

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
FINANCIAL PERFORMANCE AS AT 31 JULY 2016

Date of the meeting	21/09/2016
Author	C Hickson, Head of Management Accounting, Financial Planning & Primary Care
Sponsoring Board Member	P Vater, Chief Finance Officer
Purpose of Report	Update the Governing Body on financial performance for the financial year 2016-17.
Recommendation	The Governing Body is asked to note the report
Stakeholder Engagement	N/A
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓	✓	
Budgetary Impact	✓	✓	
Legal/Regulatory	✓	✓	
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : CH

1. Introduction

- 1.1 The purpose of this report is to update the Governing Body on the financial performance for the financial year ending 31st March 2017.
- 1.2 The planned surplus target challenge for 2016-17 has remained constant at £17,698K or 1.5% of the 2016-17 confirmed resource limit. Current financial planning mandates 1% of resource limit for surplus target. The increased surplus challenge above the 1% only offers non-recurrent opportunity and is subject to very strict assurance controls via NHS England.
- 1.3 The CCG became level 3 full delegation for Primary Care from the 1st April 2016. From a financial perspective this has resulted in the CCG being devolved a Primary Care allocation of £103,258K for 2016-17. This has been revised to £102,708K following the transfer of immunisation and vaccination payments to Local Authorities which is in line with the national process. A detailed analysis of Primary Care spend is included within Appendix 3.
- 1.4 The following areas are reported within this paper:
- Appendix 1 - Dorset CCG Board Summary 2016-17
 - Appendix 2 - Dorset CCG Detailed Summary 2016-17
 - Appendix 3 - Dorset CCG Primary Care Analysis 2016-17.
- 1.5 Non recurrent sources of funds as at 31st July 2016 total £21,545K. It should be noted that this includes £1,861K for Continuing Health Care national risk reserve for retrospective claims. There has also been considerable investment to underwrite acute transformation and support operational resilience and capacity planning for winter. **The CCG needs to consider the sustainability of non-recurrent funding into 2017-18 at this level and advise providers accordingly to allow providers time to identify mitigating actions.**
- 1.6 The final 2015-16 lead provider position was a £23.1M **deficit**.

Annual Reported Surplus/(Deficit)	2014-15 Actual £m	2015-16 Plan £m	2015/16 Actual £m
Dorset County Hospital	(0.7)	(3.5)	(5.5)
Dorset Healthcare University	(1.5)	(2.2)	(1.9)
Poole Hospital	(4.9)	(6.7)	(4.1)
Royal Bournemouth & Christchurch Hospitals	(5.2)	(12.9)	(11.6)
Total	(12.3)	(25.3)	(23.1)

- 1.7 Providers in Dorset have now signed up to the STP (Sustainability & Transformation Plan). This has been delivered through a Dorset system wide approach and allows access to £22.1M of additional STP funding into the Dorset system. The STP requires strict delivery of agreed financial control milestones which are assessed on a quarterly basis. The table below details the planned movement from a £63.6M deficit to a £8M deficit by 31st March 2017. It should be noted that CIP (cost improvement plans) have been RAG rated for risk of delivery. Quarter one assurance has been provided that financial milestones are on plan releasing the Q1 STP fund payment direct to providers.

Provider	Plan pre STP* funding and pre CIP**	STP funding (+)	Financial gap post STP funding but pre CIP	In year CIP green schemes (+)	In year CIP amber schemes (+)	In year CIP red schemes (+)	Plan outturn 2016/17
DCH FT	-13.2	4.7	-8.5	3.4	0.9	2.4	-1.8
DHU FT	-14.0	1.9	-12.1	7.4	0.2	0.5	-4.0
PH FT	-17.9	7.9	-10.0	6.1	1.9	1.2	-0.8
RBCH FT	-18.5	7.6	-10.9	6.7	1.5	1.3	-1.4
Dorset Providers	-63.6	22.1	-41.5	23.6	4.5	5.4	-8.0

- * STP - Sustainability and Transformation Funding issued through NHS Improvement
 **CIP – Cost Improvement Plans

- 1.8 The trend arrow has been updated to reflect a RAG rating. The highest risks will be red trend and red overspend against budget. The overspend position is RAG rated against the GB approved budget. Acute budgets with a red trend and green spend position reflect the nature of a managed contract where activity trend is increasing but financial risk is limited due to managed contract agreements. Managed contracts limit financial risk in year but any over contract activity will result in a stepped change in cost for future years.
- 1.9 **GP Referrals at the 30th June 2016 are 7.5% above 2015-16 levels. This level of growth in GP referrals is unprecedented in Dorset.** A presentation was made to the Clinical Commissioning Committee 17 August 2016, providing further detail on this demand and the main pressure areas which include trauma and orthopaedics, ophthalmology, ENT and dermatology. This level of demand is unsustainable should this rate of increase be sustained, both in the providers ability to service such levels of demand and the financial implications to the Dorset health economy. This level of growth represents a circa £20M financial risk for 2017-18. The Business Intelligence function within the CCG has been supporting localities and practices to further understand this growth and possible mitigations.

9.3

1.10 NHS Dorset delivers QIPP (Quality Innovation Productivity & Prevention) through the budget award phase of its financial planning cycle by embedding QIPP in opening budgets. The CCG identified £37M (below) of QIPP as part of the financial planning process for 2016-17. NHS England planning requirements requires the CCG to create 1% of recurrent headroom and 0.5% contingency. This is not currently available without the delivery of £15.7M of unidentified QIPP.

Schemes Include	£ M Target	£ M Achievement	£ M Variance
Acute Transitional Funding & DQIPS	6.5	6.5	0.0
Generics and PPA identified Prescribing savings	4.3	4.3	0.0
Continuing Health Care Services	3.4	3.4	0.0
Removal of non-recurrent IT investment	2.8	2.8	0.0
Hold activity to offered contracts	2.2	2.2	0.0
Non NHS Contractual Activity	0.8	0.8	0.0
Running Costs CIP reduction	0.5	0.5	0.0
Hold Community Cost per Contract	0.5	0.5	0.0
NCA Budgets	0.4	0.4	0.0
Unidentified QIPP	15.7		(15.7)
Total	37.0	21.3	(15.7)

1.11 The delivery of a further £15.7M of QIPP savings should not be underestimated to support the delivery of 1% recurrent headroom. The Financial Sustainability Task Force has been formed and the terms of reference for the group are simply to create £20M of recurrent savings. A paper following the first meeting chaired by the Accountable Officer and presented to Governing Body which recommends a CCG wide focus on variation and reprioritisation process. Suggested schemes include and not limited to:

- Right Care Indicators & opportunities
- Focus on variation
- Referral management & referral benchmarking
- Reduce level of low priority procedures
- Prescribing efficiencies through reduction of waste and variation*
- Non NHS Contracts & repatriation to NHS Providers
- New procurements of services to extract additional cost savings
- Benchmarking community services
- Estates rationalisation
- Reducing length of stay
- Continuing healthcare market development
- Previous Unassessed Periods of Care PUPOC

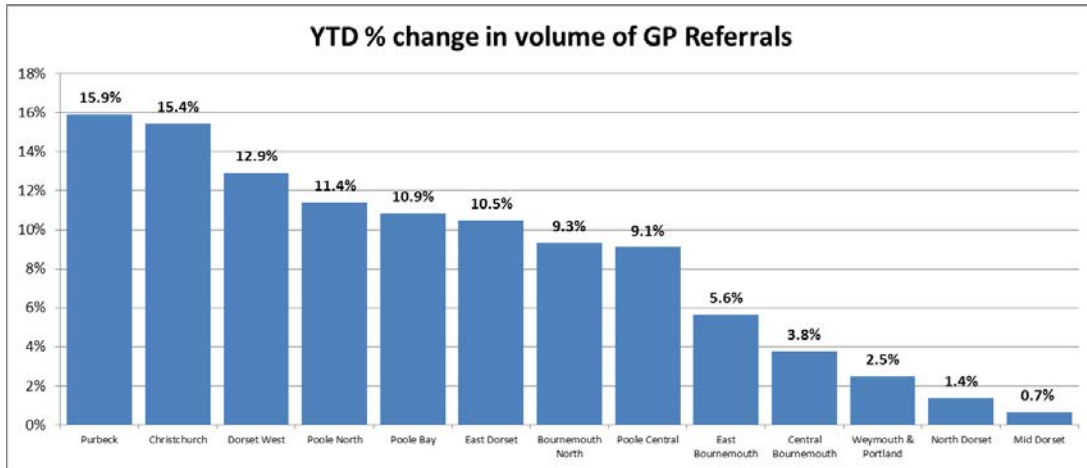
1.12 Progress is being delivered through the following outputs:

- Continued review of eligibility & cost per case for continuing healthcare £4.6M
- Focus on Right Care unexplained variation in secondary care
- Review of incentive schemes to support peer review of GP Referrals

- Focus on unexplained variation in primary care
- Development of invest to save schemes (Prescribing)
- 3% savings within Running Cost £504K
- Freeze of uncommitted spend £426K


2. Overall Financial Performance

- 2.1 The forecast financial out-turn for the year ending 31st March 2017 is attached (Appendix 1), with supporting commentary on significant variances below.
- 2.2 Dorset CCG benefits from a return of surplus from 2016-17 of £17,698K. The return of surplus from 2015-16 has been directly invested in delivery of the 2016-17 surplus of £17,698K. It should be noted that this is a non-recurrent source of funds.
- 2.3 NHS England from 1st June 2015 have imposed a control on all consultancy spend. Any consultancy spend above £50K inclusive of VAT has to be pre-approved by NHS England and the Treasury via a strict business case approvals process. This process is now fully embedded within Dorset CCG supported by detailed guidance and frequency asked questions via a dedicated management accounts online portal. All applications must be approved by the Chief Finance and Accountable Officer before submission to NHS England.
- 2.4 Agency controls have been extended and any day rates for agency and consultancy above £650 need to be approved via NHS England. This has come into force from 1st August 2016. NHS England has carried out a retrospective assurance process. This was completed on the 10th August.
- 2.5 Where the CCG has activity risk schemes in place within contracts, increases in referrals above planned levels are managed in year by providers beyond a threshold but creates a stepped change risk for 2016-17. Tariff uplifts for 2016-17 included baseline 1.1% uplift on 2015-16 prices and a requirement to purchase activity. Guidance was issued against block contracts for 2016/17, and the CCG developed risk sharing arrangements with lead providers for both over performance and excluded drugs of £4,650K.
- 2.6 Referrals at 31st March 2016 showed a 4.25% increase compared to 2014-15 baseline. There is a high level of variation at a locality level which needs to be fully understood to allow mitigating actions to be identified. The CCG needs to adopt a reactive response to understanding and focusing on variation to ensure value for money. With GP Referrals as at 30th June 2016 at 7.5% immediate action needs to be taken to support Primary Care in fully understanding the drivers in the unprecedented demand. It is recognised that the CCLIP will continue to be modified to align finance to support Primary Care in this detailed work.




2.7 The Quality Premium represents a £3.8M opportunity. The CCG received £567K for 2014-15 performance. It is expected this will fall to £400K based on 2015-16 performance measures. The missed opportunity for the Dorset health economy for 2015-16 is estimated as £3.4M. The CCG will be challenging the 2015-16 performance for QP achievement as the CCG delivered local targets for both Ambulance and Dementia. QP focuses on provider wide delivery of these targets, this does represent an opportunity for challenge.


2.8 **NHS Contracts (Information based on contract reports to 30/06/16)**

Royal Bournemouth & Christchurch Hospital NHS FT	Trend	Year End Forecast
<p>The position as at 30th June for Dorset CCG represents a forecast over spends against activity of £4.2M. It should be noted that this activity is capped at £3.5M for 2016-17 and represents continued major risk for 2017-18.</p> <p>GP referral rates are 13% above 2015-16 levels. This growth % is partly due to the impact of RBH closing choose & book slots in Q1 2015-16 for some specialities.</p> <p>Higher than expected activity within Elective Admissions of £987K and Day Care £699K. This over spend can mainly be seen in Orthopaedics non trauma procedures, particularly major hip and knee procedures.</p> <p>Emergency admissions are currently forecast to be £2M above expected levels. Respiratory system is the largest contributor to this growth primarily by pneumonia related admissions.</p>		<p>£3,500K</p>


2.9

Poole Hospital NHS FT	Trend	Year End Forecast
<p>The Trust position as at 30th June for Dorset CCG does represent a forecast over spend against activity of £2.7M.</p> <p>GP Referrals are 5% above the 2015-16 baseline.</p> <p>Emergency Admissions are the largest driver of this demand being £2.2M above expected levels. Mainly activity seen in Respiratory, pneumonia, COPD and acute lower respiratory infections. Inpatient day case is also above expected levels by £202K predominantly in digestive system.</p> <p>Neurology is a cost and volume based element of the contract and sits outside of the managed arrangement and currently this £199K above contract levels.</p>		£199K


2.10

Dorset County Hospital NHS FT	Trend	Year End Forecast
<p>The Trust position for Dorset CCG represents a forecast over spend against expected activity of £1.3M, before national and local rules are applied on marginal rates. Adjusted for local marginal rates the position is capped at £1,150K</p> <p>GP Referrals are 1% above the 2015-16 baseline.</p> <p>Emergency admissions are forecast to be £1M above expected levels. There has been an increase in elective activity associated with the closure of the Cath lab and subsequent catch-up.</p> <p>Urinary Track, Male Reproductive System, Digestive Systems, Immunology, Infectious Diseases and Multiple Trauma remain under pressure. The conversation rates of A&E attendance into emergency admissions remains higher than national and local rates.</p>		£1,150K


2.11

Yeovil	Trend	Year End Forecast
<p>The Trust position for Dorset CCG represents a forecast over spend against expected activity of £124K, it should be noted this is a managed contract.</p> <p>GP Referrals are 12% above the 2015-16 baseline predominately within ENT, general surgery and gastroenterology. Month 3 referral data is not available as the Trust is currently migrating to a new PAS (Patient Administration System).</p> <p>Emergency admissions are of concern and forecast to be £614K above expected levels.</p> <p>The CCG has invested 5.3% growth within this contract based on the 2015-16 budget.</p>		<p>£0K</p>

2.12

Salisbury Hospital Foundation Trust	Trend	Year End Forecast
<p>The Trust position at 30th June 2016 for Dorset CCG represents an over spend against expected activity of £298K. When agreed risk shares applied this moves to a £30K under spend.</p> <p>Pressure can be seen within elective admissions £116K and diagnostics £82K.</p> <p>GP referrals at 30th June 2016 are running at 3% below 2015-16 baseline levels.</p> <p>The £12K over spend relates to a delayed discharge spinal patient where CCG's are responsible for the excess charge as per specialist commissioning guidance.</p>		<p>£12K</p>


2.13

University Hospitals Southampton NHS FT	Trend	Year End Forecast
<p>The Trust position at 30th June 2016 for Dorset CCG is currently forecast as a £543K over spend.</p> <p>The most significant over spend can be seen in Elective £284K, Maternity £105K and Excluded Drugs. This contract is a full cost and volume contract.</p>		

<p>This forecast over spend does follow trends experienced in previous years where elective activity grows above planned levels. The current forecast is a 7.3% over spend.</p> <p>This contract is managed by NHS South CSU who raise queries on the CCG behalf with the provider. The CCG may want to consider how it contracts with UHSFT for 2017-18 and beyond.</p>		£543K
--	--	--------------


Primary Care – Practice Prescribing

2.14

Practice Prescribing	Trend	Year End Forecast
<p>The opening budget for 2016-17 has been revised by £1.1m following the final 2015-16 outturn position being confirmed at the end of May 2016.</p> <p>This position has been reviewed and ratified by the CCGs Chief Pharmacist and the Medicines Optimisation Group who recognise this as a realistic budget based on 2015-16 outturn, horizon scanning and expected 2016-17 growth.</p> <p>There is risk to this budget should the national tariff prices continue to rise at the levels seen in 2015-16. The CCG finance team is working closely with the Chief Pharmacist and the Medicines Optimisation Group to highlight, identify and realise areas of savings.</p> <p>At this stage due to the lack of available information a break even position has been forecast. The first forecast outturn position issued by the NHS Business Services Authority will be with the June 2016 prescribing data which is will be available mid to late August 2016.</p>		£0K


Continuing Care Adults & Children

2.15


Continuing Health Care (CHC) & FNC	Trend	Year End Forecast
<p>CHC (including Children's CHC) reported an under spend of £1.4M as at 31st July 2016 which reflects the risk share arrangement with the Local Authorities. In addition the joint CHC work programme continues with the three Local Authorities to reduce CHC demand and care costs. The number of continuing healthcare funded adult patients is 659.</p> <p>There is a £3.3M cost pressure as a result of the FNC weekly rate uplifted by 40% from £112 per week to £156.25 per week. The increase in FNC is reflected in the overall financial position above.</p> <p>This joint work programme supports the Better Care Fund investment made by the CCG, with the reciprocal commitment from the three Local Authorities to continuing reversing the trend of CHC expenditure and growth.</p> <p>The CHC team has identified cost avoidance savings in year and is projecting a £4.6M under spend excluding the impact of funded nursing care price increases.</p> <p>In year capacity of nursing and residential beds has remained steady. Although several smaller homes recently closed, market capacity was boosted by a number of new or expanded purpose-built units opening.</p> <p>To enable timely hospital discharge it has therefore become necessary to place patients in homes at a higher weekly cost. This demonstrates the challenge with market management in limited bed availability in Dorset.</p> <p>Finance is working closely with the CHC team, procurement and colleagues in Local Authorities to engage with providers to ensure there is appropriate capacity for CHC patients.</p>		<p>(£1,426K)</p>

Community Health Services


2.16

Dorset Health Care Foundation Trust	Trend	Year End Forecast
<p>The total value of healthcare contracts with Dorset HealthCare University NHS Foundation Trust is £197M however £27M is shown within the Better Together area. This is the CCG's largest contract.</p> <p>The majority of services are contracted on a managed basis however a small element is commissioned on a cost per case basis.</p> <p>The forecast overspend has decreased this month to £284K.</p> <p>Persistent Pain and Rapid Access Pain have been brought into the managed contract for 2016-17.</p> <p>The over spend relates to forecast cost per case activity for Dermatology at £191K and Endoscopy at £132K offset by an underspending against pulmonary rehabilitation.</p> <p>There are now three smaller, separate contracts, as the Weymouth Urgent Care Centre has been added this month £1,125K in 2016-17 and full year impact £1,498K along with the Acquired Brain Injury and Med TOP which value £217k and £78k respectively.</p>		£284K

2.17


New Hall, BMI & Non NHS Contracts	Trend	Year End Forecast
<p>BMI is currently £459K over contract as at 30th June 2016, forecast to be £1,469K by 31st March 2017.</p> <p>The overspend is entirely within Day Case and Elective Orthopaedic admissions and can be seen at both the Winterbourne and Harbour sites, with the data alone showing a circa 27% increase in activity.</p> <p>Ramsey New Hall Spinal & Orthopaedics contract is currently below planned levels within the SAC (standard acute contract) Orthopaedic admissions.</p> <p>Overspends are due to a high increase of GP referrals in to these independent sector providers for Orthopaedic activity.</p> <p>Finance and Business Intelligence Teams have been working closely with Service Delivery on developing further mitigating actions.</p> <p>This is historically a very high growth area and this trend continues into 2016-17.</p> <p>From the 1st April 2013 CCG inception to 31st July 2017 this area has consumed £5.1M of growth or 38.4% increase.</p>		<p>£1,861K</p>

2.18

Non Contract Activity (NCA)	Trend	Year End Forecast
<p>Non Contract Activity (NCA) continues to increase from 2015-16 levels. High cost patients, critical care costs and increases in activity are main causes of the over spend in NCA areas.</p> <p>Initial reporting from Optum who manage London providers indicates an over spend of £172K.</p> <p>South CSU data shows £118K over spend for University Hospital Bristol, North Bristol £59K over spend and Portsmouth forecast of £118K under spend.</p>		£446K

Primary Care


2.19

Primary Care Delegation	Trend	Year End Forecast
<p>The Primary Care delegation budget is £102,708K for 2016-17. Appendix 3 provides a detailed analysis of Primary Care both delegated and core. Core being CCG core primary care funded services.</p> <p>Dorset CCG finance teams are working closely with NHS England finance teams concerning the funding of local contracts and the impact of the PMS premium calculation.</p> <p>The CCG has started a process of review concerning the over 75 schemes. As part of this process there will be an extension of existing schemes. Over 75 schemes are valued at £3.9M for 2016-17.</p> <p>The Clinical Commissioning Local Improvement Plan has been revised for 2016-17. The revised CCLIP comes into effect from 1st October 2016 and valued at £2.3M for 2016-17. It is recognised that the CCLIP will continue to evolve to be aligned in supporting the GP Referral work stream.</p> <p>On the 1st April 2016 the Primary Care support</p>		£0K


<p>contract provision has moved from Shared Business Solution to Capita.</p> <p>At this early stage in the financial year the forecast outturn is a break even position for Primary Care Services on both delegated and core services.</p>		
--	--	--

Other Mental Health & Learning Disabilities

2.20


Section 117	Trend	Year End Forecast
<p>Anyone who has been detained in hospital under section 3, 37, 45A, 47 or 48 of the Mental Health Act 1983 is entitled to free aftercare under section 117 at any time after they leave hospital. The CCG has a legal duty to fund aftercare jointly with Local Authorities.</p> <p>The CCG has invested an additional £586K above the 2015-16 out turn within Section 117 for new cases. On average the CCG panel approves between 5 – 10 new cases per month and currently the number of new cases exceeds the number of cases where the package of care has ceased. The month 4 over spend has increased due to an increase in the numbers of patients.</p> <p>The causes of the increasing number of cases and rising costs including named patient mental health packages will be subject to a deep dive review by the Specialist Services Commissioning Manager. As part of this process a benchmarking exercise comparing commissioners identified in the NHS England Right Care analysis has also been undertaken.</p> <p>Early indications suggest that whilst the cost per case is competitive the conversion rate of section 117's is high compared to the Right Care benchmarking group of other CCGs. The data is being further analysed to provide assurance on whether this is a like for like comparator as no national benchmarking data is available.</p>		£164K

2.21

Named Patients	Trend	Year End Forecast
<p>Named patients relates to specialist placement provided to patients where no facility exists in Dorset.</p> <p>The average cost is £90K per case but the CCG has experienced three high cost new cases which are predominantly driving this overspend.</p> <p>If a case is deemed section 117 then Local Authorities contribute towards the package of case. Named patient cases are 100% CCG responsible commissioner funded.</p> <p>The forecast is split over 2 categories, Learning Disabilities and Mental Health. This is broken down this month to reflect an over spend on LD named patients of £298k, and an under spend on MH named patients of (£91k).</p>		£298K

Resource Limit

2.22

Resource Limit	Trend	Year End Forecast
<p>The resource limit as at 31st July 2016 is £1,154,223K which has been confirmed with NHS England. The following adjustments have been actioned in month 4.</p> <p>Vanguard Q1 £175K Eating Disorders -£418K Childhood Immunisation £381K Pre School Booster £142K Contraception £27K Learning Disabilities -£180K</p>		£0

Other Financial Targets

- 2.23 The BPPC (Better Payment Practice Code) requires NHS organisations to pay 95% of all invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The payment performance at 31st July 2016 shows a 100% cumulative performance for NHS invoices and 96.4% for non-NHS invoices.

3. Conclusion

- 3.1 The CCG has reinvested its 2015-16 control surplus of £17,698K into the 2016-17 surplus requirement agreed with NHS England of £17,698K. This is a return of non-recurrent funds. Any drawdown on this non-recurrent surplus would need to be agreed with NHS England and would result in high level of interest, scrutiny and strict controls imposed by NHS England.
- 3.2 The CCG surplus is a non-recurrent fund brought forward and reinvested in the control total delivery. The underlying recurrent position based on known and forecast cost pressures is an underlying deficit. The levels of GP referrals currently at 7.5% represent £20M additional risk against acute commissioning should this level be sustained. Our resources growth in total for 2017-18 is likely to be in the region of £11m, consequently any increase in secondary care costs are of an immediate high risk concern area for 2017/18.
- 3.3 Business Intelligence and commissioning managers will be working closely with localities and primary care as part of Rightcare and reviewing levels of referrals with the aim of identifying mitigating actions.
- 3.4 NHS Dorset delivers QIPP (Quality Innovation Productivity & Prevention) both through the budget award phase of its financial planning cycle by embedding QIPP in opening budgets and in year. The CCG identified £37M of QIPP as part of the financial planning process for 2016-17. NHS England planning requirements requires the CCG to create 1% of recurrent headroom and 0.5% contingency. This is not currently available without the delivery of £15.7M of unidentified QIPP.
- 3.5 Continuing healthcare has continued to underspend releasing QIPP but this is being offset by a nationally imposed uplift for FNC which equates to an in year cost pressure of £3.3M for Dorset CCG.
- 3.6 A system wide approach has been followed which has allowed access to the STP fund of £22.1M for the Dorset provider system. It should be noted that this fund is subject to strict financial milestones being delivered.

- 3.7 It should be recognised that the CCG is facing significant financial risks in 2016/17 in meeting a control total of £17,698K. A Finance Sustainability Group Chaired by the Accountable Officer meets regularly to review progress with schemes designed to mitigate against the financial pressures identified.

Author's name and Title : Chris Hickson, Head of Management Accounts and
Financial Planning & Primary Care Finance
Date : 6th September 2016
Telephone Number : 01305 368931

APPENDICES	
Appendix 1	CCG Board Summary 2016-17
Appendix 2	CCG Detailed Summary 2016-17
Appendix 3	Primary Care Analysis 2016-17