

**Item: 8.4**

<b>Report to:</b>	Primary Care Commissioning Committee
<b>Date of Meeting:</b>	25/06/2021
<b>Title of Report:</b>	Primary Care Delegated Finance Report to May 2021
<b>Presented by:</b>	Emma Sayner, CFO
<b>Author:</b>	Andrew Parsons, Finance Manager Phil Davis, Strategic Lead - Primary Care

<b>STATUS OF THE REPORT:</b>			
To approve	<input checked="" 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"/>		

<p><b>PURPOSE OF REPORT:</b></p> <p>The purpose of this report is to brief the Primary Care Commissioning Committee on the financial position within the Primary Care delegated budgets including an update on the PMS Premium funding.</p> <p><b>RECOMMENDATIONS:</b></p> <p>The Primary Care Commissioning Committee is recommended to:</p> <ol style="list-style-type: none"> <li>1. Note the Finance Report as at the end of May 2021;</li> <li>2. Note the current commitments against the 2021/22 PMS Premium resources;</li> <li>3. Approve PMS Premium resource to continue to commission a Clinical Decision Support Tool from January 2022 for a 2 year period if resource from NHS North East and Yorkshire is not secured.</li> </ol>
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<p><b>REPORT EXEMPT FROM PUBLIC DISCLOSURE</b></p> <p>If yes, detail grounds for exemption</p>	<p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p>
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**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 overspend position for 20/21 financial year based on the current allocation structure.
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)

	<b>Tick relevant box</b>
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

## Primary Care Delegated Financial Position M02 21/22

### 1. INTRODUCTION

The purpose of this 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 02 the CCG has reported a year to date underspend of £8k within its Primary Care delegated budgets. The main causes of the variances listed in the table below are:

- PCN's – Slight over spend included in the position at month 2 due to CCG receiving 55.65% of full allocation at this stage. Remainder of funding currently with NHS England.
- Dispensing/Prescribing Drs – Small year to date underspend due to seasonality.

<u>Delegated Primary Care</u>	<u>Month 2 Year To Date Position</u>		
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
General Practice - APMS	1,101	1,101	0
Enhanced Services	31	31	0
PCN's	636	648	(13)
Dispensing/Prescribing Drs	40	19	21
Other GP Services	96	96	0
Premises Cost Reimbursement	1,296	1,296	0
Other Premises Costs	2	2	0
QOF	705	705	0
Local Enhanced Services	-	-	-
Other Services	135	135	0
<b>Sub Total</b>	<b>4,041</b>	<b>4,033</b>	<b>8</b>

### 4. RECOMMENDATIONS

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

## PMS Premium Monies M02 21/22

### 1. INTRODUCTION

Following the PMS Review process undertaken in xxx by NHS England and supported by NHS Hull CCG resource became available for reinvestment in primary medical care services.

### 2. BACKGROUND

The total of PMS Premium resources available for reinvestment in primary medical service in 2021/22 is £501,989. All proposed investment utilising the PMS Premium resource available to the CCG are approved by the Primary Care Commissioning Committee.

### 3. INFORMATION

The table overleaf summarises current commitments against the 2021/22 resource available.

<b>PMS Premium Budget</b>	
<b>Spend Area</b>	<b>Amount</b>
<b>Clinical Decision Support Tool*</b>	<b>75,478</b>
<b>Adult Fostering &amp; Adoption Medicals</b>	<b>31,208</b>
<b>PCN Support Roles</b>	<b>83,104</b>
<b>MJOG</b>	<b>19,461</b>
<b>Ring Pessary</b>	<b>2,700</b>
<b>Secondary Care Interventions</b>	<b>1,000</b>
<b>Prevention of Strokes Related to Atrial Fibrillation</b>	<b>100,000</b>
<b>ECG Service***</b>	<b>40,000</b>
<b>Total Committed Spend</b>	<b>352,950</b>
<b>Budget Available**</b>	<b>501,989</b>
<b>Remaining</b>	<b>149,039</b>

\*Value included is the annual cost - current agreement covers up until Dec-21

\*\*Budget is based on full year allocation however only received six months allocation due to current funding arrangements, expecting to receive full amount .

\*\*\*Service Specification to be considered at June Primary Care Commissioning Committee for approval - £40k is estimated full year cost, in year spend pro rata.

The current contract the CCG has for the Clinical Decision Support Tool expires at the end of December 2021. A Digital Primary Care submission has been made to NHS North East and Yorkshire which includes the resource required to implement a Clinical Decision Support Tool in primary care across the whole Humber Coast & Vale footprint for 12 months. If this proposal is supported there will be no further resource commitment required in 2021/22. However if resource is not forthcoming it is recommended that PMS Premium

resources be allocated to support the continued provision of a Clinical Decision Support Tool in primary care from January 2022 for a 2 year period.

#### **4. RECOMMENDATIONS**

It is recommended that the Primary Care Commissioning Committee:

1. Note the current commitments against the 2021/22 PMS Premium resources;
2. Approve PMS Premium resource to continue to commission a Clinical Decision Support Tool from January 2022 for a 2 year period if resource from NHS North East and Yorkshire is not secured.