

Agenda

Stockport Primary Care Commissioning Committee

Date: 19 October 2022

Time: 15:00 – 16:30 pm

Venue: Microsoft Teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	15:00	1 minute	Welcome and Apologies Apologies: D Dolman, D Patel	Verbal	To Note	Chair
2.	15:01	1 minute	Declarations of Interest	Verbal	To Note	Chair
3.	15:02	1 minute	Minutes of previous meeting & Extraordinary meeting (18 August 2022 & 28 September 2022)	Pages 2 - 10	Not Applicable	Chair
4.	15:03	2 minutes	Matters arising / Actions	Page 11	Not Applicable	Chair
5.	15:25	10 minutes	Update from Locality Primary Care Board	Verbal	To Note	GMI
6.	15:35	10 minutes	Update - PCN DES Enhanced Access Plans	Verbal	To Note	GE
7.	15:45	5 minutes	Contract updates – Letter on items paused on PCN DES	Verbal	To Note	GE
8.	15:50	10 minutes	LCS (Local Commissioned Services) Review	Verbal	To Note	GMI
9.	16:00	10 minutes	Primary Care Commissioning Committee Finance Report for the period ending 30 September 2022 – Month 6	Pages 12 - 15	To Note	SB
10.	16:10	10 minutes	Update from GM	Verbal	To Note	GM rep
11.	16:20	5 minutes	Risk Register – procedure for reporting risks to GM	Verbal	To Note	Chair
12.	16:25	5 minutes	Urgent Items for Discussion	Verbal	To Note	Chair
13.	16:30	5 minutes	Any Other Business	Verbal	To Note	Chair
Date and time of next meeting: Wednesday 7 December 2022, 15:00 – 17:00 pm						



DRAFT Minutes

Stockport Primary Care Commissioning Committee

Date: 18 August 2022

Time: 14:00 – 14:53 pm

Venue: Microsoft Teams

Present		Apologies
<p>Anita Rolfe, Director Health, Quality, and Improvement/Deputy Place Lead (Chair), NHS GM ICS Ben Fryer, Public Health Consultant, Stockport MBC, for J Connolly David Dolman, Deputy Finance Officer, NHS GM ICS Rebecca Ireland, Community Optometry Dr Simon Woodworth (Chair), Medical Director, Stockport Locality Team Gale Edwards, Senior Commissioning Manager, Primary and Community Care, Stockport Locality Team Nora Hussein, Corporate Affairs Manager, NHS GM ICS Eve Mannerings, LMC Peter Marks, Locality Lead, Stockport GM LPC Alison Newton, Corporate Support, NHS GM ICS</p>		<p>Jennifer Connolly, Director of Public Health, Stockport MBC Maria Kildunne, Chief Executive, Healthwatch Stockport Gillian Miller, Associate Director of Commissioning, Stockport Locality Team Dharmesh Patel, Community Optometry Sandra Walker, Head of Quality Assurance, Patient Safety and Complaints, Stockport Locality Team</p>
Item No.	Topic	Action
1.	<p>Welcome and Apologies Apologies for absence were received and noted. The Chair welcomed members to the Locality Primary Care Commissioning Committee; introductions were made.</p>	
2.	<p>Declaration of Interest Members were reminded of the need to declare any interest they may have on issues arising during the meeting that may conflict with the business of the Group.</p> <p>A declaration of interest was received from S Woodworth for Item 8 on the agenda as a GP partner at a practice in Stockport. The Chair considered the declaration and agreed that S Woodworth could remain in the meeting as a collective decision had been taken by Clinical Directors within each PCN (Primary Care Network) but that he should not participate in the decision making process.</p> <p>There were no other declarations of interest received.</p>	
3.	<p>Minutes from the previous meeting Not applicable. This was the first meeting of the re-established Stockport Primary Care Commissioning Committee.</p>	





4.	<p>Matters Arising / Actions from previous meeting Not applicable. This was the first meeting of the re-established Stockport Primary Care Commissioning Committee.</p>	
5.	<p>Placed Based Primary Care Commissioning Terms of Reference Members were referred to a copy of the Terms of Reference. It was noted that the Terms of Reference had been developed with place based leads at ICB (Integrated Care Board) level and by an Executive Sub-Committee within the ICB and were specific to general practice. It was advised that the contractual elements in respect of pharmacy, optometry and dentistry remained within the remit at GM (Greater Manchester) level rather than a locality level.</p> <p>Feedback was sought from members. It was commented that S Woodworth would be attending within the role of Associate Medical Director for clinical input rather than his role as GP.</p> <p>D Dolman advised that further clarity was being sought on the terms of reference remained and the reporting pathway for this Committee and the membership as S Woodworth could not be a voting member. A further discussion took place. It was pointed out that the Terms of Reference enabled other colleagues to attend according to the items on the agenda.</p> <p>P Marks questioned whether deputies could attend; members supported the involvement of deputies, should a member be unable to attend but this question would be fed back for further discussion at GM level. B Fryer suggested changing the wording to representative rather than a named or nominated person. It was noted that A Rolfe was the nominated Chair in place of the Place Lead for Stockport (C Simpson).</p> <p>It was commented that there would be challenges with quoracy if the current number of voting members remained in place. It was Agreed that if the meeting was not quorate, a summary of the discussion items that required approval would be sent by email to the absent member with the Chair copied into the email.</p> <p>Nominations were sought for the position of Vice-Chair of the Primary Care Commissioning Committee. It was Agreed that D Dolman would be appointed Vice-Chair of the Committee.</p> <p>RESOLVED: The Primary Care Commissioning Committee Approved the Terms of Reference in the current format and Approved the appointment of D Dolman as Vice-Chair of the Committee subject to approval being received from S Walker.</p> <p>In the absence of S Walker, the meeting was not quorate. It was AGREED that a summary of the discussion and the recommendation to approve the Terms of Reference and the nomination of Vice-Chair of the Committee be emailed to S Walker.</p> <p>Action: D Dolman to seek clarity from the lead author of the Terms of Reference on the questions raised at the meeting and report back to members at the next meeting.</p> <p>GM Delegation Agreement Members NOTED the GM Delegation Agreement between NHS England and NHS Greater Manchester Integrated Care Board, dated 1 July 2022 (copies circulated previously).</p>	DD
6.	<p>Flash Report from NHS Stockport CCG Primary Care Commissioning Committee</p>	





	Members NOTED the Flash Report from NHS Stockport CCG Primary Care Commissioning Committee.	
7.	<p>Committee Workplan – September 2022 – March 2023 A draft Committee Workplan would be presented at the next meeting of the Committee.</p> <p>The meeting was not quorate for the next item that would require approval by members. It had been agreed that an email would be circulated to S Walker, including a summary of the discussion; virtual approval would be sought for this item. The Chair advised that S Woodworth could remain in the meeting for this item but would not participate in the decision-making process.</p>	
8.	<p>PCN DES Enhanced Access Plan G Edwards presented an overview of the requirements of the PCN (Primary Care Network) DES (Direct Enhanced Service) Enhanced Access specification and assured members that the Plans submitted by Stockport PCNs met the national specifications required.</p> <p>The three forms of enhanced access currently in place in Stockport, to run until 30 September 2022 were:</p> <ol style="list-style-type: none"> 1. The 7-day service Hubs, weekday evenings, from 18:30 – 20:00 pm, weekends and bank holidays, currently provided by Viaduct Care. 2. PCN Extended hours access outside of core opening hours, to provide an additional 30 minutes access per 1000 patients each week. 3. GP practice extended hours access commissioned through the LCS (Locally Commissioned Services) – practices to provide an additional 30 minutes access per 1000 patients each week. <p>The new PCN DES Enhanced Access service would replace the 7-day Hub and PCN option and keep the LCS option and would be implemented on 1 October 2022.</p> <p>G Edwards briefed on the current provision offered in Stockport and advised that due to the current arrangements in place, there would not be a significant difference in provision. An engagement exercise had been undertaken by each PCN prior to the Plans being submitted to NHS England. There would be a statutory requirement to offer Saturday afternoons (this was a new requirement); it was not mandatory to offer Sunday access.</p> <p>The Enhanced Access would involve each PCN delivering within 'network standard hours', and a minimum of 60 minutes of appointments per 1,000 PCN adjusted populations per week. There would be GP cover during the network standard hours and the appointments must be a mixture of face to face and remote (telephone, video or online). The changes must be actively communicated to patients and face to face appointments should be at locations convenient to access for patients. Each PCN would need to be able to access appointments across the network.</p> <p>Six PCN Plans had been evaluated to ensure they met the national requirements – it was noted that the seventh PCN was in the process of being de-established. The locations would be practice and Hub based with four of the six PCNs opting to sub-contract to Viaduct Care.</p> <p>Members were advised that the Plans would need to be updated once the process of assimilating practices from the dis-established PCN was completed.</p> <p>A discussion took place on the proposals. B Fryer questioned what impact the</p>	





	<p>changes would have for patients and whether there would be a net reduction in the 60 minutes offered per 1,000 population. G Edwards advised that patients would be provided with opportunities to have access at a time convenient for them, particularly for working age patients and working as a PCN would provide access to a greater skill mix of staffing (such as physios for example) and should provide a more equitable offer.</p> <p>Further work would need to take place to enhance the digital access – this was a national issue.</p> <p>The Chair enabled S Woodworth to comment to provide a GP perspective. S Woodworth advised that any net reduction would be modest as Stockport currently provided enhanced access and this new enhanced access was a national requirement. E Mannerings concurred with the comments but emphasised the importance of engaging with patients so that they are aware of what is on offer such as out of core hours provision for cervical screening with a nurse for those of a working age for example. It was commented that this had been a positive process, with PCNs working together to adapt to the new ways of working.</p> <p>G Edwards advised that in reviewing the feedback from patients, there was a requirement for 20% of the total offer to be morning surgeries. It was further noted that all PCNs would continue to discuss the arrangements with patient groups once mobilised to determine whether any changes needed to be made after three months for example – Healthwatch Stockport would be invited to take part in these discussions.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. The Primary Care Commissioning Committee NOTED the limitations in meeting the digital requirements for Enhanced Access currently. ii. The Primary Care Commissioning Committee NOTED that Stockport PCNs Enhanced Access Plans met the DES requirements with adopting some flexibility in meeting the digital requirements of the specification. iii. The Primary Care Commissioning Committee APPROVED the Plans for the six PCNs subject to revised plans being submitted to reflect any membership changes and subject to S Walker approving the paper. iv. The Primary Care Commissioning Committee NOTE the next Steps as contained within the paper. 	
9.	<p>Update on PCN Changes</p> <p>G Edwards advised that work was taking place to de-establish Werneth PCN and re-organise practices in this locality to another PCN. It was noted that three of the practices in this area would join Tame Valley PCN and two would join Hazel Grove, High Lane and Marple PCN.</p> <p>In response to a question, the national team would need to be informed of the changes, to be implemented by 1 October 2022. In response to a further question, it was advised that the change should not impact on patients as the PCNs work closely together. There would a change in the alignment of care homes, District Nursing and Mental Health teams within these localities – discussions were underway, on this issue.</p> <p>B Fryer commented that arrangements had been made with PCNs for the fifth Covid vaccination and questioned whether practices in the Werneth PCN would be signed up as an outgoing or incoming PCN. G Edwards advised that the changes for those practices in Werneth PCN would not be operational until 1 October 2022 and the practices would have commenced the next vaccination programme from September</p>	





	<p>2022.</p> <p>The Chair thanked all members involved in this work and asked G Edwards to pass on the thanks of the Committee to the team and practices.</p>	
10.	<p>Contract Variation from PMS to GMS – Heaton Moor Medical Group</p> <p>Members were reminded that NHS Stockport CCG Primary Care Commissioning Committee had approved the merger of Cale Green Surgery with Heaton Moor Medical Group at a meeting held 15 June 2022. In accordance with the NHS General Medical Services (GMS) regulations and NHSE Primary Medical Services (PMS) policy and guidance, there would need to be a contract variation for Heaton Moor Medical Group from a PMS contract to a GMS contract.</p> <p>Members noted the differences between the two contracts. In response to a question, there would be no financial impact on the practice in the change of contract.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. The Primary Care Commissioning Committee APPROVED the contract variation for Heaton Moor Medical Group to move to a GMS contract from an existing PMS contract, effective from 1 September 2022 and subject to S Walker approving the paper. ii. The Primary Care Commissioning Committee NOTED the next steps as outlined in the paper presented. 	
11.	<p>Risk Register</p> <p>Issues of concern that were raised during a meeting would be considered for inclusion on the ICB risk register.</p> <p>Further clarity would be sought on the Terms of Reference for the Committee.</p>	
12.	<p>Urgent Items for Discussion</p> <p>None to discuss.</p>	
13.	<p>Any Other Business</p> <ul style="list-style-type: none"> i. It was noted that future meetings of Primary Care Commissioning Committee would be public meetings (Part 1 meeting) but should any commercially sensitivity or other sensitive issues need to be discussed, a Part 2 meeting would be scheduled to follow the formal meeting. <p>A discussion took place on whether non-members could attend the Part 2 meetings. E Mannerings requested clarity on this issue and highlighted that non-members could provide useful input to the discussions whilst acknowledging that they could not vote. The Chair supported transparency in decision-making and those invited to attend would be for the best interest of the agenda items. D Dolman would add this query to the list of questions when seeking clarity on the Terms of Reference (action noted under item 5).</p> <ul style="list-style-type: none"> ii. B Fryer highlighted a paper that had been presented to the Council Leadership Team providing an update on the Vaccination programme. The Chair requested that this paper be shared with Primary Care Board. iii. Members noted that a consultation was underway for the Stockport Pharmaceutical Needs Assessment 2022 (Stockport MBC); members were encouraged to contribute to the consultation as appropriate. The consultation had been included within the GP newsletter and had been circulated to community pharmacies. 	





	iv. A Chair's Report/Highlight Report would be prepared and submitted to GM to outline the discussions at the Primary Care Commissioning Committee meeting.	
	Date of next meeting Date to be confirmed.	





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Stockport Primary Care Commissioning Committee – Extraordinary Meeting

Date: 28 September 2022

Time: 15:15 – 15:33 pm

Venue: Microsoft Teams

Present		Apologies
<p>Anita Rolfe, Director Health, Quality, and Improvement/Deputy Place Lead (Chair), NHS Greater Manchester ICS David Dolman, Deputy Finance Officer, NHS Greater Manchester ICS Gale Edwards, Senior Commissioning Manager, Primary and Community Care, NHS Greater Manchester ICS Gillian Miller, Associate Director of Commissioning, NHS Greater Manchester ICS Sandra Walker, Head of Quality Assurance, Patient Safety and Complaints, NHS Greater Manchester ICS</p> <p>In attendance: Susan Carroll, Healthwatch Stockport Andrea Harper, Head of Communications and Engagement, NHS Greater Manchester ICB Peter Marks, Locality Lead, Stockport GM LPC Dr Simon Woodworth, Medical Director, Stockport Locality Team</p> <p>Alison Newton, Senior PA & Business Administrator, NHS Greater Manchester ICB (Minutes)</p>		<p>Jennifer Connolly, Director of Public Health, Stockport MBC Maria Kildunne, Chief Executive, Healthwatch Stockport Dharmesh Patel, Community Optometry</p>
Item No.	Topic	Action
1.	<p>Welcome and Apologies Apologies for absence were received and noted and for late arrival from D Dolman. The Chair welcomed members to an Extraordinary meeting of Stockport Locality Primary Care Commissioning Committee.</p> <p>The meeting was not quorate. The Chair agreed that a summary of the discussion items be emailed to J Connolly and D Dolman to obtain comments and to seek virtual approval.</p>	





2.	<p>Declaration of Interest Members were reminded of the need to declare any interest they may have on issues arising during the meeting that may conflict with the business of the Group.</p> <p>S Woodworth declared an interest in Item 3 as a partner in one of the two networks but as he was not a voting member and would not be involved in discussions, it would not impact on any decision taken at the meeting. The Chair accepted that S Woodworth could remain in the meeting.</p> <p>There were no other declarations of interest received.</p>	
3.	<p>Primary Care Networks update G Miller introduced the paper (copies previously circulated).</p> <p>S Woodworth advised the meeting that Hazel Grove, High Lane and Marple PCN had changed its name to Stockport East and South PCN.</p> <p>Members were requested to approve the proposed changes to the membership of two PCNs (Primary Care Networks) following a decision taken by Werneth PCN to dissolve the network.</p> <p>It was noted that the actions undertaken to dissolve Werneth PCN and add additional practices to Tame Valley PCN and Hazel Grove, High Lane and Marple PCN (Stockport East and South) were in accordance with the PCN DES (Direct Enhanced Services) requirements. The main priority for discussions was to ensure that there was continuous service provision for those patients in the Werneth PCN.</p> <p>Assurance was provided that there would be minimal impact on patients as it was the practices moving to a different network and that discussions had also included a re-alignment of practices with care homes in the area.</p> <p>G Edwards reiterated that there would be minimal impact for patients and that following discussions at the receiving PCN's, it was proposed that:</p> <ul style="list-style-type: none"> • Chadsfield Medical Practice and Archwood Medical Practice join Hazel Grove, High Lane and Marple PCN, now renamed Stockport East and South PCN from 1 October 2022. • Bredbury Medical Centre, Alvanley Family Practice and Woodley Village Surgery join Tame Valley PCN from 1 October 2022. <p>All the documents had been completed and submitted to NHS England, awaiting the decision taken at the meeting.</p> <p>In response to a question, it was noted that the re-alignment of care homes had been carried out and this was progressing through the administrative duties required regarding registrations – patient choice would remain for those residents regarding their chosen GP practice.</p> <p>It was questioned whether there needed to be communications to patients regarding the name change of the PCN. Communications would be sent out via the GP bulletin, there would be no impact for patients. S Carroll reinforced these comments – a name change would not affect patients. P Marks commented that he would inform the LMC (Local Medical Committee).</p> <p>A Harper advised that websites and contact databases would be updated to reflect the change of name to Stockport East and South PCN.</p>	





	<p>RESOLVED: The Stockport Locality Primary Care Commissioning Committee: -</p> <ul style="list-style-type: none"> (i) NOTED the actions undertaken were in accordance with the PCN DES requirements. (ii) APPROVED the core network change for Tame Valley PCN. (iii) APPROVED the core network change for Hazel Grove, High Lane and Marple PCN. (iv) NOTED the name change of Hazel Grove, High Lane and Marple PCN to Stockport East and South PCN. <p>Subject to Virtual approval received by J Connolly and D Dolman.</p> <p>D Dolman joined the meeting.</p>	
4.	<p>Estate's update – Heaton Norris development</p> <p>D Dolman reminded members of discussions from an earlier meeting whereby the CCG Primary Care Committee had approved the merger of South Reddish Medical Practice with Heaton Norris Health Centre to create one partnership operating under a GMS (General Medical Services) contract.</p> <p>The Heaton Norris Health Centre (owned by NHS Property Services) had been identified as the site to be developed, including extending the site to accommodate the two practices. Vacant space would be utilised, rooms that had been previously used by Stockport Foundation Trust (SFT) would be re-allocated and an extension would be built to provide three additional clinical rooms and administrative space.</p> <p>Members were advised on the costs of rent for the site and that the annual rent payable, if the proposal was approved, would increase by £14,084 per annum.</p> <p>A discussion took place on the proposal to re-develop the Heaton Norris site. A member questioned where the services currently being used by SFT would be accommodated and was advised that they had moved out of the building. It was further noted that the Speech & Language Service (SFT) would remain at Heaton Norris Health Centre and there would be no change to service provision.</p> <p>In response to a question regarding the South Reddish site and use of the space, members were advised that ongoing discussions were taking place to utilise this facility to the benefit of the community.</p> <p>The Chair advised that a Flash Report from this Committee would be submitted to the GM Primary Care Board for information.</p> <p>RESOLVED: The Stockport Locality Primary Care Committee supported the proposal to develop the Heaton Norris Health Centre to facilitate the co-location of South Reddish Medical Centre.</p>	
5.	<p>Any Other Business</p> <p>There were no other items of business to discuss.</p>	
	<p>Date of next meeting</p> <p>Wednesday 19 October 2022, 15:00 – 17:00 pm.</p>	



**STOCKPORT PRIMARY CARE
COMMISSIONING COMMITTEE - Action
Log - 18 August 2022**

Action Number	Meeting Date	Agenda Item	Current Status	Action Description	Action Lead	Target Date	Comments
001/2022	18/08/2022	5	to close	D Dolman to seek clarity from the lead author of the Terms of Reference on the questions raised at the meeting and report back to members at the next meeting.	DD	01/10/2022	Comments fed back to GM. Current ToR to be used until March 2023.

PCCC Finance Report for the period ending 30th September 2022 - Month 6

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Michael Cullen		
Report From (Author):	Shaun Bucknor		
Date:	19 October 2022	Agenda Item No:	9
Previously Considered by:	This is the first time the report has been presented		

Decision		Assurance	✓	Information	✓
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Conflicts of Interests	
Potential Conflicts of Interest:	Any attendees of the meeting that are associated with general practice or a member practice within the ICB Stockport Locality

Purpose of the report:
The purpose of the report is to provide an overview of the financial performance of the Primary Care Delegated Commissioning budget as at 30 September 2022.
Key points (Executive Summary):
<ul style="list-style-type: none"> The ICB Stockport Locality is reporting an adverse variance of £0.391m for 2022/23
Recommendation:
(i) Note the outturn position is an adverse variance of £0.391m for the period 1 April 2022 to 31 March 2022.

Aims and Objectives:	
Which Corporate aim(s) is / are	Lead Well

supported by this report:	
Which corporate objective(s) is / are supported by this report:	Ensure financial balance across the system

Risk and Assurance:	
List all strategic and high-level risks relevant to this paper	Failure to manage costs within the delegated allocation may result in the Locality failing to deliver financial targets and consequently impact the ICB adversely.

Consultation and Engagement:	
Patient and Public Involvement:	Not Applicable
Clinical Engagement:	Not Applicable

1.0 Introduction

This report provides an overview of Primary Care Delegated Commissioning:

- Forecast Outturn as at 30 September 2022

2.0 Forecast Outturn as at 30 September 2022

The Stockport Locality is reporting an adverse forecast variance of £1.299m as at 30 September 2022. Of the £1.299m, £0.908m relates to Additional Roles Reimbursement scheme (ARRs) which will be funded by an additional allocation. Therefore, the forecast position after anticipated allocations is **£0.391m**.

The financial position is summarised in Appendix 1 with the reasons for the significant variances described below:

ARR's PCN DES Additional Roles – adverse variance of £0.908. As mentioned above – this variance will be funded by an anticipated allocation at the end of the financial year.

Business Rules/General Reserves - £0.335m adverse variance reflects that total planned expenditure exceeds the allocation received for Primary Care Delegated Commissioning for 2022/23.

3.0 Next Steps

1. Work with primary care colleagues to agree proposals to bring the Primary Care Delegated Commissioning into balance.

Appendix 1 – Forecast Outturn as at 30 September 2022

Table 1 : Financial Summary Table	COMBINED FULL YEAR LOCALITY POSITION		
	Full Year Budget	Full Year Actual	Full Year Variance
Service Line	£'000	£'000	£'000
General Practice - GMS	12,655	12,562	-92
Global Sum	12,655	12,562	-92
Caretaking Payments	0	0	0
General Practice - PMS	17,460	17,556	96
Contract Value	17,460	17,556	96
Baseline Adjustment	0	0	0
List Size Adjustment	0	0	0
Out of Hours Opt Outs	0	0	0
Caretaking Payments	0	0	0
General Practice - APMS	0	0	0
Contract Value	0	0	0
Contract KPIs	0	0	0
Other Baseline Adjustment	0	0	0
Caretaking Payments	0	0	0
QOF	5,161	5,162	1
QOF Aspiration	3,359	3,316	-42
QOF Achievement	1,802	1,846	43
Enhanced services	4,158	4,158	0
DES- Individual Practice Payments			
Learn Dsbly Hlth Chk	184	149	-35
Minor Surgery	317	317	0
Violent Patients	73	73	0
PCN DES-Participation	554	554	0
Weight Management	0	60	60
Long Covid	0	0	0
Primary Care Network DES Expenditure (Payments to PCN's)			
PCN DES Extended Hours Access	461	461	0
PCN DES Clinical Director	236	236	0
PCN DES Core Support Payment	480	480	0
PCN DES Care Home Premium	273	269	-4
PCN DES IIF Achievement	1,351	1,351	0
PCN DES Leadership and Management	228	207	-21
ARR's PCN DES Additional Roles	3,256	4,165	908
PCN DES Clinical Pharmacist	1,333	1,592	259
PCN DES Social Prescribing	0	0	0
PCN DES Care Coordinator	685	844	159
PCN DES Dieticians	0	0	0
PCN DES Health and Wellbeing Coach	47	73	26
PCN DES Occupational Therapists	0	0	0
PCN DES Pharmacy technicians	158	197	38
PCN DES Podiatrist	0	0	0
PCN DES Nursing Associate	37	38	2
PCN DES Trainee Nursing Associate	60	60	0
PCN DES Paramedic Advanced Practitioner	0	0	0
PCN DES Adult Mental Health Practitioner	155	321	166
PCN DES Clinical Pharmacist Advanced Practitioner	35	35	0
PCN DES CYP Mental Health Practitioner	0	0	0
PCN DES Occupational Therapist Advanced Practitioner	0	0	0
PCN DES Home/RR paramedic	0	0	0
PCN DES Physician Assoc	0	30	30
PCN DES Physiotherapist	745	974	229
Premises Cost Reimbursement	3,592	3,639	47
Prem Notional Rent	1,086	1,074	-12
Prem Healthcentre Rent	1,657	1,713	56
Prem Actual Rent	316	318	2
Prem Cost Rent	0	0	0
Prem Rates	411	410	-1
Prem Water Rates	67	67	1
Prem Clinical Waste	56	57	1
Prem Service Charges	0	0	0
Other Premises Cost	12	11	0
Prem Other	12	11	0
Minor Works	0	0	0
Dispensing/Prescribing Drs	303	303	0
Prof Fees Prescribing	303	303	0
Other GP Services	952	975	24
PCO Seniority	0	0	0
Legal / Prof Fees	18	18	0
CQC	201	211	10
PCO Locum Adop/Pat/Mat	603	603	0
PCO Locum Sickness	0	0	0
PCO Locum Susp Drs	0	0	0
Staff Benefit Expenses	0	0	0
Other LMC Fund Deductions	0	0	0
Sterile Products	4	3	0
Indemnity	4	4	0
PCO Doctors Ret Scheme	59	61	2
Translation Fees	64	76	12
Covid-19 Medical Exemption Assessment	0	0	0
Delivery	0	0	0
Healthcare Foundation Trust	0	0	0
Pass Through Costs			
LEVY - Other GP Services	0	0	0
Recharges	0	0	0
Reserves	0	0	0
Business Rules / General Reserves	-335	0	335
Total PCR Excl. Non Del PRC Scheme & Pass through costs	47,213	48,531	1,318
Non-Delegated PRC Schemes	1,740	1,740	0
Non-Delegated PRC Schemes	1,740	1,740	0
Void & Subsidy	650	631	-19
NHS Property Services	650	631	-19
Total PRC Cost Centre	49,604	50,902	1,299
ARR's Allocation	908	0	-908
Total PRC Cost Centre	50,512	50,902	391



***Stockport
Clinical Commissioning Group***

End of Documentation Pack