

**WOLVERHAMPTON CCG**

**Public Primary Care Commissioning Committee**  
**3<sup>rd</sup> September 19**

<b>TITLE OF REPORT:</b>	Primary Care- Financial Position as at Month 3, June 2019
<b>AUTHOR(s) OF REPORT:</b>	Sunita Chhokar - Senior Finance manager
<b>MANAGEMENT LEAD:</b>	Tony Gallagher, Chief Finance Officer
<b>PURPOSE OF REPORT:</b>	To report the CCG financial position at Month 3, June 2019
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Financial metrics being met</li> <li>• Additional allocations</li> </ul>
<b>RECOMMENDATION:</b>	The Committee note the content of the report
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	<u>Ensure on-going safety and performance in the system</u> 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.
2. Reducing Health Inequalities in Wolverhampton	<u>Improve and develop primary care in Wolverhampton –</u> Delivering a robust financial management service to support our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical



	<p>groupings and fostering strong local partnerships to achieve this.</p> <p><u>Support the delivery of the new models of care that support care closer to home and improve management of Long Term Conditions</u> by developing robust financial modelling and monitoring in a flexible way to meet the needs of the emerging New Models of Care.</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p><u>Continue to meet our Statutory Duties and responsibilities</u> 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.</p> <p><u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> 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.</p>



### Performance against budget

The following table pulls together all area of primary care spend within the CCG and analyses expenditure and forecast outturn as at M03 across the various areas for Primary Care:

	Budget YTD	Actual YTD	YTD Variance	Annual Budget	FOT	FOT Variance
	£'000	£'000	£'000	£'000	£'000	£'000
General Practice GMS	5,960	5,644	(316)	23,842	23,842	0
General Practice PMS	724	363	(361)	2,895	2,895	0
Other List Based Services APMS incl	383	587	205	1,531	1,531	0
Premises	626	601	(25)	2,505	2,505	0
Premises Other	16	30	13	65	65	0
Enhanced services Delegated	189	432	243	758	758	0
QOF	938	918	(20)	3,751	3,751	0
Other GP Services	557	960	404	2,226	2,226	0
Delegated Contingency reserve 0.5%	48	0	(48)	191	191	0
Delegated Primary Care 1% reserve	95	0	(95)	381	381	0
<b>Sub total Delegated Commissioning</b>	<b>9,536</b>	<b>9,536</b>	<b>0</b>	<b>38,145</b>	<b>38,145</b>	<b>0</b>
Locally Commissioned Services	195	195	0	781	781	0
GP Transformation Fund	110	110	0	441	441	0
	<b>305</b>	<b>305</b>	<b>0</b>	<b>1,222</b>	<b>1,222</b>	<b>0</b>
<b>GP Forward View</b>						
<u>Allocated to date</u>						
Reception & Clerical Training	62	62	0	246	246	0
Online consultation software	100	100	0	400	400	0
Access	436	436	0	1,744	1,744	0
Practice Resilience	50	50	0	202	202	0
GP Retention	80	80	0	320	320	0
Primary care Networks	276	276	0	1,104	1,104	0
	<b>1,004</b>	<b>1,004</b>	<b>0</b>	<b>4,016</b>	<b>4,016</b>	<b>0</b>
<b>Primary Care Commissioning</b>						
Commissioning Schemes	500	500	0	2,001	2,001	0
GP IM&T	191	191	0	788	763	(25)
NHS 111	224	224	(0)	897	897	0
Out of Hours	643	643	0	2,572	2,572	0
Prescribing Incentive Scheme	113	113	0	450	450	0
Prescribing	11,736	11,585	(151)	46,944	46,344	(600)
<b>Sub total</b>	<b>13,407</b>	<b>13,256</b>	<b>(151)</b>	<b>53,652</b>	<b>53,027</b>	<b>(625)</b>
<b>Subtotal Primary Care Commissioning</b>	<b>14,717</b>	<b>14,565</b>	<b>(151)</b>	<b>58,890</b>	<b>58,265</b>	<b>(625)</b>
<b>TOTAL FORECAST 2019-20</b>	<b>24,253</b>	<b>24,101</b>	<b>(151)</b>	<b>97,035</b>	<b>96,410</b>	<b>(625)</b>

It is early in the financial year to provide a robust forecast outturn (FOT). However, working closely with the key budget holders the FOT will be refined as the year progresses.

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## Delegated Primary Care

Delegated Primary Care allocations for 2019/20 as at M3 are £38.145m. The forecast outturn is £38.145m delivering a breakeven position.

The CCG planning metrics for 2019/20 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations.

The 0.5% contingency and 1% reserves are showing an underspend year to date with expenditure being fully utilised on “other GP Services” line. In line with NHSE planning metrics no expenditure should be shown on the 0.5% contingency and 1% reserves but recorded against the appropriate lines.

## Locally Commissioned Services

The table above shows an breakeven position. Practices submit a monthly claim form and payments are made accordingly. The CCG is assuming a continuation of the current level of claims in delivering a FOT. A final reconciliation will be completed once March claims have been processed. These services relate to Minor Injury, High Risk Drugs, Simple and Complex dressings, Testosterone, Denosumab, Ear Syringing, Suture Clip Removals etc.

Variations in claims and between practices form part of the management of the Local Commissioned Services budget by the Primary Care team.

## GP Transformation Fund

The transformation fund is funded by the CCG based on practices joining a network. The practice will be paid £1.50 based on weighted list size. This will be a monthly payment made to the network. The CCG anticipates the FOT will be breakeven.

## GPFV

GPFV schemes are funded from national monies provided by NHSE to deliver schemes in line with STP GP Forward View and comprise of:

- Reception & Clerical
- Online Consultation
- Access
- Practice Resilience
- GP Retention
- Primary Care Networks

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As at M3, the position is reported as breakeven. Plans will need to be signed off by the STP board in terms of how the money will be spent.

GP Access is a CCG scheme which is paid directly to the practice's in line with the Service Specification.

### Primary Care Commissioning

For CCG core commissioning budgets, there is an underspend on prescribing of £151k to date and forecast outturn and is based upon the limited data available at this point in the financial year. The following tables represent 2 months accruals based on 19/20 budget, as there is a two month delay in prescribing information being available from NHSBSA.

The table below provides, for information, the drug item volumes and value for the 12 months of 2018/19 and month 1 of 2019/20:

Drugs Volume	April	May	June	July	August	September	October	November	December	January	February	March
2018/19	437,361	478,614	477,699	468,043	463,317	479,940	497,784	497,785	472,139	487,166	435,162	463,833
2019/20	456,948											
Volume % Change	4.48%											

Drugs Value	April	May	June	July	August	September	October	November	December	January	February	March
2018/19	3,501,986	3,751,089	3,648,409	3,628,971	3,832,570	3,519,622	3,747,521	3,636,772	3,538,689	3,709,440	3,313,291	3,610,758
2019/20	3,548,555											
Value % Change	1.33%											

There a small underspend on GP & IMT FOT due to a member of staff going on maternity leave.

### Conclusion/ Recommendations

The Committee is asked to:

- Note the contents of this report.
- The CCG is proposing a non recurrent development reserve of c.£1m for new schemes which will ensure the resource is fully committed
- The current schemes are fully operational to mitigate any risks in slippage

**Name: Sunita Chhokar**  
**Job Title: Senior Finance Manager**  
**Date: 18/07/19**



**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	NA	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	<b>Sunita Chhokar</b>	<b>18/07/19</b>
Quality Implications discussed with Quality and Risk Team	NA	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Lesley Sawrey</b>	<b>24/07/19</b>

