

# NHS Rotherham Clinical Commissioning Group

Primary Care Sub Group – 29 January 2020

Primary Care Committee – 12 February 2020

## ***Draft financial plan for primary care services 2020/2021***

Lead Executive:	Wendy Allott, Chief Finance Officer
Lead Officer:	Louise Jones, Deputy Head of Financial Management
Lead GP:	Dr Avanthi Gunasekera, SCE GP Lead for Primary Care.

### **Purpose:**

To provide information around the 2020-2021 primary care plan.

### **Background:**

Rotherham CCG is required to submit draft operating plans to NHS England by 5 March 2020, with final plans due 29 April 2020. This paper sets out the draft financial plan for primary care, this being a sub set of the CCG's overall financial plan.

### **Primary Care Delegation Responsibility:**

Does this paper relate to Rotherham CCG or delegated business?

Rotherham CCG	
Delegated	
Both Rotherham CCG and delegated	✓

Please indicate which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS,PMS and APMS contracts including taking contractual action	
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	
Managing practices with CQC / quality concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	✓
Assurance to the governing body on the quality and safety of PMCS	

### **Analysis of key issues and of risks**

There are two parts to primary care funding. Part one is the allocation for delegated medical primary care services which is the responsibility of Primary Care Committee (PCC). Part two is an allocation for other primary care services which is part of CCG core allocations and is reported to PCC for information only. These allocations are dealt

with in turn below.

## 1. Delegated medical primary care services: draft plan 2020-21

Five year allocations published in December 2018 show the 2020-21 primary care allocation as follows :

**Table 1**

	£m
2019-20 allocation	38.12
Growth 3.88 %	1.48
<b>2020-21 allocation</b>	<b>39.60</b>

Allocations are subject to final confirmation on receipt of planning guidance expected w/c 27 January 2020.

Confirmation and further guidance on the outcome of 2020/21 GP contract negotiations and global sum increases is also expected imminently.

Therefore for the purpose of this paper the following assumptions have been made;

- 2.3% global sum uplift included for all practices with the innovation fund created out of the GMS/ PMS realignment exercise preserved at £0.5m
- Rent and other premises costs uplifted by 1% and rates by 3%.
- All other costs that attract inflation uplifted by 1%.
- Demographic growth included at 0.5%, to be allocated into Practice payments throughout the year following list size adjustments.
- 0.5% contingency on allocation (£0.2m) included within the central budget.
- Assessments of resource required to deliver the Primary Care network DES is included as per the latest guidance.

The impact of the above is shown in table 2 below

**Table 2**

Delegated Primary Care Medical Services	19/20 Recurrent outturn £m	Growth £m	20/21 Recurrent Budget £m
PMS/ GMS/ APMS Contract & QOF	28.83	0.65	29.48
Additional Roles, Clinical Lead, PC Network Participation	1.00	0.91	1.91
Primary Care ES, PMS Premium reinvestment e.g Quality contract	2.43	-0.01	2.42
Direct reimbursement to Practices for Premises/Rent	3.11	0.04	3.15
Seniority payments, professional fees, discretionary spend	0.93	-0.16	0.77
Central GP Services e.g. clinical waste, interpreter fees etc.	0.26	-0.01	0.26
NHS Property Services void space and subsidies	0.52	0.01	0.52
Central Budget	1.04	0.05	1.09
<b>Total</b>	<b>38.12</b>	<b>1.48</b>	<b>39.60</b>

A breakdown of the central budget line is provided at Table 3 indicating the level of pre-existing commitments in 2020/21.

**Table 3**

<b>Central Budget</b>	<b>£m</b>
0.5% contingency	0.20
Approved developments - Waverley	0.30
Other commitments e.g DDRB review	0.59
<b>Total</b>	<b>1.09</b>

It is proposed to PCC that any uncommitted funding in the central budget after recurrent developments and recommendations from the Doctors' and Dentists' Review Body (DDRB) is spent non-recurrently in 2020-21, observing that in future years growth monies may not be sufficient to fund the required level of recurrent commitments.

## **2. Other Primary Care Services**

The planning assumptions for other primary care services are as follows:

- 1.5% uplift on Local Enhanced Services
- GPIT requirements still being worked up.
- PCN network administration included at £1.50 per head of population.
- GP improving access provided for at £6 per head of population.
- Other investments relating to GP 5 year forward view schemes deducted as these were non recurrent allocations in 2019/20.
- Investment and Impact Fund, not included in this version. Further guidance is required.

The full impact of these assumptions are illustrated in table 4 below:

**Table 4**

<b>Other Primary Care Services</b>	<b>19/20 Recurrent outturn £m</b>	<b>Non recurrent / full year effect changes</b>	<b>Growth £m</b>	<b>20/21 Recurrent Budget £m</b>
CCG Local Enhanced Services (LES)	2.44	0.00	0.04	2.48
GP IT	0.91	0.00	0.00	0.91
Commissioning & Prescribing Local Incentive Scheme (LIS)	0.54	0.00	0.00	0.54
Network Administration PCN £1.50 p/head	0.40	0.00	0.00	0.40
Improving Access	1.60	0.00	0.00	1.60
Other GP 5 year forward view schemes	0.38	-0.38	0.00	0.00
<b>Total</b>	<b>6.27</b>	<b>-0.38</b>	<b>0.04</b>	<b>5.93</b>

## **Risks**

- Allocations subject to final confirmation
- Modelling subject to confirmation of 2020-21 GP Contract negotiations nationally
- 0.5% contingency is insufficient to deal with any over-performance or overspends arising in-year.
- Central budget is required to be deployed to fund recurrent commitments e.g. if growth arising from 2020-21 GP contract negotiations are in excess of funded

growth.

- Central budget may be required to fund revenue costs arising from capital developments e.g. from estates and digital schemes.
- The Primary Care Network DES is still under review and as such funding linked to the provision of the 5 service specifications may change.

**Patient, Public and Stakeholder Involvement:**

n/a

**Equality Impact:**

n/a

**Financial Implications:**

n/a

**Human Resource Implications:**

n/a

**Procurement Advice:**

n/a

**Data Protection Impact Assessment:**

n/a

**Approval history:**

n/a

**Recommendations:**

Members of the Primary Care Committee are asked to

- (i) Note the allocation set out in Table 1
- (ii) Note the assumptions underpinning the draft plan set out in Table 2, and approve the draft plan for delegated medical primary care services
- (iii) Note the content of table 4 and its impact on primary care

Note that further updates will be provided to March PCC, and that a final plan will be brought following completion of the CCG's overall financial plan.

**Paper is for Noting**