

# St Helens CCG Primary Care Commissioning Committee Meeting

Date: **Wednesday, 13<sup>th</sup> February 2019**

Time: **9.00 am**

Venue: Conference Room A, St Helens Chamber, Salisbury Street,  
St Helens WA10 1FY

**Part 1 of this meeting will be held in public**

## Mission Statement:

***'Making a difference – right care, right place, right time'***

**St Helens Clinical Commissioning Group fully support and abide by the pledges set out within the NHS Constitution and we work to ensure we portray the values and behaviours expected of all NHS organisations**



**NHS ST HELENS CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**WEDNESDAY, 13<sup>th</sup> February 2019 AT 9.00 AM**

**Conference Room A, St Helens Chamber, Salisbury Street, St Helens WA10 1FY**

<b>Apologies for absence:</b>
<b>Declarations of Interest:</b>

<b>Item</b>	<b>Time</b>	<b>Agenda Item</b>	<b>Purpose</b>	<b>Presented by</b>
PC190201	9.00 am	Welcome and Apologies		Chair
PC190202		Conflicts of Interest		Chair
PC190203 Page 3	9.05 am	Minutes of the last meeting held on 12 <sup>th</sup> December 2018 and Action log	For Ratification	Chair
PC190204		Matters Arising		Chair
PC190205 Page 11	9.15 am	Finance Report	To Approve	Chief Finance Officer
PC190206	9.30 am	Committee Key Highlights/ Items of business during the year (verbal)	To Discuss and Agree	Assistant Director; Primary Care
PC190207 Page 25	9.40 am	Key Issues from the Primary Care Quality and Contracts Committee held on 23 <sup>rd</sup> January 2019	To Note	Chair of PCQCC
PC190208	9.45 am	Any other business	To Note	Chair
PC190209	9.55 am	Key Issues for the Governing Body		Chair

**Date and time of next meeting: Wednesday, 17<sup>th</sup> April 2019 at 9.30 am in Conference Room A, St Helens Chamber, Salisbury Street, St Helens WA10 1FY**



## NHS St Helens CCG Primary Care Committee

Meeting held on Wednesday, 12<sup>th</sup> December 2018 at 9.45 am

Members Present	Initials	Role
Geoffrey Appleton	GA	Chair
Dr Mike Ejuoneatse	ME	GP Governing Body Member
Dr Hilary Flett	HF	GP Governing Body Member
Mark Weights	MW	Lay Member, Patient and Public Involvement
James Catania	JC	Secondary Care Consultant
Karen Leverett	KL	Assistant Director; Primary Care
Nicola Cartwright	NC	Assistant Director; Medicines Management
Lisa Ellis	LE	Chief Nurse
Julie Ashurst	JA	Deputy Chief Finance Officer
Tony Foy	TF	Lay Member, Audit, Governance and Finance
In Attendance		
Sue Humphrey	SH	Primary Care Commissioning & Contracts Manager
Clare O'Toole	CO	Contracts and Commissioning Manager
Kirk Benyon	KB	Senior Contracts Manager, Primary Care
Sophie Bartsch	SB	NHSE Representative on behalf of Rose Goreman
Angela Delea	AD	Associate Director; Corporate Governance
Minute-taker		
Cathy Edge	CE	PA to the Chair

### Agenda Item

### Action

#### **PB181201 INTRODUCTION & WELCOME**

The Chair welcomed the attendees to the meeting.

#### **APOLOGIES**

Apologies received from:

Sarah O'Brien, Clinical Accountable Officer

Iain Stoddart, Chief Finance Officer (Julie Ashurst attended on behalf of Iain Stoddart)

Sue Forster, Director of Public Health

Rose Goreman, NHSE Representative (Sophie Bartsch attended on behalf of Rose Goreman)

Tom Hughes, Chair, Healthwatch

The Chair declared the meeting quorate.

#### **PB181202 DECLARATIONS OF INTEREST**

The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG.

All declarations are listed in the CCG's Register of Interests; which is available on the CCG website at the following link:

[http://www.sthelensccg.nhs.uk/Library/public\\_info/St%20Helens%20CCG%20Register%20of%20Declaration%20of%20Interest%2031%2003%2017.pdf](http://www.sthelensccg.nhs.uk/Library/public_info/St%20Helens%20CCG%20Register%20of%20Declaration%20of%20Interest%2031%2003%2017.pdf)

There were no declarations of interest.

## **PB181203 MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on Wednesday, 10<sup>th</sup> October 2018 were agreed as a true and accurate reflection of the meeting.

### **NHS St Helens CCG Primary Care Commissioning Committee:**

- **Ratified** the minutes of the previous meeting

## **PB181204 MATTERS ARISING**

### **PC18/10/05 - Finance Report**

The Committee had requested that a workshop be arranged for the Members Council to consider the role of the new Federation and practices responsibilities using an independent facilitator, however, it was understood that the new federation had not progressed sufficiently to take this forward. The action was deferred to the next meeting.

KL

The GP Governing Body Member, ME, informed the Committee that the CCG were to offer to facilitate a forum to pick up provider issues. It was reported that the CCG had written to practices with a limited response. It was proposed that it be communicated again at the next Members Council meeting.

KL/ME

### **PC18/10.06 - Estates Development at Orrell**

The Communications Team had developed the narrative to outline St Helens position for publication and the action was closed.

### **PC18/10/06 - St Helens General Practice Provider Organisation (GP Voice) Letter from the new Federation**

The practices had been asked to provide their own individual responses on the opt in, opt out of out of hours and the action was closed.

There were no further matters arising.

## **PB181205 FINANCE REPORT**

The Deputy Chief Finance Officer presented the Finance Report to inform the Committee of the full year forecast outturn based on information at October 2018. This included devolved budgets set based on the delegated primary care allocation received from NHSE plus additional local investment. The report also highlighted those budgets that contain the greatest degree of risk.

The Deputy Chief Finance Officer reported that in January 2016 NHS England notified CCGs nationally of their total planned allocations for 2016/17 to 2020/21 which included the Primary Care allocation for each of these five years. It was noted that this represents the level of funding that has been made available to enable the CCG to meet the requirements of delegated primary care

commissioning.

The Deputy Chief Finance Officer reported little change in the financial position since October. She reported on the national negotiations for the GMS and PMS contracts with initial indications from NHSE that no further funding would be made available to support this pressure. She noted that the forecast outturn for the delegated primary care allocation was a £165K overspend in October, increasing to just over £200K for November, with the direct enhanced services forecast to overspend by £64K. She noted that across the CCG this should produce a saving by keeping patients out of hospital.

The Chair highlighted the projection that 70% of patients on the learning disability register will receive a health check in 2018/19 which was reported as a significant increase on last year. He informed the Committee that he was proposing a deep dive into mental health in the borough in the coming year.

The Deputy Chief Finance Officer reported that the Community Health Partnership (CHP) and NHS Property Services (NHSPS) premises costs were reporting an underspend of £80K, however, CHP had raised concerns that there are a number of outstanding invoices that have not been paid by GP practices who occupy space in local CHP buildings. It was noted that the outstanding debt is made up of both reimbursable and non-reimbursable charges and is therefore a risk. She reported that the CCG are working with CHP and GPs to understand the issues.

The GP Governing Body Member, HF, raised the issue of rent reviews and practices being expected to fund their own independent valuation. The Deputy Chief Finance Officer confirmed that the District Valuer should be carrying out these reviews on a rolling programme of 3 years at no cost to the tenants and the NHSE representative agreed to report this back to the NHSE estates meeting. **SB**

The Deputy Chief Finance Officer reported that the GP forward view schemes are reporting a balanced position although the urgent care extended access scheme had delays in getting the 4 locations off the ground but this is not expected to have a financial impact.

With regard to the list size growth, NHSE had validated the list and confirmed that there are no errors as reported through the NHAIS (National Health Application and Infrastructure Service). She reported that Out of Hours continues to be a risk until the CCG have a definitive number and that locum costs and premises costs continue to be a risk but reducing as the year progresses.

The GP Governing Body Member, HF, proposed that indemnity fees will be a pressure in the future if not matched by an increased allocation of funding. A query was also raised about the transformational funding and whether the figure was correct in appendix 2 of the report. **JA**

**NHS St Helens CCG Primary Care Commissioning Committee:**

- **Noted** the report

**PB181206 PRIMARY CARE RISK REGISTER**

The Contracts and Commissioning Manager presented the Primary Care Commissioning Committee Corporate Risk Register. The purpose of the report was to provide an update on the current Primary Care risks and their positions in

Quarter 3 (December 2018).

Of the current risks she reported that risk 114PCC relating to failure to achieve National Targets to deliver improved access across 7 days per week had been closed. She reported that 100% of the St Helens population now have access to weekend/evening appointments across three sites.

A new risk 117PCC relating to a uniform provider federation and lack of robust provision and governance during establishment of implementation - St Helens General Practice Provider Organisation (The Voice) - had been recommended at the last Committee following receipt of a letter confirming that the Federation will formally separate from St Helens Rota from 1<sup>st</sup> July 2018. The letter stated that the new organisation will continue to support Primary Care and hope to work closely with the CCG to the benefit of people in St Helens.

The Contracts and Commissioning Manager confirmed that the other risks remained static, however, in relation to risk 78PCC regarding the transfer of Primary Care Support Service, she confirmed that Paul Brennan and she were pursuing an appointment with the new lead for medical transformation to discuss the transfer of medical records which is a long standing issue.

The Lay Member, Audit, Governance and Finance, requested that the wording in risk 117PCC relating to the GP provider federation needed to be amended to reflect the developing integrated urgent care system and complexity of the relationships with the GPs and ROTA. The Assistant Director; Primary Care confirmed that the Team were working closely with ROTA and the new working group on the specification for the 4 practices that the CCG are delivering Out of Hours for which is then expected to be rolled out to all practices. She confirmed that a report on integrated urgent care would be presented to the Governing Body. The Chief Nurse confirmed that this 'pilot' should enable the CCG to quantify the cost of the revised service for practices and the Committee confirmed that the goal was to transform the whole system.

**NHS St Helens CCG Primary Care Commissioning Committee:**

- **Approved** the risk register

**PB181207 KEY ISSUES FROM THE PRIMARY CARE QUALITY AND CONTRACTS COMMITTEE**

The Chair of the Primary Care Quality and Contracts Committee (PCQCC) presented the key issues from the meeting held on 27<sup>th</sup> September 2018 which were noted. The key issues from the meeting held on 24<sup>th</sup> October 2018 will be presented to the next Committee.

**NHS St Helens CCG Primary Care Commissioning Committee:**

- **Noted** the report

**PB181208 ANY OTHER BUSINESS**

There was no other business.

**PB181209 KEY ISSUES FOR THE GOVERNING BODY**

The key issues were noted as:-

Financial position  
Progress on integrated urgent care

**DATE OF NEXT MEETING**

**The next meeting of the NHS St Helens CCG Primary Care Committee will be held on Wednesday, 13<sup>th</sup> February 2019 at 9.30 am in Conference Room A, St Helens Chamber**

**Minutes Ratified as Accurate Record**

**Name:**

**Signature:**

**Date:**

DRAFT



## ACTION POINTS FROM ST HELENS CCG Primary Care Committee Part I 12.12.18

<u>Ref</u>	<u>Who</u>	<u>Item</u>	<u>By When</u>	<u>Closed</u>
PC18/10/05	KL/AD/JA	<p><b><u>Finance Report</u></b></p> <p>A Workshop is to be arranged for the Members Council to consider the role of the new Federation and practices responsibilities using an independent facilitator.</p>	<p><b>12.12.18 Deferred to 13.02.19</b></p>	
PC18/10.06	JA	<p><b><u>Estates Development at Orrell</u></b></p> <p>The Communications Team to work on the narrative to outline St Helens position for publication.</p>	<p><b>ASAP</b></p>	<p><b>Closed</b></p>
PC18/10/06	KL	<p><b><u>ST HELENS GENERAL PRACTICE PROVIDER ORGANISATION (GP Voice) Letter from the new Federation</u></b></p> <p>The practices be asked to provide their own individual responses on the opt in, opt out of out of hours and that the CCG request sight of agreement, by individual Practices, for the federation to respond on their behalf.</p>	<p><b>ASAP</b></p>	<p><b>Closed</b></p>
PC181204	KL/ME	<p><b><u>Matters Arising</u></b></p> <p><b><u>PC18/10/05 Finance Report</u></b> - The offer to facilitate a forum to pick up provider issues for practices to be communicated again at the next Members Council.</p>	<p><b>13.02.19</b></p>	
PC181205	SB	<p><b><u>Finance Report</u></b></p> <p>The NHSE Representative, Sophie Bartsch confirmed that the process for rent reviews in place is correct and in accordance with the regulations. The tenant is responsible for negotiating a fair rent with their landlord and they are responsible for the costs incurred doing this. The District Valuer cannot be commissioned by practices and cannot be commissioned every time there is a rent review, they are far too expensive for this to take place. It was also noted that DV expenses come out of the Primary Care Services (patient services) budget managed by the CCG.</p>	<p><b>13.02.19</b></p>	
	JA	<p>A query was raised about the transformational funding and whether the figure was correct in appendix 2 of the report. JA to confirm.</p>	<p><b>13.02.19</b></p>	



<b>Report to Primary Care Commissioning Committee</b>	
<b>Date of meeting:</b>	Wednesday 17 <sup>th</sup> February 2019
<b>Governing Body Member Lead:</b>	Iain Stoddart, Chief Finance Officer
<b>Accountable Director:</b>	Iain Stoddart, Chief Finance Officer
<b>Report title:</b>	Finance Report

<b>Item for:</b>	<b>Decision</b> → <input type="checkbox"/>	<b>Assurance</b> → <input type="checkbox"/>	<b>Information</b> → <input checked="" type="checkbox"/>	<i>(Please insert X as appropriate)</i>
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<b>Strategic Objectives</b>	This report supports the following CCG Strategic Objectives. Please insert 'x' as appropriate.	
	1. To deliver financial sustainability	<input checked="" type="checkbox"/>
	2. To deliver improvements through system redesign and in priority areas.	<input type="checkbox"/>
	3. To deliver improved outcomes for patients	<input checked="" type="checkbox"/>
	4. To develop primary care capacity and capability as system leaders	<input checked="" type="checkbox"/>

<b>Governance and Risk</b>	Does this report provide assurance against any of the risks identified in the Assurance Framework? (please specify)
	<p><b>C2 – Failure to achieve financial target</b></p> <p>What level of assurance does it provide? (List levels i.e. Limited/Reasonable/Significant)</p>
	Is this report required under NHS guidance or for statutory purpose? No

<b>Purpose of this paper</b>
<p>The report informs the Committee of the full year forecast outturn based on information at January 2019. This includes devolved budgets set based on the delegated primary care allocation received from NHSE plus additional local investment.</p> <p>The report also highlights those budgets that contain the greatest degree of risk.</p>

**Further explanatory information required:**

<p><b>Does this paper link to any of the 10 key themes of the CCG's Improvement Plan. If yes, please specify.</b></p>	
<p><b>How will this benefit the health and wellbeing of St Helens residents or the Clinical Commissioning Group?</b></p>	<p>The finance report provides the CCG with an update on the forecast outturn for both the delegated primary care allocation and also the CCGs local investment within primary (medical) care.</p> <p>The report also details those areas of expenditure which contain the greatest degree of risk.</p>
<p><b>Please describe any possible Conflicts of Interest associated with this paper.</b></p>	<p>None noted</p>
<p><b>Please identify any current services or roles that may be affected by issues within this paper.</b></p>	
<p><b>What risks may arise as a result of this paper? How can they be mitigated?</b></p>	<p>See section 4 of the report.</p>

## **1. Executive Summary**

In January 2016 NHS England (NHSE) notified CCGs nationally of their total planned allocations for 2016/17 to 2020/21. Included in this document was the Primary Care Medical allocation for each of these five years. This represents the level of funding that has been made available to enable the CCG to meet the requirements of delegated primary care commissioning.

This report provides a full year outturn position against the devolved budget for 2018/19. It also makes reference to the funds available to support GPFV programmes and other investments through Local Enhanced Services.

## **2. Background and Update**

The CCG receives an annual primary care allocation which enables the CCG to commission primary medical services on behalf of the local registered population. Additionally, the CCG commits to the funding of Local Enhanced Services and the continuation of a GP Sustainability Contract.

The paper details the current position for expenditure against the primary care allocation

## **3. Next Steps (as appropriate)**

The primary care outturn for 2018/19 will be incorporated into the CCGs overall financial position and will form part of the annual accounts.

## **4. Recommendations**

It is recommended that the Committee note the content of the report.

## DOCUMENT DEVELOPMENT

Process	Yes	No	Not applicable	Comments & Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (please detail the method i.e. survey, event, consultation)			N/A		
Clinical Engagement (please detail the method i.e. survey, event, consultation)			N/A		
Has 'due regard' been given to Equality Analysis (EA) and any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			N/A		
Legal Advice Sought			N/A		
Presented to any other groups or committees including Partnership Groups – Internal/External (please specify in comments)			N/A		

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.



**Finance Report – Primary Care Commissioning Committee**

**1. Introduction**

This report provides a forecast outturn based on the devolved budgets which have previously been approved by the Primary Care Commissioning Committee. It also provides details of additional GP Forward View (GPFV) funding and local investment in primary care medical services. The estimated forecast outturn position is based on year to date expenditure at December 2018.

The report also outlines those budgets which contain the greatest degree of risk and provides a summary of the key issues which may impact on the current forecast.

**2. Background**

Nationally NHS England (NHSE) notified CCGs of their planned allocations for 2016/17 to 2020/21 in January 2016. Contained in the document was the Primary Care Medical allocation for each year. This represents the level of funding which has been made available to enable the CCG to meet the requirements of delegated primary care commissioning.

The table below shows the 5 year allocations for St Helens CCG from 2016/17.

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
St Helens CCG					
Delegated Primary Care	27,512	28,018	28,559	29,295	30,431

The total allocation the CCG has received for 2018/19 is £28,559k. This is equivalent to £144 per patient.

Devolved budgets have been set at practice level, across a range of subjectives, to enable the accurate reporting of expenditure against the allocation received.

Each budget has been set based on historical information, known recurring commitments and also to reflect the changes that have been announced following national contractual negotiations between NHSE and the General Practitioners Committee (GPC) of the British Medical Association – Gateway reference 07813 ‘Outcome of 2018/19 GMS Contract Negotiations’.

The CCG also continues to invest in primary care services through Local Enhanced Services. This enables the CCG to commission services in primary care beyond those available nationally through Direct Enhanced Services.

### 3. Forecast Outturn

#### 3.1 Primary Care allocation (Appendix 1)

As at December 2018 (month 9) it is projected that the primary care allocation will overspend by £206k.

The variances to note being:

##### GMS and PMS contract values - £289k overspend

Following a recommendation from the Doctors' & Dentist Review Body (DDRB) GMS and PMS contracts have been uplifted by an additional £1.04 per weighted patient to support a 2% pay award announced by the Government. This is anticipated to cost an additional £235k. Prudently the additional cost is included in the forecast outturn since the CCG has not received any guarantee from NHSE that this will be funded through an extra allocation.

The total registered patient population when converted to a weighted list size continues to increase each quarter. At October 2018 the weighted population was 225,120. This is 799 greater than in January 2018 when the GMS and PMS budgets had been set for this financial year. Full year, it is anticipated that the population growth will result in an overspend of £69k against GMS and PMS core contract payments. Section 4 provides details of national data quality checks that are to be implemented at the request of NHSE to ensure the accuracy of patient list sizes.

##### Direct Enhanced Services - £56k overspend

The Extended Hours and Minor Surgery Direct Enhanced Services (DES) are both forecast to overspend by £59k and £14k respectively. This is due to more practices providing extended access and more minor surgery procedures being performed in a primary care setting.

Based on current activity levels it is anticipated that the Special Allocation Scheme (Zero Tolerance DES) will overspend by £8k. This takes account of the security costs associated with the delivery of the service at the Marshall Cross practice.

### Business and Water rates - £32k overspend

An annual review of the amount reimbursed for business and water rates will be undertaken in January 2019. Initial reimbursement is based on an estimate taking account of costs in previous years plus inflation. Practices will be asked to confirm actual costs and the amount reimbursed will be amended to take account of the charges practices have incurred.

The forecast overspend includes the additional costs incurred by two practices that relocated to Woodside Healthcare Centre, Haydock.

### QOF - £100k underspend

Having reviewed the original QOF budget for 2018/19, which had been set based on 2016/17 data, it is anticipated that the total budget of £3,080k will not be required in full. Results of the 2017/18 scheme, adjusted per national guidance to take account of the average practice list size increasing from 7,732 to 8,096, suggest that the actual QOF achievement will be less than originally planned.

## **3.2 Other Primary Care Budgets (Appendix 2)**

### Local Enhanced Services - £43k underspend

It is currently projected that Local Enhanced Services will underspend by £43k. Activity levels will continue to be monitored in the remaining months of the year.

### GPFV – balanced position

Appendix 2 includes three GPFV schemes that are partially funded from the original primary care delegated allocation the CCG received for 2018/19. £201k of the delegated allocation has been set aside to support navigation training within general practice, purchase online consultation software and contribute to the Improved Access scheme.

The Improved Access scheme provided by Urgent Care 24 (UC24) commenced in October. The total budget for 2018/19 is £702k; £600k being received from NHSE as an additional allocation and £102k funded from within the primary care allocation. Budgets have been set based on the contract value agreed with UC24, IT set up costs, premises costs and also a prescribing budget. Actual costs are still being finalised but there is a possibility of a small amount of slippage in the first year of the scheme.

## 4. Risks

The primary care allocation received for 2018/19 has been fully devolved to support the recurring costs of commissioning primary care medical services. This takes account of the national negotiations that have been announced by NHSE. As a result no contingency reserve is available.

The financial risk to the CCG is difficult to quantify but based on local knowledge and experience gained from previous years of delegation the key areas of risk are noted below. Obviously the later in the financial year, the impact of such risks arising lessens.

- i. List size growth – the risk of continued growth in practice list sizes beyond the Office for National Statistics (ONS) trajectories may cause further financial pressure.

To mitigate the risk the CCG had sort assurance from NHSE that the list sizes being reported were accurate. NHSE provided assurance in October 2018 that the list sizes do reflect what is being reported through the NHAIS system (National Health Application and Infrastructure Service). However, NHSE did acknowledge that there is the potential for the NHAIS data to be inflated and therefore a series of data quality checks will shortly be introduced.

NHSE has recently issued Gateway 08520 (Appendix 3) which informs practices of data quality checks which will be carried out to ensure registered patient lists are accurate. This will include a three year rolling cycle reconciling practice clinical systems and the NHAIS system. The Gateway highlights the importance of the maintenance of accurate patient lists to ensure 'appropriate use of public funds, as allocations are made on a £ per patient basis'.

Any additional pressure due to list size growth in quarter 4 is expected to be minimal. However, list size growth beyond the ONS estimate does present a risk from 2019/20 onwards.

- ii. Out of Hours – the majority of St Helens GP practices currently opt in to providing an Out of Hours service and therefore the GMS and PMS global sum payments each receives reflects this. When a GMS practice opts out of providing an Out of Hours service the global sum payments received are reduced by 4.87% per weighted patient (PMS practices would have

their contract tariff reduced by £4.28 per actual patient). Although the reduction in contract payments releases funds to enable the commissioning of an alternative Out of Hours service, it is extremely likely that this will be an additional cost to the CCG. There are currently four practices that have opted out of providing an Out of Hours service and a further practice is due to opt out from March.

- iii. Premises – Current Market Rents (CMR) are reviewed every 3 years by the District Valuation Office. Any increase to the valuation, and in particular any challenge to the valuation, is a known risk to the CCG.

A review is ongoing at Rainford HC which may increase costs to the CCG once the 2018 review is finalised.

## **5. 2019/20 Planning**

Recurrent primary care expenditure is being reviewed as part of the planning process for 2019/20. Consideration will be given towards the devolved budgets that will be required in future years.

The CCG received national guidance early in February 2019 and the impact of this is being reviewed and will be incorporated within the financial planning process that the CCG is undertaking.

Based on the information received the CCG will be able to specify funds that will be made available as part of the core GP contracts in 19/20. In addition, any funds required to be set aside from the core programme budgets that impact on primary care will also be considered as the overall budget for primary care in 2019/20.

## **6. Conclusion**

It is recommended that the Committee note the content of the report.

Delegated Primary Care Commissioning

		Full year forecast outturn based on expenditure at mth 9		
		Annual Budget	Forecast Outturn	Variance
Contract Values	GMS	15,176,560	15,383,165	206,605
	GMS MPIG	29,820	24,851	(4,969)
	PMS	4,473,958	4,571,069	97,111
	PMS Premium	82,640	72,487	(10,153)
	Contribution to Out of Hours	107,976	107,976	0
	<b>Sub Total - Contract Values</b>	<b>19,870,954</b>	<b>20,159,548</b>	<b>288,594</b>
Direct Enhanced Services	Extended Hours	276,191	335,134	58,943
	LD Health Checks	102,060	77,060	(25,000)
	Minor Surgery	195,000	208,994	13,994
	SAS (Zero Tolerance)	10,328	18,725	8,397
	<b>Sub Total - Direct Enhanced Services</b>	<b>583,579</b>	<b>639,913</b>	<b>56,334</b>
Fees	CQC reimbursement	139,052	116,436	(22,616)
	Locum fees	150,000	150,000	0
	Prescribing fees	156,822	156,822	0
	Seniority	225,561	200,989	(24,572)
	Professional fees	12,875	12,875	0
	<b>Sub Total - Fees</b>	<b>684,310</b>	<b>637,122</b>	<b>(47,188)</b>
Premises	Actual Rent	277,990	284,323	6,333
	Clinical Waste	25,500	40,741	15,241
	Notional Rent	1,024,841	1,057,110	32,269
	CHP/NHSPS Premises Costs	2,321,594	2,244,142	(77,452)
	Rates	198,440	215,005	16,565
	Water Rates	43,381	58,381	15,000
	<b>Sub Total - Premises</b>	<b>3,891,746</b>	<b>3,899,702</b>	<b>7,956</b>
QOF	Achievement	923,906	823,906	(100,000)
	Aspiration	2,155,780	2,155,780	0
	<b>Sub Total- QOF</b>	<b>3,079,686</b>	<b>2,979,686</b>	<b>(100,000)</b>
Other	Contribution to Quality Contract	247,921	247,921	0
	GPFV			0
	<b>Sub Total- Other</b>	<b>247,921</b>	<b>247,921</b>	<b>0</b>
<b>TOTAL</b>		<b>28,358,196</b>	<b>28,563,892</b>	<b>205,696</b>
<b>GPFV - transfer to programme budget per NHSE instructions</b>				<b>200,778</b>
<b>PRIMARY CARE ALLOCATION</b>				<b>28,558,974</b>

Other Primary Medical Care Budgets

		Annual Budget	Actual Outturn	Variance
Local Enhanced Services	24 Hour Blood Pressure	95,000	99,420	4,420
	Care of Older People	2,500	2,500	0
	Near Patient Testing	37,500	35,000	(2,500)
	ECG Incentive	40,000	30,000	(10,000)
	Anti-coagulation	350,000	315,000	(35,000)
	<b>Sub Total - Local Enhanced Services</b>	<b>525,000</b>	<b>481,920</b>	<b>(43,080)</b>
Out of Hours	St Helens Rota - Core	100,000	100,000	0
	St Helens Rota - Visiting Service	200,000	200,000	0
	St Helens Rota - GP Out of Hours	162,697	162,697	0
	<b>Sub Total - Out of Hours</b>	<b>462,697</b>	<b>462,697</b>	<b>0</b>
GP Sustainability Contract	Contribution from delegated allocation	247,921	247,921	0
	Sustainability contract	52,079	52,079	0
	<b>Sub Total - GP Sustainability Contract</b>	<b>300,000</b>	<b>300,000</b>	<b>0</b>
GPFV	£3 per Head	476,921	476,921	0
	<b>Sub Total - GPFV £3 per Head</b>	<b>476,921</b>	<b>476,921</b>	<b>0</b>
GPFV - Improving Access to General Practice	Transfer from delegated allocation - per NHSE guidance	101,778	101,778	0
	Additional allocation	600,222	600,222	0
	<b>Sub Total - GPFV Improving Access to General Practice</b>	<b>702,000</b>	<b>702,000</b>	<b>0</b>
GPFV - Transfer from delegated allocation per NHSE guidance	GPFV - Reception and Clerical Training	33,467	33,467	0
	GPFV - Online Consultations	65,523	65,523	0
	<b>Sub Total - GPFV</b>	<b>98,990</b>	<b>98,990</b>	<b>0</b>
<b>TOTAL</b>		<b>2,565,608</b>	<b>2,522,528</b>	<b>(43,080)</b>



xx November 2018

**Gateway no: 08520**

**Dear Practice Manager**

**RE: Data quality checks on GP patient lists**

You will be aware that GP practices need to ensure their lists of registered patients are current and accurate. The accuracy of lists is important as it ensures patients get the care they are entitled to and GP practices receive the correct funding according to their list size.

On behalf of NHS England, Primary Care Support England (PCSE) is responsible for maintaining the national patient database NHAIS, (which in turn updates some patient data on the Spine), through the information you provide from the patient registration module in your practice clinical system.

Our collective maintenance of accurate patient lists.

Our collective maintenance of accurate patient lists is essential to ensure:

- the efficacy of ill-health prevention/screening programmes and total population capture
- the assessment of performance and clinical outcomes which are often compared on a 'per patients' denominator; and
- appropriate use of public funds, as allocations are made on a £ per patient basis.

To assist with improving the quality of information held, PCSE will be carrying out the data quality checks on your registered list of patients. This will include a three yearly rolling cycle of reconciliation between your clinical system list of registered patients and the NHAIS system held in PCSE. PCSE will also begin checks on your list by contacting patients to confirm their registration status and address.

During this process you will receive emails from PCSE which will outline the steps you need to take to submit information about certain cohorts on your patient list. You may also receive FP69 notifications which will ask you to check the status of patients, with whom PCSE have not been able to make contact.

Practices will be advised what actions need to be taken on their clinical system to correct any differences which may be identified, or to confirm the status of a patient.

In the first instance, PCSE will contact GP practices to verify the registration details of patients aged over 100.

Other patient group checks will follow, including:

- patients aged under 16 recorded as living alone
- patients recorded as living in demolished properties
- patients recorded as being registered at student accommodation for over four years
- addresses with apparent multiple occupancy
- Transient patients.

Before checks on each patient group start, more detailed information will be sent to your practice about how to proceed.

You can review policies here

<https://www.england.nhs.uk/commissioning/primary-care/>

If you have any queries about these policies, please get in touch with your regional NHSE or CCG Primary Care Commissioning contact.

If you have any queries about the list quality checks process, please contact the PCSE registrations team at [pcse.dataquality@nhs.net](mailto:pcse.dataquality@nhs.net) (please use this email address for questions on the data quality checks process only).

For all other email enquiries for PCSE please go to <https://pcse.england.nhs.uk/contact-us/>

Yours etc



Emily Lawson  
National Director – Transformation and Corporate Operations  
Primary Care Support Services  
NHS England



# Primary Care Quality and Contract Committee

Meeting Date: 23<sup>rd</sup> January 2019

Agenda Item Ref:	CCG Improvement Plan Theme	Key Issue:	Decision / Action:	Corporate Risk / GBAF Reference: - Mitigation
5a	Primary Care	<p><b>Out of Hours GP Provision in the IUC System</b> There continues to be issues around the role of St Helens Rota in the IUC system. This is mainly around the IT system.</p>	Primary Care Team and Commissioning Team to meet 2 weekly with St Helens Rota to monitor the situation and gain assurance.	
5a	Primary Care	<p><b>Opt Out Practices</b> Five practices have now opted out of providing their own out of hours care.</p>	A paper will be taken to Primary Care Committee on 13 <sup>th</sup> February 2019 for a decision to be reached.	
5b	Primary Care	<p><b>Primary Care Networks</b> Following the publication of the NHS Long Term Plan practices will be contractually required to work in Primary Care Networks from 1<sup>st</sup> April 2019. From this date the majority of primary care funding will be delivered through networks.</p>	The Primary Care Team will continue to monitor contractual changes as further information becomes available.	
6b	Primary Care	<p><b>Contract Variations</b> Over the last quarter there have been a number of contract variations. Two GPs have retired; two practices have requested boundary changes. We have also had a request to novate a contract and notification to opt out of out of hours.</p>	Decisions have been reached in accordance with the Primary Medical Care Policy and Guidance Manual.	

Key Issues Report	Date
Prepared by: Joanne Smith, Primary Care Administrator	29/01/19
Verified by: Karen Leverett, Assistant Director Primary Care	29/01/19

**NOTE:**

A copy of any papers referenced in this Key Issues Report will be made available on request to the Committee Chair. Formal Minutes, once approved, will be provided to the Audit Committee and Primary Care Committee.