

Durham Dales PCT

PRACTICE BASED COMMISSIONING: Summary of Budget Information Provided to Practices

Individual Practice Budget Summary – the document shows all of the summary budget lines which are standard on the Trust and PEC Board Reports, for each line the budget detail is provided showing the budget at the initial Board Approved Recurring Baseline followed by any recurring and non recurring adjustments actioned with a total current budget for 2005/06. Each budget line is then shown at a 'Fair Share' with a comparison to the allocated Budget.

Appendix A to D provides a more detailed breakdown of the items included in these budget lines along with the basis for apportionment.

Practice Apportionment of Baseline Budget as agreed by Board – this again shows all of the summary budget lines which are standard on the Trust and PEC Board Reports, for each line the budget detail is provided showing the budget at the initial Board Approved Recurring Baseline for all practices along with an additional line showing each practice's budget based on a 'fair share'.

Practice Apportionment of Current Budget as at 31st July – this sheet details the budgets as they are at 31st July 2005 including all recurring and non recurring adjustments actioned at this point. The format is the same as the Practice Apportionment of Baseline Budget as agreed by Board.

Individual Budget Lines

Commissioning

NHS Providers – The detail of the recurring baseline information was distributed in February 2005, at this time it was agreed that the budget relating to the commissioning of Specialised Services would be 'blocked back' to the PCT. Recurrent/Non Recurrent Adjustments have been apportioned on the same basis as the recurring baseline. Further detail of the budget can be found in Appendix A.

S23 Agreements – These relate to services commissioned from the Independent/Voluntary Sector. Where the information is available the apportionment is based on the historical usage of the service, for some services there is no practice specific information in these areas the budget has been apportioned on a 'fair shares' basis. The basis of the apportionment can be found in Appendix B.

Section 64 Grants – There are currently two Section 64 Grants (which is a grant made to a voluntary organisation) the nature of the expenditure does not

provide practice specific information therefore the apportionment is based on a 'fair share' basis. **Due to the nature of this expenditure the PCT recommends that the Practices 'block back' this budget for the PCT to manage.**

Section 28a Agreements – These are agreements with Local Authorities for jointly funded schemes, the majority of which is for the Learning Disabilities Pooled Budget. At the moment we have not practice specific information on which to base the apportionment therefore the budget is based on a 'fair share's basis. **Due to the nature of this expenditure, the uncertainty and the potential for high cost packages of care the PCT recommends that Practices 'block back' this budget for the PCT to manage.**

Continuing Care – The budget relates to packages of care for long term complex care of patients and for palliative care packages and has been allocated on the current levels of activity at practice level. **Due to the nature of this expenditure, the uncertainty and the potential for high cost packages of care the PCT recommends that Practices 'block back' this budget for the PCT to manage.**

Free Nursing Care – The budget relates to the nursing element of care for clients in Nursing Homes, the budget has been apportioned based on activity at a practice level. **Due to the nature of this expenditure, the PCT recommends that Practices 'block back' this budget for the PCT to manage.**

Joint Development Funds/ New Opportunities Funds/Neighbourhood Renewal Funds – The budget apportionment is based on a 'fair shares' basis. **Due to the nature of this expenditure the PCT does not feel that it is appropriate to have these budgets at a Practice level, the PCT therefore recommends that Practices 'block back' this budget for the PCT to manage.**

Primary Care

Prescribing – The Prescribing Budget is already at Practice level with the exception of some 'Top Sliced' items, the budgets for these items have been apportioned based on a 'fair shares' basis the detail can be found in Appendix C

GMS/PMS – These budgets are already at Practice level. The element of the budget shown with the PCT relates to the Vulnerable Peoples Pilot. 6% of the global baseline sum for Stanhope and Middleton-in-Teesdale practices relates to the retention of out of hours.

OOH Services – The apportionment is based on a 'fair shares' basis and will be refined at a later date when robust data is available.

Primary Care Provider (GPwSI) – The apportionment is based on a ‘fair shares’ basis and will be refined at a later date when robust data is available.

Dental – There are currently no budgets showing against this line however an allocation is expected. **Current guidance from DoH is that Dental is outside the realm of Practice Based Commissioning at the present time therefore, once received, the budget will be shown within the PCT column.**

PCT Management & Organisation – These budgets relate to the Management of the PCT and have been apportioned based on ‘fair shares’. **The PCT recommends that Practices ‘block back’ this budget for the PCT to manage.**

Provider Services

Weardale & Richardson Hospital – These budgets have been apportioned on the usage by practice based on 03/04 bedday activity.

Other Community Expenditure – The basis of apportionment varies for the different elements of this budget the detail can be found in Appendix D. The budgets relating to the Allied Health Professions have been based on ‘fair shares’ as we are still awaiting Practice level information from the providers of these services (highlighted as such on Appendix D), the apportionment will be refined once the information is available.

The budgets for the Rapid Response Team and the Chronic Disease Management Team are held with in this category **due to the nature of this expenditure, the PCT recommends that Practices ‘block back’ this budget for the PCT to manage.**

The element of the budget shown with the PCT relates to Healthcare for HMYOI Deerbolt and Nursing Services provided to a practice out-with this PCT, these elements therefore do not form part of the budgets to be distributed to Durham Dales PCT Practices.

Health Promotion – This budget has been apportioned on a ‘fair share’ basis.

Nursing & Clinical Leads – The budget relates to Specialist Nurses and Clinical Leads and has been apportioned on a ‘fair share’ basis.

Reserves & Pre commitments

The budget held on this line covers LDP commitments and will be issued out to budget lines when required and has therefore been allocated on a ‘fair share’ basis.