

## Paper A

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**  
**Finance & Planning Committee**

24<sup>th</sup> March 2018

<b>Title of the report:</b>	Finance Plan – March 2018
<b>Section:</b>	
<b>Report by:</b>	Gill Killbery
<b>Presented by:</b>	Gill Killbery

<b>Report supports the following West Leicestershire CCG's goal(s):</b>			
Improve health outcomes		Improve the quality of health-care services	
Use our resources wisely	✓	✓	

<b>Equality Act 2010 – positive general duties:</b>
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure any issues relating to equality of service within this report are identified and addressed.

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	Section 5.3.1(b) – General financial duties Section 6.6.1(f) – Governing body functions: monitoring performance against plans
Please state relevant Scheme of Reservation and Delegation provision (SORD)	n/a
Please state relevant Financial Scheme of Delegation provision	n/a
Please state reason why this paper is being presented to the WLCCG Board	
Discussed by	
Alignment with other strategies	
Environmental Implications	
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	

**EXECUTIVE SUMMARY:**

1. The three Leicestershire CCG's have worked together to produce financial plans for 18/19.
2. Plans are based on Month 12 actual financial outturn, plus relevant increases and decreases.
3. The plans have been built bottom up involving contract leads and management accountants wherever possible.
4. The QIPP savings required to meet the CCG's financial targets is £20.4m.

**RECOMMENDATION:**

The West Leicestershire Clinical Commissioning Group is requested to:

**APPROVE** the financial plan for 2018/19

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP****Finance & Planning Committee**

**24<sup>th</sup> March 2018**  
**Financial Plan**

**INTRODUCTION**

1. A two year financial plan was produced and submitted to NHS England prior to the start of 17/18. The 18/19 plan has being refreshed to take account of changes to spending patterns, potential contracting arrangements and emerging financial pressures. A draft financial plan was submitted to NHS E on the 8<sup>th</sup> March and again on the 5<sup>th</sup> April.
2. A summary view of the 2018/19 financial plan is presented here for approval.

**BACKGROUND:**

3. LLR CCG's have worked together to produce financial plans. Assumptions are consistent wherever possible and cost pressures have been cross checked across all three CCG's to ensure the approach used is robust and comprehensive.
4. Quality, innovation, prevention and productivity (QIPP) savings schemes have largely been produced and will be implemented across the LLR CCG's.
5. Contract values for 2018/19 continue to be refined, latest estimates have been used to complete the financial plan.
6. Acute activity growth expectations have been set by NHS England nationally. The considerable cost of this growth has been built into the plan.

**FINANCIAL PLAN 18/19:**

7. Assumptions:
  - a. It has been assumed that the over spend against in year allocation in 17/18 will not be repaid in 18/19. The CCG financial target for 2018/19 is to contain spending within its financial allocation, i.e. in year breakeven.
  - b. A 0.5% (£2.2m) contingency reserve has been created against which no commitments have been made.
  - c. Tariff inflation has been assumed at 2.1% with efficiency at 2%.
  - d. Demographic growth of 0.79% has been applied where appropriate.
  - e. Acute growth as per NHSE guidelines has been applied.
  - f. Other areas inflation and growth (demographic and non-demographic combined) have been applied as per the table below:

Area	Inflation	Growth
Corporate – Pay	2%	2.1%
CHC	4%	5.1%
Non Acute	0.1%	0.79%
Primary Care	0%	4.95%

- g. An in year breakeven position has been planned for as per planning guidance business rules.
- h. Inclusion of Better Care Fund (BCF) funds totalling £21,239k (WLCCG's minimum BCF contribution for 18/19 as laid out in 17/18 planning guidance), and supplemented by £1,367k further investment through the BCF in relation to ICS beds.
- i. The Primary care co-commissioning allocation has been fully accounted for within the plan.
- j. A non-recurrent fund representing the final half of the required £3 per head of population (primary care transformation fund) has been allocated within the plan.
- k. No unspecified reserves have been created, (except for the 0.5% contingency in described above in a.).
- l. Anticipated allocations include growth detailed within 18/19 planning guidance plus additional recurrent allocations received during 17/18. IR &HRG 4 allocation have been confirmed for 18/19.
- m. The Mental Health Investment Standard, which requires the CCG to ensure investment into mental health is at least as large as our overall allocation growth (which is 2.9%) is being met within the plan.

#### 8. Financial Plan Summary :

- 9. Allocations of £488.093m have been assumed within the financial plan. Expenditure before QIPP Savings are applied of £508.591m has been identified. This gives a financial savings target £20.498m. This equates to 4.2% QIPP in comparison to the overall CCG budget, which is at the upper end of NHSE expectations. This is as a result of the financial pressure (and corresponding failure to deliver our financial plan by £4.2m) felt by the CCG in 2017/18 which is being addressed in this financial plan. An overview of the build up of the CCG financial plan is shown in appendix 1.
- 10. System wide QIPP saving schemes are constantly being refined and new schemes developed to enable a delivery of financial balance in 2018/19 for LLR CCG's. Potential QIPP schemes have been discussed extensively across LLR in numerous settings and also several times in a degree of detail with West Leicestershire CCG Governing Body in confidential sessions and development sessions.
- 11. The QIPP savings plan for West Leicestershire CCG is attached as appendix 2. The plan currently includes schemes with zero values as it is anticipated that during the year some schemes may be able to be developed to deliver financial benefits that have not yet been quantified. This may be able to provide a contingency against any slippage or failure to deliver expected benefits against the quantified schemes.
- 12. The size of the combined LLR CCG financial savings challenge indicated by financial plans is circa £58m. As such it is a key priority for all LLR CCGs to ensure financial delivery against QIPP schemes is maximised during 2018/19.
- 13. The plan uses month 12 financial outturn as it start point, as WLCCG has overspent against in year allocations in 17/18 this is the first charge against 18/19 growth. An in year balanced position for 18/19 has been planned while meeting mandatory financial obligations in respect of reserves and MH investments.
- 14. There are no further financial reserves built into the plan besides the mandatory contingency of 0.5%. There is a small commissioning reserve containing funds for a limited number of specific investments/financial pressures.

**RISKS:**

15. There are significant risks to financial delivery in 18/19.
  - a. UHL, LPT and other contractual values are based on the current negotiated position with the respective providers. These contract values could potentially still change.
  - b. Category M prescribing price changes usually occur in the late summer or early autumn. These are nationally driven and can cause prices to increase as well as decrease.
  - c. Prescribing stock shortages have been a significant problem in 17/18. Planning guidance instructs the CCG to assume there will be no stock outs in 18/19. The additional costs suffered in 17/18 totalled £1.9m this cost has been removed from the 18/19 plan and could contain some risk.
  - d. The current Rates review, being undertaken nationally, has been assumed to have a recurrent impact on 18/19 rates based on anticipated savings against 17/18 charges.
  - e. QIPP required in 18/19 is significantly higher than that planned or delivered in 17/18. Without QIPP delivery of the scale included within the plan the CCG will not be able to achieve its financial targets. QIPP scheme delivery will need to be prioritised by the CCG in 18/19 and further schemes may be required to be developed as the year progresses.
  - f. The financial plan will be subject to all of the usual delivery risks regarding fluctuation in demand and prices mainly in relation to acute care, CHC and prescribing costs.

**NEXT STEPS:**

16. Final plan submission will be made on 30/4/18.
17. Contracts will be finalised and compared to planned values as soon as possible. Impact of any changes will be notified to the Finance and Planning Committee, during 2018/19.
18. The achievement of the Mental Health Investment Standard will be monitored and form part of standard reporting.
19. QIPP schemes will be monitored closely and reported on monthly to the Finance and Planning Committee and Board as appropriate. .
20. The plan will be used as the basis for longer term strategic STP planning.

**CONCLUSION:**

The WLCCG financial plan is based upon the delivered 17/18 outturn position. Minimum reserves have been retained for 18/19 and a QIPP saving of £20.4m is required in order to achieve financial balance.

**RECOMMENDATION:**

The West Leicestershire Clinical Commissioning Group is requested to:

**APPROVE** the financial plan for 2018/19

West Leicestershire CCG	M12 Forecast Outturn with CQUIN (Actual Reported Position)	Removal of NR transactions	Removal of NR Allocations	Closing Underlying 17/18 Position	CQUIN	M12 Recurrent Outturn less CQUIN	Additional Recurrent Allocations	Additional Non- Recurrent Allocations	Opening Allocations/Bu dgets	Tariff Inflation	Tariff Efficiency	Demographic Growth	Non Demographic Growth	New cost pressures	Mandatory Financial Targets	Subtotal	CQUIN	Total Pre QIPP	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Total Income</b>	<b>477,523</b>		<b>- 1,929</b>	<b>475,594</b>			<b>9,832</b>	<b>2,667</b>	<b>488,093</b>							<b>488,093</b>		<b>488,093</b>	
<b>Expenditure:</b>																			
University Hospitals of Leicester NHS Trust	137,027	3,716	1,027	141,770	- 3,458	138,312			138,312	2,905	- 2,766	1,093	4,440	785	-	144,768	3,619	148,388	
University Hospitals of Leicester NHS Trust - Non Contract	471	-	-	471	-	471			471	10	- 9	3	16	-	-	490	-	490	
Alliance Contract	13,193	34	- 66	13,161	- 323	12,838			12,838	270	- 258	101	414	-	-	13,365	334	13,700	
EMAS	10,028	-	-	10,028	- 245	9,783			9,783	205	- 196	77	125	184	-	10,180	254	10,434	
Out of County Contracts	49,960	68	-	50,028	- 1,220	48,807			48,807	1,025	- 976	386	1,567	-	-	50,809	1,270	52,079	
Loughborough Urgent Care Centre	3,684	46	-	3,730	- 91	3,639			3,639	76	- 73	29	47	- 42	-	3,676	92	3,768	
Independent Sector	8,318	-	-	8,318	- 197	8,121			8,121	171	- 162	64	253	200	-	8,646	210	8,856	
Acute - NCAs	3,443	-	-	3,443	- 84	3,359			3,359	71	- 67	27	108	87	-	3,584	90	3,673	
<b>Total Acute</b>	<b>226,123</b>	<b>3,865</b>	<b>961</b>	<b>230,948</b>	<b>- 5,617</b>	<b>225,331</b>			<b>225,331</b>	<b>4,732</b>	<b>- 4,508</b>	<b>1,779</b>	<b>6,969</b>	<b>1,215</b>		<b>235,519</b>	<b>5,869</b>	<b>241,388</b>	
Leicestershire Partnership Trust - CHS	29,260	369	-	29,629	- 723	28,907			28,907	607	- 578	228	-	- 113	-	29,051	726	29,778	
Leicestershire Partnership Trust - CHS - BCF	6,563	-	-	6,563	- 160	6,403			6,403	134	- 128	51	-	-	-	6,460	161	6,621	
Leicestershire Partnership Trust - LD	2,867	-	-	2,867	- 70	2,797			2,797	59	- 56	22	-	10	-	2,832	71	2,902	
Leicestershire Partnership Trust - LD - BCF	588	-	-	588	- 14	574			574	12	- 11	5	-	-	-	579	14	593	
Leicestershire Partnership Trust - MH	28,173	-	-	28,173	- 687	27,486			27,486	577	- 550	217	-	92	-	27,823	696	28,518	
LPT Contract - MH (Including BCF)	-	-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	
IAPT - Nottinghamshire Healthcare NHS Foundation Trust	2,332	-	-	2,332	-	2,332			2,332	49	- 47	18	26	600	-	2,979	-	2,979	
AQP	151	-	-	151	- 4	147			147	3	- 3	1	-	-	-	149	4	152	
CH - NCAs	906	-	- 150	756	- 18	738			738	15	- 15	6	-	-	-	744	19	763	
Out of County - Non Acute SLAs	15	-	-	15	- 0	15			15	0	- 0	0	-	-	-	15	0	15	
Other Community Health Services Contracts	113	-	-	113	-	113			113	2	- 2	1	-	-	-	114	-	114	
Community Services Equipment	1,125	-	-	1,125	-	1,125			1,125	24	-	9	-	-	-	1,158	-	1,158	
Arriva Patient Transport	2,124	119	-	2,243	-	2,243			2,243	47	- 45	-	-	- 250	-	1,995	-	1,995	
Voluntary Sector SLAs	1,432	-	-	1,432	-	1,432			1,432	-	-	-	-	-	-	1,432	-	1,432	
AHPF	3,503	-	-	3,503	-	3,503			3,503	140	-	28	151	-	-	3,821	-	3,821	
MH - NCAs	528	-	- 177	351	-	351			351	7	- 7	3	4	-	-	358	-	358	
Out of County Contracts MH	564	-	-	564	-	564			564	12	- 11	4	6	-	-	575	-	575	
LD Pool	7,068	-	-	7,068	-	7,068			7,068	148	- 141	56	79	150	-	7,360	-	7,360	
Partnerships	12,264	727	-	12,991	-	12,991			12,991	273	- 260	-	-	394	-	13,398	-	13,398	
MH Other	-	-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	
Childrens Complex Care cases	675	-	-	675	- 16	658			658	26	-	5	28	186	-	904	23	927	
Non Acute Other	0	367	-	367	-	367			367	8	- 7	-	-	-	-	367	-	367	
Better Care Fund	-	-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	
<b>Total Non Acute</b>	<b>100,251</b>	<b>1,582</b>	<b>- 327</b>	<b>101,506</b>	<b>- 1,693</b>	<b>99,813</b>			<b>99,813</b>	<b>2,145</b>	<b>- 1,862</b>	<b>654</b>	<b>295</b>	<b>1,069</b>		<b>102,114</b>	<b>1,714</b>	<b>103,828</b>	
Continuing Care	27,508	579	-	28,087	- 685	27,402			27,402	1,096	-	216	1,181	-	-	29,895	747	30,643	
Funded Nursing Care	1,970	-	-	1,970	- 48	1,922			1,922	77	-	15	83	-	-	2,097	52	2,149	
Specialist Brain Injury	-	-	-	-	-	-			-	-	-	-	-	200	-	200	5	205	
Other Continuing Care Services	185	-	-	185	- 5	180			180	7	-	1	8	-	-	197	5	202	
<b>Total CHC</b>	<b>29,662</b>	<b>579</b>	<b>-</b>	<b>30,241</b>	<b>- 738</b>	<b>29,504</b>			<b>29,504</b>	<b>1,180</b>	<b>-</b>	<b>233</b>	<b>1,272</b>	<b>200</b>		<b>32,388</b>	<b>810</b>	<b>33,198</b>	
Primary Care services	10,061	- 224	- 460	9,378	-	9,378			9,378	-	-	74	416	222	-	10,089	-	10,089	
Prescribing	56,337	- 1,953	-	54,385	-	54,385			54,385	-	-	430	1,963	-	-	56,778	-	56,778	
GP IT	828	280	- 300	808	-	808			808	-	-	6	36	116	-	966	-	966	
Primary Care Co-Commissioning	44,761	707	-	45,467	-	45,467			45,467	-	-	6	960	0	706	47,140	-	47,140	
<b>Total Primary Care</b>	<b>111,988</b>	<b>- 1,190</b>	<b>- 760</b>	<b>110,038</b>	<b>-</b>	<b>110,038</b>			<b>110,038</b>	<b>-</b>	<b>-</b>	<b>515</b>	<b>3,376</b>	<b>338</b>	<b>706</b>	<b>114,973</b>	<b>-</b>	<b>114,973</b>	
CCG Programme Developments - FIM	214	-	-	214	-	214			214	0	- 0	-	-	34	-	248	-	248	
Running Costs	7,397	104	-	7,501	-	7,501			7,501	77	-	-	156	254	-	7,988	-	7,988	
Programme Infrastructure - Safeguarding	1,512	- 140	- 1,002	370	-	370			370	7.77	- 7	7	-	-	-	378	-	378	
Property	372	-	-	372	-	372			372	8	- 7	7	-	-	-	380	-	380	
<b>Total Infrastructure</b>	<b>9,282</b>	<b>- 37</b>	<b>- 1,002</b>	<b>8,243</b>	<b>-</b>	<b>8,243</b>			<b>8,243</b>	<b>93</b>	<b>- 15</b>	<b>15</b>	<b>156</b>	<b>254</b>	<b>-</b>	<b>8,746</b>	<b>-</b>	<b>8,746</b>	
Contingency Reserve 0.5%	- 2,965	211	- 877	- 3,630	-	- 3,630			- 3,630	-	-	-	-	-	5,835	2,205	-	2,205	
Commissioning Reserve	-	-	-	-	-	-			-	-	-	-	-	4,005	-	4,005.0	-	4,005	
1% fund	2,107	-	-	2,107	-	2,107			2,107	-	-	-	-	-	- 2,107	-	-	-	
Prior Year Adjustments	2,446	637	-	3,084	-	3,084			3,084	-	-	-	-	- 3,084	-	-	-	-	
<b>Total Expenditure</b>	<b>479,108</b>	<b>5,647</b>	<b>- 2,005</b>	<b>482,750</b>	<b>- 8,048</b>	<b>474,703</b>			<b>474,703</b>	<b>8,150</b>	<b>- 6,385</b>	<b>3,196</b>	<b>12,068</b>	<b>4,031</b>	<b>4,435</b>	<b>500,198</b>	<b>8,393</b>	<b>508,591</b>	
Surplus	-	-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	
Prior Year Additional Surplus	-	-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	
<b>Total</b>	<b>479,108</b>	<b>5,647</b>	<b>- 2,005</b>	<b>482,750</b>	<b>- 8,048</b>	<b>474,703</b>			<b>474,703</b>	<b>8,150</b>	<b>- 6,385</b>	<b>3,196</b>	<b>12,068</b>	<b>4,031</b>	<b>4,435</b>	<b>500,198</b>	<b>8,393</b>	<b>508,591</b>	
<b>GAP</b>				<b>5,572</b>														<b>4.20%</b>	
Reconciliation to GAP	- 1,585			- 7,156					- 13,390									QIPP	- 20,498
				- 1.50%														TB	508,590,939

1.02628  
2.63%

Area/Type	Scheme Number	Scheme Name	Total Value £000
Multi Morbid/Frailty	1	Ambulatory Care/Frailty/Multi Morbidity	
Planned Care Extra	2	Demand Management HUB: MSK, Dermatology	
Procurement	4	Orthotics Procurement(Blatchfords)	75
Urgent Care	5	Pathway 3 Control/Risk Share	300
Contracting	6	Coding and Counting	0
West only	8	Plan assumptions/Budget Reviews	0
Finance	9	Public Health Funding Flu Vaccines	300
Corporate	11	Review/Reduce expenditure on agency staff	477
Community Care	12	Removal of double payment to LPT for UHL discharge co-ordinators (Primary Care Co-ordinators)	140
Contracting	13	Block Contracts at UHL	98
Contracting	15	UHL Contract Price negotiation - CAU	88
Contracting	16	UHL Contract Price Negotiation - CDU	295
Contracting	17	UHL Contract Price Negotiation - RDA's	147
Primary Care	18	PRIMARY CARE - Federation QIPP scheme impact on acute demand	1,300
Planned Care Extra	20	All historic AQP contracts to be reviewed	686
Primary Care	21	PRIMARY CARE - CBS investments reviewed	500
Contracting	22	Independent Sector Contract Control	0
Contracting	23	Independent Sector - manage IPT transfers from UHL	0
Contracting	24	NCA's tighter controls	0
Finance	25	Review all LA Charges that come to the CCG outside of BCF	
Finance	26	MPC controls	17
Urgent Care	27	Night Nursing contract negotiation - DHU	83
Urgent Care	29	DHU - all services/contracting redesign	
Mental Health	31	LD Pool -improved case management	718
Corporate	32	Reduce corporate clinical input	200
Community Care	34	Review and redesign in ICS/IP Beds/District Nursing	349
Contracting	35	EMAS - Negotiation of 18/19 contract	269
Mental Health	36	LD Short breaks consolidation	87
Contracting	37	LPT CQUIN expectation	189
Contracting	38	Stroke Rehab Bed Numbers Reduction Following redesign and investment	108
Mental Health	39	Agnes unit - options for use	
Community Care	40	Potential realignment of Community Hospital Beds across sites	105
Mental Health	41	AHP/117 repatriation	0
Vol Sector	43	Vol Sector - Review VFM and service need	580
Contracting	44	Derbyshire Healthcare non acute SLA negotiation	156
Primary Care	47	Joint Funding University of Leicester	24
Corporate	49	Office Accommodation savings	
Corporate	50	In House Legal expertise	60
Primary Care	51	Primary Care Global Sum	
Primary Care	52	Primary Care Dispensing	0
Primary Care	54	Estate Consolidation in Primary Care	
Primary Care	55	GPIT	66
Primary Care	56	GP Staff Training cessation (East hosted)	70
Multi Morbid/Frailty	57	Readmissions reduction	
Corporate	58	BCT Partnership office maintain spend in line with 17/18 outturn	146
Contracting	59	Anticoag at UHL - moved into community	206
Corporate	61	Consider Staff Car Parking Charges	
Prescribing	62	Prescribing Stretch to £3m	1,000
Contracting	63	Prior approvals (IFR's) tighter controls	147
Prescribing	68	Nursing Homes	0
Urgent Care	71	GPAU, Urgent Care flow and pathways - admissions impact	
Mental Health	72	MHSOP Review	
Contracting	73	Independent Sector Contract - Circle, Loughborough	0
ILT	A1	Cardiology	77
Planned Care	A10	Audiology	48
Planned Care	A11	MSK Physiotherapy	292
Planned Care	A12	Physio	32
Planned Care	A13	Diagnostics - Imaging	236
Planned Care	A14	Diagnostics - Non Imaging	4
Urgent Care	A15	ED Front Door Model 1	46
Urgent Care	A16	ED Front Door Model 2	10
Urgent Care	A17	Increase & Improve Ambulatory Pathways 1	59
Urgent Care	A18	Increase & Improve Ambulatory Pathways 2	141
Urgent Care	A19	Increase & Improve Ambulatory Pathways 3	27
ILT	A2	Respiratory	52
Urgent Care	A20	Improved Clinical Triage	5
Urgent Care	A21	Expansion of Clinical Navigation Hub	60
Urgent Care	A22	Tighten Eligibility for NEPTS	152
Urgent Care	A23	Urgent Diagnostic Pathways	21
Urgent Care	A24	Increase Support for EMAS to reduce conveyances	14
Urgent Care	A25	Discharge Pathways	83
Urgent Care	A26	Frailty	64
Urgent Care	A27	Passporting	21
Prescribing	A28	Medicines Optimisation (CCG)	2,000
Prescribing	A29	Cat M	0
ILT	A3	Falls	76
Prescribing	A30	NSCO	0
Prescribing	A31	Biosimilar Switches	394
Prescribing	A32	Patent Expiry Humira®	185
Prescribing	A33	Move to VAT Free Route (TMP)- Tolvaptan	20
Mental Health	A34	Adult Mental Health	547
Mental Health	A35	Section 117 and AHP	111
Mental Health	A36	MH OOA Placements - additional provision in LPT	131
Community Care	A38	Community Health Services Various schemes	383
Community Care	A39	Community Equipment Scheme (returned equipment)	75
ILT	A4	EoL - CHC Deflected Patients	460
Corporate	A40	CCG Efficiencies (incl Execs)	507
CHC	A41	CHC	1,826
CHC	A42	CHC Stretch	650
Finance	A43	BCF Slippage/contingency/savings plan	1,000
West only	A44	Integrated urgent care - Primary care	600
Prescribing	A46	2. Repeat Ordering - FYE 3. Pregabalin - FYE 4. Technician Care Home Project - Reducing Waste	0
ILT	A5	EOL Reduction in Emergency Admissions	59
Community Care	A51	ICS notice	0
Planned Care	A6	Demand Savings: New Appointments	293
Planned Care	A7	Demand Savings: Follow Up Appointments	150
Planned Care	A8	Demand Savings: Low Value Treatments	65
Planned Care	A9	Pathway Redesign	535

20,495

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