

The new GMS contract explained

Focus on.... The role of LMCs

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This guidance has been produced by the General Practitioners Committee to help GPs and Local Medical Committees by explaining LMCs' role under the new GMS contract. It is one in a series of guidance notes on the new contract. The guidance will be updated as progress is made during 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 on the BMA website.

Although there may be some differences in process in each of the four countries of the UK, the principles of this guidance apply to all.

LMCs will play a key role in the local implementation of GMS2, supporting practices and engaging with PCOs. This role will be analogous to, but more wide-ranging than, that under the current contract. We have previously issued separate guidance on specific aspects of the new contract that will not be repeated here.

In Scotland, the functions and roles pertaining to LMCs in this paper will apply instead to the GP Sub-committee of the Area Medical Committee. The Scottish Executive Health Department will instruct Health Boards that appropriate resources and funds should be made available to fully support the work of GP Sub-committees in this vital work.

Getting started

Annex 1 sets out the sections of the contract document, *Investing in General Practice*, which specifically refers to LMCs. This is in addition to the existing responsibilities of LMCs as set out in the GPC guidance note *The Work of LMCs in England & Wales* which is available on the GPC's website. The statutory provisions listed in this document will continue under the Health and Social Care Bill currently before the Westminster Parliament, but be subject to considerable revision.

The GPC & LMCs

As the implementation of GMS2 begins, LMCs are best placed to inform the GPC of any local divergence from the national agreement made with the NHS Confederation (NHSC). When informing us of any details, we must receive copies of correspondence concerning funding, arrangements for the implementation of out-of-hours, enhanced services, IT and premises development. We are unable to act without such evidence if you believe that your PCOs are not adhering to the agreement. Please send us examples of best practice too.

The GPC and NHS Confederation will shortly publish a protocol for the handling of implementation problems that arise at local level. It is hoped that the protocol will help deal with misinterpretations of the contract and manage rumour.

In the event that a problem occurs, it is desirable that every attempt be made to resolve this locally between the practice or LMC and PCO, if necessary utilising the Strategic Health Authority, or its equivalent.

In the event of an unsatisfactory resolution at local level, the GPC will raise issues with the NHS Confederation or the relevant Department of Health. This will require the submission of appropriate evidence, usually in writing.

In Scotland, Wales and Northern Ireland, the national GPC secretariat can raise issues at the regular meetings with the devolved administrations or the Northern Ireland Office.

PCOs & LMCs

In England, all Strategic Health Authorities have identified a member of staff to lead on GMS2 implementation (Annex 2) and they are responsible for performance managing PCTs. PCTs should have nominated a GMS contract lead last July and begun to establish implementation boards/groups. It is essential that LMCs are represented on implementation groups and in receipt of all of the relevant paperwork.

A number of LMCs have appointed dedicated PCO liaison managers to develop better communication with LMCs and these are often experienced former PCO Primary Care Development Managers. Others have strengthened their existing liaison mechanisms.

Scotland, Wales & Northern Ireland

Separate implementation arrangements have been established by the Scottish Executive Health Department, National Assembly for Wales and Northern Ireland Department of Health, Social Services and Public Safety. The details of the relevant implementation leads and structures in Scotland, Wales and Northern Ireland can be found in annex 3. If you have specific queries pertaining to these, please contact the relevant GPC secretariat in the National BMA offices in the first instance:

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LMCs & BMA Regional Offices

There are aspects of the new GMS contract and its implementation that will impinge on the services provided by BMA Regional Offices – for example, in the areas of premises, vacancies and practice splits, practice assignment and choice of practice, partnership agreements and strengthening liaison with practice managers. In view of the professional advice available to individual GPs, it is important for there to be good liaison and communication between LMCs and local BMA offices. A number of LMCs have established regular meetings with their local BMA Industrial Relations Officer(s) and we would encourage others, that have not yet done so, to do likewise.

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LMCs & Practices

In order for practices to maximise their performance and derive the greatest benefit from the new contract, it is vital that practice managers are in receipt of the most up-to-date information on implementation.

Establishing or strengthening liaison with practice managers and practice manager groups will be crucial to successful local implementation. Sharing best practice and arranging visits to well-organised surgeries would be a way to facilitate this.

If there is a particular practice, or practices, in your area which require additional support some PCOs offer Practice Manager Mentoring Schemes for "priority practices". These involve targeted packages of support which allow for managers to meet with experienced colleagues who can offer tried and tested solutions to common issues which regularly arise in general practice.

Practices & IT

IT will be crucial to the success of the new contract, particularly in relation to the quality and outcomes framework. Although PCOs will be responsible for ensuring that appropriate training is given to practices on how to use new and updated software systems, there is merit in LMCs augmenting or developing their own expertise. Most LMCs will have members or staff with a specific interest in these issues, who will often be part of larger formal or informal local groups where knowledge is shared and best practice disseminated. These should be brought together and developed for the use of all GPs in the locality.

In addition, PCTs in England have access to PRIMIS facilitators who can assist GPs and their staff with their IT systems. LMCs should ensure that their local PCTs are making best use of these facilitators. The PRIMIS contract with the Department of Health for IT training will be coming to an end in April 2004. LMCs should encourage their PCTs to develop a network of these facilitators to ensure that their knowledge is not lost to the local health economy once the PRIMIS contract comes to an end.

Further information/Resources

BMA Website

The contract documentation and all GPC guidance can be found on the new contract area of the GPC section of the BMA website, www.bma.org.uk

We will be providing further guidance in the future, in addition to *The new GMS Contract Explained Focus on...* series, which already provides greater detail on the following aspects of the contract:

- Enhanced services
- Out-of-hours
- Nature of the contract and partnerships.
- Funding IM&T
- Quality & Outcomes Framework

GMS2 Update newsletters were sent to LMCs containing information on contract implementation dated:

- 25 July
- 11 August
- 1 October

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Annex 1

New GMS Contract – Functions of LMCs

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| HEADING | RESPONSIBILITY | REFERENCE | FUNCTION |
|---|---|-------------|---------------------------|
| Enhanced Services | <ul style="list-style-type: none"> PCOs should inform LMCs about proposed commissioning arrangements for enhanced services | 7.57 | Information |
| | <ul style="list-style-type: none"> PCOs required to consult constituent practices, LMCs and Patient Forums about the level of investment they propose to make. | 5.10 | Consultation |
| | <ul style="list-style-type: none"> In relation to local discussion of Enhanced Services developed for local need, PCO or practice could ask LMC for support. | 2.15(iii) | Involvement/Support |
| Quality & Outcomes – Recording and Reviewing Arrangements | <ul style="list-style-type: none"> PCO review/visit – LMC involved in process at discretion of either party. (3.38 (i)) | 3.38(i) | Involvement/Support |
| Contracts | <ul style="list-style-type: none"> PCOs should inform LMCs about: <ul style="list-style-type: none"> Local variations to practice contracts Establishment of new practices Breaches or failures of the practice contract | 7.57 | Information |
| Contract Review | <ul style="list-style-type: none"> LMC representative involved in the contract review at the discretion of the PCO or Practice. | 7.26 | Involvement/Support |
| | <ul style="list-style-type: none"> Remedial notices <ul style="list-style-type: none"> PCO or practice may invite LMC to be involved in discussion on how a contract breach or failure should be resolved. | 7.29 | Involvement/Support |
| | <ul style="list-style-type: none"> LMC to be consulted where the PCO requires to take action (as set out in paragraph 7.30) due to a serious breach which cannot be resolved, or due to the failure of the practice to comply with a remedial notice. | 7.31 | Consultation |
| Dispute Resolution and Appeals | <ul style="list-style-type: none"> Conciliation during dispute resolution – PCO or practice can request the presence and assistance of the LMC. | 7.43 | Involvement/Support |
| | <ul style="list-style-type: none"> Local resolution of non-contractual issues (Level 1 appeals) – PCO local review panels can include an LMC or GP Subcommittee appointed member. | 7.54 | Representation |
| Ability for PCOs to Provide or Commission Care | <ul style="list-style-type: none"> Alternative PCO provision of additional services following practice opt out – PCOs to inform LMCs and consult with affected patients, Patient Forums and LMCs. | 2.40 & 7.57 | Information/ Consultation |
| | <ul style="list-style-type: none"> PCO contracts for parallel additional services alongside those provided by practices – good practice to discuss with LMC. | 2.41 | Discussion |

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| HEADING | RESPONSIBILITY | REFERENCE | FUNCTION |
|---|--|---------------------|-----------------------------------|
| Premises | <ul style="list-style-type: none"> Branch Surgery standards – if shortcomings highlighted by PCO visit, LMC (or GP Sub of AMC) to be consulted. | 4.58 | Consultation |
| | <ul style="list-style-type: none"> Minimum quality standards – PCO visits to include LMC representative. | 4.52 | Representation |
| Vacancies and Practice Splits | <ul style="list-style-type: none"> PCOs should inform LMCs about practice splits LMC to be consulted in process of arranging contracts: <ul style="list-style-type: none"> for individual GPs following practice splits following the retirement of a single handed practitioner required because of significant population increases (Greenfield Sites) | 7.57 7.18 – 7.20 | Information Consultation |
| Practice Assignment and Choice of Practice | <ul style="list-style-type: none"> Practice applications to close lists – at Stage 3, PCO assessment panels (for considering practice closure notices rejected by the PCO, and in the case of mass closures, determining how requests for new patient registrations should be dealt with) to include LMC representative. | 6.17 | Representation |
| Appraisal | <ul style="list-style-type: none"> Discussion with LMC required in relation to the proportion of GP remediation costs to be met by Workforce Development Confederations (or equivalent). | 4.12 | Discussion |
| Remote & Rural | <ul style="list-style-type: none"> Where twinning is feasible, and supported by the LMC, the PCO will do its utmost to support implementation. | 4.23(vi) | Involvement/Support |
| LMCs | <ul style="list-style-type: none"> The existing arrangements for the recognition and financial support of LMCs will continue under the new contract | 7.58 | Recognition/ financial support |

Annex 2

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