

New primary care contracts – what they mean for practice managers

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, as in PMS. Guidance has now been issued to help practices and PCTs agree the new, more flexible GMS contract and, where applicable, the new PMS contract by 1 April 2004.

PCTs have been told how much money they can expect to get from the Government and should have given

practices an idea of their funding, depending on the services they deliver.

This factsheet explains what the new contracts mean for practice managers, what practice managers will have to do as a result and outlines practical ways for them to get the most from the opportunities created by the new contracting arrangements.

What the changes mean for practice managers

The new arrangements mean:

- Contracts between the PCT and the practice, not the individual GP.
- Practices being paid, for the first time ever, according to the quality and range of the services they deliver.
- Greater autonomy for practices and increased scope for practice development. They will be able to focus on a particular area of interest or local need and provide more specialised services if they wish.
- Greater control for practices over their workload as a result of options to opt out, for example, from providing OOH services.
- New career opportunities for practice staff by extending their roles and responsibilities.
- An expanded role for practice management, supported by the development of a new competency framework for practice managers.
- New funding arrangements, replacing the so-called 'Red Book' with a system more sensitive to the needs of patients and practice workload.

- Fresh impetus to the modernisation of practice premises and IT support.
- Improvements in the working lives of practice staff.

Key Dates and Deliverables

January 2004:

- Early January 2004 – contractors will have discussed their provisional intentions with PCTs in relation to out-of-hours and additional services opt-outs.

February 2004:

- By end of first week in February 2004 – PCTs will have calculated and shared indicative budgets with all GMS contractors, reflecting initial agreements about additional services.
- By 13 February 2004 – contractors need to give written notice to the PCT as to whether they would like to become a Health Service Body.
- By end of February 2004 – contractors taking part in the Quality and Outcomes Framework (QOF) will have their agreed quality aspiration level with their PCT.

- By end of February 2004 – PCTs will have sent versions of the standard contract to every GMS contractor, tailored to reflect the provisional agreements reached with each contractor.
- By end of February 2004 – PCTs will have offered default contracts if provisional agreement has not been reached on new GMS contracts.

March 2004:

by 31 March 2004 – GMS contracts or default contracts must have been signed.

How to maximise the benefits of the new contracts

- Decide as a practice whether or not to opt out of out-of-hours provision and the impact this will have on your practice's global sum.
- Consider whether to offer enhanced or additional services, and whether to propose that these are also available for patients registered with other practices who do not offer them.
- Discuss and agree with the PCT what level of QOF payments to

continued overleaf

aspire to, using the Interim Aspiration Utility (IAU).

- Discuss with the PCT the QOF data and monitoring requirements and how the QOF Management and Analysis System (QMAS) can support the process.
- Check clinical codes for QOF and that disease registers are in place.
- Consider as a primary healthcare team the development of services and the skill mix necessary to

deliver them, taking into account Agenda for Change principals and Recruitment and Retention Schemes.

- Review Personal and Practice Development Plans with staff to reflect contract services and skill mix.
- National enhanced services have benchmark specifications and prices, so ensure your practice has a process in place to benchmark

current services and has knowledge of the tendering procedure.

- Review with practice members the standard contract, ensuring it reflects the provisional agreement
- Use local opportunities to share good practice and discuss future developments for primary care contracting through for example, practice management forums and joint practice/PCT meetings.

Where to go for more information

For information on the latest support available, visit the fortnightly web update on primary care contracting. It is produced by the NHS Confederation, NHS Modernisation Agency (NatPaCT) and the National Primary Care Development Team and is at

http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/GPContractsArticle/fs/en?CONTENT_ID=4068610&chk=jaN0c5

nGMS Contract website:

http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/GPContractsArticle/fs/en?CONTENT_ID=4055212&chk=/DLj38 – this

website has links to all the key guidance documents on new GMS, as well as the Indicative Contractor Budget Spreadsheet and further factsheets and briefing notes.

PMS Contract website:

<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PersonalMedicalServicesPilots/fs/en>

National Groups

- The British Medical Association www.bma.org.uk
- The Royal College of General Practitioners www.rcgp.org.uk
- The NHS Confederation www.nhsconfed.org
- The National Association of Primary Care www.napc.org.uk
- The NHS Alliance www.nhsalliance.org
- IHM www.ihm.org.uk
- AMSPAR www.amspar.org.uk

NHS Modernisation Agency (MA) and National Primary Care Development Team (NPDT)

- The MA, including NatPaCT, and NPDT have published a 'prospectus' of support for the NHS that highlights national and local support initiatives available to practices.

The prospectus is at www.natpact.nhs.uk/primarycarecontracting

Local Support

- PCTs are facilitating a number of approaches to support practice managers. These include the establishment of practice support

units and setting up local support networks

- NatPaCT have a national network of Primary Care Contracting Advisors. Their contact details are contained in the prospectus mentioned above.

- The NPDT Centre Leads can provide local information on QuISP and the nGMS/PMS Collaborative. Their details are also contained in the prospectus. The former will focus on training and practical tools in improvement techniques for primary care managers and professionals. The latter will showcase examples of good practice in primary care contracting to share what is possible.

- A Guide to nGMS/PMS for Practice Management: Your Questions Answered: This is a brief guide produced by the NPDT and Modernisation Agency (NatPaCT) for all staff in general practice and highlights key aspects regarding nGMS and PMS. It also includes a section summarising support available to practices. It is being sent to all practices and PCTs and is available at www.npdt.org