

## Specialist Provider Medical Services (SPMS): Briefing Note

### 1. Introduction: The Four Contracting Routes for Primary Medical Services

Contract	Providers
<b>1. General Medical Services (nGMS)</b>	Practices with at least one GP provider (single-handers, partnerships, or a certain type of limited company described in chapter 6)
<b>2. Personal Medical Services (PMS)</b>	<ol style="list-style-type: none"> <li>1. Practices (single-handers, partnerships, or a certain type of limited company described in chapter 6)</li> <li>2. Nurses and other clinician</li> <li>3. PCTs</li> </ol>
<b>3. Alternative Providers Medical Services (APMS)</b>	<ol style="list-style-type: none"> <li>1. Commercial providers</li> <li>2. Voluntary sector</li> <li>3. Not-for-profit organisations</li> <li>4. NHS trusts and foundation trusts</li> <li>5. Other PCTs</li> </ol>
<b>4. PCT Medical Services (PCTMS)</b>	Primary Care Trusts

#### *Common principles*

**Common principles apply across all four delivery routes** to ensure minimum standards are met and encourage high quality care. Some of the standards apply only to the delivery of essential services to registered patients. The range of standards may include:

(i) Minimum legal requirements, such as having effective clinical governance systems in place; complying with the NHS complaints system, the new performer list arrangements, provider conditions and prescribing conditions; record keeping and providing information to the PCT; having suitable premises; producing patient leaflets; and complying where appropriate with the GMS rules about charging registered patients for delivering other services.

(ii) Arrangements to achieve comparable quality to the GMS Quality and Outcomes framework, where appropriate given the range of services being provided. Where PCTs and contractors propose different quality arrangements in relation to essential services these will need to be approved by PCT Medical Directors or SHA Directors of Public Health as being comparable to GMS standards. PCT quality visits, and CHAI assessment of primary care quality, will need to cover all primary care providers, not just GMS and PMS contractors

(iii) Funding. PCTs can choose to supplement their combined allocation for primary medical services with resources from the unified budget should they wish

## 2. SPMS and how it can be used

SPMS is a flexibility within Personal Medical Services (PMS) that offers a key contracting difference from other primary care commissioning as the patients do not have to be registered with the provider to receive specialist care.

SPMS is designed to give PCTs and providers the flexibility to deliver services to people whose needs may not be fully met by other primary medical services options (nGMS, PMS, PCTMS, APMS).

One of the key differences between APMS and SPMS is that SPMS agreements can only be entered into by those qualified to hold a PMS agreement (see below).

It is for PCTs and providers to decide how to use the various primary medical services contracting routes. SPMS is a flexible contracting tool which can be used, e.g. to improve capacity, address need in areas of historic under-provision, for Out of Hours (OOH) services, to provide services for a specific population not well served by GMS/PMS, and **develop innovative approaches to service delivery**.

In matters where clinical service changes were being proposed it would be the role of the PEC to advise the PCT Board on the effectiveness of the approach being proposed.

## 3. Advantages of using the SPMS contracting route

SPMS offers a local, flexible route to address unmet need, expand capacity and help address health inequalities. It offers the opportunity to deliver services differently, and does not necessarily require the involvement of a GP. The provider does not necessarily have to deliver essential services, but can focus on specialist client need.

The contract itself would be a PMS contract and will therefore need to be negotiated, monitored and any variance agreed in the same manner as PMS permanent contracts. It will also be for the two parties to decide upon the length of the contract and any review or break clause to be included.

## 4. Potential SPMS Providers and Service Provision

SPMS agreements can only be entered into by those qualified to hold a PMS agreement – as specified in Section 28D of the 1977 Act and Part 2 of the PMS Regulations. An SPMS provider could be, e.g. an existing or new nurse-led PMS provider, **a group of clinical practitioners (secondary or primary care)**, an NHS Trust or NHS Foundation Trust, or existing or new GPs who provide specialist care to patients. [See Appendix 1]

In addition SPMS does not require patients to be registered by the SPMS provider consequently SPMS does not require the full range of essential services. The SPMS agreement sets out those services that are to be provided and how patients can access those services.

Pharmacy, Dental or optometry services cannot be provided under an SPMS contract, these services generally have to be commissioned by the PCT under separate arrangements set out in the National Health Service Act 1977.

Specialist PMS providers could be:

- Existing or new Nurse-led PMS providers;
- Other existing or new PMS providers;
- Groups of clinical practitioners (secondary and/or primary care);
- Existing or new GPs providing only specialist care to patients other than those registered with them.
- NHS Trusts or Foundation Trusts

In some cases the Specialist PMS provider may be a single "practice," in others it may be a number of practices grouping together within a single agreement.

## 5. SPMS contract regulation and payments

Contract regulation is via the contract between the PCT and SPMS provider, using the PMS Agreement Regulations 2004 as the legal basis. As part of the contracting process, the SPMS provider needs to put forward a costed business case on how it will deliver the service. The final amount agreed will be the result of the contract process.

Payment for SPMS contracts comes from the PCT's allocation – e.g. from the PCT's overall primary care budget, the enhanced services floor, or from the unified budget, depending on the service to be provided.

## 6. Monitoring of SPMS Agreements

SPMS agreements are managed by the PCT in line with other primary medical care contracting arrangements.

## 7. Pension Arrangements under SPMS Contracts

SPMS providers and their staff are eligible to remain in, or join, the main NHS Pension Scheme because the SPMS provider meets the eligibility criteria for the provision of PMS. For pension purposes, **staff are treated as practice staff**. Practice staff as members of the main NHS Pension Scheme are entitled to retirement benefits, however, **they are not entitled to benefits in respect of injury, redundancy or early retirement on the grounds of redundancy or with the employer's consent**.

If the SPMS Provider is a NHS Trust or a Foundation Trust then the staff will have the same pension rights as other NHS Trust or Foundation Trust employees.

John Phipps  
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## Persons with whom PMS agreements may be made

*This is an extract from the Health and Social Care (Community and Health Standards Act) 2003 and is provided for information. Anyone entering into a contract for the provision of primary medical services is advised to take independent legal advice.*

### Section 28D of the 1977 Act

1) A Strategic Health Authority or a Health Authority may make an agreement under section 28C [i.e. personal medical or dental services] only with one or more of the following—

(a) an NHS trust or NHS foundation trust;

(b) a medical practitioner who meets the prescribed conditions;

(ba) a dental practitioner who meets the prescribed conditions;

(bb) a health care professional who meets the prescribed conditions;

(bc) an individual who is providing services—

(i) under a general medical services contract

(ii) in accordance with section 28C arrangements, section 17C arrangements or Article 15B arrangements; or

(iii) under section 35 of this Act, section 17J or 25 of the 1978 Act or Article 56 or 61 of the Health and Personal Social Services (Northern Ireland) Order 1972 (1972 No 1256 (NI 14));

or has so provided them within such period as may be prescribed;

(d) an NHS employee, a section 28C employee, a section 17C employee or an Article 15B employee;

(e) a qualifying body;

(f) a Primary Care Trust or Local Health Board.

(1A) The power under subsection (1) to make an agreement with a person falling within paragraph (bc) or (d) of that subsection is subject to such conditions as may be prescribed.

(2) In this section—

“the 1978 Act” means the National Health Service (Scotland) Act 1978;

“Article 15B arrangements” means arrangements for the provision of services made under Article 15B of the Health and Personal Social Services (Northern Ireland) Order 1972 (1972 No 1256 (NI 14));

“Article 15B employee” means an individual who, in connection with the provision of services in accordance with Article 15B arrangements, is employed by a person providing or performing those services;

“health care professional” means a person who is a member of a profession regulated by a body mentioned (at the time the agreement in question is made) in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002;

“NHS employee” means an individual who, in connection with the provision of services in the health service in England and Wales, Scotland or Northern Ireland, is employed by—

- (a) an NHS trust, an NHS foundation trust or (in Northern Ireland) a Health and Social Services Trust;
- (b) a Primary Care Trust or Local Health Board;
- (c) a person who is providing services under a general medical services contract;
- (cc) a dental practitioner whose name is included in a list prepared in accordance with regulations made under section 36(1)(a);
- (d) an individual who is providing services as specified in subsection (1)(bc)(iii) above;

“qualifying body” means—

(a) a company which is limited by shares all of which are legally and beneficially owned by persons falling within paragraph (a), (b), (ba), (bb), (bc), (d) or (f) of subsection (1); and also

(b) in the case of an agreement under which primary dental services are provided, a body corporate which, in accordance with the provisions of Part IV of the Dentists Act 1984, is entitled to carry on the business of dentistry;

“section 17C arrangements” means arrangements for the provision of services made under section 17C of the 1978 Act;

“section 17C employee” means an individual who, in connection with the provision of services in accordance with section 17C arrangements, is employed by a person providing or performing those services;

“section 28C arrangements” means arrangements for the provision of services made under section 28C; and “section 28C employee” means an individual who, in connection with the provision of services in accordance with section 28C arrangements, is employed by a person providing or performing] those services.