North Central London
Integrated Care Board

NHS North Central London ICB
Primary Care Committee Meeting

Tuesday 18 June 2024
09:30am to 11:00am
Clerkenwell Room, 2nd Floor,
Laycock PDC,
Laycock Street, Islington N1 1TH.

Item	Title	Lead	Action	Page	Time
	AGENDA Part 1				
1.	**INTRODUCTION**				
1.1	Welcome, introductions and Apologies	Usman Khan	Note	Oral	09:30am to 09:40am
1.2	Declarations of Interest (Not otherwise stated)	All	Note	3	
1.3	Draft Minutes of the Extraordinary PCC meeting on 21 May 2024	Usman Khan	Approve	8	
1.4	Part 1 Action log	Usman Khan	Approve	17	
1.5	Matters Arising	Usman Khan	Note	Oral	
2.	**BUSINESS**				
2.1	**Haringey** • St Ann's Road Surgery – APMS Contract Expiry and Strategic & Performance Review	Vanessa Piper	Approve	19	09:40am to 09:55am
2.2	**Enfield** • Evergreen Development Programme	Nicola Theron / Diane Macdonald	Approve	82	09:55am to 10:10am
3.	**OVERVIEW REPORTS**				
3.1	Quality & Performance Report (including Complaints Data)	Adam Backhouse	Note	88	10:10m to 10:30am
3.2	Primary Care Finance Update	Nita Naran / Sarah Rothenberg	Note	107	10:30am to 10:40am

3.3	NCL Participation in National Programme	Sarah McIlwaine	Note	Oral	10:40am to 10:45am
4.	**GOVERNANCE**				
4.1	Primary Care Committee Risk Register	Sarah McDonnell-Davies	Note	122	10:45am to 10:55am
5.	**FOR INFORMATION**				
5.1	PMS Changes – Approved virtually on 10 April 2024.	Usman Khan	Note	128	10:55am to 11:00am
6.	**ANY OTHER BUSINESS**				
	DATES OF NEXT MEETINGS				
	• **2024**: 6 August, 15 October, 17 December • **2025**: 11 February				
	PART 2 MEETINGS				
	To resolve that as publicity on items contained in Part 2 of the agenda would be prejudicial to public interest by reason of their confidential nature, representatives of the press and members of the public should be excluded from the remainder of the meeting. Section 1 (2) Public Bodies (Admission to meetings) Act 1960.				

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18 June 2024

Report Title	Declaration of Interests Register – Primary Care Committee (PCC)	**Agenda Item:** 1.2	
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Place	Tel/Email	sarah.mcdonnell1@nhs.net
Lead Director / Manager	Ian Porter, Executive Director of Corporate Affairs	Tel/Email	Ian.porter3@nhs.net
Report Author	Vivienne Ahmad, Board Secretary	Tel/Email	v.ahmad@nhs.net
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications**	Not applicable.
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications**	Not applicable.
Report Summary	• Members and attendees of the Primary Care Committee (PCC) Meeting are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest or need to be considered for the first time due to the specific subject matter of the agenda item. • A conflict of interest would arise if decisions or recommendations made by the Board, or its committees could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence. • Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money. • If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway. • Members are reminded to ensure their declaration of interest form and the register recording their details are kept up to date. • Members and attendees are also asked to note the requirement for any relevant gifts or hospitality they have received to be recorded on the ICB Gifts and Hospitality Register.		

Recommendation	The Committee is asked to **NOTE:** • the requirement to declare any interests relating to the agenda. • the Declaration of Interests Register and to inspect their entry and advise the Board Secretary of any changes. • the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
Identified Risks and Risk Management Actions	The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the ICB.
Conflicts of Interest	The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting.
Resource Implications	Not applicable.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	The Declaration of Interests Register is a standing item presented to every meeting of the Primary Care Committee.
Next Steps	The Declaration of Interests Register is presented to every meeting of the Primary Care Committee and regularly monitored.
Appendices	The Declaration of Interests Register.

NCL ICB Primary Care Committee Declaration of Interest Register - April 2024

Name	Current Position (s) held- i.e. ICB Board, Trust, Member practice, Employee or other	Declared Interest - (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or Indirect?	Nature of Interest	Date of Interest				Actions to be taken to mitigate risk (to be agreed with line a manager of a senior CCG manager)
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	Date declared	Updated	
Members												
Dr Usman **Khan**	Board Member ICB		no	yes	no	Direct	Member		current	07/09/2022	18/07/2023	
	Chair of ICB Primary Care Committee	ModusEurope	yes	yes	yes	Direct	director	29/11/2012	current	07/09/2022	18/07/2023	
	Chair of ICB Finance Committee	Motor Neurone Disease (Sales) Ltd	no	yes	yes	Direct	director	27/06/2022	current	07/09/2022	18/07/2023	
	Member of ICB Audit Committee	London Metropolitan University	yes	yes	yes	Direct	Vice Chair of Governors and Chair of Finance & Audit Committee	01/08/2022	current	07/09/2022	18/07/2023	
	Member of ICB Remuneration Committee	Motor Neurone Disease Association	no	yes	yes	Direct	Chair of Trustees / director	01/07/2021	current	07/09/2022	18/07/2023	
		KU Leuven University, Belgium	yes	yes	yes	Direct	Visiting Professor in Health Management and		current	07/09/2022	18/07/2023	
		South East Coast Ambulance Service	yes	no	no	Direct	Chair	15/04/2024	31/05/2027	16/04/2024		
		New York University (London)	yes	no	no	Direct	Global Lecturer		current	20/03/2024		
		Bevan Commission	no	no	yes	Direct	member		current	20/03/2024		
		European Health Forum Gastein	no	no	yes	Direct	Advisory Committee member		current	20/03/2024		
		Health Shared (Axiom Medical Ltd)	no	no	no	Direct	ad hoc advice pro bono	01/03/2024	current	16/04/2024		
Ms Liz **Sayce OBE**	Non Executive Member, Member of the ICB Board							01/07/2022	current	26/08/2022	10/07/2023	
	Chair of ICB Remuneration Committee										10/07/2023	
	Chair of ICB Quality and Safety Committee	Action on Disability and Development International	no	yes		direct	Trustee	26/01/2021	current	26/08/2022	10/07/2023	
	Member of ICB Audit Committee	London School of Economics	yes	yes		direct	Visiting Professor in Practice		current	26/08/2022	10/07/2023	
	Vice-Chair of ICB Integrated Medicines Optimisation Committee	Fabian Society Commission on Poverty and Regional Inequality	yes	yes		direct	Commissioner	2021	current	26/08/2022	10/07/2023	
	Member of ICB Primary Care Committee	Royal Society of Arts	no	no	yes	direct	Fellow		current	26/08/2022	10/07/2023	
	Chair NCL People Board	Institute for Employment Studies Commission on the Future of Employment Support	yes	yes	no	direct	Commissioner	2022	2024	26/08/2022	10/07/2023	
		Recovery Focus (a national voluntary organisation)	no	no	no	indirect	Partner is a Trustee		current	26/08/2022	10/07/2023	
		Furzedown Project, Wandsworth, Charity no 1076087	no			direct	Trustee	24/11/2022	current	24/11/2022	10/07/2023	
		Consultancy roles	no	no	no	indirect	My partner offers consultancy across the UK to mental health services, sometimes working with NHS Trusts, local authorities or voluntary sector organisations		current	26/08/2022	10/07/2023	I would declare a specific interest if my partner at any point worked with an organisation in North Central London, and recuse myself from any discussions relating to that organisation as needed
Sarah **Morgan**	Chief People Officer Member of the Executive Member Team	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022	13/12/2023	manage contributions in line with ICB guidance
	Attend Remuneration Committee											
	Voting member Primary Care Committee											
	Member of People Board											
	Chair of People and Culture Oversight Group											
	Member of the Strategic Development and Population Health Committee											
		Fresh Visions People Ltd Charity no 1091627	no	no	yes	Direct	Trustee / Director and Chair from 6 December 2	22/04/2022	current	04/07/2022	13/12/2023	Ensure that any contractual arrangements that may involve Fresh Visions or the parent organisation Southern Housing are declared as a conflict of interest as operate out of London
		Kaleidoscope Health and Care (not for profit Social Enterprise)	no	yes	no	Direct	Member of a professional network of health and care professionals including alumni of the NHS general management graduate scheme	2016	current	13/12/2023		Manage any contractual arrangements through procurement team
		University of Birmingham, School of Social Policy, Health Services Management Centre	no	no	yes	Direct	Honorary Associate Professor	01/10/2023	current	13/12/2023		
Dr Jo **Sauvage**	Chief Medical Officer		yes	yes	yes	direct		01/07/2022	current	10/07/2022	06/07/2023	
	Member of ICS Community Partnership Forum		no	yes	no	direct			current	10/07/2022	06/07/2023	
	Member of ICB Board	London Clinical Executive Group	no	yes	no	direct	NCL Clinical Representative		current	10/07/2022	06/07/2023	
	Member of ICB Executive Management Team	London People Board	no	yes	no	direct	Commissioning Representative		current	10/07/2022	06/07/2023	
	Member of Quality and Safety Committee	London Primary Care School Board	no	yes	no	direct	ICS Representative		current	10/07/2022	06/07/2023	
	Member of the Strategy and Development Committee	London Primary Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	06/07/2023	
	Member of Primary Care Committee	London Urgent and Emergency Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	06/07/2023	
	Member of Population Health Improvement Committee	Greener NHS England, London	no	yes	no	direct	Clinical Director		current	10/07/2022	06/07/2023	
	Also participate in multiple work streams NHS England & Improvement and Health Education England, London Region:	Membership Expert Advisory Group for Evidence based interventions. Hosted by Academy of Royal Colleges	no	yes	no	direct	Member		current	10/07/2022	06/07/2023	
		Net Zero Clinical Transformation Advisory Board	no			direct	Member		current	06/07/2023		
		London Sustainability Network	yes	yes	no	direct	Clinical Director		current	06/07/2023		
		Islington GP Federation	yes	yes	yes	direct	GP Practice is a member	2016	current	10/07/2022	06/07/2023	
		City Road Medical Centre	yes	yes	yes	direct	GP Partner	06/11/2018	current	10/07/2022	06/07/2023	
		South Islington PCN	no	yes	yes	direct	GP Pracitce is a member	01/07/2019	current	01/07/2022	06/07/2023	
Dr Chris **Caldwell**	Chief Nursing Officer	Middlesex University	no	yes	no	Direct	visiting honorary Professor	30/03/2023	current	30/03/2023	14/02/2024	
	Member of ICB Board	Barnet Enfield Haringey MHT	no	no	no	indirect	daughter is an employee	01/01/2023	current	06/07/2023	14/02/2024	
	Member of Executive Management Team											
	Member of Quality and Safety Committee											
	Member of Strategy and Development Committee											

	Member of Primary Care Committee											
Sarah **McDonnell-Davies**	Executive Director of Place	No interests declared	no	no	no	no		20/06/2018	current	20/06/2018	14/07/2023	
	Member of Executive Management Team											
	Attend ICB Board of Members											
	Attend Strategy and Development Committee											
	Exec Lead for Primary Care Committee											
	Exec Lead for Integrated Medicines Optimisation Commmittee											
	attend other NCL / Borough related meetings as required											
Sarah **Rothenberg**	Director of Finance, Primary Care - NCL ICB							01/07/2022	current	05/09/2022	21/02/2024	
	Member of NCL ICB Primary Care Committee and attendee Integrated Medicines Optmisation Committee	Association of Jewish Refugees	No	No	Yes	direct	Finance Committee Member	10/07/2018	current	05/09/2022	21/02/2024	
Non- Voting Participants and Observers												
Sarah **McIlwaine**	Director of Primary Care Attend Participant Primary Care Committee and other committees as	None	N/A	N/A	N/A	N/A	none			09/10/2018	19/03/2024	
Frances **O'Callaghan** *on career break from 01/12/23 to 31/08/24*	Chief Executive of North London Integrated Care System	Labour Party	no	no	yes	direct	Member of Labour Party	25/05/2023	current	26/05/2023	26/05/2023	This declaration and any potential conflicts of interest were fully assessed by the Governance and Risk Team. Appropriate mitigating actions have been put into place and will be adhered to.'
	Member of ICB Board of Members											
	Member of ICB Finance Committee											
	Member of ICB Strategy and Development Committee											
	Member of ICB Executive Management Team											
	Member of ICB Community Partnership Forum											
	Attend other ICB Committees as necessary											
	Interim Chief Executive Officer											
Phill **Wells**									current	23/06/2022	10/07/2023	
	NCL ICB Board Member										10/07/2023	
	Member of ICB Finance Committee										10/07/2023	
	Attendee of ICB Primary Care Committee										10/07/2023	
	Member of ICB Executive Management Team											
	Member of Strategy and Development Committee	Essex County Council	no	no	no	indirect	Partner is an IT Director (ended May23)	01/09/2019	15/05/2023	21/07/2022	10/07/2023	
	Member of Procurement Oversight Group	The Air Ambulance Service	yes	yes	no	direct	Trustee and Chair of Audit and Risk Committee	01/03/2022	current	23/06/2022	10/07/2023	
Vanessa **Piper**	Assistant Director for Primary Care Contracting	None	No	No	No	No	Nil Return	13/09/2020	current	23/08/2021	14/11/2022	
Jenny **Goodridge**	Director of Quality and Chief Nurse	none	n/a	n/a	n/a	n/a	n/a			13/02/2018	20/09/2023	
	Member of Quality and Safety Committee											
	Attend Primary Care Committee											
	Attend Procurement Oversight Committee											
Albie **Stadtmiller**	Listen to Act/Healthwatch Enfield		No	Yes	No	Direct	Chief Executive	01/11/2022	current	14/02/2024		
	Attend Quality and Safety Committee											
	Attend Primary Care Committee											
John **Pritchard**	Senior Communications Manager Attendee of Primary Care Committee.	None	N/A	N/A	N/A	N/A	None			12/10/2018	15/02/2024	
Lorna **Reith**	Community Participant	Chair of Haringey Citizens Advice	No	Yes	No	Direct	Chair		current	10/11/2023		
Mark **Agathangelou**	Community Participant	No interests declared	No	No	No	No	Nil Return	13/10/2020	current	16/10/2021	08/09/2022	
Clare **Henderson**	Director of Place (East)	No interests declared	No	No	No	No	Nil Return			08/09/2022	14/02/2024	
Carol **Kumar**	Assistant Director for Primary Care Strategy and Change	Five Development Consultancy LLP	yes	n	yes	direct	partner	2014	current	02/10/2017	15/11/2023	organisation not related to NHS business
	NCL PC C&C team– Practice case logs NCL Silver EOG, PCC (as required). Barnet Borough Partnership board Barnet Resilience Forum Various other meetings for borough, BBP or ICB as needed.		no	no	no	n/a	n/a		current	07/09/2022	15/11/2023	
Anthony **Marks**	Primary Care Contracting Senior Manager	No interests declared	No	No	No	No	Nil return			30/10/2018	07/03/2024	
Dr Geoffrey **Ocen**	Member of the NCL People Board and Population Health Board, attendee of Primary Care Committee							01/10/2023	current	20/11/2023		
	Chief Executive	The Bridge Renewal Trust, a VCSE organisation in Haringey which provides health and wellbeing services across the NCL Area. Interests	yes	yes	no	direct	Chief Executive	2022	current	20/11/2023		
		Mid and South Essex ICB	yes	yes	no	direct	Associate Non Executive Member	2023	current	20/11/2023		
Simon **Wheatley**	Director of Place (East)	no interests declared	No	No	No	No	Nil return			28/05/2019	02/11/2023	
Su **Nayee**	Primary Care Contracting Senior Manager	No interests declared	No	No	No	No	Nil return			20.10.2018	10/10/2022	

Rebecca **Kingsnorth**	Assistant Director for Primary Care Programmes and Transformation Will occasionally deputise for the Director of Primary Care at the Primary Care Committee. Attendee of Primary Care Operations Group, Primary Care Strategy Group and other primary care related meetings.	Yes	No	No	Yes	Indirect	My sister-in-law is a salaried GP at one practice in North Central London	Dec-17	current	18/10/2018	28/11/2023	I will ensure I am not involved in any commissioning decisions related specifically and solely to this practice.
Kirsten **Watters**	Director of Public Health - Camden Council	Yes	No	No	Yes	Indirect	Husband is partner and shareholder at DWF LLP which is on the NHS legal resuolution panel lot 1.			11/10/2022		
Ken **Kanu**	Chief Executive, Help on Your Doorstep		yes	yes	yes	direct	Chief Executive and Company Secretary	2009	current	25/01/2023		
		NCL VCSE Alliance				direct	Member	2022	current	25/01/2023		
		Help on Your Doorstep					Delivery of social prescribing services in Islington	2019	current	25/01/2023		
		Help on Your Doorstep					Delivery of community Wellbeing Project in Islington	2019	current	25/01/2023		
Jamie (James) **Wright**	Director of Primary Care (NWL & NCL)- LMC	Local Medical Committee (Londonwide)	yes	yes	no	direct	employee of LMC		current	14/11/2022		
Duduzile **Sher Arami**	Director of Public Health, London Borough of Enfield	attendee Primary Care Committee	yes	yes	no	direct	Enfield Council			16/11/2022		
		Co Chair of Enfield Inequalities Delivery Board	no	yes	no	direct	co-chair			16/11/2022		
		Member of Enfield Borough Partnership	no	yes	no	direct	member			16/11/2022		
		Co Chair of Enfield Screening and Immunisation Delivery Board	no	yes	no	direct	co-chair			16/11/2022		
Jonathan **O'Sullivan**	Acting Director of Public Health, Islington Council	attendee Primary Care Committee	yes	yes	no	direct	Islington Council					
		Sexual Health for London – City of London Corporation	no	yes	no	direct	Director		current	28/11/2022		
		Health Determinants Research Collaborative, NIHR (lead, award to Islington Council)	no	yes	no	direct	Lead	01/10/2020	current	28/11/2022		
Dr Tamara **Djuretic**	Director of Public Health and Prevention, Barnet Council	attendee Primary Care Committee	yes	yes	no	direct	Barnet Council		current	11/12/2022		
		Population Health and Inequalities Steering Group	no	yes	no	direct	Member		current	11/12/2022		
		Borough Partnership Executive and Delivery Board	no	yes	no	direct	member		current	11/12/2022		
		other committees attend by rotation on behalf of DsPH.	no	yes	no	direct	member		current	11/12/2022		
	Director of PH at the Royal Free Group	Director of PH at the Royal Free Group	yes	yes	no	direct	Royal Free Group		current	11/12/2022		
Donna **Turnbull**	VCSE Alliance rep - Strategy and development Committee and Primary Care Committee	Voluntary Action Camden	yes	yes	no	direct	Health and Partnership Development Manager		current	26/07/2023		
		Managing and developing social prescribing service. Capacity building with Camden VCSEs to engage with health transformation /address health inequalities.							current	26/07/2023		
		AGE UK Camden	yes	yes	no	direct	Sub contractor of Age UK Camden for Camden's NCL commissioned Care Navigation and Social Prescribing Service	01/10/2018	current	26/07/2023		
		Community Action Research (Health Inequalities projects)	yes	yes	no	direct	Health Inequalities projects	01/10/2022	30/04/2023	26/07/2023		

NHS
North Central London
Integrated Care Board

NCL ICB PRIMARY CARE COMMITTEE (PCC)

Draft Minutes of Meeting held on Tuesday 22 May 2024 between 11:45am and 1pm

NCL ICB, Clerkenwell Room, 2nd Floor, Laycock Centre, Laycock St, London N1 1TH.

Voting Members	
Mr Usman Khan	Non - Executive Member & **Committee Chair**
Ms Sarah McDonnell-Davies	Executive Director of Place & **Executive lead for the Committee**
Dr Josephine Sauvage	Chief Medical Officer
Ms Chris Caldwell	Chief Nursing Officer
Ms Sarah Rothenberg	Director of Finance
Non – Voting Participants	
Ms Sarah Mcilwaine	Director of Primary Care
Mr Phill Wells	Chief Executive Officer
Dr Katie Coleman	Clinical Director for Primary Care
Ms Vanessa Piper	Assistant Director for Primary Care Contracting
Mr Anthony Marks	Primary Care Contracting Senior Manager
Ms Su Nayee	Primary Care Contracting Senior Manager
Ms Jenny Goodridge	Director of Quality
Ms Rebecca Kingsnorth	Assistant Director for Primary Care Strategy & Change
Ms Diane MacDonald	Interim NCL Estates Finance Lead
Ms Lorna Reith	Community Participant
Mr Albie Stadtmiller	Healthwatch Representative
Mr Mark Agathangelou	Community Participant
Mr Andrew Spicer	Assistant Director of Governance, Risk and Legal Services
Mr John Pritchard	Senior Communications Lead
Mr Andrew Tillbrook	MS Teams Live Producer
Mr Steve Beeho	Senior Board Secretary **(Minutes)**
Observers	
Ms Diane Paice	Chair, St Ann's PPG
Cllr Tammy Hymas	St Ann's Ward, London Borough of Haringey
Tom Foot	Local press
	Other patient representatives and members of the public
	Online observers
Apologies:	
Ms Sarah Louise Morgan	Chief People Officer
Ms Carol Kumar	Assistant Director for Primary Care Planning, Operations and Improvement
Ms Clare Henderson	Director of Place (East)
Ms Donna Turnbull	VCSE Alliance Representative
Ms Nicola Theron	Director of Estates

Mr Will Maimaris	Public Health Representative
Mr Jamie Wright	LMC Representative
Ms Liz Sayce	Non - Executive Member & Co – Chair

	INTRODUCTION
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed everyone to the meeting. Apologies were recorded as above. Diane Macdonald was unable to attend in person but would be attending and participating in the meeting 'virtually' Jamie Wright had also intended to attend 'virtually' but due to technical issues he was only able to observe the meeting and could not participate. The Committee was quorate. The Chair reminded everyone that members of the public can attend committee meetings. It is important to note that this is a meeting held in public, it is not a 'public meeting'. This means that members of the public can: ➢ Attend meetings, in person or virtually. ➢ Listen to the proceedings and observe the decision-making process. ➢ Ask questions relating to items listed on the agenda in advance by email. Where appropriate, questions would be addressed in the introduction to relevant agenda item. Formal responses will be published on the ICB website after each meeting.
1.2	**Declarations of Interests (not otherwise stated)**
1.2.1	• Committee Members were invited to note their entries on the Register of Declarations of Interest. No additions were made. • The Chair also invited members of the Committee to declare any interests in respect to the items on the agenda. No interests were declared. • The Chair invited members of the Committee to declare any gifts and hospitality received. No gifts and hospitality items were declared.
1.2.2	**The Committee NOTED the Declarations of Interest.**
1.3	**Draft Minutes of the PCC meeting of 16 April 2024**
1.3.1	The minutes of the NCL Primary Care Committee Meeting on 16 April 2024 were agreed as a true record of the meeting subject to the following changes: a) Becky Kingsnorth's job title being amended to Assistant Director of Primary Care, Strategy and Change b) Carol Kumar's job title being amended to Assistant Director for Primary Care Planning, Operations and Improvement.
1.3.2	**Subject to the two amendments, the Committee APPROVED the minutes of the meeting on 16 April 2024.**
1.4	**Action Log**
1.4.1	The Committee reviewed the action log as follows: Seven actions are in amber and due to come back to future meetings.

	One action in green had been completed and therefore recommended for closure and there was one action in blue which would be coming back to the June meeting.
1.4.2	**The Committee APPROVED the action log.**
1.5	**Virtual Decision taken to issue breach notices to AT Medics Ltd**
1.5.1	Vanessa Piper provided a brief overview of the virtual decision taken to issue breach notices to AT Medics Ltd. Detail was included under Item 2.1: • The breach notice was issued in relation to the change of control which took effect in December 2023, prior to AT Medics Ltd receiving authorisation from NCL ICB. • Committee members agreed virtually the issuance of a breach notice to AT Medics Ltd. The next steps would be discussed under 2.1. • It was noted that no breach was issued against the Extended Access contract as this was on an NHS Standard Contract form (not APMS). Next steps would be reviewed.
1.5.2	In response to a query, it was confirmed that all five London ICBs had issued breach notices to AT Medics Ltd.
1.5.3	**The Committee NOTED the virtual decision to issue a breach notice to AT Medics Ltd.**
2. BUSINESS	
2.1	**AT Medics Ltd Change of Control**
2.1.1	The Chair noted that in advance of the meeting the Committee had received questions from members of the public, a representation from Operose Health and a deputation submitted on behalf of Keep Our NHS Public. The questions (and the ICB's responses) would be published on the ICB's website. The representation would be published on the ICB's website. The questions, representation and deputation had been circulated in advance to members of the Committee. The Chair then invited the deputation to be heard.
2.1.2	Diane Paice, a patient of the St Ann's practice and Chair of its PPG, made the following points: • The information provided by the practice about staffing levels and reflected in the due diligence report, contained a series of "falsehoods". According to a definitive staff count she had received at 4pm the previous day from a manager at the practice, St Ann's has one full-time equivalent (FTE) GP for 17,000 patients. In addition, a salaried GP (Dr Choudhry) provides three sessions a week and a clinical lead (Dr Chigbo) provides four sessions a week. The remaining 8.8 sessions are covered by six locums. This results in a poor patient experience due to a lack of continuity of care. • Since the practice provided the information to the ICB, there has been a change of two locums and Dr Chigbo has tendered his resignation. Although the practice confirmed that they are in the process of recruiting a replacement, they had not divulged his resignation at a meeting eight days earlier, despite him resigning in February. Consequently, regarding levels of staffing the practice was "either lying to the PPG or the ICB. • The low staffing levels also give rise to concerns about Physician Associates being adequately supervised as it would not be practical for this to be done solely

	by Dr Chigbo; and if this is being undertaken by locums, this would not be acceptable either. • In addition, it is difficult to believe that the practice is meeting the number of appointments it claims to be meeting. • The PPG is non-existent. The practice claims that there are 19 members of its PPG. The PPG has attempted to meet three times since December 2023 and on each occasion the meeting has not been quorate as there has never been more than four members in attendance. In addition, the PPG has wanted to discuss the sale of the practice but the practice has not allowed them to. • A previous deputation had made the point that patients want change. Patients want the practice to be a properly NHS-run surgery where patients can feel assured that doctors are not interested in selling them other tests.
2.1.3	Cllr Tammy Hymas (representing St Ann's Ward in Haringey) then made the following points: • She had previously warned at a PCC meeting in 2023 of the instability that APMS contracts can bring to patients, particularly their provision by large private companies. • She had then raised concerns six months ago about Centene wanting to sell the practice. There was a lack of clarification about what was happening and reports state Centene were unable to keep going because of increased operating costs. • We now find ourselves in the position of having to issue a breach notice because companies think that they can ride roughshod over the NHS and the ICB. • The question therefore arises of what HCRG will do differently that did not make it worthwhile for Centene to run the practice, such as potentially a further reduction in the number of salaried GPs. • St Ann's is an extremely diverse and highly deprived area and patients need stability, consistency, and appointments. • When she had recently attempted to book a non-urgent GP appointment, she was informed by the practice that this could only be done by ringing the practice at 8am to try to get one on the day. This is not ideal for somebody who is working. • Over 400 local people have signed a petition stating that they do not want AT Medics Ltd/Operose Health to continue to run the practice. • While acknowledging that practices face historic challenges there has been a significant decline in services at St Ann's, particularly since 2021 when Operose took over. • The Committee is therefore being asked to consider ceasing the contract with AT Medics Ltd/Operose Health and looking at alternative provision, as outlined in the deputation.
2.1.4	The Chair thanked both presenters. He highlighted that the deputations focused on St Ann's practice and contract, but the paper under discussion covers all contracts held by NCL ICB and AT Medics Ltd. He reiterated the Committee had also received a written representation from the provider which highlights key points from them. Also questions from members of the public which the ICB had responded to.
2.15	Vanessa Piper then introduced the paper on the change of control at AT Medics Ltd, highlighting the following points: • The paper presented to the Committee provided an overview of the Operose Health/AT Medics Ltd change of control. • Operose Health submitted a formal Change of Control request to London ICBs on 30 November 2023. • The due diligence process subsequently commenced and formal responses to ICB questions were provided.

	• In March 2024, the legal team requested further information from Operose Health on behalf of the London ICBs. It was identified during this correspondence that the change of control had in fact taken effect on 28 December 2023. • Operose Health had not notified NCL ICB, the other London ICBs or other ICBs across England that they have contracts with. • The due diligence process was still ongoing, and each London ICB had begun engagement with patients, the wider public and stakeholders. • Discussions with the provider confirmed that the change of control did take place on 28 December 2023, leaving London ICBs and the other affected ICBs considering the consequences of the change of control occurring without the prior authorisation of the individual ICBs. • AT Medics Ltd hold APMS contracts with NCL ICB and an extended access hub service run under an NHS Standard contract. • The failure to obtain the ICB's approval prior to undergoing a Change of Control was a clear breach of the APMS contracts. • The voting members of the NCL ICB Primary Care Committee approved the issuance of the breach notices by virtual decision as per item 1.5 above. These have now been issued. • A breach notice has not been issued for the NHS standard contact as that contains different clauses to the APMS contract, so the next steps and actions for that contract remain under consideration. • The content of the breach notice sets out the implications of the breach that has occurred. The contract holder is asked in writing not to repeat the breach. In this case the breach is not capable of remedy. The ICB sets out in the breach notice the potential consequences of that breach which range from actions required in relation to the breach, to considering whether there are grounds for contract termination on the basis of the clauses that have been breached. • The paper contains four appendices which include detailed information. This includes the ownership structure of the companies that now own AT Medics Ltd and have control of the GP contracts and a summary of the due diligence findings prepared by the ICB's external solicitors. As the change of control has already taken effect, the Committee is not being asked to take a retrospective decision on the change of control. • The paper also includes a report on the extensive work carried out by the ICB to engage with patients, the public and stakeholders. • Finally, appendix 4 contains a high level summary of performance by practice (current position). This is not a full strategic review. • The paper presents three options for members to consider: o **Option 1: Take no further action,** recognising that the breach has already occurred, and continue with the normal APMS contract process. This would include KPI monitoring, meeting regularly with the provider, discussing any areas of under-performance and seeking assurance around any steps that will be put in place. o **Option 2: Proceed with enhanced monitoring and more regular performance review for each contract/service** – this also recognises that a breach has occurred however this option would mean enhanced monitoring and more frequent reporting to the Committee, including when any triggers or concerns are identified. o **Option 3: Terminate the contracts** – this would mean terminating the APMS contracts the ICB has with Operose Health/AT Medics Ltd. Under this option the ICB would need to consider how much notice to provide for each contract, taking into account delivery of practice services and the broader impact of any such decision.
2.1.6	The Chair noted there had previously been a Part 2 Committee discussion where members had the opportunity to discuss the notification of change of control in confidence. Taking account of all information shared the Committee, including standing

	participants, could now discuss and air their views in a meeting in public, before providing a steer on the options and next steps.
2.1.7	Committee members and participants then reflected on the paper, making the following points: • Gratitude was expressed for the work on the papers, the information circulated and the presentation of the deputation. • This is a blanket breach, but there may be circumstances that determine what happens with each contract. • The ICB must consider in detail the representation submitted by Operose Health. • Further work would be needed by Vanessa Piper on the 'mismatch' between the information provided in the representation and the deputation, looking at the full suite of contracts rather than just the ones mentioned in the deputation. • The recommendation to not provide retrospective authorisation is sensible due to the reasons set out in the paper. • In terms of the options, the first option does not sit well against the patient and stakeholder feedback received, so at the very least the ICB would need to look at enhanced monitoring. • The nature of and manner in which the breach occurred, and the length of time it took for the breach to be clarified, particularly given the due diligence process, is concerning. • The Committee has heard from the deputation that the ICB is being told one thing but the reality on the ground is different. • These things challenge the foundations of the relationship, and a clear and open relationship is needed with all primary care providers as the levers in the contract are relatively loose and primary care providers have a fairly high level of autonomy; • Looking at Option 2 there is an anxiety as to whether the ICB could meaningfully undertake this option as enhanced monitoring requires openness, transparency and trust. The breach has raised concerns around trust, data and contractual levers. If the ICB does not have reliable data now, how can it be assured that it has accurate data even under enhanced monitoring. • Operose Health have shown a deceptive and cavalier attitude to what is clearly a major breach. The due diligence process takes up a large amount of officer time and the buyer has demonstrated contempt for the rules set by the NHS to protect patients, the workforce and the public purse. • This raises concerns about the impact on patient trust in their practices. It also appears that Operose Health are not being clear about patient participation and staffing levels and are not cooperating fully. • This suggests that they are not fit to continue to operate the contracts. While recognising that ceasing the contract immediately would have major implications, it is difficult to see how the ICB can continue with them in light of this behaviour. • The position of other ICBs was queried and it was noted all ICBs who have contracts with AT Medics Ltd recently issued breach notices and all London ICBs are aiming to take the outcome of the due diligence to their equivalent Primary Care Committee meetings across May and June. We believe NCL PCC is the first to meet. • NCL ICB is committed to improving population health and reducing health inequalities and trust and confidence are integral to this. The quality oversight arrangements in primary care are more limited than those in place for NHS providers. The CQC inspection process for primary care is very different to the inspection of a hospital with a strong reliance on the triangulation of data, and transparency is central to this. The Committee will need to reflect on this point. • There was considerable public concern about the initial transfer of ownership of AT Medics Ltd to Operose Health in 2021 which was reflected to NHS North Central London Clinical Commissioning Group at the time. The Camden Patient

	and Public Engagement Group heard widespread anger and antipathy to Centene having control over local NHS services. • This breach is grave and serious. It shows bad faith on the part of those involved. As the ICB is still carrying out due diligence on this new entity the public cannot feel confident that they are a fit and proper organisation and able to carry out such important work. • Based on the deputation, AT Medics Ltd also have a patchy record. Their provision of PPGs is inadequate in some instances, despite it being a contractual obligation. • The fact that the buyer went ahead with the transfer without allowing the affected ICBs to undertake their due diligence, creates the impression that they have something to hide. It also shows their attitude to engaging with the public. • The Committee choosing Option 3 would reflect the public mood, particularly in Camden; • Based on personal clinical experience, having a service delivered purely by locums does not deliver the type of care that people should expect to receive when accessing NHS services. If the information the ICB is receiving from patients suggests this is the case, this would raise concerns so the ICB needs to do everything in its power to improve continuity of care. • The performance data in the appendix is a high level summary without any benchmarking against local averages or national targets. • A question was asked whether the ICB could triangulate AT Medics Ltd's data with other practices. A full strategic performance review of the St Ann's practice will be brought to the June 2024 meeting and the Committee will have the opportunity to see the full wealth of data and how it benchmarks. • The ICB always gives providers the opportunity as part of their Key Performance Indicator (KPI) returns to provide source data directly from their clinical system if they identify any discrepancies with the data the ICB provides to them. In terms of workforce data, the ICB asks practices to provide FTE figures, the named individual staff members and the number of sessions they work. The ICB also seeks copies of contracts under the Additional Roles Reimbursement Scheme. • A question was asked as to how responsive AT Medics Ltd have been on the ground. It was noted that on a day to day basis Operose Health leads have been extremely responsive. The ICB meets with them every two to three months and they have been very responsive providing information at short notice as part of the preparation of today's paper. The ICB has no concerns about the relationship on the ground, however, a serious breach of contract has occurred and there are clearly improvements which need to be made across the contracts. • A question was asked as to how reliable the data from the provider is. It was noted that the ICB would need to give the provider the opportunity to respond to concerns raised about staffing. In this situation the ICB would request details of staff who are actually employed and temporary staff who work within the practice. Practices are also required to input this data into the National Workforce System so that this can then be benchmarked and validated. • Unless the ICB physically goes into a practice to carry out an inspection, when it requests information, it is reliant on the provider providing true and correct information. This applies to all NCL practices. In the event of serious concerns the ICB would need to explore other ways of going into the practice to obtain this information. • One Committee member noted that further to the deputation, it should be noted as part of the wider context that there has also been disruption at Kings Cross Surgery and Somers Town, also AT Medics Ltd practices in NCL. PPGs are a core part of the GP contract and an important way of obtaining patient feedback so the issues raised in the deputation are concerning. • It is important to note that any further review or enhanced monitoring would be for the whole suite of contracts and that any potential re-procurements resulting from

	any termination would need to be carried out in the context of the new NHS Provider Selection Regime. • When the ICB was initially notified of the proposed change of control, it entered into the due diligence phase in good faith and put in its own resources, and obtained external legal advice, only to later discover that this had been a waste of taxpayer money as it was a sham process. • That lack of transparency expands into other areas of the due diligence as the new owners have restructured their debt following their purchase, including putting some debt against these organisations. As part of the ongoing due diligence process the ICB has asked for details of this debt as it needs to be assured of the financial stability of the organisation, but it is yet to receive a response. The loading of refinanced debt onto the AT Medics Ltd practices and the subsequent lack of clarification about this is a significant concern. • Ordinarily in the event of a proposed provider change the new provider would be asked to declare as part of their application any financial liabilities that could have an impact on the stability of practices, as this helps the ICB to understand any sustainability issues. Practices usually respond and provide this detail but the fact that the new buyer has not, is a matter of concern. • Going through the due diligence process with London colleagues has underlined that the first responsibility for the ICB is to understand what this means for the patient and ensure continuity of care, and this will continue to be the main priority as the process is completed. • It is disappointing and frustrating to be in this position as it is clear within the contract what should have happened and clear what has not happened. The parties should be talking about how to improve the services as part of the change of control process, not focusing on how the change has happened. • It is even more frustrating to hear about patient experiences via the deputation and whatever happens as a result of this process, needs to lead to improvements in this area. • At this stage every option needs to be available to the ICB, including the option to terminate. There is also no point considering a retrospective change of control decision. • The excellent work by Vanessa Piper and the rest of the team on leading the due diligence process with London colleagues and the transparency that has now been achieved, provides a good basis on which to proceed to make the decisions that will be needed over the coming weeks and months. • At this point every option needs to be available after the due diligence process has been concluded. • The possible implications for practice assets in the event of any insolvency issues following the loading on of debt is a significant concern and illustrates why the ICB asks providers to declare the size of any debt and its possible implications. Irrespective of the option chosen at forthcoming meetings, it is important for the ICB to understand what the debt is and its implications. This will need to be embedded into contract monitoring whatever decision is taken to be assured that there are no implications on staffing and performance going forward. • The Chair took a sense check from the room on the seriousness of the breach of contract. It was generally agreed that the breach was at the 'grave' and serious end of the spectrum.
2.1.8	The Chair thanked everybody for their contributions to the discussion and the background work which had taken place. A lot of resource has been devoted to responding to something which should not have happened, and it is important to recognise this. That said, it is important to consider the issue appropriately as an ICB. In essence this centres on patient care. The ICB is required to represent the interests of its patient community and improve population health.

	The discussion has underlined the importance of the due diligence process as it is a real and meaningful value and importance. It is clear that the breach was deliberate, over an extended period of time, and there were repeated opportunities to rectify the omission. However, this only happened after probing from ICB officers as part of the due diligence process. The Committee was being asked to note that breach letters have been issued and note the recommendation not to provide retrospective authorisation for the change of control. The Committee was being asked to approve placing of the full range of options presented under formal consideration and when it comes to the Committee providing an early steer: • There were clear concerns that Option 1 would not be sufficient in terms of the severity of the breach, although it is not being discounted at this stage. • With respect to option 2 - putting enhanced monitoring in place - it has been confirmed in the meeting that there has been a stronger level of engagement recently from the provider in terms of day-to-day dealings, which suggests that this might be a viable option. • Option 3, which proposes the termination of the contracts, would entail a lot of detailed work behind this to ensure that the best interests of patients are maintained throughout any change to the contracts. If the Committee agrees that it wishes to consider all three options, it is important to recognise that an inordinate amount of preparatory work will be required, particularly on Options 2 and 3, and therefore the Committee would not set this in motion unless it thought that Option 3 is a conceivable choice. But based on the discussion today, the Committee will keep all three options open and asks for them to be brought back to a future meeting for consideration in the round and final decision. It was suggested this work will take at least six to eight weeks.
2.1.9	The Primary Care Committee: • **NOTED** that breach letters have been issued to the provider. • **NOTED** the recommendation to not provide a retrospective authorisation for a change of control. • **NOTED** the options presented in Section 4.3 • **APPROVED** placing the full range of options presented under formal consideration.
2.1.10	Sarah McDonnell-Davies thanked everybody for their participation. She noted a full Performance Review of the St Ann's practice is already scheduled to be brought to the June meeting. She asked Vanessa Piper to take away the input from the deputation and consider it ahead of the June 2024 meeting. The goal would be look at the remaining contracts in August 2024. As part of this the Committee will need to be presented with the practical detail of what Options 2 and 3 would mean and understand how they would respond to and mitigate some of the risks and concerns expressed in the meeting.
2.1.11	It was confirmed that Vanessa Piper would work with the provider and relevant practices to ensure that patients feel assured about provision and continuity of care.
3.	**ANY OTHER BUSINESS**
3.1	No further business was discussed.
4.	**DATE OF NEXT SCHEDULED MEETING**
4.1	18 June 2024

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
Part 1 Action Log – June 2024

On Agenda	
Needs Urgent Update	
In Progress	
Completed	

Meeting Date	Action Number	Minutes Reference	Action	Lead	Deadline	Update
16.04.24	1	1.1.1	**Welcome & Apologies -** To bring the PCC Terms of Reference to the June meeting after receiving approval for minor amendments at the May ICB Board Meeting.	Andrew Spicer	**June 2024**	**11.06.24 –** The TORs have been circulated with the papers. **15.05.24** – the TORs to be circulated to the Committee.
16.04.24	2	2.1.5	**Special Allocation Scheme – APMS Contract Enquiry -** To bring back an updated SAS paper.	Anthony Marks	**August 2024**	**28.05.24** - aiming for the August meeting.
16.04.24	4	3.1.3	**Q&P Report -** To undertake a deep dive into LD health checks to better understand what is going in practices and how we support them to overcome challenges to achievement and spread best practice.	Adam Backhouse	**August 2024**	**01.05.24 -** interim feedback in June. Final update for August.
16.04.24	5	3.1.3	**Q&P Report -** To bring back a more detailed discussion about developing the Q&P report.	Adam Backhouse	**August 2024**	**01.05.24** – To form part of the Q&P item and report at the August meeting.

20.02.24	1	4.2.3	**Primary Care Workforce Report -** To discuss primary care workforce when the detail of the LTWP and funding is cascaded. Expected later in 2024.	Sarah Morgan	**December 2024**	On the forward planner for December 2024.
17.10.23	2	2.4.3	**EQIA -** Primary Care Team and Quality Team to discuss and refine application of EIA and QIA processes to Primary Care contracting.	Vanessa Piper / Jenny Goodridge	**June 2024**	**29.05.24 –** Contracts are working with the Quality team to ensure best practice and to ensure findings inform recommendations and actions. There is a wider review of ICB processes which will pick up how these assessments are factored into outputs for governance. This will not be complete until the end of the year. ***[Recommend due date amended to April 25]***
21.02.23	2	4.1.3	**PCC Risk Register -** To look into risk *PERF22: Failure to manage impact of increased building costs on General Practice estate.*	Nicola Theron / Sarah Rothenburg	**June 2024**	**29.05.24 –** A deep dive paper went to the PCC Part 2 meeting in February 2024. A paper appropriate for the part 1 public committee is being developed using NCL analysis of the estate and this will be ready in Autumn. The committee risk should also be reviewed under this item on the agenda. Inflationary pressures have eased, and the committee may want to amend the risk to read *"failure to actively plan and support development of the General Practice estate"*

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
18 June 2024

Report Title	St Ann's Road Surgery – APMS Contract Expiry & Strategic & Performance Review	**Date of report**	20 May 2024	**Agenda Item**	2.1
Lead Director / Manager	Vanessa Piper, Assistant Director of Primary Care	**Email / Tel**		vanessa.piper@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Vanessa Piper, Assistant Director of Primary Care	**Email / Tel**		vanessa.piper@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance	**Summary of Financial Implications** There would be no direct financial implications of implementing either Option 1 or Option 2 as both would result in the continuation of an APMS contract and an APMS contract has been included in the Delegated Primary Care budget. However Option 2, procurement of a new contract, would be more resource intensive for the ICB. Option 3 has the potential to result in emergency caretaking which would attract a premium.			
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** Not applicable.			
Report Summary	This paper provides the latest Strategic and Performance Review of the St Ann's Road Surgery APMS contract. This follows a one-year extension approved by Committee in June 2023 and expiring 30 June 2024. St Ann's Road Surgery is a Haringey practice with a current list size of 16,071 patients. It is located in Tottenham between Seven Sisters and Green Lanes. The contract is run by AT Medics Ltd. The current APMS contract commenced on 1 July 2017 with a term of 5 + 5 years. A Strategic and Performance review was referred to Committee at the end of the first five year period in 2022. Since then one year extensions have been granted as the Committee sought improvements in key areas of performance and patient feedback (in 2023 and now 2024). In previous reviews the Committee identified areas for the provider to address including:				

	• The shortfall in GP whole time equivalent (WTE) capacity of 3-5 WTE GPs • A shortfall in GP appointments (approx. 432 GP appointments per week) • The shortfall in nursing appointments (approx.241 appointments per week) • Under-performance in 7 / 8 Immunisation & Screening Key Performance Indicators (KPIs) e.g. between 10-30% below National targets. Three of these 8 are also below local averages. • Higher levels of dissatisfaction shown in the National GP patient survey (2022) and local ICB Patient Survey (2023) in areas such as access, appointments and communication and engagement. • Feedback on the PPG and patient communication and engagement. This paper presents the findings of the full Strategic and Performance Review carried out by the ICB to establish the current position of the practice and its performance against contract requirements and Committee conditions (using a range of data including local averages and National targets). The review recaps performance over the life-term of the contract, however there is also a focus on the extent to which the provider has met the conditions set during the single year extensions granted for 2022 and 2023. The ICB also wrote to all patients in January 2024, in line with Committee's request, to seek contemporary views on the delivery of services in the practice. The survey was made available in the practice, via text message and the practice website. It should be noted that for some KPIs data for 23/24 is not yet available from NHSE data sources, which are used as standard in these reviews by the NCL primary care contracting team. For these KPIs we have used the most contemporary dataset published by NHSE and also benchmarked against national acceptable levels of achievement. Given the above we have also requested and reviewed data directly from the provider and this is also covered in the report. AT Medics and Operose have engaged with the ICB - submitting action plans, submitting KPI returns when required, responding to requests for information and attending meetings. They have shared regular updates and submitted a representation to the May PCC with a significant focus on work at St Ann's over recent months. In summary – this Strategic and Performance Review (May 2024) has highlighted the following: • Nursing appointments: there is still a slight (48 per week) shortfall • Breast and Bowel screening: there was a further decline in coverage against local averages from 21/22 to 23/24. • For Flu and Pneumococcal and there has been a further decline in coverage against local averages from 2021/22 to 2023/24 • For Childhood immunisations, (2 years old) there has been an increase of 10% on the previous year, however it remains below national target and the achievement in 2020/21. • For Childhood immunisations, (5 years old) there has been a small increase verses the previous year, but it remains 15% lower than achievement in 20/21 and below national target. • Screening and Immunisation:

	• In April 2023 (PCC meeting) St Ann's practice had 4 /8 indicators below local averages (21/22 data); there are now 7 out of 8 indicators below local averages (22/23 data) Data for 23/24 is unavailable at this stage. • The rate of the decline over 6 years in comparison to local averages was 10-20%. • Against National targets, the practice achieved below target in 2022/23 for all measures (23/24 practice submission - shows achievement remains below national target in all measures) • For Long Term condition management, there were 7 disease domains with High Personalised Care Adjustment (PCA) rates; there has been an increase from 2021 (20/21 two disease domains, 21/22 seven disease domains). • Patient satisfaction declined from July 2022 to 2023 (National GP Patient Survey) • Patient surveys run nationally or by the ICB have showed a decline over the last few years including in satisfaction around appointments, getting through on the phone, appointment times and overall experience. The concerns raised in these surveys do align to stakeholder feedback given locally. Although the survey run by the practice has shown some improvement in these areas and this is included in the report for reference. The latest data has been drawn from the practice, National Workforce Reporting System (NWRS). On workforce June data suggests the practice has: • 4.87 whole time equivalent (WTE) GPs, • 2.97 WTE Nurses, • 6.3 WTE Direct Patient Care staff • 7.9 WTE Administrative staff. Compared to January 2023 this shows the practice increased its GP and Direct Patient Care capacity, however there was a decrease in Nursing and Administration. When asked for a further update on workforce numbers, data from the practice showed a small increase in Nursing whole time equivalent (WTE) to 2.97, however it also demonstrated a significant variation over the period in GP WTE, which ranged from 8.8 to 4.87 at different data collection points. When queried, the practice stated the WTE should be recorded at 5.22. The figures are drawn from practice-submitted data using the National Workforce Reporting System and reports submitted directly by the providers. The workforce numbers – especially the GP WTE – continue to fluctuate considerably. The Practice report they are recruiting but have also reported GP resignations. Patient and stakeholder feedback received throughout the duration of the extension has also flagged workforce capacity and consistency as a major concern. Factors that could impact practice performance do need to be taken into consideration when reviewing the contract. These include the 27.8% increase in the patient list over the last six years, the impact during the contract term of the Covid 19 pandemic, including changes to the general practice model of delivery (for example the shift to digital), challenges with staff recruitment and retention, the overall increase in demand for primary care appointments and challenges across all practices delivering National Targets. It should be noted that no Remedial or Breach Notices were issued during the first six years of the contract. In the last two years, one-year contract extensions with improvement plans have been issued each year. However in May 2024

	PCC members approved the issuance of a Breach Notice to all AT Medics APMS contracts, including St Ann's Road Surgery, for enacting a Change of Control without prior authorisation from the ICB. This was deemed as a serious breach of contract, due to failure to comply with the due diligence governance process and failure to notify the ICB for three months. This report developed for Committee includes analysis of all areas included as standard in an APMS Strategic and Performance Review. **Options available to Committee** Having considered the review and recognising the current contract is due to expire on 30 June 2024, PCC members are required to consider the following three options: **1. Extension of the contract – up to 3 years available** The contract was procured for 5 + 5 years and commenced on 1 July 2017. PCC members could consider an extension of up to 3 years. Given the further reduction in performance despite two improvement plan processes, should this option be approved, it is recommended that more formal contractual action (a Remedial Notice) is considered alongside this to recognise the further reduction in performance against key indicators. **2. Procure a new contract** Committee members could choose to reprocure the contract on the basis of performance over the initial 5 years and subsequent annual extensions. If the Committee agrees this option, we will notify the provider of this decision. Given the end date of 30 June 2024 for the current contract, service coverage would be needed during the period of procurement. We would ask the current provider to continue to run the practice for up to 12 months. If they choose not to accept this, we would need to rapidly move into caretaking. **3. Do Nothing (allow the contract to end without further action)** This is not a viable option; the contract expires on 30 June 2024; therefore there would be no access for the patient list on 1 July. A decision has to be taken by PCC members; the patient list is 16,071 and has grown 30% since contract commencement. Therefore, list dispersal is not a viable option. **Recommendation** Based on the information gathered during the full Strategic and Performance Review, option two is recommended. This is recommended as there has been either a decline or limited improvement in key performance indicators and in areas the Committee has previously highlighted for improvement. Exercising this option would require a conversation with the provider with a view to extending for up to 12 months to allow a review and reprocurement process to be undertaken.
Recommendation	The Committee members are asked to **APPROVE:** • Option 2 – re-procurement. • An extension of up to 12 months to allow for review and re-procurement of the contract.

Identified Risks and Risk Management Actions	Risk: If the Committee does not reach a decision, this risks caretaking or dispersal of up to 16,071 patients. This will impact access to services, continuity of care, workforce and premises. Mitigation: Committee to reach a decision in June and discuss next steps with the provider.
Conflicts of Interest	Not applicable.
Resource Implications	Option 2 re-procurement would be more resource intensive than the other options presented.
Engagement	Patient and Stakeholder engagement was conducted, and the outcome has been appended to this report.
Equality Impact Analysis	If Committee members' decision is to procure a new contract, an Equality Impact Assessment will be carried out as part of the refresh of requirements and procurement process.
Report History and Key Decisions	• December 2022 • April 2023
Next Steps	Engage the provider following Committee decision. Take steps to extend the contract. Communicate as needed with patients and stakeholders. If option 1 is chosen, bring back the final recommendation on a potential Remedial Notice. If option 2 is chosen, bring back the detailed plan for procurement. This would incorporate a contract extension or caretaking arrangement for the duration of the procurement and determination of the appropriate Provider Selection Regime pathway. Any procurement would be referred to the ICB Procurement Oversight Group for scrutiny before launch.
Appendices	Not applicable.

Strategic and Performance Review - St Anns Road Surgery Haringey

1. Background to the Practice

St Ann's Road Surgery is a Haringey practice with a current list size of 16,071 patients located in Tottenham between Seven Sisters and Green Lanes. The APMS contract has been run by AT Medics Ltd since 2017. The practice is in N15 South East Haringey PCN, comprising of 5 practices with a list of 48,201 patients.

The patient list size has grown 27.8% since the start of the contract. The patients predominantly live within one mile of the practice, with a higher proportion of patients living north, northeast and northwest of the practice – mainly around South Tottenham, West Green and Harringay. It should be noted, however, that the registered population is scattered quite widely, as far as Noel Park, Tottenham Hale, Stroud Green, Craven Walk and Stamford Hill.

The practice is signed up to provide all available Enhanced Services to their patients with the exception of Minor Surgery. It also participates in the Primary Care Access Recovery Programme.

The contract was awarded to AT Medics Limited for an initial five years with provision to extend for a further five years up to 30 June 2027.

The Primary Care Committee (PCC) has previously reviewed performance ahead of natural breaks in the contract. It has previously approved two single-year extensions (1 July 2022 to 30 June 2023 and again 1 July 2023 to 30 June 2024) with conditions and recommendations.

The contract is currently in year 7 of a maximum 10 year term so has up to 3 years remaining. Previous Committee decisions (December 2021 and April 2023) and contract extensions were made on the basis that:

- Practice performance was monitored via KPI quarterly submissions and annual review processes with referral back to the Committee.
- Where patients were least satisfied, AT Medics should produce an action plan and address these concerns monitored by the ICB.
- A further patient survey would be carried out by the ICB within 9 months of the Committee decision of 2023 to seek patient views on any changes being implemented by the provider.
- The full Strategic and Performance Review (including data from patient surveys) would be brought back to Committee.

This report presents the full review and highlights changes since the last decision was taken. The report provides three options and makes the recommendation that a new contract is procured. If Committee approve the recommendation, AT Medics will be asked to extend current arrangements for up to 12 months to support ongoing delivery of services and to allow for a review and re-procurement process to be undertaken.

2. The Strategic and Performance Review process

In undertaking this review the primary care team has incorporated a variety of data drawn from NHS reporting, contractual monitoring, practice submission as well as patient feedback.

The key information analysed as standard in an APMS Strategic and Performance Review is:

1. Population need / demand - the need to retain the practice in the area taking into consideration any resident population growth.

2. Finance - current contract price and key financial considerations to assess the continued viability of the contract.
3. Premises considerations (i.e. operating from fit for purpose building and any strategic estates plans)
4. Feedback from patients - on the delivery of services (national survey/comments online and local survey for patients registered at the practices)
5. Wider stakeholder feedback
6. Key Performance Indicators (KPI) - performance against KPIs within the contract benchmarked against a standard measure (e.g. national targets, local averages)
7. Workforce – number and key characteristics
8. Appointments
9. Long Term condition management - Quality and Outcome Framework (QOF)
10. Other Local and National targets (Immunisations, cervical and other screening etc.)
11. Care Quality Commission (CQC) rating
12. Patient and Stakeholder views

2.1 Population need and demand

Haringey is a highly diverse borough with 38% of residents from a BAME group and 26% of residents who identify as "White other". It is the 4th most deprived borough in London, with pockets of significant deprivation including around Tottenham.

The Haringey population has a gender split of 51.8% males to 48.2% females and there are over 180 languages spoken within the borough. It is estimated 30% of Haringey residents do not have English as a first language.

The practice's registered list is expected to grow significantly over time. The total resident population in Haringey is projected to grow by 6.3% over the next 10 years to 280,000 residents, with the largest growth in the older age groups (65+). The over 65+ population will see an increased concentration in the west of the Borough. The proportion of residents aged under 18 is not expected to change substantially (*Haringey at a Glance, published by London Borough of Haringey December 2022*).

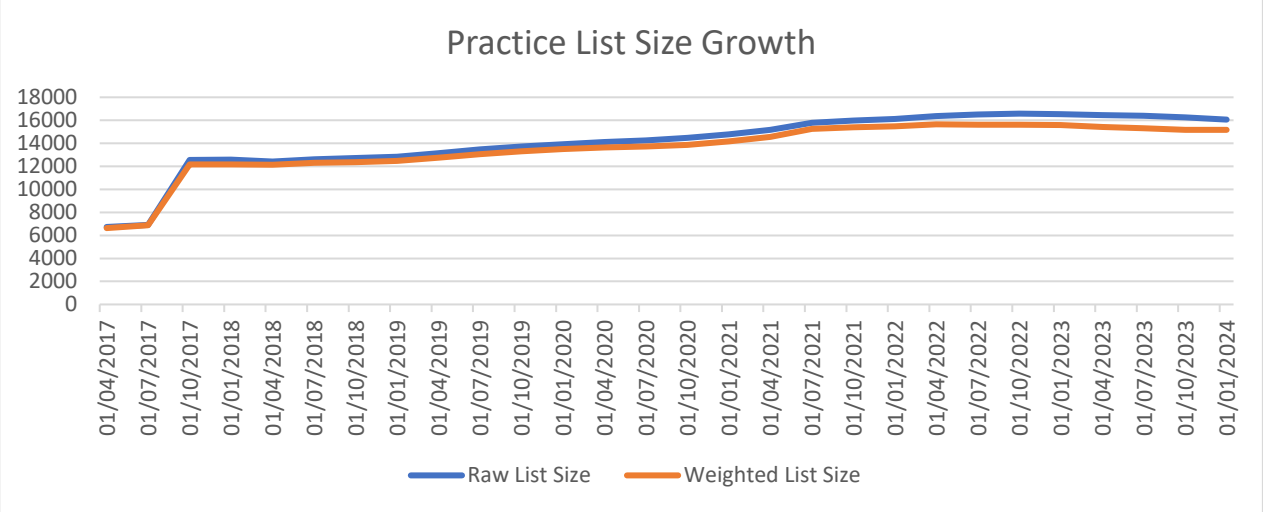
The table below provides the St Ann's Ward population growth. The data shows that the projected resident ward population growth will be slightly higher than it was between 2011-2019 at 9.6% between 2019 - 2029.

Population Growth Analysis	**St. Ann's Road Surgery**
Ward	St. Ann's
Estimated population growth between 2011 – 2019	7.7%
Projected Population growth by 2029	9.6% (1,520 Persons)

On top of this, we expect to see population growth from housing and redevelopment.

The practice's current list size is 16,071 (January 2024). During January 2022 to January 2023 there was a slight decrease of -2.82% in the list. However, with that exception, there has been a year-on-year percentage increase with an overall growth of (27.83%) from January 2017 (contract commencement) to January 2024.

Year	Apr		Jul		Oct		Jan		Raw % Increase /Decrease	Weighted % Increase /Decrease	Timescales
	Raw	Weighted	Raw	Weighted	Raw	Weighted	Raw	Weighted			
2017	6733	6635	6921	6894	12558	12164	12572	12172	2.15	2.38	% increase from Jan 2017 to Jan 2018
2018	12423	12130	12625	12297	12727	12364	12842	12462	8.36	8.37	% increase from Jan 2018 to Jan 2019
2019	13144	12754	13464	13063	13713	13306	13916	13505	6.28	4.84	% increase from Jan 2019 to Jan 2020
2020	14108	13642	14244	13726	14487	13877	14790	14159	9.01	9.39	% increase from Jan 2020 to Jan 2021
2021	15178	14565	15797	15247	15970	15409	16123	15489	2.57	0.6	% increase from Jan 2021 to Jan 2022
2022	16370	15653	16496	15623	16583	15632	16538	15581	-2.82	-2.54	% increase from Jan 2022 to Jan 2023
2023	16458	15426	16387	15301	16256	15167	16071	15181	27.83	24.72	% increase from Jan 2017 to Jan 2024



There is a need for the practice team and delivery model to take account of the diversity within the registered list and to consider how active integration with local community and voluntary organisations can support outcomes and work to meet the needs of the diverse population.

2.2 Finance

The APMS budget incorporates what is termed a Global Sum and London price per raw patient, which is consistent with the funding arrangements for a General Medical Services (GMS) and Primary Medical Services (PMS) NHS contracts.

Earlier versions of the APMS contracts included a risk premium (£5.00 per weighted patient) and APMS mandatory services premium (£7.57 per weighted patient). The risk premium is included due to the short-term nature of the contract (5 + 5 years) and the mandatory services premium was offered to support key contractual requirements and Saturday opening hours.

APMS contracts also include a suite of Key Performance Indicators (KPIs) reimbursed at £5.35 per weighted patient based on achievement. Where there is underperformance, the ICB can apply a financial clawback. Over the 6 years of the St Anns Road Surgery contract the funds clawed back from the provider has been a total of £70,166.59 (on average £11,694 per annum). The average clawback for NCL APMS contracts is £5,637. Multiple factors impact KPI performance and clawback including list size, workforce, patient health needs.

The figures below cover core contract funding only and the practice would also be offered and delivering other primary care enhanced services and contracts (national and local i.e. Directed Enhanced and Locally Commissioned Services).

Table 1 – Current contract practices & Financial Considerations

Key Area	**St. Ann's Road Surgery (Y02117)**

Global sum payment	£107.57
Out of Hours Opt Out (*netted off where the ICB commissions Out of Hours services rather than the provider*)	-£5.11
London price per raw patient	£2.18
Risk Premium	£5.00
APMS mandatory / premium services	£7.57
KPI per patient	£5.35
Price does not include Support Supplement	List size is greater than 6,000 and does not attract Support Supplement
Current Standard APMS contract price per weighted patient	**£127.67**

The above values remain the same throughout the life of the contract except for global sum which is subject to nationally agreed annual uplift. Out of Hours opt out is subject to changes published in the Statement of Financial Entitlement Regulations which govern GP payments. Local discretion would be available at reprocurement for APMS mandatory/premium services to be amended.

2.3 Premises considerations

The practice operates from the Laurels Healthy Living Health Centre, a purpose built two storey health centre. It is located on St Ann's Road (South Haringey) and there are good transport links. There are 2 bus routes (67 and 341) and the nearest train station is 0.8 miles and 17 minutes walking distance.

There is a strategic need to retain the site for primary care use due to need in the area and the continued list size growth. The premises remain fit for purpose for delivery of primary care services. There are community providers that also deliver services in the building. The practice operates under a lease which is currently due to expire in 2028, subject to negotiated lease extension.

The St Ann's Hospital in St Ann's ward is planned to undergo redevelopment with at least 930 homes built.[1] This would result in a potential resident population growth of 3,720. The St. Ann's Road Surgery is just 0.2-mile from St. Ann's Hospital therefore it is expected that the list size will increase further over time (residential developments should complete in Spring 2030). Section 106 funding has been secured as a contribution towards any alterations to the health centre to accommodate potential list size growth.

St Ann's Road Surgery currently operates from 13 clinical rooms. In June 2021, Committee approved additional clinical space to accommodate growth in the list. The practice list size is 16,071 (January 2024) and this represents 28% growth from when the contract commenced in 2017. With the practice operating from 13 clinical rooms and a list size of 16,071 patients this

[1] NHS London Healthy Urban Development Unit (LHUDU)

provides a ratio of 1 room: 1,236 patients. When assessed against the recommended guide (Health Building Note HBN1) this ratio is acceptable.

The practice operates from the ground and first floor, the premises has disability access with a ramp leading up to the building and there are lifts within the site.

There are 11 practices within a mile from the St. Ann's Road Surgery in NCL ICB and 4 practices within the NEL ICB area.

2.4 Workforce

As part of the review, the ICB assesses the total workforce against key contractual requirements around appointments and against the registered list size, delivery of services and performance of the practice. The contract states the contractor must have sufficient staffing levels to meet the needs of the patient list. It requires a minimum GP provision of 72 appointments per 1000 patients per week, and 32 Nurse appointments per 1000 patients per week. This is reported by the practice on the National Workforce Reporting Service monthly and quarterly through KPI returns.

From 2022/23 onwards workforce KPI performance has dropped, and an improvement plan has been requested. Clawback of the workforce KPI aspiration payment was made. Patients have raised access as a particular issue at the practice. They sight the lack of permanent GPs employed, use of locums and difficulty getting an appointment as areas of dissatisfaction.

Primary care employs a range of roles to meet patient need. This has been further supported by the Primary Care Network Directed Enhanced Service (PCN DES) which enables practices working within a network to jointly employ a range of prescribed additional roles, e.g. pharmacists, social prescribing link workers, health and wellbeing coaches, dietitians. These additional roles are recruited above the core GP and Nursing workforce.

Workforce pressures in primary care are understood (recruitment, retention, an ageing GP workforce) and there are a number of initiatives in place to support all NCL practices via the NCL Training Hub.

Based on the information on the National Workforce Reporting System (NWRS) website, the number of GP and Nursing staff employed by St Ann's Road Surgery per 1000 patients is comparable to the NCL and National Averages.

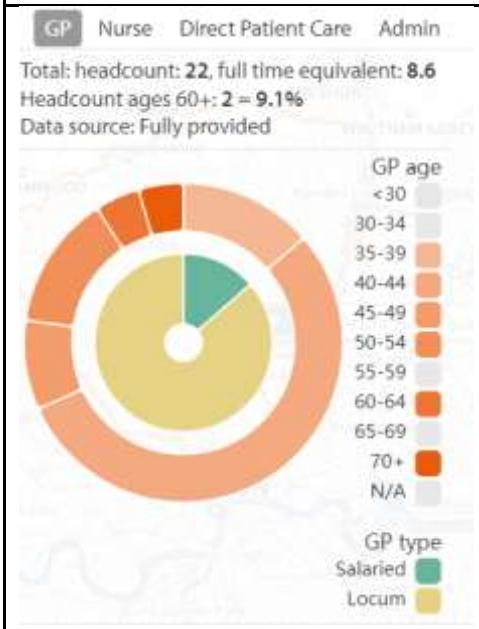
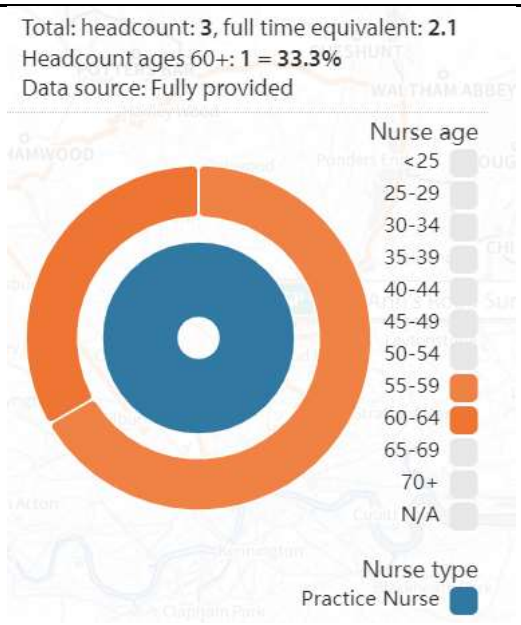
			Per 1000 patients			
Staff Group	**April 2024 practice declaration WTE**	**June 2024 practice declaration WTE**	**St Ann's Road Surgery (April 2024)**	**St Ann's Road Surgery (June 2024)**	**NCL Local average**	**National average**
GP	8.8	4.87	0.5	0.3	0.52	0.45
Nurse	2.5	2.97	0.15	0.18	0.11	0.25

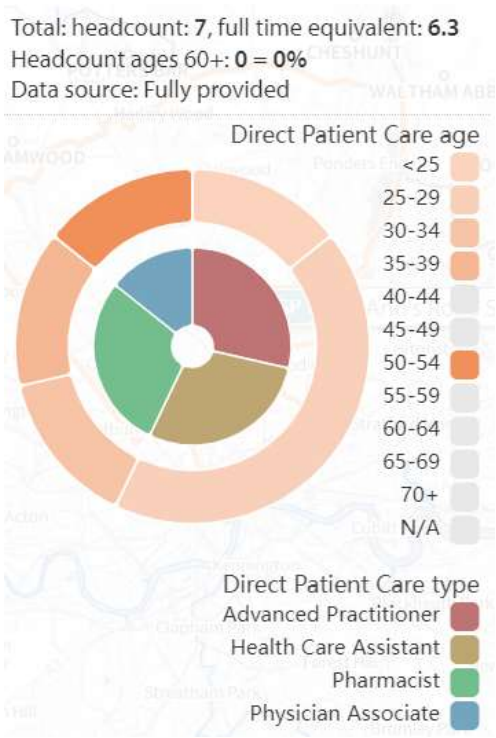
Other health care professional	6.5	4.8	N/A	N/A	n/a	n/a
Administration	13	11.95	0.8	0.74	n/a	n/a

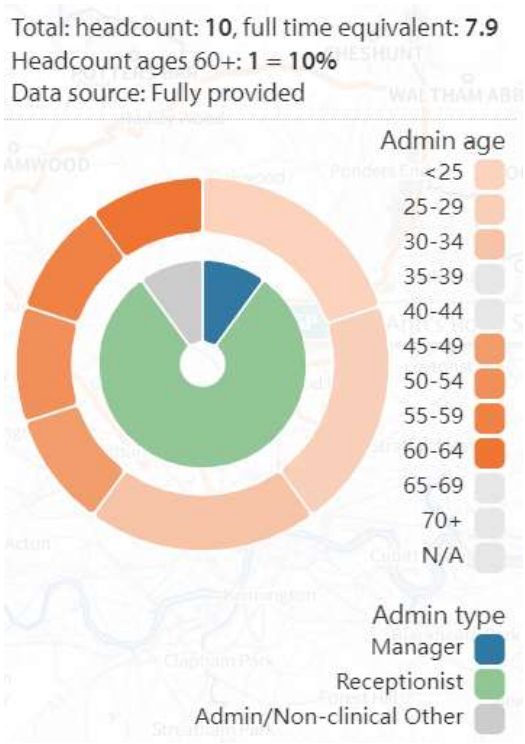
The practice employees a range of staff which is common in modern practice teams. These include Health Care Assistant (1.8 WTE), Pharmacist (2.9 WTE) and Physician Associates (1.8 WTE). There are no local or national benchmarks for other healthcare professionals or administrative staff. Roles are recruited directly and under the Additional Roles Reimbursement Scheme and terms of the PCN Directed Enhanced Service (DES). Numbers are determined by the Primary Care Network (PCN) list size and directly by practices.

It should be noted that the commissioners have made regular requests for workforce data over recent months - despite this being a relatively short period of time, the numbers of WTE have fluctuated considerably during this period.

The table below provides further insight into the age ranges of the staff employed at St Ann's Road Surgery which is commonly used to assess the risk of potential retirements in the next few years and impact on staff retention.

Practice Staff	
Data source	NHS Digital practice workforce
GP	Nurse
	
Direct Patient Care	Admin





Practice Workforce Illustration on the National Workforce System 30 April 2024

Contract monitoring does not include staff retention.

2.5 Appointments

The APMS contract sets out the number of GP and Nursing appointments that should be delivered per week. It requires a minimum GP provision of 72 appointments per 1000 patients per week, and 32 Nurse appointments per 1000 patients per week. The provision of these appointments is monitored through quarterly KPI declaration for APMS contracts covering appointments booked. This data is lifted directly from the practices clinical system.

There are no benchmarks for appointments for other healthcare professionals.

Over the first 5 years of the contract term the practice has achieved Band A and B for nurse and GP Consultations, which means they have exceeded the 72 GP and 32 Nursing appointments. The practice achieved Band D for GP (22/23) and Nurses (23/24) appointments, which means they were delivering below the minimum contract requirement.

In their deputation to May 2024 PCC, the practice stated they delivered 4,028 appointments per week (March 2024), this includes all appointment types offered by all patient facing staff. Based on the practice response (March 2024) they are providing in excess of the 72/1000 GP appointments but are slightly below for nursing.

App per week	St Ann's Road Surgery (March 2024)	APMS Contract clause	Practice providing above / below

GP (72 appointments / 1000 patients)	1,395	1,158	Above by 237 app / week
Nursing (32 app / 1000 patients)	354	402	Below by 48 app / week
Healthcare assistant	178	n/a	n/a
Pharmacists	543	n/a	n/a
Physician Associate	271	n/a	n/a
Online Consultation (February data supplied by practice)	1,287	n/a	n/a
Total appointments	**4028**	**n/a**	**n/a**

The practice state online consultations are triaged by a GP at St Anns Surgery and the patient then has the appropriate follow up (signposting, appointment with a practice clinician, self care advice). The practice submission described in April 2024, following triage 13.46% of online consultations were booked in as a face to face with a GP, 18.91% were booked in as a telephone call with a GP.

2.6 Practice Performance

The ICB looks at a range of indicators and requirements to assess overall performance. APMS contracts contain key performance indicators (clinical and non-clinical) which form the basis for performance management and contract decisions. In these reviews we also take account of performance against frameworks such as QOF and reports from CQC. The contract includes 8 clinical KPI, 2 access KPI and 3 KPI covering patient voice/satisfaction, which are summarised below. Performance against these KPI is detailed at 2.6.4 below.

- Vaccination and Immunisations (Flu, Pnemoccal, 2 and 5 year old)
- Screening (Breast, Bowel and Cervical)
- Consulations (GP and Nurse)
- Patient Voice (Overall experience, recommendation, receptionists, telephone and waiting time)

The ICB approaches the provider ahead of any formal review to request data and ensure they have opportunity to feed into the report and the PCC.

During the last two years, whilst the practice contract has been on a 12-month extension, the ICB has maintained regular contact with the practice and undertaken contract reviews in year. The practice is also part of the National Primary Care Access Recovery Plan programme being run across all practices.

2.6.1 CQC

The CQC inspects practices under the Health and Social Care Regulations which is separate to the Primary Care Contract regulations which the ICB monitors practices against. The ICB is required to take contractual action for any practice that has been rated *requires improvement* or *inadequate* by the CQC as the Regulator. The ICB regularly meets with the CQC to share

intelligence. St Ann's Road practice has remained overall *Good* in all domains (Safe, Effective, Caring, Responsive and Well Led) having been inspected October 2017 and November 2022.

2.6.2 Quality Outcome Framework QOF [2]

Practice end of year QOF achievements are published in October each year. This means for the purposes of this report the most recent complete dataset is for 17/18 to 22/23. 2023/24 data is available at practice level until the national publication in October. This provides an indication of practice performance before benchmarking. QOF data is then extracted over several prior years to review the trend in practice performance, for the basis of this report QOF performance has been presented from 20/21 to 22/23.

The management of long-term conditions has been reviewed using the indicators within the Quality and Outcome Framework (QOF) and compared to the ICB and England averages.

Overall, there have been improvements in the practice's overall Total QOF achievement, since the contract has been extended on an annual basis from 20/21 (81.98%) to 22/23 (98.31%) however achievement has declined in 23/24 (92.30%).

Total achievement

Year	Total achievement	% change	% above ICB / England average
17/18	99.0%	0.5%	4.6% above ICB/ 3.9% above England
18/19	100%	+0.1%	5.02% above ICB / 3.8% England
19/20	100%	0%	4.8% above ICB / 4.49% above England
20/21	83.01%	-16.99%	16.75% above ICB
21/22	89.92%	+6.91%	1.45% above ICB / 1.9% below England
22/23	93.26%	+3.34%	4.54% above ICB average / 2.9% above England
23/24	92.30%	-0.96%	Validated data is published by NHS Digital in October 2024

Overall, for St Ann's Road Surgery QOF total achievement has remained above the ICB and England average for the life of the contract. There were no concerns identified with the Clinical Domain and Prevalence disease registers, indicating patients are being recalled and identified.

Clinical Domains

The clinical domain registers provide an indication of systematic coding and call/recall of patients by the practice for key patient groups. If there is evidence of a register being significantly below average then the practice is asked to review the effectiveness of their processes.

There were no concerns with the practice's clinical domain achievement; none of the registers were below the ICB and / or England averages for 17/18 to 22/23. Achievement for 23/24 has increased however benchmarking data is not available at this time.

Year	Total achievement	% change	% above ICB / England average
17/18	99.9%	0.5%	2.2% above ICB /2.2 above England

[2] https://qof.digital.nhs.uk/

18/19	100%	+0.01%	5.3% Above ICB / 4% above England
19/20	100%	0%	5.31% Above ICB / 5.37% above England
20/21	81.98%	-18.02%	24.54% above ICB
21/22	100.00%	+18.02%	4.79% above ICB / 4.61% above England
22/23	98.31%	-1.69%	4.18% above ICB / 5.37% above England
23/24	98.80%	+0.49%	Validated data is published by NHS Digital in October 2024

Personalised Care Adjustment Rates (PCA)

The PCA rate shows the percentage of patients that have been excluded by the practice from the denominator on the register. There is a risk that patients can be lost to follow up if not coded correctly, reviewed or called/recalled by the practice once a PCA has been applied.

If there is evidence of high rates of PCA's being applied, then a practice is requested to audit to ensure the correct codes have been applied and patients have been identified and called/recalled effectively.

For St Ann's there were 8 disease domains with indicators with high PCA rates (22/23) - higher than the ICB and / or England averages, some significantly higher.

PCA rate > 5% above ICB and / or England average (2022/23)

Clinical Domains	17/18	18/19	19/20	20/21	21/22	22/23
Asthma						45.71%
Atrial fibrillation						5.29%
Dementia	5.6%					
Depression	16.4%					
Diabetes Mellitus		6.77%	11.32%		7.69%	6.1%
		7.56%	7.42 %		6.61%	18.62%
			10.7%			
Hypertension						16.85%
						6.29%
Mental Health						
Non-diabetic hyperglycaemia						7.52%
Osteoporosis		23.33%				
Peripheral arterial disease		10.68%				
Rheumatoid arthritis					5.87%	
Stroke and Transient Ischaemic Attack		7.82%	6.2 %			6.39%
		6.09%				
Total clinical disease domains with indicators	2	6	4	0	3	8

>5% above ICB average						

For 2022/23 81 out of 179 practices are above the NCL ICB average PCA rate of 7.35 (45.25%), and 86 out of 179 practices are above the England average PCA rate of 6.78 (48.04%)

PCA rates are considered for any performance review of GP contracts regardless of contract type. Where PCA rates are consistently higher than greater ICB and /or England Averages this will trigger review and follow up as part of improvement plan considered in the wider context of prevalence and QOF achievement.

Disease Prevalence registers

The disease prevalence registers provide an indication of systematic review of the disease registers and case finding by the practice. If the practice data shows low numbers of diagnoses against expected prevalence rates and ICB and / or England averages, then the practice is requested to carry out a systematic review to identify new cases of disease, where health checks may not have been carried out and ensure coding to enable call/recall.

There were no concerns with the practice's Prevalence Disease registers, none of the registers were below the ICB and / England average from 2017/18 to 2023/24.

2.6.3 Screening, Vaccination and Immunisation

Practices are required to deliver National Screening and Immunisation Programmes, which include Breast, Bowel and Cervical screening. Flu, Pneumococcal and Childhood vaccination and Immunisation programmes.

Breast and Bowel screening is managed nationally in terms of patient invites, but practices are required to identify and contact patients who do not attend and/ or who cancel their screening appointments. Practices are also required to support public health promotion of screening to encourage patients to continue to attend the screening invites.

Practice coverage (i.e. number of patients screened and immunised) is measured against the ICB average and National targets. Practice coverage can be affected by a range of factors e.g. patient hesitancy, patients declining or failing to attend. For the financial years 20/21 and 21/22 primary care was impacted by the Covid-19 pandemic.

Screening – St Ann's practice coverage compared to the ICB average

The tables below provide the practice's coverage for 7 financial years compared against the ICB average (all NCL practices) where available. The figures highlighted in green are St Ann's Road Surgery percentage coverage above the ICB averages. Public health data for 23/24 is not yet available, the practice has submitted their own data which has yet to be benchmarked.

KPI	17/18 %	NCL ICB Average %	18/19 %	NCL ICB Average %	19/20 %	NCL ICB Average %	20/21 %	NCL ICB Average %
Bowel cancer screening	39.50	46.40	38.50	46.60	60.60	50.90	57.50	54.20
Breast cancer screening	63.20	62.60	59.10	57.80	64.10	59.60	61.60	46.50

Cervical cancer screening	62.90	63.20	66.70	63.70	69.60	63.90	71.00	67.00

KPI	21/22 %	NCL ICB Average %	22/23 %	NCL ICB Average %	23/24 (practice data) %	% Change (Practice achievement - 2017/18 – 2023/24)
Bowel	57.80	59.10	52.30	60.90	55.00	+15.50
Breast	59.00	51.50	44.50	49.10	46.00	-17.20
Cervical	67.25	61.80	61.80	61.00	61.00	-1.90

In summary

- Bowel screening - Above for 2 years and declined in 22/23 there has been small increase in 23/24; overall there has been 15.50% increase in coverage from contract commencement, but in 21/22 and 22/23 the practice coverage is below the ICB average.
- Breast screening – Above for 5 years and declined in 22/23 and further in 23/24. There has been a -17.20% reduction from since contract commencement, but there has also been a decline in the ICB average in 21/22 and 22/23 comparable to 2.4% decline in the ICB average in the same period
- Cervical screening - Above for 5 years, however there has been a small decline in coverage in 23/24.

Further improvements are required for Breast and Bowel screening; the practice will be required to actively identify patients eligible for screening, review whether they have attended their screening appointments, collate and analyse the DNA or cancellation rates and actively contact these patients. The practice would also be required to work with the Primary Care Network of practices and any other local programmes to support increased health promotion for screening to the resident population.

Immunisation and Vaccination – St Ann's practice coverage compared to the ICB average
The table below provides the practice's coverage for 7 financial years compared against the ICB average (all NCL practices). The figures highlighted in green is St Ann's Road Surgery percentage coverage above the ICB averages. Public health data for 23/24 is not yet available, the practice has submitted their own data which has yet to be benchmarked.

(KPIs)	17/18 %	NCL ICB Average	18/19 %	NCL ICB Average	19/20	NCL ICB Average	20/21	NCL ICB Average
Flu 65+	71.5	68.00%	74.20%	64.80%	74.20%	65.80%	74.20%	74.23%
Flu under 65 at risk	50.30%	45.80%	57.30%	43.30%	56.20%	40.90%	56.20%	40.80%
Pneumococcal 65+	51.80%	61.50%	57.90%	71.20%	57.60%	61.40%	56.00%	34.10%
2 years olds Childhood Imms	81.00%	90.00%	73.00%	91.10%	81.86%	89.60%	85.25%	93.33%

5 years olds childhood Imms	62.30%	73.90%	67.90%	73.40%	56.50%	92.20%	89.00%	69.80%

(KPIs)	21/22	NCL ICB Average	22/23	NCL ICB Average	23/24 (practice submitted data)	% Change (Practice achievement - 2017/18 – 2023/24)
Flu 65+	65.00%	55.30%	51.30%	63.20%	47%	-24.5%
Flu under 65 at risk	36.00%	32.50%	34.85%	37.50%	27%	-23.3%
Pneumococcal 65+	52.00%	65.00%	53.50%	No Data	38%	-13.8%
2 years olds Childhood Imms	72.29%	83.90%	71.30%	83.90%	82%	+1%
5 years olds childhood Imms	79.00%	82.65%	72.00%	89.70%	74%	11.7%

In Summary

- Flu 65+ - Above for 4 years and comparable to the ICB average for 1 year; there has been a – 24.50% reduction from contract commencement. During the period of annual contract extension a further 22.9% decline in coverage from 20/21 to 22/23, compared to the ICB average decline of 11.03% during the same period.

- Flu under 65 at risk – Above for 5 years; there has been a -23.30% reduction from contract commencement. During the period of annual contract extension a further 23.7% decline in coverage from 20/21 to 22/23, compared to the ICB average decline of 3.3% during the same period.

- Pneumococcal 65+ - Above for 1 year; for 5 years the practice coverage has remained below the ICB average, there was a 1.50% increase in 22/23, but the ICB average data was not available. In 23/24 there has been a 13.8% decline however this has not been benchmarked against the ICB average as this is not currently available.

- 2 Years old – for all 7 years the practice coverage has remained below the ICB average.

- 5 years old – above for 1 year; there has been a 11.70% increase in coverage from contract commencement, but the practice coverage has remained below the ICB average for 5 years; with a further reduction in 22/23.

Further improvements are required for all Immunisation and Vaccination areas (Flu, Pneumococcal, 2 and 5 years); the practice coverage has reduced further below the ICB averages in 22/23. The practice will be required to identify patients eligible for vaccination, who DNA or cancel their appointments and ensure active recall. Patients hesitant to be vaccinated may require additional support and advice. The practice would also be required to work with the Primary Care Network of practices and any other local programmes to support the increased health promotion for immunisation and vaccination to the resident population.

2.6.4 St. Ann's practice Contract Key Performance Indicators (KPIs) achievement

The APMS contract recognises that practice performance may fall below KPI targets therefore, KPI thresholds are included to allow lower thresholds to be established in the early years of the Contract. These are increased each year until the London Standard Thresholds are reached. Where the practice initial (baseline) performance is > 5% lower than the London Standard Threshold for that KPI, a stepped approach is applied. All the KPIs are measured aganist the National targets (below), except for the patient voice indicators. The National Targets are Bowel (60%), Breast (75%) and Cervical Screening (80%). Childhood (95%), Flu and Pneumococcal Immunisations (75%). GP and Nursing appointments are measured against 72 GP and 32 Nursing appointments per 1000 patients / week. Patient voice indicators are measured against the National GP survey averages.

Practices receive an aspiration payment at band B and a top-up payment at band A, when achieved; where achievement is below band B, a claw back is applied for under performance. The bandings are below;

- Band A - Optimal achievement
- Band B - Acceptable achievement
- Bands C and D - Below acceptable achievement, which triggers an aspiration clawback for payments reimbursed at Band B.

The table below provides the practice's KPI achievement from contract commencement; since the contract was granted annual extensions the practice's KPI achievement declined from 21/22 even though the stepped approach was applied. In 22/23 the practice's performance was below the acceptable KPI achievement and a clawback of all the aspiration payments made to the practice at Band B, was applied.

In summary – 22/23 St Ann's practice coverage (since the last Committee scrutiny)

- **Screening** – Bowel 7%, Breast 30% and Cervical screening 20% below the National targets.

- **Immunisation** – Childhood 20%, Flu (> and < 65 years) 20-40% and Pneumococcal 20%, below the National targets.

- **GP Consultations** – the practice is delivering above 72 GP appointments / 1000 patients.

- **Nursing Consultations** – the practice is delivering below 32 Nursing appointments / 1000 patients.

- **Patient voice** – the practice scores have been below the National GP Patient survey average results.

Key Performance Indicator (KPI)	Year 1 - 2017/18 Practice KPI Achievement		Year 2 - 2018/19 Practice KPI Achievement		Year 3 - 2019/20 Practice KPI Achievement		Year 4 - 2020/21 Practice KPI Achievement	
Bowel Cancer Screening	39.50%	**Band D**	38.50%	Band D	60.60%	Band A	57.50%	Band B

Breast Screening	63.20%	**Band D**	59.10%	Band D	64.10%	Band D	61.60%	**Band D**
Cervical Screening	62.90%	**Band D**	66.70%	Band B	69.60%	Band C	71.00%	Band B
2 years olds Childhood Imms	81.00%	**Band B**	73.00%	Band D	81.86%	Band B	85.29%	Band B
5 years olds childhood Imms	62.30%	**Band D**	67.90%	Band D	56.50%	Band D	89.00%	Band B
Flu Imms 65+	71.50%	**Band B**	74.20%	Band B	74.20%	Band B	74.20%	Band B
Flu Imms under 65 at risk	50.30%	Band A	57.30%	Band A	56.20%	Band A	56.20%	Band C
Pneumococcal Imms 65+	51.80%	Band A	57.90%	Band A	57.60%	Band C	56.00%	**Band D**
No. of GP Consultations	100%	Band A	77%	Band B	94.11%	Band A	90.75%	Band A
No. of Nurses/HCA Consultations	100%	Band A	72.50%	Band B	91.42%	Band A	69.37%	Band B
Patient Voice (Overall Experience)	74%	**Band D**	61.70%	Band D	77.40%	Band D	71.30%	**Band D**
Patient Voice (Recommendation)	**Data Not Available**							
Patient Voice (Receptionists)	83.30%	**Band D**	77.00%	Band B	82.80%	Band C	81.50%	**Band D**
Patient Voice (Telephone)	53.20%	**Band D**	**Data Not Available**		60.30%	Band A	54.10%	**Band D**
Patient Voice (Waiting Time)	**Data not available**		43.60%	**Band D**	56.80%	Band D	**Data not available**	

Key Performance Indicator (KPI)	Year 5 - 2021/22 Practice KPI Achievement		Year 6 - 2022/23 Practice KPI Achievement		Year 7 - 2023/24 Only based on Practice Q4 KPI Achievement	
Bowel Cancer Screening	57.80%	Band B	52.30%	**Band C**	55.0%	Band B
Breast Screening	59.00%	Band D	44.50%	**Band D**	46.0%	**Band D**
Cervical Screening	67.25%	**Band C**	61.80%	**Band C**	61%	**Band C**
2 years olds Childhood Imms	72.29%	**Band C**	71.30%	**Band C**	82.0%	Band B
5 years olds childhood Imms	79.00%	**Band C**	72.00%	**Band C**	74.0%	**Band C**
Flu Imms 65+	65.00%	**Band C**	51.30%	**Band D**	47.0%	**Band D**
Flu Imms under 65 at risk	36.00%	Band D	34.85%	**Band D**	27.0%	**Band D**
Pneumococcal Imms 65+	52.00%	Band D	53.50%	**Band D**	38.0%	**Band D**
No. of GP Consultations	81%	Band A	69.00%	**Band D**	86.75%	Band A
No. of Nurses/HCA Consultations	80%	Band A	62.50%	**Band C**	53.13%	**Band D**
Patient Voice (Overall Experience)	70.30%	Band D	**57.90%**	**Band D**	**Data yet to be published**	
Patient Voice (Recommendation)	**Data not available**		**Data not Available**			
Patient Voice (Receptionists)	77.40%	Band D	**61.00%**	**Band D**		
Patient Voice (Telephone)	46%	Band D	**28.50%**	**Band D**		
Patient Voice (Waiting Time)	**Data not available**		**Data not Available**			

For Screening and Immunisation, it is recognised that the NCL ICB average (all NCL practices) in general is slightly lower than the National targets, therefore both should be compared when identifying where further targeted improvements are required.

2.7 Feedback from patients and stakeholders

The table below sets out the feedback from patients about the service from various sources including patient surveys, online reviews, informal feedback and from the Patient Participation Group (PPG).

During the term of this contract we have received a significant amount of feedback from patient groups and representatives. We have also had representations from local Cllrs and from a local MP. The PCC has received deputations on St Ann's highlighting concerns with workforce numbers and capacity, access and appointments and patient engagement and communications.

The practice has reported on the National complaints reporting tool. The ICB notes 34 complaints about the practice have been received since 2018. Analysis of the complaints has been requested. The ICB has heard deputation from patients registered at St Anns Surgery regarding access and lack of GP continuity. No whistleblower reports have been received about St Anns Surgery.

There were 18 reviews on NHS Website from March 2022 to date.

- 5 Stars: 8 ratings
- 4 Stars: 0 ratings
- 3 Stars: 0 ratings
- 2 Stars: 4 rating
- 1 Star: 6 ratings

The reviews with lower ratings related to the following themes: Admin staff, difficulties in getting an appointment, reliability of the service, repeat prescription and with a GP.

Comparison of National GP Patient Survery for 2022 and 2023

Comparison of the national patient survey results has been carried out to assess the changes since the contract was placed on annual extension. Since referral to Committee in December 2022 and April 2023, GP Patient Survey results have shown a decline in patient satisfaction, predominantly in:

- Experience in making an appointment
- Ease of getting through to the phone
- Helpfulness of receptionists
- Satisfaction with appointments times available
- Offered a choice of GP appointment
- Overall experience of the practice
- Health care professional – providing enough time, treating with care, patient involved in the decision and confidence and trust

Areas of satisfaction were: Healthcare professional being good at listening, and a high proportion (89%) of patients deemed their needs were met.

Table 4 – National GP Patient Survey 2022 and 2023 Comparison for St Anns Road Surgery

	July 2022	ICB Average	July 2023	ICB Average
No. of Surveys sent out	720	N/A	785	N/A
No. of Surveys sent back	109	N/A	159	N/A

Completion rate	15%	N/A	20%	N/A
Survey question's themes				
Access to the Practice				
Overall experience in making an appointment	51%	54%	36%	53%
Ease to get through to the GP practice by phone	46%	55%	29%	52%
The receptionist at the GP practice being helpful	77%	78%	61%	78%
Satisfaction with the GP appointment times available	60%	55%	43%	54%
Being offered a choice of appointments when they last tried to make a GP appointment	69%	59%	49%	62%
Satisfaction with the appointment offered	98%	68%	62%	68%
Appointment Experience				
Overall experience with the practice	70%	70%	58%	69%
Health care professional was good at giving patients enough time	81%	81%	71%	81%
Health care professional was good at listening to patients	78%	83%	79%	83%
Health care professional was good at treating the patient with care and concern	78%	81%	75%	81%
Patients were involved in the decisions about their care and treatment	90%	88%	86%	88%
Confidence and trust in the healthcare professional saw and spoke to	94%	91%	92%	92%
Patients' needs were met	89%	89%	89%	89%

Local Patient Survey

The ICB wrote to all patients to seek their views on the services provided by the practice. the survey was open for 6 weeks between 1 January 2024 to 16 February 2024 and was available online with paper copies in the practice.

There were 180 surveys completed (1% response rate) via 8 paper copies and 172 online responses. The full outcome of the survey responses are appended to this report and a summary of the survey results are listed below.

The change in the percentage response rates cannot be compared between the national and local survey results; there was a smaller cohort of patients surveyed in the National survey and a lower % rate, for the NCL survey.

Most satisfied	% response	Least satisfied	% response
Helpfulness of receptionist	47%	Getting through to someone on the phone	14%
Opening hours	42%	Booking an appointment	13%
Length of time waiting for an appointment to take place	41%	Booking an appointment online	14%
Giving enough time	61%	Getting a face-to-face appointment	15%
Listening to you	64%	Using the practice website	22%
Treating you with care & concern	63%	Awareness of the PPG	20%
Involved in decisions about their care and treatment	54%	Receiving newsletters and minutes of the PPG meeting	12%
Trust and Confidence	55%	Overall experience of the practice	28%
Ensuring needs were met	54%		
Satisfaction with appointments offered	54%		
Practice proactively sent information by text message or letter	67%		

GP Practice-led patient Survey February 2024

The practice reported they ran their own patient survey in February 2024, the results of which are set out in the table below. The practice stated 427 patients completed the survey (2.66% response rate) and that have been improvements in 6 of the 7 indicators. When comparing to NCL ICB averages, the feedback remains below ICB averages in all indicators presented.

Practice led survey results

Question	St Ann's Road Surgery Feb 2024 response	2023 National Patient survey	2023 ICB average
Generally, how easy is it to get through to someone at your practice on the phone	40%	29%	52%
How helpful do you find the receptionists at your GP surgery	70%	61%	78%
When you last booked an appointment with us, were you offered a choice of appointment?	52%	49%	62%
Were you satisfied with the type o appointment (or appointments you were offered?	61%	62%	68%
The last time you had an appointment with us, how goof was	77%	75%	81%

the healthcare professional at treating you with care & concern			
Overall experience of the practice	56%	58%	69%

The practice has been submitting regular feedback to the ICB and provided representation with a focus on work at St Anns ahead of May 2024 PCC as requested. They state they have commenced an action plan following feedback from patients, including:

- Conducting a telephone demand and capacity exercise and implementing actions
    - Adjusting staff rotas to meet high call volumes during 8am – 9 am
    - Monitoring call volumes

- Triaging all appointment requests by duty doctor on the same day and all urgent queries dealt with on the same day
    - New process to be implemented, including pre-bookable/routine appointments to be available everyday, with the agreement of the duty doctor.

- Online platform – new process to be implemented, including:
    - Admin buddy to document and book online consultations
    - Duty doctor to advise appropriate actions and admin to complete action

The practice have stated they would repeat the survey in April 2024 to measure impact. This data has not been supplied to the ICB.

Patient Participation Group (PPG)

Under the terms of the primary care contract, all practices are required to have a PPG, who should regularly meet with an agreed agenda to discuss the delivery of services at the practice. The information discussed should be published on the practice website for other patients to view, if not a member of the group.

In 2021, the practice had one PPG meeting attended by 3 participants. The meeting's minutes were published on the practice's website.

In 2022, there was also one PPG meeting, attended by 4 participants and published meeting notes.

In 2023, there were two PPG meetings. The first held in February 2023, attended by 4 participants and published on the practice's website. The second meeting in April 2023, but no meeting notes were published.

In January 2024, there were18 participants,and the PPG meeting's notes are published on the practice's website.

Practice	2021	2022	2023	2023	2024
St Anns Surgery	27/05/21 4 Participants	14/09/22 4 Participants	23/02/23 4 Participants	20/04/23 Minutes not published	11 January 2024 18 Participants

Table 6 – PPG meeting information

AT Medics have continued to engage with the ICB and compile with the contract monitoring process, it is noted though that there has been a further decline in some performance areas and patient satisfaction.

In Conclusion

The APMS contract is due to expire on 30 June 2024; the committee members are required to take a decision to:

Option 1: Extend the contract up to 1-3 years, or to

Option 2: Procure a new contract.

Option 3: Do nothing (allow the contract to end without further action)

As the recommendation to committee is option 2, a notice period of 9-12 months would be sought under the current AT Medics contract to enable the ICB to undertake a procurement process.

NHS
North Central London
Integrated Care Board

APMS St Ann's Road Surgery

Patient & Stakeholder Engagement Report

Primary Care Committee Meeting

North Central London ICB
NCL Primary Care Contracting Team
13 May 2024

Purpose of the report

The purpose of this report is to provide details of the feedback from patients and other stakeholders on the services provided to patients by St Ann's Road Surgery and what service improvements patients would like to see at the practice. The contract is at a review point which gives North Central London Integrated Care Board (NCL ICB) an opportunity to hear from patients to understand what's working well and where improvements could be made in the future.

How We Collected Your Views

Letters were sent to all registered patients aged 16 and over informing them the contract had reached a review point and the ICB was seeking views from stakeholders of what was working well, and what improvements could be made in the future.

Patients were asked to give their views on what they liked about the current services and also what could be improved at the practice.

An online survey was launched on 01 January 2024 and ran until 16 February 2024 and paper surveys were available on request at the practice. Commissioners collected 180 completed surveys of which 8 were paper surveys and 172 were online responses.

Letters were also sent to local stakeholders and interested parties including,

- Patients (aged over 16);
- Healthwatch;
- Health and Wellbeing Board;
- Member of Parliament;
- Councillors;
- Local Medical Committee;
- Health and Adult Social Care Overview Scrutiny Committee

Overall total responses and Questions asked

There was a total of 180 responses received to the survey which is 1.12% of the registered list (16,071 at January 2024);

- 172 responses to the online survey
- 8 paper surveys

The themes of the questions within the survey ranged from;

- Access to and satisfaction with appointments

- Experience of reception
- Access to the practice via the phone
- Ease of getting face to face appointments
- Experience of the healthcare professionals seen
- Experience of sharing and receiving information
- Knowledge of the Patient Participation Group
- Whether a complaint had been resolved

Equality Impact Assessment (EQIA) data was also captured to assess the demographic of the patients who responded, compared to the total registered list and to help analyse patient needs. The data that was captured related to;

- Gender identity
- Ethnicity
- Age
- Employment status
- Carers
- Parental or Legal Guardian Status
- Hearing and sign language
- Smoking habits
- Religion

Where patients were MOST Satisfied

The full results and patients written feedback are included in appendix A. Where survey questions can be groups. They are provided below as a summary.

Survey question 12 related to the last healthcare professional seen, and the staff groups seen most by patients were;

- GP 52%
- Nurse 25%

Question number	Survey Question	Percentage of positive responses
5	Helpfulness of the receptionist.	47%
6	Satisfaction with the practice opening times	42%
11	Satisfaction with the length of waiting time for last appointment to take place.	41%
13	Effectiveness of the healthcare professional from last appointment with the general practice.	

	Giving you enough time at your last appointment	61%
	Listening to you	64%
	Treating you with care and concern	63%
	Involving you in decisions about your care and treatment	54%
	Making you feel you could trust them and were confident in their decisions.	55%
	Ensuring your needs were met	54%
15	Satisfaction with the appointment last offered.	54%
20	Receiving communication by text or letter	67%

Where patients were LEAST Satisfied

The full results and patients written feedback are included in appendix A and where survey questions could be grouped. They are provided below as a summary.

Question number	Survey Questions	Percentage of positive responses
2	Easy in getting through to someone on the phone.	14%
3	Booking an appointment	13%
4	Booking an appointment online	14%
8	Ease in getting face-face appointment	15%
19	Ease in using the practice website.	22%
21	Awareness of your GP practice's Patient Participation Group (PPG)?	20%
23	Receiving the GP newsletter	8%
	Receiving the minutes from PPG meetings	4%
25	Overall experience with your GP practice	28%

Summary of the results

Based on the survey results, patients have shown a higher level of satisfaction with the following:

- Satisfaction with the reception staff
- Practice opening times
- Waiting times for appointments
- Interaction with and service offered by healthcare professionals at appointments.
- Satisfaction with appointments offered.
- Receiving communication by text or letter

Overall, only 28% of patients described their experience of the GP practice as very good or fairly good so there is further work required from the practice to improve the satisfaction levels.

The staff groups seen most by patients were GPs (52%) and nurses (25%).

While patients were generally satisfied by their experience during an appointment, the experience of contacting the practice, booking an appointment, and sourcing information from the practice website was rated as unsatisfactory.

Communication in text and letter format by the practice was viewed as fairly positive by patients. However, promotion of the practice's PPG needs to improve.

Fifty-four patients stated that they had made a complaint to the practice in the preceding twelve months, with fourteen awaiting resolution. Twenty-seven of those whose complaint had been resolved, were unhappy with the outcome.

What We Will Do With This Information

Patient feedback is an integral part of any decision-making process and the results from the patient engagement will be incorporated in the strategic and performance review being undertaken and referred to the Primary Care Committee (PCC) to support a decision of either a further extension of the contract or procurement of a new contract.

We will also share the results with current providers of the practice in order that they can take into account patients wants and needs when planning the service. For the areas where patients were least satisfied with the practice, NCL ICB will also implement a contract action plan, to review evidence of change and improvement by the provider.

Appendix A

Themes arising from patients written comments		No. of responses highlighting this point
Patient Experience	92 comments related to patients not being offered the opportunity to engage or feedback on the GP practice (outside of the PPG) – *question specific answer/comments.*	249

	45 comments requested improved communication around the PPG. 32 comments related to patients having been offered the opportunity to engage or feedback on the GP practice (outside of the PPG) – *question specific answer/comments.* 22 comments stated that poor care/treatment had been received. 16 comments expressed frustration at the overall experience. 15 comments related to poor communication. 10 comments expressed frustration at the waiting times for appointments in the practice. 7 comments requested more convenient/accessible times for the PPG. 6 comments requested an online PPG facility. 2 comments requested actions/outcomes from the PPG. 1 comment requested better accessibility assistance. 1 comment stated that there was a lack of a PPG.	
Appointments and Access	74 comments stated that it can be difficult to book an appointment. 49 comments expressed frustration with the practice booking system. 34 comments indicated that it is difficult to get through to the practice by telephone. 10 comments indicated a preference for face-to-face appointments and indicated that it was difficult to book one. 9 comments stated that it was difficult to see the same doctor at each appointment.	176
Reception	30 comments stated that the reception staff had been rude or unhelpful.	30
Experience with Staff	20 comments highlighted a positive experience with GP/clinical staff.	20
Difficulty/ Delay with Treatment	12 comments expressed frustration at the difficulty/delay with a prescription. 3 comments expressed frustration at the difficulty/delay with a referral.	15
Staffing	13 comments stated that the practice has a lack of or	13

Levels	high turnover of staff.	
Facilities	9 comments stated that the facilities need to be improved. 3 comments related to the lack of or concerns over parking.	12

Sample of patient comments received

About Dr IQ

- *I was very impressed last year when I had a UTI. I logged a consultation on the Dr iQ app and got a face to face appointment and prescription on the same day. It was really good.*
- *Dr IQ app: rare to get advices and appointments via the app. Spots fill up in 5 minutes from 8am and many times advices or concerns get dismissed. This happens to adults but also applies to primary car for babies and young children.*
- *Getting an appointment is a nightmare and the Dr IQ is a hit or a miss if you can use it to get assistance. When you arrive at the surgery other than those awaiting blood tests you get the impression that the surgery and reception are not busy, so when you call and cant get an appointment you don't understand.*
- *Their app service Dr IQ is a pointless tool that does not allow any interaction after 8am.*
- *.They force patients to use their app - which is discriminatory against some older and disabled people who cannot use technology - and they have now limited the number of requests they will accept, so quite often even by 10:00 or 11:00am it tells me that I cannot request general advice, because they've 'used up' the quota for that day. I once got this message at 8:08am: 'Our Dr IQ service is unable to accept online consultations at this time. Please try again at 8am tomorrow'!!! This is 8 minutes after it's supposed to be working! HOW can you limit the number of requests so much that by 10am - or even 8:08am - no patient can request advice? I once tried for 4 days but was unable to make a request.*
- *Improvement on Dr IQ if that is the main booking system and make it easy and friendly to use. Still, have to make calls to book appointment, so we don't know which to use at most of the time.*
- *Overall, once you get an appointment the professional doctors are good however, it is absolutely hard to get a face to face appointment, the Dr IQ app is absolutely useless as it's always full before 9am so you can never submit in an online consultation. Furthermore, on DR IQ is says if you submit you online consultation before 3pm you'll receive a call the same day. That hardly ever happens.*
- *I've tried using Dr IQ to make an appointment as suggested on the phoneline and all I got back was 'call to make an appointment'*
- *The Dr IQ app has been the most unhelpful healthcare app I have ever used.*
- *Getting an appointment very difficult, unless you fill out the Dr IQ form at 8am on the dot.*

- *Dr iQ does not work the majority of the time owing to over capacity.*
- *There is no way of cancelling an appointment once it is logged on the Dr IQ system- this needs to be incorporated into the app so you cancel appointments.*
- *Using Dr iQ is difficult and often not available for the whole day from 9.30am onwards.*
- *You are constantly referred to use the Dr IQ app, but there are no appointments to book on the app, feels like a cruel joke when you need help. I like the idea of the app in theory but it also doesn't work for appointments for children.*
- *You are strongly encouraged to use Dr IQ app, but consultations are regularly marked as 'resolved' with no resolution or appointment scheduled.*
- *I've had some Dr IQs marked 'resolved', with the comment 'No appointments left, try submitting another consultation tomorrow' - that isn't solved, but I can see why they would do it if they have strict KPIs to resolve consultations quickly.*
- *I find it really frustrating that they want us to use the Dr IQ app for things but then it regularly tells you there's no capacity left so try again in the morning.*

About Receptionist

- *This practice is abysmal. The receptionists are rude and the technology d does not work, so you have to wait in a long queue which means those vulnerable/elderly cannot be supported when the rest of us could have signed in online if it was working.*
- *I have asked to speak to the practice manager twice and the disinterested receptionists have just dismissed me.*
- *Really hard to book an appointment, the app is really difficult to use. I've had receptionists be a bit unfair to me.*
- *The staff do not appear to be properly trained. They are very off-hand and lacking in empathy. The staff keeps changing for bothe receptionist and medical staff.*
- *Whenever one needs to collect a Blood Test form, have to join the queue & wait a substantial period whilst every patient narrates their life story to the receptionist. There used to be 2-3 receptionists previously attending to the queue with a dedicated Blood Test queue.*
- *The receptionists will talk and talk to one person at the desk, and even if you are there early for your appointment, you end up being late.*
- *Receptionists are judgemental and make comments on the phone about why you're calling.*
- *They need to introduce an online check in system for appointments. One receptionist is not enough to deal with the queries and also book people in for their appointments on time.*
- *Some doctors are good but some of the doctors are very abusive including the receptionists who answer the phone when you call. They don't listen to you, and they dont allow you to talk.*

- *Receptionists not booking me in therefore waiting over an hour before being told they had not booked me in and I was required to come back another day.*
- *- Watching receptionists hand out the wrong prescription to patients which was pointed out to the receptionist when the patient returned.*
- *- Witnessing receptionists talk to elderly patients in an adversarial manner with no regard for good customer service.*
- *The GP practice service provided by the administrators/receptionists and GP has been poor. Good customer service over the phone and face to face has been unsatisfactory for years.*
- *Requested a mri referal from a physio which could have been done over the phone instead the receptionist insisted that I needed an in person appointment after already agreeing with a gp on the telephone that all I needed to do was give reception the referal letter and it would be sorted.*

About GP

- *I don't feel confident seeing a GP who I have not seen before. Staff can be abrupt on the telephone. Telephones can take a long time to be answered.*
- *The GPs are excellent.*
- *I understand GP practises are super busy but it is so disheartening to know that your dad is hurting and the Dr you are going to see to ask for medical help, does not even care at all about your dad getting better.*
- *I have also had an issue, where I attended an appointment for my dad and we had a young female GP who was very rude and would only allow us to ask one question. My dad had pain in his kidney area, she wouldn't even check him to confirm that it was that area.*
- *I can see the GP practise is improving but it could still be better. I have tried a few times to book appointments - same day calling at 8am but its usually booked and there are usually no appointments availble for the next couple of months, not sure if this is down to the shortage of Dr's/strikes or just an overload of booked appointments.*
- *The face to face urgent appointments are unavailable and I have regularly had to go to hospital instead for things that could be resolved with my GP.*
- *My idea is that whenever I went to GP ,I always see someone new and they don't read your notes they have no idea off what your health condition are,its just the little that you discussed to then.next they send you for blood test and they are not giving you full blood test the results is only saying the same things all the time.*
- *It would be very helpful if an appointments could be scheduled with the GP a lot faster. If its urgent, it should be possible to see a GP on the same day rather than be told to attend the following morning at 8.00 am.*
- *I am a bit fed up with the organisation of this surgery.. very close to registering with a GP further away.*

- *The GP practice service provided by the administrators/receptionists and GP has been poor. Good customer service over the phone and face to face has been unsatisfactory for years.*
- *This is quite frankly the worst service I have ever experienced from any GP surgery in the world. This includes GP surgeries I have visited in Uganda, Niger and Sri Lanka and other supposedly 'less developed' countries, where I was provided with faster and far superior level of service.*
- *No actual contact from a GP.*
- *It now feels like a battle to try to get an appointment to speak to or see a GP.*
- *rated my GP practice fairly good as the practitioners/doctors that work there are but the is organisation of the surgery and the reception staff is appaling*
- *My biggest problem is that when I'm referred to some other facility, such as NorthMid hospital, I don't hear anything back from the GP for follow up.*
- *The GP surgery has failed to get a full copy of my GP medical records from the GP service I was with before them, a GP service I was with from 2005, so that's a substantial amount of medical notes they don't have, yet need to support me with my chronic health and mental health conditions.*
- *Many of my GP appointments with their GPs have ended with the GP just hanging up when I still have stuff to discuss.*
- *Although you only asked about my last GP appointment, which was with their pharmacist, this was a rare case where they were actually good.*
- *GP should make more time to see patients. If they have too much paperwork to do they should employ someone to do that. Their job is to look after and take care of patients. I have Drs in the family and they tell me there is a shortage of GP and also too much paperwork*
- *It is near impossible to speak to a GP whenever I need to. There is always a long queue on the phone and most of the time I had to hang out cause I waited so long*
- *Can't even get my test result and when I finally manage to see a gp they don't even intake what I say they just actively listen but no further action.*
- *the surgery is never helpful, i cant get appointments, i dont get fitnotes when i rewuire them, i dont get my repeat medications, i dont even know how to change gp or complain, maybe ill be dead before they help someomne.*
- *This year, something seems to have changed. You cannot enter anything into the app if the GP's appointments are all booked up. Nor can you call to get an appointment on the day if you call too late (I suppose you could if it was an emergency), but you also can't book one in the future.*
- *Requested a mri referal from a physio which could have been done over the phone instead the receptionist insisted that I needed an in person appointment after already agreeing with a gp on the telephone that all I needed to do was give reception the referal letter and it would be sorted. I had to take time off work to come into an appointment due to limited slots to sort referal. When attending the appointment the gp agreed that there was no need for an appointment to be*

made that the referal should have been put through from the physio letter. Thus wasting an appointment slot for someone who needed this and wasting both mine and the gps time.

- *It should be easy to make an appointment to see a GP. The phone should be answered promptly. We should be able to communicate by email and the emails should be answered promptly.*
- *When we see someone it is unclear who they are. Are they a properly trained GP? When we want to see a GP it must be a GP we see.*

About Healthcare Professional

- *Although you only asked about my last GP appointment, which was with their pharmacist, this was a rare case where they were actually good.*
- *One positive note, though my interaction with the pharmacist after three weeks of trying to get to speak to a doctor about my medication, was efficient and seamless and gave a good result*
- *Time taken for pharmacist to answer the phone*
- *They do not tell you if the person you are seeing or speaking to on the phone is a Doctor or Physician Associate or a Pharmacist. I always have to ask.*
- *Any contact I have had with healthcare professionals has been with a 'healthcare practitioner' or similar (can't remember the exact term used) who seems to have very limited qualifications.*

About Appointment

- *Is very stressful situation for appointments. Is very hard to get results from scans or other results.*
- *The appointment systems is the biggest problem it is not fit for purpose.*
- *. I called the next day and (after waiting ages to get through) someone was able to help and confirm that the info was wrong, which meant we could cancel an appointment for a test I didn't need.*
- *The surgery could not even provide me with the required appointments to change wound packing in the frequency required.*
- *Furthermore, at one of the only appointments i managed to get at the time, the incorrect packing gauze was used causing the wound not to heal properly.*
- *I am contacting for medical advice from them! I have also been very frustrated by administrative issues which cause stress and wasted time to both patients and staff e.g. repeatedly asking for a repeat medication to be issued for more than a month at a time which was not actioned on about 5 separate occasions, attending an appointment for a smear test which turned out to be a 'computer error' because apparently locums don't know how to use the systems properly (this had apparently happened on numerous occasions that day so why weren't patients called and told not to attend rather then them arriving and then being told). I know that some of these issues are out of the control of gp practices but I'm sure there are lots of improvements that could be made.*

- *Most appointments are gone within a few minutes of the practice opening, and I have been on hold for over an hour on multiple occasions when trying to phone the practise.*
- *There is no ability to book in advance, only last minute appointments, which makes it very hard to plan work around a doctor's appointment.*
- *To enable easier access for people with asthma like myself to get appointments promptly, when required.*
- *The service is great, but it is near impossible to get an appointment.*
- *You are strongly encouraged to use Dr IQ app, but consultations are regularly marked as 'resolved' with no resolution or appointment scheduled. It seems that the online consultations are closed to meet KPIs, but never results in a meaningful interaction. I've had some Dr IQs marked 'resolved', with the comment 'No appointments left, try submitting another consultation tomorrow' - that isn't solved, but I can see why they would do it if they have strict KPIs to resolve consultations quickly.*
- *The service is great, but it is near impossible to get an appointment.*
- *You are strongly encouraged to use Dr IQ app, but consultations are regularly marked as 'resolved' with no resolution or appointment scheduled. It seems that the online consultations are closed to meet KPIs, but never results in a meaningful interaction. I've had some Dr IQs marked 'resolved', with the comment 'No appointments left, try submitting another consultation tomorrow' - that isn't solved, but I can see why they would do it if they have strict KPIs to resolve consultations quickly.*
- *You cannot book appointments unless you call at 8 am, patients are expected to wait up to 40 minutes in the morning, while getting to school or work.*
- *You are constantly referred to use the Dr IQ app, but there are no appointments to book on the app, feels like a cruel joke when you need help. I like the idea of the app in theory but it also doesn't work for appointments for children.*
- *The staff are very good, doctors have been excellent when I have spoken to them. The appointment booking system borders on negligent and directly disadvantages the most vulnerable.*
- *It's difficult to book appointments- since I have registered I've never seen a doctor.*
- *I would just love to phone and be able to speak with someone who truly cares and help me see my doctor with an easy way of making an appointment. How hard is that. It never used to be so difficult.*
- *The phone, email and website access is terrible. I really want a way of booking routine appointments with a nurse without having to wait for hours (literally) on the phone at certain times of day only.*
- *The admin is poor when trying to make an appointment - you are placed on waiting and there have been multiple times when the line cuts out so I have had to go in person to make an appointment.*
- *There is an app bit you can't use it to book appointments for children.*

- *It's hard to get an appointment. I've have terrible experience giving in stool and other samples because I was not informed why my sample was not acceptable only because they don't make it clear that the samples get picked up by a certain time and I've put mine in much later. This happened to 3 times and then I had to ask what is going on.*
- *I have stopped going to my GP practice because I have tried and failed on several occasions to make an appointment. After waiting in a queue on the phone I am always told that I can only do on-the-day drop-in. I have also asked for a female GP only to be told that St Ann's doesn't have any female GPs (I don't know if that is still the case).*
- *I was taken off their books for some unknown reason and had to reregister. Due to this I wasn't called for a fourth covid vaccination. The online booking system never works for my practice and it seems almost impossible to get an appointment whether for an urgent issue or to book a future appointment for a general non urgent check up. Phoning seems to be considered an inconvenience to reception staff and they seem to think all concerns can be managed by a visit to the chemist and self medicating rather than bothering the GP. The only way to possibly get an appointment is to call at 8am in the morning otherwise there is no chance.*
- *It is fairly clean. It is not vary accessible. People who are taking time off work to see the doctor should be able to make an appointment at a set time that the surgery sticks to. Otherwise working people will not come to the doctor until their health problem is more serious which will be a worse outcome for the NHS, the country and the patients.*
- *They gave me a phone appointment on two occasions which never happened (one after the other). First someone was suppose to call me to arrange an appointment, i even got that confirmed in a text, but then they didn't call. I called the next day, arrange a phone appointment and again, received a text confirmation, but then no one called me. These are my last two experiences on trying to access my gp a couple of weeks ago.*
- *It's concerning to call a surgery for an appointment because of sudden stomach pain, only to be told there's no availability, therefore to call 111 or go to the A&E. I was put on a repeated cycle of calling the surgery only to be told over and over again that there was nothing available and to call 111 or go to A&E for 5-6 months.*
- *Getting an appointment very difficult, unless you fill out the Dr IQ form at 8am on the dot.*
- *There needs to be a self help computer check in. There is ALWAYS a large queue. The receptionists will talk and talk to one person at the desk, and even if you are there early for your appointment, you end up being late*

NHS North Central London Integrated Care Board

NHS North Central London Clinical Commissioning Group

St Ann's Road Surgery - patient survey: Summary report

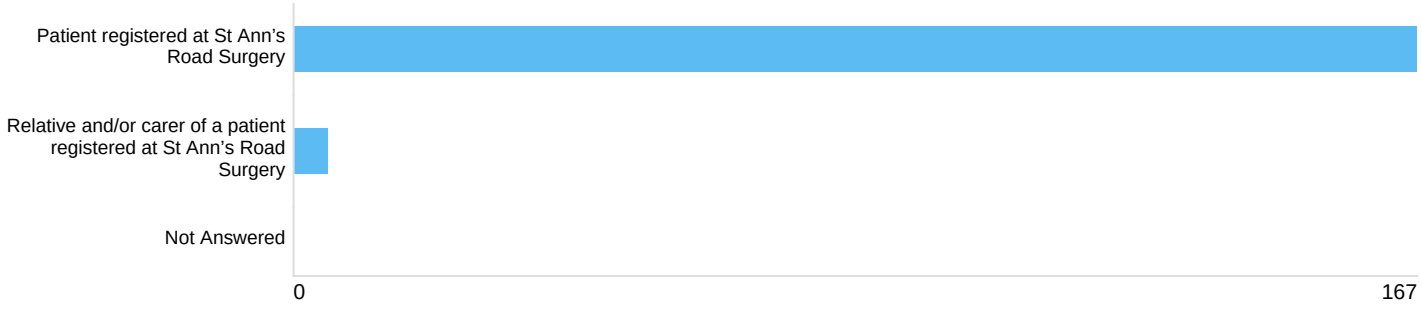
This report was created on Monday 19 February 2024 at 08:33 and includes **172** responses.

The activity ran from 01/01/2024 to 16/02/2024.

Contents

Question 1: Please confirm if you are a:

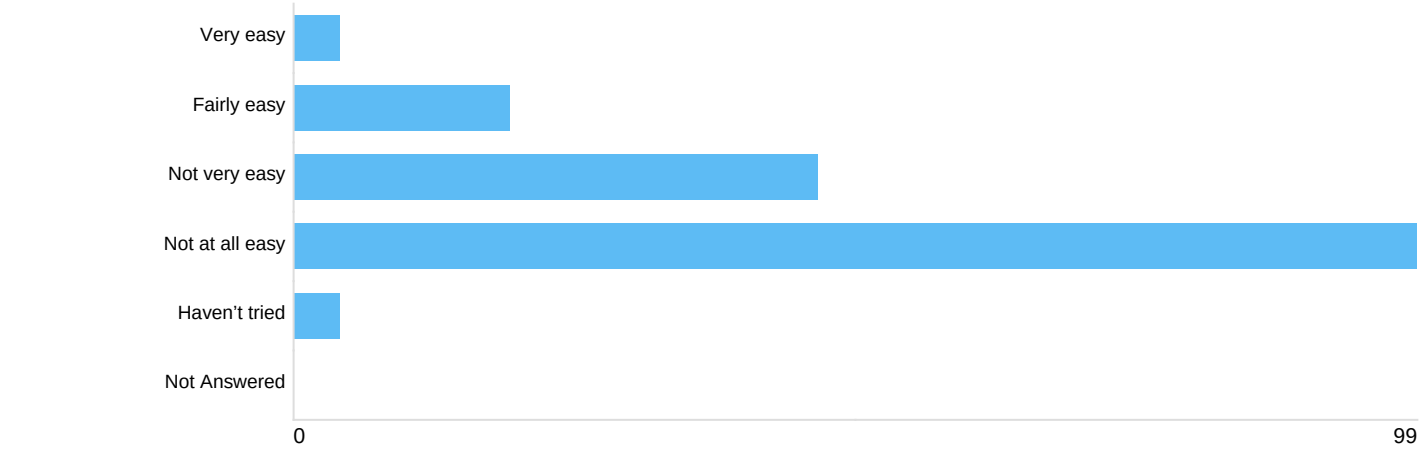
Please confirm if you are a



Option	Total	Percent
Patient registered at St Ann's Road Surgery	167	97.09%
Relative and/or carer of a patient registered at St Ann's Road Surgery	5	2.91%
Not Answered	0	0.00%

Question 2: Generally, how easy is it to get through to someone at your GP practice on the phone?

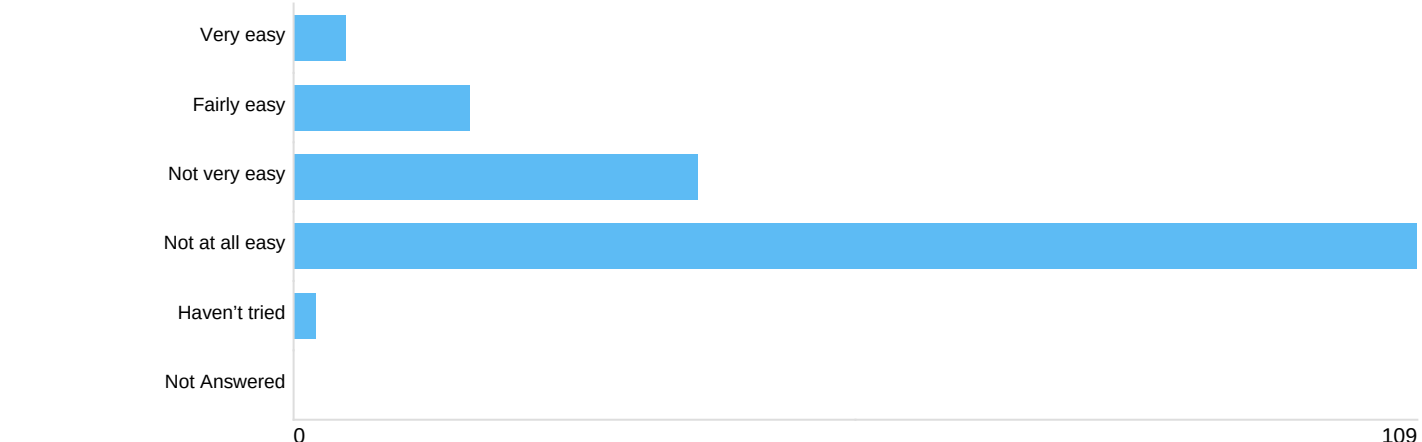
Generally, how easy is it to get through to someone at your GP practice on the phone?



Option	Total	Percent
Very easy	4	2.33%
Fairly easy	19	11.05%
Not very easy	46	26.74%
Not at all easy	99	57.56%
Haven't tried	4	2.33%
Not Answered	0	0.00%

Question 3: How easy is it to book an appointment at your GP practice?

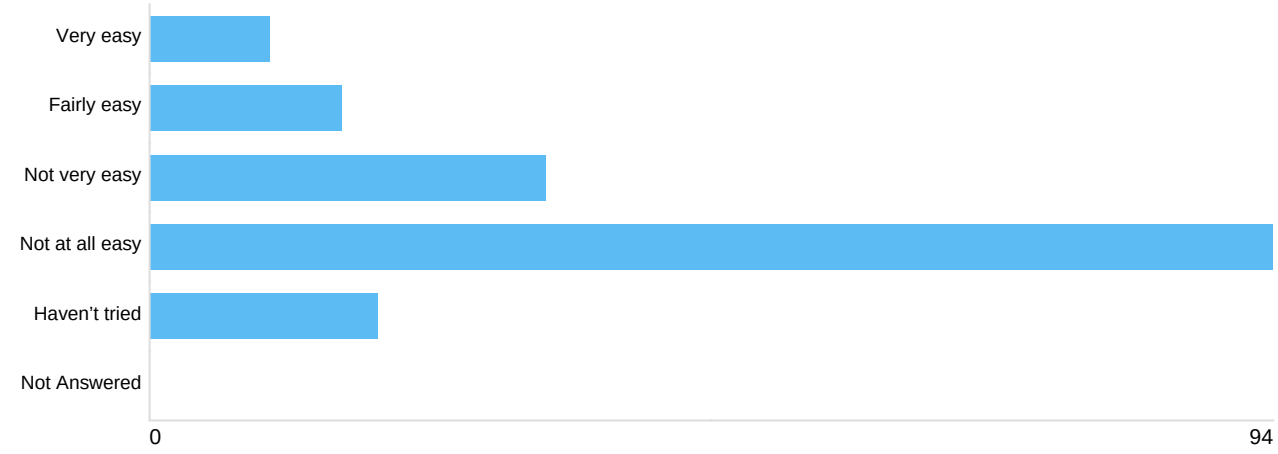
How easy is it to book an appointment at your GP practice?



Option	Total	Percent
Very easy	5	2.91%
Fairly easy	17	9.88%
Not very easy	39	22.67%
Not at all easy	109	63.37%
Haven't tried	2	1.16%
Not Answered	0	0.00%

Question 4: How easy is it to book an appointment using your GP practice's online services? By online we mean on a website or smartphone app.

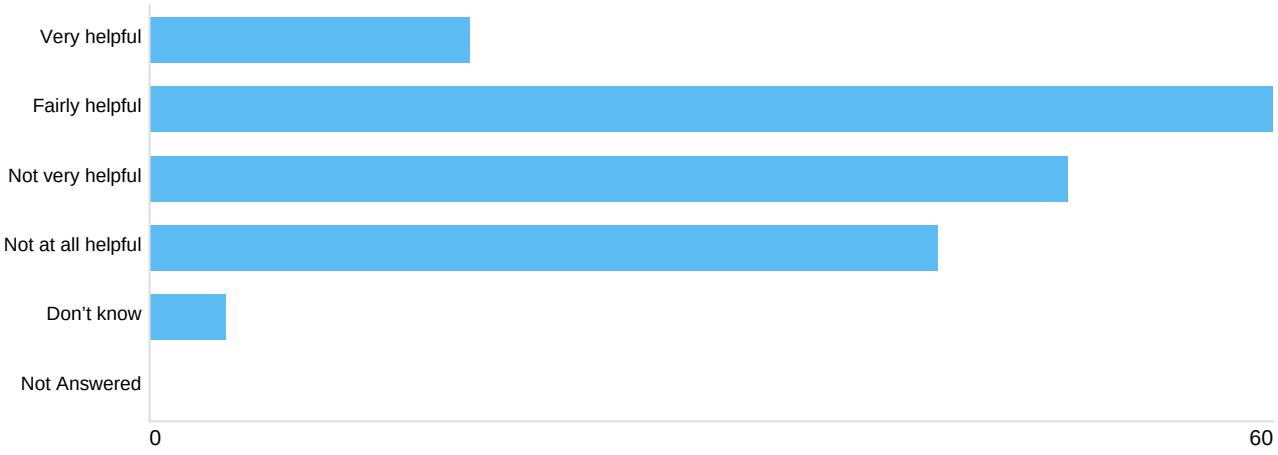
How easy is it to book an appointment using your GP practice's online services? By online we mean on a website or smartphone app.



Option	Total	Percent
Very easy	10	5.81%
Fairly easy	16	9.30%
Not very easy	33	19.19%
Not at all easy	94	54.65%
Haven't tried	19	11.05%
Not Answered	0	0.00%

Question 5: How helpful do you find the receptionists at your GP practice?

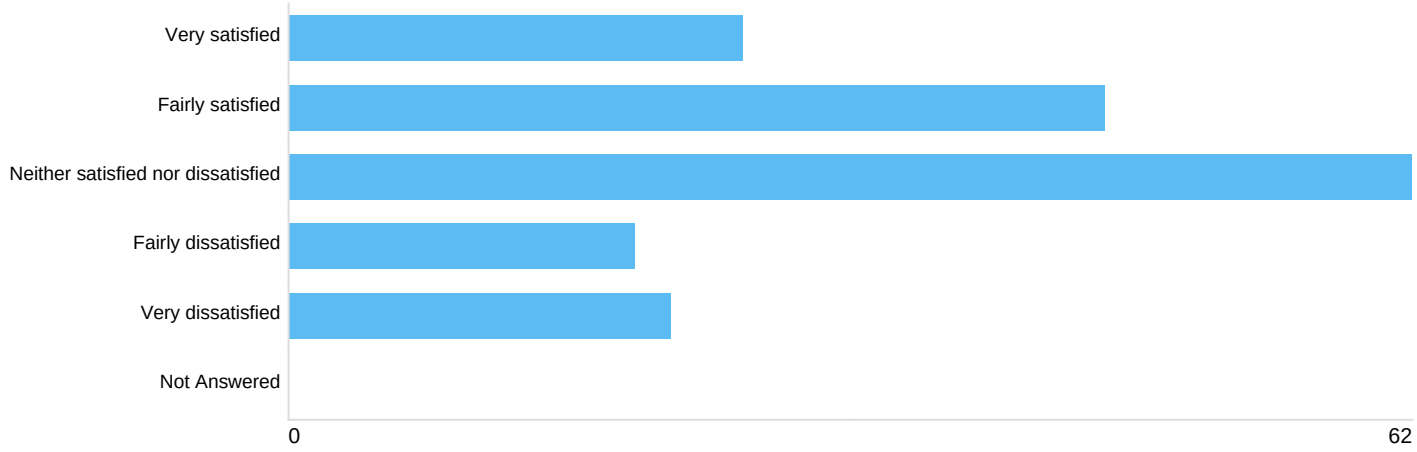
How helpful do you find the receptionists at your GP practice?



Option	Total	Percent
Very helpful	17	9.88%
Fairly helpful	60	34.88%
Not very helpful	49	28.49%
Not at all helpful	42	24.42%
Don't know	4	2.33%
Not Answered	0	0.00%

Question 6: How satisfied are you with the general practice opening times?

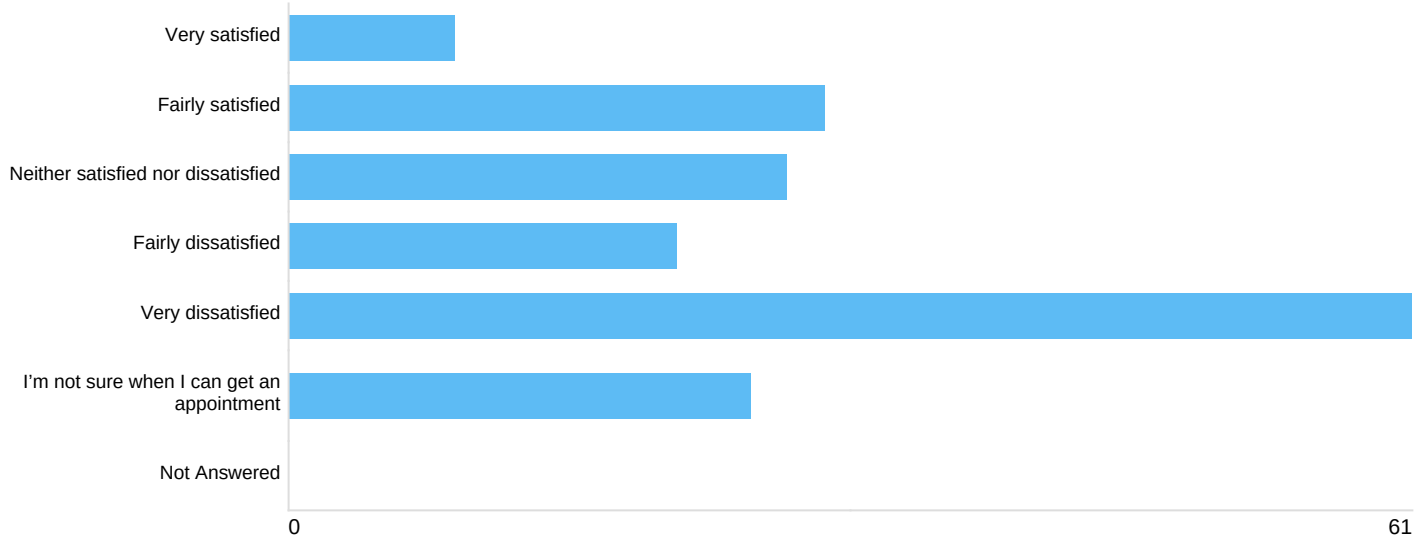
How satisfied are you with the general practice opening times?



Option	Total	Percent
Very satisfied	25	14.53%
Fairly satisfied	45	26.16%
Neither satisfied nor dissatisfied	62	36.05%
Fairly dissatisfied	19	11.05%
Very dissatisfied	21	12.21%
Not Answered	0	0.00%

Question 7: How satisfied are you with the general practice appointment times that are available to you?

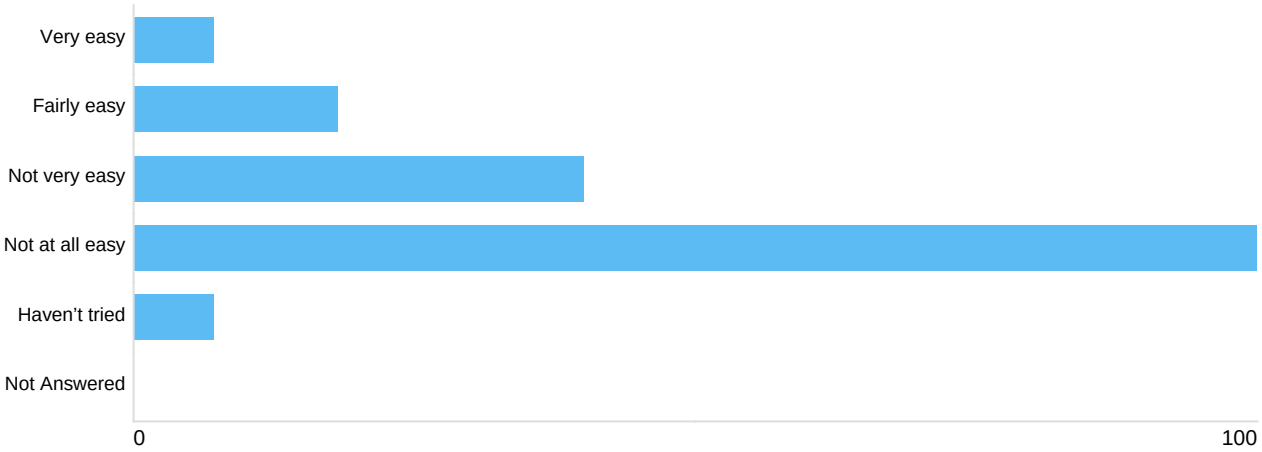
How satisfied are you with the general practice appointment times that are available to you?



Option	Total	Percent
Very satisfied	9	5.23%
Fairly satisfied	29	16.86%
Neither satisfied nor dissatisfied	27	15.70%
Fairly dissatisfied	21	12.21%
Very dissatisfied	61	35.47%
I'm not sure when I can get an appointment	25	14.53%
Not Answered	0	0.00%

Question 8: How easy is it to get a face-to-face appointment with someone at your GP practice when you need one?

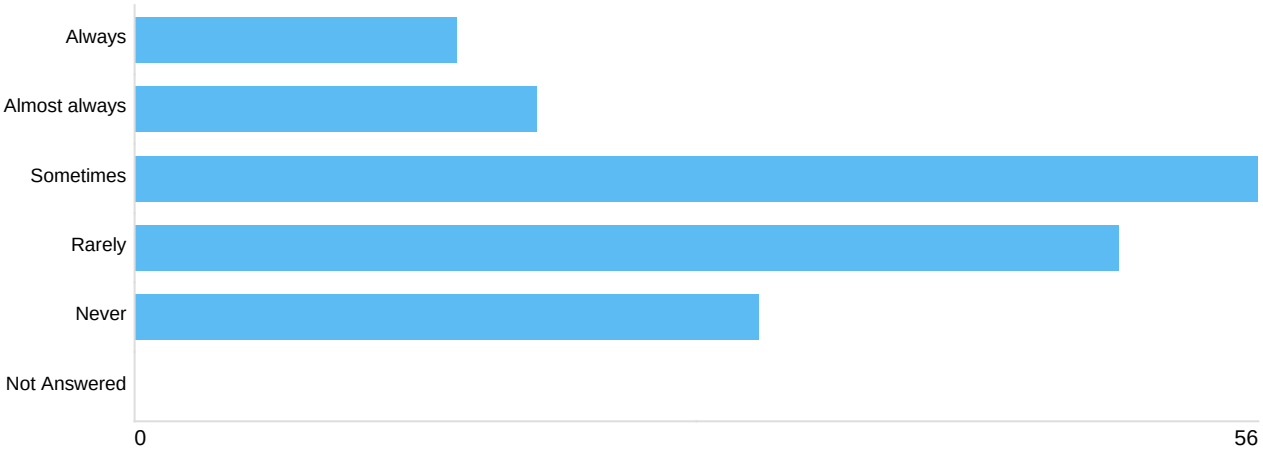
How easy is it to get a face-to-face appointment with someone at your GP practice when you need one?



Option	Total	Percent
Very easy	7	4.07%
Fairly easy	18	10.47%
Not very easy	40	23.26%
Not at all easy	100	58.14%
Haven't tried	7	4.07%
Not Answered	0	0.00%

Question 9: Generally, can you receive an appointment at your GP practice within two weeks?

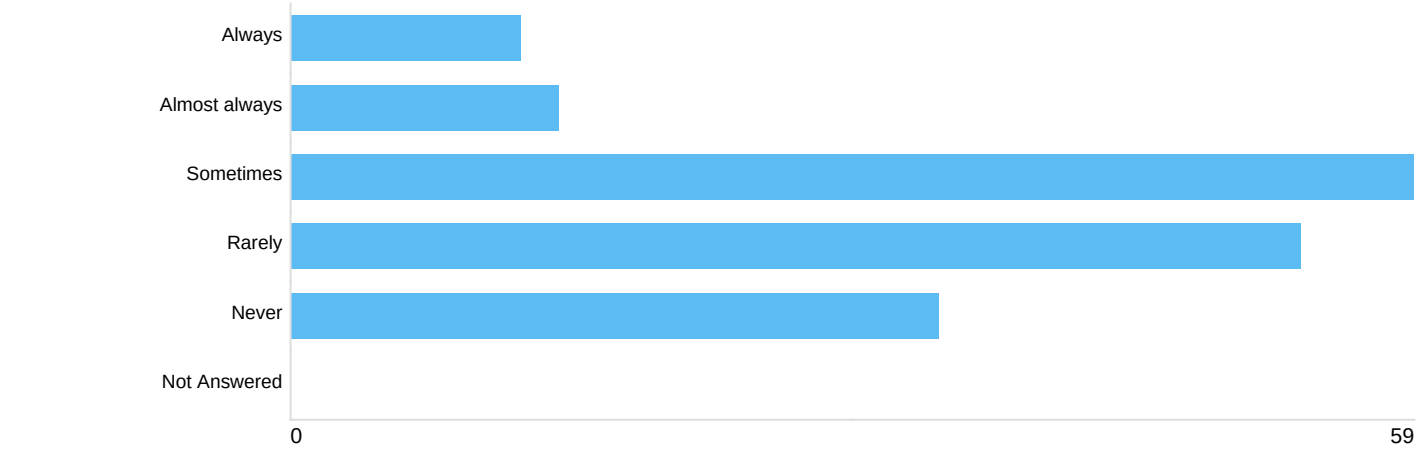
Generally, can you receive an appointment at your GP practice within two weeks?



Option	Total	Percent
Always	16	9.30%
Almost always	20	11.63%
Sometimes	56	32.56%
Rarely	49	28.49%
Never	31	18.02%
Not Answered	0	0.00%

Question 10: For urgent needs, can you receive an appointment at your GP practice on the same or next day?

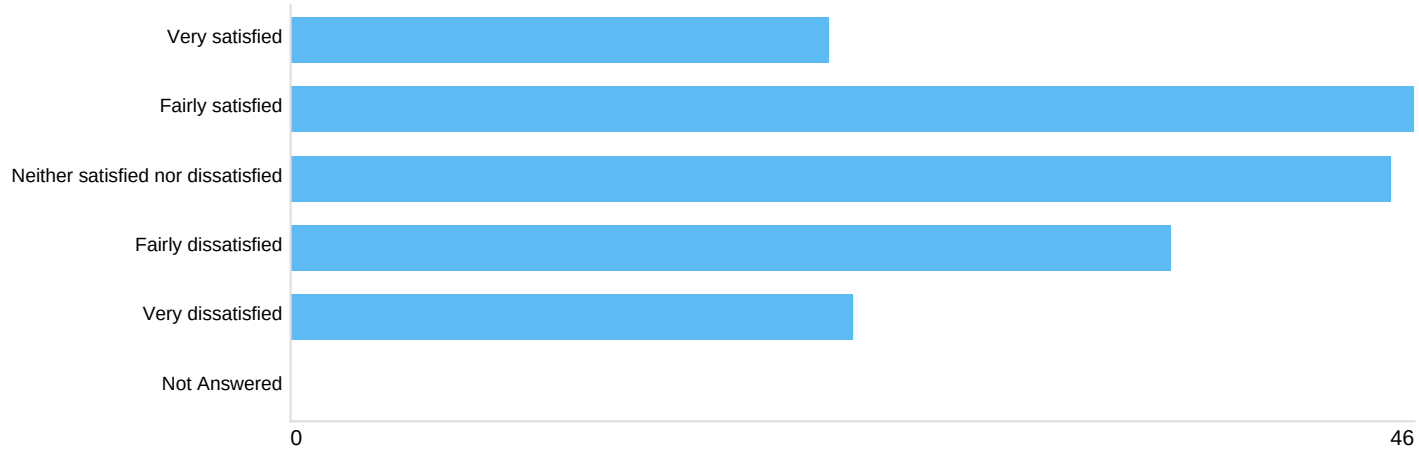
For urgent needs, can you receive an appointment at your GP practice on the same or next day?



Option	Total	Percent
Always	12	6.98%
Almost always	14	8.14%
Sometimes	59	34.30%
Rarely	53	30.81%
Never	34	19.77%
Not Answered	0	0.00%

Question 11: When you last had a general practice appointment, how satisfied were you with the length of time you waited for the appointment to take place?

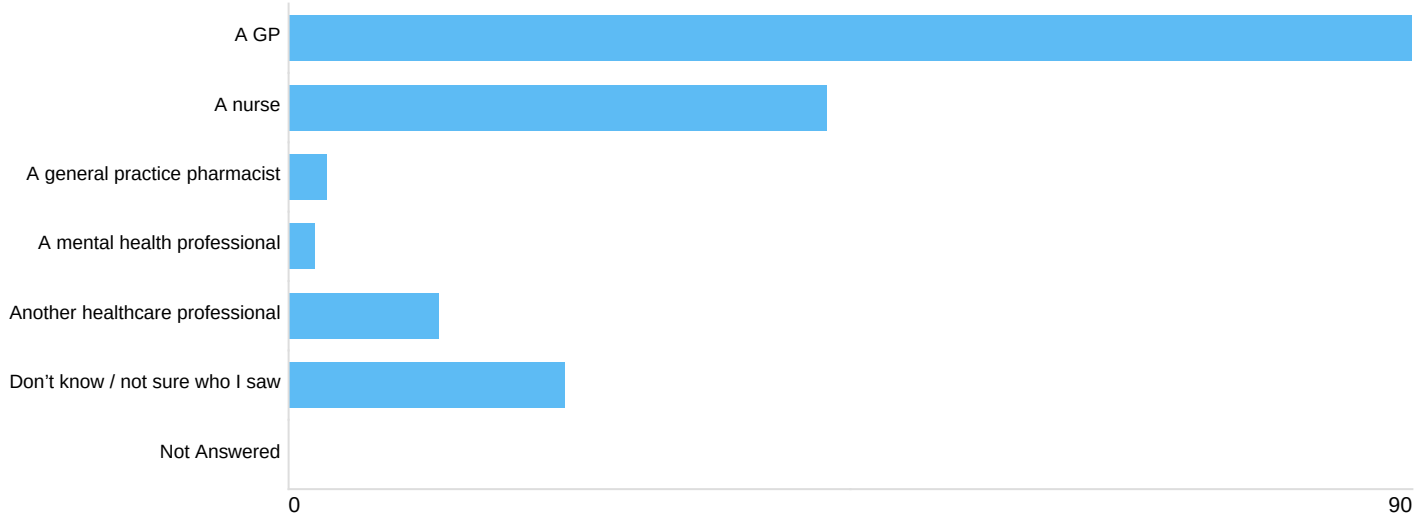
When you last had a general practice appointment, how satisfied were you with the length of time you waited for the appointment to take place?



Option	Total	Percent
Very satisfied	22	12.79%
Fairly satisfied	46	26.74%
Neither satisfied nor dissatisfied	45	26.16%
Fairly dissatisfied	36	20.93%
Very dissatisfied	23	13.37%
Not Answered	0	0.00%

Question 12: Who was your last general practice appointment with?

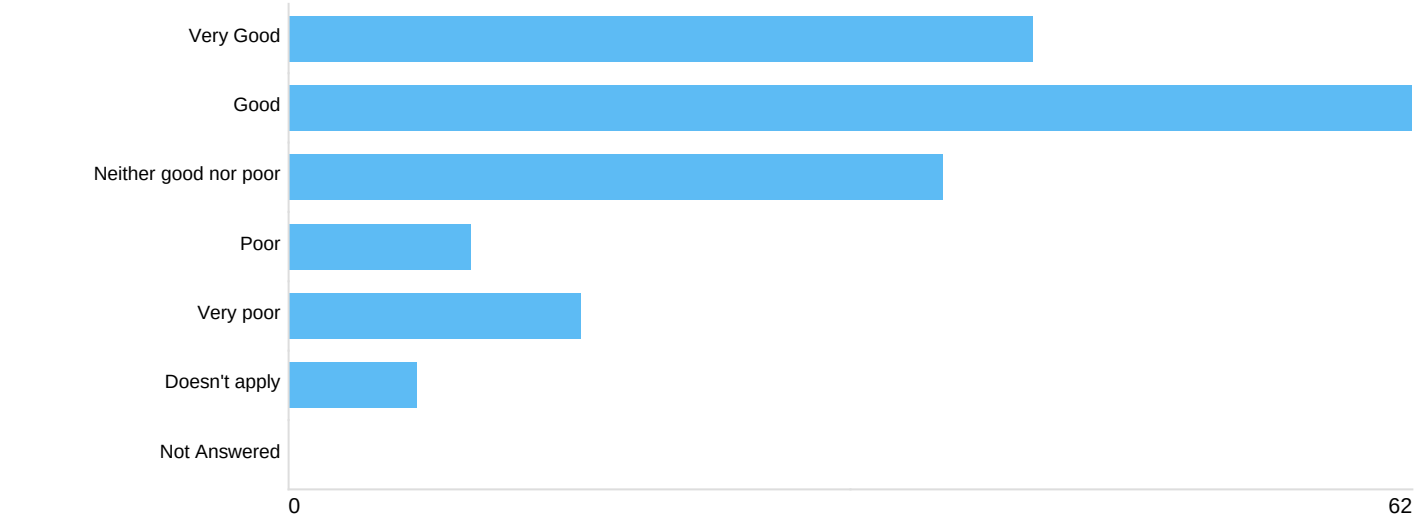
Who was your last general practice appointment with?



Option	Total	Percent
A GP	90	52.33%
A nurse	43	25.00%
A general practice pharmacist	3	1.74%
A mental health professional	2	1.16%
Another healthcare professional	12	6.98%
Don’t know / not sure who I saw	22	12.79%
Not Answered	0	0.00%

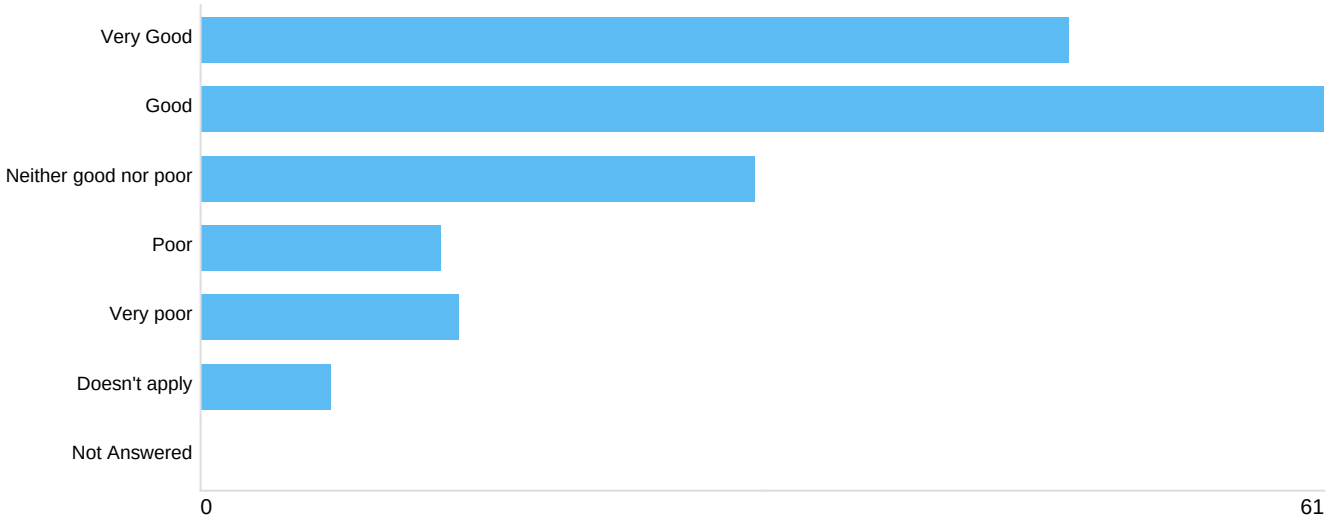
Question 13: When you last had a general practice appointment, how good was the healthcare professional at each of the following?

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Giving you enough time



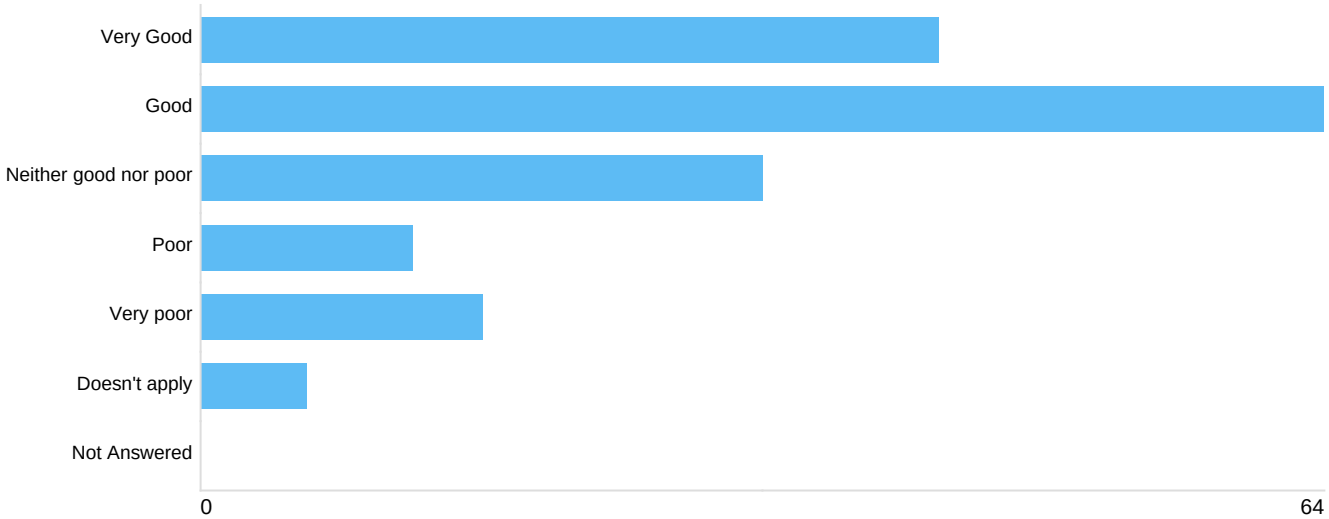
Option	Total	Percent
Very Good	41	23.84%
Good	62	36.05%
Neither good nor poor	36	20.93%
Poor	10	5.81%
Very poor	16	9.30%
Doesn't apply	7	4.07%
Not Answered	0	0.00%

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Listening to you



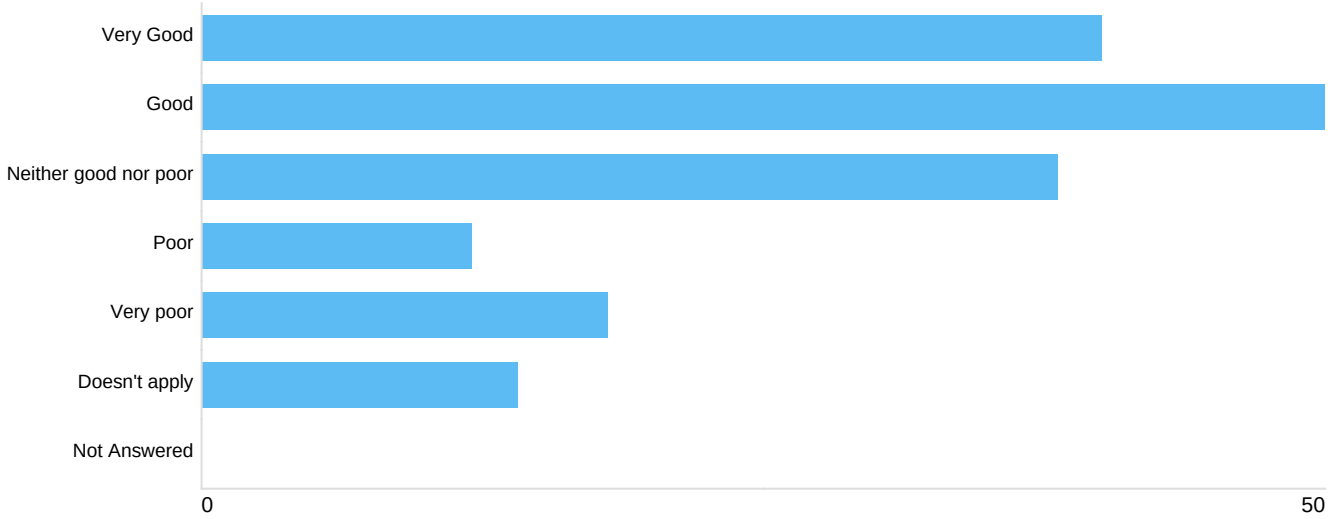
Option	Total	Percent
Very Good	47	27.33%
Good	61	35.47%
Neither good nor poor	30	17.44%
Poor	13	7.56%
Very poor	14	8.14%
Doesn't apply	7	4.07%
Not Answered	0	0.00%

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Treating you with care and concern



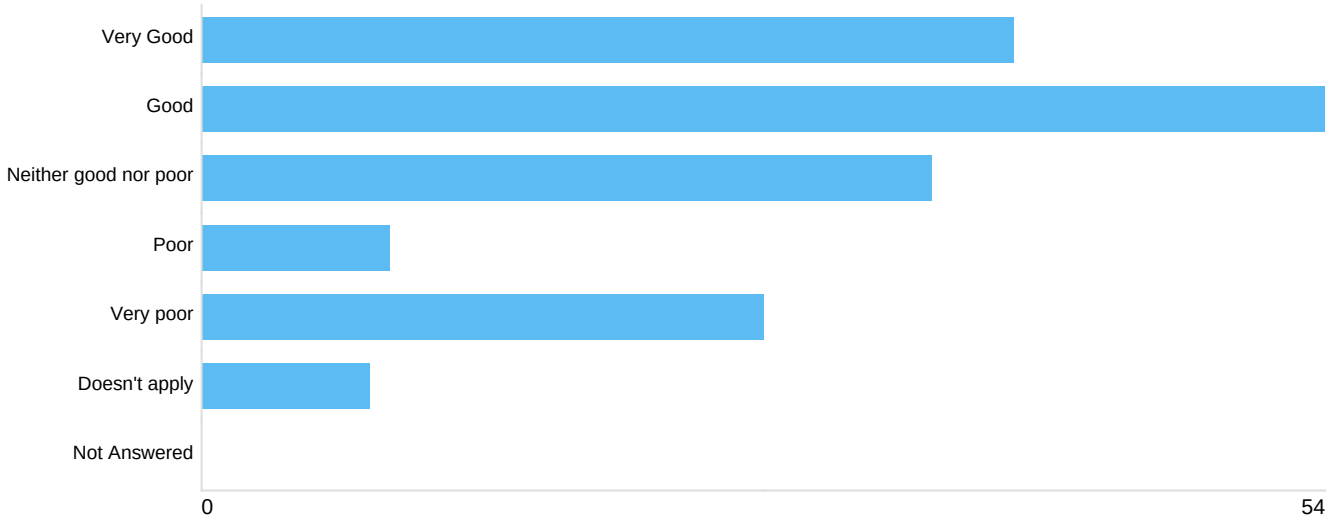
Option	Total	Percent
Very Good	42	24.42%
Good	64	37.21%
Neither good nor poor	32	18.60%
Poor	12	6.98%
Very poor	16	9.30%
Doesn't apply	6	3.49%
Not Answered	0	0.00%

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Involving you in decisions about your care and treatment



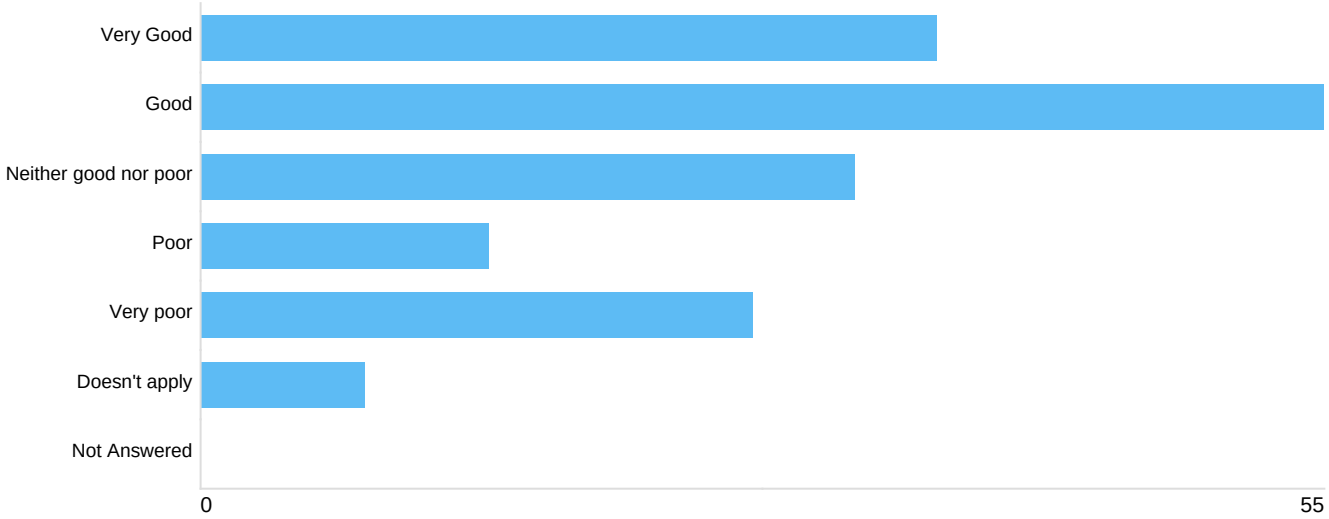
Option	Total	Percent
Very Good	40	23.26%
Good	50	29.07%
Neither good nor poor	38	22.09%
Poor	12	6.98%
Very poor	18	10.47%
Doesn't apply	14	8.14%
Not Answered	0	0.00%

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Making you feel you could trust them and were confident in their decisions



Option	Total	Percent
Very Good	39	22.67%
Good	54	31.40%
Neither good nor poor	35	20.35%
Poor	9	5.23%
Very poor	27	15.70%
Doesn't apply	8	4.65%
Not Answered	0	0.00%

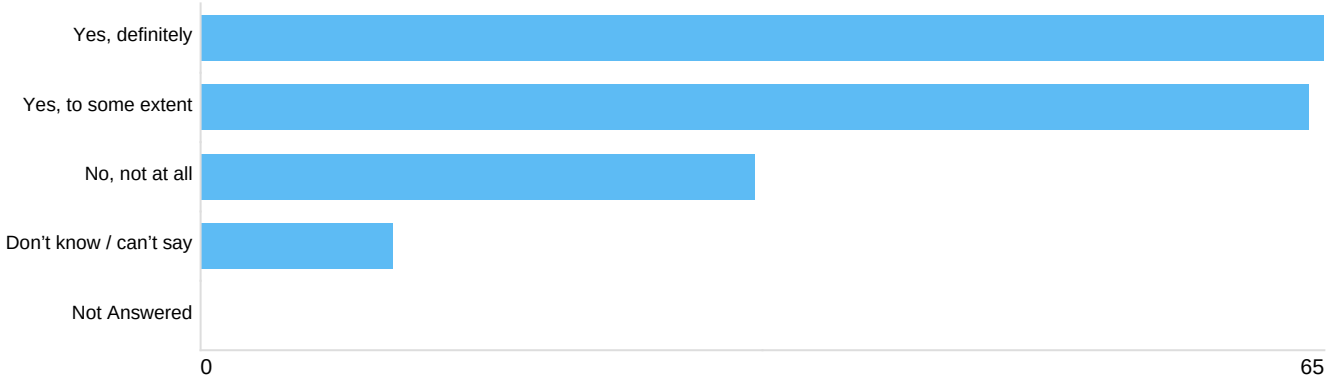
When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Ensuring your needs were met



Option	Total	Percent
Very Good	36	20.93%
Good	55	31.98%
Neither good nor poor	32	18.60%
Poor	14	8.14%
Very poor	27	15.70%
Doesn't apply	8	4.65%
Not Answered	0	0.00%

Question 14: During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

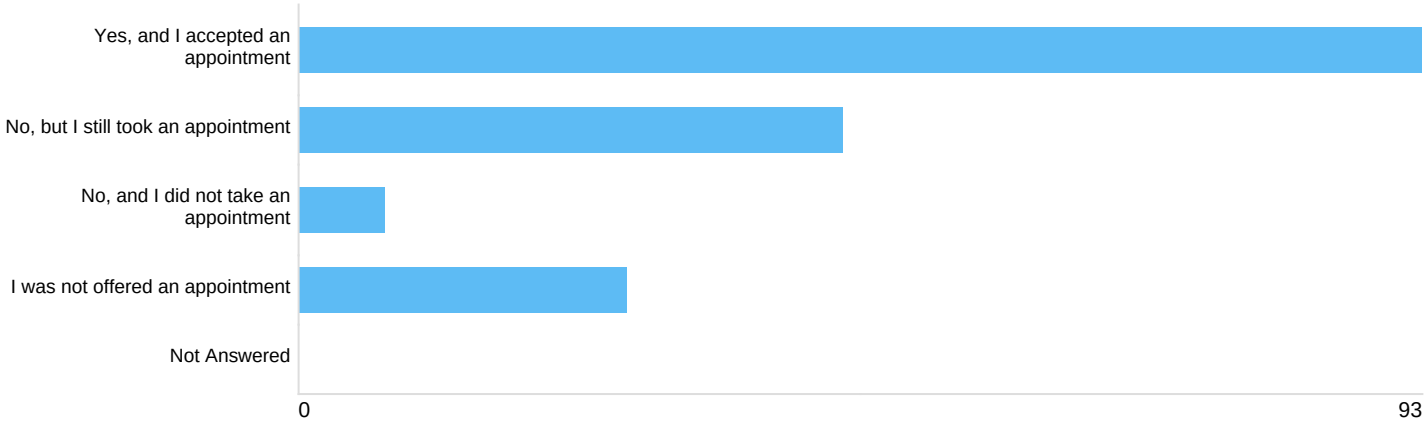
During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?



Option	Total	Percent
Yes, definitely	65	37.79%
Yes, to some extent	64	37.21%
No, not at all	32	18.60%
Don’t know / can’t say	11	6.40%
Not Answered	0	0.00%

Question 15: When you last had a general practice appointment, were you satisfied with the appointment (or appointments) you were offered?

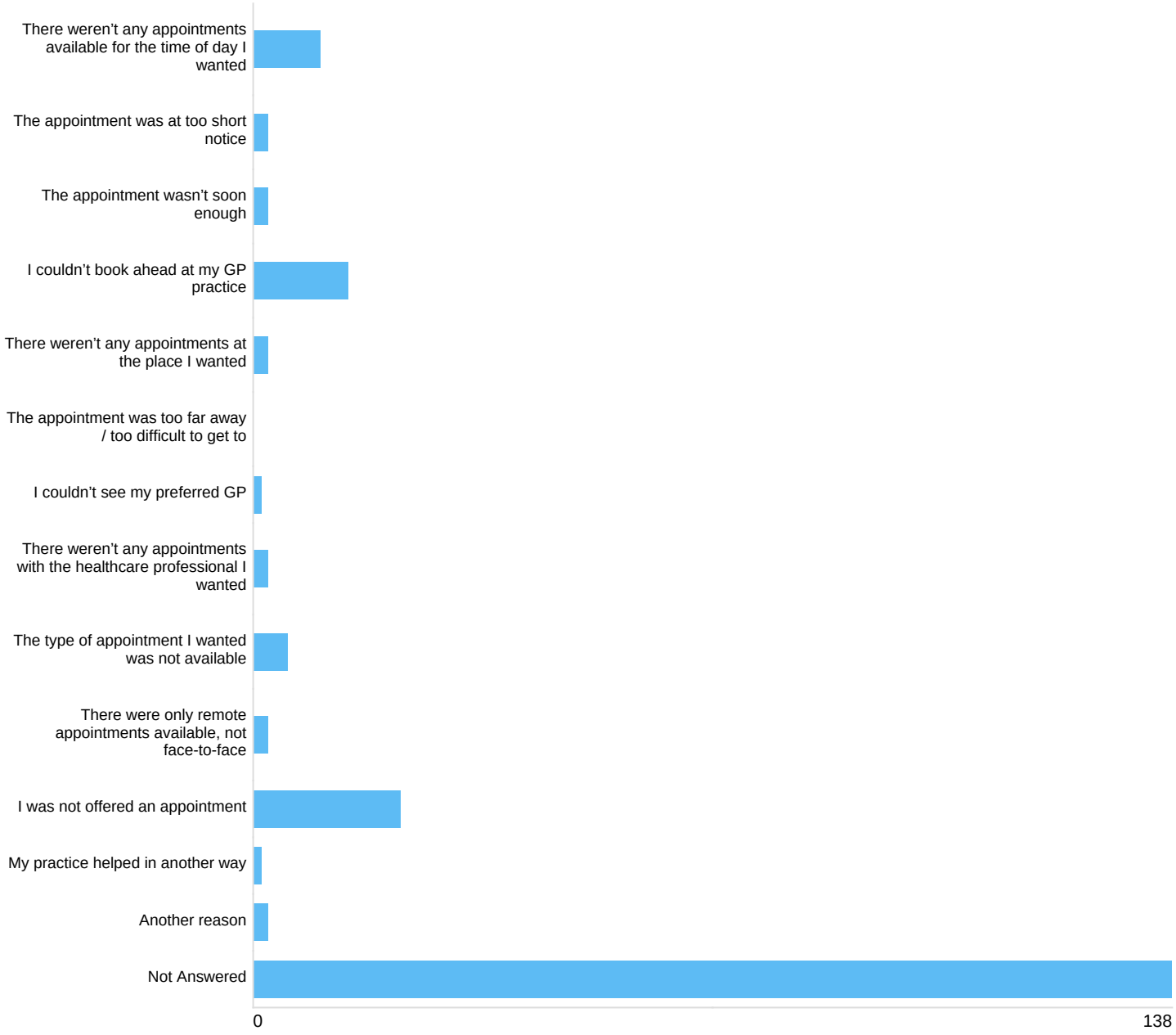
When you last had a general practice appointment, were you satisfied with the appointment (or appointments) you were offered?



Option	Total	Percent
Yes, and I accepted an appointment	93	54.07%
No, but I still took an appointment	45	26.16%
No, and I did not take an appointment	7	4.07%
I was not offered an appointment	27	15.70%
Not Answered	0	0.00%

Question 16: If you did not get an appointment, why was that?

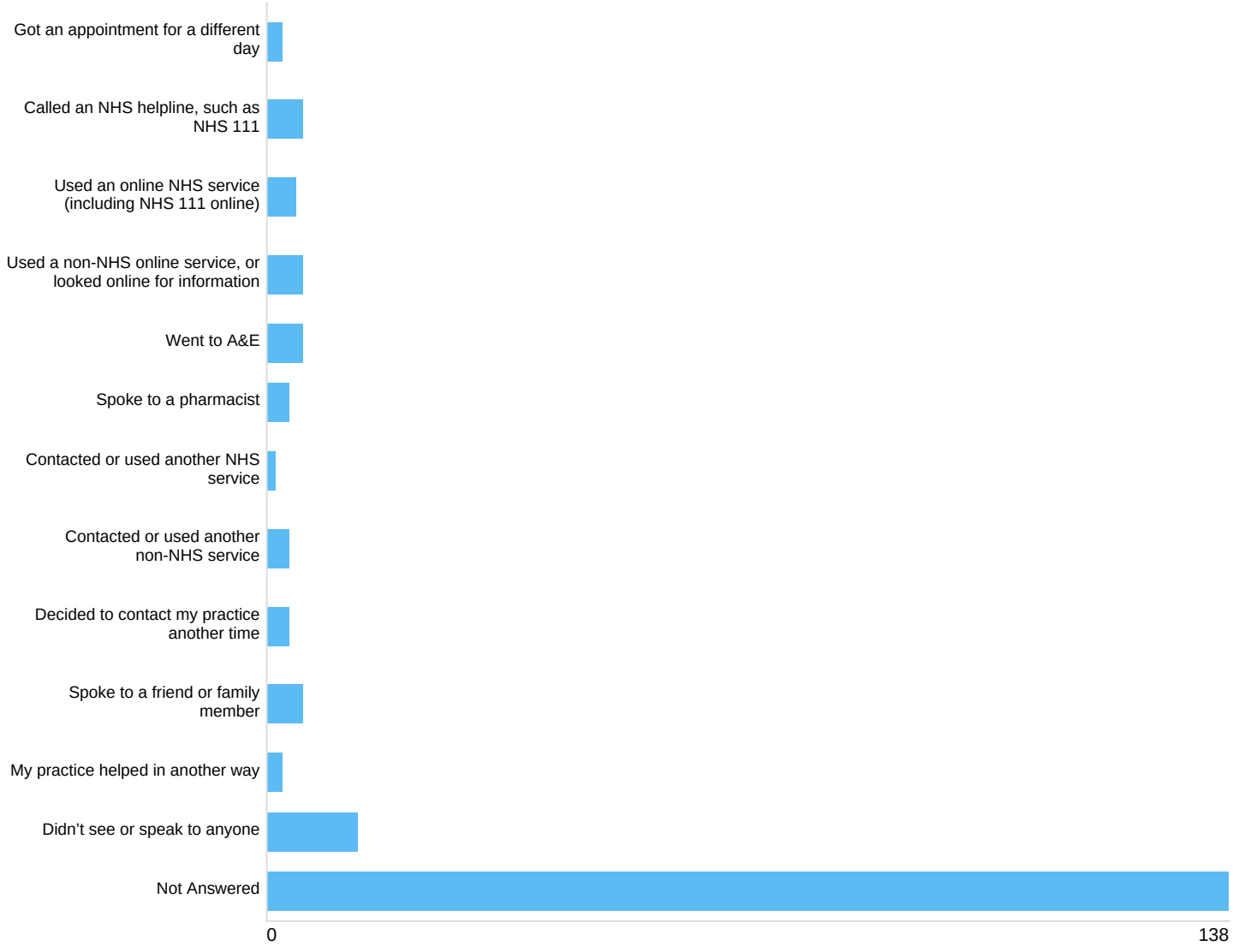
If you did not get an appointment, why was that?



Option	Total	Percent
There weren’t any appointments available for the time of day I wanted	10	5.81%
The appointment was at too short notice	2	1.16%
The appointment wasn’t soon enough	2	1.16%
I couldn’t book ahead at my GP practice	14	8.14%
There weren’t any appointments at the place I wanted	2	1.16%
The appointment was too far away / too difficult to get to	0	0.00%
I couldn’t see my preferred GP	1	0.58%
There weren’t any appointments with the healthcare professional I wanted	2	1.16%
The type of appointment I wanted was not available	5	2.91%
There were only remote appointments available, not face-to-face	2	1.16%
I was not offered an appointment	22	12.79%
My practice helped in another way	1	0.58%
Another reason	2	1.16%
Not Answered	138	80.23%

Question 17: What did you do when you did not get an appointment?

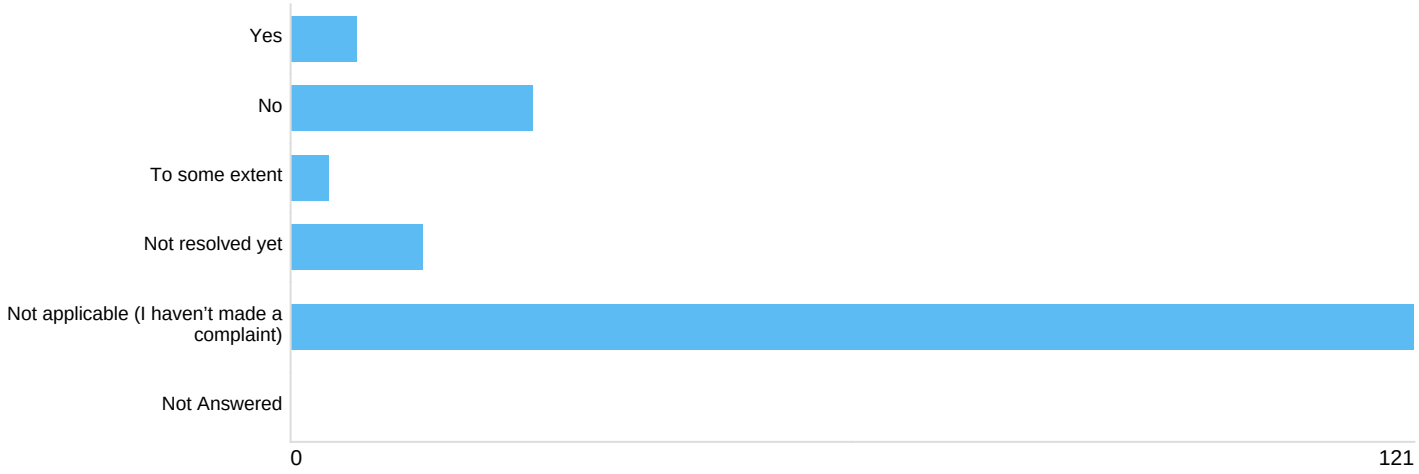
What did you do when you did not get an appointment?



Option	Total	Percent
Got an appointment for a different day	2	1.16%
Called an NHS helpline, such as NHS 111	5	2.91%
Used an online NHS service (including NHS 111 online)	4	2.33%
Used a non-NHS online service, or looked online for information	5	2.91%
Went to A&E	5	2.91%
Spoke to a pharmacist	3	1.74%
Contacted or used another NHS service	1	0.58%
Contacted or used another non-NHS service	3	1.74%
Decided to contact my practice another time	3	1.74%
Spoke to a friend or family member	5	2.91%
My practice helped in another way	2	1.16%
Didn't see or speak to anyone	13	7.56%
Not Answered	138	80.23%

Question 18: If you have made a complaint in the last 12 months, were you happy with how the practice resolved it for you?

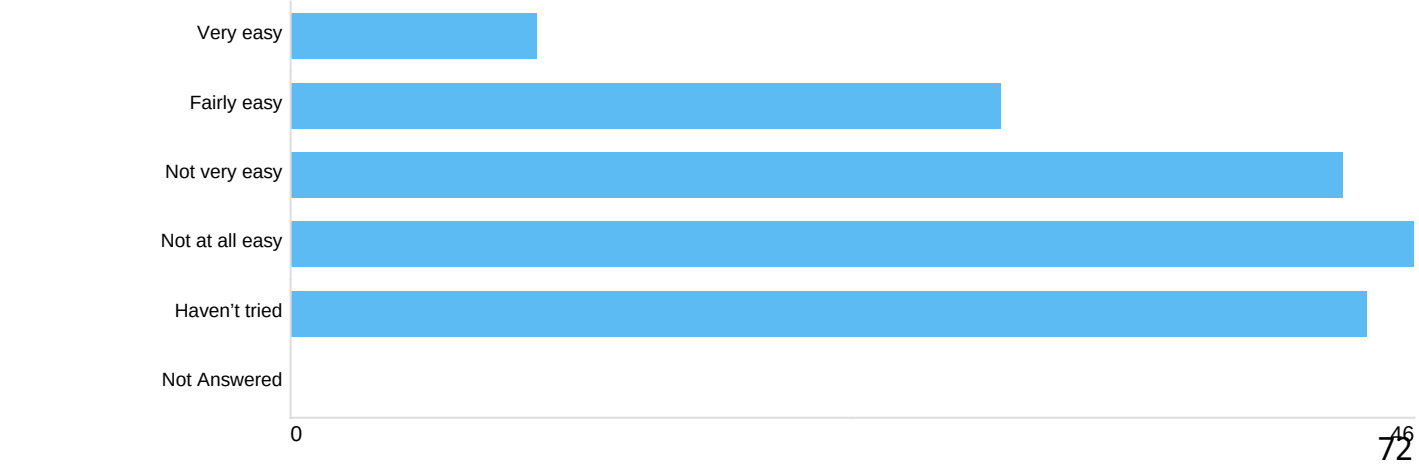
If you have made a complaint in the last 12 months, were you happy with how the practice resolved it for you?



Option	Total	Percent
Yes	7	4.07%
No	26	15.12%
To some extent	4	2.33%
Not resolved yet	14	8.14%
Not applicable (I haven't made a complaint)	121	70.35%
Not Answered	0	0.00%

Question 19: How easy is it to use your GP practice's website to look for information or access services?

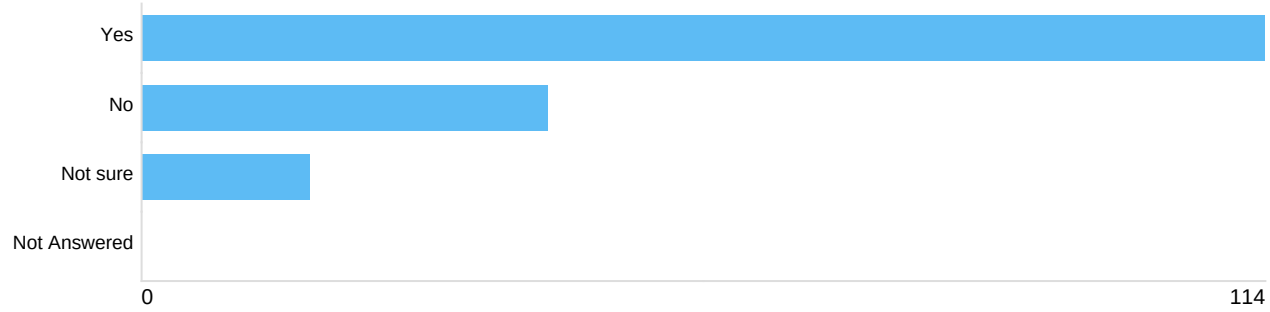
How easy is it to use your GP practice's website to look for information or access services?



Option	Total	Percent
Very easy	10	5.81%
Fairly easy	29	16.86%
Not very easy	43	25.00%
Not at all easy	46	26.74%
Haven't tried	44	25.58%
Not Answered	0	0.00%

Question 20: Has your GP practice proactively sent you information by text message or letter?

Has your GP practice proactively sent you information by text message or letter?



Option	Total	Percent
Yes	114	66.28%
No	41	23.84%
Not sure	17	9.88%
Not Answered	0	0.00%

Question 21: Are you aware of your GP practice's Patient Participation Group (PPG)? A PPG is a group of patients, carers and practice staff who meet to discuss practice issues and patient experience to help improve the service.

Are you aware of your GP practice's Patient Participation Group (PPG)? A PPG is a group of patients, carers and practice staff who meet to discuss practice issues and patient experience to help improve the service.

Option	Total	Percent
Yes	35	20.35%
No	137	79.65%
Not Answered	0	0.00%

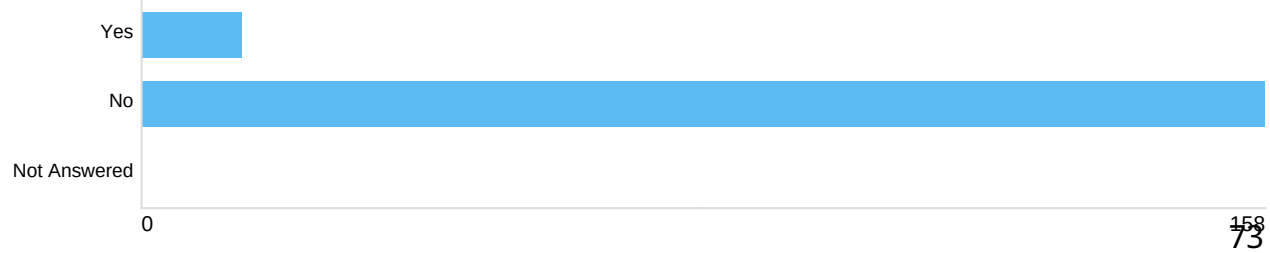
Question 22: What would make it easier for you to engage with your GP practice's PPG?

What would make it easier for you to engage with your GP practice's PPG?

There were **112** responses to this part of the question.

Question 23: Do you receive the following from your GP practice?

Do you receive a newsletter?



Option	Total	Percent
Yes	14	8.14%
No	158	91.86%
Not Answered	0	0.00%

Do you receive • minutes from meetings of the Patient Participation Group

Option	Total	Percent
Yes	7	4.07%
No	165	95.93%
Not Answered	0	0.00%

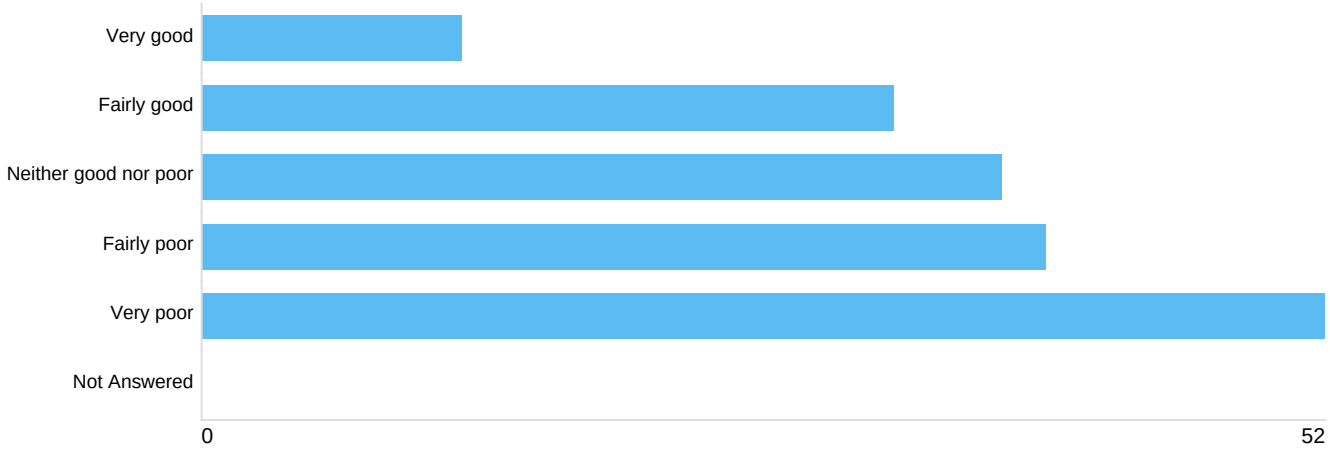
Question 24: Have you been offered the opportunity to engage or feedback on your GP practice in any other way?

Have you been offered the opportunity to engage or feedback on your GP practice in any other way?

There were **133** responses to this part of the question.

Question 25: Overall, how would you describe your experience of your GP practice?

Overall, how would you describe your experience of your GP practice?



Option	Total	Percent
Very good	12	6.98%
Fairly good	32	18.60%
Neither good nor poor	37	21.51%
Fairly poor	39	22.67%
Very poor	52	30.23%
Not Answered	0	0.00%

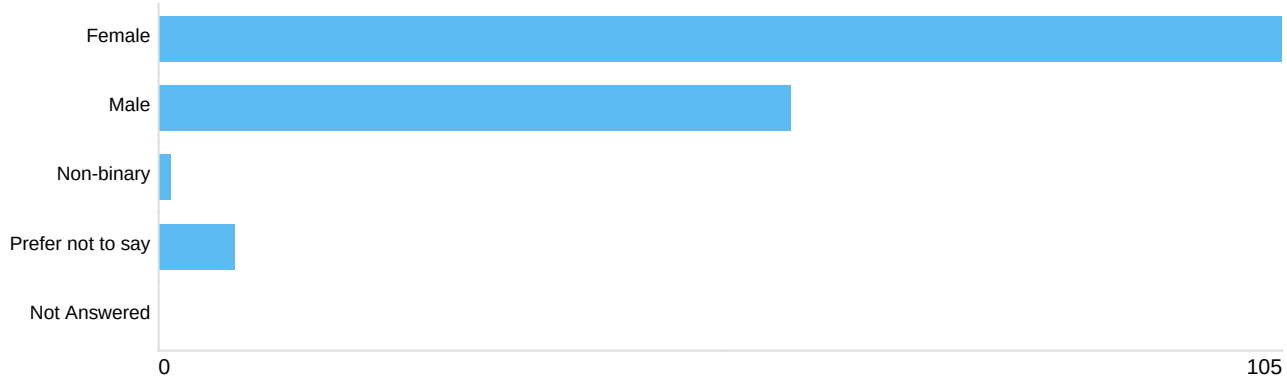
Question 26: Is there anything else you would like to tell us about your GP practice?

Is there anything else you would like to tell us about your GP practice?

There were **137** responses to this part of the question.

Question 27: Which of the following best describes you?

Which of the following best describes you?



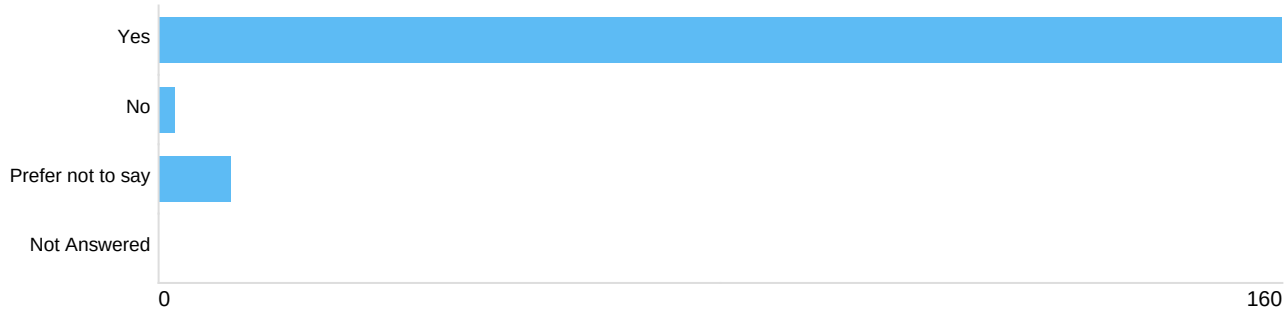
Option	Total	Percent
Female	105	61.05%
Male	59	34.30%
Non-binary	1	0.58%
Prefer not to say	7	4.07%
Not Answered	0	0.00%

Prefer to self describe

There were **7** responses to this part of the question.

Question 28: Is your gender identity the same as the sex you were registered at birth?

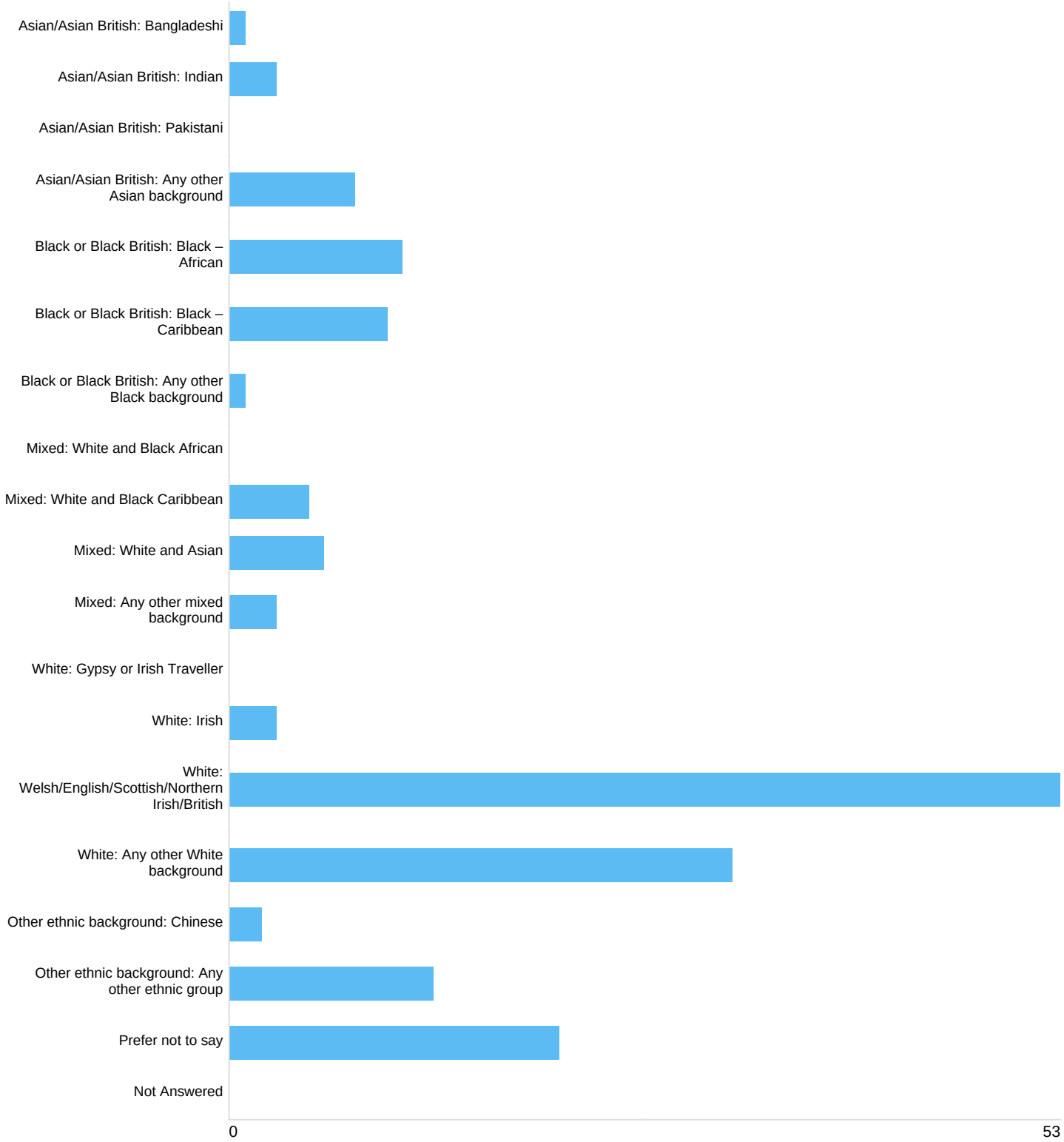
Is your gender identity the same as the sex you were registered at birth?



Option	Total	Percent
Yes	160	93.02%
No	2	1.16%
Prefer not to say	10	5.81%
Not Answered	0	0.00%

Question 29: What is your ethnic group?

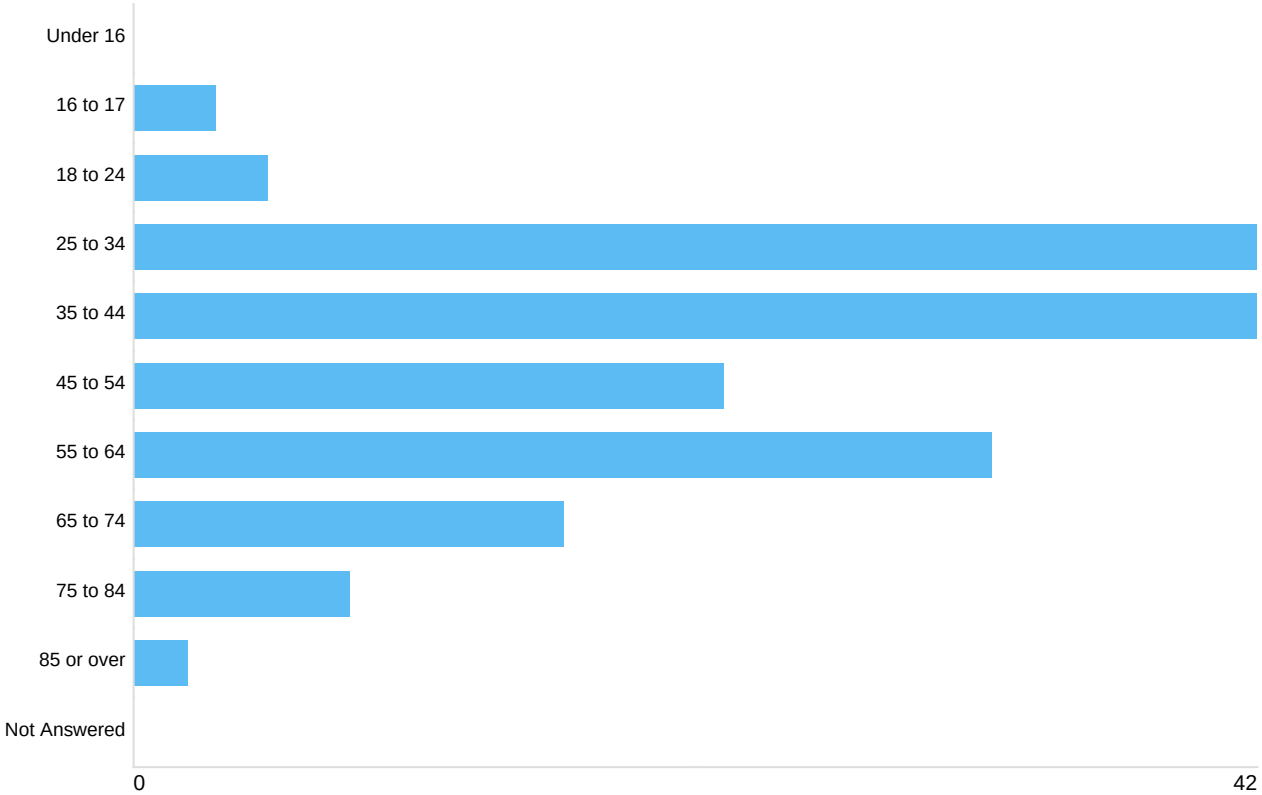
What is your ethnic group?



Option	Total	Percent
Asian/Asian British: Bangladeshi	1	0.58%
Asian/Asian British: Indian	3	1.74%
Asian/Asian British: Pakistani	0	0.00%
Asian/Asian British: Any other Asian background	8	4.65%
Black or Black British: Black – African	11	6.40%
Black or Black British: Black – Caribbean	10	5.81%
Black or Black British: Any other Black background	1	0.58%
Mixed: White and Black African	0	0.00%
Mixed: White and Black Caribbean	5	2.91%
Mixed: White and Asian	6	3.49%
Mixed: Any other mixed background	3	1.74%
White: Gypsy or Irish Traveller	0	0.00%
White: Irish	3	1.74%
White: Welsh/English/Scottish/Northern Irish/British	53	30.81%
White: Any other White background	32	18.60%
Other ethnic background: Chinese	2	1.16%
Other ethnic background: Any other ethnic group	13	7.56%
Prefer not to say	21	12.21%
Not Answered	0	0.00%

Question 30: How old are you?

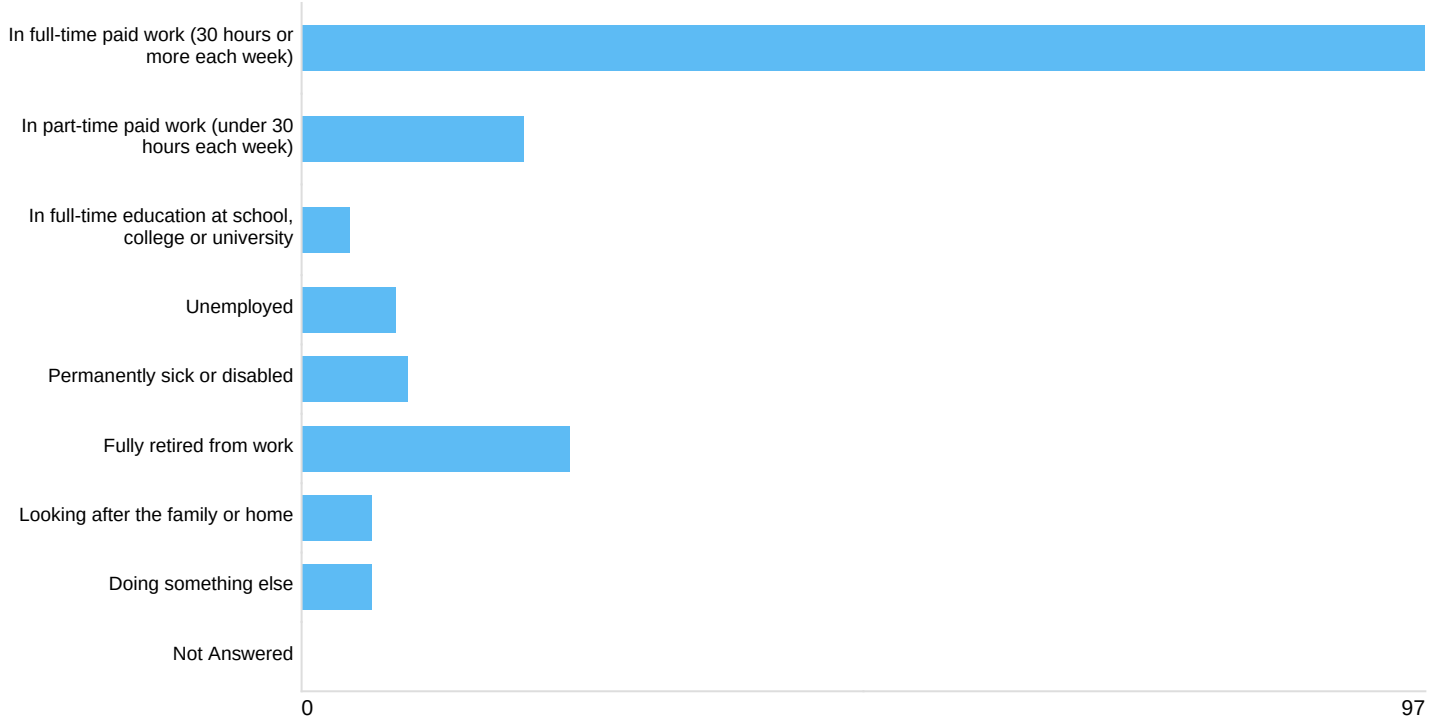
How old are you?



Option	Total	Percent
Under 16	0	0.00%
16 to 17	3	1.74%
18 to 24	5	2.91%
25 to 34	42	24.42%
35 to 44	42	24.42%
45 to 54	22	12.79%
55 to 64	32	18.60%
65 to 74	16	9.30%
75 to 84	8	4.65%
85 or over	2	1.16%
Not Answered	0	0.00%

Question 31: Which of these best describes what you are doing at present? If more than one of these applies to you, please select the main one only.

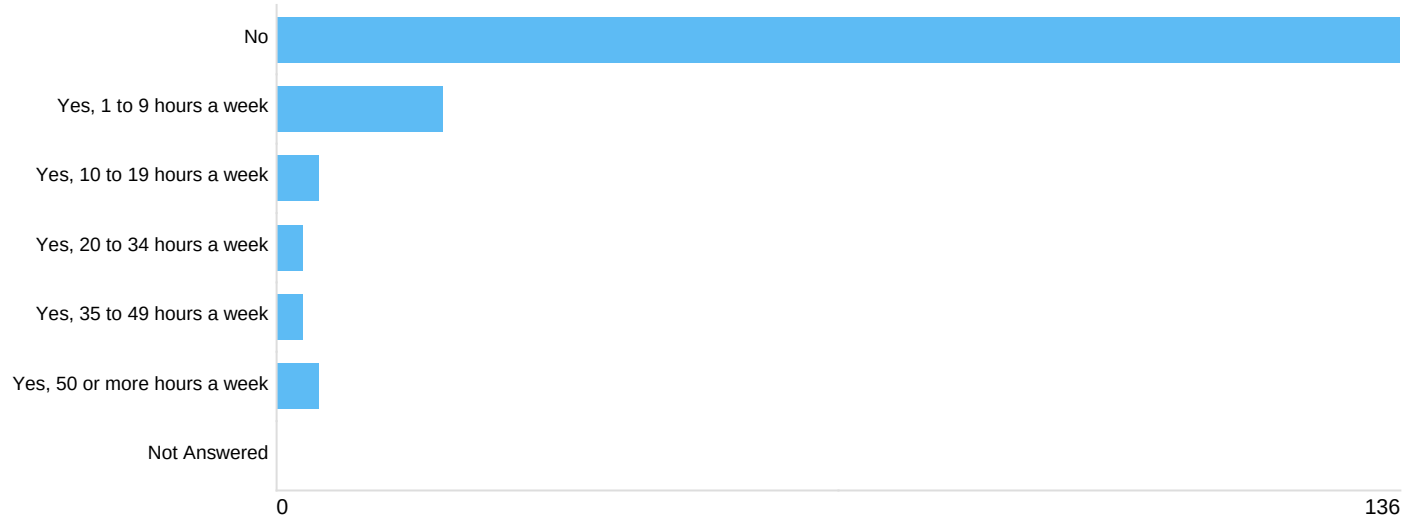
Which of these best describes what you are doing at present? If more than one of these applies to you, please select the main one only.



Option	Total	Percent
In full-time paid work (30 hours or more each week)	97	56.40%
In part-time paid work (under 30 hours each week)	19	11.05%
In full-time education at school, college or university	4	2.33%
Unemployed	8	4.65%
Permanently sick or disabled	9	5.23%
Fully retired from work	23	13.37%
Looking after the family or home	6	3.49%
Doing something else	6	3.49%
Not Answered	0	0.00%

Question 32: Do you look after, or give any help or support to, family members, friends, neighbours or others because of either a long-term physical or mental ill health / disability and/or problems related to old age? Don't count anything you do as part of your paid employment.

Do you look after, or give any help or support to, family members, friends, neighbours or others because of either a long-term physical or mental ill health / disability and/or problems related to old age? Don't count anything you do as part of your paid employment.



Option	Total	Percent
No	136	79.07%
Yes, 1 to 9 hours a week	20	11.63%
Yes, 10 to 19 hours a week	5	2.91%
Yes, 20 to 34 hours a week	3	1.74%
Yes, 35 to 49 hours a week	3	1.74%
Yes, 50 or more hours a week	5	2.91%
Not Answered	0	0.00%

Question 33: Are you a parent of or a legal guardian for any children aged under 16 living in your home?

Are you a parent of or a legal guardian for any children aged under 16 living in your home?

Option	Total	Percent
Yes	33	19.19%
No	139	80.81%
Not Answered	0	0.00%

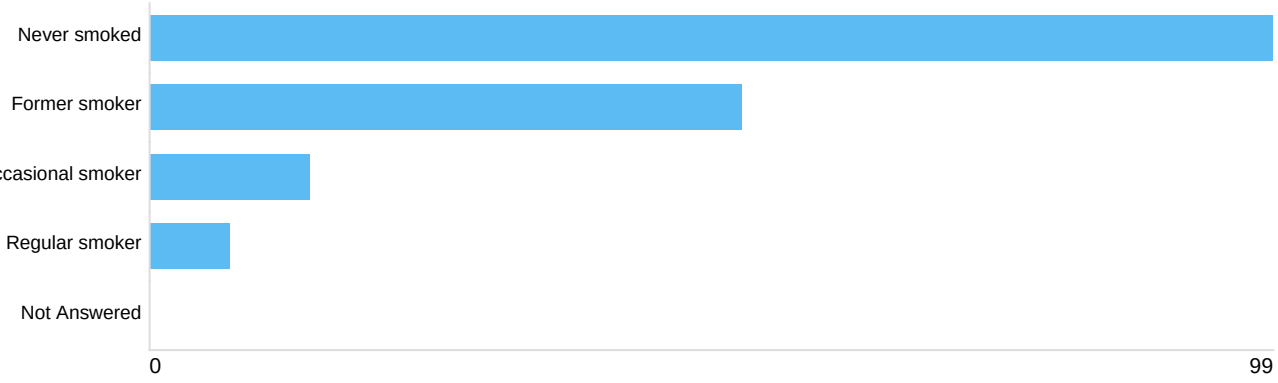
Question 34: Are you a deaf person who uses sign language?

Are you a deaf person who uses sign language?

Option	Total	Percent
Yes	3	1.74%
No	169	98.26%
Not Answered	0	0.00%

Question 35: Which of the following best describes your smoking habits?

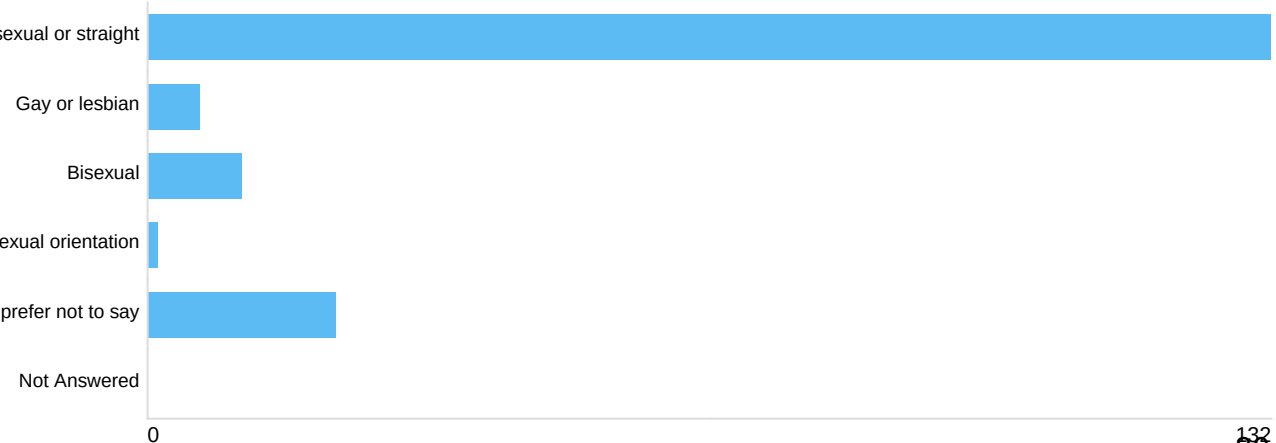
Which of the following best describes your smoking habits?



Option	Total	Percent
Never smoked	99	57.56%
Former smoker	52	30.23%
Occasional smoker	14	8.14%
Regular smoker	7	4.07%
Not Answered	0	0.00%

Question 36: Which of the following best describes how you think of yourself?

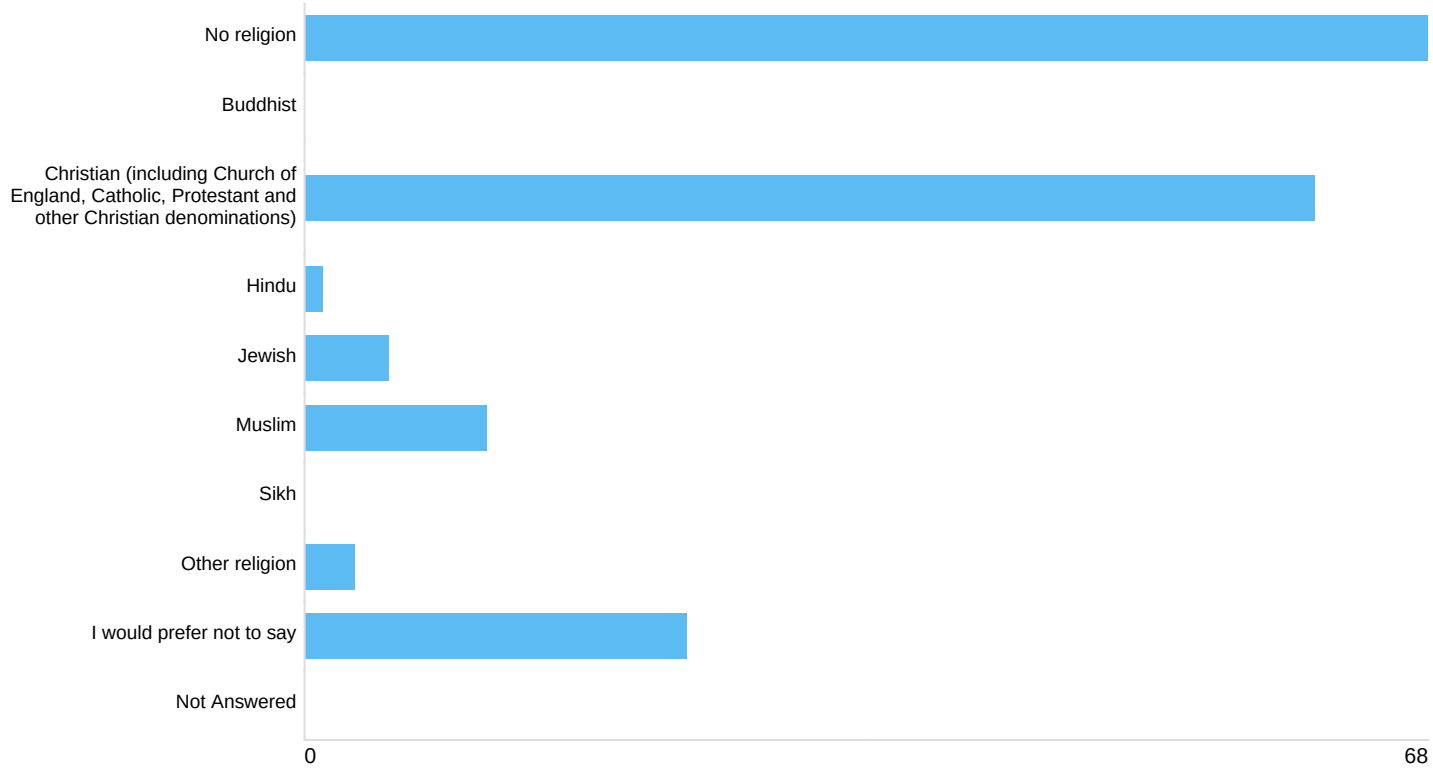
Which of the following best describes how you think of yourself?



Option	Total	Percent
Heterosexual or straight	132	76.74%
Gay or lesbian	6	3.49%
Bisexual	11	6.40%
Other sexual orientation	1	0.58%
I would prefer not to say	22	12.79%
Not Answered	0	0.00%

Question 37: Which, if any, of the following best describes your religion?

Which, if any, of the following best describes your religion?



Option	Total	Percent
No religion	68	39.53%
Buddhist	0	0.00%
Christian (including Church of England, Catholic, Protestant and other Christian denominations)	61	35.47%
Hindu	1	0.58%
Jewish	5	2.91%
Muslim	11	6.40%
Sikh	0	0.00%
Other religion	3	1.74%
I would prefer not to say	23	13.37%
Not Answered	0	0.00%

NHS
North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
18 June 2024

Report Title	Evergreen Primary Care Centre Development Programme	**Date of report**	19 May 2024	**Agenda Item**	2.2
Lead Director / Manager	Nicola Theron, Director of Estates	**Email / Tel**		nicola.theron@nhs.net	
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Kerry Bourne Programme Director NCL Community Improvement Programme	**Email / Tel**		Kerry.bourne@communityhealthpartnerships.co.uk	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, Primary Care NCL ICB	**Summary of Financial Implications** Internal reconfiguration of the existing Evergreen building will result in new demises and an increase in clinical space for each of the Enfield Healthcare Alliance, Evergreen and Rainbow GP practices. The works are estimated to finish by September 2025. The enlarged and upgraded space would result in an unfunded cost pressure on the primary care budget. The current reimbursement is £685,306.22 (inclusive of rent, rates, clinical waste, water and management charge). The increased reimbursement is expected not to exceed a maximum 10% uplift, or a total cost of £753,836.84 compared to 24/25 baseline. This is a maximum increase of **£68,530.62.**			
Name of Authorising Estates Lead	Nicola Theron, Director of Estates	**Summary of Estates Implications** This is a priority investment scheme that gives value for money for NCL. It will provide a more efficient building with 40% increased lettable areas for GPs and other tenants through the building with no increase in rent on the overall building (noting the increased cost to the primary care revenue budget). Significant improvements in quality of accommodation, capacity and space utilisation will be achieved. There are currently 24 primary care clinic rooms, and this scheme will provide another 5 or 6 clinic rooms plus 4 more phlebotomy chairs. The proposed works will be completed in phases, starting (estimated) March 2025 and completing September 2025. All primary care and provider tenants will remain in Evergreen but will move around the building whilst works are underway.			

Report Summary	The ICS and ICB have earmarked 5% of the annual NCL ICS Capital allocation to fund improvements in Primary Care. Evergreen is one of the prioritised investment schemes for 24/25. Evergreen Primary Care Centre is a core asset. It is in a good location but, being built in the early 2000s, it now requires refurbishment to make it fit for delivery of health services in Edmonton Green for the foreseeable future. Given the housing developments and population increases in this area, there is insufficient primary care capacity. Patient lists are growing. A requirement for additional capacity at Evergreen PCC was identified in the NCL PCN Estates and Infrastructure Plans (2022) and further reinforced by a recent feasibility study. The project will go some way to address this shortfall by providing more clinic rooms. There may also be a need to increase capacity elsewhere to ensure future resilience. Three general practices occupy Evergreen PCC, along with a wide range of out of hospital services such as phlebotomy, dental and renal. The paper provides a full description of the Evergreen programme which will increase the lettable area of the existing building by 40% and enable the three general practices within the building to increase their demises. The paper seeks approval from the committee for the additional revenue expenditure for the general practice estate, which will represent a maximum 10% uplift on current spend across the three GP practices as detailed in the paper. It is likely this will impact 25/26 budgets.
Recommendation	The Committee is asked to: • **APPROVE** maximum additional revenue expenditure of up to £68,530.62, compared to 24/25 baseline, to enable development of the estate and increase space for Evergreen, Enfield Healthcare Alliance and Rainbow practices as a Not to Exceed value. The costs are expected to rise from September 2025.
Identified Risks	• Legal workstream – ensuring that head tenants and sub tenants are all signed up to agreement for leases and leases. • Clearing historical debt • Satisfactory tenders and affordability.
Management Actions	Ensure the cost increase does not exceed £68k. The programme board will manage the ongoing engagement with all building tenants and the landlord, clarifying the use of space as the project evolves and eventual communication with patients.
Conflicts of Interest	Not applicable.
Resource Implications	External technical support has been appointed via the Evergreen Project Board, directly by the landlord and funded from the Evergreen project budget which will be drawn down via a funding agreement for the ICB capital allocation.
Engagement	We have undertaken extensive consultation with all the tenants so far. We are at the early stages of the project. As soon as we are more progressed a communications strategy for wider groups such as patients, councillors and other public sector partners will be programmed for March 2025.
Equality Impact Analysis	Not applicable. There are no substantive changes to services and capacity will be increased.
Report History and Key Decisions	Evergreen optimisation has been a priority for investment since NCL STP's Estate Strategy was first finalised 2018. NCL Local Care Infrastructure Delivery Board (a decision-making subcommittee of the ICB Strategy and Development Board) approved the scheme as a priority for capital funding on 16 April 2024.
Next Steps	• Obtain PCC approval for revenue changes. • Finalise all legal work.

	• Review the DV assessment. • Work with NHSE for capital funding drawdown. • Complete the Full Business case. • Commence works. • Communicate more widely.
Appendices	Not applicable.

Evergreen Primary Care Centre Internal Reconfiguration Programme

Background

Evergreen PCC is located in South East Enfield, which includes some of the most deprived areas within the Borough. It is an area with high levels of need - in terms of health and wellbeing and socio-economic challenges. The population in the area is continuing to rise.

The Evergreen Centre accommodates multiple GP practices with a combined list size of over 34,000 and a number of community services. There is no other suitable estate from which to deliver these services.

Evergreen PCC is operational Monday – Sunday 08:00-20:00 and is a flexible, core strategic asset; however, the building has void / bookable rooms that are not utilised efficiently and reconfiguration works would increase efficiencies and support the optimisation of the facility,

Population Growth

Enfield and particularly Edmonton Green, where Evergreen PCC is located, is experiencing a high level of housing development and population growth and this will put greater demand on primary care.

The estates team analysed housing developments and other estate within 1 mile of Evergreen PCC and identified a forecast additional population of c8,500 accumulated from two developments.

With the exception of Forest Road PCC, other surgeries are either at capacity or operating out of converted residential /commercial properties and unable to provide any additional capacity to support the increase in population.

A Capacity Planning exercise was carried out by the ICB as part of PCN Estates Planning - all practices within Evergreen PCC were deemed to be either at or over capacity and into the future require additional face to face consultation space.

The proposals at Evergreen offer an opportunity to optimise existing good quality estate, offering additional capacity and future proofing of the building cost effectively.

Travel

Using the Public Transport Accessibility Levels (PTAL) tool, the majority of people travelling from a mile radius of the site by public transport can access Evergreen PCC by public transport within 15 minutes up to a maximum of 30 minutes to travel to the PCC from the east. In addition, when travelling by car a significant proportion of people travelling from a mile radius of the site by car can access Evergreen PCC by within 5 minutes up to 15 minutes to travel to the PCC from the east.

Practice performance

All GP practices within Evergreen PCC are CQC rated as Good. Rainbow Practice has a below national average ratio of GPs : Patients and this will be reviewed with the team alongside other indicators from the Quality & Performance report as investment is made into the building. All practices are participating in the National Primary Care Access Recovery Plan.

Development plans

The ICB has ringfenced 5% of the annual ICS Capital Allocation to deliver primary or integrated care projects. To support delivery, a prioritised investment and development pipeline has been produced and Evergreen PCC is high up this list. This pipeline is updated annually and overseen by the Local Care Infrastructure Delivery Board. Evergreen Primary Care Centre is a key core asset to be retained for the

delivery of health in Enfield for the foreseeable future. Evergreen optimisation has been on the estate's priority pipeline since 2018.

Community Health Partnerships (CHP, an NHS Property Company) holds the Head Lease. Occupiers of the building (GPs and community services) lease space from CHP.

Whilst Evergreen PCC is a core asset, it is old (c2000) and requires a major refurbishment, in line with best practice of periodic updating. This allows the opportunity to improve the internal layout to provide more clinical space.

There are currently 24 primary care clinic rooms in Evergreen. The NCL PCN estates and infrastructure plans (2022) identified need for c.10 more clinical rooms, based on modelling of demographic change, population, and housing growth. The maximum expansion that the building envelope allows is an increase of clinical capacity by up to 6 more clinical rooms to create 30/31 plus 4 phlebotomy chairs.

The project will make the very best of the space, increasing the lettable area by 40%. It will be a very efficiently planned building. The rest of the clinical capacity will need to be identified elsewhere in Enfield, via a future feasibility study/project or different ways of working.

There are 4 issues to work through:

a. The head lease expires in March 2025
b. Some of the sub tenants do not have leases. For those that do, new leases will need to be agreed from March 2025
c. Specification of works and tender process is required.
d. Some sub tenants (GPs and Providers) are in debt to CHP which needs to be cleared before capital can be invested.

A Programme Board was established in April 2023 to monitor the above and ensure that all stakeholders understand the project as it progresses.

Through this work we will achieve the following:

1. Total rent the Landlord receives from the property will not increase. However, because all 3 practices are gaining more space their rent will increase. This is the request for additional revenue.
2. The programme will improve the design and operation of the building, providing more total internal space, improving running costs and enabling additional primary care capacity.
3. GPs will sign up to direct payments, reducing the risk of future debt for reimbursable costs.
4. GPs will sign up to direct payments for FRI reimbursement % to be held in a sinking fund by CHP, with expenditure deducted as it is charged.

There are multiple tenants in the building and the individual providers are taking their revenue position through their own governance.

Finances

The current reimbursable element is £685,306.22. Future reimbursable not exceed £753,836.84 (difference £68,530.62) based on 24/25 baseline. This 10% increase estimate provides for some contingency. The costs are expected to rise from September 2025.

Next steps

- Obtain PCC approval for revenue changes.
- Finalise leases, in accordance with the DV assessment, ready for signature.

- Complete the Business Case to enable the capital funding drawdown via NHS England approvals route.
- Local communication of plans

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
18 June 2024

Report Title	General Practice Quality and Performance Report	**Date of report**	20 May 2024	**Agenda Item**	3.1
Lead Director / Manager	Sarah Mcilwaine, Director of Primary Care	**Email / Tel**		sarah.mcilwaine@nhs.net	
Board Member Sponsor	Sarah McDonnell- Davies, Executive Director of Place				
Report Author	Adam Backhouse and Steve Fothergill	**Email / Tel**		adam.backhouse@nhs.net steve.fothergill@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	The Quality and Performance Report supports the work of the Primary Care Committee by providing data and insight into quality, activity and capacity in General Practice across North Central London. The executive summary summarises overall trends at system level, whilst the practice-level report visualises variation at practice and PCN level. This month's executive summary describes overall trends in quality, activity and workforce, with reference to the ICB's primary care submission to NHS England as part of the operational planning guidance for 2024/25. It highlights: • Over- achievement against the national 75% completion target for LD health checks for 2023/24 (NCL achievement of 80%) and plans to support practices with this work through 2024/25. A deeper dive on LD health checks is coming to the committee in August 2024. • Stable levels of GP appointment provision as practices continue the work to move to the Modern General Practice access model by March 2025 • Trends from the end of year workforce data for 2023/24 including the most popular and fastest growing ARRS roles. It also describes the work that has begun to further develop the report in the coming months. This is in response to changes in the PCC remit, alignment with the Quality Committee, and changes to the structure of the ICB's primary care function. This work will be expanded upon at the August meeting. Committee members are asked to review both the slides and the dashboard itself and note any questions, issues or themes that would benefit from further discussion or investigation.				
Recommendation	The Committee is asked to: • **NOTE** the report and scrutinise the data provided to inform discussion				

	• **NOTE** the intention to review and further develop this report in the coming months.
Identified Risks and Risk Management Actions	Timeliness and quality of data is known to be variable in some of the national datasets which form the basis of this report. Coding and recording approaches also vary between practices, though NHS England have recently incentivised practices to reduce variation in how they capture appointment activity in EMIS and the ICB commissioned the NCL Training Hub to run training sessions for practices to support them to make these changes. Overall the value of using this data to demonstrate the quality and volume of work General Practice delivers outweighs the risk of making judgements based on poor quality data. Where outliers or areas of variation are identified in the dataset the ICB's first course of action would be exploratory with the practice to understand why, following up formally as necessary.
Conflicts of Interest	Not applicable.
Resource Implications	Development and delivery of the ICB approach to General Practice / Primary Care quality and performance requires significant staff resources from across directorates.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	The Q&P report is a standing agenda item. The PCC has previously commented on the content and the analysis it wants to see. This is reflected in the iterations of the report presented.
Next Steps	Review of our Q&P approach for General Practice services during 2024/25 with the aim of iterating the Q&P report to optimise insight and the effectiveness of the Committee and ICB.
Appendices	• Executive summary • Q&P dashboard

NHS
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General Practice Quality & Performance Report

June 2024

June – summary of current themes [1/4]

North Central London
Integrated Care Board

Quality

- The **CQC ratings for NCL practices have not changed** since the last Committee. The majority of NCL practices are rated as “Good”; ten NCL practices are CQC rated “*Requires Improvement*” or “*Inadequate*”. Improvement plans are in place with these practices and these set out actions for practice and the ICB. Two practices are rated *outstanding*.
- By the end of the 2023/24 financial year, **80% of those eligible for an annual health check for people with learning disabilities, had received one.** This is down from 90% in 2022/23, but above the national target of 75% set in the NHS Long Term Plan. See slides 6-7 for more detail.
- Month on month variation (and practice by practice variation) in **Advice & Guidance, Consultant Connect** and **referrals to secondary care** continues. Taking a longer term view, the use of Advice and Guidance and Consultant Connect where these are appropriate (as alternatives to referrals) are slowly growing. This data will be reviewed as part of system work on the primary care / secondary care interface, which will also look at measures to streamline processes at the interface.

June – summary of current themes [2/4]

North Central London Integrated Care Board

Appointments / Activity

- **672,272 appointments were delivered in General Practice in March 2024:**
    - 51% were same day appointments
    - 92% were booked within two weeks (national standard 90%).
- The ICB Planning Assumption (submitted in our 24/25 Operating Plan) is for no further growth in general practice appointment numbers at this time.
- We are working to ensure a focus on proactive care (e.g. through the long-term conditions LCS) alongside looking at the management of on the day demand.
- This year practices will all be working to deliver the Primary Care Access Recovery Plan (PCARP) and improve the patient experience of accessing General Practice via a move to Modern General Practice by March 2025.
- NHS England's aim is that all patients requesting same day support from primary care should receive an appropriate response to meet their need on the day.

June – summary of current themes [3/4]

North Central London Integrated Care Board

Appointments / Activity

- Key delivery activity to support achievement of improved access and patient satisfaction will include:
  - Ensuring parity of approach and responsiveness when triaging and responding to same day access requests, whether they come in via telephone, digital routes or in-person requests
  - Increased use of the patient self-service via the NHS app: booking appointments, repeat prescriptions, secure messaging and prospective access to patients' own GP records
  - Consistent use of care navigation to direct patients to the most appropriate service for them where this may be an appointment with another clinician, or an alternative service like Pharmacy First
- There is a wide ranging programme of work covering changes to practice digital infrastructure, practice operating models, patient communications and engagement, training and development for staff teams and other interventions.
- This work requires significant change to team processes and ways of working and practices begin this journey at very different starting points.
- The ICB has commissioned change management support to practices to assist with the work.
- We will be evaluating impact and looking at patient responses and satisfaction over time as teams and patients adjust to new ways of working.

June – summary of current themes [4/4]

North Central London
Integrated Care Board

Workforce

- Our **Practice workforce** has remained stable in February and March 2024 following growth in 2023/24.
- As part of our work to implement the primary care access recovery plan (PCARP) we will be looking at the number, skillset and career development opportunities for practice administrative staff, our largest workforce group. We are developing recommendations about how this group is supported to deliver their contribution to *modern general practice access* and a positive patient experience.
- End of year data on the **PCN-based Additional Roles Reimbursement Scheme (ARRS)** shows clinical pharmacists, physician associates and care coordinators remain our most popular ARRS roles.
- Advanced pharmacist practitioners, pharmacy technicians and physiotherapists were our fastest growing ARRS roles.
- ARRS budgets are static in 2024/25; the ICB will want to support PCNs to maintain their full ARRS workforce through a focus on retention.
- The ICB team are scoping improvements to workforce data. The first task is to work with practices and PCNs not routinely updating their workforce data on the national system. At present only **55% practices have updated their workforce data in the last six months** meaning that workforce data is not fully accurate.

Learning Disability Health Checks

North Central London
Integrated Care Board

End of year data

- End of year achievement of LD health checks for 2023/24 was 80% for NCL, down from 90% in 2022/23. 114/185 practices achieved at least the 75% completion national target and 29/185 practices reported 100% completion.
- The NCL average masks considerable variation between practices – from 5% to 100% - and therefore inequality for patients. There is a need to better understand and address lower levels of achievement in this area
- It should be noted the LD register grew 6% between March 2022 and March 2023 from 7,093 to 7,552. Practices have not experienced this growth equally and in some areas the LD register shrunk – we will explore this further.

Deep dive

- The ICB primary care team convened a meeting to deep dive into the data with ICB clinical leads, primary care, LD and autism experts and borough leads.
- The group reviewed practice-level data and feedback from practices with higher-achievement levels. This group are developing recommendations to improve LD health check rates in 24/25 and will report back to the August Committee.

LD health checks – end of year update 2023/24

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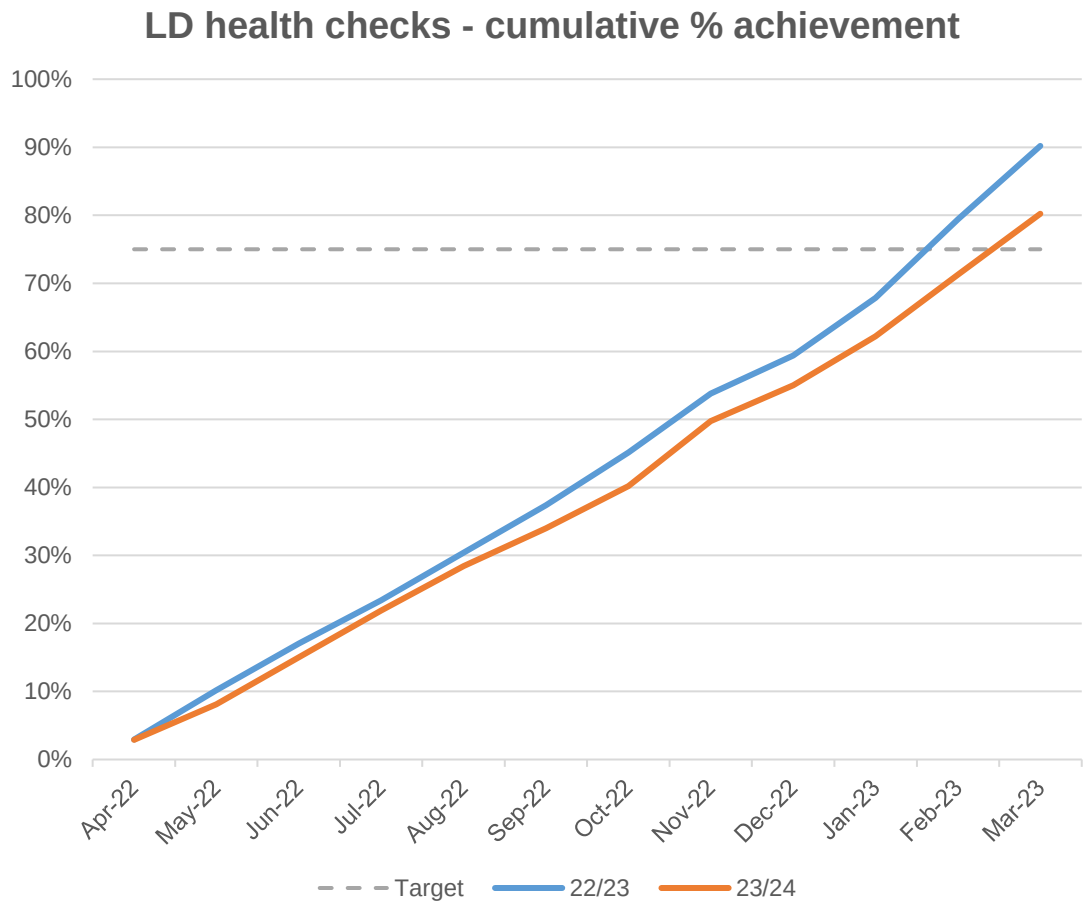

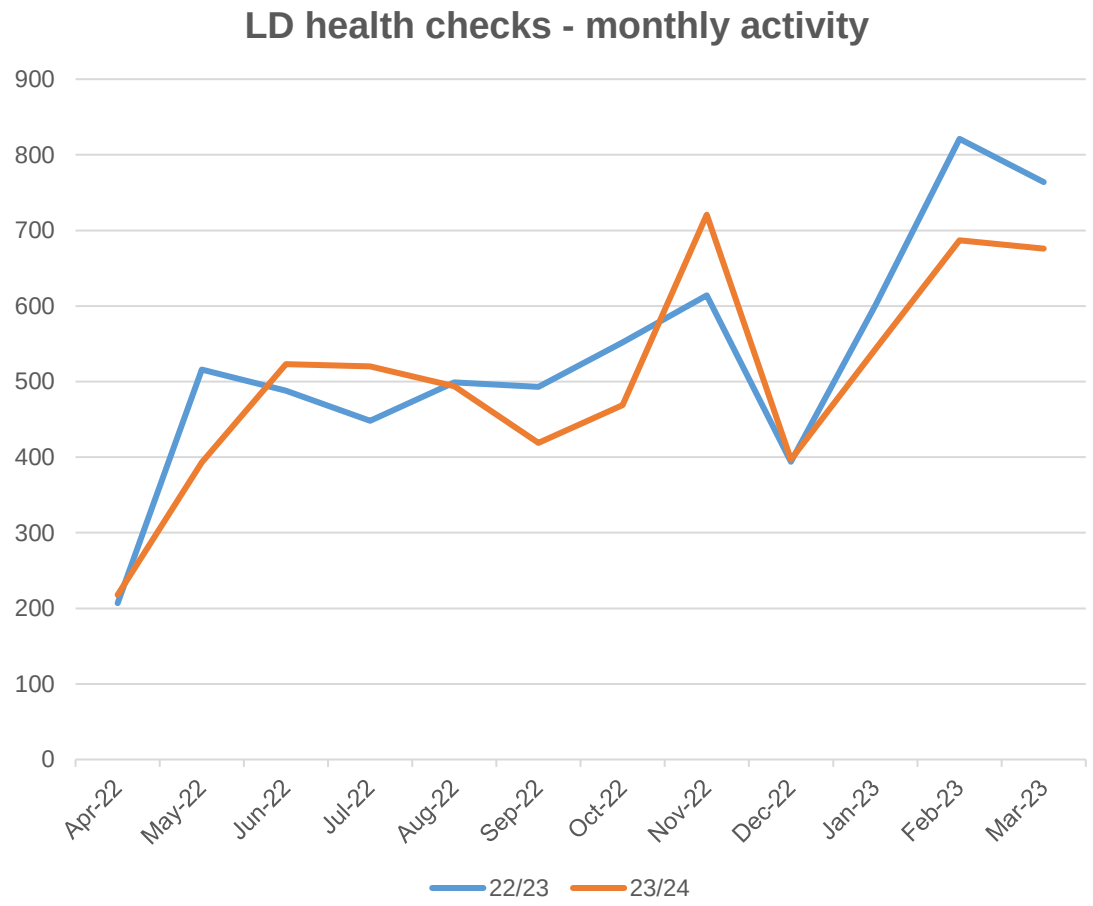

Our data shows monthly LD health check activity is relatively consistent with a reduction in December and spike in February and March as practices focus on completion of QoF and other end-of-year targets.

Reviewing and developing our approach to Q&P in the new ICB structure

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We are iterating the Q&P report to reflect changes to the Committee's remit, alignment with ICB Quality Committee, and as the new NCL primary care team becomes more intelligence-driven in its approaching to supporting practices.

The primary care team is reviewing a long list of potential measures of quality and performance which could be incorporated into a revised dashboard. These will cover measures of population health and equity to make it easier to show inequalities in measures of quality and performance.

A draft set of principles to guide the approach to choosing measures and the dashboard design are on the next slide.

Next steps

1. ICB primary care and analytics teams will work to develop a suggested approach:
   - Continue to develop the longlist of potential measures with recommendations as to the highest impact measures we might include
   - Develop approach to data analysis and visualisation with a focus on how we visualise variation and inequalities
   - Explore other formats for the Q&P dashboard to improve ease of access and exploration of the data
2. Discussion paper to come to the August Committee.

Draft principles for the Q&P report

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To get the most out of the Q&P report and how it is used in the context of the specific remit of PCC, the redesigned Q&P report will:

1. Measure the things that matter to the population, the ICB and the Committee, taking a rounded view of primary care quality and performance
2. Only report on things in the control / influence of General Practice to improve with ICB support, noting that other data will be reviewed in other ICB and system forums
3. Triangulate data with broader information and insight held by the ICB to gain the most understanding from the information held
4. Acknowledge data by itself can't explain why quality and performance looks the way it does, but can help the Committee direct the ICB's attention to areas that would benefit from further exploration; either in terms of areas of high performance, or where additional support may be beneficial
5. Be realistic about the timeliness and quality of primary care data available; work to gain maximum value from the data held
6. Focus on data that is updated regularly (annual publications e.g. GP Patient Survey could be more appropriate for a deep dive discussion)
7. Maintain focus on equity and inclusion - where there are trends or variation in performance, there will be a need to understand which patient groups are being disproportionately affected
8. Present the data in a way that makes it easy to explore NCL trends and see areas of variation between practices

Appendix 1

Methodology

Introduction

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- This report is owned and reviewed at regularly at NCL PCC. PCC will support upwards reporting to the Strategy & Development Committee and ICB Board. Primary Care performance forms part of the overall ICB Board Performance report, helping ensure primary care oversight forms part of wider NCL ICB reporting and assurance
- The document will be publicly-available (as part of PCC papers) and is largely based on information available in the public domain
- This report is not shared routinely with provider colleagues however it is available to all as part of the Committee papers. ICB teams use the report to support local discussions relevant to operational performance, quality, and patient access with Practices, PCNs and Federations.
- The report includes an ‘executive summary’ capturing how NCL general practice is doing with a focus on metrics that reflect quality, access, safety, operational performance and activity across key system interfaces. This report tracks trends and shifts in data over time and highlights areas that warrant PCC consideration.
- It is not intended that the report is used in place of individual contract assurance processes and / or performance management. This is a system-wide report and any requirement for formal review or action will be taken by the contracts team in line with established process, committee decisions and on a case-by-case basis.

Using this reporting to drive action

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The Q&P report harnesses existing data and builds on processes already established at place and system level to identify and respond to emerging issues:

- **ICB operational leads -** use the dashboard and local intelligence to plan support to practices, to support primary care development and sustainability. Our clinical leads provide a link for clinician-to-clinician conversations with individual practices
- **Monthly multidisciplinary review** - review of practice information via a monthly 'hotspots' meeting feeding into a caselog capturing quality, performance, contractual and operational challenges. The data and local insight helps identify practices in need of support. This conversation includes Primary Care, Quality, Clinical Leads plus Estates, IT, Digital and Finance as required. These reviews inform the Primary Care Committee pipeline.

If matters need escalating, the Committee can use its reporting line into the Strategy and Development Committee and up to ICB Board. It can also refer matters as needed to the Quality Committee.

Finally, specific concerns relevant to regulation (CQC) or roles reserved for the NHSE Medical Directorate (management of the Performers List for example) are escalated as needed via the PC Contracts team.

Indicators

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Operational information
Information which primarily changes month on month

Clinical
- LD healthchecks completed that quarter
- SMI healthchecks completed that quarter
- % of eligible patients with a care plan (based on LTC LCS)

Activity
- Appts / 1,000 patients
- % face-to-face consultations
- 111 contacts / 1,000 patients
- Acute referrals / 1,000 patients
- A&G / Consultant Connect contacts / 1,000 patients
- ED attendances / 1,000 patients
- VB11Z (low acuity ED attendances) / 1,000 patients
- Emergency admissions / 1,000 patients
- 2ww / 1,000 patients

Conditional formatting is used to highlight degrees of change since the last monthly report

Wider information
Information which primarily changes quarterly or annually

Workforce
- GPs / 1,000 patients
- Nurses / 1,000 patients
- ARRS / 1,000 patients

Experience / quality measures
- Current Friends and Family test result
- CQC – current rating, latest inspection, issues by exception
- Serious incidents
- Complaints / 1,000 patients

Practice overview
- Core practice information (borough, name)
- Change in list size over past quarter

Change identifiable through sparklines and/or through arrows that show trend

Indicators - inclusion and exclusion criteria used

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Inclusion criteria:

Data and / or reporting is based on indicators that are:

- Useful, meaningful, and offers actionable insight
- Near live and/or updated regularly (suggest minimum quarterly)
- Based on an existing data sources i.e. not having to develop a new KPIs, reporting channels or manual data collection processes
- Likely to also be reported or reviewed as part of the new ICS Strategic Outcomes Framework (SOF), London regional reporting or ICS system management arrangements.

Exclusion criteria:

- This is focussed on core general practice / primary medical services in line with the role of PCC. It does not cover all areas of delivery in primary care or all information of strategic or operational significance to the overall delivery of primary care. If this is required, it will be reported via Strategy & Development Committee or ICB Board.
- Demographic data that is decoupled from other data
- GP patient survey data (which is annual) – although suggest this could be covered each year in a ‘deep dive’ report capturing findings and proposed actions for NCL

Practice					Practice Demographics				Healthchecks	Practice Survey					Workforce				Quality
Borough	Practice Name	ODS Code	PCN	QOF Score (22/23)	List Size - Apr 24	List Size - age 40+	List Size Change - Jan/Mar (Q4)	% of Patients with a Long Standing Condition	No. of LD Healthchecks completed Vs eligible - Cumulative YTD	% of patients who responded 'Easy' to ease of getting through to someone at GP practice on the phone	% of patients who responded 'Easy' to ease of using your GP practice's website to look for information or access services	% of patients who responded 'Satisfied' with appointment offered	% of patients who responded 'Good' to overall experience of making an appointment	% of patients who responded 'Good' to overall experience of GP practice	FTE GPs	FTE GPs Rate Per 1000 (UK Average - 0.45)	FTE GP Nurses	FTE GP Nurse Rate Per 1000	CQC Overall Rating
Barnet	Colindale Medical Centre	E83637	PCN 1D	606.85	11687	3,490	1.1%	37%	32%	22%	60%	47%	39%	61%	3.3	0.30	0.00	0.00	Good
Barnet	Hendon Way Surgery	Y03663	PCN 1D	528.54	9244	3,552	0.6%	36%	61%	49%	34%	48%	46%	58%	3.3	0.36	0.51	0.06	Good
Barnet	Jai Medical Centre	E83038	PCN 1D	572.02	9264	4,216	0.0%	44%	60%	60%	64%	59%	59%	71%	0.2	0.03	1.16	0.13	Good
Barnet	Mulberry Medical Practice	E83046	PCN 1D	525.13	8617	4,401	-0.7%	44%	17%	31%	54%	37%	33%	45%	3.1	0.35	1.52	0.17	Good
Barnet	Oak Lodge Medical Centre	E83032	PCN 1D	574.37	17756	7,490	0.3%	33%	37%	28%	57%	47%	40%	49%	11.5	0.65	1.00	0.06	Good
Barnet	Wakemans Hill Surgery	E83041	PCN 1D	574.28	4564	2,025	0.9%	41%	56%	32%	60%	35%	41%	59%	1.8	0.41	1.00	0.23	Good
Barnet	Deans Lane Medical Centre	E83668	PCN 1W	508.22	4120	2,762	0.1%	46%	0%	59%	68%	77%	66%	81%	0.9	0.22	0.53	0.13	Good
Barnet	Parkview Surgery	E83028	PCN 1W	542.83	6356	3,567	-0.9%	46%	125%	65%	74%	62%	63%	80%	2.0	0.31	0.60	0.09	Good
Barnet	The Everglade Medical Practice	E83011	PCN 1W	532.45	10859	7,990	-0.8%	40%	28%	72%	62%	64%	73%	89%	6.4	0.58	1.52	0.14	Requires Improvement
Barnet	Watling Medical Centre	E83018	PCN 1W	558.14	17749	4,690	0.5%	46%	21%	53%	65%	53%	52%	72%	13.8	0.79	2.87	0.16	Good
Barnet	Brunswick Park Medical Practice	E83621	PCN 2	591.49	9042	3,627	0.4%	47%	80%	35%	57%	42%	43%	62%	7.5	0.87	3.89	0.45	Good
Barnet	Colney Hatch lane Surgery	E83034	PCN 2	518.78	5062	5,900	0.2%	45%	80%	38%	53%	37%	39%	64%	2.2	0.42	0.72	0.14	Good
Barnet	East Barnet Health Centre	E83613	PCN 2	625.54	11247	4,695	0.1%	48%	82%	53%	56%	42%	42%	67%	7.5	0.66	1.48	0.13	Good
Barnet	East Finchley Medical Centre	E83050	PCN 2	527.01	7471	6,028	0.3%	52%	94%	51%	62%	49%	49%	68%	2.5	0.33	0.00	0.00	Good
Barnet	Friern Barnet Medical Centre	E83045	PCN 2	582.25	9844	4,797	0.5%	43%	69%	37%	68%	43%	41%	61%	5.4	0.55	1.00	0.10	Good
Barnet	Rosemary Surgery	E83639	PCN 2	489.54	6247	2,798	-0.4%	39%	84%	32%	52%	36%	37%	50%	4.2	0.68	0.00	0.00	Good
Barnet	St Andrews Medical Practice	E83024	PCN 2	592.9	11533	4,972	0.1%	43%	71%	33%	41%	38%	46%	52%	11.6	1.02	2.64	0.23	Good
Barnet	The Clinic (Oakleigh Rd North)	E83003	PCN 2	562.12	9837	3,196	1.2%	39%	91%	52%	68%	53%	52%	72%	6.6	0.70	0.53	0.06	Good
Barnet	The Speedwell Practice	E83010	PCN 2	594.9	11984	2,848	0.1%	38%	68%	61%	71%	37%	42%	72%	8.5	0.73	2.49	0.22	Good
Barnet	The Village Surgery	E83031	PCN 2	545.68	5941	4,014	2.0%	40%	81%	63%	71%	45%	62%	82%	2.6	0.49	0.69	0.13	Good
Barnet	Torrington Park Group Practice	E83021	PCN 2	526.47	12670	1,150	0.8%	40%	80%	71%	62%	61%	54%	81%	8.0	0.65	1.97	0.16	Good
Barnet	Woodlands Medical Practice	Y00316	PCN 2	559.31	5204	2,849	0.3%	46%	100%	32%	46%	34%	30%	48%	4.2	0.86	0.40	0.08	Good
Barnet	Addington Medical Centre	E83044	PCN 3	514.4	9759	9,185	-0.1%	48%	76%	59%	59%	63%	59%	65%	3.9	0.40	0.00	0.00	Good
Barnet	Cornwall House Surgery	E83013	PCN 3	580.42	5877	2,429	-0.1%	45%	86%	28%	37%	45%	35%	56%	5.9	1.01	0.29	0.05	Good
Barnet	Lichfield Grove Surgery	E83005	PCN 3	598.81	6379	2,863	-0.6%	41%	91%	42%	54%	38%	45%	60%	2.6	0.40	0.32	0.05	Good
Barnet	Longrove Surgery	E83017	PCN 3	568.81	17576	2,725	-0.2%	47%	92%	27%	41%	46%	40%	53%	10.5	0.59	2.12	0.12	Good
Barnet	Squires Lane Medical Practice	E83007	PCN 3	572.07	5331	4,622	-0.1%	44%	85%	52%	50%	45%	49%	69%	2.6	0.47	0.21	0.04	Good
Barnet	The Old Court House Surgery	E83012	PCN 3	574.44	9683	5,640	1.1%	37%	71%	50%	59%	54%	51%	72%	7.0	0.78	1.96	0.22	Good
Barnet	Wentworth Medical Practice	E83035	PCN 3	577.34	18618	6,504	-0.4%	52%	83%	~	~	~	~	~	7.0	0.54	5.81	0.44	Good
Barnet	Lane End Medical Group	E83053	PCN 4	545.9	14536	6,318	-0.1%	42%	88%	43%	68%	60%	57%	78%	10.4	0.72	1.75	0.12	Good
Barnet	Langstone Way Surgery	E83049	PCN 4	523.18	8328	2,238	-1.7%	47%	79%	31%	52%	29%	31%	57%	2.4	0.26	2.48	0.27	Requires Improvement
Barnet	Millway Medical Practice	E83016	PCN 4	604.86	22326	6,177	1.2%	51%	113%	18%	40%	32%	27%	42%	12.3	0.60	2.63	0.13	Good
Barnet	Penshurst Gardens Surgery	E83030	PCN 4	573.77	6672	3,772	1.6%	42%	80%	44%	68%	49%	49%	68%	2.9	0.47	0.79	0.13	Good
Barnet	Cricklewood Health Centre	Y02986	PCN 5	556.3	5179	9,163	1.4%	41%	25%	62%	77%	55%	62%	75%	2.1	0.47	0.60	0.14	Good
Barnet	Dr Azim and Partners	Y03664	PCN 5	421.76	8756	3,377	-0.3%	45%	4%	40%	75%	62%	50%	71%	3.6	0.41	0.81	0.09	Inadequate
Barnet	Greenfield Medical Centre	E83006	PCN 5	572.07	7158	1,531	0.3%	43%	24%	31%	39%	31%	33%	44%	3.3	0.46	0.99	0.14	Good
Barnet	Pennine Drive Practice	E83025	PCN 5	530.28	8099	3,586	-1.3%	33%	68%	77%	66%	62%	66%	73%	2.8	0.33	1.19	0.14	Good
Barnet	Ravenscroft Medical Centre	E83039	PCN 5	588.78	5849	3,292	0.4%	48%	100%	63%	70%	65%	62%	70%	3.3	0.57	0.40	0.07	Good
Barnet	St Georges Medical Centre	E83020	PCN 5	575.73	12172	4,005	1.0%	44%	89%	81%	45%	62%	51%	79%	4.9	0.42	2.01	0.17	Good
Barnet	Adler JS-The Surgery	E83600	PCN 6	580.25	7244	5,045	2.8%	53%	29%	39%	53%	45%	44%	62%	4.1	0.60	0.53	0.08	Good
Barnet	Heathfield Medical Centre	E83008	PCN 6	620.08	8649	963	-0.4%	39%	22%	51%	71%	48%	55%	68%	2.1	0.24	0.64	0.07	Good
Barnet	PHGH Doctors	E83009	PCN 6	597.08	12475	4,471	0.2%	48%	100%	69%	77%	55%	59%	77%	3.5	0.29	1.00	0.08	Good
Barnet	Supreme Medical Practice	E83026	PCN 6	428.16	4218	1,651	-0.7%	27%	50%	45%	46%	55%	46%	62%	1.5	0.33	0.87	0.19	Good
Barnet	Temple Fortune Medical Group	E83622	PCN 6	522.64	9270	4,450	0.7%	50%	56%	93%	88%	91%	91%	95%	3.0	0.34	0.48	0.05	Good
Barnet	The Hodford Road Practice	E83649	PCN 6	588.98	4260	5,653	2.0%	44%	50%	28%	40%	27%	31%	53%	1.8	0.43	0.53	0.13	Requires Improvement
Barnet	The Mountfield Surgery	E83638	PCN 6	574.24	4991	2,426	-0.8%	40%	33%	74%	49%	57%	58%	70%	2.0	0.41	1.52	0.31	Good
Barnet	The Phoenix Practice	E83653	PCN 6	578.06	11416	1,994	0.9%	38%	60%	32%	57%	51%	40%	56%	4.1	0.40	1.21	0.12	Good
Barnet	The Practice at 188	E83027	TBC	563.36	9172	3,637	0.6%	52%	73%	73%	61%	70%	70%	72%	2.1	0.23	0.00	0.00	Good
Camden	Ampthill Practice	F83006	Central Camden	551.49	15003	1,870	90.0%	36%	52%	49%	64%	55%	55%	64%	7.1	0.92	0.00	0.00	Good
Camden	Brunswick Medical Centre	F83048	Central Camden	590.91	8936	3,961	-0.8%	49%	74%	65%	63%	49%	57%	71%	3.1	0.35	1.24	0.14	Good
Camden	Kings Cross Surgery	F83635	Central Camden	579.94	8966	2,073	-2.0%	30%	30%	75%	67%	62%	68%	83%	1.3	0.13	0.00	0.00	Good
Camden	Ridgmount Practice	F83043	Central Camden	635	17516	3,453	-4.7%	43%	25%	74%	60%	66%	74%	69%	8.1	0.39	3.13	0.15	Good
Camden	Somers Town Medical Practice	F83683	Central Camden	577.14	6611	1,032		46%	78%	63%	68%	62%	61%	66%	0.7	0.09	0.00	0.00	Good
Camden	Swiss Cottage Surgery	F83665	Central Camden	616.08	16898	1,570	0.3%	47%	80%	36%	40%	48%	49%	51%	14.8	0.91	2.00	0.12	Good
Camden	The Bloomsbury Surgery	F83044	Central Camden	601.37	8253	660	2.0%	21%	36%	36%	43%	43%	39%	46%	6.0	0.86	0.00	0.00	Good
Camden	The Regents Park Practice	F83025	Central Camden	542.75		1,515	-100.0%	51%	42%	67%	71%	70%	74%	78%	5.6	0.87	1.00	0.16	Good
Camden	Belsize Priory Medical Practice	F83658	Central Hampstead	565.9	5475	5,792	1.9%	37%	84%	46%	51%	50%	55%	59%	1.2	0.24	0.29	0.06	Good
Camden	Cholmley Gardens Surgery	F83615	Central Hampstead	588.58	8151	1,839	0.3%	54%	79%	78%	73%	70%	76%	80%	2.4	0.30	0.64	0.08	Good
Camden	Daleham Gardens Health Centre	F83633	Central Hampstead	562.96	5294	2,615	-0.5%	40%	100%	74%	78%	59%	55%	62%	1.7	0.32	0.43	0.08	Good
Camden	Fortune Green Road Surgery	F83050	Central Hampstead	571.37	3231	5,250	0.5%	48%	55%	86%	75%	66%	72%	89%	2.0	0.62	0.75	0.23	Good
Camden	Grays Inn Road Medical centre	F83042	Central Hampstead	564.65	8536	2,070	0.1%	39%	106%	66%	59%	67%	70%	80%	2.8	0.36	1.71	0.21	Good
Camden	Primrose Hill Surgery	F83011	Central Hampstead	585.01	8060	1,784	1.7%	49%	50%	83%	73%	57%	69%	69%	4.7	0.63	0.00	0.00	Good
Camden	Caversham Group Practice	F83022	Kentish Town Central	578.65	16909	1,912	-0.4%	45%	68%	65%	59%	57%	59%	72%	19.6	1.13	3.11	0.18	Good
Camden	Parliament Hill Surgery	F83057	Kentish Town Central	622.59	8109	3,673	0.0%	42%	74%	79%	69%	62%	69%	78%	8.0	0.99	0.43	0.05	Good
Camden	Prince of Wales Group Surgery	F83018	Kentish Town Central	539.08	8399	2,330	-0.5%	43%	47%	53%	67%	58%	62%	77%	6.5	0.74	1.07	0.12	Inadequate
Camden	James Wigg Practice	F83023	Kentish Town South	540.38	22346	6,920	0.5%	49%	79%	77%	73%	58%	53%	87%	16.5	0.75	3.41	0.15	Good
Camden	Queens Crescent Practice	F83632	Kentish Town South	528.82	6586	3,311	0.9%	49%	56%	29%	55%	40%	49%	68%	4.1	0.63	0.85	0.13	Good
Camden	Adelaide Medical Centre	F83020	North Camden	580.37	11715	3,826	-0.2%	48%	80%	48%	55%	65%	53%	72%	7.3	0.61	1.00	0.08	Good
Camden	Brookfield Park Surgery	F83052	North Camden	631.67	3717	9,523	0.9%	36%	88%	88%	85%	67%	83%	91%	2.6	0.71	0.00	0.00	Good
Camden	Hampstead Group Practice	F83017	North Camden	621.01	18333	2,809	0.0%	44%	32%	83%	81%	74%	83%	84%	15.7	0.85	3.27	0.18	Good
Camden	Keats Group Surgery	F83623	North Camden	591.11	13301	5,704	-0.1%	40%	50%	74%	82%	68%	74%	88%	10.9	0.80	1.24	0.09	Good
Camden	Park End Surgery	F83003	North Camden	591.26	7867	1,796	0.8%	48%	9%	87%	68%	68%	79%	83%	7.8	1.02	1.19	0.16	Good
Camden	Holborn Medical Centre	F83058	South Camden	570.68	11689	8,079	-0.4%	39%	79%	56%	65%	52%	61%	72%	8.5	0.69	0.60	0.05	Good
Camden	Museum Practice	F83061	South Camden	595.72	5408	6,736	-0.5%	45%	100%	90%	72%	69%	74%	91%	4.8	0.90	0.40	0.07	Good
Camden	St Philips Medical Centre	F83672	South Camden	609.08	16246	4,040	-1.5%	42%	0%	97%	91%	87%	91%	89%	5.9	0.37	0.32	0.02	Good
Camden	Brondesbury Medical Centre	F83059	West and Central	575.22	22691	2,863	0.7%	38%	56%	92%	51%	63%	77%	86%	15.1	0.69	0.85	0.04	Good
Camden	Gower Street Practice	F83005	West and Central	588.12	15696	2,258	-0.1%	44%	86%	73%	65%	46%	44%	61%	7.1	0.56	0.20	0.02	Good
Camden	Abbey Medical Centre	F83019	West Camden	576.92	13403	1,102	0.1%	52%	44%	53%	67%	50%	51%	66%	7.0	0.53	0.00	0.00	Good
Camden	West Hampstead Medical Centre	F83055	West Camden	590.59	22965	8,312	0.3%	36%	65%	56%	65%	59%	54%	73%	12.8	0.58	1.36	0.06	Good
Enfield	Angel Surgery	Y00057	Edmonton PCN	569.15	15146	3,699	0.6%	46%	70%	80%	69%	58%	72%	83%	3.5	0.25	1.15	0.08	Good
Enfield	Boundary House Surgery	F85676	Edmonton PCN	564	5532	1,626	1.2%	45%	43%	61%	57%	50%	63%	65%	1.3	0.24	1.47	0.27	Good
Enfield	Edmonton Medical Practice	F85666	Edmonton PCN	563.84	3872	6,065	-0.5%	40%	72%	72%	74%	63%	73%	80%	2.3	0.61	0.64	0.17	Good
Enfield	Keats Surgery	F85010	Edmonton PCN	560.51	4686	5,062	-0.4%	37%	18%	35%	62%	34%	43%	64%	2.0	0.40	1.32	0.27	Good
Enfield	Latymer Road Surgery	F85663	Edmonton PCN	547.16	4600	2,299	1.0%	44%	76%	49%	53%	48%	40%	47%	0.3	0.07	0.00	0.00	Good
Enfield	Chalfont Road Surgery	F85682	Enfield Care Network PCN	572.93	6471	2,457	-0.5%	48%	19%	30%	47%	38%	34%	47%	1.9	0.51	0.51	0.14	Good
Enfield	East Enfield Practice	F85634	Enfield Care Network PCN	570.46	8901	2,224	2.2%	42%	3%	49%	69%	38%	43%	71%	1.5	0.19	0.53	0.07	Good
Enfield	Evergreen Primary Care Centre	Y03402	Enfield Care Network PCN	553.27	20119	1,643	0.3%	37%	35%	51%	62%	53%	47%	64%	8.4	0.42	3.00	0.15	Good
Enfield	Grovelands Medical Centre	F85072	Enfield Care Network PCN	546.82	10001		-0.4%	51%	11%	72%	89%	76%	75%	92%	4.0	0.38	1.89	0.18	Good
Enfield	Rainbow Practice	F85039	Enfield Care Network PCN	548.7	7070	1,933	0.2%	46%	60%	71%	61%	70%	62%	76%	2.2	0.32	0.71	0.11	Good
Enfield	The Ordnance Unity Centre for Health	F85023	Enfield Care Network PCN	563.6	13021	1,899	0.2%	45%	55%	42%	39%	43%	54%	64%	5.1	0.41	1.40	0.11	Good
Enfield	White Lodge Medical Practice	F85025	Enfield Care Network PCN	560.61	14376	1,323	1.3%	39%	18%	75%	78%	67%	72%	80%	6.5	0.50	0.99	0.08	Good
Enfield	Arnos Grove Medical Centre	F85700	Enfield South West PCN	553.39	8208	7,661	0.0%	44%	37%	46%	44%	53%	37%	61%	4.9	0.62	0.00	0.00	Good
Enfield	Bincote Surgery	F85625	Enfield South West PCN	602.54	6744	5,373	0.5%	34%	68%	83%	79%	74%	67%	76%	3.2	0.49	0.69	0.11	Good
Enfield	Gillan House Surgery	F85701	Enfield South West PCN	568.77	12965	2,317	0.0%	43%	44%	58%	67%	54%	51%	61%	4.7	0.37	0.99	0.08	Good
Enfield	Morecambe Surgery	F85650	Enfield South West PCN	577.63	5791	3,811	0.9%	39%	73%	58%	43%	77%	65%	73%	1.9	0.36	0.88	0.16	Good
Enfield	The North London Health Centre	F85642	Enfield South West PCN	552.06	8749	6,163	0.3%	54%	95%	30%	41%	53%	39%	61%	4.0	0.46	1.12	0.13	Good
Enfield	The Woodberry Practice	F85020	Enfield South West PCN	573.34	9760	2,643	0.4%	40%	98%	27%	37%	23%	22%	42%	2.4	0.25	0.67	0.07	Good
Enfield	Cockfosters Medical Centre	F85016	Enfield Unity PCN	537.66	7049	3,534	0.1%	48%	29%	63%	74%	70%	63%	82%	3.1	0.44	0.63	0.09	Good
Enfield	Eagle House Surgery	F85004	Enfield Unity PCN	568.21	12810	4,884	-0.3%	37%	66%	51%	52%	66%	51%	69%	9.4	0.73	2.60	0.20	Good
Enfield	Green Cedars Medical Centre	Y00612	Enfield Unity PCN	597.45	4975	2,468	-0.2%	39%	63%	36%	57%	36%	41%	57%	2.2	0.42	0.00	0.00	Good
Enfield	Highlands Practice	F85035	Enfield Unity PCN	487.9	11500	1,951	0.2%	48%	15%	27%	38%	48%	36%	58%	10.6	0.94	1.47	0.13	Good
Enfield	Medicus Health Partners	F85002	Enfield Unity PCN	564.99	93495	4,858	0.0%	48%	67%	21%	37%	34%	19%	49%	37.6	0.40	8.11	0.09	Good
Enfield	Nightingale House Surgery	F85058	Enfield Unity PCN	551.76	6646	3,772	-0.5%	45%	61%	53%	45%	46%	58%	71%	2.6	0.38	1.53	0.23	Good
Enfield	Oakwood Medical Centre	F85687	Enfield Unity PCN	572.35	8247	6,282	0.2%	46%	41%	31%	53%	39%	36%	67%	3.4	0.42	0.75	0.09	Good
Enfield	Southgate	F85032	Enfield Unity PCN	521.35	9762	2,426	-0.3%	50%	57%	38%	61%	41%	42%	67%	4.3	0.43	0.51	0.05	Good
Enfield	The Bounces Road Surgery	F85044	Enfield Unity PCN	554.74	6768	5,906	1.6%	47%	81%	62%	63%	56%	52%	68%	4.1	0.69	0.85	0.14	Good
Enfield	Abernethy House Surgery	F85029	West Enfield Collaborative PCN	608.51	12323	48,453	0.1%	49%	98%	83%	73%	52%	61%	76%	14.8	1.19	1.48	0.12	Good
Enfield	Town Surgery	F85678	West Enfield Collaborative PCN	615.09	4343	3,162	0.0%	55%	15%	40%	59%	54%	41%	58%	1.4	0.31	0.08	0.02	Good
Enfield	Winchmore Hill Practice	F85033	West Enfield Collaborative PCN	551.39	21225	3,860	-0.3%	43%	75%	29%	56%	43%	36%	58%	13.3	0.61	1.72	0.08	Good
Haringey	Hornsey Park Surgery	F85046	Haringey - East Central	555.13	10434	9,350	0.9%	43%	103%	42%	52%	33%	36%	55%	3.0	0.33	0.43	0.05	Good
Haringey	Staunton Group Practice	F85008	Haringey - East Central	548.36	12330	4,407	-0.2%	31%	71%	18%	47%	25%	26%	51%	1.4	0.11	1.00	0.08	Good
Haringey	The Old Surgery	F85697	Haringey - East Central	632.4	1821	11,213	-1.0%	44%	70%	27%	49%	45%	40%	58%	0.6	0.30	0.00	0.00	Good
Haringey	West Green Road Surgery	F85669	Haringey - East Central	610.23	22441	2,390	1.2%	50%	96%	64%	61%	66%	62%	72%	6.9	0.34	0.21	0.01	Outstanding
Haringey	Bridge House Medical Practice	Y03135	Haringey - N15/South East Haringey	543.91	9184	1,908	-0.3%	41%	60%	36%	59%	50%	53%	63%	2.7	0.29	0.93	0.10	Good
Haringey	Grove Road Surgery	F85623	Haringey - N15/South East Haringey	560.9	4490	2,156	-0.3%	47%	52%	85%	75%	75%	69%	84%	3.5	0.78	0.21	0.05	Good
Haringey	Havergal Surgery	F85060	Haringey - N15/South East Haringey	549.4	5635	6,225	-0.3%	47%	74%	56%	62%	54%	54%	65%	2.0	0.35	0.67	0.12	Good
Haringey	JS Medical Practice	F85705	Haringey - N15/South East Haringey	547.95	12680	1,098	0.1%	35%	97%	30%	63%	55%	48%	56%	1.1	0.09	0.72	0.06	Good
Haringey	St Ann's Road Surgery	Y02117	Haringey - N15/South East Haringey	592.23	16116	5,649	1.2%	27%	80%	46%	66%	52%	51%	78%	2.5	0.15	2.40	0.15	Good
Haringey	Arcadian Gardens Surgery	F85034	Haringey - North Central	572.2	7751	1,970	2.1%	41%	85%	75%	63%	79%	76%	90%	2.0	0.30	1.49	0.22	Requires Improvement
Haringey	Bounds Green Group Practice	F85066	Haringey - North Central	560.48	18927	2,653	0.2%	42%	50%	53%	55%	56%	55%	73%	16.2	0.87	1.27	0.07	Good
Haringey	Cheshire Road Surgery	F85640	Haringey - North Central	524.36	6776	5,280	0.5%	40%	35%	47%	47%	45%	37%	57%	1.9	0.29	0.80	0.12	Good
Haringey	Stuart Crescent Health Centre	F85064	Haringey - North Central	532.5	7024	1,015	0.3%	49%	44%	37%	48%	27%	36%	42%	3.1	0.45	0.96	0.14	Good
Haringey	Stuart Crescent Medical Practice	F85065	Haringey - North Central	591.22	3126	6,164	0.1%	44%	59%	67%	79%	57%	56%	69%	2.4	0.78	0.72	0.23	Requires Improvement
Haringey	The Alexandra Surgery	F85675	Haringey - North Central	612	5456	2,399	-0.8%	44%	45%	45%	51%	53%	52%	72%	1.6	0.28	0.00	0.00	Good
Haringey	Bruce Grove Primary Health Care Centre	F85028	Haringey - North East	564.9	7300	8,930	-0.5%	44%	84%	51%	66%	49%	49%	64%	2.9	0.39	0.53	0.07	Requires Improvement
Haringey	Charlton House Medical Centre	F85017	Haringey - North East	581	6342	3,151	0.2%	40%	44%	72%	56%	53%	63%	74%	1.7	0.27	0.84	0.13	Inadequate
Haringey	Morris House Group Practice	F85019	Haringey - North East	563.89	14796	2,515	-0.1%	39%	78%	67%	63%	64%	58%	67%	9.3	0.65	0.84	0.06	Good
Haringey	Somerset Gardens Family Health Centre	F85030	Haringey - North East	514.44	13593	4,493	0.0%	49%	41%	55%	68%	70%	62%	73%	6.7	0.49	0.40	0.03	Good
Haringey	Westbury Medical Centre	F85031	Haringey - North East	581	12240	0	2.0%	39%	29%	57%	47%	52%	57%	68%	2.9	0.26	0.61	0.05	Good
Haringey	Highgate Group Practice	F85014	Haringey - North West	593.8	16850	6,041	0.0%	40%	36%	60%	59%	74%	68%	72%	11.6	0.69	2.13	0.13	Good
Haringey	Rutland House Surgery	F85688	Haringey - North West	601.16	10955	5,885	-0.3%	42%	67%	23%	46%	49%	40%	54%	5.7	0.52	1.12	0.10	Good
Haringey	The Muswell Hill Practice	F85063	Haringey - North West	609.06	16433	4,895	1.4%	36%	42%	65%	76%	69%	63%	78%	11.8	0.78	1.52	0.10	Outstanding
Haringey	The Vale Practice	Y01655	Haringey - North West	594.04	10288	8,573	-0.3%	47%	50%	68%	59%	63%	65%	85%	3.7	0.35	0.96	0.09	Good
Haringey	Christchurch Hall Surgery	F85061	Haringey - South West	543.77	2927	3,375	-0.9%	51%	80%	34%	53%	50%	43%	64%	1.8	0.59	0.00	0.00	Good
Haringey	Crouch Hall Road Surgery	F85069	Haringey - South West	580.27	8227	4,969	0.6%	43%	86%	45%	59%	51%	38%	73%	3.3	0.41	1.27	0.16	Good
Haringey	Queenswood Medical Practice	Y03035	Haringey - South West	593.64	21820	2,470	0.1%	43%	42%	47%	52%	45%	52%	72%	14.5	0.67	3.55	0.16	Good
Haringey	The 157 Medical Practice	F85067	Haringey - South West	612	4754	7,253	-2.1%	48%	81%	51%	51%	48%	45%	63%	0.9	0.19	0.37	0.08	Good
Haringey	Dowsett Road Surgery	F85628	Haringey - Welbourne	576.89	4802		0.7%	38%	43%	78%	77%	57%	71%	73%	2.8	0.58	0.93	0.19	Good
Haringey	Fernlea Surgery	F85071	Haringey - Welbourne	552.88	12272	3,332	0.2%	49%	12%	52%	59%	65%	49%	73%	7.2	0.62	1.87	0.16	Good
Haringey	Lawrence House Surgery	F85007	Haringey - Welbourne	577.71	16807	7,453	0.2%	52%	55%	59%	64%	70%	71%	68%	13.9	0.81	1.89	0.11	Good
Haringey	Tottenham Hale Medical Practice	Y05330	Haringey - Welbourne	587	5135	2,046	1.2%	39%	41%	49%	65%	58%	55%	77%	2.4	0.53	0.00	0.00	Good
Haringey	Tottenham Health Centre	F85615	Haringey - Welbourne	535.38	5753	4,201	0.5%	39%	90%	47%	59%	41%	39%	59%	2.6	0.47	0.53	0.09	Good
Haringey	Tynemouth Medical Practice	F85013	Haringey - Welbourne	544.98	9409	7,360	0.1%	40%	21%	51%	57%	59%	54%	66%	7.5	0.82	3.44	0.38	Good
Islington	Highbury Grange Medical Practice	F83660	Central 1 Network	513.05	9083	818	-0.4%	33%	92%	69%	67%	68%	62%	69%	3.1	0.34	1.71	0.19	Good
Islington	Islington Central Medical Centre	F83010	Central 1 Network	563.22	20960	2,387	0.2%	45%	76%	56%	53%	57%	49%	74%	5.4	0.26	0.83	0.04	Good
Islington	Mildmay Medical Practice	F83053	Central 1 Network	525.78	7644	3,963	0.8%	40%	68%	72%	65%	64%	72%	76%	3.7	0.51	1.08	0.15	Good
Islington	Roman Way Medical Centre	F83007	Central 1 Network	569.22	3479	4,469	0.0%	41%	69%	39%	76%	49%	47%	64%	2.0	0.57	0.40	0.11	Good
Islington	Sobell Medical Centre	F83680	Central 1 Network	545.82	4641	1,877	1.0%	41%	76%	71%	60%	48%	57%	72%	1.7	0.42	0.00	0.00	Requires Improvement
Islington	The Medical Centre	F83673	Central 1 Network	574.72	5961	5,648	-0.4%	38%	33%	47%	55%	54%	57%	73%	2.4	0.40	0.96	0.16	Good
Islington	The Mitchison Road Surgery	F83056	Central 1 Network	589.11	10060	4,438	-0.3%	39%	69%	55%	58%	57%	54%	76%	2.7	0.30	1.00	0.11	Good
Islington	Elizabeth Avenue Group Practice	F83012	Central 2 Network	597.68	7482	4,042	-0.4%	47%	114%	65%	57%	53%	52%	62%	7.4	1.00	1.80	0.24	Good
Islington	New North Health Centre	F83034	Central 2 Network	566	1422	8,059	-2.3%	42%	83%	22%	38%	41%	37%	60%	1.0	0.64	0.00	0.00	Good
Islington	River Place Health Centre	F83002	Central 2 Network	581	10820	2,698	0.2%	41%	56%	85%	76%	79%	83%	87%	11.4	1.05	3.20	0.29	Good
Islington	St Peters Street Medical Practice	F83032	Central 2 Network	576.54	11732	1,784	0.5%	42%	41%	91%	73%	75%	76%	88%	11.0	0.93	1.43	0.12	Good
Islington	The Miller Practice	F83045	Central 2 Network	604.23	9308	1,664	-0.4%	41%	62%	71%	56%	54%	62%	77%	7.6	0.79	1.80	0.19	Good
Islington	Partnership Primary Care Centre	F83681	Islington North	565.16	8927	2,070	0.0%	41%	27%	64%	61%	57%	47%	68%	4.1	0.46	1.00	0.11	Good
Islington	St Johns Way Medical Centre	F83015	Islington North	576.7	12804	2,119	0.5%	42%	57%	36%	39%	36%	38%	59%	10.1	0.82	1.64	0.13	Good
Islington	The Goodinge Group Practice	F83008	Islington North	460.93	12288	3,567	-0.5%	45%	56%	85%	66%	75%	72%	74%	9.7	0.78	0.40	0.03	Good
Islington	The Northern Medical Centre	F83060	Islington North	487.05	7904	8,722	-1.3%	54%	3%	80%	56%	70%	75%	90%	3.8	0.42	1.36	0.15	Good
Islington	Andover Medical Centre	F83666	Islington North 2	571.06	6773	4,856	1.7%	36%	42%	75%	55%	58%	70%	82%	5.8	0.92	0.00	0.00	Good
Islington	Archway Medical Practice	F83004	Islington North 2	526.29	26421	4,643	1.4%	43%	34%	80%	59%	57%	56%	81%	2.7	0.13	1.69	0.08	Good
Islington	Hanley Primary Care Centre	Y01066	Islington North 2	581.52	9934	2,341	-1.6%	58%	56%	61%	61%	54%	55%	75%	1.0	0.09	0.91	0.08	Good
Islington	Stroud Green Medical Practice	F83686	Islington North 2	609.8	8168	3,892	3.7%	40%	50%	26%	48%	47%	42%	67%	0.9	0.14	0.77	0.12	Good
Islington	The Beaumont Practice	F83671	Islington North 2		3237	2,994	0.0%	37%	29%	47%	72%	50%	52%	63%	1.3	0.38	0.16	0.05	Good
Islington	The Junction Medical Practice	F83674	Islington North 2	605.46	9199	1,706	0.3%	52%	62%	81%	57%	62%	61%	68%	3.5	0.38	1.84	0.20	Good
Islington	The Rise Group Practice	F83039	Islington North 2	572.08	4909	5,791	-0.3%	38%	85%	73%	76%	67%	65%	76%	2.6	0.53	0.93	0.19	Good
Islington	The Village Practice	F83664	Islington North 2	526.84	11183	4,005	1.4%	41%	43%	59%	60%	70%	62%	73%	5.7	0.53	1.43	0.13	Good
Islington	Amwell Group Practice	F83652	South Network	577.95	11741		0.0%	45%	57%	60%	50%	47%	50%	55%	8.5	0.78	1.81	0.17	Good
Islington	Barnsbury Medical Centre	F83033	South Network	574.15	5050	1,299	1.7%	39%	43%	52%	62%	50%	48%	72%	1.5	0.37	1.00	0.24	Good
Islington	City Road Medical Centre	F83064	South Network	512.48	9096	4,953	0.2%	36%	79%	89%	79%	76%	73%	85%	7.4	0.78	0.00	0.00	Good
Islington	Clerkenwell Medical Practice	F83624	South Network	563.43	16963	4,555	0.2%	51%	0%	77%	73%	70%	73%	87%	10.5	0.65	2.88	0.18	Good
Islington	Killick Street Health Centre	F83063	South Network	581	12731	3,590	1.0%	50%	88%	41%	36%	48%	53%	66%	10.0	0.79	2.63	0.21	Good
Islington	Pine Street Medical Centre	F83678	South Network	535.16	2203	2,481	-0.6%	44%	0%	69%	63%	68%	76%	81%	2.4	1.04	0.71	0.31	Good
Islington	Ritchie Street Group Practice	F83021	South Network	545.24	17157	3,214	-0.6%	35%	35%	81%	66%	67%	64%	73%	7.8	0.44	1.57	0.09	Good

Borough	Practice Name	ODS Code	PCN
Barnet	Colindale Medical Centre	E83637	PCN 1D
Barnet	Hendon Way Surgery	Y03663	PCN 1D
Barnet	Jai Medical Centre	E83038	PCN 1D
Barnet	Mulberry Medical Practice	E83046	PCN 1D
Barnet	Oak Lodge Medical Centre	E83032	PCN 1D
Barnet	Wakemans Hill Surgery	E83041	PCN 1D
Barnet	Deans Lane Medical Centre	E83668	PCN 1W
Barnet	Parkview Surgery	E83028	PCN 1W
Barnet	The Everglade Medical Practice	E83011	PCN 1W
Barnet	Watling Medical Centre	E83018	PCN 1W
Barnet	Brunswick Park Medical Practice	E83621	PCN 2
Barnet	Colney Hatch lane Surgery	E83034	PCN 2
Barnet	East Barnet Health Centre	E83613	PCN 2
Barnet	East Finchley Medical Centre	E83050	PCN 2
Barnet	Friern Barnet Medical Centre	E83045	PCN 2
Barnet	Rosemary Surgery	E83639	PCN 2
Barnet	St Andrews Medical Practice	E83024	PCN 2
Barnet	The Clinic (Oakleigh Rd North)	E83003	PCN 2
Barnet	The Speedwell Practice	E83010	PCN 2
Barnet	The Village Surgery	E83031	PCN 2
Barnet	Torrington Park Group Practice	E83021	PCN 2
Barnet	Woodlands Medical Practice	Y00316	PCN 2
Barnet	Addington Medical Centre	E83044	PCN 3
Barnet	Cornwall House Surgery	E83013	PCN 3
Barnet	Lichfield Grove Surgery	E83005	PCN 3
Barnet	Longrove Surgery	E83017	PCN 3
Barnet	Squires Lane Medical Practice	E83007	PCN 3
Barnet	The Old Court House Surgery	E83012	PCN 3
Barnet	Wentworth Medical Practice	E83035	PCN 3
Barnet	Lane End Medical Group	E83053	PCN 4
Barnet	Langstone Way Surgery	E83049	PCN 4
Barnet	Millway Medical Practice	E83016	PCN 4
Barnet	Penshurst Gardens Surgery	E83030	PCN 4
Barnet	Cricklewood Health Centre	Y02986	PCN 5
Barnet	Dr Azim and Partners	Y03664	PCN 5
Barnet	Greenfield Medical Centre	E83006	PCN 5
Barnet	Pennine Drive Practice	E83025	PCN 5
Barnet	Ravenscroft Medical Centre	E83039	PCN 5
Barnet	St Georges Medical Centre	E83020	PCN 5
Barnet	The Phoenix Practice	E83653	PCN 6
Barnet	Adler JS-The Surgery	E83600	PCN 6
Barnet	Heathfield Medical Centre	E83008	PCN 6
Barnet	PHGH Doctors	E83009	PCN 6
Barnet	Supreme Medical Practice	E83026	PCN 6
Barnet	Temple Fortune Medical Group	E83622	PCN 6
Barnet	The Hodford Road Practice	E83649	PCN 6
Barnet	The Mountfield Surgery	E83638	PCN 6
Barnet	The Practice at 188	E83027	TBC
Camden	Amphill Practice	F83006	Central Camden
Camden	Brunswick Medical Centre	F83048	Central Camden
Camden	Kings Cross Surgery	F83635	Central Camden
Camden	Ridgmount Practice	F83043	Central Camden
Camden	Somers Town Medical Practice	F83683	Central Camden
Camden	Swiss Cottage Surgery	F83665	Central Camden
Camden	The Bloomsbury Surgery	F83044	Central Camden
Camden	The Regents Park Practice	F83025	Central Camden
Camden	Belsize Priory Medical Practice	F83658	Central Hampstead
Camden	Cholmley Gardens Surgery	F83615	Central Hampstead
Camden	Daleham Gardens Health Centre	F83633	Central Hampstead
Camden	Fortune Green Road Surgery	F83050	Central Hampstead
Camden	Grays Inn Road Medical centre	F83042	Central Hampstead
Camden	Primrose Hill Surgery	F83011	Central Hampstead
Camden	Caversham Group Practice	F83022	Kentish Town Central
Camden	Parliament Hill Surgery	F83057	Kentish Town Central
Camden	Prince of Wales Group Surgery	F83018	Kentish Town Central
Camden	James Wigg Practice	F83023	Kentish Town South
Camden	Queens Crescent Practice	F83632	Kentish Town South
Camden	Adelaide Medical Centre	F83020	North Camden
Camden	Brookfield Park Surgery	F83052	North Camden
Camden	Hampstead Group Practice	F83017	North Camden
Camden	Keats Group Surgery	F83623	North Camden
Camden	Park End Surgery	F83003	North Camden
Camden	Holborn Medical Centre	F83058	South Camden
Camden	Museum Practice	F83061	South Camden
Camden	St Philips Medical Centre	F83672	South Camden
Camden	Brondesbury Medical Centre	F83059	West and Central
Camden	Gower Street Practice	F83005	West and Central
Camden	Abbey Medical Centre	F83019	West Camden
Camden	West Hampstead Medical Centre	F83055	West Camden
Enfield	Angel Surgery	Y00057	Edmonton PCN
Enfield	Boundary House Surgery	F85676	Edmonton PCN
Enfield	DR ME Silver's Practice	F85666	Edmonton PCN
Enfield	Keats Surgery	F85010	Edmonton PCN
Enfield	Latymer Road Surgery	F85663	Edmonton PCN
Enfield	Chalfont Road Surgery	F85682	Enfield Care Network PCN
Enfield	East Enfield Practice	F85634	Enfield Care Network PCN
Enfield	Evergreen Primary Care Centre	Y03402	Enfield Care Network PCN
Enfield	Grovelands Medical Centre	F85072	Enfield Care Network PCN
Enfield	Rainbow Practice	F85039	Enfield Care Network PCN
Enfield	The Ordnance Unity Centre for Health	F85023	Enfield Care Network PCN
Enfield	White Lodge Medical Practice	F85025	Enfield Care Network PCN
Enfield	Arnos Grove Medical Centre	F85700	Enfield South West PCN
Enfield	Bincote Surgery	F85625	Enfield South West PCN
Enfield	Gillan House Surgery	F85701	Enfield South West PCN
Enfield	Morecambe Surgery	F85650	Enfield South West PCN
Enfield	The North London Health Centre	F85642	Enfield South West PCN
Enfield	The Woodberry Practice	F85020	Enfield South West PCN
Enfield	Cockfosters Medical Centre	F85016	Enfield Unity PCN
Enfield	Eagle House Surgery	F85004	Enfield Unity PCN
Enfield	Green Cedars Medical Centre	Y00612	Enfield Unity PCN
Enfield	Highlands Practice	F85035	Enfield Unity PCN
Enfield	Medicus Health Partners	F85002	Enfield Unity PCN
Enfield	Nightingale House Surgery	F85058	Enfield Unity PCN
Enfield	Oakwood Medical Centre	F85687	Enfield Unity PCN
Enfield	Southgate	F85032	Enfield Unity PCN
Enfield	The Bounces Road Surgery	F85044	Enfield Unity PCN
Enfield	Abernethy House Surgery	F85029	West Enfield Collaborative PCN
Enfield	Town Surgery	F85678	West Enfield Collaborative PCN
Enfield	Winchmore Hill Practice	F85033	West Enfield Collaborative PCN
Haringey	Hornsey Park Surgery	F85046	Haringey - East Central
Haringey	Staunton Group Practice	F85008	Haringey - East Central
Haringey	The Old Surgery	F85697	Haringey - East Central
Haringey	West Green Road Surgery	F85669	Haringey - East Central
Haringey	Bridge House Medical Practice	Y03135	Haringey - N15/South East Haringey
Haringey	Grove Road Surgery	F85623	Haringey - N15/South East Haringey
Haringey	Havergal Surgery	F85060	Haringey - N15/South East Haringey
Haringey	JS Medical Practice	F85705	Haringey - N15/South East Haringey
Haringey	St Ann's Road Surgery	Y02117	Haringey - N15/South East Haringey
Haringey	Arcadian Gardens Surgery	F85034	Haringey - North Central
Haringey	Bounds Green Group Practice	F85066	Haringey - North Central
Haringey	Cheshire Road Surgery	F85640	Haringey - North Central
Haringey	Stuart Crescent Health Centre	F85064	Haringey - North Central
Haringey	Stuart Crescent Medical Practice	F85065	Haringey - North Central
Haringey	The Alexandra Surgery	F85675	Haringey - North Central
Haringey	Bruce Grove Primary Health Care Centre	F85028	Haringey - North East
Haringey	Charlton House Medical Centre	F85017	Haringey - North East
Haringey	Morris House Group Practice	F85019	Haringey - North East
Haringey	Somerset Gardens Family Health Centre	F85030	Haringey - North East
Haringey	Westbury Medical Centre	F85031	Haringey - North East
Haringey	Highgate Group Practice	F85014	Haringey - North West
Haringey	Rutland House Surgery	F85688	Haringey - North West
Haringey	The Muswell Hill Practice	F85063	Haringey - North West
Haringey	The Vale Practice	Y01655	Haringey - North West
Haringey	Christchurch Hall Surgery	F85061	Haringey - South West
Haringey	Crouch Hall Road Surgery	F85069	Haringey - South West
Haringey	Queenswood Medical Practice	Y03035	Haringey - South West
Haringey	The 157 Medical Practice	F85067	Haringey - South West
Haringey	Dowsett Road Surgery	F85628	Haringey - Welbourne
Haringey	Fernlea Surgery	F85071	Haringey - Welbourne
Haringey	Lawrence House Surgery	F85007	Haringey - Welbourne
Haringey	Tottenham Hale Medical Practice	Y05330	Haringey - Welbourne
Haringey	Tottenham Health Centre	F85615	Haringey - Welbourne
Haringey	Tynemouth Medical Practice	F85013	Haringey - Welbourne
Islington	Highbury Grange Medical Practice	F83660	Central 1 Network
Islington	Islington Central Medical Centre	F83010	Central 1 Network
Islington	Mildmay Medical Practice	F83053	Central 1 Network
Islington	Roman Way Medical Centre	F83007	Central 1 Network
Islington	Sobell Medical Centre	F83680	Central 1 Network
Islington	The Medical Centre	F83673	Central 1 Network
Islington	The Mitchison Road Surgery	F83056	Central 1 Network
Islington	Elizabeth Avenue Group Practice	F83012	Central 2 Network
Islington	New North Health Centre	F83034	Central 2 Network
Islington	River Place Health Centre	F83002	Central 2 Network
Islington	St Peters Street Medical Practice	F83032	Central 2 Network
Islington	The Miller Practice	F83045	Central 2 Network
Islington	Partnership Primary Care Centre	F83681	Islington North
Islington	St Johns Way Medical Centre	F83015	Islington North
Islington	The Goodinge Group Practice	F83008	Islington North
Islington	The Northern Medical Centre	F83060	Islington North
Islington	The Village Practice	F83664	Islington North 2
Islington	Andover Medical Centre	F83666	Islington North 2
Islington	Archway Medical Practice	F83004	Islington North 2
Islington	Hanley Primary Care Centre	Y01066	Islington North 2
Islington	Stroud Green Medical Practice	F83686	Islington North 2
Islington	The Beaumont Practice	F83671	Islington North 2
Islington	The Junction Medical Practice	F83674	Islington North 2
Islington	The Rise Group Practice	F83039	Islington North 2
Islington	Amwell Group Practice	F83652	South Network
Islington	Barnsbury Medical Centre	F83033	South Network
Islington	City Road Medical Centre	F83064	South Network
Islington	Clerkenwell Medical Practice	F83624	South Network
Islington	Killick Street Health Centre	F83063	South Network
Islington	Pine Street Medical Centre	F83678	South Network
Islington	Ritchie Street Group Practice	F83021	South Network

Measure	Source	Updated Since Last Report	Description	Rating	Comments
Referrals	Data Team Sandpit		Referral rates from primary care to secondary care by practice	A decrease in referrals is noted by both a yellow/green rating and downward arrow, an increase is shown by an amber/red shade and an upward arrow	
2ww	Data Team Sandpit		Of referrals made these sit under the 2 week wait specialty	A decrease in 2ww is noted by both a yellow/green rating and downward arrow, an increase is shown by an amber/red shade and an upward arrow	
A&G	Data Team Sandpit		Utilisation of the Advice and Guidance service whereby advice can be sought from a specialist consultant	A decrease in Advice & Guidance utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by an yellow/green shade and an green upward arrow	
CC	Consultant Connect		Utilisation of the Consulcnt Connect service which is a similar offerig to the Advice and Guidence service	A decrease in Consultant Connect utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by an yellow/green shade and an green upward arrow	
A&E Att	SUS		Month on month Accident & Emergency attendance by practice	A decrease in A&E Attendance is noted by both a yellow/green rating and green spot, an increase is shown by an amber/red shade and an red spot	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
A&E V8112	SUS		Of those that have attended A&E these required no investigation and no treatment	A decrease in A&E V81:12 Attendance is noted by both a yellow/green rating and green spot, an increase is shown by an amber/red shade and an red spot	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
Emergency Admissions	SUS		Emergency Admissions are admission as soon as possible after seeing a GP, this can be from A&E	A decrease in Emergency Admissions is noted by both a greener rating and green spot, an increase is shown by an amber/red shade and an red spot	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
GP Appointments Data	NHSE		Appointments data from the NHSD GPAD data provision	Low numbers of appointments across face to face and telephone are towards the red end of the RAG and high numbers towards green	Home visits and online consultations have been removed because of concerns around data quality, the hope is to include these at some points in the future

Measure	Range	Rating
Referrals, 2ww, A&E Attendance, A&E Attendance (V8112), Emergency Admissions	Range of -25 to -100	
	Range of 0 to -15	
	Range of 0 to 25	
	Range of 25 to 100	
	Range of 0 to 25	
	Range of 0 to -15	
	Range of -25 to -100	
Healthchecks	Range 0	
	Range 0.01 to 5	
	Range 5 to 10	
Workforce GP (Based around the national average of 0.45 GPs per 1000 patient list size)	Range 0 to 0.25	
	Range 0.25 to 0.45	
	Range 0.45 to 10	
Workforce Nurse	Range 0 to 0.05	
	Range 0.05 to 0.1	
	Range 0.1 to 1	
Patient Survey	Range 0 to 50	
	Range 50 to 80	
	Range 80 to 100	
List Size	Range -	
	Range +	
% Patients with an LTC	Graded Colour Scale	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
18 June 2024

Report Title	2023/24 Month 12 NCL ICB Delegated Primary Care Finance Report	**Date of report**	24 May 2024	**Agenda Item**	3.2
Lead Director / Manager	Sarah Rothenberg	**Email / Tel**		sarahrothenberg@nhs.net	
Board Member Sponsor	Sarah McDonnell- Davies, Executive Director of Place				
Report Author	Sarah Rothenberg, Director of Finance, Primary Care NCL ICB	**Email / Tel**		sarahrothenberg@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, Primary Care NCL ICB	**Summary of Financial Implications** To present to the Committee the 2024/25 Delegated Primary Care budget and the Delegated Primary Care 2023/24 full year financial performance. The report also includes the Enhanced and Access Services M12 financial performance for the Non-Delegated Primary Care 2023/24.			
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** Not applicable.			
Report Summary	This report presents the 2024/25 Delegated Primary Care budget. The 2024/25 recurrent budget is £306.8m. This represents a £13.2m or 4.37% increase over 2023/24 recurrent position. Of the £13.2m recurrent budget increase: • £9.0m (68%) is required to fund the increase in core contract values; • £2.7m (21%) uplift is for ARRS (Additional Roles Reimbursement Scheme); • £1.4m is required to fund the Capacity and Access payment increase however this is offset by a reduction in IIF indicators; and • the remaining increase in budget covers growth in all other areas. This report also presents the position on the Delegated Primary Care budget for North Central London Integrated Care Board (NCL ICB) for the period April 2023 to March 2024. The finalised financial position as at Month 12 (March 2024) is a £464k or 0.15% adverse variance YTD at M12.				
Recommendation	The Committee is requested to **NOTE** the Delegated Primary Care financial budget and the financial position as at Month 12 (March 2024).				

Identified Risks and Risk Management Actions	There is increasingly limited flexibility within the Delegated Primary Care budget to cover unbudgeted costs. These include costs that sit outside core contract payments for example revenue costs linked to premises, estate development costs linked to practice moves or developments, legal costs, costs to support caretaking and procurement activity and other costs associated with the effective running of primary medical services. The budget and risks are regularly reviewed in detail by the Executive, Director of Finance, Director of Estates and others. The Committee will need to exercise caution to avoid overspends and ensure any financial decisions are given appropriate scrutiny. The Committee should flag any further information that would support it to undertake this function effectively.
Conflicts of Interest	This report was written in accordance with the ICB's Conflicts of Interest Policy.
Resource Implications	Significant staff capacity to manage complex budgets. Risk of overspend at ICB level impacting ICS financial position and duty to balance.
Engagement (Including LMC if required)	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	Regular report for noting by the Committee.
Next Steps	Estate costs - active monitoring and review of risks arising from a declining estate, lease terms ending and build costs rising, increases in list sizes. Consider where primary care leads and/or the committee may need to prioritise investment and use of resources. Identify ways to optimise resources by working across delegated and non-delegated budgets e.g. in the commissioning of enhanced services (as in the case of the LTC LCS which commenced in October 2023). Consider widening the scope of the financial information brought to PCC to support the Committee to optimise resources.
Appendices	Month 12 Primary Care Delegated Commissioning Finance Report.

NHS
North Central London
Integrated Care Board

Month 12 Primary Care Delegated Commissioning Finance Report

PCC June 2024

Executive Summary

North Central London
Integrated Care Board

- This report presents the 2023/24 Delegated Primary Care financial position across North Central London (NCL) Integrated Care Board (ICB) and the 2024/25 Delegated Primary Care Budget.
- The report includes the position for the five areas within NCL (Barnet, Camden, Enfield, Haringey and Islington). However, the Committee and ICB Board of Members are required to ensure commitments are met and the budget achieves overall balance across NCL.
- This report presents the year end position as at Month 12, March 2024 against confirmed budgets of £307.8m.
- As at Month 12 2023/24 the NCL Delegated Primary Care budget, set in line with guidance, delivered an overspend position of £464k for 2023/24 following the transfer of previously ringfenced funds held in Non-Delegated Primary Care.

2023/24 Month 12 Primary Care Delegated Commissioning Finance Position

North Central London Integrated Care Board

Service	Weighted List Size as at 1st Jan 24	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	811,456	114,094	109,817	4,277
GMS	797,850	109,086	109,492	(406)
APMS	101,200	18,116	22,571	(4,455)
Other Medical Services	0	66,514	66,394	120
Total Primary Care Medical Services	**1,710,507**	**307,810**	**308,274**	**(464)**

The NCL Delegated Commissioning budget is reporting a £464k or a 0.15% adverse variance YTD at M12. The key points to note are:

- The variances within the 3 PMS, GMS and APMS contracts relates to changes in practice contracts in year since budget setting. The overall YTD variance is £584k overspend. The overspend was not anticipated at month 11 and was due to last minute submission of invoices from GP providers across several service areas as well as previously reported overspend in learning disability health checks.

- Within Other Medical Services, PCN spend is showing a £90k YTD underspend due to PCN reconfigurations in year and reduced Care Bed Usage and there is also an underspend on Sterile Product recharge from NHSE of £30k.

It should be noted the overspend, at 0.15%, is a very small percentage of the overall budget.

The Leadership & Management Fund was allocated to the Transformational funding held in non-delegated.

Other Medical Services above includes PCN DES payments shown in Appendix 5, Occupational Health, CQC & Indemnity, PCSE Letters, Sterile Products and Infection, Prevention and Control advice budget.

2023/24 Delegated Primary Care Budget

North Central London
Integrated Care Board

Description	Barnet £'000	Camden £'000	Enfield £'000	Haringey £'000	Islington £'000	NCL Total £'000
PMS						
PMS Additional and Essential Services	21,109	18,478	28,727	20,532	3,015	**91,860**
PMS Enhanced Services	181	130	353	170	13	**848**
PMS Quality and Outcomes Framework (QOF)	2,321	1,652	3,017	1,895	179	**9,065**
PMS Premises Payment	2,321	3,244	3,222	2,142	108	**11,037**
PMS Other Administered Funds (Maternity etc)	258	242	171	231	44	**946**
PMS Personally Administered Drugs	73	59	109	82	13	**337**
Total PMS	**26,263**	**23,805**	**35,600**	**25,052**	**3,373**	**114,094**
GMS						
GMS Global Sum & MPIG	23,114	16,670	6,826	13,071	25,704	**85,385**
GMS Enhanced Services	297	228	122	146	410	**1,203**
GMS Quality and Outcomes Framework (QOF)	2,325	1,297	816	1,312	2,268	**8,018**
GMS Premises Payment	2,821	2,708	766	1,930	4,243	**12,467**
GMS Other Administered Funds (Maternity etc)	364	265	151	205	416	**1,401**
GMS Personally Administered Drugs	125	68	55	37	103	**387**
Total GMS	**29,046**	**21,236**	**8,735**	**16,701**	**33,144**	**108,862**
APMS						
APMS Essential and Additional Services	623	3,967	2,236	4,191	2,942	**13,958**
APMS Enhanced Services	1	15	15	18	12	**62**
APMS Quality and Outcomes Framework (QOF)	35	214	185	343	229	**1,006**
APMS Premises Payment	55	607	316	1,392	584	**2,954**
APMS Other Administered Funds (Maternity etc)	27	5	28	38	33	**130**
APMS Personally Administered Drugs	0	2	0	1	3	**6**
Total APMS	**740**	**4,809**	**2,781**	**5,982**	**3,803**	**18,116**
Other Medical Services						
PCN	15,843	12,966	12,618	11,854	11,609	**64,891**
Occupational Health/ CRB checks	5	5	5	5	5	**26**
CQC & Idemnity	352	213	239	228	197	**1,229**
Total Other Medical Services	**16,201**	**13,184**	**12,862**	**12,087**	**11,811**	**66,145**
Total Primary Care Medical Services	**72,250**	**63,035**	**59,979**	**59,822**	**52,131**	**307,217**
Jan Weighted List Size	**405,740**	**341,658**	**332,991**	**326,009**	**304,108**	**1,710,507**
Cost per PWP by Locality	**178.07**	**184.50**	**180.12**	**183.50**	**171.42**	**179.61**

The table summarises the 2023/24 Delegated Primary Care locality budget for NCL ICB.

The table shows a breakdown of the 2023/24 rebased budget across the 5 localities and calculates a £s per weighted patient (£PWP) cost based on the 1st Jan 2024 GP list sizes.

The £PWP ranges from the lowest in Islington of £171.42 to the highest in Camden of £184.50 for 2023/24. This is because historically Islington has a significantly lower number of PMS practices than the other localities and therefore receives less PMS Premium reinvestment. Estates costs cause other notable variation across the 5 localities.

Note 1:
The sum of NCL service total in Appendix 2, which is non-borough based, and this borough-based total equals the annual NCL budget on slide 3.

2023/24 Delegated Primary Care Budget
excluding Premises expenditure

North Central London
Integrated Care Board

Description	Barnet £'000	Camden £'000	Enfield £'000	Haringey £'000	Islington £'000	NCL Total £'000
PMS						
PMS Additional and Essential Services	21,109	18,478	28,727	20,532	3,015	**91,860**
PMS Enhanced Services	181	130	353	170	13	**848**
PMS Quality and Outcomes Framework (QOF)	2,321	1,652	3,017	1,895	179	**9,065**
PMS Other Administered Funds (Maternity etc)	258	242	171	231	44	**946**
PMS Personally Administered Drugs	73	59	109	82	13	**337**
Total PMS	**23,942**	**20,562**	**32,378**	**22,910**	**3,264**	**103,056**
GMS						
GMS Global Sum & MPIG	23,114	16,670	6,826	13,071	25,704	**85,385**
GMS Enhanced Services	297	228	122	146	410	**1,203**
GMS Quality and Outcomes Framework (QOF)	2,325	1,297	816	1,312	2,268	**8,018**
GMS Other Administered Funds (Maternity etc)	364	265	151	205	416	**1,401**
GMS Personally Administered Drugs	125	68	55	37	103	**387**
Total GMS	**26,225**	**18,529**	**7,969**	**14,770**	**28,901**	**96,395**
APMS						
APMS Essential and Additional Services	623	3,967	2,236	4,191	2,942	**13,958**
APMS Enhanced Services	1	15	15	18	12	**62**
APMS Quality and Outcomes Framework (QOF)	35	214	185	343	229	**1,006**
APMS Other Administered Funds (Maternity etc)	27	5	28	38	33	**130**
APMS Personally Administered Drugs	0	2	0	1	3	**6**
Total APMS	**686**	**4,202**	**2,465**	**4,590**	**3,219**	**15,162**
Other Medical Services						
PCN	15,843	12,966	12,618	11,854	11,609	**64,891**
Occupational Health/ CRB checks	5	5	5	5	5	**26**
CQC & Idemnity	352	213	239	228	197	**1,229**
Total Other Medical Services	**16,201**	**13,184**	**12,862**	**12,087**	**11,811**	**66,145**
Total Primary Care Medical Services	**67,054**	**56,476**	**55,675**	**54,358**	**47,196**	**280,759**
Jan Weighted List Size	**405,740**	**341,658**	**332,991**	**326,009**	**304,108**	**1,710,507**
Cost per PWP by Locality	**165.26**	**165.30**	**167.20**	**166.74**	**155.20**	**164.14**

The table summarises the 2023/24 Delegated Primary Care locality budget for NCL ICB *excluding the premises budget* to show a revised £PWP by borough.

The £PWP ranges from the lowest value in Islington £155.20 to highest of £167.20 in Enfield for 2023/24.

Islington has just 2 PMS practices which is a significantly lower number of PMS practices than the other localities and therefore receives less PMS Premium reinvestment.

2023/24 M1-12 ARRS WTE and Expenditure

North Central London
Integrated Care Board

Role	Average M1-12 WTE	M12 WTE	YTD Reimbursement £	Reimbursement Accrual £	YTD Total Expenditure £
Advanced Clinical Practitioner Nurse	4.28	8.87	230,060	72,066	302,126
Advanced Paramedic Practitioner	2.44	3.50	168,372	4,453	172,825
Advanced Pharmacist Practitioner	15.33	10.41	863,900	49,125	913,025
Advanced Physiotherapist Practitioner	4.56	4.07	299,095	31,848	330,943
Apprentice Physician Associate	0.17	-	6,828	-	6,828
Care Coordinator	181.07	207.47	5,112,439	441,276	5,553,714
Clinical Pharmacist	234.59	230.80	13,040,121	206,651	13,246,772
Dietician	2.53	3.70	142,726	13,565	156,290
Digital and Transformation Lead	24.88	27.38	1,448,722	270,702	1,719,424
First Contact Physiotherapist	17.21	16.18	974,805	163,482	1,138,287
General Practice Assistant	56.99	79.65	1,578,704	70,955	1,649,659
Health and Wellbeing Coach	17.68	14.60	546,221	111,578	657,799
Mental Health Practitioner Band 8a	2.92	2.00	88,249	15,152	103,400
Mental Health Practitioner Band 7	12.29	12.27	342,100	46,905	389,004
Nursing associate	5.85	1.40	187,275	105,051	292,326
Occupational therapist	1.58	1.40	95,104	12,840	107,943
Paramedic	7.78	9.91	409,044	27,469	436,513
Pharmacy Technician	21.60	19.27	752,097	231,877	983,975
Physician Associate	100.07	118.90	5,127,727	10,885	5,138,612
Social Prescribing Link Worker	76.97	71.82	2,730,796	190,224	2,921,020
Trainee nursing associate	9.57	10.57	259,354	169,319	428,674
Total ARRS	**800.36**	**854.16**	**34,403,735**	**2,245,424**	**36,649,159**

The table summarises the 2023/24 Additional Roles Reimbursement Scheme (ARRS) average M1-12 Working Time Equivalent (WTE), M12 WTE and total YTD reimbursement. It includes an accrual for missing costs from 1st Apr 2023 to 31st Mar 2024.

The expectation is that NCL providers can offer permanent contracts where appropriate, making full use of their ARRS entitlement. NHSE have confirmed staff employed through the scheme will be considered part of the core general practice cost base beyond 2023/24.

As at M12, there is a breakeven position on ARRS, NHSE released the additional funds of £12.3m required.

Appendix 3 & 4 shows the WTE/Headcount per role by PCN.

2024/25 Delegated Budget

North Central London
Integrated Care Board

Description	Total Estimated Budget	FOT 23-24
Weighted population - 1st Apr 2024 list	**1,712,396**	
GMS	88,843,410	85,501,111
PMS	96,215,736	87,151,620
APMS	14,281,927	18,551,065
Total Core Contract Price	**199,341,073**	**191,203,795**
QOF	18,509,397	18,088,771
Enhanced services excluding PCN	2,380,787	2,429,242
PCN exc ARRS	28,531,340	28,152,233
PCN - ARRS	24,794,826	36,649,159
Premises	27,046,630	26,458,323
Administered funds	4,480,959	4,460,557
Personally Administered Drugs (PAD)	751,296	729,414
Subtotal Gross Medical Services	**106,495,235**	**116,967,699**
Subtotal Medical Services	**305,836,308**	**308,171,495**
Other Medical Services	**954,692**	**102,635**
Total Medical services	**306,791,000**	**308,274,130**

- The 2024/25 recurrent budget is £306.8m, a 4.37% increase over 2023/24 recurrent position.
- As the GP contract for 24/25 is now available, the budgets have been calculated using either the 24/25 prices, 23/24 actuals or the 23/24 budget.
- Of the £13.2m recurrent budget increase:
  - £9.0m (68%) is required to fund the increase in core contract values.
  - £2.7m (21%) uplift is on ARRS
  - £1.4m is required to fund the Capacity and Access payment increase however this is offset by a reduction in IIF indicators
  - The remaining increase in budget covers growth in all other areas.
- As last year, the ICB received £24.8m baseline ARRS funding as part of the allocation with a further maximum additional ARRS funding of £14.6m held centrally. The expectation is that there will be a similar process as 23/24 to draw down the additional allocation once the baseline allocation has been utilised in year.
- 1.05% demographic growth has been applied.
- For the premises growth, 5% uplift has been applied to all budgets excluding CHP (these have been based on the actual 24/25 payment schedules) and business rates (these have been based on GL Hearn's 24/25 rateable values).
- 3% uplift has been applied to the Direct Enhances Services, PCT Admin, PADs and Other budgets.
- The Leadership Management Fund budget now forms part of the Delegated allocation.

Appendix 1 - 2023/24 M12 Expenditure by Locality

North Central London Integrated Care Board

Barnet CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	26,263	23,408	2,855
GMS	29,046	32,354	(3,308)
APMS	740	792	(52)
Other Medical Services	16,201	16,292	(91)
Total Primary Care Medical Services	**72,250**	**72,847**	**(596)**

Enfield CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	35,600	35,004	596
GMS	8,735	8,214	521
APMS	2,781	3,824	(1,043)
Other Medical Services	12,862	12,870	(7)
Total Primary Care Medical Services	**59,979**	**59,912**	**67**

Camden CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	23,805	24,112	(306)
GMS	21,236	21,110	127
APMS	4,809	4,824	(15)
Other Medical Services	13,184	13,055	129
Total Primary Care Medical Services	**63,035**	**63,101**	**(66)**

Haringey CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	25,052	23,918	1,134
GMS	16,701	15,523	1,178
APMS	5,982	8,033	(2,050)
Other Medical Services	12,087	12,148	(61)
Total Primary Care Medical Services	**59,822**	**59,622**	**200**

Islington CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	3,373	3,374	(1)
GMS	33,144	32,066	1,078
APMS	3,803	5,097	(1,294)
Other Medical Services	11,811	11,690	121
Total Primary Care Medical Services	**52,131**	**52,227**	**(96)**

Appendix 2 - 2023/24 M12 Primary Care Delegated Commissioning Expenditure for Non-Borough Services

North Central London
Integrated Care Board

Service	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
Other	593	566	27
Total Non-Borough Related Services	**593**	**566**	**27**

The above Non-Borough specific budgets are held centrally as the cost split is unknown.

Other budgets include Caretaking Premium, PCSE letters, Infection Prevention Control, Weight Management and Sterile Products.

Appendix 3 - 2023/24 ARRS WTE per role per PCN as at M12

North Central London Integrated Care Board

PCN	Advanced Clinical Practitioner Nurse	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Care Coordinator	Clinical Pharmacist	Dietician	Digital and Transformation Lead	First Contact Physiotherapist	General Practice Assistant	Health and Wellbeing Coach	Mental Health Practitioner Band 7	Mental Health Practitioner Band 8a	Nursing associate	Occupational therapist	Paramedic	Pharmacy Technician	Physician Associate	Social Prescribing Link Worker	Trainee nursing associate	Grand Total
BARNET 1D PCN					14.08	5.33		3.00	2.10	0.51							2.00		3.32		**30.34**
BARNET 1W PCN					2.00	1.00	0.60			3.00	0.80		1.00		1.00		1.00		2.00		**12.40**
BARNET 2 PCN			3.51		38.48	10.34		2.00	1.40		1.00	1.00					1.00	2.00	7.80	3.07	**71.60**
BARNET 3 PCN																					**0.00**
BARNET 4 PCN					7.97	2.00		3.00	1.00	3.50	2.40	1.00					1.00		2.87		**24.73**
BARNET 5 PCN	0.53				5.00	7.54	1.00	0.80	2.00			1.00							1.50		**19.37**
BARNET 6 PCN																					**0.00**
CENTRAL 1 ISLINGTON PCN					2.00	12.81		1.00			1.60						1.00	2.21	4.00		**24.63**
CENTRAL 2 ISLINGTON PCN					8.68	12.17		0.50											4.00		**25.35**
CENTRAL CAMDEN PCN		1.00			4.00	9.00		1.00	2.00		1.00						2.00	13.13	1.00		**34.13**
CENTRAL HAMPSTEAD PCN		0.95			0.59	4.93		1.93		2.00								16.54	0.93		**27.87**
EDMONTON PCN			0.60		2.00	4.40		1.00		3.60	1.00							3.00	1.00		**16.60**
ENFIELD CARE NETWORK PCN	1.45				2.59	18.16		1.20		8.69	3.60	1.00				0.40	0.60				**37.69**
ENFIELD SOUTH WEST PCN					4.00	11.60		1.00								1.00			1.00		**18.60**
ENFIELD UNITY PCN		1.50			19.61	30.80	2.00	1.00	3.00	3.00	1.60						1.00	19.28	5.53	1.00	**89.33**
HARINGEY - EAST CENTRAL PCN					5.57	8.13			1.00									12.70	4.61		**32.02**
HARINGEY - N15/SOUTH EAST PCN					4.75	6.17		1.07		0.29		1.00					2.00	1.56	2.07		**18.91**
HARINGEY - NORTH CENTRAL PCN					9.46	6.24					1.00	1.40				0.99		2.00	1.00		**22.09**
HARINGEY - NORTH EAST PCN	3.20			0.90	5.80	6.01			1.00	3.84		1.00					1.00	5.07	1.80	3.00	**32.62**
HARINGEY - NORTH WEST PCN					12.65	7.53				6.80		1.07					1.00		2.00	1.00	**32.05**
HARINGEY - SOUTH WEST PCN	1.60				4.13	10.90		1.07		1.07		1.00		0.40		1.00		0.64	2.00		**23.81**
HARINGEY - WELBOURNE PCN					9.00	4.04		1.00		3.43		1.80					0.67	2.81	2.20	0.51	**25.45**
KENTISH TOWN CENTRAL PCN					6.09	5.41				3.47								4.88	4.53		**24.39**
KENTISH TOWN SOUTH PCN					2.67	4.80		2.00		9.93									1.00		**20.40**
NORTH 1 ISLINGTON PCN	1.00			2.00	1.00	8.40		1.00		3.00	0.60				0.40		1.00		2.00		**20.40**
NORTH 2 ISLINGTON PCN			6.30	0.67	16.95	0.64	0.10		0.21	3.16			1.00	1.00				8.00	1.30		**39.33**
NORTH CAMDEN PCN	1.00				1.00	3.00		1.01		3.27								10.61	2.40	1.00	**23.29**
SOUTH CAMDEN PCN					1.00	4.56		0.80		10.74								1.60	1.00		**19.70**
SOUTH ISLINGTON PCN		0.05		0.50	2.79	12.63		1.00	2.47							2.24	3.00		4.00		**28.68**
WEST AND CENTRAL PCN					8.52	2.00		1.00		4.00						2.00	1.00	5.00	1.00		**24.52**
WEST CAMDEN PCN					2.72	2.93				2.36		1.00						5.07	2.95	1.00	**18.03**
WEST ENFIELD COLLABORATIVE PCN	0.08				2.37	7.31										2.28		2.80	1.00		**15.84**
Grand Total	**8.87**	**3.50**	**10.41**	**4.07**	**207.47**	**230.80**	**3.70**	**27.38**	**16.18**	**79.65**	**14.60**	**12.27**	**2.00**	**1.40**	**1.40**	**9.91**	**19.27**	**118.90**	**71.82**	**10.57**	**854.16**

Appendix 4 - 2023/24 ARRS Headcount per role per PCN as at M12

North Central London Integrated Care Board

PCN	Advanced Clinical Practitioner Nurse	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Care Coordinator	Clinical Pharmacist	Dietician	Digital and Transformation Lead	First Contact Physiotherapist	General Practice Assistant	Health and Wellbeing Coach	Mental Health Practitioner Band 7	Mental Health Practitioner Band 8a	Nursing associate	Occupational therapist	Paramedic	Pharmacy Technician	Physician Associate	Social Prescribing Link Worker	Trainee nursing associate	Grand Total
BARNET 1D PCN					22.00	6.00		3.00	3.00	1.00							2.00		4.00		**41.00**
BARNET 1W PCN					2.00	1.00	1.00			3.00	1.00		1.00		1.00		1.00		2.00		**13.00**
BARNET 2 PCN			4.00		47.00	15.00		2.00	2.00		1.00	1.00					1.00	2.00	10.00	3.00	**88.00**
BARNET 3 PCN																					**0.00**
BARNET 4 PCN					9.00	2.00		3.00	1.00	4.00	3.00	1.00					1.00		4.00		**28.00**
BARNET 5 PCN	1.00				5.00	11.00	1.00	1.00	2.00			1.00							2.00		**24.00**
BARNET 6 PCN																					**0.00**
CENTRAL 1 ISLINGTON PCN					2.00	14.00		1.00			3.00						1.00	3.00	4.00		**28.00**
CENTRAL 2 ISLINGTON PCN					10.00	17.00		1.00											5.00		**33.00**
CENTRAL CAMDEN PCN		1.00			4.00	10.00		1.00	2.00		1.00						2.00	14.00	1.00		**36.00**
CENTRAL HAMPSTEAD PCN		1.00			1.00	6.00		3.00		2.00								16.00	2.00		**31.00**
EDMONTON PCN			1.00		2.00	5.00		1.00		4.00	1.00							3.00	1.00		**18.00**
ENFIELD CARE NETWORK PCN	2.00				3.00	21.00		2.00		13.00	4.00	1.00				1.00	1.00				**48.00**
ENFIELD SOUTH WEST PCN					4.00	12.00		1.00								1.00			1.00		**19.00**
ENFIELD UNITY PCN		2.00			27.00	33.00	2.00	1.00	4.00	5.00	2.00						1.00	20.00	6.00	1.00	**104.00**
HARINGEY - EAST CENTRAL PCN					6.00	11.00			1.00									13.00	5.00		**36.00**
HARINGEY - N15/SOUTH EAST PCN					6.00	11.00		1.00		1.00		2.00					2.00	2.00	3.00		**28.00**
HARINGEY - NORTH CENTRAL PCN					11.00	8.00					1.00	4.00				2.00		2.00	1.00		**29.00**
HARINGEY - NORTH EAST PCN	3.00			1.00	7.00	8.00			1.00	4.00		1.00					1.00	5.00	2.00	3.00	**36.00**
HARINGEY - NORTH WEST PCN					13.00	11.00				7.00		2.00					1.00		2.00	1.00	**37.00**
HARINGEY - SOUTH WEST PCN	2.00				7.00	16.00		1.00		2.00		1.00		1.00		2.00		1.00	2.00		**35.00**
HARINGEY - WELBOURNE PCN					9.00	5.00		1.00		4.00		4.00					1.00	4.00	3.00	1.00	**32.00**
KENTISH TOWN CENTRAL PCN					8.00	6.00				4.00								5.00	5.00		**28.00**
KENTISH TOWN SOUTH PCN					3.00	6.00		2.00		10.00									1.00		**22.00**
NORTH 1 ISLINGTON PCN	1.00			4.00	1.00	9.00		1.00		3.00	1.00				1.00		1.00		2.00		**24.00**
NORTH 2 ISLINGTON PCN			7.00	1.00	21.00	1.00	1.00		1.00	4.00			1.00	1.00				8.00	2.00		**48.00**
NORTH CAMDEN PCN	1.00				1.00	3.00		2.00		4.00								11.00	3.00	1.00	**26.00**
SOUTH CAMDEN PCN					1.00	7.00		1.00		15.00								2.00	1.00		**27.00**
SOUTH ISLINGTON PCN		2.00		1.00	4.00	14.00		1.00	3.00							3.00	3.00		4.00		**35.00**
WEST AND CENTRAL PCN					9.00	2.00		1.00		4.00						2.00	1.00	5.00	1.00		**25.00**
WEST CAMDEN PCN					3.00	3.00				3.00		1.00						5.00	3.00	1.00	**19.00**
WEST ENFIELD COLLABORATIVE PCN	1.00				4.00	8.00										4.00		3.00	1.00		**21.00**
Grand Total	**11.00**	**6.00**	**12.00**	**7.00**	**252.00**	**282.00**	**5.00**	**31.00**	**20.00**	**97.00**	**18.00**	**19.00**	**2.00**	**2.00**	**2.00**	**15.00**	**20.00**	**124.00**	**83.00**	**11.00**	**1,019.00**

Appendix 5 - 2023/24 DES expenditure as at M12

North Central London
Integrated Care Board

PCN DES Services	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Commentary
Assisted Roles Reimbursement Scheme	36,649	36,649	0	
Capacity and Access Incentive	2,073	2,073	0	New scheme for 23/24 which is recycled from IIF funds. This will be paid in the following year as per QOF. Budget is profiled in M12.
Capacity and Access Support	4,837	4,822	15	Recycled from IIF. FYE for 23/24.
Care Home Premium	790	751	39	Underspend based on Care Bed Usage
Clinical Director	1,296	1,292	4	Underspend relates to Cricklewood Health centre and practice closures through the year.
Enhanced Access	13,257	13,215	42	Underspend relates to Cricklewood Health centre and practice closures through the year.
Investment and Impact Fund Achievement	648	648	0	30% Achievement paid in the following year as per QOF. Budget is profiled in M12.
Investment and Impact Fund Aspiration	1,193	1,193	0	
Leadership Management Fund	1,181	1,193	(12)	Delegated was allocated £1.181m at month 3 from the SDF funds held in Non-Delegated which has left a shortfall of £16k. £16k has been identified from un-utilised prior year funds to offset the shortfall.
Network Participation Payment	2,965	2,965	0	Network Participation is paid one month in arrears.
Total PCN Services	**64,891**	**64,801**	**89**	
Check	***0***	***0***	***0***	

GP DES Services	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Commentary
Learning Disability	1,304	1,439	(134)	Claims exceeding budget
Minor Surgery	576	545	31	
Violent Patients	234	221	13	
Total GP Services	**2,114**	**2,204**	**(91)**	

Appendix 6 - 2023/24 Non-Delegated Enhanced and Access Services as at M12

North Central London
Integrated Care Board

Non Delegated Enhanced and Access Services	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Commentary
Locally Commissioned Services	18,225	18,225	0	
GP Hubs	4,478	4,478	0	This service is funded from the reallocation of the 22/23 Extended Access budget
Total Non Delegated GP Services	**22,703**	**22,703**	**0**	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
18 June 2024

Report Title	Primary Care Committee Risk Register	**Date of report**	17 May 2024	**Agenda Item**	4.1
Lead Director / Manager	Sarah McIlwaine, Director of Primary Care	**Email / Tel**		sarah.mcilwaine@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Kate McFadden-Lewis, Governance and Risk Lead	**Email / Tel**		katemcfadden-lewis@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** This report assists the ICB in managing its most significant financial risks within the remit of the Committee.			
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** This report assists the ICB in managing its most significant estates risks within the remit of the Committee.			

Report Summary

This report provides an overview of material risks falling within the remit of the Primary Care Committee ('Committee') of North Central London Integrated Care Board ('ICB').

System Risk Management

The risks are being presented as falling into one of three categories which are:

- ICB only risks;
- ICB risks generated from risks or issues in other organisations;
- System risks that need to be owned and managed by the system.

The 3 risks on the Committee Risk Register are ICB risks generated from risks or issues in other organisations.

The Committee Risk Register

There are 3 risks on the Committee Risk Register. The threshold for escalation to the Committee is a risk score of 12 or higher. Since the last meeting of the Committee the risk rating of these risks has remained the same.

Key Highlights:

PERF18: ***Failure to effectively develop the primary care workforce*** *(Threat).*

	Current Risk Rating: 12 (unchanged). This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention. A range of national and local schemes are in place to mitigate the risk. These include the national Primary Care Network ('PCN') additional roles reimbursement scheme ('ARRS') which has enabled PCNs to access national funding to recruit into a range of 18 different roles. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit. The focus of work with the Training Hub, on supervision, considers the way that the ARRS roles can be supported to operate within the wider multi-disciplinary team in general practice. This will in turn inform approaches to supervision in integrated neighbourhood teams as they develop over time. **PERF22:** ***Failure to manage impact of increased building costs on General Practice estate*** *(Threat).* **Current Risk Rating:** 12 (unchanged). Ongoing supply chain issues and availability of materials continue to impact labour supply and material pricing. However, construction price increases have levelled off. Whilst the risk score is currently unchanged, this risk score is a more accurate reflection of the wider strategic risk around the suitability and cost of the General Practice estate. The ICB is analysing local estates needs and practical steps that could be taken to meet this. The ICB is linking with NHS London to influence the regional and national estates policy. The risk manager (Estates Director) suggests the risk could be updated to more accurately reflect the current pressures on the estate. The Committee is asked to consider reframing the risk to read ***"failure to actively plan and support development of the General Practice estate"***. If the Committee agree, the risk would be re-worked for the next committee with a suggested risk score and actions. **PERF28:** ***Failure of Primary Care patient access*** *(Threat).* **Current Risk Rating:** 12 (unchanged). Access to Primary Care remains a key challenge and risk. Demand has increased significantly during and since the COVID-19 pandemic exacerbating access challenges. This is under discussion at the London Primary Care Board with NCL input. The ICB published a system capacity and access plan in November 2023 as part of responding to the Access Recovery Plan. This showed that we were on track with delivery and highlighted specific areas of more challenged delivery which are common to those experienced by other ICBs. The next update is required to be presented to the ICB public Board of Members meeting in Autumn 2024.

	Further work is required to address access to Primary Care, including: • patient experience; • ease of access (including digital inclusion / exclusion); and, • contributing factors including workforce and patient needs and expectations. On average practices have witnessed a 15 to 30 % increase in appointments compared to before COVID-19. With such a significant rise in activity in general practice, work is also needed on demand. The ICB Board of Members has been clear that work is needed to understand demand versus need and planning is underway to address this. This will be overseen by the Primary Care Committee.
Recommendation	The Committee is asked to**:** • **AGREE** to the redevelopment of PERF22 reframing our estates risk as *"failure to actively plan and support development of the General Practice estate"*. • **NOTE** the report and provide any other feedback on the risks; • **IDENTIFY** any strategic gaps within the Committee's remit and propose any areas where further investigative work may support further risk mitigation.
Identified Risks and Risk Management Actions	The risk register will be a standing item for each meeting of the Committee.
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the ICB's conflict of interest policy.
Resource Implications	This report supports the ICB in making effective and efficient use of its resources.
Engagement	This report is presented to each Committee meeting. The Committee includes a clinician and Non-Executive Members.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Committee Risk Register is presented at each Committee meeting.
Next Steps	The next steps are as follows: • To continue to manage risks in a robust way; • To continue the development of the ICB's approach to system risk management.
Appendices	Appendices are: 1. Primary Care Committee Risk Register; 2. The Committee Risk Overview Report; and, 3. Risk scoring key.

NCL ICB Primary Care Committee Risk Register - May 2024

ID	Risk Owner	Risk Manager	Objective	Risk	Consequence (Initial)	Likelihood (Initial)	Rating (Initial)	Controls in place	Evidence of Controls	Overall Strength of Controls in place	Consequence (Current)	Likelihood (Current)	Rating (Current)	Controls Needed	Actions	Action Deadline	Update on Actions	Consequence (Target)	Likelihood (Target)	Rating (Target)	Estimated date of target risk score achievement	Committee	Strategic Update for Committee	Date of Last Update	Status
PERF18	Sarah McDonnell-Davies - Executive Director of Place	Sarah McIlwaine - Director of Primary Care	Provide robust support to, and development of, our workforce - including through change	**Failure to effectively develop the primary care workforce (Threat).** **CAUSE**: If the ICB is ineffective in developing the primary care workforce, **EFFECT:** There is a risk that it will not deliver the primary care strategy. **IMPACT**: This may result in patients with long term conditions not being fully supported in primary care and requiring more frequent hospital care.	4	3	12	C1. Establishment of primary care networks. Primary Care Networks recruiting new roles through national Additional Roles Reimbursement Scheme (ARRS) programme. C2. Close work with NCL Training Hub to maximise impact of available funding for workforce development, recruitment and retention. C3. Ongoing ICB support of PCNs in relation to ARRS role development and recruitment C4. Development of NCL-wide People Strategy C5. Approval of a consistent approach to managing long term conditions in primary care via an LCS - uses full range of primary care workforce and creates space for practices to deliver proactive care (launching October 2023) C6. Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice C7. Delivery of the Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities for 2024-25 developed by NCL Training Hub C8. Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new entrants to the practice workforce C9. Additional GP Nursing funding received to enable workforce development schemes focussing on Reception & Admin staff, Healthcare Assistants ("HCA"), GP Nurses ("GPN"), Nursing Associates ("NAs"), Trainee Nursing Associates ("TNAs"), retention of volunteers C10. Primary Care Flexible Staff Pool and an offer to strengthen links between practices and GPs and GPNs wishing to work flexibly is live C11. Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce C12. 19 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. C13. A Primary Care Wellbeing Lead is in place. C14. Development of Borough-based workforce analysis - to be reviewed by ICB PCC.	C1. Committee papers C2. Programme papers; ICB papers and General Practice Forward View (GPFV) funding; Strategy Directorate structures include workforce development C3. Staff in place, annual PCN workforce planning submission to NHSE. Training Hub supporting ARRS role development and responding to concerns around the role of and support to Physician Associates C4. People Strategy now approved C5. LTC LCS approved. Set up included Training Hub work with practices. Launched Oct 2023. Provides capacity for workforce to deliver proactive care. C6. National funding policy including System Development Funding C7. Strategy/Committee papers C8. Fellowship programmes delivered by NCL Training Hub, updates provided via workforce committee structures C9. Initiatives in place delivered by NCL Training Hub, updates provided via workforce committee structures C10. Contract in place and contract monitoring meetings to ensure delivery C11. Memorandum of understanding with NCL Training Hub C12. Reporting against System Development Funding C13. Primary Care Wellbeing Lead in place and new website launched. C14. Primary Care Workforce Dashboard	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	4	3	12	CN1. Confirmation of 2024/25 System Development Funding to support delivery of GP Retention, Flexible Staff Pool, Training Hub Development CN2. Development of robust support and supervision standards for ARRS and Direct Patient Care roles (non GP and GPN);	A1. System Development Funding ("SDF") Local GP Retention Funding to support delivery of workforce actions in Fuller Report A2. Agreement for plans for MDT Supervision development against non-recurrent funding identified and aligned to PCN plans for utilisation of increased CAP payments under the new GP Contract	A1. 31.05.2024 A2. 31.05.2024	A1. SDF allocation showing as 0.7% reduction for Primary Care Transformation. Guidance pending which will inform commissioning intentions in 24/25. A2. Survey undertaken to map supervision strengths gaps. Non-recurrent funding identified to extend the scope of this work. Proposal for use of funds in development. GP Contract also allows for PCNs to use increased CAP to support ARRS supervision but does no mandate this.	3	3	9	01.10.2024	Primary Care Committee	This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention. A range of national and local schemes are in place to mitigate the risk. These include the national Primary Care Network ('PCN') additional roles reimbursement scheme ('ARRS') which has enabled PCNs to access national funding to recruit into a range of 18 different roles. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit. The focus of work with the Training Hub, on supervision, considers the way that the ARRS roles can be supported to operate within the wider multi-disciplinary team in general practice. This will in turn inform approaches to supervision in integrated neighbourhood teams as they develop over time.	25.04.2024	Open
PERF22	Sarah McDonnell-Davies - Executive Director of Place	Nicola Theron - Director of Estates	Maintain strong financial vigilance	**Failure to manage impact of increased building costs on General Practice estate (Threat).** **CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent to develop the General Practice estate, due to increased construction costs because of disrupted supply chains, **EFFECT:** There is a risk that Primary Care development schemes will either be cancelled or will have bet to be scaled down. There is a risk that when GPs retire, re-providing premises is unaffordable. Additional capital will need to be found for existing schemes already under contract. **IMPACT:** This may result in the ICB being unable to deliver improvement to Primary Care services and negative patient experience. This may result in an inability to provide/re-provide sufficient Primary Care accommodation where needed. This may also result in an inability to invest as desired to improve patient care and support existing services. This may also impact on the ability to improve our (digital and) estates infrastructure in line with the needs of our population, due to lack of funding options available to secure investment and our ability to deliver modern and safe care.	3	4	12	C1. Primary Care Commissioners and Estate teams in situ, with negotiation experience, and ensure buy in of all partners of process and timetable. Focus on ensuring both sufficient contingency and non recurrent revenue to manage risk C2. Robust governance of Rent Budgets, the voids elimination plan and contingency budgets, to identify potential budgets (including external funding) to increase contingency C3. Primary Care Committee ('PCC') established to manage Primary Care strategy and commissioning C4. Primary Care capital bids are now part of the overall ICS capital allocation prioritisation C5. ICB has agreed to use c. 5% of capital allocation to fund primary care schemes on the prioritised investment pipeline C6. Primary Care Deep Dive analysis undertaken to review rent position for each practice and the long-term need for improvements or replacement of premises,	C1.Employment contracts, Structure charts, previous negotiated investment agreements, agreed delivery toolkit between all partners C2. Budgets, Financial reports, SFIs. Agreed process to resolve major voids in the estate over Financial Years 22/24-26/27 C3. PCC Terms of Reference C4. Finance templates, funding pipelines, oversight by Local Care Infrastructure Delivery Board ('LCIDB') and Finance Committee sign-offs. C5. Sign-off by CFO and Finance Committee C6. PC Deep Dive presented initial findings to PCC Feb 2024, next steps and implications being worked up	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	4	12	CN1. Monitoring of increased costs, currently c. 20%, and impact on Rent and Contingency Budgets CN2. Prioritisation of Primary Care development schemes and and identify those practices most at risk / nearing retirement CN3. Support critical negotiations with Landlords and Developers CN4. PCN Infrastructure Plans will identify estate quality, sufficiency or fit-for-purpose issues CN5. Securing capital allocation and/or underspend from the overall ICS prioritisation process + S106/CIL from the planning system	A1. Pipeline of potential work via primary and community care estates groups and buy in by finance, primary care, contracting and estate to these projects. A2. Ongoing exploration of ability to increase flexibility of use in NHS-owned estate within NCL A3. Regular reviews held with Landlords & Developers A4. Periodic review of proposed schemes affordability to identify additional capital/revenue required, with updates to PCC A5. Primary Care Deep Dive will support prioritisation of investment, including further consistency in spend re new build and refurb projects	A1. 31.03.2025 A2. 31.03.2025 A3. 31.07.2024 A4. 31.03.2024 A5. 30.11.2024	A1. Update of pipeline completed and ready to incorporate in wider ICS capital pipeline. Delivery of 2023/24 priority schemes. Initial refresh of pipeline planned for December 2023, further reviewed and updated in April 2024 - complete A2. Ongoing action, has incorporated the current findings of prioritisation process in A1. A3. To be scheduled A4. Complete - PCC being updated on review on periodic basis. February review of Deep Dive at PCC A5. Discussion at LCIDB in April (subcommittee to S&DC) took place. Information being updated over the summer. To inform an SMB discussion in Autumn	3	3	9	31.03.2025	Primary Care Committee	Ongoing supply chain issues and availability of materials continue to impact labour supply and material pricing. However, construction price increases appear to be levelling off. The labour supply and material pricing issues have resulted in pressure on the ICB to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets. While the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved. This is a medium-term issue and will need monitoring and management. The ICB is analysing and planning the estates need and what steps would need to be taken to meet this. The ICB is linking with NHS London to influence the regional and national estates policy.	13.05.2024	Open
PERF28	Sarah McDonnell-Davies - Executive Director of Place	Sarah McIlwaine - Director of Primary Care	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	**Failure of Primary Care patient access (Threat).** **CAUSE:** If the ICB fails to address patient and stakeholder concerns around timely and appropriate access to general practice, **EFFECT:** There is a risk of exacerbating patient perception that they cannot see a GP and so either do not present to services when they need to, or do not present to the right place at the right time. There is a risk to the reputation of provision and commissioning. There is a risk to NHS staff of negativity and abuse. **IMPACT:** This may result in delays to patients accessing care or pressures elsewhere in the system. There may be a negative impact on the workforce and providers.	3	4	12	C1. ICB Primary Care, Analytics, Digital and Comms teams developing insights into access in general practice C2. Primary Care Operational Group meetings with stakeholders including Local Medical/14.J80 Committees ('LMC') to maintain visibility on pressures and support any escalations C3. Communication campaign being developed for local residents to ensure the services offered by and approach to accessing general practice and wider primary care is clear C4. Engagement of key stakeholders including staff, NHSE, LMC, Cllrs C5. System Executive briefed on the challenges and supporting local solutions C6. Winter plans include additional resources to support access over Q4. C7. Support for General Practice staff - recruitment, retention, wellbeing, zero tolerance of abuse C8. ICB programme to delivery the requirements of the primary care access recovery programme. System Capacity and Access Plan submitted to ICB Board November 2023 with subsequent report on delivery of primary care access recovery plan presented March 2024. Commissioned change management programme to provide hands-on support to practices.	C1. Data and insights including Q&P report for PCC C2. Reports, meeting notes, minutes C3. Communications plan (in development) C4. Reports, meeting notes and minutes, ICS communications C5. Reports, meeting notes, minutes C6. Reports, meeting notes, minutes C7. Workforce plans including People Strategy and Training Hub programme C8. Reports, meeting notes, minutes	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	4	12	CN1: The ICB will provide an updated to the Board again in autumn 2024 (date TBC) CN2. Local programme of work to respond to the national Access Recovery Plan for General Practice is on track includes detailed work with practices in order to support adoption of *Modern General Practice* model by March 2025	A1: The ICB primary care team is delivering the access recovery plan requirements, drawing in support from other ICB teams s required. A2: Awaiting final communications plan, to include intentions for measuring impact of the communications campaign.	A1. 31.03.2025 A2. 30.04.2025	A1. Supported by A2. Report will go to EMT and PCC prior to submission to the ICB Board. A2. Continued delivery of the ICB work programme and the commissioned change support offers to practices.	3	3	9	01.04.2025	Primary Care Committee	Access to Primary Care remains a key challenge and risk. Demand has increased significantly during and since the COVID-19 pandemic exacerbating access challenges. This is under discussion at the London Primary Care Board with NCL input. The ICB published a system capacity and access plan in November 2023 as part of responding to the Access Recovery Plan. This showed that we were on track with delivery and highlighted specific areas of more challenged delivery which are common to those experienced by other ICBs. The next update is required to be presented to the ICB public Board of Members meeting in autumn 2024. Further work is required to address access to Primary Care, including: • patient experience; • ease of access (including digital inclusion / exclusion); and, • contributing factors including workforce and patient needs and expectations. On average practices have witnessed a 15 to 30 % increase in appointments compared to before COVID-19. With such a significant rise in activity in general practice, work is also needed on demand. The ICB Board of Members has been clear that work is needed to understand demand versus need and planning is underway to address this. This will be overseen by the Primary Care Committee.	25.04.2024	Open

North Central London ICB PCC Risk Overview Report

Risk ID	Risk Title	Risk Owner	Risk description	2023 - 2024 Current Risk Score NOV	JAN	MAR	MAY	Movement From Last Report	Target Risk Score
PERF18	Failure to effectively develop the primary care workforce (Threat).	Sarah McDonnell-Davies - Executive Director of Place	**CAUSE:** If the ICB fails to address variation in performance and quality due to different operating models, list sizes and population demographic, arising from the nature of the GP contract, **EFFECT:** There is a risk that practices across NCL will offer differential patient experience, access of services, management of long term conditions or achievement of health outcomes for NCL residents. **IMPACT:** This may result in plans to reduce health inequalities and move more care closer to home to be less effective than planned risking inferior patient experience and poor cost effectiveness.	12	12	12	12	➔	9
PERF22	Failure to manage impact of increased building costs on General Practice estate (Threat).	Sarah McDonnell-Davies - Executive Director of Place	**CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent to develop the General Practice estate, due to increased construction costs because of disrupted supply chains, **EFFECT:** There is a risk that Primary Care development schemes will either be cancelled or will have be to be scaled down. There is a risk that when GPs retire, re-providing premises is unaffordable. Additional capital will need to be found for existing schemes already under contract. **IMPACT:** This may result in the ICB being unable to deliver improvement to Primary Care services and negative patient experience. This may result in an inability to provide/re-provide sufficient Primary Care accommodation where needed. This may also result in an inability to invest as desired to improve patient care and support existing services. This may also impact on the ability to improve our (digital and) estates infrastructure in line with the needs of our population, due to lack of funding options available to secure investment and our ability to deliver modern and safe care.	12	12	12	12	➔	9
PERF28	Failure of Primary Care patient access (Threat).	Sarah McDonnell-Davies - Executive Director of Place	**CAUSE:** If the ICB fails to address patient and stakeholder concerns around timely and appropriate access to general practice, **EFFECT:** There is a risk of exacerbating patient perception that they cannot see a GP and so either do not present to services when they need to, or do not present to the right place at the right time. There is a risk to the reputation of provision and commissioning. There is a risk to NHS staff of negativity and abuse. **IMPACT:** This may result in delays to patients accessing care or pressures elsewhere in the system. There may be a negative impact on the workforce and providers.	12	12	12	12	➔	9

Risk Key

Risk Improving ê

Risk Worsening é

Risk neither improving nor worsening but working towards target è

Risk Scoring Key

This document sets out the key scoring methodology for risks and risk management.

1. Overall Strength of Controls in Place

There are four levels of effectiveness:

Level	Criteria
Zero	The controls have no effect on controlling the risk.
Weak	The controls have a 1- 60% chance of successfully controlling the risk.
Average	The controls have a 61 – 79% chance of successfully controlling the risk
Strong	The controls have a 80%+ chance or higher of successfully controlling the risk

2. Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

Level of Impact on the Objective	Descriptor of Level of Impact on the Objective	Consequence for the Objective	Consequence Score
0 - 5%	Very low impact	Very Low	1
6 - 25%	Low impact	Low	2
26-50%	Moderate impact	Medium	3
51 – 75%	High impact	High	4
76%+	Very high impact	Very High	5

Likelihood Scale:

Level of Likelihood the Risk will Occur	Descriptor of Level of Likelihood the Risk will Occur	Likelihood the Risk will Occur	Likelihood Score
0 - 5%	Highly unlikely to occur	Very Low	1
6 - 25%	Unlikely to occur	Low	2
26-50%	Fairly likely to occur	Medium	3
51 – 75%	More likely to occur than not	High	4
76%+	Almost certainly will occur	Very High	5

3. Level of Risk and Priority Chart

This chart shows the level of risk a risk represents and sets out the priority which should be given to each risk:

LIKELIHOOD	**CONSEQUENCE**				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	**1**	**2**	**3**	**4**	**5**
Low (2)	**2**	**4**	**6**	**8**	**10**
Medium (3)	**3**	**6**	**9**	**12**	**15**
High (4)	**4**	**8**	**12**	**16**	**20**
Very High (5)	**5**	**10**	**15**	**20**	**25**

1-3 Low Priority	**4-6 Moderate Priority**	**8-12 High Priority**	**15-25 Very High Priority**

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
18 June 2024

Report Title	Commissioning Decisions on PMS Agreement Changes	**Date of report**	28 May 2024	**Agenda Item**	5.1
Lead Director / Manager	Vanessa Piper	**Email / Tel**		nlphc.lon-nc-pcc@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	GP Commissioning & Contracting Team	**Email / Tel**		nlphc.lon-nc-pcc@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** Not applicable.			
Report Summary	The following PMS Changes were agreed between March and May 2024, virtually approved by the quorate members: Usman Khan, Sarah McDonnell-Davies and Dr Jo Sauvage as low risk decisions in line with the PCC Terms of Reference.				
Recommendation	The Committee is asked to **NOTE** the virtual decision.				
Identified Risks & Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	Not applicable.				
Resource Implications	Not applicable.				
Engagement	Not applicable.				
Equality Impact Analysis	Not applicable.				
Report History & Key Decisions	Not applicable.				
Next Steps	Issue appropriate variations with conditions where applicable.				
Appendices	Not applicable.				

1 Executive summary

The below table summarises the Agreement Changes requested by PMS Practices in NCL. Committee members are asked to make determination for the PMS Agreement Changes in their area.

2 Background

PMS practices are required to submit agreement change requests with 28 days' notice to allow the commissioner to consider the appropriateness of the request. The Commissioner should be satisfied that the arrangements for continuity of service provision to the registered population covered within the agreement are robust and may wish to seek written assurances of the post-variation individuals ability and capacity to fulfil the obligations of the agreement and their proposals for the future of the service.

3 Appointment benchmarking

As a part of the due diligence undertaken when assessing PMS Practices' requests to vary the PMS Agreement, the number of GP appointments offered by the Practice is assessed. All weekly GP appointments (face to face, telephone, home visit) are totalled and compared to the benchmark of 72 appointments per 1000 patients per week. This figure is a requirement in all new Standard London APMS contracts and is described in the BMA document Safe working in general practice[1] as developed by NHS England via McKinsey but widely accepted.

Where Practices do not meet the 72 GP appointments per 1000 patients Commissioners will seek to work with the provider to increase access.

[1] https://www.bma.org.uk/-/media/files/pdfs/working%20for%20change/negotiating%20for%20the%20profession/general%20practitioners/20160684-gp-safe%20working-and-locality-hubs.pdf

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/01/2024	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
E83039 Ravenscroft Medical Centre	Barnet	5828	Practice is a member of PCN 5 comprising: 6 practices with 53395 patients at 01/01/24	Addition of Dr Archna Mathur	The practice has requested to add of Dr Archna Mathur to the PMS Agreement. The change will increase the number of contractors to 3 on the PMS Agreement. **Practice provision (per week)** GP appointments 430 GP sessions 28 Nurse appointments 205 Nurse sessions 13 **Recommended provision (per week)** GP appointments 420 GP sessions 23 Nurse appointments 187 Nurse sessions 10 The practice provision is above the recommended guide for both GP and Nursing.	To approve
F85069 The Crouch Hall Road Surgery	Haringey	8258	Practice is a member of Haringey – South West PCN comprising: 4 practices with 38002 patients at 01/01/24	Addition of Dr Sheena Verma	The practice has requested to add of Dr Sheena Verma to the PMS Agreement. The change will increase the number of contractors to 3 on the PMS Agreement. **Practice provision (per week)** GP appointments 885 GP sessions 59	To approve

					Nurse appointments 366 Nurse sessions 17 **Recommended provision (per week)** GP appointments 595 GP sessions 32 Nurse appointments 265 Nurse sessions 14 The practice provision is above the recommended guide for both GP and Nursing.	
F83023 James Wigg Practice	Camden	22106	Practice is a member of Kentish Town – South comprising: 2 practices with 28606 patients at 01/01/24	Removal of Dr Philip Posner	The practice has requested the removal of Dr Philip Posner to the PMS Agreement. The change will reduce the number of contractors to 5 on the PMS Agreement. **Practice provision (per week)** GP appointments 2127 GP sessions 111 Nurse appointments 778 Nurse sessions 65 **Recommended provision (per week)** GP appointments 1592 GP sessions 84 Nurse appointments 708 Nurse sessions 38 The practice provision is above the recommended guide for both GP and Nursing.	To approve

F85640 Cheshire Road Surgery	Haringey	6744	Practice is a member of Haringey North Central comprising: 6 practices with 48815 patients at 01/01/24	Addition of Dr Zara Beg	The practice has requested the addition of Dr Zara Beg to the PMS Agreement. The change will increase the number of contractors to 3 on the PMS Agreement. **Practice provision (per week)** GP appointments 340 GP sessions 20 Nurse appointments 208 Nurse sessions 16 **Recommended provision (per week)** GP appointments 486 GP sessions 26 Nurse appointments 216 Nurse sessions 12 The practice provision is below the recommend GP and nursing appointments and the practice have stated that the practice will be looking to increase provision in April once the third partner comes on to the agreement. The practice has advised that they will be working towards being reinstated as a teaching practice with support of Dr Beg to further increase clinical capacity. The practice advised they also offer 138 Pharmacist appointments per week and a new Physician associate will be joining the practice via the PCN.	