‘Implementing the new GMS contract in Scotland’

1. Introduction
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Welcome to the guidance on the introduction and implementation of the new General Medical Services (GMS) contract in NHS Scotland. This guidance has been agreed jointly by the Scottish Executive Health Department (SEHD) and the Scottish General Practitioners Committee (SGPC) of the British Medical Association.

In reading and implementing this guidance, it may also be necessary to access:

- the Primary Medical Services (Scotland) Act 2004 and supporting subordinate legislation (in particular the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004)
- the Scottish Statement of Financial Entitlements (SFE) and the Scottish Standard GMS Contract.

The new GMS contract, which has been negotiated and agreed on a UK wide basis, offers an outstanding opportunity to improve the quality of care patients receive in primary care, to expand the range of services to patients and to improve working conditions for staff across primary care in NHS Scotland. The contract introduces fundamental and far reaching reform across NHS Scotland, and is underpinned by a record level of investment. It is designed to transform the ways in which both primary care and the whole of the NHS in Scotland works.

Since the positive vote on the contract by the UK’s GPs in June 2003, all Health Board areas in Scotland and national partners (such as SGPC, NHS 24, Scottish Ambulance Service, Common Services Agency, NHSQIS, NES, RCGP and many others) have been working hard to ensure that the new GMS contract is successfully implemented, and that the benefits of the new contract will be fully realised. This guidance will help to ensure that the contract is successfully introduced on 1st April 2004 and implemented in full thereafter.

The support framework for the new GMS contract is already in place. Each NHS Board has identified the new GMS contract as a core service planning and delivery issue and has established a ‘GMS implementation team’ to lead the process in their area. Each NHS Board is working in partnership with local practices (contractors) and other local health services, local patient representatives, local authorities and services such as NHS 24 and the Scottish Ambulance Service. Most Boards are progressing this work as part of their Pay Modernisation Programme, linking new GMS to changes in the Consultants Contract and Agenda for Change. Each Board has identified a GMS lead (these are listed at Annex A), and some have established local working groups to address key local priorities.

At national level, NHS Scotland has established a National Reference Group to oversee implementation of the contract. This group comprises a wide range of stakeholders working in partnership (its members are listed at Annex B). The groups meets quarterly to assess progress and priorities in implementing the contract across the whole of NHS Scotland.

There are also a number of national working groups and commissioned pieces of work, covering key areas of the contract such as:

- Out of hours Services
- Quality
- Service Redesign
This activity is supported by John Turner, Pay Modernisation Director for NHS Scotland, based at Larbert.

Detailed information on national implementation is available at the national GMS website: http://www.show.scot.nhs.uk/sehd/paymodernisation/pages/GMservicesContract.htm

The following websites may also be of interest:
NHS Confederation: http://www.nhsconfed.org/
Natpact: http://www.natpact.nhs.uk/

This guidance details the range of actions and responsibilities that various parties have in implementing the contract. The National Reference Group and Working Groups will continue to network good practice, ideas and learning in how best to achieve full implementation across a range of key areas, and this work will continue to be published on the GMS website.

This guidance will support the GMS implementation process across NHS Scotland and the enhanced relationships that need to be developed between local NHS Boards and practices. Effective ongoing discussions and agreements at local level will achieve full implementation.

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