

SPMS Q&A

Specialist Provider Medical Services (SPMS)¹

What is SPMS?

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. PMS was introduced on a permanent statutory basis from 1 April 2004. Guidance on SPMS is in “Sustaining Innovation through new PMS arrangements”, issued in December 2003.

Why was SPMS introduced?

SPMS builds on the ability in PMS to address local health and service needs, step out of the norm and innovate. SPMS is designed in particular to give PCTs and providers flexibility to deliver services to people whose needs may not be fully met by other primary medical services options (nGMS, PMS, PCTMS, APMS).

Who can provide SPMS?

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, for example, 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. Section 28D is reproduced as an Annex to this document.

What services can be provided under SPMS?

SPMS does not require patients to be registered by the SPMS provider. (If patients are registered by the provider, the service is PMS, not SPMS, and the services must include the full range of essential services). Consequently, SPMS does not require the full range of essential services. The SPMS agreement will set out those services that are to be provided and how patients can access those services.

¹ This note issued April 2006 by the Department of Health. This note is revised periodically.

How does SPMS differ from APMS?

A key difference is that 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. Under APMS, the PCT can contract with a wide range of potential providers, including those from the commercial, voluntary, mutual sectors, public bodies and NHS.

How can SPMS be used?

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 could be used, for example, 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.

What specific populations?

SPMS can be used, for example, to meet the needs of prisoners, the elderly, drug users, the homeless, asylum seekers and other vulnerable populations.

How is an SPMS contract regulated?

Through a 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 would need to put forward a costed business case on how they will deliver the service. The final amount agreed will be the result of the contract process.

How are SPMS contracts paid for?

From the PCT's allocation – eg from the PCT's overall primary care budget, the enhanced services floor, or from the unified budget, depending on the service to be provided.

Can pharmacy, dental or optometry services be provided under an SPMS contract?

No. Other primary services (ie dentistry, pharmacy, optometry) generally have to be commissioned by the PCT under separate arrangements set out in the National Health Service Act 1977.

Are SPMS services pensionable under the NHS Pension Scheme?

SPMS providers and their staff are eligible to remain in, or join, the main NHS Pension Scheme because, by definition (see above), the SPMS provider meets the eligibility criteria for the provision of PMS. For pension purposes, staff will be treated as practice staff. As members of the main NHS Pension Scheme, practice staff 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.

Further information about the NHS Pension Scheme is on www.nhspa.gov.uk. In case of specific enquiries about SPMS and NHS pensions, contact Jan Parkin on 0113 254 6324 – Jan.Parkin@dh.gsi.gov.uk in the first instance.

What examples are available of SPMS schemes?

Bradford North PCT (bradford.nhs.uk) and Middlesbrough PCT (middlesbroughpct.nhs.uk) have SPMS schemes in place.

Staff in the Hounslow PCT SPMS scheme are employees of the PCT. For more information contact spmshelpdesk@hounslowpct.nhs.uk

What are the advantages of using SPMS?

SPMS offers a local, flexible route to address unmet need, expand capacity and help address health inequalities. It is particularly suitable for vulnerable populations whose needs may not be fully met through other contracting options. 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 .

What are the monitoring arrangements for SPMS?

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

Are there any examples of contract documentation for SPMS?

There are no centrally held examples. PCTs who are considering SPMS may find it helpful to discuss contracting and related issues with PCTs with SPMS schemes.

What help is available to support SPMS development?

“Sustaining Innovation through new PMS arrangements” sets out the framework for SPMS, available on www.dh.gov.uk.

The Primary Care Contracting Advisors (PCCAs) are available to support PCTs on contractual issues. They can be contacted via www.pcc.nhs.uk.

The National Primary Care Collaborative (NPCC) supports PCTs in 28 pilot sites to develop an integrated approach to primary care commissioning, using all contracting routes. Further details are on www.npdt.org.

Annex

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 [ie 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.