

**Item 8.4**

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| **Report to:**  | Primary Care Commissioning Committee |
| **Date of Meeting:** | 12/10/2021 |
| **Title of Report:** | Primary Care Finance Report September 2021 |
| **Presented by:** | Emma Sayner, CFO |
| **Author:** | Andrew Parsons, Finance Manager |

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| **STATUS OF THE REPORT:** |  |
|  To approve | To endorse |
|  To ratify | To discuss |
|  To consider | For information |
|  To note |  |

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| **PURPOSE OF REPORT:** The purpose of this report is to brief the Primary Care Commissioning Committee on the following areas:* Financial Position of Delegated Budgets at the end of September 21.
* PMS Premium Approval – Dermatology Kit to GP Practices
* CCG Reporting Requirements – Investment in Primary Care

**RECOMMENDATIONS:**The Primary Care Commissioning Committee is recommended to:* Note the finance report as at the end of September 21.
* Note the PMS Premium Spend Approved
* Note the CCG Report produced based on reporting requirements received from NHS England.
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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** | No | Yes |
| If yes, detail grounds for exemption  |  |

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| **CCG STRATEGIC OBJECTIVE** *(See guidance notes on page 4)* Delivery of Statutory Duties |

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| **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** |

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| **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. |

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| **LEGAL ISSUES:** (*Summarise key legal issues / legislation relevant to the report*) None |

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| **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*)

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|  | ***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.  |  |

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| **THE NHS CONSTITUTION:** (*How the report supports the NHS Constitution*) N/A |

**Section 1 - Primary Care Delegated Financial Position M06 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 06 the CCG has reported a year to date underspend of £110k within its Primary Care delegated budgets. The main causes of the variances listed in the table below are:

* 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.
* Other Services – Underspend on reserves and contingency.



**4. RECOMMENDATIONS**

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

**Section 2 - PMS Premium Approval – Dermatology Kit to GP Practices**

**1. INTRODUCTION**

The purpose of this section of the report is to update the Primary Care Commissioning Committee on a recent approval of expenditure to be funded by PMS Premium Monies.

**2.** **INFORMATION**

Resources from NHSX and the Cancer Alliance has recently been used to purchase 32 Dermatoscopes and mobile phones for GP Practices to support the new 2ww Dermatology process. The 32 kits where delivered on a one per practice basis. It has now become apparent that one kit per practice *site* is needed to fully support the process and therefore an additional 17 kits are needed to be purchased.

The kits will be purchased via HUTHT at a price of £1,085 per kit and therefore total cost for 17 is £18,445. This expenditure has been approved to be funded via PMS Premium monies by the CFO after support from CCG Chair.

**3. RECOMMENDATIONS**

It is recommended that the Primary Care Commissioning Committee note or comment, where appropriate on expenditure approved.

**Section 3 - CCG Reporting Requirements – Investment in Primary Care**

**1. INTRODUCTION**

The purpose of this section of the report is to update the Primary Care Commissioning Committee on the new CCG Reporting Requirements around investment in Primary Medical Care for 2019/20 onwards.

**2. BACKGROUND**

The update to the GP contract agreement 2020/21-2023/24 requires CCGs to report

to their Local Medical Committee (LMC) how they have used their primary medical

care allocations. A standard template has been developed for this report which is based on the Investment in General Practice Report. CCGs are required to complete the report, publish, and share the reports with their LMCs for 2019/20 expenditure by 30 September 2021 and for 2020/21 by 31 December 2021.

**3. INFORMATION**

Please see Annex 1 for the 2019/20 report that has been produced based on the CCG’s annual accounts. To note this has been published on the CCG website and shared with the LMC. The CCG is to start producing the 20/21 report in the coming weeks.

**4. RECOMMENDATIONS**

It is recommended that the Primary Care Commissioning Committee note or comment, where appropriate on investment report.

**Annex 1 – 2019/20 CCG Report of Investment in General Practice**