

**HEALTH BOARD
PARTNERSHIP AGREEMENT
April 2023 – March 2028**

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1. Introduction

This agreement sets out how NHS National Services Scotland (“NSS”) through Practitioner Services, will discharge the responsibilities delegated to it by the Scottish Government Health & Social Care Directorates (SGHSC) and NHS Boards, to register patients and pay Primary Care Practitioners.

The agreement also sets out the status of Practitioner Services within NHSScotland, its overall management arrangements and reflects the responsibilities of the Scottish Dental Practice Board as they are discharged by NSS. The Director of Practitioner and Counter Fraud Services (PCFS) is directly accountable for the work of the strategic business unit to the Chief Executive of National Services Scotland. The Director of PCFS has responsibility for setting the goals and objectives of each contractor group business. The Associate Directors for each main service function and other Senior Managers contribute to the strategy of Practitioner Services and Counter Fraud Services (PCFS). They are accountable for the performance within their areas of responsibility; ensuring objectives are achieved on time and within resources. The organisational structure within Practitioner Services and contact details are attached as Appendix A.

- 1.1 This agreement is compiled in accordance with Standing Financial Instructions and Standard Operational Procedures approved by the Board of NSS. The NSS Board manages and monitors the performance of Practitioner Services.
- 1.2 Where Practitioner Services is acting on the instructions of an individual NHS Board, the Chief Executive of that NHS Board shall be the effective accountable officer. The Chief Executive of the NHS Board is ultimately accountable for all Primary Care expenditure in their board.
- 1.3 Practitioner Services, through its parent body NSS, processes personal data in accordance with relevant NHS legislation, the General Data Protection Regulations (GDPR) and Data Protection Act 2018. NSS takes its responsibilities under the Data Protection Act 2018/GDPR seriously, and has adopted a Data Protection policy, setting out its commitment to compliance. The NSS Medical Director fulfils the role of ‘Caldicott Guardian’ and oversees the use of patient-identifiable information within NSS. The Director of PCFS fulfils this role for Practitioner Services. All NSS staff are contractually obliged and trained to respect confidentiality, and procedures for the proper handling, storage, transmission, and disposal of personal information have been developed.
- 1.4 The services provided under this agreement are largely but not exclusively carried out on behalf of the NHS Boards. As part of NSS’s statutory role, Practitioner Services process personal data, apply expert knowledge and utilising independent decision-making to support the NHS Boards in their legal functions. NSS and the NHS Boards are therefore joint controllers (as defined by Article 26 (1) of the GDPR and Chapter 4 section 104 of the Data Protection Act 2018) in relation to the handling of these personal data. Details of applicable legislation to NSS and NHS Boards as data controllers are set out in Appendix E. Whether by virtue of this Agreement or otherwise, Practitioner Services holds the data for which Practitioner Services and the NHS Board are joint controllers, then any request from the NHS Board for sharing of that data beyond the scope the purposes detailed in this Agreement must be approved by Practitioner Services’ Information Governance Group. Such requests may require that additional processing notices are made to data subjects in order to comply with data protection legislation.
- 1.5 This Agreement is an evolving document which shall run for a period of 5 years with the agreed timetable for delivery of payment and performance information by Practitioner Services being updated annually. Any proposed changes to service will be discussed and agreed with the relevant NHS Board and affected contractors informed. In the event of

any proposal to make significant changes in the way Practitioner Services operates, for example: in response to reductions in funding, consultation will take place with appropriate stakeholders and professional representatives. A formal review will be carried out of all services detailed in the Agreement to ascertain if these can continue to be operated to the agreed service levels for the remaining period of the Agreement. Where services can no longer be offered at the same service level, Practitioner Services will notify the relevant NHS Boards with at least three months' notice of the change in service.

2. Roles and Responsibilities

2.1 Background

Practitioner Services has been responsible for the payment of Primary Care contractors (General Medical Practitioners, General Dental Practitioners, Community Pharmacies and Appliance Suppliers and Optometrists) since 1 April 1999. Funds are drawn directly by NSS, from SGHSC and payments are made on behalf of the NHS Boards to Primary Care contractors providing services in that NHS Board's area. NSS provides information to NHS Boards and to SGHSC on expenditure incurred. Charges against NHS Boards' budgets are based on the payments on their behalf. All parties (NSS, NHS Boards and SGHSC) have a responsibility to maintain this agreement.

2.2 NSS Responsibilities

NSS along with other users are responsible for the quality of the Community Health Index (CHI) data, ensuring that patient data is of a high standard so that patients are appropriately invited for screening and medical records are transferred timeously. NSS is responsible for the accuracy and timeliness of the payments to practitioners and for the flow of accurate and timely information to practitioners, NHS Boards and the SGHSC regarding these payments. In addition, NSS is responsible for ensuring an appropriate system of internal controls exists as part of the payments process and that this process is satisfactory to both internal and external auditors.

Specific responsibilities include: -

- 2.2.1 Manage and maintain digital systems that support the payments on behalf of Primary Care contractors (General Medical Practitioners, General Dental Practitioners, Community Pharmacies and Appliance Suppliers and Optometrists)
- 2.2.2 Register and remove patients from appropriate contractor practice lists and maintain accurate patient demographic and health data. Transfer and securely store both paper and electronic patient medical records. Ensure data quality is subject to regular review and assessment. Fuller details of NSS responsibilities are set out in Appendix D.
- 2.2.3 Assign patients to practices on behalf of NHS Boards where it is necessary. The assignment process is there to provide a safety net for access to care and is not a replacement for the registration process. Where assignment is being misused or cannot be made due to lack of available GP Practices, violence, or GP Practice list issues these cases will be passed to the NHS Board to resolve. The NHS Board remains responsible for patient access to care and decisions in complex cases must be made by the NHS Board.
- 2.2.4 Make payments to Primary Care contractors in accordance with agreed payment schedules (as defined in Appendix B).
- 2.2.5 Provide accurate and timely information to NHS Boards and SGHSC on payments made in accordance with agreed schedules (as defined in Appendix C).
- 2.2.6 Draw down the required funds from SGHSC, provide information on non-discretionary

payments made and on the charge against NHS Boards' unified budget in the format agreed as provided for in this agreement.

- 2.2.7 Ensure that actual payments are reconciled to the amounts drawn down and that appropriate adjustments to the draw down are made in future months together with working with NHS Boards and SGHSC to ensure effective cash management within the system.
- 2.2.8 Maintain appropriate ledger records of all transactions to ensure a robust audit trail.
- 2.2.9 Maintain appropriate controls over the payment process, including adjustments for underpayments and recovery of any identified erroneous overpayments. In the unlikely event that payments are based on estimates as opposed to actuals, NSS will inform both the NHS Board and the relevant Primary Care Contractor representative organisation.
- 2.2.10 Ensure that the payment process and reconciliation of information process is audited annually and that any identified weaknesses are dealt with. Appropriate assurances should be provided to NHS Boards and their auditors, through the Service Auditors reports.
- 2.2.11 Carry out payment verification in line with current guidelines to satisfy NHS Board management/audit requirements. Practitioner Services' involvement in investigations beyond Payment Verification (PV) will be discussed with the relevant NHS Board on a case-by-case basis.
- 2.2.12 Practitioner Services will review the risk assessment in respect of the four-contractor payment streams and around claims where patients are exempt or remitted from paying patient charges. This work will inform the future work of both PV teams and, to an extent, CFS.
- 2.2.13 Through the application of its internal control systems, either pre- or post- payment or through payment verification processes, Practitioner Services may identify irregularities which could potentially be fraud. Whenever that happens Practitioner Services will make its concerns known to both CFS and the NHS Board concerned. Thereafter, tri-partite discussions (Practitioner Services PV, CFS and NHS Board) will be held to determine the best way forward in accordance with the Counter Fraud Strategy and the NHS Board/CFS Partnership Agreement.
- 2.2.14 To assist in the reduction of fraud in Primary Care through continued close liaison and the development of appropriate strategies with CFS. The detailed responsibilities of CFS in relation to both patient and contractor fraud are detailed in a separate Partnership Agreement between CFS and NHS Boards and include a specific responsibility for undertaking patient exemption checking.
- 2.2.15 Carry out and report on Scottish Dental Reference Service examinations as part of our role to provide assurance to the Scottish Dental Practice Board and work with NHS Boards in resolving any financial or clinical performance issues identified.
- 2.2.16 Respond to NHS Board queries within a mutually agreed timescale.
- 2.2.17 Practitioner Services will support SGHSC in maintaining effective working relationships with contractor representative organisations such as Scottish General Practice Committee, Community Pharmacy Scotland, Scottish Dental Practice Committee and Optometry Scotland etc. through regular meetings and other stakeholder engagement as required.
- 2.2.18 Take the lead in maintaining this agreement.
- 2.2.19 Any Board-specific services are described in a separate document to accompany this core

agreement.

2.2.20 Provide payment on behalf information to NHS Boards (detail of expenditure by both themselves and NSS against their allocations).

2.3 NHS Board Responsibilities

NHS Boards are responsible for receiving the unified budget and non-discretionary budget allocations from SGHSC and for managing their expenditure to stay within these allocations. They are responsible for providing Primary Care Services in accordance with legislative requirements.

Specific NHS Board responsibilities include: -

2.3.1 Record and account for expenditure against allocations.

2.3.2 Provide regular monitoring information to SGHSC.

2.3.3 Working with NSS to provide reliable cash estimates as and when appropriate.

2.3.4 Providing IM&T support to Primary Care contractors to implement SGHSC initiatives regarding electronic transmission of information.

2.3.5 Where required, review Health Records prior to release to Patients or Patient Representatives under the Data Protection Act 2018 or Access to Health Records Act 1990.

2.3.6 Ensure patients have access to care by making decisions timeously to enable P&CFS to process/update the registration/assignment of patients on to national databases.

2.3.7 Provide CHI Patient Identification services in Secondary care settings to enable the correct use of the CHI number at all stages of NHS care. Practitioner Services will provide data quality assurance support to NHS Boards using CHI.

2.3.8 Use the CHI number to identify the patient's most current details and ensure that hospital correspondence is sent to the correct GP practice for that patient and take corrective action when errors are highlighted.

2.3.9 Support Practitioner Services in ensuring that Primary Care contractors provide complete and accurate patient information to ensure registration processes and payment claims.

2.3.10 NHS Boards and Practitioner Services are joint controllers for personal data under the Data Protection Act 2018. The handling of personal data by the NHS Boards in the course of these activities is the responsibility of the NHS Board as Controller.

Specific NHS Board Primary Care responsibilities include: -

2.3.11 Manage expenditure and cash to ensure sufficient funds are available to NSS to make payments to Primary Care contractors.

2.3.12 Request NSS to make payments to contractors for unified budget payments, which at present comprise of parts of General Dental Services, Primary Medical Services, General Pharmaceutical Services and Drugs. These may also include Hospital and Community Health Service payments made to Primary Care Contractors where they are the service provider. NSS is authorised to make non-cash limited payments in accordance with NHS Scotland regulations.

2.3.13 NHS Boards should also, as a rule, ensure that any recoveries or repayments from or

repayments made by contractors are routed through Practitioner Services. This will ensure that expenditure analysis by Practitioner Services reflects the actual net expenditure incurred and will ensure consistency with recovery of overpayments where Practitioner Services is the recovering body where it has made the payment under specific Regulations.

- 2.3.14 The exception to these payment arrangements is where the Primary Care provider is an employee of the NHS Board and/or the service is managed by the NHS Board when payments will be made directly by the NHS Board. Funding of any non-cash limit payments made directly by the NHS Board should be obtained through NSS, normally by the NHS Board raising an invoice for the relevant amount.
- 2.3.15 Account for Primary Care expenditure. Maintain appropriate controls over the payment authorisation processes with the NHS Board and their communication with Practitioner Services.
- 2.3.16 Ensure that effective PV takes place for each contractor group in accordance with current guidelines, including the actions required by the NHS Boards to achieve the required level of PV assurance.
- 2.3.17 Respond to Practitioner Services within a mutually agreed timescale.
- 2.3.18 Work with Practitioner Services to provide operational support which may include appointment management, premises, equipment and staffing resources, to enable Practitioner Services to deliver the SDRS service for dental contractors and the Public Dental Service within that NHS Board area and to take appropriate action on PV outcomes and on reports from the Scottish Dental Reference Service. More detail is provided in Appendix F of this Agreement.

2.4 Scottish Government Health and Social Care Directorates Responsibilities

The responsibilities of SGHSC are to set policy objectives for Primary Care and to make allocation for unified and non-unified budgets to NHS Boards in accordance with agreed methodologies, to monitor expenditure of NHS Boards on a regular basis and to prepare an account of that expenditure for the financial year.

Specific responsibilities include: -

- 2.4.1 Make allocation to NHS Boards in respect of unified budget and non-unified budget funding streams.
- 2.4.2 Define the policy for Primary Care expenditure, including monitoring and information flow arrangements.
- 2.4.3 Maintain performance management arrangements with NSS through the Annual Strategic Plan process to ensure that nationally agreed standards are being met.
- 2.4.4 Provide cash to NSS consistent with that requested, provided funds are available.
- 2.4.5 Account for payments on behalf of NHS Boards.

2.5 Payment and Reporting Timetable

- 2.5.1 The cut-off and payment dates for each contractor group are included in Appendix B. These schedules will be updated and circulated on an annual basis in March for the forthcoming Financial Year and published on the Practitioner Services website.

- 2.5.2 A list of reporting dates has been included in Appendix C.
- 2.5.3 When required, Practitioner Services/NHS Board Review Group (chaired by SGHSC) will meet to agree changes to the format of the reports to be produced and to agree a reporting timetable for the revised reports.
- 2.5.4 The PV reporting timetable is also included in Appendix C

3 Services Provided by Practitioner Services

The core service consists of: -

3.1 Operations Functions

The functions are detailed in Appendix D. Management information will be provided in an agreed format by:

Medical – Your Practitioner Services office
Pharmacy – Your Practitioner Services office, PHS and Practitioner Services Finance
Ophthalmic – Ophthalmic Team
Dental – Dental Payments Team

3.2 Payment Verification

- 3.2.1 As the accountable bodies for FHS spend, NHS Boards are required to ensure that the payments made to contractors on their behalf are timely, accurate and valid.
- 3.2.2 With respect to the validity of the payments made by Practitioner Services, as far as possible, claims will be verified by pre-payment checks. The checking process will be enhanced by a programme of post-payment verification, across all contractor groups, i.e.: Dentists, GPs, Optometrists and Community Pharmacies.
- 3.2.3 Whilst accountability for carrying out payment verification ultimately rests with the NHS Boards, there is an onus on Practitioner Services, as the paying agency, to implement appropriate arrangements for a programme of overall payment verification at both the pre- and post-payment stages.
- 3.2.4 It is vital that a consistent approach is taken to PV across the contractor streams and the Payment Verification Governance Group, and the Payment Verification Protocols outline the ways in which this matter will be taken forward across the various payment streams.
- 3.2.5 These requirements have been produced following consultation with representatives from SGHSC, NHS Health Boards, Practitioner Services and Audit Scotland and the relevant professional representative group and reflect the outcome of a comprehensive risk assessment process. The payment verification will be subject to regular review in respect of performance and contractual change.
- 3.2.6 Risk Assessment - This detailed assessment of financial risk exposure identifies, for each contractor group, those payment/claim areas where the greatest opportunity for error or irregularity exists. In conjunction with the NHS Boards, we will agree what actions they require Practitioner Services to take on their behalf.
- 3.2.7 Payment verification of the exemption/remission status of patients (Patient Checking) is dealt within a Partnership Agreement between Counter Fraud Services (CFS) and the NHS

Boards.

- 3.2.8 Practitioner Services will undertake PV in accordance with current guidance for all contractor groups: - Details of Medical, Dental, Ophthalmic and Pharmacy PV Protocols are available as Directorate Letter (Current version is DL (2020) 26) issued by SGHSC.

3.3 Prescribing Stationery and Information

- 3.3.1 Practitioner Services will manage the procurement and delivery to NHS Boards of prescription stationery for GMS Contractors, Pharmacy Contractors, and other prescribers. Timetables for ordering and delivery are detailed in Appendix B.
- 3.3.2 Practitioner Services will manage the procurement and delivery of the British National Formulary (BNF), consulting with NHS Boards as appropriate.

4 Performance Standards

4.1 Patient Standards

- 4.1.1 Patients who cannot find a GP Practice to accept them and who request the help of Practitioner Services will be found a GP Practice within five working days.
- 4.1.2 Practitioner Services will scan and digitize all paper records destined to go to a back-scanned GP Practice and progress towards a process where all paper records received as part of the patient transfer will be scanned and sent to the GP Practice digitally.
- 4.1.3 Practitioner Services will invite over 12,000 patients to attend the SDRS services. As we re-mobilise SDRS, Practitioner Services will ensure that at least 2,000 patients are examined across Scotland each year, increasing to 3,000 once the service is fully re-established. It is envisaged that these engagements will be intelligence driven based on data and detailed engagement with each territorial health board.

4.2 Payments / Procedural Standards

- 4.2.1 All Contract payments will be made in accordance with SGHSC guidance.
- 4.2.2 Payment Accuracy standard is 99.5%.
- 4.2.3 Reporting Process – Forms 1-8 will be issued to NHS Boards and NSS Finance by the 2nd working day of each month. This information will allow Practitioner Services Finance to produce the schedule 12's by the 5th working day of each month. Normally any changes necessary to the data should be notified by NHS Boards to Practitioner Services Payment Centre's or Practitioner Services Finance by 20th of the month, being actioned in the following month's reporting. (See Appendix C)
- 4.2.4 NSS Finance will provide the payments on behalf analysis by the 7th working day of the month. This would indicate the amounts spent by NSS on the Boards' behalf.
- 4.2.5 Prescribing reconciliation information will normally be provided by 5th working day of the following month.
- 4.2.6 DCVP Pharmacy information will be supplied by PHS on a monthly basis. PHS will provide a timetable to NHS Boards.
- 4.2.7 Where there are minor changes required to the above arrangements these can be affected

by Practitioner Services after consultation with the Primary Care Finance Technical Group, a sub-group of FHS Executives. Where changes are more fundamental a formal change programme will be established and will also include SGHSC representation and, depending on the nature of the change, representation from contractor professional bodies.

- 4.2.8 The Service Auditor, Internal Audit and Audit Scotland regularly review business processes for accuracy, effectiveness, and risk. Any recommendations received as a result of these audits will be implemented in line with a time frame agreed with the NSS Audit Committee and will be distributed to NHS Boards.

4.3 Performance Indicators

Practitioner Services will provide quarterly information as follows:

4.3.1 Patient Standards

- Percentages of registration transactions completed within 2 days and within 7 days
- Number of GP Assignments processed.
- Number of records outstanding for > 6 weeks from originating GP Practice
- Numbers of Dental patients called to and examined by SDRS.

4.3.2 Payment Timeliness

Percentage of Primary Care Contractors will be paid in accordance with the agreed payment timescales in Appendix B.

4.3.3 Payment Accuracy

Percentage accuracy for each Contractor Group within each Health Board area and all Scotland comparatives. These will be based on an analysis of correcting payments for Dental, Ophthalmic and Medical, and on the checking carried out by Community Pharmacy Scotland for Pharmacy.

4.3.4 Reporting Timeliness

Percentage of financial summary reports provided in accordance of agreed timetables.

4.3.5 Service Audit

Report on the number of exceptions identified by service auditors in each year.

4.3.6 Payment Verification

- Percentage of Payment Verification reports issued in accordance with the previously advised timetable.
- Payment Verification recoveries reported by Health Board.
- Number of Medical Practice visits.
- Number of referrals to CFS.

4.3.7 Customer Satisfaction

Customer Engagement Index (CEI) scores from annual Service User Satisfaction questionnaires, supplemented by systematic real-time view gathering and user journey mapping throughout the year to identify areas for improvement.

5 The Agreement

5.1 Agreement

This Agreement is between Practitioner Services, a directorate of NHS National Services Scotland and the NHS Board. The Agreement is underpinned by The Functions of The Common Services Agency Order 2008, as amended, and The Public Services Reform (Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order 2013.

5.2 Service Undertaking

Practitioner Services will undertake, on behalf of the NHS Board, specific administrative, monitoring and payment processing functions including registration and CHI maintenance in respect of Primary Care Contractors. Practitioner Services will ensure Contractors are paid accurately and on time and that NHS Boards are supplied with the required information within the agreed timetable. Such services will be carried out in accordance with NHS Scotland guidance and relevant legislation.

5.3 Practitioner Services Responsibilities

These are as detailed in 2.2 above.

5.4 NHS Board Responsibilities

These are as detailed in 2.3 above.

5.5 Monitoring and Review Arrangements

Annual Performance Review Meetings are established between Practitioner Services and the NHS Board, and all aspects of Practitioner Services' performance will be reviewed against agreed standards.

Practitioner Services are represented at the Primary Care Finance Group, FHS Executives Group, Primary Care Finance Technical Group, Primary Care Leads meetings and other relevant Scottish Government/NHS meetings.

In addition, various members of Practitioner Services staff meet with appropriate groups of NHS Board representatives to support and enhance the development of services provided by Practitioner Services and the availability of information to NHS Boards

5.6 Partnership Period

The Partnership Agreement will run from 1 April 2023 to 31 March 2028. This Agreement will be an evolving document and may be revised during this period and may be subject to a formal periodic service level review.

5.7 Escalation Procedures

Any dispute arising out of this Agreement should be resolved between the NHS Board and Director of PCFS. If necessary, matters should then be escalated to the Chief Executives of the NHS Board and NSS, thereafter to the SGHSC.



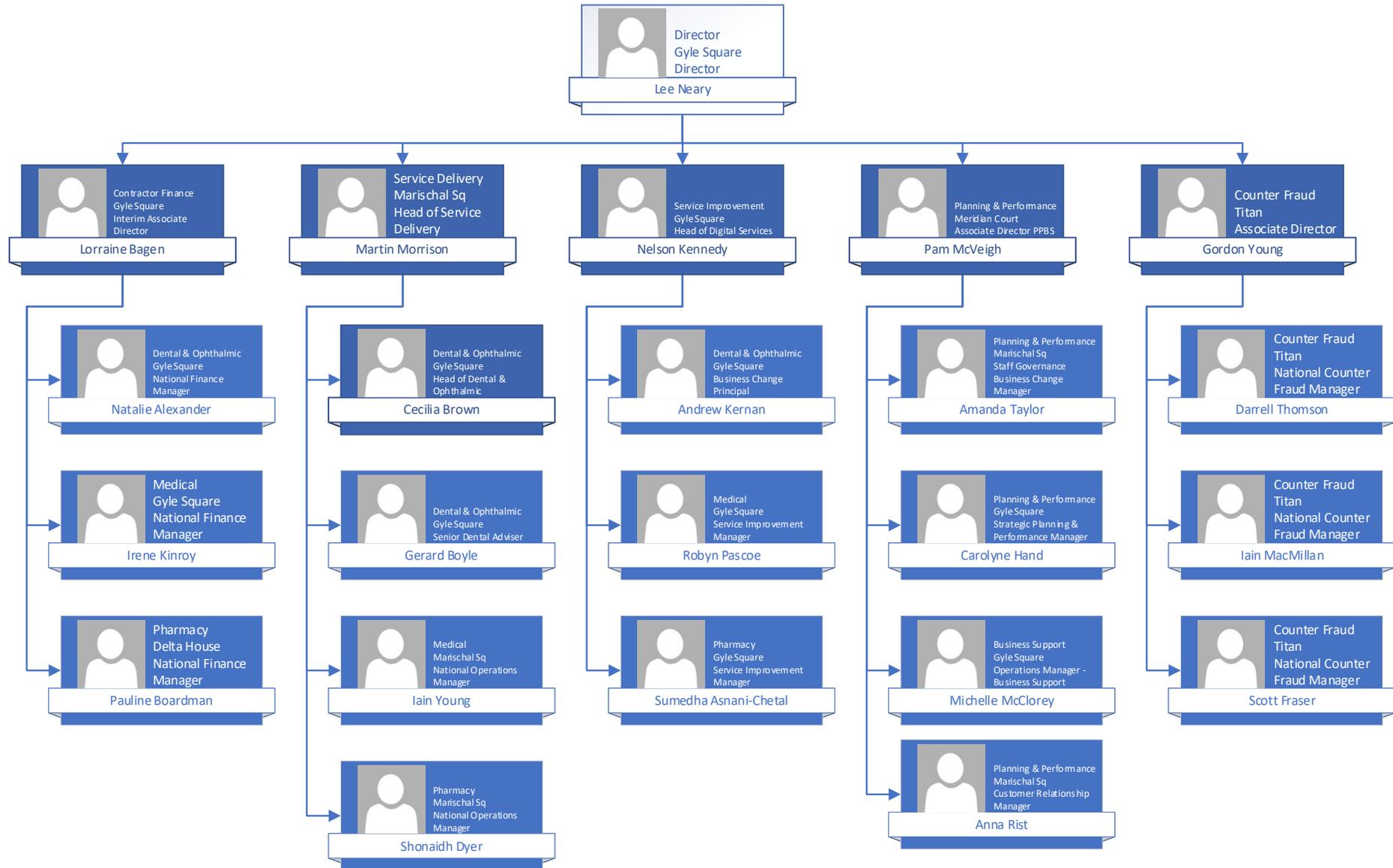
**Name, Director of Finance
NHS XXXX**

**Lee Neary, Director,
Practitioner and Counter Fraud Services**

Signed on behalf of NHS Board

Signed on behalf of NSS

APPENDIX A – Organisation and Contact Details, published on Practitioner Services website



Name	Directorate	Role	Base location	Email Address
Alexander, Natalie	Contractor Finance	Interim National Finance Manager - Dental	Gyle Square, Edinburgh	Natalie.Alexander3@nhs.scot
Asnani-Chetal, Sumedha	Service Improvement	Service Improvement Manager	Gyle Square, Edinburgh	Sumedha.asnani-chetal@nhs.scot
Bagen, Lorraine	Contractor Finance	Interim Associate Director/Head of Contractor Finance	Gyle Square, Edinburgh	Lorraine.Bagen@nhs.scot
Boardman, Pauline	Contractor Finance	National Finance Manager - Pharmacy	Delta House, Glasgow	Pauline.boardman2@nhs.scot
Boyle, Gerard	Service Delivery	Senior Dental Advisor - Dental	Gyle Square, Edinburgh	Gerard.Boyle@nhs.scot
Morrison, Martin	Service Delivery	Associate Director/Head of Service Delivery	Gyle Square, Edinburgh	martin.morrison@nhs.scot
Dyer, Shonaidh	Service Delivery	National Operations Manager	Marischall Square, Aberdeen	shonaidh.dyer2@nhs.scot
Little, Ryan	Contractor Finance	Pharmacy Payments Manager	Gyle Square, Edinburgh	ryan.little2@nhs.scot
Fraser, Scott	Counter Fraud Service	National Counter Fraud Manager	Titan, Glasgow	Scott.Fraser@nhs.scot
Hand, Carlyne	Planning Perf & Bus Support	Performance Assurance Manager	Gyle Square, Edinburgh	Carolyne.Hand@nhs.scot
Brown, Celia	Service Delivery	National Operations Manager	Gyle Square, Edinburgh	cecilia.brown@nhs.scot
Kernan, Andrew	Service Improvement	Customer Services Manager	Gyle Square, Edinburgh	Andrew.Kernan@nhs.scot
Kennedy, Nelson	Service Improvement	Associate Director/Head of Digital Services	Gyle Square, Edinburgh	Nelson.Kennedy@nhs.scot
Diotaiuti, Lucia	Contract Finance	Payment Verification Lead - Medical	Marischall Square, Aberdeen	Lucia.diotaiuti@nhs.scot
MacMillan, Iain	Counter Fraud Service	National Counter Fraud Manager	Titan, Glasgow	Iain.MacMillan@nhs.scot
McAlpine, Tammy	Planning Perf & Bus Support	Business Support	Gyle Square, Edinburgh	Tammy.mcalpine@nhs.scot
McCloreay, Michelle	Planning Perf & Bus Support	Executive Coordinator/Office Manager	Gyle Square, Edinburgh	Michelle.McCloreay@nhs.scot
Ryan, Jill	NSS Finance	Finance Controller	Gyle Square, Edinburgh	jill.ryan2@nhs.scot
Pascoe, Robyn	Service Improvement	Service Improvement Manager - Medical	Gyle Square, Edinburgh	Robyn.Pascoe2@nhs.scot
McVeigh, Pam	Planning Perf & Bus Support	Associate Director Planning, Performance & Business Support	Delta House, Glasgow	Pam.mcveigh@nhs.scot
Mauchline, Emma	Contractor Finance	Finance Service Manager (Medical)	Gyle Square, Edinburgh	emma.mauchline@nhs.scot
Rist, Anna	Planning Perf & Bus Support	Customer Relationship Manager	Marischall Square, Aberdeen	Anna-majia.rist2@nhs.scot
Symington, John	Contractor Finance	PV Lead, Pharmacy	Gyle Square, Edinburgh	john.symington@nhs.scot
Taylor, Amanda	Planning Perf & Bus Support	Staff Governance Business Change Manager	Marischall Square, Aberdeen	Amanda.Taylor3@nhs.scot
Thomson, Darrell	Counter Fraud Services	National Counter Fraud Manager	Titan, Glasgow	Darrell.Thomson@nhs.scot
Young, Iain	Service Delivery	National Operations Manager - Medical	Marischall Square, Aberdeen	iain.young@nhs.scot
Young, Gordon	Counter Fraud Service	Associate Director/Head of Counter Fraud Services	Titan, Glasgow	Gordon.Young2@nhs.scot

APPENDIX B – Cut Off and Payment Dates, published on Practitioner Services website

APPENDIX C – Timetable for the Provision of Information, published on Practitioner Services website

APPENDIX D – Generic Service Specification

List of SERVICES TO BE PROVIDED by Practitioner Services

Main Objectives:

- Record registration of patients with Primary Care Contractors as appropriate.
- Payments to Primary Care Contractors
- Refunds to patients in respect of Dental, Ophthalmic and Pharmaceutical services
- Third party payments approved by the SGHSC/NHS Board, notifying contractors of the payments processed
- Clinical Governance for dental practices

Advice & Guidance

- Provide advice/guidance to contractors on the Regulations specific to all 4 contractor groups (GMS/GPS/GDS/GOS) and NHS Boards

Participation in National and Local Groups

- Participate in national Primary Care Leads, CHI/NHSCR groups
- Participate in national contractor engagement groups with BMA SGPC, BDA SDPC and Scottish Public Dental Service Committee (SPDSC), Community Pharmacy Scotland and Optometry Scotland
- Participate in Scottish Dental Practice Board meetings
- Participate in Partner's Board operation and working groups as required

Liaison with other Groups

- Regular liaison with Atos & Assoc. Systems Contractor and other support contractors
- Regular liaison with NHS Boards/Contractors
- Regular liaison with Primary Care Contractor Representatives

Maintenance of Regulations

- Updating of regulations applying to contractor groups for use within Practitioner Services
- Implementation of those regulations as agreed with NHS Boards
- Liaise with and advise SGHSC

Finance

- Responsible for ensuring that accurate and on time payments are processed for contractors
- Responsible for ensuring that patients refunds are appropriately dealt with
- Responsible for reporting summaries of payments on behalf information to NHS Boards and SGHSC

Statistics

- Ensure that statistical returns to PHI are completed accurately and on time
- Ensure that statistical returns to SPPA are completed accurately and on time

- Ensure that statistical returns to/from Atos are completed accurately and timeously
- Ensure that statistical returns to the SGHSC are completed accurately and on time

Medical

Main Objectives:

- Patient registration details maintained on the CHI
- Storage and destruction of GP's medical records in line with Scottish Government Retention and Destruction of Personal Health Policy (2011)
- Transfer of medical records between GP Practices Payments under collaborative arrangements with Local Authorities, e.g., Fostering medical examination fees
- Removal and assignment of patients to GP Practice lists
- To carry out Payment Verification in line with current guidance
- Issue of Exemption Certificates

Registration and Medical Records

- Acceptances to GPs lists (Movements in + internal transfers)
- Removals from GPs lists (internal transfers)
- NHSCR – Patient Removals (Movements in & out)
- Removals at GP request
- Removals at Patient request
- Immediate removals (violent patients)
- Medical Records (Routine) – Transfers to/from GPs/Practitioner Services (in TR data)
- Medical Records – Supporting applications for access to for unregistered patients
- Medical Records (urgent) – Transfers to/from GPs/Practitioner Services
- Retention of medical records for statutory time periods
- Allocations/Assignments
- Deal with correspondence or telephone queries from patients, doctors and other sources
- Provide GPs with quarterly capitation.
- Maintain 100% post coding of all patient records
- Undertake PiCT matching to ensure GP System and CHI are synchronised
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Payment Verification

- Undertake PV checking in accordance with current guidance.

Payments Requiring Specific Authorisation by NHS Boards in Accordance with the GMS Statement of Financial Entitlement

Global Sum and Minimum Practice Income Guarantee

- Global Sum calculation and payments
- Temporary Patient Adjustment calculation and payments
- Income and Expenses Guarantee calculation and payments
- Additional Services Opt-Outs calculation and deduction
- Vaccination Transformation Programme transferred residuals calculation and payments

Payments for Specific Purposes (NHS Board Administered)

- Seniority
- Golden Hello

- Doctors Retainers
- Prolonged Study Leave
- Locums for maternity, paternity or adoption leave
- Locum for sickness leave
- Locum single handed rural GPs
- Locum covering suspended doctors
- Pneumococcal vaccination and Hib/Men C Booster vaccination
- Adults with incapacity
- Dispensing Services (paid through Pharmaceutical)

Premises and IT

- Premises payments (inc Business Rates, Water Rates, Trade refuse, Rent, Notional Rent, Improvement grants, Cost Rent)
- IT payments

Directed Enhanced Services

- Childhood Immunisation
- Pre-school Boosters
- Minor Surgery
- Violent Patient Support Scheme
- Seasonal influenza vaccine programme (patients 65 & OVER)
- Seasonal influenza vaccine programme (patients at risk)
- Pneumococcal vaccine programme (patients over 65 yrs.)
- Extended Hours Scheme (inc. Nursing provision)
- Men B
- Rotavirus
- Shingles
- Pertussis
- Item of Service

Other short-term Directed Enhance Services

- Palliative care

Scottish Enhanced Services Programme

- Adults with Learning Disabilities
- Care for Adults with Diabetes
- Pulmonary Rehabilitation
- GP Appointment Sessions
- Alcohol and Brief Interventions
- Falls and Bone Health
- Cancer and Urgent Referral Audit
- Services for Carers
- Childhood Obesity
- Other NHS Board defined

National Enhanced Services

- Anti-coagulation Monitoring
- Homeless People Scheme
- Intra Partum Care

- Contraceptive Services – IUDs
- Minor Injury
- Multiple Sclerosis Service
- Sexual Health Service
- Alcohol Misusers
- Drug Misusers
- Near Patient Testing
- Immediate Care Facility
- Depression Services
- Homeless people scheme

Local Enhanced Services

- Nationally defined:
 - Asylum seekers
 - Mumps outbreaks
 - Nursing homes
- Locally defined by NHS Board/CHP

Miscellaneous Items

- Temporary Arrangements (Reg.78.7-78.3/79.1-79.3)
- LMC Levy
- Contractor deductions agreed by NHS Board Discipline Committees
- Issue payments to third parties as required on behalf of NHS Boards
- Prepare financial reporting information for NHS Board ledgers etc.

Other Payments on behalf of NHS Boards

- Section 17C contract payments
- Payments to GP Practices on behalf of Local Authorities

NHS Pension Scheme

- Administration and payments for Medical Practitioners principals and locums
- Administration and payment for Added Years Contracts for Medical Practitioners
- Administration of additional employer contributions for practice staff
- Submission of periodic returns, e.g., Scottish Public Pension Agency annual return.

Electronic Registration & Payments

- Maintain and support PARTNERS infrastructure
- Implement and maintain further types of electronic data transfer via PARTNERS
- Provide help desk support for practices by Partners Team and Partners Coordinators
- Provide initial/refresher training for practices

Pharmacy

Main Objectives

- Rejected Items Report
- High Value Report
- Processing of all prescription forms dispensed in Scotland to an agreed timescale
- Processing of 'Broken Bulk' claims
- Processing of capitation fees for Minor Ailments Service
- Processing of Essential Small Pharmacy payments
- Processing of 'Measuring and fitting' fees for hosiery and Lymphoedema Garments.
- Processing of Methadone fees
- Processing of Methadone Supervision fees
- Processing of 'Out of Pocket' expenses claims
- Processing of Payments approved by SGHSC and/or NHS Boards
- Processing of Public Health Service EHC Payments
- Processing of Public Health Service Smoking Cessation Payments
- Processing Influenza & Pneumococcal Vaccine Payments
- Processing of Corrective Payments
- Processing of Stoma Dispensing Customisation and Delivery Fees
- Processing of eAMS Quality and Efficiency Payment
- Processing of eCMS Capitation Payment
- Processing of Phasing Payment (CMS)
- Processing of Dispensing Doctor VAT Payments
- Processing of CPS Courier Deduction
- Non-Scottish Prescription Charge Recoveries
- Reporting of Dispensed 'Specials'
- Retrieval of prescription images
- Use of 'Borderline Substances' report
- Provide advice and guidance on prescription processing and pharmacy initiatives
- Processing of Dispensing Pool Payments.
- Processing of Establishment Payments.
- Processing of Pharmaceutical Needs Weighting Payments.
- Processing of Health Board approved Yellow Card reclaims.
- Processing of Health Board approved Buprenorphine Supervision payments.
- Processing Public Health Service Meningitis B Payments.
- Processing Operations & Development Fixed and Variable Payments.

Payments

- Payments to Pharmacies and Appliance Suppliers for Drugs and Appliances and Service Payments

Dispensing Doctors

- Drugs Payment
- Remuneration

Additional Services and Payments as Authorised by NHS Boards

- Essential Small Pharmacies
- Pre-Registration Trainees
- Rota Services
- Payments for Advice to Care Homes
- Supplies and payments under the Needle Exchange Scheme
- Other Payments under Local Negotiation Arrangements e.g., methadone dispensing, smoking cessation

Deduction as Authorised by mandate signed by Community Pharmacist

- Community Pharmacy Scotland Levy

Payment Verification

- Undertake payment verification checking in accordance with guidance.

Pharmacy Patient Registrations

- Process electronic Patient Registrations from Community Pharmacies
- Maintain current Patient Registration MAS/CMS Records
- Provide monthly re-numeration data for MAS and CMS capitation payments
- Process manual corrections for lost/missing/damaged/Patient Registrations
- Add, edit, delete contractors on the PRS database
- Produce monthly PRS Reports for SG, Contractors and Health Boards
- Provide registration information for SG, NHS Boards and contractors on request

Advice, Guidance and Support

- Provide advice and information to Scottish Government, Contractors, NHS Boards and the public
- Return all invalid Patient Registrations to contractors for correction along with guidelines
- Supply relevant prescribing stationery to contractors
- Implement any new amendments to Pharmacy contract and related processes and systems on behalf of the SGHSC. This is being done in partnership with NHS Boards, community pharmacists and professional bodies.

Dental

- Payments to contractors issued under Statement of Dental Remuneration (SDR)
- Processing and payment of all allowances specified in the SDR
- Prepare Monthly Financial Reports for all monies paid out and year end forecasting
- Extend the use of eDental and eOrtho for processing Dentist payment input
- Refund of remission charges to patients
- Refund of patient charges under Regulations
- Refund of charges to persons entitled to exemption
- LDC Levy deduction and payment to local dental committees
- Additional Voluntary Pension Contributions
- Clinical Advice, including telephone advice
- Prior Approval and authorisation of discretionary fees of certain payments where appropriate (on behalf of SDPB)
- Scottish Dental Reference Service
- Clinical Quality Assessment (SDRS)
- Storage and destruction of practitioner claim forms in line with Practitioner Services' Document Retention Policy
- Check and deal with queries on forms
- Provision of education to Vocational Dental Practitioners and dentists undergoing Dental Mandatory Training
- Process payment claims for vocational dental practitioners
- Configuration, processing and report of data for the Public Dental Service

Payment Verification

- Undertake payment verification checking in accordance with guidance (App F)
- Recovery of overpayments.

NHS Pension Scheme

- Administration and payments for Dental Practitioners
- Administration of all superannuation payments on behalf of Dental Practitioners
- Early Retirement

Ophthalmic

Payments and Contract Administration

- Payment to registered contractors for all GOS & HES Claims
- Payment of refunds to patients for vouchers
- Payment for domiciliary visits
- Payment to Ophthalmic Medical Practitioners for sight tests
- Payment to Ophthalmic Opticians for sight tests and vouchers
- Process vouchers for repair and replacement of optical appliances for children and eligible adults
- Process claims for sight tests and spectacle vouchers for payment
- Maintain a CGS registration and assessment database including deregistration where appropriate, and reporting to the NHS Boards
- Process CGS registration, assessment and deregistration forms
- Maintain the registration data for CGS patients
- Maintain the assessment data for CGS patients
- Deregister patients for CGS
- Payment to Accredited Providers for CGS registrations
- Payment to Accredited Clinicians or Assisting Accredited Clinicians for CGS assessments
- Check and deal with queries on GOS forms
- Process non-tolerance cases and uncollected spectacle vouchers
- Prepare Monthly Financial Reports for all monies paid out and year end forecasting
- Pay the Ophthalmic National and Local Levies
- Pay the monthly Superannuation contributions to SPPA
- Process payment claims for travel and subsistence
- Process payment claims for pre-registration trainees
- Payment of miscellaneous claims and grants
- Payment to contractors for Continuing Education and Training allowance (CET)
- Storage and destruction of Practitioner claim forms in line with Practitioner Services' Document Retention Policy

NHS Pension Scheme

- Administration and payments for Ophthalmic Medical Practitioners
- Administration of all Superannuation payments etc on behalf of Ophthalmic Medical Practitioners

Statistical Information

- PHI Statistical returns to be completed and submitted twice per annum

Resources and Information Functions

Administration, Monitoring and Control:

Cash Management

- Prepare monthly expenditure forecasts to NSS to ensure that sufficient funds are obtained.
- NHS Boards to provide Practitioner Services with advance notice of expected funding requirements.
- Maintain accounting records covering Cash Limited and Non-Cash-Limited drawings.
- NSS Finance to Reconcile Bank Accounts.
- NSS Finance to ensure that bank account balance is kept within Scottish Government limits.

Financial Control and Reporting

- Process claims in respect of Non-Cash-Limited items in accordance with NHS Regulations, internal controls and NSS Standing Financial Instructions.
- Make payments from Cash-Limited budgets in accordance with each NHS Board's instructions.
- GMS payments monitoring to identify and explain any unexpected patterns
- Record all expenditure on the NSS's General Ledger to the appropriate specifications
- NHS Boards to provide the Practitioner Services with details of Ledger Account codes for all payments.
- Provide reports on expenditure incurred to each NHS Board in accordance with specifications.
- Make all accounting records available for inspection by auditors.
- Obtain the specific approval of the NHS Boards before making any Cash-Limited-Payments.
- Maintain sound internal control systems and ensure probity at all times.

Information

- Development and Maintenance of Management Information Systems
- Provision of Information to NHS Boards and other interested parties

CHI Maintenance

- Ensure that CHI is maintained in line with NHS Board Policies which are under the control of the Director of Public Health
- Ensure that information contained in the CHI is as accurate and up to date as possible
- Ensure that user access is appropriate, and password protected
- Ensure that information processed in CHI is in accordance with Data Protection Registration

APPENDIX E – Information Governance Legislation and responsibilities

NSS and the NHS Board need to comply with the following:

- the Data Protection Act 2018, and all codes and guidance issued pursuant thereto;
- the General Data Protection Regulation;
- the Human Rights Act 1998;
- the Common Law Duty of Confidentiality;
- NHSScotland Records Management Code of Practice;
- NHSScotland IT Security Policy;
- eHealth Mobile Data Protection Standard;
- NHSScotland Code of Practice on Protecting Patient Confidentiality;
- SG codes of practice on clinical and administrative records management;
- the Scottish Government Identity Management and Privacy Principles;
- the Scottish Government's Information Assurance Strategy;
- NHS Scotland guidance and procedures in relation to communications by post; fax; phone, email and other electronic transfers of data.
- the Freedom of Information (Scotland) Act 2002

the Environmental Information Regulations 2004
Public Services Reform (Scotland) Act 2010
The Reuse of Public Sector Information Regulations 2015

Where NSS receives a Subject Access Request from a patient under the Data Protection Act 2018 in relation to GP medical records that Practitioner Services may hold (by virtue of the patient not being registered), support from the relevant NHS Board and/or former GP practice will be required to ensure that records are subject to an appropriate clinical review prior to release.

APPENDIX F – Scottish Dental Reference Service

The Scottish Dental Reference Service (SDRS) provides assurance to both the Scottish Dental Practice Board and NHS Boards that the treatment provided or proposed to be provided under the General Dental Service (GDS) is that which is required to manage the patient's oral health in accordance with the Regulations. The SDRS is a tool in assessing the quality of dental treatment provided in Scotland and as a mechanism to provide both positive assurance and identify any areas of clinical concern to NHS Boards.

Since January 2014, the provision of most Public Dental Services (PDS) falls within GDS Regulations and therefore the SDRS scope covers treatment provided by that part of PDS also. PDS services out with GDS are currently out with the scope of SDRS and are therefore excluded from this Partnership Agreement as part of the core service; these may be agreed separately with individual NHS Boards.

Every dentist providing services under GDS, whether a principal or assistant/trainee, should be subject to post treatment random examinations of their patients every year, based on risk stratification.

The joint governance responsibilities between Practitioner Services, NHS Boards and the SDPB require a joint and collaborative approach to the provision SDRS, with each partner contributing from its resource pool appropriately to deliver the desired overall governance framework.

Where an NHS Board wishes to use the SDRS as part of a targeted investigation process, this is also covered by this appendix, but the resourcing of such clinics needs separate planning and agreement in advance.

The Scottish Government has confirmed that PDS surgeries and Dental Nurse/staff may be used to support SDRS examinations, where the use of PDS resources or facilities would not adversely impact on PDS clinics.

This Appendix sets out the shared responsibility arrangements between Practitioner Services and NHS Boards. It is recognised that the ability of NHS Boards to support SDRS delivery will vary from Board to Board. The following table is indicative, however discussions with each NHS Board will take place to agree a local model.

Activity	Practitioner Services responsibility	NHS Board responsibility
Selection of random post treatment patients to agreed target/risk levels	X	
Selection of random pre-treatment patients as part of prior approval decision making	X	
Provision of targeted/investigation focused clinics	X	X
Selection of investigation follow-up up patients	X	
Scheduling of clinics	X	X
Provision of qualified dentists to carry out patient examination	X	
Provision of registered Dental Nurse to support and record examination		X
Provision of surgeries to host clinics		X
Provision of reception staff/facilities including a staff member who can summon assistance / assist the DRO and Dental Nurse in the event of a medical emergency		X
Provision of dental instruments		X
Provision of IT to record and report examinations	X	
Initial communication to selected patients	X	
Appointment confirmation with patients		X
Issuing draft report to dentist	X	
Issuing final report to dentist	X	
Completion of any patient questionnaire	X	
Reporting of reports and outcome codes	X	
Decision on recovery of payment on each report	X	
Decision on other action including remediation	X	X