

**Report to the Somerset Primary Care Commissioning Committee Meeting
10th March 2022**

Title: Primary Care Finance Report – March 2022	Enclosure F
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Summary and Purpose of Paper

To inform the Somerset Primary Care Commissioning Committee of the financial position for Primary Care budgets for the period 1st April 2021 to 31st January 2022.

Recommendations and next steps

The Somerset Primary Care Commissioning Committee is asked to note the 2021/22 funding allocations for the period 1st April 2021 to 31st March 2022 and the year to date actual performance against Primary Care expenditure budgets as at 31st January 2022.

Impact Assessments – key issues identified

Equality	Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including financial performance.			
Quality	N/A			
Privacy	N/A			
Engagement	N/A			
Financial / Resource	The confirmed Primary Care (Medical) allocation for 2021/22 is £90.378m. This includes a non-recurrent allocation of £1.187m to support the Primary Care Covid-19 pandemic response, £0.290m relating to the Long Covid enhanced service and £1.581m Winter Access Funding. Primary Care Transformation allocations for 2021/22 total £2.032. Other Primary Care and Local Enhanced Services are funded from within the main CCG resource allocation.			
Governance or Legal	From 1 st April 2019 Somerset Clinical Commissioning Group took delegated responsibility for managing Primary Care (Medical) Services within its resource allocation.			
Risk Description	For 2021/22 the risk of any over-commitment against Primary Care (Medical) allocations lies with Somerset Clinical Commissioning Group. This risk rating reflects that a financial break-even position has been achieved for the financial period from 1 April 2021 to 31 st January 2022 and is forecast to be delivered for the full financial year.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	3	1	3	

Primary Care Budgets 2021/22

1. Primary Care (Medical) – delegated budgets

1.1. Resource Allocation

- Primary Care (Medical) recurrent funding allocations for 2021/22 demonstrate an increase in funding for Somerset of £6.456m compared to 2020/21 funding levels, with the total 2021/22 recurrent allocation being £87.316m.
- In addition to the Primary Care (Medical) allocation, the Clinical Commissioning Group have received a non-recurrent allocation of £1.187m to support the Primary Care response to the Covid-19 pandemic.
- The CCG have received a Long Covid enhanced service allocation for 2021/22 of £0.290m. This resource allocation is for the full financial year and will be committed across H1 £0.116m and H2 £0.174m.
- The CCG is forecast to spend £1.755m Winter Access Funding for the financial year, of which £1.581m has been allocated to date.
- The total 2021/22 allocation for Primary Care (Medical) is £90.378m.

1.2. Expenditure (Table 1)

- As at 31st January 2022 it is forecast that a balanced financial position will be delivered against Primary Care (Medical) budgets this financial year.
- District Valuer revaluations on GP premises have resulted in a decrease in rent and rates charges below planned levels, with an under-commitment of £0.334m reported against total premises budgets.
- In addition the Primary Care (Medical) contingency fund was not required for the H1 period.
- These underspends offset increased commitments against planned budgets due to list size growth.
- Furthermore, additional SFE claims for sickness and maternity cover are forecast to be £0.077m above budget, and commitments for Section 96 resilience payments are anticipated to be £0.202m above the planned budget.
- It is anticipated that all Winter Access Funding allocated will be utilised this financial year.

2. Other Primary Care Services.

2.1. Allocation

- Non delegated payments and Local Enhanced Services are funded from within the CCG's main resource allocation and budgets are set as part of the planning process each year.
- Primary Care Transformation is a national initiative for investment in Primary Care, replacing the GP Forward View, and funding allocated for 2021/22 totals £2.032m.

2.2. Expenditure (Table 2)

- Other Primary Care Services expenditure is forecast to be £0.688m below plan for 2021/22.
- Local Enhanced Services are anticipated to deliver a total favourable variance against budget of £0.65m for 2021/22. The reported financial position reflects a reinvestment of this resource into Primary Care Improvement Schemes (PCIS), including an additional payment equal to 5% of the total Local Enhanced Services and PCIS expenditure to be made by the end of the financial year. This is incorporated into the PCIS forecast expenditure reported in Table 2.
- A full year allocation of £0.504m has been received for Minor Improvement Grants. The full allocation has not been committed year to date but is anticipated to be fully utilised before the financial year end.

3. Recommendation

3.1. The Committee is asked to:

Note the Primary Care funding allocations for the period 1st April 2021 to 31st March 2022 and reported expenditure as at 31st January 2022.

Jacqui Damant
Associate Director of Finance

18th February 2022

Table 1

NHS Somerset CCG
2021/22
Delegation Report Month 10

Area of Spend		YTD Budget	YTD Actual	YTD Variance	Annual Budget	FOT	Variance
		£000s	£000s	£000s	£000s	£000s	£000s
GMS Contract Payments	Global Sum	31,717	31,920	203	38,060	38,304	244
PMS Contract Payments	PMS Contract Value	15,131	15,176	46	18,157	18,212	55
Premises Costs	Rent	6,119	5,870	(249)	7,343	7,044	(299)
	Rates	1,183	1,154	(30)	1,420	1,384	(36)
	Water Rates	84	84	0	101	101	0
	Clinical Waste	170	172	2	204	206	2
	Other Premises Costs	22	12	(10)	26	14	(12)
	Subtotal	7,578	7,291	(287)	9,094	8,750	(344)
Directed Enhanced Services	Learning Disability Health Check	292	292	(0)	351	351	(0)
	Minor Surgery	823	823	(0)	988	988	(0)
	Special Allocation Service	50	50	0	60	60	0
	Subtotal	1,166	1,166	(0)	1,399	1,399	(0)
Primary Care Networks	Network Contract Participation	881	880	(1)	1,056	1,056	(0)
	Network Clinical Directors	358	358	0	429	429	0
	Network Additional Reimbursable Roles	3,540	3,303	(237)	3,964	3,964	0
	Network Extended Hours	686	691	5	823	829	6
	Care Home Premium	653	630	(24)	784	756	(28)
	IIF Achievement	1,036	1,036	0	1,433	1,433	0
	DES Leadership	0	0	0	0	0	0
	Subtotal	7,153	6,897	(256)	8,489	8,466	(22)
QOF	QOF Aspiration	5,058	5,058	0	6,070	6,070	0
	QOF Achievement	2,804	2,804	0	3,364	3,364	0
	Subtotal	7,862	7,862	0	9,434	9,434	0
Other Services	Locum Cover	810	874	64	972	1,049	77
	CQC Fee Reimbursement	292	300	8	350	360	10
	GP Retainers	108	104	(4)	130	125	(4)
	Translation Fees	28	28	0	34	34	0
	Sterile Products	22	22	(0)	26	26	(0)
	Section 96 Payments	383	968	585	744	946	202
	Long Covid ES	290	277	(13)	290	277	(13)
	Weight Management ES	0	13	13	0	13	13
	Covid Support Fund	2,340	2,340	0	1,187	1,187	0
	Winter Access Funding	66	66	0	1,581	1,581	0
	Subtotal	4,339	4,993	654	5,314	5,597	284
	Contingency	Contingency	360	0	(360)	432	216
2021/22 Total		75,305	75,305	0	90,378	90,378	(0)

Table 2

**NHS Somerset CCG
2021/22
Other Primary Care Report Month 10**

Area of Spend		YTD Budget £000s	YTD Actual £000s	YTD Variance £000s	Annual Budget £000s	Forecast Outturn £000s	Forecast Variance £000s
Non Delegated	GP IT Costs	2,330	2,330	0	2,752	2,752	0
	Primary Care Improvement Scheme (PCIS)	5,709	5,639	(70)	6,850	6,860	10
	GP Practice Transformation Programme	772	733	(39)	926	878	(48)
	IUCD (LARC) Cost Transfer	382	382	0	458	458	0
	Minor Improvement Grants	504	326	(178)	504	504	0
	Cost of Dispensing Fees (incl. DSQS)	8,738	8,738	0	10,486	10,486	0
	Prescribing Incentive Scheme	225	225	0	270	270	0
	Subtotal	18,660	18,373	(287)	22,246	22,208	(38)
Local Enhanced Services	Anti-Coagulation	783	681	(102)	940	817	(123)
	Dermatology	333	275	(58)	400	330	(70)
	Enhanced Drug Monitoring	417	388	(29)	500	466	(34)
	Leg Ulcer / Compression Bandaging	375	333	(42)	450	399	(51)
	ACES	554	457	(97)	665	548	(117)
	Other Optometry	29	24	(5)	35	29	(6)
	Minor Injuries	138	108	(30)	165	129	(36)
	Other	793	614	(179)	952	739	(213)
Subtotal	3,422	2,880	(542)	4,107	3,457	(650)	
Primary Care Transformation	GP Retention	100	100	0	119	119	0
	Practice Nurse Measures	13	13	0	20	20	0
	Practice Resilience	70	70	0	84	84	0
	Online Consultations	130	130	0	156	156	0
	Primary Care Networks	240	240	0	288	288	0
	Workforce Training Hubs	100	100	0	120	120	0
	Infrastructure and Resilience	107	107	0	128	128	0
	Fellowships Core Offer	272	272	0	272	272	0
	Supporting Mentors	101	101	0	125	125	0
	PCN Leadership and Management	8	8	0	12	12	0
	Digital First Support	392	392	0	588	588	0
	Flexible Pools Scheme	90	90	0	120	120	0
Subtotal	1,623	1,623	0	2,032	2,032	0	
		23,705	22,876	(829)	28,385	27,697	(688)

Appendix 2 – Glossary

CCG	Clinical Commissioning Group
Global Sum	The amount each GMS practice is paid per weighted patient on its practice list. Also used to calculate PMS contract values on a similar basis.
GMS	General Medical Services – Practices working for the NHS under the national contract.
IIF	The Investment and Impact Fund (IIF) was introduced as part of the amended 2020/21 Network Contract Directed Enhanced Service (DES). In 2020/21, the IIF was in place for six months, from 1 October 2020 until 31 March 2021.
NHSE/I	NHS England and NHS Improvement
PCIS	Primary Care Improvement Scheme
PMS	Personal Medical Services – practices working for the NHS under local contracts, most of which were originally let by PCTs. Contracts are now held by NHSE and have converged with GMS.
Primary Care (medical)	The official title of the allocation used for GP services otherwise known as delegated budgets.
QOF	Quality and Outcomes Framework. Practices can earn additional funding by meeting key clinical targets
SFE	Statement of Financial Entitlement.
WAF	Winter Access Funding.
Weighted patient/list	For funding purposes practice list sizes are weighted to recognise a number of factors, intended to reflect the level of work required for different categories of patient.