

Title of Meeting:	Primary Care Commissioning Committee	Agenda Item: 7.1									
Date of Meeting:	27 January 2022										
Paper Title:	Finance Report	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Workshop	
Session (Tick)											
Public	X										
Private											
Workshop											
Responsible Executive Lead Jane Hawcard Chief Finance Officer		Report Author and Job Title Alec Cowell, Deputy Director of Financial Services & Reporting Jane Hawcard, Chief Finance Officer									
Purpose (this paper if for)	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td></td> <td>X</td> </tr> </table>			Decision	Discussion	Assurance	Information				X
Decision	Discussion	Assurance	Information								
			X								

Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting:
 No.

Finance Position Summary to December 2021

As we continue to note, as previously highlighted in financial updates to this committee, the primary care co-commissioning funding allocation has a recurrent shortfall of circa £2.3m. This has been a consistent issue since the CCG took responsibility for co-commissioning.

The following table highlights that the primary care co-commissioning budget is overspent by £219k to the end of December (month 9).

The table also highlights that the CCG is currently reflecting in its accounts a year-end position forecast to be overspent by £1.158m. However, not all funding has been received from NHS England/Improvement for the Additional Roles Reimbursement Scheme (ARRS). This ARRS additional funding is expected be circa £661k, which will reduce the overspend to £497k.

<u>Delegated Primary Care</u>	Month 9 Year To Date Position			Forecast Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
General Practice - GMS	25,728	25,751	22	34,305	34,371	67
General Practice - PMS	6,351	6,339	(12)	8,468	8,456	(12)
General Practice - APMS	517	527	11	689	714	25
Enhanced Services	736	671	(65)	1,005	976	(29)
PCN's	5,131	4,783	(349)	6,942	7,594	652
Dispensing/Prescribing Drs	3,724	3,302	(421)	5,011	4,265	(746)
Other GP Services	1,012	1,013	1	1,350	1,355	5
Premises Cost Reimbursement	5,001	4,907	(94)	6,668	6,644	(24)
Other Premises Costs	9	9	-	12	12	-
QOF	5,352	5,352	0	7,136	7,136	0
Local Enhanced Services	-	-	-	-	-	-
Other Services	(1,100)	25	1,125	(1,186)	34	1,220
Sub Total	52,461	52,680	219	70,400	71,558	1,158

The 'PCNs' budget line forecast year-end overspend of £652k consists mainly of the overspend on the Additional Roles (ARRS). As already noted, additional funding from NHS England/Improvement is expected which will offset this position, bringing costs back in line with budget.

PCN's	Month 9 Year To Date Position			Forecast Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
Network Participation	611	608	(3)	814	811	(4)
Clinical Director	238	238	0	318	318	0
Extended Hours	467	467	(0)	622	622	(0)
Impact & Investment Fund	855	499	(356)	1,140	665	(475)
PCN Support	-	119	119	-	475	475
Care Home Premium	444	436	(8)	592	586	(6)
Leadership Payment	151	151	0	301	301	0
Additional Roles	2,366	2,265	(101)	3,155	3,816	661
Sub Total	5,131	4,783	(349)	6,942	7,594	652

The 'other services' budget line consists mainly of a negative reserve of £1.222m (reserves less contingency) required to offset the recurrent funding shortfall and allowing the CCG to report primary care co-commissioning budgets in line with the ring-fenced allocation.

Other Services	Month 9 Year To Date Position			Forecast Outturn		
	Budget	Actual	Variance	Budget	Actual	Variance
Needle, Syringes & Occupational Health	28	25	(2)	37	34	(3)
Clinical & Medical-Independent Sector	-	-	-	-	-	-
Miscellaneous expenditure	-	-	-	-	-	-
Legacy	-	-	-	-	-	-
0.5% Contingency	257	-	(257)	343	-	(343)
Reserves	(1,385)	-	1,385	(1,565)	-	1,565
Sub Total	(1,100)	25	1,125	(1,186)	34	1,220

Winter Access Funds

The objective of the Winter Access Funds (WAF) is to increase the number of appointments offered to patients across primary care, including face to face appointments.

The tables below provide a breakdown of the funding received at scale across the ICS (£1.89m) and at place across the ICS (5.7m), in total £7.59m.

For North Yorkshire CCG there are 4 'at place' schemes, all classified as patient facing, totalling £1.377m.

Funding is received into the CCG on a reimbursement of costs incurred basis.

WAF Funding Allocation at Scale Across the ICS

ID No.	CCG Place	Project Title	Category	Funding
HCV01	System	Commission a remote GP consultation service from an existing provider to deliver at Places.	Patient facing	£165,000
HCV02	System	Creating a central HR service to free up capacity in practices; would focus on recruitment	Flex Operating Model	£200,000
HCV03	System	Creating a central PALS service to free up capacity in practices; would focus on recruitment	Flex Operating Model	£200,000
HCV04	System	Increase uptake of NHS App for repeat prescriptions and appointment booking	Patient facing	£270,000
HCV05	System	Standardise Opel reporting - budget includes an element of contingency funding which can be drawn down in an emergency to manage responses	Infrastructure Support	£300,000
HCV06	System	Common telephony and first point of contact protocols	Flex Operating Model	£0
HCV07	System	At scale training programme and training resources	Flex Operating Model	£100,000
HCV08	System	Common approach to coding and collection of key activity data to assist with capacity and dema	Infrastructure Support	£110,000
HCV09	System	Work with secondary care to make interfaces with primary care more efficient and effective	Infrastructure Support	£100,000
HCV10	System	Engage with national communications programmes and support local roll out	Infrastructure Support	£75,000
HCV11	System	Establish ICS wide fellowship programme (could also help capacity in medium term)	Patient facing	£250,000
HCV12	System	GP Retainer offer	Patient facing	£120,000
HCV13	System	Full sign up to the Community Pharmacy Consultation service	Patient facing	£0
			TOTAL	£1,890,000

WAF Funding Allocation at Place Across the ICS

ID No.	CCG Place	Project Title	Category	Funding
VOY01	VOYCCG	City Hub Practice 1	Patient facing	£206,588
VOY02	VOYCCG	City Hub Practice 2	Patient facing	£240,363
VOY03	VOYCCG	City Hub Practice 3	Patient facing	£312,067
VOY04	VOYCCG	East Hub Practice 4	Patient facing	£120,345
VOY05	VOYCCG	North Hub Practice 5	Patient facing	£25,140
VOY06	VOYCCG	North Hub Practice 6	Patient facing	£72,907
VOY07	VOYCCG	North Hub Practice 7	Patient facing	£9,837
VOY08	VOYCCG	South Hub Practice 8	Patient facing	£64,600
VOY09	VOYCCG	South Hub Practice 9	Patient facing	£41,208
NY01	NYCCG	Remote Appointments from 3rd party source to be procured - North Yorkshire	Patient facing	£590,129
NY02	NYCCG	Additional on the day urgent care capacity for face to face - Harrogate	Patient facing	£190,315
NY03	NYCCG	Additional on the day urgent care capacity for face to face - HRW	Patient facing	£190,315
NY04	NYCCG	Additional on the day urgent care capacity for face to face - East Coast	Patient facing	£406,000
HULL01	HULLCCG	Utilisation of additional space in Bransholme Health Centre, to also include opening rooms for utilisation on Saturday and Sunday.	Estates	£20,000
HULL02	HULLCCG	Utilisation of additional space within premises from which practices are operating which include Orchard Centre / Kingswood / Calvert and Newington	Estates	£20,000
HULL03	HULLCCG	Practice site development to increase clinical rooms for practice and ARRS roles at 2 practices - non LIFT buildings	Estates	£40,000
HULL04	HULLCCG	Utilisation of additional space available within new West Hull health hub – anticipated opening end Nov/early Dec	Estates	£80,000
HULL05	HULLCCG	Additional clinical appointments will be made available, triaged appropriately so that patients are seeing the most suitable clinician.	Patient facing	£399,942
HULL06	HULLCCG	Hull & East Yorkshire MIND will provide 2 members of staff directly into the Practices.	Patient facing	£60,000
HULL07	HULLCCG	Large pool of non-clinical staff available to answer the phones throughout the day	Flex Operating Model	£250,000
HULL08	HULLCCG	Community voluntary organisation/charity to deliver the training and physically be on the streets and doorstep	Patient facing	£150,000
HULL09	HULLCCG	Provide additional training to current HCAs/TNAs to enhance their skills and enable wider remit to their roles	Patient facing	£20,000
HULL10	HULLCCG	To purchase self-care equipment that is given to patients	Self-care	£18,000
NEL01	NELCCG	Increase appointments for patients and support access for those in hard to reach groups (Practices NEL01/02)	Patient facing	£33,520
NEL02	NELCCG	Increase appointments for patients and support access for those in hard to reach groups (Practices NEL01/02)	Patient facing	
NEL03	NELCCG	Three schemes: operating additional clinics for post school time into evening to support triage and appointments for children, implementing respiratory drop in sessions each morning and implementing chronic disease outreach sessions for hard to reach groups	Patient facing	£57,421
NEL04	NELCCG	Implement a 'Call Time Screen/ LED Queue System Screen' Increase extended hours evening appointments. Fund a GPA to support GP, freeing up GP time. Fund electronic equipment for patients to complete physical health checks (weight/BMI/BP etc) prior to appointment	Patient facing	£7,500
NEL05	NELCCG	Employ additional pharmacist and GP locum to free up GP time	Patient facing	£10,000
NEL06	NELCCG	PCN hub model to deliver same day urgent capacity over and above current practice capacity.	Patient facing	£480,637
NL00	NLCCG	PCN hub model to deliver same day urgent capacity over and above current practice capacity.	Patient facing	£488,226
NL01	NLCCG	The funding will be utilised to source additional estate within the patch - increase space for GP and ANP appointments	Estates	£60,000
NL02	NLCCG	Deliver a co-ordinated 'on the ground' support to help patients sign up to the NHS App	Patient facing	£40,000
ER01	ERYCCG	Creation of a call hub - Ensures clinical space can be full utilised by clinical staff, maximising appointments	Patient facing	£287,830
ER02	ERYCCG	Mobilise PCN hubs through training and mentorship to increase skills	Patient facing	£295,000
ER03	ERYCCG	Increase the contracted hours through the IA contract	Patient facing	£141,000
ER04	ERYCCG	Coding training Intervention/support for practices - improve coding and internal processes	Infrastructure Support	£43,500
ER05	ERYCCG	Extra staff (2 x Band 6) to provide more appointments for low level MD (MH?) provision	Patient facing	£97,610
ER06	ERYCCG	Resource to be trained to engage with patients at specific to be identified locations to optimise the use of the NHSAPP for repeat prescriptions	Patient facing	£45,000
ER07	ERYCCG	Building works - new clinical rooms and reception area - new GPIT and furniture to create more clinical space	Estates	
ER08	ERYCCG	All practices across the place of East Riding to undertake a refresher training on care navigation through PTLs	Infrastructure Support	£35,000
ER09	ERYCCG	Purchase laptops for staff to ensure backroom efficiencies and timeliness of work flow are maintained	Infrastructure Support	
ER010	ERYCCG	Establish a Physiotherapist (MSK FCP) led clinic within Beverley Leisure Centre.	Patient facing	£50,000
				£5,700,001
		TOTAL		£7,590,001

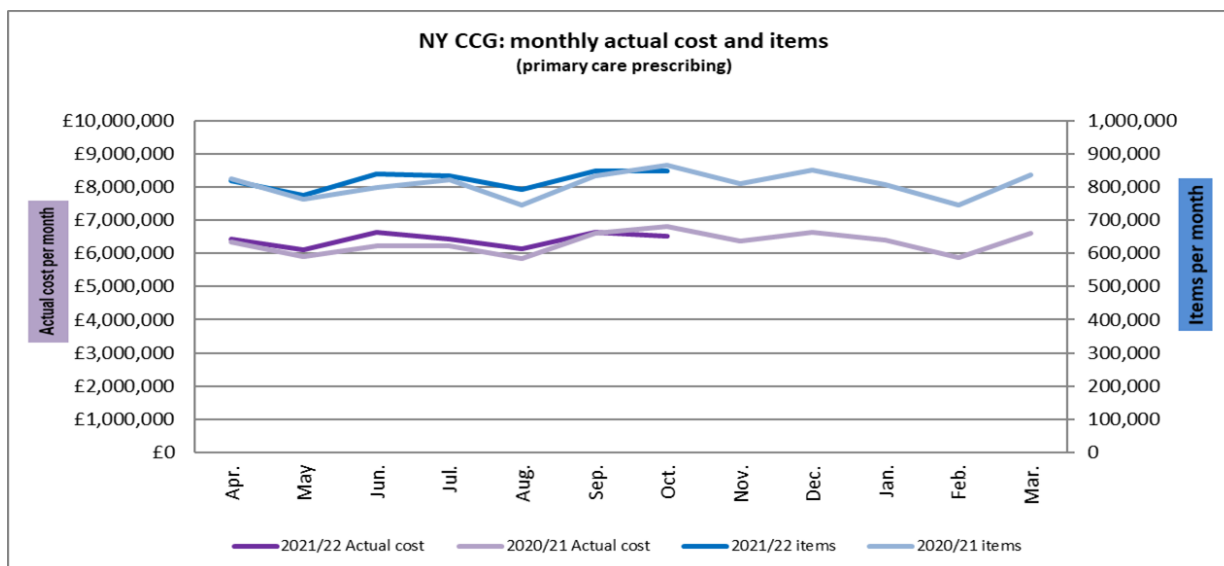
Prescribing Update

The table below shows costs to December 2021 are forecast to be £58.1m against a budget allocation of £57.4m, giving rise to an overspend of £0.7m. This includes two months as a forecasted cost. It is worth noting that the overspend previously reported to this committee (to August 2021) was also an overspend of £0.7m, meaning no further deterioration of the position. At that point in the financial year it was estimated that the month of August would be an overspend, when in fact it ended up being underspent. This highlights the volatility of prescribing costs at present.

Month	Budget	Actual	Estimated*	Variance
April	6,375,849	6,435,212		59,363
May	6,375,849	6,095,258		- 280,591
June	6,375,849	6,624,521		248,672
July	6,375,849	6,442,138		66,289
August	6,375,849	6,123,831		- 252,017
September	6,375,849	6,630,949		255,100
October	6,375,849	6,520,241		144,392
November	6,375,849		6,475,399	99,550
December	6,375,849		6,750,402	374,553
YTD Total	57,382,638	44,872,150	13,225,801	715,313

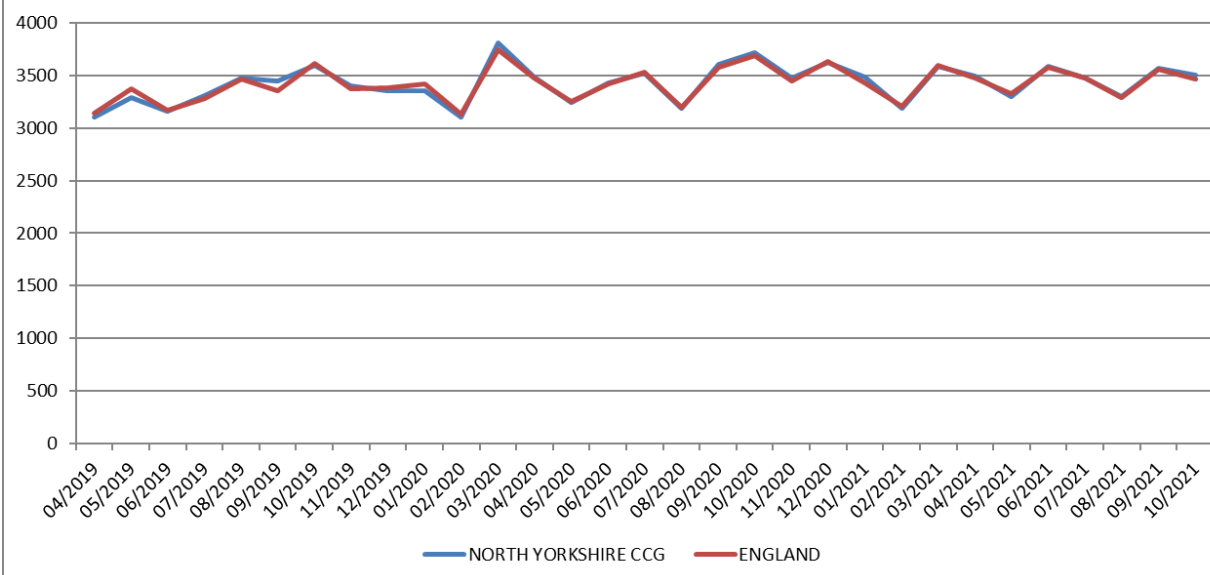
* Estimated based on YTD actuals pro rata to no of working days based on PPA profiles

The following graph continues to show the trend in both monthly spend and number of items dispensed, comparing 2021/22 against 2020/11. This shows that both the number of items dispensed (blue lines) and the monthly spend (purple lines) is mainly higher this year, compared to last year. The only exceptions are April and October.



When comparing the CCG's weighted prescribing costs to the national position, the CCG continues to match this national trend almost perfectly, as shown in the table below.

NYCCG vs National - Total Actual Cost / 1000AstroPU



Recommendations

The PCCC are being asked to note:

- That the primary care co-commissioning budget is overspent by £219k YTD.
- The primary care co-commissioning budget is forecast to be overspent by £497k (assuming additional ARRS funding of £661k is received)
- The winter access funds allocation of £1.89m for ICS system wide schemes and £5.7m for place-based schemes. North Yorkshire CCG element of the place-based funding is £1.377m
- Prescribing budget is overspent by £715k YTD and is expected to continue to overspend.

Monitoring

Through FPCC, PCCC and budget holder financial review meetings.

Any statutory / regulatory / legal / NHS Constitution implications

The CCG normally has a statutory requirement to operate within its overall resource allocation. At present the CCG is operating under a covid19 financial regime which, after regulatory body scrutiny and review, allows the CCG to break-even through additional true-up resource allocations.

Management of Conflicts of Interest

Conflicts of interest will be managed in accordance with the CCG's conflicts of interest policy.

Communication / Public & Patient Engagement

None

Financial / resource implications

As noted in the main body of this paper

Outcome of Impact Assessments completed

Not applicable