

## **NEW GMS CONTRACT**

Draft regulations have been published and will be set before Parliament in February.

The Department of Health has published guidance on implementation and operation of the new GMS Contract:

- a. Delivering Investment in General Practice. Implementing the new GMS Contract. Guidance on implementation and operation.
- b. Using the Standard GMS Contract. Explanatory notes for PCTs.
- c. GMS Statement of Financial Entitlements for 2004/5.
- d. Draft Standard Contract for new GMS arrangements.

Hard copies of this documentation will be sent to all practices and PCTs but can be viewed at [www.doh.uk/gmscontract/implementation.htm](http://www.doh.uk/gmscontract/implementation.htm)

Enclosed is the latest update from the GPC on the contract.

Step one must be to start with the contract guidance. Read Chapter one as this summarises all the other guidance chapters and then read chapter seven, which sets out the timetable of events.

Step two should be to read the DoH's explanatory note for PCTs on using the standard GMS contract. It flags up which parts of the contract are the ones that need local input, such as details of your practice list, which services your practice will be providing and whether you intend to opt out of out-of-hours responsibility. The rest of the standard contract will be the same for everyone and will not need amending.

Step three will be to start discussions with your PCT and the LMC has agreed a model agenda for meetings in February and March 2004.

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## **NEW PMS CONTRACT**

The DoH has published briefing details at [www.doh.gov.uk/pmsdevelopment](http://www.doh.gov.uk/pmsdevelopment). PMS is to be a permanent option for the provision of primary care services from 1st April 2004. There can be flexible movement between PMS and GMS contractual arrangements for practices agreed locally.

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## **IM&T EXPENDITURE**

Reimbursement of maintenance and minor upgrades is 100%. All items approved and paid since 1st April 2003 should include 100% i.e. printers, servers, PCs, maintenance and support (including quarterly data validation) and anti-virus software. The LMC feels that scanners should also be 100% because they are a vital part of IT handling of letters etc.

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## **INFLUENZA IMMUNISATION FOR CHILDREN**

The DoH has clarified that GPs should be paid a second rate B payment for providing a second influenza immunisation four to six weeks after the first for at-risk children between the ages of six months and twelve years who are receiving their first ever immunisation.

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### **PHARMACY PATIENT GROUP DIRECTION ON OSELTAMIVIR**

The LMC was asked to consider this Patient Group Direction that will enable pharmacists to enhance access to the antiviral drug oseltamivir for at risk patients during an influenza epidemic.

The LMC rejected the proposal because concerns were raised that the drug would be given without proper clinical assessment and that pharmacists would have a conflict of interest regarding payment for the drugs. Side effects of the drug may increase GP workload and we are concerned that telephone prescribing would lead to misdiagnosis and potentially serious complications for some patients.

Our Public Health Consultant colleagues agreed with the LMC view.

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### **FORM BI 205L**

You may recall completing this form for medical information from Medical Services (SEMA group) on behalf of the Benefits Agency. Enquires reveal that Medical Services will only pay £10 allegedly because the Department of Work and Pensions only funds this amount for them. GP requests for a realistic figure have been refused. Discussions with SEMA and nationally with the DWP have been fruitless. Enclosed is a suggested letter that you may wish to adapt for your practice.

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### **GP APPRAISAL**

The LMC asked our four Clinical Governors what steps had been taken to address the learning needs of colleagues that have been identified at appraisal. In order for appraisal to have been a worthwhile procedure we feel this to be important to justify the time and expense involved.

In general the response was that the information gathered would be fed into the Protected Learning Time sessions funded by the PCTs. Dr Mike Fisher reported that a paper on this issue was being prepared by the Deanery.

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### **SICK NOTES – NON-PROVISION BY HOSPITAL COLLEAGUES**

A neighbouring LMC has suggested providing the patient with the telephone number, name and address of the Chief Executive of the Hospital and advising the patient to request their certificate from them in accordance with instructions from the Cabinet Office. Overall the situation has improved but you may wish to consider this option.