

Primary Care Service Frameworks

Supportive Statements for Commissioning

It is **essential** for primary care commissioners and providers to read the following supportive statements before using all or parts of these framework documents in any planning, commissioning, and implementation process in primary care.

1. What are these frameworks?

Each Primary Care Service Framework is a generic, comprehensive and enhanced service specification for PCT commissioners and Practice Based Commissioners for 2007/08. These Frameworks:

- Help commissioners and providers consider, as a starting point, an integrated approach to enhanced service provision in primary care.
- Describe the key requirements for a holistic, enhanced service – eg. appropriate processes, improvements in health outcomes, service inputs and outputs, staffing competencies, integrated governance, information etc.
- Give an opportunity to consider which level of this enhanced service provision and contractual route(s) would be most appropriate to adopt locally, such as GMS, PMS, APMS or PCTMS , with the most appropriate providers available.

2. What is the context in which they sit?

Each Primary Care Service Framework has been developed in the context of the Commissioning Framework, White Paper implementation, key national priorities and targets, and delivery mechanisms of Practice Based Commissioning. They:

- Reflect the key considerations for Practice Based Commissioners in developing local service business plans.
- Are flexible enough to sit alongside/complement current core and extended primary care provision as necessary.
- Are applicable across the expanding primary care network of providers and within different local circumstances.

3. How should they be applied in practice?

Each Primary Care Service Framework should be:

- **Localised** – Local needs assessments and delivery plan priorities should determine the selection of objectives from those available in Section 7 as well as the choice and integration of potential local providers. It may be necessary to tailor the specification, targeting particular populations or clinical groups, making the specification more sensitive and manageable.
- **Demonstrable** – The selection of objectives will determine the number and type of local, simple outcome-based measures in order to assess impact (eg.

quality of service, performance against national/local priorities, health improvement) taking into account where and how data will be collected and analysed (eg. practice registers or Hospital Episode Statistics) and where new data may need to be generated.

- **Appropriate** – Will be necessary to consider the most appropriate provider(s) and how they cooperate within the primary care network to achieve planned outcomes. The most appropriate contracting route (eg. Enhanced Service, APMS, etc) will need to be selected. It may be appropriate to nominate a lead provider.
- **Value added** – There is no nationally fixed price for the Frameworks. Each assumes a level over and above core or additional services in primary care. The whole/part of the service delivered by each provider (in the network of provision) will need to be affordable, add value and not duplicate current core services delivered (by them or others) to avoid paying twice for the same service. Incentives for achieving specific outcomes which are over and above core funding or PBC budgets may be appropriate.
- **Patient-centred** – The tailored specification must have specific patient and/or community involvement in deciding the most appropriate elements of the service to be included, how they are best delivered, and how patient experiences will be measured.
- **Equitable** – Connections between commissioning activity and equality and human rights is implicit, as properly designed and executed commissioning both reduces health inequalities and can act to promote equality of access and health outcomes. Legal obligations now involve systematically identifying and then eliminating any discriminatory practice (be that in employment or service provision), and positively promoting equality of opportunity. This is also applicable to the independent contractor community as well as to all of the services that the PCT commissions from other providers – whether these are NHS, third sector or private sector organisations. For more information go to www.dh.gov.uk/assetRoot/04/14/13/71/04141371.pdf

4. How have they been developed?

Each Primary Care Service Framework is underpinned by the current evidence base and Choosing Health priorities. They have been developed:

- With expert professional and managerial input from the field together with practical considerations collated from a variety of stakeholders.
- Through a multi-agency steering group and been tested in draft with leading primary care commissioners, providers, clinicians and other healthcare professionals.
- As 'works in progress' which can be continually developed and improved in 2007/08. They are not seen as an end product in themselves.

5. Feedback

NHS Primary Care Contracting would like your feedback on these Frameworks to assist in their on-going development and sharing of good practice across primary care. Please complete the very brief feedback questionnaire and return this to pcsf@pcc.nhs.uk

6. Acknowledgements

The Department of Health and NHS Primary Care Contracting would like to thank all those individuals, departments and organisations who have contributed to the development of this Primary Care Service Framework as well as Steering Group members. Thanks also go to Dr Jeff Anderson from Primary Care Unlimited – www.primarycareunlimited.com – for coordinating the development of each Framework.