

Meeting in Common of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Primary Care Commissioning Committees – Held in Public

Tuesday 7th August 2018, 10.00am – 11.10am

The Conference Suite, The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD

Agenda

Agenda No	Item description	Enc./ Table / Pres.	Decision / To Note / Discussion / Information	Item Presenter
1	Welcome and Apologies for Absence: North Staffordshire CCG: Stoke-on-Trent CCG:			
2	Declarations of Interest North Staffordshire CCG & Stoke-on-Trent CCG: <i>If any member of the Committee or invited attendee has any pecuniary interest, in any contract, proposed contract or other matter under consideration at this meeting he/she shall disclose the fact to the Chairman and shall not take part in the consideration or discussion of the matter or vote on any question with respect to it unless agreed by the Chairman and members of the committee</i>	Verbal	To Note	MWO 10.00am (5 mins)
3	Confirmation of Quoracy (following consideration of interests declared pertaining to the agenda) North Staffordshire CCG Stoke-on-Trent CCG			
4	Minutes from: Public Meeting In Common Of The North Staffordshire and Stoke-On-Trent Clinical Commissioning Groups' Primary Care Commissioning Committee Tuesday 3 rd July 2018 Action List and Matters Arising	Enc. 4.1 Enc. 4.2	To Note / Decision	
5	Governance			10.05am
5.1	Primary Care Risk Register	Enc. 5.1	Assurance /Decision	PW (15 mins)
6	Finance, Performance and Planning			10.20am
6.1	Finance Update - Primary Care Delegated Budgets	Enc. 6.1	To Note	AM (10 mins)
6.2	Primary care commissioning strategy plan – Update - To follow	Enc. 6.2	Information	MH (10 mins)
7	GP Forward View			10.40am
7.1	GP Forward View Stock Take Presentation	Pres.	To Note	SJ (15 mins)
8	Standing Items			10.55am

8.1	NHS England Update	Enc. 8.1	Information	RW (10 mins)	
9	Any Other Business			11.05pm	
	<ul style="list-style-type: none"> ❖ Questions from the Public ❖ Any other key issues ❖ Committee Effectiveness 	Verbal Verbal Enc. 8.1	Information	MWo	
DATE/TIME OF NEXT MEETING:					
Date		Time	Venue		Chair
Tuesday 4 th September 2018		10.00am	The Conference Suite, The Bridge Centre, Birches Head Road, Birches Head, ST2 8DD		PD

Public Meeting of the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups' Primary Care Commissioning Committees held in Common
Tuesday 3rd July 2018, 11.45am – 12.30pm
The Conference Suite, The Bridge Centre, Birches Head, ST2 8DD
Unconfirmed Minutes

Members:			Quoracy	10/04/2018	01/05/2018	05/06/2018	03/07/2018	02/10/2018	06/11/2018	04/12/2018
Present:										
North Staffordshire CCG Voting Members:										
Peter Dartford	PD	Lay Member – Patient and Public Involvement		✓	✓	✓	✓			
Mike Edgley	ME	Lay Member		✓	✓	✓	✓			
Neil McFadden	NMcF	Lay Member – Governance		✓	✓	x	✓			
Stoke-on-Trent CCG Voting Members:										
Tim Bevington	TB	Lay Member		✓	✓	✓	✓			
John Howard	JH	Lay Member – Governance		✓	✓	x	✓			
Margy Woodhead	MWw	Lay Member – Patient and Public Involvement (meeting chair)		✓	x	x	✓			
CCGs' Voting Members:										
Lorraine Cook	LC	Head of Quality		x	✓	✓	✓			
Lynn Millar	LM	Director of Primary Care and Medicines Optimisation		✓	✓	✓	x			
Alistair Mulvey	AM	Chief Finance Officer (part meeting)		✓	✓	✓	✓			
Manir Hussain	MH	Deputy Director of Primary Care and Medicines Optimisation		x	x	x	✓			
Mark Seaton	MS	Managing Director – North Locality		x	✓	✓	x			
Marcus Warnes	MWw	Accountable Officer		✓	✓	✓	✓			
In attendance:										
North Staffordshire and Stoke-on-Trent CCGs:										
Dr Waheed Abbasi	WA	Clinical Director – Mental Health and Specialist Groups		x	x	✓	x			
Nicola Austerberry	NA	Primary Care Lead		✓	x	✓	✓			
Jessica Chaplin	JC	Executive Assistant (Minutes)		✓	✓	✓	✓			
Dr Lorna Clarson	LCI	Clinical Director – Patient and Public Involvement		✓	✓	x	✓			
Anna Collins	AC	Head of Communications and Engagement		✓	x	x	x			
Dr Steve Fawcett	SF	Medical Director		✓	x	✓	x			
Dr John Gilby	JG	Clinical Director – Primary Care		✓	✓	✓	✓			
Dr Latif Hussain	LH	Non-Executive GP Board Member		✓	x	✓	✓			
Sarah Jeffery	SJ	Head of Primary Care Development commenced in post June 18		-	-	✓	x			
Mel Mahon	MM	Head of Primary Care Commissioning Commenced in post June 18		-	-	✓	x			
Vicky Oxford	VO	Senior Commissioning Manager		✓	✓	✓	✓			
Alex Palethorpe	AP	Associate Director – Corporate Services		✓	✓	✓	✓			
Staffordshire Single Leadership Team:										
Sally Young	SY	Director of Corporate Governance, Communications and Engagement		✓	x	x	x			
NHS England										
Rebecca Woods	RW	Head of Primary Care		✓	x	x	x			
Wendy Henson	WH	Primary Care Lead		✓	✓	x	✓			
Terry Chikurhune	TC	Primary Care Lead		✓	✓	✓	✓			
Public/Observers										
Simmy Aktar	SA	Healthwatch Stoke-on-Trent		x	✓	x	✓			
Jackie Owen	JO	Healthwatch Staffordshire		✓	✓	x	x			

Dr Paul Scott	PS	North Staffordshire LMC Chair		x	✓	✓	✓			
Dr Harald Van-Der Linden	HVL	North Staffordshire LMC Secretary		✓	x	✓	x			
0 members of public/press in attendance										
2018/JUL /072	1. Welcome and Apologies for absence									Action
	MWO welcomed members to the public meeting of the North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees held in Common. Apologies were duly received and noted as above.									
2018/JUL /073	2. Members' Declarations of Interest									
	No further declarations of interests made extraordinary to items declared on the CCGs' Declaration of Interest Register.									
2018/JUL /074	3. Confirmation of Quoracy									
	The meeting was confirmed as quorate for North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees.									
2018/JUL /075	4. Minutes, Action Sheet and Matters Arising									
	<p><u>Minutes from the meeting held on Tuesday 5th June 2018</u> The minutes from the meeting held on Tuesday 5th June 2018 were duly received and approved as a true and accurate account of discussions held.</p> <p><u>Actions from the meeting held on Tuesday 5th June 2018</u> ❖ 2018/JUN/067 - 360 Ipsos MORI Stakeholder Survey 2018 – The meeting were advised that the proposed Engagement Plan had been deferred to the August meeting. It was confirm that a Task and Finish Group had been convened to develop the engagement plan including CCG and LMC involvement. Both the 2017 and 2018 actions would be revisited to ensure all actions were picked up in the plan – Action carried forward</p> <p>All other actions marked as complete or on the agenda for discussion.</p> <p><u>Matters Arising</u> No items raised.</p>									
2018/JUL /076	5. Primary Care Risk Register									
	<p>Item deferred to August 2018 meeting.</p> <p>LM provided assurances to the meeting that the Primary Care Risk Register was actively managed and reviewed outside of the meeting and an update would be presented to the August meeting to ensure the Committees had full visibility of the Primary Care risks.</p> <p>The Committees requested that the most recent version of the Primary Care Risk Register was circulated to members outside of the meeting to ensure that all members remained aware of the progress against the risks.</p> <p>ACTION: JC to circulate the Primary Care Risk Register to committee members outside of the meeting.</p>									
2018/JUL /077	6.1 Finance Update – Primary Care Delegated Budgets									
	<p>The meeting were presented with the month two financial position for North Staffordshire CCG and Stoke-on-Trent CCG. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees took the report as read and key details highlighted as follows:</p> <p>It was noted that as at month two there was an underspend for North Staffordshire CCG of £139k and an underspend of £47k for Stoke-on-Trent CCG and both CCGs were forecasting a break even position against the delegated budget.</p>									

	<p>To conclude the North Staffordshire CCG Primary Care Commissioning Committee received and noted the month 2 financial position; and Stoke-on-Trent CCG Primary Care Commissioning Committee</p>	
<p>2018/JUL /078</p>	<p>6.2 Primary Care Commissioning Strategy Plan</p>	
	<p>The meeting were presented with the Primary Care Commissioning Strategy Plan. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to approve the development of a Primary Care Commissioning Strategy Plan and to receive and note the content of the report. LM presented details as follows:</p> <p>The meeting were advised that a Primary Care Commissioning Strategy was proposed as it was recognised that a single strategy for Primary Care was required to articulate both the work that was taking place and future plans. It was recognised that there were a number of both historical and current strategies although there was no overarching strategy that pulled together all areas of Primary Care, with the further recognition that as delegated commissioners the CCGs needed strategic context. In addition, there needed to be a strategy that supported the vision articulated in the Enhanced Primary and Community Care STP work stream, including future commissioning from General Practice.</p> <p>It was noted that the proposed strategy would include details around Quality of care for patients, addressing pressures and contracting models for sustainability. Preliminary work was taking place with the Primary Care Commissioning Team exploring working at scale, the vision for this would also be included in the Strategy Plan. An update was provided in relation to work to date which included investment made across Staffordshire from the GP Forward View to support the implementation. Furthermore, it was confirmed to the meeting that oversight for both the development and the implementation of the strategy would be the responsibility of the Primary Care Commissioning Committee. Furthermore, it was proposed that a development group would be convened for the operational oversight of the strategy.</p> <p>ACTION: LM to organise a development Group for the Primary Care Commissioning Strategy Plan.</p> <p>JH highlighted the potential for a comparative workshop to take place to look at and work with other peer CCGs both in and outside of Staffordshire to look at best practice for Primary Care Commissioning. LM responded that during the development of the strategy, other CCGs would be contacted to look at approaches taken and to look at the approach taken elsewhere.</p> <p>PD expressed disappointment in relation of the lack of progress, in relation to the EPCC work stream and highlighted that a preliminary workshop had taken place 2 years ago and it was felt that progress had not been made and highlighted that there needed to be details contained in the strategy to demonstrate how the EPCC stream was to be delivered.</p> <p>PS highlighted the pressures and challenges with the GP workforce and highlighted that the LMC hoped that the proposed strategy would support general practice and to demonstrate the funding that would be associated with the 'left shift' in to Primary Care and noted that there needed to be oversight of both development and delivery from this Committee. In addition, discussions took place around the need for the strategy to identify funding opportunities for General Practice. LM highlighted the importance for the development of the strategy to be clinically lead and provided assurances that the LMC would remain cited throughout the development process.</p> <p>SA queried when engagement with patients and public would take place. LM responded that there would be an underpinning communications and engagement plan and it was anticipated that clinical engagement would be the throughout the process. The meeting were further advised that STP representatives were supportive of the development of the Strategy.</p> <p>It was highlighted that there needed to be alignment across the CCGs strategies and the Primary Care Strategy should not be developed in isolation and should be developed when also considering other key CCG Strategies including Quality and Care Home.</p>	

	<p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee agreed the principle for development of the Primary Care Commissioning Strategy Plan including a delivery group to be convened to oversee delivery; and Stoke-on-Trent CCG Primary Care Commissioning Committee agreed the principle for development of the Primary Care Commissioning Strategy Plan including a delivery group to be convened to oversee delivery.</p>	
2018/JUL /079	6.3 Discretionary Spending Plan	
	<p>The meeting were presented with the Primary Care Discretionary Spending Plan. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and approve the Primary Care Discretionary Spending Plan. LM presented key details as follows:</p> <p>The meeting were advised that the discretionary spending plan had been developed to outline processes and principles to be implemented to ensure that the available primary care budgets are spent appropriately and within the GMS statement of financial entitlements. It was noted that the discretionary spending plan took in to consideration financial scheme and ensured that any underspend or uncommitted resource which was to be committed was in line with both the CCGs' objectives and the objectives detailed within the GP Forward View.</p> <p>It was noted that monitoring of the discretionary spending plan would be the responsibility of the Committees and details of this would be included in the monthly finance report to the Committees. In addition, to ensure close monitoring of the Discretionary Spending Plan a monthly planning meeting will be convened to oversee the development of plans against the budget, to identify future opportunities and to allow for CCGs' Finance and Primary Care Teams to monitor the spend.</p> <p>A discussion took place around the need to define the financial controls and governance associated with the discretionary spend. The Committees recognised the importance of ensuring the financial controls were applied both fairly and equitably across the CCGs. Furthermore, the meeting discussed the potential use of the budget to support transformational change in to General Practice. In addition, there was a commitment to ensure that the Learning and Development budget was appropriately allocated as in previous years there had been a significant underspend and it was noted that there would be a development of an organisational development plan for General Practice and there would be a programme of protected learning events for General Practice.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and approved the Discretionary Spending Plan; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and approved the Discretionary Spending Plan.</p> <p><i>AM joined the meeting.</i></p>	
2018/JUL /080	7.1 Social Prescribing Implementation Plan	
	<p>The meeting were presented with an update on the Social Prescribing Project. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the content of the paper and to approve the investment of £500,000 to develop and implement the project as detailed within the paper. NA presented key details as follows:</p> <p>The meeting were provided with brief details around the context of the paper and progress to date, it was noted that the Social Prescribing Steering Group had developed the model to be used – with a strong recognition from the regional Social Prescribing Group that the model was strong. Furthermore, the local steering group had agreed a clear way forward for the implementation of the model and how this will be carried forward. It was noted that the development of the model and implementation had been designed collaboratively with the CCGs, Community Providers and the Voluntary Sector.</p> <p>The meeting were advised that the paper detailed costings, including staff costing and other costs including implementation. It was noted that the amount requested for the proposal was higher than the costs detailed within the paper and it was noted that c£100,000 had been allocated for contingency for the development – for a total investment of £600,000. In addition, the paper</p>	Pri

	<p>presented to the Committees included details around return on investment, both qualitative and quantitative elements of the project. In relation to measuring and monitoring of the project, details had not been finalised as at the time of the meeting due to work still taking place to define the provider to complete the evaluation of the scheme.</p> <p>JG highlighted concerns in relation to both the lack of future funding arrangements post the pilot scheme and in addition highlighted further concerns that only 10% of the Practice Population of Stoke-on-Trent and North Staffordshire would benefit from the pilot in the first instance with concerns that this could create inequity across practices. In addition, JG highlighted further concerns that the Social Prescribing scheme could occupy the voluntary sector, leaving inequity and gaps in service for those practices not involved as an early implementer site. LM recognised the need for a plan to be developed to detail the future once the pilot had concluded and the proposed wider roll out. In addition, it was noted that throughout the design and implementation, robust monitoring would take place.</p> <p>SA queried how the early implementer sites had been identified. NA highlighted the rationale for the choice of the sites, which included levels of deprivation and consideration of sites where Care Navigation was successfully embedded which in turn would support the success of social prescribing.</p> <p>MW0 reminded members that Social Prescribing was identified as a key deliverable to support the local health economy as part of the CQC Review of Local Health Services across Stoke-on-Trent and noted that there needed to be a partnership approach taken across all providers to ensure that all the local health economy took ownership of the scheme.</p> <p>The committees requested that a monthly update report was presented to each Committee in order to obtain robust assurance around the pilot in the Primary Care Report.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the Social Prescribing Project Implementation Plan and approved the investment of £500,000 to support the implementation and development of the project and £100,000 contingency; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the Social Prescribing Project Implementation Plan and approved the investment of £500,000 to support the implementation and development of the project and £100,000 contingency.</p>	
<p>2018/JUL /081</p>	<p>7.2 BMJ GP Recruitment Marketing Campaign – Update</p>	
	<p>NA presented the meeting with an update on the progress made to date in relation to the BMJ Marketing Campaign. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committees were asked to receive and note the contents of the report for information. Details presented as follows:</p> <p>The meeting were advised that work was progressing well for the development of the Recruitment and Marketing campaign to support GP recruitment across North Staffordshire and Stoke-on-Trent CCGs and concept art work was due to be sent to the CCGs for approval as at the time of the meeting. In addition, work was taking place with the LMC and Northern Staffordshire GP Federation to encourage local GPs to get involved in a video detailing the benefits of working in Northern Staffordshire. In addition, BMJ had completed work with Local Authorities to gain information around the area to highlight the benefits of working in Northern Staffordshire. It was subsequently anticipated that the marketing campaign would go live by the end of July 2018.</p> <p>LC informed the meeting of the Academic General Practice careers available in Northern Staffordshire in collaboration with Keele University and suggested that this was included in the campaign as the roles were set up as unique roles which could be an attraction for GPs across the country.</p> <p>ACTION: NA and LC to discuss the inclusion of the Academic General Practice scheme for the BMJ Recruitment Marketing Campaign.</p> <p>A discussion took place around the current position of GP workforce across North Staffordshire and Stoke-on-Trent and it was highlighted that there was a total of 40 GP vacancies across Staffordshire</p>	

	<p>which had been vacant for 18 months or over, against 330 GPs working across North Staffordshire and Stoke-on-Trent - figure not whole time equivalent. Mwa commented that the CCGs needed to work smarter in relation to workforce planning and LM responded that under the GP Forward View there was a work stream for workforce, with detailed trajectories. It was noted that the vacancies across General Practice was a dynamic position, subject to constant change. Subsequently, it was requested that the August Committee received a deep-dive in to General Practice Workforce to ensure the committees have an in-depth understanding of the current pressures and position.</p> <p>ACTION: RW to present the August Committees with a deep-dive in to General Practice Workforce, including the current workforce position and work taking place to support General Practice workforce including progress made with the BMJ GP Recruitment Marketing Campaign.</p> <p>To conclude, the North Staffordshire CCG Primary Care Commissioning Committee received and noted the BMJ GP Recruitment Marketing Campaign; and Stoke-on-Trent CCG Primary Care Commissioning Committee received and noted the BMJ GP Recruitment Marketing Campaign.</p>		
2018/JUL /082	7.3 GP Forward View Highlight Report		
	The meeting were presented with the GP Forward View Highlight report for July 2018 for information. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Committees received and noted the GP Forward View Highlight Report.		
2018/JUL /083	9. Any other Business		
	<p><u>Questions from the Public</u> No members of public in attendance.</p> <p><u>Any other Key Issues</u> Smoking Cessation – LH highlighted concerns in relation to the changes made to Smoking Cessation services in North Staffordshire. It was noted that changes had been made to the age that services could be accessed and queried if the CCG had been sighted on the changes. In addition, it was noted that changes had been made to the healthy lifestyle service. The Committees recognised the concerns raised and it was agreed that the issue would be escalated to the Health and Wellbeing Board as it was felt that the changes had been made in isolation without due consideration of the impact on General Practice.</p> <p>ACTION: Mwa to escalate the concerns in relation to changes to Smoking Cessation Services and Healthy Lifestyle Services at the Health and Wellbeing Board due to the clinical concerns raised.</p> <p><u>Committee Effectiveness</u></p> <ol style="list-style-type: none"> 1. <i>Did we achieve what we set out to do linking back to the Agenda?</i> Yes 2. <i>Was the information presented appropriate/easy to understand?</i> Yes 3. <i>Was the information received in a timely manner prior to the meeting?</i> Yes 4. <i>Do we need to inform our decision?</i> Yes – Health and Wellbeing Board to be updated on the impact of the service changes for Smoking Cessation and Healthy Lifestyle Services in North Staffordshire. 5. <i>Do we need any more information / require a further progress report at a later date?</i> Further reports to be presented on Social Prescribing, workforce and the Risk Register. 6. <i>Agreed actions captured in the minutes?</i> Yes 7. <i>Were there any risks raised in the meeting that should be captured in the risk register?</i> All risks highlighted already on the CCGs Primary Care Risk Register. 		
Date and Time of next meeting			
Date	Time	Location	Chair
Tuesday 7th August 2018	10.00am	Bridge Centre, Birches Head Road, Birches Head, Stoke-on-Trent, ST2 8DD	PD

All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and actions carried out promptly without waiting for the issue of the minutes.

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, be recorded in the following meeting's minutes.

Signed: Position: Date:.....

DRAFT

**Action Tracker from June meeting of North Staffordshire and Stoke-on-Trent CCG Primary Care Commissioning Committees'
Public Session**

MEETING DATE	REFERENCE	AGENDA ITEM	Action	Responsible Officer	Outcome / update
05/06/18	2018/JUN /068	360 Ipsos MORI Stakeholder Survey 2018	LCI to present the July Primary Care Commissioning Committees with an Engagement Plan following on from the 360 Ipsos Mori Stakeholder Survey, including a revisit of the actions identified in 2017.	Lorna Clarson	<i>Item deferred to September 2018 Meeting</i>
03/07/18	2018/JUL /076	Primary Care Risk Register	JC to circulate the Primary Care Risk Register to committee members outside of the meeting.	Jess Chaplin	<i>Risk Registers circulated to Committee members and on agenda for consideration</i>
03/07/2018	2018/JUL /078	Primary Care Commissioning Strategy Plan	LM to organise a development Group for the Primary Care Commissioning Strategy Plan.	Lynn Millar	<i>Work taking place to organise first Group in August 2018</i>
03/07/2018	2018/JUL /081	BMJ GP Recruitment Marketing Campaign – Update	<p>a. NA and LC to discuss the inclusion of the Academic General Practice scheme for the BMJ Recruitment Marketing Campaign.</p> <p>b. RW to present the Committees with a deep-dive in to General Practice Workforce, including the current workforce position and work taking place to support General Practice workforce including progress made with the BMJ GP Recruitment Marketing Campaign.</p>	<p>Nicola Austerberry/Lorna Clarson</p> <p>Rebecca Woods</p>	<i>Verbal Update to be presented to the meeting</i>

Public Paper

Enclosure: 5.1

Report to	North Staffordshire and Stoke on Trent CCG Primary Care Commissioning Committee meeting in Common
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Title	Primary Care Risk Register as 9 th July 2018
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Meeting Date	7 th August 2018
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Sponsor Director	Lynn Millar, Director of Primary Care and Medicines Optimisation
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Action required	Decision	X	Discussion	X	For assurance/For Information	X
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Purpose of the paper, key issues, points and recommendations

This report provides the Primary Care Committee with information about the primary care related risks currently facing North Staffordshire CCG and Stoke-on-Trent CCG. The risk register has been updated accordingly by the Head of Primary Care Development and the following suggested changes are drawn to the Committees attention for discussion and approval.

There are currently eight risks on the Primary Care Committee register as follows:

No of risks	Risk Score	Risk Rating
1	16	High
3	12	High
2	9	Moderate
1	6	Moderate
1	2	Low

New Risks:
There have not been any proposed new risks for the Primary Care Register.

Risk Closures:
There have not been any proposed risks for closure.

Risk Register

The North Staffordshire and Stoke on Trent CCG Primary Care Commissioning Committee meeting in Common is asked to:

- i) **Review** and make any comments regarding the content and layout of the risk register and identify if they require any further assurances in regard to the risks recorded.

Which other CCG committee and/or Group has considered this report

<u>Committee/Group</u>	<u>Other agreements</u>

Summary of risks relating to the proposal

Without a risk register , there is little or no assurance that controls are in place to mitigate risks and that those controls can be assessed for effectiveness

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

Feed into each CCG annual governance statement regarding how risks are managed

Strategic objectives supported by this paper

Our shared Goals:		Yes	No
1.	Empowered Staff		
2.	Commissioning Health Outcomes		
3.	Seamless Partnerships		
4.	Responsible Use of Resources	Y	

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed?		N
2.	Has an Equality Impact Assessment been completed?	Y	
3.	Has Engagement activity taken place with Stakeholders/Practice/Public and Patients	Y	

Acronyms

contained in document

Risk guidance

Guidance for completing a risk register

Risk description – should describe the risk event, the cause and the effect. The risk should be articulated clearly and concisely with appropriate use of language, suitable for the public domain with acronyms spelt out in the first instance. When wording the risk it is helpful to think about it in three parts and write it using the following phrasing: There is a risk that This is caused by..... Would lead to an impact/effect on

Risk owner – should include full job title (not just names) of the person who owns the risk.

Risk assessment / scoring – should be completed in line with the guidance set out below

Risk proximity – should be selected based on: zero to three months, three to six months, six to nine months, nine to twelve months and twelve months plus.

Action plan – should be the actions and activities planned to take place that will when implemented or completed reduce, eliminate or minimise the risk.

Action owners – should include for each action full job title (not just names) responsible for completing the action.

Completion date for actions – each action should have a completion date set.

Assurances – this should include internal assurance / evidence (e.g. Board reporting, sub-committee and programme governance) and external assurance / evidence (e.g. planned or received audits or reviews) that the risk is being effectively managed.

Trend – this indicates any change in the current risk score in the form of an arrow. It is recommended that ↑ is an improvement in position and therefore a reduction in the level of risk e.g. amber to amber/green and a ↓ indicates an increase in the level of risk e.g. amber to amber/red. Where there is no change in the level of risk this is indicated by ↔.

Last review date – this is to indicate when the risk was last reviewed and/or updated.

Please note:

Be careful and sensitive about the wording of the risk, as **risk registers are subject to Freedom of Information (FOI) requests**. Do not reference blame to other organisations in the risk register (the register may be made available in the public domain).

Scoring risk

Risks should be scored between 1-5 for both likelihood and impact.

The table below provides descriptions of likelihood and impact scoring.

Category	Likelihood Scoring				
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Very Likely
Frequency /					
How likely is it to happen?	This probably will never happen/recur	Do not expect it to happen/recur, but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but is not a persisting issue or circumstance	Very likely to happen/recur; possibly frequently

Category	Impact Scoring				
Impact score	1	2	3	4	5
Descriptor	Very low	Low	Moderate	High	Very high
Operational & Clinical Quality	<ul style="list-style-type: none"> Minor reduction in quality of treatment or service No or minimal effect for patients 	<ul style="list-style-type: none"> Single failure to meet national standards of quality of treatment or service Low effect for a small number of patients if unresolved 	<ul style="list-style-type: none"> Repeated failure to meet national standards of quality of treatment or service Moderate effect for multiple patients if unresolved 	<ul style="list-style-type: none"> Ongoing non-compliance with national standards of quality of treatment or service Significant effect for numerous patients if unresolved 	<ul style="list-style-type: none"> Gross failure to meet national standards with totally unacceptable levels of quality of treatment or service Very significant effect for a large number of patients if unresolved
Financial	<ul style="list-style-type: none"> Programme- Between £10m and £25m Admin- Between £2m and £5m 	<ul style="list-style-type: none"> Programme- Between £25m and £50m Admin- Between £5m and £10m 	<ul style="list-style-type: none"> Programme- Between £50m and £100m Admin- Between £10m and £20m 	<ul style="list-style-type: none"> Programme- Between £100m and £250m Admin- Between £20m and £50m 	<ul style="list-style-type: none"> Programme- More than £250m Admin- More than £50m

Each risk will be RAG rated by taking the likelihood and impact scores, and using the matrix below:

Impact	Very High -5	A	A/R	R	R	B
	High - 4	A	A	A/R	R	R
	Moderate - 3	A/G	A	A	A/R	A/R
	Low - 2	G	A/G	A/G	A	A
	Very Low - 1	G	G	G	G	G
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Very Likely
		Likelihood				

Using the risk "RAG" rating system for scoring risks means risks can be ranked so that the most severe are addressed first. Decisions can then be made as to what actions can be taken to alleviate the risk.

Version Control	
Version	1.19
Author	Executive directors
Date	8.6.18

Risk Register (covering Primary Care)

Directorate	Risk Ref	Date risk recorded	Risk Owner	Risk Description	Current Risk Score 1		Trend	Risk Proximity	Actions	Action Owner	Completion Date for Actions	Anticipated Risk Score on Completion of Actions			Assurances	Last reviewed	
					Likelihood	Impact						Likelihood	Impact	RAG Status			
	<i>A unique coding that allows the risk to be easily identified</i>	<i>Date risk recorded</i>	<i>Job title of the person responsible for the management, monitoring, control and escalation where appropriate, of the identified risk</i>	<i>A statement describing the risk event, cause and impact</i>			<i>The trend indicates any change in the current risk score in the form of an arrow</i>	<i>Timescale as to when the risk will occur</i>	<i>The actions and activities planned to take place that will when implemented or completed reduce, eliminate or minimise the risk</i>	<i>Job title of the person responsible for completing the action</i>	<i>Each action should have a completion date set</i>			<i>Internal assurance / evidence (e.g. Board reporting, sub-committee and programme governance) and external assurance / evidence (e.g. planned or received audits or reviews) that the risk is being effectively managed</i>	<i>Date when the risk was last reviewed and/or updated</i>		
Primary Care	PC1	22/09/2017	Director of Primary Care	Vulnerability within General Practice (GPs and Practice Nurses). Recruitment and Retention national shortage.	4	3	AR	↓	12+ months	1. Staffordshire Primary Care Workforce Plan 2. International recruitment scheme in progress, task and finish group established. 3. GPFV - workforce plan including practice manager funding (international recruitment, clinical pharmacists, GP retention, GP Medical Assistants, Local nurse redeployment) 4. North Staffs GP Federation successful in becoming one of the 11 national GP Career Plus Pilot sites. Advised further allocation of funding to be distributed, but no clarification of actual figures given at present, figures scheduled to be released by the end of May 2018 / Beg June 2018.	1. Director of Primary Care /Head of PC NHSE 2. Head of PC NHSE 3. Head of Primary Care NHSE/Director of Primary Care 4. Dr Sharon Turner (north staffs Federation) /Head of PC NHSE/Director of Primary Care	1. 31.03.18 2. 31.03.19 3. 31.03.19 4. Ongoing	3	3	A	13.06.18 risk reviewed no change. 11/4/18 Assurance statement risk reduced from 16 to 12. Actions updated anticipated risk score reduced to 9 Mitigations plan for recruitment being actioned May 2018 PCCC - Committee requested Director of Primary Care provide a focused review on GP workforce at next meeting 09/07/2018 - Deep dive into primary care workforce took place at the GPFV Umbrella Group - Report to be presented to PCCC	09/07/2018
Primary Care	PC2	22/09/2017	Director of Primary Care	Lack of clinical and managerial capacity and capability in Primary Care to deliver the required transformation and operate Primary Care at scale.	4	3	AR	↓	12+ months	1. Staffordshire Primary Care Workforce Plan 2. GPFV Staffordshire Improvement plan 3. Releasing capacity workstream in place 4. Training being provided to GP practices - 46/77 practices have received workflow optimisation training to release GP capacity and reviewing further information about the online learning approach to enable further practices to participate 5. Care navigation rollout - In North Staffordshire, 485 receptionists have been trained in Care Navigation. Care Navigation has saved 1,843 GP hours in 6 months across participating practices in North Staffordshire and Stoke-on-Trent. 6. 2018/19 resilience funding is now available and expressions of interest have been sought across Staffordshire (by 1st June) for North Midlands panel consideration in mid-June. 7. Staffordshire training hub are leading on implementing a Staffordshire wide plan for 17/18 funding including training and development, coaching and mentoring and networking events related to practice managers. The plan has been formulated by the CCG, NHSE, practice manager colleagues, LMCs and the Staffordshire Training Hub	1. Director of Primary Care 2. Director of Primary Care 3. Director of Primary Care 4. Director of Primary Care 5. Director of Primary Care 6. Head of Primary Care 7. Head of Primary Care / NHS England	1. 31.10.17 2. 31.03.19 3. 31.03.19 4. 31.03.19 5. Ongoing 6. Ongoing 7. Ongoing	3	3	A	13.06.18 risk reviewed no change 09/07/2018 - Deep dive into primary care workforce took place at the GPFV Umbrella Group - Report to be presented to PCCC Work continues against delivery of the ten high impact actions to address workload in primary care Resilience funding applications received and reviewed at an NHSE led panel and outcomes will be communicated to practices and PCCC Practice Manager development funding plan continues to be rolled out via the Staffordshire training hub	09/07/2018
Primary Care	PC3	22/09/2017	Director of Primary Care	Transition from PMS to GMS may result in instability for practices in terms of funding and service provision.	3	3	A	↔	9-12 months	1. NHSE to raise at National forums 2. PMS review group to be established 3. Local PMS investment areas to be identified to support clinical work undertaken by GP practices	1. Rebecca Woods, Head of Primary Care, NHSE 2. Director of Primary Care 3. Director of Primary Care	1. 31.10.17 2. 28.02.18 3. Ongoing	2	2	G	13.06.18 - risk reviewed no change Ongoing. Reinvestment proposals currently under discussion	09/07/2018
Primary Care	PC4	22/09/2017	Director of Primary Care	Requirement for extended hours provision within primary care for both CCGs may adversely affect both resilience and quality of care, resulting in inadequate care for the population.	3	3	A	↔	9-12 months	1. Development of overarching Staffordshire Specification 2. Development of localised specification 3. Local GP Engagement 4. Revised specification development for CCG Governance processes 5. Primary Care Portal developed to disseminate information regarding direct award to Primary Care providers and member practices. 6. Assurance process developed and shared with Providers and GP practices for transparency. 7. Formal engagement period for Direct Award has commenced, submissions for consideration from Providers due by COP 2/7/18, non-conflicted assurance panel to meet 9/7/18.	1. Staffordshire Working Group 2. Local working Group 3. Director of Primary Care 4. Director of Primary Care 5. Head of Primary Care 6. Head of Primary Care 7. Head of Primary Care	1. Completed 2. 28.02.18 3. 31.03.18 4. 31.03.18 5. 19.05.18 6. 19.05.18 7. Ongoing	3	3	A	On track to procure and deliver extended access by 1 September in partnership with the North staffs federation	09/07/2018
Primary Care	PC5	22/09/2017	Director of Primary Care	CCGs' failure to engage with Primary Care via Localities resulting in a lack of engagement with and by GP member practices and a lack of clinical input into clinical commissioning.	3	2	AG	↔	9-12 months	1. Executive Director representative to attend Locality Meetings. 2. Feedback to Executive Team. 3. Briefing presented by EDs to Localities. 4. Proposals regarding locality structure and ways of working developed and presented to CCG Membership for discussion 24/05/18. Locality Leads to discuss further with member practices with vote and decision by August 2018, mobilisation from Sept 2018.	1. Medical Director 2. All Executive Directors 3. Head of Comms and Engagement (Anna Collins) 4. Clinical Director for Partnerships and Engagement / Head of Primary Care	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing	2	2	G	Primary care Delivery Group re-established Management of change complete staff in place to support engagement of practices Engagement visits continue	09/07/2018
Primary Care	PC6	22/09/2017	Director of Primary Care	Failure by CCGs' to plan to deliver and support GP 5 Year Forward View resulting in the required provision of extended access and the transformation and sustainability of primary care not being delivered.	4	3	AR	↔	9-12 months	1. Set up Task and Finish Group 2. Staffs wide implementation plan and identified programme team for GPFV 3. Organise events on Extended Access 4. Engagement events for public and other Stakeholders 5. Extended Access - Formal engagement period for Direct Award has commenced, submissions for consideration from Providers due by COP 2/7/18, non-conflicted assurance panel to meet 9/7/18.	1. Director Primary Care 2. Head of Primary Care 3. Director Primary Care 4. Head of Primary Care 5. Head of Primary Care	1. Completed 2. Ongoing 3. Completed 4. Ongoing 5. Ongoing	4	3	AR	this is a duplication of risk of PC4 and actions associated and PC2 suggested overhaul of risks at PCCC	09/07/2018
Primary Care	PC9	26/01/2018	Director of Primary Care	Lack of provision of a GP service for a cohort of violent and aggressive patients due to current provider giving notice	2	1	G	↓	0-3months	1. NHSE have requested expressions of interest 2. Review the service as part of the enhanced service review 3. Dr Sri is providing service for this cohort of patients	1. NHSE 2. Director Primary Care and Medicine Optimisation 3. Director of Primary Care and Medicine Optimisation	1. 31.01.18 2. 31.03.18	3	4	AR	13.06.18 - risk reviewed no change Update 13th April 2018- DR Sri providing service May PCCC-The Committees were asked to consider the closure of risk PC9, as alternative arrangements had been sourced, with the service provided on an Enhanced Service Term and arrangements would be reviewed in March 2019. The North Staffordshire CCG and Stoke-on-Trent CCG Primary Care Commissioning Committee approved for the risk to be reduced to a risk score of 2, until a long term plan for future provision of the service is finalised.	09/07/2018
Primary Care	PC12	05/06/2018	Director of Primary Care	Lack of written integrated plan for primary Care	4	4	R		0-2mths	1. Primary Care five year plan, including details of investment for 2018/19 and longer term investment plans to be written and presented to Primary Care Commissioning Committee 3/7/18 2. Primary Care five year plan will inform primary care work programme. 3. Reporting on workstreams will be included in the Primary Care Highlight Report bundle	1. Director of Primary Care 2. Director of Primary Care 3. Heads of Primary Care Development & Commissioning	1. Ongoing 2. Ongoing 3. Ongoing	3	2	AG	13.06.18 new risk 9/07/2018 - commissioning plan has now been presented but now requires a delivery plan and associated timeframes	09/07/2018

Public Paper

Enclosure: 6.1

Report to Primary Care Commissioning Committee

Title Finance Update – Delegated Budgets – 2018/19 Month 3

Meeting Date 7th August 2018

Sponsor Director Alistair Mulvey

Action required	Decision		Discussion		For assurance/For Information	X
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Purpose of the paper, key issues, points and recommendations

This paper provides the month 3 financial position and forecast outturn for the Primary Care delegated commissioning budgets.

North Staffordshire CCG is reporting an underspend of £156k and Stoke is reporting an underspend of £94k year to date. Both CCGs are currently forecasting a break even position against the delegated budgets, however there are a number of reserves available to manage in-year service delivery pressures and opportunities for investment.

The Committee is asked to note the financial position at month 3.

Which other CCG committee and/or Group has considered this report

<u>Committee/Group</u>	<u>Other agreements</u>

Summary of risks relating to the proposal

Financial risk should expenditure exceed approved budgets

Any statutory/ regulatory/legal /NHS constitutional/NHSE assurance / governance implications

Financial balance is a statutory duty for the CCG

Strategic objectives supported by this paper

Our shared Goals:		Yes	No
1.	Empowered Staff		X
2.	Commissioning Health Outcomes		X

3.	Seamless Partnerships		X
4.	Responsible Use of Resources	X	

Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed?		X
2.	Has an Equality Impact Assessment been completed?		X
3.	Has Engagement activity taken place with Stakeholders/Practice/Public and Patients		X

Acronyms
GMS – General Medical Services PMS – Personal Medical Services AMPS – Alternative Provider Medical Services QOF – Quality and Outcomes Framework

1. Introduction

The Primary Care Commissioning Committee has responsibility for monitoring the primary care delegated budgets, and this report presents the month 3 reported position of the delegated budgets for 2018/19. Although the Committee does not have responsibility for the other CCG primary care commissioning budgets, an update is also included within this report for information.

In summary, the year to date position for the two CCGs on delegated primary care budgets is as follows:

	<u>£'000s</u>
North Staffordshire CCG	-£156
Stoke-on-Trent CCG	-£94
Combined Surplus / Deficit	<u>-£250</u>

Both CCGs are currently forecasting a year-end break even against the delegated budgets, but within the budgets there are a number of reserves available for in-year investment or to cover service.

2. Primary Care Delegated Budgets – NHS Stoke-on-Trent CCG

Appendix 1 provides the financial detail for Stoke-on-Trent CCG.

The CCG is showing an underspend of £94k, with uncommitted reserves being the main reason for the underspend which is being partially offset by a pressure relating to an APMS contract for which there is currently no budget cover, and the CCG is working with colleagues from NHS England to conclude this issue. LD health checks is also showing an underspend – this relates to final payments for 2017/18 being much lower than estimated within the final 17/18 position.

At this early stage of the financial year the budgets are reporting a forecast break even position, and naturally this will be reassessed as we progress through the year. Within the overall budget there are reserves of £1,441k to cover in-year service pressures or investment opportunities.

3. Primary Care Delegated Budgets – NHS North Staffordshire CCG

Appendix 2 provides the financial detail for North Staffordshire CCG.

The CCG is showing an underspend of £156k. Similar to Stoke this underspend relates to uncommitted reserves and LD health checks.

North Staffs CCG is also forecasting a break even position, and within the budget there are reserves totalling £413k.

4. Other Primary Care Commissioning Budgets

Appendix 3 presents the other CCG primary care commissioning budgets for information.

Stoke-on-Trent CCG is showing an underspend of £171k and North Staffordshire CCG is showing an overspend of £118k as at month 3. The finance team are investigating these variance positions and also completing a full review of the budgets.

5. Summary of wider CCG Financial Position

The reported year to date position at month 3 is a £6.95m in-year deficit (North Staffs £3.65m Deficit, Stoke on Trent £3.3m Deficit). This compares to the planned position at Month 3 of a

£1.65m surplus (North Staffs £0.20m Deficit, Stoke on Trent £1.45m Surplus). This is an adverse variance of £8.6m.

At month 3 the Northern CCGs are forecasting a £6.60m in-year surplus which is in line with the control totals.

	Year to date Month 3			Forecast Outturn		
	Plan £'000s	Actual £'000s	Variance £'000s	Plan £'000s	Actual £'000s	Variance £'000s
North Staffordshire CCG	-200	3,650	3,850	-803	-803	0
Stoke-on-Trent CCG	-1,450	3,300	4,750	-5,800	-5,800	0
Combined Surplus / Deficit	-1,650	6,950	8,600	-6,603	-6,603	0

6. Conclusion

The Committee are requested to note the month 3 financial position of the Primary Care budgets for 2018/19.

Stoke-on-Trent CCG
Primary Medical Services - Delegated Budgets 2018/19
Month 3

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core contracts						
GMS	5,430	5,430	0	21,759	21,759	0
PMS	367	367	0	1,721	1,721	0
APMS	1,025	1,234	209	4,098	4,481	383
	6,821	7,030	209	27,578	27,961	383
Enhanced Services						
Extended Hours	46	33	-13	184	184	0
LD Health Checks	63	-23	-86	252	252	0
Minor Surgery	68	50	-17	270	270	0
Violent Patients	4	24	21	16	16	0
Other Enhanced Service Payments	7	7	0	29	29	0
	188	91	-96	750	750	0
Other Services						
Dispensing & Prescribing	57	57	0	231	231	0
CQC Fees	187	177	-10	187	187	0
Locums	52	53	1	209	209	0
Seniority	63	49	-14	259	259	0
Indemnity	0	0	0	0	0	0
Named GP for Safeguarding	4	4	0	25	25	0
PMS Reinvestment	176	176	0	338	338	0
All Other	0	0	0	0	0	0
	539	517	-23	1,248	1,248	0
Premises						
Rents	887	955	68	3,585	3,630	45
Rates	263	259	-5	416	416	0
Water Rates	12	13	1	49	49	0
Clinical Waste	25	25	0	99	99	0
	1,187	1,252	64	4,149	4,194	45
QOF	685	690	5	3,915	3,915	0
Reserves						
0.5% Discretionary Reserve	0	0	0	197	197	0
Other Uncommitted Reserves	281	0	-281	835	452	-383
Premises Reserve	33	33	0	130	85	-45
Demographic Changes & inflation	19	46	28	83	83	0
0.5% Contingency	0	0	0	197	197	0
	333	79	-254	1,441	1,013	-428
	9,752	9,658	-94	39,081	39,081	0

North Staffordshire CCG
Primary Medical Services - Delegated Budgets 2018/19
Month 3

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Core contracts						
GMS	4,656	4,656	0	18,733	18,733	0
PMS	124	124	0	639	639	0
APMS	192	192	0	777	777	0
	4,972	4,972	0	20,149	20,149	0
Enhanced Services						
Extended Hours	40	39	-1	159	159	0
LD Health Checks	33	3	-29	131	131	0
Minor Surgery	49	25	-24	195	195	0
Violent Patients	16	-0	-16	64	64	0
Other Enhanced Service Payments	3	3	0	11	11	0
	140	69	-71	559	559	0
Other Services						
Dispensing & Prescribing	215	215	0	901	901	0
CQC Fees	140	141	1	140	140	0
Locums	46	42	-4	183	183	0
Seniority	59	52	-8	244	244	0
Indemnity	0	0	0	0	0	0
Named GP for Safeguarding	4	4	0	25	25	0
PMS Reinvestment	136	136	0	246	246	0
All Other	0	0	0	0	0	0
	600	589	-11	1,739	1,739	0
Premises						
Rents	573	585	13	2,320	2,320	0
Rates	232	225	-6	319	319	0
Water Rates	10	11	2	39	39	0
Clinical Waste	18	18	0	72	72	0
	832	840	8	2,751	2,751	0
QOF	538	495	-43	3,072	3,072	0
Reserves						
0.5% Discretionary Reserve	26	0	-26	130	130	0
Other Uncommitted Reserves	29	0	-29	19	19	0
Premises Reserve	14	14	0	54	54	0
Demographic Changes & inflation	20	36	16	65	65	0
0.5% Contingency	0	0	0	145	145	0
	89	50	-39	413	413	0
	7,170	7,014	-156	28,682	28,682	0

Stoke-on-Trent CCG
Primary Care - Commissioning Budgets 2018/19
Month 3

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Enhanced Services						
Anti-coagulation	14	-1	-15	55	55	0
Basket of care / Treatment Room Services	78	78	0	311	311	0
Nursing Homes	11	21	10	45	45	0
Near Patient Testing	0	1	1	0	0	0
GTT	23	27	4	93	93	0
Extended Hours Access	73	53	-21	293	293	0
Shared Care	16	18	2	62	62	0
Primary Care Offer	15	-1	-16	60	60	0
Extended Minor Surgery	23	27	3	93	93	0
Other Enhanced Services	0	8	8	0	0	0
	253	230	-23	1,012	1,012	0
GP Forward View Investments						
Transformational Support	221	109	-112	884	867	-17
Care Navigators	0	34	34	49	49	0
Improving Access	0	0	0	1,010	1,010	0
Online consultation Software	0	0	0	97	97	0
Other GPFV	0	0	0	0	0	0
	221	143	-78	2,039	2,023	-17
Other Primary Care Budgets						
Admission Avoidance LIS	436	0	-436	1,745	1,745	0
Membership and Transformation Scheme	109	649	540	436	436	0
QIF	299	0	-299	1,195	1,195	0
Mental Health Act Assessments	31	137	106	124	124	0
Learning & Development	74	93	19	298	373	75
	950	879	-70	3,798	3,873	75
GP IT	231	231	0	992	992	0
	1,655	1,483	-171	7,841	7,899	58

North Staffordshire CCG
Primary Care - Commissioning Budgets 2018/19
Month 3

	Year To Date			Forecast		
	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Enhanced Services						
Anti-coagulation	3	9	6	12	12	0
Basket of care / Treatment Room Services	58	59	1	233	233	0
Nursing Homes	43	40	-3	172	172	0
Near Patient Testing	0	8	8	0	0	0
GTT	11	14	3	45	45	0
Extended Hours Access	46	-3	-49	183	183	0
Shared Care	0	0	0	0	0	0
Intra Partum Care	0	0	0	0	0	0
Spirometry	0	0	0	0	0	0
Multiple Sclerosis	0	0	0	0	0	0
Phlebotomy	0	0	0	0	0	0
Primary Care Offer	0	0	0	0	0	0
Other Enhanced Services	0	1	1	0	0	0
Prior Year balances	0	-10	-10	0	0	0
	161	118	-43	645	645	0
GP Forward View Investments						
Transformational Support	84	84	0	335	335	0
Care Navigators	0	4	4	37	37	0
Improving Access	0	0	0	700	700	0
Online consultation Software	0	0	0	73	73	0
Other GPFV	0	-2	-2	-0	-2	-2
	84	86	2	1,144	1,143	-2
Other Primary Care Budgets						
Admission Avoidance LIS	327	340	13	1,309	1,309	0
Membership and Transformation Scheme	82	129	47	327	327	0
QIF	56	0	-56	224	224	0
Mental Health Act Assessments	41	76	35	163	163	0
Learning & Development	80	78	-2	319	341	21
	585	623	37	2,342	2,363	21
GP IT	187	308	122	763	904	141
	1,017	1,135	118	4,894	5,055	161