The item of service fee for a vaccination from the general practitioner in the health service is £2.80, which covers the time for the procedure and paperwork. Because of the difficulty of proportional costing of the clinical medical officers' time and health visitors' time for giving measles vaccination this fee has been used as a guide. In our area general practitioners perform roughly half of the vaccinations given for measles prevention and community health doctors the other half. At a maximum cost of £4.12 per vaccination (cost of vaccine plus item of service for vaccination) the cost of vaccinating all of the children in this area is estimated at £22 600 a year.

Results

IMPLICATIONS IN GENERAL PRACTICE

The number of reports of measles during the study period is 1021. The number of reports from practitioners identified as having acceptable patterns of notification is 909. The number of people served by these practices is 53 598.

The following assumptions are made:

(1) The population served by "acceptable" practices is representative of the area because the age distribution of patients of these practices is total to that of the area.

(2) All three geographical units of the area were affected similarly by the measles epidemic during the period studied because: (i) schools throughout the area were affected similarly by the epidemic; (ii) notification by "acceptable" practices was similar across the three geographical units.

The rate of notification per 10 000 population for practices with acceptable notification patterns is 70 notifications/10 000 population. Applying this rate to the total population of the board—that is, 267 000—the number of notifications that might have been expected if all practitioners notified well was estimated to be 4950. Costs for treatment of cases by general practitioners during the six month period were based on this number. After discussion with general practitioners the costs per case were compiled as £15.60. This included the general practitioner's time and travel and costs of drugs, including prescription charge and allowing for average use of antibiotics, antiseptics, and antiviral compounds in the treatment of measles. An allowance for a 25% revisit rate was made, of which half were home visits and half visits to the surgery. No allowance for travel was included for visits to the surgery. The total cost for treatment by general practitioners therefore was: 4950 × £15.60 = £77 604, plus revisit allowance of £17 327, total £94 931.

IMPLICATIONS FOR HOSPITAL SERVICES

The following numbers were established for admissions to hospital for residents of the Southern Board: (i) admissions to hospitals within the area 40, cost per week in the area (paediatric unit) £340, total cost 40 × £340 = £13 600; (ii) Admissions to regional hospital, 66, cost per week £440, total number of weeks of admission (all cases) 99, total admission costs £43 560. Ambulance costs per case £80 (100 miles), £2.50 a mile, £2500, total costs of transport £200 000. £13 200. Total cost £56 760. Therefore hospital costs of general group £21 600 + £56 760 = £78 360.

Severe group

(i) Total number of weeks in hospital for these four cases 14 weeks at a cost of £6300. These children required high dependency care which could not be costed accurately so the unit cost per week was used, though this is an underestimation. (ii) Total number of visits to the outpatient department or child development clinic 15 at £70 each, £1050. The £70 is derived by costing the average related medical, nursing, and paramedical professional time given each child at the clinic. (iii) Transport costs to and from hospital as inpatient and to and from the clinic £1200, based on mileage using home addresses and setting ambulance costs to clinic and large vehicle ambulance cost from admission. (iv) Other costs were not quantifiable, including possible deterioration of long term development potential in these children, health visitor attendance, and for parents loss of working time and hospital visiting costs.

The cost of six month measles epidemics is therefore estimated as follows: for general practice £94 931, for hospital services £78 360, for severe group £8640, total £175 931.

Discussion

In the geographical area covered by the Southern Health and Social Services Board the measles immunisation rate for 1982 was 8%. This study was carried out to draw attention to this poor rate and to indicate the cost to the health services in the area.

Costing was not considered to be the important exercise. All costs of the disease were calculated as conservatively as possible so that those that are difficult to quantify were not overstated. Some peripheral costs were not included because they could not be quantified accurately: (i) chronic otitis media and respiratory problems; (ii) milder, undetected diminution of mental development potential; (iii) pain and discomfort, family disturbance, and loss of schooling time.

It is clear from work done in the US and Czechoslovakia that the natural transmission of measles infection can be stopped by an effective immunisation programme.¹ In other parts of the UK where the immunisation rate is 55–60%, epidemics will occur, so any attempt to raise immunisation levels must aim at least for a rate of 85%: to be achieved—a tenfold increase in the case of the Southern Board.

In the past 10 years in this area measles epidemics have occurred every two years. The number of notified cases has been of the same order as that during the last epidemic.² The number of hospital admissions was also of the same order, although during the last epidemic there were more patients severely affected than previously noted. The average duration of stay of 10 days (range two to 33 days) is similar to previous epidemics in Northern Ireland over the past 10 years. The higher admission rate per 1000 notified cases (10%) reflects the poor level of notification.³ When calculated on the notification pattern of "acceptable" practices the admission rate per 1000 notified cases is 2.3%, which is in line with the overall figure for the UK.⁴ If the actual number of cases in hospital and the estimated number in the community are considered the cost per case is £37.43—that is, £175 931/4500 (4500 = 1021 + 3479).

Before this study no attempt had been made to estimate the number of cases as distinct from notified cases. The total cost per notified case was £172.31. Using this as an index, an estimate at 1983 prices of the cost of measles since 1974 may be obtained by multiplying the cost per notified case by the number of notified cases, assuming that the admission rate has not changed over the past 10 years, and that notification patterns in the area have not changed, which is confirmed by local data. If no improvement is made in the immunisation rate this level of expenditure would be expected to continue. If an aggressive campaign is mounted to improve radically the measles immunisation rate, however, it should be possible on achieving a rate of over 80% to interrupt the transmission of measles virus. This rate would need to be achieved overall for children up to the age of 10 years as almost half of the notified cases occur in the age group 5 to 9 years.⁵ By combining a campaign to ensure maximum uptake of immunisation at infant health clinics and offering immunisation again at entry to school to those not previously immunised it would be theoretically possible to achieve such a rate after five years. In the intervening period the extent of epidemics should be gradually reduced.

Over the past nine and a half years an average of 5500 children have been born a year in the Southern Board. It would have cost the health service £215 270 at 1983 prices to immunise all these children. The difference in cost between preventing the disease in children during those nine and a half years and allowing it to continue due to poor immunisation rates may be estimated as £1 015 713. This presumes a total eradication of the disease, which would probably not occur, but it indicates the extent to which some savings of resources might be made, even by appreciably reducing the occurrence of measles and reducing epidemics.⁶ The effects of a gradually increased uptake on reducing the incidence of the disease could then be monitored, and a retrospective study carried out in five years and 10 years to

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GPs and Their Staff

Rights of the expectant mother: legal labyrinth

NORMAN ELLIS

Most practices employ only a handful of staff and a high proportion are women. The employment rights of the expectant mother are both intricate and stringent. Thus any employer with few staff may be faced with serious administrative difficulties if a member of staff is pregnant.

It is probably not widely realised that the expectant mother does not have a right to maternity leave as such. This needs to be said because it helps to clarify the four employment rights that are acquired by an expectant mother: (i) not to be unreasonably refused time off work for antenatal care and to be paid when permitted that time off; (ii) to complain of unfair dismissal because of pregnancy; (iii) to receive maternity pay; (iv) to return to work with her employer after a period of absence on account of pregnancy or confinement.

These rights are acquired by all women employees, married or unmarried, but they are subject to the conditions and limitations described below. It should be noted that these rights do not apply to women who are independent contractors.

The following account of the law governing maternity rights is complex. It is intended to set out the principles to be referred to when the need arises. It is important to note at the outset that there are different qualifying conditions for each of the maternity rights. For example, any employee has the right to take paid time off work for antenatal care irrespective of how long she has been employed, whereas the right to

complain of unfair dismissal is acquired only after at least one year of employment (or in some circumstances two years). Because this area of employment law is complex you should not hesitate to seek expert advice and assistance. BMA members may seek help from their BMA regional office.

Time off for antenatal care

Irrespective of how long she has worked in your practice an employee has the right not to be unreasonably refused time off work to receive antenatal care and to be paid for this time off. To acquire this right the following conditions have to be met. Firstly, she must have made an appointment for antenatal care and the time off must be requested to keep the appointment. Secondly, except in the case of the request for time off for the first appointment, the employee must if asked produce for your inspection both a certificate from a medical practitioner, midwife, or health visitor stating that she is pregnant and an appointment card (or some other document) showing that the appointment has been made. Your employee should be paid the appropriate hourly rate for the period of absence from work. Any employee who is improperly denied these rights is entitled to complain to a tribunal. These rights are acquired by any woman as soon as she joins your staff.

Right to complain of unfair dismissal

Subject to the qualifying conditions described below an employee has the right to complain of unfair dismissal if her employer dismisses her because she is pregnant or for a reason

connected with her pregnancy. Except in the circumstances stated below such a dismissal will be *automatically unfair*; in other words, as the employer there are no grounds on which you may defend your action.

In general, a woman must have been continuously employed for at least one year if she normally works for 16 or more hours a week, or if she normally works for 16 or more hours a week, for at least five years. There are, however, different qualifying conditions where the employer has 20 or fewer employees; the minimum qualifying period is increased from one to two years. In most circumstances there should be no doubt whether or not an employee has worked for long enough to acquire the right to complain of unfair dismissal, to receive maternity pay, or to return to work after confinement. But if there is a change in the partnership, or if a practice is "transferred" to another practice, these events do not normally interrupt the employee's continuity of employment.

There are exceptional circumstances where dismissal for reasons of pregnancy may not necessarily be unfair. These are where the woman's condition makes it impossible to do the job adequately or if it would be against the law for her to do that particular job while pregnant. Because the likelihood of these circumstances arising in general practice is fairly remote they are not discussed in detail here. But you must offer the employee a suitable alternative job if one is available, and you should seek immediate advice from your BMA regional office if you foresee this situation arising.

There is no right to maternity leave

Because this is both intricate and important, and there is so much confusion about it, it is essential to spell out the precise legal status of maternity leave. The Employment Protection (Consolidation) Act 1978 does not create a right to maternity leave as such. Nor does it even require an employer to pay the employee her salary or to give her any of the other benefits of her contract of employment while she is absent from work because of pregnancy or confinement. These matters to be agreed between you and your employee and should be embodied in your written contract of employment. But what the Act does create—and this is important—is the right for a woman to request her employer to pay (as distinct from salary) to be paid by her employer (who will in turn be reimbursed from the Maternity Pay Fund) during the initial stages of her absence (whether or not she is still in your employment) and the right to return to the same job or to a suitable alternative job subject to important limitations and these are explained below.

Right to maternity pay

Once the expectant mother has satisfied the necessary conditions she is entitled to receive maternity pay from her employer for the first six weeks of absence, starting on or after the beginning of the eleventh week before the expected week of confinement. ("In expected week of confinement" the word "week" means a period of seven days beginning with midnight between Saturday and Sunday; and "confinement" means the birth of a living child, or the birth of a child whether living or dead after 28 weeks of pregnancy.) The six weeks' absence does not have to be taken in one continuous period. The maternity pay (not salary) due for each week is the greater of a week's pay less the flat rate National Insurance maternity allowance (whether or not this is being received in part or in full by your employee). Thus anyone who is receiving the full week of confinement maternity pay will probably be getting roughly full pay for these six weeks.

There are three main conditions that govern the right to receive maternity pay; these are: (i) the employee must be employed on or after the 26th week of pregnancy; (ii) the employee must be employed on or after the 26th week of pregnancy; (iii) the employee must be employed on or after the 26th week of pregnancy.

expected week of confinement (if the confinement has already occurred the date of confinement).

(4) If you asked for a certificate of the expected week of confinement this must be produced.

After the maternity absence has begun the following conditions apply.

(1) You may send her a written request, not earlier than 49 days from the date you were notified as the beginning of the expected week of confinement, asking her to confirm in writing that she intends to return to work. If you write asking for this confirmation you should explain in your letter that she must give confirmation in writing within 14 days of receiving your letter. Again, if this is not possible her confirmation should be given as soon as it is reasonably practicable. If she does not reply confirming her intention to return the right to return is lost.

(2) She must inform you in writing of the date she intends to return to work at least 21 days before the date of her return. If you have provided a written statement of the date of her return, you must also provide a written statement of the date of her return.

Return to work

Your employee may choose when to return to work, provided that it is within a period of 29 weeks beginning with the week in which her child was born. If she is ill and produces a medical certificate she may delay her return for a further four weeks from the date she originally gave for her return, or, if she has not notified a date, for up to four weeks from the end of the 29 week period. She may, however, delay her return to work for only once. You may defer an employee's return to work for up to four weeks from her notified date provided that you give specified reasons and inform the employee of the date on which she may return.

If you do not allow your employee to return to her old job this will be treated as dismissal. Her right to return, however, may be restricted in the following circumstances:

(1) If the total number of your employees immediately before the beginning of her maternity absence was five or less, and you can show that it is not reasonably practicable for you to take her back in her old job (or to offer her suitable alternative work—which means work that is both suitable and appropriate for the employee, and where the terms, conditions, and location are not substantially less favourable than those of the old job) the failure to permit her return will not be treated as a dismissal and any claim of unfair dismissal will fail. But if these circumstances occur the onus of proof lies with the employer.

(2) If her former job in the practice is no longer available because of redundancy the Act states that you must offer her a suitable alternative job if one is available, otherwise the dismissal will be automatically unfair. If she is unreasonably refused a suitable offer, however, she may lose her right to redundancy pay.

(3) If you can show that it is not reasonably practicable, for a reason other than redundancy, to offer your employee her old job back, that you have offered her a suitable alternative job, and that the employee has subsequently unreasonably rejected the offer (or even accepted it on unreasonable terms) your failure to permit her return to her original job will not be treated as a dismissal and any claim of unfair dismissal will fail. In these circumstances the onus of proof lies with you as the employer.

Finally, if you employ a temporary replacement you must inform her in writing that her employment will be terminated

(1) Your employee must have been continuously employed for at least two years immediately before the beginning of the eleventh week before the expected date of confinement if she normally works for 16 or more hours a week, or if she normally works for 16 or more hours a week, for at least five years.

(2) She must continue to be employed by you (whether or not she is actually at work) until immediately before the beginning of the eleventh week before the expected week of confinement, as stated by a midwife or doctor in a certificate. Indeed, if she resigns earlier than this point her right to maternity pay is actually lost. The expectant mother, however, does not have to leave at that time and she may choose to continue working right through until the date of confinement provided that this is not contrary to health and safety requirements. (Obviously maternity pay is due only for periods of absence from work.)

(3) At least 21 days before she stops work the expectant mother must tell you that she intends to stop work because she is pregnant. If it is simply not practicable to give the 21 days' notice she must tell you as soon as possible, whether before or after she stops working. You may ask her to give you this information in writing and you may also ask to see a certificate stating the expected week of confinement. In fact, if she does not produce this certificate as requested the expectant mother will lose her right to maternity pay.

Two further points on maternity pay need to be noted: it is payable under Schedule E and earnings related National Insurance contributions also have to be deducted. (On the latter point you should refer to Department of Health and Social Security leaflet NI 224 "contributions on maternity pay and certain payments regarded as earnings".)

To spread the cost of maternity pay among all employees (including those who do not in fact any women) a Maternity Pay Fund has been established. In fact a small proportion of your employee's National Insurance contributions is paid into this fund. Any employee who has made maternity payments in accordance with the legislation may claim back the full amounts up to the limit that he is required to pay. This rebate will consist of the gross amount of statutory maternity pay, before deductions for tax and National Insurance contributions, together with the amount of the employer's share of the National Insurance contribution. (Claims for rebate should be made on forms MPI and MPI(R), which are available from a Redundancy Payments Office of the Department of Employment.)

Right to come back to work

The law gives an employee the right (subject to the limitations outlined below) to her former job at any time before the end of the period of 29 weeks beginning with the week ending with (Saturday) beginning with the week in which her child is born (the 29 week period may in some circumstances be extended) and on her return to be employed on terms no less favourable than those that would have applied to her if she had not been absent. For example, if your staff had received a pay increase during her absence this would also have to be applied to her. Several conditions have to be met to acquire this right:

(1) Your employee must have been continuously employed by you for at least two years immediately before the beginning of the eleventh week, before the expected week of confinement if she normally works for 16 or more hours a week, or for at least five years if she normally works for 16 or more hours a week.

(2) Your employee must continue to be employed by you (whether or not she is actually coming to work) until immediately before the beginning of the eleventh week before the expected week of confinement.

(3) Your employee must give the following information to you in writing at least 21 days before she begins her maternity absence (or if this is not possible, as soon as it is reasonably practicable): (a) that she is away from work because of pregnancy; (b) that she intends to return to work after this absence; (c) the

on the return of your employee who is absent because of pregnancy or confinement.

Legal labyrinth

This area of employment law must surely be most complex for both the employer and employee. I cannot personally apologise for its complexity because I have had no responsibility for its drafting or its content. For the employer with only a handful of staff, without a personnel manager or personnel department, applying the law requires care. Any mistake, even if it is wholly unintentional, or a misunderstanding of the law, could lead to a tribunal case and even a costly award against you. Indeed, it is almost a test of tenacity for both you and your employee to satisfy the requirements of the employment rights of the expectant mother.

I am grateful to Dr John Ball, Dr Ewen Bramwell, and Mr Peter Smith and his colleagues of ACAS for their comments on this paper. I am, of course, responsible for any omissions or errors. This article can only provide a general guide to the provisions of existing legislation. It does not offer a definitive statement of law.

Appendix

Examples of written notifications on the right to return

(1) Employee's first notification: to be given to the employer at least 21 days before the expected week of confinement (or, if it is not reasonably practicable to do so by that date, as soon as it is reasonably practicable afterwards).

Dear Mr Other,

1. This is to let you know that
1. I am leaving work to have a baby
2. My expected week of confinement is
3. I intend to return to work after the baby is born.

Yours sincerely,

(Philly X)

(2) Employee's request for confirmation of intention to return: to be sent by employer not earlier than 49 days after the start of the expected week of confinement, or the actual date, whichever the employee notified in the first notification.

Dear Mr X,

This is to ask you whether you still intend to return to work. If you do, I must inform you that you are required to give me confirmation of your intention to return in writing, within 14 days of receiving this letter, unless it is not reasonably practicable for you to do so within that time in which case you must reply as soon as it is reasonably practicable. Failure to reply within this time limit will mean that you will lose your right to return to work with me.

Yours sincerely,

(A N Other)

(3) Employee's reply to employer's request for confirmation of intention to return: to be sent by employee not later than 14 days after the start of the expected week of confinement, or the actual date, whichever the employee notified in the first notification.

Dear Mr Other,

This is to let you know that I still intend to return to work.

Yours sincerely,

(Philly X)

(4) Employee's final notification: to be sent not later than 21 days before the expected week of confinement.

Dear Mr Other,

This is to let you know that I will be coming back to work on 7 March.

Yours sincerely,

(Philly X)