



Warrington Health Authority		DEPARTMENT OF HEALTH
21 SEP 1989		PORTLAND COURT
		158-176 GREAT PORTLAND STREET LONDON WIN 5TB
		TELEPHONE 01-872 9302 EXT
D. G. M.		
D. P. H.		
C. N. O.		
D. P. A.		
D. P.		
D. F.		
W. E. M.		

FPCL 180/89  
EL (89)PI57  
14 September 1989

*Handwritten notes:*  
FN. M. See  
and  
[Signature]

To: General Managers/~~Administrators of FPCs (England)~~  
Regional General Managers  
District General Manager (for information)

Dear Colleague

**PLANNING: NATIONAL PRIORITIES**

1. This letter contains guidance on national priorities which FPCs are asked to reflect in their short-term plans for 1990-91. It should be read in conjunction with guidelines issued to Health Authorities in HC(89)24. FPCL 157/89 gave details of the timetable for submission of FPCs' plans.
2. The general thrust of the priorities set for the current year in FPCL 132/88 was one of active preparation for implementation of "Promoting Better Health". We have offered comments on FPCs' plans where in our opinion those objectives were not fully reflected.
3. We have therefore assumed that by the start of 1990-91, when many aspects of "Promoting Better Health" are intended to come into operation, FPCs will have completed these preparations.
4. For 1990-91 therefore the key objectives reflecting national priorities relate to the implementation of "Promoting Better Health". At the same time FPCs should be making preparations for implementing those aspects of "Working for Patients" that concern them.
5. We should like FPCs to identify the health care needs of their populations and ensure that these are addressed by a comprehensive range of high quality, value-for-money provision across the range of Family Practitioner Services. The three major areas in which Ministers wish to see progress are
  - health promotion and disease prevention
  - the monitoring of service provision and the targeting of resources towards the development of services
  - the development of services which are more responsive to the consumer.

6. FPCs will be expected to make discernible progress on all three areas of activity, while maintaining a sensible balance between their new responsibilities and the more traditional administration of contracts and the payment of contractors. Over-emphasis or ambition in one area should not jeopardize the achievement of other objectives. In many respects, the achievement of these objectives will depend upon close and effective collaboration with District Health Authorities. Ministers' aims, including where appropriate specific objectives, are set out in more detail in the Appendix.

7. We plan to issue detailed guidance on the management of General Medical Services in November 1989. Resource assumptions for 1990-91 were issued to FPCs in January 1989. Resource allocations for FPC administration will be issued no later than January 1990.

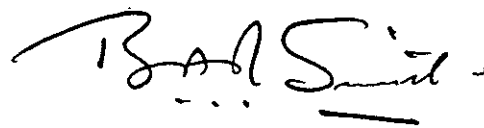
"Working for Patients": Collaboration with RHAs

8. FPCs are expected to collaborate closely with RHAs and the Department in arrangements made for the transfer of accountability for FPCs from the Department to RHAs subject to (and at a date which will be set during) the passage of the necessary legislation.

9. RHAs are asked to let FPCs know of any particular regional element within the framework of national priorities set out in this letter, which they would wish to encourage FPCs to reflect in their plans for 1990-91, including any arising from implementing the HCHS guidelines issued in HC(89)24.

10. The expiry date for this guidance will be 31 March 1991 unless notified separately.

Yours sincerely



B A R SMITH  
Assistant Secretary

NATIONAL PRIORITIES FOR FPCs 1990-91Health Promotion and Disease Prevention

FPCs should pursue the aims of reducing preventable death, disease and handicap and of encouraging better health. FPCL 132/88 stressed the importance of sound preparatory work. FPCs should look to their enhanced databases and health profiles to produce plans and targets designed to address the needs identified in the health profile.

Specific objectives all FPCs should be addressing are:

- i. to ensure in collaboration with DHAs that programmes are in place for all women aged 50-64 to be called for breast cancer screening within three years of the establishment of the service. (Breast screening centres should have been established by 31 March 1990). FPCs should pay particular attention to improving the accuracy of registration data;
- ii. by 31 March 1991, in collaboration with the DHAs and GPs, to improve uptake rates of the main childhood immunisation programmes to 90% of all children of the age-groups specified in FPCL 99/88.

Service Monitoring and Development

FPCs will need to develop local systems and arrangements which will enable them to be aware of any difficulties and obstacles that contractors encounter in improving their services. Information gained through practice profiles (including analysis of activity indicated by the payments system), health profiles (in close collaboration with Regional and District Directors of Public Health and District Dental Officers), GPs' annual reports, and prescribing data provided by the PPA and the DPB, as well as measures of customer satisfaction elicited through consumer surveys (see below), will all enable FPCs to promote improvements in services.

FPCs should draw on available epidemiological and service provision data to produce service development plans to enable the best use to be made of funds and other resources available to them for practice team development and premises improvement. Such funds and activity should be targeted to where they are most needed in response to consumer and patient needs. FPCs should, in relation to prescribing, promote effective economic prescribing habits, and prepare for the introduction of indicative prescribing budgets.

Specific objectives should include:

- i. encouraging GPs to produce annual reports which incorporate relevant data over and above the national minimum;
- ii. targeting cash-limited funds for practice team development and premises in accordance with the Committee's service improvement development policies. Short-term plans should contain an explicit statement of the policy the FPC intend to pursue in managing these budgets, including the criteria to be used in determining priorities for the development of practice teams and for the improvement of practice premises;
- iii. agreeing policies with RHAs on the allocation of indicative prescribing budgets; and setting in consultation with GPs indicative budgets for individual practices to take effect from 1 April 1991;
- iv. in the light of guidance to be issued, undertaking preparatory work on the introduction of medical audit;
- v. promoting the more effective use by GPs of hospital facilities.

#### Services Responsive to the Consumer

FPCs should develop policies and practices which ensure that Family Practitioner Services are more responsive to the needs and wishes of consumers and patients.

Specific objectives should include:

- i. carrying out consumer surveys to measure satisfaction with services on offer;
- ii. publishing a "Directory of Family Doctors" at regular intervals, and ensuring the availability of informative practice leaflets for all practices in the FPC area;
- iii. publicising the arrangements for making it easier to change GP;
- iv. ensuring that medical records are transferred between practices and FPCs with the minimum of delay;
- v. introducing the improved complaints procedures and arranging for the changes to be publicised widely.

Guidance on (i) above will be included in the circular on the management of General Medical Services (see paragraph 7 of the covering letter; that guidance will also apply to other family practitioner services. Guidance on (v) above will be issued early in 1990.