

## Northumberland Primary Care Commissioning Committee

This meeting will be held at 15.00pm on Monday 20 May 2019  
The Ballroom, Morpeth Town Hall, Morpeth

# AGENDA

Item	Time	Topic	Enc	PDF page	Presenter
1	1500	1.1 Welcome 1.2 Apologies 1.3 Declarations of conflicts of interest 1.4 Quoracy*			J Guy
2	1505	2.1 Minutes from the previous meeting and Matters Arising 2.2 Action Log	✓ ✓		J Guy J Guy
3	1515	Operational  3.1 Finance Update	✓		J Connolly
4	1530	Any other business			J Guy
5	1535	Date and time of next meeting: <b>July 2019 – Date &amp; Time TBC</b>			

\* 3 members, including at least the Chair or the Lay Governor and at least the CCG Chief Operating Officer or the Chief Finance Officer.



**Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee**

**13 February 2019, Committee Room 2, County Hall, Morpeth**

**Members Present:**

Janet Guy	Lay Chair, NHS Northumberland CCG
Karen Bower	Lay Member - Corporate Finance and Patient and Public Involvement, NHS Northumberland CCG
Siobhan Brown	Chief Operating Officer, NHS Northumberland CCG
Jon Connolly	Chief Finance Officer, NHS Northumberland CCG
Dr Richard Glennie	Local Medical Committee

**In attendance:**

Pamela Phelps	Senior Head of Commissioning, NHS Northumberland CCG
Jennifer Long	NHS England
David Thompson	Healthwatch Northumberland
Ian Cameron	NHS England
Annie Topping	Director of Nursing, Quality and Patient Safety, NHS Northumberland CCG (Agenda Item 4.1)
Stephen Young	Strategic Head of Corporate Affairs, NHS Northumberland CCG
Melody Price	Executive Assistant, NHS Northumberland CCG (Minutes)

**NPCCC/19/01 Agenda item 1.1 Welcome and questions on agenda items from the public**

Janet Guy welcomed all members including a member of the public present. There were no questions from the public.

**NPCCC/19/02 Agenda item 1.2 Apologies for absence**

Apologies were received from Scott Dickinson.

**NPCCC/19/03 Agenda item 1.3 Declarations of conflicts of interest**

Jon Connolly is appointed as the permanent joint Chief Finance Officer (CFO) for NHS Northumberland Clinical Commissioning Group (CCG) and NHS North Tyneside Clinical Commissioning Group.

Stephen Young said the Primary Care Commissioning Committee (PCCC) needed to consider any conflict of interests regarding the joint appointment. PCCC discussed and agreed that Jon should remain in the meeting as he did not have direct conflict of interests for any agenda items. Stephen said Jon will complete a comprehensive Declaration of Interests submission to fully reflect the potential issues associated with a joint role between two CCGs. Jon will declare any direct conflicts of interest related to specific agenda items at every PCCC meeting when appropriate. PCCC members agreed this approach.

Ian Cameron said he was in attendance at the meeting to provide advice and support. Stephen Young asked that as Ian was now fully employed by NHS England (NHSE), his potential conflict of interest in this respect be noted. PCCC members agreed to note and also that, as Ian was attending in an advisory capacity only, he could remain in the meeting.

#### **NPCCC/19/04 Agenda item 1.4 Quoracy**

The meeting was quorate.

#### **NPCCC/19/05 Agenda item 2.1 Minutes of the previous meeting and matters arising**

The minutes of the previous meeting (12 December 2018) were agreed as a true and accurate record. No matters arising.

#### **NPCCC/19/06 Agenda item 2.2 Action Log**

**Action NPCCC/17/79/01: Pamela Phelps to undertake a review of Northumberland branch surgery sustainability.** Branch surgery sustainability is now part of the Primary Care Delivery Plan. Action complete and to be removed from action log.

**Action NPCCC/18/62/01: Richard Glennie to arrange meeting with LMC and Northumberland Healthwatch to discuss Primary Care engagement.** Meeting arranged for the end of February 2019. Action complete and to be removed from action log.

#### **NPCCC/19/07 Agenda item 3.1 Finance Update**

Jon Connolly outlined the CCG's primary care services financial position for the period ending 31 January 2019.

The PCCC noted the year to date Month 10 actual and forecast outturn figures are draft. The report is produced prior to the finalisation of the CCG's monthly financial position.

The General Practice General Medical Services (GMS) and Personal Medical Services (PMS) lines show an overspend position of £420k. Increases to the 2018/19 national GP contract uplift equate to additional pressure of £360k. Ian Cameron said additional recurrent delegated primary care funding has resulted in the overall budget returning to balance for 2018/19, with GP contract costs now being contained within the delegated budget.

The costs for new registration payments to practices receiving additional patients are also included, estimated to be £130k, along with the effect of quarterly list size changes.

The indemnity budget of £165k has been released in month following confirmation from NHSE that no further cost adjustments will be actioned in year.

Quality and Outcomes Framework (QOF) is showing a pressure of £400k based upon current aspiration payments. A substantial part of the current year pressure relates to prior year practice performance. In Month 10, an additional £158k for prevalence has been built into the 2018/19 position to cover the increase.

Pressures in relation to locum costs total £168k due to sickness, maternity and a risk share contribution for suspended GPs. The volatility of locum costs remains a risk.

The additional £400k allocation received at Month 9 is included in the premises reimbursement line, which increases the underspend on this line to £542k.

Karen Bower asked if the QOF overspend would be reset in 2019/20. Ian said that all budgets including QOF would be revised as part of the 2019/20 planning round, based on revised spend estimates and national percentage planning assumptions.

## **NPCCC/19/08 Agenda item 4.1 Quarterly Quality Assurance Report Q2**

Annie Topping joined the meeting.

Annie outlined the 2018/19 Q2 quality assurance update which consists of review outcomes by the Local Quality Group (LQG) and findings of Care Quality Commission (CQC) inspections. This is a retrospective assessment and does not take into account emerging issues.

The NHSE Primary Medical Services Assurance Framework sets out a three stage assurance process:

- Stage 1: Intelligence gathering and Local Assurance Meeting at NHSE
- Stage 2: LQG at CCG level to review data shared by NHSE
- Stage 3: Escalation from CCG to NHSE for formal contract management if deemed necessary.

As a delegated commissioner of Primary Medical Services, the CCG holds LQG meetings following the receipt of quarterly NHSE data. In December 2018, the LQC reviewed 2018/19 Q1 and Q2 performance data. The range of data intelligence captured had changed from 16 to 11 categories so a direct comparison to previous data cannot be made.

In Northumberland, the General Practice Indicator is used as the first line assessment to decide if formal actions are required to be taken by the CCG against practices. In 2018/19 Q2, eight practices were identified as outliers: seven practices 'Approaching review', one practice 'Review identified'.

One of the practices identified as 'Approaching Review' has now closed so no action can be taken. The CCG has written to the remaining six practices informing them of their overall rating. Practices have been asked to review the clinical indicators that have triggered the rating and provide a formal reply including actions taken/to be taken.

The 'Review Identified' practice has had a CQC inspection within the last six months. It is currently under a regulatory assurance process as a result of CQC findings. The CCG has decided not to take any additional actions at this time.

Eight practices were inspected by the CQC during 2018/19 Q1 and Q2. Before inspections take place, the CCG is asked to provide local performance data to the CQC. The CQC overall rating consists of five domains ratings: safe, effective, caring, responsive and well led. In January 2019, 98% of Northumberland practices were categorised as 'outstanding' and 'good'. This is the same as the CCG's position in October 2018. Performance in the North East and England is 96% and 95% respectively.

Based on the assurance data provided by NHSE and the information on the CQC database, the overall service quality of primary care services is good. CQC and NHSE data should be

considered as part of a suite of intelligence in order to determine the quality of primary care services in Northumberland.

David Thompson asked for clarification about the Access - GP Patient Survey 2018 results. Annie said the CCG were an outlier due to scoring below the national average on only one of four questions. Jenny Long said the survey asks four questions about access. If one question scores below the national average, the CCG is marked as an outlier. The survey uses published data collected twice a year and results are published annually. Karen Bower asked if a breakdown of the results was available. Jenny confirmed they were available.

Annie said although the General Practice Indicator data was refreshed twice a year, it currently reflects 2016/17 data and this was an ongoing challenge. Pamela Phelps said the CCG's Primary Care dashboard gives a wider context to the quality of primary care services in Northumberland using of more timely data and soft intelligence.

David said he was concerned about the number of red ratings highlighted by the NHSE assurance data for 2018/19 Q2. He said assurance and a follow up process was needed. Annie said the data was reviewed every quarter and a process is in place. A holistic approach was taken to practices 'Approaching Review'.

Siobhan Brown said primary care needs to be sustainable and the CCG was proactively working with practices.

Janet said the quarterly quality assurance report was only part of the CCG's overall quality assessment and assurance process of primary care services in Northumberland.

Annie Topping left the meeting.

### **NPCCC/19/09 Agenda item 5.1 Assurance Framework for Sub-Contracting Clinical Duties**

Pamela Phelps outlined the assurance framework for the sub-contracting of clinical services by GP contractors.

The framework has primarily been developed in response to recent proposals by a GMS contractor to expand into new areas across the country by sub-contracting clinical services to a separate company which will deliver services to 'out of area' patients. The framework will therefore be particularly useful to commissioners when considering such proposals; however it can be of use in relation to any proposal by a contractor to sub-contract clinical services.

It is not statutory guidance and is not intended to be binding. The guidance has been circulated to all Northumberland practices.

Janet asked what percentage of Northumberland practices are GMS. Jenny Long said Northumberland had 19 GMS practices and 23 PMS practices as at October 2018. Pamela said the guidance was relevant to all contract holders.

### **NPCCC/19/10 Agenda item 5.2 Primary Care Policies**

Pamela Phelps highlighted the following updated NHSE Cumbria and the North East local policies:

- Primary Medical Care Assurance
- Dispersal Policy
- Dispensary Services Quality Scheme Process
- Process for Investing Contractual Performance Concerns and Managing CQC Visit Outcomes
- Premises Processes
- Procurement Policy
- Service Review Process
- Process for Applications Requiring a Contract Variation

Siobhan Brown asked what policies had changed. Jenny Long said the contract variation premises processes had been aligned with Primary Medical Care Handbook Practices need to be aware of the changes.

Pamela said the procurement policy had been updated.

Richard Glennie said the regional Local Medical Council (LMC) was reviewing the policies.

Siobhan asked if policies required further update in line with the new GP contract changes from April 2019. Jenny said the Primary Care Policy Book is constantly being reviewed and NHSE would update policies to reflect the changes going forward.

Karen Bower suggested that an electronic version of the relevant policy is attached to PCCC papers/report when appropriate in the future.

#### **NPCCC/19/11 Agenda Item 6 Any other business**

There was no other business.

#### **NPCCC/19/12 Agenda item 7 Date and time of next meeting**

10 April 2019 at 10.00am – Morpeth Town Hall, Morpeth.

# NHS Northumberland Clinical Commissioning Group

## Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: May 2019		Primary Care Commissioning Committee				
Number	Date Identified	Target Completion Date	Description and Comments	Owner	Status	Comment
NPCCC/18/48/01	10/10/2018	12/12/2018	Stephen Young to consider Karen Bower's comments when the PCCC ToR are reviewed after the PwC governance review.	Stephen Young	Ongoing	Full review of all ToRs for all CCG Boards/Committees to be undertaken in Q1 2019.

<b>Meeting title</b>	Northumberland Primary Care Commissioning Committee	
<b>Date</b>	20 May 2019	
<b>Agenda item</b>	3.1	
<b>Report title</b>	Finance Update Month 12	
<b>Report author</b>	Chief Finance Officer	
<b>Sponsor</b>	Chief Finance Officer	
<b>Private or Public agenda</b>	Public	
<b>NHS classification</b>	Official	
<b>Purpose (tick one only)</b>	Information only	✓
	Development/Discussion	✓
	Decision/Action	
<b>Links to Corporate Objectives</b>	Ensure that the CCG makes best use of all available resources.	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes.	
	Create joined up pathways within and across organisations to deliver seamless care.	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
<b>Northumberland CCG/external meetings this paper has been discussed at:</b>	N/A	
<b>QIPP</b>	N/A	
<b>Risks</b>	Strategic Risk 946 – Financial Balance Operational Risk 1983 - Primary Care delegated allocation	
<b>Resource implications</b>	N/A	
<b>Consultation/engagement</b>	N/A	






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<b>Quality and Equality impact assessment</b>	Completed
<b>Research</b>	N/A
<b>Legal implications</b>	CCG statutory financial duties
<b>Impact on carers</b>	N/A
<b>Sustainability implications</b>	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
<b>1. Project Name</b>	Finance Update – Month 12					
<b>2. Project Lead</b>	<b>Director Lead</b>	<b>Project Lead</b>			<b>Clinical Lead</b>	
	Chief Finance Officer	Chief Finance Officer			Clinical Director	
<b>3. Project Overview &amp; Objective</b>	Primary Care Finance Update.					
<b>4. Quality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>Patient Safety</i>	N/A					
<i>Clinical Effectiveness</i>	N/A					
<i>Patient Experience</i>	N/A					
<i>Others including reputation, information governance and etc.</i>	N/A					
<b>5. Equality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	N/A					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	N/A					
<b>6. Research</b> <i>Reference to relevant local and national research as appropriate.</i>	N/A					
<b>7. Metrics</b> <i>Sensitive to the impacts or risks on quality and equality and can be used for</i>	<b>Impact Descriptors</b>	<b>Baseline Metrics</b>			<b>Target</b>	
	N/A					

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<i>ongoing monitoring.</i>			
<b>8. Completed By</b>	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
Chief Finance Officer		Jon Connolly	08/05/2019
Additional Relevant Information:			
<b>8. Clinical Lead Approval by</b>	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
Additional Relevant Information:			
<b>9. Reviewed By</b>	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Comments</b>			

## Northumberland Primary Care Commissioning Committee

20 May 2019

Agenda Item: 3.1

Primary Care Finance Update – Month 12

Sponsor: Chief Finance Officer

**Members of the Northumberland Primary Care Commissioning Committee are asked to:**

**1. Consider the financial summary for the period ended 31 March 2019 and provide comment.**

### Purpose

This report outlines NHS Northumberland Clinical Commissioning Group's (CCG) primary care services financial outturn position for the period ending 31 March 2019.

### Background

The table below sets out the annual budget and outturn position as at 31 March 2019. This shows an underspend of £68k.

FMR Heading	Annual Budget 2018-19	Actual Spend	EOY Variance
General Practice - GMS	8,648	8,634	-14
General Practice - PMS	22,044	22,476	432
QOF	4,984	5,432	448
Enhanced Services	1,999	1,564	-435
Premises Cost Reimbursement	4,723	4,190	-533
Dispensing/Prescribing Drs	1,651	1,594	-57
Other GP Services	910	997	87
CCG Prescribing	-191	-188	3
<b>Grand Total</b>	<b>44,768</b>	<b>44,700</b>	<b>-68</b>

### Issues and Actions

The General Practice GMS and PMS lines of the report shows an overspend position of £418k. This largely relates to the cumulative impact of national GP contract changes of £360k. New

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registration payments to those practices receiving additional patients due to practice closures, estimated to be £130k, are also included, along with the impact of quarterly list size changes.

Quality and Outcomes Framework (QOF) shows a pressure of £448k. This is split between prior year achievement and current year anticipated achievement.

Pressures shown within the Other GP Services line of the report are largely in respect of locum costs totalling £160k for the risk share contribution covering sickness, maternity and suspended GP's. The CCG have also seen pressures in relation to GP retainer costs of c£40k. These pressures are offset by savings on seniority and CQC fee reimbursement of £114k.

Premises Cost Reimbursement shows an outturn position of £533k underspent against plan. This is due to the additional allocation received at Month 9 from NHS England (NHSE).

Prior year and current year underspends on Enhanced Services of £188k and £237k against Extended Hours and Minor Surgery respectively contribute to the overall £435k underspend on Enhanced Services.

Dispensing/Prescribing underspends of £54k off set the pressures highlighted above.

These variances result in an overall underspend of £68k against the delegated primary care budget in 2018-19.

### **Delegated Primary Care Allocations 2019-20**

The delegated primary care allocation for 2019-20 is £46,063k. This represents an increase in base allocation of 2.51%. This is the net uplift after the national indemnity top slice to fund the new GP indemnity scheme has been accounted for which was a reduction of £1,353k from the CCGs original delegated allocation.

National changes to the GP contract in 2019-20 have caused additional pressures to the CCG. The net global sum payment has increased from £84.63 to £85.55; this is growth of 1.09% and based upon the weighted lists size data issued on 1 January 2019 is estimated to total £338k.

Planning guidance also outlines additional money to be set for Primary Care Networks (PCNs). The elements include; Additional Roles (£1.84 per head), Clinical Lead (£0.52 per head) and Participation (£1.76 per head). The cost of the PCNs equates to £1,505k and represents a pressure to the CCG's uplift in allocation.

The national contract also outlines changes to Minimum Practice Income Guarantee (MPIG) and Seniority of £0.39 and £0.44 respectively. This also results in a net pressure of £200k.

The above results in a potential pressure of £575k against the delegated allocation for 2019-20 and the CCG needs further work to be done in order to manage this pressure this year and recurrently beyond 2019-20.

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## Other CCG Primary Care Issues

The CCG has a number of other areas Outside of Delegated Primary Care Commissioning in which it makes payments into primary care.

**Out of Hours:** The CCG has a contract with Northern Doctors Urgent Care (NDUC/Vocare) for the provision of GP access out of hours.

**Local Enhanced Services:** The CCG has a number of Local Enhanced Service schemes available for GP practices to sign up to, the revised enhanced service specification for 2019-20 includes;

- Practice Engagement
- Supporting transfer into core contract
  - NHS 111 direct bookable
  - Anticipatory care
  - Immunisation uptake
- Increasing activity in Out of hospital pathways
  - Immune Modifying Drugs blood monitoring service (IMD)
  - Deep Vein Thrombosis treatment and prophylaxis service (DVT)
  - Prostate Specific Antigen blood monitoring service (PSA)
- Population Health/Quality improvement cycle - including prevention, patient experience, care planning and continuity of care
- Practice Medicines Management (PMM)
- Practice Activity Scheme (PAS)

**GPIT:** The North of England Commissioning Support Unit (NECS) manage IT spend on behalf of the CCG and use it to maintain the IT infrastructure across GP practices in accordance with core requirements set nationally.

**GP Forward View:** The CCG now has recurrent funding in its baseline for GP Forward View Extended Access of 1,929k as per national allocation correspondence.

## Recommendation

The Northumberland Primary Care Commissioning Committee is asked to consider the primary care financial summary for the period ending 31 March 2019 and provide comment.

Appendix 1: Primary Care Overview Month 12 2018-19

Appendix 2: Primary Care Overview Planned 2019-20 Budgets

## Appendix 1 - Primary Care Overview - Month 12 2018-19

FMR Heading	Detail	Annual Budget 2018-19	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance	Description of budget area
General Practice - GMS	Correction Factor	60,624	60,624	60,624	0	60,624	0	Payment to practices, both GMS and PMS, for core essential services based upon weighted practice list size. This weighting takes account of local population needs.
	Global Sum	8,587,363	8,587,363	8,549,357	-38,006	8,549,357	-38,006	
	Transition Fund	0	0	23,847	23,847	23,847	23,847	
	<b>Total</b>	<b>8,647,987</b>	<b>8,647,987</b>	<b>8,633,828</b>	<b>-14,159</b>	<b>8,633,828</b>	<b>-14,159</b>	
General Practice - PMS	PMS Contract	21,979,884	21,979,884	22,435,817	455,933	22,435,817	455,933	Quality and Outcomes Framework (QOF) is a annual reward and incentive scheme for practices based upon achievement against set indicators.
	Transition Fund	64,364	64,364	40,517	-23,847	40,517	-23,847	
	<b>Total</b>	<b>22,044,248</b>	<b>22,044,248</b>	<b>22,476,334</b>	<b>432,086</b>	<b>22,476,334</b>	<b>432,086</b>	
QOF	QOF - Achievement	1,364,026	1,364,026	1,664,785	300,759	1,664,785	300,759	Additional services provided by practices to assist with local and national population need or priorities. Practices have to sign up to deliver these services.
	QOF - Aspiration	3,619,805	3,619,805	3,767,267	147,462	3,767,267	147,462	
	<b>Total</b>	<b>4,983,831</b>	<b>4,983,831</b>	<b>5,432,052</b>	<b>448,221</b>	<b>5,432,052</b>	<b>448,221</b>	
Enhanced Services	DES - Extended Hours	582,116	582,116	393,844	-188,272	393,844	-188,272	Reimbursements made to practices in respect of the their premises costs.
	DES - Learning Disabilities	172,316	172,316	165,578	-6,738	165,578	-6,738	
	DES - Minor Surgery	614,178	614,178	377,522	-236,656	377,522	-236,656	
	Northumberland Premium	630,439	630,439	627,513	-2,926	627,513	-2,926	
	<b>Total</b>	<b>1,999,049</b>	<b>1,999,049</b>	<b>1,564,457</b>	<b>-434,592</b>	<b>1,564,457</b>	<b>-434,592</b>	
Premises Cost Reimbursement	Rates	386,736	386,736	511,005	124,269	511,005	124,269	Costs of GP prescribing reimbursed on a cost per script basis.
	Rent	4,269,210	4,269,210	3,627,231	-641,979	3,627,231	-641,979	
	Water Rates	67,238	67,238	51,860	-15,378	51,860	-15,378	
	<b>Total</b>	<b>4,723,184</b>	<b>4,723,184</b>	<b>4,190,096</b>	<b>-533,088</b>	<b>4,190,096</b>	<b>-533,088</b>	
Dispensing/Prescribing Drs	Dispensing	1,338,053	1,338,053	1,302,650	-35,403	1,302,650	-35,403	Reimbursement to practices for their Care Quality Commission annual charges.
	LES - Dispensing Quality Sch	87,215	87,215	73,047	-14,168	73,047	-14,168	
	Prescribing	225,528	225,528	218,303	-7,225	218,303	-7,225	
	<b>Total</b>	<b>1,650,796</b>	<b>1,650,796</b>	<b>1,594,000</b>	<b>-56,796</b>	<b>1,594,000</b>	<b>-56,797</b>	
Other GP Services	CQC Fees	206,597	206,597	177,380	-29,217	177,380	-29,217	Support scheme for GPs and practices who may be considering leaving the profession.
	GP Retainer	62,000	62,000	103,151	41,151	103,151	41,151	
	Locum Maternity	210,564	210,564	320,498	109,934	320,498	109,934	
	Seniority	430,612	430,612	346,166	-84,446	346,166	-84,446	
	Suspended GP	0	0	49,805	49,805	49,805	49,805	
	<b>Total</b>	<b>909,773</b>	<b>909,773</b>	<b>997,000</b>	<b>87,227</b>	<b>997,000</b>	<b>87,227</b>	
CCG Prescribing	Prescribing	-190,868	-190,868	-187,977	2,891	-187,977	2,891	Patient charges recovered against prescribing costs.
	<b>Total</b>	<b>-190,868</b>	<b>-190,868</b>	<b>-187,977</b>	<b>2,891</b>	<b>-187,977</b>	<b>2,891</b>	
<b>Sub Total Delegated Primary Care Commissioning</b>		<b>44,768,000</b>	<b>44,768,000</b>	<b>44,699,788</b>	<b>-68,212</b>	<b>44,699,788</b>	<b>-68,212</b>	
<b>Other CCG funded services</b>								
Out of Hours		2,364,523	2,364,523	2,474,400	109,877	2,474,400	109,877	Main out of hours contract with Northern Doctors, QIPP partial delivery.
Enhanced Services		2,175,452	2,175,452	2,146,846	-28,606	2,146,846	-28,606	Local Enhanced services, including; Practice Engagement Scheme (PES), Practice Variation GVIS, Practice Activity Scheme (PAS), Practice medicine's Management (PMM), Dementia Diagnosis, Flu Immunisation, Proactive management of high risk and end of life patients, Diabetes prevention programme. Smaller schemes through Claim IT; DVT, Prostrate and IMD. Also includes Pharmacy first and shape end payments and optical contract.
GPIT		853,000	853,000	841,050	-11,950	841,050	-11,950	GPIT contract with North of England Commissioning Support Unit. Also includes GP Wi-Fi non recurrent allocation.
Practice transformation funding		485,879	485,879	485,879	0	485,879	0	Additional funding for Local Enhanced Services.
<b>GP Forward View Allocations</b>								
GPFV Access funding (REC)		1,928,500	1,928,500	1,928,500	0	1,928,500	0	Extended access funding.
GP Clerical training (NR)		55,110	55,110	52,762	-2,348	52,762	-2,348	GP admin and receptionist training delivered through Productive Primary Care.
GPFV Online Consult software systems		107,895	107,895	107,895	0	107,895	0	Online Consultant software.
GPFV Other - National Support		26,000	26,000	26,000	0	26,000	0	National support and retained doctors allocations.
<b>Sub Total Other CCG Primary Care Services</b>		<b>7,996,359</b>	<b>7,996,359</b>	<b>8,063,332</b>	<b>66,973</b>	<b>8,063,332</b>	<b>66,973</b>	
<b>Total CCG Primary Care</b>		<b>52,764,359</b>	<b>52,764,359</b>	<b>52,763,120</b>	<b>-1,239</b>	<b>52,763,120</b>	<b>-1,239</b>	

## Appendix 2 - Primary Care Overview planned 2019-20 Budgets

	2019-20
	£000's
<b>2019-20 Delegated Commissioning Allocation</b>	<b>46,063</b>

<b>Delegated Commissioning Headings</b>	<b>£000's</b>
General Practice - GMS	8,707
General Practice - PMS	22,706
QOF	5,163
Enhanced Services	1,839
Premises Cost Reimbursement	4,307
Dispensing/Prescribing Drs	1,460
Other GP Services	951
<b>Total</b>	<b>45,133</b>

<b>Additional Delegated Costs from planning guidance - PCNs</b>	<b>£000's</b>
Additional Roles	672
Primary Care Networks	190
Participation	643
<b>Total</b>	<b>1,505</b>

<b>Sub Total Delegated Primary Care Commissioning</b>	<b>46,638</b>
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<b>Potential pressure in 2019-20 delegated budgets</b>	<b>575</b>
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<b>Other CCG funded services</b>	<b>£000's</b>
Out of Hours	2,319
Enhanced Services	2,490
GPIT	826
Primary Care Networks (previously Practice transformation)	488
<b>GP Forward View Allocations</b>	
GPFV Access funding (REC)	1,929
GP Clerical training (NR - TBC)	0
GPFV Online Consult software systems (NR - TBC)	0
<b>Sub Total CCG Primary Care</b>	<b>8,052</b>
<b>Total Primary Care 2019-20 Budget</b>	<b>54,115</b>