

Primary Care Commissioning Committee (PCCC)

Date: 30th May 2018

Time: 2-3.30pm

Location: David Baker Room, the Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda item: 10

Report title: NHSE Primary Care Finance – year end 2017/18

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Report Sponsor: Kevin Davis

1. Purpose

To inform the Committee of the year-end 2017/18 position for the NHS England (South West) Primary Care medical (delegated) budgets relating to Bristol, North Somerset and South Gloucestershire (BNSSG).

2. Recommendations

The Committee is asked to note the final position of the NHS England (South West) Primary Care medical (delegated) budgets for BNSSG for 2017/18.

3. Background

This report is intended to inform the Committee of the final financial position of the NHS England (South West) Primary Care Medical budgets for the Bristol, North Somerset and South Gloucestershire (BNSSG) area for 2017/18. This is the final report from the NHS England team; following delegation reports for 2018/19 will be presented by the CCG finance team.

4. Financial resource implications

Allocations

The table below show the makeup of the final medical allocation at 31st March 2018.



	South Gloucestershire CCG £ 000	Bristol CCG £ 000	North Somerset CCG £ 000	Total £ 000
17/18 Primary Care Allocation (ACRA figure)	33,366	63,901	28,732	125,999
Recurring transfers after initial publication				
- PMS Premiums 2016/17	(485)	(1,004)	(88)	(1,577)
- PMS Premiums re Public Health Childhood Immunisations	(557)	(940)	(325)	(1,822)
Initial allocation 2017/18	32,324	61,957	28,319	122,600
Recurring transfers in 2017/18				
- PMS Premiums 2017/18	(484)	(778)	(88)	(1,350)
- Collaborative fees transferred to CCG	(154)	(554)	(215)	(923)
- Service funding transferred to CCG			(71)	(71)
Sub total	(638)	(1,332)	(374)	(2,344)
Recurring allocation at 31st March 2018	31,686	60,625	27,945	120,256
Non recurring transfers in 2017/18				
- Market rent funding	184	541	7	732
- Funding for GP Indemnity and e-referral service	316	608	262	1,186
- QRISK2 compensation	1			1
Total allocation at 31st March 2018	32,187	61,774	28,214	122,175

Financial performance to 31st March 2018

Financial performance is reported each month to the CCGs' finance teams as part of the routine month end process. The table attached as **Appendix 1** gives the overall figures for Bristol, North Somerset, and South Gloucestershire combined.

These budgets were not delegated to the CCGs in 2017/18 but form part of the overall NHS England South West Primary Care budget. The key target for NHS England (NHSE) is to remain within its total allocation across all direct commissioning spend. It is not a requirement for NHSE's spend on Primary Care (Medical) services to remain within the allocation attributable to those services.

Operational budgets underspent by £2.3m (headroom £1.2m, contingency £0.6m, other budgets £0.5m). The major change since last month is that the full amount of the headroom has been released to the bottom line surplus rather than being held for the national risk reserve as reported in earlier months.

Variances against budgets are minor given the overall level of spend involved. There have been several key factors affecting financial performance for the year:

- Core GP contracts have shown a final underspend of £0.8m (0.9%). This includes the release of £0.46m reserves to offset increasing locum and QOF costs.
- Premises budgets have shown consistent underspends through the year, principally as

a result of rates reviews and savings on the clinical waste contract; favourable £0.4m

- There has been the need to provide additional support to vulnerable practices in the Bristol area; adverse £0.2m.
- Locum costs have been higher than plan, partly due to changes in the rules for locum reimbursement agreed as part of the 2017/18 GP contract; adverse £0.3m.
- QOF shows a variance of £0.25m adverse. QOF figures for 2018/19 are not yet finalised and therefore this is a prudent estimate of the final expected outturn.

5. Legal implications

None

6. Risk implications

None

7. Implications for health inequalities

None

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

None

9. Consultation and Communication including Public Involvement

Not applicable

Appendix 1

Analysis by Area of Spend
Period Ending 31st March 2018

Area of Spend	
General Practice - GMS	
	Global sum
	MPIG
General Practice - PMS	
	Contract value
	PMS Premium
General Practice - APMS	
Premises Costs	
	Rent
	Service charges
	Rates
	Water rates
	Clinical Waste
	Other premises cost
GP -Dispensing	
Enhanced Services	
	Learning Disability Health Check
	Minor Surgery
	Extended Hours
	Violent Patients
	Risk profiling & Care management
QOF	
	Aspiration
	Achievement
Seniority	
Other Services	
Headroom	
Contingency	
Overcommitment of allocation	
Total- Delegated	

Final		
Budget	Actual	Variance
£'000	£'000	£'000
11,843	12,011	(168)
103	103	-
63,508	62,822	686
5,331	5,283	48
5,051	4,840	211
9,927	9,905	22
2,258	2,251	7
1,360	1,258	102
129	105	24
581	559	22
1,794	1,529	265
1,242	1,232	10
331	339	(8)
801	842	(41)
1,760	1,762	(2)
76	75	1
1	1	-
8,108	8,475	(367)
3,968	3,856	112
1,310	1,188	122
3,353	3,881	(528)
1,202	-	1,202
601	-	601
(2,462)	-	(2,462)
122,175	122,317	(142)

Glossary of terms and abbreviations

BNSSG	Bristol, North Somerset, South Gloucestershire.
NHSE	NHS England
GMS	General Medical Services – Practices working for the NHS under the national contract.
Global Sum	The amount each GMS practice is paid per weighted patient on its practice list. The 2018/19 value is £83.64.
Weighted patient/list	For funding purposes practice list sizes are weighted for a number of factors intended to reflect the additional work for different categories of patient.
MPIG	Minimum Practice Income Guarantee. When GMS was introduced it would have substantially reduced the income of some practices. These practices were given an MPIG to compensate. MPIGs are being phased out over 7 years from 2014/15 with the amount saved used to increase the global sum.
PMS	Personal Medical Services – practices working for the NHS under local contracts, most of which were originally let by PCTs. Contracts are now held by NHSE and have converged with GMS.
PMS Premium	The amount by which PMS practices were calculated as being funded more generously than other practices. PMS Premiums are being phased out over 4 years from 2016/17 with the amount saved being transferred to CCGs for reinvestment in Primary Care
APMS	Alternative Provider Medical Services – contract for the provision of medical services which are not suitable for PMS or GMS. Contracts can be let to companies and the commercial sector. Most new contracts use the aPMS framework.
QOF	Quality and Outcomes Framework. Practices can earn additional funding by meeting key clinical targets
Seniority	GPs are entitled to additional payments based on their length of service. Seniority payments are being phased out over 6 years from 2014/15 with the amount saved being used to increase the global sum.