

CAM HEALTH FINANCE & PERFORMANCE GROUP UPDATE TO MANAGEMENT BOARD 13 FEBRUARY 2014 Agenda Item 10i

The Finance & Performance Group met on 23 January 2014 (9 practices - 7 GPs and 2 PMs)

Topic	Comments & Actions Agreed
Quality Update	Wendy Lefort updated the group on January 2014 report.
Finance & Activity	 Management Costs: All Q3 returns have been received. Issues have arisen regarding the unexpected management costs for the RSS service (£7k) and OPP evaluation. Agreed to send a Cambridge system letter to challenge LCGs paying for OPP evaluation. Also agreed that any Q4 invoices received later than 14 days after end of Q4 will not be paid. Commissioning Budgets: Current CCG forecast overspend of £6m (reduction due to challenging contracts). Hoping to claw back more from further challenges. Cam Health/Addenbrookes data for M9 shows movement and overspend are down (decrease in maternity, critical care and outpatients). Increase in elective/non-elective. QIPP/LWOM M8: not much M9 data. Currently forecasting 80% achievement of QIPP target (subject to bad months). A&E trend analysis: Reviewed data – no concrete results. Awaiting CATCH A&E coding audit results. Cystoscopy: Reviewed previous data and removed data re follow ups (Cam Health has no control). Figures confirm that rates have not increased. Hysteroscopy: More data obtained re 33% increase in activity. Will clarify if there are different tariffs for the codes and feed back if big difference.
ENT Audit	58% of referrals would have been suitable for a GPSI service in the community. Work
Results	is being done re the possibility of extending the service.
Medium	The CCG is 4% underfunded compared to other CCGs, which is reflected in the
Term	current £35m funding gap. The CCG has suggested to the Local Area Team to pay
Financial	back this sum over a number of years and is awaiting a response. There are schemes
Plan	and targets to close the gap and more detailed work will take place in LCGs.
Better Care	Existing money (£47m) has been moved into a pool to deliver better health outcomes.
Fund	It is hoped that money will move from acute trusts into the community.