

**PRIMARY CARE COMMISSIONING COMMITTEE**

**28 January 2021, 1.30pm to 2.30pm**

**'Virtual' Meeting**

**AGENDA**

1.	Verbal	Apologies		
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 2-8	Minutes of the meeting held on 26 November 2020	To Approve	Julie Hastings Committee Chair
4.	Page 9	Matters Arising		All
5.	Pages 10-17	Primary Care Commissioning Financial Report Month 9	To Receive	Simon Bell Chief Finance Officer
6.	Verbal	Coronavirus COVID-19 Update	To Note	Shaun Macey Head of Transformation and Delivery
7.	Verbal	Key Messages to the Governing Body	To Agree	All
8.	Verbal	Next meeting: 1.30pm 25 March 2021	To Note	All

**Minutes of the 'Virtual' Primary Care Commissioning Committee on  
26 November 2020**

**Present**

Julie Hastings (JH)(Chair)	Lay Member and Chair of the Quality and Patient Experience Committee in addition to the Primary Care Commissioning Committee
Simon Bell (SB)	Chief Finance Officer
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and Remuneration Committee
David Iley (DI)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Phil Mettam (PM)	Accountable Officer
Stephanie Porter (SP)	Interim Executive Director of Director of Primary Care and Population Health

**In attendance (Non Voting)**

Laura Angus (LA)	Head of Prescribing/Strategic Lead Pharmacist
Fiona Bell-Morrith (FB-M) - part	Lead Officer Primary Care, Vale
Abigail Combes (AC) – item 5	Head of Legal and Governance
Shaun Macey (SM) - part	Head of Transformation and Delivery
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Dr Andrew Moriarty (AM)	North Yorkshire and York, YOR Local Medical Committee Limited
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council
Gary Young (GY)	Lead Officer Primary Care, City

**Apologies**

David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York
Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and Ryedale Primary Care Network

*Unless stated otherwise the above are from NHS Vale of York CCG*

The agenda was discussed in the following order.

## **Agenda**

### **1. Apologies**

As noted above.

### **2. Declarations of Interest in Relation to the Business of the Meeting**

TM declared a financial interest in Item 7 'Primary Care Network Plans for use of General Practice Forward View Organisational Development and Winter Resilience Funds' in view of his role of Clinical Director of East of Yorkshire Primary Care Network. He was a non voting member of the Committee but would not take part in the discussion.

All other declarations were as per the Register of Interests.

### **3. Minutes of the meeting held on 24 September 2020**

The minutes of the previous meeting were agreed, subject to amendment at item 3 to read 23 July.

#### **The Committee:**

Approved the minutes of the meeting held on 24 September 2020, subject to the above amendment.

### **4. Matters Arising**

#### *4.1 Medicines Safety Governance Processes in Primary Care*

In presenting this report LA referred to discussion at the previous Committee meeting. She noted discussion had taken place with the Local Medical Committee as detailed but advised that due to AC's commitment in COVID-19 work, had not yet had the opportunity to seek legal advice. LA sought further discussion at this meeting and support for the proposal to be presented at the Quality and Patient Experience Committee for the quality element.

PG expressed concern about the assurance process in the flow chart which he felt was inadequate and a potential risk to the CCG, including from the indemnity perspective. He also highlighted that there was no escalation process within the CCG if a Practice did not respond to a Medicines Management Team request.

Whilst recognising the CCG's need for assurance TM requested both clarity of process and purpose. AM noted that the Local Medical Committee would not have an issue with amendment that provided clarity about the CCG's responsibility and expectations.

LA explained that only pertinent and national alerts were raised with Practices and noted that the General Medical Council Good Practice Guidelines included reference to responsibility to 'another organisation' and the CCG would be classed as such. She also agreed to seek information about how other CCGs responded to Practices that did not comply with requests and noted that one of the CCG's Medicines Optimisation

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Technicians was taking on the role of Medicines Safety Officer and would provide a link via that network.

AC, who had joined the meeting during this item, highlighted the context of supporting Practices and ensuring quality and safety. She agreed to work with LA outside the meeting.

JH advised that she was of the same view as PG and agreed that the Quality and Patient Experience Committee receive the updated report.

**The Committee:**

Requested that further work take place and that the proposal be presented for further consideration as soon as practicable.

**5. Review Primary Care Commissioning Committee Terms of Reference and Effectiveness**

AC explained that the only change to the terms of reference related to SP who had become Interim Director of Primary Care and Population Health following Dr Andrew Lee's departure. She noted that otherwise these were NHS England and NHS Improvement statutory terms of reference.

**The Committee:**

Approved the terms of reference.

*AC left the meeting*

**6. Primary Care Commissioning Financial Report Month 7**

SB explained that, as reported in previous months, the primary care financial position for month 6 was subject to the 'true-up' to break-even in line with the national interim financial arrangements for CCG budget variances and additional COVID-19 expenditure that was reasonable and genuine. SB expressed caution that some claims had not yet been reimbursed.

SB highlighted the £1.33m included in the plan in respect of primary care allocation adjustment and Primary Care Network Additional Roles Reimbursement. He noted this as a risk to the CCG as arrangements for accessing these allocations had yet to be confirmed.

**The Committee:**

Received the Primary Care Commissioning Financial Report as at month 7.

*FB-M left the meeting*

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## 7. Primary Care Network Plans for use of General Practice Forward View Organisational Development and Winter Resilience Funds

TM had declared an interest in this item and did not take part in the discussion.

GY noted the General Practice Forward View Funding Allocations in the report were incorrect and should read:

		Pence Per patient
OD Monies	1,330,000	0.7260
GPFV Residual Funding	737,080	0.4023
Total to Allocate	2,067,080	

PCN	Weighted Population @ 01/01/20	Organisational Development	GPFV	Total
Tadcaster & Selby Rural Area PCN	29,455	£21,383	£11,850	£33,234
South Hambleton and Ryedale PCN	39,598	£28,747	£15,931	£44,678
York Medical Group PCN	40,007	£29,043	£16,096	£45,139
York East PCN	44,479	£32,290	£17,895	£50,185
York City Centre PCN	45,173	£32,794	£18,174	£50,968
West, Outer and North East York (WoNE York)	49,307	£35,795	£19,837	£55,632
Priory Medical Group PCN	52,492	£38,107	£21,119	£59,226
Selby Town PCN	52,983	£38,463	£21,316	£59,780
	353,493	£256,622	£142,219	£398,841

The £398,841 was part of c£2m of the Humber, Coast and Vale Integrated Care System allocation.

GY noted that the plans submitted by the Primary Care Networks were expected to link to five key organisational development headings in their maturity matrix: Leadership, Planning and Partnerships; Use of data and population health management; Integrating Care; Managing resources; and Working with people and communities. GY commended the progress made by the Primary Care Networks and noted that, although similar, the plans were tailored to local perspectives.

In referring to the separate winter resilience funding GY highlighted the current challenges faced by primary care, including responding to the pandemic, increased demand and both the 'flu and COVID-19 vaccinations. He noted levels of staff absence and wider pressures advising that Practices welcomed the support to improve resilience; also noting Primary Care Networks were supporting each other.

In response to JH enquiring about uptake of 'flu vaccination GY reported that this had been at 75% across the CCG and commended this achievement in response to the demanding "asks". SS echoed this but noted there was lower prevalence of seasonal 'flu than in previous years and commented that on the context of programmes to improve population outcomes.

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## **The Committee:**

Noted the Organisational Development and winter resilience plans submitted by the Primary Care Networks and supported release of identified funding as per allocations in the paper.

### **8. Coronavirus COVID-19 Update**

SP advised that the number of COVID-19 cases per 100,000 in York was stable. Although Practice related cases were currently manageable and services continued to be delivered despite the stress in the system, some Practices were being affected by staff absence and were dependent on support from other Practices. SP noted that a process had been established whereby Practices reported by 10am each morning on their ability to cope within the OPEL (Operational Pressures Escalation Level) Framework Levels 1 to 4. They were currently at Levels 2 or 3.

SP reported impact across the system, particularly the East Coast and Humber areas, and explained that acute services were being affected as a result of mutual support being offered. York Hospital was in the process of enacting increased surge planning with more beds being commuted for COVID-19 and staff therefore increasingly exposed to patients who had tested positive. SP noted impact on availability of elective in-patient capacity posed the potential for GPs to be affected through patient contact due to delays. She emphasised that partner organisations were working well to manage and mitigate risks.

SS reported that more up to date figures indicated that case numbers in both York and North Yorkshire were falling with York reducing at a faster rate. Selby and Scarborough had the highest number of cases in North Yorkshire and across Yorkshire and Humber Hull had the highest rate.

SS explained that seven day positivity rates were also falling and, although York was currently at 8%, had been below 5%, the World Health Authority recommendation. She noted that this indicated low levels of community transmission but also reported outbreaks in particular care homes and schools.

In respect of the lifting of the current restrictions on 2 December, SS confirmed that York would return to Tier 2 and North Yorkshire would move from Tier 1 to Tier 2. The rest of Yorkshire and Humber would be in Tier 3.

SS reported that York was submitting a bid for enhanced testing. Full testing, as in Liverpool, was not planned in view of the lower prevalence rate but asymptomatic testing would be increased with booking available at a large testing site. People with symptoms should continue to access existing test sites. A mobile option and tests by post were also being considered. SS advised that North Yorkshire was developing similar arrangements and both North Yorkshire and York had local tracing services in place.

With regard to COVID-19 vaccination SS assured members that both City of York Council and North Yorkshire County Council were working with the CCG to support GP Practices and the overall delivery of an effective programme.

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### **The Committee:**

Noted the update.

### **10. 2019/2020 Annual Chair's Report**

DI referred to the Annual Chair's Report presented in accordance with the requirement of the CCG's Primary Care Commissioning Committee under fully delegated commissioning.

### **The Committee:**

Approved the 2019/2020 Annual Chair's Report.

### **11. NHS England and NHS Improvement Primary Care Report**

DI presented the report which provided updates on COVID-19; changes to the GP Contracts from 1 October 2020; workforce; and Primary Care Network Organisational Development Monies and General Practice Forward View Funding. He highlighted the forecast that across Vale of York PCNs expected to have recruited an additional 88 Full Time Equivalent members of staff by 31 March 2021 under the Additional Roles Recruitment Scheme utilising most of the funding available to them.

### **The Committee:**

Received the NHS England and NHS Improvement Primary Care Report.

### **9. Risk to Primary Care Commissioning Committee**

*SM left the meeting during this item and FB-M rejoined towards the end*

SP presented the report on behalf of AC explaining that currently primary care or pharmacy risks were reported to the Quality and Patient Experience Committee or the Finance and Performance Committee as appropriate. A review within the CCG in the context of the pandemic and exit of the European Union had raised the question as to whether the Primary Care Commissioning Committee would wish to receive a separate risk report. SP noted that system risks, i.e. those over which the CCG had no influence, were reported separately in the Board Assurance Framework. It would be specific primary care risks that the CCG could mitigate that would be reported.

Discussion included the context of the CCG demonstrating due diligence in respect of service delivery and clarity of action in response to identified risk. It was agreed that risks should be reported on exception basis.

### **The Committee:**

Confirmed adoption of exception based primary care risk reporting.

### **13. Next meeting**

1.30pm, 28 January 2021.

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## **12. Key Messages to the Governing Body**

The following key message was agreed outside the meeting:

- As part of their planning priorities the Primary Care Networks have undertaken to identify and record their development against the maturity matrixes. This enabled them to identify their local priorities as areas for organisational development and focus on the funding necessary, especially in respect of winter resilience. The Committee felt assured regarding the PCNs' budget and planning submissions and recommended release of allocations via the Humber Coast and Vale GP Forward View and Primary Care Network 2020/21 allocations.

### **The Committee:**

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

### **Exclusion of Press and Public**


In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend the following part of the meeting due to the nature of the business to be transacted. This item would not be heard in public as the content of the discussion would contain commercially sensitive information which if disclosed may prejudice the commercial sustainability of a body.



**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE**

**SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 26 NOVEMBER 2020 AND CARRIED FORWARD FROM PREVIOUS MEETINGS**

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC35	24 January 2019 9 May 2019  21 November 2019  19 March 2020	Local Enhanced Services Review 2019/20	<ul style="list-style-type: none"> <li>Report on PSA review as part of the LES report to the November meeting</li> <li>Full LES report to March meeting</li> <li>Deferred to autumn 2020</li> </ul>	SP	9 May 2019 11 July 2019 21 November 2019  19 March 2020  26 November 2020
PCCC53	24 September 2020	Three Month Social Prescribing Impact Report from York CVS	<ul style="list-style-type: none"> <li>South Hambleton and Ryedale Primary Care networks Care Coordinators approach to be presented at a future meeting.</li> </ul>	FB-M	26 November 2020
PCCC54	24 September 2020        26 November 2020	Medicines Safety Programme Medicines Safety Programme	<ul style="list-style-type: none"> <li>Discussion to take place with the Local Medical Committee with a view to developing a "light touch" approach to provide the CCG with assurance where appropriate.</li> <li>Further work to take place including discussion at the December Quality and Patient Experience Committee</li> </ul>	LA        LA	10 December 2020

<b>Item Number: 5</b>	
<b>Name of Presenter: Simon Bell</b>	
<b>Meeting of the Primary Care Commissioning Committee</b>  <b>Date of meeting: 28 January 2021</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Primary Care Commissioning Financial Report Month 9</b>	
<b>Purpose of Report For Information</b>	
<b>Reason for Report</b>	
To provide the Committee with details of the Month 9 and forecast position for Primary Care expenditure areas.	
<b>Strategic Priority Links</b>	
<input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
<b>Local Authority Area</b>	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>	<b>Risk Rating</b>
<input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
<b>Emerging Risks</b>	

**Impact Assessments**

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- |  |   |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment         | <input type="checkbox"/> Equality Impact Assessment       |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

**Risks/Issues identified from impact assessments:**

**Recommendations**

The Committee is asked to receive the report.

**Decision Requested (for Decision Log)****Responsible Executive Director and Title**

Simon Bell, Chief Finance Officer

**Report Author and Title**

Caroline Goldsmith, Deputy Head of Finance

# NHS Vale of York Clinical Commissioning Group Primary Care Commissioning Financial Report

Report produced: January 2021

Financial Period: April 2020 to December 2020

## 1. Introduction

This report provides details on the year to date financial position as at Month 9 and the forecast outturn position for 2020-21.

## 2. Primary Care Year to Date and Forecast Position

The CCG's financial plan for M7-12 was a break even position against allocation, however at the time of submission there was uncertainty around two specific primary care funding streams as detailed in the table below. The related spend was added into the financial plan submission to ensure that the risk associated with not receiving these allocations was recognised on a system, regional and national level. This means that the final financial plan submission showed a deficit of £1.33m for M7-12.

In November the Primary Care allocation adjustment of £318k was transacted, which nets off against the planned deficit.

Central funding for Additional Roles is to be reclaimed as and when actual spend incurred is higher than the funding in CCG baseline. This means that funding for this element will not be accessed until later in the financial year. 60% of Additional Roles funding is included within the CCG baseline, with the remaining 40% available to be claimed from national funding that is expected to return the CCG to an overall break-even position once received.

Description	Plan £m	FOT £m	Comments
Position as per CCG financial plan	0.00	0.00	Breakeven position against financial envelope
Primary Care allocation adjustment	(0.32)	0.00	Additional allocation that was notified in March 2020 during the original planning process but not reflected in planning templates. An allocation adjustment was transacted for this in November.
PCN Additional Roles reimbursement central funding	(1.01)	(1.01)	40% of the funding for PCN Additional Roles to be reclaimed centrally as and when spend is incurred. The amount included is the CCG's full eligibility, actual costs and therefore reimbursement may be lower.
Deficit	(1.33)	(1.01)	

The CCG received a retrospective allocation to adjust the M1-6 financial position to breakeven. Variances in the YTD and FOT tables on the following pages therefore relate to variances from plan for M7 onwards.

Financial Period: April 2020 to December 2020

## NHS Vale of York Clinical Commissioning Group Primary Care Commissioning Financial Report

In line with NHS England (NHSE) guidance, several categories of expenditure are classed as 'outside of envelope' for M7 to M12. Spend on these areas will be reimbursed centrally, in a similar arrangement to that for COVID related spend in M1-6. Expenditure on these categories within Primary Care includes influenza vaccines (additional venues and cold chain) and asylum seekers. The YTD and Forecast Outturn tables in this report are adjusted to show the position excluding 'outside of envelope' spend.

### 2.1 Delegated Commissioning Financial Position – Month 9

The table below sets out the YTD position for 2020-21.

Delegated Primary Care	Month 9 Year To Date Position				
	Budget	Actual	Variance	'Outside Envelope'	Adjusted Variance
	£000	£000	£000	£000	£000
Primary Care - GMS	16,999	16,986	13	0	13
Primary Care - PMS	6,779	6,675	104	0	104
Primary Care - Enhanced Services	402	377	25	0	25
Primary Care - Other GP services	4,973	5,146	(174)	0	(174)
Primary Care - Premises Costs	3,341	3,327	14	0	14
Primary Care - QOF	3,381	3,381	0	0	0
<b>Sub Total</b>	<b>35,875</b>	<b>35,893</b>	<b>(18)</b>	<b>0</b>	<b>(18)</b>

- The Month 9 YTD actual expenditure position is £35.9m which is an underspend of £18k against the CCG's financial plan.
- **GMS** is based upon the current contract and list sizes to date and is showing an underspend of £13k due to smaller list size movements than expected.
- **PMS** contracts are underspent by £104k due to PMS premium monies which are accrued in Other Primary Care (£78k) and smaller list size movements than expected.
- **Enhanced Services** are underspent due to slippage on Minor Surgery claims received to date. A more detailed breakdown is shown in the table below.

Enhanced Services	Month 9 Year to Date Position		
	Budget	Actual	Variance
	£000	£000	£000
Learning Disabilities	75	75	0
Minor Surgery	311	287	25
Violent Patients	16	16	0
<b>Sub Total</b>	<b>402</b>	<b>377</b>	<b>25</b>

NHS Vale of York Clinical Commissioning Group  
Primary Care Commissioning Financial Report

- A breakdown of **Other GP services** is shown in more detail in the table below.

Other GP Services	Month 9 Year to Date Position		
	Budget £000	Actual £000	Variance £000
<b>Dispensing/Prescribing Doctors</b>	1,461	1,490	(29)
<b>PCO Administrator</b>	720	718	2
<b>GP returners</b>	8	41	(33)
<b>COVID Expansion Funding</b>	357	357	0
<b>GP Framework:</b>			
<i>Extended Hours</i>	399	396	3
<i>Network Participation</i>	467	468	(1)
<i>Clinical Director</i>	197	197	0
<i>PCN Support</i>	92	95	(3)
<i>Additional Roles</i>	1,129	1,202	(73)
<i>Care Homes Premium</i>	81	81	0
<i>Impact and Investment Fund</i>	69	69	0
<b>Needle, Syringes &amp; Occupational Health</b>	(8)	33	(40)
<b>Reserves</b>	0	0	0
<b>Sub Total</b>	<b>4,973</b>	<b>5,146</b>	<b>(174)</b>

**Dispensing Doctors** are paid two months in arrears and is currently overspent based upon April to October's dispensing figures.

**GP returners** is a Yorkshire and Humber pilot scheme set up by NHSE whereby GPs return to General Practice to support Primary Care during COVID. A limited number of pilots were supported by NHSE/I and these will be funded to the end of March only.

The allocation for **COVID Expansion Funding** (£893k in total) was received in Month 9. This was paid over in full to practices in January.

**GP Framework payments** are being paid in line with plan with the exception of Additional Roles.

**Needle, Syringes and Occupational Health** are all accrued to budget but offset by the release of some prior year accruals.

- **Premises** costs are based upon payments made for the year to date with slippage on clinical waste.
- **QOF** is accrued to budget and will be protected.

## 2.2 Other Primary Care Financial Position – Month 9

The table below sets out the core primary care financial position as at Month 9.

Primary Care	Month 9 Year to Date Position				
	Budget £000	Actual £000	Variance £000	'Outside Envelope' £000	Adjusted Variance £000
Primary Care Prescribing	40,272	40,170	102	0	102
Other Prescribing	1,362	1,318	44	0	44
Local Enhanced Services	1,641	1,486	155	0	155
Oxygen	247	220	28	0	28
Primary Care IT	1,050	981	69	0	69
Out of Hours	2,577	2,576	0	0	0
Other Primary Care	3,492	3,576	(84)	75	(9)
<b>Sub Total</b>	<b>50,641</b>	<b>50,326</b>	<b>315</b>	<b>75</b>	<b>243</b>

The **Prescribing** position as at Month 9 is an underspend of £102k. This position is based upon 7 months of prescribing data and does not include any QIPP. The CCG received a 'true up' adjustment against the Month 6 position which included estimated spend for Month 5 and Month 6 in line with prescribing data timescales. Actual spend for these months was lower than estimated.

**Local Enhanced Services** are underspent by £155k. Quarter 1 payments were income protected as per national guidance. Quarter 2 payments were made based upon actual claims and Quarter 3 payments have been accrued based upon Quarter 2 claims. The underspend is made up primarily of underspends in Anti-coagulation (£51k), Complex Wound Care (£39k), Diabetes (£39k) and Ophthalmology (£20k).

**Other Primary Care** is overspent by £84k. This includes £75k of expenditure which is funded separately as 'outside of envelope' for influenza vaccinations (£70k) and asylum seekers (£5k). £398k of allocation for Organisational Development and Transformational Funding was received in November and has been transferred to PCNs.

## 2.3 COVID Expenditure

The table below sets out the COVID expenditure included within Primary Care areas.

Primary Care	COVID expenditure as at Month 9 £000	Forecast COVID expenditure as at Month 9 £000	Comments
Primary Care – Other GP Services	398	969	GP returners scheme, COVID expansion funding
Local Enhanced Services	98	110	Care Homes LES, additional MECS and anti-coagulation costs
Primary Care	76	76	Care Home tablets, additional SMS and

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IT			telephony costs
Out of Hours	18	18	Additional OOH costs
Other Primary Care	929	1,069	GP COVID costs, GP Practices opening over Bank Holidays, COVID management service, Advanced Care Planning sessions, Flu vaccines, winter resilience schemes
<b>Total</b>	<b>1,147</b>	<b>1,463</b>	



## 2.4 Delegated Commissioning and Other Primary Care Forecasts

The forecast position in the table covers the full financial year. The first three columns show the position as per the CCG's financial ledger. As per the YTD tables, this is adjusted for the outside of envelope spend, to give a true comparison to the financial plan.

	Forecast Position (£000)					Comments
	Ledger Position			Adjusted Position		
	Plan	Forecast	Variance	Outside envelope'	Adjusted variance	
<b>Delegated Commissioning</b>						
Primary Care - GMS	22,678	22,651	26	0	26	
Primary Care - PMS	9,100	8,900	201	0	201	£156k PMS premium (forecast included in Other Primary Care)
Primary Care - Enhanced Services	541	504	38	0	38	
Primary Care - Other GP services	8,155	8,279	(125)	0	(125)	£68k overspend for GP returners not funded centrally, £40k overspend on prior year due to late claims
Primary Care - Premises Costs	4,460	4,443	17	0	17	
Primary Care - QOF	4,508	4,508	(0)	0	(0)	
<b>Total Delegated Commissioning</b>	<b>49,442</b>	<b>49,285</b>	<b>158</b>	<b>0</b>	<b>158</b>	
<b>Other Primary Care</b>						
Primary Care Prescribing	53,420	53,683	(263)	0	(263)	Current forecast position is based on extrapolating M1-6 overspend against CCG plan. Aug, Sep & Oct figures have shown some improvement against this trajectory but spend has been highly variable between months
Other Prescribing	1,791	1,778	13	0	13	
Local Enhanced Services	2,171	1,956	215	0	215	Forecast based upon Q2 payments which were lower than Q1 income protected payments. Note that since the month end reports were prepared, national guidance has been released confirming that Q4 payments should be income protected. This forecast is likely to increase as a result.
Oxygen	343	315	28	0	28	
Primary Care IT	1,351	1,280	71	0	71	
Out of Hours	3,419	3,418	1	0	1	
Other Primary Care	4,634	4,788	(154)	80	(74)	£156k PMS premium (budget on Primary Care - PMS) offset by underspends on COVID schemes. Outside of envelope includes £70k for flu vaccinations and £10k for asylum seekers
<b>Total Other Primary Care</b>	<b>67,128</b>	<b>67,219</b>	<b>(91)</b>	<b>80</b>	<b>(11)</b>	
<b>Total Primary Care</b>						
<b>Total Primary Care</b>	<b>116,570</b>	<b>116,504</b>	<b>66</b>	<b>80</b>	<b>146</b>	