

Item: 8.4

Report to:	Primary Care Commissioning Committee
Date of Meeting:	17/12/2021
Title of Report:	Primary Care Finance Report December 2021
Presented by:	Emma Sayner, CFO
Author:	Andrew Parsons, Finance Manager

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

PURPOSE OF REPORT:
The purpose of this report is to brief the Primary Care Commissioning Committee on the following areas:

- Financial Position within the Primary Care Delegated Budgets at the end of November.
- Planned work around Primary Care Funding Model Review

RECOMMENDATIONS:
The Primary Care Commissioning Committee is recommended to:

- Note the finance report as at the end of November 21.
- Note the planned work around the Primary Care Funding Model review.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE (See guidance notes on page 4)

Delivery of Statutory Duties

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),

Finance	The financial report in this paper indicates an underspend position for 21/22 financial year.
HR	N/A
Quality	N/A
Safety	N/A

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

No specific engagement activity has taken place.

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

None

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	✓
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: *(How the report supports the NHS Constitution)*

N/A

Section 1 - Primary Care Delegated Financial Position M08 21/22

1. INTRODUCTION

The purpose of this section of the report is to update the Primary Care Commissioning Committee on the financial position of the CCG within the Primary Care Delegated Budgets.

2. BACKGROUND

Committee members will be aware that the nature of primary care contracts is that the funding in the main follows the patients and is negotiated at a national level. This paper provides an update on the year to date (YTD) position for the Primary Care delegated budgets.

3. INFORMATION

Year to Date Performance

At month 08 the CCG has reported a year to date underspend of £27k within its Primary Care delegated budgets. The main causes of the variances listed in the table below are:

- APMS – Overspend due to quarterly list size adjustments.
- PCN's – ARRS - Currently only 55.65% of the allocation in the financial plan, remainder of funding still with NHS England, to be drawn against later in the year if required. PCNs have plans for recruitment of further ARRS roles during the remainder of the financial year.
- Dispensing/Prescribing Drs – Underspend due to seasonality variations. Also, the plan includes an estimate of tariff uplift.
- Premises – Underspend mainly due to a planned clinical waste cost increase has not materialised within the national contract. Instead, a direct contract award under existing price structure will progress.

<u>Delegated Primary Care</u>	Month Year To Date Position		
	Budget	Actual	Variance
General Practice - GMS	11,988	11,970	18
General Practice - PMS	4,000	3,958	41
General Practice - APMS	4,406	4,511	(105)
Enhanced Services	208	232	(24)
PCN's	2,994	3,085	(92)
Dispensing/Prescribing Drs	161	124	37
Other GP Services	300	286	14
Premises Cost Reimbursement	5,183	4,976	208
Other Premises Costs	6	6	1
QOF	2,819	2,819	(0)
Local Enhanced Services	-	-	-
Other Services	544	615	(71)
Sub Total	32,608	32,581	27

4. RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee note or comment, where appropriate on the CCG's financial position.

Section 2 – Primary Care Funding Model Review

Reducing health inequalities is a key priority shared by partners across health and care in Hull. A key enabler to this is primary care, with evidence suggesting that practices in deprived areas have a much-increased workload, higher patient need, fewer GPs per head and on average earn fewer QOF points.

Hull CCG in collaboration with their clinical directors have been reviewing an alternative funding model which has been implemented in Leicester, Leicestershire, and Rutland (LLR).

LLR have used a funding formula which adjusts for case mix as opposed to the current formula which mostly uses age/sex to determine funding. This model enables a discretionary amount of funding to be distributed to all practices based on needs and deprivation. They are happy to share initial findings and their model. The additional funding required was part of their longer-term financial plan and a commitment to invest into primary care.

Hull CCG along with a lead clinical director and local authority colleagues are planning to develop a proposal using a similar methodology which would better align primary care funding with population need. This will be alongside developing a robust evaluation framework against which we can understand the impact of any additional investment into primary care.