

**Meeting of the Primary Care Joint Commissioning Committee (Public)  
Tuesday 1st November 2016  
2.00 pm  
Wolverhampton Science Park, Stephenson Room**

**A G E N D A**

10	Primary Care Programme Board Update	MG	1 - 6
13.1	Application for full delegation responsibilities for the Commissioning of primary medical services	SS	7 - 20

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## WOLVERHAMPTON CCG

### PRIMARY CARE JOINT COMMISSIONING COMMITTEE 1<sup>st</sup> November 2016

<b>Title of Report:</b>	<b>Update Report on Primary Care Programme Board Activity October 2016 (PCPB)</b>
<b>Report of:</b>	Manjeet Garcha Chair PCPB
<b>Contact:</b>	Manjeet Garcha
<b>Primary Care Joint Commissioning Committee Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Information</b>
<b>Purpose of Report:</b>	To update the PCJCC on PCPB activity for October 2016
<b>Public or Private:</b>	Public
<b>Relevance to CCG Priority:</b>	1,2a,2b,3,4 &5
<b>Relevance to Board Assurance Framework (BAF):</b>	Outline which Domain(s) the report is relevant to and why – See <a href="#">Notes</a> for further information
<ul style="list-style-type: none"> <li><b>Domain 5: Delegated Functions</b></li> </ul>	<p><b>Domain 5: Delegated functions:</b> When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.</p>



## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Programme Board meets monthly and it was agreed that there will be a monthly summary report presented to the PCJCC.

## 2. MAIN BODY OF REPORT

Summary of activity discussed on October 2016.

- 2.1.1** All currently active work streams are being progressed well with dates for reviews and benefit realisation analysis planned on the key planner
- 2.1.2** The revised contract review register was presented and agreed to turn into a 3 year planner. Discussion took place regarding the Sickle Cell project. This will be part of the wider project review which is commencing in line with the refreshed efficiency reviews.
- 2.1.3** Interpreting Procurement update presented. The procurement closing end date was extended until 30th Aug 2016; following this a review of the bidders is being made in September with a new contract start date of 1st Dec 2016. The existing provider's contract will be extend until this date.  
**October update:** 13 bids have been received. It is anticipated that the evaluation will be completed by early November. Roll out and mobilisation of the service depends on the successful bidder. SC will update Manjeet Garcha by close of play 26<sup>th</sup> October as to latest progress.
- 2.1.4** Community Equipment Procurement  
Group supported recommendation that a report be submitted to Commissioning Committee at its October 27<sup>th</sup> meeting to:
- Provide the information requested by the Committee at its September meeting
  - Seek authorisation to proceed with joint procurement with City of Wolverhampton Council on the following basis: that the City Council will lead on the procurement, that the eventual contract which will be awarded to a successful bidder will be a Local Authority Contract, that the procurement process be managed by a joint project team including appropriate representatives from the CCG reporting to the Primary Care Programme Board and to Commissioning Committee as necessary in line with the CCGs decision-making process. Agree that internal task and finish groups be set up to inform and support the CCG representatives on the joint project team referred to above.
- 2.1.5** Choose and Book, Advice and Guidance/ eRS  
Paper presented to the Board. The lead confirmed that A&G services not available for Neurology and Geriatric Medicine and that after various escalations the reason behind this is that there are vacant posts for these specialties. The Board agreed that due to the low levels



of GPs using the service overall, the project details should go to the clinical reference group for a more in depth clinical view to the benefit of pursuing. In addition another issue was raised re the availability of secondary and primary appointments. This is being investigated. CRG met on the 22<sup>nd</sup> September. GPs are currently calling consultants on telephone directly rather using the system, this was deemed to be inappropriate and time consuming. Action agreed to look into having a central email address where requests could be sent to. This is being considered by the CCG.

**October Update** on paperless referrals to RWT provided and CQUIN that has been included which requires trust all providers to publish all of their services and make all of their first outpatient department appointment slots available on eRS by 31 March 2018

- 2.1.6** Atrial Fibrillation, a new proposal for QIPP presented by Dr D De Rosa. Board agreed to put forward option b (Introduce scheme as pilot in one locality for 12 months) to the Commissioning Committee in September; an updated report is to be presented to the PCPB in September for reference only. The proposal was presented to CRG on 22<sup>nd</sup> September, no changes were made to the proposal therefore the preferred option of a 12 month pilot was presented to the Commissioning Committee in September.

**October update** Atrial Fibrillation project lead confirmed that business case was not supported by commissioning committee due the difficulties of being able to quantify the costs and savings and level of assumptions factored in. This project has been suspended with a view to allow more time to review the quantification data. Further updates will be provided early 2017.

- 2.1.6** Primary Care Review (Basket and Minor Injuries)  
Several iterations of the proposed costs have been considered and the requested cost of consumables is now being added. The amended paper will be presented to the CRG in November before it is shared with primary care colleagues.

- 2.1.7** A&E Chest Pain  
The findings of the audit undertaken earlier were presented and showed that of the 21 patient notes reviewed; one patient was deemed suitable for CDU based on clinical need. The results will now be shared and the pathway challenged with RWT via contract discussions for CI, with the request that a change of practice is made as the facility is being utilised inappropriately. A scheduled quality visit was undertaken on Monday 27<sup>th</sup> September of ED & UCC. The visiting team reviewed the situation in using CDU capacity and this is being pursued by the CCG Contracts Team.



- 2.1.8** The Risk Register was discussed, all risks are to be kept updated and leads will ensure this is maintained. The interpreting procurement was escalated to the QIPP Board for close monitoring.
- 2.1.9** The QIPP Plan for the PCDB was discussed and the need to continue to address the QIPP unallocated deficit reiterated and it was agreed that it would be useful to see a list schemes/areas that contribute towards unallocated QIPP to ensure any areas that have been identified have been captured.
- 2.1.10** No exceptions or risks to the Primary Care Delivery Board work were identified.
- 2.1.11** Contract Register, Commissioning Intentions, Commissioning Intentions and Engagement Documents to support the contract discussions were presented to the board. The contract register is to be presented as a standing item.

## **2.2 CLINICAL VIEW**

Clinical view is afforded by the Director of Nursing and Quality and also Dr Dan De Rosa, CCG Chair. All papers are shared with Dr DeRosa for opportunity to comment is attendance at meetings proves difficult due to surgery commitments.

## **3. PATIENT AND PUBLIC VIEW**

- 3.1** The PCPB ensures that all schemes have an EIA completed and patient and public views are sought as per requirement. Where this is not evident, there is a requirement made to have in place before further work is commenced or the project is moved to the next stage.

## **4. RISKS AND IMPLICATIONS**

Key Risks

- 4.1** The PCPB has reviewed its risk register and it is in line with the CCG requirement.

### **5.0 Financial and Resource Implications**

- 5.1** All exceptions are reported to the QIPP Board and full discussion held re risk and mitigation.

### **6.0 Quality and Safety Implications**

- 6.1** Quality and Risk Team are fully sighted on all activity and the EIAs include a Quality Impact Assessment which is signed off by the CCG Head of Quality and Risk

### **7.0 Equality Implications**



7.1 A robust system has been put in place whereby all schemes have a full EIA undertaken at the scoping stage.

## **8.0 Medicines Management Implications**

8.1 There are no implications in this report regarding medicines management; however, full consultation is sought with Head of Medicines Management for all schemes presented.

## **9.0 Legal and Policy Implications**

9.1 There are no legal implications.

## **10.0 RECOMMENDATIONS**

10.1 To **RECEIVE** and **Note** the actions being taken.

Name: Manjeet Garcha  
Job Title: Director of Nursing and Quality  
Date: 25<sup>th</sup> October 2016



**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	MGarcha Dr De Rosa	25 Oct 16
Public/ Patient View		
Finance Implications discussed with Finance Team	QIPP BOARD	Oct 16
Quality Implications discussed with Quality and Risk Team	M Garcha	25 Oct 2016
Medicines Management Implications discussed with Medicines Management team	nil	Oct 2016
Equality Implications discussed with CSU Equality and Inclusion Service	J Herbert	NA
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)	M Garcha	25 Oct 2016





**WOLVERHAMPTON CCG**
**PRIMARY CARE JOINT COMMISSIONING COMMITTEE MEETING**
**1 NOVEMBER 2016**

<b>Title of Report:</b>	<b>Application for full delegation responsibilities for the commissioning of primary medical services</b>
<b>Report of:</b>	Sarah Southall – Head of Primary Care
<b>Contact:</b>	Sarah Southall – Head of Primary Care
<b>Committee Body Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To ask that the Committee note the steps that will be required for the CCG to make an application for full delegation of Primary medical services in line with the intention set out in the Primary Care Strategy.
<b>Public or Private:</b>	This report is intended for the public domain.
<b>Relevance to CCG Priority:</b>	
<b>Relevance to Board Assurance Framework (BAF):</b>	Outline which Domain(s) the report is relevant to and why
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	The application for delegated commissioning will result in an amendment to the CCG's constitution and governance structure.
<ul style="list-style-type: none"> <li>• <b>Domain 5:</b> Delegated Functions</li> </ul>	Full delegation will result in a change to how the primary medical services are commissioned in Wolverhampton.



## **1. BACKGROUND AND CURRENT SITUATION**

- 1.1. The CCG is currently at level 2 (joint commissioning) for Primary Care Co-Commissioning with NHS England. The Primary Care Strategy approved in January 2016 included an aspiration to move to fully delegated commissioning by 2017.
- 1.2. NHS England have provided details on the process for applying for full delegation for 2017 and this report details the next steps in the approval process.

## **2. APPLICATION PROCESS**

- 2.1. At the Governing Body meeting held on 11 October 2016 the approach for the CCG to make an application for full delegation of Primary Care Commissioning was agreed. The Governing Body also agreed to make a recommendation to the membership to make the consequent variation to the membership.
- 2.2. The WCCG membership agreed, at the Members meeting which took place on 19 October 2016, in line with the intention in the Primary Care Strategy, to submit a application for full delegation of Primary Care Co-Commissioning and to make the necessary changes to the CCG's constitution in order to take on full delegation. This was on the basis that no objections were made at the meeting to the application for full delegation.
- 2.3. The deadline for making an application to NHS England for fully delegated commissioning is 5 December 2016. A Delegated Commissioning Checklist (appendix 1) and finance template for delegated budgets (appendix 2) is to be completed by CCGs and the NHS England Director of Commissioning Operations jointly.
- 2.4. Following the submission of the checklist, our application will be reviewed by NHS England as part of a short approvals process. NHS England will then inform CCGs of the outcomes of this process by early January 2017.

## **3. CLINICAL VIEW**

- 3.1. The CCG's application for full delegation was discussed at the GP Members Meeting on 19 October 2016.



## 4. RISKS AND IMPLICATIONS

### ***Key Risks***

- 4.1. The risks associated with the process for fully delegated commissioning are being managed through the application process. Assurance that the CCG will be able to deliver fully delegated commissioning will be assessed through the application process by NHS England.

### ***Financial and Resource Implications***

- 4.2 The figures contained within Finance template is based on 2016/17 forecast outturn as provided by NHSE. The delegation process needs to be based on 2016/17 forecast outturn. The CCG is working closely with NHSE primary care finance department to work up 2017/18 budgets in line with the notified allocations.
- 4.3 Undertaking 2017/18 budgets the CCG will need to consider and make provision for the following areas which will not be finalised:
- QOF reward payments level for 2016/17 still need to be finalised and NHSE are currently working this up and is difficult to forecast as it depends on contractor performance
  - Locums – again difficult to forecast
  - GMS/Enhanced Services price uplifts
  - Managing investments such as PMS Premium, reserve flexibilities

### ***Quality and Safety Implications***

- 4.3 There are no quality and safety implications arising from this report.

### ***Equality Implications***

- 4.4 There are no equality implications arising from this report.

### ***Medicines Management Implications***

- 4.5 There are no medicines management implications from this report.

### ***Legal and Policy Implications***

- 4.6 The application will be submitted in line with the national prescribed process and statutory guidance for constitutional review.



## 5. RECOMMENDATIONS

- 5.1 That the Committee **approves** Wolverhampton CCGs application for full delegation responsibilities for the commissioning of primary medical services.

**Sarah Southall**  
**Head of Primary Care**  
**Date: 26 October 2016**

### RELEVANT BACKGROUND PAPERS:

<https://www.england.nhs.uk/commissioning/pc-co-comms/pb-cc-approval/>

### ATTACHED DOCUMENTS:

Attached items: Delegated Commissioning Checklist (Appendix 1)  
Finance Template for Delegated Budgets (Appendix 2)



### 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.

	<b>Details/ Name</b>	<b>Date</b>
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Medicines Management Implications discussed with Medicines Management team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
<b>Signed off by Report Owner (Must be completed)</b>	<b>Sarah Southall</b>	<b>26/10/16</b>



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## Delegated commissioning application process and checklist for 2017/18

### Introduction

NHS England's Board has committed to support the majority of CCGs to assume delegated responsibilities for the commissioning of primary medical services from 1 April 2017. Giving CCGs more control over general practice is part of a wider strategy to support the development of place-based commissioning and a key enabler of the development of new care models.

The delegated commissioning model is delivering a number of benefits for CCGs and local populations. It is critical to local sustainability and transformation planning (STP), supporting the development of more coherent commissioning plans for healthcare systems and giving CCGs greater ability to transform primary care services. CCGs have also reported that delegated commissioning is giving them greater insight into practice performance issues, greater opportunities to develop a more sustainable primary care workforce and is helping to strengthen relationships between CCGs and practices.

In 2016/17, 114 CCGs have delegated commissioning responsibilities. NHS England has invited the remainder of CCGs operating under joint or the "great involvement" co-commissioning models to apply for full delegation between **now** and **5 December 2016**.

CCGs are encouraged to have an early conversation about their delegated commissioning application with their NHS England local team and finance leads to ensure that all the necessary documentation is updated and approved in advance.

We request that CCGs and the NHS England Director of Commissioning Operations (DCO) jointly complete the delegated commissioning checklist and finance template for delegated budgets for submission nationally. The completed templates should be signed by the CCG and the relevant NHS England DCO and emailed to [england.co-commissioning@nhs.net](mailto:england.co-commissioning@nhs.net), with a copy to regional leads for co-commissioning, details are as follows

Region	Regional lead for co-commissioning	Contact email address
North	Richard Armstrong	<a href="mailto:richard.armstrong1@nhs.net">richard.armstrong1@nhs.net</a>
Midlands and East	Vikki Taylor	<a href="mailto:vikkitalor@nhs.net">vikkitalor@nhs.net</a>
London	Christina Windle	<a href="mailto:Christina.windle@nhs.net">Christina.windle@nhs.net</a>
South	Sarah Khan	<a href="mailto:sarah.khan12@nhs.net">sarah.khan12@nhs.net</a>

Following submission of the checklist, your application will be reviewed by NHS England as part of a short approvals process. We will inform CCGs of the outcomes of this process by early January 2017.

Please note we will consider applications from CCGs with directions or in special measures on a case-by-case basis.

If you require any further information, please contact your regional co-commissioning lead in the first instance, followed by [england.co-commissioning@nhs.net](mailto:england.co-commissioning@nhs.net).

## Delegated Commissioning Application Checklist

This checklist and finance template should be completed jointly by the CCG and the relevant NHS England DCO. **All supporting documentation should be submitted to the NHS England DCO and not the national co-commissioning team.**

Delegated Commissioning Application Checklist	
Wolverhampton CCG has set out clearly defined objectives and benefits of the delegated arrangement.	Yes
The CCG's constitution or proposed constitutional amendment has been updated in line with the guidance <sup>1</sup> (and this has also been approved by the NHS England regional office with confirmation sent to <a href="mailto:england.co-commissioning@nhs.net">england.co-commissioning@nhs.net</a> - constitutional amends can be confirmed by 1 April 2017).	Yes
The CCG has updated its governance documentation in line with the NHS England <a href="#">guidance</a> (on constitutional amendments).	Yes
The CCG has reviewed its conflicts of interest policy in line with NHS England's <i>revised statutory guidance on managing conflicts of interest for CCGs</i> <a href="https://www.england.nhs.uk/commissioning/pc-co-comms/coi/">https://www.england.nhs.uk/commissioning/pc-co-comms/coi/</a> . The CCG confirms that they will be fully compliant with the conflicts of interest guidance by 1 April 2017.	Yes
The CCG's IG Toolkit meets level 2 criteria as a minimum.	Yes
The CCG's Year End Assurance rating is outstanding	

<sup>1</sup> Constitutional changes will be required if the CCG takes on delegated commissioning because the CCG will need to establish a new committee to manage the delegated functions and to exercise the delegated powers. In the CCG Model Constitution, the references to this committee will need to be added to sections referenced in 6.4.1.a. and 6.6.3.c. unless there is already a clause permitting new committees without additional direct references. These will also need to refer to the Terms of Reference for this committee.



<p>The DCO confirms that there are no performance, finance, leadership or governance issues that prevent the CCG taking on the function.</p>	<p>Yes</p>																																																																																																									
<p>Finance template for delegated budgets completed in full (include completed table below):</p> <p><b>Notes for completing the finance template:</b></p> <ol style="list-style-type: none"> <li>1. Double click into the table to complete the excel template.</li> <li>2. Please enter the notified numbers for your CCG and how the primary care allocation is split between GP Services and other primary care services for 2016/17 (below)</li> <li>3. This will be reconciled back to the area team allocation for primary care and subsequent in year adjustments. Where possible M6 2016/17 figures should be used.</li> </ol> <p><b>PART II</b></p> <p><b>Finance Template for delegated budgets</b></p> <table border="1" data-bbox="188 768 1134 1435"> <thead> <tr> <th></th> <th>Notified delegated Budget (1) £'000</th> <th>Movement out of GP Services (2) £'000</th> <th>Movement Into GP Services (3) £'000</th> <th>Total £'000</th> </tr> </thead> <tbody> <tr> <td><b>GP Services</b></td> <td>+</td> <td>-</td> <td>+</td> <td>+/-</td> </tr> <tr> <td>General Practice - GMS</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>General Practice - PMS</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Other list based services (APMS)</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Premises cost reimbursements</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Other premises costs</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Enhanced services</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>QOF</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Other GP services</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Primary care NHS property services - GP</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td><b>Sub Total GP services</b></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td>N/A</td> <td>+</td> <td>-</td> <td>+/-</td> </tr> <tr> <td>Acute services</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Mental health services</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Community health services</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Primary care services</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Continuing care services</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Other care services</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td><b>Sub total CCG programme costs</b></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Please provide a description in the change in spend detailed above</p>		Notified delegated Budget (1) £'000	Movement out of GP Services (2) £'000	Movement Into GP Services (3) £'000	Total £'000	<b>GP Services</b>	+	-	+	+/-	General Practice - GMS				0	General Practice - PMS				0	Other list based services (APMS)				0	Premises cost reimbursements				0	Other premises costs				0	Enhanced services				0	QOF				0	Other GP services				0	Primary care NHS property services - GP				0	<b>Sub Total GP services</b>	0	0	0	0		N/A	+	-	+/-	Acute services				0	Mental health services				0	Community health services				0	Primary care services				0	Continuing care services				0	Other care services				0	<b>Sub total CCG programme costs</b>		0	0	0	<b>Total</b>	0	0	0	0	<p>Yes (see appendix)</p>
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<p>The DCO confirms the CCG demonstrates appropriate levels of sound financial control and meets all statutory and business planning requirements.</p>	<p>Yes</p>																																																																																																									
<p>The DCO confirms the CCG is capable of taking on delegated functions</p>	<p>Yes</p>																																																																																																									
<p>Three scanned / electronic signatures provided at the foot of this email. Typed names unfortunately cannot be used.</p>	<p>Yes</p>																																																																																																									

I hereby confirm that Wolverhampton CCG membership and governing body have seen and agreed to all proposed arrangements in support of taking on delegated commissioning arrangements for primary medical services on behalf of NHS England for 2017/18.

NHS England is requested to progress the application to the regional panels for consideration.

Signed by Wolverhampton CCG Accountable Officer

Signature (scan/electronic version required):

Print Name:

Position:

Date:

Signed on behalf of Wolverhampton CCG Audit Committee Chair

Signature (scan/electronic version required):

Print Name:

Position:

Date:

Signed by NHS England Director of Commissioning Operations

Signature (scan/electronic version required):

Print Name:

Position:

Date:

## PART II

### Finance Template for delegated budgets

	Notified delegated Budget (1)	Movement out of GP Services (2)	Movement Into GP Services (3)	Total
	£'000	£'000	£'000	£'000
	+	-	+	+/-
<b>GP Services</b>				
General Practice - GMS	19,653			0
General Practice - PMS	1,798			0
Other list based services (APMS)	2,248			0
Premises cost reimbursements	2,771			0
Other premises costs	106			0
Enhanced services	1,556			0
QOF	3,484			0
Other GP services	1,575			0
Primary care NHS property services - GP				0
<b>Sub Total GP services</b>	33,192	0	0	0
	N/A	+	-	+/-
Acute services				0
Mental health services				0
Community health services				0
Primary care services				0
Continuing care services				0
Other care services				0
<b>Sub total CCG programme costs</b>		0	0	0
<b>Total</b>	0	0	0	0

Please provide a description in the change in spend detailed above

#### Notes for Completing the template

1) Please enter the notified numbers for your CCG in column 1.

2) In column 2 please enter any changes in planned spend from the notified numbers entered in column 1. As this column captures the movement in spend the total in C27 should equal zero.

3) In column 3 please enter any investment in primary care spend from other areas of CCG spend. As this column captures the movement in spend the total in D27 should equal zero.

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**06A Wolverhampton CCG****£'000**

Notified 2016/17 Allocation 34,073 As per Annexe C issued January 2016

In Year Movements;

Transfer of WIC Budget (694) Recurrent RTF transfer to CCG Month 3

Transfer of Collaborative Fees (187) Recurrent RTF transfer to CCG Month 3

Revised Allocation

33,192

0

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