

Primary Care Commissioning Committee							
Date of Meeting	12/11/2019	Paper Number			Item 8		
Title	Financial Report for month 6						
Sponsoring Director (name and job title)	Debbie Fraser, Deputy Director of Finance						
Author(s)	Olayinka Ahmed, Senior Finance Manager, (NHS East Berkshire CCG) Richard Buckley, Head of Financial Control and CSU Support						
Purpose	To update the committee on the financial position for month 6 of 2019/20 for the primary care commissioning budgets of NHS East Berkshire CCG.						
The Primary Care Commissioning Committee is required to (please tick)							
Approve	<input type="checkbox"/>	Receive	<input type="checkbox"/>	Discuss	<input type="checkbox"/>	Note	X
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				Financial Plans have been prepared in accordance with NHS England planning guidance and assured by the South of England Regional Office			
Legal implications/regulatory requirements				None			
Public Sector Equality Duty				Not Applicable			
Links to the NHS Constitution (relevant patient/staff rights)				None			
Strategic Fit				Not Applicable			
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i> <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i>				As outlined in the report			

<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Not Applicable</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Not Applicable</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Not Applicable</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p>Executive Summary This report sets out the details up to the end of month 6 (September 2019) for the Primary Care Services Commissioning budgets.</p>	
<p><u>Recommendation(s)</u></p> <p>The Primary Care Commissioning Operational Group is asked to agree this report</p>	

Primary Care Commissioning Committee



Report to the Primary Care Commissioning Committee – Berkshire East CCGs

Prepared by: Balwinder Chana, NHS East Berkshire CCG, Senior Finance Accountant and Richard Buckley, Berkshire East CCGs, Head of Financial Control and CSU support.

Classification: OFFICIAL

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1st April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

1. Introduction

- 1.1. This paper sets out financial position for month 6 of 2019/20 for the primary care services delegated commissioning budget of East Berkshire CCG.

<i>All figures in £'000s</i>	Month				Year to Date				Forecast			
	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
GP Services 2019-20												
GP Contract Payment	3,427	3,418	9	0.3%	20,563	20,514	49	0.2%	41,127	41,127	-	0.0%
QOF Payments	411	414	(3)	-0.7%	2,467	2,485	(18)	-0.7%	4,935	4,935	-	0.0%
GP Seniority and Locums	99	95	4	4.0%	591	616	(25)	-4.2%	1,183	1,183	-	0.0%
GP Drug Payments	25	14	11	44.0%	150	94	56	37.3%	301	301	-	0.0%
GP Premises	412	382	30	7.3%	2,475	2,440	35	1.4%	4,950	4,950	-	0.0%
GP Enhanced Services	265	223	42	15.8%	1,589	1,578	11	0.7%	3,180	3,180	-	0.0%
GP Other Items	5	5	-	0.0%	30	30	-	0.0%	60	60	-	0.0%
Prior Year Balance	-	-	-		-	-	-		-	-	-	
CCG Prescribing	-	-	-		-	(1)	1		-	-	-	
Collaborative Fees	9	9	-	0.0%	52	52	-	0.0%	104	104	-	0.0%
GP Premises other	9	9	-	0.0%	55	55	-	0.0%	110	110	-	0.0%
GP General Reserves	-	-	-		-	-	-		2,301	2,301	-	
Sub-Total	4,662	4,569	93	2.0%	27,972	27,863	109	0.4%	58,251	58,251	-	0.0%
Other Primary Care Budgets												
Locally Commissioned Schemes	229	198	31	13.5%	1,376	1,344	32	2.3%	2,753	2,753	-	0.0%
GPIT	148	148	-	0.0%	887	819	68	7.7%	2,074	2,006	68	3.3%
Out of Hours	376	365	11	2.9%	2,403	2,323	80	3.3%	4,806	4,745	61	1.3%
GP Extended Access	220	220	-	0.0%	1,319	1,319	-	0.0%	2,639	2,639	-	0.0%
Primary Care Investments	(14)	(14)	-	0.0%	(82)	(82)	-	0.0%	(165)	(165)	-	0.0%
Online Consultation	-	29	(29)		-	29	(29)		-	-	-	
Sub-Total	959	946	13	1.4%	5,903	5,752	151	2.6%	12,107	11,978	129	1.1%
Grand Total	5,621	5,515	106	1.89%	33,875	33,615	260	0.8%	70,358	70,229	129	0.2%

2. Commentary on the position

An overview of the month and 19/20 outturn position is below:

2.1 Month position

The month position at month is £124k favourable variance.

2.2 Year to Date Position

Overall the YTD position is a favourable variance of £278k with main variances explained below:

- | | | |
|---|-----------------|--|
| • GP Contract Payment | £49k underspend | PMS Contract is currently £37k underspent due to planning assumptions. APMS contract is currently £12k underspent but this will not continue as uplift to contract will be back dated to April 19. |
| • QOF | £18k overspend | Overspend due to 2018/19 achievement being higher than anticipated when planning. |
| • GP Seniority and Locums (Inc. CQC Fees) | £25k overspend | Seniority payments are currently above plan by £45k this is offset by a £20k underspend on CQC reimbursement . |
| • GP Drug Payments | £56k underspend | Seasonal variation. |
| • GP Premises | £35k underspend | Underspend on premises rates. |
| • GP Enhanced Services | £11k overspend | Learning Disability Hlth Check DES and PCN DES overspend by 15k and 1K respectively, this is offset by underspends in Minor Surgery DES 20K, Extended Access DES 4k and Violent Patients DES 3K |
| • GPIT | £68k underspend | Release of prior year accruals. |
| • Out of Hours | £80k underspend | Investigating whether budget adjustment was in line with the new contract value. |

Forecast Outturn

The forecast outturn at month 6 is a favourable variance of £129k. This is due to the release of GP IT accruals, £68k and a forecast underspend of £61k on Out of Hours.

3 Assumptions on reporting

The figures have been prepared in accordance with the following national guidance:

- Accruals will be as per accounting standards and will be to the expected year end outturn position.

4 Contracting and procurement activity

- Slough Walk in Centre APMS contract, 12 month extension to the contract to September 2020, in line with the contract the registered population will be updated on a quarterly basis, this will be back dated to April 2019.

5 Reserves

The following provides a narrative update and forward plan for the proposals against available investments; objective is to deliver business cases before Qtr 3 2019/20 to have clarity:

Recurring Investments

Lower Limb Ulcers: Existing Bracknell and Ascot CCG baseline funding of £108,000, leaving a net investment requirement of £239,000 plus an additional £19,000 required for the enhanced preventative service. **Approval at November PCCC**

Primary Care Premises Development revenue programme: from the ETTF, ICS Wave 2 and private investment schemes five year forward plan to be built with what is known. ETTF and ICS figures will be set at FBC approval which will be after September.

Non Recurring Investments

Committed from previous year

Additional Support in Primary Care: two year employment contracts (2 x band 7) for team capacity enabling additional time to support the implementation of the NHS policy around Primary Care Networks. Work with PCN Clinical Directors has commenced to identify areas of support and offer 'in kind'

Approved 2019/20

Network Transition: working with Clinical Directors of PCNs in relation to access to these funds for first 100 days of PCN establishment. **Approved July PCOG/PCCC**

Seasonal (Winter) Pressures additional capacity: member workshops scheduled in July to review and look forward to urgent access in general practice. **Approved September PCOG**

Awaiting business case/proposals

Primary Care Infrastructure and Transformation: facilitation for practices implementing transformation plans aligned to premises developments. **Business Case – phased with estates modelling in PC Infrastructure Plan**

Request to support a bridging arrangement for the CCG to cover additional costs for the Ascot (Ben Lynwood) development, these will be reimbursed by NHSE following the FBC outcome.

Vulnerable Services Support: accessible through Part 2 of PCOG, to be committed as required or released through recommendation from the Practice Resilience Group. **Business Case – drawn down as required**

Finance Transition Plan

	Action	What	By when	By Whom	Process Note Available	Update	Handover Completed Y/N
Finance							
1	PMS/GMS Contract payment Schedules	Monthly Payments List/Price changes	01/10/2019	S Reynolds	Y	CCG to process and update from November 19	Y
2	PMS/GMS Contract payment proforma templates	Monthly Payments	01/10/2019	A Overton	Y	CCG will input payments from November 19	Y
3	PCSE Contract Payment templates	Monthly Payments	01/10/2019	A Overton		CCG to process from November 19	Y
4	CQC reimbursements	Monthly Payments	Completed				Y
5	GP Retainer Scheme	Quarterly Payments	31/10/2019	A Overton		Awaiting notes/spreadsheet from NHSE	Y
6	Minor Surgery Des	Quarterly Payments	31/10/2019	A Overton			Y
7	Extended Hours Des Payments	Quarterly Payments	Completed	A Overton			Y
8	First Practice Management (FPM)	Annual Payments	01/10/2019	A Overton			Y
9	Manual MPIG payments	Monthly Payments	01/10/2019	A Overton			Y
10	PMS Premium Payments	Monthly Payments	01/10/2019	C Hobbs		Information received from NHSE	Y
11	GP Dispensing Fees Month End accruals	Month End Closedown	01/10/2019	S Reynolds			Y
12	Practice Premises Reimbursements	Monthly Payments	01/10/2019	S Reynolds	Y		Y
13	Direct Premises Payments	Invoice check and approve	01/10/2019	A Overton		NHSE to send over files.	Y
14	CQRS approval	Enhanced Services Approval	31/10/2019	A Overton		CCG finance need to be set up on CQRS	Y
		QOF Achievement	31/10/2019	A Overton			Y
15	Practice payment queries	Investigate and respond	Completed				Y
16	GP Pension payover	Monthly Reconciliation and Payment	Completed	A Overton			Y
17	GP Pension Compliance	Annual Declaration	Completed	A Overton			Y
18	GP Levy payover	Monthly Reconciliation and Payment	Completed	A Overton			Y
19	GP Locum Reimbursement Claims	Process and pay	01/10/2019	L Howes		CCG to process new claims. Current claims still to be processed by NHSE	Y
20	Collaborative Fee Claims	Process and pay	31/10/2019	A Overton			Y
21	Month End Closedown	Review variances to plan and prepare Accrual Journals and supporting working papers	Completed				Y
22	Forecast Outturn	Monthly review	Completed				Y
23	Month End Reporting	Reports for delegated budget	Completed				Y
24	Financial Planning	Operational Plans	05/09/2019	C Hobbs			Y
25	Budget Setting	Practice level budgets on JSFF	Completed				Y
26	Supplier changes	GP Practice	NHSE Retain	C Hobbs		New process requires NHS England to retain this function	N
27	FOI Requests	Collate response	Completed				Y
28	Section 96 Support	Due Dilligence	31/10/2019	C Hobbs		Meeting held with NHSE/ CCG Finance and Primary care team to go through S96	In Progress

Primary Care Commissioning – internal audit outcomes and action plan October 2019

PwC completed an internal audit on the Primary Care Commissioning governance, the report was published October 2019.

Areas of good practice noted in the report include:

- The CCG is able to demonstrate that it has up to date terms of reference for the Primary Care Operating Group and Primary Care Commissioning Committee as well as robust processes which facilitates strong governance over primary care commissioning and procurement decisions. Please note conflicts of interest controls will be audited in our audit of Corporate Governance, Conflicts of Interest and Information Governance.
- All members of the Primary Care team interviewed demonstrated a strong knowledge and understanding of the Primary Medical Care Policy and Guidance Manual.

Last year the CCG was given substantial assurance on the NHSE Internal Audit rating scale. This year the PwC review focused on a different area, but is classified as medium risk which also equates to substantial assurance. This is also in line with the national average.

Assurance levels are as follows:

Assurance level	Evaluation and testing conclusion
Full	<ul style="list-style-type: none"> • The controls in place adequately address the risks to the successful achievement of objectives; and, • The controls tested are operating effectively.
Substantial	<ul style="list-style-type: none"> • The controls in place do not adequately address one or more risks to the successful achievement of objectives; and / or, • One or more controls tested are not operating effectively, resulting in unnecessary exposure to risk.
Limited	<ul style="list-style-type: none"> • The controls in place do not adequately address multiple significant risks to the successful achievement of objectives; and / or, • A number of controls tested are not operating effectively, resulting in exposure to a high level of risk.
No assurance	<ul style="list-style-type: none"> • The controls in place do not adequately address several significant risks leaving the system open to significant error or abuse; and / or, • The controls tested are wholly ineffective, resulting in an unacceptably high level of risk to the successful achievement of objectives.

Of the 67 CCGs which have received Internal Audit ratings for Commissioning and Procurement of Services or Governance, 2% have been given limited assurance, 70% have been given substantial assurance and 28% have been awarded full assurance.

Action Plan for the 5 findings:

Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
1. The CCG has failed to act fully in accordance with NHSE regulations in relation to practice closures (High Risk):					
a. The CCG must ensure it is fully compliant with all relevant NHSE regulations in relation to practice closures and mergers.	a. Practice Closure and merger regulations training for the relevant PC team members.	a. Primary Care Team members update their knowledge of NHSE regulations.	November 2019	Hayley Edwards	
b. When time constraints prohibit the viable use of an Equality Impact Assessment, the CCG must nevertheless document the impact the decision may have on people sharing protected characteristics.	b. EIA training for all Primary Care Team staff, plus the development of a 'short version' EIA should one be required in a short notice practice closure or merger.	b. Primary Care team update their understanding and completion of EIAs. Creation of a 'short version'.			
c. Public involvement assessment and planning forms must be completed for all practice closures and mergers.	c. Share the Involving people in their own health and care: statutory guidance for clinical commissioning groups and NHS England with the Primary Care and Comms and Engagement Teams. Put the reference in the internal Commissioning guidance manual.	c. Primary Care and Comms and Engagement team members upto date with the latest NHSE Public Involvement and Planning forms and guidance.			

Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
2. Performance metrics and targets are currently absent from LCS specifications (Medium Risk):					
<p>a. Specific and time bound performance metrics and targets should included on all subsequent LCS specifications.</p> <p>b. Services should be monitored in line with these performance metrics and targets to ensure they are being successfully delivered.</p>	<p>The CCG will add a section to the LCS Specification Template to include specific and time bound performance metrics and targets so that all subsequent LCSs will include these as a mandatory minimum standard. The LCS Provider Liaison Group (PLG) will ensure that these are proportionate and measurable, and once satisfied, will provide assurance on this to the Primary Care Operations Group (PCOG) to inform their decisions on approval.</p> <p>This revised template will be presented to the LCS PLG meeting on 27 November 2019 and to PCOG for approval on 28 November 2019.</p>	<p>All subsequent LCSs will include specific and time bound performance metrics to enable commissioners to ensure that services are being successfully delivered.</p>	<p>November 2019</p>	<p>Ricky Chana</p>	

Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
3. Approval for LCS contracts is not given on a timely basis (Low Risk):					
<p>a. The PMO should flag with the contract owner with sufficient time to allow for the renewal of the contract.</p> <p>b. Approval for the variation of LCS contracts must be given on a timely basis i.e. before the effective contract date or commencement of the services, whichever is sooner.</p> <p>c. This approval must be in line with the scheme of delegation and evidenced by a signature.</p>	<p>In September 2019, the CCG put a process in place for all LCS contracts and contract variations to be signed by the CCG Deputy Director of finance and the Associate Director of Primary Care, in compliance with the CCG Financial scheme of Delegation, prior to being issued to GP practice providers.</p>	<p>With this process in place, the commissioner is first to sign all contractual documentation relating to LCSs and therefore has resolved the issue outlined in this finding.</p>	<p>November 2019</p>	<p>Ricky Chana</p>	<p>Completed</p>

Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
4. Enhance the PCOG reports to include complete performance information for all projects (Low Risk):					
Ensure the PCOG reports include complete performance information for all projects. RAG ratings have recently been introduced in the PCOG reports and this could be extended further to include ratings for all projects for the three previous months and thus providing the PCCC with a snapshot of the performance of all projects.	Review the current Highlight report, amend to include 3 months of RAG ratings. Include the RAG ratings of all projects for the PCOG and PCCC meetings.	PCOG and PCCC meeting members can now track the progress of the BAU and time limited workstreams, with a deep dive of additional information in the reports should there be a change in RAG or a decision / discussion required on the topic.	November 2019	Hayley Edwards	Completed

Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
5.Consider developing an overarching methodology for public and stakeholder engagement (Advisory):					
Consider developing an overarching methodology for public and stakeholder engagement. This should set out the approach to be taken for individual engagements including the decision on whether or not a legal duty to involve the public exists.	Share the Involving people in their own health and care: statutory guidance for clinical commissioning groups and NHS England with the Primary Care and Comms and Engagement Teams. Put the reference in the internal Commissioning guidance manual.	Primary Care and Comms and Engagement team members upto date with the latest NHSE Public Involvement and Planning forms and guidance.	November 2019	Hayley Edwards / Sabahat Hassain	

Primary Care Commissioning – internal audit outcomes and action plan – January 2019 Audit Update

Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
1. Improvements required over the development of a targeted programme of GP practice list maintenance					
Ensure the practice list maintenance is appropriately managed to reflect changes in the population.	<p>CCG to support NHSE in the list cleansing exercise of a rolling programme over a 3 year period.</p> <p>A targeted programme focussing on practices whose geography include attributes that suggest a higher risk of over-or under-stating the number of patients, e.g. the construction of a large housing development or a highly mobile population.</p>	<p>Regular audits promoting accurate representation in practice patient lists.</p> <p>Monitoring on housing developments and student populations on the PC Dashboard reviewed quarterly at PCOG.</p>	31 March 2019	Hayley Edwards	Completed
Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
2. No process in place to ensure equality of access and appropriate information for patients resident in a GP practice's outer boundary					
To develop and implement an agreed Local Access Policy for General Practice.	<p>Work with Frimley ICS on the Governance arrangements for their local access policy and use this outcome to assist an EBCCG local policy.</p> <p>Phase 1 is a consistent offer for under 5s across General Practice. Developed through the PC networks.</p>	A local access policy to ensure practices provide equity of service to patients registered in their outer boundary.	March 2020	Alex Tilley	
Objectives	Actions	Output/Outcome	Timescale	Lead	Status Update
3. Ensuring up to date performance data is held to effectively monitor practice and programme performance					
To produce good quality data in a range of areas.	Complete the development and testing of the Primary Care Dashboard.	Primary Care Dashboard, reviewed quarterly at PCOG.	April 2019	Alex Tilley	Completed