

**NHS ENGLAND AND WARWICKSHIRE NORTH CCG
 JOINT COMMISSIONING COMMITTEE (PUBLIC)
 MEETING TO BE HELD ON THURSDAY 5th MAY 2016 AT 13:30 TO 14:30
 ENDEAVOUR MEETING ROOM, HERON HOUSE**

No.	Item	Presenter	Enclosure	Purpose
1.	<u>Welcome/Apologies</u>			
2.	<u>Declaration of Interests: Register</u>	Chair	Enclosure A	Declare
3.	<u>Minutes of Previous Meeting</u>			
3.1	Minutes of meeting held on 7 th January	Chair	Enclosure B	Approve
4.	<u>Action Tracker</u>	Chair	Enclosure C	Note
5.	Primary Care Transformation Funding – Update	JH	Enclosure D	Note
6.	Consultation on Conflicts of Interest	JH	Verbal	Note
7.	Forward View for Primary Care		Enclosure E	Note
8.	Health Watch Enter & View – Update		Verbal	Note
9.	Enhanced Service - Update	JN	Verbal	Note
10.	GP Services Budget Report	EC	Enclosure F	Note
11.	<u>Any Other Business</u>			
Next Meeting: Thursday 7th July 2016, 13:00 – 14:30 – Endeavour Meeting Room, Heron House				

Key to initials

EC – Emma Cox

Role	Number of Votes Held
NHS England – Total Votes 3	
Locality Director (or representative)	1
Head of Primary Care (or representative)	1
Contracts Manager (or representative)	1
Warwickshire North CCG – Total Votes – 3	
Lay Member for Audit and Governance	1
Lay Member	1
Chief Finance Officer (Executive) or Deputy	1
Director with responsibility for Primary Care Contracting (Executive)	0
GP who is a partner in a WNCCG Member Practice	0
CCG Primary Care Quality Lead (GP)	0
Observers – Total Votes – 0	
Healthwatch Representative	0
Health and Wellbeing Board Representative	0
LMC	0

The voting rights of each member are set out in the table above. NHS England and Warwickshire North CCG shall hold an equal number of votes. In the event of a vote the casting vote will be as follows:

- CCG members of the joint committee will have the casting vote on any decisions pertaining to one of their statutory functions.
- NHS England members of the joint committee will have a casting vote on any decisions pertaining to one of their statutory functions.

A quorum shall be 5 of the members of the Committee, including 1 Lay Member, 2 NHS England Representatives and 1 CCG Executive and 1 GP representative.

ENC A - NHS ENGLAND AND WARWICKSHIRE NORTH CCG CO-COMMISSIONING JOINT MEETING - REGISTER OF INTERESTS SUMMARY

NAME	DATE OF LAST DECLARATION	POSITION/ROLE	POTENTIAL OR ACTUAL AREA WHERE INTEREST COULD OCCUR		ACTION TO BE TAKEN TO MITIGATE RISK
Voting Members NHS England					
David Williams	03/09/2015	Locality Director/Interim Chair	Revolving Doors Agency	Trustee	Withdrawal from any debate in which the Revolving Doors Agency is being considered.
Martina Ellery	03/09/2015	Deputy Head of Primary Care	None declared	None declared	No action required
Anna Nicholls	31/03/2016	Senior Contract Manager NHS England	None declared	None declared	No action required
Voting Members NHS Warwickshire North CCG					
Graham Nuttall	17/09/2015	Lay Member	Graham Nuttall Associates Limited	Healthcare Estates Consultancy	Further declaration to be made on any specific projects identified which impact on the CCG.
			Bulkington Village Centre	Trustee and Board Member	Withdrawal from any debate in which the Bulkington Village Centre is being considered.
Neil Hart	20/08/2015	Lay Member, Audit and Governance, Deputy Chair	Queen Elizabeth Hospital, Birmingham	Public Member	Withdrawal from any debate in which the Queen Elizabeth Hospital is being considered as a potential provider.
Adrian Stokes	16/12/2015	Interim Chief Finance Officer	Flexible Health Solutions	Director	Further declaration to be made on any specific projects identified which impact on the CCG.
			Hurly Primary School	School Governor	No actions required.
Non-voting Members NHS Warwickshire North CCG					
Jenni Northcote	05/02/015	Director of Partnerships and Engagement	None declared	None declared	No actions required.

NAME	DATE OF LAST DECLARATION	POSITION/ROLE	POTENTIAL OR ACTUAL AREA WHERE INTEREST COULD OCCUR		ACTION TO BE TAKEN TO MITIGATE RISK	
Dr Deryth Stevens	27/08/2015	Chair	Dordon and Polesworth Group Practice	Partner in Practice	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.	
			Dordon and Polesworth Surgery	Member of Primary Care Warwickshire Federation		Withdrawal from debate on commissioning a service that could be delivered by Primary Care Warwickshire.
			Linden Nursing Home Group	Business Partner in General Practice has financial interest in the Group.		Withdrawal from debate on commissioning services specifically from this nursing home group.
			Heart of England NHS Foundation Trust	Husband works for University of Birmingham on contract with the Trust.		Withdrawal from debate on commissioning a service from HoE NHS FT in a speciality where husband has a direct involvement
			Astra Zeneca, Eli Lilly, MSD	Husband receives honoraria for lectures from these companies.		Withdrawal from debate on commissioning a service specifically from these companies.
Dr Inayat Ullah	26/08/2015	Practice Network Lead Nuneaton and Bedworth	Woodlands Surgery	General Practitioner	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.	
				Urgent Care Locum sessions	Withdrawal from debate on commissioning a service about urgent care.	
Non-voting Observers						
Dave Weston	14/04/2015	GP, Warwickshire Local Medical Committee Representative	Atherstone Surgery	Partner in Practice	Terms of Reference (including Committee Membership, voting rights and invited observers) combined with Meetings held in Public mitigate the risk. Withdrawal at the discretion of the Chair.	
			Atherstone Surgery	Member of the Primary Care Warwickshire Federation		
			Atherstone Research Group	Joint Partner/Director of the Group		
			Atherstone In-practice pharmacy	Joint and equal ownership with other Partners in practice		
			The Recovery Partnership	One Partner in Practice has special interest working for the Partnership		

NAME	DATE OF LAST DECLARATION	POSITION/ROLE	POTENTIAL OR ACTUAL AREA WHERE INTEREST COULD OCCUR		ACTION TO BE TAKEN TO MITIGATE RISK
In attendance:					
Charmaine Hawker	03/09/2015	NHS England Assistant Head of Finance (Primary Care)	None declared	None declared	No action required
Rebecca CA Bartholomew	21/01/2015	Chief Quality Officer	None declared	None declared	No actions required.
Andrea Green	03/09/2015	Chief Officer	North Staffordshire Combined Healthcare NHS Trust- aspirant Foundation Trust.	Public Member	Withdrawal from any debate in which the North Staffordshire Combined Healthcare Trust is being considered as a potential provider.
Dr Christopher Pycock	20/08/2015	Secondary Care Specialist Doctor	South Worcestershire Health and Care (Community) NHS Trust	Locum Consultant Physician	Withdrawal from any debate in which the South Worcestershire Health and Care (Community) NHS Trust is being considered as a potential provider.
Dr Godwin T. Igodo	07/04/2016	Clinical Lead	GP Led Healthcentre Camp Hill	General Practitioner	Withdrawal from debate on commissioning a service that could be delivered by you or your practice directly or by a person or agent working on their behalf.
			Ripples Healthcare	Director	Withdrawal from any debate in which Ripples Healthcare is being considered as a potential provider.
Jennifer Horrabin	20/08/2015	Director of Integrated Governance	None declared	None declared	No actions required.

**NHS ENGLAND AND NHS WARWICKSHIRE NORTH CCG
JOINT COMMISSIONING COMMITTEE (PUBLIC)
UNCONFIRMED MINUTES OF THE MEETING HELD ON
THURSDAY 7 JANUARY 2015, ENDEAVOUR MEETING ROOM, HERON HOUSE
13:30 – 14:30**

1.	<u>Present</u>	<u>Initials</u>
1/1	Voting Members: Graham Nuttall – Lay Member, WNCCG (Chair) Charmaine Hawker – Assistant Head of Finance, NHS England Anthony Chapman – Acting Chief Finance Officer, WNCCG Neil Hart – Lay Member, WNCCG David Williams – Locality Director, NHS England	GN CH AC NH DWi
1/2	Non-Voting Members: Heather Gorringe – GP/Primary Care Quality Lead, WNCCG Deryth Stevens – Clinical Chair, WNCCG Jenni Northcote – Director of Partnership and Engagement, WNCCG	HG DS JN
1/3	In Attendance: Dave Weston – LMC Representative, WNCCG Jenny Horrabin – Director of Integrated Governance, WNCCG Anna Nicholls – Senior Contract Manager (Medical), NHS England Rebecca Bartholomew – Director of Quality, Safety and Personalised Care, WNCCG Chris Bain – Chief Executive, Healthwatch Stephanie Parish – PA/Administrator, WNCCG (Minutes)	DWe JH AN RB CB SP
	<u>Apologies</u>	
1/4	Adrian Stokes – Chief Finance Officer, WNCCG	AS
2.	<u>Declaration of Interests: Register</u>	<u>Action</u>
2/1	A combined register of the declared conflict of interest was tabled for comment.	
3.	<u>Minutes of Previous Meeting</u>	
3.1	<u>Minutes of meeting held on 7th January 2016</u>	
3/1	The Committee agreed the minutes from 7 January 2016 meeting with the following amendment:	
3/2	<ul style="list-style-type: none"> • 5/2/3 – NH asked for the sentence to be amended to “NH queried if there was a process in place.” 	

4.	<u>Action Tracker</u>	<u>Action</u>
4/1	None.	
5.	<u>Primary Care Transformation and Development</u>	
5.1	<u>Primary Care Transformation Funding – Guidance and Timetable</u>	
5/1/1	CH gave an update on the Primary Care Transformation Funding and informed the Committee the CCG need to be mindful of any updates to the premises costs as that was due in December 2015 and NHSE are waiting for that guidance. The last information NHSE received was that the deadline for submission to portal is 30 th April 2016.	
5/1/2	The Committee noted the report.	
5.2	<u>Supporting Vulnerable Practices Update</u>	
5/2/1	JN advised the Committee that the CCG are awaiting a submission and a response from NHSE of the vulnerable practices.	
5/2/2	AN commented that NHSE have received information and the CCG's should be receiving a letter as well as the practices supported by CCGs confirming the vulnerability.	
5/2/3	NH asked if the CCG are aware which practices fall under the category and HG advised this is not to be shared in the public meeting but it can be taken to the next closed meeting.	
5/2/4	The Committee noted the report.	
5.3	<u>GP Services Budget Report</u>	
5/3/1	CH advised the Committee that the paper presented was the position at Month 10 (January 2016). The report details allocation available for Warwickshire North and NHSE are forecasting a breakeven position for 2015/16. NHSE are pleased to report the CCG has drawn down against the available reserves, and this evidence will be reported at Month 11.	
5/3/2	100% of the contingencies are being utilised and the CCG is on target to deliver a breakeven position.	
5/3/3	NHSE have been notified of the financial planning for 2016/17 and have made an allocation and set aside a transformation reserve. NHSE now have to determine how it is spent locally. That reserve is uncommitted as of 1 st April 2016 but it will be more about a health system risk management reserve.	
5/3/4	The report details the options available to WNCCG and NHSE are currently 7% under target in terms of the allocation compared to what NHSE are currently receiving.	
5/3/5	There are additional sums equating to 000.5p. Nationally NHSE have been told this is cost neutral and are currently in the process of updating that.	

5/3/6	The Financial Plan was submitted 2 nd March 2016 and the next one is due on 11 th April 2016, which will be the 5 year financial plan. After that date NHSE will be in a position to share the detail with the Committee.	Action
5/3/7	GN noted the paper states Hereford CCG and this should be WNCCG. HG asked for clarification that figures in the report are in fact for WNCCG and CH confirmed this.	
5/3/8	NH would like some assurance that the plans are in hand to ensure the CCG spend the primary care reserved monies. CH confirmed the CCG has spent the money and drawn it down. This is showing the Month 10 figures and the amendment to the money will be shown in the Month 11 report.	
5/3/9	The Committee noted the report.	
6.	<u>Any Other Business</u>	
6/1	JH reminded the Committee that there is no public meeting in April 2016. GN suggested this time is used to discuss the dashboard.	
DATE AND TIME OF NEXT MEETING:		
<u>Virtual Meeting:</u> Thursday 7th April 2016, Endeavour Meeting Room, Heron House (Telecon) 13:00 – 14:30 <u>Main Meeting:</u> Thursday 5th May 2016, Endeavour Meeting Room, Heron House 13:00 – 14:30		

Enc C: ACTION POINTS FROM THE JOINT COMMISSIONING COMMITTEE - Public Meeting

Item No.	MEETING DATE	ITEM	ACTION	PERSON RESPONSIBLE	DUE DATE	POSITION
7)	07/01/2016	Declaration of Interests	SP to ensure the most up to date declaration of interest form is used.	Stephanie Parish	04/02/2016	Completed

Report To:	NHS Warwickshire North Joint Commissioning Committee (JCC)
Report Title:	Briefing Note on the WNCCG local Process and Progress on Transformation Fund Proposals.
Report From:	Jenni Northcote, Director Partnerships and Engagement
Date:	5 th May 2016
Previously considered by:	Investment Panel 28 th May

Purpose of the report:

To brief the Joint Commissioning Committee on the time table, process and status of proposals under the Transformation Fund.

Key Points:

The briefing note outlines the following key points:

- Submission criteria and guidance for Transformation Fund proposals.
- Process the CCG has initiated to support and facilitate member practices to make submissions under the Transformation Fund.
- Arrangements in place to evaluate proposals
- Key dates for submission

Recommendation:

The Joint Commissioning Committee is requested to **NOTE** the process, status and timelines outlined in the briefing note.

WNCCG Objectives *(delete "✓" as appropriate):*

To improve health, health outcomes and reduce inequalities	✓	To make the best use of resources	✓
To lead the way to safety and quality through commissioning	✓	To build a health system fit for our population by 2020	✓
Quality, risk and assurance issues	Section 75 will need to be agreed and will be the basis for financial assurance. There is a WCC PMO in place to monitor delivery and quarterly returns to National BCF Team monitor quality, risk and ass		
Equality and diversity issues	Will be monitored through WCC programme management office		
Legal and regulatory issues	Will be monitored through WCC programme management office		
Patient Engagement Issues	There is a communications and engagement sub group and individual schemes and initiatives will address patient engagement requirements		

Investment Panel Briefing Note: Primary Care Transformation Fund.

Background and Context:

NHS England are expected to launch the next round of the Primary Care Transformation (formerly Infrastructure) Fund (the PCTF) imminently. The CCG is still awaiting the publication of further guidance on the final criteria for securing funding under the PCTF; however, as the time line for submissions was initially understood to be the first week of May 2016, the CCG initiated a local process to generate proposals from practices based on the indicative guidance available to date and advice and discussions with NHSE.

What is the Primary Care Transformation Fund?

The Primary Care Transformation Fund is a national fund. There is no set allocation to CCG's. Bids can be submitted under the following three broad categories:

- Premises improvement scheme
- Premises development scheme
- Information technology scheme.

Primary Care Transformation fund proposals can be submitted for the period between 1 April 2016 to 31 March 2019 and bids can be made for schemes covering part or all of this period. Schemes need to demonstrate the ability to be completed by 31 March 2019; and need to align with local CCG business plans, reflect local estates priorities, support delivery of sustainable general practice and take account of local population growth and new housing developments.

National Criteria CCGs are expected to use to prioritise proposals:

At the highest level, proposals are expected to request financial support for investment in premises or technology which will increase the capacity of general practice and out-of-hospital care. In support of the above, NHS England has confirmed that any recommended proposals will need to demonstrate that they meet one or more of the criteria set out below:

- Increased capacity for primary care services out of hospital
- Commitment to a wider range of services as set out in the CCG's commissioning intentions to reduce unplanned admissions to hospital
- Improved seven day access to effective care
- Increased training capacity Will the scheme contribute to providing 7 day access to effective care for the local community
- Address planned new housing developments
- Address variation in rating of practice premises

Proposals are also expected to include:

- A clear statement of need;
- How the proposal will support different ways of working such as the introduction of 6/7-day services, the increased use of digital technology and how this can increase the capacity of existing primary care resource;
- Evidence of value for money and affordability;
- The extent to which the scheme supports the long term strategic direction for the local health and care system;
- The extent to which the scheme contributes to securing the long term sustainability of primary care across Warwickshire North CCG;

- The availability of any alternative sources of capital funding (for example, via a Section 106 planning obligation).

Local Criteria CCG will use to prioritise proposals:

The CCG has identified a number of specific local considerations and priorities which proposals need to reflect and contribute to. These local priorities were included in the submission template and were outlined to practice at a workshop which took place on the 7th April. These local priorities require submissions to demonstrate a positive contribution to one or more of the following?

- local sustainable primary care
- the development of interdisciplinary teams and hubs
- improvement in access to same day urgent care
- Improvement in access to mental health crisis and recovery services and dementia support
- Improvement care for mothers and children aged 0-5
- The implementation of new models of care.
- Improvement in care coordination for frail and vulnerable including end of life
- Reduction in inequalities and lifestyle risks
- Improving quality of care and access to reduce variability in outcomes
- System financial sustainability/VFM

Eligible Schemes

Examples of schemes that would be expected to qualify for funding include, but are not limited to:

- Improvements or extensions to existing premises used for primary medical care services;
- Refurbishment of unused or under-utilised premises to increase clinical capacity;
- Construction of new premises (for example, for the co-location of practices to facilitate primary care at scale or to promote patient access to a wider range of services);
- Implementation of IT systems which support the development of primary care at scale and integrated working between practices (for example, to support integrated care models and record sharing);
- Technology systems which enable the delivery of a service which is paper free at the point of care (for example, through the use of integrated digital care records);
- Technology which enables the public to have better access to services (for example, to enable electronic prescribing, new forms of clinical consultations via email, webcam, telephone or clinical decision making support).

Bids may be submitted to fund the whole or part of an identified scheme.

Submission Process:

CCGs are required to facilitate the initial stage of the submission process which is expected to include:

- co-ordinating a local process for generating proposals,
- Provide member practices with a local submission template – attached at appendix one
- reviewing and evaluating proposals received
- prioritising acceptable proposals
- submitting approved proposals to a national portal indicating the prioritisation of the proposals submitted by the CCG

Bids submitted to the portal will then be screened and assessed by a national review team. It is anticipated that not all the available funds will be allocated in the first round; however this is not guaranteed and depends on the standard of the proposals submitted.

What support has the CCG offered member practices in this process?

The CCG has shared with member practices the available indicative guidance provided by NHSE. The CCG has also organised a workshop for practices during which the CCG:

- Outlined CCG priorities for sustainable general practice
- Provided Information emerging from the work undertaken to develop the estates strategy
- Informed practices of local planning forecasts for new housing developments
- Provided a template for bid submission
- Provided a letter outlining indicative guidance
- Provided useful contacts list for support and information to strengthen bids
- Agreed a process to validate practice estate profile, to ensure the information used to inform the estates strategy is accurate – as this will be a key document for strategic planning and prioritisation of premises development and infrastructure bids under the Transformation Fund

Proposals Received to date and Strategic Fit.

The CCG set an initial deadline for expressions of interest which generated 11 responses. The CCG then subsequently delivered the workshop outlined above to share useful information and to set the strategic context and priorities within which the CCG would consider Transformation Fund proposals. The workshop was well attended and received positive feedback from attendees. A deadline of the 24th April was agreed for the submission of worked up proposals and 10 proposals were received by this date. Of the proposals received, 2 were from Hub 2, 4 were from Hub 3 and 2 were from Hub 4; there were no proposals submitted from Hub 1. The CCG has also now received 27 out of 28 member practice profiles returns and the estates strategy is currently being updated to reflect this latest validated information. The next iteration of the estates strategy will reflect the configuration of the 4 Hubs, and the latest population growth and housing development information available to the CCG and this will then be made available to practices. This document will be a useful reference for estate development proposals.

Evaluation Framework and Evaluation Panel:

An investment panel was convened on the 28th April. The purpose of the panel was to:

- Agree the evaluation and prioritisation framework
- Consider submissions received and undertake an initial stocktake of the proposals submitted in the context of the CCG's business plan priorities, the evolving estates information, local projections on demographic growth / housing developments.

The outcome of the panel meeting was:

- Approval of the draft evaluation framework for estates development and infrastructure proposals.
- Recommendation to develop a more bespoke set of criteria to evaluate the IT submissions.
- Offer an extension to practices to review and further strengthen their proposals by the 19th May as the anticipated submission deadline to the national portal is likely to be delayed until June (please note this is yet to be formally confirmed).
- Delegate the evaluation of bids to a sub group of the investment panel which will be reconvened on the 25th May
- Provide practices with access to some external expert business case development support / capacity, to maximise their potential for meeting the criteria and required standards for submission

Next Steps:

As CCG has recently been advised that the deadline to submit Transformation proposals is now likely to be the **first week of June 2016**, the following next steps will be progressed:

- Provide the opportunity to access expert business case development support for those who have submitted proposals.
- Proactively seek proposals from practices / Hubs in areas where significant population and housing development is anticipated and could impact on the sustainability of future primary care in these areas – where no proposals have been submitted to date.
- Reconvene the sub group of the Investment panel as the designated group with authority from the Investment Panel to make a recommendation to CF&P on the proposals prioritised for submission to the portal.

NB. We understand that the portal will be open for a period of three weeks in June. The CCG has still not received the further guidance that was expected by the end of February but we expect this imminently and will disseminate the guidance to practices on receipt.

Report To:	NHS Warwickshire North Joint Commissioning Committee (JCC)
Report Title:	Forward View for Primary Care
Report From:	NHS England
Date:	5 th May 2016
Previously considered by:	N/A

Purpose of the report:
To share the NHS England Forward View for Primary Care with the JCC for consideration in the context of local plans for General Practice Sustainability.
Key Points:
<p>The report sets out the national response to increased demands in primary care setting out proposed way forward in respect to primary care :</p> <ul style="list-style-type: none"> ▪ Investment – Increase recurrent funding by 2.4 billion by 20/21 ▪ Workforce – Double the growth rate of GPs through new training initiatives, recruitment and retention, and returners. ▪ Workload – Support practice resilience by reducing administrative burden, reduce demand, streamlined CQC process. ▪ Infrastructure – 100% reimbursement of premises development, development of digital and IT infrastructure to support efficiencies and information sharing, ▪ Redesign & Improvement - development of Federations, Clinical Hubs and reformed urgent care
Recommendation:
The committee is asked to NOTE the contents of the report and consider implications and opportunities for local General Practice sustainability.

WNCCG Objectives (delete "✓" as appropriate):	
To improve health, health outcomes and reduce inequalities	To make the best use of resources
To lead the way to safety and quality through commissioning	To build a health system fit for our population by 2020
Quality, risk and assurance issues	
Equality and diversity issues	
Legal and regulatory issues	
Patient Engagement Issues	

Report To:	Joint Commissioning Committee (Public)
Report Title:	2016/17 GP Services Budget Report
Report From:	Emma Cox (NHS England)
Date:	5 th May 2016
Previously considered by:	

Purpose of the report:
To update the committee on the 2016/17 planned expenditure for GP Services for Warwickshire North CCG.
Key Points:
<ul style="list-style-type: none"> • The report details the 2016/17 allocation and planned financial outturn for Warwickshire North CCG GP Services. • The following principles have been applied when determining the planned spend for GP Services; • Forecast outturn modelling demonstrating embedded contingency (0.5%) and transformation fund (1% non-recurrent fund) • Modelling of 2016/17 GP Contract Settlement.
Recommendation(s):
The committee is asked to note the contents of the report.

WNCCG Objectives (delete "✓" as appropriate):	
To improve health, health outcomes and reduce inequalities	To make the best use of resources ✓
To lead the way to safety and quality through commissioning	To build a health system fit for our population by 2020
Quality, risk and assurance issues	None
Equality and diversity issues	None
Legal and regulatory issues	None
Patient Engagement Issues	None



**Warwickshire North CCG
2016/17 GP Services
Budget**

Warwickshire North CCG GP Services Budget

Month 1 2016/17

Version number: 1

First published: 22.04.2016

Prepared by: Emma Cox, NHS England West Midlands

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

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1 2016/17 GP Services

The allocation to fund GP Services relating to Warwickshire North CCG for 2016/17 is £21.8m

Allocations were calculated based on the 2015/16 month 12 forecast outturn.

The planning metrics for 2016/17 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%

The CCG are not required to deliver a surplus of 1% on their GP Services Allocations, this remains with NHS England West Midlands.

The following principles have been applied when determining the planned spend for GP Services;

- Forecast outturn modelling demonstrating embedded contingency (0.5%) and transformation fund (1% non-recurrent fund)
- Modelling of 2016/17 GP Contract Settlement including;
 - Continuation of the phasing out of Seniority and Minimum Practice Income Guarantee payments, being recycled into GP Contract payments. This is cost neutral nationally, but has resulted in a small saving locally for the CCG.
 - Dementia DES to cease 31st March 2016 and to be recycled into GP Contract Payments, nationally this is cost neutral, but has resulted in a small saving locally for the CCG.
 - A pay uplift of 1% plus funding to cover increased business expenses.
 - Changes in the value of QOF points as a result of the change to the Contractor Population Index, which is assumed to be cost neutral.
 - In summary, the changes to the Global Sum pounds per weighted patient with effect from 1st April 2016 are:

	£ per Weighted Patient
MPIG Reinvestment	£0.50
Seniority Reinvestment	£0.30
Increased Expenses	£2.07
Dementia Reinvestment	£0.73
Inflation Uplift	£0.85
Total	£4.45

Further stress testing will be carried out in May and June following confirmation of the final 2015/16 outturn.

The planned forecast outturn is broken down as follows;

	Budget	Planned FOT	Variance
	£'000s	£'000s	£'000s
	21,834		
General Practice APMS		1,120	
General Practice GMS		14,187	
General Practice PMS		0	
QOF		2,461	
Enhanced Services		1,150	
Dispensing/Prescribing Fees		611	
Premises Cost Reimbursements		1,372	
Other Premises		29	
Other GP Services		577	
PMS Premium		0	
1% Non Recurrent Transformation Fund		218	
0.5% Contingency		109	
TOTAL	21,834	21,834	0

2 Recommendations

The Committee is asked to:

- Note the content of this report

Charmaine Hawker
Assistant Head of Finance (Direct Commissioning)
NHS England West Midlands