

PRIMARY CARE CO-COMMISSIONING COMMITTEE (PCCC)

Date of Meeting	1 st July 2015	Agenda Item No.	10.
Title of Report	Primary Care Finance Report		
PCCC Responsible Officer	Roger Parr – Chief Finance Officer	Lead Clinician	Dr Malcolm Ridgway
		Lead Manager	Linda Ring – Senior Finance Manager
Summary/Purpose of Report	This report provides the financial overview of the GP Primary Care Services budgets for Blackburn with Darwen Clinical Commissioning Group.		
PCCC Action	The Primary Care Commissioning Committee is asked to note the contents of the report and the financial position for the CCG for month 2, in particular the risks highlighted.		
Please indicate the Committee(s)/Group(s) where the paper has been discussed/developed			
This paper has been discussed at the Primary Care Co-Commissioning Design Group meeting.			
Please note the following section must be completed in full			
Patient and Public Engagement Completed	Not applicable		
Equality Analysis Completed	Not applicable		
Financial Implication(s)	None		
Risk(s) Identified	<p>Primary Care Co-Commissioning – as this is the first year of primary care co-commissioning, it is not known whether the delegated budget is sufficient to cover costs. The budgets were set with the assumption of the recovery of the PMS review monies. The recovery of this money has not commenced and is still under discussion.</p> <p>Prescribing – the prescribing budget can be volatile and is monitored closely by Medicines Management. At this stage of the financial year, no forecast figures have been received from the NHS BSA.</p>		
CCG Strategic Objectives supported by this paper			
1.	To extend the life of our citizens and their quality of life adding life to years as well as years to life.		Y
2.	To ensure there will be no gaps, no duplication – with integrated services and partnership working; including better relationships with voluntary, community and faith sector organisations.		Y
3.	To engage and encourage patients and the public to participate in everything we do and the importance of self-care and family wellbeing.		Y
4.	To improve services and tackle inequality, evidence best practice to inform decisions and root out poor practice.		Y
5.	To offer effective service interventions which will provide a better experience for patients with privacy and dignity.		Y
CCG High Impact Changes supported by this paper			
1.	Delivering high quality Primary Care at scale and improving access.		Y
2.	Self-Care and Early Intervention.		Y
3.	Enhanced and Integrated Primary Care and Better Care Fund.		Y
4.	Access to Re-ablement and Intermediate Care.		Y
5.	Improved hospital discharge and reduced length of stay.		Y
6.	Community based ambulatory care for specific conditions.		Y
7.	Access to high quality Urgent and Emergency Care.		Y
8.	Scheduled Care.		Y
9.	Quality.		Y

CLINICAL COMMISSIONING GROUP (CCG)
PRIMARY CARE CO-COMMISSIONING COMMITTEE (PCCC)

1st JULY 2015

PRIMARY CARE FINANCE REPORT

1. Introduction

This report provides the financial position of the GP primary care services budgets for Blackburn with Darwen Clinical Commissioning Group. Since the inception of Blackburn with Darwen Clinical Commissioning Group on 1st April 2013, the CCG has been responsible for primary care budgets including GP prescribing, home oxygen therapy, enhanced services, out of hours and GP IT.

During 2014/15, the CCG applied for and was authorised by NHS England to be manage the delegated budgets for primary care co-commissioning. From the 1st April 2015, Blackburn with Darwen CCG is responsible for the delegated primary care co-commissioning budgets from NHS England.

This report covers the CCG funding for Primary Care Co-Commissioning and also includes the CCG Primary Care budgets for prescribing, home oxygen therapy, enhanced services, out of hours and GP Information Technology (GP IT).

2. Funding Available

The funding available to the CCG for Primary Care Services in 2015/16 is £51,425k.

At Month 2, the CCG is reporting a small year to date underspend and a forecast breakeven position.

3. Background

a. Primary Care Co-Commissioning

The Primary Care Co-Commissioning budget covers expenditure on General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Personal Medical Services (APMS). It also covers expenditure on the Quality and Outcomes Framework (QOF), Enhanced Services, and Premises costs. Since 2013/14, these costs have been managed by NHS England Lancashire Local Area Team. From 1st April 2015, these budgets have been delegated to Blackburn with Darwen CCG to manage. The Primary Care Co-Commissioning funding delegated from NHS England at month 2 is £20,133k. A breakeven position is reported.

b. Prescribing

The prescribing budget covers the costs of prescribing by General Practitioner. The GP Prescribing budget for GP prescribing is £27,073k. The annual budget also includes funding for Out of Hours drugs costs £48k and for the prescribing incentive scheme £200k. The prescribing expenditure is based on actual spend as reported by NHS Business Services Authority (NHS BSA). At May 2015, no actual figures have been received from the NHS BSA and the expenditure therefore includes estimates for April and May. No forecast figures have been provided to date and a breakeven position has been assumed.

c. Home Oxygen Therapy

The Home Oxygen Therapy budget cover the cost of the provision of oxygen in patients' homes and the CCG has a contract with Air Liquide to provide this service. The Home Oxygen Therapy Budget is £130k. Expenditure is based on actual spend as reported by NHS Business Services Authority and a small underspend is reported at month 2.

d. CCG Enhanced Services

The CCG enhanced services budget covers funding on local improvement schemes in primary care. The funding of £496k covers, for example, enhanced services for Long Term Conditions, Cancer, Quality and Improvement, Near Patient Testing, Vasectomy. At month 2 a breakeven position is reported.

e. GP Information Technology (GPIT)

The funding for GPIT for 2015/16 is in line with the NHS England document 'Securing Excellence in GP IT Services'. The responsibility for the management of GPIT is delegated to CCGs from NHS England. For 2015/16, the total budget of £630k is made up of delegated baseline allocation of £437k and transitional funding of £127k. The CCG has also provided recurrent funding of £67k to GPIT.

The funding mainly covers costs the cost of Midlands and Lancashire Commissioning Support Unit IT staff who provide GPIT support services to GP practices and also covers the CCG contribution to COIN (the Community of Interest Network) in the East Lancashire area which enables multiple Trusts to network services more efficiently.

f. Resilience Partnership Schemes

The funding for Resilience Partnership Schemes for 2015/16 is £2,286k and covers such services as Out of Hours services and the Acute Visiting Scheme. At month 2 a breakeven position is reported.

g. Medicine Management

The annual funding of £420k for Medicines Management covers the funding for pay costs for the Medicines Management service and the cost of community pharmacists and the medicines optimisation system.

4. Key Risks

The main key risks to the Primary Care Services Budgets are:

- Primary Care Co-Commissioning – as this is the first year of primary care co-commissioning, it is not known yet whether the delegated budget is sufficient to cover costs. The budgets were set with the assumption of the recovery of the PMS review monies. The recovery of this money has not commenced and is still under discussion.
- Prescribing – the prescribing budget can be volatile and is monitored closely by Medicines Management. At this stage of the financial year, no forecast figures have been received from the NHS BSA.

5. Recommendation

The Primary Care Commissioning Committee is asked to note the contents of the report and the financial position for the CCG for month 2, in particular the risks highlighted.

Roger Parr
Chief Finance Officer
10th June 2015