



24 March 1997

Dear Colleague

THE PRIMARY CARE DEVELOPMENT FUND 1997/98

Summary

1. This MEL announces changes to the way the Primary Care Development Fund will operate in 1997/98.

Changes to Operation of the PCDF

2. Since its inception, the PCDF has supported nearly 600 projects which have allowed primary care professionals to develop innovative approaches to service delivery and organisation. While its original aims have been well served, there has emerged a generally held view that the operational arrangements for the PCDF should be changed to promote greater local ownership and commitment, better evaluation, and reduced bureaucracy.

3. Accordingly, in 1997/98:

- **£2m of the Fund will be allocated to Health Boards** to support priorities for primary care development, having regard to local plans, the views of local professional interests, national priorities, and the development themes contained within the paper "Primary Care: Agenda for Action". Guidance for Health Boards on priority areas for use of the fund is at Annex A.

- **£1.6m** will be retained centrally to enable the Management Executive to commission work which will directly address a number of the Scotland-wide priorities contained in the Agenda for Action. This may include education and training initiatives, facilitating the development of primary care organisations, supporting primary care team development, developing quality standards in primary care, supporting joint working between primary health care and social work.

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

Directors, Social Work Departments

Enquiries to:

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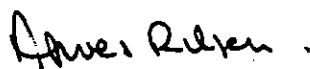
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4. Health Boards' shares of the £2m are shown at Annex B, and have been determined according to the normal HCHS weighted capitation method.

Action

5. Health Boards should now decide how they will use their 1997/98 PCDF allocations, taking account of the views of local primary care professionals. Health Boards are asked to note the accountability arrangements described in Annex A. Boards should also bring this MEL to the attention of local primary care practitioners and other relevant interests as soon as possible; NHS Trusts should bring it to the attention of relevant staff.

Yours sincerely



AGNES ROBSON
Director of Primary Care

PRIMARY CARE DEVELOPMENT FUND 1997/98: GUIDANCE FOR HEALTH BOARDS

Q. What is the aim of the PCDF?

A. The aim of the Primary Care Development Fund, as established by the SHS Management Executive, remains to promote developments and innovations in the delivery and organisation of primary care services. The Fund is designed to complement the activities of Health Boards in this regard.

Q. Why is the PCDF being used differently this year?

A. While the PCDF has successfully met its original aim, Health Boards and primary care professionals have told us that they feel it is time the operational arrangements for the PCDF were changed to promote greater local ownership and commitment, better evaluation, and reduced bureaucracy.

Q. What are the new arrangements for 1997/98?

A. In 1997/98 Boards will be allocated a share, based on the HCH weighted capitation formula, of £2m of PCDF funds. Boards will have discretion in how these funds are used, provided that any activity supported - in full or in part - by the PCDF:

- is designed to support directly the development of **primary care services**;
- takes account of:
 - local strategies for primary care development;
 - Priorities and Planning Guidance;
 - priorities identified in the Primary Care Agenda for Action;
 - the views of local primary care professionals.

Q. What will be the Management Executive's role in the PCDF this year?

A. It will be for Boards to determine their own processes and procedures for administering their PCDF allocations. The Management Executive will hold each Board accountable for the use of its allocation through the normal in-year performance monitoring process and the end-year Accountability Review.

The ME will be commissioning work to address Scotland-wide priorities identified in the Primary Care Agenda for Action.

Q. Must Boards commission a series of new projects, or can they use the money to support existing ones?

A. Boards need not use all, or any, of their allocation in support of new projects. The money can be used to extend the duration or scope of existing projects, to evaluate completed projects, or to roll out completed and successfully evaluated projects. However, Boards should remember that any material changes to the nature, expenditure requirements or duration of **existing PCDF projects** require the prior approval of the ME.

Q. Are joint projects with, e.g. acute care or social work still eligible for funding?

A. Joint initiatives with social work services, acute care, community care, etc are permitted provided that the main objective of the project remains the enhancement and improvement of **primary care services**.

Q. In the past Boards have received a special allocation to let them employ a PCDF projects co-ordinator. Will this money continue to be available?

A. When this funding expires, Boards should meet any costs of these posts from within their 1997/98 PCDF allocations.

Q. What happens if Boards don't use their allocation in full?

A. Boards can carry over some or all of their allocation into next year, subject to the normal end-year flexibility arrangements.

The ME reserves the right to reclaim any PCDF funds which have been unused, or used for a purpose other than that for which the PCDF is intended.

Q. Can Boards commission new PCDF projects which have a duration of more than one year?

A. Yes, but Boards should remember that the amount of PCDF funding for future years cannot be guaranteed. Boards should ensure that they are able to meet the continuing costs of projects beyond year one.

Q. What about project evaluation reports?

A. The ME should continue to receive project evaluation reports for completed projects funded from the 1993/94 to 1996/97 rounds of the PCDF including 1996/97 Oral Health projects. From 1997/98, Boards' reports on activities and achievements will be part of the performance monitoring arrangements.

Q. Is any of the "old" PCDF guidance still extant?

A. The 1996/97 guidance still applies **in its entirety** to existing projects. For 1997/98, Boards are free to develop their own PCDF procedures, although we expect the following principles of the old scheme will continue to apply:

- Boards should agree with project leaders a clear profile of expenditure, and should make payments 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.
- Boards may, if they consider a project's progress to be unsatisfactory for reasons within the control of the participants, withhold any element of funding they consider 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.
- Boards must ensure that PCDF projects are subject to a full and thorough evaluation.
- The ME and Health Boards retain the right to use the information contained in project evaluation and monitoring reports and any other material for dissemination throughout the National Health Service and beyond.

Q. Whom should Health Boards contact if they have any enquiries on the PCDF?

A. • Boards should contact:

**David Ferguson
The Scottish Office Department of Health
Room 75
St Andrew's House
EDINBURGH EH1 3DG**

Telephone: 0131-244 2578; fax 0131-244 2326/2683.

- **Primary care professionals, NHS Trusts etc should contact their local Health Board in the first instance.**

**PRIMARY CARE DEVELOPMENT FUND: GUIDANCE FOR HEALTH BOARDS
ON PRIORITY AREAS FOR USE OF THE FUND**

Building on previous work

- The funding of a co-ordinator for primary care development work.
- Further evaluation of existing initiatives.
- The introduction of an initiative into mainstream service or practice.

Themes from the discussion on Primary Care - The Way Ahead

- Introducing self-managed nursing teams.
- Shared training initiatives.
- Team building programmes.
- Supporting the transfer of services into primary care.
- Extending the range and improving the quality of services in primary care.
- Integrating social work and health professionals in general practice.

Priorities and Planning Guidance

- Implementing the oral health strategy.
- Improving primary care services in the national priority areas - mental health, cardio/cerebro vascular disease, cancer.

PRIMARY CARE DEVELOPMENT FUND 1997/98: ALLOCATIONS

Health Board	(£) Allocation
Argyll & Clyde	174,000
Ayrshire & Arran	148,000
Borders	45,000
Dumfries & Galloway	63,000
Fife	130,000
Forth Valley	102,000
Grampian	190,000
Greater Glasgow	382,000
Highland	85,000
Lanarkshire	206,000
Lothian	279,000
Orkney	8,000
Shetland	10,000
Tayside	162,000
Western Isles	15,000
Scotland	1,999,000

