



**East Leicestershire
and Rutland**
Clinical Commissioning Group

Meeting Title	Primary Care Commissioning Committee – meeting in public	Date	Tuesday 7 May 2019
Meeting No.	46.	Time	9:30am – 09:50am
Chair	Mr Warwick Kendrick Independent Lay Member	Venue / Location	Framland Committee Room, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PC/19/14	Welcome and Introductions		Warwick Kendrick	Verbal	9:30am
PC/19/15	To receive questions from the Public in relation to items on the agenda	To receive	Warwick Kendrick	Verbal	9:30am
PC/19/16	Apologies for Absences: <ul style="list-style-type: none">• Clive Wood• Alan Smith• Tracy Burton• Jamie Barrett	To receive	Warwick Kendrick	Verbal	9:30am
PC/19/17	Notification of Any Other Business	To receive	Warwick Kendrick	Verbal	9:30am
PC/19/18	Declarations of Interest on Agenda items	To receive	Warwick Kendrick	Verbal	9:35am
PC/19/19	To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 5 March 2019	To approve	Warwick Kendrick	A	9:35am
PC/19/20	To Receive Actions and Matters Arising following the meeting held on 5 March 2019	To receive	Warwick Kendrick	B	9:35am
PRIMARY CARE FINANCE REPORT					
PC/19/21	Primary Care Finance Report 2019-20 (Month 12, March 2019)	To receive	Donna Enoux	C	9:40am

ITEM	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
OPERATIONAL ISSUES					
PC/19/22	Kibworth Medical Centre and Two Shires Surgery: Practice Merger Update	To receive	Seema Gaj	Verbal	9:45am
ANY OTHER BUSINESS					
PC/19/23		To receive		Verbal	9:50am
DATE OF NEXT MEETING					
PC/19/24	Tuesday 4 June 2019 at 9:30am – 12:30pm, Framland Committee Room, ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.			Verbal	9:50am

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**Minutes of the Primary Care Commissioning Committee held on
Tuesday 5 March 2019 at 9:30am in the Gartree Committee Room,
ELR CCG, County Hall, Glenfield, Leicester, LE3 8TB**

Present:

Mr Clive Wood	Deputy Chair of the CCG and Independent Lay Member (Chair)
Dr Nick Glover	GP Locality Lead, South Blaby and Lutterworth
Dr Girish Purohit	GP Locality Lead, Syston, Long Clawson and Melton
Dr Vivek Varakantam	GP Locality Lead, Oadby and Wigston (from item PC/18/142 onwards)
Mr Tim Sacks	Chief Operating Officer
Ms Donna Enoux	Chief Finance Officer
Mrs Tracy Burton	Interim Chief Nurse and Quality Officer
Dr Tim Daniel	Public Health Consultant (from item PC/18/136 onwards)

In attendance:

Mr Jamie Barrett	Head of Primary Care
Mrs Daljit Bains	Head of Corporate Governance and Legal Affairs
Mrs Seema Gaj	Primary Care Contracts Manager
Mr Tom Bailey	Senior Primary Care Contracts Manager, NHS England – from item PC/19/10 onwards
Dr Nainesh Chotai	Chair of the Leicester, Leicestershire and Rutland Local Medical Committee (LLR LMC) – from item PC/19/10 onwards
Ms Lola Adewumi	GP Trainee, Public Health (from item PC/18/136 onwards)
Mrs Amardip Lealh	Corporate Governance Manager (Minutes)

ITEM		LEAD RESPONSIBLE
PC/19/01	<p>Welcome and Introductions</p> <p>Mr Wood welcomed all members to the Primary Care Commissioning Committee (PCCC) meeting, in particular, Ms Adewumi, which was followed by a series of introductions.</p>	
PC/19/02	<p>To receive questions from the Public in relation to items on the agenda</p> <p>There were no members of the public present at the meeting and no questions had been received.</p>	
PC/19/03	<p>Apologies for absence:</p> <ul style="list-style-type: none"> Mr Alan Smith, Independent Lay Member 	
PC/19/04	<p>Notification of Any Other Business</p> <p>Mr Wood had not received notification of any other business.</p>	
PC/19/05	<p>Declarations of Interest</p> <p>GPs present declared an interest in items relating to</p>	

ITEM		LEAD RESPONSIBLE
	<p>commissioning of primary care where a potential conflict may arise, which did not include any specific declarations on this occasion.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the conflicts of interest declared. 	
PC/19/06	<p>To Approve minutes of the previous meeting of the ELR CCG Primary Care Commissioning Committee held on 5 February 2019 (Paper A)</p> <p>The minutes of the meeting held in February 2019 were accepted as an accurate record of the meeting.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the previous meeting. 	
PC/19/07	<p>To Receive Matters Arising following the meeting held on 5 February 2019 (Paper B)</p> <p>The matters arising following the meeting held in February 2019 were received, with the following update provided:</p> <ul style="list-style-type: none"> • PC/18/86 – Uppingham Surgery: Ketton Closure Update Mr Barrett confirmed work continues with the Practice and an update will be provided in June 2019. Action ongoing. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the matters arising. 	
PC/19/08	<p>Primary Care Finance Report 2018-19 (Month 10, January 2019 (Paper C)</p> <p>Ms Enoux presented this report, which was taken as 'read,' as there were was not much movement since the previous report to the Committee. However, it was reported that the annual budget for Primary Care service totals £95.6m for 2018-19 and at Month 10, a year to date overspend of £3.3m and an outturn overspend of £4.2m is being forecast. In comparison to Month 9, there has been a £32k improvement in the primary care position in relation to following areas:</p> <ul style="list-style-type: none"> • Prescribing • Community Based Services (CBS) • Co-Commissioning • GP Support Framework • Other Primary Care 	

ITEM		LEAD RESPONSIBLE
	<p>Appendices 1 and 2 of the report provided further analysis of all service areas.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
<p>PC/19/09</p>	<p>Leicester, Leicestershire and Rutland (LLR) GP Information Management and Technology (IM&T): Work Programme Update (Paper D)</p> <p>Mr Sacks presented this report, which provided an update on the IM&T programme across LLR that supports the delivery of the Local Digital Roadmap (LDR) and implementation of the GP Five Year Forward View (FYFV) requirements.</p> <p>In the absence of a progress update against the IM&T agenda being presented within the CCG, Mr Sacks felt it was useful to present an update at Committee level. Mrs Bains confirmed all IT related work is (and should be) presented to the CCG's Integrated Governance Committee (IGC).</p> <p>Mr Sacks informed the Committee that the IM&T programme consists of the following 7 key initiatives, which are being delivered in response to national NHS England GP IT framework mandates, GP5FV or those locally defined strategic objectives of the LDR:</p> <ol style="list-style-type: none"> 1. Online Consultations 2. GP Clinical System Migration 3. Electronic Record Sharing 4. Flagging and notifications 5. Clinical System Optimisation 6. Patient WIFI 7. Self-care and mobile apps <p>In addition, Mr Sacks confirmed an IM&T Strategy is in the process of being developed to support with the above, which will also include input from GPs and link with colleagues across LLR.</p> <p>Mr Sacks confirmed items for information from the LLR GP IM&T Steering Group in February 2019 are detailed within sections 4 – 12 within the report, and drew the Committee's attention to the following:</p> <ul style="list-style-type: none"> • eConsultations - Contract award approved by ELR CCG; to be approved by LC CCG and WL CCG in March 2019; • NHS NOW App - two workshops held in January 2019, 	

ITEM		LEAD RESPONSIBLE
	<p>which were attended by PPG representatives, healthcare professionals and external partners; feedback to be incorporated into the development of the App;</p> <ul style="list-style-type: none"> • Skype – Following approval by NHS England for the LLR bid for Skype implementation in General Practice, work is underway to move this forward. <p>With regards to the Primary Care Enabling Service (PCES), Mr Sacks confirmed an update was presented to the LLR CCG Joint Management Team advising them of the work required to ensure contracts are in place by 1 April 2019 for the following, which was supported:</p> <ul style="list-style-type: none"> • Delivering email • Registration authority • Information governance support for Practices <p>The Primary Care Team is working closely with Mrs Bains to ensure all governance elements have been incorporated.</p> <p>Mr Wood thanked Mr Sacks for the update, which was useful to have been received at the Committee as well as updates presented to the IGC too.</p> <p>Dr Glover noted progress to date and suggested it would also be helpful to ensure future updates include progress from a quality and financial perspective too.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report and note the progress to date. 	
<p>PC/19/10</p>	<p>Investment and Evolution: A five year framework for GP contract reform to implement The NHS Long Term Plan 31 January 2019 (Paper E)</p> <p>Mr Barrett presented this report, which provided a brief overview of the key considerations required for the CCG following the publication of the ‘Investment and Evolution: A five year framework for GP contract reform’ by NHS England in January 2019 that was taken as read.</p> <p><i>Mr Tom Bailey joined the meeting.</i></p> <p>It was noted that under the CCGs delegated responsibility of Primary Care Contract, national guidance and implementations are to be considered as part of the co-commissioning agenda. The key ambitions of the framework were detailed in sections 5 – 14 of the report, which:</p>	

ITEM		LEAD RESPONSIBLE
	<ul style="list-style-type: none"> • Seeks to address workload issues resulting from workforce shortfall. • Brings a permanent solution to indemnity costs and coverage. • Improves the Quality and Outcomes Framework (QOF). • Introduces automatic entitlement to a new Primary Care Network Contract. • Helps join-up urgent care services. • Enables practices and patients to benefit from digital technologies. • Delivers new services to achieve NHS Long Term Plan commitments. • Gives five-year funding clarity and certainty for practices. • Tests future contract changes prior to introduction. <p>Mr Wood welcomed Mr Bailey to the meeting, which was followed a series of introductions.</p> <p>Mr Sacks informed the Committee that the CCG is in the process of redesigning the role of the Primary Care Resilience Board to ensure the work required to implement the above ambitions has been taken into consideration.</p> <p><i>Dr Nainesh Chotai joined the meeting.</i></p> <p>In addition, Mr Sacks noted the vast amount of work required will be aligned across LLR to maximize functionality as the framework and Plan are very prescriptive.</p> <p>Mr Wood welcomed Dr Chotai to the meeting and thanked Mr Barrett for the update.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report. 	
PC/19/11	<p>Development of Primary Care Networks (PCNs) in Leicester, Leicestershire and Rutland (LLR) (Paper F)</p> <p>Following the previous report presented, Mr Sacks presented this report, which set out the development of PCNs for the entire population of LLR that will form the neighbourhood structure of LLR Integrated Care Systems (ICS). As such, it was crucial to have a robust infrastructure in place for the three CCGs to agree a set of aligned principles that meet the rules stipulated by NHS England.</p> <p>The report was taken as read and Mr Sacks confirmed an update will be presented to the NHS England Regional PCN meeting on 11 March 2019 in conjunction with Dr Glover and Dr Varakantam.</p>	

ITEM	LEAD RESPONSIBLE
<p>It was noted that the function of a PCN is to support groups of practices to come together locally, in partnership with community services, social care and other providers of health and care services, delivering greater provision of proactive, personalised, coordinated and more integrated health and social care. The core characteristics of a PCN were detailed in section 13 of the report and further guidance is expected from NHS England in the next few months. In the meantime, the national direction for PCN development specifically includes:</p> <ul style="list-style-type: none"> • Network contracts • Neighbourhood teams • Clinical leadership • Shared savings scheme • Population health management • Quality and Outcomes Framework (QOF) <p>Since the publication of the new contract guidance, the view across LLR is that there needs to be significant engagement with practices across the 3 CCGs to develop a clear set of guidance that offers support so the PCNs within LLR are built using a system wide set of rules that deliver against the guidance. It was reported that the timescales for PCNs to be formed and agreed locally and each CCG and LLR level is 15 May 2019 for which a breakdown of timescales was provided in section 18 of the report.</p> <p>Following engagement with the LMC executive, the Clinical chairs of the LLR CCGs, the LLR CCG Joint Management Team, and discussions held at Member practice locality meetings and listening events, a set of five principles have been compiled and presented at Appendix 1 (PCNs – Potential Options and Actions to deliver a Framework by 15 May 2019) for consideration.</p> <p>In response to Mr Wood’s query whether the Committee was required to receive or approve the report as documented on the agenda and within the report respectively, Mr Sacks confirmed the Committee were required to receive the report and approve the approach in developing the PCNs across LLR (i.e. proposed direction of travel and actions – columns 3 and 4 of appendix 1), which was reviewed as follows:</p> <p>1. PCN Structures Each PCN is required to complete a registration form by 15 May 2019 detailing the names of its member practices. Further guidance is to be provided to LLR Practices in order for PCN structures to be in place by 1 April 2019.</p> <p>Dr Varakantam requested clarification in relation to whether the PCNs were required to cover geographical areas as</p>	

ITEM		LEAD RESPONSIBLE
	<p>opposed to a number of member practices and how this impacts Practices across boundaries, for example. Mr Sacks confirmed a Practice can only form part of one PCN, which is an area for both LC CCG and ELR CCG to consider who have patients and Practices across localities.</p> <p>Dr Glover confirmed the services provided by District Nurses within the City varies to the services provided by the same professionals within the County and queried whether all services will be delivered by each PCN. Mr Sacks confirmed the elements of delivery and scale remain under review and will be confirmed in due course. However, the aim of the PCN is to implement delivery methods across the ICS.</p> <p>Dr Purohit confirmed Practices seem to be working well across many areas, and as raised at his Locality meeting, concerns were raised in relation to how conflicts of interest will be managed within PCNs and whether a Practice of sufficient size could be a PCN in its own right. Mr Sacks confirmed that based on current guidance issues, it would not be practically possible for a Practice to become a PCN in its own right.</p> <p>2. Nominated Practice or Provider Each PCN to define a nominated Practice or Provider to receive funding on their behalf by 15 May 2019. This could be the ELR GP Federation or an alternative provider, for example, as long as they are registered with the Care Quality Commission (CQC). Further guidance is to be provided to LLR Practices.</p> <p>In response to Mr Wood's query whether this section related to the next section (Accountable Clinical Director (ACD)), Mr Sacks confirmed both sections were independent as these are asking for a nominated Practice / Provider and an ACD, which both differ.</p> <p>3. Accountable Clinical Director (ACD) Each PCN to agree and appoint an ACD by 15 May 2019, which will be funded at £0.69p per patient and details of the formal process are to be published by NHS England.</p> <p>It was noted the timescale to appoint an individual was very short, which also posed a significant conflict of interest if GP members of the Governing Body were being appointed to this role. It was anticipated 2019-20 was a transitional year; however, work is underway with HR representatives to fully support PCNs. In response to Dr Wood's query whether the</p>	

ITEM		LEAD RESPONSIBLE
	<p>PCNs could look to the GP Federations for support, Mr Sacks confirmed this would not be the case for HR expertise.</p> <p>Dr Glover felt all forms of support and guidance should be offered to the PCNs in order for them to take forward accordingly, however, the ACD appointed should be confident in the role undertaken in order to develop services that meet both the needs of the patient and the Practice.</p> <p>Mr Wood queried whether any further support / guidance could be offered by the LMC. Dr Chotai confirmed the LMC is available to provide support / guidance; however, this is for the PCNs to take up, if required. It was also worth noting that each PCN will have a different view and the main challenge will be from the smaller Practices. In addition, Mr Sacks confirmed it was also the role of the CCG to provide support / guidance in conjunction with the LMC.</p> <p>It was noted this was a key area for further review in terms of managing conflicts of interest and moving forward with a range of options to consider at this stage, however, useful to know the Primary Care Team are ensuring robust processes are in place to mitigate room for challenge. In addition, the proposal of a transitional year was favoured by GPs present.</p> <p>Mr Wood queried when further guidance was to be received. Mr Sacks confirmed further guidance is expected to be released in March 2019. In response to Mr Barrett's query whether NHS England had issued a further update; Mr Bailey acknowledged the concerns raised regarding the lack of further guidance, however, no further updates at this stage.</p> <p>Dr Purohit queried whether it was possible for posts within the PCNs could be appointed on a 'job share' basis for example; and whether it was appropriate for GP members on the Governing Body to be appointed within PCNs. Mrs Bains confirmed the CCG has an updated Conflicts of Interest policy in place, which is currently being reviewed in line with guidance issues to date around the development of PCNs. In addition, it was noted that GPs on the Governing Body have a clear conflict of interest, as does the ELR GP Federation. Therefore, these will be closely monitored and managed effectively going forward.</p> <p>4. Network Financial Entitlement PCNs guaranteed cash payment of £1.50 per registered patient, which is funded by general CCG allocations and not</p>	

ITEM		LEAD RESPONSIBLE
	<p>primary care allocations. Further guidance is to be provided to LLR Practices.</p> <p>It was noted that the CCG was unable to dictate how this allocation is spent as this would need to be determined by each PCN, however, baseline positions can be obtained from NHS England.</p> <p>5. CCG Support in Kind CCGs to consider the current and future role of its Primary Care Team and how this crosses over to PCNs in terms of support and guidance. However, this did not include the transfer of staff to PCNs, only support, advice and guidance from the CCG's perspective.</p> <p>Dr Varakantam queried whether sections 4 and 5 above could be linked in order to provide a more efficient method of delivery and use of management time. Mr Sacks confirmed the areas presented were proposed for discussion and comments will be taken into consideration going forward.</p> <p>Mr Wood thanked Mr Sacks for the report and members of the Committee for their comments and suggestions.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the report; • APPROVE the proposed direction of travel in the development of PCNs. 	
PC/19/12	<p>Any other business</p> <p>There was no other business to discuss.</p>	
PC/19/13	<p>Date of next meeting</p> <p>The date of the next Primary Care Commissioning Committee meeting will be held on Tuesday 2 April 2019 at 9:30am – 12:30pm, Room 173, County Hall, Glenfield, Leicester, LE3 8TB.</p>	

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**NHS EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP
 PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

ACTION NOTES

Key

Completed	On-Track	No progress made
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Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 7 May 2019	Status
PC/18/86	December 2018	Uppingham Surgery: Ketton Closure Update	Jamie Barrett / Seema Gaj	To provide a light touch progress update to the Committee regarding the Uppingham Surgery in due course as part of the assurance process.	June 2019	Work in progress - Verbal update to be provided at the meeting; action ongoing.	AMBER

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**EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

Front Sheet

REPORT TITLE:	Primary Care Finance Report 2018/19 (Month 12, March 2019)
MEETING DATE:	7 May 2019
REPORT BY:	Richard George, Senior Primary Care and Non-Acute Commissioning Accountant
SPONSORED BY:	Donna Enoux, Chief Finance Officer
PRESENTER:	Donna Enoux, Chief Finance Officer

PURPOSE OF THE REPORT:

The purpose of this report is to provide a 2018/19 final outturn position for Primary Care services.

RECOMMENDATIONS:

The East Leicestershire and Rutland CCG PCCC is requested to:

- **RECEIVE** the reported variance position against the Primary Care budgets based on reporting information available.

REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2018 – 2019: (tick all that apply)

Transform services and enhance quality of life for people with long-term conditions	Improve integration of local services between health and social care; and between acute and primary/community care.	
Improve the quality of care – clinical effectiveness, safety and patient experience	Listening to our patients and public – acting on what patients and the public tell us.	
Reduce inequalities in access to healthcare	Living within our means using public money effectively	✓
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).		

EQUALITY ANALYSIS

An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report as it is judged that it is not required at this point.

RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:

- Report covers finances for (but not the operational delivery of) Primary Care Budgets that support the delivery of Primary Care Strategy (BAF 6);
- Report supports the appropriate management of Primary Care Budgets and the achievement of financial targets (BAF 10).

**EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

Primary Care Finance Report 2018/19 (Month 12, March 2019)

7 May 2019

1. Month 12 Final Outturn Position

The 2018/19 annual budget for Primary Care services totals £96m. The final reported position for the service area is a £3.97m overspend.

In summary, the main variances include; £2.2m prescribing overspend for the NCSO and Category M drug pressures, £0.4m underspend against community based services, £1.4m co-commissioning overspend where year on year expenditure increases exceed the CCG's funding allocation, £1.7m under delivery of primary care QIPP and a net £0.9m underspend against GPIT and other primary care commissioning budgets.

In comparison to month 11 there is a £506k improvement in the primary care position. Movements across services are summarised in the table below:

Area	Month 11 Forecast Outturn Variance £'000	Month 12 Final Outturn Variance £'000	Movement in Position £'000	Explanation of key movements
Prescribing	2,255	2,150	-105	Non recurrent allocation received from NHSE to support NCSO cost pressures
Community Based Services	-269	-381	-112	Reduced forecast for Q4 payments based on Q1 to Q3 activity
Co-Commissioning	1,297	1,394	97	Continued increase in the cost of locum expenditure for GP sickness & maternity / paternity
GP Support Framework	-32	-38	-6	Minor update to achievement forecast
Other Primary Care	1,225	845	-380	Non recurrent benefit from GPFV underspends
Total	4,476	3,970	-506	

Appendices 1 and 2 provide further analysis of all service areas.

2. Delegated Co-Commissioning

As previously reported to the Committee, there is a significant cost pressure against this budget area as costs will exceed the funding allocation.

Nationally, the outcome of GMS contract negotiations has resulted in a 3.4% cost increase in 2018/19. Locally however, as the CCG is deemed to be over funded, the co-commissioning allocation has only increased by 2.4% (£1.0m). Increases in Global Sum payments to practices were estimated to cost £1.1m leaving a £919k shortfall of funding for other inflationary and demographic cost pressures.

The financial position for co-commissioning has worsened this month and a final outturn overspend of £1.4m is being reported. This is an adverse movement during the month of £97k and the main reason for this is the continued cost pressure of reimbursing practices for locum expenditure covering sickness and maternity / paternity.

Cost pressures totalling £2.035m against this budget include:

- £336k - GPFV. Out of the co-commissioning allocation, CCGs were required to set this funding aside for indemnity insurance. This has since been reallocated to fund GPFV commitments including GP Receptionist Training, On Line consultation and an element of Extended Access Funding.
- £50k - CQC registration fees where costs have increased by (33%) following a change in the methodology by which practice charges are calculated.
- £57k - Doctor's retention scheme where costs are exceeding the £20k included in the co-commissioning allocation.
- £400k – Global Sum payments
- £376k – Recurrent pressure from 2017/18 due to increases in costs not being met by allocation.
- £478k - cost pressure relating to premises costs where rent reviews have resulted in a number of practices receiving increased payments, and a significant amount of prior year expenditure claimed by practices going back a number of years, in particular clinical waste and water rates.
- £249k – increased costs of locum expenditure where employed by practices to cover maternity / paternity leave and sickness.
- £67k – prescribing fees
- £22k - other minor overspends

Overspends are partially offset by:

- £(135k) underspend against seniority payments as it had been identified that one practice in 2017/18 had been overpaid. This has been rectified in 2018/19.
- £(506k) underspend against PMS Reinvestment. This is as a result of how Acute Access expenditure is recorded in the financial ledger (we have to show this spend on a separate code), but the PMS Reinvestment funds have been used to support Acute Access payments. This is therefore not funding available to carry forward into 2019/20.

3. GP Prescribing

A £2.15m forecast outturn overspend is being reported within the prescribing area based on PPA data received for months 1 to 10.

The main reasons for the overspend position are:

- NCSO drugs continued to be a cost pressure to the budget as the number of drugs being added to the list has not reduced as anticipated. In addition to this, there are a number of NCSO drugs that have reverted back to tariff at a higher price. The total cost to the CCG is forecast to reach £1.58m of which £0.4m was identified as part of the 2018/19 planning process. In addition to this, a funding allocation of £0.3m was received from NHSE England to support the cost pressure. The net impact to the CCG was an overspend of £0.9m.
- From August 2018 the prices of Category M drugs increased which has resulted in additional costs to the CCG of £0.7m. In addition to this, prices have dropped in November 2018, which is estimated to reduce prescribing costs by £0.3m. The reported net cost pressure relating to Category M drug price changes this financial year therefore is £0.4m.
- It has been confirmed that the November reduction in Category M drug prices is non-recurrent and costs will increase from April 2019.
- In 2017/18, the outturn position included a challenge of £525k to NHSE for recharging influenza vaccines to address inconsistencies in practice across the region which left LLR CCGs with a cost pressure. This challenge has been unsuccessful and has resulted in a prior year cost pressure. In addition to this there is also a £300k QIPP target for 2018/19 of which only £125k will be delivered. The impact of these two issues is a further cost pressure of £700k.
- Other net cost pressure £0.2m.

Based on the current information available, the £3m GP prescribing QIPP has delivered in full.

4. Community Based Services

Community based services expenditure in 2018/19 underspent by £381k. This is mainly as a result of the continued reduction in INR / Anticoagulation testing as more patients transfer to DOACS and reduced minor injury activity.

5. GP Support Framework

The GP support framework expenditure reported an underspend of £38k. This is an assumption, based on previous years' schemes, that there will be a certain level of under achievement by practices.

6. Primary Care QIPP stretch

As part of the 2018/19 financial planning process, a £2m QIPP stretch target was allocated to primary care services. Work has taken place to identify a range of options to deliver against this. The majority of the options that are being progressed are linked

to contracts and only partial delivery is anticipated in 2018/19 resulting in a £1.7m overspend.

7. GP IT

At month 12 a £20k underspend is being reported which consists of a £61k overspend (a presentational issue linked to a QIPP scheme where a corresponding underspend is being reported in the CCG's Corporate function) but is offset by a £81k prior year benefit relating to Free Patient Wi-Fi, where the cost to provide the service is less than the allocation received from NHS England.

8. Primary Care Licenses & Other

An underspend of £880k is being reported against other primary care commissioning budgets and is being used to offset pressures elsewhere within the service area. The reasons for this underspend are:

- -£199k – Underspend against Acute Access plans (GPFV Extended Access allocation).
- -£30k – Slippage in spending plans for against Active Signposting (GPFV Reception training)
- -£110k – Slippage in procurement of GP On-Line consultation (GPFV 2018/19 allocation)
- -£126k - An underspend in relation to GP On-Line consultation where procurement delays will mean that the 2017/18 carry forward was not be required in 2018/19.
- -£126k – ELRCCG's proportion of an LLR underspend in the Local GP retention scheme.
- -£74k – Underspend against GP workforce funding.
- -£147k – Income received for practice pharmacist schemes where the expenditure will not be incurred until 2019/20.
- -£39k – Income received from the Home Office for patients who have arrived in the UK under the Government's Syrian Resettlement Programme. Expenditure is incurred elsewhere within CCG budget lines.
- -£17k – other minor underspends against this budget area.

A number of these underspends have commitments against them and provision has been made for this in the 2019/20 financial plan.

9. Urgent Care Centres

The urgent care centre budget overspent by £47k. £33k of this is as a result of backdated inflationary payments agreed with the service provider. The remainder is linked to net impact of cross charging activity at the Urgent Care Centres.

10. Recommendation:

The ELR CCG Primary Care Commissioning Committee is requested to:

- **RECEIVE** the reported variance position against the Primary Care budgets based on reporting information available.

Appendix 1			
M12 Primary Care Commissioning Report	Reported Outturn Position		
	Annual Budget	Annual Forecast	Annual Variance Over/ (Under)
Area	(£'000s)	(£'000s)	(£'000s)
CCG Prescribing			
OptimiseRX	91	99	8
Central Prescribing	1,240	1,297	57
High Cost Drugs	940	934	-6
Home Oxygen	415	447	32
GP Prescribing	43,820	45,945	2,125
Prescribing Incentive Scheme	662	597	-65
Total Practice Prescribing	47,169	49,319	2,150
Enhanced Services			
Community Based Services	2,576	2,194	-381
Total Enhanced Services	2,576	2,194	-381
Co Commissioning			
	40,732	42,125	1,394
GP Support Framework			
Care Homes	489	489	
End of Life	331	329	-2
Long Term Conditions	695	695	-
Demand Management	331	296	-35
Dementia	132	132	-1
Primary Care Transformation Fund	848	848	0
Total GP Support Framework	2,827	2,789	-38
Other			
Primary Care QIPP Stretch	-1,866	-169	1,697
GP IT	920	900	-20
Primary Care - Licenses & Other	1,776	897	-880
Urgent Care Centres	1,848	1,895	47
Total Other	2,678	3,523	845
Total Primary Care	95,981	99,951	3,970

Appendix 2

Month 12 Primary Care Co-Commissioning	Reported Outturn Position		
	Budget	Forecast	Variance (Under)/ Over
	£000's	£000's	£000's
GMS Global Sum	26,838	27,166	328
MPIG Correction Factor	1,096	1,096	0
PMS Reinvestment	0	0	0
FDR Payment	75	0	-75
Ear Irrigation	83	82	-1
Wound Clinics	331	328	-3
Acute Access	414	0	-414
SLA Pharmacists	662	648	-14
Subtotal PMS & FDR Reinvestment	1,564	1,058	-506
Total General Practice - GMS	29,498	29,320	-179
Occupational Health	46	54	8
Locum Adoption/Paternity/Maternity	107	311	204
Locum Sickness	150	195	45
Locum Suspended Doctors	0	0	0
Seniority	400	265	-135
Sterile Products	0	0	0
GP Training	95	79	-16
PCO Doctors Ret Scheme	70	83	13
CQC Registration	204	205	1
Narborough HC Dispersal Costs	0	1	1
Total Other GP Services	1,072	1,193	121
QOF Achievement	1,144	1,126	-18
QOF Aspiration	3,026	3,026	0
Total QOF	4,170	4,152	-18
DES Extended Hours Access	586	592	6
DES Learning Disability	87	100	13
DES Violent Patients	47	47	0
DES Minor Surgery	510	502	-8
LES Translation Fees	58	53	-5
Leicester Asylum Service	20	20	0
Total Enhanced Services	1,307	1,313	6
Dispensing Quality Scheme	92	93	1
Prof Fees Dispensing	1,514	1,560	46
Prof Fees Prescribing	189	221	32
Prescribing Charge Income	-291	-303	-12
Total Dispensing/Prescribing Drs	1,504	1,571	67
Premises Actual Rent	1,530	1,990	459
Premises Health Centre Rent	128	41	-87
Premises Notional Rent	1,620	1,544	-76
Premises Clinical Waste	164	300	136
Premises Health Centre Rates	10	8	-2
Premises Rates	600	608	8
NHSE / GL Hearn Rates Rebates	0	1	1
Premises Water Rates	31	71	40
Other premises	15	15	0
Total Premises Cost Reimbursement	4,098	4,577	478
In Year Cost Pressure	-919	0	919
GRAND TOTAL - Co-Commissioning	40,732	42,125	1,394