

WOLVERHAMPTON CCG

Public Primary Care Commissioning Committee 22nd May 2018

TITLE OF REPORT:	Financial Position as at Month 12, March 2018				
AUTHOR(s) OF REPORT:	Sunita Chhokar-Senior Finance Manager Primary Care				
MANAGEMENT LEAD:	Tony Gallagher, Chief Finance Officer				
PURPOSE OF REPORT:	To report the CCG financial position at Month 12, March 2018				
ACTION REQUIRED:	□ Decision☑ Assurance				
PUBLIC OR PRIVATE:	This Report is intended for the public domain				
KEY POINTS:	 M12 underspend Financial metrics being met Additional allocations 				
RECOMMENDATION:	The Committee note the content of the report				
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:					
Improving the quality and safety of the services we commission	Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the value for money of patient services ensuring that patients are always at the centre of all our commissioning decisions to ensure the right care is provided at the right time in the right place				
Reducing Health Inequalities in Wolverhampton	Improve and develop primary care in Wolverhampton – Delivering a robust financial management service to support our Primary Care Strategy to innovate, lead and transform the way				

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	local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this
	Support the delivery new models of care that support care closer to home and improve management of Long Term Conditions by developing robust financial modelling and monitoring in a flexible way to meet the needs of the emerging New Models of Care.
System effectiveness	Continue to meet our Statutory Duties and responsibilities Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework
delivered within our financial envelope	Deliver improvements in the infrastructure for health and care across Wolverhampton The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.



1. Delegated Primary Care

The final Delegated Primary Care Allocations for 2017/18 is £35.650m. The Outturn is £34.428m delivering an underspend position of £1.221m.

The CCG achieved the planning metrics for 2017/18 are as follows:-

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. As the CCG is not required to deliver a surplus of 1% on their GP Services Allocations this resource can be committed on a non recurring basis.

2. Allocations

The CCG has received an additional allocation of £1k from NHSE for TPP (The Phoenix Partnership system phase 1) on a non recurrent basis in M12.

3. M12 Outturn position

				In Month	In Month	Previous Month
	Annual		Variance	Movement	Movement	FOT Variance
	Budget £'000	Outturn £'000	£'000 o/(u)	Trend	£'000 o/(u)	£'000 o/(u)
General Practice GMS	21,002	21,000	(2)		(2)	0
General Practice PMS	1,809	1,769	(40)		(40)	0
Other List Based Services APMS incl	2,298	2,587	289		289	0
Premises	2,684	2,873	189		189	0
Premises Other	90	61	(29)		(29)	0
Enhanced services Delegated	845	660	(185)		(185)	0
QOF	3,622	3,750	128		128	0
Other GP Services	2,777	1,727	(1,050)		(260)	(790)
Delegated Contingency reserve	174	0	(174)		(174)	0
Delegated Primary Care 1% reserve	348	0	(348)		(348)	0
Total	35,649	34,428	(1,221)	0	(431)	(790)

The Outturn indicates an underspend of £1,221m across Delegated Primary Care of which £790k is against Other GP services which relates to the release of accruals relating to pre delegation ie 16/17. The CCG has received the income to offset expected expenditure. However, as a result of a lower level of actual spend being incurred the CCG is reporting a non recurrent benefit of £790k (ie no further expenditure has occurred this financial year relating to 16/17). The additional £431k relates to schemes which slipped and expenditure did not materialise in 17/18 but will commence in 18/19.

A full review has been carried out in month 12 which includes the following updates:

- Recalculation of Global Sum Payments, GMS PMS and APMS Contract payments based on the January 2018 updated list sizes
- Updated Out of Hours using Q4 list sizes
- Review of PMS Transitional Payments compared to the payments made to date
- Updated QOF forecast using CQRS reports

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- Review of DES forecasts based on activity to date and sign up from practices
- Review of premises forecasts based on information provided from the premises team
- Review of locum reimbursements (maternity/paternity etc) based on approved applications
- Forecast updated based on seniority payments for Q4.

4. Primary Care Reserves

The Outturn includes a 1% Non-Recurrent Transformation Fund, and a 0.5% contingency in line with the 2017/18 planning metrics.

 The 0.5% contingency and 1% reserve has be committed in line with the 2017/18 planning metrics under other GP Services

5. PMS premium reserves

The PMS premium was fully committed in 17/18 on the following schemes:

Schemes	£
EOL	111,549
Mental Health Counselling-Relate	134,283
PITS	20,000
QOF +	228,168
Total	494,000

6. Conclusion

Since the CCG has had full responsibility for Delegated Primary Care it has developed the strategy to be aligned to 5 year forward view which has given benefits for patient and the public including:

- Saturday Hub Opening
- Imporved Access opening
- Providing training for practices nurses

The variance underspend of which £431k relates to 17/18 schemes which will commence in 18/19. In 18/19 the CCG will ensure a tighter monitoring of schemes to ensure the resource is fully committed.

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Recommendations

The Committee is asked to:

• Note the contents of this report.

Name: Sunita Chhokar

Job Title: Senior Finance Manager

Date: 25/04/18

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	NA	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	Sunita Chhokar	25.04.18
Quality Implications discussed with Quality and Risk	NA	
Team		
Equality Implications discussed with CSU Equality and	NA	
Inclusion Service		
Information Governance implications discussed with IG	NA	
Support Officer		
Legal/ Policy implications discussed with Corporate	NA	
Operations Manager		
Other Implications (Medicines management, estates,	NA	
HR, IM&T etc.)		
Any relevant data requirements discussed with CSU	NA	
Business Intelligence		
Signed off by Report Owner (Must be completed)	Lesley Sawrey	25.4.18



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