



2. Primary care contracting

30 June 2004



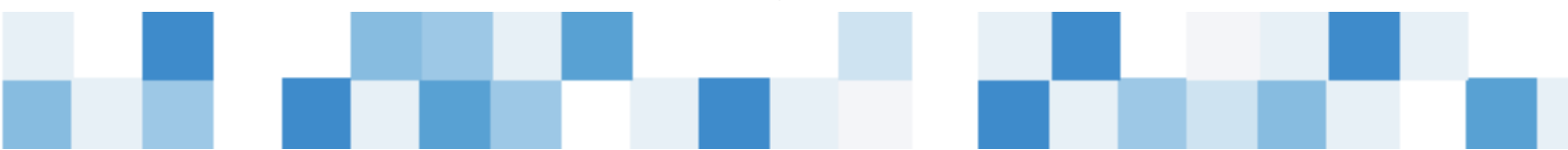
 NatPaCT PCT Competency Framework

Red Amber Green Competency Statement

Examples of Evidence

2.1 Commissioning of primary care services

□	□	□	2.1.1	The PCT consults with all stakeholders and carries out an assessment of the needs of the population to inform its commissioning plans for primary care services to ensure that developments can meet the required standards to meet patients' expectations.	2.1.1.1	The PCT conducts a detailed baseline audit of current provision of primary medical services (including services such as community nursing) provision and works with local stakeholders (including patients and the public, practices, LMCs and the SHA) to identify gaps in provision, the aspirations of practices to provide services and their capacity capability and readiness to achieve their aims. 2.1.1.2 The PCT carries out an assessment of its own capability and capacity to commission and provide primary care services.
□	□	□	2.1.2	The PCT develops a clear strategic vision and draws up a detailed plan for implementation of the new primary care contracts within the context of modernisation of primary care and, where appropriate, provision of secondary care services within primary care settings.	2.1.2.1	The vision demonstrates engagement with local clinicians and members of the public in general and users of services and carers in particular.
					2.1.2.2	The strategic plan is agreed at board level, and includes PEC input.
					2.1.2.3	The plan, or its supporting documents, includes details of the provision of primary care services including what services will be provided by whom. This includes details of provision of essential services, additional services and enhanced services, PMS Plus and Specialist PMS, and arrangements for practice led commissioning where appropriate. Community nursing services and other services directly provided by the PCT or others are included in this plan.
					2.1.2.4	There is an awareness at Board level of the potential and possibilities that the full range of primary care contractual models can offer. This awareness includes the role of the PCT as a provider of services and the opportunities that PMS Plus can provide
					2.1.2.5	Consideration is given to the utilisation of new innovations provided via PMS contracts, for example specialist PMS.



PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.3 The PCT ensures that its commissioning arrangements enable all patients to receive access to the full range of primary medical services, in accordance with the Patient Services Guarantee.	<p>2.1.3.1 The PCT works with neighbouring PCTs on co-commissioning of services, where appropriate.</p> <p>2.1.3.2 Practices are required to provide essential primary care services/core services which are: the management of patients with conditions from which recovery is generally expected, general management of patients who are terminally ill and management of chronic disease.</p> <p>2.1.3.3 Practices decide if they wish to provide additional services, these include: cervical screening, contraceptive services vaccinations and immunisations, child health surveillance, child vaccinations and immunisations, maternity services excluding intra-partum care, minor surgery procedures such as curettage, cautery, cryocautery of warts and other skin lesions.</p> <p>2.1.3.4 PCTs will also need to plan for delivery of the various categories of enhanced services to meet local health needs</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.4 The PCT has a documented agreement with each practice, setting out the requirements for essential services, additional, enhanced, PMS plus and Specialist PMS services that the practice agrees to provide.	<p>2.1.4.1 The PCT has arrangements in place for early discussion of these issues, with each practice, to ensure that agreements can be worked out in line with the timescales for implementation.</p> <p>2.1.4.2 For GMS practices, The agreements are based on the national contract and include the statement of financial entitlements including the global sum and quality payments. For PMS practices the locally negotiated contracts should adhere to PMS directions and legislation. The provider should also be clear about its resource envelope allocated.</p> <p>2.1.4.3 The agreement takes into account workload pressures, the application of the opt-out rules, (see below), the commissioning of additional services, the commissioning of enhanced services, the overall level of quality the practice expects to achieve,</p>

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.5 The PCT's commissioning processes for primary care services are fair and transparent and supports the achievement of improve health outcomes for patients, faster access to services, high quality care, patient and public satisfaction, continuous improvement and development and delivery of national and local tarfets.	<p>2.1.5.1 Information is circulated to all stakeholders about the commissioning processes and the changes to primary care contracting.</p> <p>2.1.5.2 The steps for consultation on the new arrangements and for appeals against decisions made are included in the information.</p> <p>2.1.5.3 Primary care contracting developments are included in the Local Development Plan process and opportunities to use primary care to deliver on wider priority areas are identified.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.6 The PCT has a contract monitoring process.	<p>2.1.6.1 For GMS there is a documented procedure for reviewing agreements based on the national contract and for authorising any changes or variation to the agreement during the contract period. For PMS there will be established mechanisms/processes/frameworks for the review and monitoring of agreements which will have been agreed locally and contained within the agreement.</p> <p>2.1.6.2 The procedure specifically sets out who is authorised to vary agreements and the need to record and date all changes and amendments made</p> <p>2.1.6.3 There is an internal audit system in place to demonstrate that the procedures are rigorously followed.</p> <p>2.1.6.4 With regard to enhanced services there is an internal financial audit system in place to monitor enhanced services floor spend and that this can be demonstrated through auditable records.</p>

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

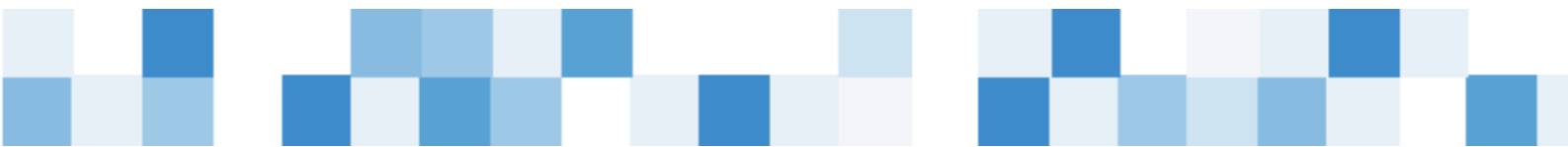


2.1.7

As part of the commissioning and planning cycle, the PCT ensures that it is able to deliver the full range of enhanced services required to be provided, considers what extra enhanced services will be needed and considers the full range of potential providers and contract methods such as PMS Plus. The PCT also encourages/responds to innovation from practices where appropriate, including the consideration of Specialist PMS

Examples of Evidence

- 2.1.7.1 The PCT consults on the plans for enhanced services with Patient Forums.
- 2.1.7.2 The PCT involves the LMC in planning for enhanced service provision.
- 2.1.7.3 The PCT has a commissioning plan, discussed and agreed with practices, for enhanced primary care services. Where appropriate, practices have worked as commissioning agents of the PCT.
- 2.1.7.4 The commissioning plan is explicit about the enhanced services that will be commissioned jointly with neighbouring PCTs.
- 2.1.7.5 Enhanced services may be specified nationally and mandatory at PCT level, specified nationally but optional at PCT level or specified locally in response to local need. PMS plus schemes can also provide enhanced services and are specified and commissioned locally.
- 2.1.7.6 Where available the PCT uses the national or directed specifications as the basis for commissioning enhanced services under GMS
- 2.1.7.7 Consideration has been given to Specialist PMS, contracts to be agreed locally to provide services to certain patient groups, or special services for a particular area.
- 2.1.7.8 The PCT has a lead officer for primary care commissioning, who works collaboratively with the PCT lead nurse, PEC chair and Director of Public Health, Finance officers and secondary care commissioners to ensure whole systems approach.
- 2.1.7.9 Enhanced services include essential or additional services delivered to a higher specified standard, such as extended minor surgery, also influenza immunisations, specialised services undertaken by GPs or nurses with special interests, services provided by allied health professionals at the primary- secondary care interface.
- 2.1.7.10 Enhanced services may also be provided directly by the PCT.
- 2.1.7.11 The enhanced services spend



PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.8	<p>In response to local needs, the PCT may fund enhanced services/PMS plus/Specialist PMS to certain groups within the patient population. The PCT may also consider provision of services or changes to provided services such as community nursing in line with local needs.</p>
<p>Examples of Evidence</p>				
			2.1.8.1	There is a systematic process for identifying and prioritising the health needs of the population.
			2.1.8.2	Enhanced services to certain groups may include for example:-enhanced care of the homeless
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.9	<p>The PCT supports the shift of services from secondary to primary care through in part its commissioning of enhanced services, PMS Plus and Specialist PMS</p>
			2.1.9.1	These include: intra-partum care, anti-coagulant monitoring, near patient testing, fitting of intra-uterine contraceptive devices, specialised drug and alcohol misuse services, more specialised depression services, more specialised sexual health services, more specialised services for patients with multiple sclerosis, enhanced care of the terminally ill, enhanced services for people with learning disabilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.10	<p>In rural and remote areas, the PCT commissions immediate care, first response care and minor injury services from primary care providers.</p>
			2.1.10.1	These services are commissioned as enhanced services where land ambulance response times are long or the practice is remote from the nearest hospital providing accident and emergency care.
			2.1.10.2	GPs in practices commissioned to provide these services are required to attend a BASICS course at least once every five years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.11	<p>The PCT draws up contracts for enhanced services provision, taking account of national and directed service specifications where these are in place.</p>
			2.1.11.1	Contracts are likely to be placed with GMS or PMS providers but may be placed with other service providers, including the PCT itself.
			2.1.11.2	Where the PCT directly provides any PMS or enhanced services, there are rules in place, and observed, around audit and fair competition.
			2.1.11.3	No practice is obliged to provide any enhanced service, even if the practice has previously provided it, unless they enter into a contract for its provision.

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2.1.12 The PCT moves from individual GP contracts to practice based contracts for GMS (currently already in place for PMS). There is also an awareness of the organisational development impact as well as service opportunities that this brings.</p>	<p>2.1.12.1 The PCT provides training and support to practices wishing to include other practitioners such as practice managers, nurses and pharmacists as co-signatories. It may also wish to utilise any experiences of PMS practices in particular individual and organisational change issues as well as impact on services and patients when moving to a practice based contract</p> <p>2.1.12.2 The PCT organisational development programme takes account of the individual and organisational complexities of introducing innovation in primary care.</p> <p>2.1.12.3 The PCT supports the development of skill mix and in particular the clinical and managerial roles that can be developed for nurses under PMS and nGMS</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2.1.13 There are arrangements in place for practices to opt out of provision of additional services.</p>	<p>2.1.13.1 The PCT works with practices to try to resolve temporary problems, which cause a practice to wish to opt out of service provision.</p> <p>2.1.13.2 As part of the process for drawing up annual contracts the PCT and practices discuss potential withdrawals or intentions to provide additional or enhanced services.</p> <p>2.1.13.3 Where practices decide to opt out the PCT is responsible for securing alternative provision of services. This may be through commissioning an alternative provider, or by direct provision of the services by the PCT, for example.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2.1.14 The PCT is actively commissioning primary, community and secondary care services to ensure that the total patient service is seamless.</p>	<p>2.1.14.1 The PCT has effective commissioning arrangements with primary care practitioners, which are linked with its arrangements for the commissioning of services from secondary care. Effective arrangements should also be in place for the commissioning of directly provided services such as community nursing.</p> <p>2.1.14.2 The PCT commissions services from other Providers as well as the acute sector.</p>

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.15 The PCT manages its waiting list at PCT/practice level.	2.1.15.1 There is active management of patients on waiting lists, which leads to a reduction in waits. Knowledge of waiting times (and the desire to reduce these) is used in the commissioning of services 2.1.15.2 Management of referrals is part of the commissioning process and development of new services that the primary care contracting process can allow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.16 The PCT actively undertakes predictive modelling to aid commissioning decisions (primary care and secondary care)	2.1.16.1 There is an awareness of how to access training and skills in this area. 2.1.16.2 Members of staff are identified to undertake training in the use of computer software to aid with dynamic modelling of patient flows.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.17 The PCT is able to analyse practice data and uses data to predict patterns of illness and disease.	2.1.17.1 The PCT is undertaking work to identify the costs of health service provision at GP practice level, and this is used at a practice level to influence commissioning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.18 The PCT commissions for health as well as illness, targeting chronic diseases for commissioning effectiveness.	2.1.18.1 The PCT has an understanding of how costs of chronic disease can be managed more effectively. This includes developing the roles of nurses in chronic disease management. 2.1.18.2 There are links between the commissioning of clinical services and commissioning of health promotion and health improvement initiatives.

2.2 Out of hours services

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2.1 The PCT understands its obligation to ensure the provision of out of hours services from December 2004 and has a strategy for the implementation of an integrated out-of-hours service.	<p>2.2.1.1 The out of hours (OOH) period will 18.30 – 08.00 weekdays and weekends, bank and public holidays.</p> <p>2.2.1.2 The strategy for modernisation of the service meets the Carson report recommendations.</p> <p>2.2.1.3 The strategy aims for integrated services appropriate for the range of care required and including triage and a mix of skills. Includes an outline of the mix of local provision:</p> <p>2.2.1.4 - those GP practices that have opted in for the provision of out-of-hours care</p> <p>2.2.1.5 - the local GP co-operative arrangements that have indicated their continuance under new arrangements</p> <p>2.2.1.6 - approved and accredited commercial providers of out of hours medical services</p> <p>2.2.1.7 - use of NHS Direct, NHS24, NHS walk-in centres</p> <p>2.2.1.8 - any other arrangements to be included in local provision such as extended nursing and allied health professional roles for out of hours care.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2.2 The PCT works with other PCTs to deliver modernised out-of-hours services across more than one area.	<p>2.2.2.1 The PCT works with other PCTs in consortia and networks.</p> <p>2.2.2.2 The arrangements support integrated working with NHS Direct over a population of 400,000.</p> <p>2.2.2.3 The PCTs' networks of practices are involved in wider planning.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2.3 The PCT strategy includes a contingency plan should an out of hours provider fail.	<p>2.2.3.1 The contingency plan has been discussed and agreed in advance with the alternative providers of services and is therefore capable of immediate implementation should an out of hours provider fail. Options include the use of GP Co-operatives, NHS Direct or NHS 24, or a stand-by arrangement with a commercial out of hours service provider.</p>

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2.4 The out of hours services are linked into the Emergency Care Network.	<p>2.2.4.1 The PCT's strategy for modernising its out of hours service meets the Reform of Emergency Care (REC) agenda.</p> <p>2.2.4.2 Care Pathways are in place for emergency care patients, agreed across the network.</p> <p>2.2.4.3 The PCT works with emergency service providers to ensure effective use of skill mix to provide triage and 'see and treat' first contact care.</p> <p>2.2.4.4 This may include nurses working across general practice, Walk in Centres and A&E.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2.5 The PCT works with NHS Direct to integrate out of hours services with NHS Direct services.	<p>2.2.5.1 There is a nominated PCT staff member responsible for ensuring that up-to-date information is passed to NHS Direct about service provision and the contact numbers for out of hours services, so that patients can access this information from NHS Direct.</p> <p>2.2.5.2 This information is checked with providers and updated quarterly as a minimum.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2.6 The PCT undertakes quality assurance, against the accreditation criteria for out of hours services, for all its out of hours providers.	<p>2.2.6.1 The PCT has a quality assurance programme in place and assesses providers against the quality standards defined in the out of hours review.</p> <p>2.2.6.2 See section 5 of 'Raising Standards for Patients New Partnerships in Out-of-Hours Care'. Http://www.doh.gov.uk/pricare/oohreport.htm</p> <p>2.2.6.3 This system is currently under review with a view to streamlining the system.</p> <p>2.2.6.4 All providers of out of hours services are required to meet accreditation standards including provision by practices, Co-ops, commercial out of hours services, or any other providers, including the PCT. In future there may be modified standards for practice providers.</p>

Red Amber Green Competency Statement

Examples of Evidence

2.3 Direct provision of primary care services by the PCT

Red Amber Green

2.3.1 Following consultation with practices about service provision, the PCT decides which additional and enhanced services it will directly provide and includes this in the local delivery plan (LDP). The PCT may also be a provider of PMS.

2.3.1.1 The extent of PCT direct provision will be clarified in implementation guidance for the GMS contract.

2.3.1.2 This commissioning decision will normally be made on the basis of quality and accessibility to the affected patients.

2.3.1.3 In making decisions to directly provide services the PCT consults with the affected patients, existing Patients Forums and the LMC (or equivalent).

2.3.1.4 Where the PCT provides services under PMS this had adhered to the processes set out in the appropriate directions.

2.3.1.5 Primary medical services may be provided by the PCT through full time or part-time salaried staff, buying contracted sessions from existing practice-based staff, creating a 'bank' support arrangement with local GPs. to provide support to practices.

Red Amber Green

2.3.2 Where the PCT provides primary care services it demonstrates the same or higher standards of care for patients as other providers and value for money.

2.3.2.1 Any primary care services provided directly are subject to the same financial audit and quality management as those of other providers and their own directly managed services.

2.4 Quality and outcomes monitoring

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement



2.4.1 The PCT is prepared for and understands its responsibilities for reviewing achievement of practices against the quality and outcomes framework as set out in the GMS contract and supporting documentation. It has also set up methods and processes for PMS practices to ensure that similar outcomes are achieved.

Examples of Evidence

2.4.1.1 There is a performance manager for primary care, or other nominated manager, responsible for developing the systems to manage the review process. This post holder works closely with professional members of the PCT such as the PCT lead nurse and PEC chair.
2.4.1.2 The PCT ensures that assessment team members are fully trained in accordance with guidance (expected April

04)

2.4.1.3 The managers responsible for administering the system are fully trained in the methodology and understand the implementation of the system.
2.4.1.4 Internal administration systems will be provided to work out the application of the points mechanism and the MPIG/Carr-Hill formula for payments.
2.4.1.5 These are explained to practices through documented information, supported by education and training on the new system for practices.
2.4.1.6 Providers have understood and agreed system



2.4.2 There is a plan for the local implementation of the quality and outcomes framework.

2.4.2.1 The plan is developed in consultation with practices. There is negotiation and discussion with individual practices as to where they start off from within the quality framework.
2.4.2.2 The plan includes a detailed set of proposals on how the PCT intends to monitor the contract at the annual visit, including the coverage and make up of assessment teams.
2.4.2.3 Practices are encouraged to develop their own action plans in line with the PCT plan.

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4.3 Practice quality reviews are carried out, against the quality and outcomes framework.	2.4.3.1 The PCT implementation plan includes a schedule for review activities with practices. 2.4.3.2 The PCT analyses the standard return forms submitted by practices. 2.4.3.3 Annual review visits are carried out with each practice in accordance with guidance (due April 04). 2.4.3.4 The quality reviews include both summative and formative assessments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4.4 The PCT ensures that practice visits are carried out in a consistent manner across the PCT.	2.4.4.1 Practice visits are carried out by assessment team members with appropriate training, managerial, clinical knowledge and skills. All those carrying out visits have the necessary competencies. In particular clinicians have sufficient knowledge about the evidence base for the areas being discussed. 2.4.4.2 All those undertaking visits undergo training for this. 2.4.4.3 There is a standard proforma to work though and record findings from the visit. 2.4.4.4 Each visit includes discussions with clinicians including nurses and the practice manager. 2.4.4.5 The review visit is followed up in writing, to ensure consistency the PCT uses a standard proforma for reports.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4.5 The PCT works with practices to ensure that IM&T systems support the information requirements of the quality and outcomes framework.	2.4.5.1 Information systems support clinical audit within practices through: 2.4.5.2 The recording of data and the ability to extract and analyse this to provide information on the achievement of the clinical quality targets, also access to research based evidence findings via the Internet.

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4.6 Aspirations are agreed against the quality and outcomes framework individually with each practice.	2.4.6.1 There is a system in place to log discussions and record these including the practice's ideas of the ways it will achieve the aspirations. 2.4.6.2 The PCT does not agree overly ambitious aspirations in the first year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4.7 The quality and outcome framework assessments and performance reviews link to service planning, commissioning and clinical governance implementation.	2.4.7.1 There are links established with the PCT-wide structures for these aspects of service development. 2.4.7.2 Recommendations from baseline assessments and annual reporting are fed into the PCT's clinical governance, commissioning and service development planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4.8 The quality framework is supported by the development of care pathways and protocols, which outline clinically effective interventions and care.	2.4.8.1 Care pathways and protocols are developed in each of the ten disease areas targeted in the quality and outcomes framework. 2.4.8.2 The PCT works with practices to ensure that the pathways are applied across the health service, including acute and tertiary care providers. 2.4.8.3 The PCT carries out an audit of the quality of communications along each of the patient pathways. 2.4.8.4 See also Domain 8. Clinical Quality.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4.9 The PCT supports practices to improve patient experience as part of the implementation of the quality and outcomes framework.	2.4.9.1 An accredited questionnaire is used to gain patient views of practice services. The PCT consults with practices on an agreed questionnaire to be used across practices. 2.4.9.2 The PCT works across practices to develop the Expert Patient Programme, to develop self-management initiatives, particularly in those disease areas included in the contract. 2.4.9.3 The PCT supports practices wishing to set up patient participation groups and facilitates the sharing of experience and expertise on developing patient and public involvement.

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

2.4.10 Financial systems are in place to enable aspiration payments to be made on a monthly basis, alongside the global sum.

2.4.11 The PCT acknowledges the achievement of external accreditation for practices, within its approach to quality review.

2.5 Practice management

2.5.1 The PCT supports practices to develop high quality practice management, as part of their organisational development.

2.5.2 The PCT supports the implementation of the practice management competency framework.

Examples of Evidence

2.4.10.1 The PCT agrees arrangements for post-payment verification and anti-fraud issues to comply with the new contract.

2.4.11.1 These include:

2.4.11.2 The Royal College of General Practitioners Quality Team Development and Practice Accreditation Scheme.

2.5.1.1 Training for practice managers is available on the new GMS and PMS contract requirements and objectives, including governance, probity procedures and monitoring and audit arrangements.

2.5.2.1 The PCT encourages the use of the practice management competency framework, currently Annex C of the GMS contract negotiations documentation.

2.5.2.2 Workshops are organised to introduce the practice management competency framework.

2.5.2.3 The PCT supports investment in structured training and development for practice managers.

2.5.2.4 Skills training is facilitated for practice managers in internal audit, to assist with carrying out a baseline assessment and action planning, in response to the findings from the baseline assessment.

2.5.2.5 The PCT facilitates an ongoing forum, or working groups or Action Learning Sets, so that practice managers can share experiences, good practice and learn from using the competency framework.

2.5.2.6 Baseline assessments from practices that wish to participate in a PCT-wide initiative are collated at PCT level to provide information to assist with the planning of additional training and support to develop deficit areas in respect of the competency framework requirements.

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.5.3 The PCT supports practices to develop the roles of practice staff, including nurses and practice managers.	2.5.3.1 The PCT includes the needs of practice staff in workforce development plans. 2.5.3.2 Practice staff are supported to participate in PCT networks and events. 2.5.3.3 The PCT provides managerial and professional leadership for practice staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.5.4 The PCT will work with practices to ensure employment standards comply with good human resources practice, for example, Agenda for Change principles, that are expected to apply to non-medical staff and to prevent exploitation.	2.5.4.1 The PCT provides information, advice and support for practices on, for example, Agenda for Change. 2.5.4.2 Information on job evaluation and skills and knowledge framework is made available to practices. 2.5.4.3 HR expertise is made available to practices at PCT level or through network arrangements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.5.5 The PCT supports practices through the provision of practice management expertise.	2.5.5.1 In cases where not every practice has a practice manager the PCT may employ practice management staff to work across a number of practices. 2.5.5.2 Alternatively, practices may pool resources in order to be able to employ a strategic manager on a shared basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.5.6 The PCT has contingency arrangements in place for practices that struggle with changes or fail to manage the transition to new arrangements.	2.5.6.1 The PCT alerts practice managers to the importance of revising partnership arrangements and agreements to reflect changes such as opting out of out of hours and other services. 2.5.6.2 The changes in practices and service arrangements required by the new GMS contract may adversely affect some partnership relationships, the PCT has crisis management and disaster recovery plans ready to deal with this contingency.

2.6 Supporting nurses in general practice

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.6.1 Nurses are given freedom and support to work in new ways and take on more advanced and specialised roles.	<p>2.6.1.1 The PCT is taking forward Liberating the Talents and has a programme for developing advanced and specialist nursing roles in first contact care, chronic disease management, and preventive services.</p> <p>2.6.1.2 The PCT lead nurse provides practices with information and advice to ensure that clinical governance is upheld when new ways of working, skill mix and extended roles are introduced.</p> <p>2.6.1.3 The PCT supports the introduction of nurse prescribing to enable nurses to take on a major role in chronic disease management.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.6.2 Nurses are supported to develop their skills and expertise.	<p>2.6.2.1 Frontline nurses are kept informed and involved in the implementation of the GMS contract and developments in PMS. There are meetings for nurses across the PCT to discuss the implications of the primary care contracts and the implications of introducing new locally enhanced services.</p> <p>2.6.2.2 Practice employed nurses are supported to attend PCT professional networks, education and training events.</p> <p>2.6.2.3 Nurses are encouraged to take on leadership roles in the PCT and PEC, to include being involved in the commissioning of services and the selection of new or alternative providers. They may also wish to become the lead provider (as in some PMS contracts)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.6.3 Practice employed nurses are involved in decision making that impacts on nursing services.	<p>2.6.3.1 The PCT includes a review of nursing in its monitoring arrangements.</p> <p>2.6.3.2 There are opportunities for nurses to develop the skill mix of the nursing team. Nurses are enabled to take a lead in the design and delivery of these nursing services.</p> <p>2.6.3.3 Leadership programmes are made available for nurses in general practice.</p> <p>2.6.3.4 The PCT involves the lead nurse and PEC nurses in contract implementation discussions.</p>

Red Amber Green Competency Statement

2.6.4 Nurses in general practice are supported to work within their professional code of conduct.

Examples of Evidence

2.6.4.1 The PCT works with practices to ensure that practice-employed nurses have access to clinical supervision, professional advice appraisal and continuing professional development.
2.6.4.2 Practices are provided with information and advice on the Nursing and Midwifery Council and their responsibilities for professional practice

2.7 Modernising IM&T in primary care services (See also domain 1 Organisational maturity, 1.12 Information strategy)

2.7.1 The PCT carries out a baseline assessment of systems currently in use.

2.7.1.1 The baseline assessment includes all IT equipment, hardware and software that is in use within practices.
2.7.1.2 The baseline assessment includes the summary of current data held within existing systems for considerations for ensuring that data is captured from existing systems and loaded onto replacement systems without loss or corruption.
2.7.1.3 The assessment may also contribute towards the Training Needs Analysis based on the additional training needs practice staff and PCTs have specifically to meet the information requirements of the contract. Further guidance on the Education Training and Development programme will be issued shortly.

2.7.2 The PCT develops and agrees with practices a plan covering the additional IM&T costs in respect of the maintenance of existing systems

2.7.2.1 This includes maintenance contracts, and licence renewals

2.7.3 PCTs prepare a fully costed plan to support the implementation of new systems to deliver the GMS contract in line with national requirements

2.7.3.1 PCTs and practices prepare fully costed plan as part of their LDPs in line with para 4.25 of new GMS contract.
2.7.3.2 Budgets are set for systems to deliver the national specifications for information management systems.
2.7.3.3 Budgets include the costs of training all staff on the new systems.

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement



2.7.4 The PCT has the necessary IM&T systems and IM&T staff and other resources required to support the GMS and PMS contract requirements.

Examples of Evidence

2.7.4.1 A review of current information systems and staffing requirements is undertaken to identify gaps and future areas where additional investment as part of the LDP is required.
2.7.4.2 The PCT may need to up-grade infrastructure such as telephone systems and central server capacity to host and support the integrated systems for practices.



2.7.5 The PCT develops clinical information systems at practice level.

2.7.5.1 This includes the development of READ code formularies and data input templates and protocols as appropriate.
2.7.5.2 The PCT works with practices across the PCT to establish disease registers on practice systems. The format and reporting functions of the disease registers should be common across the PCT to facilitate data collection and comparison.



2.7.6 The PCT has software in place to manage the quality monitoring and payment elements of the GMS and PMS contracts.

2.7.6.1 New software will be developed to national specifications up-dating the NHA IS payments system which will be supported by an implementation plan for the training of PCT and practice staff , as appropriate, on the revised software.
2.7.6.2 The plan will include the installation, testing, in respect of the NHSIA system and information to monitor the contract



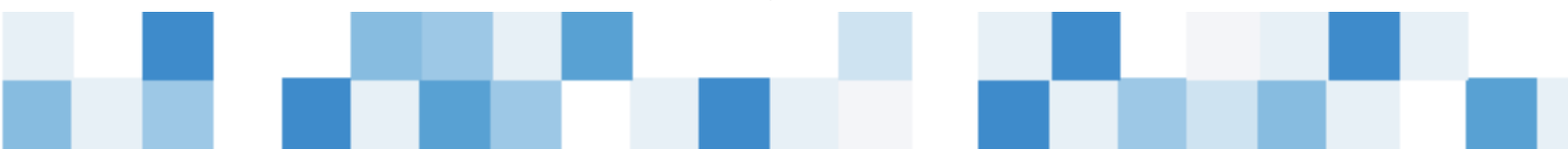
2.7.7 The PCT contributes to national planning and specification setting for systems requirements, service agreements and data standards.

2.7.7.1 This may be through responses national consultation papers, membership of regional or national networks of IT professionals in the NHS, significant issues groups convened by the NHS Confederation, NatPaCT or the National Programme for IT



2.7.8 Service Level Agreements are drawn up with practices for the provision of IT systems, installation, maintenance, on-going support and training.

2.7.8.1 SLAs are drawn up in line with the national template (once available) allowing for local enhancements.
2.7.8.2 SLAs are jointly monitored by the practice and the PCT and Local Service Providers.



PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement



2.7.9 The PCT and Local Service Providers sets and manages service level agreements with suppliers to ensure that systems meet practice requirements.

Examples of Evidence

2.7.9.1 There is nominated staff member with responsibility for liaison with suppliers and monitoring of the SLAs.
2.7.9.2 Service Management Mechanisms will be put in place to manage supplier failure to deliver the contract.



2.7.10 The PCT is responsible for ensuring there is an agreed documented protocol for the security, confidentiality and electronic transfer of information. This must take into account that information must be available for other medical practitioners looking after patients subject to the patient's informed consent.

2.7.10.1 This is applied across the PCT and is in line with the requirements of the Data Protection Act and the recommendations of the Caldicott Report on the review of patient identifiable information.
2.7.10.2 Practices adhere to information governance protocols that are in line with national guidance. See: www.doh.gov.uk/pricare/computing/



2.7.11 There is a programme of on-going training provided by the PCT for PCT and practice-based staff.

2.7.11.1 The training is designed to ensure that practice staff can effectively use and manage the clinical and administrative information systems to enter and retrieve data, ensure data quality, understand the requirements for any local back up of the system.



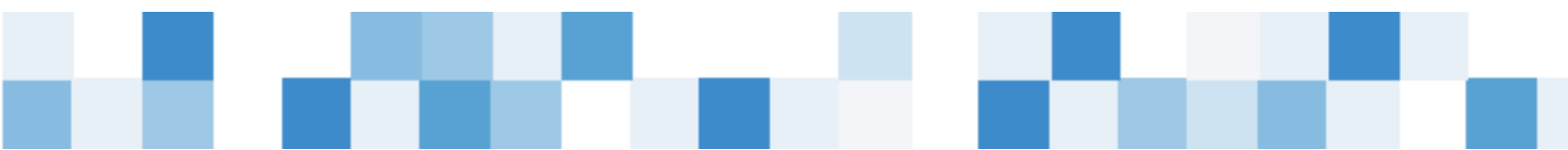
2.7.12 There is a system for agreeing and evaluating any local IT initiatives in line with national requirements.

2.7.12.1 The PCT uses an agreed evaluation tool at the outset of all IT initiatives.
2.7.12.2 Projects are closely monitored against an agreed project plan, including timescales, budgets and achievement of milestone objectives.
2.7.12.3 Projects are closely monitored against an agreed project plan, including timescales, budgets and achievement of milestone objectives.



2.7.13 The PCT fully participates in the local implementation strategy (LIS)

2.7.13.1 There is an agreed LIS between all relevant agencies who all attend LIS Board. The LIS supports: - the NSFs and integrated pathway requirements - single assessments
2.7.13.2 Patients experience and outcomes of care is incorporated into plans e.g. demonstrated in LIS Board reports etc.



PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement




Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.7.14 Primary care organisations have access full range of IM&T services that are essential to the safe operation of the PCT and its practices.	2.7.14.1 The PCT supports practices with planning for disaster recovery and ensuring operational continuity. 2.7.14.2 Training needs analysis has been undertaken for IT skills and competencies. 2.7.14.3 Support staff working in primary care facilities have training on the IT systems and programs in use. 2.7.14.4 There are plans for the implementation of the European computer driving licence.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.7.15 Electronic ways of working are in place at practice level.	2.7.15.1 This includes electronic booking of appointments and transmission of test results via IT networks. 2.7.15.2 The PCT IM&T service works with practices and the National Programme for IT to facilitate developments in electronic prescribing, electronic bookings and the creation of an integrated care records system.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.7.16 Clinical data is shared across practices within the PCT.	2.7.16.1 This is facilitated by IT links between practices and the use of common IT systems.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.7.17 Evidence-based medicine is practised.	2.7.17.1 All members of the PHCT have access to NHS net and research databases.
2.8 Practice premises				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.8.1 The PCT works with practices to ensure that premises are of a high quality standard.	2.8.1.1 There is a nominated member of staff to lead on this who establishes good working relationships with GPs other practice partners and practice managers. 2.8.1.2 There is a common understanding of the premises standards required.

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

   2.8.2 All primary care premises are assessed against the minimum standards for premises, as set out in the contract.

Examples of Evidence

- 2.8.2.1 Assessment visits are organised by the PCT in conjunction with the LMC.
- 2.8.2.2 There is a checklist for premises visits to ensure that there is consistent assessment against the standards.
- 2.8.2.3 The standards include compliance with the Disability Discrimination Act 1995, with regard to ease of access to and within the building, adequate sound and visual systems for the hearing and visually impaired, for both patients and enabling employment of staff with disabilities.
- 2.8.2.4 Practice premises facilitate use by older people, this includes handrails for steps and seating of different heights in waiting areas.
- 2.8.2.5 There are facilities for young children, including a space for nappy changing.
- 2.8.2.6 Consulting and treatment rooms ensure privacy for patients.
- 2.8.2.7 There are toilet and hand washing facilities for practitioners, staff and patients, including wheelchair access.
- 2.8.2.8 Waiting rooms have enough seating to meet all normal requirements and reception areas facilitate confidentiality.
- 2.8.2.9 The premises, fittings and fixtures are clean and in good repair.
- 2.8.2.10 Clinical waste is stored securely.
- 2.8.2.11 Fire precautions are in place.
- 2.8.2.12 There is secure storage for medicines, records, prescription pads and pads of doctors' statements.
- 2.8.2.13 Where minor surgery is carried out the room used has all the necessary equipment and ensures patient privacy.
- 2.8.2.14 For full details see the GMS contract.

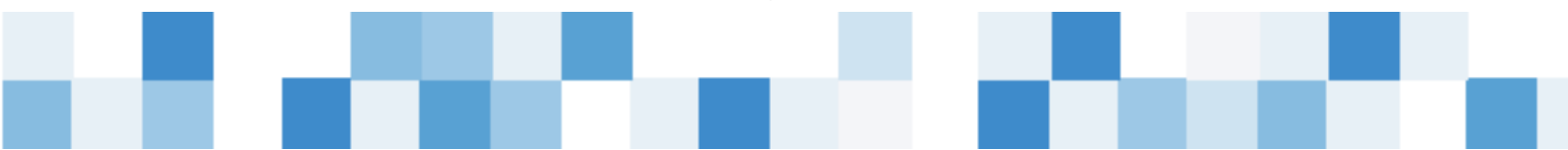
PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.8.3 There is a process for agreeing the action to be taken if premises fall short of the standards.	2.8.3.1 A written assessment against the minimum standards is produced as a result of the visit. 2.8.3.2 If there are shortcomings the LMC is consulted. 2.8.3.3 A timescale is set for improvements to be made, usually no longer than six months. If improvements are not made within the agreed timescale premises payments may cease or be abated until the required work is carried out.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.8.4 There is a costed plan for practice premises up-upgrades and other buildings work planned on practice premises across the PCT	2.8.4.1 A baseline assessment is carried out to ascertain the immediate premises spend and estimate the future spend. 2.8.4.2 The PCT draws up an action plan listing the work to be done with regard to existing premises and the considerations for new premises proposals. 2.8.4.3 Where the assessment demonstrates that the premises require work to be carried out, funding and the appropriate sources for this are agreed between the PCT and the practice. 2.8.4.4 The PCT will discuss potential necessary improvements to branch facilities with the practice and review in the light of the hours of opening. 2.8.4.5 The PCT has robust processes for consulting with local populations about closure or amendments to services provided from branch facilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.8.5 The PCT has a strategic plan for investments in premises across practices range of enhanced services.	2.8.5.1 The plan is and the LMC. developed alongside commissioning decision making and in full consultation with practices



Red Amber Green **Competency Statement**

2.8.6 The PCT develops the infrastructure necessary to administrate premises funding and allocate monies to practices.

Examples of Evidence

2.8.6.1 The PCT works with the SHA to set up a process by which funding can pass into the lead PCT.
2.8.6.2 Local PCTs establish a lead PCT structure to enable premises funding to be held and allocated on the basis of local priorities and needs detailed in the Strategic Service Development Plans (SSDP).

2.9 Health promotion

2.9.1 The PCT commissions health promotion activities to take place in local premises.

2.9.1.1 This is identified in the PCT's health promotion strategy.
2.9.1.2 Training in health promotion approaches and information on the specific initiatives underway is provided to primary care staff to enable this.

2.9.2 Chronic disease management protocols are developed.

2.9.2.1 There are registers in line with the protocols to identify patients at high risk.
2.9.2.2 Targets for chronic disease management are identified in line with NSFs and monitored for levels of achievement.

2.9.3 There is access to high quality health promotion information in primary care facilities.

2.9.3.1 This includes leaflets and posters, access to NHS Direct on line.

2.9.4 There are health improvement activities focussed on the special needs of those with mental health problems, the homeless, asylum seekers, patients with diabetes or coronary heart disease.

2.9.4.1 Health improvement activities are in line with the requirements of NSFs.

2.10 Clinical risk management (See also domain 8 clinical quality)

2.10.1 Clinical risk management processes are in place across all practices.

2.10.1.1 The concept of risk management is embedded within practices and encouraged by organisational standards.
2.10.1.2 Learning and recommendations from practices' significant event auditing (at both local and national level) is followed up.
2.10.1.3 The PCT achieves CNST level 3.

Red Amber Green Competency Statement

Examples of Evidence

2.11 Developing human resources for primary care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.11.1	The PCT has the capacity to develop and support human resources management for primary care practices at a strategic level.	2.11.1.1 The PCT undertakes an assessment of its capability to support HR for primary care practices. 2.11.1.2 The PCT develops and maintains the HR components of the new arrangements for the GMS contract. 2.11.1.3 PCTs include supporting practices through giving HR advice and support when checking registration of professional staff groups (Nurses and AHPs), making appointments and dealing with poor performance, and other relevant areas, within their support programme to practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.11.2	The PCT develops an HR strategy for the GMS contract and PMS practices	2.11.2.1 The strategy includes the contribution of shared service arrangements. 2.11.2.2 The strategy includes the implementation of Agenda for Change principles and the objectives of fairly rewarding practice staff and improving their career development. 2.11.2.3 The strategy also takes account of the roll-out of Improving Working Lives to GPs and their staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.11.3	The PCT develops a career structure locally for GPs and other primary care practitioners to aid in recruitment and retention.	2.11.3.1 This includes elements of skills development, special interest development and clinical leadership. 2.11.3.2 This may be facilitated through salaried posts within the PCT structures, such as clinical lead posts, special interest practitioners, salaried posts to co-ordinate services such as out-of hours, or joint posts which are a mixture of part-time employed work and independent contracting within a practice. 2.11.3.3 The PCT facilitates the introduction of posts in education and medical management and explores the use of sabbatical arrangements.

PCT Competency Framework

2. Primary care contracting

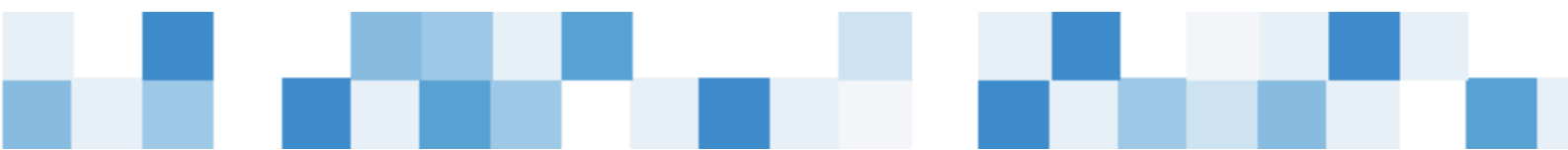
30 June 2004

Red Amber Green Competency Statement

Examples of Evidence

<p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p>2.11.4 Professional development for GPs and primary care practitioners is supported and facilitated by the PCT.</p>	<p>2.11.4.1 This includes: sponsoring protected time training events, organising training events for topics on which the PCT requires GPs and practice employed staff to attend and covering expenses, covering travel and subsistence costs when GPs and practice employed staff have to travel to attend training events approved by the PCT.</p>
<p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p>2.11.5 The PCT works with practices to develop new structures and skill mixes to deliver primary care services.</p>	<p>2.11.5.1 A baseline assessment is undertaken to identify potential primary care workforce supply across the range of professions and skills.</p> <p>2.11.5.2 Innovative working practices are introduced to reshape working patterns, skill mixes and responsibilities to achieve the desired service with available resources.</p>
<p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p>2.11.6 Flexible and innovative employment opportunities are offered to GPs and other staff employed in primary care by the PCT.</p>	<p>2.11.6.1 This includes salaried GP posts where the PCT is directly providing primary care services.</p> <p>2.11.6.2 Enhanced terms and conditions and pay rates are considered to aid recruitment, this may include initial 'golden hello' payments, sabbatical schemes, flexible career schemes and returners' schemes. In addition, seniority payments have been improved to reward NHS service.</p> <p>2.11.6.3 Flexibility around employment is particularly used to boost GP accessibility in rural and remote areas.</p> <p>2.11.6.4 Full information is available to GPs on pensions flexibilities and how these will facilitate portfolio working.</p>
<p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p>2.11.7 Working conditions for GPs and practice staff are family friendly, in accordance with Improving Working Lives.</p>	<p>2.11.7.1 GPs and practice staff have the same access to NHS childcare as those directly employed within the NHS.</p> <p>2.11.7.2 Maternity, paternity, adoptive and special leave are available to GPs and practice staff, with funding held at the PCT.</p>

2.12 Education, Training and Continuing Professional Development



PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

Red	Amber	Green	Competency Statement	Examples of Evidence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.12.1 The PCT system for personal development plans (PDPs) is in place in all GP practices.	2.12.1.1 This may follow the Professional Forum (Doncaster Target System) model. The PDP process links to practice training and development plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.12.2 There is a protected learning time (PLT) scheme in operation.	2.12.2.1 This covers all primary care staff (not only GPs, Practice Nurses but Dentists, Pharmacists, Opticians etc). 2.12.2.2 There is a clear link between the PLT scheme and requirements for reaccreditation / revalidation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.12.3 Joint education and training opportunities are developed, e.g. to establish new roles in Practice.	2.12.3.1 There is development of training practices and practice educators roles.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.12.4 The PCT promotes uptake of practice accreditation.	2.12.4.1 This includes schemes such as Investors in People (IIP), Improving Working Lives, Charter Mark and the introduction of NVQs at a practice level.

2.13 Attracting GPs

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

2.13.1 There is a recruitment strategy for attracting Doctors to the area.

Examples of Evidence

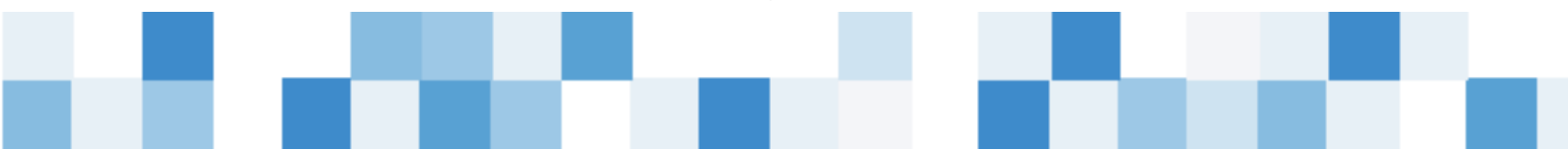
- 2.13.1.1 The PCT has developed incentive schemes to attract GPs into the local area.
- 2.13.1.2 Medical Students are invited from local Trusts to undertake open sessions, these have Board/Senior Level attendance.
- 2.13.1.3 Networks are developed with the local careers service, training practices arrange work placements for senior school students prior to medical school.
- 2.13.1.4 A school/ college information pack is developed and a survey is undertaken of training practices contacts with colleges/schools.
- 2.13.1.5 Practices taking medical students demonstrate compliance with standards for medical students.
- 2.13.1.6 There is support of GP Trainers through the provision of locum costs for trainer courses/meetings/ visits to schools and so forth.
- 2.13.1.7 The trainer's role/training practice roles are developed. This may be through a GP forum or development of a Beacon Leadership programme by the PEC.

2.13.2 There is an action plan for attracting GPs to the vocational training scheme (VTS).

- 2.13.2.1 The education and training lead has the remit for links to the workforce confederation, co-ordinating medical student placements through liaison and joint plans with local acute trusts.
- 2.13.2.2 There is at least one PRHO in GP rotation in each local Trust.
- 2.13.2.3 Applicants to VTS are assessed through by competency based techniques.
- 2.13.2.4 Equal opportunities are monitored in relation to applications and acceptances for VTS/medical schools.

2.13.3 Practices are encouraged to become Training Practices

- 2.13.3.1 There is an annual evaluation of the outcomes of teaching.
- 2.13.3.2 A year on year improvement on the expansion of the training community is demonstrated.

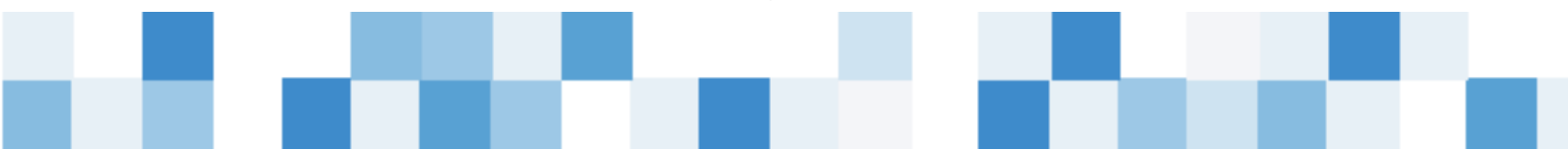


Red Amber Green Competency Statement

Examples of Evidence

2.14 Funding and financial management

<p>□ □ □</p>	<p>2.14.1 The PCT has a plan for the implementation of the finance aspects of the GMS contract and changes to PMS allocations addressing how it will meet its new primary care financial responsibilities.</p>	<p>2.14.1.1 The plan includes the critical operational tasks to ensure continuity of payments during transition, an implementation timetable and a plan for communication of changes to practices. 2.14.1.2 Processes to manage financial variations for PMS providers are in place.</p>
<p>□ □ □</p>	<p>2.14.2 The PCT consults with practices, the LMC and patients forums on investment decisions for enhanced services, PMS Plus and Specialist PMS</p>	<p>2.14.2.1 Information is circulated outlining the level of investment that it is intended to make and which areas of enhanced services. 2.14.2.2 The information includes the length of the consultation period and the timing of the decision making. 2.14.2.3 The information is supported by the opportunity for discussion at meetings, including public forums.</p>
<p>□ □ □</p>	<p>2.14.3 The PCT manages the impact of changes in funding flows to practices for GMS.</p>	<p>2.14.3.1 There are systems for transitional protection for practices. 2.14.3.2 Standard templates will be circulated by the Department of Health for the calculation of income from fees and allowances at each practice. 2.14.3.3 There is a validation process for the data submitted by practices. 2.14.3.4 Once checked, a calculation is made of the initial baseline against which transitional protection will be assessed. 2.14.3.5 The initial baseline is adjusted to take account of quality preparation and aspiration payments.</p>
<p>□ □ □</p>	<p>2.14.4 The PCT submits data to the DoH in a timely fashion.</p>	<p>2.14.4.1 Adjusted baseline figures for each practice are submitted early in the financial year. 2.14.4.2 The global sum for each practice is calculated by the PCT each quarter to reflect changing practice circumstances.</p>



PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.14.5	The PCT enables continuity of primary care provision by the prompt, efficient and accurate monthly payment to practices.	2.14.5.1 There are systems and back up systems in place to ensure that financial information is timely and accurate and that payments are made at an agreed time in the month, enabling practices to carry out their own monthly budgeting and payments to time. 2.14.5.2 There are procedures in place to facilitate the rapid resolution of payment queries from practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.14.6	The PCT pays each practice the fixed reward per point for achievement of the quality and outcomes framework.	2.14.6.1 Software is being developed to facilitate the relationship of quality monitoring findings to the administration of quality payments. See above, section 2. 7 Modernising IM&T in primary care services.

2.15 Patient Services Guarantee

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.15.1	The PCT ensures that the Patient Services Guarantee is met.	2.15.1.1 The guarantee states that 'patients will continue to be offered at least the range of services that they currently enjoy under the existing contract.' 2.15.1.2 The PCT uses the opportunities of providing alternative services to increase the range of choice available to patients and to minimise travel times.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.15.2	There is a communication plan for informing patients of service changes in the provision of primary care services.	2.15.2.1 This is discussed and agreed with practices and is carried out in accordance with section 11 of the Health and Social Care Act 2001.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.15.3	The PCT communicates the range of services available through the PCT prospectus.	2.15.3.1 The prospectus is written in plain English. 2.15.3.2 The text of the prospectus is available in other media such as audio, and translated to meet the language needs of the local population.

PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement



2.15.4 The PCT ensures that patients are able to register for primary care services provision.

Examples of Evidence

- 2.15.4.1 The PCT facilitates the ability of patients to register with any local open practice.
- 2.15.4.2 If local practice lists are closed, the PCT directly provides primary care medical services, or commissions services from an alternative provider, in order to allow patients to register.
- 2.15.4.3 There is a formal and transparent process in place to establish list closure.
- 2.15.4.4 The process includes stages of negotiation and discussion between the PCT and practice to explore other support to the practice, to enable it to keep the list open. Initial discussions take place within seven days of receiving notice from the practice that they may wish to close their list.
- 2.15.4.5 The PCT takes all reasonable steps to minimise the need for forced assignment of patients.
- 2.15.4.6 There is a local procedure that follows the stages set out in the GMS contract and includes an appeal process for practices.

2.16 Demand management



2.16.1 The PCT has a structured approach to fulfilling its responsibilities on demand management

- 2.16.1.1 There is a documented project plan, with a lead manager identified.
- 2.16.1.2 There is a progress monitoring system in place to track the achievement of the steps set out in the plan.

Red Amber Green **Competency Statement**

2.16.2 The PCT has secured the clinical involvement of GPs in demand management issues and PHCTs are involved in ongoing work in this area, and this is linked to the commissioning of Primary Care services

Examples of Evidence

2.16.2.1 GPs have access to and use an evaluated scoring system for hip and knee replacement and cataract extraction (or similar scoring systems). The effectiveness of the scoring system is reviewed and any changes agreed across the PCT.
 2.16.2.2 Demand capacity analysis has been implemented for at least one high volume procedure experiencing long waits and there are plans to extend the capacity analysis methodology to other procedures.
 2.16.2.3 The PCT has a development group for integrated care pathways that includes PHCT members.

2.16.3 The PCT has identified the improvements needed to data collection, analysis and presentation systems to achieve and measure progress in demand management.

2.16.3.1 Existing data sources and gaps are documented.
 2.16.3.2 The systems are able to produce 'Monitoring reports' on demand and these are regularly presented to the PEC.

2.16.4 The PCT has engaged with various national collaborative and 'action on' initiatives

2.16.4.1 At least one collaborative or 'action on' initiative is being undertaken.

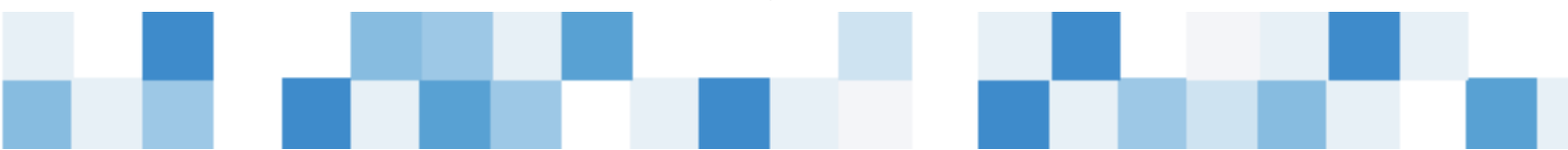
2.17 Primary care access and service targets

2.17.1 The PCT has a strategy for improving the access to primary care services which is reflected in the Primary Care commissioning process

2.17.1.1 The PCT has a strategy for improving the access to primary care services which is reflected in the Primary Care commissioning process
 2.17.1.2 Action and resources needed to achieve targets are identified.
 2.17.1.3 Primary care access is identified as an issue in the annual LDP process where appropriate
 2.17.1.4 Action plans are agreed with individual practices that are not achieving targets.

2.17.2 All practices supply information on the availability for patients of GP appointments within 48 hours and with other primary care professionals within 24 hours.

2.17.2.1 The data is monitored, analysed and evaluated.
 2.17.2.2 There are initiatives to share good practice between those who are meeting the targets and those who are not.



PCT Competency Framework

2. Primary care contracting

30 June 2004

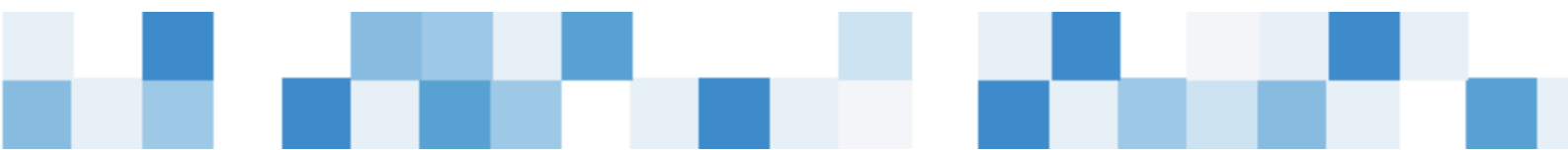
Red Amber Green Competency Statement

Examples of Evidence

<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>2.17.3 There are plans in place to provide a range of diagnostic tests and outpatient consultations at primary care centres as appropriate and reflected through the LDP process. This may include PMS Plus and PMS Specialist services</p>	<p>2.17.3.1 Pilot projects have been set up.</p> <p>2.17.3.2 The plans are explicit about the roll out of diagnostic tests and outpatient consultation provision by 2004.</p>
<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>2.17.4 Specialist GPs take referrals from colleagues and this is reflected in the commissioning process</p>	<p>2.17.4.1 There is a programme to develop special interest services. See 'Implementing a scheme for GPs with Special Interests' RCGP/DoH April 2002.</p> <p>2.17.4.2 Pilot projects have been set up.</p> <p>2.17.4.3 The plans are explicit about the development and replication of the specialist GP role by 2004.</p>
<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>2.17.5 The PCT has an analysis of where practitioners with special interests can meet priority unmet need.</p>	<p>2.17.5.1 There is information on areas of priority unmet need and surveys to identify practitioners with interest in developing services in these areas have been undertaken.</p>
<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>2.17.6 The PCT ensures that all GPs are connected to NHSnet</p>	<p>2.17.6.1 There is information on the levels of coverage/take up.</p>
<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>2.17.7 PCT has assessed access arrangements for dentistry.</p>	<p>2.17.7.1 The assessment has identified gaps and problems and there is a plan to address these. (See also Dentistry – specific section of this framework)</p>

2.18 FHS Contractors

<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>2.18.1 There are systems in place for the management of FHS registers and for the accreditation and re-validation of practitioners.</p>	<p>2.18.1.1 Service level agreements for management of FHS registers are in place with Shared services providers or FHS registers are managed within the PCT.</p> <p>2.18.1.2 Arrangements in place meet all statutory requirements and all appropriate checks are carried out on professionals prior to joining the registers.</p> <p>2.18.1.3 Procedures are in place where checks or references received for practitioners to join the register cause concern, to allow decisions around inclusion on the register to be made in a fair and transparent manner.</p>
---	--	--



PCT Competency Framework

2. Primary care contracting

30 June 2004

Red Amber Green Competency Statement

2.18.2 Doctors, dentists, pharmacists and optometrists are actively engaged in the PCT organisation.

Examples of Evidence

2.18.2.1 For all professional groups:

2.18.2.2 there is a board and PEC lead identified;

2.18.2.3 there are projects for development actively being undertaken;

2.18.2.4 communication routes are open for input of contractors;

2.18.2.5 there is active use of professional groups to develop the PCT;

2.18.2.6 there is a committee structure in place to promote and facilitate engagement.