



# THE SCOTTISH OFFICE

## National Health Service in Scotland Management Executive

**NHS  
MEL(1995)87**

St. Andrew's House  
Edinburgh EH1 3DG

20 December 1995

Dear Colleague

### **ORAL HEALTH STRATEGY: PRIMARY CARE DEVELOPMENT FUND 1996/97**

#### **Summary**

1. This MEL announces the availability of financial support from the Primary Care Development Fund in 1996/97 for projects which support the Oral Health Strategy for Scotland, and invites Boards to co-ordinate bids from their areas.

#### **Background**

2. The outcomes of the main tranche of applications to the Primary Care Development Fund 1996/97 have already been notified to you and in some Health Boards these have included initiatives in dental health.

3. The Oral Health Strategy for Scotland was published on 18 December (see MEL(1995)86). A further £0.25m will be available in 1996/97 under the Fund for initiatives that directly support the Oral Health Strategy. This funding will support, for a maximum of one year, projects that demonstrate innovation in contributing to achieving the targets and recommendations of the Oral Health Strategy. Projects should complement and not replace the Health Boards' own activities, and must be endorsed by Health Boards before being passed to the Directorate of Primary Care.

4. Annex A to this MEL gives further details of the funding, including the procedure to be followed when applying for an award. This Annex has been prepared in a form which is suitable for circulation to potential applicants - Health Boards should insert their own local contact point in para 6.1.

#### **Addressees**

**For action:**  
General Managers,  
Health Boards

Chief Executives, NHS Trusts

**For information:**  
General Manager, Common Services  
Agency

General Manager  
State Hospitals Board for Scotland

General Manager,  
Health Education Board for  
Scotland

Executive Director, SCPMDE

Chief Administrative Dental Officers/  
Consultants in Dental Public Health,  
Health Boards

**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  
Fax: 0131-244 2326

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**Action**

5. Boards are asked to canvass interest widely from those who can contribute to the implementation of the Oral Health Strategy, both within and outside the NHS, and to make arrangements for applications to the Fund to be submitted to the Directorate of Primary Care.

6. **Applications must be submitted to the Management Executive by 29 March 1996.**

Yours sincerely



AGNES ROBSON  
Director of Primary Care

**PRIMARY CARE DEVELOPMENT FUND 1996/97**

**ORAL HEALTH STRATEGY PROJECTS**

**PROCEDURES FOR SUBMISSION OF APPLICATIONS**

**1. Aim**

1.1 Funds are being made available during 1996/97 by the NHS Management Executive in Scotland for projects which assist implementation of the Oral Health Strategy either locally or nationally.

**2. Eligibility**

2.1 Projects may be proposed by any of the wide range of interests and individuals who have the potential to improve oral health. Joint approaches involving collaboration between different agencies will be welcomed. Projects must be practical and generally capable of being replicated more widely: funding is not available for research projects. To be considered, **projects must be sponsored by one or more Health Boards**, 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 following priority areas of the Oral Health Strategy:

- \* health education/promotion;
- \* oral health care services (eg, delivery, access, targeting);
- \* prevention (eg, toothbrushing initiatives, dental hygiene, dental attendance);
- \* diet (eg, school catering, tuckshops, food manufacturers and suppliers);
- \* fluoride initiatives;
- \* oral cancer.

2.3 Projects should be innovative in nature and facilitate progress towards meeting the targets contained in the Oral Health Strategy. "Innovative" is defined as being an initiative which is novel in the Health Board areas involved.

2.4 "Oral Health" is broadly defined as a standard of health of the oral and related tissues without active disease. This state should enable the individual to eat, speak and socialise without discomfort or embarrassment, and contribute to general well being.

### 3. 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(s) must confirm willingness to meet all additional costs incurred.
- 3.5 There is no fixed upper limit on funding for any single project, although proposals seeking more than £40,000 will need to demonstrate significant benefits against the priority areas in paragraph 2.2. There is no lower limit for funding.
- 3.6 In certain cases (eg, where the amount of funding 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.

### 4. 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 area(s) the project will address (see paragraph 2.2);
  - \* 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 relevant Health Board or Boards (see paragraph 6.1 for contact details). The Board General Manager(s) must confirm support for each proposal (bearing in mind the commitment to ongoing funding at paragraph 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.**

**Applications must be received by Friday 29 March 1996.**

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 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(s) and the Management Executive.

## **5. 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 considers 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 fulfilled.

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.

## **6. 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 for Oral Health Strategy projects should be addressed to David Ferguson, Room 57B, St Andrew's House, Edinburgh EH1 3DG (Tel: 0131 244 2578).