

Primary Care Commissioning Committees Meeting in Common

to be held on 26 September 2018 at 2.00 pm in the
 Rudyard Suite, Ground Floor, Staffordshire Place 1, Stafford, ST16 2LP

AGENDA

A=Approval R=Ratification S=Assurance I=Information D=Discussion

		Enc	Lead	A/R/S/I	Timing
1.	Welcome by the Chair	Verbal	AHe	-	2.00
2.	Apologies – DJ	Verbal	AHe	-	
3.	Quoracy	Verbal	AHe	-	
4.	Declarations of Interests and actions taken to manage conflict	Enc. 01	AHe	I	
5.	Minutes of the Meeting held on 29 August 2018	Enc. 02	AHe	A	
6.	Actions Sheet	Enc. 03	AHe	A	
7.	Estates Update	Verbal	Phil Brenner	A	2.15

Governance Inc Quality

8.	Finance Report	Enc. 04	AM	S	2.30
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Strategic and Planning

9.	Rugeley and Burntwood Procurements	Verbal	EW	D	2.40
10.	Locality Development Programme	To Follow	LM	A	2.50
11.	Research and Development	Verbal	Mark Stone	D	3.00
12.	Supporting Change in General Practice	To Follow	Steve Bradder	I	3.10

Any Other Business

14.	Questions from Members of the Public	-	All	D	3.20
15.	Any Other Business				
16.	Glossary of terms	Enc. 05	All	I	
17.	Date, Time and venue of next meeting: 25 October 2018 at 2.00 pm in the Pisces Room, Aquarius Ballroom, Victoria Shopping Park, Victoria St, Hednesford, Cannock, WS12 1BT	Verbal	All	A	3.30



**CANNOCK CHASE CLINICAL COMMISSIONING GROUP, SOUTH EAST STAFFORDSHIRE & SEISDON PENINSULA CLINICAL COMMISSIONING GROUP AND STAFFORD & SURROUNDS CLINICAL
 COMMISSIONING GROUP CONFLICTS OF INTEREST REGISTER 2017/18
 PRIMARY CARE COMMITTEE
 AS OF 19 JULY 2018**

Employing CCG	Forename	Surname	Role in the CCG	Directorships held in private companies, PLCs	Ownership of private companies, businesses, consultancies	Shareholdings in health and social care	Positions of authority in field of health & social care	Connection with voluntary, other organisation	Research funding/grants	Any other role or relationship
Members										
CC CCG	Neil	Chambers	Lay Member - Governance, Cannock Chase CCG and Stafford and Surrounds CCG	Old Hall Partnership Darlaston Town (1874) Football Club	None	None	None	Voluntarily run a debt and benefits advice surgery for a charity of which I am a Chair of Trustees	None	Chair of Audit Committee
SAS CCG	Sue	Harper	Lay Member - Patient and Public Interest/Vice Chair of Governing Body for Stafford and Surrounds CCG	None	None	None	None	None	None	Justice of the Peace, South Staffordshire Bench
SES CCG	Anne	Heckels	Lay Member - Patient and Public Interest (PPI) / Finance and Performance/Vice Chair of Governing Body for South East Staffordshire and Seisdon Peninsula CCG	None	None	None	None	None	None	Member of Patient Participation Group at Spires Practice Member of South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) Family Member is an employee shareholder - NORR Consulting, providing architectural services to public service
SES CCG	Lynne	Smith	Lay Member, Governance, South East Staffordshire & Seisdon Peninsula CCG	None	None	None	None	None	None	Lay Member for Quality at East Staffordshire CCG since June 2013
CC CCG	Janet	Toplis	Lay Member, Cannock Chase CCG	None	None	None	Vice Chair of Adoption and Permanence Panel for Walsall Borough Council Vice Chair of the Fostering Panel for Walsall Council	None	None	Chair of a Staffordshire Primary School Member of High Street Practice, Cheslyn Hay PPG
In Attendance										
CC CCG	Tracey	Cox*	Senior Primary Care Development Manager	None	None	None	None	None	None	Adhoc consultancy work outside core working hours for Long Term Conditions Network, West Midlands Academic Health Science Network (October 2016 - ongoing)
SES CCG	Andy	Hadley*	Senior Primary Care Development Manager	None	None	None	None	None	None	Chair of Intelligent Customer Forum for Staffordshire and Shropshire Health Informatics Service (HIS)
SAS CCG	Paddy	Hannigan	Chair of Governing Body, Stafford and Surrounds CCG	None	Partner at Holmcroft Surgery	Practice is a member and shareholder in GP First Ltd. (GP Federation)	None	None	None	Spouse is a Consultant Neonatologist at University Hospital North Midlands (UHNM)
CC CCG	Mo	Huda	Chair of Governing Body, Cannock Chase CCG	None	Partner at Aelfgar Surgery	Practice is a member and shareholder in GP First Ltd. (GP Federation)	None	None	None	AQP Provider uses practice for Ultrasound scans and Hearing Aid Chair Educational meetings for various PHARMA companies.
NHS England - North Midlands	Darrell	Jackson*	Primary Care Lead	None	None	None	None	None	None	Registered with GP practice in Stafford

Employing CCG	Forename	Surname	Role in the CCG	Directorships held in private companies, PLCs	Ownership of private companies, businesses, consultancies	Shareholdings in health and social care	Positions of authority in field of health & social care	Connection with voluntary, other organisation	Research funding/grants	Any other role or relationship
CC CCG	Sarah	Jeffery*	Senior Primary Care Development Manager	None	None	None	None	None	None	None
SES CCG	Gulshan	Kaul	General Practitioner	Cloisters Practice		Lichfield and Burntwood	None	None	None	None
SAS CCG	Lynn	Millar*	Director of Primary Care	None	None	None	None	None	None	None
SES CCG	Ehtesham	Noor	Chair of Governing Body, SES&SP CCG Locality Director - Lichfield and Burntwood	None	Partner at Darwin Medical Practice	Darwin Medical Practice is a shareholder in Alexin	None	None	None	Darwin Medical Practice is a member of the Lichfield and Burntwood Network Ltd. Patient with Type 1 Diabetes who self-funds glucose monitoring. Author of book addressing stigma in depression and anxiety.
SAS CCG	Anne	Perry*	Finance Manager	None	None	None	None	None	None	None
SAS CCG	Vanessa	Ridout*	Executive Assistant	None	None	None	None	None	None	None
SAS CCG	Lynn	Tolley*	Head of Quality and Safety	None	None	None	None	None	None	Family member works at NHS England West Midlands
SAS CCG	Sarah	Turner	Primary Care Development Manager	None	None	None	None	None	Non	None
SES CCG	Eleanor	Wood*	Primary Care Development Manager	None	None	None	None	None	None	None
NHS England - North Midlands	Rebecca	Woods	Head of Primary Care	None	None	None	None	None	No	Friend with Dr J Ward of Darwin Practice and a member of the Primary Care Committee
SAS CCG	Sally	Young*	Director of Corporate Services, Governance and Communication	None	None	None	None	None	None	None

*All staff work across six PAN Staffordshire CCGs.

//Cannock Chase Clinical Commissioning Group
 South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
 Stafford and Surrounds Clinical Commissioning Group



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Primary Care Commissioning Committees Meeting in Common

Wednesday 29 August 2018, 2.00 pm

Pisces Room, Aquarius Ballroom, Victoria Shopping Park, Victoria Street,
 Hednesford, Cannock WS12 1BT

Members:	Quoracy	26/04/2018	30/05/2018	27/08/2018	25/07/2018	29/08/2018	September	October	November	December	January	February	March
Neil Chambers (NC), Lay Member Cannock Chase (CC) CCG		✓	✓	✓	✓	✓							
Sue Harper (SH), Lay Member S&S CCG		✓	✓	✓	✓	✓							
Anne Heckels (Chair) (AHe), Lay Member South East Staffordshire & Seisdon Peninsular (SES&SP) CCG		✓	✓	✓	✓	✓							
Jan Toplis (JT), Lay Member CC CCGs		✓	✓	✓	*	*							
Lynne Smith (LS), Lay Members SES & SP CCG		*	*	*	*	*							
Diane Smith (DS) Lay Member S&S CCG		✓	✓	✓	✓	✓							
In attendance:													
Tracey Cox (TC), Primary Care Development Manager, S&S CCG		✓	✓	✓	✓	✓							
Dr Paddy Hannigan (PH), GP Chair S&S CCG		✓	✓	*	✓	✓							
Dr Mo Huda (MoH), GP Chair CC CCG		✓	✓	✓	✓	✓							
Darrell Jackson (DJ), Primary Care Lead NHS England (NHSE) – North Midlands		✓	*	✓	*	*							
Sarah Jeffrey (SJ), Head of Primary Care Development, CC, SES&SP and S&S CCGs		*	*	✓	*	*							
Gulshan Kaul (GK), Secretary South Staffordshire Local Medical Council		*	*	*	*	*							
Lynn Millar (LM), Executive Director of Primary Care, CC, SES&SP and S&S CCGs		✓	✓	✓	✓	✓							
Anne Perry (AP), Finance Manager – Primary Care, CC, SES&SP and S&S CCGs		*	*	*	*	*							
Mark Rayne (MR), Interim Deputy Director of Primary Care, CC, SES&SP and S&S CCGs		✓											
Vanessa Ridout (VR), Executive Assistant – Minute Taker, S&S CCG		*	✓	✓	✓	✓							
Sarah Turner (ST), PC Development Manager CC, SES&SP and S&S CCGs		✓	*	*	*	*							
Eleanor Wood (EW), Senior Primary Care Development Manager (Lichfield Locality) SES&SP CCG		*	*	*	✓	*							
Rebecca Wood, Head of Commissioning Primary Care, NHSE		*	*	*	*	*							
Sally Young (SY), Assistant to the Chief		*	*	*	*	*							

Members:	Quoracy	26/04/2018	30/05/2018	27/08/2018	25/07/2018	29/08/2018	September	October	November	December	January	February	March
Executive, CC, SES&SP and S&S CCGs													
Thomas O'Hann, PWC		*	*	*	*	*							
Ian Saberton, Primary Care Development Manager, CC, SES&SP and S&S CCGs		✓	*	*	*	*							
Matt Gollins, Administrator (minutes)		✓											
Paul Gallagher, Lay Members, CC, SES&SP CCG			✓										
Amanda Palmer, Project Manager for PMO (observer)				✓									
Mani Hussain (MHu), Deputy Director of Primary Care and Medicines Optimisation				✓	✓	*							
Dave Skelton, Financial Controller, CCG						✓							
Laura Bird, PC Development Manager						✓							
Katheryn Frain, PC Development Manager						✓							
Andrea Gorton, PC Development Support Manager						✓							
Richard Caddy, CSU						✓							
Mel Mahon													

		Action
1.	Welcome by the Chair AHe opened the meeting and welcomed members.	
2.	Apologies Apologies were received from Darrell Jackson, Jan Toplis, Lynne Smith, Alistair Mulvey, Sarah Jeffery	
3.	Quoracy The Committee was only quorate for Stafford. Due to further change in the governance arrangements it is hoped that moving forward the ToR will be reviewed and a decision made on quoracy issues. LM felt it would be useful to meet with the Chair of the East Staffs PCC and AHe/VR to meet in order that the meeting papers and timings of the meetings could be aligned. Action : VR to arrange meeting regarding alignment of PCCs.	
4.	Declarations of Interests and actions taken to manage conflict No further conflicts of interest were declared.	
5.	Minutes of the Meeting held 25 July 2018 The minutes of the meeting held on 25 July 2018 were agreed as an accurate record subject to the following amendment: Page 4, Item 8, 6 th paragraph – to read 'NC also recommended that he felt it would be reasonable for the finance team to provide an update prior to the meeting ...'.	

		Action
6.	<p>Actions Sheet The action sheet was updated as follows:</p> <p><i>Ref 106</i> A small clinical reference group is being established to review the clinical model in Staffordshire. LM is meeting with Caroline Donovan to look at how a conference can be established. Work is progressing and LM will provide a further update at the next meeting.</p> <p><i>Ref 105</i> The team are working to gain further clarification on the paper. Steve Bradder is currently on a/l but an updated paper would be submitted to the next committee. There is a funding issue and RW will be reviewing this. LM advised that there is no budget and would like to understand the original service spec. TC advised that work areas of the primary care team will be sent to Steve Bradder so that this can be aligned rather than duplicating the priorities that are taking place. MoH asked who owns the budget for the team. LM responded that an element of the budget is national monies through NHSE. Whilst recognising that the team has built up relationships with localities, increasingly the team is undertaking more primary care development and this is a duplication of work being undertaken by the CCG. The additional top up for the team ceases in October and any further funding would have to be paid through delegated budget as it is a limited resource.</p> <p><i>Ref 104</i> Action to be closed. Will be picked up as part of the Mid Year Review item.</p> <p><i>Ref 103</i> Action to be closed. DS in attendance.</p> <p><i>Ref 100</i> Agenda item for the September meeting.</p> <p><i>Ref 99</i> LM advised that this action can now be closed. The practice now has a petition on their website and is still disgruntled about the decision of NHSE in respect of the transfer of debt and that they are unable to move CCGs.</p> <p><i>Ref 98</i> Action to remain open. Richard Caddy to meet with SJ to look at good news stories for sharing.</p> <p><i>Ref 97</i> Agenda item for the September meeting.</p> <p><i>Ref 96</i> Action to be closed. Will be picked up as part of the Mid Year Review item.</p>	

		Action
	<p><i>Ref 91/90</i> Meeting has taken place with Anna Collins and SH. AC is meeting with all the Chairs to draw up an action plan which will hopefully be submitted to the next Committee.</p> <p><i>Ref 89</i> Action closed.</p>	
7.	<p>Risk Register LM advised members that the Governance team are doing a lot of work around the risk registers. Feedback is that there needs to be more information on the registers in order to give assurance to the Committee on the risks that have been identified. There will be a different approach going forward.</p> <p>TC also advised that it has been agreed that 'day-to-day' business should be included on an 'Issue Log' which is being developed for all directorates to use.</p> <p>TC advised that there are 8 primary care risks on the register. There is only one risk greater than 12 that is being reported to the Committee and this relates to wound care. MM has updated the risk stating that wound care is now part of the PMS Reinvestment for primary care however there have still been issues raised with MPFT capacity and areas of responsibility. A proposal has been submitted by MPFT which requires investment into the community team and this is currently being reviewed as part of the wider community nursing review being led by the south locality commissioners.</p> <p>It was highlighted that there is still a lot of noise where as a CCG investing in community services and that some ambulatory clinics aren't working. Issues have been flagged and are being reinforced on Datix.</p> <p>NC commented that the risk has been on the register for about 5 months and asked how the risk is being managed and whether there is any formal feedback that can be given. MoH responded by saying that soft intelligence was received, not just on wound care but other services. None of the practices have said they are going to stop providing wound care.</p> <p>SN asked whether the PMS reinvestment is the same for Stafford and Cannock CCGs. LM confirmed that the funding is slightly different.</p> <p>Members RECEIVED the report.</p>	
8.	<p>Finance Report Dave Skelton provided an update to the Committee.</p> <p>The CCG will continue to forecast a breakeven position across the 4 CCGs within the delegated co-commissioning budget whilst</p>	

		Action
	<p>acknowledging the current pressures identified in the report.</p> <p>There are two negatives budgets within the finance report. The first element relates to the 1% reserve. As part of the business rules for 2017/18 it was a mandatory requirement for the CCGs to provide a 0.5% contingency and a 1% reserve. Following discussions with NHS England for the financial year 2018/19 the CCGs were advised that the 1% reserve was not mandatory and therefore as part of the planning cycle process, has not been provided for in this financial year given the financial position of the CCGs. This is therefore reflected as a negative budget with a negative forecast to maintain transparency, there is therefore no 1% reserve within the delegated budget. The variance column of nil is correct as there is no expenditure anticipated against the original reserve.</p> <p>The second element relates to the Indemnity budget moved to the CCGs re GPFV. The allocation has moved to the main primary care budget. The negative budget is within reserves with the allocation having moved from delegated commissioning to primary care. The indemnity is potentially a cost pressure but this has not yet been fully worked up at this stage and so this is showing a nil forecast variance.</p> <p>In respect of the non delegated primary care budget, DS will identify where this is.</p> <p><i>Post script: The indemnity budgets have been moved to Care Navigators, Improving Access and Online Consultation Software within the GP Forward View Investments within the non delegated primary care budget report.</i></p> <p>The 1% reserve was across primary care and delegated budgets and as part of business rules wasn't required. It has been removed from the delegated budget. The total delegated budget is £17.7m and includes a 0.5% contingency reserve.</p> <p>In terms of the delegated budget, we are continuing to forecast a breakeven position as NHSE finance team believe that the CCG can manage any cost pressures as they currently stand. There are still issues around funding and further confirmation is awaited from NHSE.</p> <p>NC commented on the role of the committee and the role of LM in managing the budget and felt that at the next meeting it may be useful to understand how involved the committee is in the figures, on back of the actions taken by the Committee and LM. LM acknowledged there needs to be closer work with finance. NC commented that members require assurance that money is not being syphoned off from the primary care resource to support other schemes. LM confirmed that she has met with finance and NHSE around cost pressures and risks and will continue to have monthly meetings and wants to be involved budget setting for primary care.</p> <p>LM commented that in terms of investment plan, this has to be</p>	

		Action
	<p>transparent and if the STP move to community schemes then this needs to be accompanied by investment also.</p> <p>MH commented that one of the roles of the PCC was to ensure responsibility for the delegated budget and so need to make sure this is being spent in primary care and felt that the committee needs to take control of this.</p> <p>SN also felt that one of the key manifesto was that the delegated budget was ring-fenced and suggested that a statement be included within the report stating that the delegated budget for primary care is still ring-fenced and not interfered with or confidence will be lost if that isn't happening.</p> <p>Action: DS to include assurance statement in report next month.</p> <p>AHe also acknowledged the difficulties with the finance team following the MOC process and the committee has suffered from not having consistent attendance from the finance team and it would be helpful if this could be resolved going forward. LM will continue to have monthly meetings with the finance team.</p> <p>Appendix 4 of the report details the commissioning budgets for the CCGs.</p> <p>Each of the CCGs are forecasting a slight underspend. £84k for Cannock CCG, £73k for Stafford & Surrounds CCG and £113 for SES & SP CCG. Predominately for Cannock and Stafford CCGs this is around the Membership and Transformation Scheme and for SES & SP is around Learning and Development schemes.</p> <p>LM commented that the report is helpful in seeing what services are being reported on. Learning and Development is important and more should be invested. If the money is not used then it will go into the bottom line for the CCGs.</p> <p>It was noted that there are plans in place to utilise the £37k in place for the Care Navigator Scheme.</p> <p>DS commented that there will always be challenges on whether resources need to be spent. LM commented that there are benefits to spending the resource and it is about bringing back proposals to the committee.</p> <p>SN also felt it would be useful to include the population sizes on the report and also include the reports for the North and East CCGs.</p> <p>Action: DS/AP to include population sizes and North and East CCGs finance reports in future reports.</p> <p>Members RECEIVED the report.</p>	

		Action
9.	<p>Supporting & Promoting South West Staffordshire PPGs SH advised members that work has been progressing on supporting PPGs with a workshop taking place earlier this year.</p> <p>KF advised that as part of this work there has been engagement with practice understand how practices are linking in with PPGs. A self assessment tool has been developed informed by a range of feedback and good practice guidance including:</p> <ul style="list-style-type: none"> • Feedback from a South Staffordshire PPG Workshop • Feedback from the Stafford & Surrounds District Patient Group • Good practice guidance and advice from the LMCSU Communication Team • BMA 'Patient and Public Involvement: a Toolkit for GPs resource <p>The assessment tool requires PPG members to consider their:</p> <ul style="list-style-type: none"> • Achievements • Plans for the future • Strengths • Areas for development • An overview of their PPG (such as the number of members and the extend virtual PPGs are currently used) <p>PPGs are asked to discuss the self-assessment tool as a group, submitting their findings by the end of November 2018 to the South West Primary Care Development Team. After which time all information received will be collated and a picture of the current PPGs will be formulated, including any common challenges, strengths and gaps. The results and next steps will come back to the Primary Care committee in January 2019 which will include an overview of the results by CCG and also a breakdown of the PPGs/practices that would benefit from targeted support.</p> <p>Action: The Primary Care Team will share a copy by email to all South Practice managers to let them know the purpose of the tool, asking them to share with their PPG Chair for completion and also offering for them / their GP Partners to complete a version so that the feedback can be triangulated.</p> <p>The self-assessment tool would also be submitted to the Patient Council for discussion and if approved will then be sent off</p> <p>AHe asked that at the January meeting someone would be able to say that in terms of SES and SP practices that there would be information on whether each practice has a PPG and where they are on scale of excellence. KF commented that this could be brought back in January and will look to see if there are any particular areas that need support.</p> <p>NC commented that PPGs may feel that they are doing well and so</p>	<p>KF</p>

		Action
	<p>there needs to be some reflection from PPI members. SH commented that the Commissioning Patient Council will talk to the PPGs about the proposal going forward supported by PPI members on what they need to do.</p> <p>Action: AE/PC team will provide an update at the South District patient Groups on the tool over September / October to promote use.</p> <p>LM asked if practices have been involved in developing the tool, do they know about it and how they will feedback. KM responded to say that the toolkit has been through PPGs but can engage further with PMs. LM felt that the tool should also go through LBs/MBs.</p> <p>Action: KF would request that a copy of the tool is shared at all South Membership Boards for information.</p> <p>SN talked about social media and IT and was unsure of what support there is available to support practices in setting up facebook page. KF responded to say that there is some training available around facebook and social media. In October SES district group did a mini training session on Face Book. SH advised that the new CCG website page will have an interactive PPG page where information can be shared.</p> <p>Members APPROVED for the assessment tool to be submitted to LBs/MBs and then a report would be brought to the January meeting.</p> <p><i>Post Script - LS had emailed 29/8/19 her approval to the PPG self-assessment</i></p> <p>Mel Mahon joined the meeting.</p>	<p>KF</p> <p>KF</p>
10.	<p>CCG Locality Agreement (Transformation Funding) Tracey Cox presented the report to the Committee</p> <p>The paper outlines the contents of the Locality Agreement for 2018/19 that proposes how to invest the £1.50 per head GPFV Transformation Funding. The agreements have been developed with the Primary Care Development Lead – South and the three CCG Chairs.</p> <p>The agreement applies to the following 3 CCGs:</p> <ul style="list-style-type: none"> • Cannock Chase • Stafford & Surrounds • SE Staffs and Seisdon Peninsula <p>The agreement costs of 3 key elements:</p> <ul style="list-style-type: none"> • Locality working - practices within the locality to participate and agree to working together at scale and with other provider organisations to support integrated working. Continue with 	

		Action
	<p>regular meetings and have chair/leadership structure in place.</p> <ul style="list-style-type: none"> • Extended Access – Support implementation of Extended Access national requirements. Provide baseline appointment data and two quarterly updates. Review and provide a narrative on data reflecting on any issues or changes in capacity. • Improving General Practice workload – Focus on deliver of Active Signposting and Productive Workflow (correspondence management). These are two of the 10 High Impact Actions in the GPFV developed to streamline workload and release clinical time for care. Practices will also be required to participate in planned evaluation, provide baseline and year end status to demonstrate delivery and confirmation of governance arrangements. <p>The agreement shows full requirement and funding breakdown over relevant areas and a template as well and can provide information back to CCGs.</p> <p>Lynne Smith had emailed with a number of queries prior to the meeting relating as follows:</p> <p><i>I have no problem with principle, but the deliverables aren't all SMART, so it may be hard to know whether or not they have been delivered</i></p> <p>TC responded that a pragmatic approach will be taken.</p> <p><i>When it says "all Practices" must do something, does this mean that if one practice doesn't participate, no one gets any payment?</i></p> <p>TC responded That there were no issues around this last year as all practices participated and it is not expected that there will be an issue this year although discretion will need to be used if this became an issue.</p> <p><i>With regards to 2, extended access, surely we needed this information before we could decide on the additional appointments? If not, isn't this part of what the practices should be doing under the extended access agreement anyway?</i></p> <p>TC response is that this is over and above extended access and is also about demand and capacity but that some of this work is already underway.</p> <p><i>For all the deliverables, could we specify what are the transformative outcomes expected?</i></p> <p>TC advised that this may have been picked up in the introduction section around why this is transformational.</p> <p>AHe asked about discussions with members on the decision making process in respect of the 3 key elements. It was confirmed that discussions had taken place with the Chairs of the CCGs and not through MBs or LBs.</p> <p>AHe also commented that bearing in mind some underspends on</p>	

		Action
	<p>budget will there be buy-in for these schemes. MoH responded that the schemes are realistic and he was aware that some practices are doing one or two of the schemes already. Extended access all practices will be doing and it was about getting assurance that this is what is happening.</p> <p>LM commented that this work is built on locality agreements and was about practices working at scale, quality and is consistent with the strategy and is a two year scheme. This relates to the second year and if it is felt that there is value to the schemes then this needs to be built into the LES review that MM is undertaken. LM felt that there is a lot of value in this and would expect a report back to the Committee in December on what has been delivered. If there is investment in subsequent years then decisions need to be taken in January/February time as money can't be carried over.</p> <p>NC commented on scheme 3 – GP correspondence. This relates to correspondence coming to the GP and being diverted away from the GP to an appropriately trained administrator to manage. NC questioned that if this is the right thing to do then why wouldn't it happen anyway and would should the practice be rewarded for doing the right thing.</p> <p>NC commented that in terms of the appeals that come to the committee in respect of the membership agreement there should be some understanding on what is fair and equitable.</p> <p>KF commented that NHSE are providing funding to support practices around the care navigation and work optimisation schemes for a couple of years after which time there will be no further funding. Where there are any gaps training will be put in place for practices. SH commented that whilst she agreed with NC point on doing the right thing, the CCG are being prescriptive on what the practice do and that is what the practices are being measured on and to get consistency and full coverage.</p> <p>Members APPROVED the agreement.</p>	
11.	<p>Primary Care Behavioural Changes – Project Brief</p> <p>Tracey Cox presented the report to the Committee and highlighted that the project is a Stafford and Surrounds Project with Dr Mark Stone being the GP lead. The project has secured funding from the academic Health Science Network Patient safety Collaborative to pilot a project in 2 practices relating to behaviour changes (linking to human factors). The two practices are Stafford Health and Wellbeing and Mansion House.</p> <p>Key points:</p> <ul style="list-style-type: none"> • General practice is at risk from rising demand and workload pressures (BMA, Nov 16) • Belief that there are significant levels of avoidable and co- 	

		Action
	<p>dependant demand within GP practices (Managing Demand: Building future public services, 2014)</p> <ul style="list-style-type: none"> • Human factors in healthcare has been described as “Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and application of that knowledge in clinical settings”. (DoH, March 2012) • This project will contribute to elements of GPFV and the 10 high impact actions • Project will be conducted over 3 phases: <ul style="list-style-type: none"> ➢ Discover – Conducting observations in 2 GP practices to identify human factors and co-dependency behaviours and gather data of the patient journey (Sept-October) ➢ Design – Co-production of interventions to impact human factors and behaviours (October-November) ➢ Pilot - Pilot interventions within the 2 GP practices to identify those that have most impact. Interventions will be tested, evaluated and adjusted as appropriate to realise maximum impact (November-February) • The CCG are working in partnership with iMPower Consulting Ltd on the delivery of this project. iMPower have a team of innovators and change motivators who use behavioural insight to transform public service delivery particularly across health and social care. They are licenced to deliver two leading behavioural change methodologies (MINDSPACE and Values Modes). <p>The first project meeting will take place on 14th September. The project team will consist of CCG project leads Dr Mark Stone and Tracey Cox, representation from iMPower, representation from the 2 practice pilots, and also reps from the CCG quality team have been invited.</p> <p>The project brief will be shared at the next Stafford and Surrounds membership board taking place on 4th September for information.</p> <p>Following advice from the Quality team, a QIA is not yet required until the design phase of discover phase of the project has been undertaken and at which time will then be reviewed. This also applies to the EIA.</p> <p>SH asked how patients would feel the difference. TC commented that these are some of the questions that will be picked up at the first meeting.</p> <p>NC asked about the impact on the two practices. TC responded that the practices will need to invest time and will be something to discuss as part of the project group. Some evaluation work is being built into the programme and Dr Mark Stone was looking to speak to Keele to ensure the scheme is properly evaluated.</p>	

		Action
	<p>AHe stated that if the scheme works, human factors do a lot around safety in clinical errors and asked whether there is an opportunity to extend the project and look at other areas i.e. prescribing issues, antibiotic prescribing. TC responded stating there was definitely an opportunity to expand the project. Human factors champions are going to be rolled out in Stafford utilising funding secured from the patient safety collaborative previously.</p> <p>TC will provide a further update on the programme in October/November when this has progressed further.</p> <p>Members RECEIVED the report.</p>	
12.	<p>GPFV Mid Year Review</p> <p>Tracey Cox provided members with a presentation on the mid year review. The presentation will be circulated to members.</p> <p>The presentation highlighted progress in the following areas:</p> <ul style="list-style-type: none"> • Workload and the 10 High Impact Changes including • Workforce • GP Nursing 10 point plan • Access • New Models of Care • Infrastructure – Digital • Estates <p>LM commented that the report doesn't show an oversight of the GPFV allocations, reliance funding is retained by NHSE and all GPFV resource need to be within the PC commissioning budget and this committee needs to have sight off this as it doesn't feel like the committee has ownership.</p> <p>Action: LM requests that DS picks up with NHSE all GPFV allocations.</p> <p>Paddy Hannigan joined the meeting.</p> <p>NC asked about filtering this information down through the website and the PPGs as there needs to be a message out that services to patients are changing and improving. LM commented that the team have been working hard as part of the GPFV. The team are good at working with practices but primary care is not good a PR. Having RC at the meeting is one of the first steps of linking in with patients, PPGs and comms.</p> <p>It was felt that the presentation should be presented to GBs/LBs/MBs to promote the work that has been undertaken but there needs to be a comms strategy on how this work is promoted.</p>	DS

		Action
	<p>It was noted by MoH that winter pressures was not included in the pack as this was a positive piece of work whereby localities worked together to deliver winter pressures appointments.</p> <p>Dave Skelton left the meeting.</p> <p>AHe asked for a formal piece of work on comms to be undertaken with an update to come back to the committee in a few months time and the presentation to be circulated to members.</p> <p>Members RECEIVED the presentation.</p>	
13.	<p>Primary Care Enhanced Services / Investment Plan Mel Mahon provided a presentation to members on Primary Care Enhanced Services & Investment Programme Plans.</p> <p>The services and investments which are within scope of this programme include:</p> <ul style="list-style-type: none"> Local Enhanced Services (LES) £3/head Transformation Funding Local Improvement Scheme (LIS) Membership Agreements Quality Improvement Framework (QIF) Quality Outcomes Framework (QOF) PMS Re-investment monies <p>Not all schemes are available to all CCGs, for example the QIF is a north Staffordshire allocation only.</p> <p>SN confirmed that there had been clinical lead involvement in this work and is fundamental to the work and thanked those that had provided that input.</p> <p>PH asked where all the information is being pulled together as a single strategy. LM confirmed that it will come from the Primary Care Strategy that is being refreshed for Staffordshire and recognised that this work shouldn't be slowed down whilst the strategy is being developed. The full programme plan with the validated budgets will come back to the next meeting which will highlight where there are variations.</p> <p>PH also made a point that from a patient perspective why are there different services being provided from different practices, and how is this going to be delivered at a uniform level for patients in Staffordshire. MM responded giving the example of anti coag – this needs to be reviewed on a case by case basis</p> <p>LM commented that this is a good piece of work and acknowledged that there is capacity issues for the team but there is a need to have a clear plan noting that other areas not included i.e. in the north they have a quality improvement programme under QIF and would want to</p>	

		Action
	<p>look at and the benefits of that as one approach. MM responded that in the central plan QiF is included.</p> <p>The slides will be circulated to members.</p> <p>It was agreed that there would be a refresh of the document to include the finances for next month's committee.</p> <p>Members RECEIVED the report.</p>	
14.	<p>Questions from Members of the Public There were no members of the public in attendance.</p>	
15.	<p>Any Other business SH asked whether there would be an update on extended access next month. This would be an agenda item for the September Committee. MM advised members that extended access is due to go live on 1 September to provide an additional 30 mins/1000 patients giving 100% coverage.</p> <p>AHe passed on her thanks to the team on the work undertaken around extended access.</p>	
16.	<p>Glossary of terms The Glossary of Terms was noted for information.</p>	
17.	<p>Date, Time and venue of next meeting 26 September 2018 at 2.00 pm Rudyard Suite, Staffordshire Place 1, Stafford ST16 2LP</p>	

**PRIMARY CARE COMMISSIONING COMMITTEE MEETING IN COMMON
ACTION LIST**

Ref:	MEETING DATE	REFERENCE	AGENDA ITEM	ACTION	Responsible Officer	Outcome/update (Completed Actions remain on the Action List for the following PCC and are then removed to the 'Completed' Worksheet)
113	29/08/2018	12	GPFV Mid Year Review	DS picks up with NHSE all GPFV allocations.	DS	
112	29/08/2018	9	Supporting & Promoting South West Staffordshire PPGs	KF would request that a copy of the tool is shared at all South Membership Boards for information.	AD/KF	
111	29/08/2018	9		AE/PC team will provide an update at the South District patient Groups on the tool over September / October to promote use.	AE/KF	
110	29/08/2018	9		PC team to send email to PMs advisign them of the tool and asking them to share with their PPGs and also encourage their GPs to also complete the assessment tool	KF	
109	29/08/2018	7	Finance Report	DS/AP to include population sizes and North and East CCGs finance reports in future reports.	DS/AP	
108	29/08/2018	7	Finance Report	DS to include assurance statement in report next month	DS	
107	29/08/2018	3	Quoracy	Meeting to be arranged with Chairs of East/South PCC and LM/VR to look at aligning the agendas.	VR/LM	
106	25/07/2018	12	Digital Update	Mhu and LM to pull together a workshop to do across the whole of Staffordshire and LM to speak with Caroline Donovan re getting people engaged in terms of a primary care conference	Mhu/LM	Update 29/08/18 Work is progressing and meeting scheduled to take place on 31/8. Further update to come to the next meeting.
105	25/07/2018	10	Supporting Change in General Practice	Meeting to be arranged with Mhu, TC, SB and member of finance team to review business case.	Mhu/TC/SB	Meeting held on 16/8. Further work being done on clarifying team additionality and impact of not funding. Updated report in Sept.
100	27/06/2018	13	Social Prescribing	Briefing on social prescribing to come to future meeting	TC/IS	25/7/18 TC confirmed that a position statement would be submitted to the September Committee
99	27/06/2018	11	Moss Grove	Meting to be arranged with NHSE regional manager, LM and Mark Hopkins to understand the issues in Kinver	VR/LM	14/8/18 - Meeting still to be arranged, delayed due to a/l
98	27/06/2018	10	GPFV	SJ to speak to Adele Edmundson and Anna Collins regarding comms as part of the work load and workforce primary care programmes	SJ	Update 29/08 Richard Caddy to meet with SJ to look at sharing good news stories. 14/08/18 Meeting scheduled with Anna Collins for 28/8/18
97	27/06/2018	10	GPFV	Locality Development report to be shared with lay members	LM	25/07/18 Locality Development report to come to the September Committee
91	30/05/2018	10	360° Stakeholder Survey	LM to speak to SJ and identify an officer to bring an update to next meeting	LM	27/06/18 Head of Comms is coordinating a joint approach with primary care being part of that process. Links in with Action 98.
90				Summary Report and action plan to be brought back to future meeting	LM	

REPORT TO:

Primary Care Commissioning Committees Meeting in Common

Enclosure:	04		
Report to:	Primary Care Committee		
Title:	Delegated Commissioning Month 5 2018/19		
Meeting Date:	Wednesday 26 th September 2018		
Executive Lead(s):	Exec Sign-Off Y/N	Author(s):	
		Anne Perry	
Clinical Lead(s) Reviewer:	Links to the STP Y/N (if Y, which programme):		
Action Required (select):			
Decision	Discussion	For Assurance / For Information	✓
Purpose of the Paper (Key Points + Executive Summary):			
<p>To inform the Board of the Month 5 position for Cannock Chase, Stafford and Surrounds and South East Staffordshire & Seisdon Peninsula CCG's</p> <p>This paper provides an update on performance against the primary care budgets as at Month 5.</p> <p>The Committee is asked to note the financial position at Month 5.</p>			
Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):			
Implications:			
Legal and/or Risk			
CQC			
Patient Safety			
Patient Engagement			
Financial			
Sustainability			

Workforce / Training	
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Key Requirements:		Yes	No
1.	Has a Quality Impact Assessment been completed? <i>Please provide detail within the body of the report</i>		
2.	Has an Equality Impact Assessment been completed? <i>Please provide detail within the body of the report as to these considerations:</i> <ul style="list-style-type: none"> Can you confirm an Equality Impact & Risk Assessment (EIRA: stage 1 & 2) has been completed; if not, what is the rationale for non-completion? Which if any of the nine Protected Groups were targeted for engagement and feedback to CCGs, and why those? Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) Explain any 'objective justification' considerations, if applicable 		
Key Requirements:		Yes	No
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients <i>Please provide detail within the body of the report</i>		

Recommendations / Action Required:
<p>The Primary Care Committee Name is asked to receive the report.</p>

- **Introduction**

The Primary Care Commissioning Committee has responsibility for monitoring the primary care delegated budgets and this report presents an update on the current and forecast financial position of the delegated budgets at Month 5.

Although the committee does not have responsibility for the other CCG primary care commissioning budgets, an update is also included within this report for information only.

- **Primary Care Delegated Budgets – NHS Cannock Chase CCG**

Information from NHSE has been received to indicate that the Global Sum payment to practices will increase by £1.04 per head of population.

Confirmation is awaited as to whether this will be backdated to April 1st, and whether the increase will be funded centrally.

The potential risk to the organisation if this is not funded is a cost pressure of circa £140k. Further updates will follow once information is confirmed.

There is currently a gap in funding of £223k as indicated in the attached report Appendix 1 – section “Reserves”.

This can be partially mitigated by the .05% contingency reserve - £90k - and the inflationary reserve - £29k - leaving a balance of £119k.

Discussions have taken place as to where further mitigations can be found and we are reasonably confident that underspends on QoF and prior year surplus will cover the balance.

There is still therefore the additional Global Sum funding potential risk.

We are continuing to forecast a breakeven position and will continue to work closely with our NHSE colleagues to ensure material movements are captured and reported.

- **Primary Care Delegated Budgets – NHS Stafford & Surrounds CCG**

Information from NHSE has been received to indicate that the Global Sum payment to practices will increase by £1.04 per head of population.

Confirmation is awaited as to whether this will be backdated to April 1st, and whether the increase will be funded centrally.

The potential risk to the organisation if this is not funded is a cost pressure of circa £151k. Further updates will follow once information is confirmed.

There is currently a gap in funding of £133k as indicated in the attached report Appendix 2 – section “Reserves”. This can be fully mitigated by the .05% contingency reserve - £103k - and the inflationary reserve - £32k.

There are further potential surpluses relating to Extended access - £25k, Premises (one practice changing from cost to notional rent) - £22k, QoF and prior year surplus.

However these need to be protected at this stage until we have clarity around the additional Global Sum funding.

We are continuing to forecast a breakeven position and will continue to work closely with our NHSE colleagues to ensure material movements are captured and reported.

- **Primary Care Delegated Budgets – NHS South East Staffordshire & Seisdon Peninsula CCG**

Information from NHSE has been received to indicate that the Global Sum payment to practices will increase by £1.04 per head of population.

Confirmation is awaited as to whether this will be backdated to April 1st, and whether the increase will be funded centrally.

The potential risk to the organisation if this is not funded is a cost pressure of circa £211k. Further updates will follow once information is confirmed.

There is currently a gap in funding of £191k as indicated in the attached report Appendix 3 – section “Reserves”.

This can be partially mitigated by the .05% contingency reserve - £138k - and the inflationary reserve - £48k – leaving a balance of £5k..

There are further potential surpluses relating to QoF and prior year surplus.

However these need to be protected at this stage until we have clarity around the additional Global Sum funding.

We are continuing to forecast a breakeven position and will continue to work closely with our NHSE colleagues to ensure material movements are captured and reported.

- **Other Primary Care Commissioning Budgets**

Appendix 4 presents the other CCG Primary Care Commissioning budgets for information.

Cannock Chase Clinical Commissioning Group
East Staffs Clinical Commissioning Group
North Staffs Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford & Surrounds Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group



Cannock Chase CCG
Primary Medical Services - Delegated Budgets 2018/19

Month 4

		Year To Date			Forecast			Budget set at £87.60
		Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s	
		85.35						
Core contracts								
D1.1	GMS	3,242	3,277	35	9,726	9,726	0	
D1.2	PMS	925	930	5	2,776	2,776	0	
D1.3	APMS	89	89	1	264	264	0	
D1.4	PMS Reinvestment	231	231	0	694	694	0	
D1.5	Demographic Growth	29	4	-25	88	88	0	
		4,517	4,531	15	13,548	13,548	0	
Enhanced Services								
D2.1	Extended Hours	56	52	-4	167	167	0	
D2.2	LD Health Checks	27	27	0	107	107	0	
D2.3	Minor Surgery	78	65	-13	235	235	0	
D2.4	Violent Patients	2	2	0	7	7	0	
D2.5	TPP Qrisk	0	0	0	0	0	0	
		163	146	-17	515	515	0	
Other Services								
D3.1	Dispensing & Prescribing	48	48	0	143	143	0	
D3.2	CQC Fees	151	161	11	85	85	0	
D3.3	Locums	18	18	0	53	53	0	
D3.4	Seniority	27	23	-4	111	111	0	
D3.6	Named GP for Safeguarding	5	5	0	16	16	0	
D3.7	Medical Fees	3	3	0	9	9	0	
D3.8	All Other	0	0	0	0	0	0	
		252	258	7	417	417	0	
Premises								
D4.1	Rents	417	419	2	1,260	1,260	0	
D4.2	Rates	112	111	-1	173	173	0	
D4.3	Water Rates	5	6	1	15	15	0	
D4.4	Clinical Waste	14	14	0	43	43	0	
		548	551	2	1,490	1,490	0	
D5	QOF	431	432	1	1,849	1,849	0	
Reserves								
D6.1	0.5% Contingency Reserve	0	0	0	90	90	0	
D6.2	Balance to Allocation Reserve Discretionary	0	0	0	25	25	0	
D6.2	1% Reserve moved to CCG	0	0	0	-180	-180	0	
D6.2	Indemnity Startpoint	0	0	0	68	68	0	
D6.2	Indemnity budget moved to CCG re GPFV	0	0	0	-135	-135	0	
		0	0	0	-223	-223	0	
D6.3	Inflation	10	10	0	29	29	0	
D99	Prior Year Balances	0	0	0	0	0	0	
		10	10	0	-104	-104	0	
Sub Total		5,920	5,927	8	17,716	17,825	0	
		5,920	5,927	8	17,716	17,825	0	
		1	-0		1	1		

List size changes reserve

Global sum from 1 Oct going up to 88.96 from 87.92 backd:
Unsure of funding following so impact could be as much as

November should have 6month data reassess

Reserve included in Rents line

17/18 forecast plus 1% - accrued to budget. Potential £60k

Gross

At start point reserve to allocation

1% removed

At start point

Advised 1.07 transfer to GPFV only budgeted for 51p

Possible flexibility £92k - Qof £60

Cannock Chase CCG
 Primary Care - Commissioning Budgets 2018/19
 Month 5

		Year To Date	
		Budget £'000s	Actual £'000s
Enhanced Services			
	Anti-coagulation	18	13
	Nursing Homes	13	9
	GTT	1	1
	Shared Care	16	14
	Intra Partum Care	6	5
	Spirometry	10	11
	Primary Care Offer	7	19
	Other Enhanced Services	2	2
		73	73
GP Forward View Investments			
	Transformational Support	83	83
	Care Navigators	0	0
	Improving Access	0	0
	Online consultation Software	0	0
		83	83
Other Primary Care Budgets			
	Membership and Transformation Scheme	124	105
	Learning & Development	14	10
	Other Primary Care Schemes	42	35
	Prior Year Balances	0	-27
		180	123
GP IT		168	173
		504	453

e	Forecast			
	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
	-5	42	42	0
	-5	32	32	0
	0	2	2	0
	-2	38	38	0
	-1	13	13	0
	1	25	25	0
	12	17	17	0
	0	5	5	0
	1	175	175	0
	1	198	200	1
	0	23	23	0
	0	706	706	0
	0	44	44	0
	1	971	972	1
	-18	297	253	-44
	-4	35	24	-11
	-8	110	80	-30
	-27	0	-27	-27
	-57	442	330	-112
	5	443	455	12
	-51	2,030	1,932	-99

CANNOCK CHASE CCG MONTH 4 JULY 18

Narrative	Subjective	Subjective Description	Values				Sum of Forecast Outturn
			Sum of Annual Budget	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	
0.5% Contingency	91811030	AI-Non Pay General Reserves	90,165.00	0.00	0.00	0.00	90,165.00
0.5% Contingency Total			90,165.00	0.00	0.00	0.00	90,165.00
Dispensing & Prescribing	5216100Q	C&M-GMS PrscChrgsCll&RmtdbyGPCntra	-8,867.00	-3,695.00	-3,695.00	0.00	-8,867.00
	5216100R	C&M-GMS Prof Fees Dispensing	65,315.00	27,215.00	27,215.00	0.00	65,315.00
	5216100S	C&M-GMS Prof Fees Prescribing	82,897.00	34,542.00	34,542.00	0.00	82,897.00
	5216104A	C&M-PMS Prof fees Prescribing	564.00	235.00	235.00	0.00	564.00
	521610LL	C&M-GMS Dispensing Quality Sch	0.00	0.00	0.00	0.00	0.00
	521610Y3	C&M-APMS Prof Fees Prescribing	3,301.00	1,375.00	1,375.00	0.00	3,301.00
Dispensing & Prescribing Total			143,210.00	59,672.00	59,672.00	0.00	143,210.00
Enhanced Services	521610UN	C&M-APMS DES Extended Hours Access	5,056.00	2,106.00	2,109.80	3.80	5,056.00
	521610UR	C&M-APMS DES Learn Dsbly Hlth Chk	140.00	35.00	35.00	0.00	140.00
	521610US	C&M-APMS DES Minor Surgery	2,177.00	906.00	671.25	-234.75	2,177.00
	521610V8	C&M-GMS DES Extended Hours Access	127,450.00	53,104.00	49,023.32	-4,080.68	127,450.00
	521610VB	C&M-GMS DES Learn Dsbly Hlth Chk	88,620.00	22,155.00	22,155.00	0.00	88,620.00
	521610VC	C&M-GMS DES Minor Surgery	150,039.00	62,526.00	52,302.55	-10,223.45	150,039.00
	521610VJ	C&M-GMS DES Violent Patients	7,009.00	2,920.00	2,815.00	-105.00	7,009.00
	521610VW	C&M-PMS DES Extended Hours Access	34,413.00	14,337.00	11,049.15	-3,287.85	34,413.00
	521610VZ	C&M-PMS DES Learn Dsbly Hlth Chk	18,060.00	4,515.00	4,515.00	0.00	18,060.00
	521610W0	C&M-PMS DES Minor Surgery	82,988.00	34,582.00	28,482.40	-6,099.60	82,988.00
Enhanced Services Total			515,952.00	197,186.00	173,158.47	-24,027.53	515,952.00
General Practice APMS	521610XC	C&M-APMS Other Baseline Adjustment	265,995.00	110,834.00	111,316.65	482.65	265,995.00
General Practice APMS Total			265,995.00	110,834.00	111,316.65	482.65	265,995.00
General Practice GMS	5216100L	C&M-GMS MPIG Correction Factor	37,953.00	15,815.00	15,813.55	-1.45	37,953.00
	521610ZN	C&M-GMS Other Baseline Adjustment	0.00	0.00	148,657.40	148,657.40	0.00
	521610ZU	C&M-GMS Other FDR Payment	452,510.00	188,551.00	84,844.95	-103,706.05	452,510.00
	521610ZV	C&M-GMS Global Sum	9,771,010.00	4,071,263.00	4,091,990.84	20,727.84	9,771,010.00
General Practice GMS Total			10,261,473.00	4,275,629.00	4,341,306.74	65,677.74	10,261,473.00
General Practice PMS	5216102X	C&M-PMS Baseline Adjustment	2,809,854.00	1,170,771.00	1,168,587.98	-2,183.02	2,809,854.00
	5216103B	C&M-PMS Contract Value	14,340.00	5,975.00	5,980.00	5.00	14,340.00
	5216103H	C&M-PMS Funding Differential Review	241,260.00	100,525.00	21,972.50	-78,552.50	241,260.00
	5216103W	C&M-PMS Out of Hours Opt Outs	1.00	1.00	0.03	-0.97	1.00
	521610CM	C&M-PMS NES Premium	0.00	0.00	33,601.15	33,601.15	0.00
General Practice PMS Total			3,065,455.00	1,277,272.00	1,230,141.66	-47,130.34	3,065,455.00
Local Reserve	91811050	AI-Non Pay Allocations Reserve	-222,940.00	0.00	0.00	0.00	-113,940.00
Local Reserve Total			-222,940.00	0.00	0.00	0.00	-113,940.00
Other GP Services	44811030	NHSCB Revenue - Non-Contract	0.00	0.00	0.00	0.00	0.00
	52151006	Rent	0.00	0.00	0.00	0.00	0.00
	52161002	Clinical&Medical-Clinical Other	0.00	0.00	0.00	0.00	0.00
	5216100K	C&M-GMS LES Medical Fees	9,247.00	3,854.00	3,343.91	-510.09	9,247.00
	5216101G	C&M-GMS Voluntary Levy	0.00	0.00	-0.00	-0.00	0.00
	5216101R	C&M-PMS PCO Locum Adop/Pat/Mat	14,796.00	6,165.00	0.00	-6,165.00	14,796.00
	5216101T	C&M-PMS PCO Locum Sickness	0.00	0.00	0.00	0.00	0.00
	5216101X	C&M-PMS PCO Other	16,864.00	16,864.00	15,005.00	-1,859.00	16,864.00
	5216103U	C&M-PMS Medical Fees	0.00	0.00	510.09	510.09	0.00
	5216104Q	C&M-PMS Voluntary Levy	0.00	0.00	0.00	0.00	0.00
	5216104R	C&M-PMS GP Statutory Levy	0.00	0.00	-0.00	-0.00	0.00
	521610WQ	C&M-APMS PCO Other	7,353.00	7,353.00	2,031.00	-5,322.00	7,353.00
	521610XY	C&M-APMS LES Medical Fees	0.00	0.00	0.00	0.00	0.00
	521610YS	C&M-GMS PCO Locum Adop/Pat/Mat	38,628.00	16,095.00	-1,975.84	-18,070.84	38,628.00
	521610YU	C&M-GMS PCO Locum Sickness	0.00	0.00	24,235.84	24,235.84	0.00
	521610YY	C&M-GMS PCO Other	61,091.00	200,399.00	218,136.00	17,737.00	61,091.00
	521610Z1	C&M-GMS PCO Seniority	110,729.00	27,309.00	23,251.33	-4,057.67	110,729.00
	521610ZZ	C&M-GMS GP Statutory Levy	0.00	0.00	0.00	0.00	0.00
Other GP Services Total			258,708.00	278,039.00	284,537.33	6,498.33	258,708.00
Premises Costs Reimbursements	5216102F	C&M-PMS Prem Actual Rent	79,867.00	31,361.00	31,233.10	-127.90	79,867.00
	5216102M	C&M-PMS Prem Notional Rent	11,750.00	4,895.00	4,895.85	0.85	11,750.00
	5216102Q	C&M-PMS Prem Rates	20,996.00	20,996.00	21,720.53	724.53	20,996.00
	5216102T	C&M-PMS Prem Water Rates	3,926.00	1,635.00	2,022.14	387.14	3,926.00
	521610X5	C&M-APMS Prem Rates	4,613.00	4,613.00	4,507.25	-105.75	4,613.00
	521610Z4	C&M-GMS Prem Actual Rent	833,865.00	343,733.00	341,900.66	-1,832.34	833,865.00
	521610Z5	C&M-GMS Prem Clinical Waste	42,828.00	17,845.00	17,840.00	-5.00	42,828.00
	521610Z6	C&M-GMS Prem Cost Rent	77,074.00	32,114.00	34,197.40	2,083.40	77,074.00
	521610ZA	C&M-GMS Prem Notional Rent	144,639.00	60,269.00	60,218.70	-50.30	144,639.00
	521610ZC	C&M-GMS Prem Other	112,426.00	46,845.00	46,845.40	0.40	112,426.00
	521610ZF	C&M-GMS Prem Rates	147,410.00	93,598.00	90,639.54	-2,958.46	147,410.00
	521610ZJ	C&M-GMS Prem Water Rates	10,900.00	4,552.00	4,086.63	-465.37	10,900.00
Premises Costs Reimbursements Total			1,490,294.00	662,456.00	660,107.20	-2,348.80	1,490,294.00
QOF	5216100T	C&M-GMS QOF Achievement	452,431.00	0.00	0.00	0.00	452,431.00
	5216100U	C&M-GMS QOF Aspiration	1,055,676.00	439,870.00	439,870.00	0.00	1,055,676.00
	5216104B	C&M-PMS QOF Achievement	90,201.00	0.00	0.00	0.00	90,201.00
	5216104C	C&M-PMS QOF Aspiration	210,469.00	87,698.00	87,698.00	0.00	210,469.00
	521610Y4	C&M-APMS QOF Achievement	12,089.00	0.00	0.00	0.00	12,089.00
	521610Y5	C&M-APMS QOF Aspiration	28,208.00	11,754.00	11,754.00	0.00	28,208.00
QOF Total			1,849,074.00	539,322.00	539,322.00	0.00	1,849,074.00
Grand Total			17,717,386.00	7,400,410.00	7,399,562.05	-847.95	17,826,386.00

SES & SP CCG
 Primary Care - Commissioning Budgets 2018/19
 Month 5

		Year To Date	
		Budget £'000s	Actual £'000s
Enhanced Services			
	Anti-coagulation	40	22
	Basket of care / Treatment Room Services	19	18
	Nursing Homes	60	40
	GTT	2	3
	Shared Care	76	50
	Intra Partum Care	38	40
	Multiple Sclerosis	20	15
	Phlebotomy	30	23
	Primary Care Offer	78	159
	Other Enhanced Services	41	20
		405	390
GP Forward View Investments			
	Transformational Support	136	136
	Care Navigators	0	0
	Improving Access	0	0
	Online consultation Software	0	0
	Other GPFV	0	-8
		136	128
Other Primary Care Budgets			
	Membership and Transformation Scheme	172	173
	Mental Health Act Assessments	0	6
	Learning & Development	16	0
	Other Primary Care Schemes	21	-4
	Prior Year Balances	0	-58
		209	118
GP IT		285	358
		1,035	995

e	Forecast			
	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
	-18	97	97	0
	-2	47	47	0
	-20	144	144	0
	1	6	6	0
	-26	184	184	0
	2	91	91	0
	-5	48	48	0
	-8	73	73	0
	81	186	164	-22
	-20	98	98	0
	-15	974	951	-22
	0	326	327	1
	0	37	37	0
	0	793	793	0
	0	393	393	0
	-8	0	0	0
	-7	1,550	1,550	1
	1	413	414	1
	6	0	0	0
	-16	37	0	-37
	-25	51	-2	-53
	-58	0	-59	-59
	-91	501	353	-148
	73	747	909	162
	-40	3,771	3,764	-7

Cost Centre 373678
 Cost Centre Description PRC DELEGATED CO-COMMISSIONING

SOUTH EAST STAFFS & SEISDON CCG MONTH 4 JULY 18

NARRATIVE	Subjective	Subjective Description	Values				Sum of Forecast Outturn	Sum of Forecast Variance
			Sum of Annual Budget	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance		
0.5% Contingency	91811030	AI-Non Pay General Reserves	137,790.00	0.00	0.00	0.00	137,790.00	0.00
0.5% Contingency Total			137,790.00	0.00	0.00	0.00	137,790.00	0.00
Dispensing & Prescribing								
	5216100Q	C&M-GMS PrscChrgsCll&RmtdbyGPCntra	-49,636.00	-20,681.00	-20,681.00	0.00	-49,636.00	0.00
	5216100R	C&M-GMS Prof Fees Dispensing	171,980.00	71,660.00	71,660.00	0.00	171,980.00	0.00
	5216100S	C&M-GMS Prof Fees Prescribing	202,635.00	84,434.00	84,434.00	0.00	202,635.00	0.00
	5216103Z	C&M-PMS Prof fees Dispensing	13,415.00	5,590.00	5,590.00	0.00	13,415.00	0.00
	521610LL	C&M-GMS Dispensing Quality Sch	9,721.00	0.00	0.00	0.00	9,721.00	0.00
	5216104A	C&M-PMS Prof fees Prescribing	0.00	0.00	0.00	0.00	0.00	0.00
Dispensing & Prescribing Total			348,115.00	141,003.00	141,003.00	0.00	348,115.00	0.00
Enhanced Services								
	521610UR	C&M-APMS DES Learn Dsbly Hlth Chk	3,220.00	805.00	805.00	0.00	3,220.00	0.00
	521610V8	C&M-GMS DES Extended Hours Access	240,944.00	100,396.00	99,901.26	-494.74	240,944.00	0.00
	521610VB	C&M-GMS DES Learn Dsbly Hlth Chk	98,980.00	24,745.00	24,745.00	0.00	98,980.00	0.00
	521610VC	C&M-GMS DES Minor Surgery	118,735.00	49,477.00	48,565.25	-911.75	118,735.00	0.00
	521610VR	C&M-GMS DES TPP QRISK	0.00	0.00	0.00	0.00	0.00	0.00
	521610VW	C&M-PMS DES Extended Hours Access	52,377.00	21,824.00	30,672.19	8,848.19	52,377.00	0.00
	521610VZ	C&M-PMS DES Learn Dsbly Hlth Chk	37,100.00	9,275.00	9,275.00	0.00	37,100.00	0.00
	521610W0	C&M-PMS DES Minor Surgery	70,927.00	29,552.00	36,256.16	6,704.16	70,927.00	0.00
Enhanced Services Total			622,283.00	236,074.00	250,219.86	14,145.86	622,283.00	0.00
General Practice APMS	521610XC	C&M-APMS Other Baseline Adjustment	935,363.00	387,101.00	393,195.07	6,094.07	935,363.00	0.00
General Practice APMS Total			935,363.00	387,101.00	393,195.07	6,094.07	935,363.00	0.00
General Practice GMS								
	5216100L	C&M-GMS MPIG Correction Factor	139,752.00	58,231.00	58,229.25	-1.75	139,752.00	0.00
	5216102N	C&M-GMS Other Baseline Adjustment	0.00	0.00	272,918.60	272,918.60	0.00	0.00
	5216102U	C&M-GMS Other FDR Payment	883,373.00	368,077.00	165,632.50	-202,444.50	883,373.00	0.00
	5216102V	C&M-GMS Global Sum	14,819,754.00	6,174,903.00	6,184,537.21	9,634.21	14,819,754.00	0.00
General Practice GMS Total			15,842,879.00	6,601,211.00	6,681,317.56	80,106.56	15,842,879.00	0.00
General Practice PMS								
	5216102X	C&M-PMS Baseline Adjustment	3,725,436.00	1,552,265.00	1,522,528.42	-29,736.58	3,725,436.00	0.00
	5216103B	C&M-PMS Contract Value	0.00	0.00	0.00	0.00	0.00	0.00
	5216103H	C&M-PMS Funding Differential Review	427,795.00	178,253.00	39,041.65	-139,211.35	427,795.00	0.00
	5216103W	C&M-PMS Out of Hours Opt Outs	0.00	-4.00	-0.05	3.95	0.00	0.00
	521610CM	C&M-PMS NES Premium	0.00	0.00	68,737.25	68,737.25	0.00	0.00
General Practice PMS Total			4,153,231.00	1,730,514.00	1,630,307.27	-100,206.73	4,153,231.00	0.00
Local Reserve	91811050	AI-Non Pay Allocations Reserve	-190,508.00	0.00	0.00	0.00	-136,508.00	54,000.00
Local Reserve Total			-190,508.00	0.00	0.00	0.00	-136,508.00	54,000.00
Other GP Services								
	5216100K	C&M-GMS LES Medical Fees	6,473.00	2,696.00	2,228.48	-467.52	6,473.00	0.00
	5216101G	C&M-GMS Voluntary Levy	0.00	0.00	0.00	0.00	0.00	0.00
	5216101R	C&M-PMS PCO Locum Adop/Pat/Mat	0.00	0.00	0.00	0.00	0.00	0.00
	5216101X	C&M-PMS PCO Other	26,875.00	26,875.00	26,398.00	-477.00	26,875.00	0.00
	5216103U	C&M-PMS Medical Fees	0.00	0.00	467.52	467.52	0.00	0.00
	5216104Q	C&M-PMS Voluntary Levy	0.00	0.00	-0.00	-0.00	0.00	0.00
	5216104R	C&M-PMS GP Statutory Levy	0.00	0.00	0.00	0.00	0.00	0.00
	521610WQ	C&M-APMS PCO Other	3,559.00	3,559.00	3,678.00	119.00	3,559.00	0.00
	521610YS	C&M-GMS PCO Locum Adop/Pat/Mat	214,080.00	89,200.00	26,209.42	-62,990.58	214,080.00	0.00
	521610YU	C&M-GMS PCO Locum Sickness	0.00	0.00	24,211.93	24,211.93	0.00	0.00
	521610YY	C&M-GMS PCO Other	109,281.00	368,612.00	368,696.00	84.00	109,281.00	0.00
	521610Z1	C&M-GMS PCO Seniority	199,095.00	48,523.00	41,541.09	-6,981.91	199,095.00	0.00
	521610ZZ	C&M-GMS GP Statutory Levy	0.00	0.00	-0.00	-0.00	0.00	0.00
	5216101T	C&M-PMS PCO Locum Sickness	0.00	0.00	38,778.65	38,778.65	0.00	0.00
	521610XY	C&M-APMS LES Medical Fees	0.00	0.00	0.00	0.00	0.00	0.00
	44811030	NHSCB Revenue - Non-Contract	0.00	0.00	0.00	0.00	0.00	0.00
	52151006	Rent	0.00	0.00	0.00	0.00	0.00	0.00
	52160091	C&M-GP PRACTICE REVENUE - PCTF	0.00	0.00	6,684.35	6,684.35	0.00	0.00
	52161002	Clinical&Medical-Clinical Other	0.00	0.00	0.00	0.00	0.00	0.00
	52114005	Other professional fees	0.00	0.00	3,281.47	3,281.47	0.00	0.00
Other GP Services Total			559,363.00	539,465.00	542,174.91	2,709.91	559,363.00	0.00
Premises Costs Reimbursements								
	5216102F	C&M-PMS Prem Actual Rent	200,958.00	83,734.00	90,609.95	6,875.95	200,958.00	0.00
	5216102Q	C&M-PMS Prem Rates	63,324.00	59,431.00	69,763.33	10,332.33	63,324.00	0.00
	5216102T	C&M-PMS Prem Water Rates	2,581.00	1,075.00	1,192.94	117.94	2,581.00	0.00
	521610WW	C&M-APMS Prem Actual Rent	101,040.00	42,100.00	42,100.00	0.00	101,040.00	0.00
	521610X4	C&M-APMS Prem Other	0.00	0.00	0.00	0.00	0.00	0.00
	521610X5	C&M-APMS Prem Rates	1,000.00	416.00	416.00	0.00	1,000.00	0.00
	521610X8	C&M-APMS Prem Water Rates	0.00	0.00	0.00	0.00	0.00	0.00
	521610Z4	C&M-GMS Prem Actual Rent	632,200.00	232,764.00	241,731.97	8,967.97	632,200.00	0.00
	521610Z5	C&M-GMS Prem Clinical Waste	62,736.00	26,140.00	26,140.00	0.00	62,736.00	0.00
	521610Z6	C&M-GMS Prem Cost Rent	47,601.00	19,834.00	19,833.75	-0.25	47,601.00	0.00
	521610ZA	C&M-GMS Prem Notional Rent	308,515.00	128,555.00	126,420.50	-2,134.50	308,515.00	0.00
	521610ZC	C&M-GMS Prem Other	39,530.00	16,470.00	26,271.67	9,801.67	39,530.00	0.00
	521610ZF	C&M-GMS Prem Rates	215,826.00	176,376.00	147,796.70	-28,579.30	215,826.00	0.00
	521610ZJ	C&M-GMS Prem Water Rates	24,832.00	10,356.00	10,748.56	392.56	24,832.00	0.00
	521610ZM	C&M-PMS Prem Notional Rent	125,969.00	52,489.00	52,486.75	-2.25	125,969.00	0.00
Premises Costs Reimbursements Total			1,826,112.00	849,740.00	855,512.12	5,772.12	1,826,112.00	0.00
QOF								
	5216100T	C&M-GMS QOF Achievement	675,812.00	0.00	0.00	0.00	675,812.00	0.00
	5216100U	C&M-GMS QOF Aspiration	1,576,892.00	657,045.00	657,045.00	0.00	1,576,892.00	0.00
	5216104B	C&M-PMS QOF Achievement	156,703.00	0.00	0.00	0.00	156,703.00	0.00
	5216104C	C&M-PMS QOF Aspiration	365,637.00	152,348.00	152,348.00	0.00	365,637.00	0.00
	521610Y4	C&M-APMS QOF Achievement	15,375.00	0.00	0.00	0.00	15,375.00	0.00
	521610Y5	C&M-APMS QOF Aspiration	35,874.00	14,949.00	14,949.00	0.00	35,874.00	0.00
QOF Total			2,826,293.00	824,342.00	824,342.00	0.00	2,826,293.00	0.00
Grand Total			27,060,921.00	11,309,450.00	11,318,071.79	8,621.79	27,114,921.00	54,000.00

Stafford & Surrounds CCG
Primary Care - Commissioning Budgets 2018/19
Month 5

		Year To Date			Forecast		
		Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s
Enhanced Services							
	Anti-coagulation	61	38	-23	148	148	0
	Basket of care / Treatment Room Services	61	41	-21	147	147	0
	Nursing Homes	41	51	10	99	99	0
	GTT	1	1	0	1	1	0
	Extended Hours Access	0	0	0	0	0	0
	Shared Care	41	27	-14	98	98	0
	Intra Partum Care	3	2	-1	8	8	0
	Spirometry	12	7	-5	28	28	0
	Primary Care Offer	19	76	57	46	46	0
	Other Enhanced Services	0	0	0	0	0	0
		239	242	3	575	575	0
GP Forward View Investments							
	Transformational Support	93	93	1	222	224	2
	Care Navigators	5	0	-5	25	25	0
	Improving Access	0	0	0	906	906	0
	Online consultation Software	0	0	0	50	50	0
	Other GPFV	-5	0	5	0	0	0
		93	93	1	1,203	1,205	2
Other Primary Care Budgets							
	Membership and Transformation Scheme	138	118	-20	332	283	-49
	Learning & Development	18	8	-11	44	19	-25
	Other Primary Care Schemes	53	-13	-66	127	55	-72
	Prior Year Balances	0	-65	-65	0	-65	-65
		210	48	-162	503	293	-211
GP IT							
		111	43	-68	305	322	17
		653	426	-227	2,586	2,394	-192

STAFFORD & SURROUNDS CCG MONTH 4 JULY 18

Summary by Subjective WDS	Subjective	Subjective Description	Values				Sum of Forecast Outturn	Sum of Forecast Variance
			Sum of Annual Budget	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance		
0.5% Contingency	91811030	AI-Non Pay General Reserves	102,710.00	0.00	0.00	0.00	102,710.00	0.00
0.5% Contingency Total			102,710.00	0.00	0.00	0.00	102,710.00	0.00
Dispensing & Prescribing	5216100Q	C&M-GMS PrscChrgsCll&RmttdbyGPCntra	-52,316.00	-21,800.00	-21,800.00	0.00	-52,316.00	0.00
	5216100R	C&M-GMS Prof Fees Dispensing	502,179.00	180,909.00	180,909.00	0.00	502,179.00	0.00
	5216100S	C&M-GMS Prof Fees Prescribing	95,153.00	39,650.00	39,650.00	0.00	95,153.00	0.00
	5216103X	C&M-PMS Prsc Chrgs Cll&Rmttd by GPs	-76,234.00	-31,764.00	-31,764.00	0.00	-76,234.00	0.00
	5216103Z	C&M-PMS Prof fees Dispensing	326,278.00	135,950.00	135,950.00	0.00	326,278.00	0.00
	521610LL	C&M-GMS Dispensing Quality Sch	7,144.00	0.00	0.00	0.00	7,144.00	0.00
	521610R5	C&M-PMS Dispensing Quality Sch	11,685.00	0.00	0.00	0.00	11,685.00	0.00
Dispensing & Prescribing Total			813,889.00	302,945.00	302,945.00	0.00	813,889.00	0.00
Enhanced Services	521610V8	C&M-GMS DES Extended Hours Access	211,782.00	88,244.00	87,924.38	-319.62	211,782.00	0.00
	521610VB	C&M-GMS DES Learn Dsbly Hlth Chk	57,120.00	14,280.00	14,280.00	0.00	57,120.00	0.00
	521610VC	C&M-GMS DES Minor Surgery	157,616.00	65,673.00	62,043.25	-3,629.75	157,616.00	0.00
	521610VW	C&M-PMS DES Extended Hours Access	47,352.00	19,733.00	19,091.23	-641.77	47,352.00	0.00
	521610VZ	C&M-PMS DES Learn Dsbly Hlth Chk	9,940.00	2,485.00	2,485.00	0.00	9,940.00	0.00
	521610W0	C&M-PMS DES Minor Surgery	26,994.00	11,249.00	8,653.60	-2,595.40	26,994.00	0.00
Enhanced Services Total			510,804.00	201,664.00	194,477.46	-7,186.54	510,804.00	0.00
General Practice GMS	5216100L	C&M-GMS MPIG Correction Factor	24,718.00	10,300.00	10,298.90	-1.10	24,718.00	0.00
	521610ZN	C&M-GMS Other Baseline Adjustment	0.00	0.00	137,896.30	137,896.30	0.00	0.00
	521610ZU	C&M-GMS Other FDR Payment	436,480.00	181,866.00	81,840.35	-100,025.65	436,480.00	0.00
	521610ZV	C&M-GMS Global Sum	11,041,981.00	4,600,826.00	4,617,308.38	16,482.38	11,041,981.00	0.00
General Practice GMS Total			11,503,179.00	4,792,992.00	4,847,343.93	54,351.93	11,503,179.00	0.00
General Practice PMS	5216102X	C&M-PMS Baseline Adjustment	2,821,405.00	1,175,586.00	1,160,013.62	-15,572.38	2,821,405.00	0.00
	5216103B	C&M-PMS Contract Value	0.00	0.00	0.00	0.00	0.00	0.00
	5216103H	C&M-PMS Funding Differential Review	149,312.00	62,212.00	146.25	-62,065.75	149,312.00	0.00
	5216103W	C&M-PMS Out of Hours Opt Outs	0.00	3.00	-0.00	-3.00	0.00	0.00
	521610CM	C&M-PMS NES Premium	0.00	0.00	24,195.10	24,195.10	0.00	0.00
General Practice PMS Total			2,970,717.00	1,237,801.00	1,184,354.97	-53,446.03	2,970,717.00	0.00
Local Reserve	91811050	AI-Non Pay Allocations Reserve	-133,169.00	0.00	0.00	0.00	-128,169.00	5,000.00
Local Reserve Total			-133,169.00	0.00	0.00	0.00	-128,169.00	5,000.00
Other GP Services	52114005	Other professional fees	0.00	0.00	0.00	0.00	0.00	0.00
	52161002	Clinical&Medical-Clinical Other	0.00	0.00	0.00	0.00	0.00	0.00
	5216100K	C&M-GMS LES Medical Fees	5,827.00	2,429.00	1,854.24	-574.76	5,827.00	0.00
	5216101G	C&M-GMS Voluntary Levy	0.00	0.00	-0.00	-0.00	0.00	0.00
	5216101T	C&M-PMS PCO Locum Sickness	0.00	0.00	0.00	0.00	0.00	0.00
	5216101X	C&M-PMS PCO Other	16,000.00	16,000.00	15,716.00	-284.00	16,000.00	0.00
	5216103U	C&M-PMS Medical Fees	0.00	0.00	574.76	574.76	0.00	0.00
	5216104Q	C&M-PMS Voluntary Levy	0.00	0.00	-0.00	-0.00	0.00	0.00
	5216104R	C&M-PMS GP Statutory Levy	0.00	0.00	-0.00	-0.00	0.00	0.00
	521610YS	C&M-GMS PCO Locum Adop/Pat/Mat	93,056.00	38,774.00	36,514.64	-2,259.36	93,056.00	0.00
	521610YU	C&M-GMS PCO Locum Sickness	0.00	0.00	2,259.36	2,259.36	0.00	0.00
	521610YY	C&M-GMS PCO Other	79,539.00	118,292.00	115,057.00	-3,235.00	79,539.00	0.00
	521610Z1	C&M-GMS PCO Seniority	180,899.00	44,019.00	38,184.10	-5,834.90	180,899.00	0.00
	521610ZZ	C&M-GMS GP Statutory Levy	0.00	0.00	-0.00	-0.00	0.00	0.00
Other GP Services Total			375,321.00	219,514.00	210,160.10	-9,353.90	375,321.00	0.00
Premises Costs Reimbursements	5216102F	C&M-PMS Prem Actual Rent	463,205.00	225,009.00	221,074.43	-3,934.57	463,205.00	0.00
	5216102M	C&M-PMS Prem Notional Rent	32,765.00	13,651.00	15,699.90	2,048.90	32,765.00	0.00
	5216102Q	C&M-PMS Prem Rates	45,339.00	42,462.00	47,155.76	4,693.76	45,339.00	0.00
	5216102T	C&M-PMS Prem Water Rates	0.00	0.00	1,948.18	1,948.18	0.00	0.00
	52161024	C&M-GMS Prem Actual Rent	924,754.00	420,498.00	421,478.68	980.68	924,754.00	0.00
	52161025	C&M-GMS Prem Clinical Waste	43,836.00	18,265.00	18,265.00	0.00	43,836.00	0.00
	52161026	C&M-GMS Prem Cost Rent	0.00	0.00	0.00	0.00	0.00	0.00
	5216102A	C&M-GMS Prem Notional Rent	406,485.00	162,180.00	152,615.75	-9,564.25	406,485.00	0.00
	5216102C	C&M-GMS Prem Other	27,610.00	11,505.00	11,325.00	-180.00	27,610.00	0.00
	5216102F	C&M-GMS Prem Rates	199,681.00	195,820.00	190,415.59	-5,404.41	199,681.00	0.00
	5216102J	C&M-GMS Prem Water Rates	9,090.00	3,787.00	6,492.46	2,705.46	9,090.00	0.00
Premises Costs Reimbursements Total			2,152,765.00	1,093,177.00	1,086,470.75	-6,706.25	2,152,765.00	0.00
QOF	5216100T	C&M-GMS QOF Achievement	504,554.00	0.00	0.00	0.00	504,554.00	0.00
	5216100U	C&M-GMS QOF Aspiration	1,177,295.00	490,540.00	490,540.00	0.00	1,177,295.00	0.00
	5216104B	C&M-PMS QOF Achievement	94,338.00	0.00	0.00	0.00	94,338.00	0.00

Acronyms

1.	A&E	Accident & Emergency
2.	AHP	Allied Health Professional
3.	ANNP	Advanced Neonatal Nurse Practitioner
4.	AO	Accountable Officer
5.	APMS	Alternative Provider Medical Services
6.	AQP	Any Qualified Provider
7.	ASD	Autism Spectrum Disorder
8.	AVS	Acute Visiting Service
9.	BADGER	Birmingham and District General Emergency Rooms
10.	BAF	Board Assurance Framework
11.	BCF	Better Care Fund
12.	BCHFT	Birmingham Children's Hospital NHS Foundation Trust
13.	BEN	Birmingham East and North PCT
14.	BHFT	Burton Hospital NHS Foundation Trust
15.	BOTOX	Botulinum Toxin Type A
16.	BPAS	British Pregnancy Advisory Service
17.	C&E	Communications & Engagement
18.	CAG	Commissioning Advisory Group
19.	CAMHS	Children and Adolescent Mental Health Service
20.	CAS	Clinical Assessment Service
21.	CC	Cannock Chase
22.	CCG	Clinical Commissioning Group
23.	<i>Cdiff</i>	Clostridium Difficile Infection
24.	CEO	Chief Executive Officer
25.	CEPN	Community Education Provider Network
26.	CHC	Continuing Health Care
27.	CMT	Contract Management Team
28.	COPD	Chronic Obstructive Pulmonary Disease
29.	CPAG	Clinical Policies Advisory Group
30.	CPN	Community Psychiatrist Nurse
31.	CQC	Care Quality Commission
32.	CQRM	Clinical Quality Review Meetings
33.	CQUIN	Commissioning for Quality and Innovation
34.	CRT	Crisis Response Team
35.	CSU	Commissioning Support Unit
36.	CSW	Clinical Support Worker
37.	CWG	Clinical Working Group
38.	DES	Direct Enhanced Service
39.	DN	District Nurse
40.	DoH	Department of Health
41.	DPA	Data Protection Act
42.	DQF	Data Quality Facilitator
43.	ED	Emergency Department
44.	EDS	Equality Delivery System
45.	EL	Elective
46.	EMT	Executive Management Team
47.	ENT	Ear Nose Throat
48.	EOL	End of Life
49.	EPR	Electronic Patient Record
50.	ESR	Electronic Staff Record
51.	ETTF	Estates and Technology Transformation Fund
52.	EWISS	Emotional Well Being in Stafford & Surrounds
53.	EWTD	European Working Time Directive
54.	F&P	Finance and Performance
55.	FE	Frail Elderly
56.	FET	Funding Exceptional Treatment
57.	FFT	Friends and Family Test
58.	FNOF	Fractured Neck of Femur
59.	FOI	Freedom of Information
60.	FPC	Finance Performance & Contract Committee

61.	FRP	Financial Recovery Plan
62.	GB	Governing Body
63.	GDRP	General Data Protection Regulations
64.	GMS	General Medical Services (Practice)
65.	GP	General Practitioner
66.	GPWSI	GP with special interest
67.	GSF	Gold Standard Framework
68.	HCAI	Healthcare Associated Infections
69.	HEFCE	Higher Education Funding Council for England
70.	HEFT	Heart of England Foundation NHS Trust
71.	HIS	Health Informatics Service
72.	HPS	Health promoting Schools
73.	HPSS	Health promoting Schools Scheme
74.	HR	Human Resources
75.	HROD	Human Resources Organisational Development
76.	HSJ	Health Service Journal
77.	IAF	Improvement and Assessment Framework
78.	IAPT	Improving Access to Psychological Therapies
79.	ICG	Infection Control Group
80.	IFR	Independent Funding Request
81.	IG	Information Governance
82.	IM&T	Information Management and Technology
83.	IP	Inpatients
84.	IPC	Infection Prevention & Control
85.	IPR	Individual Performance Review
86.	IQT	Improving Quality Team
87.	ISA	Intermediate Support Assistant
88.	ITT	Invite to Tender
89.	JSNA	Joint Strategic Needs Assessment
90.	KPI(s)	Key Performance Indicator(s)
91.	KPMG	Global Network of Profession Firms providing audit, tax and advisory services
92.	LAA	Local Area Agreement
93.	LDD	Learning Disability and/or Difficulty
94.	LDP	Local Delivery Plan
95.	LDR	Local Digital Roadmap
96.	LES	Local Enhanced Service
97.	LHE	Local Health Economy
98.	LMC	Local Medical Council
99.	LMS	Local Medical Services
100.	LSP	Local Strategic Partnership
101.	LTC	Long Term Conditions
102.	M&L CSU	Midlands & Lancashire Commissioning Support Unit
103.	MAT	Maternity
104.	MAU	Medical Assessment Unit
105.	MB	Membership Board
106.	MCA	Mental Capacity Act
107.	MDT	Multidisciplinary Team
108.	MHRA	Medicines & Healthcare products Regulatory Agency
109.	MICATS	Musculoskeletal Integrated Clinical Assessment & Treatment Service
110.	MICOT	Minor Injuries Community Outreach Team
111.	MIU	Minor Injuries Unit
112.	MLU	Midwife-led Unit
113.	MOI	Memorandum of Information
114.	MORI	(Market & Opinion Research International)
115.	MOU	Memorandum of Understanding
116.	MPIG	Medical Practice Income Guarantee
117.	MRSA	Meticillin-Resistant Staphylococcus Aureus Infection
118.	MSFT	Mid Staffordshire NHS Foundation Trust (now part of UHNM as County Hospital)
119.	MSK	Musculoskeletal
120.	NEL	Non-Elective
121.	NES	National Enhanced Service

122.	NHQAC	Nursing Home Quality Assurance Group
123.	NHS	National Health Service
124.	NHSE	NHS England
125.	NICE	National Institute for Clinical Excellence
126.		
127.	NMC	Nursing and Midwifery Council
128.	NSL	Non Urgent Patient Transport Provider
129.	OD	Organisational Development
130.	OOH	Out of Hours, also Out of Hospital
131.	OP (D)	Outpatients (Department)
132.	OT	Occupational Therapist
133.	PAED	Paediatrics
134.	PALS	Patient Advice and Liaison Service
135.	PASS	Professional Advice and Support Service
136.	PAU	Paediatric Assessment Unit
137.	PBR	Payment By Results
138.	PCT	Primary Care Trust
139.	PEC	Professional Executive Committee
140.	PID	Project Initiation Document
141.	PIS	Prescribing Incentive Scheme
142.	PLCV	Procedures of Limited Clinical Value
143.	PLT	Protected Learning Time
144.	PM	Practice Manager
145.	PMO	Programme Management Office
146.	PMS	Personal Medical Services
147.	PPG	Patient Participation Group
148.	PPI	Patient and Public Involvement
149.	PPI (prescribing)	Proton Pump Inhibitors
150.	PPV	Post Payment Verification
151.	PQQ	Pre Qualifying Questionnaire
152.	PRF	Patient Report Form
153.	PRISM	Personnel Resource Information System for Management
154.	PROMs	Patient Related Outcome Measures
155.	PT	Physical Therapist
156.	PU	Pressure Ulcer
157.	PWSI	Pharmacist with Special Interest
158.	QIA	Quality Impact Assessment
159.	QIF	Quality Improvement Framework
160.	QIL	Quality Improvement Lead
161.	QIP	Quality Improvement Programme
162.	QIPP	Quality, innovation, productivity and prevention.
163.	QOF	Quality and Outcomes Framework
164.	RAG	Red Amber Green
165.	RAP	Remedial Action Plan
166.	RCA	Root Cause Analysis
167.	RIA	Risk Impact Assessment
168.	RIO	Electronic Care System
169.	RRL	Revenue Resource Limit
170.	RSUH	Royal Stoke University Hospital
171.	RTT	Referral to Treatment
172.	RWT	Royal Wolverhampton Hospital Trust
173.	SALT	Speech & Language Therapist
174.	SARC	Sexual Assaults Referrals Centre
175.	SAS	Stafford and Surrounds
176.	SCC	Staffordshire County Council
177.	SCR	Strategic Change Reserve
178.	SI	Serious Incident
179.	SIRO	Senior Information Risk Officer
180.	SLAM	Service Level Agreement Model
181.	SSOTP	Staffordshire & Stoke on Trent Partnership Trust
182.	SSPAU	Short Stay Paediatric Assessment Unit

183.	SSSFT	South Staffordshire & Shropshire Foundation Trust
184.	SSSHFT	South Staffs & Shropshire Healthcare Foundation Trust
185.	STP	Sustainability and Transformation Plan
186.	SUI	Serious Untoward Incident(now known as SI's)
187.	SUS	Secondary User Services
188.	TDA	Trust Development Authority
189.	TOR	Terms of Reference
190.	TSA	Trust Special Administrator
191.	TV Team	Tissue Viability Team
192.	UCC	Urgent Care Centre
193.	UHB	University Hospital Birmingham
194.	UHNM	University Hospitals of North Midlands NHS Trust
195.	UHNS	University Hospital North Staffordshire
196.	VAT	Value Added Tax
197.	VFM	Value for Money
198.	WCC	World Class Commissioning
199.	WHT	Walsall Hospitals Trust
200.	WIC	Walk in Centre
201.	WMAS	West Midlands Ambulance Service
202.	WMQRS	West Midlands Quality Review Service
203.	WRES	Workforce Race Equality Standard
204.	WTE	Whole Time Equivalent
205.	WUCTAS	Wolverhampton Urgent Care Triage Access Service
206.	YTD	Year to Date

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/gms-acronyms>