The new GMS contract explained

Focus on…..

Choice of nationally accredited systems

This guidance note has been produced by the General Practitioners Committee to help GPs and Local Medical Committees understand the entitlement of GPs to a choice of national accredited systems under the new GMS contract. This is one of a series of guidance notes on the new contract. The guidance will be updated as progress is made throughout the implementation discussions and negotiations. We would advise all GPs to read the contract document and supporting documentation, available on the BMA website at www.bma.org.uk. The GPC has produced a list of frequently asked questions and answers which can also be found at the website address.

The current situation;

- If a practice does not have a computer system, it is entitled to one. A practice can choose from any RFA 99v1.x system. We would expect a practice to justify its choice with a business case. The PCO's role is to support the practice in this process and to fully fund the purchase of the chosen new system.

- If a practice has a computer system but it is not RFA 99v1.x, the practice is entitled to be upgraded to one. The practice may choose from any RFA 99v1.x system. We would expect a practice to justify its choice with a business case. In addition to cost benefits, the practice should carefully consider the issue of changing from one system to another: the duration of disruption, possible data loss*, inevitable changes to working practices, gained or lost functionality, impact on other software the practice has installed to help run the practice etc. The PCO's role is to support the practice in this process and fully fund the chosen system. A PCO cannot force a practice to have a system the practice does not want to have.

- If a practice has an RFA 99v1.x system, the practice is entitled to any necessary hardware or software upgrades that are required to maintain the efficient running of the system. The practice can also ask the PCO to consider minor improvements or upgrades that build on the functionality or efficiency of this or other information systems.

- If a practice has an RFA 99v1.x system, the practice can ask for it to be replaced or changed but the practice is not expected to do this more than every 3 years. Changes must be justified by a business case as part of a development plan.

- The GPC is close to agreeing with the Department of Health a minimum functionality specification for practice systems that can act as a guide to practices and PCOs alike.

In the future

- New systems are being developed by suppliers in conjunction with the four countries' IT programs.

- The National Programme for IT is responsible for involving GPs in the development of these new systems. The GPC will provide an effective stakeholder group to assess these new systems on fitness for purpose and guarantees on security and confidentiality. The GPC has nominated the Joint GP IT Committee for this role. This committee is co-chaired with the RCGP and includes user group representatives. All new systems will be accredited nationally.

- When available, practices will have a guaranteed choice from a number of accredited systems.

And in addition

- All GPs will be provided with software systems that allow them to interrogate their clinical databases in order to report on their Q&O achievements. These systems will be validated and approved nationally and can be provided by prime suppliers or by third parties.

- All of the above is to be provided to GPs at no cost to them, by means of direct provision.

- PMS GPs should enjoy the same access to IT systems and funding.

LMCs: what can you do?

- LMCs should discuss with PCOs, occasions where practices are not being offered a choice of RFA 99v1.x or a nationally accredited system. In cases where these situations cannot be resolved locally, documentary evidence of correspondence between the LMC and PCO should be sent to the GPC so that this can be raised with the appropriate health department.

- LMCs should make practices aware of their respective home country nGMS IM&T policies and strategic direction.

- *LMCs should make practices aware of the survey of data loss during system migrations which the GPC is currently conducting. Further information is available at: http://www.bma.org.uk/ap.nsf/Content/datamigration0104

Enquiries and Information

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