



THE SCOTTISH OFFICE

National Health Service in Scotland Management Executive

NHS
MEL(1994)56

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

THE PRIMARY CARE DEVELOPMENT FUND: 1994/95

Summary

1. This MEL sets out the arrangements for applying for financial support from the Primary Care Development Fund. The amount available for allocation in 1994-95 is £3.5 million.

Action

2. Boards should now canvass interest in service-led initiatives from interested local professionals in accordance with the procedures enclosed. Boards may copy the procedural notes to interested applicants once they have entered their local point of contact for enquiries about the scheme.

General Principles

3. The purpose of the Fund is to encourage and support initiatives to develop services in primary care. The intention is to build on the success of the "pilot projects scheme" undertaken in 1993-94.

4. The following general principles should be observed:

4.1 Every effort should be made to deploy the Fund to achieve maximum added value in developing the role of primary care services.

4.2 The Fund will therefore complement (and not replace) Boards' own strategies for investing in primary care in line with the Priorities and Planning Guidance for 1994/95 issued in MEL(1993)155 of December 1993.

4.3 The role of the Fund is to be pump-priming; projects will therefore be funded for a maximum of one year.

4.4 Boards should formally sponsor all projects which are put forward to the Management Executive for consideration under the Fund. Such sponsorship will assume that the Board will support successful projects which require long-term funding beyond the period of support from the Primary Care Development Fund.

9 May 1994

Addressees:

For Action

General Managers,
Health Boards

For Information

Primary Care Managers
and equivalents,
Health Boards

Chief Executives, NHS
Community Trusts

General Managers,
Community Units

Enquiries to:

Mr D Kerr
Directorate of Primary
Care
NHS Management
Executive
Room 76
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Tel: 031-244 2522
Fax: 031-244 2683

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Operation of the Fund

5. Most of the Fund will be allocated to Service-led Initiatives. For that purpose we have developed procedures which build on the arrangements made in 1993/94. Applications should be submitted through the Health Board to the Management Executive; and Health Boards should supervise and monitor the progress of projects which are successful in securing funding.

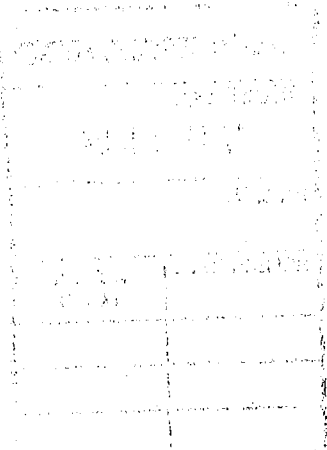
6. A summary of the procedure to be followed is at Annex 1. This has been prepared in a form which would be suitable both for internal use by Board staff and for circulation to interested applicants locally. Boards should make clear who their own local contact point for interested parties is.

7. These procedures will apply to the Fund for 1994/95. We will review arrangements in the light of experience from the first year. In particular we intend to accelerate the timescales for submission of applications for 1995/96. Further information on this and other aspects will be provided in due course.

Yours sincerely

Agnes Robson

AGNES ROBSON
Director of Primary Care



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PRIMARY CARE DEVELOPMENT FUND 1994/95

PROCEDURES FOR SUBMISSION OF APPLICATIONS FOR SERVICE-LED INITIATIVES

Aim

1.1 The aim of the Primary Care Development Fund, as established by the NHS Management Executive in Scotland, is to support developments in primary care services. The Fund will be used primarily to support service-led initiatives.

1.2 The Fund will complement the activities of local Health Boards in developing primary care services with local professionals. To be considered projects must be sponsored by the local Health Board, who will be responsible for supervising, and monitoring the progress of, projects which are successful in obtaining funds.

1.3 The rest of this note sets out both for Health Boards and applicants the procedures to be followed in applying for funds.

Eligibility

2.1 Funding may be offered to projects which address at least one of the priority themes set out in Annex 1.

2.2 "Primary care services" should not be narrowly defined. Joint approaches, for example with secondary care, with community services, or with social work services, are also eligible. However, the project objectives must offer enhancement and improvement of primary care services. In addition, no proposal will be considered if it does not have the support and active involvement of a primary care professional. A proposal for the provision of a primary care service by an agency operating outside the primary care sector will not be eligible for support.

Nature of Funding

3.1 All running costs directly incurred as a result of undertaking the project will be eligible for reimbursement. Funding will not normally be offered to cover an allocation of indirect costs. Funding will be considered for the purchase of hardware equipment which is necessary for the success of the project.

3.2 Regardless of how long the project is expected to last, funding under the scheme shall be offered for no longer than 12 months' activity. The General Manager of the parent Health Board, in sponsoring or supporting the project, will need to confirm willingness in principle by the Board to fund costs which are incurred beyond the first 12 months of activity where the project is intended to be ongoing and the results of the formal evaluation (see section 5) demonstrate the continuation of the project to be worthwhile and likely to be cost-effective.

3.3 Although there is no fixed upper limit on eligible expenditure for any single project, in practice projects proposing to spend more than £50,000 in the period of support under the Fund will need to demonstrate particular and significant benefits against the priority themes summarised at Annex 1. There is no lower limit for financial assistance under the Fund.

3.6 In certain cases (for example where the amount of funding requested is very high or includes a high proportion of costs for the purchase of hardware, or where the initiative is not capable of application outwith the pilot area) the Management Executive may offer to fund less than 100% of first year costs under the Fund.

3.7 If the proposers have sought or obtained funding for the proposed project from another source(s), this must be disclosed within the application.

Application Process

4.1 There is no standard application form to support under the Fund. It is, however, important that in each application the following information should be set out clearly:

- 4.1.1 the aims and objectives of the proposal;
- 4.1.2 which priority theme(s) it seeks to address;
- 4.1.3 each of the resource and cost requirements for which assistance is requested;
- 4.1.4 details of how the project would be undertaken;
- 4.1.5 when the project could start; and
- 4.1.6 how it is proposed that results would be monitored and evaluated against the aims and objectives.

4.2 Organisers of the project should submit their application to the General Manager of their parent Board. Before forwarding the application to the Management Executive, the General Manager of the parent Board must verify that they support the proposal, having regard to the conditions in paragraph 3.2.

4.3 Boards should address applications to Ms Vivien Lawson, Room 57b, St Andrew's House, Regent Road, Edinburgh EH1 3DE. Five copies of each submission should be enclosed.

4.4 For 1994/95 the closing date for submission of applications by Health Boards to the Management Executive will be 24 June 1994.

4.5 Decisions on applications will be taken within 4 weeks. All projects must be capable of commencing as soon as possible and by 28 February 1995 at the latest.

4.6 Payment for successful projects will be made in full to the Director of Finance of the parent Board (or, in the case of more than one Board being parent, to the nominated Board) immediately following notification to the Board of the decision to fund the project. If funding for a project continues beyond 31 March 1995, the Board must ensure that resources which remain to be allocated to the project are carried forward under the end-year flexibility arrangements.

4.7 The Management Executive will expect each Board to agree with each successful applicant a profile of likely expenditure. Boards should ensure that payment is made to the applicants in each case in accordance

with such profiles and not in advance of need. Boards should also ensure that all claims and other procedures are clearly documented to allow for audit and other statutory requirements in accordance with the normal rules on disbursement of public funds.

4.8 No material changes may be made to the nature, expenditure requirements or duration of a project receiving support from under the Fund without the prior approval of the parent Board and the Management Executive.

Results

5.1 The parent Board (or, in the case of more than one Board being parent, the Board nominated to receive funding on behalf of the project) is responsible for ensuring the regular monitoring of progress made during the lifetime of the project.

5.2 If progress on the project is considered by the Board to be unsatisfactory, for reasons within the control of the participants, then the Board is entitled to withhold whatever element of funding for the project it considers appropriate. However, no funding may be withheld in circumstances where the project has progressed reasonably but where the results have been more disappointing than expected or where not all of the objectives of the project are being satisfied.

5.3 Within 2 calendar months of the conclusion of the period of funding under the Fund, the participants in the project shall produce for the parent Board and the Management Executive either a full evaluation report (if the project has ended) or an interim evaluation report.

5.4 The Management Executive and parent Board reserve the right to use the information contained in monitoring and evaluation reports and other material for wider dissemination amongst health authorities and primary care professionals.

5.5 Arrangements for evaluating results will recognise that innovative projects, by their nature, involve an element of risk. The Management Executive will have regard to this when considering bids for funding, including the potential benefits which might be achieved against the likelihood of the project as proposed achieving such benefits. The evaluation arrangements will nevertheless recognise that not all projects will achieve the original objectives set out in the application. The Management Executive however would look to the Health Board to work with the participants to undertake the project in a responsible manner and to evaluate the lessons learned even where the project fails to achieve one or more of its original stated objectives.

General

6.1 Further advice or information on submitting an application for the Primary Care Development Fund should be addressed in the first instance to:-

[Health Board contact details to be provided here.]

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6.2 Any general enquiries about the Fund by Health Boards or others should be addressed in the first instance to David Kerr (Room 76, St Andrew's House, Regent Road, Edinburgh EH1 3DE: Tel: 031-244-2522).

PRIORITY THEMES WHICH INITIATIVES SHOULD SEEK TO ADDRESS

1. Provision of services

- a. Possible projects to enhance/add value to the work carried out by primary care professionals or in primary care settings eg changes to the interface with secondary care services (including shortening lengths of stay, or preventing admissions to hospital).
- b. Projects to develop the setting of standards in primary care.
- c. Development of the role of the pharmacist within primary care.
- d. Projects to address the rise in drug expenditure.
- e. Projects to prepare a local health profile of the practice population.
- f. Projects to achieve health gain in relation to the targets in "Scotland's Health: A Challenge to Us All".

2. Improving service delivery

- a. Development of the role of the primary health care team eg:
 - through the agreement of joint aims and objectives for the team;
 - by developing the role of particular team members.
- b. Extension of the scope of the team in service delivery, eg by developing the use of community nurses, attached social workers, counsellors etc.
- c. Development of initiatives to promote seamless care between hospital, community and primary care.

3. Organisation and management

- a. Development of the role of primary health care team in planning and purchasing.
- b. Facilitation of practice development or business planning for GPs.
- c. Management development initiatives for GPs and practice managers.
- d. Pilot initiatives in relation to the use of practice staff and premises.
- e. Co-ordinated multi-disciplinary approach to health promotion in primary care.

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4. Information

a. Development of patient information and management information systems at practice or locality level (for example to complement possible initiatives on public health and management information).

b. Improvement of information transferred between GP practices, health boards, providers, pharmacists etc.

5. Development of links between primary care and social work

6. Patient-led initiatives

a. Involvement of patients and users of primary care.

b. Innovative projects on patient information and patient education (eg health status and health care, guidance for parenting).