

THE NEW CONTRACT

A Special Conference of LMCs is to be held in London on 14 May to discuss the outstanding issues around the new contract.

This date has been chosen so that the profession can reflect on its outcome before voting in the ballot.

Thus all the obstacles around fitting in with the legislative timetable seem to have been overcome.

This gives us all a time to reflect, garner information and come to a reasoned decision on how to vote when the time comes. A large head of steam has been growing, likely to produce a NO vote no matter what the circumstances.

If the profession is minded to vote No when the ballot comes then it must be a considered opinion.

The consequences are predictable with an almost certain loss of national negotiating rights as PMS becomes sovereign. Many of the advantages of PMS, particularly growth

funding, would then disappear like the snow in spring.

There have been widespread calls for the heads of the Negotiators.

I sincerely hope that the Conference will not spend much time on motions of censure. Of course mistakes have been made. It would be remarkable if none had, in such a complex and lengthy negotiation. I believe our Negotiators, and the team behind them, have given 110%. Now is not the time to abandon an integrated team with a huge understanding of the issues. There can be no doubt that there are lessons to be learnt and learnt they must be.

What we need is answers to questions, not heads on platters. Now is the time to hear the reasoned explanations and to advise the team about the deeply held anxieties of GPs who are trying to deliver a high quality service in difficult circumstances. These are the views of the great majority of Berkshire LMC members who had a chance to discuss the problems on 1 April.

We need details about the MPIG, protection against spiralling staff costs or further hikes in NIC, is CHF going to be revised/reviewed/abandoned? All these important topics will be debated at the Special Conference.

There is much in the new contract worth rescuing from the shambles that has faced us all. The feeling was positive by the vast majority of GPs who left Adams Park after Hamish Meldrum's presentation on March 11th.

The money is there; the profession supported the new contract framework in principle by 3:1. Lets hope that the money and principles can be put together in a way that is fair and transparent giving the much promised pay rise we were all anticipating. A yes vote for a good deal is still within reach and that is what we must encourage our Negotiators to achieve.

There will be a special joint county LMC meeting one evening before 25 April, the final date for submission of motions. Let your local reps, or the office, know

about issues that you wish sent to the Conference for debate and they will be considered by the LMCs and, if approved, sent to the Conference.

The office is trying to put all relevant new information on the web site quickly.

PMS GPs need to consider all the issues whether or not they feel a shift back to GMS in the right circumstances might suit their practice. There can be no doubt that if a new contract emerges many of the contractual obligations will move over to PMS, in particular the Q and O framework. This is only logical, as they will be entitled to bid for enhanced services and benefit from the OOH arrangements.

When the time comes, make sure you vote one way or another as only a high turnout will enable the profession to be comfortable with the result whatever that may be.



IT APRIL 2003

The Health Department's modernisation programmes for NHS IT infrastructure will continue regardless of the outcome of the ballot on the new contract and it is likely that general practice would receive a proportion of the funding being made available. However, 100% funding of general practice IT by PCOs is dependent on the outcome of the ballot.

Should the contract be rejected, a portion of the funding currently earmarked for general practice could be distributed to other sectors of the NHS. In this instance, the GPC would aim to discuss a suitable way forward with the Health Departments.

In the meantime, current arrangements, as set out in the SFA, apply. Practices can expect up to 50% reimbursement for IT costs (although PCOs in some areas reimburse practices at higher levels). LMCs may wish to encourage PCOs to upgrade practices that currently have non-RFA compliant systems. However, practices should consider whether sufficient reimbursement is being offered at this time.

LMCs should consider

whether the IT funding available overall in the PCO's current budget allocation is sufficient to cover practices' existing IT costs before a programme of upgrades is undertaken. The NHSC is currently preparing guidance for PCOs on the implications of the new GMS contract for general practice IT.

Ownership of IT software and hardware is also dependent on the implementation of the new GMS contract. New equipment and software, funded at 100%, would be owned by the PCO. The ownership of existing IT equipment would not be expected to change. Any transitional arrangements will be agreed by the GPC.

LOCUM REIMBURSEMENT FOR MATERNITY & ADOPTIVE LEAVE

Following representations from the GPC, the SFA has been amended as of 6th April 2003 to allow:

- ◆ 26 weeks maternity leave locum reimbursement for GP Principals (this was previously 18 weeks)
- ◆ 26 weeks adoptive leave locum reimbursement for GP Principals irrespective of the age of the child (this was

previously 18 weeks if the child was below school age and three months for school age children). Claims to be submitted after the 4th, 12th and 26th weeks.

Any GP who was on maternity/adoptive leave on 6th April will be entitled to extended leave.

The maximum weekly locum reimbursement is now £890.00.

Please also note that a Practitioner in receipt of an allowance for an Assistant, Associate or Salaried Doctor may also be eligible to apply for payments under this scheme.

PMS SUBCOMMITTEE ELECTIONS

The GPC is currently seeking nominations from PMS GPs for the GPC PMS Subcommittee in the following areas:

- ◆ Northern & Yorkshire
- ◆ South Thames
- ◆ South and West.

The elected will serve on the Subcommittee for a 3 year period from 2003-2006.

Letters and election material have been sent to the PMS GPs on the GPC database in these regions but LMCs have been asked to advertise

the elections.

For further information please contact:

Rachel Merrett, Principal Executive Officer, at the GPC (email: rmerrett@bma.org.uk)

or

Pauline Green at the Secretariat Office (email: pauline.green@bblmc.co.uk).

NON-PRINCIPAL GPs

A very warm welcome is extended to all the Non-Principal GPs who have chosen to be represented by the LMC.

We are delighted to have you on board!

