

## **Introduction**

The General Practitioners Committee, NHS Confederation and Departments of Health have agreed this protocol for dealing with problems that arise locally during the implementation phase of the new GMS contract.

The protocol:

- sets out the minimum safeguard required to give the profession confidence in the implementation process
- will apply until 1 April 2004. **This will be an interim arrangement until the contract is implemented and the formal appeals mechanisms are in place.** The contract regulations will provide for a formal pre-contract dispute mechanism through the FHSAA(SHA). It is expected that this would come into force by no later than the end of February. In the event that such disputes are not resolved by 1 April, practices would still be able to sign their contracts as the outcome of the process e.g. on financial matters could be backdated
- applies to problems that arise both from PCOs and from Local Medical Committees, practices or GPs.

Three types of problems have been identified:

1. where there was a perception by Local Medical Committees or practices of a lack of action to implement the contract by the Primary Care Organisation
2. misinterpretation of the contract
3. rumour that needs to be managed.

Any of these problems can arise because of innocent misunderstandings, sometimes following informal contacts between PCOs, LMCs and practices. Nevertheless, dealing with these problems is important.

Where issues about PCO performance are raised, these will be taken forward with the Departments of Health, through Strategic Health Authorities (or their equivalents) who are responsible for performance-managing PCOs.

## **Protocol**

1. *Wherever possible, solutions should be sought at local level. This avenue should be exhausted before other interventions are instigated.*

Before the GPC raises a local implementation problem, the LMC, practice and/or GP concerned need to demonstrate that all reasonable avenues at local level to resolve the problem have been explored and exhausted with no satisfactory conclusion.

2. *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.*

If the LMC, practice or GP wishes the GPC to raise the issue at the relevant country's Contract Implementation Co-ordination Group, then appropriate evidence, usually in writing must be produced to support the case.

In Scotland, any such issues will be raised by Scottish General Practitioners Committee with Scottish Executive Health Department for resolution, and issues will formally be discussed at the monthly SGPC-SEHD meetings. Similar mechanisms will be used by GPC Wales and Northern Ireland GPC.

3. *Where the problem arises from a perceived lack of action by a PCO, a rumour or a misinterpretation of the contract by the PCO, the relevant national Implementation Co-ordination Group will raise it with the relevant Strategic Health Authority (or equivalent), who will, in turn, raise this with the PCO as quickly as possible. The outcome will be reported to the next meeting of the Implementation Co-ordination Group.*
4. *Where the problem remains unresolved after one month of the GPC raising it, the GPC may publicise it and take other appropriate action.*
5. *Where the Departments of Health or NHS Confederation have evidence of LMCs, practices or GPs creating problems that have not been resolved by local action, the GPC will raise this directly or via the LMC as appropriate.*

The above arrangements apply only when all local avenues have been exhausted.