NHS Sheffield Clinical Commissioning Group

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ACTION/MATTERS ARISING FROM THE PUBLIC MEETING OF THE PRIMARY CARE COMMISSIONING COMMITTEE HELD ON 8 NOVEMBER 2018

Minute	Item	Action to Take	Lead	Confirmation of action taken / still to take
106/18(a) 92/18	Urgent Care in Primary Care	**Revised proposal to be put on forward planner to include the following recommendations:** • Reconsider urgent care proposals for minor illness and minor injuries. • Receive a revised pre-consultation business case in summer 2019. • Receive proposals to maintain development of primary care as part of 2019/20 planning.	**KG/SB**	Forward Planner
106/18(c) 94/18(b) 71/18	Locally Commissioned Services Review – Primary Care Quality Contract	• Committee to receive further detailed proposals for a wider more inclusive Quality Contract being fully implemented across Sheffield by April 2020. Committee agreed at 8 November 2018 meeting to defer to January 2019 meeting.	**SB / James Barsby**	24 January 2019
106/18(d) 94/18(c) 75/18	Universal Credit	Committee to receive update at future meeting	**ND**	Forward Planner
106/18(e) 95/18	Primary Care Commissioning Committee Terms of Reference Update	Following approval at Governing Body meeting, Director of Finance given delegated authority to make minor amendents. Copy of revised version to be sent to Committee members and updated on website.	**JN / RFA**	Completed

106/18(f) 98/18	GP Retention Scheme	Request received from Dr Whale for details of what is the Sheffield CCG deficit in GP sessions.	**ND**	Completed To be included in the NHS Digital workforce updates in future Primary Care Update reports
108/18	Transformation Fund – Quarterly Update	• Clarification to be provided to Committee as to how many Practice Managers involved in the Practice Manager Post Graduate Study (proposal allocation of £4,534). • Ms Forrest (Lay Member) requested explanation regarding types of weighted population groups and what this means.	**SB** **JN**	Completed – Included in Primary Care Update Report (private) See Appendix 1 to matters arising
109/18	Update on Apex Insight Tool	Committee requested further detail on the nature of the contract held and sought assurance through the programme board and conversations with Doncaster CCG regarding future roll out and funding.	**SB**	Completed – Included in Primary Care Update Report (private)
110/18	Primary Care Update Report	Paper to Committee in 20 December regarding Primary Care ACP workstream and ICS workstream highlighting key areas of focus via the ACP.	**ND**	To accommodate more urgent papers for the December 2018 meeting this has now been added to the forward planner for 24.1.19

111/18	Key Messages to Governing Body	Produce a one-sided report highlighting all investment made into primary care and share with Committee.	ND / MR	Included in finance report
112/18	Financial Planning 2019 /20	As the allocated budgets are not due out until December 2018, it was agreed that Financial Planning 2019/20 would be deferred to the 24 January 2019 meeting.	JN	24 January 2019

Appendix 1

Matter Arising From PCCC on 8 November 2018 (minute 108/18)

Ms Forrest (Lay Member) asked for an explanation regarding the types of weighted population groups.

The Carr-Hill Formula is the nationally determined global sum allocation formula which has been used as the basis of core funding for GMS practices since the inception of the new GMS contract in 2004.

The formula is designed to ensure that resources are directed to practices based on an estimate of their patient workload and unavoidable practice costs. The formula is different from that used for CCG allocations.

The global sum includes various components but the main payment is based on the GP registered patient list-size adjusted, through the Carr-Hill Formula, to reflect differences in the age and sex composition of the practice, together with a range of factors which take into account the additional pressures generated by differential rates of patient turnover, morbidity, mortality and the impact of geographical location. Specifically, the Carr-Hill Formula adjusts the list size of practices based on:

- An assessment of the drivers of workload at GP practice level based on:
    - Patient age and sex, including patients from nursing and residential homes
    - Additional needs of patients
    - An adjustment for list turnover
- An adjustment to GP practices experiencing different 'unavoidable costs' for meeting the same workload using:
    - A 'Staff Market Forces Factor'
    - An assessment of the rurality of the practice

The formula is applied as each adjustment within the formula generates a separate practice index, comparing the practice score on the adjustment to the national average. The indices are then simultaneously applied to the practice list to produce a **practice weighted population**. This is calculated quarterly. This practice weighted population is then used to calculate the quarterly payments (list size x global sum figure (£88.96 in 18/19) = payment to practices).

For information the latest total list size for Sheffield as at 1st October 2018 is:

Actual (Registered) List Size	Weighted List Size	Difference
609,320	591,994	(17,326) – 2.9% lower

This means that based on NHS England's formula Sheffield receives lower funding overall per head of population due to weighting than our using our actual population and so when we receive specific funding per head of population such as the £1 per

head we do not receive sufficient funding to allocate on the basis of actual population.

While overall the weighted list size for Sheffield is smaller, for individual practices it may be larger. Inevitably there is quite a wide range in the difference across the practices in Sheffield with 32 of the 80 practices having weighted list size less than actual registered list and 48 having weighted list size greater than actual. The practice with greatest positive list size weighting is +1,255 or 15.1% and the practice with the biggest negative list size weighting is the University Health Service at -13,693 or - 36% as generally students, due largely to their age, do not receive the significant weighting that applies to the elderly and very young.

So in simple terms when funding at £1 per head is allocated on weighted the practices "gain" or "lose" funding by the difference between weighted and actual list size. For many practices the difference is not material in value with 47 practices being +/- £500 comparing an allocation on actual or weighted.

NHS England always allocate on weighted capitation for main CCG programme and similarly on weighted list size for Primary Care allocations and to be consistent the CCG follows this approach for all "fair share" funding such as that for engagement in service change or transformation or neighbourhood developments. Locally Commissioned Services which need to target specific groups of population take these into account such as the Care Homes LCS links to the work which practices undertake with specific care homes.

In terms of core contract funding, NHS England introduced the Equalisation of GP Finances so that all practices, GMS, PMS and APMS move to standard national average funding per weighted list size over a number of years. This commenced in 2015/16 and resulted in the loss of funding particularly for some PMS practices, the funding for which was kept in the primary care allocation for CCGs. Approximately £3.5m by 2018/19 for Sheffield. This is known as the PMS premium. Back in 2015/16, Sheffield CCG took the decision to reinvest at £5 per weighted head of population to all practices (the "Over and Above" LCS) and to retain c£500k for special cases. It was recognised that some services which meet the needs of specific patient groups are not considered as part of the Carr-Hill Formula and might therefore be put at risk. These were considered on an exceptional basis in agreement with the LMC. There was a transparent process with practices able to submit business cases against the criteria set out within the process. Locally Commissioned Service contracts were offered for 2 years initially but with the agreement of Primary Care Commissioning Committee earlier this year, these were extended.