



National Health Service in Scotland
Management Executive

18 July 1995

Dear Colleague

THE PRIMARY CARE DEVELOPMENT FUND 1996/97

Summary

1. This MEL sets out the arrangements for applying for financial support from the Primary Care Development Fund in 1996/97 and introduces changes to the operation of the Fund which are designed to target the Fund in a more strategic way. The 1996/97 Fund will award funding to:

- service-led initiatives (as in previous years);
- projects that support Health Boards' strategic evaluation of projects that have been completed;
- projects to support the implementation of projects that the Health Board judge to be successful (such projects will receive a maximum of 50% funding);
- projects commissioned by the Management Executive.

Action

2. Recipients should now canvass interest in service-led initiatives from local professionals in accordance with the procedures enclosed and consider making applications to secure funding for strategic evaluation and implementation of successful projects.

3. Applications must be submitted to the Management Executive by Friday 27 October 1995.

AGNES ROBSON
Director of Primary Care

Addressees

For action
General Managers,
Health Boards

Chief Executives,
NHS Community Trusts

Primary Care Managers and
equivalents,
Health Boards

General Managers,
Community Units

Directors,
Social Work Departments

For information
General Manager,
Common Services Agency

General Manager,
State Hospitals Board for Scotland

General Manager, Health Education
Board
for Scotland

Executive Director,
SCPMDE

Enquiries to:

Mr David Ferguson
Directorate of Primary Care
NHS Management Executive
Room 57B
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2578
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PRIMARY CARE DEVELOPMENT FUND 1996/97

Aim of the Fund

1. The aim of the Primary Care Development Fund, as established by the NHS Management Executive in Scotland in 1993/94, is to promote developments in primary care services. The Fund is designed to complement the activities of Health Boards in this regard.

Changes to Operation of the Fund

2. The purpose of the Fund in 1996/97 remains to encourage and support initiatives to develop services in primary care. However, if the benefits of the Fund are to be maximised it must operate in a more strategic and focused way, reflecting Priorities and Planning Guidance and national and Health Board strategies for primary care services. To ensure that the Fund is strategically targeted and to encourage effective evaluation and implementation of service-led initiatives, the following enhancements to the Fund's operating procedures have been introduced.

2.1 Instead of the Fund being devoted solely to locally-based, service-led projects, a proportion of the money shall be identified for projects commissioned by the Management Executive which address themes that the Management Executive and the Joint Working Group on Primary Care consider to be of strategic importance and which are not being adequately addressed elsewhere. **More information on themes for central commissioning will follow in a further MEL later in the year.**

2.2 Some of the Fund will also go to provide support to Health Boards and the Management Executive for the strategic evaluation of completed projects and to support implementation and roll-out of successful initiatives. Projects that implement successful initiatives will be awarded only 50% of costs and be conditional on the remaining 50% being awarded by Health Boards. **Details of how Boards can obtain funding of this nature are at paragraph 6.**

3. These changes should help to target the Fund more effectively and strategically and should help ease the burden of appraisal, evaluation and implementation on Health Boards. **However, the majority of funding will continue to be used to support local service-led initiatives from primary care professionals and the process of applying for funding in this manner is unchanged.**

General Principles

4. The following general principles should be observed.

4.1 The Fund should be deployed to achieve maximum added value in developing the role of primary care services.

4.2 The Fund should complement (and not replace) Boards' own strategies for investing in primary care.

4.3 The role of the Fund is pump-priming; projects within the scope of service-led initiatives will therefore be funded for a maximum of one year.

4.4 All applications, including those from Community Trusts, Directly Managed Units and Social Work Departments should be passed to the General Manager of the local Health Board for endorsement. (Applications must demonstrate the involvement of members of the primary care team.)

4.5 Boards must formally sponsor all projects forwarded to the Management Executive for consideration. Such sponsorship assumes that the Board will support successful projects which require long-term funding beyond the period of support from the Primary Care Development Fund. Boards should also submit a list of any applications they do not support, with brief reasons for rejection. This will help the Management Executive to establish how closely the Fund is being used to address issues perceived as priorities for development by primary care professionals locally.

Operation of the Fund

5. Service-led initiatives

5.1 As stated above, the majority of the Fund will be allocated to service-led initiatives. The process for applying for funding in this manner is unchanged. Applications should continue to 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.

5.2 Where projects relate to the work of Social Work departments, Community Trusts or Units, or other agencies, Boards should confirm that the proposals fit within those agencies' broader strategic intentions.

5.3 A summary of the procedure to be followed is at Annex A. This has again been prepared in a form which would be suitable both for internal use by your staff and for circulation to interested applicants locally. Health Boards should insert their own local contact point for interested parties.

6. Support for Health Boards for Evaluation and Implementation

6.1 Funding will be available to support Health Boards with the strategic evaluation of completed projects and with the implementation of successful initiatives. Boards wishing to obtain funding should submit a written proposal to Mrs Margaret Reed, Room 50, St. Andrew's House, Edinburgh EH1 3DG. Each proposal should include full details on:

- the aims and objectives;
- the process to be employed;
- the expected outcome;
- costings.

6.2 The process of applying for funding of this nature is separate from the "usual" PCDF arrangements. Applications should be received by **Friday 8 December 1995**. Applications will only be considered for developments which are consistent with Health Boards' primary care strategies. The Management Executive must receive a full report within 6 weeks of the end of the work.

Service-led Initiatives - applications

7. The standard of applications received for the 1995/96 Fund varied greatly between Boards. Applications received from those Boards which assisted project teams to prepare applications were again of a high standard. All Boards should consider how they can assist project teams to prepare their applications and ensure that all applications include a clear evaluation methodology.

8. In previous years, applications from some Health Boards did not include all of the basic details required for the Management Executive database. It would be helpful if Boards would ensure that applications include prominently the basic details indicated in the specimen application cover sheet at Annex C. Boards which have not adopted a standard format for applications may wish to use this sheet (or a variation).

PRIMARY CARE DEVELOPMENT FUND 1996/97**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 promote developments in primary care services. The Fund is designed to support service-led initiatives, and complements the activities of Health Boards in developing primary care services with local professionals.

Eligibility

2.1 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.

2.2 Projects should address at least one of the priority themes set out in Annex B.

2.3 Projects must promote innovation in primary care services. In this sense, "innovative" is defined as being an initiative which is novel to the Health Board area.

2.3 "Primary care services" is not narrowly defined. Joint approaches, for example with secondary care, community services or social work services are eligible, provided that the project's objectives offer enhancement and improvement of primary care services. Such proposals must have the support and active involvement of a primary care professional. Proposals 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 by a project may be reimbursed.

3.2 Funding for the purchase of hardware equipment will only be provided if it is essential for the success of the project.

3.3 Funding will not normally be offered to cover indirect costs.

3.4 **Funding will be provided for 12 months activity only**, regardless of how long the project is expected to last. Where a project is intended to continue beyond 12 months, the General Manager of the parent Health Board must confirm that the Board is willing to meet all additional costs incurred.

3.5 There is no fixed limit on funding for any single project, although proposals seeking more than £80,000 from the PCDF will need to demonstrate very significant benefits against the priority themes shown at Annex B. There is no lower limit for funding.

3.6 In certain cases (e.g. where the amount of funding requested is very high or includes a large proportion of costs for hardware; or where the project cannot be applied outwith the pilot area) the Management Executive may offer less than 100% of funding.

3.7 Applications must disclose details of funding sought and obtained from other sources.

Application Process

4.1 There is no standard application form. However, each application must include the following details:

- clearly defined aims and objectives;
- the priority theme(s) the project will address;
- a full breakdown of costs;
- a clear project methodology and timetable;
- anticipated benefits/outcomes of the project;
- a proposed project start date;

- details of how results will be monitored and evaluated against the aims and objectives.

Health Boards should also allocate a code number to each project submitted.

4.2 Applications should be submitted to the local Health Board (see para. 6.1 for contact details). The Board General Manager must verify his/her support for each proposal (bearing in mind the commitment to ongoing funding at para. 3.4) before forwarding them to the Management Executive for consideration.

4.3 Seven copies of each application should be sent to:

**David Ferguson,
The Scottish Office,
NHS In Scotland Management Executive,
Room 57B,
St. Andrew's House,
Edinburgh EH1 3DG.**

Application must be received by Friday 27 October 1995.

4.4 Decisions on applications will be taken within 6 weeks. All projects must be ready to commence as soon as possible and by 28 February 1997 at the latest.

4.5 Immediately after Boards have been informed of which projects will be supported, full payment will be made to the Director of Finance of the parent Board (projects spanning more than one Board area must nominate a Board to receive payment). If funding for a project continues beyond 31 March 1997, Boards must ensure that resources still to be allocated are carried forward under end-year flexibility arrangements.

4.6 Boards must agree with successful applicants a profile of expenditure, and should make payments to applicants in accordance with this profile and not in advance of need. Boards must ensure that claims, etc are clearly documented to allow for audit and other statutory requirements in accordance with the normal rules on disbursement of public funds.

4.7 No material changes may be made to the nature, expenditure requirement or duration of a project without the prior approval of the parent Board and the Management Executive.

Results

5.1 The parent (or nominated) Board is responsible for ensuring the regular monitoring of progress throughout the life of the project.

5.2 If the Board consider a project's progress to be unsatisfactory for reasons within the control of the participants, the Board is entitled to withhold any element of funding it considers appropriate. However, funding must not be withheld where a project has progressed reasonably but where the results have been disappointing or where not all of the objectives are being satisfied.

5.3 Project participants must submit a full evaluation report (or an interim report if the project has not been completed) to the Management Executive via the Health Board within 2 months of the end of the period of PCDF funding.

5.4 The Management Executive and parent Health Board(s) may use the information contained in evaluation and monitoring reports and other material for dissemination throughout the Health Service and beyond.

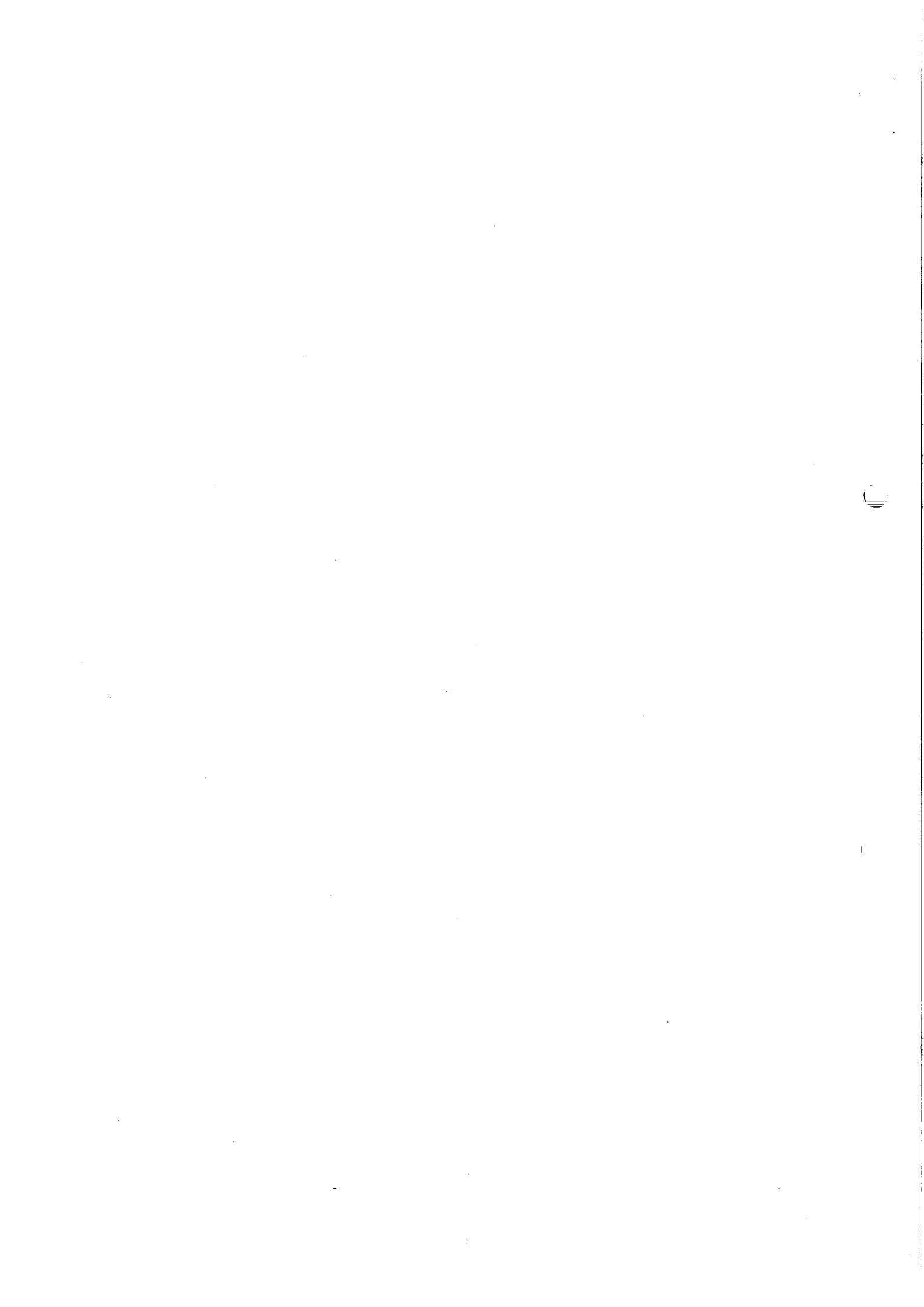
5.5 Innovative projects, by their nature, involve an element of risk, and the Management Executive recognises that not all projects will achieve their original objectives. Accordingly, we would look to Health Boards to work with applicants to evaluate the lessons learned even when a project fails to achieve one or more of its objectives.

General

6.1 Further advice on applying to the Primary Care Development Fund can be obtained from:

[Health Board contact details to be provided here.]

6.2 Any **general** enquiries about the Primary Care Development Fund should be addressed to **David Ferguson, Room 57B, St. Andrew's House, Edinburgh EH1 3DG. (Telephone 0131 244 2578).**



PRIORITY THEMES WHICH INITIATIVES SHOULD SEEK TO ADDRESS

- 1. Provision of services**
 - a. Projects to enhance or add value to the work carried out by primary care professionals or in primary care settings; for example, changes to the interface with secondary care services (including shortening lengths of stay, or preventing admissions to hospital).
 - b. Development of setting of standards in primary care.
 - c. Development of the role of the pharmacist within primary care.
 - d. Addressing the rise in drug expenditure.
 - e. Preparation of 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".
 - g. Projects in primary care settings to develop health promotion.

- 2. Improving service delivery**
 - a. Development of the role of the primary health care team, e.g.:
 - 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, e.g. 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 on the use of practice staff and premises.
 - e. Co-ordinated multi-disciplinary approach to health promotion in primary care.

- 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 (e.g. health status and health care, guidance for parenting).

NB: For the purpose of the Fund, "primary care" is widely defined and includes, for example, professions allied to medicine in the community, dentists, pharmacists and optometrists.

**PRIMARY CARE DEVELOPMENT FUND 1996/97: APPLICATION FOR FUNDING
- BASIC PROJECT DETAILS**

<u>HEALTH BOARD:</u>	<u>APPLICATION CODE NUMBER:</u>
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<u>TITLE OF PROJECT:</u>

FINANCIAL SUPPORT REQUESTED:

£

<u>DETAILS OF APPLICANTS:</u>			
APPLICANT	1.	2.	3.
SURNAME			
FORENAME(S)			
TITLE			
ORGANISATION			
POSITION HELD			
ADDRESS			
TELEPHONE No.			

PROJECT START DATE: ___/___/199 (NB: Must be before 28/2/97)

PROPOSED COMPLETION DATE: ___/___/199

PRIORITY THEMES PROJECT SEEKS TO ADDRESS:

NB: PROJECTS MUST INCLUDE THE FOLLOWING:

- Clearly defined aim(s) and objectives
- Background information
- Clear methodology
- Anticipated benefits/outcomes
- Method of evaluation
- Timetable
- Full details of costs

