The new GMS contract explained

Focus on….

The role of LMCs

*****Updated September 2006*****

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 GPC guidance notes on the new contract.

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

Contract Documentation

We would advise all GPs to read the contract document and supporting documentation, available on the BMA website at www.bma.org.uk. The GMS contract regulations, a draft standard contract and the draft Statement of Financial Entitlements (SFE) are also available on the website together with detailed guidance about the new contract from the Department of Health. While many doctors may not wish to read every word of the documentation we would suggest that LMCs and practice managers, at the very least, should become fully familiar with each document. The GPC has also produced a list of frequently asked questions and answers which can also be found on the BMA website.

The Department has also produced guidance for PMS practices which LMCs may wish to become familiar with. It is also available on the BMA website.

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*, the Department of Health's guidance, *Delivering Investment in General Practice: Implementing the New GMS Contract*, the GMS Contracts Regulations 2004 and Statement of Financial Entitlements (SFE) which specifically refer 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 and LMCs

As the implementation of GMS2continues, LMCs are best placed to inform the GPC of any local divergence from the national agreement made with the NHS Confederation (NHSC).

The GPC and NHS Confederation have published a protocol for the handling of implementation problems that arise at local level. It is published in Annex E of the Department of Health's guidance *Delivering Investment in General Practice: Implementing the New GMS Contract.* It is hoped that the protocol will help deal with misinterpretations of the contract and manage rumour. This protocol suggests that "wherever possible, solutions should be sought at local level. This avenue should be exhausted before other interventions are instigated." The role of LMCs is vital in this regard, however "if a problem cannot be resolved at local level, the LMC, practice or GP should write to the GPC setting out the problem. The GPC will then take it to the relevant country's Implementation Co-ordination Group, which includes a GPC representative."

Therefore, 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. The LMC should be involved in this process as appropriate.

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 and LMCs

In England, all Strategic Health Authorities have identified a member of staff to lead on GMS2 implementation and they are responsible for performance managing PCTs. PCTs should now have in place implementation apparatus with LMC representation.

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.

It has become clear through discussions that the NHS Confederation has had with PCOs that they would welcome examples of how their colleagues are tackling some of the challenges presented by the new GMS contract. They are therefore collecting examples of good practice in the commissioning of enhanced services and in the innovative re-provision of out of hours and will be producing a briefing as part of their wider programme of support to NHS Confederation members.

It would be valuable for LMCs to send GPC-produced guidance notes to their PCOs. This would hopefully aid understanding between LMCs and PCOs and prevent misinformation being disseminated locally.

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. If you have specific queries pertaining to these, please contact the relevant GPC secretariat in the National BMA offices in the first instance:

SGPC	Carrie Young	cyoung@bma.org.uk
GPC Wales	Donna Martin	dmartin@bma.org.uk
Northern Ireland GPC	Zoe Collins	zcollins@bma.org.uk

LMCs and 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 the same.

We have recently confirmed that GPs who are BMA members can seek advice from their local BMA office before signing their new contract with the PCO.

LMCs and 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.

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

New GMS Contract – Functions of LMCs **Annex 1**

A Reference to Investing in General Practice
B Reference in Delivering Investment in General Practice – Implementing the new GMS contract
C Reference in the National Health Service (General Medical Services Contracts) Regulations 2004
D Reference in draft Statement of Financial Entitlements

Where the term "LMC" is used in this document this should also be taken to mean any equivalent body.

Heading	Responsibility	A	B	C	D	Function
Service provision	• if PCOs propose to become large-scale providers of primary medical services they are expected to discuss this first with the LMC		2.10	-	-	Consultation
	• the PCT must involve and consult LMCs about the planning of the provision of services, the development and consideration of proposals for changes in the way those services are provided, and decisions affecting the operation of those services	2.40, 7.57 and 2.41	2.11(iv)			Consultation
	• the PCT should consult with the LMC when making commissioning decisions about securing primary medical services in "brownfield" sites		2.16			Consultation
Enhanced services	• the PCT should discuss the planned spend against the local enhanced services spending floor from 2004/05 with the LMC		5.29	-	-	Consultation
	• PCOs should agree the definition of enhanced services with LMCs for inclusion in the definition of those appropriate to be included in the local floor		2.80			Consultation
	• PCOs should inform LMCs about proposed commissioning arrangements for enhanced services	7.57				Information
	• PCOs are required to consult constituent practices, LMCs and patient forums about the level of investment they propose to make	5.10				Consultation
	• in relation to local discussion of enhanced services developed for local needs, the PCO or practice can ask for LMC support	2.15(iii)				Involvement / Support
List closure and patient assignment	• an LMC representative from a neighbouring LMC should sit on the assessment panel which considers rejected closure notices and proposals about assigning patients to contractors with closed lists	6.17	Table 2	31(5)(c)	-	Representation
	• the PCT should notify the LMC of areas where lists have been closed and those practices which may be affected by the assessment panel's determination about assigning patients to contractors with closed lists		Table 3	35(4)(c)	- -	Information

Quality and Outcomes – Recording and reviewing arrangements	• either contractors or PCTs are able to involve the LMC in the practice's annual QOF review if they wish • in the event of data accuracy being questioned during a QOF review visit and remedial action not having taken place to the satisfaction of the PCT, the PCT could rescore the practice's achievement points, following consultation with the LMC • if a PCT has evidence which shows that a contractor has been systematically and inappropriately referring patients to secondary care in order to maximise quality achievement points, the PCT could rescore the achievement points calculation, again in consultation with the LMC	3.38(i)	3.42(ii) 3.68(i) 3.68(ii)	Sch6 Pt5 80(3)	-	Involvement / Support Consultation / Representation Consultation/ Representation
Human Resources	• PCTs will be under a new legal obligation from 1 April 2004 to develop and seek to agree with the LMC a policy for locum cover and payment arrangements • LMCs can arrange a medical examination of a GP where the contractor and PCT are concerned that the GP is incapable of adequately providing services under the contract, with the agreement of the GP concerned • The LMC can consider the medical report referred to above and provide a written report to the contractor and PCT	-	-	4.15(iv), Table 13/14 Pt 6 27(1) Pt 6 27(2)	21.16	Consultation Involvement/ Support/ Consultation
Out-of-Hours	• PCTs must consult LMCs before refusing to grant approval of a proposal for out-of-hours arrangements • Apart from an immediate withdrawal of approval of out-of-hours arrangements, a PCT cannot withdraw approval without consulting the LMC • The PCT must notify the LMC if it decides to withdraw approval for out-of-hours services immediately • If the PCT immediately withdraws its support for an out-of-hours service, in the interest of contractors and patients, it must notify the LMC	-	-	Sch7 2(3)(h) 4(4) 4(5) 6(4)	-	Consultation Consultation Notification Notification

Contracts	• PCOs should inform LMCs about
	  • local variations to practice contracts
	  • establishment of new practices
	  • breaches or failures of the practice contract
		7.57		Sch6 pt8 120(1)(2)	-	Information

	• LMC representative involved in the contract review at the discretion of the PCO or practice	7.26		Sch6 pt5 81(3)		Involvement/ Support
	• a PCT may serve notice terminating the contract immediately if the contractor no longer satisfies the contractor conditions. If the contractor changes so that it no longer includes a medical practitioner on the General Practitioner Register and the medical practitioner was part of a partnership and the loss of the medical practitioner was sudden, the PCT may allow the contract to continue for up to six months. In this case the PCT must immediately consult with the LMC		6.42(i)	Sch6 pt8 111(4)		Consultation
	• if a PCT considers that the change in a partnership is such that it is likely to have serious impact on the ability of the contractor or the PCT to perform its obligations under the contract it may serve notice terminating the contract. Where practical any such notice should follow consultation with the LMC (or a notification to the LMC where this is not practical)		6.43(i)	Sch6 pt8 120(1)(2)		Consultation / Information
	• a change in the structure of partnership may be sudden and/or acrimonious. In these circumstances the PCT may be unable to determine which of the remaining partners has a right to retain the GMS contract. In these circumstances a PCT may serve notice terminating the contract. Where practical any such notice should follow consultation with the LMC (or a notification to the LMC where this is not practical)		6.43(ii)	Sch6 pt8 120(1)(2)		Consultation / Information
	• PCTs should consult with the LMC before refusing a permanent contract to the holder of a temporary contract		6.46(i)	Sch6 pt8 120(1)(2)		Consultation
	• a PCT can issue a breach notice or a remedial notice where it believes that a contractor is in default of its obligations under its contract. The LMC should be consulted before such notice is given	7.31	6.51			Consultation
	• a PCT or practice may invite the LMC to be involved in discussion on how a contract breach or failure should be resolved	7.29		Sch6 pt8 120(1)(2)		Involvement / Support
	• LMCs can be invited to participate in the negotiations on temporary contracts			Part 5 14(3)		

Dispute resolution and appeals	• conciliation during dispute resolution – PCO or practice can request the presence and assistance of the LMC • local resolution of non-contractual issues (Level 1 appeals) – PCO local review panels can include an LMC appointed member	7.43 7.54	-	-	21.14	Involvement / Support Representation
Premises	• branch surgery standards – if shortcomings highlighted by PCO visit, the LMC should be consulted • minimum quality standards – PCO visits to include LMC representative	4.58 4.52		Sch6 pt5 89(3)		Consultation Representation

Vacancies and practice splits	• PCOs should inform LMCs about practice splits
	• LMC to be consulted on process of arranging contracts:
	  • 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

Appraisal	• A PCT shall provide an appraisal system after consultation with the LMC	4.12		Sch6 pt4 68(2)		Discussion
Remote and rural	• where twinning is feasible, and supported by the LMC, the PCO will do its utmost to support implementation	4.23(vi)				Involvement / Support
LMCs	• the existing arrangements for the recognition and financial support of LMCs will continue under the new contract • definition of LMCs • Function of LMCs	7.58		Pt1 2(1) Pt6 27(1)(3)		Recognition / Financial support Definition