



Health Department
Directorate of Primary Care

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

28th July 1999

Dear Colleague

PERSONAL MEDICAL SERVICES PILOTS: SECOND ROUND

This MEL invites expressions of interest for the second round of Personal Medical Services pilots.

Background

The NHS (Primary Care Act) 1997 contains important provisions relating to the development of primary care. In particular the Act opens the way to piloting different ways of contracting for general medical services.

There are currently 7 pilots in Scotland covering practice based pilots and salaried doctors employed by a practice or Primary Care Trust. Some pilots are focusing on a particular client group such as elderly or mentally ill people, others are looking at the health needs of people in deprived areas, homeless people or substance abusers.

PMS pilot schemes are intended to provide different options for addressing primary care needs. All PMS pilots must seek to improve access to and the quality of the services provided in primary care. They can also be used to:

- address recruitment and retention problems in respect of GPs;
- improve the equity of GMS resource usage;
- develop new arrangements for the delivery of services giving different professionals greater scope and opportunities;
- reduce the bureaucracy involved in the management of primary care provision.

Addressees

For action:
PCT Chief Executives and
HB General Managers

For information:
Acute Trust Chief Executives

Enquiries to:

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Pilot schemes therefore provide added flexibility for local initiatives alongside Local Development Schemes and employment of salaried doctors under "Red Book" arrangements to improve services in primary care.

Local Health Care Co-operatives are a key vehicle for improving the quality and responsiveness of primary care. Any new arrangements for PMS pilots will need to have regard to this development. For this reason, we are particularly interested in this round in seeing proposals from groups of practices which form LHCCs or for salaried GP initiatives.

However, all proposals will be considered, provided they meet the criteria for PMS pilots and they are supported by all the relevant parties.

Procedure

Expressions of interest for the second round of pilots, which are planned to start on 1 April or 1 October 2000 should be submitted through Primary Care Trusts. Primary Care Trusts should seek the comments of the appropriate Health Board and forward the expressions of interest together with their own and the HB comments to the Management Executive by **4 October 1999**.

A Guide which sets out the preliminary information NHS Trusts and General Practitioners need in order to submit an expression of interest is enclosed for PCTs and is available on the Scottish Health on the Web site (www.show.scot.nhs.uk). If other recipients wish to see the guidance but do not have access to the web they should request a copy from the Primary Care Trust.

The Guide supplements the information on Personal Medical Services Pilots and the NHS (Primary Care) Act 1997 previously circulated in NHS MEL (1997) 19 and NHS MEL (1997) 49. A comprehensive guide to Personal Medical Services was also circulated to Health Boards and first round pilots in March 1998, it is currently being updated and it will be sent to all Primary Care NHS Trusts and Health Boards shortly.

The Guide includes amendments resulting from the Health Act 1999, which received Royal Assent on 30 June 1999. In particular, the responsibility for developing, implementing, managing, monitoring and evaluating Pilots is to be delegated from Health Boards to Primary Care Trusts. However, the Health Board's comments on each application will still be required.

The Island Health Boards will retain the responsibility for developing, implementing, managing, monitoring and evaluating Pilots in their areas, and the guidance needs to be read in this context.

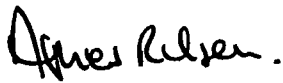
Under the Act participation in the new arrangements is voluntary, there is also provision for those involved in pilots to return to existing arrangements. Expressions of interest do not constitute a commitment to take part in a pilot.

Action

Primary Care Trusts are asked to:

- distribute a copy of this MEL to all GMPs as soon as possible and make copies of the Guide to Personal Medical Services Pilots under the NHS (Primary Care) Act 1997 available on request;
- submit expressions of interest to the Management Executive by 4 October 1999.

Yours sincerely



AGNES ROBSON
Director of Primary Care

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

PURPOSE OF THIS GUIDE

This Guide is aimed at:

- Primary Care Trusts and outlines their responsibilities for submitting expressions of interest in undertaking a Personal Medical Services Pilot (second round).
- Health Boards, who will be required to comment on all expressions of interest for the second round of Pilots prior to the applications being submitted to the Management Executive.
- People who are interested in putting forward proposals to pilot personal medical services, namely:

 GPs

 NHS employees (employed either by NHS Trusts or by GP practices.)

We have arranged this guide into two sections:

- | | |
|-----------|--|
| Section 1 | sets out all the information you will need to know in order to make an expression of interest if you wish to become a Personal Medical Services Pilot. |
| Section 2 | sets out the key provisions of the NHS (Primary Care) Act 1997 relating to Personal Medical Services pilots. |

SECTION ONE

HOW TO MAKE AN EXPRESSION OF INTEREST

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Personal Medical Services Pilots: Second Round

1. Background

- 1.1 The National Health Service (Primary Care) Act 1997 sets out ways of achieving service improvements in primary care through greater flexibility, in particular by meeting specific local needs through a new range of contractual options for GPs and other primary health care team staff. The Act allows new options to be tested through a series of properly evaluated pilots.
- 1.2 The purpose of the pilots is to test different ways of contracting for General Medical Services in order to address local service problems and to bring about improvements. The definition of a Personal Medical Services Pilot is an agreement made for the provision of Personal Medical Services (PMS). PMS are services of a kind provided by General Medical Practitioners under Part II of the NHS (Scotland) Act 1978. All pilots must therefore incorporate all the services which patients are entitled to receive from GPs under General Medical Services.
- 1.3 A steering group made up of practitioners and officials from the Management Executive helped develop the pilot scheme within Scotland. The first round of the scheme resulted in seven Primary Care Act pilots. These include practice-based pilots, salaried doctors employed by NHS Trusts and salaried doctors employed by a practice.
- 1.4 The Health Act 1999, which received Royal Assent on 30 June 1999, allows a range of functions, including those relating to Primary Care Act pilots, previously held by Health Boards, to be delegated to Primary Care NHS Trusts.
- 1.5 The intention of this recent legislation is that Health Boards should focus on providing the strategic direction for their area and Primary Care NHS Trusts on providing support to general practice in delivering primary care services and stimulating improvements in the quality of care.
- 1.6 To ensure that the second round of PMS Pilots remains in keeping with the principles of the Health Act 1999, it has been decided that expressions of interest in undertaking a PMS pilot, should be submitted through the relevant Primary Care NHS Trust. This is a specific change to the procedure for the first round of Primary Care Act Pilots, where expressions had to be submitted through the Health Board.
- 1.7 The remainder of this section explains the revised procedure for submitting applications of expressions of interest. Section 2 provides full details of the pilot scheme for personal medical services under the NHS (Primary Care) Act 1977.

2. THE APPLICATION PROCESS

2.1 The timetable to enable pilots to start on 1 April 2000 or 1 October 2000 is set out below.

2.2 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.

The Timetable for Applications

Stage I

All expressions of interest to be with the NHS Management Executive.

4 October 1999

Projects notified of whether to proceed to next stage.

25 October 1999

Stage II

Preparation of detailed applications, including local consultations.

October – December 1999

October 1999 – February 2000

Closing date for applications to Scottish Ministers.

7 January 2000

3 March 2000

Notification of approval by Scottish Ministers.

14 February 2000

31 March 2000

Completion of local preparations.

February - March 2000

April – September 2000

Pilots to go live.

1 April 2000

1 October 2000

+

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

- 3.1 Members of the "NHS Family" who want to propose a pilot scheme, must write to the relevant Primary Care Trust, with a copy to the Health Board, telling them of their interest in applying to provide services under a personal medical services pilot.

Expressions of Interest

- 3.2 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 contractual arrangements proposed.
 - a description of how the proposal contributes to the health improvement programme for the area;
 - 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.
- 3.3 See Appendix A for an example of how you could submit your expression of interest.
- 3.4 The expressions of interest should also identify which Primary Care Trusts/Health Boards will be covered by the proposal. A copy of the expression of interest should be sent to each of these Primary Care Trusts and Health Boards so that each can comment on the proposal.
- 3.5 Primary Care Trusts and Health Boards will add their own comments to proposals before they are forwarded to the NHS Management Executive. The Primary Care Trust with the majority interest in a proposal should act as the lead authority in co-ordinating any comments.
- 3.6 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. Experience from the first round of Primary Care Act pilots highlighted that a number of people had not realised that in order to become a pilot the full range of services equivalent to general medical services must be included in the scheme – you should ensure that your proposal covers this.

- 3.7 Expressions of interest 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.
- 3.8 Your expression of interest will be considered by the ME which 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 to support this will be given at this stage.

Formal Application

- 3.9 The Act does not prevent formal applications being made from those who have not completed an expression of interest. However, formal applications must be submitted to Primary Care Trusts. It is advised that if you test your proposal with an expression of interest, it may save you time and effort in the long run.
- 3.10 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.
- 3.11 A comprehensive guide to Personal Medical Services pilots was issued by the NHS Management Executive early in 1998. This is currently being updated and will be available before the formal application stage. It will provide full guidance about what must be included in a formal application.

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:

ADDRESS:

POSTCODE.....

TELEPHONE NUMBER:

PRIMARY CARE TRUST(S)

HEALTH BOARD(S)

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

TITLE	FORENAME(S)	SURNAME	ROLE IN THE PROJECT

**Project details:
(continued)**

BRIEFLY OUTLINE:

1. the range of services to be included in the pilot, for example GMS/Personal Medical Services alone, or with a wider range of services which will be 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 the local Health Improvement Programme.

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APPENDIX B

CONTACT POINTS FOR FURTHER INFORMATION

Further information on the PMS pilots can be obtained from Primary Care Trusts. Contact names and numbers are given below. If your Trust is unable to answer any queries you have, you can contact Jackie Brock or Susan Malcolm in the Management Executive, Telephone Number: 0131-244 2462/2680.

M J R Best
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Lomond & Argyll Primary Care Trust
Trust Headquarters
Aros
LOCHGILPHEAD
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Borders Primary Care NHS Trust
Newstead
MELROSE
TD6 9BP

Mrs J Kelly
Primary Care Manager
Fife Primary Care NHS Trust
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Cameron Bridge
LEVEN
KY8 5RG

Mr J Taylor
Chief Executive
Grampian Primary Care NHS Trust
Bennachie
Royal Cornhill Hospital
ABERDEEN
AB25 2ZH

Dr A Gunning
Chief Executive
Ayrshire & Arran Primary Care NHS Trust
Head Office
1a Hunter's Avenue
AYR
KA8 9DW

Mr D J Fraser
Chief Executive
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Trust
Crichton Hall
Crichton Royal Hospital
Bankend Road
DUMFRIES
DG1 4TG

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Primary Care Operational Services Manager
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Director of Primary Care and Community
Service Development
Lothian Primary Care NHS Trust
Astley Ainslie Hospital
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Tayside Primary Care NHS Trust
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MONIFIETH
DD2 5NF

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LERWICK
Shetland
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Primary Care
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Garden House
New Scapa Road
KIRKWALL
Orkney
KW15 1BQ

Mr M F Hill
Chief Executive
Lanarkshire Primary Care NHS Trust
Strathclyde Hospital
Airbles Road
MOTHERWELL
ML1 3BW

Mr G Buchanan
Chief Executive
Renfrewshire and Inverclyde Primary Care
NHS Trust
Dykebar Hospital
Grahamston Road
PAISLEY
PA2 7DE

Dr C Brook
Clinical Director of Primary Care
West Lothian Healthcare NHS Trust
St Johns Hospital
Howden Road West
LIVINGSTON
EH54 6PP

Miss A Clark
Primary Care
Western Isles Health Board
37 South Beach Street
STORNOWAY
Isle of Lewis
PA87 2BN

SECTION TWO

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

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

1.1 The NHS (Primary Care) Act 1997 enables 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.

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

- new approaches will be piloted;
- pilots will be evaluated;
- participation will be voluntary;
- for those GPs who are not interested in piloting new approaches, the existing arrangements under Part II of the NHS (Scotland) 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;
- patient's 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;
- Proposals for pilot schemes may only be put forward from members of the "NHS Family". Agreements must be in place for the provision of personal medical services under both pilot schemes and permanent arrangements.

What is a Personal Medical Services Pilot Scheme?

1.3 The purpose of the pilots is to test different ways of contracting for General Medical Services (GMS) 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 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.

- 1.4 All pilots must therefore incorporate all the services which patients are entitled to receive from GPs under General Medical Services. From the patient's 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.
- 1.5 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".
- 1.6 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 agreement with the Primary Care Trust.
- 1.7 All pilot schemes will need:
- the approval of Scottish Ministers;
 - 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?

- 1.8 Section 2 of the NHS (Primary Care) Act 1997 only allows members of the NHS Family to provide services under a pilot scheme. 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 the NHS (Scotland) Act 1978;
 - an NHS Trust;
 - an NHS 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 legal and beneficially owned by NHS Trusts, suitably experienced medical

practitioners or NHS/pilot scheme employees). Partnerships or groups solely comprised of similar people may also put forward schemes.

About your proposal.

1.9 A proposal may not cover:

- a combination of personal medical services pilots and personal dental services pilots. This is because the two are very distinct services with very different working and practical arrangements. Separate proposals would be needed for the two separate elements;
- the re-location of an existing community pharmacy, or applications to commence NHS dispensing; 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.

1.10 The NHS (Primary Care) Act 1997 does not provide for pilots of pharmaceutical or optometry services. Arrangements can already be made 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.

1.11 A personal medical services pilot scheme can, however, be supplemented with an agreement 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.

2. FULL APPLICATIONS

What does the Primary Care Trust need to do?

2.1 Under the Act, before any pilot scheme may be agreed, a Primary Care Trust **must** prepare proposals for the scheme and put them forward to Scottish Ministers 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 Primary Care Trust, the Trust with the majority interest should put forward the proposal.

2.2 A Primary Care Trust **must:-**

- comply with any directions from Scottish Ministers about what must be covered in the formal application.
- seek views on a formal application as Scottish Ministers direct and comply with any other requirements to consult. For example Primary Care Trusts might be expected to seek views of Local Health Councils, GP Sub-Committees and other GPs or Trusts who may be affected by the proposed pilot scheme.

What do you do together?

2.3 Primary Care Trusts and proposers will clearly need to work together to put pilot proposals forward. For example:-

- Primary Care Trusts 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 do Scottish Ministers do?

2.4 When Primary Care Trusts put forward proposals, Scottish Ministers **must:-**

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

2.5 Scottish Ministers must also have regard to the effect that the proposals, as they intend to approve them, are likely to have on the distribution of general practitioners.

What criteria will Scottish Ministers use to approve a proposal?

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

2.7 A number of issues will inform the selection process, including:

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.

Within the Primary Care Trust's Recommendation:-

- an assessment of the impact on existing services and service arrangements (including consistency with the Primary Care Trust'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 capacity to manage pilot arrangements.

National Factors for Consideration:-

- capacity to manage the pilots.
- adherence to the principles of good primary care.

In addition, the NHS (Primary Care) Act requires that Scottish Ministers:-

- may not approve proposals for a pilot scheme unless they are satisfied that the proposals 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.

3. WHAT HAPPENS ONCE A PROPOSAL HAS BEEN APPROVED?

- 3.1 Primary Care Trusts are required to implement approved pilot schemes in the form agreed by Scottish Ministers. 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.
- 3.2 Where a scheme covers more than one Primary Care Trust or Health Board, each Primary Care Trust or Health Board must take action, although the operation and management of the scheme should be taken forward by the Primary Care Trust with the majority interest.
- 3.3 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.
- 3.4 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 that the name of any medical practitioner who is performing personal medical services under a pilot scheme other than in specified circumstances be removed from the medical list;
 - therefore ensures that medical practitioners who care for their patients either under pilot schemes or through the existing national arrangements (but not both) 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")

Preferential Treatment on Transferring to Medical Lists

- 3.6 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, Scottish Ministers must publish the criteria which they will apply in coming to their decision. All medical practitioners will know, before they perform services under a pilot scheme whether they will have the preferential right to re-join the medical list if they leave when they decide to participate in a pilot 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").

3.7 If a medical practitioner is to exercise his or her right to preferential treatment, the relevant Primary Care Trust 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.

3.8 Scottish Ministers:-

- are 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 join the medical list of the relevant Primary Care Trust;
- are 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;
- are able to set specific criteria relating to certain pilot schemes or individual practitioners, or a combination of these. This will give Scottish Ministers 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 areas to which medical practitioners may return.

3.9 Primary Care Trusts must:-

- implement an approved scheme in accordance with any directions from Scottish Ministers 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.

3.10 Once implemented a pilot scheme may differ from the original approved proposal in only two cases. Where Scottish Ministers:-

- specifically agree the variation;
- have given directions authorising variations of particular terms (they 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 Scottish Ministers in their directions will not need their specific consent.

3.11 Scottish Ministers may also terminate a pilot if it is for any reason unsatisfactory.

4. CONTRACTS

- 4.1 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.
- 4.2 Such contracts are not enforceable in law but both parties are subject to binding arbitration by Scottish Ministers.
- 4.3 The act also provides for Scottish Ministers to specify items which must be included in contracts.

5. HOW WILL PILOTS BE EVALUATED?

- 5.1 The NHS (Primary Care) Act 1997 requires Scottish Ministers 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 Scottish Ministers. Following successful reviews of pilots Scottish Ministers may provide for permanent schemes and introduction of others.

- 5.2 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.

APPENDIX A

COMMON QUESTIONS AND ANSWERS

QUESTIONS

On what basis will the ME decide whether or not a pilot should be approved?

How are pilots different from current contracting/purchasing processes?

What level of support (personal and financial) will be available to help with full applications?

Who can put forward a proposal?

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.)

Will there be any new money for service provision?

ANSWERS

Criteria have been set for Stage 1 applications (expressions of interest). Criteria for Stage 2 applications will be included in the Comprehensive Guide. The criteria will be used by the ME to decide which applications to approve.

They will be locally negotiated, as opposed to national, contracts for personal medical services.

Funding support; help from local PCT/HB; support network organised centrally.

Anyone in the NHS family, see paragraph 1.8.

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.

No. The purpose of the pilots is to work within existing overall budgets but shift resources to reflect service change where appropriate.

QUESTIONS

How is the level of funding determined for a pilot project for:

- the part previously GMS;
- the management allowance component; and
- the Hospital and Community Services component?

What is not appropriate for a pilot?

Can a pilot provide only some PMS or must it provide the full range of services previously provided as GMS as a minimum?

Is it possible for a pilot to have financial funding if there are no patients initially?

Is there any appeals process?

ANSWERS

PCTs will be asked to provide with each full application details of GMS non cash-limited payments made to or on behalf of the relevant practices in the year prior to a pilot commencing. These data will be uplifted to produce an estimate for the first year of the pilot and will be used to inform transfers from GMS to HCHS. GMS cash-limited funds may be used to fund PMS costs. It will be for PCTs to determine relative priorities between pilots and GMS.

It will be for PCTs to decide whether to use any of its existing HCHS funding to fund the provision of services provided by pilots.

There is no national management support funding for pilots.

A proposal which could be carried out under current arrangements. A proposal **must** include PMS provision (ie equivalent of GMS).

The full range of services previously provided under GMS must be provided.

There may be some money available to help develop a proposal but not for the provision of services.

No. The final decision on whether to approve a pilot will be taken by Scottish Ministers.

QUESTIONS

Who will be responsible for monitoring the performance of a pilot project? and How?

Will pilot projects be free to determine income levels for all the members of the primary care teams including GPs?

Is there any minimum or maximum duration of a pilot project?

Will Primary Care Trusts be allowed to advertise single-handed vacancies as pilots, or will they be obliged to advertise vacancies as at present, at least initially?

How will patients and local communities be involved in these pilots?

Will rural and remote communities current levels of primary care services be protected?

How will local people be involved in the decision making and evaluation of pilots?

ANSWERS

The Primary Care Trust will monitor the pilot project and will ensure local evaluation. There may also be national evaluation.

There will be flexibility in approach allowed.

There is no formal minimum, but the project must run long enough for it to be properly evaluated.

Maximum - 3 years after which a full evaluation must be carried out.

Primary Care Trusts will be able to encourage other bodies eg practices, or may themselves put forward proposals which may be an alternative to the normal arrangements.

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 user interests.

The Primary Care Trust is responsible for ensuring that appropriate levels of service are maintained in all parts of its area.

If local people are affected by a pilot, their views will be sought before it is submitted to Scottish Ministers for approval, and their views will be sought on how, from their perspective, the pilot has gone.

QUESTIONS

Will patients have to travel further or give up any of their rights as a result of these changes?

What are the likely changes patients and communities might be aware of at the GP surgery?

ANSWERS

One of the main aims of the NHSiS is to provide care as close to the patient as possible. Individual applications will have to identify the effect on patients. Current patient rights are protected in the new arrangements.

This will depend on the nature of the proposal which will have to identify what these changes are likely to be.