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To All LMC Secretaries

**General Practitioners
Committee**

Our Ref: GPSoC Call Off Agreements LMC Guidance

4 February 2008

Dear Colleague,

GP Systems of Choice (GPSoC) - Important Information for England Only

GP Systems of Choice (GPSoC) is the new scheme through which the NHS will fund the provision of GP clinical IT systems in England. It delivers the paragraphs 4.34-4.36 as set out in the 2003 "Blue Book" on the new GMS contract *Investing in General Practice*.ⁱ

It is important that the details in this communication are brought to the attention of practices and that LMCs are in touch with their local PCTs and SHA IT leads to ensure that GPSoC is being implemented.

PCTs are being asked by NHS Connecting for Health (CfH) to include all practices in a GPSoC "call off agreement"ⁱⁱ. There will be *no change to the system that the practice uses* and this is a technical exercise in order for the PCT to secure the necessary funding for GPSoC *and to continue funding their obligations for current practice IT support*. GPC considers this to be a sensible and efficient method of proceeding on the basis that GPSoC delivers what the profession asked for in the 2003 negotiations.

LMCs are advised to ensure that their PCTs have entered into Call Off Agreements with existing suppliers and that PCTs have included all eligible practices in a Call Off agreement.

It could be the case that *some practices will not be signed up* because their *system* is not GPSoC Level 2 compliantⁱⁱⁱ; the current list of GPSoC compliant systems can be found below.^{iv} If this is the case, the practice concerned should approach its PCT to discuss its options. These would include checking whether the supplier of the practice's current system is planning to provide a GPSoC Level 2 compliant version or, potentially, to begin the process of migration to a GPSoC Level 2 compliant system.

In the event that a practice has taken a business decision not to be involved in GPSoC, *the onus would be on the practice concerned to inform the PCT of its decision in writing*. Technically, PCTs would still have a responsibility to fund those practices that decline to join up, but there will be increasing pressure to move onto GPSoC, or LSP (Local Service Provider)^v, contracts due to financial pressures and compliance requirements. GPC cannot envisage circumstances in which a practice would take a business decision not to be involved in GPSoC, given that it delivers what the profession asked for in the 2003 negotiations.

The PCT-Practice Agreement, which was sent out for consultation recently, has now been approved by GPC, the SHAs and the GP IT system User Group chairs. This Agreement clarifies both PCT and practice responsibilities under GPSoC and is applicable to *all* practices, whether GMS or PMS, and not

just those who wish to move systems. For practices who *do not* intend to change systems, it clarifies the rights and responsibilities of the PCT and practice. For practices that *are* intending to change systems it clarifies the process to be followed. It also details the dispute resolution arrangements. The PCT-Practice Agreement is *independent* of the practice's GMS or PMS contract.

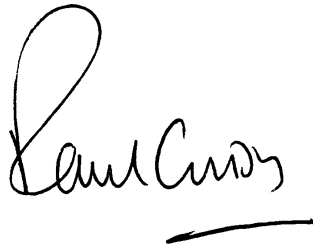
The PCT-Practice Agreement *will have to be signed by all practices* who are signed up to GPSoC. Signing up by PCTs and practices will be undertaken *subsequent* to PCT sign up to the Call Off Agreement and CfH have set a deadline of the *end of April 2008* for practices and PCTs to sign their agreements. Detailed guidance on the PCT-Practice Agreement will be issued shortly.

It is important to note that *practices are still the data controller* under GPSoC.

Further information about GPSoC can be found at:

www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc

Yours sincerely,

A handwritten signature in black ink that reads "Paul Cundy". The signature is written in a cursive style with a large loop at the start of the first name. Below the signature is a horizontal line.

Dr Paul Cundy
Chairman, GPC IT Subcommittee

ⁱ Paragraphs 4.34-4.36, page 31, *Investing in General Practice*, BMA, 2003.

Choice of Nationally Accredited Systems

4.34 Systems will be accredited against national standards. Each practice will have a guaranteed choice of the number of accredited systems that deliver the required functionality. Such choices will be consistent with local development plans (or their equivalents) and in line with local business cases and service level agreements. From 1 April 2003 every practice in the UK will have the choice of RFA-accredited systems. Practices will not subsequently be expected to exercise this right more frequently than every three years.

4.35 As patient care is increasingly delivered across multiple organisations, professions and sectors, the ability to implement nationally specified systems to support these arrangements is regarded as essential.

4.36. The GPC, NHS Confederation and Health Departments across the four countries appreciate and value the information held in current practice systems. Future strategies will ensure this information is protected.

ⁱⁱ Each PCT and each GPSoC Framework supplier supplying systems to practices in the PCT will need 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.

ⁱⁱⁱ GPSoC Level 2 compliance means that the clinical system has the core requirements for a GP Clinical IT System (the updated former RFA), is enabled for Choose & Book, the Spine, the Personal Demographic Service (PDS) and GP2GP Record Transfer. Being enabled for CfH products **does not mean that the practice has to be using any or all of these modules.**

^{iv} The current list of GPSoC compliant systems and suppliers is can be found at the following link <http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/framework/planned>

^v Local Service Providers (LSPs) are responsible for delivering IT services at a local level for NHS Connecting for Health and supporting local organisations in delivering the benefits from these. They ensure the integration of existing local systems and, where necessary, implement new systems to ensure that the national applications can be delivered locally, while maintaining common standards. Further details can be found at: <http://www.connectingforhealth.nhs.uk/about/howwework/lsp/index.html>