatt's concern that patients may then find it difficult to register with another GP if they intend not to undergo screening tests (because this will make it more difficult for the GP to maximise his remuneration by reaching the upper target).

Third, I now understand from Department of Health officials that fresh legislation (paragraph 3) would not be required for minor changes, such as the grounds of eligibility for the target population. The Department will be sending over a revised draft later on.

There are three possible courses of action to follow:

Option 1. In a letter to Kenneth Clarke yesterday, Malcolm Rifkind has suggested - and I strongly agree with him - that we should consider making a change in the statements of Fees and Allowances for GPs, to exclude certain patients from a target list, provided they have signed a declaration

to the effect that, having firstly understood their general practitioner's explanation of the benefits of having a cervical smear test, they nevertheless do not wish to have one. As a quid pro quo, it would then seem reasonable to raise the upper level of the target.

A meeting could be arranged between the Prime Minister, Kenneth Clarke and Malcolm Rifkind to discuss this option.

Option 2. Kenneth Clarke could be asked to report back on progress in September with the aim of announcing changes to the contract, if any, at the Party Conference in October.

Option 3. Accept the letter as drafted after amending paragraph 3.

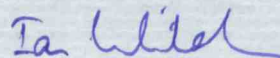
The advantage of Option 1 is that we would be addressing the issue early on, before the problem becomes any worse. And the profession would be encouraged by a positive response to a justified concern before Kenneth Clarke is forced to make any changes later on.

The advantage of Option 2 is that the Government would be able to make a response based on clear evidence that this aspect of the GP contract needs improvement.

Conclusion and Recommendation

At some point, I am sure we will be forced to exclude patients from a GP's target population, provided the patients sign a declaration to refuse screening or immunisation on personal or medical grounds.

An early meeting to discuss Malcolm Rifkind's proposal is the best option (Option 1).



IAN WHITEHEAD