

Joint implementation letter

IMPLEMENTATION IN NORTHERN IRELAND

November 2003

Enhanced Services

Allocations have been made to the four Health and Social Services Boards to enable them to begin to commission enhanced services, including the three Directed Enhanced Services which the contract prescribes are to be put in place in the current financial year. These are in relation to Quality Implementation Preparation, Improved Patient Access to primary medical services and provision of a service for violent patients.

The mechanisms for calculating and issuing the appropriate levels of payments to practices in relation to Quality Information Preparation and the provision of services to violent patients are being considered. It is anticipated that the arrangements for both schemes will be finalised in December.

Discussions have been instigated with GPC(NI) to establish an appropriate access target for Northern Ireland and it is anticipated that this will be agreed in December.

Finance

The Funding Flows group meets on a regular basis to consider financial issues which are to be delivered on a UK basis and those which will need to be specifically addressed in Northern Ireland.

Work is currently underway at Health and Social Services Board level to identify the practice data needed to inform global sum allocations and calculation of the correction factors for the MPIG. It is anticipated that indicative allocations of the global sum (and the MPIG where needed) will be available in December.

Quality and Outcomes Framework (QOF)

The Health Boards' current position is that they will use the data extraction tools made available by the clinical systems suppliers, who will provide installation, basic training and support.

IM&T

Funding has been allocated to the Health Boards to enable them to meet the requirements in the contract to fund fully the costs of maintenance and minor upgrades of IT equipment, backdated to April 2003, and to begin to provide or replace obsolete IT equipment in practices. The timescale for the delivery of the ICT elements is tight and relies heavily on limited personnel within the Boards to deliver them.

The Health Boards will shortly have completed audits of GP practices' IT requirements and are about to begin procurement of ICT equipment. In the longer term, a framework contract is to be developed to ensure Boards will be able to offer a choice of clinical systems to GPs after April 2004. Work is continuing on the Service Level Agreement to ensure support will be in place for practices.

Primary Legislation

The draft proposal for a Primary Medical Services (NI) Order with an accompanying Explanatory Memorandum was issued for consultation on 29 September. This draft Order replicates measures being introduced in England and Wales by means of the Health and Social Care (Community Health Standards) Bill and in Scotland by means of the Primary Medical Services (Scotland) Bill.

The consultation period on the draft Order ended on 14 November. It is still scheduled that the Order in Council will be processed through both Houses at Westminster in January 2004 and the intention is to have the Order made at the February meeting of the Privy Council.

Out of Hours

The Out-of-Hours Regional Programme Board is currently drawing up a Northern Ireland framework for the re-provision of out-of-hours services, which will be costed and include a list of quality standards. The Board aims to complete its work by December.

SFA Amendments

Quality preparation payments were made to all practices in week ending 14 November.

Fee scale arrears will be paid in December.

The NI payments agency (the Central Services Agency) is writing to all GPs in the coming week inviting them to claim seniority entitlement in respect of previous NHS service.

Communications

A communications sub-group is working on a communications strategy which will put in place arrangements to:

- explain the provisions of the new contract;
- inform the general public and assure them regarding the provision of services in the future;
- raise awareness amongst key opinion-formers as to why the changes are taking place, how they will be implemented and what benefits they will bring;
- reassure staff that information and training about the changes will be provided by individual Health and Social Services Boards/practices.

The strategy will also address the techniques to be used to deliver these messages (websites, media broadcasts, Ministerial announcements, etc.).

Health and Social Services Boards have already conducted road-shows within their areas.