

# St Helens CCG Primary Care Committee Meeting

Date: **Wednesday, 16<sup>th</sup> May 2018**

Time: **8.30 - 9.15 am**

Venue: Training Room 2, St Helens Chamber, Salisbury Street,  
St Helens WA10 1FY

**Part 1 of this meeting will be held in public**

## Mission Statement:

***'Making a difference – right care, right place, right time'***

**St Helens Clinical Commissioning Group fully support and abide by the pledges set out within the NHS Constitution and we work to ensure we portray the values and behaviours expected of all NHS organisations**

**NHS ST HELENS CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMITTEE**

**WEDNESDAY, 16<sup>th</sup> May 2018 AT 8.30 AM**

**Training Room 2, St Helens Chamber, Salisbury Street, St Helens WA10 1FY**

<b>Apologies for absence:</b>
<b>Declarations of Interest:</b>

<b>Item</b>	<b>Time</b>	<b>Agenda Item</b>	<b>Purpose</b>	<b>Presented by</b>
PC180501	8.30 am	Welcome and Apologies		Chair
PC180502		Conflicts of Interest		Chair
PC180503 Page 2	8.35 am	Minutes of the last meeting held on 21 <sup>st</sup> March 2018 and Action log	For Ratification	Chair
PC180504		Matters Arising		Chair
PC180505 Page 11	8.45	Update on International GP Recruitment	To Note	Primary Care Commissioning Contracts Manager
PC180506 Page 15 Page 24	8.55	Finance Reports 17/18 Finance Update 18/19 Budget	To Approve	Chief Finance Officer
PC180507	9.10	PCQOG Key Issues from the last meeting held on 18 <sup>th</sup> April 2018 (to follow)	To Approve	Chair
PC180508	9.15	Any other business	To Note	Chair
PC180509		Key Issues for the Governing Body		Chair

**Date and time of next meeting: Wednesday, 18<sup>th</sup> July 2018 at 9.30 am in Conference Room B, St Helens Chamber, Salisbury Street, St Helens WA10 1FY**

# St Helens Clinical Commissioning Group

## Meeting of the St Helens CCG Primary Care Committee held on Wednesday, 21<sup>st</sup> March 2018 in Training Room 2, St Helens Chamber Salisbury Street, St Helens WA10 1FY

### Part I - Minutes

#### Members:

Geoffrey Appleton	GA	Chair, Governing Body/Committee Chair
Sarah O'Brien	SOB	Clinical Chief Executive
Lisa Ellis	LE	Chief Nurse
Julie Abbott	JA	Deputy Chief Executive
Iain Stoddart	IS	Chief Finance Officer
Tony Foy	TF	Lay Member, Audit, Governance and Finance
James Catania	JC	Secondary Care Consultant
Dr Joe Banat	JB	GP Governing Body Member
Dr Mike Ejuoneatse	ME	GP Governing Body Member
Dr Hilary Flett	HF	GP Governing Body Member
Nicola Cartwright	NC	Head of Medicine's Management

#### In Attendance:

Tom Hughes	TH	Chair, Healthwatch
Karen Leverett	KL	Head of Primary Care
Val Davies	VD	STHKT NED
Kirk Benyon	KB	Senior Contracts Manager, Primary Care
Clare O'Toole	CO	Primary Care Contract Manager
Julie Ashurst	JAsh	Deputy Chief Finance Officer

#### Minute Taker

Cathy Edge PA - St Helens CCG

#### Members of the Public

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		Action
<b>PC18/03/01</b>	<b>Apologies</b>	
<b>1.1</b>	Apologies were noted from:  James Catania, Secondary Care Consultant Sue Forster, Director of Public Health Mike Wyatt, Interim Recovery Director	
<b>1.2</b>	The Chair welcomed the attendees to the Committee meeting.	
<b>1.3</b>	The Chair thanked GP Governing Body Member, Joe Banat, on behalf of the organisation on his retirement from the CCG after 6 years. Joe Banat responded that it had been an privilege and honour to be involved in the improvement of health services in St Helens. He felt that the CCG had demonstrated its wholehearted commitment to improving health and wellbeing for the St Helens population.	
<b>PC18/03/02</b>	<b>Declarations of Interest</b>	
<b>2.1</b>	The Chair reminded Committee members of their obligation to declare any interest.	
<b>2.1.1</b>	Declarations declared by members of the Primary Care Decision Making Committee are listed in the CCG's Register of Interests. The Register is available either via the Associate Director, Corporate Governance or the CCG website at the following link <a href="http://www.sthelensccg.nhs.uk/Library/public_info/Register_of_Inteests/Register%20of%20Interest%20Returns%20St%20Helens%20CCG%20updated%20January%202017.pdf">http://www.sthelensccg.nhs.uk/Library/public_info/Register_of_Inteests/Register%20of%20Interest%20Returns%20St%20Helens%20CCG%20updated%20January%202017.pdf</a>	
<b>2.2</b>	Declarations of interest were received from GP Governing Body Members, Joe Banat, Hilary Flett and Mike Ejuoneatse with regard to agenda Item 18.03.05 Quality Contract. As senior GP partners their practices stand to gain financially from the implementation of the GP Quality Contract. The Chair declared that the GP Members could take part in the discussion but would be unable to vote should the need arise.	
<b>2.3</b>	<b>Nil returns were received from:</b>  Geoffrey Appleton, Lay Chair Sarah O'Brien, Clinical Chief Executive Tony Foy, Lay Member, Audit, Governance and Finance Tom Hughes, Chair Healthwatch	

	<b>The meeting was declared quorate by the Chair.</b>	
<b>PC18/03/03</b>	<b>Minutes of Previous Meeting</b>	
<b>3.1</b>	The minutes of the previous meeting held on 17 <sup>th</sup> January 2018 were agreed as a true and accurate record of proceedings.	
<b>3.2</b>	<b>The NHS St Helens CCG Primary Care Committee:</b> <ul style="list-style-type: none"> <li>• <b>Ratified</b> the minutes of the previous meeting</li> </ul>	
<b>PC18/03/04</b>	<b>Matters Arising</b>	
<b>4.1</b>	<b><u>Action Points from the previous meeting</u></b>	
<b>4.2</b>	<u>PC17/11/06 Finance Report</u> - an update on Primary Care sickness was included as an agenda item and the action was closed.	
<b>4.3</b>	<u>PC17/11/07 PCQOG Key Issues 26.10.17</u> - The Head of Primary Care reported that the Team continue to work on the Primary Care Workforce Strategy and the action was closed.	
<b>4.3.1</b>	Chief Finance Officer reported that discussions were on going with NHSE as to whether there is funding to support practices not achieving the 20% on line facilities access and the action was closed.	
<b>4.5</b>	<u>PC17/11/08 Any Other Business</u> - The Chair of Healthwatch confirmed that good news stories from Primary Care were being received via the Quality and Performance Committee and the action was closed.	
<b>4.6</b>	<u>PC18/01/04 Matters Arising</u> - The Head of Primary Care reported that the CCG had written to NHSE regarding the conflicts of interest associated with the Federation and ROTA and would follow this up.	<b>KL</b>
<b>4.7</b>	<u>PC18/01/06 Update on the Federation</u> - The Head of Primary Care agreed to follow up the final Federation report to be presented to the Committee.	<b>KL</b>
<b>4.7.1</b>	The NHSE Representative, RG, was not present at the meeting and, therefore, the update on the process of developing a training programme for the Federations was deferred to the next meeting.	

4.8	<p><u>PC/18/01/08 - Finance Report - GP Sickness</u> - The NHSE Representative, RG, was not present at the meeting so the update on the action to raise the issue of GP sickness at the Primary Care Leads meeting on 22nd January 2018 was deferred to the next meeting.</p>	
4.9	<p><u>PC18/01/10 - Quality Contract</u> - outcomes of 17/18 and proposals for 18/19 were included as an agenda item and the actions were closed.</p>	
<b>PC18/03/05 Quality Contract</b>		
5.1	<p>The Senior Contracts Manager, Primary Care, presented the Primary Care Quality Contract. The purpose of the report was to gain approval to implement a Quality Contract for 2018/19 based on General Medical practices working in localities and developing improved support networks to enable sustainability to be achieved across St Helens' General Practices.</p>	
5.2	<p>The Senior Contracts Manager outlined the proposal for the practices to work together in localities. The Chief Nurse commented on the need for the wider community teams to be working together and the Senior Contracts Manager confirmed that the wider multi-disciplinary teams would be involved.</p>	
5.3	<p>The Deputy Chief Executive reported that she hoped that the development of the primary care dashboard to focus on access and safeguarding in locality working would support the IAF. The Senior Contracts Manager confirmed that it was expected that the dashboard would be brought to locality level and the locality members could feed into this at their initial sessions. The Head of Primary Care noted that the CCG would not be setting indicators as the localities needed to be supported to set their own agendas, but that the CCG would feed into this.</p>	
5.4	<p>The Chair of Healthwatch queried the involvement of the public within the localities and the Senior Contracts Manager confirmed that the CCG were keen to encourage the public to sign up to these proposals. The Committee requested that the Senior Contracts Manager draft a short outline of the proposal to be shared with the public with the support of GP Governing Body Member, ME, and the Chair of Healthwatch.</p>	<b>KB</b>
5.5	<p>The Clinical Chief Executive and the Deputy Chief Finance Officer arrived at the meeting.</p>	

<p>5.6</p> <p>5.7</p> <p>5.8</p> <p>5.9</p>	<p>The GP Governing Body Member, HF, proposed that the CCG needed to support the localities to identify their key performance targets and outline structure within the next 3 months. The GP Governing Body Member, JB, welcomed the reinvestment of the monies into primary care that reinforced the need for locality working for member practices in the future. The GP Governing Body, ME, concurred but commented that monthly meetings would have an impact on practices' time. The Clinical Chief Executive proposed that the practices could nominate a representative to attend and it was confirmed that a funding allocation of £60K for the localities had been agreed at the last meeting. The Clinical Chief Executive confirmed that the localities would need to support the CCG with their KPIs with reducing urgent care been a high priority for next year. The GP Governing Body Member, ME, proposed that support for each locality from a CCG Manager would be important which was agreed and the Head of Primary Care confirmed that this was a planned action.</p> <p>The Lay Member, Audit, Governance and Finance, proposed that the Primary Care Committee should receive regular reports from the localities on their progress.</p> <p>The GP Governing Body Member, ME, proposed that the localities may want to group together and spend the funding collectively.</p> <p><b>The NHS St Helens CCG Primary Care Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the implementation of the Quality Contract</li> </ul>	
<p>PC18/03/06</p>	<p><b>Locum Sickness payments</b></p>	
<p>6.1</p> <p>6.2</p>	<p>The Primary Care Contract Manager presented the revised changes to the Primary Care Sickness Policy. The purpose of the report was to provide the Committee members with an update to the national sickness policy and report levels of sickness in 17/18. She noted that the capped amount for sickness pay per week was £1,734.18 and that this will rise by 1% in the new financial year.</p> <p>The Primary Care Contract Manager reported that GP sickness claims were low at 2 16/17 and one 17/18. Of one GP, with most payments being maternity pay rather than sickness. The Chief Finance Officer reported that NHSE Cheshire and Merseyside do retain the contingent sum for sickness and the CCG needed to make sure that the correct arrangements were in place should the incidents increase.</p>	<p><b>IS</b></p>

6.3	<p>He agreed that the Finance Team would confirm this with NHSE.</p> <p><b>The NHS St Helens CCG Primary Care Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the update</li> </ul>	
PC18/03/07	<b>Finance Report</b>	
7.1	<p>The Deputy Chief Finance Officer presented the Finance Update February 2018. The purpose of the report was to inform the Primary Care Committee of the full year forecast position based on information at February 2018. This included devolved budgets set based on the delegated primary care allocation received from NHSE plus additional local investment. The report also highlighted those budgets that contain the greatest degree of risk.</p>	
7.2	<p>She reported that very little had changed from the previous month but that the mitigations put in place to improve the budget position were showing an improved picture. She noted the increase in list sizes and that the Primary Care Finance lead was checking this which had caused a £223K pressure, but that this was within the reported position.</p>	
7.3	<p>The Deputy Chief Finance Officer reported on a Local Authority Section 106 source of income related to new housing developments and the development of the infrastructure to support the increased population within an area.</p>	
7.4	<p>She reported that the GP Quality Contract for 17/18 was expected to under spend in the region of £107K and that the Transformational monies that had not been spent in 17/18 would be ring fenced to spend in 18/19. She directed the Primary Care Committee to the table at point 3.3 of the report that highlighted the work undertaken in primary care to mitigate the overspend and QIPP slippage.</p>	
7.5	<p>She noted the risks to the budget and, in particular, the CCG premises current market rents which are reviewed every 3 years by the District Valuation Office. However, this was thought to be less of a risk near to year end. She reported on the national uplifts for GMS and PMS contracts for 18/19 and the details of this will be reported to the Committee when available from NHSE.</p>	
7.6	<p><b>The NHS St Helens CCG Primary Care Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	

<b>PC18/03/08</b>	<b>PCQOG Key Issues from the last meeting held on 26<sup>th</sup> October 2017</b>	
<b>8.1</b>	The Chair of the PCQOG presented the key issues from the last meeting held on 28 <sup>th</sup> February 2018	
<b>8.2</b>	The Chair reported on the detailed financial picture presented to the Group. He noted that little "cash" savings were identified, however, release of GP consultation time is promising.	
<b>8.3</b>	The Clinical Chief Executive proposed work to be undertaken with the localities on identification of QIPP savings for next year related to non elective spend and a reduction in referrals.	
<b>8.4</b>	The GP Governing Body Member, HF, highlighted the need to focus on non elective care and that the work on care homes was an area for consideration. The Head of Primary Care and the GP Governing Body Member, HF, would continue to progress this work.	
<b>8.5</b>	<b>The NHS St Helens CCG Primary Care Committee:</b> <ul style="list-style-type: none"> <li>• <b>Noted</b> the key issues</li> </ul>	
<b>PC18/03/09</b>	<b>Any Other Business</b>	
<b>9.1</b>	There was no other business.	
<b>PC18/03/10</b>	<b>Key Issues for the Governing Body</b>	
<b>10.1</b>	The Key issues for the Governing Body were:-  Quality Contracts Locum Sickness Payments Finance Update	
	<b>Date and Time of Next Meeting</b>	
The next meeting of the St Helens CCG Primary Care Committee will take place on Wednesday, 16 <sup>th</sup> May 2018 at 9.30 am in Training Room 2, St Helens Chamber		

## ACTION POINTS FROM ST HELENS CCG Primary Care Committee 21.03.18

<u>Ref</u>	<u>Who</u>	<u>Item</u>	<u>By When</u>	<u>Closed</u>
PC17/11/06	KL/ME	<b><u>Finance Report</u></b> A list of areas of development for the Federation to be drawn up.	<b>17.01.18</b> <b>Deferred until</b> <b>after the</b> <b>publication of the</b> <b>NHSE report</b>	<b>Closed</b>
	KL	KL to provide the acceptable level of GP sickness as a percentage. PC18/01/08 Finance Report - KL to provide a comparison of GP sickness to other local areas.	<b>21.03.18</b>	
PC17/11/07	KL/ME	<b><u>PCQOG Key Issues 26.10.17</u></b> A specific Primary Care Workforce strategy to be developed by the CCG	<b>17.01.18</b>	<b>Closed</b>
	IS	Chief Finance Officer agreed to enquire of NHSE whether there is funding to support practices not achieving the 20% on line facilities access.	<b>17.01.18</b>	<b>Closed</b>
PC17/11/08	AD	<b><u>Any other business</u></b> CCG to provide good news stories from Primary Care for Healthwatch	<b>17.01.18</b>	<b>Closed</b>
PC18/01/04	AD/KL	<b><u>Matters Arising</u></b> CCG to write to NHSE regarding the conflicts of interest associated with the Federation and ROTA. To be followed up by KL.	<b>23.03.18</b> <b>Deferred to</b> <b>16.05.18</b>	
PC18/01/06	RG	<b><u>Update on GP Federation</u></b> RG to present the full Federation report when published. KL to follow up.	<b>23.03.18</b> <b>Deferred to</b> <b>16.05.18</b>	
	RG	RG shared the process of developing a training programme for the Federations and will provide an update at the next meeting following the GP Programme Board.		
PC/18/01/08	RG	<b><u>Finance Report</u></b> RG agreed to raise the issue of GP sickness at the Primary Care Leads meeting on 22 <sup>nd</sup> January 2018.	<b>23.03.18</b> <b>Deferred to</b> <b>16.05.18</b>	

<b>PC/18/01/10</b>	<b>KB</b>	<b><u>Quality Contract - outcomes of 17/18 and proposals for 18/19</u></b> KB agreed to draft the Quality Contract proposal to be circulated to GP Governing Body Members for their comments.	<b>23.03.18</b>	<b>Closed</b>
<b>PC/18/03/18</b>	<b>KB</b>	<b><u>Quality Contract</u></b> KB to draft a short outline of the localities proposals to be shared with the public.	<b>ASAP</b>	
<b>PC18/03/06</b>	<b>IS</b>	<b><u>Locum Sickness Payments</u></b> IS to ensure correct arrangements in place with NHSE should the incidents of sickness increase.	<b>16.05.18</b>	

## Report to NHS St Helens CCG Primary Care Committee

<b>Date of meeting:</b>	16 May 2018
<b>Governing Body Member Lead:</b>	Clinical Chief Executive
<b>Accountable Director:</b>	Chief Nurse
<b>Report title:</b>	GP International Recruitment Programme

<b>Item for:</b>	<b>Decision</b> → <input type="checkbox"/>	<b>Assurance</b> → <input type="checkbox"/>	<b>Information</b> → <input checked="" type="checkbox"/>	<i>(Please insert X as appropriate)</i>
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<b>Strategic Objectives</b>	This report supports the following CCG Strategic Objectives. Please insert 'x' as appropriate.	
	1. To deliver financial sustainability	<input type="checkbox"/>
	2. To deliver improvements through system redesign and in priority areas.	X
	3. To deliver improved outcomes for patients	X
	4. To develop capacity and capability as system leaders	X
5. To stabilise, support and sustain primary care	X	

<b>Governance and Risk</b>	Does this report provide assurance against any of the risks identified in the Assurance Framework?
	What level of assurance does it provide? Limited/Reasonable/Significant Reasonable

<b>Purpose of this paper</b>
To provide the Committee with an update on the GP International Recruitment Programme.

**Further explanatory information required:**

<p><b>Does this paper link to any of the key themes of the CCG's <a href="#">Operational Plan &amp; Improvement Plan</a>. If yes, please specify.</b></p>	<p>Primary Care</p>
<p><b>How will this benefit the health and wellbeing of St Helens residents or the Clinical Commissioning Group?</b></p>	<p>The recruitment of International GPs will enable Practices to recruit to current vacant posts and ensure a more resilient Primary Care workforce for St Helens</p>
<p><b>Please describe any possible Conflicts of Interest associated with this paper.</b></p>	<p>N/A</p>
<p><b>Please identify any current services or roles that may be affected by issues within this paper.</b></p>	<p>N/A</p>
<p><b>What risks may arise as a result of this paper? How can they be mitigated?</b></p>	<p>The risk that Practices/the Federation will not engage with the opportunity to recruit International GPs.  This is mitigated by 14 practices committing to the programme.</p>

<p><b>1. Executive Summary</b></p>
<p>The International GP Recruitment (IGPR) Programme is a key element of the General Practice Forward View workforce plan, which aims to recruit 5000 more doctors and 5000 other staff by 2020. The expanded programme was announced in August 2017, and now aims to recruit at least 2000 GPs from overseas by 2020 – an increase from the 500 originally planned. The programme is being developed nationally in collaboration with regional colleagues, stakeholders and Health Education England (HEE) who are leading the development of the training programme for the doctors.</p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2017/08/expansion-gp-international-recruitment-programme.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/08/expansion-gp-international-recruitment-programme.pdf</a></p> <p>NHS England Cheshire and Merseyside International Recruitment application was approved by the National Panel at the end of December 2017. The application was developed to recruit 122 International GPs across the whole of Cheshire and Merseyside by 2020 as part of the international recruitment programme.</p> <p>ID Medical has now been appointed to Cheshire and Merseyside North region to support with the recruitment, the recruitment process will commence from July 2018 for the first cohort of 25 candidates.</p> <p>Fourteen St Helens Practices participated in the programme, however due to the timescale of this programme there will be flexibility for the 14 practices to be subject to change depending on their circumstances at the time of recruitment of these Doctors.</p>

NHS England Medical Directors have been asked to oversee the recruitment of international GPs to decide the suitability of the candidates to enter the National Performers List. Alongside the Cheshire and Merseyside Medical Director and his team, CCG Clinical Leads will be involved in the selection of appropriate doctors onto the scheme.

The interview process will consist of two stages:

- First Interview

This will be a web-based interview undertaken in the candidate's home country to determine their suitability to join the programme. The interviews will be managed by the recruitment companies and the panel will include an NHS England Medical Director/or representative, HEE or RCGP lead, and a CCG Clinical representative.

Candidates successfully passing this interview will formally join the programme subject to final approval at the second interview stage.

- Second Interview

This will be a face to face interview held in the candidate's allocated area. It will form part of a wider "taster" weekend for each cohort, which will be designed by HEE in conjunction with regional and local colleagues, and include some introductory orientation about general practice in England. As part of the weekend, practices and IGPR doctors will meet to start the process of matching doctors to practices.

The panel for the second interview will consist of a local NHS England Medical Director (or nominated medical representative), local HEE lead and nominated representation from the recruiting practices in the area, including a GP.

It is anticipated that the first cohort will arrive in December 2018.

There will be Practice Readiness Assessments, which will ensure that there is a nominated Clinical Supervisor available.

The Primary Care Team is currently in discussion with NHSE to hold a half day event with the participating practices to brief them on progress so far and highlight their roles and responsibilities in the programme.

## **2. Recommendations**

The Primary Care Committee asked to:

- Note the contents of this paper

**DOCUMENT DEVELOPMENT**

Process	Yes	No	N/A	Comments & Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (please detail the method i.e. survey, event, consultation)		X			
Clinical Engagement (please detail the method i.e. survey, event, consultation)		X			
Has 'due regard' been given to Equality Analysis (EA) and any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			X		
Legal Advice Sought			X		
Presented to any other groups or committees including Partnership Groups – Internal/External (please specify in comments)		X			

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

<b>Report to Primary Care Committee</b>	
<b>Date of meeting:</b>	Wednesday 16 <sup>th</sup> May 2018
<b>Governing Body Member Lead:</b>	Iain Stoddart, Chief Finance Officer
<b>Accountable Director:</b>	Iain Stoddart, Chief Finance Officer
<b>Report title:</b>	Finance Update – 2017/18 Outturn

<b>Item for:</b>	<b>Decision</b> → <input type="checkbox"/>	<b>Assurance</b> → <input type="checkbox"/>	<b>Information</b> → <input checked="" type="checkbox"/>	<i>(Please insert X as appropriate)</i>
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<b>Strategic Objectives</b>	This report supports the following CCG Strategic Objectives. Please insert 'x' as appropriate.		
	1. To deliver financial sustainability	<input checked="" type="checkbox"/>	
	2. To deliver improvements through system redesign and in priority areas.	<input type="checkbox"/>	
	3. To deliver improved outcomes for patients	<input checked="" type="checkbox"/>	
	4. To develop primary care capacity and capability as system leaders	<input checked="" type="checkbox"/>	

<b>Governance and Risk</b>	<p>Does this report provide assurance against any of the risks identified in the Assurance Framework? (please specify)</p> <p><b>C2 – Failure to achieve financial target</b></p> <p>What level of assurance does it provide? Significant (List levels i.e. Limited/Reasonable/Significant)</p>
	Is this report required under NHS guidance or for statutory purpose? No

<b>Purpose of this paper</b>
This report informs the Committee of the full year expenditure incurred against both the devolved primary care allocation received for 2017/18 and the additional local CCG investment in primary medical care.

**Further explanatory information required:**

<p><b>Does this paper link to any of the 10 key themes of the CCG's Improvement Plan. If yes, please specify.</b></p>	<p>Primary Care is a theme of the improvement plan but can impact across all areas eg enhanced services spend can lead to reductions in hospital attendances.</p>
<p><b>How will this benefit the health and wellbeing of St Helens residents or the Clinical Commissioning Group?</b></p>	<p>The finance report provides confirmation of actual expenditure against those primary care budgets set in 2017/18. This expenditure is in line with medical services the CCG is responsible for commissioning on behalf of the local population.</p>
<p><b>Please describe any possible Conflicts of Interest associated with this paper.</b></p>	<p>None identified</p>
<p><b>Please identify any current services or roles that may be affected by issues within this paper.</b></p>	<p>None identified</p>
<p><b>What risks may arise as a result of this paper? How can they be mitigated?</b></p>	<p>The paper summarises the final position for the primary care budgets. These are currently in the process of being audited. It is not expected that this will lead to any changes but the audited position will only be available at the end of May 2018.</p>

## **1. Executive Summary**

In January 2016 NHS England (NHSE) notified CCGs nationally of their total planned allocations for 2016/17 to 2020/21. Included in this document was the Primary Care Medical allocation for each of these five years. This represents the level of funding that has been made available to enable the CCG to meet the requirements of delegated primary care commissioning.

This report provides a full year outturn position against the devolved budget for 2017/18. It also contains details of expenditure against other GPFV allocations received plus other local investment in primary care.

## **2. Background and Update**

The CCG receives an annual primary care allocation which enables the CCG to commission primary medical services on behalf of the local registered population. Additionally, the CCG commits to the funding of Local Enhanced Services and the continuation of a GP Quality Contract.

## **3. Next Steps (as appropriate)**

The primary care outturn for 2017/18 will be incorporated into the CCGs overall financial position and will form part of the annual accounts.

## **4. Recommendations**

It is recommended that the Committee note the content of the report.

## DOCUMENT DEVELOPMENT

Process	Yes	No	Not applicable	Comments & Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (please detail the method i.e. survey, event, consultation)			N/A		
Clinical Engagement (please detail the method i.e. survey, event, consultation)			N/A		
Has 'due regard' been given to Equality Analysis (EA) and any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			N/A		
Legal Advice Sought			N/A		
Presented to any other groups or committees including Partnership Groups – Internal/External (please specify in comments)			N/A	The Primary Care and Operational Group (PCQOG) received a summary version of this report at 18 <sup>th</sup> April 2018.	The group noted the outturn position and agreed that a detailed report would be presented to the Primary Care Committee in May 2018.

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.



## **Finance Report – Primary Care Committee**

### **1. Introduction**

This report informs the Committee of the total primary care expenditure to the year-end 31<sup>st</sup> March 2018. This includes expenditure against the delegated commissioning allocation received from NHS England (NHSE), additional GP Forward View (GPFV) allocations and also local investment in primary care medical services.

### **2. Background**

Nationally NHS England (NHSE) notified CCGs of their total planned allocations for 2016/17 to 2020/21 in January 2016. Contained in the document was the Primary Care Medical allocation for each year. This represents the level of funding which has been made available to enable the CCG to meet the requirements of delegated primary care commissioning.

The total allocation represents funding equivalent to £142.20 per patient.

Above the primary care allocation received, the CCG also made additional funds available which enabled the commissioning of Local Enhanced Services plus the continuation of the GP Quality Contract.

### **3. 2017/18 Financial Position**

#### **3.1 Appendix 1 – Primary Care allocation**

Full year expenditure against the devolved, delegated primary care budgets totals £27,742k; an overspend of £18k. This represents a favourable movement of £150k from the forecast outturn position that was reported at month 11. Appendix 1 provides a breakdown of the actual expenditure based on those budgets that were devolved by contract type.

The key movement in the outturn position from month 11 is due to a credit note of £118k being received from NHS Property Services (NHSPS). This follows NHSPS reconciling actual costs compared to those estimates provided earlier in the year.

The position also includes an estimate of the costs associated with Direct Enhanced Service activity in quarter 4 (Minor Surgery and LD Health Checks).

In anticipation of practice QOF achievement payments being made in relation to 2017/18, a provision of £871k is included within the reported position. This is an estimate based on the actual QOF points practices achieved in 2016/17. Due to timing, the CCG was unable to extract actual QOF results from CQRS (Calculating Quality Reporting System) and therefore an estimate of the actual total achievement has been calculated. It is planned that actual QOF achievement payments will be made, to those practices that have declared their results, in May.

GMS and PMS contract payments exceeded the budget by £303k. The budget had been prepared in accordance with national guidance and had been based on the registered weighted population at January 2017. GMS and PMS contract values are updated each quarter and practice payments are adjusted to reflect a change in the number of registered patient using the Carr-Hill formula. Due to an increase in the total population during 2017/18 contractual GMS and PMS payments exceeded the budget by £185k. A further cost pressure of £118k was incurred during a six month period when Marshalls Cross Surgery was operating in a caretaking capacity. To ensure continuity of care the caretaking arrangement was funded under the terms of the previous APMS contract. In March 2018 a new GMS contract was awarded.

### **3.2 Appendix 2 – Local Enhanced Services**

Budgets to enable the commissioning of local enhanced services and the continuation of the GP Quality Contract were set at the beginning of the year. Full year expenditure amounted to £1,594k which is £425k less than budgeted.

The GP Quality Contract underspent by £153k. A review of the contract has shown that not all practices will achieve the maximum payment. Also, two practices did not sign up to the contract and, due to the technical nature of a mid-year transfer of services, the contract was not offered to Marshalls Cross Surgery.

The criteria for the payment of £3 per head GPFV money were based on federations being sufficiently developed to start to achieve transformational change. In 2017/18 actual expenditure was £60k. However, it is recognised that these funds are ring fenced for Primary Care and will therefore be spent in 2018/19 line with the requirements over the two year planning period.

Two additional allocations were received in 2017/18 to support the GPFV initiative outlined by NHSE. The rollout of WiFi access in GP practices was undertaken with support from St Helens and Knowsley Health Informatics Service (HIS) which was fully completed by the deadline of 31<sup>st</sup> March 2018, at £43k less than the allocation received. The allocation of £34k received to support training in primary care was spent in full.

## 5. Mitigations

There have been a number of challenges within primary care during 2017/18. Considerable effort was made to mitigate the financial risks, which had been highlighted during the earlier part of the year, and to achieve an overall underspend. The table below details the key areas where savings have been achieved:

<b>Description</b>	<b>Value (£000)</b>
Rates rebates identified	97
Clinical Waste contract saving	30
Slippage on Quality Contract	153
Assessment of QOF expenditure	100
Slippage - Direct Enhanced Services	43
Slippage - Local Enhanced Services	36
Slippage on 2017/18 transformational monies	234
<b>Total</b>	<b>693</b>

## 6. Conclusion

The Committee are asked to note the final outturn position for 2017/18. The primary care expenditure will be incorporated into the CCGs annual accounts which are subject to audit by Grant Thornton (External Auditors). No changes are anticipated to the position as a result of this audit.

It should be noted that where the position is reliant on estimations (eg QOF payments) this may impact on the 2018/19 budget to the extent of any variation between the estimated costs and the actual costs as they become known.

Delegated Primary Care Commissioning

	Annual Budget	Actual Outturn	Variance
<b>Contract Value</b>	<b>19,532,898</b>	<b>19,835,054</b>	<b>302,156</b>
APMS	605,878	605,878	0
PMS	4,373,156	4,429,672	56,516
PMS Premium	159,506	161,150	1,644
GMS MPIG	39,766	37,276	(2,490)
GMS	14,354,592	14,601,078	246,486
<b>Enhanced Services</b>	<b>480,300</b>	<b>437,091</b>	<b>(43,209)</b>
Extended Hours	232,846	179,395	(53,451)
Learning Disabilities	66,269	61,862	(4,407)
Minor Surgery	178,973	195,043	16,070
Unplanned Admissions	0	(14,011)	(14,011)
Violent Patients	2,212	14,802	12,590
<b>Other</b>	<b>734,430</b>	<b>731,349</b>	<b>(3,081)</b>
CQC Reimbursement	98,000	139,884	41,884
Locum - Maternity/Paternity/Adoption	150,000	151,888	1,888
Prescribing fees	153,747	129,299	(24,448)
Seniority	306,594	273,259	(33,335)
Professional fees	26,089	37,019	10,930
<b>Premises</b>	<b>3,967,232</b>	<b>3,715,247</b>	<b>(251,985)</b>
Clinical Waste	59,725	29,969	(29,756)
Cost Rent	21,984	69,334	47,350
Notional Rent	1,066,319	1,164,626	98,307
Premises Other	2,270,385	2,118,070	(152,315)
Rates	254,901	158,147	(96,754)
Water Rates	36,752	39,741	2,989
Actual Rent	257,166	135,360	(121,806)
<b>QOF</b>	<b>3,009,140</b>	<b>3,022,760</b>	<b>13,620</b>
Achievement	935,968	1,021,836	85,868
Aspiration	2,073,172	2,000,924	(72,248)
<b>Total</b>	<b>27,724,000</b>	<b>27,741,501</b>	<b>17,501</b>

**Other Primary Medical Care Budgets**

	Annual Budget	Actual Outturn	Variance
Local Enhanced Services	611,742	575,938	(35,804)
24 Hour Blood Pressure	107,500	133,348	25,848
Care of Older People	0	2,092	2,092
Near Patient Testing	48,708	39,760	(8,948)
ECG Incentive	26,534	58,767	32,233
Anti-Coag	429,000	341,971	(87,029)
Out of Hours	462,697	460,940	(1,757)
St Helens Rota - Core	100,000	99,485	(515)
St Helens Rota - Visiting Service	200,000	200,000	0
St Helens Rota - GP Out of Hours	162,697	161,455	(1,242)
Other	944,000	556,952	(387,048)
GP Quality Contract	650,000	496,952	(153,048)
£3 per head - GPFV	294,000	60,000	(234,000)
<b>Total Local Investment</b>	<b>2,018,439</b>	<b>1,593,830</b>	<b>(424,609)</b>

	Allocation	Actual Outturn	Variance
WiFi allocation	106,000	63,498	(42,502)
GP Receptionist training	34,000	34,000	0
<b>Total Allocations</b>	<b>140,000</b>	<b>97,498</b>	<b>(42,502)</b>

<b>Report to Primary Care Committee</b>	
<b>Date of meeting:</b>	Wednesday 16 <sup>th</sup> May 2018
<b>Governing Body Member Lead:</b>	Iain Stoddart, Chief Finance Officer
<b>Accountable Director:</b>	Iain Stoddart, Chief Finance Officer
<b>Report title:</b>	Finance Update – 2018/19 Budgets

<b>Item for:</b>	<b>Decision</b> → <input type="checkbox"/>	<b>Assurance</b> → <input type="checkbox"/>	<b>Information</b> → <input checked="" type="checkbox"/>	<i>(Please insert X as appropriate)</i>
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<b>Strategic Objectives</b>	This report supports the following CCG Strategic Objectives. Please insert 'x' as appropriate.		
	1. To deliver financial sustainability	<input checked="" type="checkbox"/>	
	2. To deliver improvements through system redesign and in priority areas.	<input type="checkbox"/>	
	3. To deliver improved outcomes for patients	<input checked="" type="checkbox"/>	
	4. To develop primary care capacity and capability as system leaders	<input checked="" type="checkbox"/>	

<b>Governance and Risk</b>	<p>Does this report provide assurance against any of the risks identified in the Assurance Framework? (please specify)</p> <p><b>C2 – Failure to achieve financial target</b></p> <p>What level of assurance does it provide? Reasonable. Budget is in balance but associated risks are highlighted (List levels i.e. Limited/Reasonable/Significant)</p>
	Is this report required under NHS guidance or for statutory purpose? No

<b>Purpose of this paper</b>	
<p>The report recommends that the Primary Care Committee approve the devolved budgets that have been set following receipt of the 2018/19 primary care allocation. This will enable the CCG to financially monitor expenditure at a detailed level when commissioning medical services on behalf of the local population.</p>	

**Further explanatory information required:**

<p><b>Does this paper link to any of the 10 key themes of the CCG's Improvement Plan. If yes, please specify.</b></p>	<p>Primary Care is a theme of the improvement plan but can impact across all areas eg enhanced services spend can lead to reductions in hospital attendances.</p>
<p><b>How will this benefit the health and wellbeing of St Helens residents or the Clinical Commissioning Group?</b></p>	<p>The report identifies the key areas of expenditure anticipated in 2018/19. The devolved budgets have been set in accordance with national guidance and also local recurring commitments. This will enable the CCG to commission primary medical services on behalf of the local population.</p>
<p><b>Please describe any possible Conflicts of Interest associated with this paper.</b></p>	<p>None identified</p>
<p><b>Please identify any current services or roles that may be affected by issues within this paper.</b></p>	<p>None identified</p>
<p><b>What risks may arise as a result of this paper? How can they be mitigated?</b></p>	<p>The primary care allocation received for 2018/19 has been devolved across a range of expenditure budgets. This will enable the CCG to monitor expenditure throughout the year, and will highlight any key variances from budget. Those budgets that contain the greatest degree of risk will be identified and reported to the Primary Care Committee.</p> <p>Section 5 of the report provides details of the key risks and how these can be mitigated.</p>

## **1. Executive Summary**

The report provides details of the primary care allocation received in 2018/19 and requests approval of the devolved budgets which have been prepared to enable the accurate reporting of expenditure across a range of categories (subjectives). The devolved budgets have been set in accordance with national guidance and known recurring commitments.

## **2. Background and Update**

The CCG receives an annual primary care allocation which enables the CCG to commission primary medical services on behalf of the local registered population. The allocation received in 2018/19 is £28,559k which is a 1.9% increase on the previous year.

Funding equates to £144.36 per registered patient based on a projected population of 197,838.

## **3. Next Steps (as appropriate)**

Those devolved budgets set for 2018/19 will be reviewed on a monthly basis and a full year forecast outturn will be produced. Monthly updates will be provided to the Primary Care Quality and Operational Group. Any significant financial issues will be brought to the attention of the Primary Care Committee.

## **4. Recommendations**

It is recommended that the Committee approve the devolved budgets outlined in Appendix 1 and also note the potential risks.

## DOCUMENT DEVELOPMENT

Process	Yes	No	Not applicable	Comments & Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (please detail the method i.e. survey, event, consultation)			N/A		
Clinical Engagement (please detail the method i.e. survey, event, consultation)			N/A		
Has 'due regard' been given to Equality Analysis (EA) and any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			N/A		
Legal Advice Sought			N/A		
Presented to any other groups or committees including Partnership Groups – Internal/External (please specify in comments)			N/A	The Primary Care and Operational Group (PCQOG) received a summary version of this report at 18 <sup>th</sup> April 2018.	The group discussed the devolved budgets and the basis by which these had been set. The group agreed that the budgets should be presented to the Primary Care Committee for formal approval and the report should contain a section on Risk.

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.



## **Finance Report 2018/19 Budgets – Primary Care Committee**

### **1. Introduction**

The purpose of this report is to request the approval by the Primary Care Committee of the devolved budgets set following receipt of the 2018/19 primary care allocation. This will enable the CCG to financially manage and monitor the expenditure incurred through having delegated commissioning responsibilities. The Committee will then receive a regular update on the year to date position and forecast outturn against the budgets that have been set.

### **2. Background**

The CCG has received a primary care allocation of £28,559k to support the commissioning of primary care medical services during 2018/19. This equates to funding of £144.36 per registered patient.

The allocation received for 2018/19 includes growth of £541k which is equivalent to a 1.9% increase.

Devolved budgets have been set to enable the accurate reporting of expenditure against the allocation received.

Each budget has been set based on historical information, known recurring commitments and also to reflect the changes that have been announced following national contractual negotiations.

### **3. National Negotiations**

CCGs with delegated responsibility for the commissioning of primary care medical services had been notified in January 2016 of the co-commissioning allocations they could expect to receive for the following five years.

Additionally, each year CCGs are informed of the outcome of national negotiations between NHS Employers and the BMA's General Practitioners Committee (GPC).

In March 2018 Gateway 07813 'Outcome of 2018/19 GMS Contract Negotiations' was published by NHSE detailing the key principles agreed by NHS Employers and the GPC. This outlines the changes to GP contracts for 2018/19 and highlights the additional national investment in primary care.

The table below is an extract from Gateway 07813 which summaries how the national investment of £256.3m will be applied. For reference an additional column is included to indicate what the local implications are expected to be following the publication of the contract negotiations. These estimates have been built into the devolved budgets that the Committee are asked to approve.

**Contract uplift and expenses: summary**

This incorporates a one percent uplift to pay and a three percent uplift to expenses in line with consumer price index inflation from 1 April and the increase also covers:			
Details	National Amount (£000)	Comments	Funded from CCG delegated allocation (£000)
Uplift of pay and expenses	102,900	Based on DDRB formula and latest OBR inflation forecast for CPI	548.0
Volume increase cost	59,700	NHS England estimate based on ONS population projections	
Locum reimbursement	400	Locum allowances for sickness, maternity, paternity and adoption leave increased by 1%	2.0
Indemnity	60,000	Payments made directly to practices based on registered patients at £1.017 per patient	201.0
QOF CPI adjustment	22,300	Value of QOF point increased from £171.20 to £179.26	207.0
V&I Items of Service (IoS) fee	900	Uplift to IoS fee for nine V&I programmes from £9.80 to £10.06	NHSE
Electronic Referrals System	10,000	Non-recurrent payment made directly to practices based on number of weighted patients at £0.170 per patient	NHSE
<b>Total</b>	<b>256,200</b>	<b>An overall 3.4% increase</b>	<b>958.0</b>

National amounts extracted from Annex A, NHSE Gateway Reference 07813

As noted above, the CCG has received growth of £541k against its primary care allocation in 2018/19. However, the table above highlights that the increased commitments arising from national negotiations are expected to cost £958k, therefore the difference will need to be managed from within the overall primary care allocation.

NHSE guidance requires delegated CCGs to contribute to GP Indemnity costs in 2018/19. This is a new commitment that is to be funded from the primary care allocation. In the previous two years all Indemnity contributions had been funded centrally by NHSE. It is anticipated that locally this will amount to £201k, which forms part of the additional £958k noted in the table above.

Annex B of Gateway 07813 'Change to key numbers in 2018/19' provides CCGs with more detailed information on how the additional investment will be applied to various allowances available to GP practices.

**Section 1: Key contract figures**

	2017/18	2018/19
Value of QOF point	£171.20	£179.26
Global Sum price per weighted patient	£85.35	£87.92
Out of Hours adjustments	4.92%	4.87%

**Section 2: Locum allowances**

Maternity/Paternity/Adoption allowance	2017/18	2018/19
First week	£1,131.74	£1,143.06
Subsequent weeks	£1,734.18	£1,751.52

  

Sickness	2017/18	2018/19
Ceiling amount	£1,734.18	£1,751.52

Annex B - Gateway Reference 07813 'Outcome of GMS Contract Negotiations

The CCG is yet to receive notification from NHSE on the recommended uplift that should be applied to PMS contracts. In previous years this announcement has followed when NHSE has issued more detailed guidance. For budget setting purposes, PMS contracts have been uplifted by £2.07 per weighted patient. This is £0.50 less than the national uplift being applied to GMS contract values and is consistent with previous years.

**4. Budget Setting**

To enable the CCG to accurately report primary care expenditure against the allocation received, it is necessary to set budgets at a devolved level across a range of categories (subjectives). This will ensure the CCG acknowledges the recurring costs associated with providing primary care medical services. The budgets for 2018/19 have been realigned to take account of the contractual changes that have been announced by NHSE in Gateway 07813.

Additional to the content of Gateway 07813, the CCG has also taken into account local considerations. PMS budgets have been set based on an uplift of £2.07 per weighted patient. At the time of setting budgets the CCG had not received any recommendation from NHSE on the uplift that should be applied to PMS contract

values. For consistency the uplift applied to PMS contracts in 2018/19 is £0.50 less than that awarded to GMS contract holders. This reflects what NHSE recommended in 2016/17 and 2017/18. Any variation from this assumption will need to be managed from within the allocation received.

Appendix 1 provides details of the recommended devolved budgets for 2018/19 based on an allocation of £28,559k. Where no national guidance has been issued, budgets have been set based on 2017/18 out turn and amended for any knowledge locally where in year changes are expected to occur.

In line with the agreement made at Primary Care Committee in January 2018, the CCG are budgeting for a quality contract at £300k. This is being funded from release of monies from PMS premiums (£248k) with a further £52k from the £3 per head transformational funds.

The remainder of the GP transformational fund has been set aside to be spent in 2018/19, although this comes from local funding and not the delegated co commissioning budget. The total transformation fund is £528k in year, with £52k of this being committed to the Quality Contract as noted above.

The CCG are expecting to receive an allocation for extended access of £516k, which is £3.34 per head of population. This increases to £6 per head from 2019/20. This is not included within these figures as this allocation has not yet been received but it is expected that this will be fully utilised on setting up and running the extended access service (due to commence in the second half of the year).

Once the devolved budgets have been approved, these will be uploaded to the CCGs finance ledger and actual expenditure will be recorded against each budget.

Regular reports will be produced for the Primary Care Committee and Primary Care Quality and Operational Group during the year. This will include a projection of the forecast outturn for the full year and will also highlight any areas of risk.

## **5. Risks**

Those areas of expenditure that contain the greatest degree of risk will be identified and regular meetings will take place with key members of the Primary Care Commissioning team so that any risk can be mitigated. The monthly finance report presented to the Primary Care Quality and Operational Group will provide an update on any identified risks. A regular update will also be presented to the Primary Care Committee.

It is anticipated that the key areas of risk will continue to be similar to those highlighted in previous years. These include:

- Reimbursement of locum costs for adoption, maternity, paternity and sickness leave are difficult to forecast. Systems are in place so that GP practices are aware of the process for applying for reimbursement on a timely basis. The proposed budget is £150k but it is difficult to know what the actual expenditure will be since in previous years this has fluctuated (2015/16 £31k; 2016/17 £202k; 2017/18 £152k);
- Premises that are available for the delivery of primary care medical services have a market rent review every three years. Any increase to the valuation will need to be funded from the primary care allocation. Since no contingency is available this will be a known pressure. NHSE coordinate rent reviews on behalf of the CCG and provide a regular update;
- There is nothing built in to plans for any pressures arising from any changes to out of hours provision. This was noted as a risk throughout 2017/18 and this remains the case. If practices withdraw from current out of hours provision, the cost of re provision may be more expensive than the funds that would be released. This would depend on how many practices wanted to change provision as it is more difficult to secure a service at equivalent cost unless it is provided at scale for a larger number of practices;
- Where the 2017/18 year end position is reliant on estimations (eg QOF payments) this may impact on the 2018/19 budget to the extent of any variation between the estimated costs and the actual costs as they become known.

## **6. Conclusion**

The Committee is asked to approve the devolved budgets outlined in Appendix 1 and also note the potential risks as no separate primary care contingency is available.

Appendix 1

**Devolved primary care allocation**

		2018/19
		Devolved Budgets
Contract Values	GMS	15,176,585
	GMS MPIG	29,820
	PMS	4,473,958
	PMS Premium (including realignment)	82,640
	Contribution to Out of Hours	107,976
	<b>Sub Total - Contract Values</b>	<b>19,870,979</b>
Direct Enhanced Services	Extended Hours	276,192
	LD Health Checks	102,060
	Minor Surgery	195,000
	SAS (Zero Tolerance)	10,328
	<b>Sub Total - Direct Enhanced Services</b>	<b>583,580</b>
Fees	CQC reimbursement	139,052
	Locum fees	150,000
	Prescribing fees	156,822
	Seniority	225,561
	Professional fees	12,875
	<b>Sub Total - Fees</b>	<b>684,310</b>
Premises	Actual Rent	277,990
	Clinical Waste	25,500
	Notional Rent	1,024,841
	CHP/NHSPS Premises Costs	2,321,594
	Rates	198,440
	Water Rates	43,381
	<b>Sub Total - Premises</b>	<b>3,891,746</b>
QOF	Achievement	923,906
	Aspiration	2,155,780
	<b>Sub Total- QOF</b>	<b>3,079,686</b>
Other	Contribution to Quality Contract	247,921
	Indemnity	200,778
	<b>Sub Total- Other</b>	<b>448,699</b>
<b>TOTAL</b>		<b>28,559,000</b>
<b>PRIMARY CARE ALLOCATION</b>		<b>28,559,000</b>