



Northern, Eastern and Western Devon
Clinical Commissioning Group



Plymouth Integrated Fund Finance Report – Month 05 2017/18

Introduction

This report sets out the outturn financial performance of the Plymouth Integrated Fund for the year to date and the forecast for the financial year 2017/18.

The report is in several sections.

- The first section details the performance of the Integrated Fund, including the section 75 risk share arrangements.
- The second identifies the Better Care Fund, which is a subset of the wider Integrated Fund, but has specific monitoring and outcome expectations.
- The third section details the financial performance of the Western Planning and Delivery Unit (PDU) of the Clinical Commissioning Group (CCG).
- Appendix 1 which shows the Plymouth Integrated Fund performance and risk share.
- Appendix 2 which shows the PDU managed contracts financial performance.
- Appendix 3 which is a glossary of terms used in the report.

In summary, it is too early in the year to predict a move away from delivery of plan at this stage, however there are clear pressures in the system, and recovery measures are required to bring the spend back into line.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Integrated Fund - Month 5 Report 2017/18

At this stage in the year it is too early to predict the impact of the risk share across the Integrated Fund. There are clear signs of pressure in the system, in particular around Looked after Children in Care, Intermediate Care in both Health and Social Care, and emerging risks for Continuing Healthcare. Recovery programmes are expected to bring these back into line.

The overall fund position is reflected in Appendix 1.

Plymouth City Council Integrated Fund

The integrated fund for Plymouth City Council (PCC) is shown as gross spend and now also includes the Support Service Recharge costs for the People directorate and Public Health department along with the capital spend for Disabled Facilities Grant, which is funded from the Better Care Fund.

Children, Young People and Families

The Children Young People and Families Service are reporting a budget pressure of £1.500m at month 5. A region wide lack of placements has meant that children are still being placed in residential at a much higher cost rather than the preferred fostering placements.

As such, the overspend can be attributed to the increased cost and volume of looked after children's placements. We are on track to achieve savings against the £1.500m delivery plans in place and work is being currently undertaken at pace to reduce placement costs and consider realistic invest to save propositions.

The overall number of children in care at the end of the month of August stands at 392.

Strategic Co-operative Commissioning

The Strategic Commissioning service is forecasting a year end overspend against budget of £0.437m at month 5, no change from month 4. There is still a large pressure on the Domiciliary Intermediate Care budget, as per previous months.

Education, Participation and Skills

Education, Participation and Skills are reporting a balanced budget position at Month 5, no change from Month 4.

Community Connections

Community Connections is forecasting a month 5 budget overspend of £0.258m mainly as a result of increased demand for emergency temporary accommodation - a reduction of (£0.084m) from the previous month.

Average B & B numbers for April to August have been 54 placements per night with nightly costs increasing, as demand has increased use of Travelodge together with increasing accommodation needs for families.

Public Health

Although the 17/18 Public Health ring-fenced grant was cut by a further £0.398m for Plymouth City Council, the Directorate is on track to achieve a balanced budget.

However it should be noted that there are pressures with achieving some income targets and there is increasing demand for activity led services.

Plymouth City Council Delivery Plans

Between People Directorate and Public Health, over £10m of savings will need to be delivered during 2017/18, which includes savings of over £2.8m of savings brought forward from 2016/17 which were delivered as one-off savings. At the moment, it is expected that all savings will be achieved - breakdown shown below:

Plymouth City Council	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
			Adv / (Fav)			Adv / (Fav)
Month 4 - August 2017	£000's	£000's	£000's	£000's	£000's	£000's
Children, Young People & Families	788	788	-	1,890	1,890	-
Strategic Cooperative Commissioning	1,618	1,618	-	3,883	3,883	-
Education Participation & Skills	339	339	-	814	814	-
Community Connections	221	221	-	530	530	-
Additional People Savings	1,193	1,193	-	2,864	2,864	-
Public Health	62	62	-	148	148	-
	4,220	4,220	-	10,129	10,129	-

Western Locality of CCG Integrated Fund

The integrated fund for the Western Locality is reflecting a forecast break even position at this stage.

Clear pressures are emerging around the Independent Sector contracts, Intermediate Care and Continuing Healthcare. There are also cost efficiency expectations for Individual Patient Placements and Section 117 packages of care.

Independent Sector:

The Year to Date activity shows a £750k, and £4.1m forecast overspend for the Independent Sector contracts managed in the West. This is mainly focussed around Care UK and Plymouth Nuffield for Orthopaedics. An assumption of delivery of planned QIPP schemes driven through the Elective Workstream informs the current forecast to breakeven. However, the risk is highlighted in the corporate risk position, and will be reflected in the Locality position as the QIPP impact is better understood.

Intermediate Care:

There is emerging pressure in the cost of the Intermediate Care beds in the West. These are also referred to as the Discharge to Assess beds. The forecast assumes a recovery programme bringing the pressure back into financial balance. The level of bed usage in place at this point, if remaining static for the remainder of the year, would indicate an overspend of £1.8m. Included within the assumption of breakeven is an assumed benefit from the use of the iBCF resources.

Neurosurgery:

Following the implementation of the Information Rules from the 1st April 2017, the CCG is responsible for the cost of treating the independent sector waiting list for Neurosurgery. The CCG is working with the independent sector providers to identify the trajectory and cost of treatment. Whilst this is currently not quantified, the risk is highlighted on the corporate risk position.

Further discussions are taking place with Plymouth Hospitals NHS Trust towards a plan to reopen their list in September.

Continuing Healthcare:

The CCG wide Continuing Healthcare budget for 2017/18 is £69.9m. At month 5, the forecast spend for the year is £71.2m resulting in a forecast overspend of £1.3m. There is significant risk that this position may deteriorate further.

The Continuing Healthcare QIPP savings target for 2017/18 was originally £6.0m but has now been “stretched” to £8.0m. The forecast savings are £6.6m so forecast under delivery against the target of £1.4m is reported at this time. It is recognised that there is also significant risk in this which will require considerable management focus.

The key risk for this cohort of patients is that the numbers receiving Continuing Healthcare has plateaued and this may impact on the delivery of the overall cost reductions.

Ongoing analysis is required to finalise the position at locality level.

IPP and Section 117:

For IPP a risk share continues to be agreed with Livewell Southwest, and performance is good when compared to the same period last year.

For section 117 packages of care a plan is being developed to manage the cost of packages of care as a pooled budget. This will be run in parallel in the current year, and the CCG will continue to work with Livewell Southwest in the delivery of the planned efficiency targets.

Primary Care Prescribing:

The West has the greater opportunity in terms of savings from Primary Care Prescribing, and therefore has the greater share of the cost efficiency target. It is too early in the year to accurately forecast the prescribing outturn, so this is represented as a corporate risk at month 5. Consequently the risk is not yet reflected in the Locality position, but will start to impact in the coming months.

Efficiency Programmes:

NORTHERN, EASTERN AND WESTERN DEVON CLINICAL COMMISSIONING GROUP

2017/18 FINANCE BOARD REPORT

FOR THE PERIOD FROM 01 APRIL 2017 TO 31 AUGUST 2017

Month 05 August	Year To Date			Current Year Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Forecast	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
SAVINGS LEDGER REPORT						
Independent Sector	-1,458	-164	1,294	-3,500	-2,068	1,432
Prescribing	-3,542	-3,542	-	-8,500	-8,500	-
Continuing Healthcare	-1,858	-1,980	-122	-8,000	-6,493	1,507
IPP	-486	-486	-	-3,000	-3,000	-
Running Costs	-1,000	-889	111	-2,788	-2,788	-
GROSS SAVINGS	-8,343	-7,060	1,283	-25,788	-22,850	2,939

QIPP Reported to NHSE

Contractualised 16/17 FYE	-4,650	-4,650	-	-11,160	-11,160	-
Social Care	-	-	-	-7,000	-7,000	-
Technical Accounting	-833	-833	-	-2,000	-2,000	-
TOTAL SAVINGS REPORTED TO NHSE	-13,827	-12,544	1,283	-45,948	-43,010	2,939

Additional System Savings

Headroom Release	-1,512	-1,512	-	-3,629	-3,629	-
Investment Release	-583	-583	-	-1,400	-1,400	-
TOTAL SYSTEM SAVINGS	-11,272	-9,989	1,283	-39,817	-36,879	2,939

Overall the CCG is reporting 89% year to date delivery of plan with 93% delivery forecast by yearend. There is a shortfall on independent sector both year to date and forecast as plans have not yet been fully worked up. There is also a shortfall on the forecast for continuing healthcare due to client numbers not falling as expected.

The above report is currently reflecting the CCG wide position. Further analysis is ongoing to localise the reporting of these delivery plans to Planning and Delivery Units.

Integrated Fund Summary

At this stage in the year both parts of the fund are experiencing emerging pressures that require management to bring the position back to balance. On that basis the forecasts include improvements resulting from recovery programmes, and the impact of the risk share has been therefore muted.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Better Care Fund (BCF) and Improved Better Care Fund (iBCF)

The table below shows the total BCF for 2016/17 and 2017/18, along with the distribution between CCG and PCC.

	2016/17	2017/18 Estimated
	£m	£m
PCC Capital (Disabled Facilities Grant)	1.954	2.126
PCC Revenue	9.087	9.246
CCG Revenue	8.310	8.455
Sub Total BCF	19.351	19.827
iBCF (see below)	0.000	0.764
iBCF (see below)	0.000	5.880
Sub Total iBCF	0.000	6.644
Total Funds	19.351	26.471

As part of the resource settlement for 2017/18, PCC were awarded amounts from the Governments iBCF. The first amount was £0.764m which forms part of the PCC revenue settlement. The Government then awarded additional monies, as part of the £2billion to support social care nationally, at the Spring Budget of which PCC will receive:

2017/18	£5.800m
2018/19	£3.660m
2019/20	£1.815m.

These funds are being paid to the Local Authority and come with conditions that they are *“to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.”*

A report was taken to Cabinet in July that showed the 2017/18 additional funding and allocations to specific areas and projects. This report was approved and the schemes are now being worked up with more detail. A summarized expenditure plan is included below:

	2017/18
	£m
Priority One - Meeting Adult Social Care Needs	1.400
Priority Two - Reducing Pressures on the NHS	3.351
Priority Three - Stabilising the Social Care Market	1.000
Sub Total	5.751
Contingency	0.049

Sub Total iBCF	5.800
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This is not recurrent money and so overall investments will seek to be a 'bridging' resource to implement the STP new models of care or deliver efficiencies.

SECTION 3 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 5

The CCG plan for 2017/18 has been produced in conjunction with our main acute providers within a wider System Transformation Plan (STP) footprint encompassing South Devon and Torbay CCG (SD&T CCG).

The CCG's planned deficit for 17/18 is £57.1m. This is an improvement from its original plan of £21.4m following proposals developed through the Capped Expenditure Process (CEP). NHS England have confirmed that the plans submitted under the CEP will be used to review the CCG's performance and accordingly the CCG is reporting against this revised plan. In addition to this the CCG has a brought forward deficit from 2013/14 to 2016/17 of £120.5m making the planned cumulative deficit £177.7m.

Although the plan has been updated, NHS England have also confirmed they will continue to measure overall performance against the control total of £17.4m deficit. The current forecast would represent an overspend of £39.7m to the control total.

The updated CCG plan sits within an overall plan for the STP which has a deficit of £61.5m with a savings plan of £168.2m. The NEW Devon CCG plan within this is a deficit of £57.1m with a savings plan of £45.9m. The plan is based on an agreed set of block contracts with the main providers which de-risks this element of the CCG's commissioning budget and delivers savings within those contracts of £11.2m.

As of Month 5 the year to date and forecast outturn positions are in line with the current plan.

Western PDU Finance Position

Introduction

The Locality is forecasting to deliver against budget at this stage in the year. However the year to date position is showing a pressure for the Independent Sector provider contracts, and this is explained more fully in the report.

The detailed analysis for the PDU is included at **Appendix 2**.

Acute Care Commissioned Services

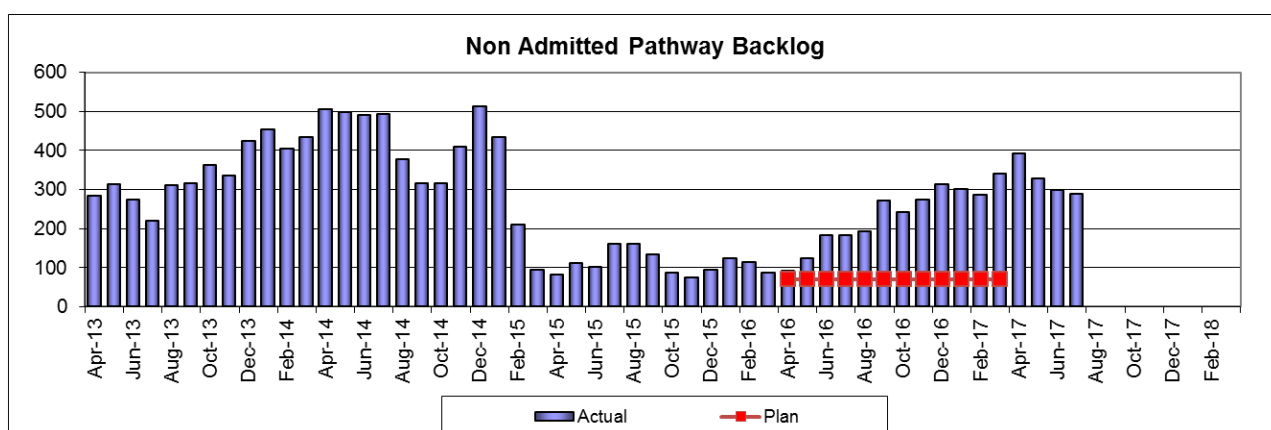
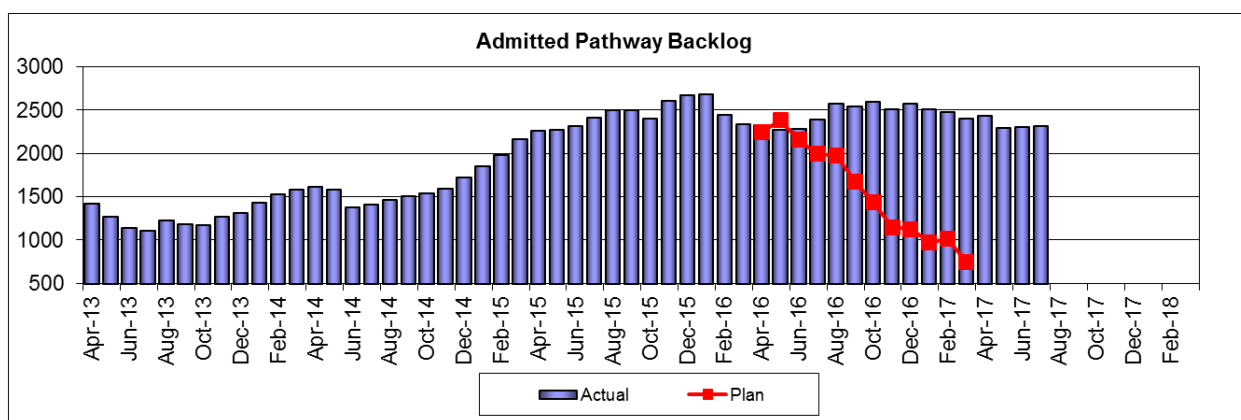
Plymouth Hospitals NHS Trust

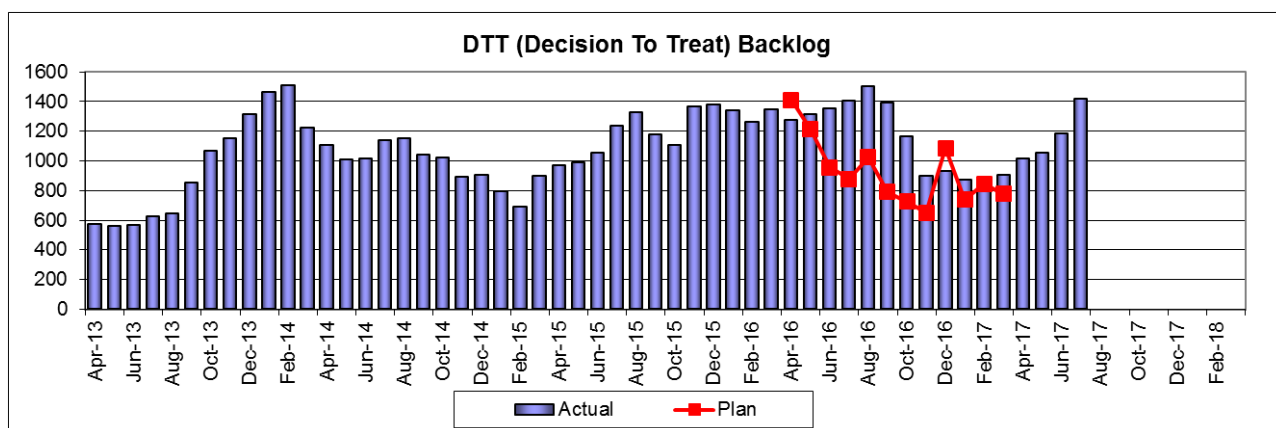
The contract value for Plymouth Hospitals NHS Trust is agreed at £180.9m, however, the contract remains unsigned whilst the system wide plan is being reviewed by system regulators. The contract performance will still be reported on and scrutinised at the same degree of granularity and as such detail can be provided in this report.

The forecast spend has been set to reflect the allocated budget of £181.075m.

RTT Compliance

Performance to month 4 is summarised in the following tables.





Contract Performance

The month 4 performance information showed a year to date overperformance against the contract plan of £0.8m.

The main reasons for the contractual overperformance are summarised below.

2016/17 M04	Planned Spend	Actual Spend	Variance	Variance Activity	Variance Spend
	£000s	£000s	£000s		
Elective	12,779	11,013	- 1,766	-9.4%	-13.8%
Non Elective	22,457	22,553	96	3.4%	0.4%
A&E	3,283	3,502	219	3.1%	6.7%
Outpatients	10,095	10,288	193	-0.1%	1.9%
Excluded Services	12,262	11,502	- 760		-6.2%
Penalties			-		
CQUIN	1,342	1,374	32		
Contract Adjustments	- 2,747		2,747		
Total	59,471	60,232	761		1.3%

The **Elective** position is £1.77m (13.8%) behind plan from a financial perspective but 9.4% behind plan in overall activity terms. The main contributor to this position is under performances within Orthopaedics, Neurosurgery, Hepatobiliary & Pancreatic Surgery and Upper GI Surgery. The Trust had ceased to outsource activity to Care UK which resulted in a reduction of available capacity particularly in Orthopaedics; this has now resumed however other areas of additional capacity, such as the Limited Liability Partnership arrangements, remain restricted.

Non Elective under performed in month 4 by £187k, giving an overall year to date overperformance of £96k. This corresponds to 405 more admitted spells than planned for.

In **Accident and Emergency** the year to date overperformance totals £219k; this is significant at 6.7% over plan. In activity terms the overperformance percentage is lower at 3.1% which indicates that the complexity or volume of care provided has increased.

Outpatients underperformed by £36k in month 4, which is in contrast to previous over performances during the beginning of the year. This has resulted in a smaller year to date overperformance of £193k. Outpatient procedures make up the majority of this overperformance, whilst first attendances are behind plan and follow ups on plan. Overall, there have been 76 fewer outpatient attendances than had been planned for. Within this position there are further variances at a specialty level with over performances in Paediatrics, Paediatric Neuro Disability, Urology, Gynaecology and Gastroenterology. Neurology, Ophthalmology and ENT are behind the year to date plan.

Referral Information

Referral information for month 4 of 2017/18 showed an overall decrease of 1.2% compared to the same period last year, with GP referrals being 1.8% less than the equivalent 2016/17 volumes.

PHNT	Referral Source	2016/17	2017/18	Variance	%
Externally Generated	GP	18,600	18,260	- 340	-1.8%
	Dentist	54	51	- 3	-5.6%
	<i>Sub Total</i>	18,654	18,311	- 343	-1.8%
Internally Generated	Consultant	5,653	5,807	154	2.7%
	Other	2,512	2,286	- 226	-9.0%
	A&E	1,150	1,222	72	6.3%
	<i>Sub Total</i>	9,315	9,315	-	0.0%
	Grand Total	27,969	27,626	- 343	-1.2%

The rolling 12 month referral position demonstrates as consistent reduction in referral volumes into PHNT. The table below shows the change in referral rates averaged over a 12 month period.

PHNT month 4 referrals		Feb	Mar	Apr	May	Jun	Jul
Externally Generated	Rolling 12 Month Variance	-2,771	-2,448	-2,941	-3,078	-2,801	-940
	Variance %	-5%	-4%	-5%	-5%	-5%	-2%
Internally Generated	Rolling 12 Month Variance	-661	-409	-353	-280	-20	177
	Variance %	0	0	0	0	0	0
Total	Rolling 12 Month Variance	-3,432	-2,857	-3,294	-3,358	-2,821	-763
	Variance %	-4%	-3%	-4%	-4%	-3%	-1%

The source data in this report is taken from the Provider data supplied under schedule 6 of the contract except where the Provider is stated as 'Other'. Other Provider data is taken from DRSS Bookings.

Filters are applied to the Provider data to remove any non-consultant led activity, maternity activity and specialties which are not year on year comparable. NHS

England (including Specialised) activity is also excluded to provide a NEW Devon CCG view.

Performance Measures

The Trust is appraised against a number of nationally and locally defined key performance indicators. A summary of the key measures is included below:

Measure	Target	This month	YTD
RTT - Percentage seen within 18 weeks - admitted pathways	90%	72.5%	71.2%
RTT - Waits over 52 weeks	0	55	264
Diagnostics - Percentage of patients waiting over 6 weeks - 15 key tests	<1%	11.2%	10.0%
Cancer - Percentage seen within 2 weeks - urgent referral to first seen	93%	91.0%	91.7%
Cancer - Percentage treated within 62 days - urgent referral to first definitive treatment	85%	78.7%	80.5%
Cancer - Percentage treated within 31 days - decision to treat to first definitive treatment	96%	95.5%	95.7%
Ambulance handovers - Number of handovers over 30 minutes	0	93	441
Ambulance handovers - Number of handovers over 60 minutes	0	3	8
A&E - Percentage of attendances seen within 4 hours	95%	84.1%	84.7%
Delayed transfers of care (acute) - bed days		1,041	5,301
Clostridium difficile - Number of hospital infections (avoidable)	35	0	0
MRSA - Number of hospital infections	0	1	1
Cancelled operations - patients to be offered another binding date within 28 days	0	16	73
Cancelled operations - urgent operations cancelled a second time	0	2	32

South Devon Healthcare Foundation Trust

The 2017/18 South Devon Healthcare Foundation Trust contract value for acute services has been set at a total of £6.07m. £5.15m of this accounts for the acute contract which is on a variable PbR basis, with a further £0.92m fixed contract for community services.

At month 4 the contract is over performing by £33k. Within this position elective in broadly on plan whilst Non Elective and A&E are over performing and Outpatients are behind plan.

Given the relatively early stage of the year it is still difficult to draw any meaningful conclusion and performance against plan is still likely to fluctuate.

Independent Sector & London Trusts

The volume and quality of data supplied at this early stage of the year by the London Trusts means that it is too unreliable to be used for meaningful forecasts. As such these positions have been set to breakeven.

This will be revised as more data becomes available in the coming months.

Within the Independent Sector at Month 5, a significant overspend is emerging most of which is found within the Independent Sector Treatment Centre contract. There is a significant degree of additional performance within Orthopaedics accounting for the bulk of this over-performance. At Nuffield Plymouth, there is a large overspend within Spinal Surgery but this is being partially offset by underperformances within other specialties. Assumptions have been made in the delivery of QIPP during the latter part of the year to bring this position back to balance.

Livewell Southwest

The Livewell Southwest (LSW) Contract is blocked. LSW produce a monthly performance/finance databook which allows both parties to shadow monitor the block contract and review key performance metrics.

Care Co-ordination Team

Despite the service redesign and additional support to maintain a 6 week timeframe for Intermediate Care, the system is increasingly showing signs of pressure with increasing referrals to intermediate care due to ongoing escalation at Plymouth Hospitals NHS Trust.

Primary Care Enhanced and Other Services

Whilst the budgets and expenditure are reported in the Western PDU report, this is to ensure that all lines of expenditure for the CCG are reported in a PDU and there is integrity to the reports produced. There is, however, a separate governance structure for Enhanced Services that sits outside and alongside the two PDU structures to ensure there is segregation of decision making in primary care investments. The outturn expenditure is in line with budgets.

Conclusion

In summary, the outturn position for both the Integrated Fund and the Western Planning and Delivery Unit is forecast to deliver to plan at this stage in the year. There are clear signs of pressure in the system, in particular around Looked After

Children in Care, Intermediate Care in both Health and Social Care, and emerging risks for Continuing Healthcare. Recovery programmes are expected to bring these back into line.

Ben Chilcott
Chief Finance Officer, Western PDU

David Northey
Head of Integrated Finance, PCC

APPENDIX 1

PLYMOUTH INTEGRATED FUND AND RISK SHARE

Month 05 August	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
CCG COMMISSIONED SERVICES						
Acute	70,875	71,447	572	171,092	171,057	-35
Placements	17,703	17,656	-47	40,947	41,524	577
Community & Non Acute	22,997	23,004	6	55,194	55,209	16
Mental Health Services	11,326	11,326	-	27,182	27,182	-
Other Commissioned Services	4,890	4,863	-27	11,637	11,637	0
Primary Care	2,340	2,427	87	6,019	5,997	-22
Subtotal	130,130	130,722	592	312,072	312,607	535
Running Costs & Technical/Risk	2,512	2,273	-240	17,689	17,099	-590
CCG Net Operating Expenditure	132,643	132,995	352	329,760	329,706	-54
Risk Share					-	-
CCG Net Operating Expenditure (after Risk Share)	132,643	132,995	352	329,760	329,706	-54
PCC COMMISSIONED SERVICES						
Children, Young People & Families	14,745	15,370	625	35,388	36,888	1,500
Strategic Cooperative Commissioning	32,320	32,502	182	77,568	78,005	437
Education, Participation & Skills	1,606	1,714	108	3,855	4,113	258
Community Connections	44,381	44,381	-	106,515	106,515	-
Director of people	90	90	-	216	216	-
Public Health	6,800	6,801	0	16,321	16,321	0
Subtotal	99,943	100,857	915	239,863	242,058	2,195
Support Services costs	6,845	6,845	-	16,428	16,428	-
Disabled Facilities Grant (Cap Spend)	886	886	-	2,126	2,126	-
Recovery Plans in Development	-	-	-	-	-2,195	-2,195
PCC Net Operating Expenditure	107,674	108,588	915	258,417	258,417	-0
Risk Share					-	-
PCC Net Operating Expenditure (after Risk Share)	107,674	108,588	915	258,417	258,417	-0
Combined Integrated Fund	240,316	241,583	1,267	588,177	588,123	-54

APPENDIX 2

WESTERN PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

Month 05 August	Year To Date			Current Year Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	Adv / (Fav) £000's	£000's	£000's	Adv / (Fav) £000's
ACUTE CARE						
NHS Plymouth Hospitals NHS Trust	75,211	75,211	-0	181,075	181,075	-
NHS South Devon Healthcare Foundation Trust	2,686	2,686	-0	6,535	6,535	-
NHS London Contracts	723	723	-0	1,759	1,759	-
Non Contracted Activity (NCA's)	3,681	3,681	0	8,954	8,954	-
Independent Sector	4,472	5,223	750	10,924	10,924	-0
Referrals Management	1,101	1,101	0	2,678	2,678	0
Other Acute	10	10	-	24	24	-
Subtotal	87,884	88,634	750	211,948	211,948	-0
COMMUNITY & NON ACUTE						
Livewell Southwest	20,587	20,587	-	49,410	49,410	-
GPwSI's (incl Sentinel, Beacon etc)	674	674	0	1,618	1,618	0
Community Equipment	270	270	-	648	648	-0
Peninsula Ultrasound	107	117	11	256	285	29
Reablement	632	632	-0	1,517	1,517	-0
Other Community Services	107	107	-0	256	256	-
Joint Funding_Plymouth CC	2,796	2,796	0	6,711	6,711	-0
Subtotal	25,173	25,184	11	60,415	60,444	29
MENTAL HEALTH SERVICES						
Livewell MH Services	11,244	11,244	-	26,985	26,985	-
Mental Health Contracts	11	11	-	26	26	-
Other Mental Health	421	421	-0	1,010	1,010	-
Subtotal	11,675	11,675	-0	28,021	28,021	-
OTHER COMMISSIONED SERVICES						
Stroke Association	64	64	-	153	153	-
Hospices	1,116	1,116	-0	2,679	2,679	-
Care Co-ordination Team	2,908	2,908	-0	6,980	6,980	0
Patient Transport Services	928	929	0	2,228	2,228	0
Wheelchairs Western Locality	750	750	-	1,800	1,800	-
Commissioning Schemes	80	80	0	191	191	-
All Other	367	367	0	881	881	-
Recharges	259	259	-0	778	778	-
Subtotal	6,472	6,472	-0	15,690	15,690	0
PRIMARY CARE						
Prescribing	24,031	24,031	-0	57,675	57,675	-
Enhanced Services	3,311	3,311	-0	8,740	8,740	-
GP IT Revenue	1,228	1,228	-0	3,311	3,311	0
Other Primary Care	40	40	-	95	95	-
Subtotal	28,610	28,610	-0	69,822	69,822	0
TOTAL COMMISSIONED SERVICES	159,814	160,575	761	385,896	385,925	29

APPENDIX 3
GLOSSARY OF TERMS

PCC - Plymouth City Council

NEW Devon CCG – Northern, Eastern, Western Devon Clinical Commissioning Group

CYPF – Children, Young People & Families

SCC – Strategic Cooperative Commissioning

EPS – Education, Participation & Skills

CC – Community Connections

FNC – Funded Nursing Care

IPP – Individual Patient Placement

CHC – Continuing Health Care

NHSE – National Health Service England

PbR – Payment by Results

QIPP —Quality, Innovation, Productivity & Prevention

CCRT – Care Co-ordination Response Team

RTT – Referral to Treatment

PDU – Planning & Delivery Unit

PHNT – Plymouth Hospitals NHS Trust