

Meeting of Primary Care Commissioning Committee

Date: 27th April 2021
Time: 9:00am – 11:35
Location: MS Teams

Agenda Number :	8		
Title:	2021/22 Primary Care Medical Financial Plan & Budget Setting		
Confidential Papers	Commercially Sensitive	No	
	Legally Sensitive	No	
	Contains Patient Identifiable data	No	
	Financially Sensitive	No	
	Time Sensitive – not for public release at this time	No	
	Other (Please state)		
Purpose: Discussion/For Information			
Key Points for Discussion:			
<p>The following paper sets out the budget plan for 2021/22 for BNSSG CCGs Primary Care Medical allocation. The committee is asked to note the following:</p> <ul style="list-style-type: none"> • Note the confirmed Primary Care Medical revenue resource limit for 2020/21 of £144,660k, including expanded ARRS funding the total resources available will be £14.32m, c10% increase • Note that based on the national allocations formula, the CCG is 2.7% away from its target allocation, which represents a distance from target of £4m • Note that the CCGs registered population has slowed during 2020/21 (approximately 0.5% each year) against the ONS projections on which allocations are based • Note the financial planning assumptions as outlined above and the expenditure plan totaling £146.5m before identification of unidentified savings. • Note that a balanced plan has been submitted based on the assumption that the CCG will identify £1.18 million of in-year savings; and that the 0.5% contingency funding remains uncommitted. 			



<ul style="list-style-type: none"> Note the other risks to delivery of this plan as outlined in Section 3 Note, this represents the 'base-case' budget, assumptions have been made in the absence of detailed allocations of national funding accessed by the CCG. 	
Recommendations:	PCCC is asked to agree submission of a balanced plan for Primary Care Medical as part of the CCGs overall financial plan for 2021/22, recognising delivery of this plan is dependent on uncommitted contingency funding of 0.5%, and identifying £1.18m of in-year savings (currently unidentified).
Previously Considered By and feedback :	Primary Care Operation Group (PCOG)
Management of Declared Interest:	Conflicts of Interest are managed at each meeting of the Committee.
Risk and Assurance:	Please See Section 3 of the paper setting out the key financial risks in 2021/22
Financial / Resource Implications:	See Key Points for Discussion
Legal, Policy and Regulatory Requirements:	Not Applicable
How does this reduce Health Inequalities:	Primary Care funding allocations are based on a needs formula at GP practise level, one aim of which is to target funding at areas of highest need which should therefore reduce health inequality. The CCG will be investing a greater share of its resources in primary care, which is considered the most effective way to address health inequalities, as part of a population health management approach.
How does this impact on Equality & diversity	No implications to note
Patient and Public Involvement:	No implications to note
Communications and Engagement:	No implications to note
Author(s):	Jamie Denton (Head of Finance – Primary, Community & Non Acute Services), BNSSG CCG and Jon Lund (Deputy Chief Finance Officer)
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove (Chief Finance Officer), BNSSG CCG

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2021/22 Primary Care Medical Financial Plan & Budget Setting

1. Primary Medical Care allocations

The CCG allocations for 2019/20 to 2023/24, covering all funding streams, were published on the 10th January 2019, and revised Primary Care Medical (local) allocations were published on 17th July 2019 to reflect the 2019/20 GP Contract update.

1.1 Primary medical care allocations 2019/20 – 2023/24

The five-year Primary Medical allocations for BNSSG are set out below:

Table 1: BNSSG CCG Primary Care Medical Allocations 2019/20 – 2023/24

	2019/20	2020/21	2021/22	2022/23	2023/24
Adjusted baseline	123,478K	131,438K	137,908K	145,976K	152,602K
Allocation Growth	7,960K	6,470K	8,068K	6,626K	6,912K
Final allocation after place-based pace of change	131,438K	137,908K	145,976K	152,602K	159,514K
GP Indemnity Adjustment (CNSGP)	-3,783K	-3,961K	-5,311K	-4,480K	-2,914K
Final Allocation after adjustments	127,655K	133,947K	140,665K	148,122K	156,600K
Final growth (%)	6.45%	4.92%	5.85%	4.54%	4.53%
Closing Target Allocation	135,892K	142,151K	150,024K	156,373K	162,970K
Final closing DfT (£)	-4,454K	-4,243K	-4,048K	-3,771K	-3,456K
Final closing DfT (%)	-3.3%	-3.0%	-2.7%	-2.4%	-2.1%
Estimated 12 month average registered population	1,017,742	1,026,830	1,035,613	1,044,295	1,052,868
Weighted population	977,961	985,432	992,324	998,911	1,005,288
Funding per Capita (weighted)	£134.40	£139.95	£147.11	£152.77	£158.67

1.2 Population base

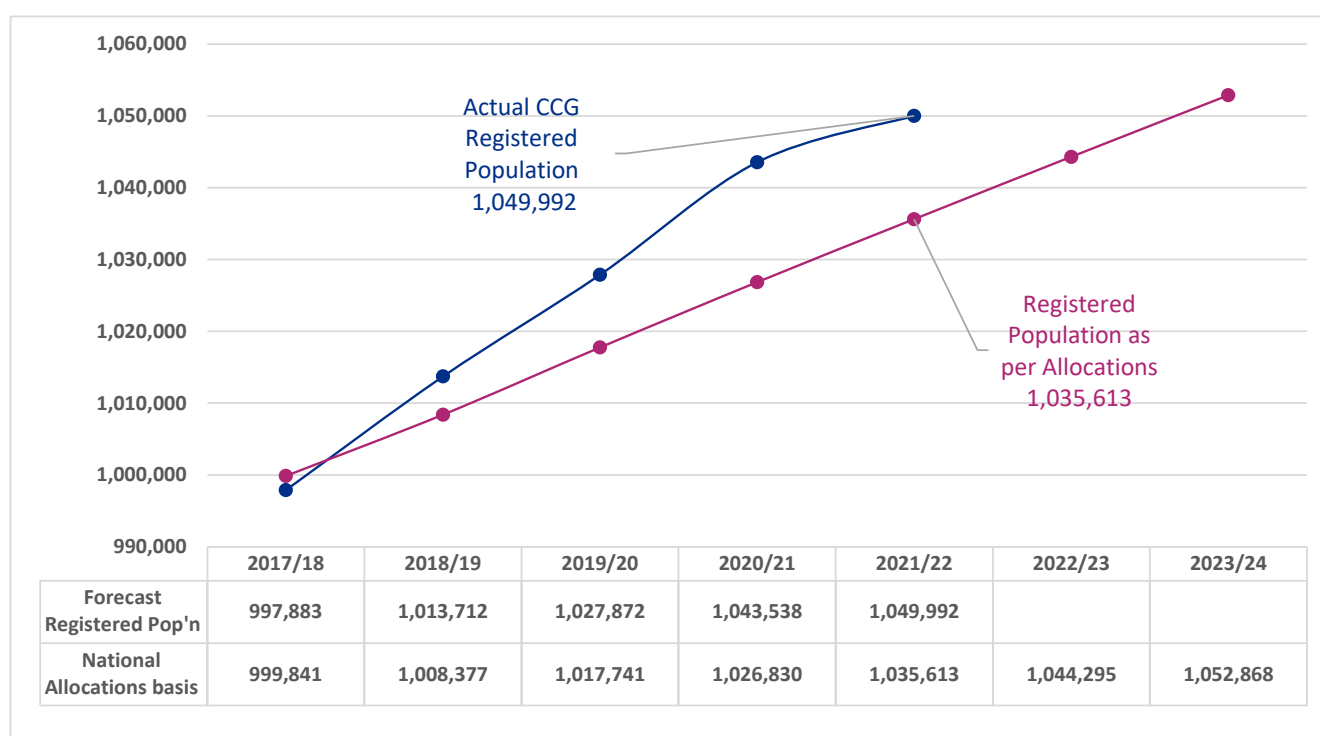
The starting point for the weighted capitation formula is each CCG's population. The populations used are the registered lists of all member GP practices of the CCG as published by NHS Digital.

The 12-month average GP registrations to October 2018, aggregated to CCG level, are projected forward using ONS growth rates to give estimated GP and CCG registered lists for each year from 2019/20 to 2023/24.

BNSSG CCGs current registered population, based on latest figures (January 2021), is 1,042,175. Applying 1.5% in-year growth to this number (equitable with actual growth seen over a typical year), and allowing for seasonal trends in population changes, the average registered population in financial year 2021/22, is forecast to be 1,049,992.

When compared to the average registered population that the allocation formula uses, this represents a population that is growing quicker than ONS projections suggested, as outlined in chart 1 (below).

Chart 1: Actual BNSSG CCG Population vs Projections used in Allocations Formula



Based on the allocations formula, the funding per head of registered population equates to £135.83 in 2020/21. Based on the CCGs estimate of the average population for 2020/21, this equates to a reduced funding of £133.97 per head.

In terms of total allocation, this represents a shortfall of £1.95m (20/21 £2.2m) driven by a registered population that is forecast to be 14,379 higher than the ONS projections on which allocations are based.

1.3 'Distance from Target'

The formula for primary medical care (GP services) allocations was updated in 2016/17. This update moved away from using the Carr-Hill contractual formula that is at the heart of the General Medical Services (GMS) contract, to a formula based on new estimates of workload per patient by age-sex group, which were used as the relative weights per head for allocations.

CCG weighted populations for 2019/20 to 2023/24 were derived using the projected GP registered population profiles as described above.

The National average or 'target' funding per head of weighted population across all CCGs in 2020/21 is £152.03. Based on actual allocations, BNSSG CCGs funding per weighted head of population is £147.11, which represents a closing distance from target allocation of 2.7%, or £4m.

Table 2: BNSSG CCG Distance from Target compared to Right-Care 'similar' CCGs 2021/22:

Similar CCGs	Estimated 12month average registered population	Overall weighted Population	Final allocation after place-based pace of change (£m)	£ /Weighted Head	Final closing DfT (%)	Target Allocation (£m)	Distance from Target Allocation (£m)
NHS Cambs and Peterborough CCG	978,624	944,332	£145,253	£153.82	1.17%	£143,573	£1,680
NHS E and N Hertfordshire CCG	608,245	559,208	£85,270	£152.48	0.09%	£85,194	£76
NHS Oxfordshire CCG	750,274	711,162	£108,368	£152.38	0.36%	£107,979	£389
NHS Derby and Derbyshire CCG	1,058,007	1,039,045	£158,297	£152.35	0.29%	£157,839	£458
NHS Coventry and Rugby CCG	528,344	533,183	£81,132	£152.17	-0.23%	£81,319	-£187
NHS Sheffield CCG	607,793	593,158	£90,051	£151.82	0.07%	£89,988	£63
NHS Birmingham and Solihull CCG	1,329,445	1,365,360	£205,739	£150.68	-0.82%	£207,440	-£1,701
NHS Nene CCG	695,931	686,987	£101,244	£147.37	-3.28%	£104,677	-£3,433
NHS BNSSG CCG	1,035,614	992,324	£145,976	£147.11	-2.70%	£150,027	-£4,051
NHS Leeds CCG	888,937	902,901	£132,506	£146.76	-3.22%	£136,915	-£4,409
NHS NE and W Devon CCG	941,125	957,555	£139,783	£145.98	-3.94%	£145,516	-£5,733
England	59,802,740	59,802,740	£9,097,910	£152.13	0.07%	£9,091,546	£6,364

1.4 Revised 2021/22 Allocation to reflect new GP Contract

The allocations outlined above cover the additional costs of:

- Increases to global sum
- The introduction of changes to the value of a QOF point.
- The original Additional Roles Reimbursement Scheme (ARRS) funding, which in 2021/22 is worth £415m across England.

In response to the revised 2020/21 GP Contract deal, as agreed by NHS England and NHS Improvement and the BMA, the CCG was notified of revised allocations to take account of the following contractual changes:

- Care Home Premium to be paid at £120 per CQC-registered care home bed. For BNSSG CCG, this is based on registered CQC bed numbers of 7,887 (20/21 figure).
- Increase in practice funding - the net effect of the national £20m continuing to fund the impact of changes in the 2020/21 GP contract.
- Investment & Impact Fund (IIF) funding - an incentive scheme which will pay out to PCNs based on performance metrics set out in GP Contract.
 - £50.7m introduced in April 2020
 - £99.3m increase to funding for 21/22

The revised allocations **do not** include additional funding for the expanded Additional Roles Reimbursement Scheme for which separate arrangements apply, and which CCGs will be able to draw down based on need – from centrally held additional funding.

Table 3: 2021/22 Revised Allocation:

	2020/21 Allocation	Increase in Allocation	2021/22 Allocation
Adjusted baseline	131,438K		137,908K
Allocation Growth	6,470K		8,068K
Final allocation after place-based pace of change	137,908K		145,976K
GP Indemnity Adjustment (CNSGP)	-3,961K		-5,311K
Final Allocation after adjustments	133,947K		140,665K
Recurrent Allocation received in 2019/20	300K		300K
Revised Recurrent Allocation	134,247K	6,718K	140,965K

Additional funding 2020/21

Care Homes Premium	473K	473K	946K
Increase in Practice Funding	319K	0K	319K
Investment and Impact Fund (Est per Ready Rek)	647K	1,932K	2,579K
Allocation differential	0K	-150K	-150K
Allocated Revenue Resource Limit	135,686K	8,974K	144,660K

Unallocated Additional Roles Funding	2,844K	2,507K	5,351K
Available Revenue Resource Limit	138,530K	11,481K	150,011K

1.5 Enhancing the Additional Roles Reimbursement Scheme (ARRS)

The ARRS is being expanded with the aim of delivering 26,000 extra staff by 2023/24, covering a wider range of roles with 100% reimbursement from April 2020. Additional resources are being made available for the ARRS as shown in table 4:

Table 4: 2021/22 ARRS Allocations:

	2020/21	2021/22	2022/23	2023/24
National Funding				
Original ARRS Funding (A)	257,000K	415,000K	634,000K	891,000K
Additional ARRS Funding (B)	173,222K	331,000K	393,000K	521,000K
	430,222K	746,000K	1,027,000K	1,412,000K
BNSSG Funding				
Original ARRS Funding (C)	4,103K	6,701K	10,237K	14,387K
Additional ARRS Funding (D)	2,844K	5,351K	6,346K	8,412K
	6,947K	12,052K	16,582K	22,799K

The original ARRS funding, at row (A) in the table, is already included in the Primary Care Medical allocations outlined above. In 2020/21, this funding is worth £415m across England, which is around 56% of the £746m total available. The BNSSG share of this, based on weighted capitation shares is £6.7m, shown in row (C), and is the amount included in the budget setting for 2020/21.

The additional ARRS funding, shown at row (B) of the table, which runs to £521m in 2023/24, will - in the first instance - be held by NHSE&I and not added to the revised local Primary Care Medical allocations.

At a CCG level, once the funding in row (C) has been claimed by PCNs and they continue to claim reimbursement over those amounts, CCGs will be able to draw down additional allocations - based on need - from the centrally held additional funding up to a maximum of £12.052m.

2. Key planning commitments and assumptions for 2020/21

2.1 Overall Planning Assumptions

The CCG has set a balanced financial plan, breaking even against its Primary Care Medical allocation of £144.66m, which fulfils the financial and contractual obligations as set out in the five-year framework for GP services as agreed between NHS England and the BMA General Practitioners Committee (GPC) in England, and 2020/21 NHS England Operational & Planning guidance. Headlines are as follows:

- Planned Expenditure of £146.57m against income allocation of £144.66m, equating to a planned deficit of £1.9m before mitigations
- An unidentified savings requirement of £1,186k, after considering an uncommitted contingency budget of £724k (0.5% of allocation)
- Forecast registered population growth of 1.5% applied to current registered list sizes
- Core PCN funding of £1.50 per head funded from CCG Core allocation

Other key planning assumptions are set out in the following sections:

2.2 Global Sum per weighted patient and Quality Outcomes Framework (QOF) point value

- The new value of Global Sum from 1st April will be £96.78.
- The new value of a QOF point will be £201.16

	2020/21	2021/22	£	%
Global Sum price per weighted patient	£93.46	£96.78	£3.32	3.6%
Out of Hours Adjustment (%)	4.77%	4.75%		
Out of Hours Adjustment (£)	£4.46	£4.59		
Revised Global Sum price per weighted patient	£89.00	£92.19	£3.19	3.6%

Value of QOF point	£194.83	£201.16	£6.33	3.2%
Total number of QOF points	567	635		12.0%

2.3 APMS Contract Premiums

2020/21 APMS contract premiums, and contract transition support expenditure are included in the table below. Under contractual terms, a number of these premiums reduce in 2021/22. The revised budgeted position is £560.7k, which includes the assumption that £417.2k of contract transitional support will be required to support practice resilience issues in 2021/22.

Table 5: 2020/21 & 2021/22 APMS Contract Premiums and Transitional Support

	Contract End Date	2020/21 Budget	2020/21 Expenditure	2020/21 Variance	2021/22 Premium Reduction	2021/22 APMS Premium Budget
APMS Contracted Premiums						
Broadmead Medical Centre	30/09/2021	£69.1K	£69.1K	£0.0K	(£69.1K)	£0.0K
Charlotte Keel Medical Practice	30/09/2019	£237.0K	£237.0K	£0.0K	(£118.5K)	£118.5K
Emersons Green Medical Centre	31/01/2022	£64.0K	£64.0K	£0.0K	(£64.0K)	£0.0K
Compass Health	30/09/2021	£50.0K	£50.0K	£0.0K	(£25.0K)	£25.0K
		£420.1K	£420.1K	£0.0K	(£276.6K)	£143.5K
Additional Contract Transition Support						
		£450.0K	£637.0K	(£187.0K)	(£219.8K)	£417.2K
		£870.1K	£1,057.1K	(£187.0K)	(£496.4K)	£560.7K

2.4 Primary Care Network (PCN) Directed Enhanced Service (DES)

Primary Care Network DES funding, and the associated funding streams are set out in the table below. Key changes for 2020/21 are included in the section that follows.

Table 6: 2021/22 Primary Care Network (PCN) Funding Sources

PCN Network DES	Funding basis		Delegated Primary Care Funding	Core CCG funding	Centrally Held NHSE Funding	TOTAL
Network Participation Payment	Weighted	£1.76	£1,724K			£1,724K
Clinical Director	Registered	£0.74	£767K			£767K
Additional Roles	Maximum Reimbursable Sum	£12.31	£6,701K		£5,352K	£12,052K
Extended Hours Access DES	Registered	£1.44	£1,501K			£1,501K
Care Home Premium	Number of CQC Care Homes	£120	£946K			£946K
Investment & Impact Fund	Registered	£2.47	£2,579K			£2,579K
Core PCN Funding	Registered	£1.50		£1,563K		£1,563K
			£14,218K	£1,563K	£5,352K	£21,133K

Network Participation Payment

The Network Participation Practice Payment of £1.761 per head of weighted population continues in 2020/21 where practices continue to be an active member of a Primary Care Network through signing up to the Network Contract DES. While paid in connection to the PCN DES, this is a payment direct to practices.

Clinical Director

PCNs will be able to claim 0.25WTE per 50,000 registered population funding for a clinical leadership role, at a rate of £0.736 per head of registered population.

Additional Roles Reimbursement Scheme (Year 2)

From Year 2 onwards (April 2020), each network will be allotted a single combined maximum reimbursement sum, covering all reimbursable staff roles, which will be reimbursed at 100% (up to the maximum amounts set out in the GP Contract). Each network's maximum sum will be based on a weighted capitation share of the national funding, that equates to £12.31 per head of weighted population.

As set out in Table 6 (above), the CCG has budgeted at levels in line with the funding included in its allocation (£6.7m). A further central resource is available (up to a maximum of £5.4m), held by NHS England which is accessible to the CCG if recruitment exceeds this value.

Extended Hours Access

Funding currently associated with the Extended Hours DES transferred to the network from 1st July 2019, and continues in 2020/21, reimbursed practices at the rate of £1.44 per head of registered population.

Care Homes Premium

PCNs will be entitled to a recurrent £120 per bed, per year based on CQC data on registered care homes beds in England (20/21 BNSSG figure: 7,887).

Investment & Impact Fund (IIF)

IIF funding refers to the Impact and Investment fund - an incentive scheme which will pay out to PCNs based on performance metrics set out in the GP contract agreement. There has been a significant increase to this funding for 2021/22 increasing from £640k to £2.58m.

Both the care homes premium, and IIF are funded through the additional allocation received by the CCG as set out in Section 1.4 (Table 3).

2.5 Section 96, Resilience and Contingency Funding

Section 96 Funding

No budget has been set to fund Section 96 for the 2021/22 financial year in recognition there were no claims in 2020/21 and to recognise this will simply increase the deficit, and therefore savings requirement.

Contingency budget

As per 2020/21 Operational Planning & Contracting guidance, the CCG has set aside 0.5% of its primary medical care allocation as a contingency fund to mitigate against in year cost pressures. This is set at £724k, and is uncommitted at the start of the year.

3. Key Risks & Mitigations

Risks

- Unidentified savings target of £1.18m
- Assumption that 0.5% contingency budget remains uncommitted
- There is a risk that the level of contract premium over and above Global Sum funding is in excess of the budgeted amounts set out in Section 2.
- Population growth has been factored in based on average actual growth levels over the last 2 years. Growth in excess of this number will cause an over-spend against budgeted amounts

Mitigations

- No financial benefit from slippage on recruitment to the additional roles reimbursement scheme has been assumed in this financial plan. If there is a delay in recruitment to the number of funded posts in BNSSG, this may contribute non-recurrent mitigation against the issues described above.
- Minimising the use of discretionary spend, contract premiums and contract transition support funding that isn't committed to existing contracts.
- The CCG will receive additional transformation funding of c. £2.9m in 2021/22 over and above the core allocation referred to in this paper. This includes the continuation of funding already available non-recurrently to support Extended Access and GP Forward View funding streams, (e.g. practice resilience programme). Additional funding is also included to support the development of Primary Care Networks. Where possible, this funding should be prioritised to support the emerging financial risks outlined above.

4. Summary and Recommendations

The committee is asked to note the following:

- Note the confirmed Primary Care Medical revenue resource limit for 2021/22 of £144,660k
- Note that based on the national allocations formula, the CCG is 2.7% away from its target allocation, which represents a distance from target of £4m
- Note that the CCGs registered population has slowed during 2020/21 (approximately 0.5% each year) against the ONS projections on which allocations are based

- Note the financial planning assumptions as outlined above and the expenditure plan totaling £146.5m before identification of unidentified savings
- Note that a balanced plan has been submitted based on the assumption that the CCG will identify £1.9 million of in-year savings, and that the 0.5% contingency funding remains uncommitted.
- An unidentified savings requirement of £1,186k, after considering the uncommitted contingency budget of £724k (0.5% of allocation)
- Note the other risks to delivery of this plan as outlined in Section 3 above.

Primary Care Commissioning Committee

27th April 2021

Appendix 1 - 2021/22 Primary Care Delegated Budget

	2020/21	Demographic Growth	Global Sum Uplift	PC Network DES	Revised GP Contract	Other Price Inflation	Savings Requirement	2020/21
Allocation	(£135,686K)		(£6,718K)		(£2,406K)	£150K		(£144,660K)
Delegated Primary Care Reserve								
Contingency	£0K					£724K		£724K
Section 96 Practice Support	£170K						(£170K)	£0K
Unidentified Savings Target 2020/21	(£1,253K)						£1,253K	£0K
Delegated Primary Care Reserve Total	(£1,083K)	£0K	£0K	£0K	£0K	£724K	£1,083K	£724K
GMS/PMS/APMS Contracts								
GMS Global Sum	£18,087K	£8K	£788K					£18,883K
PMS Contract Value	£70,463K	£30K	£2,110K					£72,603K
APMS Contract	£0K					£438K		£438K
APMS Contract Premium	£420K					(£302K)		£119K
APMS Contract Support	£450K					(£33K)		£417K
PMS Premium	£4,050K							£4,050K
GMS/PMS/APMS Contracts Total	£93,471K	£38K	£2,897K	£0K	£0K	£104K	£0K	£96,509K
Primary Care Networks DES								
Additional Roles	£4,167K			£2,534K				£6,701K
PCN GP Clinical Leadership	£748K			£19K				£767K
PCN Participation Payment	£1,723K			£1K				£1,724K
Care Home Premium	£473K			£0K	£473K			£947K
Investment and Impact Funding	£647K			£0K	£1,932K			£2,579K
Primary Care Networks DES Total	£7,758K	£0K	£0K	£2,553K	£2,406K	£0K	£0K	£12,717K
Designated Enhanced Services (DES)								
Extended Hours Access	£1,502K			(£1K)				£1,501K
Learning Disabilities	£334K							£334K
Minor Surgery	£803K							£803K
Violent Patients	£75K							£75K
Designated Enhanced Services (DES) Total	£2,714K	£0K	£0K	(£1K)	£0K	£0K	£0K	£2,713K
Quality Outcomes Framework (QOF)								
QOF Achievement	£13,207K		£436K					£13,643K
Quality Outcomes Framework (QOF) Total	£13,207K	£0K	£436K	£0K	£0K	£0K	£0K	£13,643K
Premises Costs								
Actual / Cost Rent	£697K					(£25K)		£672K
Anticipated Market Rent Funding	£0K					£0K		£0K
Clinical Waste	£770K					£0K		£770K
Healthcentre Rent	£1,809K					£152K		£1,961K
Notional Rent	£6,909K					£52K		£6,962K
Rates	£1,452K					£58K		£1,510K
Service Charges	£2,557K					£128K		£2,686K
Void Costs	£511K					£0K		£511K
Water Rates	£113K					£0K		£113K
Premises Costs Total	£14,820K	£0K	£0K	£0K	£0K	£365K	£0K	£15,185K
Prescribing & Dispensing Fees								
Dispensing Fees	£718K					£0K		£718K
Dispensing Quality Scheme	£41K					£0K		£41K
Prescribing Fees	£514K					£0K		£514K
Prescribing & Dispensing Fees Total	£1,273K	£0K	£0K	£0K	£0K	£0K	£0K	£1,273K
Locum Reimbursement Costs								
Locum Costs (Sickness Cover)	£1,800K					£260K		£2,060K
Locum Reimbursement Costs Total	£1,800K	£0K	£0K	£0K	£0K	£260K	£0K	£2,060K
Other GP Services								
Connecting Care and LMC	£351K					(£141K)		£210K
CQC Fees Reimbursement	£632K					£0K		£632K
Doctors Retainer Scheme	£300K					£157K		£457K
IUC Devices	£178K					£0K		£178K
Sterile Products	£70K					£0K		£70K
Translation Fees	£156K					£0K		£156K
Other Delegated Costs	£39K					£3K		£42K
Other GP Services Total	£1,726K	£0K	£0K	£0K	£0K	£19K	£0K	£1,745K
Grand Total Expenditure	£135,686K	£38K	£3,333K	£2,552K	£2,406K	£1,472K	£1,083K	£146,570K
Surplus / (Deficit)	£0K	(£38K)	£3,385K	(£2,552K)	0K	(£1,622K)	(£1,083K)	(£1,910K)

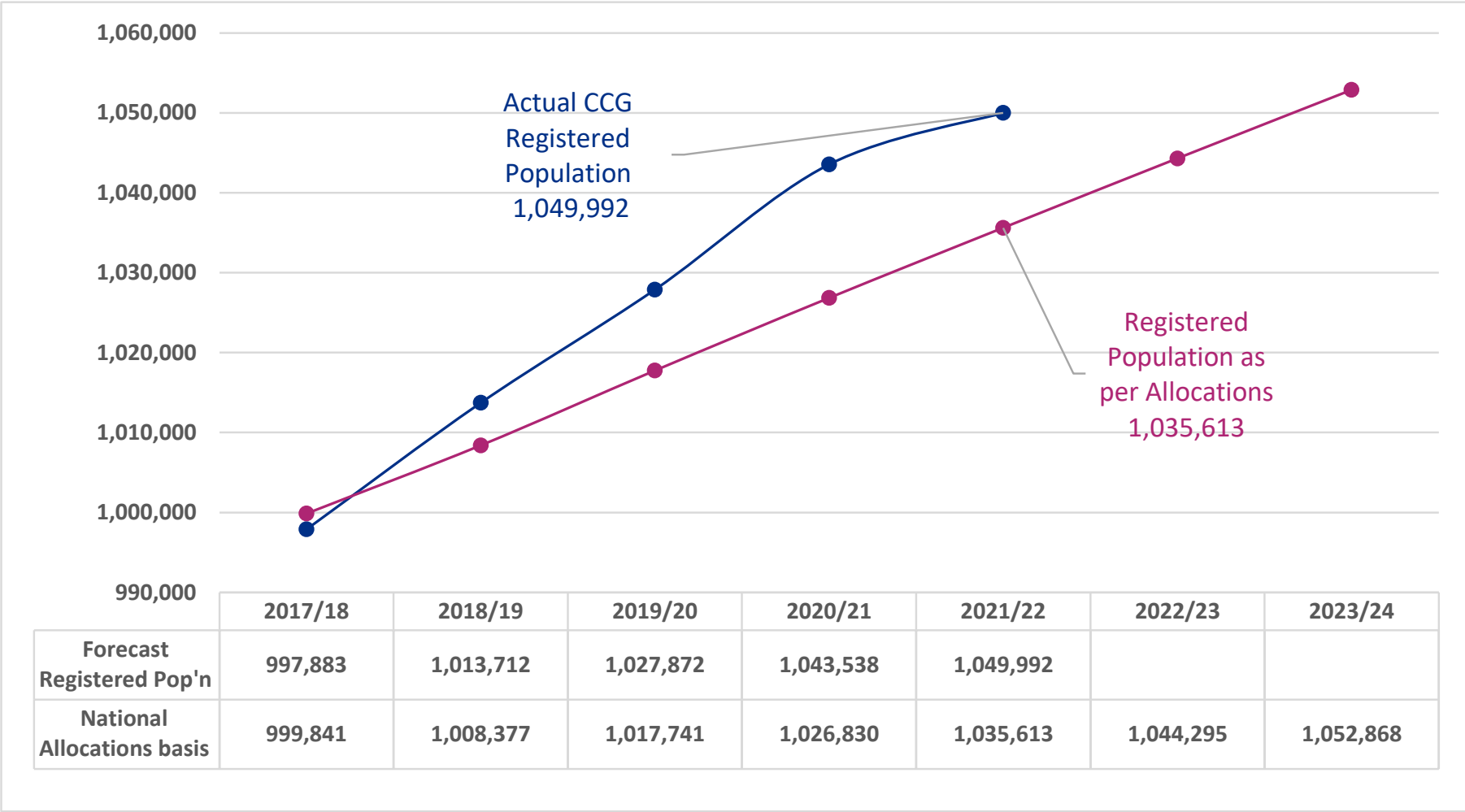
Headlines

- **Total additional resources available £14.32m (c.10% in total)**
 - **Allocated Revenue Resource Limit increased by £8.97m**
 - Allocation Growth, £6.7m
 - Impact & Investment Fund (IIF), £2.58m (20/21, £0.647)
 - **Unallocated Additional Roles Funding available £5.35m**
- **Planned Deficit of £1.9m before mitigations**
- After assumed release of 0.5% contingency (£724k) => **unidentified planning gap/savings target of £1.18m (20/21 - £1.25m)**
- Allocation Pressure (£4m) due to 'Distance from Target' funding and population growth
- Focus now required on linking up with workforce planning and with outcomes expected & delivered

Primary Care Distance from Target (DfT)

Similar CCGs	Estimated 12month average registered population	Overall weighted Population	Final allocation after place-based pace of change (£m)	£ /Weighted Head	Final closing DfT (%)	Target Allocation (£m)	Distance from Target Allocation (£m)
NHS Cambs and Peterborough CCG	978,624	944,332	£145,253	£153.82	1.17%	£143,573	£1,680
NHS E and N Hertfordshire CCG	608,245	559,208	£85,270	£152.48	0.09%	£85,194	£76
NHS Oxfordshire CCG	750,274	711,162	£108,368	£152.38	0.36%	£107,979	£389
NHS Derby and Derbyshire CCG	1,058,007	1,039,045	£158,297	£152.35	0.29%	£157,839	£458
NHS Coventry and Rugby CCG	528,344	533,183	£81,132	£152.17	-0.23%	£81,319	-£187
NHS Sheffield CCG	607,793	593,158	£90,051	£151.82	0.07%	£89,988	£63
NHS Birmingham and Solihull CCG	1,329,445	1,365,360	£205,739	£150.68	-0.82%	£207,440	-£1,701
NHS Nene CCG	695,931	686,987	£101,244	£147.37	-3.28%	£104,677	-£3,433
NHS BNSSG CCG	1,035,614	992,324	£145,976	£147.11	-2.70%	£150,027	-£4,051
NHS Leeds CCG	888,937	902,901	£132,506	£146.76	-3.22%	£136,915	-£4,409
NHS NE and W Devon CCG	941,125	957,555	£139,783	£145.98	-3.94%	£145,516	-£5,733
England	59,802,740	59,802,740	£9,097,910	£152.13	0.07%	£9,091,546	£6,364

Actual Population Growth v Funded Population Growth



2021/22 Revised Allocation

	2020/21 Allocation	Increase in Allocation	2021/22 Allocation
Adjusted baseline	131,438K		137,908K
Allocation Growth	6,470K		8,068K
Final allocation after place-based pace of change	137,908K		145,976K
GP Indemnity Adjustment (CNSGP)	-3,961K		-5,311K
Final Allocation after adjustments	133,947K		140,665K
Recurrent Allocation received in 2019/20	300K		300K
Revised Recurrent Allocation	134,247K	6,718K	140,965K

Additional funding 2020/21

Care Homes Premium	473K	473K	946K
Increase in Practice Funding	319K	0K	319K
Investment and Impact Fund (Est per Ready Rek)	647K	1,932K	2,579K
Allocation differential	0K	-150K	-150K
Allocated Revenue Resource Limit	135,686K	8,974K	144,660K

Unallocated Additional Roles Funding	2,844K	2,507K	5,351K
Available Revenue Resource Limit	138,530K	11,481K	150,011K

APMS Premium Tapering & Additional Contract Support

	Contract End Date	2020/21 Budget	2020/21 Expenditure	2020/21 Variance	2021/22 Premium Reduction	2021/22 APMS Premium Budget
APMS Contracted Premiums						
Broadmead Medical Centre	30/09/2021	£69.1K	£69.1K	£0.0K	(£69.1K)	£0.0K
Charlotte Keel Medical Practice	30/09/2019	£237.0K	£237.0K	£0.0K	(£118.5K)	£118.5K
Emersons Green Medical Centre	31/01/2022	£64.0K	£64.0K	£0.0K	(£64.0K)	£0.0K
Compass Health	30/09/2021	£50.0K	£50.0K	£0.0K	(£25.0K)	£25.0K
		£420.1K	£420.1K	£0.0K	(£276.6K)	£143.5K
Additional Contract Transition Support		£450.0K	£637.0K	(£187.0K)	(£219.8K)	£417.2K
		£870.1K	£1,057.1K	(£187.0K)	(£496.4K)	£560.7K

Global Sum uplift

	2020/21	2021/22	£	%
Global Sum price per weighted patient	£93.46	£96.78	£3.32	3.6%
Out of Hours Adjustment (%)	4.77%	4.75%		
Out of Hours Adjustment (£)	£4.46	£4.59		
Revised Global Sum price per weighted patient	£89.00	£92.19	£3.19	3.6%

Value of QOF point	£194.83	£201.16	£6.33	3.2%
Total number of QOF points	567	635		12.0%

PCN Additional Roles Recruitment Scheme

	2020/21	2021/22	2022/23	2023/24
National Funding				
Original ARRS Funding (A)	257,000K	415,000K	634,000K	891,000K
Additional ARRS Funding (B)	173,222K	331,000K	393,000K	521,000K
	430,222K	746,000K	1,027,000K	1,412,000K
BNSSG Funding				
Original ARRS Funding (C)	4,103K	6,701K	10,237K	14,387K
Additional ARRS Funding (D)	2,844K	5,351K	6,346K	8,412K
	6,947K	12,052K	16,582K	22,799K

Risks / Mitigations

Risks

- Unidentified savings target of £1.18m in order to achieve balance
- Assumes that 0.5% contingency budget remains uncommitted
- Potential overrun of the APMS contract premium vs the budgeted amounts

Mitigations

- Slippage on recruitment to additional roles?
- Minimising the use of discretionary spend, contract premiums and contract transition support funding
- Flexible use of transformation funding? – expected to be c. £2.9m
- Review of non-delegated primary care budgets