

# THE NEW GMS CONTRACT – THE PMS GP PERSPECTIVE



**Contact Information:**  
 T: +44 (0) 20 8834 1347  
 F: +44 (0) 20 8834 1129  
 E: [enquiries@qmsh.co.uk](mailto:enquiries@qmsh.co.uk)  
 W: [www.qmsh.co.uk](http://www.qmsh.co.uk)

## QMS Healthcare

PMS (Personal Medical Services) is an alternative to the GP national contract and the Red Book. It provides the opportunity for local flexibility and local accountability. There has been much speculation about how the new GMS Contract (assuming it is accepted) will effect PMS GPs. Under PMS there is a local agreement between the Practice and the PCT rather

than the national contract – PMS will stay as a separate permanent local option. PMS Practices will have the flexibility to move to GMS on a Practice basis or vice-versa if they so wish. This no doubt provides PMS GPs with the ability to assess their current arrangements against those offered by taking on the new GMS contract. PMS GPs would have already undergone negotiations with their PCT and any existing finan-

cial arrangements will continue to be agreed locally without having to be reviewed through the new national requirements. For any PMS GP considering the new GMS contract, it is important to assess carefully the benefits of moving to the new contract and the funding arrangements that will subsist. The comparison below provides a general overview of the similarities and differences between the contracts:

P M S	G M S (Old Contract)	G M S (New Contract)
<b>CONTRACT</b> Negotiated between PMS provider and PCT with local Terms and Conditions. Mainly governed by GMS.	<b>CONTRACT</b> Between individual GP and Health Authority. National Terms and Conditions.	<b>CONTRACT</b> Between PMS Provider and PCT. National Terms and Conditions.
<b>PAYMENT OF SERVICES</b> No longer required to submit claims. Initial budget negotiated and annually thereafter.	<b>PAYMENT OF SERVICES</b> Claims need to be submitted in order to be paid.	<b>PAYMENT OF SERVICES</b> Single sum payable for Immediately Necessary/ Emergencies/Temporary Residents.
<b>FLEXIBILITY OF SERVICE</b> Reviews specific patient needs to develop the service to meet Practice needs.	<b>FLEXIBILITY OF SERVICE</b> Governed by the Red Book.	<b>FLEXIBILITY OF SERVICE</b> Practices may opt-out of providing primary care services and the PCT will be responsible for either directly providing/commissioning other Practices to provide the service.
<b>FUNDING</b> Local mechanism in line with national income determinants – Cash Limited.	<b>FUNDING</b> Nationally negotiated income. Non-Cash Limited	<b>FUNDING</b> National allocation formula – Non-Cash Limited.
<b>PATIENT LISTS</b> Pooled list for Practice	<b>PATIENT LISTS</b> GPs maintain individual lists	<b>PATIENT LISTS</b> Pooled list for Practice
<b>SELF-EMPLOYED STATUS</b> Not affected	<b>SELF-EMPLOYED STATUS</b> Not affected	<b>SELF-EMPLOYED STATUS</b> Not affected
<b>ADMINISTRATION</b> Contribution to the cost of Practice Managers made by both the PCT and Practice.	<b>ADMINISTRATION</b> Contribution to the cost of Practice Managers made by both the PCT and Practice.	<b>ADMINISTRATION</b> Practices will receive 100% funding for the cost of Practice Management.
<b>SUPERANNUATION</b> Local flexibility.	<b>SUPERANNUATION</b> Restriction on NHS income recognised as superannuable.	<b>SUPERANNUATION</b> All net NHS income - pensionable

Many GPs have chosen PMS in order to develop tailored local solutions to meet the needs of their patients and to remove constraints that prevail within the current National Contract. PMS GPs must make their own evaluation of the

PMS Contract with an aim to assessing this against the options provided within the new GMS Contract. The services offered to patients should be commensurate with negotiated funding. Like most decisions, there are a number of

factors to consider and each of these must be assessed on its own merits, which in all cases will be specific to the individual Practice. ■

**For further information please contact QMS Healthcare on 020 8834 1347**