

WOLVERHAMPTON CCG

Public Primary Care Commissioning Committee
5th November 19

TITLE OF REPORT:	Primary Care- Financial Position as at Month 6, September 2019
AUTHOR(s) OF REPORT:	Sunita Chhokar - Senior Finance Manager
MANAGEMENT LEAD:	Tony Gallagher, Chief Finance Officer
PURPOSE OF REPORT:	To report the CCG financial position at Month 6, September 2019
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Financial metrics being met • Additional allocations • Creation of a Development Budget
RECOMMENDATION:	The Committee note the content of the report
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
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



	<p>local health care is delivered, supporting emerging clinical 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>
3. System effectiveness delivered within our financial envelope	<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 M06 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	11,260	11,260	0	22,521	22,521	0
General Practice PMS	726	726	(0)	1,452	1,452	0
Other List Based Services APMS incl	1,407	1,407	0	2,814	2,814	0
Premises	1,196	1,196	0	2,393	2,393	0
Premises Other	42	42	0	83	83	0
Enhanced services Delegated	948	948	0	1,896	1,896	0
QOF	1,836	1,836	0	3,672	3,672	0
Other GP Services	1,371	1,657	286	2,743	2,743	0
Delegated Contingency reserve 0.5%	95	0	(95)	191	191	0
Delegated Primary Care 1% reserve	191	0	(191)	381	381	0
Sub total Delegated Commissioning	19,072	19,072	(0)	38,145	38,145	0
Locally Commissioned Services	436	438	1	873	874	1
GP Transformation Fund	221	221	0	441	441	0
	657	658	1	1,314	1,315	1
GP Forward View						
<u>Allocated to date</u>						
Reception & Clerical Training	123	123	0	246	246	0
Online consultation software	200	200	0	400	400	0
Access	872	872	0	1,744	1,744	0
Practice Resilience	101	101	0	202	202	0
GP Retention	160	160	0	320	320	0
Primary care Networks	552	552	0	1,104	1,104	0
Training Hubs	126	127	0	253	253	0
Fellowships - Core offer	113	114	0	227	227	0
Fellowship - Aspring Leaders	146	146	0	291	291	0
	2,393	2,394	0	4,787	4,787	0
Primary Care Commissioning						
Commissioning Schemes	960	936	(23)	1,920	1,916	(4)
GP IM&T	381	381	(0)	788	763	0
NHS 111	448	448	(0)	897	984	87
Out of Hours- Vocare Northern Doctors	1,286	1,286	0	2,572	2,572	0
Prescribing Incentive Scheme	225	175	(50)	450	400	(50)
Prescribing	23,464	23,765	300	46,928	47,381	453
Sub total	26,765	26,991	226	53,555	54,015	486
Subtotal Primary Care Commissioning	29,815	30,043	228	59,656	60,117	487
TOTAL FORECAST 2019-20	48,888	49,115	228	97,801	98,262	487

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Delegated Primary Care

Delegated Primary Care allocations for 2019/20 as at M6 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.

The CCG proposes a Development budget be created, £1m in 1920 from the following lines within the contract:

1920		
GMS Contract	Annual Budget	£1m development pot- Suggestion
Global Sum	22,520,536	
QOF	3,228,368	(100,000.00)
LES	1,680,316	(120,000.00)
Premises	2,289,995	
Other	2,909,302	(595,000.00)
APMS		
Global Sum	2,813,611	(30,000.00)
QOF	232,007	(25,000.00)
LES	112,960	
Premises	328,791	
Other	14,922	
PMS		
Global Sum	1,451,756	(80,000.00)
QOF	211,661	
LES	102,724	
Premises	119,717	
Other	128,334	(50,000.00)
	<u>38,145,000</u>	<u>(1,000,000)</u>

The above table indicates too much budget has been traditionally allocated to individual lines. By establishing a Development budget the CCG can focus on developing new schemes, pilots and moving a pace with news ways of workings.

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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 is paid £1.50 based on weighted list size. This is 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
- Training Hubs
- Fellowships - Core offer
- Fellowship - Aspring Leaders

As at M6, the position is reported as breakeven. Plans have now been signed off by the STP Board in terms of how the money will be spent. Dependant on the scheme some of the allocation will be tranferred to the CCGs and in some cases invoices will be sent to Wolverhampton CCG inline with STP boards agreement.

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



Primary Care Commissioning

NHS 111

The CCG is expecting the FOT to over spend by £87k due to transition from the current provider, Care UK to WMAS on 5th November 2019. The programme forecast has been updated to reflect the changes.

Prescribing Incentive

A benefit from the previous year of £50k has been received due to expenditure not being incurred by the practice

Prescribing

For CCG core commissioning budgets, there is an overspend on prescribing of £454k to date and forecast outturn and is based upon the limited data available at this point in the financial year. This includes an assessment of the impact of new information being available in regard to e.g. the Cat M price increase with effect from 1st August and the latest information in respect of NCSO. The effects have been factored in and resulted in a forecast outturn £454k overspend. The following graph represents 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 4 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	502,088	459,137	468,823								
Volume % Change	4.48%	4.90%	-3.89%	0.17%								

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	3,919,257	3,620,060	3,695,526								
Value % Change	1.33%	4.48%	-0.78%	1.83%								

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



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Job Title: Senior Finance Manager
Date: 11/10/19

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.

	Details/ Name	Date
Clinical View	NA	
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	Sunita Chhokar	11/10/19
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	
Signed off by Report Owner (Must be completed)	Lesley Sawrey	11/10/19

