

Focus on.....preparing for implementation

This guidance note has been produced by the General Practitioners Committee to help GPs and Local Medical Committees with the timetable and arrangements for implementing the new GMS contract, and 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.

The GPC has produced a list of frequently asked questions and answers which can also be found on the BMA website.

There are differences in relation to the timetable and process in each of the four countries of the UK, and these differences are indicated at the appropriate place.

THE DOCUMENTS

The new GMS Contract Regulations, standard contract, Statement of Financial Entitlements and guidance were published in draft form by the Department of Health in December 2003. Similar documents will be published in the other three countries.

The contract documentation consists of:

- draft GMS contract Regulations
- draft standard contract, together with an explanatory note for PCTs
- draft Statement of Financial Entitlements (SFE)
- guidance on the above three documents – *Delivering investment in general practice; Implementing the new GMS contract.*

These documents can be found at www.doh.gov.uk/gmscontract/implementation.htm

Practices should have received a hard copy of the guidance, together with a CDrom containing all of the above documents by the end of January.

Draft Regulations

The substantive issues were resolved before publication of the draft Regulations. Public consultation on the patient aspects of the regulations concludes on 28 January. The Regulations will be laid in early February to come into effect from 1 March. This will allow the dispute resolution procedures to be available before 1 April.

Draft standard contract

By the end of February, PCTs should have reached provisional agreements on the contract with practices, and should have sent versions of the standard contract to every GMS practice, tailored to reflect the provisional agreements reached.

The standard contract has been drafted by Counsel, and Departmental and GPC lawyers have double-checked that it accords with the Regulations which faithfully reflect the new contract as agreed between the negotiating parties. **Practices should therefore use this standard contract to ensure that they are protected.**

Contract terms

- Most of the contract terms are mandatory and therefore cannot be amended. Practices and PCOs should not attempt to negotiate on these.
- Other terms, whilst not mandatory, have been subject to the agreement between the negotiating parties and these terms should not therefore need amending in any way.
- There are only quite a small number of terms which will be particular to each practice and will need to be tailored to reflect the agreement between the practice and the PCO, and which practices will therefore need to pay particular attention to. The main areas relate to:
 - what additional services the practice will be opting out of, if any
 - what enhanced services the practice will be providing
 - what level of quality the practice will be aspiring to
 - whether or not the practice will be opting out of out-of-hours services.

The explanatory note issued with the draft standard contract indicates those parts of the contract that may need some adaptation for each practice.

Draft Statement of Financial Entitlements,

This sets out in detail the way in which payments will be calculated and made to practices, including the arrangements for:

- the Global Sum
- the Minimum Practice Income Guarantee
- quality payments
- some directed enhanced services
- the out-of-hours opt-out
- PCO-administered services.

The Statement of Financial Entitlements (SFE) takes the form of legal Directions. It will replace the Statement of Fees and Allowances in detailing the payments to which practices will be entitled.

Guidance

Accompanying these documents is detailed guidance. This has been drafted by the Department of Health and has been agreed between the GPC, the NHS Confederation and the Department of Health.

The guidance is not a “stand-alone” document and must be read in conjunction with the source legal documents, i.e. the Regulations, the standard contract and the SFE.

GLOBAL SUM INFORMATION

The Department of Health in England will make the 2004/05 allocations to PCTs in England by the end of January. **Practice indicative global sums** (and the Minimum Practice Income Guarantee where necessary) will be released to practices by PCTs by the end of the first week in February together with the data used to calculate the figures. The figures released in February will be indicative only, because of the timings of changes to the Exeter system. They will be calculated using the Indicative Contractor Budget Spreadsheet and guidance. The spreadsheet and guidance are attached at annex C of *Delivering Investment in General Practice*.

The revised Exeter system is due to go 'live' in April 2004, and actual budgets will be agreed with practices by the end of May 2004. A similar timetable for the release of indicative global sums (and MPIGs) is being followed in the other three countries.

WHAT TO DO NOW

- **Read the contract guidance**

It is important that practices understand the new contract documentation. This can be

daunting given the combined length of the documents. We suggest breaking the reading down into manageable pieces and then continuing discussions with your Primary Care Organisation about reaching provisional agreements on your contract.

Chapter one, which summarises everything in the guidance, and chapter seven, which sets out the various timetables for implementing the contract including discussion and agreement on the contracts between practices and PCOs, are the best places to start.

- **Read the regulations**

- **Consider the standard contract and continue discussions with your PCO about the services you will be providing under the new contract for agreement in your contract.**

To help with this, read the explanatory note for PCTs on using the standard GMS contract that was published with the draft contract and is available on the English Department's website at www.doh.gov.uk/gmscontract/implementation.htm. This note indicates those few areas where the standard contract will need to be adapted to reflect the individual practice's contract. The other sections should not need to be amended.

Discussions should have already been taking place between practices and PCOs about the contract terms, including:

- whether practices are opting out of responsibility for out-of-hours services
- what additional services, if any, the practice is opting out of
- the level of quality to which the practice is aspiring
- what enhanced services are to be provided.

- **Aim to agree a practice contract with your PCT by the end of February.**

The various timetables are set out at chapter seven of the contract guidance. A checklist of issues the practice should be discussing with the PCO is attached at annex A.

Your Local Medical Committee and your BMA regional office will be able to help and advise if you have any difficulties in relation to your contract.

- **Check your indicative global sum (MPIG) carefully when you receive it.**

When practices receive their indicative budgets, they should check them carefully and seek advice from their accountants. It is worthwhile calculating your own

practice's entitlements using your accounts for the baseline year – the last three quarters of 2002.03 and the first quarter of 2003/04.

Read chapter five and annex C of the contract guidance, *Delivering Investment in General Practice*, and the Statement of Financial Entitlements.

The GPC has organised a seminar for medical accountants on the afternoon of 3 February to provide them with the most detailed technical information and guidance which will enable accountants to fully advise their practice clients.

Default contract

If contracts cannot be agreed, there will be arrangements for a 'default contract' to take effect. Default contracts should only be used as a very last resort and it is not anticipated that they will be used at all.

If there are outstanding issues, such as final agreement over the price of a local enhanced service, or the exact level of the overall budget, it will be better to sign the standard practice contract, highlighting the areas of disagreement, so that the contract is in place by 1 April.

Any areas of disagreement can be dealt with through the dispute resolution procedures that are set out in the contract guidance, in paragraphs 6.33 to 6.38 of *Delivering Investment in General Practice*.

TIMETABLE IN SCOTLAND, WALES AND NORTHERN IRELAND

The timetable in the other three countries is slightly different to that in England.

Scotland

The Primary Medical Services (Scotland) Bill was passed by the Scottish Parliament on 18 December 2003 and is now awaiting Royal Assent.

The Scottish Department of Health is aiming to issue an almost finalised draft of the SFE to the service on 23 January 2004. The Department is still working on the other main contract documentation and aims to publish a draft standard contract by 31 January 2004 and NHS Scotland Guidance by 27 February 2004.

Wales

The regulations will be laid before the National Assembly for Wales in February to come into effect in early March. Practices should receive their indicative global sum from Local Health Boards in February.

Further guidance on contract implementation in Wales can be found at the GMS Implementation Project website at:

www.wales.gov.uk/healthplanonline/gms/index/htm

Northern Ireland

Health Boards are currently visiting practices individually and discussing their likely global sums.

PMS

Guidance on PMS, *Sustaining Innovation through New PMS Arrangements*, was published by the Department of Health in England on 23 December 2003. This is available on the Department's website at www.doh.gov.uk/pmsdevelopment/pmsarrangementsdec03.htm. A separate guidance note is being prepared on PMS and will be available shortly.

HELP AND ADVICE

Your Local Medical Committee will be able to help and advise on many aspects of the contract, including resolving issues locally. A local protocol has been agreed for dealing with problems that arise during the implementation phase of the new contract. This can be found at Annex E of *Delivering Investment in General Practice*.

If you are a BMA member, your local office will be able to help and advise if you have any difficulties in relation to your contract. BMA members can also contact *askBMA* at 0870 60 60 828 or by email to info@bma.org.uk

Your accountant will be invaluable for advice on your indicative global sum. If you do not currently have an accountant you could contact the Association of Independent Medical Specialist Accountants at www.aisma.org.uk

The BMA website at www.bma.org.uk/gpcontract contains much useful advice. Links to all Department of Health Documentation can be found at the website, together with other guidance notes and a list of commonly asked questions and answers.

The National Primary Care Development Team national helpline on 0845 9000008 is open to practices as well as PCOs.

Chapter seven of *Delivering Investment in General Practice* contains other sources of support including the National Primary Care Development Team **Prospectus** which can be found at <http://www.natpact.nhs.uk/uploads/prospectusnov03.pdf>

**ANNEX A
CHECKLIST - ENGLAND**

DATE	ACTION	GUIDANCE REFERENCE <i>Delivering investment in General Practice</i>	4
1st January 2004	Has the PCT offered the access and QuIP DES for 2003/04 to the practice?	Paragraph 2.77	
Early January 2004	Has the PCTs ascertained the practice's provisional intentions in relation to out-of-hours and additional services opt-outs?	Paragraphs 2.58 – 2.75	
16th January 2004	Has the practice submitted details of their aspiration to PCTs using the Interim Aspiration Utility?	Paragraphs 3.17 – 3.29	
January-February 2004	Has the PCT ascertained the practice's intentions in relation to recruitment and retention of staff, to inform workforce planning, and fed this into the SHA Workforce Directorate?	Paragraphs 4.12 and 4.13	
End of the first week in February 2004	Had the PCT calculated and shared indicative budgets with all GMS contractors, reflecting initial agreements about additional services, using the indicative contractor budget spreadsheet?	Annex C	
By 13 February 2004	Has the practices written to the PCT about whether it wants to be health service body?	Paragraphs 6.11 – 6.14	
By 13 February 2004	Has the practice written to the PCT confirming that it will meet the provider conditions?	Paragraph 6.22 Regulations 4 & 5 GMS contract Regulations	

Note- the following issues should have been agreed with the PCO by the end of February. Practices should consider these issues now.

DATE	ACTION	REFERENCE <i>Delivering investment in General Practice</i>	4
END FEBRUARY	HAS THE PRACTICE AGREED WITH THE PCO:		
	Its catchment areas	Paragraph 2.33	
	Whether its list is opened or closed	Paragraphs 2.33 – 2.38	
	Normal hours	Paragraph 2.20	
	Three DESs - access, QulP, and childhood vaccinations and immunisations – offered and provisional agreements reached	Paragraph 2.77 National Health Service (Improved Access, Quality Information Preparation and Violent Patient Schemes) (England) Regulations 2003. www.hmso.gov.uk Part Three, SFE	
	Its opt-out of additional services., if any	Paragraphs 2.49 – 2.57	
	Indicative budgets – reflecting discussions and provisional agreements about what services will be provided	Paragraph 5.47 – 5.60	
	Provisional agreement on the new GMS contract - PCTs should have sent versions of the standard contract to every GMS contractor, tailored to reflect the provisional agreements reached	Chapter 7 – timetable	

	Has the PCT offered a default contract if provisional agreement has not been reached on the new GMS contract?	Paragraphs 6.18 and 6.19	