



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 29 AUGUST 2018

UPDATE REPORT – DELIVERING THE PRIMARY CARE IMPROVEMENT PLAN FOR ANGUS

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to provide the Integration Joint Board with an update regarding local implementation of the Tayside Primary Care Implementation Plan.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) approve the proposed work plan for 2018/19 (Appendix 1).
- (ii) Approves Action 15, Mental Health Strategy proposal for Angus (Appendix 3) for supporting Primary Care. The Integration Joint Board should note that some of the financial projections are indicative at this stage due to awaiting clarity on the Tayside Regional bids. It is therefore recommended that the IJB delegate authority for approval of the final financial plan to the Chief Officer.
- (iii) approves the overall indicative Angus Primary Care Improvement Fund financial plan (Appendix 2) including:-
 - a. delegating devolved authority to the Chief Officer to approve updated versions of this financial plan as more complete information becomes available (noting the Chief Officer will still have to meet obligations re approval from Local Medical Committee).
 - b. approval of the proposal that where Primary Care funding is allocated to Angus IJB, that the appropriate part of that funding that relates to Angus residents registered with General Practices elsewhere in Tayside is re-directed to neighbouring IJBs where General Practices in those areas, or HSCPs generally, are providing the agreed care to Angus residents.
 - c. carrying forward any relevant ring fenced funds at the end of the financial year via the IJB's reserves.

2. BACKGROUND

Previous papers presented to the IJB in February and June 2018 provided the details of the new 2018 General Medical Services contract, with the Tayside Primary Care Implementation Plan approved by the Board in June.

3. CURRENT POSITION

Exceptional meetings of the Clinical Partnership Group have continued monthly with an open invitation to all GP's and Practice Managers to attend and inform planning. Planning has been progressed locally via the Angus GMS Contract Implementation Group and Angus Clinical Partnership Group, strongly supported by practices, clusters, service managers and GP Sub Committee.

Separately it has previously been agreed that within Angus the Action 15, Mental Health proposals will share the same governance structure as this Primary Care Improvement Plan which evidences the collaborative approach between mental health and primary care services expected by Government. The full Action 15 proposal is set out at Appendix 3.

Regional planning has been coordinated through the Tayside GMS Contract Implementation and Advisory Committee, and a number of associated working groups, which reports into the Primary Care Board.

Delivery of the plan relies on successful recruitment to additional posts, creating significant risks. To minimise the risks of inequalities of distribution of resources to clusters and practices within clusters, the Angus GMS Contract Implementation Group will maintain an overview of all tests of change and service developments- reviewing roll-out plans where required to support equity. Staff side representation has been sought for the above group. While some project specific public engagement has taken place, public engagement will intensify over coming months both to support development and delivery of 2018/19 plans and also to aid planning for 2019/20.

4. PROPOSALS

Appendix 1 provides an overview of the Angus Primary Care Improvement Fund work plan for 2018/19, the content of which has been endorsed clinically through the Clinical Partnership Group. Appendix Two provides details of the 2018/19 financial plans for the local Primary Care Improvement Fund. This requires approval by the IJB and subsequent approval by the Local Medical Committee Indicative financial information is included and will be subject to further changes recognising the evolving nature of this change programme. Both Appendix 1 and Appendix 2 require approval as per the recommendations in this report.

5. FINANCIAL IMPLICATIONS

5.1 Financial Planning

As noted above, Appendix 2 to this paper sets out the indicative financial plan for the Angus Primary Care Improvement Fund. Reflecting the evolving nature of local planning, so the financial plan is still developing. It is proposed that authority to approve further iterations of this plan is devolved to the Chief Officer, noting that Local Medical Committee approval will be required for changes, with any future updates to the IJB Board including revised version of the overall financial plan.

It is important to reiterate that the Scottish Government guidance does clearly state that all local PCIF plans do require approval from local GP representatives, via the Local Medical Committee, and this is required for the associated financial plan.

5.2 Funding

The Scottish Government have clearly devolved PCIF funding to IJBs. There are confirmed allocations for 2018/19 and indicative allocations beyond that to 2021/22. The local plan reflects these indicative allocations which are allocated on a cash basis.

Some additional local or regional funding may be applied to specific work streams. This will be agreed on a work stream by work stream basis.

The funding allocations to each IJB (as per the Scottish Government) have been made on the basis of IJB resident populations. However, locally we know that a proportion of Angus residents receive their GP care from Dundee General Practices (and that this issue is replicated at other IJB boundaries). As the main components of the PCIF are orientated around General Practice, and therefore the patients registered with those practices, so it follows that Angus needs to ensure the funds to support Angus residents registered with Dundee General Practices is channelled to the right part of the overall system. In this example, some Angus funding needs to be re-apportioned to Dundee IJB to allow Dundee IJB and Dundee Practices to support those Angus residents. This is an important principle that the IJB needs to support in order to ensure appropriate funding follows the patient. Final calculations of the impact of this are still being assessed locally but initial calculations suggest the adjustment would need to be c5% of the Angus funding. It is worth noting this principle already applies to many services currently delivered.

Similar adjustments regarding registered GP populations across Health Board boundaries will need progressed through national forums.

5.3 Commitments

Brief notes re costs of planned commitments are noted below but many are indicative and still need to be reviewed:-

- Vaccination Transformation programme – regional programme, indicative costings only.
- Pharmacotherapy Services – Indicative costings only reflecting work originally being progressed in 2017/18.
- Pharmacotherapy Services (Extended) – Indicative costings reflecting additional 2018/19 developments.
- Pharmacy First – Funding to continue programmes started in previous years (subject to clarification of Scottish Government funding intentions).
- Ear Care – Indicative costings.
- Leg Ulcer care – Indicative costings with assumed roll out over 4 localities after test of change.
- Spirometry – Costings to be confirmed.
- Urgent Care (Scottish Ambulance Service (SAS)) – 12 month test of change only via SAS. Further funding would be subject to approval based on outcomes of test of change.
- Urgent Care (SAS/Advanced Nurse Practitioners (ANPs)) – Indicative allocation from mid-2019/20.
- Additional Professional Roles – MSK – Indicative allocation only.
- Additional Professional Roles – Mental Health – As per Action 15 appendix.
- Phlebotomy – Ear Mark only from mid-2019/20.
- Community Link Workers – Ear mark only from mid-2019/20.
- Inflation allowance – as all funding is set at cash values and costs will increase annually due to inflation, so an inflation allowance has been built in.

Other work streams may need to be factored into the multi-year plan in due course and there may need to be additional contributions to the cost of supporting the overall programme.

More recent discussions have restated the need to sustain previous commitments to regional GP recruitment and retention programmes. This may require recurring funding support from Primary care Improvement Fund sources of up to £100k per annum. This would be reflected in future iterations of the financial plan.

5.4 Overall Position

Due to slippage on investment related to approval processes and recruitment it is very likely that total spend will be well within available funds in 2018/19. In line with Scottish Government guidance, 2018/19 under spends will then be carried forward to 2019/20. Even with that in year assistance, it is likely 2019/20 will be a year where roll outs of programmes will have to be scheduled to tie in with available funding.

5.5 Reporting to the Scottish Government

As described in the Scottish Government letter allocating Primary Care Improvement Funds to IJBs, Angus IJB will submit a pro-forma to the Scottish Government in early September regarding the planned use of this funding. This pro-forma (final template to be issued in late August) will need to confirm that appropriate Local Medical Committee approval for plans has been sought, describe spending plans by work stream for 2018/19 and confirm likely overall funding requirement for 2018/19 - with the working assumption being that funds not spent in 2018/19 will be carried forward to 2019/20 through either the Scottish Government or locally via IJB ring fenced reserves. The use of IJB reserves to carry forward this ring fenced funding stream needs to be approved by the IJB and, in advance of knowing the likely figure, approval is sought for that in the recommendations to this paper.

5.6 2017/18 Primary Care Transformation Funding

Due to slippage in the equivalent 2017/18 programme (Primary Care Transformation Fund) the IJB has access to c£200k of non-recurring funds to support overall Primary care investments. These will be overseen by the Primary Care manager in liaison with the Chief Officer and utilised

in a manner consistent with the original intention of the funding. This may include supporting non-recurring Recruitment and Retention activity and other Primary Care developments.

6. OTHER IMPLICATIONS

It is worth reiterating that given the significant workforce implications associated with this transformation programme, discussions are ongoing locally and regionally with regards to direct involvement of staff partnership representatives in planning and monitoring of the programmes work plan.

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August 2018

List of Appendices:

Appendix 1: Angus HSCP Primary Care Improvement Fund Work plan 2018/19

Appendix 2: Primary Care Improvement Fund Finance Report

Appendix 3: Annex G – Angus HSCP – Mental Health Action 15

Angus HSCP- Primary Care Improvement Fund Work Plan - 2018/19

Priority Area	Agreed Actions 18/19	Funding 2018/19	Lead Officer	Status Update	Status (RAG)
National Vaccine transformation programme - regionally led	<p>Expand children’s immunisation team to cover all children’s vaccinations</p> <p>Midwifery delivery of pertussis by February 2019</p>	£83k (indicative)	<p>Regional: Julia Egan, Public Health</p> <p>Local: Helen Grady</p>	Planning ongoing - progress to implementation phase on confirmation of funding requirements and funding.	Amber
Pharmacotherapy-regionally led	<p>To undertake two tests in each HSCP August-October 2018 – delivering the pharmacotherapy services as outlined in the contract to determine staffing and skill mix requirements for roll out to all practices by 2021.</p> <p>To seek to employ an additional 4 pharmacists and 1 pharmacy technician to the Angus team to deliver pharmacotherapy services in Angus.</p>	£299k (indicative)	<p>Regional: Frances Rooney, Director of Pharmacy</p> <p>Local: Michelle Logan</p>	Planning ongoing - progress to implementation phase on confirmation of funding.	Amber
Pharmacotherapy-regionally led Community Pharmacy	Continuation of Pharmacy First Scheme.	£21k	Director of Pharmacy	Awaiting confirmation of funding	Amber
Community Treatment and Care Services - Ear Care	<p>Implement an ear care service, delivered by NHST Aural Care team, accessible by all patients at:</p> <ul style="list-style-type: none"> • Stracathro Hospital • Arbroath Infirmary • Whitehills Health & Community Care Centre • Monifieth/Parkview <p>Proposed start date 1st November.</p>	£32k (indicative)	Rhona Guild/ Paul McAndrew	Planning ongoing - progress to implementation phase on confirmation of funding.	Amber

Priority Area	Agreed Actions 18/19	Funding 2018/19	Lead Officer	Status Update	Status (RAG)
Community Treatment and Care Services - Leg Ulcers	Test a nurse led model for leg ulcer management in 1-2 Angus clusters, pending wider roll-out	£22k (indicative)	Karen Fletcher/ Cluster Leads South Angus	Planning ongoing - progress to implementation phase on confirmation of funding.	Amber
Community Treatment and Care Services - Spirometry	Test cluster level spirometry service in North West Angus	TBC	Rhona Guild/ Maureen Fagan/ Cluster Lead NW Angus	Planning phase - data collection	Amber
Community Treatment and Care Services - IT test within virtual CTCS	Test Vision Anywhere in SW Angus - initially for physiotherapy and pharmacy staff. Test shared booking systems with direct booking by secondary care	TBC	Tracey Wyness/ Rhona Guild/ PM's SW Cluster	Planning phase	Amber
Urgent Care Services	Test paramedic based within general practice teams in North East Angus for one year.	£25k	Stuart Payne/ Rhona Guild/ Cluster Lead NE Angus	Planning ongoing - progress to implementation phase on confirmation of funding.	Amber
Additional Professional Services - MSK	Employ 1.5-3 physiotherapists to extend access to all Angus clusters to the First Contact physiotherapy service	£83k (indicative)	Regional- Karen Anderson Local- Angela Murphy	Planning ongoing - progress to implementation phase on confirmation of funding.	Amber
Additional Professional Services - Mental Health	Appoint 5.6 wte staff to work within mental health and wellbeing service to provide dedicated mental health support to Angus practices- with roll out to all practices by 2021.(part funded PCIP and part-funded Action 15 monies)	£100k (indicative)	Bill Troup	Planning ongoing - progress to implementation phase on confirmation of funding.	Amber
Planning 2019/21	Intensive data collection, profiling, engagement and modelling of services with view to having models agreed and prioritisation completed for 2019/20 by February 2019.	N/A	Rhona Guild/ Stephen Halcrow	Data collection initiated	Amber

Appendix 2

Primary Care Improvement Fund			2018/19		2019/20		2020/21		2021/22		2022/23	
Funding	Source	Status	Angus		Angus		Angus		Angus		Angus	
			wte	£k	wte	£k	wte	£k	wte	£k	wte	£k
SG Allocation(23/05/18)	SG	Formalised 18/19, then indicative		986		1185		2370		3340		3340
Additional Local Funding	Misc.			5		5						
Intra Tayside adjustment to reflect registered GP Populations		To be confirmed by IJB		-45		-54		-108		-153		-153
Available Local Funding				946		1131		2262		3187		3187
Fund Transfer Between Financial years				-281		281		0		0		0
Funds to be Committed in Year				665		1412		2262		3187		3187
Planned Commitments												
Vaccination Transformation Programme	Service paper 30/07/18	Indicative	3.0	83	3.1	109	3.1	110	3.1	104	3.1	104
Pharmacotherapy Services	30/05/18 CIG (Previous Plans)	Indicative	4.1	202	4.9	252	4.9	252	4.9	252	4.9	252
Pharmacotherapy Services (Extended)	Pharmacy	Indicative	5.0	97	5.0	290	5.0	290	5.0	290	5.0	290
Pharmacy First	Pharmacy	Local Approval TBC	0.5	21	0.5	21	0.5	21	0.5	21	0.5	21
Community Treatment and Care Services - Ear Care	Latest workings	Indicative	1.4	32	1.4	70	1.4	70	1.4	70	1.4	70
Community Treatment and Care Services - Leg Ulcer	Latest workings	Indicative	1.1	22	4.1	165	4.1	165	4.1	165	4.1	165
Community Treatment and Care Services - Spirometry	No information	Indicative	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Urgent Care (SAS)	SAS 01/08/18	Local Approval TBC (12 mths initially)	1.0	25	1.0	25	0.0	0	0.0	0	0.0	0
Urgent Care (SAS/ANP)	Provisional	Indicative	0.0	0	2.0	113	4.0	225	4.0	225	4.0	225
Additional Professional Roles - MSK	Service paper 19/07/18 (3b)	Indicative	7.0	83	3.0	166	3.0	166	3.0	166	3.0	166
Additional Professional Roles - Mental Health	Service paper 10/07/18	See separate appendix	2.0	100	2.0	119	2.0	119	2.0	119	2.0	119
Community Treatment and Care Services - Phlebotomy	Provisional	Indicative	0.0	0	7.0	211	14.0	422	14.0	422	14.0	422
Community Link Workers	Provisional	Indicative	0.0	0	2.0	70	4.0	140	4.0	140	4.0	140
Inflation Allowance (assume all costed at 18/19 prices)			0.0	0	0.0	34	0.0	136	0.0	255	0.0	319
Total Allocated			25.1	665	36.0	1644	46.0	2116	46.0	2229	46.0	2293
Balance/Shortfall				0		-232		146		958		894

Notes

- Where costs are described as "Indicative" this may mean models are still being refined but also means costs are subject to change depending on recruitment timelines.

Angus Health and Social Care Partnership – Mental Health Action 15

ACTION 15: INCREASING THE WORKFORCE TO GIVE ACCESS TO DEDICATED MENTAL HEALTH PROFESSIONALS TO ALL A&Es, ALL GP PRACTICES, EVERY POLICE STATION CUSTODY SUITE, AND TO OUR PRISONS. OVER THE NEXT THREE YEARS INCREASING ADDITIONAL INVESTMENT IN ANGUS TO £689,576 FOR ADDITIONAL MENTAL HEALTH WORKERS IN THOSE KEY SETTINGS

1 Background:

The National Mental Health Strategy 2017-2027 details a number of local improvements it expects Health and Social Care Partnerships to deliver. These include:

- Increase the supply of the mental health workforce (800 posts nationally) across all sectors. The nature of this additional capacity should be very broad ranging – including roles such as peer and support workers.
- Improved access to treatment services.
- Prospective improvements including the provision of services through digital platforms or telephone support.
- The development for staff who are not currently working in the field of mental health.

Within Primary Care there is a refocusing of the GP role which will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary. In the context of this paper these include additional professional community mental health services, third sector staff and community link worker services.

Primary Care Improvement Plans and Action 15 of the Mental Health Strategy are required to connect to address health inequalities and improve access by promoting more integrated working.

2 What are we trying to accomplish?

This paper details one proposal to achieve the above.

People with mental health problems will be able to access services rapidly within the wider primary care multidisciplinary team. Their physical and mental health needs will be addressed by collaborative working within the primary care team and their social care partners, thus tackling the premature mortality of people with serious mental illness. Early identification and intervention will reduce the number of people who go on to develop mental illness.

Improving mental health and wellbeing for the people of Angus is a key objective of the Health and Social Care Partnership and the Community Planning Partnership. This proposal promotes self-management, develops responsive services in localities, and invests in early support, advice and education to equip young people to make healthy lifestyle choices.

2.1 Pharmacy & Regional

Angus Health and Social Care Partnership proposes the employment of a specialist Liaison Pharmacist between secondary and primary care services. The post will have the following main objectives:

- 1) Up-Skill Practice based pharmacists and the wider multidisciplinary team.
- 2) Provide a specialist pharmacy resource to secondary care community mental health services (Adult and Older People)
- 3) Link with community pharmacists (contractors) to promote smoking cessation and health screening.

In addition Angus is developing a bid with its Criminal Justice Service. Improving individual's resilience and capacity for change and self- management is a key outcome of the Angus Community Justice Partnership. The proposal promotes self-management, develops responsive services, invests in early support, and ensures longer term support outwith the criminal justice system

Angus is also working in partnership with its neighbouring authorities (Dundee, Fife and Perth and Kinross) who share regional services to develop proposals including:

- Forensic and Custody Healthcare: Trauma Informed Practice
- Prison Healthcare: Trauma Informed Practice
- Improved access and response within the two main Accident and Emergency Departments

We expect to share these plans to be complete by September 2018.

2.2 Mental Health and Wellbeing Service (MHWS)

There is growing evidence that positive mental health and wellbeing at a population level can reduce health inequalities and improve wider outcomes in relation to physical health, social cohesion and economic productivity (NHS Confederation 2012). Since 2016 Angus has been testing and evaluating a health and wellbeing model of supporting mental health and wellbeing in primary care.

MHWS based in general practice, work with individuals assessing their mental health needs and providing brief support. The existing tests of change do not provide treatments but assess, signpost and promote self-help. HWS is developing relationships with other services including secondary care and multiple voluntary sector initiatives.

The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.

This model will strengthen the 'Stepped Tier Approach' to mental health bridging level 1 (guided self-help, education, advice, sign posting) level 2 (psychological therapies) and level 3 (community mental health services, substance misuse).

Having a permanent mental health worker as part of the Primary Health Team helps ensure the whole primary care workforce have the knowledge, confidence and capacity to provide mental health support. Co-location is vital as is time for professionals to regularly come together to discuss patients.

2.3 The aim of a MHWS is to offer:

- A comprehensive mental health assessment
- Brief interventions
- Promotion of self-help and self-management
- Referral and coordination of next steps with secondary mental health services
- Provision of support and advice to GPs and other primary care staff
- Information and advice to individuals and their carers

2.4 Who will provide MHWS?

This needs to be determined locally. A collaborative model between third sector, primary and all secondary care adult mental health service providers (including adult, older people, substance misuse) has been beneficial within the Angus test sites.

Currently within Angus four Practices are supported by qualified band 6 RMNs, seconded from secondary care. Two Practices are supported by a national third sector provider with significant experience in mental health provision. Their unique contribution is the input by people with lived experiences of mental health problems and the delivery of wellbeing workshops. 'Do You Need to Talk' a listening service complements current MHWS. The evaluation should determine what the different outcomes are.

The agreed preferred model will be determined by local workforce availability (there is a shortage of trained health professionals), contracting arrangements with non-statutory providers, and relationship with secondary care. Appropriate governance arrangements will need to be agreed.

2.5 How will we know that the HWS is an improvement?

Qualitative Outcome Measures

- a) A standardised patient feedback system should be implemented to ask patients if they felt they were given time to talk, were listened to, provided with information and choices and felt actively involved in their care.
- b) The primary care team should report that they have the confidence, knowledge and skill to understand and help the needs of people with mental health problems.

2.6 Quantitative Outcome measures (To be developed)

- a) Measure number of referrals or contacts to other services within or out with traditional mental health services to ensure HWS are linked to other services in their communities (Social Prescribing)
- b) Referrals to secondary mental health services.
- c) A reduction in anti-depressant prescribing by the practice.
- d) There is a national requirement to count and monitor the number of additional mental health workers needed to deliver this commitment.

3. Implementation

In Angus, it has been agreed that this proposal will share the same governance structure as the General Medical Services Contract Implementation process due to the strong and longstanding relationships formed through the Angus Clinical Partnership Group. This will evidence the collaborative approach expected by Government.

The Head of Angus Mental Health Services will be the identified lead for HWS.

4. Financial Implications

All costings are set out in appendix A and are currently indicative. Staff numbers are currently estimates based on NHS pay costs. It is anticipated that there may be efficiencies in working with the third sector in delivering this programme and this will be explored in due course as described above.

The following points should be noted:-

- Funding
 - Funding is based on Scottish Government indicative allocations, adjusted for Angus patients registered with General Practices outwith Angus (e.g. Dundee General Practices). This follows the principle of funding following the patient and applies to the overall Primary care Improvement plan.
 - This funding stream also reflects funding contributions from the overall Primary care Improvement Plan funding (£119k per annum), in line with Scottish Government expectations.
 - Based on flexibilities available through the Scottish Government it is assumed that PCIF contributions will be carried forward from year 1 (2018/19) to year 2 (2019/20).
 - Funding notifications do not allow for future year inflation, so this has been factored into the overall plan.
- Costings
 - All costings currently indicative.
 - Tayside Regional Service commitments will be develop through Tayside-wide workings arrangements.
 - Overall commitments per annum (particularly in years 2019/20 and 2020/21) will be managed through slippage of overall plans (i.e. through adjusting the timing of appointments such that the cost commitments are within the annually available resources).
 - There will be a risk of staff slippage in the first year.
 - All costs are indicative and approval is sought for the delegation of authority to the Chief Officer to approve a final financial plan in line with these original intentions.

5. Consultation

The following groups will be consulted with:

Angus Clinical Partnership Group	Angus Criminal Justice Service
Angus Mental Health Services	Angus Clusters Groups
GP sub Committee	Angus Locality Improvement Groups
Tayside Mental Health Clinical Care and Professional Governance Speciality Group	

Bill Troup
Head of Mental Health Services
August 2018

ANNEX 1

Year	2018/19		2019/20		2020/21		2021/22		2022/23	
	wte	£	wte	£	wte	£	wte	£	wte	£
Funding (Action 15)		237000		336000		517000		690000		690000
Funding (Share of PCIF)		100300		119000		119000		119000		119000
Fund Transfer Between Financial Years		-112300		112300		0		0		0
Total		225000		567300		636000		809000		809000
Funding Adjustment - Apportion to Other IJBs		12000		17000		26000		35000		35000
Revised Local Funding		213000		550300		610000		774000		774000
Inflation Set Aside		0		10000		31000		60000		79000
Health and Wellbeing Service	5.6	213000	7.4	358000	9.4	462000	9.4	489000	9.4	508000
Liaison Pharmacy	0.0	0	1.0	62300	1.0	64100	1.0	66100	1.0	68000
Tayside Regional Services (Indicative)	0.0	0	3.0	100000	3.0	100000	3.0	100000	3.0	100000
Indicative CJS	0.0	0	1.0	30000	1.0	31000	1.0	32000	1.0	33000
Managed Slippage on Plans	0.0	0	0.0	0	0.0	-47100	0.0	0	0.0	0
Balance	0.0	0	0.0	0	0.0	0	0.0	86900	0.0	65000
TOTAL	5.6	213000	12.4	550300	14.4	610000	14.4	774000	14.4	774000