

WOLVERHAMPTON CCG

Public Primary Care Commissioning Committee 7th November 2017

TITLE OF REPORT:	Financial Position as at Month 6, September 2017
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 2017
ACTION REQUIRED:	□ Decision☑ Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	 M6 slight 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.
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
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

Delegated Primary Care Allocations for 2017/18 as at month 06 are £35.513m. The forecast outturn is £35.013m delivering a underspend position.

The planning metrics for 2017/18 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 therefore the resource can be committed on a non recurring basis.

2. Allocations

The CCG has not received any additional allocations since month 03, the last presented report.

3. M06 Forecast position

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	10,501	10,526	25	21,002	21,002	0	0	0
General Practice PMS	905	899	(5)	1,809	1,809	0	0	0
Other List Based Services APMS incl	1,149	1,271	122	2,298	2,298	0	0	0
Premises	1,342	1,325	(17)	2,684	2,684	0	0	0
Premises Other	45	26	(19)	90	90	0	0	0
Enhanced services Delegated	422	405	(17)	845	845	0	0	0
QOF	1,811	1,764	(47)	3,622	3,622	0	0	0
Other GP Services	1,320	1,540	219	2,641	2,141	(500)	(500)	0
Delegated Contingency reserve	87	0	(87)	174	174	0	0	0
1% Reserves	174	0	(174)	348	348	0	0	0
Total	17,756	17,756	0	35,513	35,013	(500)	(500)	0

The forecast outturn indicates an underspend of £500k against other GP services which relates to pre delegation ie 16/17. TheCCG has been given the income to offset the expenditure and consequently the CCG is reporting a non recurrent benefit of £500k

A full forecast outturn review has been carried out in month 06 which includes the following updates:

- Recalculation of Global Sum Payments, GMS PMS and APMS Contract payments based on the July 17 2017 updated list sizes.
- Review of DES Forecasts based on activity to date.
- Review of Premises Forecasts based on payments to date.
- Review of Locum reimbursements (maternity/paternity etc.) based on approved applications.

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• Review of Seniority actual payments for quarters one to two.

4. Primary Care Reserves

- The forecast outturn includes a 1% Non-Recurrent Transformation Fund, and a 0.5% contingency in line with the 2017/18 planning metrics.
- In line with national guidance the 1% Non-Recurrent Transformation Fund can be utilised in year non-recurrently to help and support the delegated services.
- The 0.5% contingency

5. PMS premium reserves

The PMS premium will grow each year as a result of the transitional taper of funding of PMS practices and the CCG needs to ensure investment plans are in place to recognise this increasing flexibility. Over the next four years the anicipated cumulative position of the PMS premium is as below and the actual resource flexibility will depend on how effective expenditure control is over the previous years. The plan for the following 5 years is as follows:

Year	£'000
17/18	494,272
18/19	677,371
19/20	860,470
20/21	978,284
21/22	1,096,098

6. Conclusion

The CCG is monitoring the financial position of the GP Services budget allocated the CCG and will report any variance accordingly on a quarterly basis; including the use of reserves and contingency funding. The position of the delegated budgets has to be seen within the context of the CCG financial position. And resources should be committed in year as carry forward of underspends is unlikely to be permitted.

Recommendations

The Committee is asked to:

• Note the contents of this report.

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• Continue to mobilise plans for the PMS Premium investment to ensure expenditure is incurred by the 31st March 2018.

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Job Title: Senior Finance Manager

Date: 24/10/17

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	24.10.17
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	24.10.17

