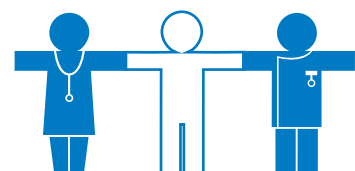




A guide to GP Systems of Choice

September 2007



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1 Introduction

GP Systems of Choice (GPSoC) is a new scheme through which the NHS will fund the provision of GP clinical IT systems in England.

GPSoC allows practices and primary care trusts (PCTs) to benefit from a range of quality GP clinical IT systems from existing suppliers who will now be contracted to work within the NHS National Programme for IT (NPfIT).

Any practice or PCT wishing to benefit from the scheme must take action to join the scheme.



This guide describes how:

Practices will be able to choose between systems provided by their LSP or by suppliers that are contracted to offer systems on the GPSoC Framework. If the system in use in a practice is GPSoC Level 2 compliant as a minimum, practices will be able to continue to use their existing systems under the GPSoC Framework. When a practice chooses to migrate to an alternative system, the information available about each GP clinical IT system and the suppliers' delivery track records will help practices make an informed choice of system.

See Section 3 of this Guide.

The GPSoC Framework suppliers will deliver NPfIT functionality in line with the GPSoC Solution Maturity Model and in line with a common set of standards and performance measures that all suppliers must adhere to. GPSoC only covers the provision of GP clinical IT systems and does not include community or child health modules.

See Section 4 of this Guide.

Under GPSoC, NHS CFH will provide central funding for the annual software licence charges and NPfIT upgrades for existing GP clinical IT systems. PCTs will need to continue to fund a much reduced portion of the annual charges and they will continue to fund locally selected additional services in full. This will release funding for PCTs to locally fund training and implementation of NPfIT services.

See Section 5 of this Guide.

NHS Connecting for Health (NHS CFH) has made a one-off contribution of £80m to the costs of upgrading general practice IT infrastructure. Priorities for this funding have been set out in a specification for general practice IT infrastructure published on the GPSoC webpages. PCTs retain responsibility for the ongoing upgrade and management of general practice IT infrastructure.

See Section 6 of this Guide.

GPSoC introduces a set of new contractual agreements which replace the many different contracts that exist for the provision of GP clinical IT systems. PCTs and practices that wish to take advantage of the GPSoC central funding will need to enter into these new agreements and terminate their existing contracts with their GP clinical IT system suppliers.

See Section 7 of this guide.

This guide sets out the key elements of the GPSoC scheme. We have tried to describe each element of the scheme as fully as possible. Please note that this document is not a substitute for any legal agreements entered into for the delivery of IM&T services and it cannot be relied upon to enforce any rights or obligations.



Why does GPsoc matter?

To practices

GPsoc provides practices with a choice of systems from GPsoc Framework suppliers, alongside choices offered by their Local Service Provider (LSP), in line with the requirements of the GMS contractual agreement.

GPsoc introduces standards which will improve the quality of service that practices receive from their GPsoc Framework supplier.

GPsoc will provide information about system and supplier performance, planned development paths and delivery track record which will assist practices in making an informed choice of system.

GPsoc clarifies the roles and responsibilities of the PCT, the GPsoc Framework supplier and the practice with respect to the delivery of IM&T services.

To PCTs

GPsoc will pay the annual software licence charge and NPfIT upgrade charges for all systems contracted for under GPsoc agreements.

GPsoc creates a direct contractual relationship between PCTs and the GPsoc Framework suppliers at a local level which aligns with PCTs' responsibilities for managing and funding IM&T services.

GPsoc introduces a nationally negotiated framework agreement that means that existing variations in pricing will be replaced by standard pricing per practice from each GPsoc Framework supplier.

GPsoc facilitates the delivery of benefits through the roll out of NPfIT applications such as the Summary Care Record.

GPsoc provides a choice of systems and the ground rules for practices to exercise choice, either between GPsoc Framework suppliers or to migrate to an LSP solution.



To GPsoc Framework suppliers

GPsoc provides central funding for GPsoc Framework suppliers' systems.

GPsoc brings GPsoc Framework suppliers into a formal relationship for the delivery of NPfIT objectives.

GPsoc facilitates fair comparison of systems and suppliers by requiring all GPsoc Framework suppliers to meet a common set of quality and performance standards.

GPsoc introduces an element of competition which will encourage GPsoc Framework suppliers to innovate for the benefit of patients and the NHS.

To NHS CFH

GPsoc provides the vehicle for the ongoing delivery of benefits into primary care.

GPsoc improves value for money in the delivery of GP clinical IT systems to the NHS.

GPsoc delivers on the GMS contractual commitment to provide a choice of accredited systems.



3 What does GPSoC change?

Level playing field

GPSoC introduces a set of common standards which will improve the service that practices receive. This will ensure that each GPSoC Framework supplier's performance is being judged against a common baseline.

All GPSoC Framework suppliers will need to meet the requirements set out in standards for:

- core GP clinical system requirements (RFA 99 equivalent)
- service levels and performance monitoring
- disaster recovery and business continuity
- clinical safety
- training
- data migration.

In addition, all GPSoC Framework suppliers will be signing the same standard contract as each other, ie there are no more onerous terms on one supplier than on any of the others.

Informed choice of system

By centrally negotiating the GPSoC contracts the NHS will get better value for the money spent on systems in use in practices that have not migrated to an LSP solution.

By centrally funding the software licence fees and NPfIT upgrades under GPSoC, NHS CFH is relieving some of the local funding pressures and is expecting systems to be judged on their merits and for the benefits that they will bring for patients.

NHS CFH is still committed to the strategic delivery of integrated systems by the LSPs. GPSoC will provide the information for practices to judge when the LSP solution provides features that are superior to their existing system or to choose instead to retain their system or migrate to an alternative system in the GPSoC Framework.



Over time, the GPSoC webpages will include details of:

- GPSoC compliance level for each GPSoC system
- roadmaps for new system developments and supplier delivery track records
- system performance against service levels
- pricing for each system.

Working together

The development of GPSoC has required all parties – the suppliers, NHS CFH, PCTs and practices – to work together to develop a scheme that will deliver the benefits of upgraded GP clinical IT systems to practices and patients quickly and well.

Going forward, it is essential that the relevant parties continue to work together to ensure that the GPSoC and LSP arrangements deliver benefit to patients.

Key areas that stakeholders will be involved in are:

- signing the new GPSoC agreements before the end of 2007
- identifying new requirements and providing input to key system developments
- working together to trial systems and new services
- ensuring that the GPSoC services meet the requirements of the NHS
- ensuring that all parties meet their obligations under the GPSoC agreements.



4 Choice of systems

GPSoC levels

GPSoC will encourage GPSoC Framework suppliers to upgrade their systems through a series of compliance levels in accordance with the GPSoC Solution Maturity Model. These levels provide a roadmap along which practices can plan, as each system achieves greater interoperability with the NHS Care Records Service and other NPfIT services as these are introduced.

There are six compliance levels within the GPSoC Solution Maturity Model. The achievement of each level is dependent on achieving compliance with the requirements of all previous levels.

	Level 6	Fully integrated with LSP Care Record
	Level 5	Level 4 + Future Services
	Level 4	Level 3 + Hosting to NHS CFH Standards
	Level 3	Level 2 + GP2GP Record Transfer
	Level 2	Level 1 + Electronic Prescription Service
	Level 1	Level 0 + Choose and Book, Spine, PDS
	Level 0	Core requirements of a GP Clinical IT System (updated former RFA)

Figure 1: GPSoC Solution Maturity Model

Systems compliant with Levels 1 to 5 can be provided by GPSoC Framework suppliers as well as LSPs. Suppliers will be able to choose what level they wish to achieve.

GPSoC Level 6 is the fully integrated LSP solution, in which the GP clinical system is fully integrated with all relevant care settings.



4

A GP clinical IT system can be hosted to NHS CFH standards at any GPsOC level and so could be classed as being 'GPsOC Level 2 compliant and hosted to NHS CFH standards'. If a practice migrates to a system that is hosted to NHS CFH standards, by 31 March 2008, it will qualify for DES Component 4 payments.

The key criterion for entry into the GPsOC scheme is that the system in use in the practice must be at least GPsOC Level 2 compliant. A list of systems in the GPsOC Framework, and their status, is provided in Figure 2.

Choice of suppliers and systems

Practices now have a choice of GPsOC Compliant systems in addition to the choices offered by the LSP. Practice choice shall be exercised in line with the guidance in the GMS contractual agreement.

The Common Assurance Process for GP systems (CAP-GP) will ensure that GP clinical IT systems offered on the GPsOC Framework meet the requirements for GPsOC compliance. CAP-GP replaces the RFA99 accreditation process.



4

The table below sets out the systems that will be available on the GPSoC Framework and their current status (at 5 September 2007).

Figure 2: Planned GPSoC Framework suppliers, systems and compliance status at 5 September 2007

GPSoC Framework supplier	GPSoC compliant system	GPSoC level	GPSoC Level 2 planned date	Hosted to NHS CFH standards?
CSC Computer Sciences Limited	SystemOne	GPSoC Level 2	Already compliant	No
EMIS	LV	GPSoC Level 3	Already compliant	No
	PCS	GPSoC Level 2	Already compliant	No
Healthy	Crosscare	GPSoC Level 0	December 2007	No
InPractice	Vision 3	GPSoC Level 3	Already compliant	No
iSOFT	Premiere	GPSoC Level 2	Already compliant	No
	Synergy	GPSoC Level 1	September 2007	No
Microtest	Evolution	GPSoC Level 2	Already compliant	No
	Practice Manager II	GPSoC Level 2	Already compliant	No
Seetec	GP Enterprise	GPSoC Level 1	October 2007	No
Waveform	System in development – must be available and at GPSoC Level 2 within 12 months of signature of the Framework Agreement			

A system must be GPSoC Level 2 compliant as a minimum and in use in a practice before the practice can be included in a GPSoC Call Off Agreement.



4

The compliance status and the list of systems will change over time. Visit the GPSoc webpages at www.connectingforhealth.nhs.uk/gpsoc for the most up to date version of this table and for details of each supplier's roadmap for their GPSoc compliant systems.

In addition to choosing systems from the GPSoc Framework, practices can choose from the following GP clinical IT systems available from their Local Service Provider.

Figure 3: LSP Systems and geographic coverage

LSP	Strategic Health Authorities	System	Hosted to NHS CFH Standards?
BT	London	InPractice Vision 3	Yes
CSC*	North West, West Midlands, North East, Yorkshire and the Humber, East of England, East Midlands (NME)	SystemOne	No
Fujitsu	South Central, South East Coast, South West	No LSP provided GP solution. NHS CFH in negotiation with Fujitsu.	

*In NME, CSC will only offer GP clinical systems through the LSP contracts and not through GPSoc

Taking up new services

GPSoc Framework suppliers will offer new services which may relate to individual GPSoc Levels or may be the result of supplier specific innovation.

Practices need to make their requirements known to their PCT while PCTs need to communicate what services are available and agree implementation plans with practices, the relevant suppliers and NHS CFH.

Where training is required it may be provided by the GPSoc Framework supplier or by supplier trained PCT trainers depending on the service and local circumstances.



4

Migrating to an alternative system

Practices are advised to review periodically the functionality provided by each system, the system development roadmaps and supplier delivery track records. This will help practices to make an informed choice about whether or not to migrate away from their existing system.

The PCT and practice need to agree that migration to an alternative system is right for the practice and for the local health community. The PCT may ask the practice to produce a business case to justify a request to migrate.

If a practice wishes to choose between suppliers on the GPSoC Framework, a selection process must be run. This process may involve all suppliers on the framework or only those that can clearly meet the practice's requirements, eg a practice wishing to migrate to a hosted system may choose only to consider those GPSoC Framework suppliers who provide systems hosted to NHS CFH standards.

The selection process must then be conducted by the PCT, with input from the practice, using selection criteria and weightings that have been agreed with key stakeholders and included in the contract documentation.

The PCT or the practice, depending on the circumstances, may choose to fund the cost of changing between suppliers on the GPSoC Framework. GPSoC will make a contribution to the costs of data migration only if a practice is migrating to a system that is hosted to NHS CFH standards.

In all cases, once a migration to another GPSoC Framework supplier has been agreed and justified, GPSoC will cease to fund the practice's old system and will take up funding of the new system following successful migration.

If the practice still retains certain services from its previous supplier, for example to maintain access to the audit trail in the old system, then a contractual relationship will need to be retained to cover this requirement.



5 Who pays for what?

Funding principles

GPSoC provides central funding for the ongoing provision of existing GPSoC compliant systems and, in specific cases, for the costs of data migration when a practice chooses to migrate to an alternative system.

Figure 4: Funding principles - ongoing costs of a GPSoC compliant system

	Annual software licence charge	Costs of upgrading to a new GPSoC Level (excl training)	Practice IT infrastructure	Annual GPSoC system support charge	User training	Additional services from supplier
NHS CFH	✓	✓	✓			
PCT			✓	✓	✓	✓
PRACTICE (for optional practice specific requirements only)					✓	✓

NHS CFH has distributed £80m of capital funding to PCTs for the upgrade of General Practice IT infrastructure. This is a one-off contribution in 2007/08 and PCTs remain responsible for the ongoing costs of maintaining practice IT infrastructure.

When NHS CFH takes over the cost of the annual software licence charges this will release funding that PCTs had previously committed to the provision of GP clinical IT systems. PCTs will be required to apply some of the savings from the introduction of GPSoC to fund user training for NPfIT services. PCTs will also need to budget for the PCT resources required to assist with the implementation of GPSoC services. This approach places the responsibility for deriving benefits from training and implementation of new services with the local care community.

Once a practice is on a GPSoC Call Off agreement, responsibility for funding training for NPfIT upgrades moves to the PCT. If at the point of entry into a GPSoC Call Off agreement a practice is committed to take training for an NPfIT upgrade, then responsibility for funding the training passes from NHS CFH to the PCT.



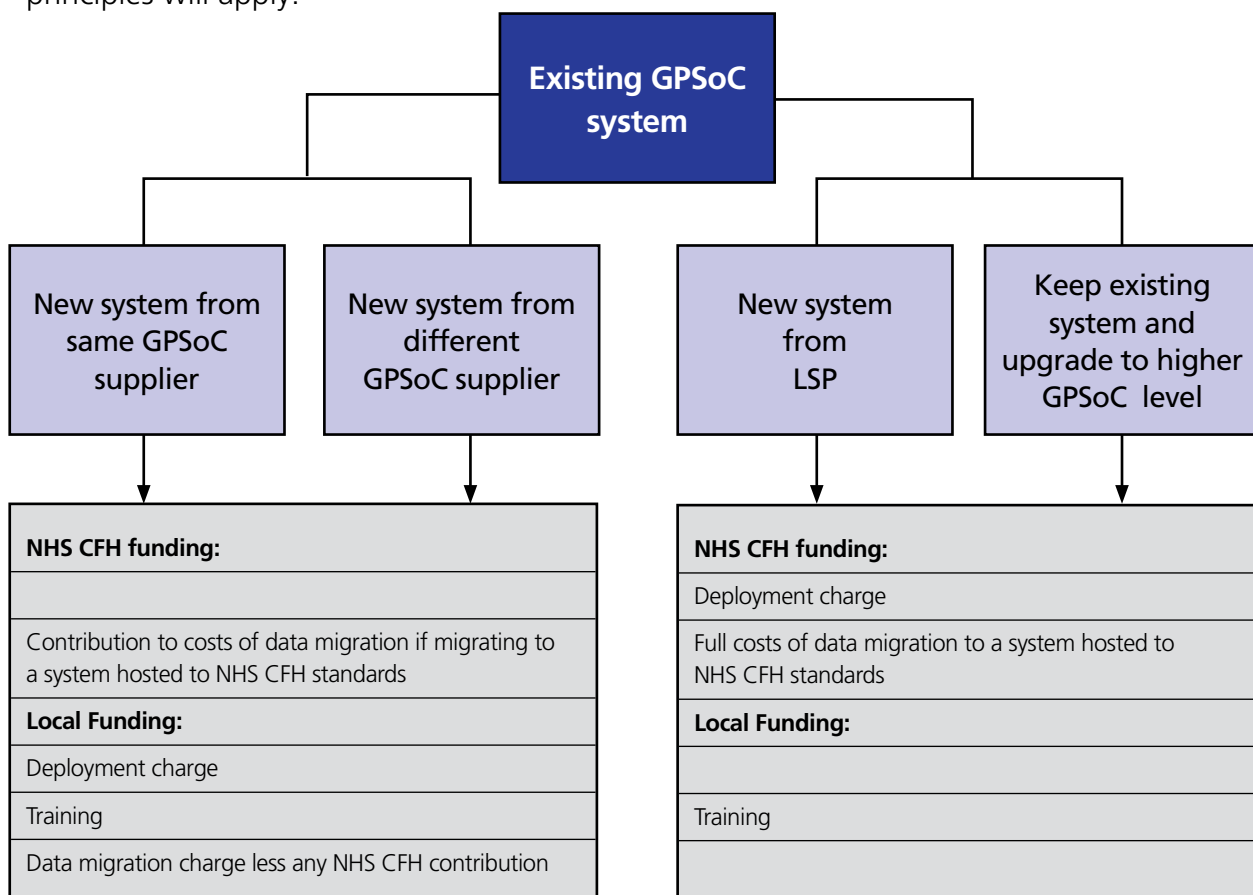
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The only exceptions to this rule will be practices that are taking part in a pilot or early adopter scheme.

NHS CFH will only take over funding of GPSoC compliant systems for a practice once it has been added to a Call Off agreement by the PCT. The practice does not have to change its existing system but it must be using a GPSoC Level 2 compliant system before it can be included in a GPSoC Call Off agreement.

Where a practice or a PCT breaches the terms of the Call Off agreement or the PCT-Practice agreement NHS CFH may, at its discretion, withdraw central funding for the practice's GPSoC compliant system.

Where a practice chooses to migrate to an alternative system then the following funding principles will apply:



Following migration NHS CFH will fund the ongoing software licence charge in each of the above cases

Figure 5: Funding principles - existing system upgrades and system migration



5

In summary

NHS CFH funds:

- The annual software licence charges for all GPsoc compliant systems provided under a GPsoc agreement.
- Supplier deployment charges, excluding the cost of training, for deploying a new GPsoc level in a practice which is retaining its existing system.
- The costs of data migration (contribution or in full – see Figure 5) to any alternative system that is hosted to NHS CFH standards and ongoing funding of the new annual software licence charges, subject to there being justification for the migration.
- A one-off contribution to the costs of upgrading practice IT infrastructure in line with the requirements of the General Practice IT Infrastructure specification.

PCTs fund:

- The GPsoc system support charge.
- Training costs.
- Migration to an alternative system and costs of splits and mergers where there is a business case for the change.
- Any additional services that the PCT currently funds, with the option to fund new services or cease to fund some existing services with the practice's agreement.
- The ongoing costs of upgrading and maintaining practice IT infrastructure.

Practices fund:

- Any additional services that the practice currently funds with the option to fund new services or cease to fund some existing services with the PCT's agreement.
- Migration to an alternative system and costs of splits and mergers where the PCT is justified in not funding the change. GPsoc funding for the resulting software licence charges will be subject to there being a business case for the change.



Pricing principles

Whether or not GPSoC was introduced, the NHS would continue to spend significant amounts on the existing GP clinical IT systems in use in general practice. The GPSoC arrangements have simplified the existing supplier pricing regimes and will help deliver better value for money for this ongoing spend. The key pricing principles introduced by GPSoC are:

- All inclusive core software licence charge per practice – there are no additional licence fees payable for additional users of the GP clinical IT system in a practice.
- All prices fixed for the duration of the GPSoC Framework – apart from annual indexation, all prices for current services are fixed until the end of the GPSoC Framework.
- Some ongoing system development is included in core software licence charge – the NHS can specify agreed common requirements to be incorporated into the core service with no increase to the core software licence charge.
- Standard per practice pricing from each GPSoC Framework supplier – standard pricing will make it easier to compare supplier prices for similar services.

GPSoC Framework supplier pricing will be published on the GPSoC webpages.



Who pays for what?

The table below sets out examples of the services offered by GPsoc Framework suppliers, the way they are priced and who is responsible for payment. Detailed pricing for the services from each GPsoc Framework supplier will be published on the GPsoc webpages.

Figure 6 Payment responsibilities under GPsoc

GPsoc services	Description	Pricing model/supplier	Who pays
GPsoc Level 2 Service	GP clinical IT system including Choose and Book and the Electronic Prescription Service.	Fixed software licence charge/practice/annum regardless of size. Varies by supplier.	NHS CFH
GPsoc Level 3 Service	GP clinical IT system including GP2GP Record Transfer in addition to Level 2 Service.	Fixed increment to charges at Level 2. Same for all suppliers - £200/practice/annum.	NHS CFH
System Support Service	Provision of helpdesk and problem resolution support.	Fixed charge applicable at all GPsoc Levels. Same for all suppliers - £650/practice/annum.	PCT
Core Training Service	All training interventions associated with delivery of NHS CFH functionality.	Day rates with discounts based on national volumes. Includes prices for half day training and train the trainer. Varies by supplier.	PCT
Summary Care Record Service	Provision of Summary Care Record in GPsoc compliant system.	Incremental software charge, variable by supplier.	NHS CFH
Deployment Services – to an alternative system	Required activities to deploy GPsoc compliant system in a practice.	One-off charge for engineering support, project management and training activities. Fixed for deployment to an alternative system. Varies by supplier.	PCT or practice ³



5

Figure 6 Payment responsibilities under GPSoC

GPSoC services	Description	Pricing model/supplier	Who pays
Deployment services – for practice merger/split	Required activities to effect a practice merger or split.	One-off charge for engineering support, project management and training activities. Varies depending on the specific requirements for the practice merger/split. Varies by supplier.	PCT or practice ³
Documented Data Extract Service	Provision of a data extract with accompanying documentation explaining file structure.	Fixed one-off charge/practice. Varies by supplier.	PCT
Data Migration for Deployment Service	End to end data migration from existing system into new system.	Fixed one-off charge/practice. Varies by supplier.	PCT
Business continuity services	Eg back-up verification service for LAN based systems, handheld device or laptop based access to the GP clinical IT system, etc.	Supplier specific periodic charge.	PCT or practice ³
Non NHS CFH driven training services	Eg training for practice selected add-ons.	As per Core Training Service - day rates with discounts based on national volumes.	PCT or practice ³
Hosted GPSoC services not hosted to NHS CFH standards	Hosting services that do not meet NHS CFH specifications.	Payment model determined by supplier and PCT.	PCT
		Open book.	NHS CFH once the supplier starts to deliver improvements on agreed path to hosting to NHS CFH standards



Figure 6 Payment responsibilities under GPSoC

GPSoC services	Description	Pricing model/supplier	Who pays
GPSoC services hosted to NHS CFH standards	Hosting services that meet NHS CFH specifications.	Open book.	NHS CFH
GPSoC Level 4 Service	GPSoC Level 3 + hosting to NHS CFH standards.	As per GPSoC Level 3 and GPSoC Services hosted to NHS CFH standards.	NHS CFH
Day rate services	Provision of personnel resources.	Supplier specific day rates inclusive of expenses.	PCT or practice ³
Miscellaneous (see notes 1 and 2 below)	Supplementary services provided by GPSoC Framework suppliers.	Pricing and payment model determined by the supplier.	PCT or practice ³

Note 1: Miscellaneous services will vary by GPSoC Framework supplier and may include hardware and third party software. Up to date lists will be available on the GPSoC web pages.

Note 2: Any charges relating to the operation and support of the practice based clinical server or other practice IT infrastructure have been classified as Additional Services under GPSoC and will be payable by the PCT.

Note 3: Practices may choose to fund some of these services directly to meet practice specific needs.

Invoicing and payment

See Figure 6 for details of payment responsibilities under GPSoC.

Suppliers will invoice NHS CFH direct via a single quarterly invoice for the items payable by NHS CFH.

PCTs can choose to be invoiced quarterly or annually for the items payable by the PCT. These invoices will be sent directly to the PCT by the GPSoC Framework supplier and the PCT will be responsible for validation of the charges and paying the supplier within payment terms.



6

GP IT infrastructure funding

GPSoc funding for improvements to general practice IT infrastructure was released to PCTs in July 2007. This funding is a contribution to the costs of upgrading the infrastructure in line with the NHS CFH General Practice IT Infrastructure Specification. The specification sets out:

- i) the requirements for the IT infrastructure that supports the delivery of IM&T services to practices, and
- ii) the priorities, set out by type of IT infrastructure, for funding upgrades to the infrastructure (see Section 2 of the specification).

The NHS Operating Framework for 2007/08 Guidance for Preparation of Local IM&T Plans requires all PCTs to upgrade IT assets to achieve compliance with the specification by December 2007. The strategic health authorities will be monitoring achievement against these targets.

A copy of the General Practice IT Infrastructure Specification is available on the GPSoc web pages at www.connectingforhealth.nhs.uk/gpsoc.



The new contractual arrangements

The GPsoc agreements - three new standard agreements

GPsoc introduces three standard agreements which will replace the myriad different agreements in place with suppliers today. This simplifies and clarifies the contractual arrangements and is in line with the transfer of responsibilities for general practice IM&T provision to PCTs.

The three standard agreements were arrived at through detailed discussion and negotiation with all the GPsoc Framework suppliers, with the PCTs and with GP representatives from the Joint GP IT Committee and chairs of the user groups of the existing GP clinical IT systems.

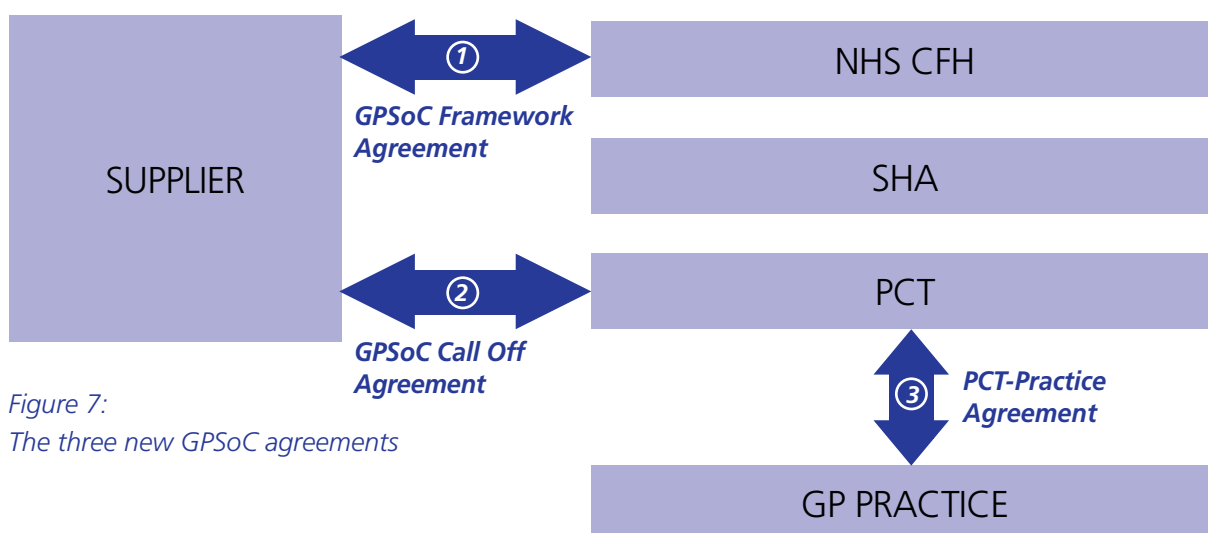


Figure 7:
The three new GPsoc agreements

① GPsoc Framework Agreement

NHS CFH and each GPsoc Framework supplier will need to sign a Framework Agreement which contains the bulk of the terms and conditions under GPsoc. The Framework Agreement governs all national requirements for the GPsoc services and includes a Call Off Agreement that enables PCTs to contract with the GPsoc Framework suppliers.

② GPsoc Call Off Agreement

Each PCT and each GPsoc Framework supplier supplying systems to practices in the PCT will need to sign a Call Off Agreement which governs the local arrangements for the delivery of the supplier's GPsoc compliant system and associated services. Rather than have separate contracts for each practice, all practices that have a GPsoc compliant system from a GPsoc Framework supplier will be included in the same Call Off Agreement. Each practice's specific requirements will be detailed in the Call Off Agreement.

③ PCT-Practice Agreement

Each practice and PCT will need to sign a PCT-Practice Agreement which has been introduced to protect the practice's right to a choice of system and to ensure that the practice and PCT meet their obligations to each other in respect of the use and delivery of IM&T services.



NHS CFH first needs to sign a Framework Agreement with a supplier. PCTs can then start to sign Call Off Agreements with the GPsoc Framework supplier. It is the combination of the terms and conditions in the Framework Agreement and the Call Off Agreement that govern the arrangements with the GPsoc Framework supplier.

As part of the process of signing up to a GPsoc Call Off Agreement, all existing contracts relating to the current provision of the GPsoc compliant system to a practice will need to be terminated and the practice needs to sign a PCT-Practice Agreement with the PCT.

Please note: NHS CFH is currently in discussion with key stakeholders (Joint GP IT Committee, PCTs, SHA and the Department of Health) to finalise the PCT-Practice Agreement. We intend that this document should be agreed and available for use within the next three months.

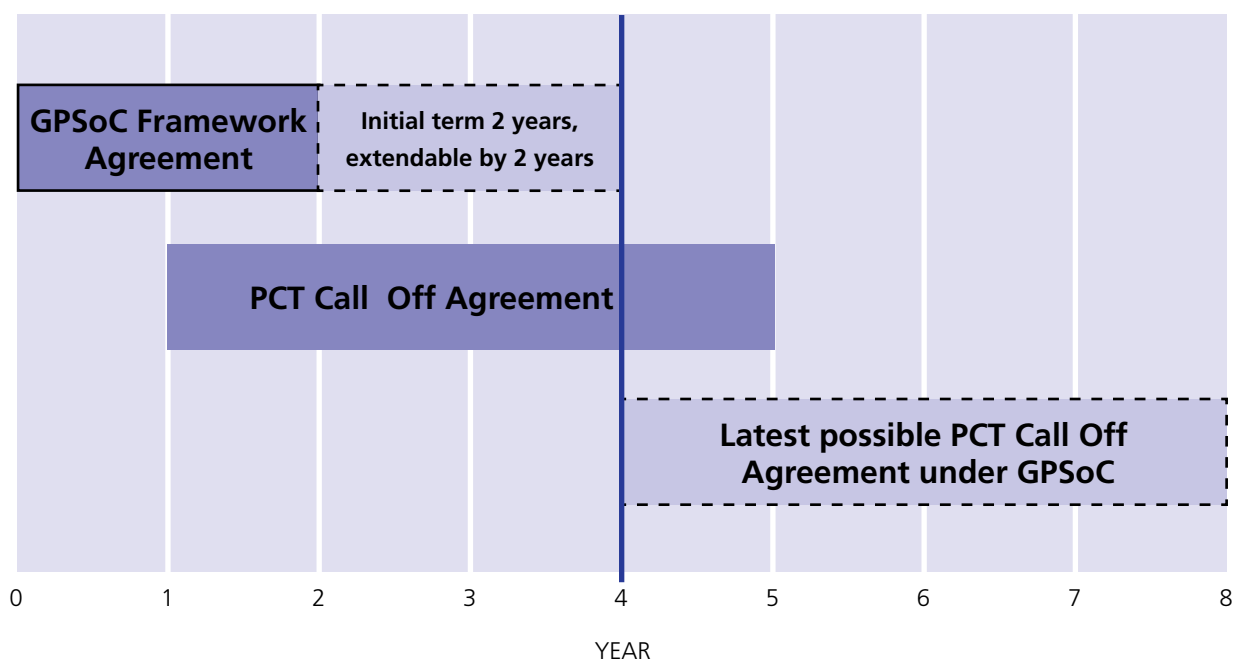


The GPSoC agreements – duration

While the GPSoC Framework exists it allows practices to choose from the list of systems available on the GPSoC Framework. This may be a choice to join GPSoC with their existing GPSoC Framework supplier and system or it may be a choice to migrate to an alternative GPSoC compliant system. Practices can exercise that choice at any time during the initial two year life of the Framework Agreement. If the Framework Agreement functions well for the NHS then it may be extended by up to a further two years.

Once a Call Off Agreement is in place it can be retained for up to four years without any need to renew the agreement during this period. However this does not mean that a practice has to keep its GPSoC compliant system for the full four years. A practice can choose an alternative system and be removed from the relevant Call Off Agreement with as little as three months notice. To be clear, there are no fixed one, two or five year terms under GPSoC and all existing commitments to a fixed term will lapse once the existing arrangements are terminated and the practice is included in a GPSoC Call Off Agreement.

Figure 8: Duration of the GPSoC Framework and Call Off agreements





The GPsOC agreements – key responsibilities

The Framework Agreement between NHS CFH and each GPsOC Framework supplier governs, amongst other things:

- the responsibilities placed on NHS CFH, PCTs, practices and the supplier for the delivery and use of GPsOC services
- the specifications and standards that the GP clinical IT systems must meet
- the list of services offered by each GPsOC Framework supplier under the GPsOC Framework
- the compliance status of each system, with the option to remove or reduce compliance status where a system or supplier no longer meets the standards set
- any contractual changes including changes to the NHS's requirements
- the level of the charges.

The Call Off Agreement between the PCT and each GPsOC Framework supplier governs, amongst other things, the:

- the responsibilities placed on PCTs and the supplier for the local delivery of GPsOC services
- the list of the practices receiving GPsOC services under the agreement
- the list of the GPsOC services that each practice is receiving
- charges and the invoicing interval where the PCT and GPsOC Framework supplier choose to vary this from quarterly
- ordering and deployment of upgraded and new GPsOC services
- the relevant contacts for the GPsOC Framework supplier, the PCT and the practices.



The PCT-Practice Agreement between the PCT and each practice governs, amongst other things:

- the responsibilities placed on the PCT and the practices by the GPsoc Framework suppliers to ensure the performance of the GPsoc services
- the mutual responsibilities of the PCT and the practice in respect of a practice's choice of GP clinical IT system
- escalation and dispute resolution
- the local service level agreement between the PCT and the practice and the list of prohibited software (these are the parts of the agreement that can be varied locally).

All three agreements have been designed to clearly set out the responsibilities and rights of all parties – NHS CFH, the GPsoc Framework suppliers, the PCTs and the practices – required to support the effective delivery and use of the GPsoc services.



What you need to do to be part of GPSoC

Pre-conditions

Before a practice can be considered for inclusion on a GPSoC Call Off Agreement, the following conditions must be met:

1. The practice must have a GPSoC Level 2 compliant system in use in the practice where 'in use' means that the GPSoC Framework supplier and practice have completed all the necessary installation and training activities to enable the practice to use the system on a day to day basis;
or
the practice must be ordering a new GPSoC Level 2 compliant system from a GPSoC Framework supplier.

See section 4 for the list of systems available on the GPSoC Framework and the level of compliance that each has achieved.

2. The PCT and/or practice, as applicable, must confirm that they will terminate the existing contracts for the provision of GP clinical IT system to the practice at the same time as entering into a GPSoC Call Off Agreement. The GPSoC Framework suppliers have agreed to terminate pre-GPSoC agreements with no penalty where a practice is taking up GPSoC services under a Call Off Agreement.



Implementing GPSoC - actions to take

✓ Nominate a GPSoC lead – action SHA and PCTs

All SHAs and PCTs must nominate a GPSoC lead. This individual will be the primary point of contact within the SHA or PCT for the practices, GPSoC framework suppliers and the GPSoC team for all matters relating to GPSoC.

Confirmation of the nomination, including contact details (name, email, phone) should be sent to gpsoc@nhs.net by each SHA.

✓ Develop strategic approach to the implementation of GPSoC – action SHA, PCTs and GP representatives

Set out the PCT's strategy for entry into GPSoC agreements.

Make it clear how the PCT plans to support practices' informed choice of systems at the start of GPSoC and over time alongside plans for take up of LSP solutions.

✓ Confirm choice of system - action practice

A practice has the option to elect to retain the practice's existing system or migrate to another system.

✓ Confirm selection from Framework – action PCT and practice

Where a practice elects to retain its existing system the PCT shall record this decision together with justification, using the selection criteria, in an internal report.

Where a practice wishes to migrate to an alternative GPSoC system and, subject to a local agreement to migration, the PCT shall conduct a selection process with input from the practice.

✓ Prepare Call Off agreement(s) for the relevant GPSoC Framework suppliers – action PCT

The PCT will need to enter into a Call Off agreement with each GPSoC Framework supplier that provides services to practices in the PCT.

The PCT will need to list the practices and the services that each practice will receive in the Call Off Agreement.

Tracking database modules are being developed to assist in managing and maintaining this process. Templates will be provided in the interim.

Practices can be added to and removed from a Call Off Agreement over time.

✓ Sign Call Off Agreements – action PCT and GPSoC Framework supplier

✓ Sign PCT-Practice Agreements (when the agreement becomes available) – action PCT and practice and simultaneously terminate existing GP supplier agreements – action supplier, PCT and/or practice



Making GPsoc work

GPSoc introduces a new way of working between key stakeholders in the NHS. It is important therefore that all parties understand their roles, as well as the roles performed by others within the GPSoc arrangements:

Activity	PCTs and practices (as applicable)	NHS CFH
GP Engagement	Agree strategic direction with local stakeholders. Manage local communications about GPSoc.	Communication via user groups, maintain the GP Pan User Group as a regular forum, liaise with BMA/RCGP and other GP representative groups, and maintain dialogue with national media and trade press.
Deployment Management	Manage deployment of NHS CFH functionality, training and migration to alternative systems (LSP or ESP).	Manage first of type deployments for new services to ensure that they are safe for wider roll out.
Service Management	Local issues resolution. Representative participation in national service reviews	Hold national service reviews with GPSoc Framework suppliers with GP and PCT representation.
Requirements	Provide new requirements on GP clinical IT systems and input into national dialogue with GPSoc Framework suppliers and NHS CFH.	Manage requirements gathering process, oversee prioritisation and inclusion in GPSoc Framework supplier roadmaps and GPSoc agreement (with input from PCT/GP community and suppliers).
Assurance	Participate in assurance activity.	Manage assurance activity centrally.
Supplier Management	Manage GPSoc Framework supplier and local issues resolution.	Senior level engagement with GPSoc Framework suppliers and resolution of escalated issues.
Funding	Training, deployment activity, system support charge, additional services and system migration.	Software licence fee, system upgrades and contribution to cost of migration to a system hosted to NHS CFH standards.
Contract Implementation	Enter into and manage Call Off and PCT-Practice agreements.	Enter into and manage national Framework agreements and any changes to local agreements.

Step by step guides for each of these activities will be developed with the help of GP, PCT and SHA representatives and the GPSoc Framework suppliers.



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How to get more information

GPSoc web pages

The GPSoc web pages on the NHS Connecting for Health website www.connectingforhealth.nhs.uk/gpsoc will, over time, allow visitors to:

1. Access the information in this guide

2. Download contractual agreements

3. View the following information about the GPSoc Framework suppliers and systems:

- available systems and their compliance status
- all core and additional services and associated pricing
- timetable for compliance with the GPSoc solution maturity model and each system's progress
- roadmaps for new system developments from each GPSoc Framework supplier and the supplier's delivery track record
- performance of the systems and suppliers against defined service levels
- pricing for each system.

4. Link to the tracking database (nominated PCT representatives only)

SHA and PCT leads

Each SHA and PCT has nominated a GPSoc lead. Please contact them for more details of how GPSoc is being implemented locally. Email gpsoc@nhs.net for the contact details for your local GPSoc lead if you are not able to obtain this information from the PCT or SHA direct.

GP professional bodies and user groups

GPSoc will keep GP professional bodies, the local medical committees and user groups informed about GPSoc and we expect that they will provide practices with their view of how GPSoc will benefit individual practices and assist with dispute resolution as appropriate.

GPSoc mailbox

Contact the GPSoc team direct at gpsoc@nhs.net if you have any further questions.

Suppliers

See the suppliers' websites for more detailed information about their services and systems.



Frequently asked questions

GENERAL PRACTICE FAQs

1. Do I have to change systems?

No. If you already use a GPSoC compliant system you can choose to continue using it. You can be included in GPSoC (and thus benefit from central funding) when your PCT enters into a GPSoC Call Off Agreement with your supplier on your behalf. In future you can choose to change to another GPSoC compliant system or to an LSP system.

2. Can I choose to move to a new system?

Yes. You can choose to move to a new system. To do this you will need to agree the business case for the change with your local PCT.

3. Can I keep a system that is not on the GPSoC Framework and which is not available from my LSP

Yes you can. However, there is no GPSoC funding available for software licence charges or system upgrades for systems that are not on the GPSoC Framework.

4. Can I do nothing?

Yes. However, unless you opt to enter into a GPSoC or an LSP contract, central funding will not be available to your PCT.

5. Will the PCT be able to force me into changing my GP system?

No. The GMS contractual arrangement requires that practices have a guaranteed choice from a number of accredited systems. The agreement also says that the practices will exercise that choice in line with local development plans, local business cases and service level agreements. Practices and PCTs will need to work together to make the right choices for patient care in their local health community.

GPSoC funding for the software licence charge makes it less likely that a PCT will seek to migrate a practice in order to alleviate local financial pressures.



6. Will my migration to a GPsOC compliant system be funded?

The cost of migration between systems will be covered locally and a PCT may require a business case in the event that the PCT is funding the migration. NHS CFH will provide funding towards the data migration element of the migration costs where a practice is migrating to a system that is hosted to NHS CFH standards. For details of this funding please see the Funding Principles section of this Guide to GPsOC (page 14).

7. What guidance is there to help me choose the right system for me?

NHS CFH will publish information via the GPsOC web pages (www.connectingforhealth.nhs.uk/gpsoc) It is anticipated that information will also be available from a number of sources, including the suppliers themselves, your PCT and other independent sources. A set of selection criteria have been agreed with key stakeholders and included in the GPsOC Framework agreement for use when a practice wishes to select an alternative system from the Framework.

8. Why have GPsOC when integrated LSP solutions will provide greater patient benefit?

GPsOC facilitates the delivery of benefits to practices and patients who do not currently use LSP systems. Over time the expectation is that practices will choose systems that provide the most benefits to patients benefits across a number of different care settings.

9. How long does GPsOC last?

The Framework Agreement runs for two years from signature with each supplier with the option to extend for up to another two years. Each Call Off Agreement can run for up to four years from signature.

10. What happens when a fully integrated Level 6 GP system is available? Will I be forced to move to it?

When a fully integrated Level 6 GP system is available and certified by GP professional representatives as offering improved functionality and benefits to patient care when compared to other GP systems, there will be an expectation that practices will migrate to that system.



11. Will there be significant differences in functionality between the systems offered by GPSoC Framework suppliers and a fully integrated Level 6 system?

Systems that are not fully integrated can never offer as effective data sharing and transfer as a fully integrated system.

The standards for non-fully integrated systems will seek to minimise the difference.

12. Why is the PCT-Practice Agreement not available for signature now?

The agreement is substantially complete. NHS CFH is working with key stakeholders to ensure that all parties are clear about the obligations that the agreement will place on them. Further work also has to be done to confirm the method by which the agreement will be enforced. This is an important new agreement and the delay to implementation is required to ensure that we properly conclude the consultation and approval process before the agreement is brought into use.

TRANSITION TO GPSOC ARRANGEMENTS AND FUNDING

13. What are the pre-conditions for receiving GPSoC funding?

Funding for the core software elements of a GP clinical IT system will be provided by NHS CFH once:

- a) the GP clinical IT system deployed in a practice is compliant with GPSoC Level 2
- b) GPSoC Call off Agreement has been entered into by the PCT with the relevant supplier, and
- c) the practice and PCT have signed a PCT-Practice Agreement.

The requirement to sign a PCT-Practice Agreement will be waived until this agreement is approved by all stakeholders and is available for PCTs and practices to sign. NHS Connecting for Health will also continue to fund the LSP systems.

14. When will the funding for IT infrastructure upgrades become available?

Funding was allocated to all PCTs in July 2007.



15. When will GPsoc funding for GP clinical IT systems start?

Once each practice has been added to a GPsoc Call Off Agreement and the practice and PCT have signed a PCT-Practice Agreement, NHS CFH will fund that practice's GPsoc compliant system. Call Off agreements can be placed by the PCT in respect of GPsoc Level 2 compliant systems once NHS CFH has entered into a GPsoc Framework Agreement with the relevant supplier. The requirement to sign a PCT-Practice Agreement will be waived until this agreement is approved by all stakeholders and is available for PCTs and practices to sign.

16. What happens to the payments already made to suppliers in 2007/08?

Payments in advance for services that are replaced by GPsoc services will be credited or refunded on a pro-rata basis to the PCT by the GPsoc Framework supplier.

17. What is the deadline for signing the GPsoc Call Off and PCT-Practice Agreements?

PCTs and practices are encouraged to enter into GPsoc arrangements as soon as possible. GPsoc Call Off agreements can be placed at any point during the life of the GPsoc Framework.

18. Will there be any penalties to pay if I terminate my existing contract with a supplier in favour of moving to a GPsoc agreement?

If your existing contract is with a supplier that is on the GPsoc Framework then there will be no penalties for terminating existing contracts. If your existing contract is with a supplier that is not part of the GPsoc Framework then terms for termination remain as per the existing contract.

19. How will I know what I am due to pay under GPsoc compared with what I currently pay today?

The Guide to GPsoc sets out which party is responsible for payment of the various GPsoc charges. NHS CFH and the GPsoc Framework suppliers will work with each PCT to confirm the split of charges between NHS CFH and the PCT (and the practice if they purchase additional services under the GPsoc agreements).



Connecting for Health

For more information about
NHS Connecting for Health please visit
www.connectingforhealth.nhs.uk

To request further copies of this guide, please visit
<http://information.connectingforhealth.nhs.uk/>
or call ***08453 700760*** quoting reference number 3977
or download from ***www.connectingforhealth.nhs.uk/gpsoc***

Available in other formats on request

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