

NHS Rotherham Clinical Commissioning Group

Primary Care Sub-Group – 23 February 2022

Primary Care Committee – 09 March 2022

Primary Care Financial Position: Period ending 31 January 2022

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 inform members of the financial position as at 31 January 2022.

Background:

The CCG received an allocation for H2 which has been added to the allocation for H1 and spend reported against both allocations across the 12 month period 1 April 2021 to 31 March 2022.

For primary care services, this combined H1 and H2 allocation is split into two areas;

a) An allocation for delegated medical primary care services which is the responsibility of Primary Care Committee (PCC.) This totals £43.1m.

b) An allocation for locally commissioned primary care services which is part of the CCG's core allocation and is reported to PCC for information only. This totals £8.2m.

Expenditure in this report is monitored against these allocations as at **31 January 2022**.

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	

Please indicate which of the Delegated Duties Decisions this paper requires:-

Delegated Duties – iii – Decisions in relation to the establishment of new GP practices (including branch surgeries) and closures of GP practices.	N/A
Delegated Duties – iv – Decisions about ‘discretionary payments’.	N/A
Delegated Duties – v – Decisions about commissioning urgent care (including home visits as required) for out of area registered patients.	N/A
Delegated Duties – b – The approval of practice mergers.	N/A

Analysis of key issues and of risks:

1. Financial Summary at 31 January 2022

(a) Delegated primary medical care services (PCMS)

Spend is forecast to remain within plan as illustrated in Table 1 below;

Table 1	Year to Date					Forecast Outturn				
	A	B	C	D	E	F	G	H	I	J
	Budget	Spend	Variance	Expected alloc'ns**	Adjusted YTD Variance	Budget	Spend	Variance	Expected alloc'ns**	Adjusted Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Primary Care Medical Services (1 April - 31 March 2021)										
Contract payments / QOF	25,635	25,584	(51)		(51)	30,762	30,712	(50)		(50)
LES's / ES's	2,238	2,229	(9)		(9)	2,694	2,686	(8)		(8)
PCN DES	3,653	4,309	655	655	0	3,993	5,443	1,450	1,450	(0)
Other GP Services	863	895	32		32	1,036	1,183	147		147
Premises	2,777	2,803	27		27	3,332	3,364	32		32
NHSPS - Voids and subsidies	507	483	(24)		(24)	609	609	0		0
Winter Access Fund (WAF)	197	197	0	0	0	197	1,127	930	930	0
Central budget & contingency	338	363	25		25	450	317	(134)		(134)
Grand Total	36,209	36,864	655	655	0	43,074	45,440	2,366	2,380	(14)

** The allocation of £655k year to date and £2,380k forecast outturn represents;

- the estimated drawdown required for additional roles workforce costs. The funding is held centrally by NHSE/I and is expected to be released at the end of year.
- A £930k allocation for the Winter Access Fund (WAF) £197k has already been received year to date and paid out to practices.

The overspend on “other GP services” relates to spend on locums. This is currently mitigated by;

- underspends on contract payments / QOF due to list size growth being marginally less than budget and national income protection arrangements in place for QOF.
- Under performance on the reinvestment local enhanced services (minor surgery/ ring pessary);
- use of some of the contingency/ central budget.

The contingency and central budget used to mitigate against unforeseen risks arising in year has been reviewed and £350k has been released and paid to practices to replace equipment and review maintenance agreements.

b) Locally commissioned primary care services

The cost of locally commissioned primary care services is expected to remain within plan.

Table 2	Year to Date			Forecast Outturn		
	A	B	C	D	D	F
	Budget	Spend	Variance	Budget	Spend	Variance
Locally commissioned primary care services H1 (1 April-31 March 2021)						
	£'000	£'000	£'000	£'000	£'000	£'000
GP information technology	1,295	1,297	2	1,558	1,559	1
CCG Local Enhanced Services (LES)	2,378	1,978	(400)	2,862	2,462	(400)
Reinvestment non recurrent LES underspend	0	400	400	0	400	400
Prescribing Local Incentive Scheme (LIS)	254	254	0	305	305	0
PCN Administration fee £1.50 p/head	331	331	0	397	397	0
Improving Access	1,359	1,359	0	1,631	1,631	0
Primary Care transformation (PCT)	262	262	0	300	300	(0)
Other Non Recurrent Funding	129	134	5	450	456	6
COVID Expansion Fund	543	543	0	543	543	0
COVID - Other	142	141	(0)	170	156	(14)
Grand Total	6,693	6,699	6	8,216	8,209	(7)

Table 2 above includes the following:

- £543k to extend the General Practice Covid Capacity Expansion Fund to 30 September.
- £300k primary care transformation funding comprising:
 - (i) £72k for online consultations
 - (ii) £132k for PCN development
 - (iii) £58k for GP IT infrastructure and resilience.
 - (iv) £38k for practice resilience.

Other non recurrent funding includes £256k system share of £2.6m surplus and £194k Leadership and Management funding.

2. Non recurrent investment

The forecast underperformance of £400k on local enhanced services is a combination of quarter 1 paid on block and activity for quarter 2 and 3 being less than anticipated across all services but mainly long term conditions, annual health reviews and serious mental illness (SMI). This underspend will be reinvested back into primary care services along with £256k non recurrent funding mentioned above. The plans on how to reinvest this have been discussed with PCNs/ practices and are stated in table 3 below:

TABLE 3 - NON RECURRENT INVESTMENT	£'000
Source of Funds:	
Estimated LES underspends	400
Share of £2.6m system surplus	256
Total source of funds	656
Application of Funds :	
Practice Equipment (BP/ Feno / ECG etc)	265
Security costs > NHSE funding	50
Hold for year end accruals / Qtr 4 risk	35
Business as usual (BAU) bids	175
Additional Vocational Training Scheme placements	93
Additional telephony	38
Total application of funds	656

3. Risks and mitigations

Until we are in receipt of the additional roles workforce funding that is currently held centrally, it remains a risk for Rotherham as spend has already been committed.

Reference to NHSE Primary Medical Care Policy and Guidance Manual (PGM):

N/A

Patient, Public and Stakeholder Involvement:

No new issues

Equality Impact:

N/A

Financial Implications:

Outlined in the report

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;

- note the reported financial position and supporting information.

Paper is for noting.

