

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELL BEING BOARD**

**25 NOVEMBER 2015**

### **REPORT OF CLINICAL COMMISSIONING GROUP**

#### **Five Year Forward View: Prevention UPDATE**

#### **1. SUMMARY**

- 1.1 This paper provides the Health and Well Being Board (HWBB) with an update in relation to work currently being undertaken by the NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) in collaboration with both Local Authorities in regard to prevention and the opportunities for joint commissioning.
- 1.2 This paper outlines;
- What was set out in the 5YFV in relation to prevention,
  - The approach the CCG and Local Authority are taking to address the issues raised,
  - Progress to date
  - Time line for future actions to be undertaken.
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#### **2 RECOMMENDATIONS**

- 2.1 NOTE the approach and timescales.
- 2.2 Review the mapping of services available and the estimated cost of the impact of alcohol included within Section 5 and Appendix 1.
- 2.3 Approve the next steps outlined within section 6:
- A review of what other preventative activities could be considered to address alcohol related harms, or what existing services could be strengthened. Tasking of HWBB Adults commissioning group to consider which of these preventive measures should be considered for further development, and how they could be commissioned including review of existing services to identify any potential service changes that could allow a reallocation of funding.

#### **3 BACKGROUND**

- 3.1 The Five Year Forward View (FYFV) published in October 2014 and its follow up The Forward View into Action: Planning for 2015/16 both

described the challenge for the NHS and its partners to deliver high quality care over the period 2015-2020 within available resources, to be as great as it ever has been. The scope of FYFV is broad covering issues in primary & secondary care, new ways working, accelerating innovation, empowering patients well as the continued drive for efficiency and productivity within the NHS.

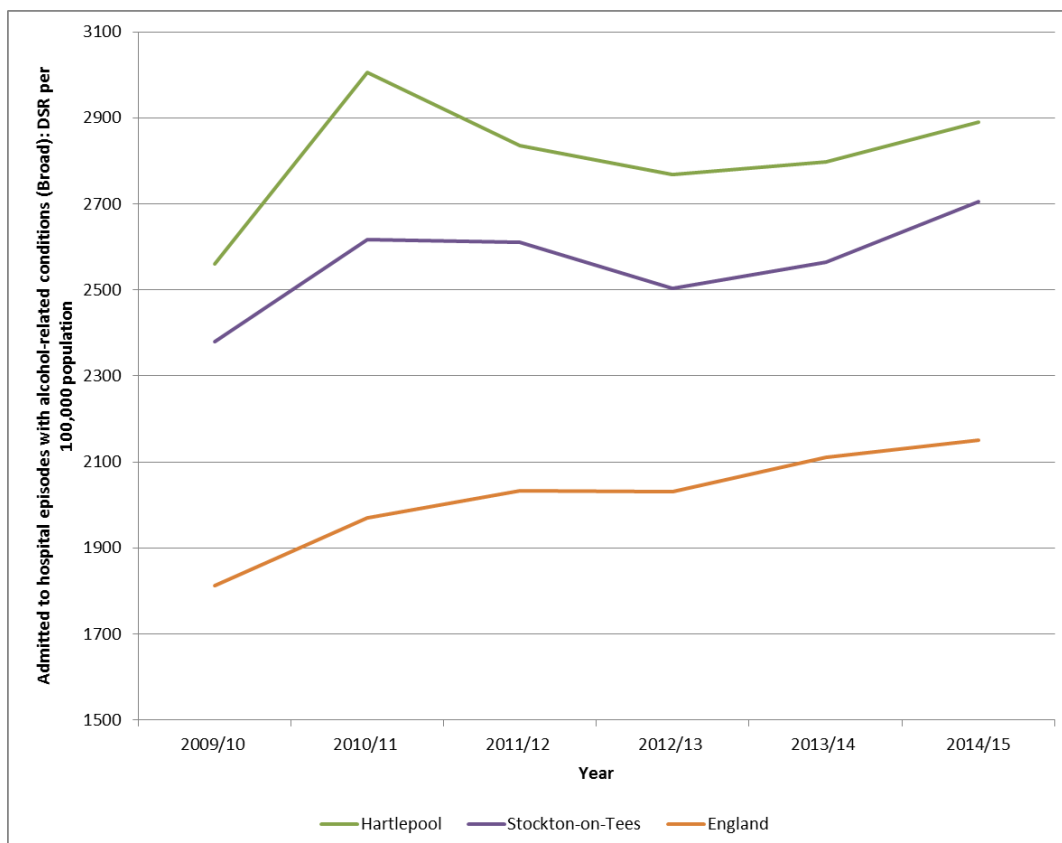
- 3.2 There is however an early recognition that the NHS and its partners will have to focus on prevention to reduce the high levels of morbidity and premature mortality. The local actions in support of prevention are the main focus of this paper.
- 3.3 Whilst NHS England will advocate and lead on six different approaches to improving health and wellbeing via prevention, many these are at national level. However at a local level the key issues for the HWB Boards are:
- Strengthen the role and impact of ill-health prevention through reducing risk factors for poor health and wellbeing in adults such as alcohol, drugs, obesity and smoking and developing programmes that find and treat people who are at risk specific diseases such as CVD, respiratory disease and cancer.
  - Giving every child the best start in life through increased support for families, early intervention, reducing the damage from substance misuse (smoking, drugs and alcohol) and domestic violence and improving the mental health and wellbeing of our children and young people
  - Across all of these issues, CCGs and local government partners are to set quantifiable levels of ambition to reduce local health and healthcare inequalities and improve outcomes for health and wellbeing. These will be supported by agreed actions in relation to smoking, alcohol and obesity.
- 3.4 In addition the Five-Year Forward View helpfully distinguishes between primary prevention (Local Authority lead) and secondary prevention (CCG lead) and the importance of close working along pathways.

#### **4 AGREED PROCESS.**

- 4.1 Following a recent Stockton-on-Tees Health and Well Being Board both Stockton Borough Council Public Health and HAST CCG were requested to discuss areas where both agencies could jointly work and commission and how we would respond to the challenges outlined above in regard to the prevention agenda. As part of the overall analysis this review has also involved Public Health colleagues from Hartlepool Borough Council (HBC).
- 4.2 As an initial response CCG and Public Health Colleagues in Stockton met to discuss how to take this work forward. This meeting was informed by the work done by the CCG to simply map the existing projects the CCG was currently working on within their workstreams and how they might match to FYFV in regard to prevention.
- 4.3 Subsequently a way forward based upon the following objectives was developed:

- Identifying and map the primary and secondary prevention elements including treatment of a particular pathway or risk. This process will aim to clarify commissioning responsibilities, spend, referral mechanism/criteria and gaps between services. Focusing on common primary risk-factors, particularly those that directly align with the 5YFV priorities such as alcohol, obesity and smoking will help address conditions which are the cause of high morbidity and the majority of premature mortality e.g. diabetes, COPD, CVD, liver disease
- Identifying how the CCG and Public Health will be able to respond to the above mapping by examining:
  - i. How the CCG's workstream can increase focus on prevention and address health inequality in the future
  - ii. Who is commissioning what and why with potential opportunities for improved joint commissioning
  - iii. How we work together to address health inequalities by systematically looking at universal and targeted services we commission, based on intelligence about target groups for the specific topic area – which can be used to inform contracts, specifications and population-based initiatives
  - iv. How services could be targeted at gaps identified within the mapping exercise, particularly those that would be considered prevention, or shift the balance of treatment/prevention in line with the intentions of the 5YFV.
- It was agreed that the approach would be piloted specifically on prevention activity and wider systemic impact related to alcohol.

Alcohol was chosen as its presence as a significant risk factor had been identified in a number of reviews undertaken by the Health and Wellbeing workstream, especially in relation to cancer and heart disease. It was also felt to be an area of concern given the current upward trend of alcohol related hospital admissions within the CCG area, as shown in Figure 1.



**Figure 1.** Rate of people admitted to hospital episodes with alcohol-related conditions (Broad): DSR per 100,000 population

- Following the pilot, if agreed by the work stream and the board, the approach would then be adopted for the other services and risk factors; especially in regard to those already mentioned as well as long term conditions such as COPD and diabetes.

## 5. Progress to Date/Summary of Mapping

- 5.2 A framework was developed to capture activity across Local Authorities, CCG and wider community, which related directly to the prevention or treatment of alcohol related disease. This initial mapping exercise is included in Appendix 1.
- 5.3 The original proposal was to try and establish exactly what the level of spend was across a scale of interventions, from those that support health and well being rather than addressing cause of disease to those at the other end of the scale in further treatment of problem drinkers and/or alcohol dependent patients. These were defined as:

**Salutogenesis:** Factors that support health and well being rather than addressing cause of disease

**Primary prevention:** Preventing people becoming ill in the first place. i.e. projects that aim to reduce incidence or prevalence of alcohol misuse or influencing knowledge, attitudes and behaviours related to drinking alcohol

**Secondary prevention:** Helping people manage a condition as well as possible, i.e. projects involving the early identification, referral and

treatment of persons with alcohol problems and arresting a disorder before it becomes fully developed

**Tertiary Prevention:** Preventing existing conditions deteriorating. Further treatment of problem drinkers and/or alcohol dependent pts

- 5.4 This approach however, became too complicated to provide detailed analysis, as many of the contracts/services provide a range of interventions across the spectrum, and attributing a proportion of each contract to each classification of intervention would have been arbitrary and subjective.
- 5.5 The mapping exercise still provides a useful visual representation however. As can be seen in appendix one, the majority of the green shaded boxes (to indicate that a particular treatment is either salutogenesis, 1<sup>o</sup>, 2<sup>o</sup> or 3<sup>o</sup> are towards the right hand side. This helps emphasise the lack of balance between treatment and prevention. It is also notable, that the areas in which there are contracts/areas of work in which there are more interventions that focus on prevention, they are generally in-house local authority services, delivered as part of a wider council function, rather than specific public health funded/commissioned interventions, for example licensing policies, better health at work or wider public health awareness programmes.
- 5.6 This issue of establishing total cost was also compounded by the fact that much of what the commissioned services in regard to alcohol treatment is incorporated within existing NHSE commissioned GMS contracts for services delivered within primary care, or through the treatments delivered within secondary care for conditions that are associated, or exacerbated by alcohol that are commissioned by the CCG.
- 5.7 An alternative way to try and incorporate these costs into the exercise was to utilise work undertaken by Balance North East, to attribute costs to alcohol related hospital admissions.

Although these secondary care interventions may not strictly be interventions to influence an individual's drinking, they are costs borne by the wider health system that would be reduced if there was a greater focus on prevention. They will also include all the costs that the CCG were not able to disaggregate from the total payments to the foundation trust.

These have been included in summary below, with the full details for GP practices within the CCG included in Appendix 2.

- 5.8 Despite the limitations outlined above, it is essential to try and quantify the extent of the issue in terms of the cost to the local health economy, to highlight the importance of the shift to prevention for all partners, and the scale of future preventative spending that may need to be considered.

Although the exact split of salutogenesis, 1<sup>o</sup>, 2<sup>o</sup> or 3<sup>o</sup> interventions is not possible, alongside the total cost of alcohol related harm and the commissioned interventions, there is an attempt to state whether the spending is predominantly salutogenesis/1<sup>o</sup> or a 2<sup>o</sup>/3<sup>o</sup> intervention.

- 5.9 Estimate of alcohol related spend (in house provision of functions as part of other roles has not been costed/incorporated)

	Service	Cost	
		Mostly salutogenesis/1 <sup>o</sup>	Mostly 2 <sup>o</sup> /3 <sup>o</sup>
SBC		£78,000	£1,328,379
CCG*/NHSE			£11,199,847
HBC		£48,000	£2,016,804
<b>Total</b>		<b>£126,000</b>	<b>£14,545,030</b>

\*CCG services do not solely focus on prevention and as such the full width of the CCG's statutory commissioning offers services to all those with alcohol related disease.

As can be seen from this summary, despite the data limitations, even if the figure spent on secondary/tertiary treatments was an overestimate by 25%, the cost would still be almost 100 times that which is known to be spent on prevention.

- 5.10 It should also be noted; that the consideration of health related spend will not be undertaken in isolation. Although this work, based on 5YFV focusses on prevention and treatment services available through "health", it is clear the wider work undertaken through alcohol partnerships in each local authority, and the impact of social and environmental factors also require review.

## 6. NEXT STEPS & TIMETABLE

- 6.1 Clearly, the balance of commissioned services needs reconsidering to ensure preventative services are appropriately addressed. The workstream & HWBB are asked to agree to the next steps of undertaking a brief review of what other preventative activities could be considered to address alcohol related harms, or what existing services could be strengthened,
- 6.2 Once this brief review and options are presented, the HWBB Adults joint commissioning group to consider which of these preventive measures should be considered for further development. This would include detailed work as to what additional services should be provided and how they could be commissioned.
- 6.3 Commissioners may also consider reviewing existing services to identify any potential service changes that could allow a better distribution of funding towards a prevention agenda or strengthening existing contractual requirements to ensure a focus on the prevention agenda.
- 6.4 The timetable for developing the above is as set out below:

### November

Brief options paper drawn up outlining what further work may be an option to increase prevention activity.

### December

Options paper discussed at HWBB AJCG. And HWB Workstream to agree what options should be considered in more detail, and a proposal for how they be implemented be drawn up.

**Appendix 1 – Mapping of Alcohol treatment and prevention services currently commissioned or provided**

<b>Column key:</b>			
<b>Salutogenesis</b>	<b>1º</b>	<b>2º</b>	<b>3º</b>
Factors that support health and well being rather than addressing cause of disease	<p>Preventing people becoming ill in the first place.</p> <p>Projects that aim to reduce incidence or prevalence of alcohol misuse and related problems or influencing knowledge, attitudes and behaviours related to drinking alcohol</p>	<p>Helping people manage a condition as well as possible</p> <p>Projects involving the early identification, referral and treatment of persons with alcohol problems and arresting a disorder before it becomes fully developed</p>	Preventing existing conditions deteriorating. Further treatment of problem drinkers and/or alcohol dependent pts

<b>Commissioner</b>	<b>Providing Organisation &amp; Contract/ Grant agreement</b>	<b>Interventions delivered</b>	<b>Saluto-genesis</b>	<b>1º</b>	<b>2º</b>	<b>3º</b>
SBC Public Health	Lifeline Contract	IBA training (shortly)				
		SAFE Project				
		Alcohol counselling/ motivational interviewing				
		Psychosocial interventions				
		Building social capital				



		community, detoxification				
		medications for treating withdrawal symptoms, promote abstinence				
		relapse prevention, prolonged care and multiple treatment occasions as integral to the care packages and supported by mutual support groups				
		TAPS/GP link				
		implementation of Alcohol Treatment Requirements (ATRs)				
		Delivery of awareness raising campaigns Dry January, Alcohol Awareness Week, FASD				
		DART Team – hospital liaison team				
		Young alcohol & substance treatment persons services				
SBC	NTHFT - Alcohol Nurse Specialist	Education/Intervention of Staff				
Public Health	Contract	Prescribing				
		Ward based/detox				
SBC	GP LES	AUDIT C & IBA delivery				
Public Health						
SBC	CRI	Parental substance misuse programme				
		Similar range of interventions delivered as				

Public Health		by lifeline, but for persons with drugs & alcohol treatment,				
SBC Public Health	Bridges	Support for families affected by alcohol				
		Way Out/Harbour additional to core work, minimal additional on alcohol related issues. Use of AUDIT. Liaison with other services				
		School Nursing support to school for pupils, in a similar fashion				
SBC Public Health	Balance Contract via County Durham & Darlington NHS Foundation Trust	Education & Information				
		Lobbying				
SBC Public Health	A number of different providers	inpatient or residential detoxification				
SBC	In House – Public Health/Communities /Licensing	Licensing measures: <ul style="list-style-type: none"> <li>• Proof of Age Accreditation</li> <li>• Challenge 25 schemes</li> <li>• Pubwatch</li> <li>• Enforcement for off licences</li> <li>• Tackling irresponsible alcohol promotions</li> <li>• Closing times</li> <li>▪ Authority licensed door supervisors</li> </ul>				

		<ul style="list-style-type: none"> <li>Taxi marshals and late night buses</li> </ul>				
		Dale Metcalf post – community safety & education				
		FASD Work: workforce training, awareness raising campaigns and materials				
		LSCB training on alcohol to service providers/internal				
		Better health at work award				
		LAC Support				
		YOS – contributed by CCG & PH				
		Risk taking behaviour toolkit for secondary schools (PH in partnership with Education Improvement Service). Primary toolkit under development				
		Risk Taking Behaviour Roadshow (content coordinated by PH, delivery by Youth Direction and wider partners e.g. school nursing)				
SBC	Youth Direction	Early intervention screening through This Is Me tool				
		Delivery of alcohol education through targeted team (universal settings)				
		Alcohol education programme delivered through Preventions Team (to at risk young people)				

	Family Support Team	Boys groups and girls groups - 8 week evening programme delivered to at risk young people (involved with social care) including alcohol education				
SBC	Community Campus 87	Supported housing for alcohol & drugs (or just drugs)				
SBC	Sanctuary housing	Supported housing for alcohol & drugs				
CCG/NHSE	GMS Contract change 2015/16	GMS Contract Newly registered patients – alcohol dependency screening				
CCG/ NHSE	QOF Indicator MH007	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months				
CCG	STHFT PADS TEAM (James Cook based)	Assessment and referral based in STHFT refer to addiction services/TEWV				
CCG	NTHFT	NTHFT - There are no specific detox beds though they tend to be treated within one ward.				
CCG	TEWV	Liaison Psychiatry: specialist mental health MDT Affective disorder team: Psychosis team:				

		TEWV secondary care mental health				
CCG	NTHFT	<b><u>Maternal Substance Misuse</u></b> Data on substance misuse, collected at booking visit and throughout pregnancy Screening and advice				
CCG	Priory	Priory detox service (five to eight beds?)				
CCG	Stepping Forward	A pilot Service provided by Middlesbrough and Stockton Mind to work assertively with people who are vulnerable because of mental health problems, learning disabilities or substance misuse who frequently present to police, social care, emergency departments, crisis teams etc. for assessment but who do not engage with follow up or treatment services because of lifestyle or situational problems. The aim is to work with the individual to reduce the chaos in their lives to enable them to engage with services.				
HBC	Lifeline - Substance Misuse Recovery Support	Alcohol counselling/ motivational interviewing				
		Psychosocial interventions				
PUBLIC HEALTH		Parental substance misuse programme				
		CRAFT				
		Building social capital				

		relapse prevention, prolonged care and multiple treatment occasions as integral to the care packages and supported by mutual support groups				
		implementation of Alcohol Treatment Requirements (ATRs)				
		Delivery of awareness raising campaigns Dry January, Alcohol Awareness Week, FASD				
		Support to access Tier 4 interventions				
		Young persons' alcohol & substance treatment services				
		Community Campus Supported Housing for Alcohol and Drugs				
HBC PUBLIC HEALTH	NTHFT – Reducing Alcohol Related Hospital Admissions - Alcohol Nurse Specialist	Education/Intervention of Staff				
		Prescribing				
		Ward based/detox				
		Liaison with Community Alcohol Teams				
HBC PUBLIC HEALTH	Addaction – Specialist Clinical Substance Misuse Prescribing Service	Psychosocial support for those scoring 30+ or 25 with complex needs				
		Support to GP's with Nalfamine Prescribing				
		GP Liaison linking in with GP practices for fast referral and training				
		Support to access Tier 4 interventions				

		Undertaking Health Assessments				
		Delivery of awareness raising campaigns Dry January, Alcohol Awareness Week, FASD				
		Prescribing during community detox				
HBC PUBLIC HEALTH	Balance	Education & Information				
		Lobbying				
HBC PUBLIC HEALTH	PUBLIC HEALTH INHOUSE	Public Health awareness/ strategy Leading on campaigns (PH Practitioner) Treatment Effectiveness, managing providers' direction. (Strategic Manager ) Health Trainers				
		Better health at work award				
HBC	In House – Public Health/Communities /Licensing	Licensing measures: Underage Sales Test Purchase operations Bespoke training for off licences to prevent underage sales occurring Accredited training delivered by HBC for personal licence holders and bar/shop staff Town Pastors Community Alcohol Programme (CAP) covering large part of Hartlepool				
		Tier 4 preparation, funding and procurement				

HBC	Community Campus 87 Provided through a subcontract arrangement with Lifeline as part of their recovery support contract.	Supported housing for alcohol & drugs				
HBC	Sanctuary Housing	Supported housing for alcohol				



**Appendix 2 - Total Cost of Alcohol Related Hospital Admissions at GP Practice Level 2012/13 for the CCG**

GP Name	Practice Population	Total Cost of Alcohol Related Hospital Admissions at GP Practice Level 2012/13									Crude Admission Rate per 100,000 population
		Under 18	18-24	25-34	35-44	45-54	55-64	65-74	75+	Total	
ALMA MEDICAL CENTRE	9,683	£1,553	£21,000	£19,835	£52,418	£71,685	£105,554	£88,859	£51,712	£412,617	2,637
BANKHOUSE SURGERY	9,718	£233	£18,566	£16,311	£35,414	£76,034	£83,551	£66,936	£79,780	£376,824	2,417
CHADWICK PRACTICE	10,449	£1,295	£8,276	£22,895	£26,232	£90,808	£115,850	£128,605	£76,671	£470,633	2,906
DR BANERJEE	1,294	£9	£720	£936	£2,570	£11,004	£24,388	£11,751	£1,704	£53,082	2,699
DR RASOOL	2,582	£1,865	£1,565	£850	£3,470	£27,207	£21,947	£19,019	£21,071	£96,995	2,637
DR SYED	1,403	£49	£1,426	£5,949	£6,146	£9,887	£21,368	£8,610	£2,123	£55,559	2,260
EAGLESCLIFFE MEDICAL PRACTICE	8,426	£5,548	£6,048	£4,690	£16,769	£42,906	£74,783	£71,982	£39,817	£262,543	1,839
ELM TREE MEDICAL CENTRE	1,637	£6	£748	£10,615	£6,326	£10,718	£40,635	£19,441	£9,323	£97,811	3,296
GLADSTONE HOUSE SURGERY	5,262	£627	£8,584	£12,195	£25,884	£44,851	£45,951	£30,432	£47,312	£215,837	2,817
HART MEDICAL PRACTICE	9,566	£1,162	£8,069	£19,709	£34,524	£56,171	£73,043	£78,738	£97,442	£368,858	2,475
HARTFIELDS MEDICAL PRACTICE	1,222	£9	£514	£315	£5,719	£786	£3,452	£14,795	£20,816	£46,406	2,118
HAVELOCK GRANGE PRACTICE	12,755	£2,292	£12,115	£38,696	£49,355	£111,133	£85,274	£86,047	£104,210	£489,122	2,388
KINGSWAY MEDICAL CENTRE	7,796	£1,559	£10,319	£20,664	£16,542	£58,070	£63,968	£63,315	£44,963	£279,400	2,264
MARSH HOUSE MEDICAL PRACTICE	8,343	£907	£9,193	£11,058	£36,643	£63,376	£76,712	£67,750	£76,393	£342,033	2,789
MCKENZIE HOUSE SURGERY	15,109	£2,305	£8,926	£26,963	£46,873	£96,786	£164,737	£151,841	£92,296	£590,727	2,329
MELROSE SURGERY	2,595	£9	£180	£6,315	£6,826	£33,082	£23,900	£18,851	£23,877	£113,040	2,165
NORTON MEDICAL CENTRE	16,933	£2,277	£10,023	£18,837	£42,717	£111,934	£173,949	£142,378	£126,725	£628,841	2,441
PARK LANE SURGERY	4,105	£89	£858	£1,670	£22,084	£18,982	£27,233	£32,111	£22,413	£125,441	1,650
QUEENS PARK MEDICAL CENTRE	20,517	£1,903	£22,081	£56,372	£57,533	£160,375	£205,092	£188,753	£153,566	£845,674	2,484

QUEENSTREE PRACTICE	3,967	£115	£1,096	£4,474	£8,856	£45,266	£32,185	£52,082	£40,938	£185,013	2,874
RIVERSIDE MEDICAL PRACTICE	3,449	£18	£3,197	£4,736	£27,330	£29,179	£40,181	£17,992	£13,370	£136,003	2,860
SECURE PATIENT UNIT	15	£0	£0	£833	£0	£3,481	£1,937	£0	£0	£6,251	25,172
STOCKTON NHS HEALTH CARE CENTRE	1,283	£50	£2,968	£8,717	£5,573	£17,368	£8,820	£11,816	£9,600	£64,911	3,170
TENNANT STREET MEDICAL PRACTICE	12,209	£423	£13,027	£12,054	£39,224	£125,716	£162,166	£75,474	£81,026	£509,112	2,710
THE ARRIVAL PRACTICE	1,195	£12	£3,108	£1,728	£5,897	£4,827	£3,670	£1,439	£202	£20,883	1,347
THE BIRCHTREE PRACTICE	819	£0	£4,535	£61,210	£65,191	£20,837	£16,714	£0	£519	£169,006	12,461
THE DENSHAM SURGERY	4,186	£389	£9,562	£8,472	£30,293	£9,572	£24,734	£37,468	£42,063	£162,553	2,412
THE DOVECOT SURGERY	4,298	£1,970	£9,630	£7,019	£19,019	£23,806	£47,741	£30,374	£36,614	£176,172	2,617
THE FENS MEDICAL CENTRE	1,399	£479	£1,683	£6,691	£3,333	£6,711	£17,476	£33,318	£12,294	£81,984	3,252
THE GALLAGHER PRACTICE	3,662	£1,171	£6,641	£8,141	£28,123	£25,945	£51,605	£27,606	£39,962	£189,195	3,151
THE HAZLE PRACTICE	3,519	£2,165	£5,517	£4,458	£13,437	£64,043	£53,984	£32,023	£21,051	£196,678	3,425
HEADLAND MEDICAL CENTRE	5,859	£976	£8,882	£31,031	£24,063	£46,558	£68,921	£45,491	£41,335	£267,258	2,627
THE KOH PRACTICE	5,341	£796	£2,215	£12,769	£21,906	£20,208	£50,951	£43,799	£35,213	£187,858	2,140
THE PATEL PRACTICE	2,749	£164	£276	£9,706	£8,112	£32,610	£38,767	£15,581	£14,250	£119,468	2,497
THE ROSEBERRY PRACTICE	8,015	£853	£4,799	£23,649	£17,320	£64,048	£95,206	£49,396	£50,851	£306,123	2,234
THORNABY & BARWICK MEDICAL GROUP	20,520	£4,844	£27,069	£26,297	£60,031	£136,609	£157,120	£124,666	£81,257	£617,894	1,989
WEST VIEW MILLENIUM SURGERY A	6,030	£10,312	£7,148	£14,262	£14,413	£28,176	£59,152	£52,309	£37,922	£223,696	2,263
WOODBIDGE PRACTICE	20,914	£4,829	£28,448	£28,611	£39,213	£84,658	£129,332	£139,981	£107,855	£562,926	1,679
WOODLANDS FAMILY MEDICAL CENTRE	12,948	£632	£9,457	£26,998	£38,088	£89,762	£136,715	£115,405	£110,461	£527,518	2,482
WYNARD ROAD PRIMARY CARE CENTRE	1,759	£202	£6,457	£12,161	£15,526	£36,455	£16,695	£7,552	£12,196	£107,245	3,463
YARM MEDICAL PRACTICE	12,408	£956	£2,005	£9,603	£17,409	£41,304	£100,239	£114,151	£75,994	£361,660	1,837

North East CCGs											
NHS Darlington CCG	105,613	£30,695	£110,846	£270,569	£365,850	£624,357	£885,680	£790,880	£694,060	£3,772,938	2,176
NHS Durham Dales, Easington and Sedgfield CCG	287,365	£70,951	£277,993	£675,859	£1,133,598	£2,006,319	£2,920,778	£2,557,939	£2,222,379	£11,865,815	2,460
NHS Gateshead CCG	205,480	£43,146	£270,613	£544,498	£769,492	£1,375,443	£1,991,676	£1,859,650	£1,790,495	£8,645,012	2,357
NHS Hartlepool and Stockton-on-Tees CCG	285,939	£55,054	£306,931	£618,496	£996,404	£2,052,937	£2,745,699	£2,318,138	£1,957,188	£11,050,847	2,407
NHS Newcastle North and East CCG	152,211	£28,271	£179,558	£335,121	£549,837	£836,977	£1,243,843	£1,106,025	£972,759	£5,252,392	2,119
NHS Newcastle West CCG	130,933	£32,078	£128,509	£329,734	£452,097	£918,359	£1,410,721	£1,202,449	£1,033,014	£5,506,960	2,553
NHS North Durham CCG	242,732	£42,993	£275,493	£496,307	£746,666	£1,587,541	£2,042,023	£2,057,110	£1,693,923	£8,942,055	2,330
NHS North Tyneside CCG	215,349	£43,999	£311,420	£527,793	£834,019	£1,631,681	£2,363,239	£2,237,440	£2,062,340	£10,011,932	2,768
NHS Northumberland CCG	321,824	£57,265	£283,075	£467,989	£1,006,285	£1,870,212	£3,287,288	£3,428,029	£3,157,053	£13,557,197	2,453
NHS South Tees CCG	288,784	£88,713	£374,359	£806,244	£1,346,090	£2,227,621	£2,910,298	£2,808,135	£2,467,055	£13,028,516	2,776
NHS South Tyneside CCG	154,199	£29,275	£235,959	£432,814	£660,320	£1,177,165	£1,927,177	£1,559,705	£1,552,763	£7,575,178	2,938
NHS Sunderland CCG	284,682	£55,014	£364,021	£912,313	£1,694,417	£2,413,122	£2,942,868	£2,696,449	£2,449,195	£13,527,400	2,744
All North East GPs	2,675,111	£577,455	£3,118,776	£6,417,738	£10,555,076	£18,721,734	£26,671,290	£24,621,950	£22,052,224	£112,736,242	2,524