

Title of paper: Finance Report


Meeting: Governing Body

Date: 31st January 2014

Author: Steve Rowland, Interim Financial Controller

email: Steven.rowland@surreydownsccg.nhs.uk

Exec Lead: Keith Edmunds, Chief Finance Officer

Purpose	To Agree	
	To Advise	
	To Note	

Development

This finance report is developed by the finance team and covers the financial performance of Surrey Downs CCG for the nine months to December.

Executive Summary and Key Issues

- The Year to Date result is breakeven, which is £1.2m adverse to budget. In line with the trends seen in previous months, Acute is £1.7m over budget with much higher year on year growth than expected in A&E and Outpatient activity. Primary Care is £1.1m over budget with price pressure on some branded drugs and volume growth greater than expected and greater than elsewhere in Surrey. Mental Health (£0.5m) and Continuing Care (£0.8m) are under budget.
- The full year forecast surplus remains unchanged this month at £72k (£1.5m less than budget). During the month, budgeted allocations were reduced by £1.0m which reverses an earlier intra CCG transfer following NHS Property Services decision to invoice this year in line with the original baseline allocation. The forecast now reflects anticipated cost savings arising from the Recovery Plan. Forecast overspends on Acute (£1.6m) and Primary Care (£1.0m) are offset by reductions in Continuing Care (£0.8m) and spend against Reserves (£0.3m).

Agenda item	14
Attachment	11

- The risks highlighted in Section 4 mean that there remains considerable uncertainty whether the CCG will be able to achieve its statutory requirement to break even.

Recommendation(s): The report is to advise the Governing Body of the current financial position.

Attachments: Finance Update & Finance Pack

Implications for wider governance

Quality and patient safety

The CCG's financial position could impact on its ability to invest in improving quality; however, there is no short term impact

Patient and Public Engagement

None specific to this report.

Equality Duty

None specific to this report.

Finance and resources

As set out in the report

Communications Plan

This paper is published on the CCG website

Legal or compliance issues

The CCG has a statutory duty not to exceed its financial allocation.

Risk and Assurance

Assurance Framework 1.5 covers the potential failure of the year 1 financial plan.

Finance Report

January 2014

1 Summary

The purpose of this report is to provide commentary on the financial performance of Surrey Downs CCG for the first nine months of the financial year, to look forward to the outturn for the full year and to identify the risks in achieving that forecast.

The Year to Date result is breakeven, which is £1.2m adverse to budget. In line with the trends seen in previous months, Acute is £1.7m over budget with much higher year on year growth than expected in A&E and Outpatient activity. Primary Care is £1.1m over budget with price pressure on some branded drugs and volume growth greater than expected and greater than elsewhere in Surrey. Mental Health (£0.5m) and Continuing Care (£0.8m) are under budget.

The full year forecast surplus remains unchanged this month at £72k (£1.5m less than budget). During the month, budgeted allocations were reduced by £1.0m which reverses an earlier intra CCG transfer following NHS Property Services decision to invoice this year in line with the original baseline allocation. The forecast now reflects anticipated cost savings arising from the Recovery Plan. Forecast overspends on Acute (£1.6m) and Primary Care (£1.0m) are offset by reductions in Continuing Care (£0.8m) and spend against Reserves (£0.3m).

The risks highlighted in Section 4 mean that there remains considerable uncertainty whether the CCG will be able to achieve its statutory requirement to break even.

2 Financial Operations Update

As reported last month, the latest guidance on legacy balances was issued on 10th December; followed on 20th December by some additional guidance and interpretations. The final guidance will be incorporated in an Accounts Direction from the Department of Health to NHS England, which will be issued at some point during Q4. The current position would appear to be as follows:

- CCG's will not account in 2013/14 for any legacy balances other than fixed assets and associated liabilities (of which Surrey Downs CCG has none);
- CCG's will be required to accrue at 31st March, 2014 for partial hospital stays but will not be given the benefit of the £1m PCT accrual at 31st March, 2013. NHS England recognise that this presents an Income & Expenditure mismatch but have yet to determine how CCG's will be reimbursed for prior year partial spells paid for as part of the current year SLA.
- CCG's were required to notify NHS England on 7th January of any movements in provisions (particularly relating to Continuing Healthcare). A similar return is required at 31st March. These provisions will be included in the NHS England

balance sheet until 31st March, 2014 and will be transferred to CCG's with effect from 1st April 2014. The guidance made clear that the return should relate only to those provisions in existence at 31st March, 2013 and not those arising in the current year. As at 31st March, 2013 the PCT had made provision for £6.5m for retrospective CHC claims and made reference to a contingent liability of £13.8m for unquantified claims. Based on an extrapolation of the small number of claims processed year to date we have provided NHS England with a preliminary estimate of the likely value of such claims. It is not clear whether NHS England will accept this treatment or whether they will expect the CCG's to bear this expense.

- Payments made by CCG's in the current year relating to legacy balances will be reimbursed in Q4.
- Other than provisions, any unpaid/unused liabilities remaining in the legacy balance sheet will be written off at the year-end by NHS England.

Whilst the guidance seems to be reasonably clear it remains uncertain as to how this will actually evolve in practice.

3 Performance

	YTD Actual £'m	YTD Budget £'m	Variance Fav/(Adv) £'m	Full Year Forecast £'m	Full Year Budget £'m	Variance £'m
Acute	146.7	145.0	(1.7)	194.8	193.2	(1.6)
Mental health	17.8	18.3	0.5	24.4	24.4	0.0
Community	21.3	21.5	0.2	28.6	28.6	0.0
Continuing care	16.3	17.0	0.7	22.0	22.8	0.8
Primary care	32.2	31.1	(1.1)	42.3	41.3	(1.0)
Other	1.9	1.7	(0.2)	2.3	2.3	0.0
Running costs	4.3	4.6	0.3	6.1	6.1	0.0
Reserves	1.5	1.5	0.0	1.7	2.0	0.3
	241.8	240.6	(1.2)	322.2	320.7	(1.5)
Allocation	241.8	241.8	0.0	322.3	322.3	0.0
Surplus/(Deficit)	0.0	1.2	(1.2)	0.1	1.6	(1.5)

Year to date performance

- Across the providers, Elective inpatient procedures are under spending. In contrast, over spends are reported in Non-Elective inpatient procedures, A&E, Critical Care (driven largely by one long stay patient at St Georges and also at

Guy's & St Thomas'), and outpatients. There is higher year on year growth than expected in A&E and Outpatient activity. Subsequent to the finalisation of the Month 9 accounts, further analysis of activity data trends in October and November has indicated that the full year forecast may be understated by up to £2m. As part of the Recovery plan, contract challenges and queries of £2.7m have been raised for the year to date of which £1.0m has been recognised in these results. A satisfactory resolution to these contract challenges and queries will be required to achieve break even.

- Mental Health is underspent by £0.5m due to the slow build up in the IAPT (Integrated Approach to Physiological Therapies) programme.
- Continuing Care costs continue to underspend due to lower than budgeted client numbers.
- GP prescribing costs are the largest component within Primary Care. The latest prescribing data available is to the end of October. The adverse position has continued; with a cumulative overspend against budget of £0.89m. Grossing this up for nine months largely accounts for the variance to budget.
- The underspend on Running Costs relates largely to the recent decision by NHS Property Services to invoice based on the original baseline allocation.
- The year to date charge to Reserves comprises BSBV/Out of Hospital Strategy (£0.8m), one off contract management costs (£0.3m), Co-ordinate My Care care record project (£0.1m) and costs for the move from Pascal Place to Cedar Court (£0.3m).
- The year to date result is break even, an adverse variance against budget of £1.2m.

Full year forecast

- The full year forecast surplus is £1.5m adverse to budget at £72k.
- The Acute performance experienced to date is forecast to continue for the full year but includes the benefit of savings forecast from the cost recovery plan.
- Continuing Care – the forecast assumes growth in client numbers will bring spend more closely in line with budget in the second half of the year.
- Primary Care reflects benefits from a recovery plan being implemented by the Medicines Management team.
- The forecast spend against Reserves is in line with current expectations for existing projects.

4 Key Financial Risks

The key financial risks currently identified are:

- As outlined above, the cost of retrospective Continuing Health Care claims may exceed the £6.5m provision established by NHS Surrey. Under a risk share agreement with the other Surrey CCG's, Surrey Downs is responsible

for 25% of any excess above £6.5m. To date, payments of £1.5m have been made for 65 claims.

- The historical backlog of disputed CHC invoices, (value £1.3m).
- Uncertainty as to how NHS England will deal with partial spell accruals at 31st March 2013.
- As noted above, a satisfactory outcome from acute contract challenges is required to achieve breakeven.
- Cash pressure due to the above, plus drug costs for dispensing practices (risk circa £2.7m).

5 Cash

NHS England has recently notified all CCG's of a reduced cash limit for the current financial year. The notified limit for Surrey Downs CCG is £307.1m compared to forecast expenditure of £322.2m. It is anticipated that the shortfall can be managed via working capital.

Surrey Downs CCG
Financial Results December 2013

Contents

- Finance Report
- Income & Expenditure - Summary, Year to Date & Full Year Forecast
- Expenditure by Category – Year to Date & Full Year Forecast
- Balance Sheet
- Cash Flow
- Activity Report

Summary Financials YTD

Surrey Downs CCG	Year To Date Position			Full Year Forecast		
	Actual to Date £m	Budget to Date £m	Variance to Date £m Favourable/(Adverse)	Full year forecast £m	Annual Budget £m	Full Year Variance £m Favourable/(Adverse)
Acute Services	146.7	145.0	(1.7)	194.8	193.2	(1.6)
Mental Health Services	17.8	18.3	0.5	24.4	24.4	0.0
Community Services	21.3	21.5	0.2	28.6	28.6	0.0
Continuing Care Services	16.3	17.0	0.8	22.0	22.8	0.8
Primary Care Services	32.2	31.1	(1.1)	42.3	41.3	(1.0)
Other Programmes	1.9	1.7	(0.2)	2.3	2.3	0.0
Corporate Costs	4.3	4.6	0.3	6.1	6.1	0.0
Reserves	1.5	1.5	0.0	1.7	2.0	0.3
Total	241.8	240.6	(1.2)	322.2	320.7	(1.5)
Allocation	(241.8)	(241.8)	0.0	(322.3)	(322.3)	0.0
Surplus/(Deficit)	0.0	1.2	(1.2)	0.1	1.6	(1.5)

Detailed Financials

	YTD	YTD	YTD	Full Year	Annual	Full Year
	Actual	Budget	Variance			
	£ m	£ m	Favourable/ (Adverse) £ m	£ m	£ m	Favourable /(Adverse) £ m
Acute Services						
NHS Trusts	121.5	119.2	(2.3)	160.7	159.1	(1.6)
Ambulance	6.3	6.5	0.2	8.6	8.6	0.0
High Cost Drugs	0.0	0.0	0.0	0.0	0.0	0.0
NCA's	2.2	2.5	0.3	3.3	3.3	0.0
TOTAL-NHS	130.0	128.2	(1.8)	172.7	171.1	(1.6)
NON NHS	16.6	16.9	0.3	22.1	22.1	0.0
Total Acute	146.7	145.0	(1.7)	194.8	193.2	(1.6)

	£ m	£ m	£ m	£ m	£ m	£ m
Mental Health						
NHS	13.7	13.9	0.2	18.6	18.6	0.0
Independent	0.8	1.1	0.3	1.4	1.4	0.0
Children	1.7	1.7	0.0	2.3	2.3	0.0
Learning Difficulties	1.5	1.5	(0.0)	2.0	2.0	0.0
NCA	0.1	0.1	(0.0)	0.1	0.1	0.0
Total Mental Health	17.8	18.3	0.5	24.4	24.4	0.0

	£ m	£ m	£ m	£ m	£ m	£ m
Continuing Care Services						
Continuing Health Care	48.9	50.9	2.0	67.6	68.4	0.8
Funded Nursing Care	13.4	13.7	0.3	18.2	18.2	0.0
Support Costs	2.7	3.0	0.3	4.0	4.0	0.0
Recharge to other CCGs	(48.8)	(50.6)	(1.8)	(67.8)	(67.8)	0.0
Total Continuing Health Care	16.3	17.0	0.8	22.0	22.8	0.8

Detailed Financials

	YTD Actual	YTD Budget	YTD Variance Favourable/ (Adverse)	Full Year Forecast	Annual Budget	Full Year Variance Favourable /(Adverse)
	£ m	£ m	£ m	£ m	£ m	£ m
Primary Care Services						
Prescribing	28.4	27.5	(0.9)	37.6	36.6	(1.0)
Enhanced Services	1.6	1.5	(0.1)	2.0	2.0	0.0
Out of Hours	1.3	1.3	0.0	1.7	1.7	0.0
Other Primary care	0.9	0.8	(0.1)	1.1	1.1	0.0
Total Primary Care	32.2	31.1	(1.1)	42.3	41.3	(1.0)
Community Health Services	£ m	£ m	£ m	£ m	£ m	£ m
Central Surrey Health	16.2	16.2	0.0	21.6	21.6	0.0
Virgin	1.6	1.6	(0.0)	2.1	2.1	0.0
Hospices	0.9	0.8	(0.1)	1.1	1.1	0.0
Other	2.5	2.9	0.3	3.8	3.8	0.0
Total Community Health Services	21.3	21.5	0.2	28.6	28.6	0.0
Voluntary Service/Other	£ m	£ m	£ m	£ m	£ m	£ m
Voluntary Service/Other	1.9	1.7	(0.2)	2.3	2.3	0.0
Voluntary Service/Other	1.9	1.7	(0.2)	2.3	2.3	0.0

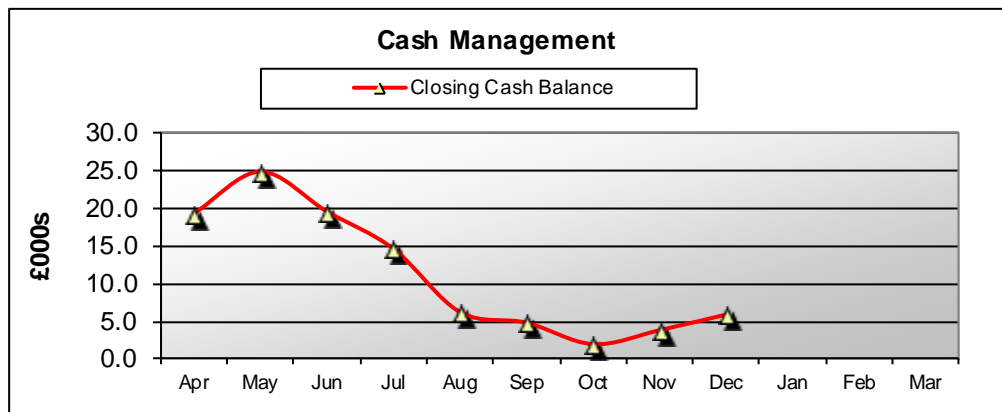
	YTD			Full Year		
	Actual	Budget	Variance Favourable/ (Adverse)	Forecast	Annual Budget	Variance Favourable /(Adverse)
Reserves	£ m	£ m	£ m	£ m	£ m	£ m
2% Reserve	1.5	1.5	(0.0)	1.7	2.0	0.3
Contingency	0.0	0.0	0.0	0.0	0.0	0.0
Total Reserves	1.5	1.5	0.0	1.7	2.0	0.3
Corporate Costs	£ m	£ m	£ m	£ m	£ m	£ m
Charges from CSU	1.7	1.8	(0.1)	2.4	2.4	0.0
CCG Staff	1.6	1.6	(0.0)	2.1	2.1	0.0
Govt. Body Clinical leadership and locality operating	0.6	0.6	(0.0)	0.8	0.8	0.0
Other	0.3	0.6	0.3	0.8	0.8	0.0
Total Corporate Costs	4.3	4.6	0.3	6.1	6.1	0.0
Total Surrey Downs CCG	241.8	240.6	(1.2)	322.2	320.7	(1.5)

Balance Sheet

	Actual	Prior Month Actual	Movement
CURRENT ASSETS:			
Inventories			
Trade and Other Receivables	0.8	2.1	(1.2)
Other Financial Assets	4.4	3.9	0.5
Cash and Cash Equivalents	5.9	3.8	2.1
Sub Total Current Assets	11.2	9.8	1.4
TOTAL Current Assets	11.2	9.8	1.4
TOTAL ASSETS	11.2	9.8	1.4
CURRENT LIABILITIES			
Trade and Other Payables	(5.9)	(1.4)	(4.6)
Other Liabilities	(32.4)	(35.7)	3.3
Total Current Liabilities	(38.3)	(37.0)	(1.3)
NET CURRENT ASSETS/(LIABILITIES)	(27.2)	(27.3)	0.1
TOTAL ASSETS LESS CURRENT LIABILITIES	(27.2)	(27.3)	0.1
NON-CURRENT LIABILITIES:			
ASSETS LESS LIABILITIES (Total Assets Employed)	(27.2)	(27.3)	0.1
TAXPAYERS EQUITY			
General Fund	27.2	27.3	(0.1)
TOTAL TAXPAYERS EQUITY	27.2	27.3	(0.1)

Cash Flow

	Annual
Cash Limit per NHS England	322.3 ¹
Less:	
Prescription Pricing Authority	37.7 ¹
Cash Limit For Drawdown	284.6 ¹



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Opening Cash Balance	0.0	19.3	24.9	19.6	14.6	6.2	4.8	2.0	3.8				
Cash Drawdown	33.3	27.6	12.0	17.0	15.0	18.0	24.5	24.0	22.5				194.0
Misc Receipts	2.9	2.6	12.0	6.0	5.0	6.7	2.4	8.2	6.5				52.3
NHS Payments	(13.5)	(13.9)	(19.0)	(16.4)	(16.1)	(16.2)	(19.2)	(16.4)	(18.0)				(148.8)
Non NHS Payments	(3.4)	(10.8)	(10.3)	(11.5)	(12.3)	(9.9)	(10.6)	(13.9)	(8.9)				(91.6)
Closing Cash Balance	19.3	24.9	19.6	14.6	6.2	4.8	2.0	3.8	5.9				

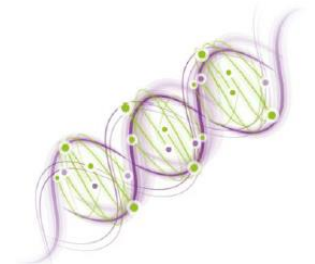
MONTHLY EXECUTIVE ACTIVITY REPORT (M1 12/13 – M8 13/14)

All Localities

All Providers

Compiled by Daron Redwood & David Fretwell

Activity and Costs data comes from SUS and is for 01/04/2012 – 30/11/2013 . Costs are based on Standard PbR. Last Updated 06/01/2014



CONTEXT

Purpose: the purpose of this pack is to enable clinical commissioners gain an understanding of trends in the local acute health economy in order to

- Identify and mitigate risks
- Inform commissioning intentions
- Support assessment of strategic projects

This activity trend pack is under continual development and the following has been added:

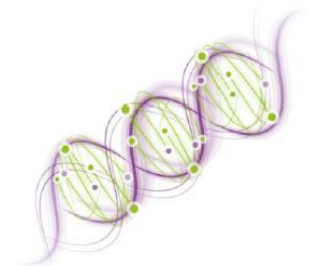
- An Executive Summary

Following additional work is required

- For scheduled activity - referral trends
- The addition of costs including local costs at current year prices
- Plan activity for 2013/14 for OP First Attendances requires the addition of private providers

Activity in this pack contains information for all NHS trusts and for some private providers. The information in this pack includes activity from EDICS, Ashstead and Spires however it does not have activity from Epsommedical

For a list of top 20 providers for Outpatient activity, please see slides in appendix



EXECUTIVE SUMMARY

Unscheduled activity

A&E activity is increasing with Year to Date (YTD) growth as compared to the same period last year at 2.4%

Non-elective activity is now showing a growth rate of 1.0% increase when compared to the same period last year

Scheduled activity

Elective inpatients are lower when compared to the same period last year with a 15.2% decrease.

Outpatient procedures were higher when compared to the same period last year

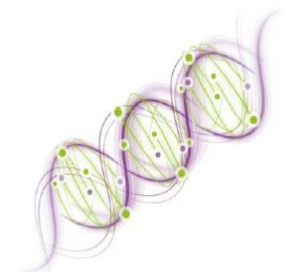
for 2013/14 M1 to M6, but in M7 and M8 they are now showing a decrease on last year.

Outpatient First Attendances are showing a growth of 5.2% with Follow Ups and Procedures both increasing as well now.

Outpatient first attendance growth is much higher than anticipated at 5.2% and is under investigation

Caveats

- Elective Inpatient and Daycase Plans are not included however, work is being done to construct a whole CCG plan
- The numbers are based on SUS and therefore once full reconciliation with SLAM is applied this may lead to changes
- The Inpatient Plan data includes Maternity data which is excluded in the activity on the Non Elective Spells chart on page 7.
- Dorking Healthcare data is missing in SUS for October 2013. This has been raised as an issue.
- Epsom medical data has been removed as the data quality is considered poor and misleading.



FINDINGS FROM INVESTIGATIONS

A&E Investigations - there was a rise in A&E attendances but not a commensurate rise in non-elective admissions. Upon further investigation, a significant proportion of the rise in A&E attendances was due to attendances at UCCs which were part of the Virgin block contract. As the attendances are of a lower acuity and there is no associated beds with the provider, there would not be a rise in non-elective admissions. UCCs are now not included in the A&E attendance numbers

Outpatient investigations for top four NHS Trusts - there has been an unusual rise in Outpatient First Attendances at ESH, SASH, St. George's and Kingston. Upon investigation, findings are as follows

1. The growth rate for OPFA is 11.9% at the four main NHS acute trusts comparing M1 to M7 2012/13 to 2013/14 however this hides the fact that growth can be attributed to better coding for obstetrics and midwife episode and an increase in Nursing Episodes and Allied Health Professionals
2. Removing AHP, Nursing and Maternity pathway activity, the growth rate for OPFA is 0.9%
3. Looking at AHP and Nursing Episodes, for the subspecialties showing growth, there were an additional 2125 Outpatient First Attendances with over 75% of the attendances concentrated in six subspecialties
4. Over 88% referral source for the top six subspecialties in AHP and Nurse-led OPFAs are in four groups
 - General Medical Practitioner (58%)
 - Consultant Referral (15%)
 - Referral from an A&E department (9%)
 - Self referral (9%)
5. However, for the top six subspecialties in AHP and Nurse-led OPFAs, referral growth from GMP has grown by 70% and consultant referrals have grown by 40%

Outpatient Procedure investigation at St. Georges - there has been an unusual rise in Outpatient Procedures at St. George's which is not reflected in the invoices. Upon investigation, findings are as follows:

1. There is a significant change in activity with respect to Dentistry however clarification is required to determine if SDCCG is being appropriately charged for this activity as dentistry is now the responsibility of NHS England
2. There is a large increase in the following Subspecialties - Plastic Surgery, Urology, Maxillo-Facial Surgery, Podiatry
3. There has been a large drop in Oral Surgery however this can be result of a shift in counting and coding and may be offset by the increase in Restorative Dentistry



YEAR ON YEAR ACTIVITY PERCENTAGE CHANGE

Year on Year % Activity Change	By Locality					By Provider				
	Point of Delivery (POD)	SURREY DOWNS CCG	DORKING	EAST ELMBRIDGE	MEDLinC	MID SURREY	ESTH	KINGSTON	SASH	ST GEORGES
A&E Consultant Led	→	2.4% ❌	6.5% →	0.1% →	1.5% ⚠️	4.4% →	0.8% ✅	-0.4% ❌	9.9% ❌	9.4%
Emergency Admissions (Excluding Maternity)	✅	-1.0% ✅	-3.0% ⚠️	3.4% ✅	-3.3% →	2.9% →	-2.7% →	2.8% →	1.1% ❌	5.7%
Elective Admissions	✅	-15.2% ✅	-11.7% ✅	-18.2% ✅	-15.8% ✅	-13.5% ✅	-8.3% ✅	-21.1% ✅	-2.5% →	0.2%
Daycase	✅	-0.3% →	0.6% ✅	-3.2% ✅	-10.2% ✅	-6.4% ✅	-7.8% ✅	-4.4% ✅	-4.3% ✅	-8.0%
Outpatient Firsts	❌	5.2% ✅	-4.3% ✅	-1.4% ❌	9.0% ❌	12.3% ❌	16.5% ⚠️	4.4% ❌	12.7% ❌	40.9%
Outpatient Follow Up	✅	-1.6% ⚠️	4.34% ✅	-9.6% ✅	-0.9% →	0.2% ⚠️	3.4% ✅	-5.6% ❌	20.4% ❌	21.2%
Outpatient Procedures	✅	-3.2% →	2.1% ✅	-0.8% ✅	-2.4% ✅	-5.8% →	-8.8% ✅	-16.6% ❌	37.2% ❌	50.4%

Head lines:

SASH and St. George's are showing high growth rates in Outpatient activity and ESTH is showing high growth in Outpatient First Attendances.

A&E attendances are rising and SASH and St Georges have the largest percentage changes.

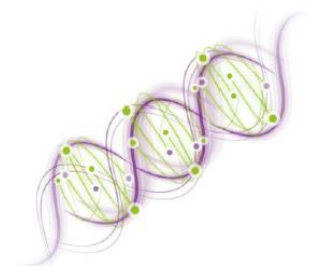
Emergency admissions is now marginally more than the previous year though St. George's is heavily overperforming and Kingston 2.8% growth on last year.

Actions and Further Investigations

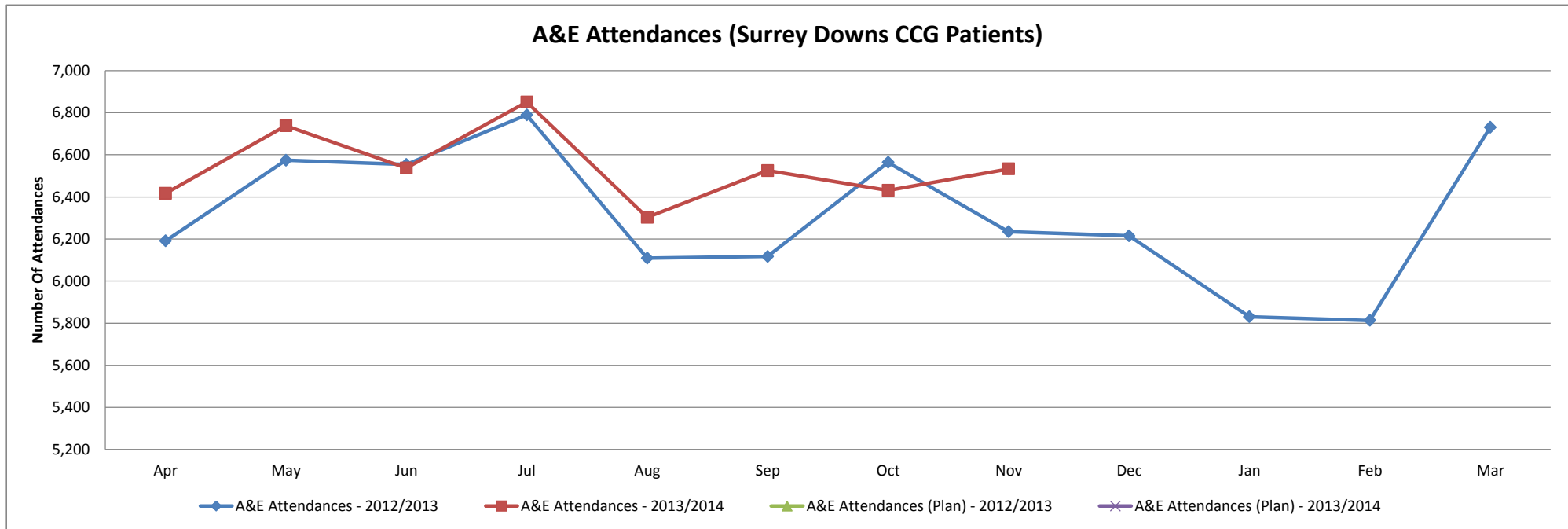
Practice benchmarking reports are under development to understand comparative growth rates at locality and practice level

NOTE:

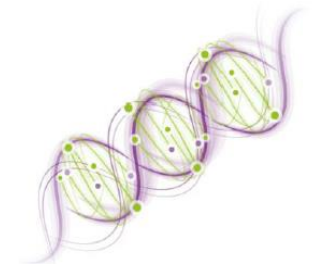
A&E admissions excludes attendances from Minor Injury Units and Urgent Care Centres.



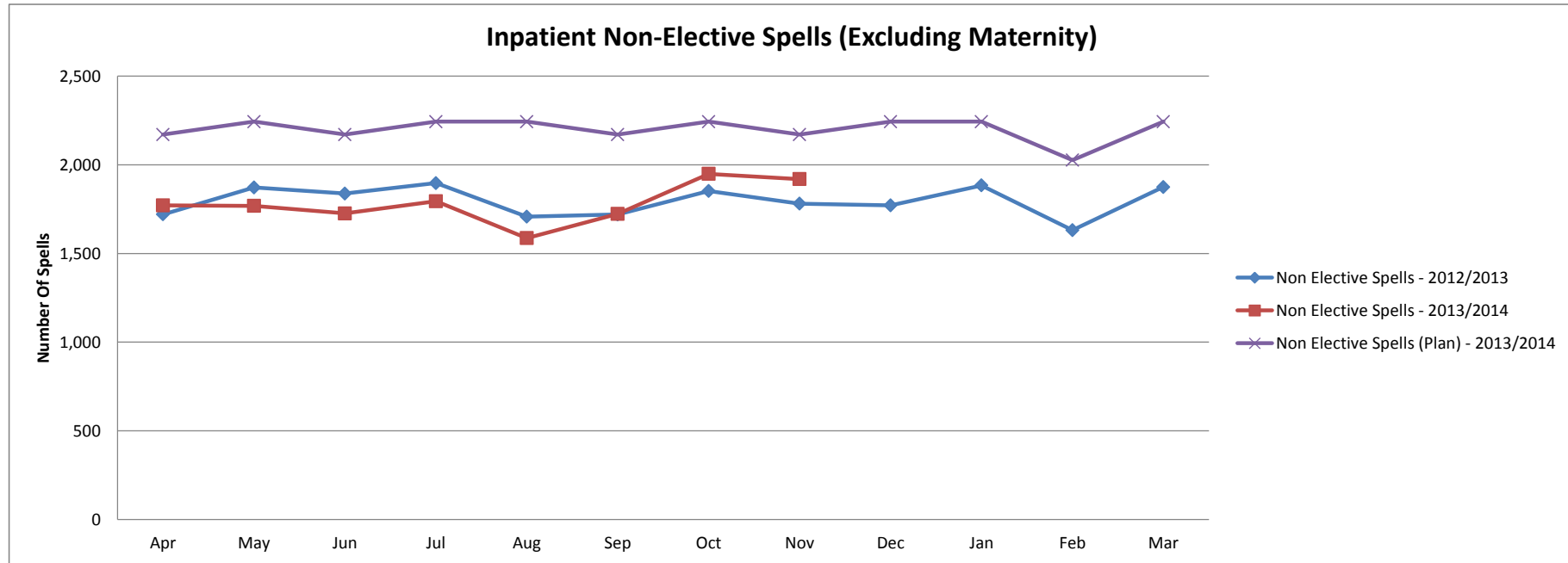
Unscheduled Care: A&E Attendance Trends



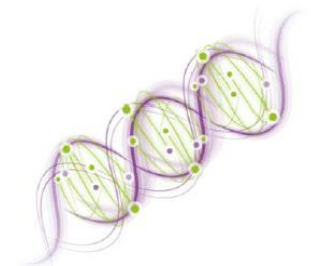
Month	A&E Attendances		YTD A&E Attendances		like for like %-age change	
	2012/13	2013/14	2012/13	2013/14	Month	YTD
Apr	6,191	6,417	6,191	6,417	3.7%	3.7%
May	6,574	6,738	12,765	13,155	2.5%	3.1%
Jun	6,554	6,537	19,319	19,692	-0.3%	1.9%
Jul	6,789	6,851	26,108	26,543	0.9%	1.7%
Aug	6,109	6,303	32,217	32,846	3.2%	2.0%
Sep	6,117	6,525	38,334	39,371	6.7%	2.71%
Oct	6,564	6,431	44,898	45,802	-2.0%	2.01%
Nov	6,235	6,533	51,133	52,335	4.8%	2.4%
Dec	6,215		57,348			
Jan	5,830		63,178			
Feb	5,813		68,991			
Mar	6,731		75,722			



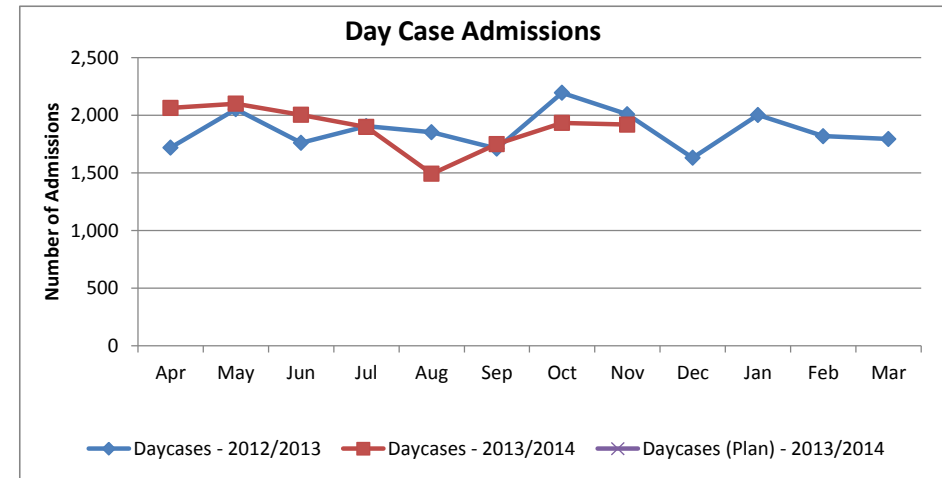
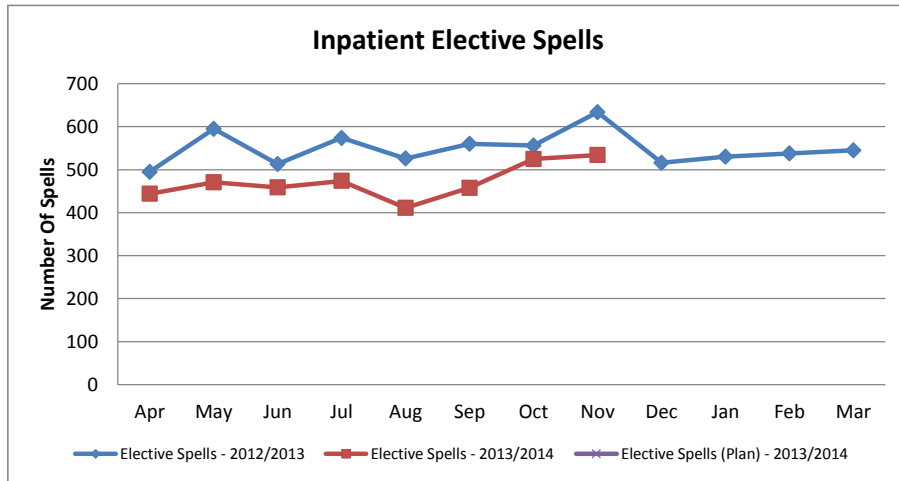
Unscheduled Care: Non Elective Spell Trend



Month	NEL Spells		YTD NEL Spells		like for like %-age change	
	2012/13	2013/14	2012/13	2013/14	Month	YTD
Apr	1,721	1,772	1,721	1,772	3.0%	3.0%
May	1,872	1,769	3,593	3,541	-5.5%	-1.4%
Jun	1,838	1,726	5,431	5,267	-6.1%	-3.0%
Jul	1,897	1,795	7,328	7,062	-5.4%	-3.6%
Aug	1,708	1,587	9,036	8,649	-7.1%	-4.3%
Sep	1,720	1,723	10,756	10,372	0.2%	-3.6%
Oct	1,852	1,949	12,608	12,321	5.2%	-2.28%
Nov	1,781	1,920	14,389	14,241	7.8%	-1.0%
Dec	1,772	1,772	16,161	16,161		
Jan	1,884	1,884	18,045	18,045		
Feb	1,632	1,632	19,677	19,677		
Mar	1,875	1,875	21,552	21,552		



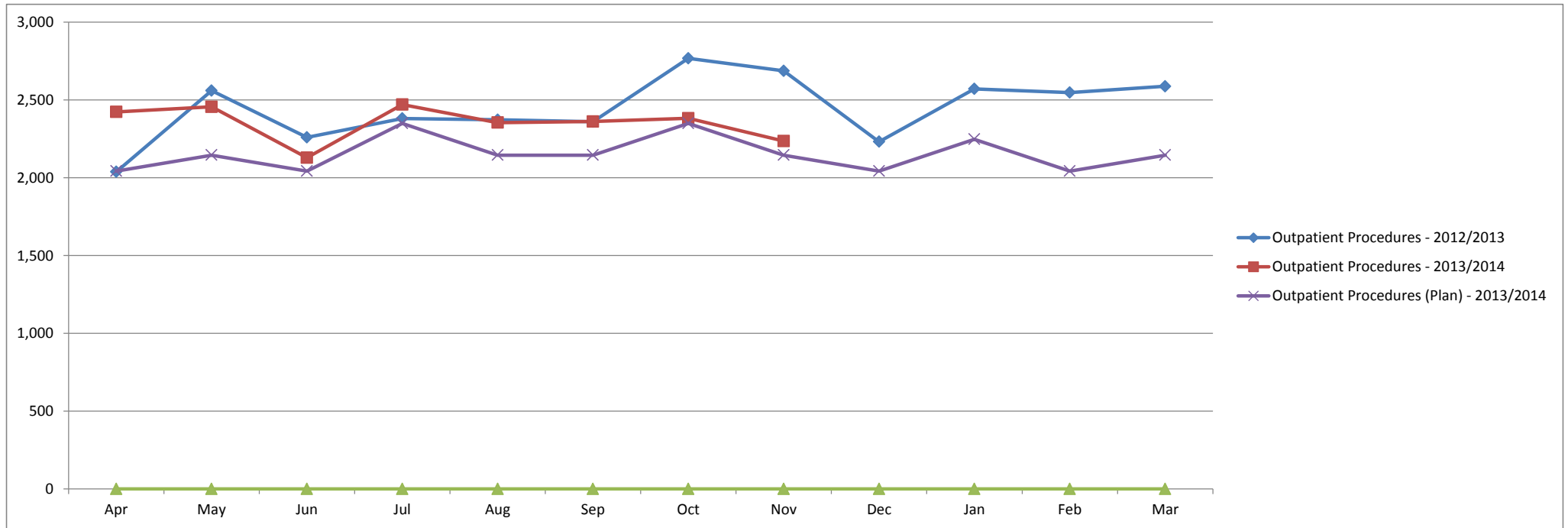
Scheduled Care: Inpatient and Day Case Activity Trends



Month	EL Spells		YTD EL Spells		like for like %-age change	
	12/13	13/14	12/13	13/14	Month	YTD
Apr	495	444	495	444	-10%	-10%
May	595	471	1,090	915	-21%	-16%
Jun	513	459	1,603	1374	-11%	-14%
Jul	574	474	2,177	1848	-17%	-15%
Aug	526	411	2,703	2259	-22%	-16%
Sep	560	458	3,263	2717	-18%	-17%
Oct	556	525	3,819	3242	-6%	-15.11%
Nov	634	534	4,453	3776	-16%	-15.2%
Dec	516		4,969			
Jan	530		5,499			
Feb	538		6,037			
Mar	545		6,582			

Month	No. of Day Cases		YTD Day Cases		like for like %-age	
	12/13	13/14	12/13	13/14	Month	YTD
Apr	1,719	2,064	1,719	2,064	20%	20%
May	2,053	2,102	3,772	4,166	2%	10%
Jun	1,761	2,004	5,533	6,170	14%	12%
Jul	1,907	1,899	7,440	8,069	0%	8%
Aug	1,853	1,493	9,293	9,562	-19%	3%
Sep	1,711	1,751	11,004	11,313	2%	3%
Oct	2,196	1,934	13,200	13,247	-12%	0.36%
Nov	2,009	1,920	15,209	15,167	-4%	-0.3%
Dec	1,632		16,841			
Jan	2,003		18,844			
Feb	1,819		20,663			
Mar	1,794		22,457			

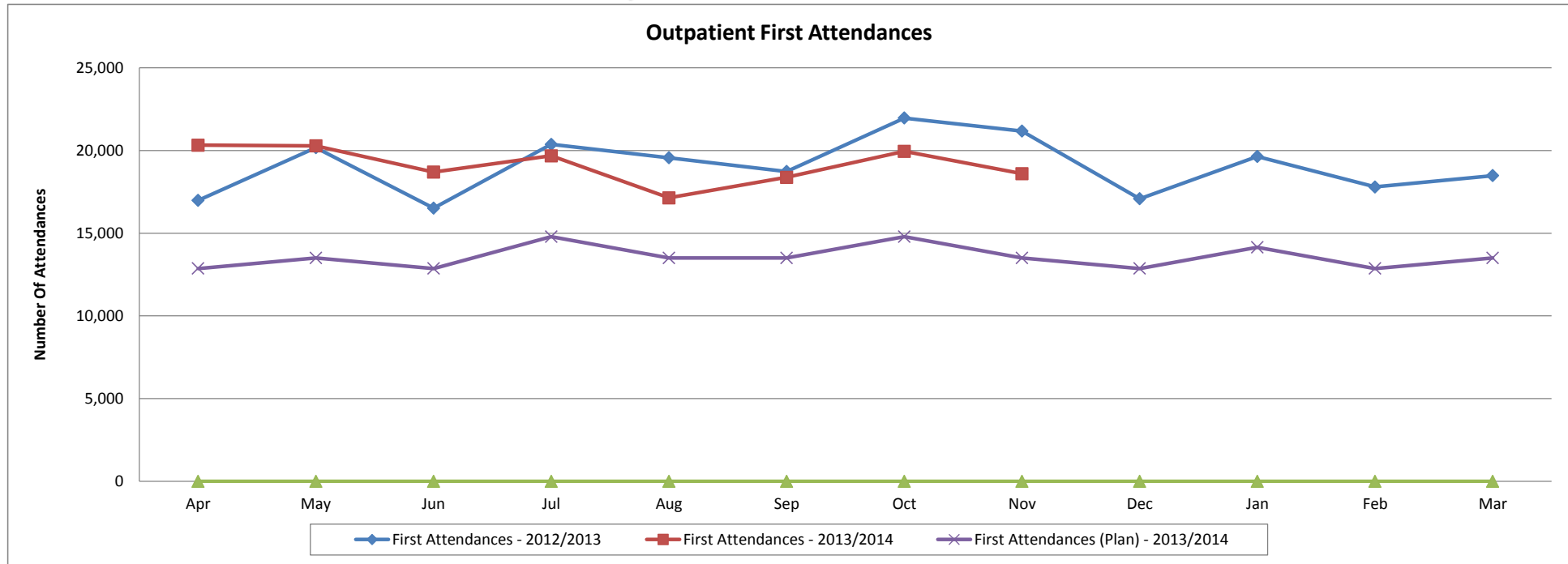
Scheduled Care: Outpatient Procedure Trends



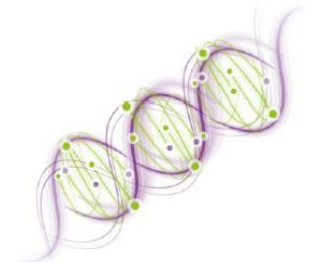
Month	OP Procedures		YTD OP Procedures		like for like %-age change	
	2012/13	2013/14	2012/13	2013/14	Month	YTD
Apr	2,039	2,424	2,039	2,424	18.9%	18.9%
May	2,560	2,456	4,599	4,880	-4.1%	6.1%
Jun	2,260	2,129	6,859	7,009	-5.8%	2.2%
Jul	2,381	2,471	9,240	9,480	3.8%	2.6%
Aug	2,373	2,355	11,613	11,835	-0.8%	1.9%
Sep	2,360	2,362	13,973	14,197	0.1%	1.60%
Oct	2,768	2,382	16,741	16,579	-13.9%	-0.97%
Nov	2,687	2,236	19,428	18,815	-16.8%	-3.16%
Dec	2,232		21,660			
Jan	2,571		24,231			
Feb	2,548		26,779			
Mar	2,588		29,367			



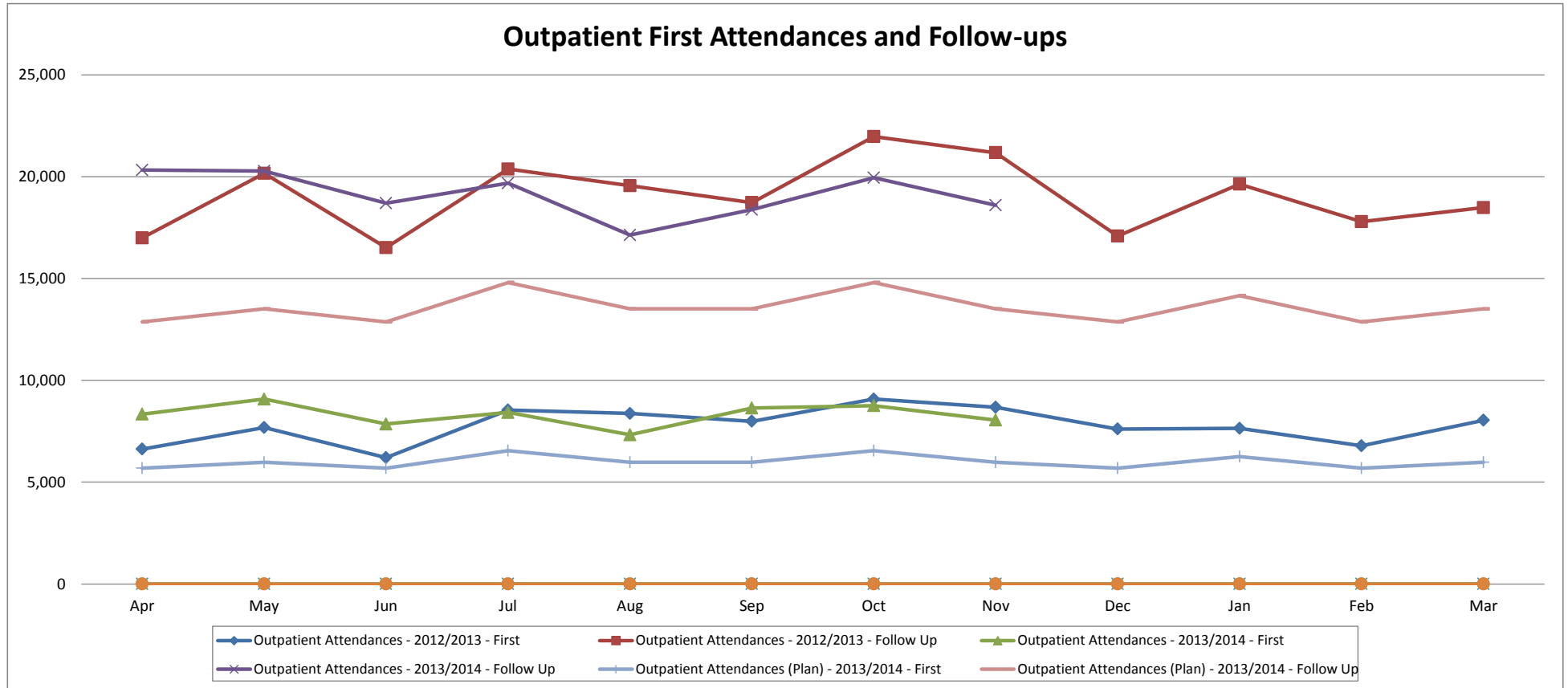
Scheduled Care: Outpatient First Attendance trends



Month	No. of OPFA		YTD OPFA		like for like %-age change	
	2012/13	2013/14	2012/13	2013/14	Month	YTD
Apr	16,991	20,323	16,991	20,323	19.6%	19.6%
May	20,167	20,280	37,158	40,603	0.6%	9.3%
Jun	16,519	18,703	53,677	59,306	13.2%	10.5%
Jul	20,375	19,679	74,052	78,985	-3.4%	6.7%
Aug	19,562	17,138	93,614	96,123	-12.4%	2.7%
Sep	18,729	18,378	112,343	114,501	-1.9%	1.92%
Oct	21,966	19,951	134,309	134,452	-9.2%	0.11%
Nov	21,178	18,602	155,487	153,054	-12.2%	-1.56476%
Dec	17,086		172,573			
Jan	19,633		192,206			
Feb	17,796		210,002			
Mar	18,484		228,486			

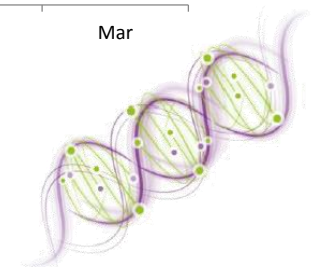
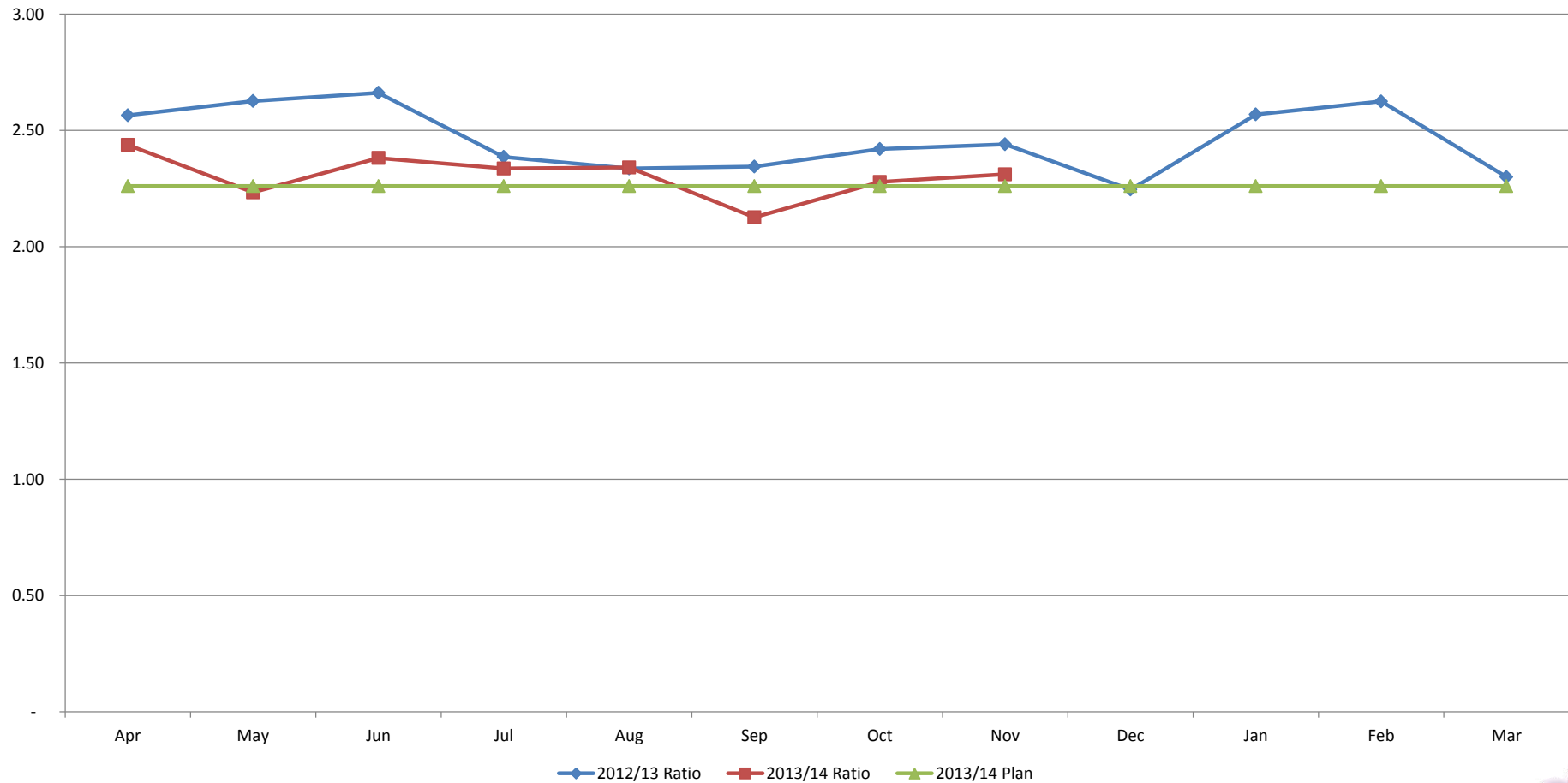


Scheduled Care: Outpatient Appointment Trends

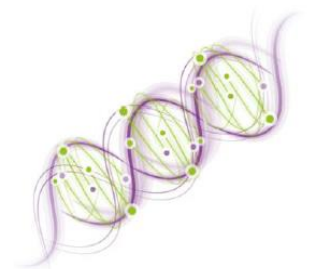


Scheduled Care: Outpatient First to Follow up ratios

Outpatient First to Follow Up Ratio



APPENDIX 1 – ADDITIONAL INFORMATION



Criteria Applied:

INPATIENTS

- Discharge date between 01/04/2012 and 31/10/2013
- Includes Spells only
- Excludes Military Patients
- Excludes Private Patients
- Excludes Department of Health
- Excludes Specialist Commissioning
- Excludes Well Babies

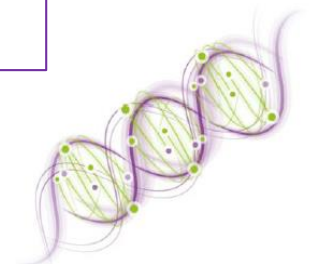
OUTPATIENTS

- Attendance date between 01/04/2012 and 31/10/2013
- Excludes telephone consultations
- Only includes attendances (excludes DNAs)
- Excludes Military Patients
- Excludes Private Patients
- Excludes Department of Health
- Excludes Specialist Commissioning
- Excludes Well Babies

A&E

- Arrival date between 01/04/2012 and 31/10/2013
- Excludes Military Patients
- Excludes Private Patients
- Excludes Department of Health
- Excludes Specialist Commissioning

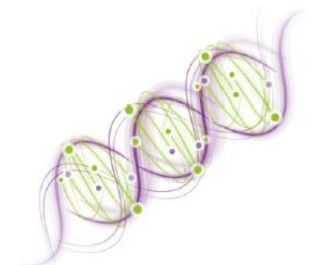
- **Data includes ALL Surrey Downs CCG Patients attending any provider (submitted to SUS)**
- **PLEASE NOTE ALL COSTS ARE BASED ON STANDARD P&R AND DON'T TAKE INTO ACCOUNT LOCAL TARIFFS**
- **Please note that the way Specialised Commissioning activity Identification Rules were applied to 2012/13 and 2013/14 data to enable consistent comparisons**



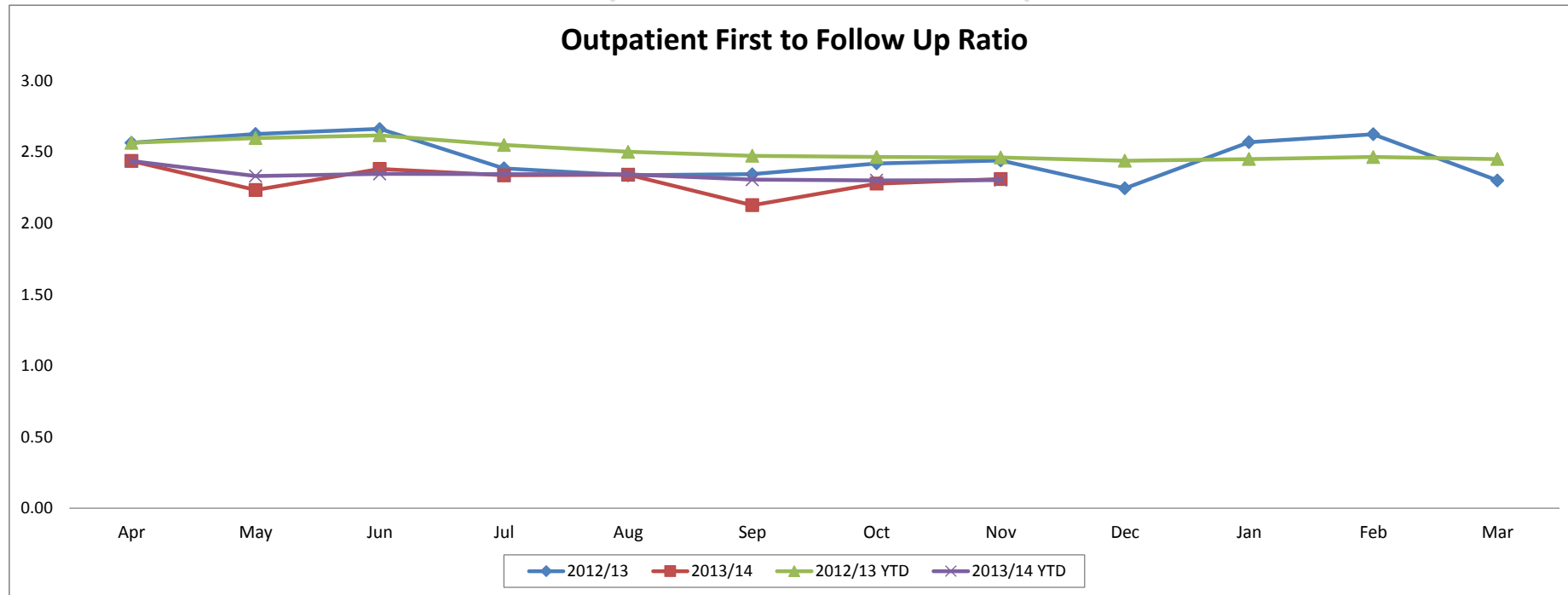
Scheduled care – Top 20 Outpatient appointment providers by 12/13

OPFA activity

Rank	Provider	2012-13	2013-14
1	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	43,233	33,913
2	KINGSTON HOSPITAL NHS FOUNDATION TRUST	16,656	11,952
3	EDICS (EPSOM)	8,049	3,061
4	DORKING HEALTHCARE LIMITED	5,316	3,261
5	SURREY AND SUSSEX HEALTHCARE NHS TRUST	4,756	3,663
6	ST GEORGE'S HEALTHCARE NHS TRUST	2,887	2,749
7	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	2,632	1,685
8	ASHFORD AND ST. PETER'S HOSPITALS NHS FOUNDATION TRUST	1,342	1,077
9	THE ROYAL MARSDEN NHS FOUNDATION TRUST	1,321	935
10	WANDSWORTH PCT	934	-
11	ASHTEAD HOSPITAL	704	982
12	SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	602	-
13	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	563	341
14	MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	555	364
15	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	408	177
16	SURREY PCT	388	-
17	QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	370	307
18	YOUR HEALTHCARE (HOLLYFIELD HOUSE)	318	85
19	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	237	197
20	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	185	228



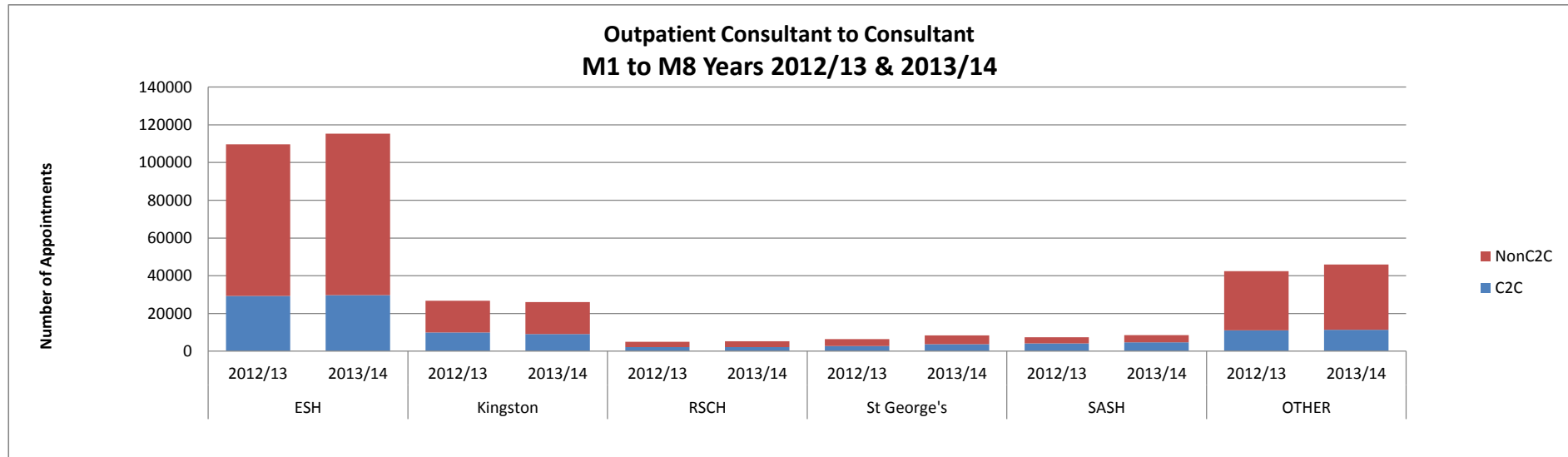
Scheduled Care: Outpatient First to Follow up ratios



Month	F:FUP Monthly		2012/13 YTD		2013/14 YTD			
	2012/13	2013/14	OPFA	OPFUP	F:FUP	OPFA	OPFUP	F:FUP
Apr	2.56	2.44	6,625	16,991	2.56	8,338	20,323	2.44
May	2.63	2.23	14,303	37,158	2.60	17,419	40,603	2.33
Jun	2.66	2.38	20,509	53,677	2.62	25,273	59,306	2.35
Jul	2.39	2.34	29,049	74,052	2.55	33,697	78,985	2.34
Aug	2.34	2.34	37,423	93,614	2.50	41,019	96,123	2.34
Sep	2.34	2.13	45,413	112,343	2.47	49,662	114,501	2.31
Oct	2.42	2.28	54,490	134,309	2.46	58,420	134,452	2.30
Nov	2.44		63,169	155,487	2.46			
Dec	2.25		70,778	172,573	2.44			
Jan	2.57		78,421	192,206	2.45			
Feb	2.62		85,201	210,002	2.46			
Mar	2.30		93,238	228,486	2.45			



Scheduled Activity: Referral Source



	Financial Year	C2C	NonC2C	C2C %	Grand Total
ESH	2012/13	29,286	80,348	36.45%	109,634
	2013/14	29,760	85,563	34.78%	115,323
Kingston	2012/13	9,953	16,864	59.02%	26,817
	2013/14	9,146	16,960	53.93%	26,106
RSCH	2012/13	2,159	2,859	75.52%	5,018
	2013/14	2,204	3,075	71.67%	5,279
St George's	2012/13	2,706	3,685	73.43%	6,391
	2013/14	3,675	4,675	78.61%	8,350
SASH	2012/13	4,220	3,122	135.17%	7,342
	2013/14	4,686	3,785	123.80%	8,471
OTHER	2012/13	11,064	31,326	35.32%	42,390
	2013/14	11,383	34,539	32.96%	45,922
TOTAL	2012/13	59,388	138,204	42.97%	197,592
	2013/14	60,854	148,597	40.95%	209,451

