THE SCOTTISH OFFICE

Department of Heal

COMMON SERVICES AGENCY
GENERAL MANAGER
TRINITY PARK HOUSE

**NHS**
**MEL(1997)19**

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG

9 April1997

Dear Colleague

**PERSONAL MEDICAL SERVICES PILOTS AND THE NHS (PRIMARY CARE) ACT 1997**

This MEL accompanies "A Guide to Personal Medical Services Pilots under the NHS (Primary Care) Act 1997".

The guide sets out the preliminary information Health Boards, General Practitioners and NHS Trusts need in order to make an expression of interest to undertake a Personal Medical Services Pilot. The guide also sets out the key provisions of the NHS (Primary Care) Act 1997.

The NHS (Primary Care) Act obtained Royal Assent on 21 March 1997. The Act contains important provisions relating to the development of primary care. In particular, the Act opens the way to piloting different ways of contracting general medical services. During the widespread consultation on the future development of primary care the idea of improving services by increasing local flexibility and piloting and evaluating new arrangements was strongly supported by all concerned. These principles and objectives have been followed through in the Act.

In accordance with the timetable which we published earlier, expressions of interest for the new pilots which are planned to start on 1 April 1998 or 1 October 1998 should be submitted through Health Boards by 31 May. Health Boards should forward these with any comments to the Scottish Health Service Management Executive. Comments on proposals covering more than one Health Board should be co-ordinated by the Board with the majority interest in the proposal. Consideration will then be given on whether and how to take them forward.

The attached document outlines what is required at this stage, some key components of the Act and the detail which will need to be addressed both nationally and locally over the coming months if pilots are to go ahead.

**Addressees**

For action:
Heatlh Board, Chief Executives

NHS Trust, Chief Executives

For information:

**Enquiries to:**

Mrs Susan Malcolm
Directorate of Primary Care
SHS - Management Executive
Room 75
St Andrew's House
EDINBURGH
EH1 3DG

Tel: 0131- 244 2680
Fax: 0131-244 2326

Under the Act, participation in the new arrangements will be voluntary. There will also be provision for those involved in pilots to return to existing arrangements. Expressions of interest will clearly not constitute a commitment to take part in a pilot.

Would Health Boards please ensure a copy of this MEL and the Guide to Personal Medical Service Pilots under the NHS (Primary Care) Act 1997 is distributed to all general medical practices.

I hope that GPs and NHS Trusts will take this opportunity to consider whether to take part in a pilot.

Yours sincerely

Agnes Robson

AGNES ROBSON
Director of Primary Care

# A GUIDE TO PERSONAL MEDICAL SERVICES PILOTS UNDER THE NHS (PRIMARY CARE) ACT 1997

## PURPOSE OF THIS DOCUMENT

This document is aimed at:

- Health Boards and outlines their role in respect of personal medical services pilots; and

- people who are interested in putting forward proposals to pilot personal medical services who are:

  - NHS Trusts;

  - GPs;

  - Scottish Health Service employees (employed either by NHS Trusts or by GP practices).

It sets out all the preliminary information you will need to know in order to make an expression of interest if you decide that you wish to become a Personal Medical Services Pilot. This document also sets out the key provisions of the NHS (Primary Care) Act 1997 relating to Personal Medical Services pilots.

This paper relates specifically to the provision of personal medical services. Further information on the dental side will follow. Contact points for the PMS pilots can be found at Appendix D. In addition, the most commonly asked questions, with answers is at Appendix C. This paper relates specifically to the provision of personal medical services. Further information on the dental side will follow.

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**APPENDICES**

NHS (PRIMARY CARE) ACT 1997

## 1. THE BACKGROUND

1.1 The provisions in the NHS (Primary Care) Act 1997 relating to personal medical services pilots stems from a widespread consultation exercise on the future development of primary care.

1.2 A clear message from the consultation was the need for action to encourage "local flexibility" so that the services can be delivered in a way which is better attuned to local needs and circumstances.

1.3 More flexible arrangements for providing family health services were seen as essential to the following objectives:

- to promote consistently high quality services;
- to provide opportunities and incentives for primary care professionals to use their skills to the full;
- to provide more flexible employment opportunities in primary care

1.4 A number of ideas were put forward which it was thought would open new possibilities and opportunities for addressing service issues. These include:

- practice based contracts;
- a single budget for general medical services, other hospital and community health services, and prescribing with the practice responsible for purchasing or providing services within it.
- a salaried option for GPs, either within the partnerships or with other bodies such as NHS Trusts;

1.5 A consistent message was that such changes should be taken forward through pilots developed locally with proper evaluation and that the existing contractual arrangements should continue to be available for those that wish to use them. These principles have been carried through in the Act.

## 2. NHS (PRIMARY CARE) ACT 1997 AND PERSONAL MEDICAL SERVICES PILOTS

2.1 The NHS (Primary Care) Act 1997 once implemented will enable those who wish to do so to pilot different types of contract for general medical services and to test their practical implications and the benefits they could bring.

2.2 The NHS (Primary Care) Act explicitly sets out the following principles:

- new approaches will be piloted;
- pilots will be evaluated and;
- participation will be voluntary;
- for those GPs who are not interested in piloting new approaches, the existing arrangements under Part II of the NHS Act 1978 remain for those who wish to use them;
- continuation of an individual's right to general practitioner services if he/she wants them and for the equitable allocation of patients between GPs if that is required;
- patients choice of GP (and registration lists) will apply to pilots and more permanent arrangements as well as to existing arrangements under Part II.;
- doctors must have the same qualifications to work as GPs under the new arrangements as they do under the existing one;
- pilots must be reviewed before more permanent arrangements (based on those pilots) can be established and which will exist alongside the current Part II arrangements;
- pilots must be centrally approved and the regulation making powers for the more permanent arrangements mirror those relating to pilots;
- Health Boards may only put forward proposals for pilot schemes from members of the "NHS Family" and contract with them for personal medical services under both pilot schemes and permanent arrangements.

**What is a Personal medical Services Pilot Scheme?**

2.3 The purpose of the pilots is to test different ways of contracting for General Medical Services (GMS) so as to address local service problems and bring about improvements. The NHS (Primary Care) Act 1997 defines a Personal Medical Services pilot scheme as one or more agreements made by Health Boards for the provision of Personal Medical Services. Personal Medical Services are services of a kind provided by General Medical Practitioners under Part II of the National Health Services (Scotland)Act 1978. All pilots must therefore

incorporate all the services which patients are entitled to receive from GPs under General Medical Services. From the patients perspective, and at its heart, such services constitute the first point of contact within the NHS for most if not all non-emergency care, and also for many emergencies, with treatment (including advice and health promotion) provided within the practice or by referral elsewhere.

2.4 Pilots will also need to provide continuity of care for all their individual patients, as GPs do now, including out of hours. These services are defined in the Act as "Personal Medical Services".

2.5 Pilots could, in addition, embrace a wider range of services for example by bringing together a practice's GMS and other services and responsibilities into a single contract with the Health Board.

2.6 All pilot schemes will need:

- the approval of the Secretary of State;
- to be properly thought through;
- to have clear objectives;
- to have clear benefits to patients and professionals alike.

**Who can apply to take part in the scheme?**

2.7 Section 2 of the NHS (Primary Care) Act 1997 only allows Health Boards to forward proposals from members of the NHS Family to provide services under a pilot scheme and to contract with them. This means that to propose a pilot you must be one of the following:

- a suitably experienced medical practitioner. This means a doctor who provides or could provide General Medical Services under NHS (Scotland) Act 1978;
- an NHS Trust;
- an SHS employee or a pilot scheme employee (this means for example that nurses, practice managers and others can propose pilots but they have to include the provision of personal medical services by suitably qualified medical practitioners);
- an individual providing Personal Medical Services under a pilot scheme;
- a qualifying body (which is a company limited by shares all of which are legally and beneficially owned by NHS Trusts, suitably experienced medical practitioners or SHS/pilot scheme employees). Partnerships or groups solely comprised of similar people may also put forward schemes.

**About your proposal.**

2.8 A proposal may not cover:

- a combination of personal medical services pilots and personal dental services pilots. This is because the 2 are very distinct services with very different working and practical arrangements. Separate proposals would be needed for the 2 separate elements;

- the re-location of an existing community pharmacy, or applications to commence NHS dispensing; and such proposals should be applied for using the existing procedures. neither should pilot proposals include changes to the way drugs and appliances are prescribed or dispensed.

2.9 The NHS (Primary Care) Act 1997 does not provide for pilots of pharmaceutical or optometry services. Health Boards can already contract with pharmacists and optometrists to provide services outside the range of Pharmaceutical Services and General Ophthalmic Services as defined in the existing regulations; Section 31 of the NHS (Primary Care) Act 1997 provides for these extra services to be obtained through NHS contracts.

2.10 A Health Board may, however, choose to supplement a personal medical services pilot scheme with a contract for services to be provided by pharmacists or optometrists, provided these are outside the current legal definition of Pharmaceutical or GOS services. Such arrangements could contribute to closer working amongst members of the primary health care team.

## 3. THE ADVISORY GROUPS

3.1 A feature of the regional seminars which inspired the new Act was the involvement of a wide body of organisations and individuals, involved in the delivery of primary care, whose opinions were sought. To retain this involvement and to ensure that a range of advice is obtained, a Scottish Advisory Group has been formed to provide a form for discussion and advice on the establishment of pilot projects. The membership of the Group is set out at Appendix B.

3.2 The Scottish Advisory Group has been asked to:

- help identify an appropriate procedure for making and approving applications to become a pilot;
- consider the criteria that should apply in the approval process;
- provide advice on creating a framework for a programme of national and local evaluation of pilot projects.

3.3 In addition to this group, a National Consultative Group has been established in England, with similar representation as the Scottish Group. This group has created a pilot evaluation sub-group which is considering how pilot sites may be evaluated. This is important because the NHS (Primary Care) Act 1997 requires the Secretary of State to carry out at least one review of the operation of each pilot scheme. Following a successful review of a pilot, the Secretary of State may provide for a permanent scheme and the introduction of others.

3.4 The evaluation will feed into the review; it will need to provide an assessment of the benefits, costs - in monetary terms and in terms of effects - and generalisibility of the new arrangements, including comparison with existing and alternative arrangements, in order to inform judgements about their value to the health service.

## 4. THE APPLICATION PROCESS

4.1 The SHS Management Executive has already consulted on its timetable to enable pilots to start on 1 April 1998 or 1 October 1998. This is set out below.

4.2 Under this timetable, there are 2 stages to the application process. The first stage will be for those who are thinking of putting forward proposals for a pilot scheme to submit an expression of interest.

## 5. THE TIMETABLE FOR APPLICATIONS

| | |
|---|---|
| All expressions of interest to be with Health Boards for onward transmission (with comments) to SHS Management Executive. | 31 May 1997 |
| Projects notified of whether to proceed to next stage. | June 1997 |
| Preparation of detailed applications, including local consultations. | June 1997 - September 1997 |
| Closing date for applications to the Secretary of State. | 30 September 1997 |
| Notification of approval by the Secretary of State. | 30 November 1997 |
| Completion of local preparations. | December 1997 - March 1998 |
| Pilots to go live. | 1 April 1998/1 October 1998 |

## 6. WHAT DOES THE APPLICANT NEED TO DO AT THIS STAGE?

6.1 Members of the "NHS Family" who want to propose a pilot scheme, must write to their Health Board telling them of their interest in applying to provide services under a personal medical services pilot.

**Expressions of Interest**

6.2 In your expression of interest, you will need to provide a brief description of:-

- the project's proposers and their respective roles;
- the service issues/problems to be addressed;
- how the pilot intends to tackle these issues including the contractural arrangements proposed.
- a description of how the proposal contributes to the planned local health service developments.
- how and from whom you intend to seek wider views on your proposal, for example, patient groups, other local providers;
- any views emerging from any initial discussions which may have taken place.

6.3 See Appendix A for an example of how you could submit your expression of interest.

6.4 The expressions of interest should also identify which Health Boards will be covered by the proposal. A copy of the expression of interest should be sent to each of these Health Boards so that each can comment on the proposal.

6.5 Health Boards will add their own comments to proposals before forwarding them to the SHS Management Executive. The Health Board with the majority interest in a proposal should act as the lead authority in co-ordinating any comments.

6.6 A fully worked up and costed proposal is not needed at this stage. The expressions of interest are intended to identify those who are interested in working up a full proposal; and to ensure that the ideas fall within the scope of the pilots. They do not represent commitment either to work up a full application or to proceed to a pilot. More detailed work and information will be needed by all concerned before that stage can be reached.

6.7 Your expression of interest will be considered by the ME who will decide whether it would be sensible for the idea to be worked up into a full application. An indication of whether funding will be available for this will be given at this stage.

**Formal Application**

6.8 The Act does not prevent formal applications being made from those who have not completed an expression of interest. But formal applications must be made to Health Boards and by testing your proposal with an expression of interest, it may save you time and effort in the long run.

6.9 Where expressions of interest show they are likely to have a good chance of meeting the criteria for a pilot scheme, proposers will be invited to work up a formal application.

6.10 The SHS Management Executive at that stage will provide full guidance about what must be including in a formal application.

## 7. FULL APPLICATIONS

**What does the Health Board need to do?**

7.1 Under the Act, before any pilot scheme may be made, a Health Board **must** prepare proposals for the scheme and put them forward to the Secretary of State if asked to do so by a member of the "NHS Family" who wishes to provide piloted services. Where a scheme covers more than one Health Board each Health Board must put forward the proposal although clearly this can be a joint exercise.

7.2 A Health Board **must**:-

- comply with any directions from the Secretary of State about what must be covered in the formal application.
- seek views on a formal application as the Secretary of State directs and comply with any other requirements to consult. For example Health Boards might be expected to seek views of Community Health Councils, GP Sub-Committees and other GPs, Trusts who may be affected by the proposed pilot scheme.

**What do you do together?**

7.3 Health Boards and proposers will clearly need to work together to put pilot proposals forward. For example:-

- Health Boards and proposers looking together at the proposed pilot's objectives;
- sharing information in order to fill out a detailed proposal;
- looking together at the impact of a proposal on other local services.

**What does the Secretary of State do?**

7.4 When Health Boards put forward proposals, the Secretary of State must:-

- decide which pilots will go ahead;
- be able to approve a proposal (with or without modifications) or reject them.
- notify the Health Board of his decision in writing; the Health Board will tell the proposer.

7.5 The Secretary of State must also have regard to the effect that the proposals, has he intends to approve them, are likely to have on the distribution of general practitioners.

7.6 Pilots will need to demonstrate that they are capable of improving services and satisfactorily providing personal medical services.

7.7 A number of issues will inform the selection process.

7.8 The SHS Management Executive have given initial consideration to the criteria for approval in discussion with the Scottish Advisory Group (see Appendix B). **Wider views on the criteria for approval are being sought so it is not possible yet to have a definitive list of criteria.** However, to give you some idea of the possible areas to which consideration may be given in an application the following lists those criteria which views are being sought:-

7.9 **Within the Proposal:-**

- the issues/problems that the pilot is intending to address;
- service benefits of the new arrangements;
- identified likely costs (and timetable) to establish new arrangements;
- accountability arrangements (financial, clinical and to public) identified, and including:-
  - possible conflicts of interest satisfactorily addressed;
  - transparency of complaints system to users.
- agreement to provide national data/information;
- a clear analysis of the costs and benefits (advantages/disadvantages) of the proposed new arrangements;
- credible, robust and properly costed plans for evaluation;
- agreement to participate in central evaluation programme.

7.10 **Within the Health Board's Recommendation:-**

- an assessment of the impact on existing services and service arrangements (including consistency with the Health Board's workforce plans);
- demonstrates value for money;
- level of support for the proposal, including response to outcome of consultative process;
- demonstrates necessary management skills adequate for the project;

- consideration of the capacity of an area to manage pilot arrangements.

7.11 **National Factors for Consideration:-**

- to have a range of new options being piloted.
- capacity in an area to manage the pilots.
- adherence to the principles of good primary care.

In addition, the NHS (Primary Care) Act requires that the Secretary of State:-

- may not approve proposals for a pilot scheme unless he is satisfied that they include satisfactory provision for any participant to withdraw from the scheme if he wishes to do so.
- must have regard to the likely affect of the proposal on the distribution of GPs and if it seems likely to change the number of GPs in an area consult the Scottish Medical Practices Committee before reaching a decision.

## 8. WHAT HAPPENS ONCE A PROPOSAL HAS BEEN APPROVED?

8.1 Health Boards are required to implement approved pilot schemes in the form agreed by the Secretary of State. This is important in guaranteeing that the scrutiny of the aims, scope and nature of a pilot scheme carried out prior to approval is not undermined by subsequent unauthorised changes.

8.2 Where a scheme covers more than one Health Board, each Health Board must take action, although the operation of the scheme may subsequently be delegated to a lead Board.

8.3 The NHS (Primary Care) Act 1997 also emphasises the principle of voluntary participation by providing for proposed providers to withdraw from the pilot scheme in the preparatory phase, and allows for variation of the scheme before implementation.

8.4 Once a proposal has been approved the NHS (Primary Care) Act 1997:-

- requires that a general medical practitioner who performs personal medical services under a pilot scheme may not provide general medical services under Part II of the National Health Services Act 1977 other than in specified circumstances;

- therefore requires a Health Board to remove from their medical list the name of any medical practitioner who is performing personal medical services under a pilot scheme other than in specified circumstances;

- therefore ensures that medical practitioners who care for their patients either under pilots schemes or through the existing national arrangements (but not both) and Health Boards are clear about their rights and responsibilities;

- provides for medical practitioners who withdraw from pilot schemes to return to the medical list ("preferential treatment on transferring to medical lists")

8.5 Under the Act a medical practitioner may opt to provide personal medical services and remain a fundholder. However, a pilot may also bring the two together into a single contract to provide or purchase services. Therefore the Act provides for a medical practitioner, who has left the fundholding scheme in order to take part in a pilot, to have the right to return to fundholding with immediate effect should he leave the pilot providing he were able to fulfil the conditions at the time of his return.

**Preferential Treatment on Transferring to Medical Lists**

8.6 Before deciding whether a participating medical practitioner will be given preferential treatment, as set out in Schedule 1 of the NHS (Primary Care) Act 1977, the Secretary of State must publish the criteria which he will apply in coming to his decision. All medical practitioners will know, **before** they perform services under a pilot scheme whether they will have the preferential right to join the medical list of the Health Board participating in the scheme when the leave that scheme. This will, of course, be subject to provisions regarding eligibility. The intention is, however, that, for example where a practitioner on a list gets to

pilot a new arrangement in place of his or her existing contract then if the pilot is unsuccessful the practitioner can simply return to the list and the existing Part II arrangements ("Return tickets").

8.7 If a medical practitioner is to exercise his or her right to preferential treatment, the relevant Health Board must include his or her name in their medical list provided that the practitioner in question is otherwise eligible for such inclusion and that the NHS Tribunal has not given a direction to the contrary.

8.8 The Secretary of State:-

- is required to make a determination, before a pilot scheme is varied so as to permit a new medical practitioner to join the scheme, as to whether the new practitioner will be given preferential treatment on applying to joint the medical list of the Health Board participating in the scheme;

- is allowed to vary a determination made previously about a medical practitioner if the practitioner concerned asks him to do so. This allows account to be taken of changing circumstances, for example, where a salaried GP in a practice takes over the responsibilities of an outgoing partner;

- is able to set specific criteria relating to certain pilot schemes or individual practitioners, or a combination of these. This will give the Secretary of State the flexibility needed to take account of different circumstances that may apply. For example, the different circumstances in which medical practitioners may come to be employed by a trust under a pilot, or the different Health Boards to which medical practitioners may return.

8.9 Health Boards must:-

- implement an approved scheme in accordance with any directions from the Secretary of State and publish details of the scheme;

- provide information locally about the pilot to those affected, particularly on the quality, volume and cost of services so as to ensure patients are protected and tax payers receive value for money and on the criteria for evaluation and the process for doing so.

- monitor the services under a pilot scheme other than in specified circumstances.

8.10 Once implemented a pilot scheme may differ from the original approved proposal in only two cases. Where the Secretary of State:-

- specifically agrees the variation;

- has given directions authorising variations of particular terms (he may do so either in relation to the particular pilot scheme in question or more generally).

In such a case a variation within the latitude specified by the Secretary of State in his directions will not need his specific consent.

8.11 The Secretary of State may also terminate a pilot if it is for any reason unsatisfactory.

## 9. CONTRACTS

9.1 The Act provides for pilot schemes to become Health Service Bodies and to contract with other Health Service Bodies under a NHS contract. This is a standard form of contracting used by Health Boards to contract for services with other Health Service Bodies, including NHS Trusts and fundholders.

9.2 Such contracts are not enforceable in law but both parties are subject to binding arbitration by the Secretary of State.

9.3 The act also provides for the Secretary of State to specify items which must be included in contracts.

## 10. HOW WILL PILOTS BE EVALUATED?

10.1 The NHS (Primary Care) Act 1997 requires the Secretary of State to carry out at least one review of the operation of each pilot scheme within three years of its start. The procedure of the review will be determined by the Secretary of State. Following successful reviews of pilots the Secretary of State may provide for permanent schemes and introduction of others.

10.2 Findings from the evaluation of the pilot schemes will constitute the major input to the reviews. The evaluation will need to provide an assessment of the benefits, costs - in monetary terms and in terms of adverse effects - and generalisability of the new arrangements, including comparison with existing and alternative arrangements, in order to inform judgements about their value to the health service.

10.3 A sub-group of the English National Consultative Group on Choice and Opportunity is currently looking at developing a framework for both local and central evaluation.

**APPENDIX A**

# EXPRESSION OF INTEREST TO PILOT PERSONAL MEDICAL SERVICES UNDER THE NHS (PRIMARY CARE) ACT 1997

You may photocopy this proforma and use it to make your submission

**NAME/PROJECT:**

**NAME OF CONTACT:** DR/MR/MRS/MS

**ADDRESS:**

.....
.....
.....
POSTCODE.....

**TELEPHONE NUMBER:**

**HEALTH BOARD(S)**

1

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**PROJECT DETAILS:**

**DETAILS OF PROJECT'S PROPOSERS AND ROLES:**

| TITLE | FORENAME(S) | SURNAME, | ROLE IN THE PROJECT |
|---|---|---|---|
| | | | |
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| | | | |

DETAIL THE SERVICE ISSUE OR LOCAL PROBLEM TO BE ADDRESSED:

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Proposal details:
**(continued)**

BRIEFLY OUTLINE:

1. the range of services to be included in the pilot, for example GMS/Personal Medical Services along, or with a wider range of services which will be purchased or provided.

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2. the contractual change sought, for example salaried employment through a Trust, a practice based contract, etc.

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3. how your proposal will address the service problem identified earlier, including details of any benefits to health care outcomes, team working, co-ordination of services, employment, etc that your pilot seeks to provide.

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4. how you see the proposal contributing to planned local health service developments.

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**Project details:**
**(continued)**

How, and from whom, will you seek opinion about your proposal?

Has there been any initial discussion of the proposal? if there has, what are the views emerging?

Please detail how this proposal fits with your view of local issues and strategic development. Add any further comments, including whether the proposal is likely to have any significant resource consequences.

**APPENDIX B**

## SCOTTISH ADVISORY GROUP

Members of the Group are:

| | |
|---|---|
| Professor John Bain | Tayside Centre for General Practice, University of Dundee |
| Ms Pat Dawson | Scottish Association of Health Councils |
| Ms Karen Hancock | Health Economist, SHS Management Executive |
| Dr Kenneth Harden | GMSC |
| Ms Wai Yin Hatton | Ayrshire and Arran Health Board |
| Mr Stephen Hayes | Lomond Healthcare Trust |
| Dr Colin Hunter | Royal College of General Practitioners |
| Dr Grahame MacIntosh | SAFP |
| Dr David Colin Thomé | GP Adviser to the Primary Care Division, SHS - ME |
| Ms Anne Thomson | Royal College of Nursing |
| Mrs Agnes Robson | Director of Primary Care, SHS Management Executive |

## COMMON QUESTIONS AND ANSWERS

| QUESTIONS | ANSWERS |
|---|---|
| Who is the contact point in Health Boards? | The Director of Primary Care. See Appendix D. |
| Expressions of interest are to provide a brief outline of the proposal, how brief? | 2 sides of A4 would normally suffice. |
| What information is needed at this stage? | See paragraph 6 |
| What are the criteria? | Criteria for expressions of interest is given in paragraph 6. Criteria for full applications will be provided at a later date. |
| On what basis will the ME decide whether or not a pilot should be approved? | Criteria has been set for Stage 1 applications (expressions of interest). Further criteria will be worked up for Stage 2 applications. The criteria will be used by the ME to decide which applications to approve. |
| How are pilots different from current contracting/purchasing processes? | They will be locally negotiated, as opposed to national contracts for personal medical services, and if purchasing of secondary care is included that will also be part of a local contract between the Health Board and the relevant body. |
| What level of support (personal and financial) will be available to help with full applications? | Funding support; help from local HB; support network organised centrally. |
| Who can put forward a proposal? | Anyone in the NHS family, see paragraph 2.7. |
| Can a practice (or practices) forward expressions of interest which may not have full support of some key players? (Eg local consultants opposed to change/shift of resource.) | Yes. The expression of interest should note any resistance to the proposal and give the applicants view of why such resistance should not prevent the application proceeding. |

| QUESTIONS | ANSWERS |
| --- | --- |
| Will there be any new money for service provision? | No. The purpose of the pilots is to work within existing overall budgets but shift resources to reflect service change where appropriate. |
| How is the level of funding determined for a pilot project for:<br>• the part previously GMS;<br>• the management allowance component; and<br>• the Hospital and Community Services component? | The GMS element is currently being worked on. There will not be a set management allowance (as in fundholding): it will depend on the nature of the pilot. The HCHS component is likely to be on a weighted capitation basis, similar to fundholding arrangements. |
| Can fundholding savings be transferred to a pilot project from an existing practice? | If a practice is piloting only PMS, and continuing to be a fundholder, the current savings rules will continue to apply. If a practice leaves the fundholding scheme as part of the pilot, the rules on renunciation of recognition will apply. |
| What is not appropriate for a pilot? | A proposal which could be carried out under current arrangements eg for purchasing secondary care. A proposal must include PMS provision. |
| Can a pilot provide only some PMS or must it provide the full range of services previously provided as GMS as a minimum? | The full range of services previously provided under GMS must be provided. |
| Is it possible for a pilot to have financial funding if there are no patients initially? | There may be some money available to help develop a proposal but not for the provision of services. |
| Is it true that in a pilot project in which there is also total purchasing, funds can be freely vired between the HCS element and the PMS element of the contract? | The rules on virement have yet to be formulated. |
| Is there any appeals process? | No. The final decision on whether to approve a pilot will be taken by the Secretary of State. |

| QUESTIONS | ANSWERS |
| --- | --- |
| Who will be responsible for monitoring the performance of a pilot project? and How? | The Health Board will monitor the local contract with the pilot project and will ensure local evaluation. There may also be national evaluation. |
| Will pilot projects be free to determine income levels for all the members of the primary care teams including GPs? | The rules have yet to be formulated but there will be flexibility in approach allowed. |
| Is there any minimum or maximum duration of a pilot project? | There is no formal minimum, but the project must run long enough for it to be properly evaluated.<br>Maximum - 3 years after which a full evaluation must be carried out. |
| Will HBs be allowed to advertise single-handed vacancies as pilots, or will they be obliged to advertise vacancies as at present, at least initially? | Health Boards will be able to encourage other bodies (practices, NHS Trusts) to put forward proposals which may be an alternative to the normal arrangements. |
| Will the pilots offer more Choice and Opportunities to patients and the public? | Proposals will have to identify the potential benefits to patients; part of the evaluation will be to determine whether this will be the case. |
| How will patients and local communities be involved in these pilots? | Applicants will be expected to seek views of those affected by proposed changes to the service they provide. It is also expected that pilots will have arrangements for continued involvement of consumer interests. |
| Will rural and remote communities current levels of primary care services be protected? | The Health Board is responsible for ensuring that appropriate levels of service are maintained in all parts of its area. |
| How will local people be involved in the decision making and evaluation of pilots? | If local people are affected by a pilot, their views will be sought before it is submitted to the Secretary of State for approval, and their views will be sought on how, from their perspective, the pilot has gone. |

**APPENDIX D**

## CONTACT POINTS FOR FURTHER INFORMATION

Further information on the PMS pilots can be obtained from Directors of Primary Care in each Health Board. Contact names and numbers are given below. If your board is unable to answer any queries you have, you can contact Elinor Mitchell or Susan Malcolm in the SHS(ME) Telephone Number: 0131-244 2415/2680.

Mr D Galbraith
Director Primary Care
Argyll & Clyde Health Board
Ross House
Hawkhead Road
PAISLEY
PA2 7BN

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