

NHS Rotherham Clinical Commissioning Group

Primary Care Committee 21 March 2018

Finance Report for Month 11 ending 28 February 2018

Lead Executive:	Wendy Allott
Lead Officer:	Keely Firth
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Purpose:

To inform members of the financial position at month 11 and provide an update upon the achievement of the plan in 2017/18.

Background:

The Primary Care Co-commissioning budget remains at £38m and was approved at the May Committee.

POSITION TO DATE AND FORECAST OUTTURN

1. In Year Financial Position and Forecast Outturn

Table 1 sets out the £38m allocation falling under the responsibility of the Primary Care Committee (PCC), the year to date financial position and the current assessment of forecast outturn.

Table 1

Area of Spend	2017-18 Budget (Approved May PCC)	Variance as at M11	Forecast Outturn Variance	
	£m	£m	£m	
				<i>(under)/overspend</i>
CQC and Indemnity Fees	0.35	(0.05)	(0.06)	
Enhanced Services	3.70	0.60	0.58	Note 1
General Practice - APMS	0.76	0.02	0.01	
General Practice - GMS	4.07	0.02	0.01	
General Practice - PMS	21.02	(1.42)	(1.52)	Note 2
Other GP Services	0.86	0.29	0.25	
Other premises costs	0.63	0.01	0.01	
Premises Cost Reimbursement	3.13	0.04	0.00	
QOF	3.38	0.04	0.05	
Central Budgets *	0.11	(0.10)	(0.11)	
Total	38.00	(0.56)	(0.78)	

* Central budgets include Saturday and Weekday Hubs, GP access, Telehealth and Interpreter Fees.

Note 1 Enhanced Services (DES & LES)

Expenditure against this line includes national DES schemes, the CCG's longer standing LES schemes and the CCG's local PMS reinvestment schemes. The most notable variance is around GP Case Management, Over 75s LES and the Care Home LES.

Note 2 General Practice – PMS

This line includes allocations affected by NHSE's national equitable funding exercise. As funds are removed from PMS contracts via the equitable funding exercise, they are being made available to reinvest back with Rotherham GP Practices via a series of Local Enhanced Service (LES) schemes under the overall umbrella of the Rotherham Quality Contract. 2017-18 is year 3 of the 4 year plan and as such 75% of the £1.9m is withdrawn from PMS contracts which accounts for £1.4m of the underspend on the PMS line.

2. Action taken

- (i) A review of the Primary Care budgets has been undertaken to establish the levels of resource required in each area. This has been reported on since December and the proposed impact on 2018/19 budgets is covered in a separate paper.

- (ii) After taking account of any likely changes from (i) above, it is likely that the overall PCC budget will be underspent in 2017/18. This is predominantly in Case Management as mentioned under Note 1 and the Quality Contract.
- (iii) In terms of the Case Management and other LES underspends the proposals below are examples where the funds have been utilised to accelerate programmes and initiatives to benefit primary care and better enable the CCG to deliver the overall primary care strategy.
 - Investment in IT including PCs with docking stations and full mobile working capability. The investment in 2017/18 is approximately £0.9m therefore CCG commissioning funds have been used in part to achieve this investment.
 - Supporting the development and implementation of robust access arrangements for primary care.
 - Extending the Physio First pilot which to date has evidenced the release of practice capacity and it is proposed to continue the pilot whilst the MSK project formally reports and implements changes.

Equality Impact:

No new issues

Financial Implications:

As reported

Human Resource Implications:

No impact

Procurement:

No impact

Recommendation

Members of the Primary Care Committee are asked to:

- (i) **Note the latest analysis of expenditure in Table 1 and supporting information.**
- (i) **Note the investment of primary care underspends and additional CCG commissioning funds in initiatives to support primary care.**