NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group

Governing Body

Paper Summary Sheet

For: PUBLIC session ☒ **PRIVATE session** ☐

Date of Meeting: 26 September 2017

For: Decision ☐ **Discussion** ☒ **Noting** ☐

Agenda Item and title:	GOV/17/09/14 Update on Delegated Commissioning of Primary Care
Author:	Tracey Strachan, Deputy Director of Primary Care Sujata McNab, Deputy Finance Officer Emma Higgins, Quality Lead Jenna Harvey, Communications Manager
Lead Director/GP from CCG:	Jo Cullen, Director of Primary and Urgent Care, Group Director West Wiltshire Dr Andrew Girdher, GP Chair NEW and Exec GP Lead Primary Care
Executive summary:	This paper provides an update to the Governing Body on the various functions transferring from NHS England (NHSE) to Wiltshire CCG (WCCG). It confirms the Primary Care and Finance teams will continue to work with NHSE over the transition period to ensure there are robust systems and processes in place for monitoring, managing and assuring the quality and safety of primary care medical services and for driving continuous service improvement. It highlights impact on the teams of functions transferred to date, risks identified, mitigating actions and actions required.
Evidence in support of arguments:	CCG Operational Plan Five Year Forward View General Practice Forward View
Who has been involved/contributed:	Clinical Executive Wessex Local Medical Committee Primary Care Operational Group Primary Care Commissioning Committee
Cross Reference to Strategic Objectives:	Links to delivery of the Wiltshire CCG Operational Five Year Plan

Engagement and Involvement:	None further identified
Communications Issues:	Increased CCG involvement in practice communications working with public engagement plan covering Patient Participation Groups. Clear plan required for updating first point of contact details for practices as functions transfer.
Financial Implications:	Forecast breakeven across delegated budgets 2017/18 if reserves are released to support the resilience programme.
Review arrangements:	The CCG has a monthly Primary Care Operational Group with the CCG, LMC and NHS England represented; and a quarterly Primary Care Commissioning Committee held in public.
Risk Management:	Risks are being managed at a directorate level and are identified on the Directorate Risk Register feeding into the CCG Risk Register.
National Policy/ Legislation:	In 2014, as part of the Five Year Forward View, NHS England announced that CCGs would be able to have greater involvement in commissioning primary care services i.e. co-commissioning that aims to support the development of integrated out-of-hospital services based around the needs of Wiltshire people. It is part of a wider strategy to join up care in and out of hospital.
Public Health Implications:	None identified
Equality & Diversity:	No adverse impact identified. This proposal covers all Wiltshire CCG member GP Practices and all registered patients with a Wiltshire CCG GP practice.
Other External Assessment:	NHS England, Wessex Local Medical Committee, Healthwatch and Wiltshire Council are represented on the Primary Care Commissioning Committee.
What specific action (re. the paper) do you wish the Governing Body to take at the meeting?	The Governing Body are asked to note the progress made in the safe transition of delegated primary care commissioning from NHS England to Wiltshire CCG.

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DELEGATED COMMISSIONING OF PRIMARY CARE UPDATE – September 2017

Summary

In November 2016, Wiltshire Clinical Commissioning Group (WCCG) made the decision to apply to take delegated responsibility of primary medical services from 1st April 2017. A Memorandum of Understanding (MOU) was agreed with NHS England (NHSE) that detailed the support available from NHSE to the transition process over the 12 month transition period.

Of the 49 work areas identified in the Delegation Agreement, 11 have fully transferred to date. A further 7 are being dealt with jointly as they are in transition currently and the remainder are planned over the next six months. A number of risks have been identified and mitigating actions have been taken. Further risks remain, particularly in respect to capacity across the organisation. Individual directorates will be assessing the likely impact and workload of remaining functions and establishing their requirements over the next six months.

Background

In November 2016, Wiltshire Clinical Commissioning Group (CCG) made the decision to apply to take delegated responsibility of primary medical services from 1st April 2017.

The opportunity offers the CCG and its membership:

- The ability to expand its role within primary medical services commissioning without prejudice to practice entitlements, which are negotiated and set nationally.
- To increase its local influence on the future strategy of primary care and hold more power to drive the development of the GP Forward View and its associated funding streams, thus supporting General Practice sustainability.
- To align incentives with wider health and social care planning, improving the potential to develop an integrated primary care based out of hospital service.
- To increase the ability to tackle variations in the quality in primary care, improving patient experience and new models of care.

A paper detailing the risks and benefits of applying for full delegated commissioning status was discussed at the Governing Body (in private) on the 27th September 2016.

Governance arrangements

Under delegated commissioning, WCCG formed a Primary Care Commissioning Committee (PCCC). The Committee functions as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers for the commissioning of primary care in accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended). The first meeting was held on the 27th June 2017.

Transition

To enable a safe and effective handover of service, NHSE and the CCG set up Delegated Commissioning Transition Group meetings to focus on the details of specific functions within delegated commissioning of primary medical services. WCCG and NHSE also agreed a transition plan. The transition plan has been amended in year to reflect the revised schedule of function transfer. This is due to the organic nature of the CCG assuming responsibility for live issues such as practice mergers. A revised plan is attached at Appendix 1.

Resources

To assist the transition the Primary Care Team employed a Primary Care Co-ordinator (Band 3 one year fixed term contract). This has helped to mitigate the impact on CCG staff within the primary care team however pressures remain in this and other directorates.

Impact by directorate:

Primary Care

As shown in the attached transition plan (Appendix 1) a number of functions have transitioned to the CCG and are being dealt with in house. This includes data collections, enhanced services and some elements of premises funding. The primary care team is also working closely with NHSE and taking joint responsibility for boundary changes, list closures, mergers and rent reimbursements.

Remaining functions are scheduled to transition across the next six months and regular meetings with NHSE to go through the operational policies are continuing. The primary care and finance teams are working together to match the timing of transfer so that data collection, lead point of contact and financial calculations and payments transfer concurrently.

Main areas of risk that have been identified are as follows:

- ***Resourcing***
  Although employment of the Primary Care Co-ordinator has helped to mitigate the impact on the primary care team, the secondment of one commissioning manager and the gradual shift away from locality lead work of other commissioning managers has left a significant gap. This has impacted on the ability of the team to support locality development and resilience. Although a number of practice and business managers across the CCG are now working on a secondment basis with the CCG to develop locality working, it is recognised that there will be a need to increase capacity within the team and to provide permanent support on delegated functions; as well as supporting the resilience and sustainability of localities and the support of the development of a GP provider framework for Wiltshire.

- ***Supporting contracts and information***
  Whilst some functions will transfer to the CCG, some supporting services are not. An example is mapping software. This service is provided to NHSE from CSCSU on a regional basis and is required when looking at boundary changes, mergers, patient dispersals etc. The contract is not being novated to the CCG and no resources have been transferred to enable the CCG to negotiate a separate contract. The CCG is continuing to push NHSE for a contract novation.

- ***Communication***
  Communication continues to be a risk. NHSE and the CCG are working closely to minimise the risk but there is some confusion amongst practices and other stakeholders about first point of contact and processes.

- ***Primary Care Support England***
  As noted above, there is inter-dependency with PCSE and known issues with them. The PCSE contract (held by Capita for Payments, Registrations and Pensions services; and Medical Records and Administration and Movement services) will continue to be held by NHSE and the CCG can do little to influence change. The CCG will continue to work closely with NHSE to mitigate this risk.

- ***Functions remaining with NHSE***
  As some functions remain with NHSE clear and timely communication is essential. There is a risk that the CCG is not aware of complaints, performer and/or performance issues which may be integrally linked to resilience concerns. The primary care team is working with NHSE to ensure that relevant information is passed across in a timely manner and that the Quality team are also kept informed.

- ***Hosting***
  WCCG is not yet providing any hosted transactional services to NHS Bath and North East Somerset (BaNES) CCG through a Service Level Agreement, although it is still anticipated that this will happen. Further work is required to assess the risks and cost of any service and the contract length.

Communications Team

The team have provided communications and engagement support to GP Practices and the CCG Primary Care team, particularly for practice mergers, closures and boundary changes. This has included attending offsite and public meetings, creating communications plans to support required activities and drafting and creating communications materials for key stakeholders including local media, local MPs and patients. There is on-going work with the Patient Participation Groups which support the primary care agenda but needs sufficient resourcing.

The pressures within primary care suggest that further changes to Wiltshire practices are likely and will therefore require continued support from the CCG Communications Team. To date this has been absorbed as business as usual activity, but is likely to require dedicated resource in the future.

Finance and Information

Financial management processes are in a transitional stage. The CCG holds the budgets and expenditure records within its ledger, but currently relies on NHSE to inform the CCG of transactions required. NHSE also currently supports financial review and produce monthly reporting on delegated budgets.

There is a plan in place to transition the majority of the rest of the finance functions over the next six months (see Appendix 2 attached). The CCG has met with NHSE to agree the transition process. The main risk around this transition is resourcing, as some of the work required is extremely detailed in terms of establishing appropriate systems and workflows within the CCG. The CCG currently has a finance trainee

who will be supporting transition as part of his placement, however, there will also be senior finance input required throughout this transition.

Resourcing beyond the transition period is a further issue which the finance and information directorate has recognised. The exact nature and extent of the workload is still emerging and will become clearer over the coming months. Some of the transactional work may be able to be absorbed within the directorate's existing capacity. However, it is likely that the directorate will need to increase capacity at finance manager level in order to ensure that both the CCG and GP practices are receiving appropriate financial input and support in relation to delegated commissioning. In addition, the current informatics team is not currently resourced to provide additional support in respect of primary care. A resource review is underway within the directorate to establish the likely resource requirements following the transition period.

As well as the resource risk, there are other areas of operational finance risk. The main issues identified at this stage in transition are:

- ***Budgeting inaccuracies.***
  At the point of transfer, the budgets provided by NHSE were incomplete in some areas, and insufficient to manage emerging pressures. In addition, income budgets were excluded at the point of transfer. There have been concerns therefore around budgetary pressures and the CCG's ability to manage these. There has been a thorough review of budgets at the end of M4, which has provided some assurance over completeness, however this has relied on NHSE and it hasn't been possible for the CCG to independently validate the budgets for which it is now responsible. The risk is being managed through ongoing senior finance management and liaison with NHSE.

- ***Financial risks.***
  In order to manage the pressures described above, the CCG will have to utilise its allocated reserves. In 2017/18, the CCG has been allowed to use the 0.5% risk reserve relating to delegated primary care funding (which in other commissioning areas has to be retained centrally). This may not be the case in future years. In addition, the CCG will need to recurrently fund the PMS premium through primary care reserve which will further reduce the budget flexibility. The CCG will be fully involved in the budget setting process for 2018/19 so will develop a fuller understanding of the overall financial risks.

- ***Lack of clear supporting documentation for some payments.***
  Payment information comes from a number of sources. Some payments are created by NHSE, and some are computed via the Exeter system. The CCG has sought assurance over the validity and accuracy of these calculations, and for most cases, over the last few months, this information has been made available. However, there is a lack of assurance over a number of areas whereby the CCG is fully reliant on the output from Exeter (e.g. seniority payments). NHSE recognises some of the control weaknesses around PCSE, and is working to implement improvements. In the meantime, the CCG's Internal Auditors will be carrying out a review of primary care and associated controls in Quarter 3 2017/18, and will advise the CCG on any further mitigations which might be put in place.

- ***Three stage processes.***
  Linked to the point above, transactions and any system changes will always necessarily involve PCSE and NHSE, even after 'transition' is complete. There are inherent risks and issues around this interdependency – such as the ability to respond quickly to changes (e.g. mergers, changes of bank

details) and queries. The CCG will continue to work to mitigate these risks through maintaining good working relationships with NHSE. NHSE is committed to continue to facilitate these processes beyond the transition date.

- ***Information systems.***
  There are a number of emerging issues around information systems.
    - The current information held by NHSE is of varied quality, and not up to date. Primary care record coding is shifting from the Read coding system to Snomed CT clinical coding, which will mean a change in currency of data. This should enable much more granular coding, but there are inherent risks associated with such a system change. It is currently not clear how this new system will integrate with existing systems and processes. There are workshops planned with NHSE on this issue, which the CCG will attend.
    - There will be a need for additional information system monitoring to access the spread of 7 day working, and there is a potential impact on IT support cover for extended hours.
    - TPP engagement is also an ongoing issue. It takes a long time for TPP System One to respond to developmental requests.

- ***Security and counter fraud.***
  The CCG is now responsible for ensuring that arrangements for security and counter fraud services extend to GP practices. These services are currently being retendered with this revised scope, but the cost of these services will necessarily increase.

Quality

In preparation for delegation of primary care services, the Quality Team reviewed and realigned portfolio allocations in order to meet the anticipated work demand and create clear lines of responsibility. The team worked with the NHS England Quality Team to transition the relevant responsibility areas and was working in shadow form for a period of 6 months prior to the transition date.

The key impact to the Quality Team arises as a result of demand and capacity to respond. As the Quality Team engages further with practices, the demand for support increases – an example of this being the increased rate of incident reporting which then translates to an increased number of investigations and practices requiring support. In turn the value in the investigation becomes apparent which then contributes to a further increased rate of reporting.

As the scope of the Quality Team work with primary care increases and relationships continuously develop, an increasing challenge is presented to delivering responsive and consistent input to primary care. The effectiveness of the Quality Team is demonstrable via the excellent CQC position (all practices are now rated good or above), but this level of performance and support is unsustainable going forward.

There are currently four roles within the Quality Team which include Primary Care in their portfolio:-

Quality Lead
Quality Manager *(vacant post)*
Quality Manager – with lead for IP&C
Quality and Effectiveness Manager

These roles also include other wide ranging portfolios, including Urgent Care, Emergency Care, Care Homes and smaller contracts. They are also engaged in Quality development work, which contributes to demand challenges and they have areas of responsibility such as the Clinical Advisory Group, Investigating

infections, Quality Surveillance Groups, the Quality Premium and other team and reporting functions. Across the team, there is therefore a variable capacity of around 1.5 – 2 WTE. It is anticipated that there will be an increasing demand on time for input and advice to primary care by the Quality Team. It is likely that the team will be challenged to maintain a timely and consistent response within the current staffing capacity.

Summary

The teams will continue to work with NHSE to ensure there are robust systems and processes in place for monitoring, managing and assuring the quality and safety of primary care medical services and for driving continuous service improvement.

Although functions that have transferred to date have been absorbed within current capacity (with the exception of the Primary Care Co-ordinator role), it is recognised that this is not sustainable as more services transfer. Individual directorates will be assessing the likely impact and workload and establishing their requirements over the next six months.

Tracey Strachan
Deputy Director of Primary Care
Wiltshire CCG

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: Delegated Commissioning of Primary Care Update

For the record	
Name of person leading this EIA: Tracey Strachan	Date completed: 15.09.17
Names of people involved in consideration of impact	
Name of director signing EIA: Jo Cullen	Date signed: 15.09.17

What is the proposal? What outcomes/benefits are you hoping to achieve?
This paper updates the Governing Body on the progress of transition of primary medical services from NHS England to Wiltshire CCG.

Who's it for?
The proposal covers services commissioned from all member GP Practices and their registered patients in Wiltshire CCG.

How will this proposal meet the equality duties?
It covers all registered patients.

What are the barriers to meeting this potential?
None identified.

2 Who's using it? Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

All Wiltshire registered patients covering the full range of protected characteristics will be covered within this service.

How can you involve your customers in developing the proposal?
General Practitioners, Practice managers and other practice staff have constantly input into the shaping of this proposal.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
None at this stage

3 Impact Refer to dimensions of equality and equality groups
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

None identified

What can be done to change this impact?
N/A

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

None identified

Does further consultation need to be done? How will assumptions made in this Analysis be tested?
No.

4 So what? Link to business planning process

What changes have you made in the course of this EIA?
None have been made

What will you do now and what will be included in future planning?
Continue to monitor the transition and its possible effects.

When will this be reviewed?
Both in-year and at the end of every financial year

How will success be measured?
Various methods of which will be identified through local and nationally mandated measures.

APPENDIX 1

	Transition Area	Transition Progress Made to date
Core Contract: Decisions about the commissioning, procurement and management of Primary Medical Services Contracts	Agree opt-outs from the GMS contract	Quarter Two
	GMS and PMS contract reviews	Quarter Three
	GP minimum workforce dataset and other data returns	
	Completion of E-Declaration returns	
	Branch surgery closures	
	Boundary changes	
	Breeches / Remedial / Termination notices	Quarter Three
	PMS premium usage	
	Practice mergers/federations	
	Application for closed lists	Quarter Three
	Contract variations	
	Termination of contracts	Quarter Four
	QOF review: achievement, activity, prevalence rates & exception rates	Quarter Four
	QOF process	Quarter Four
14		
Enhanced Services	Learning Disabilities	
	Avoiding Unplanned Admissions	
	Extended Hours	
	Minor Surgery	
	Out of area agreement	
5		
Finance and Discretionary Payments	Annual Payment Schedule - PMS and ES's	Quarter Four
	Payment processing - DES	Quarter Three
	Payment queries - DES	Quarter Three
	Payment processing - QOF	Quarter Four
	Payment queries- QOF	Quarter Four
	Payment processing - ad hoc	
	Payment queries - ad hoc	
	Rent reimbursements	Quarter Three
	Rates, water and sewerage reimbursements	Quarter Three
	Payment processing - drugs	Quarter Three
	Payment queries - drugs	Quarter Three
	Payment processing - core contract	Quarter Four
	Payment queries - core contract	Quarter Four
	Retainer approvals and reimbursements	Quarter Three
	Locum reimbursement approvals	Quarter Three
	Seniority payments	Quarter Four
	Bank account changes	Quarter Three
17		
Ancillary, Premises Core Directions and other	Agreement of revenue funding for premises development	
	Rent Review process	
	Acting as first point of contact for practices concerning contractual issues	Quarter Three
	LMC liaison regarding CCGs role in primary care	
	Practice list size reviews	Quarter Two
	Bank holiday planning	Quarter Three
	Emergency Planning	Quarter Three
	Follow up of CQC visits	Quarter Three
	Section 96 applications	Quarter Three
	Violent Patients	
	Interpreter & Translating services	Quarter Four
	Clinical waste contract and payments	Quarter Four
	Primary Care Support England	Quarter Four

Not transitioned, includes date of when scheduled
Working jointly with NHSE in transition
Transitioned, responsibility is with CCG

APPENDIX 2

Proposed handover date	Meeting date	Part of Primary Care handover	Area of work	Nature of work	Frequency	Ledger impact
			Enhanced Services			
Qtr 3	October	Y	Learning Disabilities DES	Paid via claims submitted through CQRS. CCG approving payments	Monthly	Claims in arrears, need to accrue based on CQRS report
Qtr 3	October	Y	Extended Hours DES	Paid monthly based on national rate multiplied by raw list size. Updated annually. Payments set up for the year in advance.	Monthly	No accruals required. Monitor payments against budget
Qtr 3	October	Y	Minor Surgery DES	PC care team collect activity and approve payments and send to PCSE via template. Paid quarterly in arrears	Monthly	Monitor payments against budget and accrue as necessary
Qtr 3	October	Y	**Rent Reimbursements** Notional Rent	PC team manage DV reviews. Payments based on DV assessment every 3 years. Normally need to calculate back dated payments once assessment agreed with the practice. DV & PC team agree amount with practice and inform finance to amend the payments. Ensure any abatements applied. Send payments via PCSE	Monthly	Set budgets by practice to match payments. Monitor payments against budget per practice
Qtr 3	October	Y	Actual Rent	Reimbursement to practice based on landlords invoice received or DV assessment, some paid monthly some quarterly. Send payments via PCSE	Monthly	Ensure budgets reflect payments. May need to accrue/repay based on payment frequency
Qtr 3	October	Y	Cost Rent	Reimbursement of practice mortgage payments. Information via PC team. Send payments via PCSE	Monthly	Set budgets by practice to match payments. Monitor payments against budget per practice
Qtr 3	November	Y	**Practice reimbursements** Locums	Receive agreed locum application form from PC team. When claims received ensure agree with application. Calculate payments as per SFE. Complete PCSE payment template and submit as per timescales	Monthly	Review budget against applications. Accrue for outstanding claims
Qtr 3	November	N	Water & Sewerage	Reimbursed as per premises cost directions. Need to ensure abatements taken into account. Record each claim, keep track of outstanding claims. Complete PCSE template and submit as per timescales	Monthly	Accrue for outstanding claims. Monitor payments against budgets
Qtr 3	November	N	Rates	Rates reimbursed as per premises cost directions. Need to ensure any abatements are applied. GL Hearn currently checking every claim before paid. Record each claim, keep track of outstanding claims. Complete PCSE template and submit as per timescales	Monthly	Budget currently set in 12ths, payment annual in advance so need to pre pay each month. Ensure reconcile forecast expenditure against annual budget regularly
Qtr 3	December	Y	**Practice reimbursements** Retainers	Receive agreed retainer application from PC team. When claims received ensure as per agreed application. Calculate payments as per SFE. Complete PCSE template and submit as per timescales	Monthly	Review budget against applications. Accrue for outstanding claims
Qtr 3	December	N	CQC	Reimburse claims received, keep track of payments and outstanding claims. Complete PCSE template and submit as per timescales	Monthly	Budget currently set in 12ths, payment annual in advance so need to pre pay each month. Ensure reconcile forecast expenditure against annual budget regularly
Qtr 3	December	N	**Identification of prior year costs**	Transactions monitored monthly to identify prior April 17 costs and charge to NHS E. NHS E still picking up some charges in 17/18 that are being charged to CCG	Monthly	Remove prior year costs from CCG ledger. Ensure accrue for charges that are in NHS E ledger
Qtr 3	December	N	**Dispensing and Prescribing fees**	Dispensing fees paid 3 months in arrears, prescribing fees 2 months in arrears. Actual expenditure automatically charged to the ledger	Monthly	Need to accrue missing 2 & 3 months based on average of expenditure over last 12 months
Qtr 3	December	N	**Bank Account Changes**	Practices regularly change bank accounts. Need to send practice form to be signed by all partners. Once returned complete SBS form and send to SBS to make the change to the vendor. Identical change needs to be made in NHS E oracle as we pay registrar and Public Health payments	Monthly	

APPENDIX 2

Proposed handover date	Meeting date	Part of Primary Care handover	Area of work	Nature of work	Frequency	Ledger impact
Qtr 4	January	Y	**Clinical Waste**	Charges received direct from SRCL to CCG. Invoices in arrears. PC or finance to check charges are correct	Monthly	Accrue for missing bills
Qtr 4	January	N	**Seniority**	Payments automatically calculated in the Exeter system quarterly. Reducing payment to be phased out 20/21. Annual reconciliation completed by PCSE. Requirement to approve the payments/deductions and deal with practice queries.	Monthly	Accrue missing months as payments quarterly
Qtr 4	January	N	**Cash flow Forecast**	CCG's need to indicate cash requirements monthly. Calculate expected cash needed to pay practices	Monthly	
Qtr 4	January	N	**Operational/joint commissioning meetings**	Produce reports as necessary	Monthly	
Qtr 4	January	Y	**Financial evaluation of practice merger requests**	When practices are thinking of merging we provide a estimate of the joint contract value. Once practices have merged liaise with PCSE to move payments to the correct Exeter practice account. Ensure payments are being made to the correct bank account.	Monthly	
Qtr 4	February	N	**GMS Global Sum** Set up initial contract payments	Set up regular monthly payments. DES's, Rents, Levies not main contract payment	Annual	Set budgets by practice to match payments. Monitor payments against budget
Qtr 4	February	N	In year contract changes - Mergers, DDRB uplift and list sizes	Mergers as and when. No DDRB changes for GMS	Annual	Review budget to reflect mergers and DDRB uplift & list sizes
Qtr 4	February	N	MPIG	Automatically calculated and reduced in Exeter system	Annual	Reduce MPIG budgets - reducing by a 7th each year until 20/21
Qtr 4	February	N	**PMS Baseline** Set up initial contract payments	Calculate each practice PMS baseline contract payment. Set up DES's, Rents & Levies	Annual	Set budgets by practice to match payments. Monitor payments against budget
Qtr 4	February	N	In year contract changes - Mergers, DDRB uplift and list sizes	May need to recalculate contract values once DDRB agreed nationally. Adjust for quarterly list size adjustments. Adjust payments for mergers	Annual	Review budget to reflect mergers and DDRB uplift & list sizes
Qtr 4	February	N	PMS Review	Reduce the PMS Premium payment based on already agreed values	Annual	Set budgets by practice to match payments. Monitor payments against budget
Qtr 4	February	N	**APMS Contract Value** Set up initial contract payments	Calculate each practice contract payment based on the contract. Set up payments for DES's, Rents & Levies where appropriate	Annual	Set budgets by practice to match payments. Monitor payments against budget
Qtr 4	February	N	In year contract changes - Mergers, DDRB uplift and list sizes	Check if DDRB uplift & list size adjustments are to be applied	Annual	Review budget to reflect mergers and DDRB uplift & list sizes
Qtr 4	February	N	Contract monitoring and review	Calculate year end contract reconciliation , adjust payments as necessary	Annual	Set budgets by practice to match payments. Monitor payments against budget
Qtr 4	March	N	**QOF** Aspiration	Aspiration calculated and paid via CQRS, no approval process. Based on 70% of prior year achievement. Normally adjusted May/June once final achievement known	Monthly	Set initial budget as per payments, may need adjusting in year once final value being paid. No accruals necessary
Qtr 4	March	Y	Achievement	Achievement paid in May/June the following financial year. Calculated and paid via CQRS. Full achievement value requires finance sign off. Need to ensure once paid the aspiration amount has been deducted. Normally get 2 or three practices that are paid in error and need to reclaim.	Annual	Budget set in month 12 so no accruals required in year. Will need to accrue expected achievement at year end. CQRS report will give an indication but not always accurate
Qtr 4	March	N	**Month End Reporting**	Produce management accounts as per month end timetable	Monthly	Accruals, prepayments and adjustments as per timetable. Budget reconciliation. Identify and review variances
Qtr 4	March	N	**Financial Planning**	Produce plan as per national requirements	Annual	
Qtr 4	March	N	**Year End Accounts**	Notes to the accounts may be required for certain items of expenditure	Annual	
Qtr 4	March	N	**Practice Payment Queries**	Ad hoc queries received from practices asking for information on payments. Practice accountants regularly ask for backup information to payments. If payments are being amended we would normally in form practices via email in conjunction with the Primary care team	Monthly	
Qtr 4	March	N	**Annual budget setting**	Set budgets in line with national recommendations and other CCG budgets	Annual	Ensure new year budgets are set on time