

# New primary care contracts – what they mean for PCT lead nurses

## Introduction

New contracts for primary care come into effect from April 2004.

The new arrangements are a key element of the Government's plans to deliver more and better quality primary care services to patients. They are backed by significant new investment.

Under the new arrangements, PCTs

will enter into contracts with practices and other providers. In the past, they have been able to enter into direct contracts with GPs under Personal Medical Services (PMS) arrangements. However, the majority of GPs have operated to a national contract – the General Medical Services (GMS)

contract – over which PCTs have had no say.

*This factsheet explains what the new contracts mean for PCT lead nurses and their colleagues and suggests some practical ways in which they can support and use the new contracts to benefit patients and nursing in the PCT.*

## What the changes mean for nursing staff

The new primary care contracting arrangements will affect the whole of the practice team – and especially nursing staff. They will mean:

- PCTs and practices will, for the first time, be able to take an overview of primary care services because both GMS and PMS contracts enable them to commission the services needed by their local communities.
- More opportunities to improve the quality of care given to patients and their health outcomes.
- Better employment conditions, such as access to CDP and professional advice, which will ensure greater safety for patients
- More services provided locally with more doctors and more nurses in

primary care.

- Greater freedom for practices to decide how to design their services, including the option to opt out of non-compulsory services (known as 'additional' services and areas) such as out-of-hours provision.
- Flexibility and incentives for GMS practices to provide more services for patients, including those traditionally done in hospital. PMS contracts have always offered these through PMS + arrangements.
- Practices will be resourced and rewarded on the basis of how well they care for patients rather than the number of patients they treat. GMS practices will be assessed on the basis of a Quality Outcomes

Framework (QOF) and PMS contractors on the basis of a locally-devised system which will typically be based on QOF.

- Better use the skills of the whole team, especially nurses, with greater career development, more control over workload and more say in decisions about their services.
- New opportunities for a wider range of nurses to work in general practice.
- Better employment conditions for nurses which will ensure greater safety for patients
- Incentives for PCT-employed and practice-employed nurses to work more closely together to improve the quality of patient care.

## Specific implications for nursing

Under the new arrangements:

- Nurses will be key to delivering the QOF set out in the new GMS contract.
- Nurses can become partners in GMS practices, just as they currently can in PMS practices.
- Nurses can fill posts previously held by GPs
- Nurses can become providers of the

additional services that practices opt out of, and out-of-hours

- There are measures to improve the employment of nurses, including better recruitment and selection, access to clinical supervision, training and professional development and appraisal
- Nurses and the PCT professional lead must be involved in decisions

about nursing services in practices.

- Greater skill mix and flexibility is allowed and encouraged so that nurses can extend their roles to meet needs of patients, be freed up to use their skills most effectively and have better career opportunities.

# How to maximise the benefits of the new contracts

Nurses must be involved if practices and PCTs are to make the most of the potential benefits to primary care of the new contracts.

The PCT lead nurse will need to:

## For the PCT

- Get to know the new contracting arrangements now available for PCTs commissioning local services: new GMS, new PMS, Alternative Provider Medical Services, PCT Medical Services.
- On GMS, pay particular attention to paragraphs 4.19 & 4.20 on page 28 of Investing in General Practice, The New Medical Services Contract and Part 4 of the NHS England [General Medical Services Contracts] Regulations, paragraphs 51, 52, 54, 56, 58 & 59, pages 63 & 64. You should also read Chapter 3, paragraphs 3.1 – 3.12, pages 17-19 about the Quality Outcomes Framework, and Annex A: Quality Indicators – Summary of Points. All relevant documents can be found at [http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/GPContractsArticle/fs/en?CONTENT\\_ID=4055212&chk=/DLj38](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/GPContractsArticle/fs/en?CONTENT_ID=4055212&chk=/DLj38)
- On PMS, look at Chapter Five, New Innovation, of Sustaining Innovation Through New PMS Arrangements which is at <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PersonalMedicalServicesPilots/fs/en>
- Also, look at Chapter Two, Flexible Provision of Services, of Delivering Investment in General Practice, Implementing new GMS, which describes flexible commissioning arrangements available to PCTs. See <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContract>

[s/GPContractsArticle/fs/en?CONTENT\\_ID=4055212&chk=/DLj38](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/GPContractsArticle/fs/en?CONTENT_ID=4055212&chk=/DLj38)

- Also, be part of the PCT team implementing and monitoring the contract.
  - Have a learning strategy and programme in place that supports the new contract and is based on an assessment of the skills of nurses.
  - Make sure PCT-employed nurses understand the new contracting arrangements and what they mean for them
  - Have an integrated workforce plan to meet the demands of the new contracts. Consider where will the nurses with the right skills and experience come from and work collaboratively with secondary care colleagues.
  - Be involved in monitoring the QOF as nurses will be helping to deliver it in the practice.
  - Produce a plan for the PCT on how nurses will contribute to essential, additional and enhanced services from April 2004
  - Keep an overview of the services practices are delivering and the local area's health needs so that you can spot potential for sharing specialist services.
  - Use policy initiatives to support innovation, such as 'Liberating the Talents', the Chief Nursing Officer's 10 key roles, nurse consultants, nurse prescribing, nurses with special interests.
  - Make sure that a robust clinical governance framework underpins the clinical work of all nurses, particularly those expanding their roles and responsibilities.
- ## For practices
- Provide practices with support on HR, including checking the Nursing Midwifery Council, sample job descriptions for

different levels of responsibility, clinical supervision, appraisal tools and personal development plans and what to do about poor performance.

- Provide practices with information and advice on Agenda for Change.
- Make sure practices involve the lead nurse in changes and development in nursing. Be ready to help in the development of new roles using 'Liberating the Talents' as the underpinning framework.
- Make PCT recruitment and retention systems and return to practice programmes available for practices to use.

## Support for nurses

- Know the local nurses in general practice, recognise leaders and encourage those wanting to develop services for patients
- Make it as easy as possible for nurses in practices to get involved in decision-making and discussion forums.
- Put in place imaginative development and support programmes that help nurses develop entrepreneurial skills and new roles.
- Encourage nurses to lead provision of some services, take on PMS, work independently, contract directly with the PCT.
- Provide nurses who are taking on nurse-led roles or becoming partners with support, mentoring and guidance.
- Be a champion for nursing contribution for the contract.
- Provide nurses with information on what training and education opportunities are available locally and put in place flexible learning programmes that are not restricted to courses outside the work setting.

## For further information

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- Supporting documents (GMS):  
[http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/GPContractsArticle/fs/en?CONTENT\\_ID=4068601&chk=6d6f3H](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/GPContractsArticle/fs/en?CONTENT_ID=4068601&chk=6d6f3H)
- Supporting documents (PMS):  
<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PersonalMedicalServicesPilots/fs/en>
- [www.natpact.nhs.uk/primarycarecontracting](http://www.natpact.nhs.uk/primarycarecontracting)
- [www.npdt.org](http://www.npdt.org)
- Agenda for Change:  
<http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en>
- [www.doh.gov.uk/newrolesfor\\_nurses/](http://www.doh.gov.uk/newrolesfor_nurses/)
- Nurse prescribing:  
<http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustryServices/Prescriptions/fs/en>
- Nurses with special interests:  
[www.natpact.nhs.uk/special\\_interests](http://www.natpact.nhs.uk/special_interests)
- Liberating the Talents:  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4070100&chk=h1nBxL](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4070100&chk=h1nBxL)
- The MA will be supporting nurses to contribute to the successful implementation of the new GMS and PMS contract in a number of different ways. To launch this programme of work two conferences are to be held on nursing and new GMS and new PMS to raise awareness about the content of these two new contracts and their potential implications for nurses and nursing. These events will be held in London on 10 March and in York on 18 March 2004. For further details please log onto [www.natpact.nhs.uk/events](http://www.natpact.nhs.uk/events) There is no charge to attend these events.
- Further workshops for nurses are planned across the nine NatPaCT areas between May and September. More information about these events will be available on the CNO, NatPaCT and MA websites in due course.
- For information on the full programme of support to implement these new contracts please refer to the prospectus of support available to download from [www.natpact.nhs.uk/primarycarecontracting](http://www.natpact.nhs.uk/primarycarecontracting)
- The MA (NatPaCT) programme is supported by Nicola Walsh, Senior Nurse Advisor working across the primary care contracting programme, and by Primary Care Contracting Advisors providing local support. Contact details for the Primary Care Contracting Advisors are in the prospectus.