North Central London
Clinical Commissioning Group

NHS North Central London CCG
Primary Care Commissioning Committee
Thursday 21 October 2021
2:30pm to 4pm
Online Meeting via MS Team Live

Item	Title	Lead	Action	Page	Time
Pre-meet to be held for committee members between 2pm & 2:25pm					
	AGENDA Part 1				
1.0	**INTRODUCTION**				
1.1	Welcome and Apologies	Ian Bretman	Note	Oral	2:30pm to 2:45am
1.2	Declarations of Interest Register	Ian Bretman	Note	4-9	
1.3	Declarations of Interest relating to the items on the Agenda	All	Note	Oral	
1.4	Declarations of Gifts and Hospitality	Ian Bretman	Note	Oral	
1.5	Draft Minutes of the NCL Primary Care Commissioning Committee Meeting on 19 August 2021	Ian Bretman	Approve	10-16	
1.6	Action Log	Ian Bretman	Approve	17-18	
1.7	Matters Arising	All	Note	Oral	
1.8	**Questions from the public relating to items on the agenda received prior to the meeting** Members of the public have the opportunity to ask questions. These must relate to items that are on the agenda for this meeting and should take no longer than three minutes per person.				
2.0	**BUSINESS**				
2.1	Primary Care Finance update	Tracey Lewis	Note	19-27	2:45pm to 3:15pm
2.2	Quality & Performance Report	Paul Sinden	Note	28-68	
2.3	Extended Access Scheme transition to Primary Care Networks (Update)	Paul Sinden / Rebecca Kingsnorth	Note	69-79	
2.4	Local Commissioned Services – LTC Development	Paul Sinden / Sarah Mcilwaine	Note	Oral	

3.0	**ITEMS FOR DECISION**				
	Contract Variations				
3.1	**All Boroughs** • PMS Changes <u>Haringey</u> Muswell Hill Practice – The addition of a partner <u>Haringey</u> Crouch Hall Road Surgery – The addition of a partner	Vanessa Piper / Borough Rep	Approve	80-84	3:15pm to 3:45pm
3.2	**Islington** • Family Practice / Partnership Primary Care Centre - Merger and Relocation	Vanessa Piper / Borough Rep	Approve	85-105	
3.3	**Islington** • Hanley Primary Care Centre – Request for additional space	Vanessa Piper / Borough Rep	Approve	106-112	
3.4	**Islington** • City Road Medical Centre – GMS Contract Novation	Vanessa Piper / Borough Rep	Approve	113-127	
3.5	**Enfield** • Expression of Interest Process and Outcome – Firs Lane Development	Vanessa Piper / Borough Rep	Approve	128-138	
3.6	**Enfield** • East Enfield Medical Practice relocation and change in rent – update following DV valuation	Vanessa Piper / Borough Rep	Approve	139-140	
3.7	**Camden** • Kings Cross Surgery Relocation	Vanessa Piper / Borough Rep	Approve	141-155	
3.8	**Haringey** • Staunton Practice – increase in rent reimbursement	Vanessa Piper / Borough Rep	Approve	156-159	
3.9a 3.9b	**NHSE/I Operating Framework** • Update on Changes	Vanessa Piper / Borough Rep	Approve	160-203	
4.0	**ITEMS TO NOTE – URGENT DECISIONS TAKEN SINCE 19 AUGUST 2021**				
4.1	None				

5.0	**GOVERNANCE AND COMMITTEE ADMINISTRATION**				
5.1	PCCC Risk Register	Paul Sinden	Note	204-212	3:45pm to 3:55pm
5.2	PCCC Forward Planner	Ian Bretman	Note	213-214	
6.0	**ANY OTHER BUSINESS**				**3.55pm**
6.1	Any other Business				
7.0	**DATES OF 2021/22 MEETINGS -** *all between 2:30pm & 4pm*				**4.00pm**
	• Thursday 16 December 2021 • Thursday 17 February 2022				

Resolution to exclude observers, the public and members of the press from the remainder of the meeting. By reason of the confidential nature of the business to be transacted in accordance with Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960 and clause 22 of the Terms of Reference of this Committee and clauses 9 and 10 of the Standing Orders of this Committee.

North Central London CCG
Primary Care Commissioning Committee Meeting
21 October 2021

North Central London Clinical Commissioning Group

Report Title	Declaration of Interests Register – Primary Care Commissioning Committee Meeting	**Agenda Item:** 1.2

Governing Body Sponsor	Mr Ian Bretman Committee Chair and Governing Body member	Tel/Email	Ian.bretman@nhs.net
Lead Director / Manager	Mr Ian Porter Executive Director for Corporate Services	Tel/Email	Ian.porter3@nhs.net
Report Author	Vivienne Ahmad Board Secretary	Tel/Email	v.ahmad@nhs.net
Name of Authorising Public and Patient Engagement and Equalities Lead	*Not Applicable*	**Summary of Financial Implications**	*Not Applicable*
Report Summary	Members and attendees of the Primary Care Commissioning Committee 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 Governing Body 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, tax payers, healthcare providers and Parliament that CCG 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.		
Recommendation	To **NOTE** the Declaration of Interests Register and invite members to inspect their entry and advise the meeting / Board Secretary of any changes.		

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 CCG.

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 Commissioning Committee Meeting.
Next Steps	The Declaration of Interests Register is presented to every meeting of the Primary Care Commissioning Committee Meeting and regularly monitored.
Appendices	The Declaration of Interests Register.

NCL CCG Primary Care Committee Declaration of Interest Register - October 2021

Name	Current Position (s) held- i.e. Governing Body, 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												
Ian **Bretman**	Lay Member of NCL CCG Governing Body Member of Covid Response Oversight Committee (when in session) Chair of Patient and Public Engagement Committee Chair of Primary Care Commissioning Committee Member of Audit Committee Member of Remuneration Committee Chair of STP Engagement Advisory Board Attend other committee meetings as and when required	Citizens Advice Bureau, Barnet	No	Yes	No	Direct	Trustee	01/04/2017		14/08/2019	21/07/2021	
		Biomedical Healthcare Ltd	No	No	Yes	Indirect	Son is Chief Technology Officer in a company offering an App for people to manage prescription requests and long-term medication programmes	01/04/2017		14/08/2019	21/07/2021	
		Timewise Foundation CIC	No	No	No	Direct	Provides occasional consultancy services for this social enterprise that helps organisations make better use of	17/10/2018		14/08/2019	21/07/2021	
		Timewise Jobs Ltd	No	No	no	Direct	flexible working.	15/05/2019		01/10/2019	21/07/2021	
		Timewise Solutions Ltd	No	No	no	Direct		15/05/2019		01/10/2019	21/07/2021	
Simon **Goodwin**	Chief Finance Officer of NCL CCG Member of CCG Governing Body Finance Committee Procurement Committee Attendee, Audit committee Strategy and Commissioning Committee Primary Care Commissioning in Common Attend other meetings as and when required.	East London NHS Foundation Trust	Yes	No	No	Indirect	Wife is a senior manager at the Trust	14/06/2017	current	12/10/2018	19/07/2021	
Claire **Johnston**	Registered Nurse of NCL CCG Governing Body Member of Primary Care Commissioning Committee Member of Quality and Safety Committee Member of Strategy and Commissioning Committee Member of Medicines Management Committee Member of Public and Patient Engagement Committee Member of Covid Response Oversight Committee (when in session) Member of IFR Panel Attend Committee meetings as and when required	Our Time	No	Yes	No	Direct	Chair of Trustees . A charity which provides interventions and campaigns for children and young people with a mentally ill parent.			12/09/2019	19/07/2021	
		Nursing and Midwifery Council	No	Yes	No	Direct	Registrant Member			12/09/2019	19/07/2021	
		The Guardian	No	No	No	Indirect	Spouse is Public Services Editor			12/09/2019	19/07/2021	
Jenny **Goodridge**	Director of Quality and Chief Nurse Member of Quality Committee Attend other committees as and when invited including Primary Care Commissioning Committee	None	n	n	n	n/a	N/A	N/A	N/A	13/02/2018	23/08/2021	
Dr Subir **Mukherjee**	Secondary Care Clinician, NCL CCG Member of Covid Reponse Oversight Committee (when in session) Primary Care Commissioning Committee Quality and Safety Committee Individual Funding Request Appeals Panel Medicines Management Committee Strategy and Commissioning Committee Procurement Committee	Health Education England, KSS	yes	no	yes	direct	Associate post graduate Dean	2003	current	05/09/2020	13/08/2021	
Arnold **Palmer**	Lay Member of NCL CCG Governing Body Chair of Remuneration Committee Member of IFR Appeals Panel Member of Strategy and Commissioning Committee Member of Primary Care Commissioning Committee Member of Finance Committee Member of Audit Committee Member of Public and Patient Engagement Committee	A & C Palmer Associates	Yes	No	No	Direct	Director and Owner of private LTD company, providing training, executive coaching and consultancy services (including coaching and consultancy services to the NHS but excluding NCLCCG) Spouse is also a shareholder and company secretary.	01/01/2006	current	16/04/2020	31/07/2021	
		Mental Health & Community Service Review, led by Carnell Farrar	No	Yes	Yes	Direct	Member of the Programme Board - from May 2021 to March 2022. An acquaitance of a partner at Carnell Farrar, known of since 1995, as professional colleagues at the same NHS Trust.	05/05/2021	current	11/05/2021	31/07/2021	
Dr Dominic **Roberts**	Independent GP Clinical Lead, Strategic Commissioning, NCL CCG		n	n	n	none		07/11/2018	current	02/08/2019	16/02/2021	
		Clinical Director, Islington Borough, NCL CCG	y	y	n	direct	member	07/11/2018	current	02/08/2019	16/02/2021	
		Conflict of interest issues for the Governing Body and CCG.	n	y	n	direct	Lead	07/11/2018	current	02/08/2019	16/02/2021	
		Caldicott Guardian for Islington & Haringey	n	y	n	direct	Caldicott Guardian	07/11/2018	current	02/08/2019	16/02/2021	
		Freedom to Speak up Guardian forNCL GP Practices	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	16/02/2021	
		Freedom to Speak up Guardian for Islington Federation	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	16/02/2021	

		Individual Funding Request Panel				direct	Chair	07/11/2018	current	02/08/2019	16/02/2021	
		Locally Commissioned Services Working Group				direct	Chair	07/11/2018	current	02/08/2019	16/02/2021	
		Member of NCL Primary Care Commissioning Committee				direct	Clinical representative	07/11/2018	current	02/08/2019	16/02/2021	
		Supporting and managing the Clinical Leads (including Darzi fellow) - recruitment, bi-monthly network meetings, appraisals, finance.				direct	Support and manage	07/11/2018	current	02/08/2019	16/02/2021	
		Medicines and devices Safety Officer (MSO & MDSO)				direct	Safety Officer	07/11/2018	current	02/08/2019	16/02/2021	
		MSO/MDSO network for local CCGs and Providers				direct	Chair	07/11/2018	current	02/08/2019	16/02/2021	
		Controlled drugs safety lead and Antimicrobial stewardship lead.				direct	Lead	07/11/2018	current	02/08/2019	16/02/2021	
		Whittington Care Quality Review Group				direct	member	07/11/2018	current	02/08/2019	16/02/2021	
		Islington Transformation Group				direct	member	07/11/2018	current	02/08/2019	16/02/2021	
		QIPP Delivery Group				direct	member	10/05/2020	current	10/05/2020	16/02/2021	
		ICCG Website				direct	Provide clinical leadership	10/05/2020	current	10/05/2020	16/02/2021	
		Serious incident reviews & patient safety				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	16/02/2021	
		GP Practice Quality				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	16/02/2021	
		Federation Working Group				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	16/02/2021	
		Federation Contracts and Quality Group				direct	Co Chair	10/05/2020	current	10/05/2020	16/02/2021	
		Care Homes Working Group				direct	Chair	10/05/2020	current	10/05/2020	16/02/2021	
		NLP IG Working Group				direct	Chair	07/11/2018	current	02/08/2019	16/02/2021	
		Locum GP	y	y	n	direct	Homerton Hospital OOH care, Paradoc emergency home visiting service , Tower Hamlets, SELDOC GP OOH services and Croydon (including Brigstock surgery, Thornton Heath (ad hoc sessions in various GP surgeries across London, excluding Islington)	07/11/2018	current	02/08/2019	16/02/2021	
		Greenland Passage residential association	n	y	y	direct	Board Director	07/11/2018	current	02/08/2019	16/02/2021	
		1-12 Royal Court Ltd	n	y	y	direct	Secretary & director	07/11/2018	current	02/08/2019	16/02/2021	
		Novo Nordisk pharmaceutical company.	n	n	n	Indirect	My Sister is a Medical Advisor	07/11/2018	current	02/08/2019	16/02/2021	
		St Helier Hospital in Sutton.	n	n	n	Indirect	Partner is an ITU Consultant	07/11/2018	current	02/08/2019	16/02/2021	
		BMA	y	y	n	direct	member	07/11/2018	current	02/08/2019	16/02/2021	
		City and Hackney Local Medical Committee	n	y	n	direct	member	07/11/2018	current	02/08/2019	16/02/2021	
		City & Hackney Urgent Healthcare Social Enterprise -providing out of hours care for City & Hackney CCG residents.	y	y	n	direct	I am a GP - I do shifts for the Paradoc emergency home visiting service.	07/11/2018	current	02/08/2019	16/02/2021	
		Communitas, a private provider seeing NHS patients,	y	y	n	direct	I undertake clinical sessions in my role as a GP with a Special interest in ENT.	07/11/2018	current	02/08/2019	16/02/2021	
		Haringey CCG as an external GP	y	y	n	direct	as an external GP on their transformation group and investment committee. I also support some of their procurement work streams and other CCG duties as required as an external GP.	07/11/2018	current	02/08/2019	16/02/2021	
		Hackney VTS GP training scheme	y	y	n	direct	Programme director, employed by the London Specialty School of General Practice, Health Education England.	07/11/2018	current	02/08/2019	16/02/2021	
		I am a GP Appraiser for the London area.	y	y	n	direct	GP Appraiser	07/11/2018	current	02/08/2019	16/02/2021	
		I am a mentor for GPs under GMC sanctions.	y	y	n	direct	GP Mentor	07/11/2018	current	02/08/2019	16/02/2021	
		I am currently mentoring a salaried GP at a practice in Haringey.	y	y	n	direct	Salaried GP	07/11/2018	current	02/08/2019	16/02/2021	
Paul **Sinden**	Chief Operating Officer Attend Governing Body Primary Care Commissioning Committee exec lead Member of NCL CCG Executive Management Team Attend Quality and Safety Committee Attend Medicines Management Committee Attend other committee meetings as required	none	N/A	N/A	N/A	N/A	nil return			20/08/2019	01/09/2021	
Karen **Trew**	Deputy Lay Chair of Governing Body Member of Covid Response Oversight Committee (when in session) Finance Committee Primary Care Commissioning Committee Remuneration Committee IFR Appeals Panel Strategy and Commissioning Committee Chair of Audit Committee Chair of Procurement Committee Member of Fertility Policy Group	Broxbourne School Hertfordshire Wormley C of E Primary School, Hertfordshire	No No	No No	Yes Yes	direct direct	Chair of the Governing Body (previously Governing Body members since Nov. 2004) Chair of the Governing Body	01/07/2015 28/06/2005	current current	15/07/2015 15/07/2015	01/09/2021 01/09/2021	
Attendees												
Vivienne **Ahmad**	Board Secretary	No interests declared	No	No	No	No	Nil Return	25/10/2018	current	16/10/2019	23/07/2021	

NCL CCG Primary Care Committee Declaration of Interest Register - October 2021

Dr Peter **Christian**	Haringey Clinical Representative, NCL CCG Governing Body member of Audit Committee Chair of IFR Panel Member of Primary Care Committee	Muswell Hill Practice	No	No	No	Direct	Salaried GP	15/03/2018	current	07/11/2018	19/07/2021	
		Muswell Hill Practice is a member of Federation4Health, the pan- Haringey Federation of GP Practices	No	No	No	Direct	Salaried GP `	15/03/2018	current	07/11/2018	19/07/2021	
							Salaried GP	15/03/2018	current	07/11/2018	19/07/2021	
		Muswell Hill Practice provides anitcoagulant care to Haringey residents under a contract with the CCG	No	No	No	Direct						
							Member	15/03/2018	current	07/11/2018	19/07/2021	
		The Hospital Saturday Fund - a charity which gives monet to health telated issues	No	No	Yes	Direct						
							Patron	15/03/2018	current	07/11/2018	19/07/2021	
		The Hospital Saturday Fund - a charity which gives money to health related issues	No	No	Yes	Indirect (Wife)						
						Indirect (Wife)	Patron	15/03/2018	current	07/11/2018	19/07/2021	
		The Lost Chord Charity - organises interactive musical sessions for people with dementia in residential homes.	No	No	No	Direct						
							Practice is a member	01/07/2019	current	04/09/2019	19/07/2021	
		North West Primary Care Nework	No	No	No	Indirect	`					
		Haringey Health Connected, the federation of West Haringey GP Practices.	No	No	Yes		Pactice Manager is Finance Manager	15/03/2018	current	07/11/2018	19/07/2021	
Dr Louise **Jones**	Healthwatch Representative	Camden Healthwatch	No	Yes	No	Direct	Chair	01/11/2020	current	04/11/2020		
		St George's School, Weybridge, Surrey	No	Yes	No	Direct	Governor		current	04/11/2020		
		Marie Curie Palliative Care Research Department, Division of Psychiatry, UCL	No	Yes	No	Direct	Honorary Clinical Senior Lecturer		current	04/11/2020		
		Covid Evidence Service, Nuffield Department of Primary Care, Oxford and Hospice UK	No	Yes	No	Direct	Member of Palliative Care interest group under umbrella		current	04/11/2020		
Dr Will **Maimaris**	Interim Director of Public Health, Haringey Council	No	n/a	n/a	n/a	n/a	n/a	30/08/2018	current	09/08/2019		
Rev Kostakis **Christodoulou**	Community Member, Primary Care Commissioning Committee	Church of England	Yes	Yes	Yes	Direct	Priest, accountable to Robert Wickham, Bishop of Edmonton, responsible for four north London Boroughs of Barnet, Camden, Enfield and Haringey. Medical ethics, health and social care		current	16/10/2020		
Mark **Agathangelou**	Community Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13/10/2020		
Anthony **Marks**	Assistant Head of Primary Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	30.10.2018	13/08/2021	
Su **Nayee**	Assistant Head of Primary Care, NHS England	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20.10.2018	14/07/2020	
Vanessa **Piper**	Assistant Director of Primary Care, North Central London Primary Care Commissioning & Contracting Team	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13/08/2020	23/08/2021	
Sarah **McDonnell-Davies**	Attend Governing Body Executive Managing Borough Partnerships Member of NCL EMT Attend NCL Committee Meetings as required e.g. Strategic Commissioning Committee, Borough Commissioning Committee Attend other committee meetings as required	None	no	no	no	Direct	n/a			20/06/2018	09/09/2021	
Sarah **McIlwaine**	Director of Transformation (Primary Care)	None	N/A	N/A	N/A	N/A	none			09/10/2018	21/07/2021	
Deborah **McBeal**	Director of Integration, Enfield Borough Attend Borough meetings, Primary Care Commissioning Committee and Strategy and Commissioning Committee	We are Pareto	no	no	no	N/A	director of company, dormant, non-trading	2013	current	28.03.2018	21/07/2021	
Tracey **Lewis**	Head of Finance – Primary Care Attend Primary Care Commissioning Committee	N/A	N/A	N/A	N/A	N/A	N/A			29/07/2020	10/09/2021	
Owen **Sloman**	Assistant Director of Primary Care, Haringey Borough attend Primary Care Commissioning Committee (Boro rep)	St Ann's church, South Tottenham.	N/A	N/A	X	direct	Churchwarden	01/04/2020	31/03/2020	03/10/2019	22/07/2021	
		Fowler Newsam Hall in South Tottenham and the Emily Mary Robbins Trust.	N/A	N/A	X	direct	Trustee	01/04/2020	31/03/2020	26/07/2020	22/07/2021	
		Arsenal Football Club	N/A	N/A	X	indirect	Brother is Operations Director at Arsenal Football Club which supports Islington primary care on a pro-bono basis	01/04/2020		22/07/2021		
Rebecca **Kingsnorth**	Assistant Director of Primary Care, Islington Borough attend Primary Care Commissioning Committee (Boro rep)	Yes	No	No	Yes	Indirect	My sister-in-law is a salaried GP in City Road Medical Centre. Part of my role is the support of the CCG's delegated responsibility for commissioning core primary care services and the commissioning of Locally Commissioned Services, which can result in changes to funding to Islington practices including City Road.	Dec-17	current	18/10/2018	11/08/2021	I will declare this in any meetings where decisions are being taken about either services commissioned from or performance of City Road. This might include decisions taken about LCSs. I would be able to participate in any decision that relates to Islington-wide commissioning of which City Road may be one of many beneficiaries, but not decisions that relate singly to City Road.
Dr Cathy **Winfield**	Local Medical Committee, London Member of Primary Care Commissioning Committee Attend other committee meetings as and when required	Fresh Solutions for Health Education for Health Local Government Association Southdown Housing Association Novartis	yes no no yes yse	yes no no Yes yes	yes yes yes yes yse	direct direct direct direct direct	Director Trustee Associate Member Non executive director Expert Advisory Panel member	01/06/2019 May 2021 July 2021 July 2021 Sept 2021	current current current current current	14/09/2021 14/09/2021 14/09/2021 14/09/2021 14/09/2021		No work undertaken London wide

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Dr Sue **Dickie**	LMC Haringey Borough Representative	Highgate Group Practice Have done 3 triage sessions for LCW ooh over the Christmas period in the pandemic Haringey Federation Haringey North West PCN	yes yes no No	yes yes yes yes	yes yes yes yes	direct direct direct direct	GP Partner Practice is a member Practice is a member	 2016 2019	current current current	08/03/2021 08/03/2021 08/03/2021		
Daniel **Glasgow**	Deputy Director of Primary Care Transformation, Barnet Borough	None	no	no	no	N/A	N/A	N/A	N/A	15/12/2017	11/08/2021	
Colette **Wood**	Director of Integration (Barnet) attend Primary Care Commissioning Committee (Boro rep)	None	no	no	no	N/A	N/A	N/A	N/A	27/10/2017	11/08/2021	
Simon **Wheatley**	Director of Integration (Camden borough directorate) Attendee of NCL CCG PCCC	None	no	no	no	N/A	N/A	N/A	N/A	28/05/2019	11/08/2021	
Riyad **Karim**	Assistant Director of Primary Care, Enfield Directorate, NHS North Central London CCG Commissioner who attends NCL CCG Primary Care Commissioning Committee in the absence of the Director of Integration. Non voting member.	The Lordship Lane surgery, East Dulwich	no	yes	no	direct	unpaid practice management advisor at surgery.	2015	current	13/07/2019	22/09/2021	No actions required. Discussed and agreed with line manager
		The Lordship Lane Surgery, East Dulwich (out of area) which is part of South Southwark GP Federation (Improving Health Limited)	no	yes	no	direct	Unpaid practice management advisor	2015	current	22/09/2021		No actions required. Discussed and agreed with line manager
		London Care Rochester (City and County Healthcare Group)	no	no	no	Indirect	Spouse is a Care Worker	2013	current	22/09/2021		No actions required. Discussed and agreed with line manager
Cllr Patricia **Callaghan**	Deputy Leader and Cabinet Member for a Healthy and Caring Camden	Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	no	yes	no	N/A	N/A	N/A	N/A	29/06/2021		
Cllr Caroline **Stock**	Totteridge Ward, Barnet Councillor Member serving on: • Health & Wellbeing Board (Chairman) London Borough of Barnet • Local Strategic Partnership (Barnet Partnership Board) London Borough of Barnet • Policy and Resources Committee • Chipping Barnet Area Committee (Substitute)	Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	no	YES	no	direct	N/A	N/A	current	03/07/2021		
		Middlesex University					Pro-Chancellor	01/07/2020	current	03/07/2021		
		Camden and Islington NHS Trust					Daughter is employed as a doctor					
Cllr Alev **Cazimoglu**	Jubilee Ward Councillor Enfield Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	Health & Social Care Joint Health Overview Scrutiny Committee for North Central London Sector North Middlesex Hospital	yes	yes	yes	direct direct direct	Cabinet member member bank staff - no paid work received to date		current	11/08/2021		
Cllr Nurullah **Turan**	St Mary's Ward Councillor	Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	no	YES	no	direct	N/A	N/A	n/A	29/06/2021		
	Executive Member for Health and Social Care	Islington Council	no	YES	yes	direct				29/06/2021		
		Derman for the well being being of the Kurdish and Turkish Communities	yes	YES	yes	direct	Director	2014	current	29/06/2021		
		East London NHS Mental Health Trust	yes	YES	yes	direct	Approved Mental Health Professional			29/06/2021		
Cllr Lucia **Das eves**	Woodside Ward, Haringey Councillor Cabinet Member for Health, Social Care and Well-Being	Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	no		yes	direct						
		The Selby Trust	no		yes	direct	Trustee	08/06/2021	current	31/08/2021		
		Bridge Renewal Trust	no		yes	direct	Trustee	01/07/2021	current	31/08/2021		

North Central London
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

DRAFT Minutes of Meeting held on Thursday 19 August 2021 between 2:30pm and 4pm

Online Meeting via MS Teams Live

Voting Members Present:	
Mr Ian Bretman **(Chair)**	Governing Body Lay Member, Patient and Public Engagement, and Committee Chair
Mr Simon Goodwin	Chief Finance Officer
Dr Dominic Roberts	Independent GP
Ms Claire Johnston	Governing Body Member Registered Nurse
Mr Arnold Palmer	Governing Lay Member, General Portfolio
Mr Paul Sinden	Chief Operating Officer
Ms Karen Trew	Lay Member for Audit & Governance
Dr Subir Mukherjee	Governing Body Member, Secondary Care Clinician
Ms Deirdre Malone	Assistant Director of Quality *(deputised for Jenny Goodridge)*
In Attendance	
Dr Peter Christian	Governing Body Member, Clinical Representative
Ms Tracey Lewis	Head of Finance, STP Primary Care, NCL
Mr Anthony Browne	Director of Finance Strategic Commissioning, NCL
Ms Vanessa Piper	Head of Primary Care, NCL Primary Care Commissioning & Contracting Team, NCL
Ms Su Nayee	Assistant Head of Primary Care, NCL Primary Care Commissioning & Contracting Team, NCL
Mr Anthony Marks	Senior Primary Care Commissioning Manager, NCL Primary Care Commissioning & Contracting Team, NCL
Mr Owen Sloman	Assistant Director of Primary Care, Haringey Directorate
Ms Amanda Rimington	Senior Primary Care Commissioning Manager, Camden Directorate *(deputised for Simon Wheatley)*
Ms Colette Wood	Director of Primary Care Transformation, Barnet Directorate
Ms Rebecca Kingsnorth	Assistant Director of Primary Care, Islington Directorate
Ms Deborah McBeal	Director of Integration, Enfield Directorate
Ms Sarah Mcilwaine	Director of Primary Care, NCL
Ms Caroline Rowe	Head of Communications and Engagement, NCL
Mr Mark Agathangelou	Community Representative, Camden
Mr Kostakis Christodoulou	Community Representative, Enfield
Dr Tamara Djuretic	Director of Public Health, Barnet Council
Miss Victoria Weeks	Medical Director NCL at Londonwide LMCs
Dr Sue Dickie	Chair of Haringey LMC, London Wide LMCs
Dr Louise Jones	Healthwatch Representative, Camden
Cllr Caroline Stock	London Borough of Barnet
Ms Olivia Clymer	CEO of Healthwatch Central West London
Mr Andrew Tillbrook	Deputy Board Secretary, NCL
Vivienne Ahmad **(Minutes)**	Board Secretary , NCL

Public Attendance	
Mr Daniel Harper	Digital Officer, NELCSU
Miss Victoria Golden	Whittington Health Trust
Miss Katie North	Communications & Engagement Technical Support Assistant, NCL
Apologies:	
Ms Sarah McDonnell-Davies	Executive Director of Borough Partnerships, NCL
Ms Jenny Goodridge	Director of Quality & Chief Nurse, NCL
Mr Simon Wheatley	Director of Integration, Camden Directorate
Cllr Nurullah Turan	London Borough of Islington
Cllr Patrician Callaghan	London Borough of Camden
Cllr Alev Cazimoglu	London Borough of Enfield
Cllr Lucia das Neves	London Borough of Haringey

1.0	**INTRODUCTION**
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed everyone to the meeting. Apologies were recorded as above.
1.2	**Declarations of Interests Register**
1.2.1	The Declarations of Interest Register was noted by the Committee.
	The Committee NOTED the Register
1.3	**Declarations of Interest Relating to Items on the Agenda**
1.3.1	The Chair invited members of the Committee to declare any interests in respect to the items on the agenda. There were no declarations declared.
1.4	**Declarations of Gifts and Hospitality**
1.4.1	There were no declarations declared.
1.6	**Minutes of the NCL Primary Care Commissioning Committee Meeting on 17 June 2021**
1.6.1	The minutes of the NCL Primary Care Commissioning Committee on 17 June 2021 were considered and agreed as a true record of the meeting, subject to the following two amendments: • On page 11 of the papers under item 2.1.2, second bullet point down mentions a comparison for the financial year. This is an action that should have been picked up and so will need to be carried forward. **Action:** **To bring to the next meeting the prior year comparatives alongside this year's actual.** ***(Tracey Lewis)*** • On page 12 of the papers under item 2.2.2, sixth bullet point down where it states 'it is now mandatory for Care Home Staff to have the covid vaccination'. This should

	change to ‘‘From 11 November 2021, it will be mandatory for Care Home Staff to have the covid vaccination’.
	Subject to the above two amendments, the Committee APPROVED the minutes of the meeting dated 17 June 2021.
1.6	**Action Log**
1.6.1	The Action Log was reviewed and updated.
	The Committee NOTED the updates to the action log.
1.8	**Matters Arising**
1.8.1	There were no matters arising.
1.9	**Questions from the public relating to items on the agenda received prior to the meeting**
1.9.1	No questions from the public had been received.
2.0 BUSINESS	
2.1	**Primary Care Finance Update**
2.1.1	The Committee noted: • The month three position for 2020/21 was presented with expenditure on plan, with a contingency to cover any potential risks including list size growth; • Responding the Committee request for year-on-year comparisons of expenditure was complex due to the change to coding and move to a single ledger following the merger of the five CCGs. However an update on the action, with the addition of the prior year comparatives, will be brought to the October meeting.
2.1.2	In consideration, the Committee noted: • Budgets were adjusted through the year, supported by the contingency, to reflect contract changes such as practice mergers and list size growth. Expenditure for this was reflected in the forecast position.
	The Committee NOTED the report.
2.2	**Quality & Performance Report**
2.2.1	The Committee was advised that the report was pulled together from multiple sources of information available in the public domain, with the following key points noted: • Headlines from the national GP Patient Survey for 2021 were shared with the Committee with a fuller report on the survey to be provided at the next meeting in October 2021. The headlines included: ➢ The overall metric for patients having a good experience with their practice at 81% in NCL was similar to the national result at 83%, and a slight improvement for NCL compared to the result in 2020 (79%); ➢ For telephone access 68% of people nationally thought access was easy which was similar for NCL; ➢ The same switch away from face to face to virtual appointments in NCL had been experienced nationally, with virtual appointments moving from 10% in 2020 to 47% in 2021. The use of face to face appointments had fallen from 85% in 2020 to 48% in 2021 as the total triage model was introduced at the start of the covid pandemic;

	➢ Overall satisfaction with the appointment offered nationally was 82% compared to 79% in NCL; ➢ The information in the patient survey would be used to develop the primary care recovery plan review of access and demand management. NCL was participating in a national access review programme with a selected number of practices; ➢ Experience in NCL largely mirrored national experience, following introduction of the total triage model and greater use of virtual appointments; • The Committee received an overview of primary care priorities in the Operating Plan for 2021/22 with this including the switch to total triage model, the shift to virtual appointments (50%), and introduction of new pathways including remote monitoring and on-line consultations to maintain access; • An update was provided on decisions on four Alternative Personal Medical Services (APMS) contract extensions made in Part Two of the Committee on 17 June 2021: ➢ The four contracts had reached the end of their initial five-year term and were for Boundary Court Surgery and Chalfont Road Surgery in Enfield run by Enfield Healthcare Alliance Limited. The other two contracts were for Mitchison Road Surgery and Hanley Primary Care Centre in Islington run by AT Medics; ➢ APMS contracts were time-limited with an initial term of five years. All four contracts had the same terms and conditions including key performance indicators and were based on the standard APMS contract that was used nationally and in London; ➢ At the end of the initial five year term, the options were to extend the contracts for a period of up to a further five years, to allow the natural expiry of the contracts at the end of the five year term. ➢ The Committee's decision was informed by a strategic and performance review of each of the four contracts. ➢ The Committee approved the recommendation that each of the four contracts would be extended for a one year period with a condition to continue the contractual process of quality and performance review for all four contracts. The contracts would then be referred back to the Committee prior to the end of the one year extension to see if the CCG would extend the contracts further or move to termination.
2.2.2	In consideration, the Committee noted the following: • The growth in general practice appointments had been experienced across NCL with some of the increase accruing from the planned care backlog experienced in primary care as per other parts of the health system, and from patient concern over long waits for outpatient appointments and procedures. The review of access and managing demand as part of the primary care recovery programme would further identify the drivers of the increase in demand; • NHS Digital provided the information on complaints and would be asked to provide a more recent update than the summary of 2018/19 included in the report; • As primary care medical services contracts were delegated to the CCG, NHS England (NHSE) retained certain functions (medical directorate / legal / complaints). Practice complaints not resolved locally were therefore escalated to NHSE rather than to the CCG. As part of the migration of the CCG into NCL Integrated Care System (ICS) further delegation of primary care functions from NHSE to the ICS would be considered including complaints (if in-housed more regular and contemporary information could be provided); • Any in-house complaints function for primary care will also need to take into account the delegation of community contracts for pharmacy, dentistry, and optometry that will transfer into the ICS in 2022 or 2023; • More granular timelines for the primary care recovery programme, over and above the high level achievements by quarter in the current report, would be provided for future reports; • A future strategic review of primary care would address the procurement approach for general practices including the process to support integrated borough partnerships

	and neighbourhoods, practice resilience including working at scale, and the recruitment and retention approach in response to the age profile of GPs and nurses; • To support general practice capacity we have the following in place to focus on delivery at-scale: ➢ Establishment of Primary Care Networks (PCNs) and supporting Additional Roles Reimbursement Scheme to broaden skill-mix in practices and protect GP capacity; ➢ Worked with struggling practices to identify merger and/or additional partnership capacity; • Care Quality Commission (CQC) ratings provided an overall assessment of practice performance and service quality with the overall rating determined by assessment against the following domains for quality of care – effective, caring, responsive, safe and well-led. The Quality Outcomes Framework (QOF) targets performance in specific areas in particular to support planned care and chronic disease management, and practices receive an incentive payment for delivery of the QOF metrics. It was therefore possible for practices to deliver strong performance against the targeted QOF metrics whilst struggling to get a good rating from the broader CQC assessment; • The access and managing demand review would have a focus on unwarranted variation and this would include investigating the impact on patient experience accruing from the differential ratios of the number of patients per fulltime GPs and nurses across practices in NCL. Analysis would be further supported by the development of a dashboard for primary care, building on the recent improvement in the quality and breadth of data on primary care; • Local vaccination sites run by Primary Care Networks and Community Pharmacies continued to play a significant role in the delivery of the covid vaccination programme, both in terms of delivering vaccines and in working with partners to increase uptake in local communities. Further local sites across practices and pharmacies would be used to help deliver the third phase of the vaccination programme starting in mid-September; • The Committee would receive periodic updates on progress with the primary care recovery plan.
2.2.3	**Actions:** • **To bring a more detailed analysis of the 2021 GP Patient Survey to the October meeting. *(Paul Sinden)*** • **To bring the Dashboard on primary care and the primary care programme to a future Committee meeting. *(Sarah Mcilwaine)***
	The Committee NOTED the report.
3.0	**ITEMS FOR DECISION**
	Contract Variations
3.1	**All Boroughs – Personal Medical Services (PMS) Changes**
3.1.1	The Committee was asked to note that all contract variations and change requests were subject to review by the NCL Primary Care Commissioning Team to ensure that all clinical staffing levels were in line with the British Medical Association (BMA) guidance, and that GP and nursing appointment levels were in line with benchmark levels. Capacity was also monitored after agreed changes were made to contracts to ensure capacity was retained. <u>Camden – James Wigg Practice</u> The Committee was asked to note the addition of two GPs partners from 1 April 2021 and 1 July 2021 respectively. The practice offered both GP and nurse appointments above benchmark levels.

	The Committee NOTED the recommendation. <u>Haringey – Crouch Hall Road Surgery</u> The Committee was asked to approve the removal of a GP from the PMS agreement with effect from 31 December 2021, leaving the practice with a single partner. The practice was in the process of hiring a new salaried GP or Partner for six sessions who would be in place by December 2021. **The Committee APPROVED the recommendation.**
	The Committee NOTED and APPROVED the contract variations.
3.2	**Camden & Haringey – Quality Outcomes Framework (QOF) Protected Income Correction – Request to approve the income protection**
3.2.1	The Committee was asked to approve corrected QOF payments to two practices in NCL to reflect their higher actual achievement in 2020/21 as opposed to their protected payment based on 2018/19 performance with the protection introduced as part of the response to covid. Payment to the Camden practice was £176.13 and the payment to the Haringey practice was £1,969.14.
	The Committee APPROVED the corrected payments to two practices in NCL.
3.3	**Barnet – Request to seek approval of reimbursement for Covid-19 vaccination (non-staff) costs not covered by NHSE**
3.3.1	The Committee was asked to approve payment for covid vaccination set up costs (£43,096.68) to Primary care Network (PCN) 5 in Barnet, in line with the agreement in principle at the start of the covid vaccination programme that reasonable set up costs would be reimbursed. The Committee was asked to note that: • The costs were for the installation of automatic doors and for additional space to allow the site to run in accordance with the standard operating procedure for local vaccination sites. The automatic doors would also have a longer term benefit; • The PCN had vaccinated 48,000 people to date with a further 24,000 to be delivered in the third phase of the vaccination programme. The PCN had been instrumental in the rollout of the vaccination programme in Barnet including outreach work; • Agreeing these costs did not set a precedent, as the costs for each local vaccination site were assessed individually; • The additional space was required to meet the requirement for 15 minute observation post Pfizer vaccination and to do this in line with infection prevention control (IPC) standards. The 15 minute observation requirement had been introduced after local vaccination sites had been selected.
3.3.2	In Consideration, the Committee noted: • The space requirement was based on the vaccination programme and supporting IPC standards rather than through the usual Department of Health algorithm; • The additional space reimbursement was for the duration of the vaccination programme.
	The Committee APPROVED the amount of £43,096.68 to be reimbursed to PCN5 for covid vaccination set up costs.
4.0	**ITEMS TO NOTE – URGENT DECISIONS TAKEN SINCE 17 JUNE 2021**
4.1	None.

5.0	**GOVERNANCE AND COMMITTEE ADMINISTRATION**
5.1	**PCCC Risk Register**
	The Committee NOTED the risk report.
5.2	**PCCC Forward Planner**
	The Committee NOTED the forward planner.
6.0	**ANY OTHER BUSINESS**
6.1	No further business was discussed.
7.0	**DATE OF NEXT MEETING**
7.1	Thursday 21 October 2021 between 2:30pm and 4pm

North Central London
Clinical Commissioning Group

NCL CCG Primary Care Commissioning Committee - Action Log October 2021 ITEM 1.6

Meeting Date	Action No.	Minutes Ref	Action	Action lead	Deadline	Status update	Date closed
19.08.21	1	1.6.1	**Minutes of the NCL PCCC Meeting on 17 June 2021 –** the following action was missing under Finance (item 2.1): To bring to the next meeting the prior year comparatives alongside this year's actual.	Tracey Lewis	**Oct 21**	20 Sept 21 – This has been included the finance paper for October. **Recommend to close the action**	
19.08.21	2	2.2.3	**Quality & Performance Report –** To bring a more detailed analysis of the 2021 GP Patient Survey to the October meeting.	Paul Sinden	**Oct 21**	**20 Sept 21** - Analysis included in the Quality and Performance Report. **Recommend to close the action**	
19.8.21	3	2.2.3	**Quality & Performance Report –** To bring the dashboard on primary care and the primary care programme to a future Committee meeting.	Sarah Mcilwaine	**TBC**		

Closed Actions

17.06.21	**1**	**1.7.3**	**GDPDR –** To send links on GDPDR to PCCC Members and Attendees.	Sarah Mcilwaine	**July 2021**	**19 Aug 21 – The Committee agreed to close the action.** 5 July 21 - The links were emailed out on 5 July 2021. Recommend to close the action.	**19.08.21**
17.06.21	2	5.1.2	**PCCC Risk Register –** To review the risk rating again on risk *Perf 18 – Primary Care Workforce Development* taking into	Paul Sinden	**August 2021**	**19 Aug 21 – The Committee agreed to close the action.**	**19.08.21**

			consideration the continuing workforce / nursing pressures.			**11 Aug 21** - Risk rating has been adjusted. Recommend to close the action.	
22.04.21	2	2.3.3	**Primary Care in Planning Guidance for 2021/22 –** To provide an update on how the Guidance is being implemented at a future meeting.	Paul Sinden	**August 2021**	**19 Aug 21 – The Committee agreed to close the action.** **10 Aug 21** - Extract for primary care from Operating Plan for 2021/22 has been included in the Quality and Performance paper for August 2021. Recommend to close the action	**19.08.21**

North Central London CCG
Primary Care Commissioning Committee
21 October 2021

Report Title	M5 NCL Primary Care Delegated Commissioning Finance Report	**Date of report**	7th October 2021	**Agenda Item**	2.1
Lead Director / Manager	Paul Sinden, Executive Director of Performance and Assurance	**Email / Tel**		p.sinden@nhs.net	
GB Member Sponsor	Not applicable				
Report Author	Tracey Lewis, Head of Finance Primary Care	**Email / Tel**		tracey.lewis9@nhs.net	
Name of Authorising Finance Lead	Anthony Browne, Director of Finance Strategic Commissioning	**Summary of Financial Implications** To inform the committee of any financial risks associated with the Primary Care Delegated Commissioning budget.			
Report Summary	This report presents the 2021/22 Delegated Primary Care financial position across the five North Central London (NCL) localities (Barnet, Camden, Enfield, Haringey and Islington) as at Month 5, August 2021. The report summarises the Month 5 expenditure against budgets. The report presents the position against a half year allocation of £123m that had been notified as at Month 5. • As at Month 5, the NCL Delegated Primary Care budget is forecasting a breakeven position for the period M1-6 2021/22. • H2 (Oct-Mar 2021/22) planning guidance focuses priorities on system and elective recovery, continued roll out of the CV-19 vaccination programme and expanding primary care capacity to improve access. • H2 allocations across Primary Care services (delegated and non-delegated) will stay in line with those issues during H1 (April –Sept 2020). NHSE will shortly set out details of continued investment in H2 to support general practice capacity and improve access. • Systems are expected to submit final H2 plans to NHSE on the 16th November 2022.				
Recommendation	The Committee is requested to: • **NOTE** the Primary Care Delegated Commissioning Budget Report and the Month 5 position.				

Identified Risks and Risk Management Actions	The Committee will provide oversight and scrutiny of the CCG's key risks within the area of its remit.
Conflicts of Interest	This report was written in accordance with the CCG's Conflicts of Interest Policy.
Resource Implications	This report supports the CCG by providing oversight and scrutiny of delegated primary care commissioning and in making effective and efficient use of its resources.
Engagement	The Committee includes Lay Members and clinicians. Patient Representatives are also invited to Committee meetings as Standing Attendees.
Equality Impact Analysis	The report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	For noting by the Committee.
Next Steps	Systems are expected to submit final H2 plans to NHSE on the 16th November 2022
Appendices	None.

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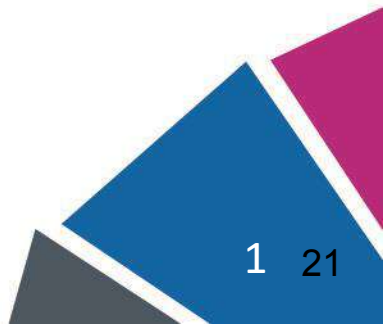
Primary Care Delegated Commissioning Finance Report M5 21/22



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Executive Summary

- This report presents the 2021/22 Delegated Primary Care financial position across the five North Central London (NCL) localities (Barnet, Camden, Enfield, Haringey and Islington) as at Month 5, August 2021.
- The report summarises the Month 5 expenditure against budgets. The report presents the position against a half year allocation of £123m that had been notified as at Month 5.
- As at Month 5, the NCL Delegated Primary Care budget is forecasting a breakeven position for the period M1-6 2021/22.
- H2 (Oct-Mar 2021/22) planning guidance focuses priorities on system and elective recovery, continued roll out of the CV-19 vaccination programme and expanding primary care capacity to improve access.
- H2 allocations across Primary Care services (delegated and non-delegated) will stay in line with those issues during H1 (April –Sept 2020). NHSE will shortly set out details of continued investment in H2 to support general practice capacity and improve access.
- Systems are expected to submit final H2 plans to NHSE on the 16th November 2022.

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2021/22 NCL Primary Care Delegated Commissioning as at Month 5

Financial Summary - 5 Months to 31st August 2021

NCL Total

Service	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	YTD Actual Expenditure 20/21 £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	51,314	42,762	43,932	(1,170)	40,103	51,314	0
GMS	50,049	41,708	41,477	231	41,625	50,049	0
APMS	7,230	6,025	6,335	(309)	5,828	7,230	0
Other Medical Services	18,624	15,520	14,271	1,249	8,244	18,624	0
Other Committed Funds	(3,804)	(3,170)	(3,170)	0	1,250	(3,804)	0
Total Primary Care Medical Services	**123,413**	**102,844**	**102,844**	**0**	**97,050**	**123,413**	**0**

The NCL Delegated Commissioning budget is forecast to breakeven against the half year allocation of £123m now fully received.
The Month 5 reported position shows a breakeven position against the M5 YTD budget of £102.8m.

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2021/22 Primary Care Delegated Commissioning Expenditure by Locality as at Month 5

Barnet CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	YTD Actual Expenditure 20/21 £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	12,003	10,003	10,214	(212)	9,634	12,003	0
GMS	13,331	11,109	11,403	(294)	11,187	13,331	0
APMS	285	237	301	(63)	232	285	0
Other Medical Services	6,475	5,396	6,117	(720)	2,038	6,475	0
Other Committed Funds	(3,804)	(3,170)	(3,170)	0	509	(3,804)	0
Total Primary Care Medical Services	**28,290**	**23,575**	**24,864**	**(1,289)**	**23,600**	**28,290**	**0**

Camden CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	YTD Actual Expenditure 20/21 £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	10,696	8,913	9,038	(125)	8,753	10,696	0
GMS	8,661	7,218	7,298	(80)	6,996	8,661	0
APMS	1,841	1,534	1,524	9	1,510	1,841	0
Other Medical Services	3,094	2,578	2,134	444	1,623	3,094	0
Other Committed Funds	0	0	0	0	(727)	0	0
Total Primary Care Medical Services	**24,291**	**20,243**	**19,994**	**248**	**18,155**	**24,291**	**0**

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2021/22 Primary Care Delegated Commissioning Expenditure by Locality as at Month 5

Enfield CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	YTD Actual Expenditure 20/21 £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	15,824	13,187	13,628	(441)	11,294	15,824	0
GMS	4,929	4,107	3,884	223	5,540	4,929	0
APMS	1,326	1,105	1,138	(33)	1,191	1,326	0
Other Medical Services	3,110	2,592	2,448	143	1,646	3,110	0
Other Committed Funds	0	0	0	0	362	0	0
Total Primary Care Medical Services	**25,189**	**20,991**	**21,098**	**(107)**	**20,033**	**25,189**	**0**

Haringey CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	YTD Actual Expenditure 20/21 £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	11,562	9,635	10,021	(386)	9,627	11,562	0
GMS	7,927	6,606	5,931	675	5,548	7,927	0
APMS	2,329	1,941	2,105	(165)	2,006	2,329	0
Other Medical Services	3,102	2,585	1,900	686	1,584	3,102	0
Other Committed Funds	0	0	0	0	318	0	0
Total Primary Care Medical Services	**24,920**	**20,767**	**19,957**	**810**	**19,083**	**24,920**	**0**

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2021/22 Primary Care Delegated Commissioning Expenditure by Locality as at Month 5

Islington CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	YTD Actual Expenditure 20/21 £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	1,229	1,024	1,031	(7)	795	1,229	0
GMS	15,201	12,668	12,961	(293)	12,354	15,201	0
APMS	1,450	1,209	1,266	(57)	889	1,450	0
Other Medical Services	2,842	2,369	1,673	696	1,353	2,842	0
Other Committed Funds	0	0	0	0	788	0	0
Total Primary Care Medical Services	**20,723**	**17,269**	**16,931**	**339**	**16,179**	**20,723**	**0**

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Primary Care H2 Planning Guidance

Allocations across Primary Care services (delegated and non-delegated) will stay in line with those issues during H1 (April –Sept 2020). **Systems are expected to submit final H2 plans to NHSE on the 16th November 2022.**

- As notified in H1 CCG allocations were uplifted to fund the growth between 2020/21 and 2021/22 published primary care allocations, along with details of the additional allocations. The growth included additional funding for the GP contract, PCN Care Home Premium, new QOF indicators and Investment and Impact Fund (IIF) funding.

- Systems are asked to support practices with access challenges so that all practices are delivering appropriate pre-pandemic appointment levels, including face-to-face care as part of a blended access model.

- NHSE will shortly set out details of continued investment in H2 to support general practice capacity and improve access.

North Central London CCG
Primary Care Commissioning Committee Meeting
21 October 2021

Report Title	Primary Care Quality and Performance Report	**Date of report**	11 October 2021	**Agenda Item**	2.2
Lead Director / Manager	Paul Sinden, Chief Operating Officer	**Email / Tel**		p.sinden@nhs.net	
GB Member Sponsor	Not Applicable				
Report Author	Paul Sinden, Chief Operating Officer	**Email / Tel**		p.sinden@nhs.net	
Name of Authorising Finance Lead	Not Applicable	**Summary of Financial Implications** Not applicable			
Report Summary	**1. Introduction** This report sets out: • The latest Quality and Performance Report for comment; • A summary of actions accruing from the quality report; • An update on our primary care recovery plan following the covid pandemic including a review of access; • An overview of the national GP Patient Survey for 2021 carried out by IPSOS MORI, comparing NCL to London and National averages. Borough overviews are provided.				
Recommendation	The Committee is asked to: • **COMMENT ON** future development of the quality and performance report to support onward quality and performance improvement; • The identified actions to carry forward into NCL CCG governance structures.				
Identified Risks and Risk Management Actions	The report outlines areas where support to practices is required, and where formal action requiring remedial actions plans are required.				
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the CCG's conflict of interest policy.				
Resource Implications	The report helps to identify practices in need of resilience funding. Local primary care development plans, including the GP Forward View and developing primary care at scale seek to address variations in care and access described in the report.				
Engagement	The report includes patient experience measures from the Friends and Family Test and GP Patient Survey carried out by Ipsos MORI.				

Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Quality Report provides an overview of primary medical services contracts delegated to the CCG from NHS England.
Next Steps	Local reporting will be further extended through work to develop reporting to support the development of Primary Care Networks in NCL.
Appendices	1. Quality and Performance Report to the NCL Primary Care Committee-in-Common; 2. Quality dashboard for each Borough; 3. Overview of primary care recovery programme; 4. Borough overviews of IPSOS MORI GP Patient Survey for 2021

NCL CCG Primary Care Committee-in-Common Quality and Performance Report – Appendix 1

1. Introduction

This report sets out:

- The latest Quality and Performance Report for comment;
- A summary of actions accruing from the quality report;
- An update on our primary care recovery plan following the covid pandemic including a review of access;
- An overview of the national GP Patient Survey for 2021 carried out by IPSOS MORI, comparing NCL to London and National averages. Borough overviews are provided.

2. Quality Report

The report is a consolidation of publicly available information on individual practice performance, and is therefore included in Part I of the Committee (a meeting in public).

This report aims to highlight practice sustainability through an aggregation of national indicators and local knowledge. The table draws together a multitude of indicators from an array of sources, including data from Care Quality Commission (CQC) ratings, GP Patient Survey (GPPS) results and practice demographics.

The metrics in this report have been used to identify and support practices in difficulty through the resilience programme. Local teams were asked to identify those practices which were considered in difficulty and those which would benefit from Resilience Programme support.

National criteria in this report were created for use as a screening tool by local commissioners to guide their assessment with local stakeholders on offers of support to improve sustainability and resilience.

3. Actions accruing from the report

This section summarises how the report is used to make commissioning decisions and apply primary care medical contracts where applicable. The table below summarises commissioning actions undertaken against the performance domains in the report:

Domain	Indicator	Description of action taken
Quality	Care Quality Commission (CQC) ratings; Complaints	1. Informal remedial action - Number of practices under improvement plan review 2. Formal remedial action - number of practices issued a remedial notice 3. Practice mergers 4. Infection control audits
Efficiency	Quality Outcomes Framework (QOF); List size changes; Friends and Family Test (FFT)	1. Performance improvement plans 2. Quality Improvement Support Teams (QISTs) to reduce unwarranted variations 3. Care Closer to Home Integrated Networks (CHINs) / Neighbourhoods development 4. Resilience funding 5. Financial assistance (Section 96)
Workforce	Age profile; Full-time equivalents (FTE) for GPs and Nurses	1. Pharmacists in Practice 2. GP retention scheme 3. Medical Assistance Programme 4. Training programmes
Patient Experience	GP Patient Survey	1. National access programme 2. GP access Hubs 3. Performance improvement plans
Patient Online	Online appointments; Repeat Prescriptions	1. Differential access linked to deprivation levels in some CCGs – ensure digital inclusion part of roll-out.

Extended Access	Extended access days; Direct Enhanced Service (DES) sign up	1. GP Hubs 2. DES sign up 3. National access programme
Premises	New schemes; Relocation into compliant buildings; Void space	1. Improvement grant awards 2. Capital funding awards 3. Service charge financial assistance applications

The report will also be used to provide as a source of information to help develop and early warning system to identify struggling practices and enhance current levels of support prior to any regulatory action being taken. The early warning system will be developed across North Central London.

The report has enabled the following actions to be undertaken:

- Remedial notices have been issued to practices receiving Care Quality Commission (CQC) ratings of inadequate or requires improvement, with practices developing action plans to address CQC findings. This has in turn prompted the following work by CCGs:
  - Establishing the workforce and resilience workstream as per of the primary care recovery plan from the covid pandemic. Within this an early warning system to identify struggling practices will be developed;
  - Practice Caretaking arrangements put in place where required to secure service continuity;
  - Practice resilience support programme;
  - CCG have facilitated practice mergers to support struggling practices and reduce variations in care;
- Practices with low Quality Outcomes Framework (QOF) scores receive a performance report with a series of actions agreed with NHS England Medical Directorate to improve delivery;
- Actions to address workforce gaps includes participation in international recruitment, focus on workforce in general practice strategy for NCL, employment of greater skill-mix in practices (this will now be supported by the new GP contract and extended definition of core staff that will attract funding);
- CCG teams have been working with practices in response to the results of the patient survey;
- The identification of differential access to patient on-line initiatives according to deprivation;
- Access developments include action to ensure all practices have adequate cover arrangements for any half-day closures in operation. Full population coverage for extended access schemes is in place across NCL;
- Development of NCL-wide process to identify both major capital schemes for general practices and the award of minor improvement grants. Estates and Technology Transformation Funds (ETTF) received for general practice strategic developments, and consideration of amendments to premises directions to ensure premises are used effectively and support primary care development.

4. Overview of performance

This section sets out an overview of performance for practices across each Borough including an overview of practice outliers in performance compared to Borough averages.

Performance for practices, and across Boroughs, should be assessed against the range of indicators provided (Care Quality Commission ratings, patient experience responses, Quality Outcomes Framework achievement, and written complaints received) to arrive at a rounded view of performance rather than using single measures of performance. Demographic, finance, and workforce information is then provided as context.

4.1 Demographics

This section provides a summary of population profiles for practices including:

- Deprivation in a range of 1-5, with 1 being the most deprived and 5 the least deprived, percentage of patients aged over 75, and proportion of the practice list made up of people from black and ethnic minorities;
- Average list size per practice and list size change over the 12 months to September 2021.

	Barnet	Camden	Enfield	Haringey	Islington
Contract type	GMS 28/51 PMS 22/51 APMS 1/51	GMS 14/33 PMS 14/33 APMS 5/33	GMS 9/31 PMS 19/31 APMS 3/31	GMS 14/35 PMS 19/35 APMS 2/35	GMS 28/32 PMS 2/32 APMS 2/32
Deprivation:					
1 = most deprived	0	0	17	10	1
2	3	10	9	16	26
3	11	12	10	5	5
4	27	6	7	3	0
5 = least deprived	10	4	3	1	0
Null	0	1	0	0	0
Patients aged > 75 on list	7%	4%	6%	4%	4%
% list black & ethnic minority	37%	35%	41%	43%	33%
Average list size	8,576	10,068	11,439	9,479	8,776
Annual list size change	+1%	+3%	+1%	+1%	+2%

To note:

- The relatively high rates of deprivation in Enfield, Haringey and Islington;
- The higher proportion of people aged over 75 on practice lists in Barnet and Enfield;
- The April 2021 report reported the number of practices in Enfield reducing from 47 to 33 following the merger of 15 practices to create Medicus Health Partnership which was approved by the Committee in December 2020. Forest Road Group Practice is the host for the partnership with a list size of circa 90,000 for the merged practice. The number of practices has now reduced to 31 with the merger of Park Lodge Medical Centre and Winchmore Hill Practice from 1st May 2021. Average list size in Enfield has therefore increased from 7,445 to 11,439 per practice;
- Following the creation of Medicus Health Partnership for Enfield some indicators are still reported on the previous practice baseline. This includes deprivation indices, patient feedback and Quality Outcomes Framework delivery;
- The number of practices in Haringey has reduced from 36 to 35 to reflect merger of Queens Avenue Practice and Rutland House Surgery;
- List sizes, and annual changes, are based on the movement from September 2020 to September 2021, with an overall list increase of 2% year-on-year. List size growth recorded across the five Boroughs compared to the last report (based on July 2021 lists) is 0.3%.

4.2 Care Quality Commission

The Care Quality Commission (CQC) rates general practices to give an overall judgement of the quality of care. The CQC applies four ratings to practices, as is the case for other health and social care services. Practices are assessed across five key areas for quality of care (caring, effectiveness, responsiveness, safety, being well-led). The table below summarises Care Quality Commission (CQC) overall ratings for practices within each Borough as at March 2020:

CQC ratings	Barnet	Camden	Enfield	Haringey	Islington
Overall rating:					
Outstanding	0	0	0	1	0
Good	49	33	44	29	30
Requires Improvement	2	0	2	2	2
Inadequate	0	0	0	3	0
Yet to be rated	0	0	0	0	0
Total	51	33	46	35	32

To note from the above:

- The majority of practices assessed to date have received a good rating, with this including all practices in Camden. All practices in NCL have now received a CQC inspection and rating;
- The first practice in North Central London has received an overall “outstanding” rating – West Green Road Surgery in Haringey;
- Three practices in NCL now have an inadequate rating from the CQC, up from a single practice in the last Committee report (June 2021). All three practices are in Haringey. Staunton Group Practice remains on an inadequate rating, with the rating relating to the previous partnership and not the current caretaking arrangements. Charlton House Surgery and Grover Road Surgery have moved to an inadequate rating following inspections in August 2021 and September 2021 respectively;

- The number of practices with a requires improvement (RI) rating from the CQC remains at 8, with the Keats practice in Enfield moving from a RI rating to a good rating following a CQC review in July 2021, and the Beaumont Practice in Islington moving to a RI rating from a good rating following a CQC inspection in June 2021;
- Practices with an inadequate or requires improvement rating are subject to formal remedial action through the primary care medical services contract, as well as being required to complete an action plan to address concerns raised by the CQC.

4.3 Quality Outcomes Framework

The Quality Outcomes Framework (QOF) was introduced as part of the new General Medical Services contract in April 2014, with the intention to improve the quality of care patients are given by rewarding practices for the quality of care they provide to patients.

The table below summarises performance for practices in each Borough in 2019/20 compared to the range for previous years:

Quality Outcomes Framework	Barnet	Camden	Enfield	Haringey	Islington
% achievement in 2019/20	94.5%	94.4%	95.8%	95.8%	96.1%
% achievement in prior years	95.8%-96.8%	96.3%	95.2%-95.3%	95.8%-96.1%	96.4%
Practices with less than 70%	0	1	0	0	0
Practices with less than 80%	2	0	0	0	1
Practices with 80% to 90%	6	2	4	2	1

The table reports by exception the number of practices in each Borough with achievement materially below CCG average scores. Quality Outcomes Framework (QOF) outcomes for those practices achieving less than 90%.

When cross-referenced to Care Quality Commission ratings, all the practices across the five Boroughs achieving less than 90% QOF scores currently have a Good rating from the Care Quality Commission, with the exception of Charlton House Medical Centre in Haringey (score 89.4%).

Care Quality Commission (CQC) ratings provided an overall assessment of practice performance and service quality with the overall rating determined by assessment against the following domains for quality of care – effective, caring, responsive, safe and well-led. The Quality Outcomes Framework (QOF) targets performance in specific areas in particular to support planned care and chronic disease management, and practices receive an incentive payment for delivery of the QOF metrics. It was therefore possible for practices to deliver strong performance against the targeted QOF metrics whilst struggling to get a good rating from the broader CQC assessment;

At the end of 2019/20 and in 2020/21 practice delivery against QOF indicators has been materially reduced by the covid pandemic. The financial resilience support package for practices therefore includes payment protection for practices based on prior year performance.

NHS England has invested an additional £10m nationally into the Quality Outcomes Framework (QOF) in 2020/21, supported by a number of changes to the QOF Domains for Asthma, COPD, Heart Failure, Diabetes, Early Cancer Diagnosis, and Learning Disabilities.

4.4 Patient experience

The GP patient survey is an independent survey run by Ipsos MORI on behalf of NHS England, with the survey being sent to over one million people nationally. The survey results presented were published in July 2021 and cover the period from January to March 2021.

The Friends and Family Test asks patients how likely they are to recommend their GP service to friends and family based on their most recent experience of service use, with the results showing those likely or extremely likely to recommend their practice. Results are from February 2021.

Patient Experience	Barnet	Camden	Enfield	Haringey	Islington
GP patient survey – good overall experience of the practice	79%	85%	76%	79%	84%
GP patient survey – easy getting through by phone	64%	81%	62%	71%	79%
GP patient survey – satisfied with type of appointment offered	77%	84%	76%	78%	81%
Friends and family test:					
Average recommendation %	85%	89%	86%	87%	90%
Practices with results	19/51	12/33	25/46	21/35	15/32
Range of recommendation %	69% - 100%	76% - 100%	50% - 100%	54% - 100%	70% - 100%

The friends and family test does not provide an outcome for each practice, so the average is shown for those practice with a patient response recorded. A broad range of recommendation across practices is shown within each CCG area.

Section x below provides a summary for each NCL borough, allowing a comparison of patient responses in North Central London to the national patient survey for 2021 carried out by IPSOS MORI.

4.5 Complaints

The NHS Complaints procedure is the statutorily based mechanism for dealing with complaints about NHS care and treatment and all NHS organisations in England are required to operate the procedure.

The table shows the number of written complaints made by patients and/or their carers during 2018/19, 2017/18 and 2016/17 in total, and then per practice and per 1,000 people on practice lists.

Written complaints received	Barnet	Camden	Enfield	Haringey	Islington
Number of complaints received in:					
2018/19	568	406	483	389	280
2017/18	582	430	530	411	346
2016/17	610	416	527	394	377
Complaints escalated to NHSE in 2018/19	34/568	19/406	42/483	33/389	15/280
Average received per practice in 2018/19	11	12	11	11	9
Average per 1000 people on list in 2018/19	1.3	1.3	1.4	1.2	1.0

The number of complaints received by per head of population, and by practice, is broadly consistent across practices in the five Boroughs. Within each Borough there is a broad range of complaints received across practices.

This report adds in the complaints escalated to NHS England as they have not been resolved locally by practices.

In response to the Committee request to have a view of complaints themes and trends – the national team at NHS England have been asked to check the granularity of the information available through reporting on the governance portal.

4.6 Access and Digital Access

The table below shows that all practice lists have extended access to general practice services seven days per week through primary care hubs. The table also shows coverage of digital access for on-line booking of appointments and ordering of repeat prescriptions.

Access to general practice	Barnet	Camden	Enfield	Haringey	Islington
Seven-day extended access to general practice though primary care hubs	100%	100%	100%	100%	100%
% of population with on-line booking of appointments enabled	38%	36%	25%	34%	29%
% of population with on-line ordering of repeat prescriptions enabled	37%	33%	24%	33%	29%

Coverage in Enfield has been adjusted to reflect the establishment of Medicus Health Partnership, with coverage increasing from 19% to 25% of the population.

4.7 Workforce

The table below provides on overview of workforce information for each CCG. The information is sourced from the workforce minimum data set collected by NHS Digital. The information is for Quarter One 2020/21 (April to June 2020).

Workforce	Barnet	Camden	Enfield	Haringey	Islington
% of GPs aged over 55	30%	15%	32%	37%	28%
% locum GPs	2%	5%	9%	6%	4%
% of nurses aged 55 and over	47%	21%	56%	53%	50%
Number of patients per full-time GP	2,405	1,799	2,494	2,483	2,300
Number of patients per full-time nurse	9,434	10,708	8,372	12,289	8,150

The information shows the need for succession planning for the GP and nurse workforce, some of which will be provided through the use of new skill-mix in general practice accruing from the Primary Care Network Additional Roles Reimbursement Scheme. Additional roles now funded include pharmacists, physicians, physiotherapists, social prescribers and mental health professionals.

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5. Primary care recovery programme

The primary care recovery programme is set in the context of continued significant pressure on general practice, as with other parts of the health and care system. Recent negative media spotlight and patient apprehensions about greater digital access has added to complexity. Practice and clear patient communications are being developed to help address this.

Key pressure points include:

- Primary / secondary care interface; increased workload/flow to GP from secondary care; more advice and guidance managed in primary care to address long waiting timers for hospital appointments and tests;
- Significant new volume of online consultations;
- New workload aligned to managing chronic and complex conditions and addressing pent-up demand from the pandemic;
- Tired workforce – practice staff have been working through the pandemic conditions for the last 18 months;
- Variation of primary care estates and technology - Limitations of IT infrastructure (GP IT, telephony) and estates (no room to increase physical workforce, limited capital funding).

Given the above the agreed priorities for primary care recovery are:

- Continue with primary care recovery and reset programme against current priorities (access and demand management; the interface between primary and secondary care, and development of an NCL-wide Locally Commissioned Service (LCS) for people with long-term conditions). Simple vision of the work on locally commissioned services (review) to be communicated to stakeholders, including reinvestment of the Personal Medical Services (PMS) premium from April 2022 at the end of the PMS equalization period (four of five NCL boroughs in April 2022; Camden from April 2023);
- Proceed with communications work on general practice; with immediate comms and medium term participatory research on access and demand management (commissioning and linking with Healthwatch and other representative groups);
- Engagement with wider stakeholders to understand priority areas for any future strategic review, to ensure system engaged and informed on the process
- Return to strategic review following Integrated Care System (ICS) establishment in April 2022, informed by the above.

Work on access and managing demand will be supported by:

- Participation in the national access improvement programme alongside work with local stakeholders including Healthwatch to develop practice-based access plans;
- Participatory research on access working with Healthwatch, practices, practice patient participation groups and residents;
- A focus on delivery of 6 key enablers to support access: 1) Data 2) Digital inclusion 3) Infrastructure 4) Extended access 5) Comms 6) Frequent attenders);
- Development of a primary care dashboard for access.

6. Primary Care SitReps

The recovery programme for primary care is set in the context of pressure on urgent and emergency care services across primary and secondary care services in NCL. Demand for primary care continues to increase, with appointments now 18% above pre-Covid-19 levels seen back in April 2019.

The increase in demand has occurred because of a number of factors including longer waiting times across the system, the need to continue to monitor those with complex and long term conditions, and in the significant efforts of primary care in supporting the vaccination programme.

Patients largely continue to be triaged prior to appointment using phone, online or video facilities. Face to face appointments are offered to patients where clinically necessary, and patients can also be signposted to other services where appropriate. In June 2021 half of appointments delivered were virtual compared to 16% pre-pandemic, but showing a reduction from the 66% delivered virtually in April 2020.

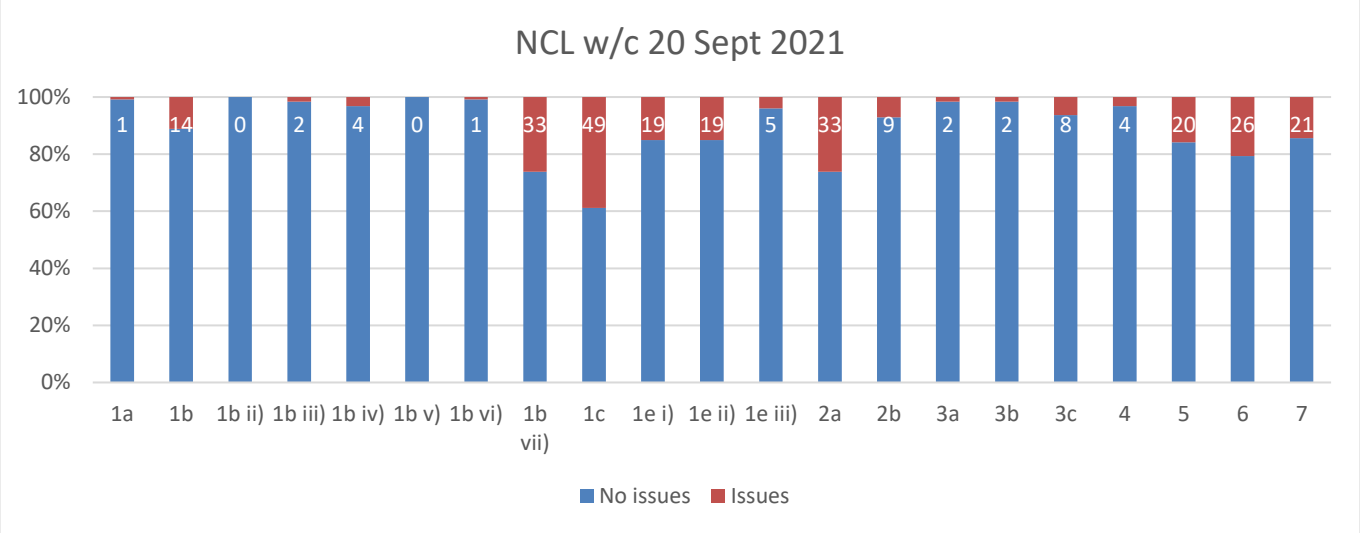
Extended access hubs continue to offer appointments over evenings and weekends, with continued requests for additional capacity from 111, which NCL CCG is reviewing.

Work is ongoing to understand the impact of online consultations on overall demand and capacity, and to support practices with integrating online consultations into daily workflow processes.

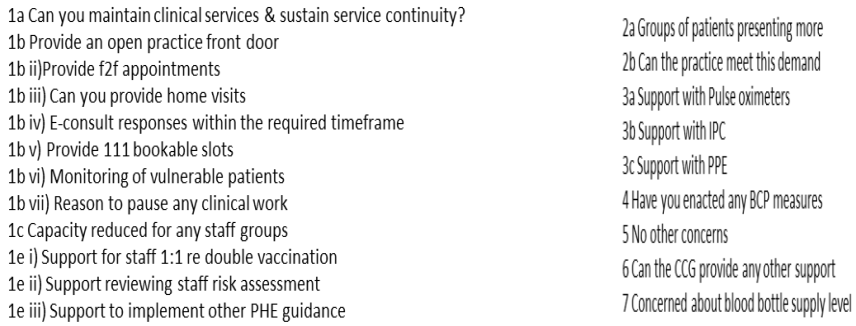
Given the pressure in primary care the fortnightly all-practice SitRep survey has been reinstated which asks practices to rate current demand and capacity, identify specific pressures or emerging trends in increased patient presentations and identify long and short term support required to continue to deliver business as usual primary care. Practices requesting support are contacted by the local clinical lead (CCG) to discuss their needs, and aggregated data is shared with system partners to aid a system-wide response to supporting primary care.

Follow-up support is offered to any practices that identify that they are not able to offer sufficient capacity in any area. The SitRep includes a specific question on whether doors are open, with planned follow up of targeted primary-care specific infection prevention and control support, for any practices with concerns relating to provision of face to face care. This follows an NCL-wide IPC programme, offered to all NCL GP practices, on delivering safe face to face care during a pandemic.

NCL Primary Care SitRep Survey Results Summary



The questions practices are asked are summarised in the table below.



The latest SitRep responses from practices are summarised below:

- Continued concern about blood bottle shortages: 21 practices raised this;
- One Practice in Barnet reported that it was unable to maintain clinical services and sustain service continuity (Practice Nurse Capacity);
- All practices report offering face-to-face appointments; 14 report not being able to provide an open front door;
- Practices reporting an increase in mental health attendances

Actions that will now accrue from the SitReps includes:

- Further guidance to practices on social distancing, relating to patients and staff;
- All practices that have indicated their doors are not open have been contacted. Support offered includes infection prevention control (IPC) training refresh;
- One practice is not currently providing E-consult, the practice are providing telephone bookings and triage. Support has been offered by the Digital First Team;
- Support for recruitment working with the training hub;
- Practices have requested support with reviewing staff risk assessments. Follow-up phone calls indicate that the main concern relates to conversations with staff that are not double vaccinated. Staff are receiving guidance surrounding self–isolation and return to work following COVID positive contacts. Further guidance will be provided NCL-wide;
- Some practices have indicated a need for support with protective personal equipment (PPE) supply. Though supplies are available there is an ordering limit based on list size) –this will be communicated to practices and an approach agreed for where practices need to exceed this;
- Many practices have highlighted that verbal abuse of practice staff has significantly increased. Training hub to commission further customer training. Supporting NCL-wide patient facing comms developed;

7. National GP Patient Survey 2021

This section of the report provides an overview of the national GP Patient Survey for 2021 carried out by IPSOS MORI, comparing NCL to London and National averages. Borough overviews of the results are provided and appended to this report.

There is variation in patient satisfaction across and within the boroughs. In Barnet patient satisfaction has reduced over the past three years; 2021 results remain broadly similar to last year's results. Levels of patient satisfaction in Camden, Haringey and Islington have improved over three years. Enfield has remained broadly similar.

Each borough summary includes a comparison with NCL and national results and patient satisfaction at PCN and practice level. The report also recommends actions to further improve satisfaction including:

- Estates: optimisation of estate to improve access to wider practice team
- Service delivery: greater range of services delivered in the community e.g. phlebotomy
- Training: for example customer services and conflict resolution
- Communication: engagement with patients, capturing views and incorporating into service planning; practice websites

Barnet Directorate OCTOBER 2021

	Practice Code	Practice Name	Practice			Practice Demographics			Quality								Workforce						Efficiency				Patient Experience				Finance	Patients Online							Extended Access		
			Co-commissioning model	Contract Type	Dispensing Practice	Practice Linked IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Well led	Written complaints (Total) 2018/19	Written complaints (via NHSE) 2018/19	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QOF Achievement 19/20 (%)	QOF Personalised Care Adjustment Rate 19/20	List size - September 21	Annual List Size Change September 20 - September 21	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos <6; no data = zero return)	GPPS - Good overall experience of GP practice	GPPS – Easy to get through by phone (~ = nos <10; * = <0.5%)	GPPS - Satisfied with the type of appointment offered (~ = nos <10; * = <0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 21)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)
1	E83003	Oakleigh Road Health Centre	Del	GMS	✗	4	7.4%	70%	●	●	●	●	●	●	11	0	Large	20%	0%	100%	1,351	6,757	93.6	3.3	9195	0.5%	93%	82%	85%	75%	£136	✓	33%	0	✓	32%	371	FULL	7	✓
2	E83005	Lichfield Grove Surgery	Del	PMS	✗	5 - Least Deprived	4.8%	64%	●	●	●	●	●	●	8	1	Small-medium	15%	0%	100%	2,427	20,022	98.5	7.6	6415	1.5%	no data	93%	72%	90%	£135	✓	58%	115	✓	58%	228	FULL	7	✓
3	E83006	Greenfield Medical Centre	Del	PMS	✗	3	5.6%	58%	●	●	●	●	●	●	5	0	Medium-large	17%	0%	58%	4,421	ND	97.5	4.4	7107	5.2%	no data	85%	78%	81%	£153	✓	38%	0	✓	38%	267	FULL	7	✓
4	E83007	Squires Lane Medical Practice	Del	GMS	✗	3	6.6%	59%	●	●	●	●	●	●	7	2	Single-handed	0%	0%		2,139	26,334	99.0	6.2	5619	-3.3%	71%	66%	37%	65%	£129	✓	37%	0	✓	37%	148	FULL	7	✓
5	E83008	Heathfielde Medical Centre	Del	PMS	✗	5 - Least Deprived	7.6%	78%	●	●	●	●	●	●	9	0	Medium-large	50%	0%	15%	3,827	5,458	95.0	2.8	8881	1.9%	no data	82%	79%	75%	£142	✓	49%	0	✓	49%	407	FULL	7	✓
6	E83009	PHGH Doctors	Del	PMS	✗	5 - Least Deprived	8.4%	75%	●	●	●	●	●	●	24	2	Medium-large	25%	4%	100%	3,328	11,644	95.6	5.2	11715	4.3%	87%	85%	71%	81%	£146	✓	43%	0	✓	43%	820	FULL	7	✓
7	E83010	The Speedwell Practice	Del	PMS	✗	4	6.7%	63%	●	●	●	●	●	●	38	0	Medium-large	13%	0%	36%	3,028	4,551	97.3	4.4	11048	-0.6%	77%	66%	47%	68%	£144	✓	39%	149	✓	39%	470	FULL	7	
8	E83011	The Everglade Medical Practice	Del	GMS	✗	2	2.9%	42%	●	●	●	●	●	●	1	1	Medium-large	21%	0%	0%	1,637	8,405	96.9	9.2	9638	10.1%	74%	74%	54%	64%	£129	✓	19%	0	✓	19%	228	FULL	7	✓
9	E83012	The Old Courthouse Surgery	Del	GMS	✗	4	8.7%	77%	●	●	●	●	●	●	0	0	Medium-large	0%	0%	0%	1,492	8,705	99.7	7.0	8486	1.0%	85%	83%	78%	83%	£130	✓	no data	0	✓	33%	178	PARTIAL	6	✓
10	E83013	Cornwall House Surgery	Del	GMS	✗	5 - Least Deprived	8.2%	63%	●	●	●	●	●	●	0	0	Medium-large	33%	0%	0%	1,206	19,739	94.7	6.2	5823	-2.3%	86%	69%	46%	69%	£133	✓	30%	0	✓	29%	168	FULL	7	✓
11	E83016	Millway Medical Practice	Del	PMS	✗	4	7.3%	65%	●	●	●	●	●	⚑	64	0	Large	2%	0%	12%	1,903	6,139	99.9	6.7	19163	4.4%	no data	81%	44%	84%	£159	✓	94%	44	✓	94%	1001	FULL	7	✓
12	E83017	Longrove Surgery	Del	PMS	✗	4	8.6%	79%	●	●	●	●	●	●	17	2	Large	29%	0%	53%	1,715	8,300	96.0	4.3	17357	50.8%	no data	78%	63%	74%	£145	✓	32%	0	✓	32%	1119	FULL	7	✓
13	E83018	Watling Medical Centre	Del	GMS	✗	3	6.1%	51%	●	●	●	●	●	●	20	0	Large	7%	0%	0%	1,385	7,664	97.7	7.3	16916	2.4%	85%	85%	62%	78%	£128	✓	35%	1	✓	34%	943	FULL	7	✓
14	E83020	St George's Medical Centre	Del	GMS	✗	4	5.9%	60%	●	●	●	●	●	●	1	1	Medium-large	0%	0%	0%	2,226	5,871	97.1	4.7	11656	-1.7%	no data	83%	46%	73%	£142	✓	22%	0	✓	47%	832	FULL	7	✓
15	E83021	Torrington Park Group Practice	Del	PMS	✗	4	9.1%	63%	●	●	●	●	●	●	9	0	Medium-large	27%	0%	55%	1,879	6,258	93.7	8.6	12334	-0.2%	100%	85%	56%	81%	£133	✓	no data	0	✓	45%	509	FULL	7	✓
16	E83024	St Andrews Medical Practice	Del	PMS	✗	5 - Least Deprived	9.4%	72%	●	●	●	●	●	⚑	2	2	Large	15%	0%	48%	1,502	4,280	98.4	4.8	11298	0.8%	no data	79%	56%	79%	£160	✓	57%	10	✓	56%	763	FULL	7	✓
17	E83025	Pennine Drive Practice	Del	GMS	✗	3	5.8%	55%	●	●	●	●	●	●	9	2	Small-medium	24%	0%	0%	3,101	7,594	94.7	6.7	8600	-2.9%	no data	68%	56%	68%	£136	✓	13%	0	✓	13%	217	FULL	7	✓
18	E83026	Supreme Medical Centre	Del	GMS	✗	5 - Least Deprived	8.3%	65%	●	●	●	●	●	●	2	0	Small-medium	76%	0%	0%	2,484	5,548	92.0	4.4	4457	1.5%	no data	83%	67%	77%	£136	✓	36%	0	✓	36%	178	FULL	7	✓
19	E83027	The Practice @ 188	Del	PMS	✗	4	8.9%	69%	●	●	●	●	●	●	10	1	Small-medium	7%	31%	0%	3,984	ND	96.7	6.2	8859	6.5%	no data	59%	57%	59%	£135	✓	24%	62	✓	24%	227	FULL	7	✓
20	E83028	Parkview Surgery	Del	PMS	✗	2	3.1%	47%	●	●	●	●	●	●	6	0	Small-medium	40%	17%	100%	2,737	11,010	87.2	4.1	6616	-0.6%	no data	85%	83%	79%	£135	✓	22%	20	✓	22%	145	FULL	7	✓
21	E83030	Penshurst Gardens Surgery	Del	GMS	✗	4	9.9%	61%	●	●	●	●	●	●	33	0	Medium-large	0%	0%	0%	1,617	7,156	97.4	5.6	6414	-5.6%	no data	66%	23%	64%	£131	✓	67%	14	✓	66%	495	no data	-	✓
22	E83031	The Village Surgery	Del	PMS	✗	4	8.9%	76%	●	●	●	●	●	●	1	0	Small-medium	42%	0%	100%	3,060	7,650	94.6	3.7	5322	0.7%	no data	85%	81%	78%	£133	✓	no data	0	✓	24%	246	FULL	7	
23	E83032	Oak Lodge Medical Centre	Del	GMS	✗	3	4.1%	43%	●	●	●	●	●	●	32	0	Large	0%	0%	11%	1,413	5,824	99.3	10.4	17967	-0.6%	no data	88%	44%	76%	£137	✓	52%	0	✓	52%	456	FULL	7	✓
24	E83034	Mulkis Hb-The Surgery	Del	GMS	✗	3	6.5%	69%	●	●	●	●	●	●	0	0	Single-handed	100%	0%	100%	4,987	7,388	96.6	4.5	5324	-0.4%	no data	88%	78%	78%	£127	✓	36%	146	✓	36%	275	FULL	7	✓
25	E83035	Wentworth Medical Practice	Del	PMS	✗	4	6.8%	59%	●	●	●	●	●	●	24	2	Medium-large		0%	0%	1,822	5,307	94.2	2.6	12910	6.7%	86%	71%	44%	81%	£150	✓	35%	0	✓	35%	393	FULL	7	✓
26	E83037	Derwent Crescent Medical Centre	Del	PMS	✗	5 - Least Deprived	8.6%	68%	●	●	●	●	●	●	4	0	Small-medium	41%	0%	52%	2,432	10,459	99.8	5.3	5566	0.3%	no data	88%	83%	82%	£133	✓	87%	0	✓	87%	326	FULL	7	✓
27	E83038	Jai Medical Centre	Del	GMS	✗	3	8.1%	50%	●	●	●	●	●	●	8	0	Small-medium	31%	0%	76%	5,001	2,596	94.9	5.0	8835	4.4%	no data	80%	72%	82%	£128	✓	20%	0	✓	20%	122	FULL	7	✓
28	E83039	Ravenscroft Medical Centre	Del	PMS	✗	4	4.4%	62%	●	●	●	●	●	●	2	0	Small-medium		0%	100%	2,347	13,925	92.3	2.9	5587	-1.6%	no data	82%	81%	75%	£161	✓	no data	0	✓	12%	84	FULL	7	✓
29	E83041	Wakeman's Hill Surgery	Del	GMS	✗	3	5.3%	40%	●	●	●	●	●	●	8	1	Small-medium	0%	34%	0%	3,732	7,166	93.7	5.8	4398	0.3%	no data	80%	69%	82%	£131	✓	17%	20	✓	17%	34	FULL	7	✓
30	E83044	Addington Medical Centre	Del	GMS	✗	4	8.2%	76%	●	●	●	●	●	●	8	0	Medium-large	50%	0%	76%	2,693	ND	96.8	4.2	9408	-1.5%	90%	88%	74%	77%	£120	✓	33%	151	✓	33%	87	FULL	7	✓
31	E83045	Friern Barnet Medical Centre	Del	GMS	✗	4	6.0%	63%	●	●	●	●	●	●	2	2	Medium-large	42%	0%	100%	1,641	9,626	98.6	5.8	9649	1.5%	no data	78%	59%	72%	£129	✓	27%	0	✓	27%	302	PARTIAL	5	✓
32	E83046	Mulberry Medical Practice	Del	GMS	✗	3	5.2%	53%	●	●	●	●	●	●	31	1	Medium-large	23%	0%	26%	2,569	6,129	93.2	11.2	9289	-3.2%	no data	54%	37%	56%	£131	✓	26%	0	✓	26%	278	no data	-	✓
33	E83049	Langstone Way Surgery	Del	PMS	✗	4	5.4%	59%	●	●	●	●	●	●	48	2	Medium-large	30%	0%	34%	2,369	2,247	93.3	8.2	8813	4.1%	no data	64%	39%	73%	£157	✓	no data	0	✓	23%	312	FULL	7	✓
34	E83050	East Finchley Medical Centre	Del	GMS	✗	5 - Least Deprived	6.4%	77%	●	●	●	●	●	●	12	0	Medium-large	0%	0%	0%	2,523	9,146	88.3	3.0	7815	-2.6%	no data	74%	60%	85%	£118	✓	24%	0	✓	25%	285	no data	-	✓
35	E83053	Lane End Medical Group	Del	GMS	✗	4	7.7%	60%	●	●	●	●	●	●	15	1	Large	18%	0%		1,389	9,634	96.5	6.8	13812	3.5%	93%	80%	65%	83%	£146	✓	49%	0	✓	42%	651	FULL	7	✓
36	E83600	Adler Js-The Surgery	Del	GMS	✗	4	4.4%	73%	●	●	●	●	●	●			Small-medium	50%	0%	0%	3,077	12,156	78.7	1.7	6487	2.5%	100%	97%	95%	90%	£135	✓	no data	0	✓	26%	232	FULL	7	✓
37	E83613	East Barnet Health Centre	Del	PMS	✗	4	7.5%	76%	●	●	●	●	●	●	6	0	Large		0%	40%	1,259	11,895	96.7	2.9	11484	-0.3%	no data	81%	59%	74%	£152	✓	25%	165	✓	24%	357	FULL	7	✓
38	E83621	Brunswick Park Medical Centre	Del	GMS	✗	4	8.9%	68%	●	●	●	●	●	●	14	1	Large		0%	100%	972	4,288	98.7	3.2	8479	-0.6%	75%	63%	61%	60%	£150	✓	41%	0	✓	41%	557	FULL	7	✓
39	E83622	Temple Fortune Medical Group	Del	GMS	✗	5 - Least Deprived	7.6%	74%	●	●	●	●	●	●			Medium-large	51%	0%	55%	3,221	13,247	98.1	6.9	8162	5.9%	no data	87%	75%	88%	£121	✓	33%	0	✓	33%	307	no data	-	✓
40	E83637	Colindale Practice (Dr Lamba)	Del	PMS	✗	3	2.9%	41%	●	●	●	●	●	●	5	0	Medium-large	47%	0%	65%	3,313	19,217	97.1	4.2	10231	5.3%	80%	81%	61%	83%	£131	✓	29%	2	✓	28%	226	FULL	7	✓
41	E83638	The Mountfield Surgery	Del	PMS	✗	5 - Least Deprived	7.8%	66%	●	●	●	●	●	●	1	0	Small-medium	93%	0%	100%	4,438	4,143	95.8	2.9	4931	-3.2%	80%	87%	85%	83%	£149	✓	19%	0	✓	18%	116	FULL	7	✓
42	E83639	Rosemary Surgery	Del	GMS	✗	4	3.5%	62%	●	●	●	●	●	●	0	0	Medium-large	15%	0%		1,501	ND	98.8	3.8	6234	2.8%	99%	86%	84%	82%	£132	✓	49%	0	✓	49%	244	FULL	7	✓
43	E83649	The Hodford Road Surgery	Del	PMS	✗	4	5.4%	67%	●	●	●	●	●	●	1	0	Small-medium	100%	0%	0%	1,910	10,125	91.5	3.3	4047	1.6%	no data	81%	79%	82%	£139	✓	83%	0	✓	83%	181	FULL	7	✓
44	E83650	Gloucester Road Surgery	Del	GMS	✗	4	12.2%	75%	●	●	●	●	●	●	0	0	Single-handed	100%	0%	100%	1,965	4,635	87.2	2.1	1854	-0.5%	no data	85%	85%	88%	£122	✓	28%	0	✓	27%	47	FULL	7	
45	E83653	The Phoenix Practice	Del	GMS	✗	4	6.1%	61%	●	●	●	●	●	●	11	1	Medium-large	13%	0%	42%	3,016	8,218	78.8	2.5	10396	1.1%	no data	91%	74%	82%	£136	✓	39%	225	✓	38%	416	FULL	7	✓
46	E83657	The Hillview Surgery	Del	GMS	✗	4	6.7%	62%	●	●	●	●	●	●	1	0	Small-medium	100%	0%	100%	1,905	8,042	81.7	4.7	1922	3.1%	no data	79%	89%	81%	£146	✓	10%	0	✓	10%	12	NO	0	✓
47	E83668	Medical Centre (Deans Lane)	Del	GMS	✗	4	3.5%	52%	●	●	●	●	●	●	4	0	Single-handed	0%	0%	100%	4,576	8,008	99.3	6.1	4279	-0.4%	no data	80%	78%	81%	£140	✓	19%	0	✓	19%	57	FULL	7	✓
48	Y00316	Woodlands Medical Practice	Del	PMS	✗	4	6.1%	68%	●	●	●	●	●	●	14	0	Medium-large	0%	0%	0%	1,585	11,308	98.4	4.9	4525	2.7%	69%	70%	52%	75%	£135	✓	52%	0	✓	52%	220	FULL	7	✓
49	Y02986	Cricklewood Health Centre	Del	APMS	✗	2	0.5%	54%	●	●	●	●	●	●	8	3	Small-medium	0%	0%	100%	2,263	24,241	86.1	5.1	4,498	-11.2%	no data	78%	64%	77%	£132	✓	28%	0	✓	28%	121	no data	-	
50	Y03663	Hendon Way Surgery	Del	GMS	✗	3	3.3%	53%	●	●	●	●	●	●	4	4	Medium-large		10%		2,866	14,587	97.5	5.0	8,770	0.0%	92%	71%	57%	76%	£120	✓	30%	0	✓	30%	163	no data	-	✓
51	Y03664	Dr Azim & Partners	Del	GMS	✗	4	3.7%	55%	●	●	●	●	●	●	28	2	Medium-large		0%		2,444	10,779	83.9	5.3	8,780	-4.5%	no data	56%	36%	66%	£129	✓	63%	0	✓	63%	260	FULL	7	✓

Comments:

No. 37 - E83613 East Barnet Health Centre list size increase reflects merger of Monkman (E83613), Weston (E83629) and Peskin (E83632) practices now under East Barnet Health Centre (E83613)

01.01.21 - E83036 Vale Drive Medical Practice merged with E83017 Longrove Surgery

	Camden Directorate OCTOBER 2021		Practice			Practice Demographics			Quality							Workforce						Efficiency				Patient Experience				Finance	Patients Online							Extended Access		
	Practice Code	Practice Name	Co-commissioning model	Contract Type	Dispensing Practice	Practice Linked IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Well led	Written complaints (Total) 2018/19	Written complaints (via NHSE) 2018/19	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QOF Achievement 19/20 (%)	QOF Personalised Care Adjustment Rate 19/20	List size - September 21	Annual List Size Change September 20 - September 21	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos <6; no data = zero return)	GPPS - Good overall experience of GP practice	GPPS – Easy to get through by phone (~ = nos <10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (~ = nos <10; * = < 0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 21)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)
1	F83003	Park End Surgery	Del	PMS	✗	5 - Least Deprived	9.3%	79%	●	●	●	●	●	●	5	0	Large	14%	0%	0%	1,005	14,889	98.1	3.1	7,373	3.4%	no data	94%	93%	91%	£146	✓	68%	0	✓	68%	359	FULL	7	✓
2	F83005	Gower Street Practice	Del	GMS	✗	3	1.3%	61%	●	●	●	●	●	●	7	2	Medium-large	55%	0%	0%	2,429	ND	94.1	4.3	7,541	0.6%	*	87%	98%	79%	£122	✓	22%	81	✓	22%	87	FULL	7	
3	F83006	Ampthill Practice	Del	GMS	✗	2	4.5%	55%	●	●	●	●	●	●	1	1	Medium-large	25%	0%	0%	1,193	7,509	94.8	3.1	7,499	-3.0%	no data	81%	75%	90%	£151	✓	22%	11	✓	19%	340	FULL	7	✓
4	F83011	Primrose Hill Surgery	Del	GMS	✗	4	6.6%	79%	●	●	●	●	●	●	14	1	Medium-large	0%	0%		1,624	ND	95.5	2.3	7,078	5.0%	NA	84%	70%	84%	£130	✓	31%	1	✓	31%	292	FULL	7	✓
5	F83017	Hampstead Group Practice	Del	PMS	✗	4	5.3%	73%	●	●	●	●	●	●	27	0	Large	7%	0%	0%	930	7,147	92.7	3.0	17,776	0.0%	96%	89%	90%	86%	£164	✓	34%	0	✓	34%	521	FULL	7	✓
6	F83018	Prince Of Wales Group Surgery	Del	PMS	✗	2	5.0%	63%	●	●	●	●	●	●			Large	22%	4%	55%	1,364	9,341	93.6	5.5	9,156	3.6%	no data	77%	62%	68%	£166	✓	33%	0	✓	33%	151	FULL	7	✓
7	F83019	Abbey Medical Centre	Del	GMS	✗	3	5.2%	62%	●	●	⚑	●	●	●	19	0	Large	11%	0%	0%	1,655	ND	98.6	3.3	12,324	2.8%	88%	82%	60%	77%	£147	✓	34%	0	✓	34%	245	PARTIAL	1	✓
8	F83020	Adelaide Medical Centre	Del	GMS	✗	4	6.8%	71%	●	●	●	●	●	●	14	0	Large	12%	0%	60%	1,465	6,842	99.5	8.2	11,947	1.2%	*	94%	91%	92%	£137	✓	no data	0	✓	50%	268	FULL	7	✓
9	F83022	Caversham Group Practice	Del	GMS	✗	3	4.8%	70%	●	●	●	●	●	●	38	0	Large	46%	0%	0%	1,068	6,757	94.5	3.1	16,364	3.3%	no data	90%	81%	82%	£145	✓	27%	5	✓	27%	555	PARTIAL	2	✓
10	F83023	James Wigg Practice	Del	PMS	✗	2	4.0%	67%	●	●	●	●	●	●	91	3	Large	13%	0%	17%	1,200	6,686	91.9	5.0	21,987	0.5%	100%	90%	70%	95%	£196	✓	no data	0	✓	27%	610	FULL	7	✓
11	F83025	The Regents Park Practice	Del	PMS	✗	2	4.9%	52%	●	●	●	●	●	●	8	0	Medium-large	0%	0%	35%	980	6,129	92.9	3.4	6,128	1.5%	no data	84%	83%	74%	£160	✓	17%	9	✓	16%	276	FULL	7	
12	F83042	Grays Inn Road Medical Centre	Del	PMS	✗	3	2.1%	58%	●	●	●	●	●	●	13	0	Medium-large	30%	0%	100%	1,645	11,308	98.4	10.3	7,236	1.1%	86%	92%	83%	91%	£136	✓	23%	31	✓	23%	80	FULL	7	✓
13	F83043	Ridgmount Practice	Del	GMS	✗	3	0.4%	59%	●	●	●	●	●	●	8	0	Large	29%	0%		2,185	5,330	99.4	9.3	16,132	-6.4%	76%	81%	100%	100%	£144	✓	49%	106	✓	49%	37	FULL	7	
14	F83044	The Bloomsbury Surgery	Del	GMS	✗	2	3.8%	52%	●	●	●	●	●	●	1	1	Medium-large	0%	0%	0%	1,290	ND	94.6	3.2	5,125	21.5%	100%	86%	90%	89%	£131	✓	no data	0	✓	43%	73	PARTIAL	6	✓
15	F83048	Brunswick Medical Centre Uhpc	Del	APMS	✗	3	2.9%	56%	●	●	●	●	●	●	6	0	Medium-large	0%	43%	0%	4,763	ND	98.9	11.3	7,358	18.1%	87%	77%	73%	72%	£161	✓	40%	0	✓	40%	86	FULL	7	
16	F83050	Fortune Green Road Surgery	Del	GMS	✗	4	6.1%	69%	●	●	●	●	●	●	1	0	Small-medium	0%	26%	0%	2,952	24,925	98.0	7.7	2,997	3.8%	*	84%	85%	80%	£136	✓	24%	0	✓	24%	66	FULL	7	
17	F83052	Brookfield Park Surgery	Del	GMS	✗	3	5.8%	77%	●	●	●	●	●	●	8	2	Small-medium	35%	0%	0%	1,312	ND	99.3	4.7	3,652	0.7%	no data	83%	84%	79%	£138	✓	33%	0	✓	33%	96	FULL	7	✓
18	F83055	West Hampstead Medical Centre	Del	PMS	✗	4	2.9%	72%	●	●	●	●	●	●	30	1	Large	13%	0%	53%	2,012	14,864	96.4	4.8	19,664	11.4%	100%	86%	68%	80%	£145	✓	88%	4	✓	84%	527	FULL	7	✓
19	F83057	Parliament Hill Surgery	Del	PMS	✗	3	4.3%	78%	●	●	●	●	●	●	7	1	Large	3%	0%	100%	972	18,359	98.7	3.0	7,908	3.5%	no data	92%	78%	83%	£141	✓	50%	0	✓	50%	208	FULL	7	✓
20	F83058	Holborn Medical Centre	Del	PMS	✗	3	2.1%	57%	●	●	●	●	●	●	14	0	Large	24%	0%	0%	1,330	19,990	97.3	3.8	11,895	-0.8%	89%	77%	87%	72%	£154	✓	24%	71	✓	24%	126	FULL	7	✓
21	F83059	Brondesbury Medical Centre	Del	PMS	✗	2	3.0%	63%	●	●	●	●	●	●	35	0	Large	10%	0%	31%	1,812	ND	93.5	7.0	20,328	6.6%	no data	84%	79%	84%	£154	✓	41%	0	✓	38%	411	FULL	7	✓
22	F83061	Museum Practice	Del	PMS	✗	3	4.2%	63%	●	●	●	●	●	●	1	1	Medium-large	0%	10%		971	12,950	97.1	3.3	5,176	-0.7%	*	98%	99%	98%	£133	✓	41%	131	✓	41%	63	FULL	7	✓
23	F83615	Cholmley Gardens Surgery	Del	PMS	✗	5 - Least Deprived	4.5%	73%	●	●	●	●	●	●	3	0	Medium-large	40%	0%	0%	1,737	18,663	95.8	2.2	7,941	-0.2%	*	88%	79%	72%	£134	✓	21%	0	✓	21%	169	FULL	7	✓
24	F83623	Keats Group Practice	Del	PMS	✗	5 - Least Deprived	5.9%	79%	●	●	●	●	●	●	9	1	Large	12%	0%	0%	1,442	10,885	96.7	2.1	13,474	5.8%	no data	89%	73%	89%	£165	✓	44%	72	✓	44%	555	FULL	7	✓
25	F83632	Queens Crescent Practice	Del	GMS	✗	2	4.1%	61%	●	●	●	●	●	●			Medium-large	5%	0%	0%	1,619	7,920	94.8	6.6	6,730	-5.9%	83%	78%	59%	86%	£137	✓	no data	0	✓	14%	158	FULL	7	✓
26	F83633	Daleham Gardens Health Centre	Del	PMS	✗	5 - Least Deprived	4.8%	73%	●	●	●	●	●	●	3	0	Small-medium	0%	0%	0%	2,061	10,432	96.1	4.8	4,561	26.6%	*	86%	91%	89%	£131	✓	33%	66	✓	33%	58	FULL	7	
27	F83635	Kings Cross Surgery	Del	APMS	✗	2	1.2%	51%	●	●	●	●	●	●	7	1	Small-medium	6%	15%	0%	3,513	ND	100.0	7.6	8,782	29.5%	78%	69%	74%	67%	£118	✓	33%	0	✓	33%	161	FULL	7	
28	F83658	Belsize Priory Medical Practice (Group)	Del	GMS	✗	3	4.6%	62%	●	●	●	●	●	●	1	1	Small-medium	76%	10%		2,983	ND	97.7	4.5	4,729	7.7%	no data	85%	88%	81%	£130	✓	33%	46	✓	33%	55	FULL	7	✓
29	F83665	Swiss Cottage Surgery	Del	GMS	✗	4	2.7%	66%	●	●	●	●	●	●	21	2	Large	0%	0%	40%	1,671	5,036	98.3	2.8	15,606	7.0%	*	93%	91%	90%	£164	✓	52%	438	✓	52%	215	FULL	7	✓
30	F83672	St Philips Medical Centre	Del	GMS	✗	3	0.4%	63%	●	●	●	●	●	●	3	0	Large	0%	9%		1,554	12,213	97.8	4.8	11,700	1.3%	no data	71%	96%	96%	£106	✓	45%	0	✓	45%	165	PARTIAL	6	
31	F83683	Somers Town Medical Centre	Del	APMS	✗	2	2.4%	48%	●	●	●	●	●	●	6	1	Single-handed	0%	33%		4,471	7,333	100.0	7.2	5,939	20.6%	83%	79%	68%	81%	£153	✓	20%	0	✓	20%	67	FULL	7	
32	Y02674	Camden Health Improvement Practice	Del	APMS	✗	2	0.7%		●	●	●	●	●	●	5	0	Small-medium	0%	0%	50%	375	774	84.4	10.1	570	-15.8%	no data	~	~	~	£1,052	✓	3%	0	✓	3%	0	*no data*	-	
33	Y03103	Medicus Select Care (SAS)		APMS	✗		0.0%		#N/A	#N/A	#N/A	#N/A	#N/A	#N/A									36.9	43.2	203	19.4%	no data	~	~	~	£3,121		0%	0		0%	0	NO	0	

Comments:

F83677 The Matthewman Practice now merged with F83632 Queens Crescent Practice as of 01 May 2020.
F83682 Rosslyn Hill Surgery now merged with F83017 Hampstead Group Practice as 01 July 2020.

	Enfield Directorate OCTOBER 2021		Practice			Practice Demographics			Quality								Workforce						Efficiency				Patient Experience				Finance	Patients Online							Extended Access		
	Practice Code	Practice Name	Co-commissioning model	Contract Type	Dispensing Practice	Practice Linked IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Well led	Written complaints (Total) 2018/19	Written complaints (via NHSE) 2018/19	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QOF Achievement 19/20 (%)	QOF Personalised Care Adjustment Rate 19/20	List size - September 21	Annual List Size Change September 20 - September 21	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos <6; no data = zero return)	GPPS - Good overall experience of GP practice	GPPS – Easy to get through by phone (~ = nos <10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (~ = nos <10; * = < 0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 21)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)
1	F85002	Forest Rd Group Practice	Del	PMS	✗	1 - Most deprived	5.1%	44%	●	●	●	●	●	●	27	0	Large	21%	0%	23%	2,166	7,428	97.7	3.8	91,165	568.9%	83%	72%	55%	71%	£183	✔	14%	0	✔	14%	1272	FULL	7	✓
2	F85003	Riley House Surgery	Del	PMS	✗	1 - Most deprived	6.5%	60%	●	●	●	●	●	●	34	1	Medium-large	55%	#N/A	27%	#N/A	#N/A	96.4	0.0	#N/A	#N/A	no data	73%	38%	55%	£150							PARTIAL	1	✓
3	F85004	Eagle House Surgery	Del	PMS	✗	1 - Most deprived	6.0%	53%	●	●	●	●	●	●	3	3	Medium-large	29%	0%	100%	2,066	5,044	94.9	4.3	13,088	-1.9%	79%	67%	33%	73%	£148	✔	28%	0	✔	28%	383	PARTIAL	4	✓
4	F85010	Keats Surgery	Del	GMS	✗	2	6.7%	52%	●	●	●	●	●	●	1	1	Small-medium	100%	0%	100%	2,573	3,847	93.4	4.1	5,073	-1.1%	93%	71%	74%	77%	£107	✔	18%	0	✔	18%	102	PARTIAL	6	✓
5	F85016	Cockfosters Medical Centre	Del	GMS	✗	5 - Least Deprived	10.8%	76%	●	●	●	●	●	●	10	0	Medium-large	67%	0%	100%	1,825	10,952	91.5	1.6	6,864	1.6%	no data	80%	70%	82%	£123	✔	19%	4	✔	19%	109	FULL	7	✓
6	F85020	The Woodberry Practice	Del	PMS	✗	4	7.7%	74%	●	●	●	●	●	●	13	1	Medium-large	3%	0%	50%	3,241	6,848	98.0	6.1	9,144	1.5%	no data	86%	74%	88%	£145	✔	31%	0	✔	31%	351	FULL	7	✓
7	F85023	The Ordnance Unity Centre For Health	Del	APMS	✗	1 - Most deprived	2.8%	57%	●	●	●	●	●	●	45	3	Small-medium	0%	0%	0%	2,070	8,149	100.0	8.9	11,431	8.3%	98%	74%	59%	63%	£177	✔	21%	197	✔	21%	179	*no data*	-	
8	F85024	Dean House Surgery	Del	PMS	✗	2	5.8%	51%	●	●	●	●	●	●	5	1	Single-handed	100%	#N/A		#N/A	#N/A	98.2	7.0	#N/A	#N/A	no data	82%	84%	83%	£152							NO	0	✓
9	F85025	White Lodge Medical Practice	Del	PMS	✗	4	8.4%	78%	●	●	●	●	●	●	18	1	Large	18%	0%	13%	1,343	8,383	97.2	3.3	11,638	2.9%	90%	92%	76%	85%	£150	✔	40%	0	✔	40%	752	FULL	7	✓
10	F85027	Carlton House Surgery	Del	GMS	✗	3	8.5%	80%	●	●	●	●	●	●	34	0	Large	11%	#N/A	0%	#N/A	#N/A	99.0	0.0	#N/A	#N/A	no data	86%	45%	75%	£144							PARTIAL	4	✓
11	F85029	Abernethy House Surgery	Del	PMS	✗	4	10.1%	79%	●	●	●	●	●	●	10	0	Large	27%	0%	51%	1,645	7,723	99.6	4.8	12,869	-1.4%	94%	91%	80%	88%	£143	✔	36%	32	✔	35%	1000	FULL	7	✓
12	F85032	Southgate Surgery	Del	PMS	✗	4	7.6%	69%	●	●	●	●	●	●	19	0	Large	44%	0%	0%	2,209	13,409	83.3	3.8	10,200	2.5%	87%	77%	57%	75%	£133	✔	23%	146	✔	23%	405	*no data*	-	✓
13	F85033	Winchmore Hill Practice	Del	PMS	✗	5 - Least Deprived	9.2%	76%	●	●	●	●	●	●	47	3	Large	0%	0%	58%	1,870	12,852	94.4	:	22,043	30.0%	79%	78%	62%	76%	£158	✔	55%	321	✔	54%	1096	FULL	7	✓
14	F85035	Highlands Practice	Del	GMS	✗	5 - Least Deprived	9.4%	73%	●	●	●	●	●	●	1	1	Large		0%		1,894	7,627	83.6	2.4	11,233	2.3%	no data	81%	46%	84%	£131	✔	10%	131	✔	10%	313	PARTIAL	5	
15	F85036	Willow House Surgery	Del	GMS	✗	3	6.0%	74%	●	●	●	●	●	●	6	1	Small-medium	38%	#N/A	0%	#N/A	#N/A	98.1	0.0	#N/A	#N/A	100%	95%	94%	91%	£124							FULL	7	✓
16	F85039	Rainbow Practice	Del	PMS	✗	1 - Most deprived	4.1%	43%	●	●	●	●	●	●	2	0	Small-medium	29%	29%	0%	3,599	8,693	97.1	6.1	6,152	5.5%	82%	82%	64%	80%	£180	✔	23%	28	✔	23%	127	PARTIAL	6	✓
17	F85043	Boundary Court Surgery	Del	APMS	✗	1 - Most deprived	3.4%	42%	●	●	●	●	●	●	2	0	Small-medium	0%	0%	0%	2,716	7,500	97.3	3.4	3,884	-5.4%	no data	88%	70%	75%	£148	✔	20%	145	✔	19%	67	FULL	7	✓
18	F85044	The Bounces Road Surgery	Del	GMS	✗	1 - Most deprived	4.4%	44%	●	●	●	●	●	●	4	0	Medium-large	0%	0%	0%	2,923	5,347	96.9	3.0	5,897	4.5%	100%	76%	72%	80%	£145	✔	21%	2	✔	21%	45	FULL	7	✓
19	F85048	Moorfield Road Health Centre	Del	GMS	✗	1 - Most deprived	4.7%	59%	●	●	●	●	●	●	0	0	Small-medium	70%	#N/A	0%	#N/A	#N/A	90.3	0.0	#N/A	#N/A	no data	79%	62%	79%	£125							PARTIAL	2	✓
20	F85055	Connaught Surgery	Del	GMS	✗	3	8.8%	63%	●	●	●	●	●	●	11	0	Small-medium	0%	#N/A	0%	#N/A	#N/A	96.1	0.0	#N/A	#N/A	no data	70%	82%	83%	£124							PARTIAL	6	✓
21	F85058	Nightingale House Surgery	Del	PMS	✗	2	5.7%	49%	●	●	●	●	●	●	25	0	Small-medium	20%	0%	100%	2,270	3,101	97.1	4.3	6,773	0.7%	83%	86%	82%	79%	£143	✔	19%	36	✔	18%	91	PARTIAL	4	✓
22	F85072	Grovelands Medical Centre	Del	PMS	✗	3	7.3%	64%	●	●	●	●	●	●	2	0	Small-medium	40%	41%	100%	3,349	9,172	88.8	4.2	10,764	0.4%	no data	74%	67%	67%	£138	✔	15%	0	✔	15%	165	FULL	7	✓
23	F85076	Freezywater Primary Care Centre	Del	PMS	✗	2	5.7%	62%	●	●	●	●	●	●	20	8	Medium-large	16%	#N/A	58%	#N/A	#N/A	92.9	0.0	#N/A	#N/A	80%	41%	12%	51%	£136							PARTIAL	2	✓
24	F85625	Bincote Surgery	Del	APMS	✗	1 - Most deprived	3.4%	42%	●	●	●	●	●	●	0	0	Medium-large	69%	11%	0%	2,034	9,466	88.3	3.2	6,560	1.0%	93%	88%	68%	82%	£133	✔	38%	0	✔	37%	365	PARTIAL	2	✓
25	F85634	East Enfield Practice	Del	PMS	✗	1 - Most deprived	2.3%	51%	●	●	●	●	●	●	3	1	Small-medium	0%	0%	100%	5,089	14,503	99.4	4.8	7,750	140.0%	no data	77%	65%	76%	£145	✔	32%	0	✔	33%	70	PARTIAL	1	✓
26	F85642	The North London Health Centre	Del	GMS	✗	4	7.0%	67%	●	●	●	●	●	●	6	0	Medium-large	0%	0%	35%	2,003	7,894	95.9	3.9	8,836	0.5%	90%	77%	55%	81%	£121	✔	28%	9	✔	28%	425	*no data*	-	✓
27	F85650	Morecambe Surgery	Del	GMS	✗	2	6.3%	51%	●	●	●	●	●	●	8	0	Small-medium		0%	100%	2,699	5,890	98.6	4.9	5,199	2.1%	96%	67%	59%	67%	£124	✔	25%	1	✔	25%	215	FULL	7	✓
28	F85652	Southbury Surgery	Del	PMS	✗	3	5.5%	73%	●	●	●	●	●	●	5	0	Small-medium	100%	#N/A	100%	#N/A	#N/A	99.7	0.0	#N/A	#N/A	no data	74%	69%	89%	£140							FULL	7	✓
29	F85656	Bush Hill Park Med Centre	Del	GMS	✗	3	6.3%	68%	●	●	●	●	●	●	3	0	Small-medium	50%	#N/A		#N/A	#N/A	99.8	0.0	#N/A	#N/A	no data	78%	81%	87%	£127							FULL	7	✓
30	F85663	Latymer Road Surgery	Del	GMS	✗	2	7.3%	47%	●	●	●	●	●	●	2	2	Small-medium	34%	0%	0%	2,057	4,320	95.7	2.4	4,604	1.7%	no data	65%	56%	72%	£134	✔	20%	0	✔	20%	182	FULL	7	
31	F85666	Edmonton Medical Centre	Del	PMS	✗	1 - Most deprived	5.6%	43%	●	●	●	●	●	●	4	0	Small-medium	0%	0%	100%	1,611	5,773	98.5	6.4	3,690	-2.0%	93%	83%	67%	79%	£149	✔	21%	33	✔	21%	54	FULL	7	
32	F85676	Boundary House Surgery	Del	PMS	✗	1 - Most deprived	4.7%	46%	●	●	●	●	●	●	7	0	Small-medium	19%	40%	100%	3,998	1,324	98.1	3.8	5,338	3.9%	91%	74%	62%	75%	£162	✔	21%	0	✔	20%	55	PARTIAL	2	✓
33	F85678	Town Surgery	Del	PMS	✗	3	3.1%	71%	●	●	●	●	●	●	4	0	Small-medium	31%	0%	100%	1,746	21,056	95.4	5.3	4,488	2.0%	no data	81%	87%	76%	£138	✔	25%	0	✔	24%	98	FULL	7	✓
34	F85681	Green Street Surgery	Del	PMS	✗	1 - Most deprived	6.1%	57%	●	●	●	●	●	●	2	0	Single-handed	100%	#N/A	100%	#N/A	#N/A	97.4	0.0	#N/A	#N/A	50%	85%	57%	77%	£136							PARTIAL	1	✓
35	F85682	Chalfont Road Surgery	Del	APMS	✗	1 - Most deprived	3.6%	46%	●	●	●	●	●	●	9	1	Small-medium	0%	56%	100%	2,148	8,406	97.8	5.5	4,234	-6.7%	no data	76%	48%	67%	£160	✔	24%	108	✔	23%	86	FULL	7	
36	F85684	Curzon Avenue Surgery	Del	GMS	✗	1 - Most deprived	3.9%	50%	●	●	●	●	●	●	14	1	Medium-large	40%	#N/A	0%	#N/A	#N/A	96.2	0.0	#N/A	#N/A	no data	85%	39%	89%	£126							PARTIAL	3	✓
37	F85686	Trinity Avenue Surgery	Del	PMS	✗	3	6.7%	66%	●	●	●	●	●	●	3	0	Small-medium	0%	#N/A		#N/A	#N/A	94.2	3.7	#N/A	#N/A	71%	68%	55%	68%	£128							PARTIAL	4	✓
38	F85687	Oakwood Medical Centre	Del	PMS	✗	4	7.3%	71%	●	●	●	●	●	●	19	1	Medium-large	19%	0%	0%	1,887	6,695	94.7	3.7	7,802	3.5%	83%	75%	61%	66%	£147	✔	18%	0	✔	18%	193	FULL	7	✓
39	F85700	Arnos Grove Medical Centre	Del	PMS	✗	3	3.9%	61%	●	●	●	●	●	●	4	1	Small-medium	43%	62%	100%	3,146	12,155	96.7	12.5	7,177	8.0%	no data	58%	47%	67%	£123	✔	no data	0	✔	21%	108	FULL	7	✓
40	F85701	Gillan House Surgery	Del	GMS	✗	3	4.9%	66%	●	●	●	●	●	●	5	1	Medium-large	41%	28%	100%	1,625	11,951	97.6	3.1	11,831	4.2%	84%	83%	70%	82%	£128	✔	26%	0	✔	26%	329	FULL	7	✓
41	F85703	Lincoln Road Med Practice	Del	PMS	✗	2	3.2%	61%	●	●	●	●	●	●	2	2	Medium-large	23%	#N/A	100%	#N/A	#N/A	98.9	0.0	#N/A	#N/A	88%	57%	41%	76%	£138							PARTIAL	2	✓
42	F85707	Enfield Island Surgery	Del	PMS	✗	2	1.7%	49%	●	●	●	●	●	●	3	1	Small-medium	50%	#N/A	100%	#N/A	#N/A	94.5	0.0	#N/A	#N/A	no data	60%	68%	71%	£146							FULL	7	✓
43	Y00057	Angel Surgery	Del	PMS	✗	1 - Most deprived	3.3%	42%	●	●	●	●	●	●	10	2	Medium-large	57%	0%	100%	4,237	5,240	98.5	6.9	13,103	8.2%	80%	67%	60%	69%	£122	✔	14%	8	✔	14%	102	FULL	7	✓
44	Y00612	Green Cedars Medical Centre	Del	GMS	✗	1 - Most deprived	3.3%	44%	●	●	●	●	●	●	12	3	Small-medium	16%	22%	100%	2,667	8,853	97.1	5.7	5,849	-6.0%	71%	76%	69%	76%	£120	✔	no data	0	✔	13%	36	FULL	7	
45	Y03402	Evergreen Primary Care Centre	Del	PMS	✗	1 - Most deprived	3.1%	42%	●	●	●	●	●	●	19	2	Large	9%	0%	58%	2,597	9,939	98.3	8.7	19,940	2.5%	no data	72%	46%	72%	£153	✔	40%	793	✔	40%	424	FULL	7	✓

Comments:

No.43 - List size reflects merger with Dover House (F85015) in October 2018
Figures for 'Patient Online' section relating to MHP practices all recorded under F85002 Forest Road Group Practice.

PLEASE NOTE - As of 01.01.21, all MHP practices merged under F85002 Medicus Health Partners. As some data reflects the pre-merger structure, MHP practices will remain split on the dashboard until data is able to be presented accurately under F85002.

01.05.21 F85053 Park Lodge Medical Centre merged with F85033 Winchmore Hill Practice.
01.07.21 F85654 Brick Lane Surgery merged with F85634 East Enfield Medical Practice.

	Haringey Directorate OCTOBER 2021		Practice			Practice Demographics			Quality								Workforce						Efficiency				Patient Experience				Finance	Patients Online						Extended Access		
	Practice Code	Practice Name	Co-commissioning model	Contract Type	Dispensing Practice	Practice Linked IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Wellled	Written complaints (Total) 2018/19	Written complaints (via NHSE) 2018/19	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QOF Achievement 19/20 (%)	QOF Personalised Care Adjustment Rate 19/20	List size - September 21	Annual List Size Change September 20 - September 21	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos <5; no data = zero return)	GPPS - Good overall experience of GP practice	GPPS – Easy to get through by phone (~ = nos <10; * = <0.5%)	GPPS - Satisfied with the type of appointment offered (~ = nos <10; * = <0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 21)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)
1	F85007	Lawrence House Surgery	Del	PMS	✗	1 - Most deprived	3.4%	49%	●	●	●	●	●	●	34	1	Large	25%	0%	82%	1,228	5,709	95.6	6.0	15,705	-3.7%	82%	81%	69%	84%	£135	✔	no data	0	✔	57%	465	FULL	7	✓
2	F85008	Staunton Group Practice	Del	GMS	✗	2	4.1%	57%	●	●	●	●	●	●	82	6	Medium-large	39%	18%	27%	3,782	8,296	97.1	5.2	13,126	-5.9%	70%	75%	57%	77%	*No data*	✔	no data	0	✔	15%	378	*no data*	-	✓
3	F85013	Tynemouth Medical Practice	Del	PMS	✗	1 - Most deprived	3.7%	44%	●	●	●	●	●	●	16	1	Medium-large	8%	0%	26%	1,640	2,652	97.1	5.7	9,083	-1.8%	75%	72%	45%	75%	£140							*no data*	-	✓
4	F85014	Highgate Group Practice	Del	PMS	✗	4	7.4%	81%	●	●	●	●	●	●	13	1	Large	0%	0%	0%	2,048	6,775	92.8	4.2	16,746	3.6%	78%	94%	77%	87%	£136	✔	75%	9	✔	75%	937	FULL	7	✓
5	F85017	Charlton House Medical Centre	Del	GMS	✗	1 - Most deprived	4.5%	43%	●	●	●	●	●	●	1	1	Small-medium	50%	0%	76%	3,988	8,104	89.4	5.5	6,788	-3.9%	no data	74%	57%	76%	£115	✔	38%	0	✔	38%	200	PARTIAL	1	✓
6	F85019	Morris House Group Practice	Del	GMS	✗	1 - Most deprived	4.1%	47%	●	●	●	●	●	●	15	2	Large	15%	0%	0%	1,419	8,370	97.8	13.7	13,506	1.4%	78%	77%	41%	74%	£140	✔	no data	0	✔	39%	496	FULL	7	✓
7	F85028	Bruce Grove Primary Health Care Ctr	Del	GMS	✗	1 - Most deprived	4.8%		●	●	●	●	●	●	0	0	Small-medium	65%	0%	100%	2,641	14,261	96.9	5.1	7,606	-2.8%	no data	73%	71%	81%	£106	✔	11%	0	✔	11%	82	*no data*	-	✓
8	F85030	Somerset Gardens Family Health Centre	Del	PMS	✗	1 - Most deprived	5.0%	42%	●	●	●	●	●	●	5	5	Medium-large		0%	42%	2,275	33,130	94.9	8.0	13,254	-1.1%	no data	70%	40%	81%	£137	✔	14%	22	✔	14%	273	FULL	7	✓
9	F85031	Westbury Medical Centre	Del	PMS	✗	2	4.1%	54%	●	●	●	●	●	⚑	25	1	Small-medium	0%	0%	100%	3,645	12,007	100.0	9.1	10,849	-2.3%	92%	88%	76%	81%	£148	✔	38%	0	✔	38%	266	FULL	7	✓
10	F85034	Arcadian Gardens Surgery	Del	GMS	✗	2	5.2%	60%	●	●	●	●	●	●	5	1	Small-medium	7%	0%	100%	2,757	5,239	93.1	4.2	5,602	15.7%	no data	79%	79%	65%	£124	✔	27%	3	✔	27%	167	FULL	7	✓
11	F85046	Hornsey Park Surgery	Del	GMS	✗	2	2.9%	59%	●	●	●	●	●	●			Small-medium	100%	44%	0%	3,602	6,484	97.3	3.1	7,089	52.4%	no data	79%	95%	81%	£131	✔	17%	0	✔	17%	78	FULL	7	✓
12	F85052	Spur Road Surgery	Del	GMS	✗	2	6.4%	50%	●	●	●	●	●	●	2	0	Small-medium	87%	0%	100%	1,105	13,075	99.4	7.8	2,099	7.1%	77%	76%	93%	79%	£148	✔	30%	2	✔	30%	34	FULL	7	
13	F85060	Havergal Surgery	Del	PMS	✗	2	5.0%	58%	●	●	●	●	●	●	18	0	Small-medium	10%	24%	90%	2,188	5,338	97.5	4.3	5,797	-5.9%	no data	81%	63%	72%	£140	✔	39%	0	✔	36%	124	FULL	7	✓
14	F85061	Christchurch Hall Surgery	Del	GMS	✗	3	4.6%	73%	●	●	●	●	●	●	6	1	Small-medium	92%	30%	0%	1,760	7,610			3,219	-7.0%	98%	78%	89%	75%	£127	✔	7%	4	✔	7%	20	FULL	7	✓
15	F85063	The Muswell Hill Practice	Del	PMS	✗	5 - Least Deprived	5.5%	82%	●	●	●	●	●	●	5	0	Large	21%	0%	0%	1,721	9,152	90.4	3.3	14,606	0.4%	no data	87%	74%	85%	£130	✔	51%	0	✔	51%	655	FULL	7	✓
16	F85064	Stuart Crescent Health Centre	Del	PMS	✗	2	5.1%	57%	●	●	●	●	●	●	4	1	Small-medium	0%	0%		4,445	10,823	98.2	5.2	6,699	15.8%	100%	87%	70%	85%	£131	✔	26%	123	✔	26%	89	FULL	7	✓
17	F85065	Stuart Crescent Medical Practice	Del	GMS	✗	2	5.2%	56%	●	●	●	●	●	●	8	1	Small-medium	50%	0%	0%	1,305	5,871	98.0	5.8	3,126	-3.3%	84%	59%	63%	68%	£124	✔	24%	0	✔	24%	34	FULL	7	✓
18	F85066	Bounds Green Group Practice	Del	PMS	✗	3	4.4%	65%	●	●	●	●	●	●	22	3	Large	12%	7%	37%	1,307	18,452	95.3	3.7	18,700	2.8%	96%	86%	58%	87%	£140	✔	48%	573	✔	49%	1143	PARTIAL	6	✓
19	F85067	The 157 Medical Practice	Del	PMS	✗	2	6.5%	65%	●	●	●	●	●	⚑	1	1	Small-medium	60%	22%	100%	3,796	5,694	92.1	7.9	4,536	2.5%	no data	72%	65%	65%	£45	✔	no data	0	✔	14%	99	NO	0	✓
20	F85069	Crouch Hall Road Surgery	Del	PMS	✗	4	4.4%	77%	●	●	●	●	●	●	8	0	Medium-large	73%	5%	54%	1,891	5,714	99.9	4.0	8,379	-0.9%	94%	88%	90%	91%	£140	✔	96%	0	✔	96%	296	FULL	7	✓
21	F85071	Fernlea Surgery	Del	PMS	✗	2	3.0%	57%	●	●	●	●	●	●	19	0	Medium-large	32%	0%	100%	1,674	5,073	95.8	5.0	10,898	3.9%	81%	80%	66%	78%	£137	✔	24%	33	✔	24%	134	FULL	7	✓
22	F85615	Tottenham Health Centre	Del	PMS	✗	1 - Most deprived	3.4%	43%	●	●	●	●	●	●	2	0	Small-medium	98%	4%	0%	2,102	10,403	95.9	2.9	5,539	0.9%	no data	67%	66%	71%	£147	✔	27%	10	✔	26%	66	FULL	7	✓
23	F85623	Grove Road Surgery	Del	PMS	✗	1 - Most deprived	3.3%	48%	●	●	●	●	●	●	0	0	Small-medium	44%	0%	100%	1,397	21,422	94.3	5.4	4,590	-2.1%	100%	84%	77%	77%	£131	✔	14%	0	✔	14%	36	FULL	7	✓
24	F85628	Dowsett Road Surgery	Del	GMS	✗	1 - Most deprived	4.3%	44%	●	●	●	●	●	●	4	0	Medium-large	0%	0%	100%	1,832	4,111	98.2	5.8	4,924	2.4%	82%	84%	78%	81%	£115	✔	no data	0	✔	25%	78	FULL	7	✓
25	F85640	Cheshire Road Surgery	Del	PMS	✗	2	4.4%	61%	●	●	●	●	●	●	1	0	Small-medium	0%	0%	0%	2,195	8,011	90.8	2.8	6,416	-3.7%	no data	84%	63%	65%	£133	✔	50%	63	✔	49%	102	FULL	7	✓
26	F85669	West Green Road Surgery	Del	GMS	✗	2	1.1%	54%	⚑	●	●	⚑	●	⚑	17	3	Large	19%	6%	100%	2,773	89,086	96.5	5.1	19,086	12.0%	99%	83%	90%	74%	£113	✔	8%	0	✔	8%	93	FULL	7	✓
27	F85675	The Alexandra Surgery	Del	PMS	✗	3	6.8%	70%	●	●	●	●	●	●			Small-medium	58%	39%		2,153	8,561	87.5	3.5	5,661	1.3%	95%	78%	68%	77%	£137	✔	49%	0	✔	49%	322	*no data*	-	✓
28	F85688	Rutland House Surgery	Del	PMS	✗	4	4.5%	74%	●	●	●	●	●	●	10	1	Medium-large	24%	0%	100%	3,248	10,476	98.6	5.5	11,185	57.5%	no data	92%	88%	84%	£135	✔	33%	39	✔	31%	217	FULL	7	✓
29	F85697	The Old Surgery	Del	GMS	✗	2	6.9%	61%	●	●	●	●	●	●	0	0	Small-medium	43%	0%	100%	1,597	9,900	95.0	6.7	2,112	0.8%	no data	81%	91%	87%	£121	✔	8%	0	✔	8%	7	FULL	7	✓
30	F85705	JS Medical Practice	Del	PMS	✗	1 - Most deprived	3.4%	49%	●	●	●	●	●	●	3	0	Small-medium	50%	0%	40%	3,343	8,729	99.0	5.3	12,600	-1.1%	no data	80%	68%	76%	£136	✔	55%	2	✔	55%	252	FULL	7	✓
31	Y01655	The Vale Practice	Del	GMS	✗	3	1.6%	74%	●	●	●	●	●	●	0	0	Large	55%	3%	66%	1,415	11,255	96.6	3.1	10,791	-2.8%	100%	83%	80%	85%	£135	✔	no data	0	✔	42%	247	FULL	7	✓
32	Y02117	The Laurels Medical Practice	Del	APMS	✗	2	3.3%	50%	●	●	●	●	●	●	2	2	Small-medium	19%	0%	0%	6,824	10,460	100.0	6.1	15,807	9.8%	96%	71%	54%	70%	£146	✔	no data	0	✔	no data	0	FULL	7	✓
33	Y03035	Queenswood Medical Practice	Del	GMS	✗	3	4.4%	75%	●	●	●	●	●	●	39	0	Large	6%	0%	0%	1,628	17,076	100.0	5.6	22,300	-0.8%	54%	92%	73%	83%	£145	✔	46%	713	✔	46%	711	FULL	7	✓
34	Y03135	Bridge House Medical Practice	Del	PMS	✗	2	4.1%	64%	●	●	●	●	●	●	16	1	Small-medium	50%	0%	0%	2,944	9,851	92.6	4.7	9,837	-3.3%	no data	62%	43%	58%	£145	✔	20%	188	✔	20%	275	FULL	7	✓
35	Y05330	Tottenham Hale Medical Practice	Del	APMS	✗	2	0.5%	0%	●	●	●	●	●	●	6	0	Small-medium	40%	0%	100%	3,240	12,960	91.6	7.4	3,493	4.0%	89%	85%	92%	88%	£141	✔	no data	0	✔	27%	79	FULL	7	

Comments:

01/05/21 F85045 Queens Avenue Practice merged with F85688 Rutland House Surgery

	Islington Directorate OCTOBER 2021		Practice			Practice Demographics			Quality							Workforce						Efficiency				Patient Experience				Finance	Patients Online						Extended Access		
	Practice Code	Practice Name	Co-commissioning model	Contract Type	Dispensing Practice	Practice Linked IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Well led	Written complaints (Total) 2018/19	Written complaints (via NHSE) 2018/19	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QOF Achievement 19/20 (%)	QOF Personalised Care Adjustment Rate 19/20	List size - September 21	Annual List Size Change September 20 - September 21	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos <6; no data = zero return)	GPPS - Good overall experience of GP practice	GPPS – Easy to get through by phone (~ = nos <10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (~ = nos <10; * = < 0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 21)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)
1	F83002	River Place Health Centre	Del	GMS	✗	2	3.9%	72%	●	●	●	●	●	●	8	0	Large	0%	5%	83%	1,172	6,854	99.7	7.6	10,249	2.6%	92%	89%	83%	78%	£147	✓	25%	0	✓	24%	325	FULL	7	✓
2	F83004	Archway Medical Centre	Del	PMS	✗	2	2.9%	66%	●	●	●	●	●	●	6	0	Small-medium	44%	0%	73%	7,435	12,344	95.1	10.6	17,256	44.7%	87%	78%	78%	72%	£148	✓	no data	0	✓	17%	136	FULL	7	✓
3	F83007	Roman Way Medical Centre	Del	GMS	✗	2	6.3%	66%	●	●	●	●	●	●			Small-medium	35%	36%	0%	1,748	8,738	98.6	3.5	3,501	2.2%	no data	89%	82%	80%	£131	✓	22%	0	✓	21%	38	FULL	7	
4	F83008	The Goodinge Group Practice	Del	GMS	✗	2	4.1%	66%	●	●	●	●	●	●	8	4	Large	21%	0%	0%	1,577	20,040	91.0	4.7	12,055	4.0%	no data	88%	83%	89%	£134	✓	39%	351	✓	39%	490	FULL	7	✓
5	F83010	Islington Central Medical Centre	Del	GMS	✗	3	3.3%	73%	●	●	●	●	●	●			Large	41%	0%	100%	3,814	24,789	96.4	3.7	20,527	3.4%	no data	86%	56%	81%	£144	✓	57%	0	✓	57%	421	FULL	7	✓
6	F83012	Elizabeth Avenue Group Practice	Del	GMS	✗	2	5.5%	73%	●	●	●	●	●	●	11	1	Large	0%	0%	0%	1,104	7,481	98.8	7.9	7,448	-1.9%	100%	87%	72%	92%	£159	✓	41%	0	✓	41%	242	FULL	7	✓
7	F83015	St Johns Way Medical Centre	Del	GMS	✗	2	4.9%	67%	●	●	●	●	●	●	16	1	Large	22%	0%	27%	1,350	7,455	98.5	10.2	12,193	-2.5%	80%	86%	79%	80%	£140	✓	no data	0	✓	29%	441	FULL	7	✓
8	F83021	Ritchie Street Group Practice	Del	GMS	✗	2	3.1%	73%	●	●	●	●	●	●	33	0	Large	25%	0%	31%	2,129	9,152	98.2	8.3	18,231	-1.2%	no data	77%	60%	82%	£135	✓	45%	0	✓	43%	498	FULL	7	✓
9	F83027	Drs Bowry & Bowry's Practice	Del	GMS	✗	2	4.9%	66%	●	●	●	●	●	●	3	0	Small-medium	47%	0%		2,251	ND	97.0	8.9	5,093	-3.8%	no data	86%	59%	71%	£136	✓	14%	0	✓	14%	66	FULL	7	✓
10	F83032	St Peter's Street Medical Practice	Del	GMS	✗	2	3.2%	74%	●	●	●	●	●	●	17	0	Large	49%	0%	0%	1,315	14,242	98.7	5.2	12,111	0.6%	70%	82%	83%	88%	£135	✓	23%	1	✓	9%	91	FULL	7	✓
11	F83033	Dr Haffiz	Del	GMS	✗	2	6.5%	61%	●	●	●	●	●	●	3	0	Small-medium	0%	23%	100%	2,624	4,704	97.0	13.7	3,642	9.8%	no data	80%	71%	79%	£167	✓	10%	0	✓	10%	45	*no data*	-	
12	F83034	New North Health Centre	Del	GMS	✗	2	9.1%	70%	●	●	●	●	●	●	0	0	Single-handed	100%	0%		1,617	ND	83.5	2.1	1,593	-2.4%	no data	88%	98%	92%	£156	✓	14%	0	✓	14%	12	FULL	7	✓
13	F83039	The Rise Group Practice	Del	GMS	✗	2	5.2%	64%	●	●	●	●	●	●	5	0	Small-medium	54%	0%	100%	1,858	5,149	94.8	5.1	4,802	-4.7%	70%	80%	66%	69%	£149	✓	23%	0	✓	23%	120	FULL	7	✓
14	F83045	The Miller Practice	Del	GMS	✗	3	4.1%	73%	●	●	●	●	●	●	14	1	Medium-large	33%	0%	100%	1,081	7,941	98.7	4.7	10,160	-3.2%	100%	90%	83%	87%	£137	✓	46%	0	✓	46%	429	FULL	7	✓
15	F83053	Mildmay Medical Practice	Del	GMS	✗	2	3.8%	65%	●	●	●	●	●	●	15	0	Medium-large	32%	11%	100%	1,590	3,999	97.4	5.0	6,431	2.3%	90%	82%	81%	75%	£179	✓	31%	0	✓	31%	118	FULL	7	✓
16	F83056	The Mitchison Road Surgery	Del	APMS	✗	2	2.5%	67%	●	●	●	●	●	●	3	0	Small-medium	44%	0%	0%	2,916	9,380	100.0	6.4	7,565	23.2%	*	87%	86%	90%	£154	✓	no data	0	✓	36%	131	FULL	7	
17	F83060	The Northern Medical Centre	Del	GMS	✗	2	4.1%	67%	●	●	●	●	●	●	1	1	Medium-large	17%	0%	59%	1,991	6,716	98.9	6.2	9,118	0.1%	no data	83%	81%	76%	£143	✓	28%	0	✓	28%	79	FULL	7	✓
18	F83063	Killick Street Health Centre	Del	GMS	✗	2	2.8%	62%	●	●	●	●	●	●	22	1	Large	20%	0%	21%	1,270	4,614	99.5	5.3	12,114	-1.3%	97%	93%	84%	87%	£164	✓	24%	0	✓	24%	290	FULL	7	✓
19	F83064	City Road Medical Centre	Del	GMS	✗	2	4.1%	64%	●	●	●	●	●	●	9	0	Medium-large	0%	0%		1,698	ND	90.8	6.6	8,733	9.1%	90%	84%	81%	92%	£164	✓	34%	116	✓	34%	125	FULL	7	✓
20	F83624	Clerkenwell Medical Practice	Del	GMS	✗	3	1.3%	68%	●	●	●	●	●	●	20	0	Large	13%	0%	7%	2,069	5,605	98.0	6.1	15,748	12.0%	95%	88%	95%	78%	£136	✓	37%	0	✓	37%	267	FULL	7	
21	F83652	Amwell Group Practice	Del	GMS	✗	2	2.2%	69%	●	●	●	●	●	●	10	0	Large	0%	0%	52%	1,071	11,005	98.4	7.5	10,271	0.3%	NA	88%	83%	87%	£178	✓	37%	0	✓	37%	237	FULL	7	✓
22	F83660	Highbury Grange Medical Practice	Del	GMS	✗	3	3.8%	72%	●	●	●	●	●	●	8	0	Medium-large	59%	0%	0%	2,997	5,503	93.1	4.1	9,405	0.7%	no data	76%	69%	70%	£128	✓	23%	8	✓	23%	185	FULL	7	✓
23	F83664	The Village Practice	Del	GMS	✗	1 - Most deprived	1.8%	57%	●	●	●	●	●	●	9	1	Medium-large	0%	0%	0%	2,161	7,068	94.7	4.2	10,079	8.8%	no data	81%	83%	80%	£159	✓	40%	0	✓	40%	207	FULL	7	✓
24	F83666	Andover Medical Centre	Del	GMS	✗	2	4.9%	58%	●	●	●	●	●	●	8	1	Medium-large	0%	0%	30%	1,061	4,733	94.6	8.2	5,951	-6.0%	no data	80%	64%	76%	£161	✓	no data	0	✓	26%	161	FULL	7	✓
25	F83671	The Beaumont Practice	Del	GMS	✗	2	3.3%	63%	●	●	●	●	●	●			Small-medium	80%	0%	100%	1,574	ND	95.5	6.4	3,250	7.4%	no data	90%	89%	90%	£149	✓	34%	0	✓	35%	62	FULL	7	✓
26	F83673	The Medical Centre	Del	PMS	✗	2	3.2%	65%	●	●	●	●	●	●	8	0	Small-medium	100%	0%	16%	2,206	5,037	99.5	4.1	5,780	1.4%	no data	86%	88%	96%	£161	✓	29%	0	✓	29%	108	FULL	7	✓
27	F83674	The Junction Medical Practice	Del	GMS	✗	3	5.0%	71%	●	●	●	●	●	●	16	0	Medium-large	0%	57%	100%	2,067	5,191	98.9	4.4	9,514	-0.9%	no data	79%	66%	69%	£162	✓	24%	99	✓	24%	285	FULL	7	✓
28	F83678	The Pine Street Medical Practice	Del	GMS	✗	2	6.8%	67%	●	●	●	●	●	●			Small-medium	0%	0%	0%	983	4,718	95.1	10.4	2,361	-2.9%	no data	85%	84%	78%	£121	✓	21%	28	✓	21%	27	*no data*	-	✓
29	F83680	Sobell Medical Centre	Del	GMS	✗	2	3.5%	63%	●	●	●	●	●	●	4	0	Small-medium	57%	11%	100%	2,851	5,235	76.8	5.2	4,245	-1.6%	87%	82%	81%	73%	£127	✓	20%	0	✓	20%	49	FULL	7	✓
30	F83681	Partnership Primary Care Centre	Del	GMS	✗	2	4.4%	68%	●	●	●	●	●	●	6	1	Small-medium	10%	0%	100%	2,564	3,959	99.0	10.6	3,965	-1.1%	100%	76%	76%	65%	£151	✓	16%	1	✓	16%	107	FULL	7	
31	F83686	Stroud Green Medical Centre	Del	GMS	✗	2	2.2%	67%	●	●	●	●	●	●	3	0	Single-handed	0%	0%	100%	6,968	8,409	97.5	5.8	6,497	-5.1%	88%	96%	98%	84%	£127	✓	34%	106	✓	34%	129	FULL	7	✓
32	Y01066	Hanley Primary Care Centre	Del	APMS	✗	2	2.1%	61%	●	●	●	●	●	●	14	3	Small-medium	0%	0%		4,475	ND	100.0	6.5	10,940	21.1%	96%	74%	82%	78%	£172	✓	34%	0	✓	33%	214	FULL	7	

Comments:

No. 27 - List size change reflects merger with Dr. Ko and partner (F83051) in October 2018.

General Practice Sustainability and Resilience
References

Purpose of document, and source data

This report aims to highlight practice sustainability through an aggregation of national indicators and local knowledge. The table draws together a multitude of indicators from an array of sources, such as the General Practice Indicators, along with data from CQC ratings, GPPS and practice demographics. In January 2016, £10m was allocated for a pilot programme to support practices in difficulty, and a further £40m was made available over four years (to 2020) under the General Practice Resilience Programme. Local teams were asked to identify those practices which are considered vulnerable* and those which would benefit from Resilience Programme support. These practices have been highlighted in the regional and DCO tables.

			Brief Description	Source	Time period	Published
Summary	Total Practices	Main practices	Data for GPs and GP Surgeries is supplied by the NHS Prescription Service of the NHS Business Services Authority. Medical Practices classed as Active and with a GP Practice prescribing setting are included.	NHS Digital	Jan-19	✓ Feb-19
	Registered Population	Number of Patients Registered at a GP Practice	Data extracted as a quarterly snapshot in time from the GP Payments system maintained by NHS Digital.	NHS Digital	Feb-19	✓ Feb-19
Primary Care Co-Commissioning	Delegated commissioning Greater involvement Joint commissioning		Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning aims to support the development of integrated out-of-hospital services based around the needs of local people. It is part of a wider strategy to join up care in and out of hospital. **Delegated commissioning:** CCGs assume full responsibility for the commissioning of general practice services. **Greater involvement:** an invitation to CCGs to collaborate more closely with their local NHS England teams in decisions about primary care services. **Joint commissioning:** enables one or more CCGs to jointly commission general practice services with NHS England through a joint committee.	NHS England	Apr-18	✓ Apr-18
Practice Information & Demographics	Contract Type		Displays the contract type and if the practice is authorised to dispense drugs. Sourced from NHS Payments to General Practices in England for 2017/18 by individual General Practice	NHS Digital	2017-18	✓ Dec-18
	Dispensing Practice					
	Deprivation	Practice patient level deprivation	Patient level IMD has been calculated from IMD 2015 data. For each practice, NHS Digital gives the number of registered patients in each LLSOA (based on their registered address). Kings College London then calculate a weighted mean based on the mean IMD-2015 scores for all patients (in turn, based on LLSOA residency) registered at the practice.	Kings College London, Department for Communities and Local Government	2015	✓ Sep-16
	% Aged 75+		Data extracted from the NHS Digital's GP Payments system.	NHS Digital	Feb-19	✓ Feb-19
	% Non-BME		Estimated proportion of non-BME ethnic groups in the practice population (weighted average over the contributing LSOAs).	English Indices of Deprivation, Department for Communities and Local Government	2015	✓ Jul-16
Quality	CQC Rating	Outstanding Good Requires improvement Inadequate No published rating	The CQC rates General Practices to give an overall judgement of the quality of care. There are four ratings that we give to health and social care services. The rating examines five key areas for the quality of care: Caring, Effective, Responsive, Safe, Well-led. When no rating is shown, no published rating is available.	CQC	Feb-19	✓ Feb-19
	Written Complaints (total for practice) Written Complaints (directed to NHS England)		The NHS complaints procedure is the statutorily based mechanism for dealing with complaints about NHS care and treatment and all NHS organisations in England are required to operate the procedure. This shows the counts of the number of written complaints made by (or on behalf of) patients, received between 1 April 2017 and 31 March 2018. Data are collected via two forms, the KO41a (NHS Hospital and Community Health Service (HCHS)) and KO41b (Family Health Service (GP including Dental) (FHS)). Please note this is experimental information.	NHS Digital	2017-18	✓ Sep-18
Workforce	Practice Size (Based on FTE GPs)	Single-handed (=<1 FTE GP) Small-medium (>1 and =<3) Medium-large (>3 and =<6) Large (>6 FTE GPs)	The primary data source for General and Personal Medical statistics is the workforce Minimum Data Set (wMDS) collected via the Primary Care Web Tool (PCWT) Workforce Census module and the workforce Minimum Data Set Collection Vehicle (wMDSCV). These statistics are labelled Experimental so care needs to be taken when interpreting the figures.	NHS Digital	Mar-18	✓ Sep-18
	% FTE GPs aged 55 and over					
	% FTE Locum GPs		Note that all indicators are based on Full Time Equivalent (FTE) staffing and not numbers of staff.			
	% FTE Nurses aged 55 and over					
	Number of patients per FTE GP		The number of patients registered at the GP practice is also taken from the wMDS return.			
	Number of patients per FTE Nurse					
Efficiency	QOF Achievement		The QOF was introduced as part of the new General Medical Services (GMS) contract on 1 April 2004. The objective of the QOF is to improve the quality of care patients are given by rewarding practices for the quality of care they provide to their patients. Participation in QOF is voluntary, though participation rates are very high (94.8% in 17/18).	NHS Digital	2017-18	✓ Oct-18
	QOF Exception Rate					
	List size		Number of patients registered to the GP Practice. Data extracted as a monthly snapshot in time from the GP Payments system.	NHS Digital	Feb-19	✓ Feb-19
	List Size Change	+/- 5-10%	Available quarterly, the annual percentage change of list size of all practices in England.	NHS Digital	Jan-19	✓ Jan-19
Patient Experience	% likely to recommend the GP service to friends and family		The Friends and Family Test asks patients how likely they are to recommend their GP service to friends and family based on their most recent experience of service use. This indicator presents the percentage of those 'Likely' or 'Extremely likely' to recommend their practice.	NHS England	Dec-18	✓ Feb-19
	Good overall experience of GP practice Easy to get through on the phone Satisfied with the type of appointment offered		The GP Patient Survey, an independent survey run by Ipsos MORI on behalf of NHS England, is sent to over a million people across the UK. The results (weighted) show how people feel about their GP practice. The survey was extensively redesigned for 2018. Due to this, and the inclusion of 16-17 year olds, comparisons cannot be made with previous years' results even where question wording remains similar. Note that two of the questions reported have changed in 2018: - Good overall experience of GP practice (% very or fairly good) - Ease of getting through by phone (% very or fairly easy) - Satisfied with the type of appointment offered (% yes)	NHS England	Jan - Mar 18	✓ Aug-18
Finance	Average payment per weighted patient		This figure is taken from the NHS Digital report 'NHS Payments to General Practice, England'. It represents the total payments figure divided by the number of weighted patients. Values are included only where a full year of data is available. The number of weighted patients is calculated by the Global Sum process. Global Sum Payments are a contribution towards the contractor's costs in delivering essential and additional services, including its staff costs. For more information, please visit NHS Digital's website.	NHS Digital	2017-18	✓ Dec-18
Patients Online	Online Appointments Enabled		GP practices provide functionality for patients to book/cancel appointments electronically	NHS Digital	Jan-19	✓ Feb-19
	% Of Reg Population with online appointment enabled		Number of patients enabled to electronically book or cancel an appointment divided by the practice list size			
	Total no. pt transactions using online appointments service		Total number of appointment scheduling or cancelling transactions using an Online Patient Transaction Service.			
	Order Repeat Prescriptions Online Enabled		GP practices provide functionality for patients to view/order repeat prescriptions electronically.			
	% Of Reg Population with order repeat prescriptions online enabled		Number of patients enabled to electronically view/order repeat prescriptions divided by the practice list size			
	Total no. prescriptions ordered via online pt transaction service		Total number of prescriptions ordered using an Online Patient Transaction Service. (Note that ordering several items at once to be counted as one prescription).			
Extended Access	Category Full/Partial/No extended access No. of extended access days		Bi-annual data collection monitors availability of pre-bookable appointments in practices at evenings and weekends. Launched in Oct 2016 in response to the government's mandate to NHS England "to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends", data are published as experimental statistics as they are new and undergoing evaluation.	NHS England	Sep-18	✓ Nov-18
	Directed Enhanced Services (Extended Access payment)		Whether or not a practice received a Directed Enhanced Services payment for Extended Hours Access in 2016/17	NHS Digital	2016-17	✓ Sep-17

https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/final-30-september-2019

Feb-19 **References**

* National criteria has been created to be used as a screening tool by local commissioners to guide their assessment with local stakeholders on offers of support to improve sustainability and resilience. This criteria includes 9 data indicators out of the 16 identified examining areas such as Safety, Workforce, Efficiency and Patient Experience/Access.

Sustainability and Resilience Reports - Conditions on Forward Use

Sustainability and Resilience reports provide NHS England Management Information at an individual practice level, including potentially sensitive information relating to practices status in the Vulnerable Practice Programme, GP Resilience Programme and Personal Medical Services Reviews.

This information therefore needs to be managed accordingly and should be held in strict confidence, **not for onward transmission** to any other individual or organisation (other than CCGs), or the details of any practice disclosed publicly. Measures should therefore be taken locally to guard against unauthorised access or sharing of the data.

NHS England local teams will need to be satisfied these conditions and controls are equally understood and applied by CCGs when sharing any reports under co-commissioning arrangements.

NHS
North Central London
Clinical Commissioning Group

Barnet Summary:

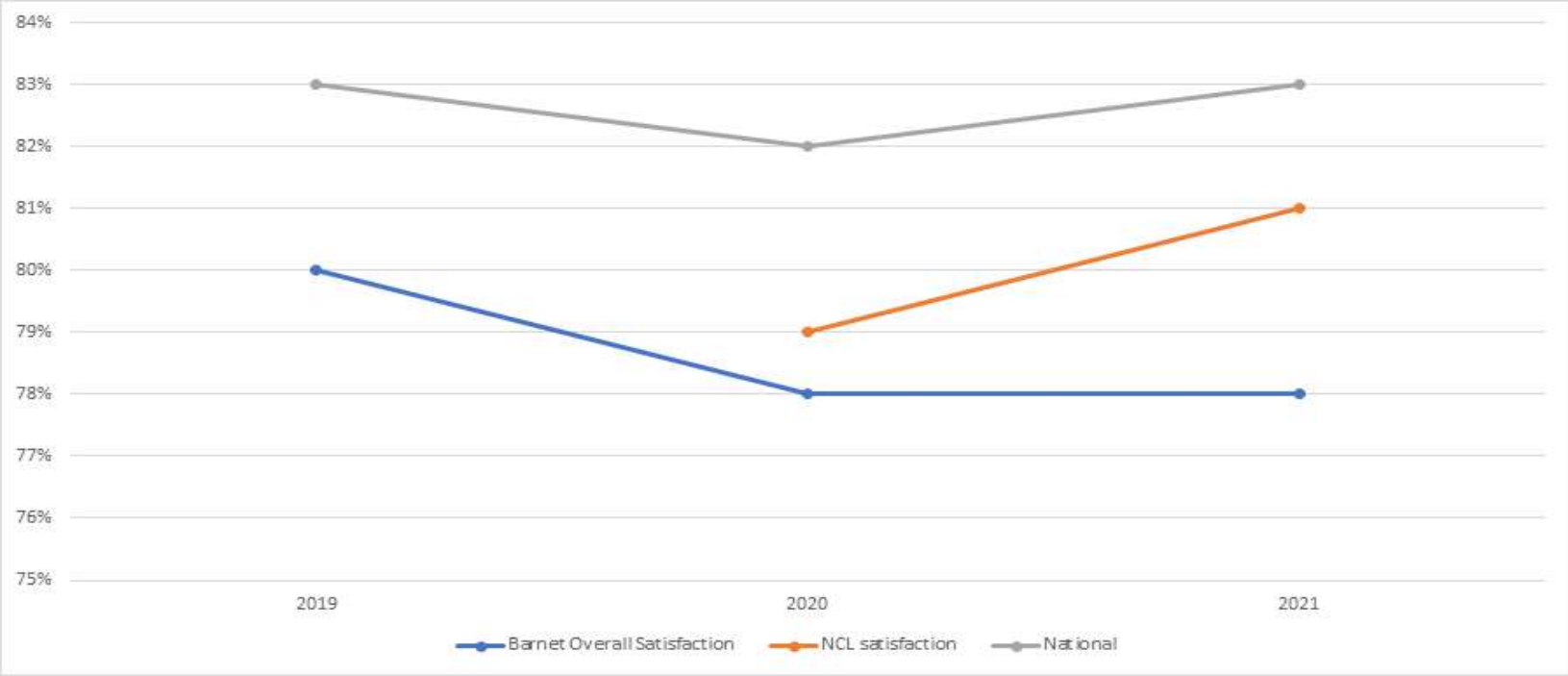
Patient satisfaction, National Survey

Barnet Patient Satisfaction

North Central London
Clinical Commissioning Group

The following chart shows overall patient satisfaction over three years, comparing Barnet with NCL and national figures.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey. Barnet figures calculated using weighted patient lists



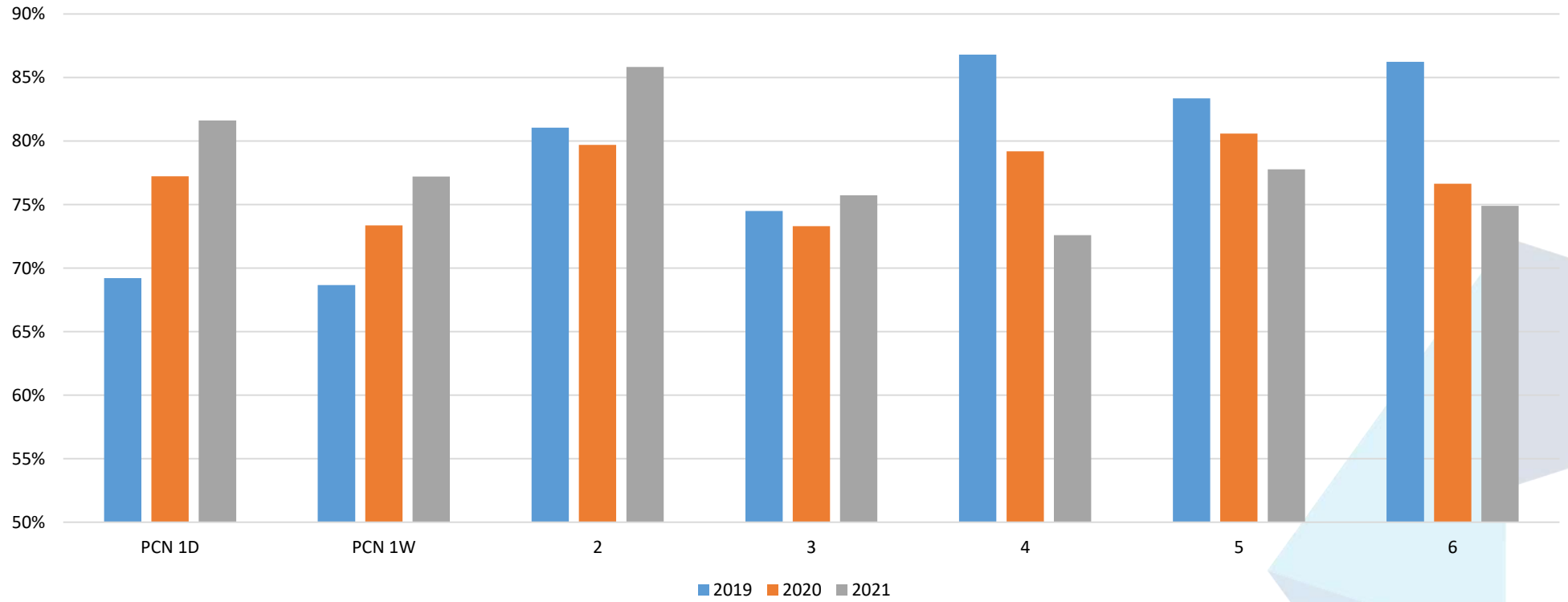
The chart shows a slight (-2%) decrease in overall satisfaction in Barnet performance between 2019 and 2021.

Variations Across PCNs

North Central London
Clinical Commissioning Group

The following chart shows average overall patient satisfaction by PCN.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey. PCN averages calculated using weighted patient lists



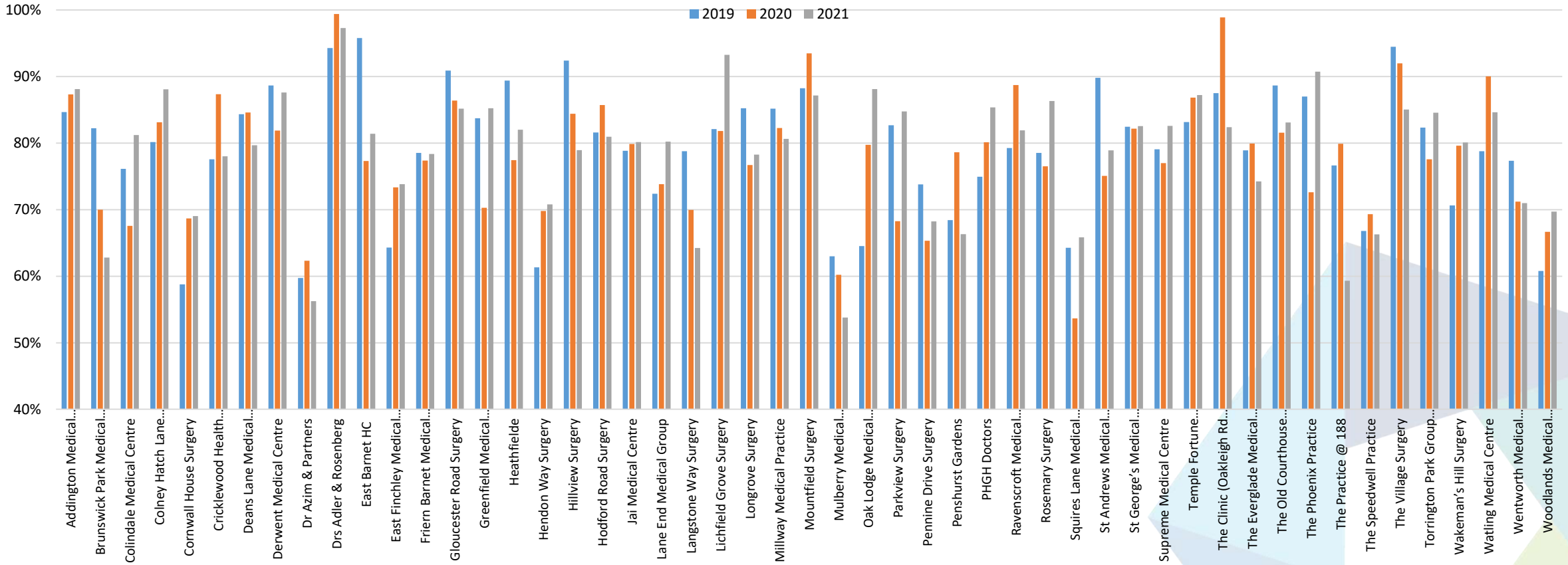
The chart shows most improved satisfaction (+7%) in PCN1D between 2019 and 2021.

There is considerable variation in patient satisfaction

North Central London
Clinical Commissioning Group

The following chart shows practice level patient satisfaction between 2019 and 2021.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey.



The chart shows significant variations between practices. 24/51 (47%) practices received an improved satisfaction score between 2019 and 2021.

There are a number of actions to improve satisfaction further

North Central London Clinical Commissioning Group

- **Increased access funding:** From the next financial year, Barnet will get an increased allocation for extended access. PCNs will have a critical role in working through how that funding will be used.
- **Pan Barnet initiatives:** Digital Inclusion, Remote diagnostics.
- **Workforce:** Development of ARRS roles - Work with patients to understand roles and how they support GPs and other GP practice medical professionals.
- **Estates:** Medium-to-long term improvement of access as part of the Colindale regeneration. Ongoing work with PCNs to review and consider how estates can be optimised to improve accessing wider practice team, including ARRS roles.
- **Commissioning Services Closer to Home:** e.g. Phlebotomy clinics, patient-centred MDTs.
- **Communication:** Engaging with the community and patients of the benefits of a 'hybrid' model and the roles of PCNs, ICPs and ICSs.
- **Sharing Best Practice:** Collaborate with practices within the upper quartile to identify best access practice and share and support practices within the lower quartile to improve.

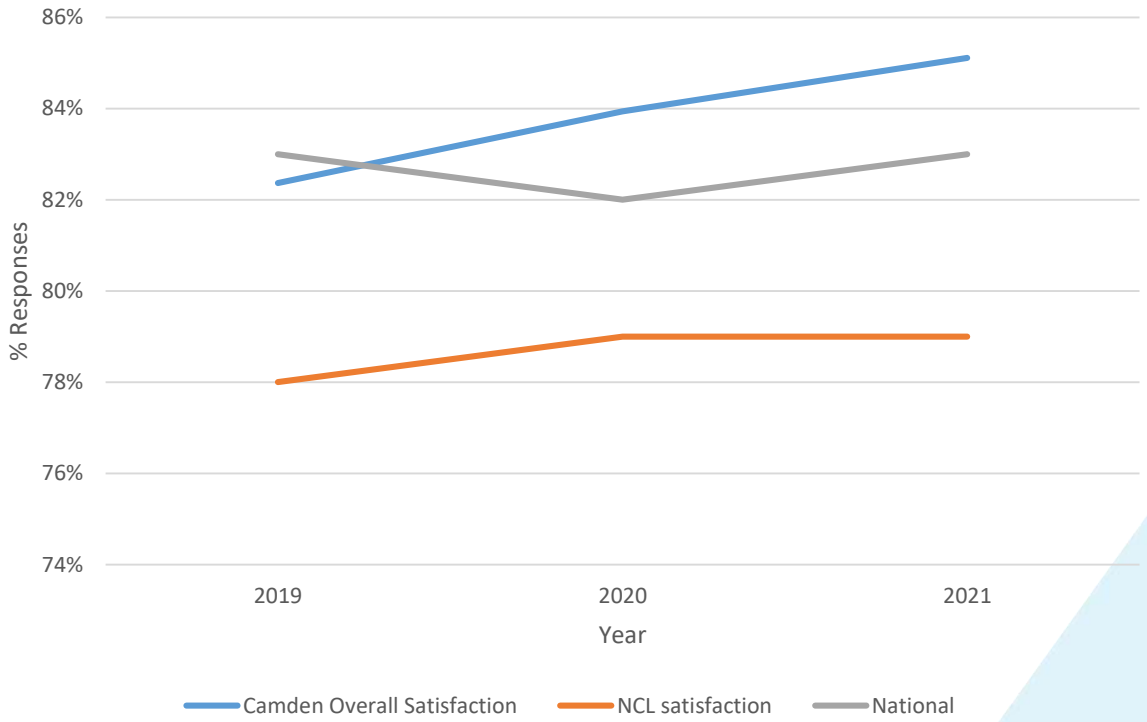
NHS
North Central London
Clinical Commissioning Group

Camden Summary: Patient satisfaction, National Survey

Camden patient satisfaction has improved over three years

North Central London
Clinical Commissioning Group

The following chart shows overall patient satisfaction over three years, comparing Camden with NCL and national figures.

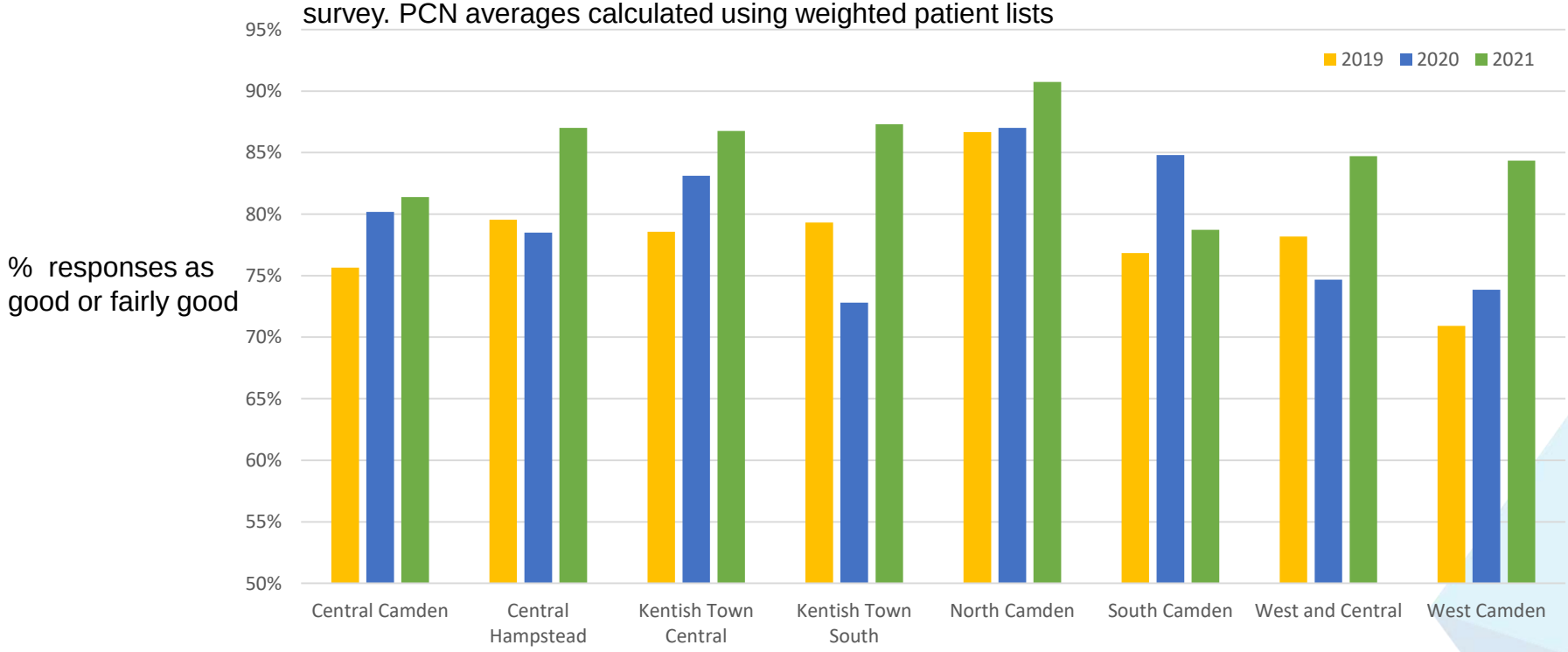


Satisfaction varies by PCN; but has increased pan-Camden over 3 years

North Central London Clinical Commissioning Group

The following chart shows overall patient satisfaction by PCN.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey. PCN averages calculated using weighted patient lists

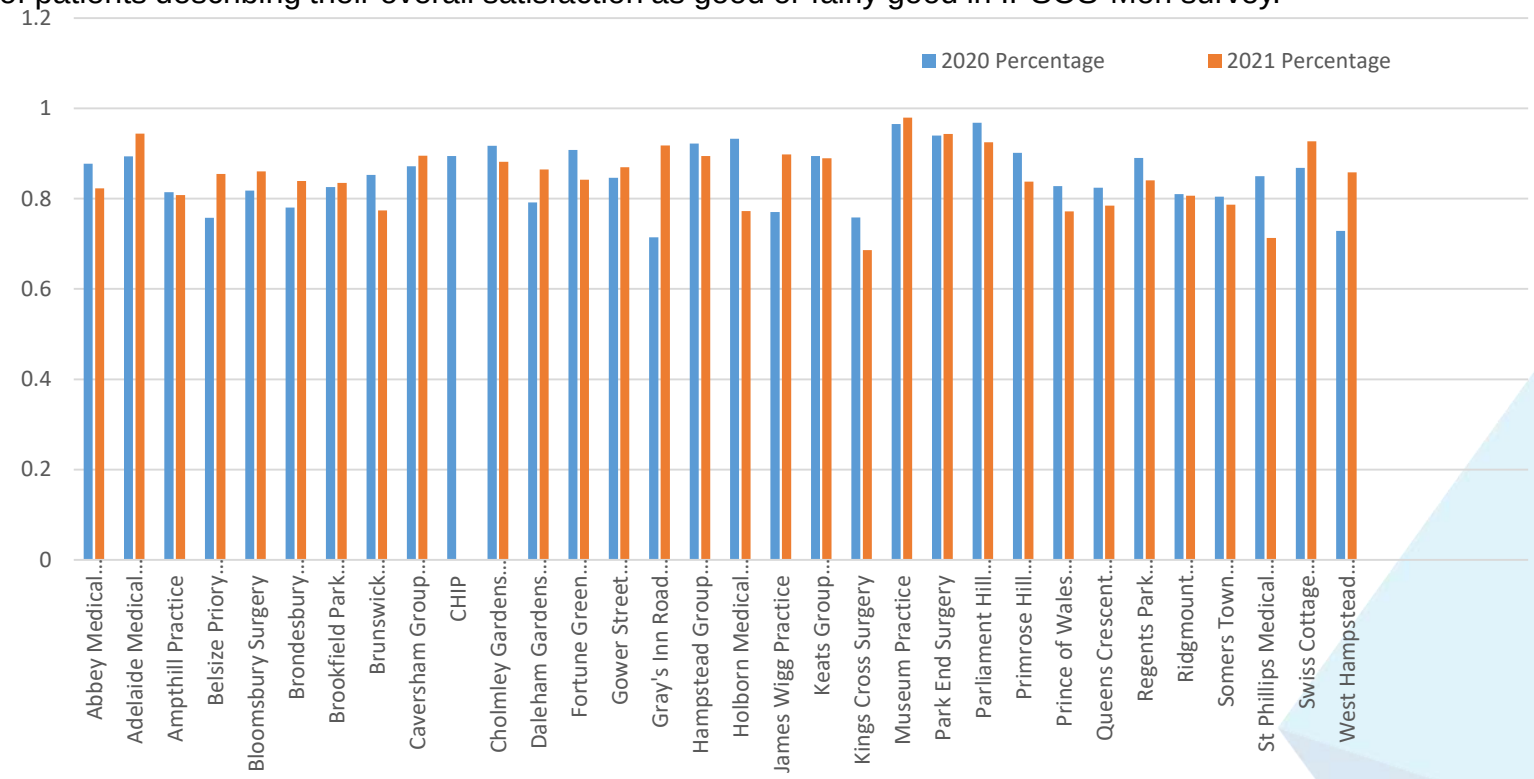


There is considerable variation in patient satisfaction

North Central London
Clinical Commissioning Group

The following chart shows practice level patient satisfaction in 2020 and 2021.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey.



% responses as good or fairly good

There are a number of actions to improve satisfaction further

North Central London
Clinical Commissioning Group

Practice-led actions: Camden has continued to improve in the patient satisfaction survey with a significant improvement at West Hampstead and James Wigg practices. The two practices that saw a reduction in overall satisfaction reported issues in telephony access and the CCG is working with them to improve.

Pan-Camden initiatives: Camden is working with practices and PCNs to encourage delivery at scale with a multi-disciplinary centred approach to patient care. This will be delivered through the re-designed Federation contract, that is in the process of being re-directed to PCN level encouraging collaboration at a local level.

Workforce: Further development and utilisation of ARRS roles. Working with patients to understand the importance of other health and care professionals.

Estates: the borough team has significant estates projects in train covering the short, medium and long term. These include Belsize Priory, Hunter Street, Murphys Yard and the O2 Development. The borough team is working with practices and PCNs to identify occupants for these estates projects.

Communication: Camden borough continues with a comprehensive engagement strategy with patients, capturing views and ensuring that those views are incorporated into the planning of future services. Some of these are being progressed using support from the NCL inequalities fund.

NHS
North Central London
Clinical Commissioning Group

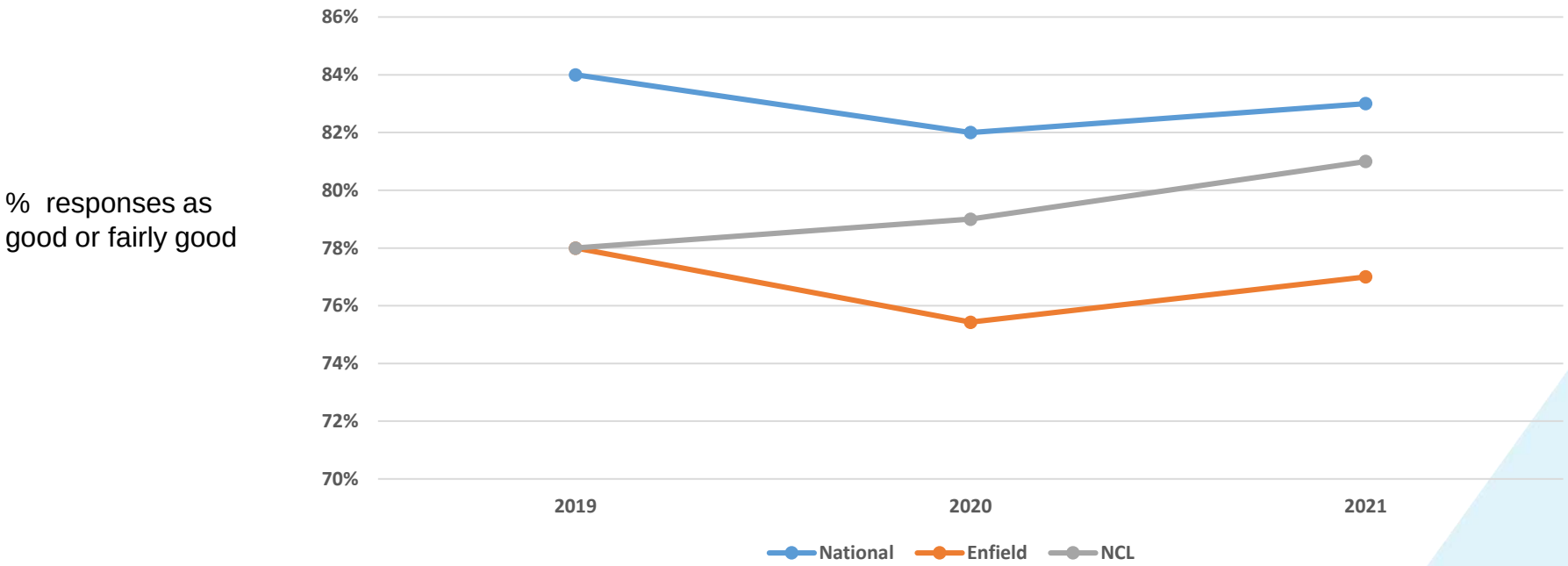
Enfield Summary:
Patient satisfaction, National Survey

Enfield patient satisfaction between 2019 - 2021

North Central London
Clinical Commissioning Group

The following chart shows overall patient satisfaction over three years, comparing Enfield with NCL and national figures.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey. Enfield figures for 2020 and 2021 calculated using weighted patient lists



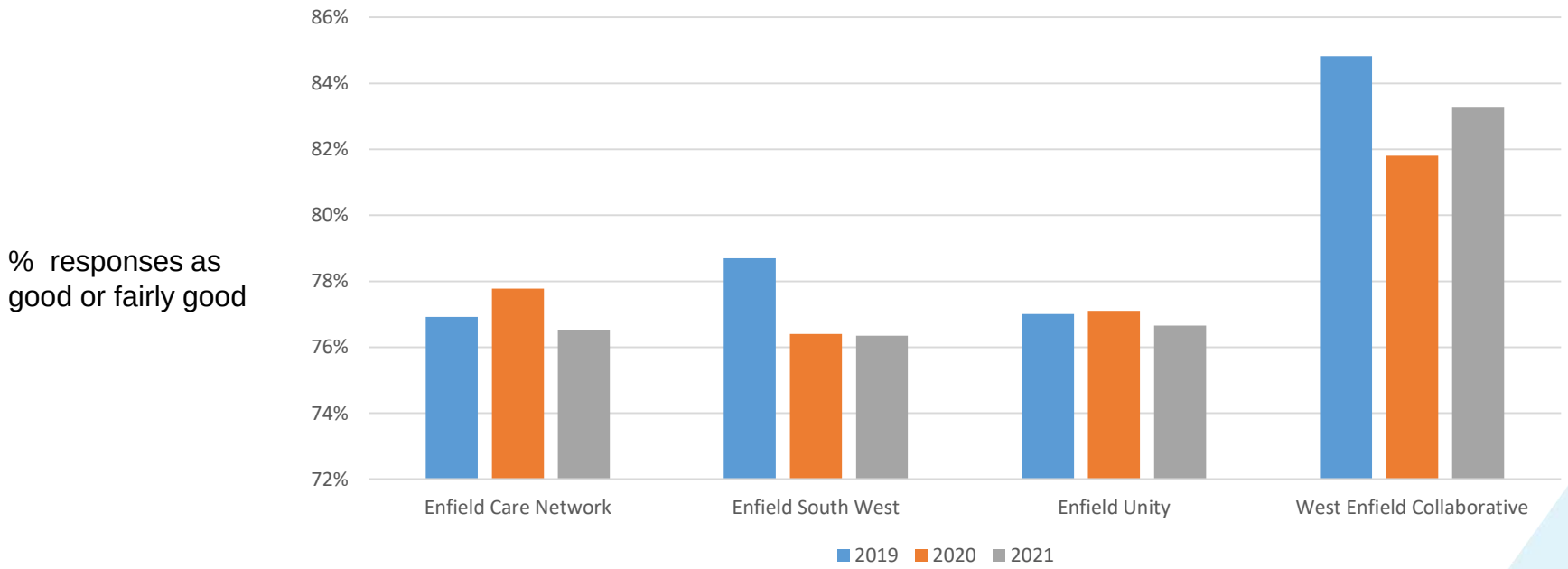
The chart highlights a slight improvement in Enfield performance between 2020 and 2021, overall patient experience remains in line with local feedback during this three years period trend.

Overall PCN Patient experience

North Central London
Clinical Commissioning Group

The following chart shows overall patient satisfaction by PCN.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey. PCN averages calculated using weighted patient lists.



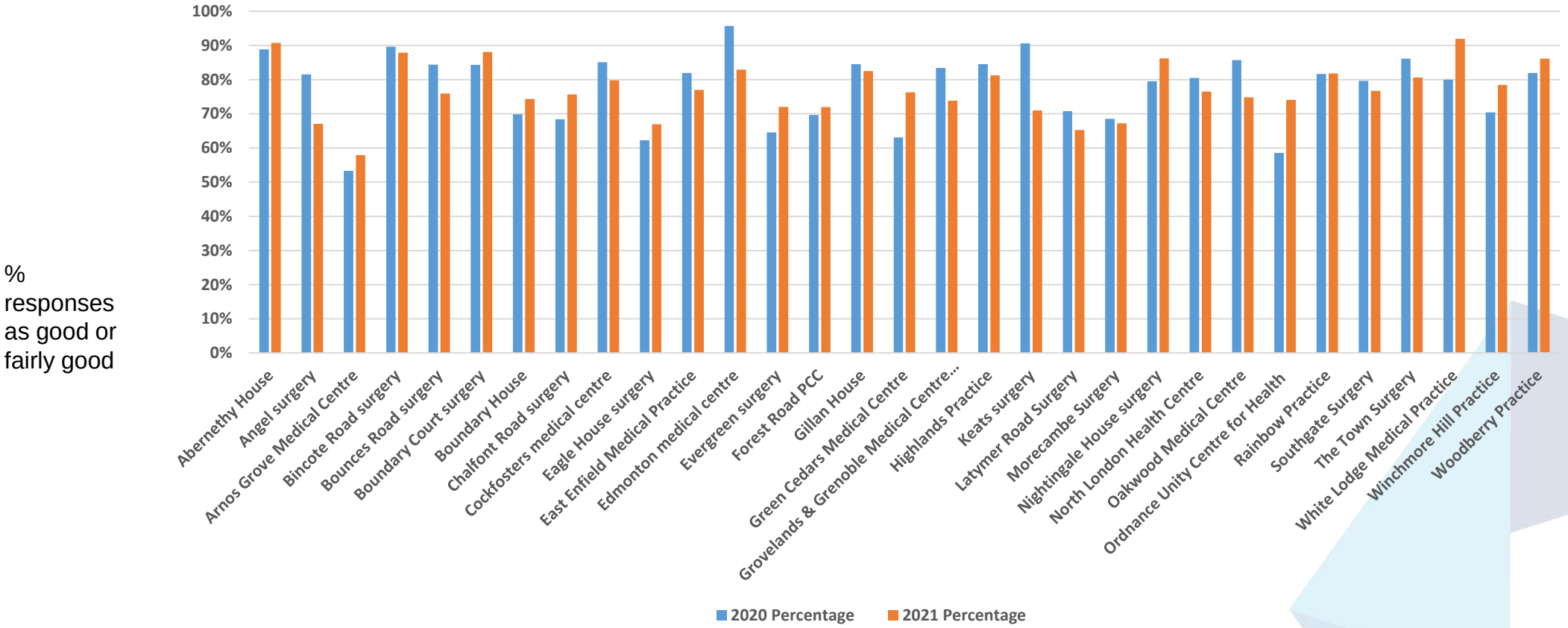
The chart identifies that covid has had an impact on the overall experience of local services for all our PCNs.

Patient Satisfaction by Practice

North Central London
Clinical Commissioning Group

The following chart shows practice level patient satisfaction in 2020 and 2021.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey.



The chart shows significant variations between practices. 32% practices scored higher than CCG average in 2021 compared to 65% of practices in 2020.

There are a number of actions to improve satisfaction further

North Central London
Clinical Commissioning Group

- **Patient advocacy engagement:** working groups reconvened, Voluntary sector Group, PPG groups, groups are feeding local intelligence in near real time**.**
- **Addressing health inequalities / out reach programmes:** established a pioneering Black Health Improvement Programme.
- **Increased access funding:** £2.8m invested as part of the Quality Premium Programme. Enfield continues to invest £2.2m on extended access services**.**
- **Workforce:** Delivering practice reception customer service and conflict resolution training; Providing Patient centred Deputy Practice Manager resilience training.
- **Estates:** Enfield has opened a new health facility - June 2021 (Alma Health Centre), two additional state of the art facilities will open over the following 18 months. Through the room conversion programme, a further 17 multipurpose clinical rooms will be developed within existing estates over the next 6 months.
- **Integrated placed based approach for access and innovation:** the local borough convened a multi-stakeholder board to address local access pressures.

NHS
North Central London
Clinical Commissioning Group

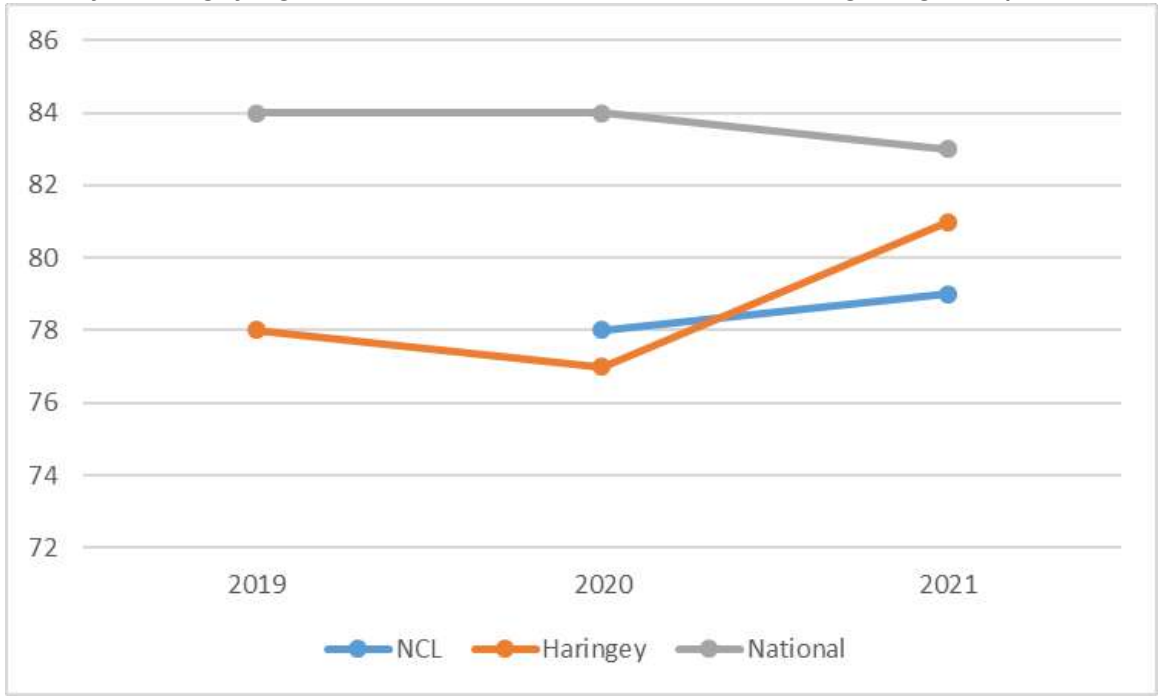
Haringey Summary: Patient satisfaction, National Survey

Haringey patient satisfaction has improved over three years

North Central London
Clinical Commissioning Group

The following chart shows overall patient satisfaction over three years, comparing Haringey with NCL and national figures.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey. Haringey figures for 2020 and 2021 calculated using weighted patient lists



% responses as good or fairly good

Year

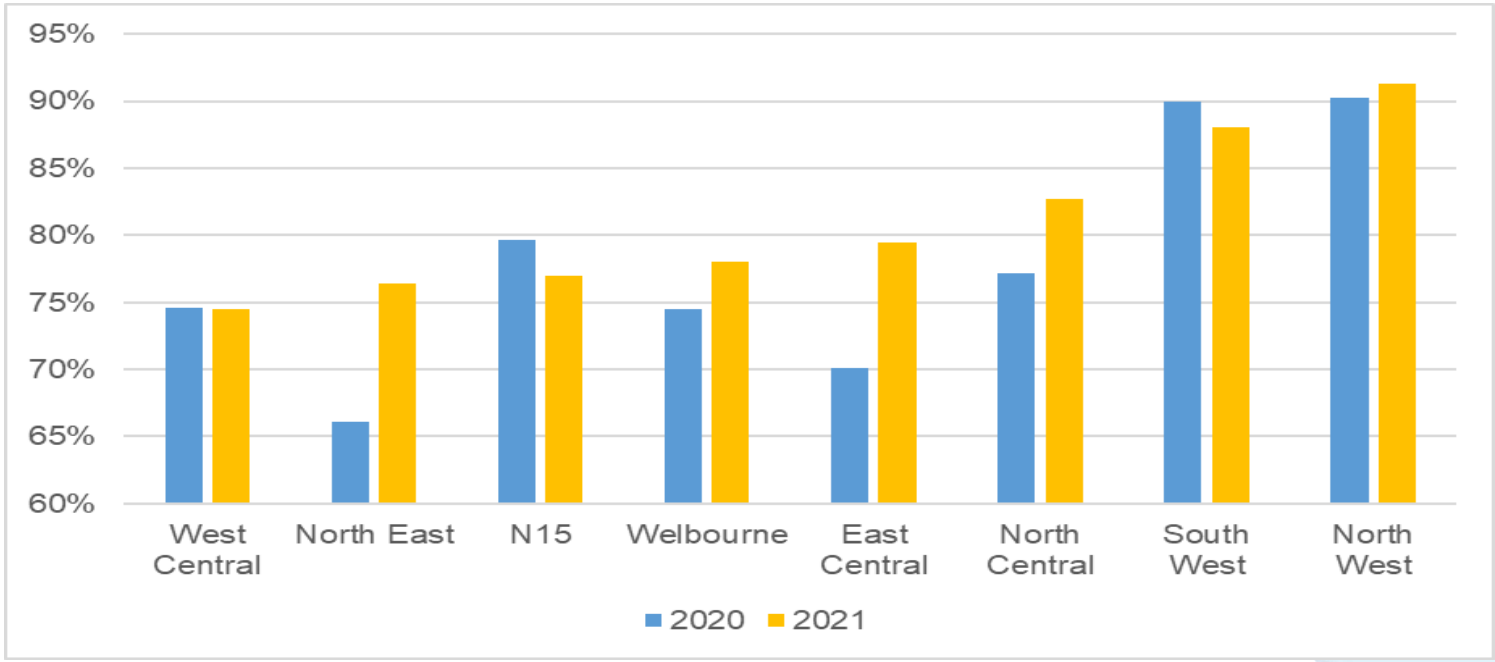
The chart shows improved relative Haringey performance.

East Haringey practices have driven improvements

North Central London
Clinical Commissioning Group

The following chart shows overall patient satisfaction by PCN.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey. PCN averages calculated using weighted patient lists



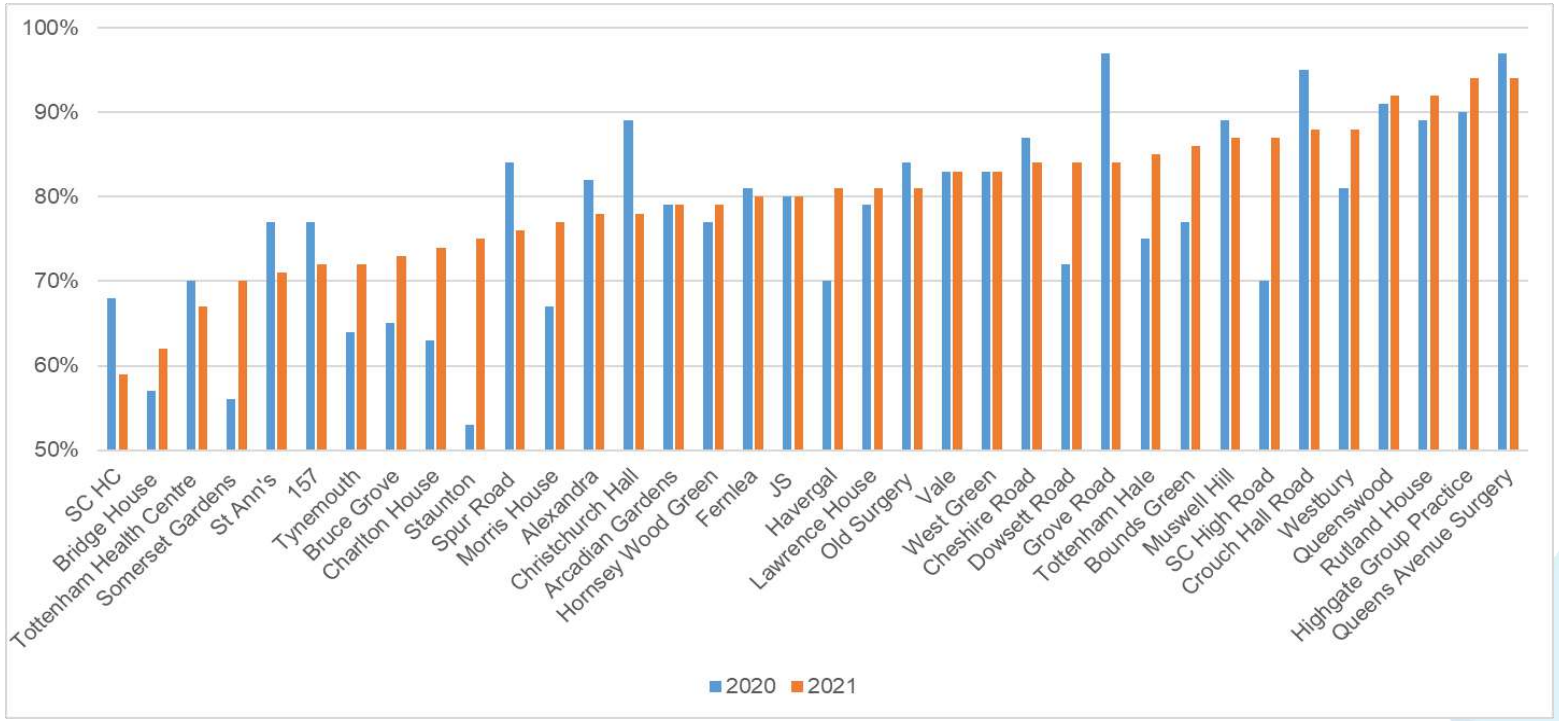
The chart shows improved satisfaction in East Haringey. Taking the four East Haringey PCNs as a group, overall satisfaction went up from 72.2% in 2020 to 77.6% in 2021.

There is considerable variation in patient satisfaction

North Central London
Clinical Commissioning Group

The following chart shows practice level patient satisfaction in 2020 and 2021.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey.



The chart shows significant variations between practices. Practices are also able to drive improvements in satisfaction.

There are a number of actions to improve satisfaction further

North Central London
Clinical Commissioning Group

- **Practice-led actions:** Significant improvement at Staunton under Federated4Health. Practices with lower satisfaction on telephone access have all introduced new telephony which will impact on results
- **Increased access funding:** From the next financial year, Haringey will get an increased allocation for extended access. PCNs will have a critical role in working through how that funding will be used.
- **Pan Haringey initiatives:** Digital Inclusion, Remote diagnostics, Telephony principles, website review
- **Workforce:** Further development of ARRS roles. Work with patients to understand important role of other medical professionals
- **Estates:** CCG seeking to land estate developments at Welbourne, Green Lanes, Muswell Hill, Rutland House, Charlton House
- **Communication:** Persuading the community and patients of the benefits of a 'hybrid' model

NHS
North Central London
Clinical Commissioning Group

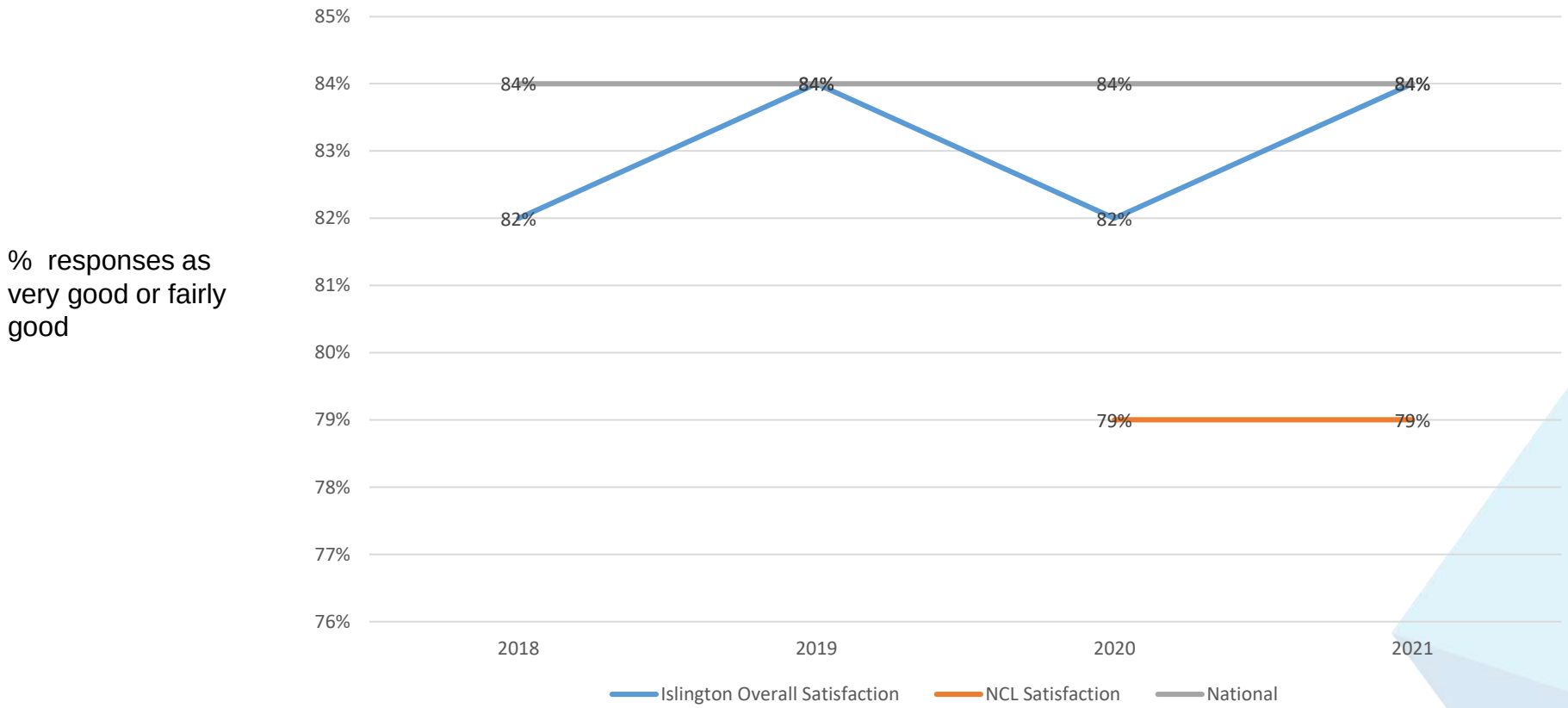
Islington Summary: Patient satisfaction, National Survey

Islington overall patient satisfaction

The following chart shows overall patient satisfaction over four years, comparing Islington with NCL and national figures.

North Central London
Clinical Commissioning Group

Chart: % of patients describing their overall satisfaction as very good or fairly good in IPSOS-Mori survey. Islington figures have been calculated aggregating up from individual practice results and using weighted patient lists.

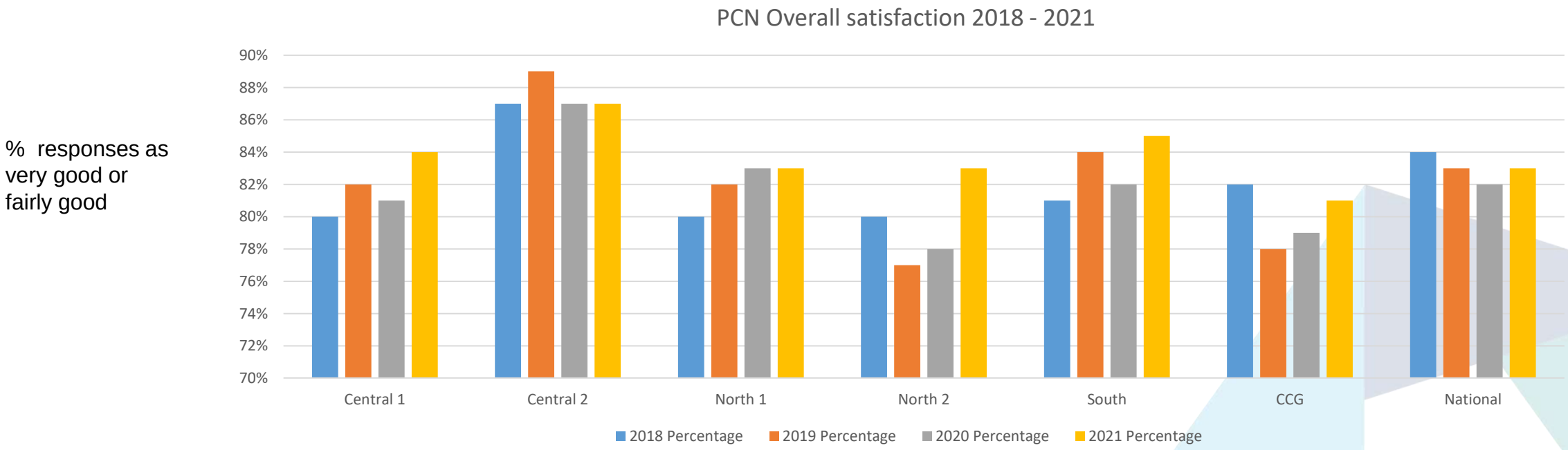


Islington patient satisfaction by PCN

The following chart shows overall patient satisfaction by PCN.

North Central London
Clinical Commissioning Group

Chart: % of patients describing their overall satisfaction as very good or fairly good in IPSOS-Mori survey. PCN averages calculated using weighted patient lists

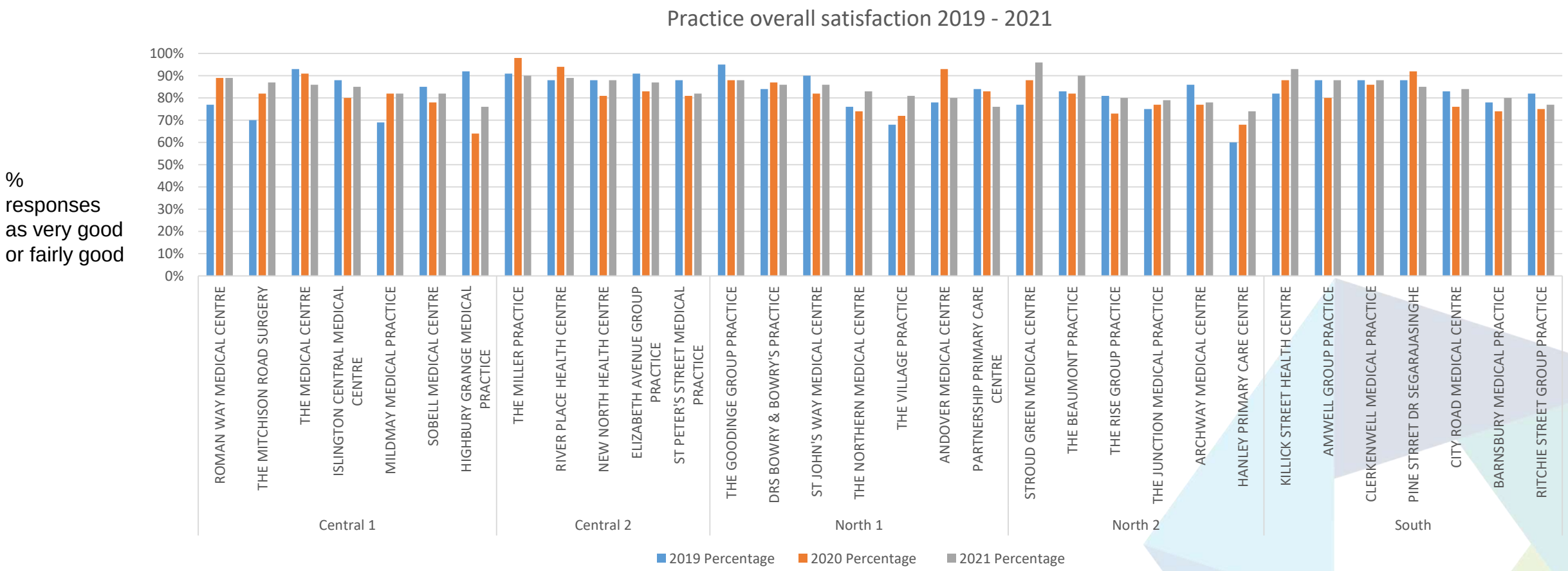


This chart shows improved satisfaction in North 2, Central 1 and South PCNs, while North 1 and Central 2 have remained the same since 2020.

There is considerable variation in patient satisfaction

The following chart shows practice level patient satisfaction in 2019, 2020 and 2021.

Chart: % of patients describing their overall satisfaction as good or fairly good in IPSOS-Mori survey.



The chart shows significant variations between practices within each PCN, and significant changes in satisfaction year on year.

Actions to improve overall patient satisfaction

North Central London
Clinical Commissioning Group

- **Communication with practices:** The percentage of overall satisfaction has declined and improved quite significantly for some practices between 2019 – 2021. We will communicate and engage with the practices that have seen a decline or improvement to find out whether there have been specific changes in practice that may have contributed to this

- **Pan NCL initiatives:** Digital Inclusion, Remote diagnostics, Telephony principles, website review

- **Workforce:** Further development of ARRS roles. Work with patients to understand important role of other medical professionals

- **National access improvement programme:** This data will contribute to identification of practices to participate in future waves of the national access improvement programme (hands on process improvement support from a national team)

Year on year changes in patient satisfaction at individual practices - Islington

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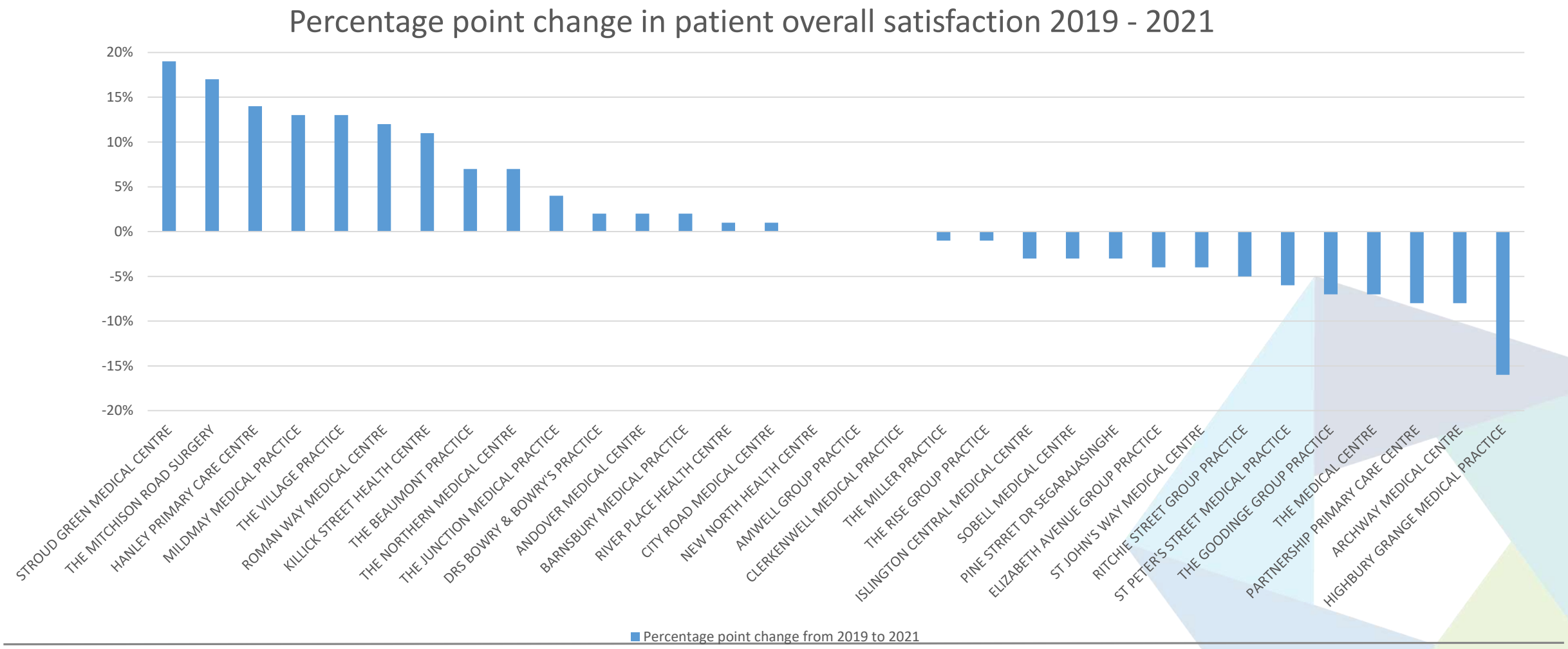
The following chart shows percentage point change in patient overall satisfaction between 2019 and 2021.



North Central London CCG
Primary Care Commissioning Committee Meeting
21 October 2021

Report Title	Extended Access Service transition to Primary Care Networks (update)	**Date of report**	6 October 2021	**Agenda Item**	2.3
Lead Director / Manager	Paul Sinden	**Email / Tel**		p.sinden@nhs.net	
GB Member Sponsor	Not Applicable				
Report Author	Becky Kingsnorth	**Email / Tel**		rebeccakingsnorth@nhs.net	
Name of Authorising Finance Lead	Not applicable for this update paper	Not applicable for this update paper			

Report Summary

There are two nationally mandated forms of extension to access to core general practice:

- The extended hours directed enhanced service, which is now part of the Primary Care Networks (PCN) directed enhanced service (DES). This requires PCNs to provide additional clinical sessions (routine appointments including emergency or same day appointments), outside of core contracted hours, to all registered patients within the PCN. The capacity provided must equate to a minimum of 30 minutes per 1000 registered patients per week. This is generally provided by individual practices extending their opening times, with collective achievement against the DES reported centrally by the PCN;

- The extended access service, which extends access to general practice provision to seven days per week, 8am to 8pm (in London). This is currently commissioned by CCGs against London-wide guidance, from single providers who provide the service borough-wide from a number of 'hubs' in each borough.

Extended hours provision is now part of the Primary Care Network DES, and the new GP Contract[1] signalled that funding and responsibility for provision of extended access would also transfer to Primary Care Networks (PCNs) by April 2021, forming a single combined access offer. This was subsequently delayed until April 2022, and all contracts with existing providers across North Central London were extended by one year using a single tender waiver. This timeline was again confirmed in the NHSE letter of 23 August 2021, which stated:

"***From April 2022, PCNs will deliver a single, combined extended access offer*** *funded through the Network Contract DES. We intend to publish details*

[1] 1. NHS England and British Medical Association (January 2019) *Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan*

	this autumn to allow planning for service commencement in April 2022. They will allow for collaboration between PCNs and subcontracting to other providers, including GP federations. Commissioners should ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers". However, the national specification expected by end of September 2021 has not yet been released. It is not known therefore if the originally planned timeline still applies. If it does, the transition and mobilisation period will be compressed. This paper therefore considers actions that the CCG can take now to support PCNS to prepare for this transition. It is also important to note that if the national timeline for transition is delayed, or if the timeframe for transition and mobilisation becomes too compressed to allow PCN led services to be operational by April 22, consideration will need to be given to the potential to need to extend contracts with existing providers beyond April 2022 via a Single Tender Waiver process. This decision will be taken by EMT and the Strategic Commissioning Committee by mid to late November based on information available at that time.
Recommendation	The Primary Care Commissioning Committee is asked to: **NOTE** this update on the planned transition of funding and responsibility for provision of Extended Access services to Primary Care Networks.
Identified Risks and Risk Management Actions	It is possible to anticipate a number of risks, subject to the detail of the funding model and specification, for example: • If any adjustment to financial allocations to address inequality in access is applied at CCG rather than PCN level, and NCL PCNs therefore receive a standard amount per head of population, it may be difficult to flex capacity within a borough geography to address variations in access needs (as is currently achieved for example in Enfield); • There is a risk of increased fragmentation of services if the specification allows a level of variation, and if PCNs choose different delivery models for the specification. The CCG would seek to influence this through the approval process, if the scope of this role allows, and with reference to patient feedback; • There is a risk of cost pressure to the CCG if current capacity levels must be maintained where they exceed levels mandated and funded through the specification.
Conflicts of Interest	Not applicable
Resource Implications	The immediate resource implication is a requirement for a project manager to oversee the actions required to support a successful transition to PCNs. Borough Teams, the finance team and analysts will all be engaged in the actions outlined in the report.
Engagement	An approach to patient engagement is outlined within the report.
Equality Impact Analysis	This will be required in relation to any proposed service change – it may be required of PCNs as part of the plans they submit to the CCG, or of the CCG as part of the approval process.
Report History and Key Decisions	Not applicable
Next Steps	As described in the main report
Appendices	Appendix 1: Transition of Extended Access to PCNs: update

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Transition of Extended Access to PCNs: update

Current position

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Clinical Commissioning Group

There are two nationally mandated forms of extension to access to core general practice:

- The extended hours directed enhanced service, which is now part of the Primary Care Networks (PCN) directed enhanced service (DES). Requires PCNs to provide additional clinical sessions (routine appointments including emergency or same day appointments), outside of core contracted hours, to all registered patients within the PCN, equating to a minimum of 30 minutes per 1000 registered patients per week. This is generally provided by individual practices extending their opening times, with collective achievement against the DES reported centrally by the PCN;
- The extended access service, which extends access to general practice provision to seven days per week, 8am to 8pm (in London). This is currently commissioned by CCGs against London-wide guidance, from single providers who provide the service borough-wide from a number of 'hubs' in each borough.

Extended hours provision is now part of the Primary Care Network DES, and the new GP Contract[1] signalled that funding and responsibility for provision of extended access would also transfer to Primary Care Networks (PCNs) by April 2021, forming a single combined access offer. This was subsequently delayed until April 2022. This was confirmed in the NHSE letter of 23 August 2021, which stated:

"**From April 2022, PCNs will deliver a single, combined extended access offer** funded through the Network Contract DES. We intend to publish details this autumn to allow planning for service commencement in April 2022. They will allow for collaboration between PCNs and subcontracting to other providers, including GP federations. Commissioners should ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers".

A national specification expected by end of September 2021 has not yet been released. It is not known if the originally planned timeline still applies. This paper considers actions that the CCG can take now to support PCNS to prepare for this transition.

1. NHS England and British Medical Association (January 2019) *Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan*

Financial model

North Central London
Clinical Commissioning Group

- Currently NCL receives an annual allocation that is ring-fenced for Extended Access services.
- This is distributed among the NCL boroughs based on historic allocations and not on a capitated basis.
- Enfield received increased funding based on a number of factors relating to historical challenges with access in Enfield, Enfield putting in place an Extended Access Service ahead of others and including success of delivery along with reduced DNA's. This was agreed appropriate by NHS England and across North Central London, and took account of Enfield historical underfunding.
- It is known that the PCN DES will distribute funding on a capitated basis to PCNs and it is expected that this will bring together:
    - £1.44/head Extended Hours (currently in PCN DES)
    - £6/head Extended Access
    - There may be an adjustment for inequalities prior to allocation but this is not confirmed and the approach is not known – whether this will be at CCG or PCN level

Service model

North Central London
Clinical Commissioning Group

- This slide sets out areas we expect we will need to consider in relation to the service model. This is all 'to be confirmed' as the specification is not yet published. The likely level of detail in the national service specification is not yet known.
- Likely areas of focus may be:
  - A required minimum number of minutes/1000 patients
  - Mandated opening hours to ensure consistency in model – to date London has been required to have services open seven days a week, whereas the rest of the country has not been required to open on Sundays
  - Increased emphasis on planned care – pre-bookable appointments, screening, immunisations, vaccinations
  - Increased focus on addressing inequalities in access
  - Use of an multidisciplinary team approach
  - Support to the wider urgent and emergency care system (availability of appointments for NHS 111)
  - Convenience of hub locations for patients
  - Increased use of digital capability
- Importantly, any changes to current service provision – whether mandated by the specification or not – must be subject to patient consultation.
- Given the current context and focus on access to primary care, there may be a requirement that there is no reduction in current capacity even where this exceeds that required by the specification.
- It is likely that CCGs will have a role in approving PCN plans for mobilisation of the service though the scope of this role is not yet known. As a CCG we would wish to ensure that the overall picture of provision is coherent, within a neighbourhood, borough and across the ICS footprint. There may be aspects of the specification that are more effectively provided at scale and we would aim to support PCNs to consider this.

Actions to support transition (1/2)

North Central London Clinical Commissioning Group

- Previously planned a supportive transition process that allowed for 8 months of preparation (Appendix 1).
- Paused due to the delay in the transition and the lack of clarity about the specification.
- There are however, actions that we will begin now. Resource is currently being identified to oversee this as a programme of work:
  - Patient engagement:
    - the CCG will require assurance that any model proposed by individual PCNs in response to the specification, once released, responds to patient views on access to primary care.
    - While PCNs may be given responsibility for engaging with patients about specific service change, we propose to commission HealthWatch to undertake engagement on behalf of the CCG and to inform service design.
    - We will specify that this must include engagement with groups representative of the full population, and should build on connections made into the community via the COVID vaccination campaign.
  - PCN engagement:
    - Each borough team has been engaging with PCN Clinical Directors to understand likely preference for provision of this service (outsource / provide directly) and this engagement will continue, and increase once the specification is released.
  - Data:
    - We will seek to standardise, and build the depth of, data received from current providers to enable more direct comparison between different service models and to inform PCN decisions about service design;
  - Finance:
    - Analysis of costs of current services (i.e. cost per appointment) to understand variation based on different service models (this may be commercially sensitive)

- Consideration also needs to be given now to the potential need to extend contracts with existing providers beyond April 2022 via a Single Tender Waiver process. This may be required if the national timeline for transition is delayed, or if the timeframe for transition and mobilisation becomes too compressed to allow PCN led services to be operational by April 22. Propose that this decision is taken by EMT and the Strategic Commissioning Committee by mid November based on information available at that time.

Actions to support transition (2/2)

North Central London
Clinical Commissioning Group

- Actions once the specification is released would include:
  - Digital: design work via Digital First and existing providers
  - PCN engagement on the model: introduce consideration of scale for different aspects of service
  - Agree design principles that CCG will follow in signing off PCN

Recommendation

The Primary Care Commissioning Committee is asked to:

NOTE this update on the planned transition of funding and responsibility for provision of Extended Access services to Primary Care Networks.

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Appendix 1 – previous planned process

Previous plan for the transition process (2020)

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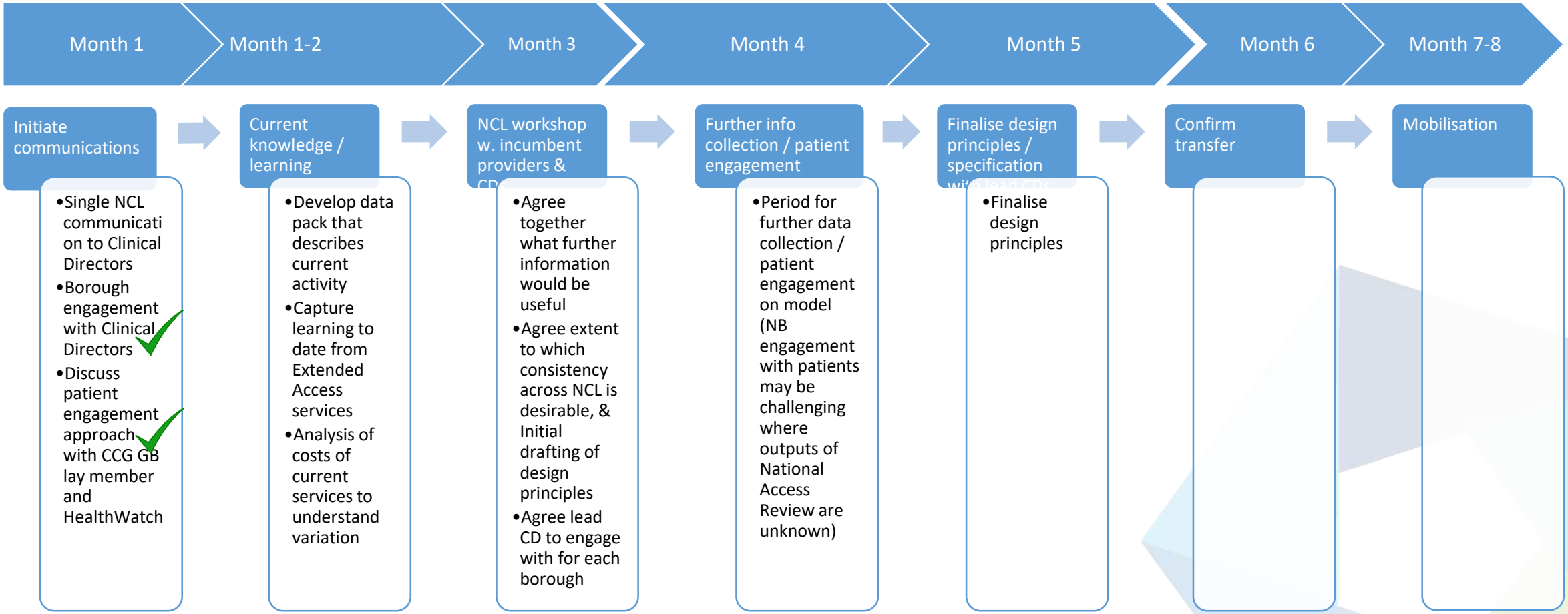
Clinical Commissioning Group



We now know

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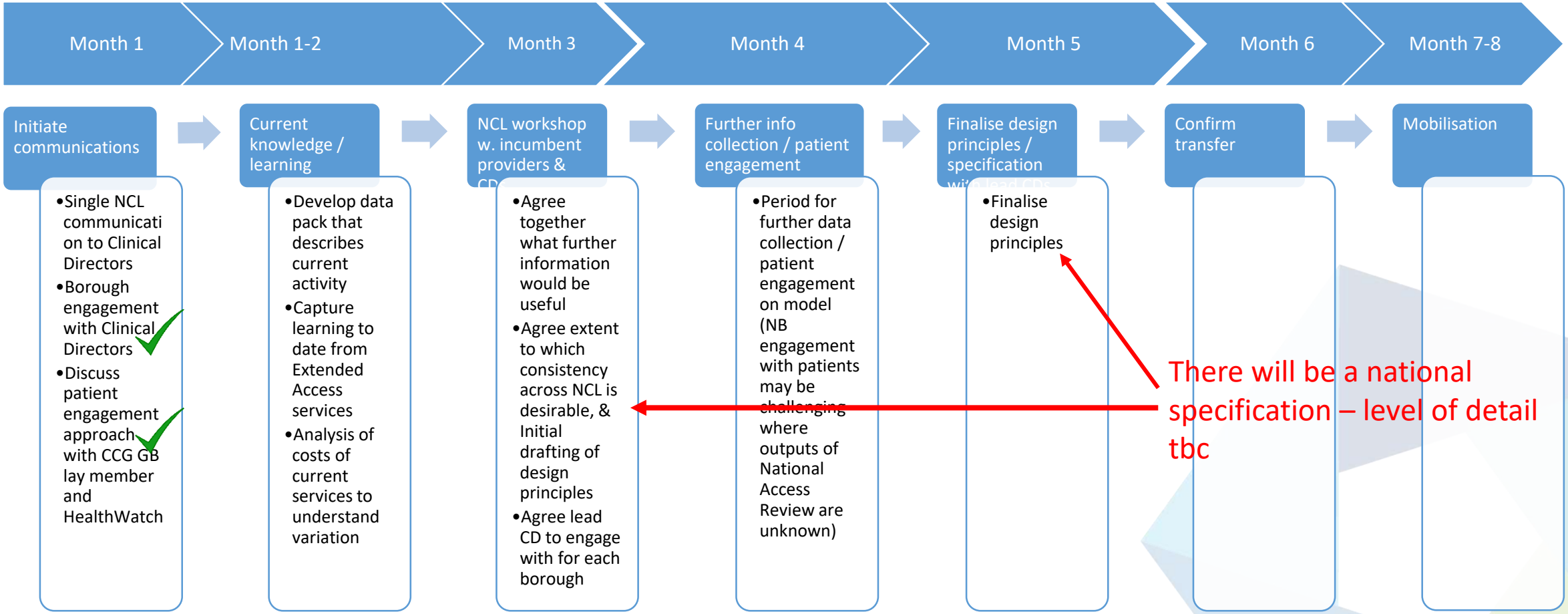
Timeline compressed: max 6 months and specification not yet released.



North Central London CCG
Primary Care Commissioning Committee
21 October 2021

Report Title	Commissioning Decisions on PMS Agreement Changes	**Date of report**	6 October 2021	**Agenda Item**	3.1
Lead Director / Manager	Paul Sinden, NCL Chief Operating Officer	**Email / Tel**		p.sinden@nhs.net	
GB Member Sponsor	*Not Applicable*				
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*			
Report Summary	Detail of the request to vary PMS Agreements and any conditions to be applied				
Recommendation	The Committee is asked to **NOTE** one change and where indicated to **APPROVE** the proposed changes outlined below and any conditions				
Identified Risks and 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 and Key Decisions	*Not Applicable*				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	*Not Applicable*				

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3 Appointment benchmarking 3
4 Table of requested PMS Agreement Changes 4

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 01/07/21	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
F85063 Muswell Hill Practice	Haringey	14657	Practice is a member of Haringey – North West PCN, a 3 practice network with a total list of 42506 as of 01/07//21	Addition of Dr Natasha Smeaton effective 01/08/21	The practice has requested approval for the additional of Dr Natasha Smeaton to the PMS agreement, increasing the total providers on the agreement to 3. **Clinical sessions/appointments** • 1290 GP appointments per week • 89 GP sessions per week • 145 nurse appointments per week • 16 nurse sessions per week **Recommended Guide** • 1056 GP appointments per week • 55 GP sessions per week • 470 nurse appointments per week • 25 nurse sessions per week The practice has been notified of the shortfall of 325 nursing appointments and 9 session. The practice have advised that they also employ 2 HCA's to support and they provide 16 sessions per week.	To approve
F85069 Crouch Hall Road Surgery	Haringey	8392	Practice is a member of Haringey – South West PCN, a 3 practice network with a total list size of	Addition of Dr Johan Byran effective from 01/11/2021	The practice has requested approval for the additional of Dr Johan Byran to the PMS agreement, increasing the total providers on the agreement to 3. **Clinical sessions/appointments** • 708 GP appointments per week • 36 GP sessions per week	To approve

Practice	Borough location	List Size 01/07/21	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
			35281 as of 01/07/21		• 366 nurse appointments per week • 17 nurse sessions per week **Recommended Guide** • 605 GP appointments per week • 32 GP sessions per week • 269 nurse appointments per week • 15 nurse sessions per week The practices current provision in both GP and nursing is above the recommended guide.	

North Central London CCG
Primary Care Commissioning Committee
21 October 2021

Report Title	The Family Practice & Partnership Primary Care Merger & Relocation	**Date of report**	11 October 2021	**Agenda Item**	3.2
Considered at	**Part 1☒** Part 2 ☐ Urgent decision ☐				
Lead Director / Manager	Clare Henderson, Director Integration Islington Borough	**Email**		Clare.henderson4@nhs.net	
GB Member Sponsor					
Report Author	Usha Banga	**Email**		u.banga@nhs.net	
Name of Authorising Finance Lead	Tracey Lewis, Head of Finance Anthony Browne, Director of Finance Strategic Commissioning	**Summary of Financial Implications** 1. Increase in the rent to the delegated budget of £153,252.78 inclusive of VAT per annum. 2. Increase in the rates, water and clinical waste to the delegated budget of £10,528.80 inclusive of VAT per annum. 3. The CCG is currently paying void costs of £369,823.01 inclusive of VAT, for the space requested by the practice. The void costs will reduce to £206,041 per annum			
Report Summary	This paper sets out the case for the Committee to agree commissioners' recommendation to approve the merger and relocation of two GMS contracts, The Family Practice (list size 5,140) and Partnership Primary Care Centre (list size 3,977). The partners have requested to vary the Partnership Primary Care Centre contract and terminate The Family Practice. The merged GMS practice proposes to be located at the Partnership Primary Care Centre (PPCC), 331 Camden Road, London N7 0SL. Both practices share the same partners. The Family Practice is operating from a converted house on the Holloway Road. The current configuration has no option to extend or add additional rooms. The partner's state there is limited scope to utilise space more effectively and to offer additional capacity and other services. The PPCC is operating from a Local Improvement Finance Trust (LIFT) building, and Community Health Partnerships (CHP) is the Head Tenant. All consulting rooms are				

	located on the ground floor with disabled access and facilities. The building has void space as Whittington Health have vacated the building, which is charged to the NCL CCG delegated budget. The increase in the rent will be offset by the reduction in void costs to the CCG of £369,823.01 inclusive of VAT. The current distance between the two practices is approximately 1.3 miles – 20 minutes' walk and 7 minutes in the car. The practice catchment areas will not change as a result of the merger and relocation. The contract holders propose to merge and relocate The Family Practice contract in February 2022 to the PPCC site. Both practices have commenced the due diligence stage of planning for the merger and relocation, i.e. reviewing the budgets, accounts, staffing, policies, local stakeholders and engaging with patients. Both practices are part of the sane PCN - Islington North Network. **Population Growth** Both practices are located equal distance from Holloway Road underground station. The practices are located in two council wards: - The Family Practice - St Marys Ward - PPCC – Holloway Ward The Greater London Authority have indicated a 1.55% decline in population up to 2030 (from 236,404 to 232,704 people). One of the exceptions to this decline is the St George's ward, which is neighbouring the ward to the PPCC location. This is the only ward in Islington expected to have a population increase until 2030 due to the Holloway Prison development. This development will potentially increase the ward's population by 9.23% (12,907 to 14,098 people up to 2030) and is located 0.85 miles from PPCC. The practices combined list size is 9,117 as at 1 July 2021. The practices operate from 8 clinical rooms across the two sites. This provides a room to patient ratio of 1 room: 1140. Based on the Department Health Building notes estimator and current list size indicates that for combined list size the practice requires 7 clinical rooms and provides a patient ratio of 1 room: 1302. PPCC currently occupy 4 clinical rooms and request additional 4 clinical rooms, to accommodate the relocation of The family Practice list size. A total of 8 rooms, will be required for the merged list by the contract holders which is 1 room more than the Department Health Building notes estimator. The practice has stated it will accommodate, increased access to GP services; register new patients residing within catchment areas and the anticipated population growth in the area. Committee members have approved lower ratios for previous schemes at 1 room: 1000 patients. **Capital costs**

	There will be no capital costs, however there will be the revenue and IT costs for the NCL delegated budget. GPIT costs: - £3064+VAT –Installation of data points and cables in a room to allow 4 admin/reception staff to work. Currently this room is unallocated and was previously used as a group meeting room - £2877+VAT – Installation for the re-patch of the communication cabinet. - £360+VAT – kitting out i.e. moving/reinstalling the PCs. - £115+VAT - Data migration cost The contract holders have received from CHP a quote for the pre and post survey of any changes made to ensure that the integrity of the building is not going to be impacted by the works. **Change in Current Market Rent (CMR)** There will be an increase in rent of £153,252.78 inclusive of VAT, following the relocation and merger of both sites. This increase in rent will offset the current charge of £369,823.01 to the NCL CCG budget for void space. The current combined rent for both practices is £158,046.59 and the new rent will increase to £278,799.39. - The Family Practice : £32,500.00 inclusive of VAT (104.83m²) - Partnership Primary Care Centre: £125,546.59 VAT inclusive (83.44m²), building occupancy of 25.7%. - The current combined square meters for both practices is 188.27m² - Additional cost/space requested for PPCC: £153,252.78 VAT inclusive (71.79m²) building occupancy of 47.8%. - Total PPCC rent including additional space is £278,799.39 The estimated increase in the reimbursable rates to the delegated budget is £10,528.80 inclusive of VAT if approved by PCCC members. This increase will also be offset the current charge to the NCL CCG budget • Current combined rates reimbursable is £16,181 inclusive of VAT • Estimated total of new rates for additional space £29,649.80 inclusive of VAT • Estimated total additional reimbursable cost £10,528.80 inclusive of VAT Currently, the practices have combined 8 clinical rooms. The contract holders at PPCC have requested a total of 8 clinical rooms, to allow for an increase in the population growth in the area and accommodate The Family Practice list size. **Patient engagement and Equality Impact Assessment** The contract holders have engaged with patients, including vulnerable groups to seek their views prior to the relocation and merger. The practices outcome from the patient survey, EIA, PPG forum indicates patients are in favour of the merger and relocation. The contract holders received 180 online survey responses, 24 paper responses, 1 email response and no telephone calls to their dedicated phone

	line from patients at both practices. The respondents included, patients with who considered they had a disability. Respondents included patients over the age of 75. Full details of the questionnaire survey and results are included in Table A below.
Recommendation	Committee members are asked to **APPROVE** the: 1. Merger of the two GMS contracts by varying the PPCC contract and terminating The Family Practice contract. 2. Relocation of The Family Practice contract into PPCC building and utilising void space. 3. The increase in rent of £153,252.78 once the merged practices relocate. 4. Current void space cost charged to NCL CCG budget will reduce to £206,041.41.
Identified Risks and Risk Management Actions	Patient Safety risk if the list continues to grow then they will have insufficient space to provide access for patients
Conflicts of Interest	Not applicable
Resource Implications	Increase in rent reimbursement of £153,252.78 inclusive of VAT.
Engagement	The practices have commenced patient engagement for patients registered at each site and feedback received from patients indicates they are in favour of the merger and relocation of The Family Practice patients.
Equality Impact Analysis	An equality impact assessment has been carried out. The distance between both practices is 1.3 miles. The contract holders have engaged with patients and specifically vulnerable groups to seek their views prior to the relocation and merger. The practices used a patient survey, held meetings with their respective PPG groups. A report of the survey results included with the paper.
Report History and Key Decisions	Not applicable
Next Steps	If the case is approved by PCCC members, commissioners will meet with both practices to plan the merger & relocation and wider engagement with patients. The practices will be required to sign Heads of Terms with the landlord prior to relocating.
Appendices	Appendix 1- Catchment areas for both Practices Appendix 2– The Family Practice & Partnership Primary Care Centre- Patient Survey template

Recommendation

Committee members are asked to approve commissioners' recommendation for the:

1. Merger by The Family Practice (GMS) contract and Partnership Primary Care Centre (GMS) contract held by the same contract holders
2. To vary the Partnership Primary Care Centre contract and terminate The Family Practice.
3. Relocation of the merged GMS contract into one building at Partnership Primary Care Centre.
4. The increase in current market rent of £153,252.78 once the contracts have been merged and relocated.

Background

The Family Practice and Partnership Primary Care Centre (PPCC) contract holders have requested to merge their contract and relocate into PPCC building at 331 Camden Road, London N7 0SL. Both practices have two signatories on each contract and both partners will continue with the new merged contract. Both the practices are part of the Islington North Network and propose to merge and relocate in February 2022.

The two contract holders have requested to terminate The Family Practice contract and vary the PPCC contract.

The Family Practice, 117 Holloway Road, Islington has been operating from a converted house. The contract holders state the current configuration has no option to extend or add additional rooms. There is limited scope to utilise space more effectively and to offer additional capacity and other services.

The PPCC, 331 Camden Road, Islington is operating from a Local Improvement Finance Trust (LIFT) building, and Community Health Partnerships (CHP) is the Head Tenant. All consulting rooms are located on the ground floor with disabled access and facilities. The building currently has void space due to Whittington Health, who have vacated the building.

The practices are situated approximately 1.3 miles from each other and located equal distance from Holloway Road underground station.

Both practices offer a wide range of primary care services throughout core hours of 8am to 6.30pm Monday to Friday. In addition offer extended hours:

- Saturday morning from The Family Practice
- Monday and Thursday early morning from the PPCC

The restrictions associated with The Family practice premises mean there is insufficient space to offer patients additional capacity and other services as currently being offered at PPCC i.e. phlebotomist on Friday mornings for their patients and benefits of being a GP training practice. Currently Dr N Bowry and Dr T Bowry share their time across the two practices. Merging will mean that they can be on one site and focus on increasing continuity of care.

The practices currently operate out of 8 combined clinical rooms with a patient list size of 9,117 as at 1 July 2021. This provides a room to patient ratio of 1 room: 1140.

- The Department Health Building notes estimation based on combined list size provides a ratio of 1 room: 1,302 patients for 7 rooms.
- The HBN estimator calculates the practices require 7 clinical rooms based on 6 contacts per annum and 80% utilisation, with 15 minute consultations for the current combined list.
- PPCC currently occupy 4 clinical rooms and request additional 4 clinical rooms as they propose to re-configure a large room into 2 instead.
- A total of 8 rooms provides a patient ratio of 1 room: 1140. This will accommodate: increase access to GP services; register new patients residing within catchment areas and the anticipated population growth in the area.
- The practices are located in two council wards: (1) The Family Practice - St Marys Ward (2) PPCC – Holloway Ward.

The Greater London Authority have indicated a 1.55% decline in population up to 2030 (from 236,404 to 232,704 people). One of the exceptions to this decline is the St George's ward, which is neighbouring PPCC location. This is the only ward in Islington expected to have a population increase until 2030 due to the Holloway Prison development. This development will potentially increase the ward's population by 9.23% (12,907 to 14,098 people up to 2030). The new development is 0.85 miles from the PPCC location. PPCC is adjacent to the former Holloway Prison Site (Figure 1).

Figure 1: Location of Partnership Primary Care Centre and The Family Practice

Strategic case for the merger and relocation

The Family Practice size of the building is restrictive in terms of further growth of the practice and prohibited a merger and relocation with PPCC. Therefore the relocation will facilitate the merger and ensure the practice is operating from fit for purpose buildings and accommodate: increase access to GP services; register new patients residing within catchment areas and the anticipated population growth in the area.

The PPCC building is 1.3 miles from The Family Practice, which is below the recommended distance of 1 mile, of which it is deemed to have a low impact on patients (see Figure 2).

1. 20 minutes' walk
2. 7 minutes in the carBus every 4 minutes (Bus no. 29, 253 & 393)
3. The PPCC site is well served by local transport links and offers access to 1 hour free parking.

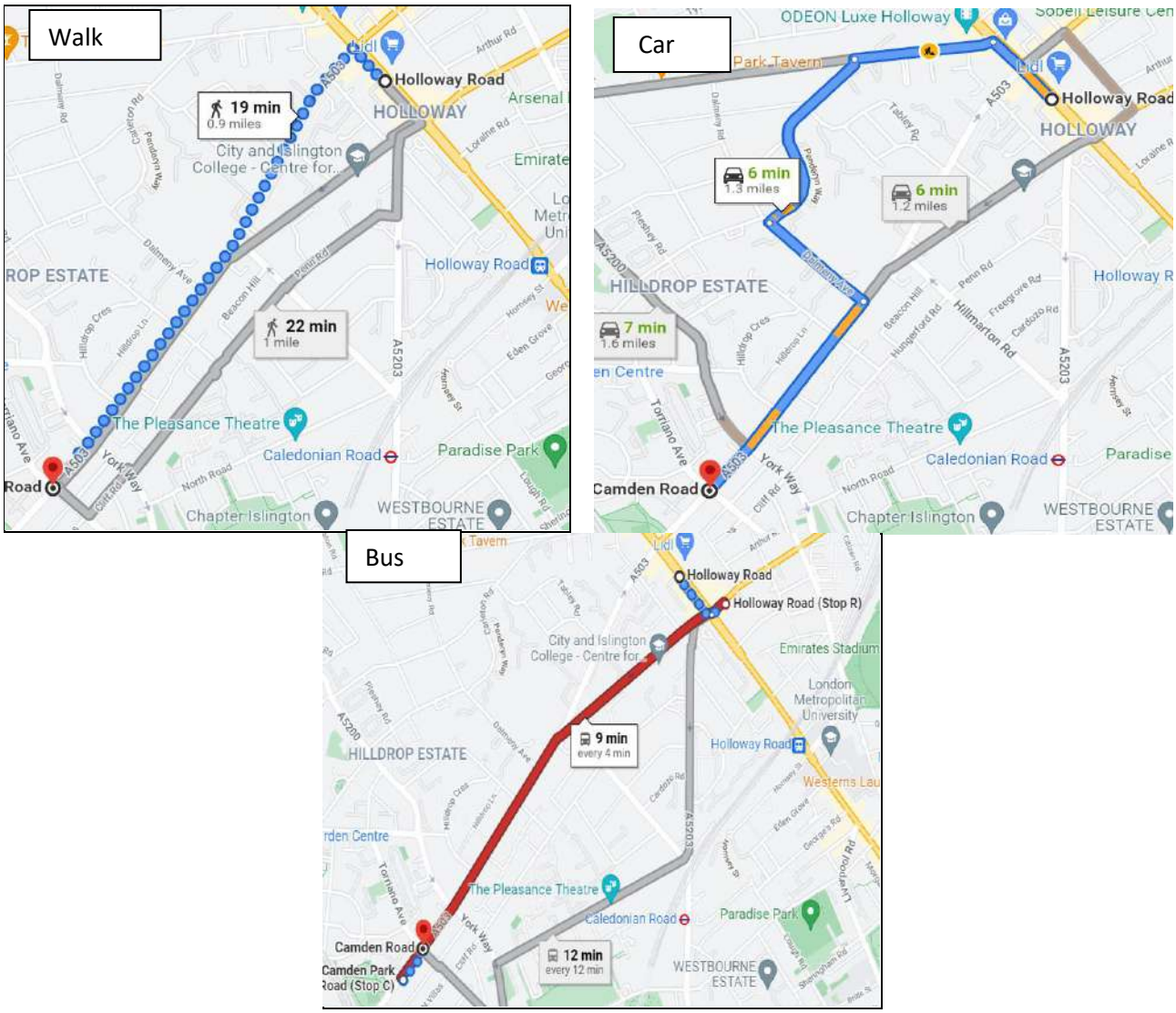


Figure 2 – Walk, Car & Bus Distance Maps between both Practices

The practice catchment areas will not change as a result of the merger and relocation (see Appendix 1). The practices have already commenced patient engagement and with their respective PPGs and intend to consult further with them and the broader patient list formally, post the PCCC decision if the case is approved. Commissioners have engaged with the Local MPs, Councillors, LMC, HWBB and HOSC, PCN and Islington Practices by informing them of the merger & relocation proposal being discussed at October 2021 committee meeting.

The practices are part of the same Primary Care Network (PCN) – Islington North Network, which comprises of 7 practices. There will be no decrease in access for patients.

The patients currently registered at both practices will benefit from:

i) Access to more GP appointments; extended hours clinics in the mornings and weekends;
ii) Access to nurse to offer extended hours appointments.

iii) Phlebotomist service on Friday mornings and Pharmacist on site during the week to deal with medication queries;
iv) Chronic disease clinics; baby clinics; post-natal checks; health checks; pre-diabetes clinics;
v) The merged practice will continue to be training practice for GPs and nurses;
vi) The practices' Digital offer includes Electronic Prescription Services; E-consult; online patient access, NHS app, single website and twitter;
vii) A larger team of clinical staff including ARRS roles to focus on patient care.
viii) Both contract holders will no longer have to work across two sites.

Current space

The Family Practice currently operates from 104.83 m², with an annual rent reimbursement of £32,500. PPCC currently operates from 83.44 m² (total of 110.17 m² including shared space) with an annual rent reimbursement of £125,546.59.

The total current combined space and rent for both practices is set out below:

- Current square metre – 188.27 m²
- Current rent reimbursed - £158,046.59

New space

The new space for PPCC proposes to occupy is set out below:

- New square metre – 155.23 m²
- New rent reimbursed – £278,799.39
- There will be an increase in space of 71.79m²
- There will be an increase in rent of £153,252.78 per annum

GPIT costs

- £3064+VAT –Installation of data points and cables in a room to allow 4 admin/reception staff to work. Currently this room is unallocated and was previously used as a group meeting room
- £2877+VAT – Installation for the re-patch of the communication cabinet.
- £360+VAT – kitting out i.e. moving/reinstalling the PCs.
- £115+VAT - Data migration cost

The contract holders have received from CHP a quote for the pre and post survey of any changes made to ensure that the integrity of the building is not going to be impacted by the works.

Commissioners have used the Department of Health (DH) Health Building Notes estimator (HBN) and their existing rooms to patient ratio of 1 room: 1302 patients. This calculates that with a total of 7 clinical rooms, which the practice would not be able to accommodate the additional growth in patients.

The contract holders have requested an additional 4 clinical rooms when The Family Practice patients relocate into PPCC. This will provide the merged contract with a total of 8 clinical rooms to accommodate the increase in population growth in the area and to offer more services, which the contracts holders are unable to provide in their current building.

Clinical capacity and appointments offered

The two practices combined list size is 9,117 as at 1 July. Based on the list size and the BMA guidance of 72 GP and 32 nurse appointments per 1000 patients. The practices are required to offer the following recommended appointments for the combined list size:

- 657 GP appointments, 35 sessions per week
- 292 Nurse appointments, 16 session per week
- Total number GP & Nurse per week = 949 appointments

The practices currently offer the following:

BMA guidance for The Family Practice based on list size 5,140 patients = 371 GP (20 sessions) & 165 Nurse (9 sessions) appointments per week = Total 536.

- The Family Practice: 342 GP(20 sessions) and 76 Nurse (4 sessions) appointments week = 418
- The clinical pharmacist offers 40 appointments per week
- The practice has 2.16 WTE GPs; 0.4 WTE nurse and 0.36 WTE Clinical Pharmacist

BMA guidance for PPCC based on list size 3,977 patients = 287 GP (16 sessions) & 128 Nurse (7 sessions) appointments per week = Total 415.

- PPCC: 278 GP (21 sessions) and 90 (7 sessions) nurse appointments per week = 368
- The Clinical pharmacists offers 29 appointments per week
- The practice has 2.37 WTE GPs; 0.62 WTE Nurse and 0.26 WTE Clinical Pharmacist

In addition, both sites have access to:

- 2x HCAs who offer 4 sessions a week with a total of 12.5 hours a week (0.34WTE), offering 50 appointments per week.
- A drug and alcohol councillor works at each practice every 2 weeks for 3.5 hours offering 14 appointments (0.95WTE).
- The SMI nurse works at each practice every 2nd week for 3.5 hours.

On review of the number of appointments being offered, commissioners can confirm there is currently a shortfall in line with the BMA recommended guidance of 72 GP and 32 nursing appointments per 1000 patients /week. The practice has given assurance additional appointments will be offered with increase in space at PPCC.

The types of appointments offered by both the practices include:

- Telephone appointments
- 50% Face to Face appointments
- Video & Online consultations
- eConsult
- Telephone triage

The lack of space prevents the practice offering additional space for PCN ARRS roles and list growth.

Patient Engagement

An equality impact assessment and patient survey has been carried out by both practices. The practices are 1 mile between each other, therefore commissioners deem this to be a low impact.

The contract holders have engaged with patients, including vulnerable groups to seek their views prior to the relocation and merger. Both practices worked together to prepare communication and disseminate/signpost the merger/relocation questionnaire and EIA to patients via:

- Link on Practices' websites and NHS Choices website

- Poster in waiting rooms
- Practice leaflets in waiting rooms
- Text letter messages sent 30 July 2021 and further 2 reminders were sent to patients within the 6 weeks engagement
- Letters to be sent to vulnerable patients who rarely attend the practices.
- FAQ engagement on the Practices' websites.
- Letters/feedback form posted to patients with no mobile numbers- 688 paper copies
- Dedicated mobile number to take call between 1-5pm Monday- Friday
- Dedicated email address for patients to ask questions

The Contract holders received 180 online survey responses, 24 paper responses, 1 email response and no telephone calls to their dedicated phone line.

1. Table A below sets out the on-line feedback received from patients registered at both practices. The feedback indicates support for the merger and relocation to PPCC site. Both practices have carried out an Equality Impact Assessment to establish the impact of the move on patients.

Overall 57% of the patients from both sites support the proposal and 23% still indicated they did not know. Commissioners have noted around 30% of patients from both practices for Questions 3, 4 and 5, have responded they had a concern with the relocation and said it will impact their travel. The practice state the PPCC site is well served by local transport links and offers access to 1 hour free parking.

Patients registered with The Family Practice are within 1-2 miles of the practice current location (see Figure 3). Patient residing outside the practice boundary have been informed of the proposed merger and relocation. The practice have stated they are aware that some patients may choose to register at a practice closer to where they live and will continue their engagement to support those patients concerned. The scatter map also indicates a large number of patients are registered outside the 2 mile radius for The Family Practice, due to their large catchment area in comparison to PPCC (see Appendix 1).

Figure 3 - 3 Miles Radius Patient Scatter Map

2. Table B below provides Question 10 – A summary of the patient's comments from the feedback form. The contract holders have added their response to the concerns raised by patients and will continue to engage with their patients on the proposed relocation. Commissioners have reviewed both the practice and patients comments and confirm further assurance to residents will be required if the request is approved. Committee members to note maps above in Figure 2, illustrates the transport links between both practices:

    - 20 minutes' walk
    - 7 minutes in the car
    - Bus every 4 minutes (Bus no. 29, 253 & 393)
    - The PPCC site is well served by local transport links and offers access to 1 hour free parking.

Table A- Online Patient Survey Results

Total 180 - On-line Patient Survey Results	**Responses**	**Yes**	**No**	**Don't know**	**Not Answered**
1. What is your name?	172	N/A	N/A	N/A	N/A
2. What is your email address?	164	N/A	N/A	N/A	N/A
3. Do you support this proposal?	180	103	36	41	0
4. Do you have any concerns with the distance of Partnership Primary Care Centre from The Family Practice?	177	56	121	0	3
5. Will the relocation of The Family Practice impact your travel to the new surgery?	177	53	124	0	3
6. Do you have any concerns about seeing your preferred GP or other clinician?	178	57	121	0	2
7. Do you have any concerns about any changes in the quality of services provided?	179	4	130	0	1
8. Do you have any concerns with the pooled patient population once The Family Practice has relocated?	178	32	66	80	2
9. Do you have any concerns regarding potential waiting times to get an appointment?	178	98	82	0	2
10. What comments do you have on the proposed merger?	111	Refer to Table 2 – summary of patient & contract holder comments			

Equality Impact Assessment:	**Responses**	**Yes**	**No**	**Don't know**	**Not Answered**
Are you a patient or carer?	180	180	0	0	0
Do you consider yourself to be disabled?	178	37	141	0	2
What is your gender?	179	Male 87	Female 92	Not answered 1	

What is your age bracket?	176	Under 24	25-50	51-74	Over 75	Not answered
		3	50	104	19	4

Ethnic Groups	180	
	Total	Percentage
White British	83	46.11%
White European	19	10.56%
Turkish	3	1.67%
Greek	1	0.56%
White Caribbean	1	0.56%
Black Caribbean	4	2.22%
Black African	14	7.78%
Chinese	2	1.11%
Filipino	1	0.56%
Malaysian	1	0.56%
Arab	1	0.56%
Pakistani	2	1.11%
Other mixed White	7	3.89%
Bangladeshi	5	2.78%
Somali	4	2.22%
Indian	6	3.33%
Kurdish	1	0.56%
Not Answered	25	13.89%

Table B - Question 10 - Patient comments summary

	Positive feedback
1	Patients would like the phlebotomy service to return at Partnership Primary Care Centre – This is something that we will discuss with Whittington health after the merger as this was a very useful service and we hope to reinstate this
2	Patients commented that they agree with the merger, and they are happy as long as they can continue to see their regular doctors
3	The merger with extra facilities is a good idea
4	Easy to get to the practice with a choice of buses
5	Improved building is a plus
6	Happy to see any GP
7	Greater access to a clinician
8	Better access via the phone
9	Excellent to have partners on one site
10	The Family Practice deserves better facilities
11	Happy for staff improvements and pooled resources
	Concerns – including practice response
1	Location and site: some patients were concerned about the accessibility to Partnership Primary Care Centre. Although some patients found the walk or travel via bus an easy change, others were concerned about the distance to travel. *Partnership Primary Care Centre does have good access with many bus routes coming to the practice and the distance of 1.0 mile is deemed to have minimal impact on The Family Practice patients.*
2	Patients commented that they are concerned with the potential of a lack of continuity of care. Patients have mentioned they want to make sure they will be able to see Dr N Bowry, Dr T Bowry, Dr Scerif and Dr Cook. *All staff from both practices will continue to work at Partnership Primary Care Centre. Patients will be able to continue to see their preferred clinician for routine appointments.*
3	Patients are concerned regarding parking at Partnership Primary Care Centre. *There is some free parking for 1 hour outside the main entrance of the surgery. This is something that is not available at The Family Practice and will really help access for The Family Practice patients.*
4	Some patients are concerned with the future home visits of The Family Practice patients. *It is very important to us that we continue to offer all services to our patients from both practices. The practice boundaries will remain and therefore home visits will continue for all patients within the current boundaries.*
5	One patient is concerned that the merger is a cost optimisation process. *There are sometimes savings that can be made from a merger. However, there can be loses due to a reduction in the patient list size. Both practices are financially stable, and the merger is low risk. If there are any savings that are made after the merger then we will reinvest this money back into the practice. Our aim is to increase the clinical staff within the practice to provide more care for our patients.*

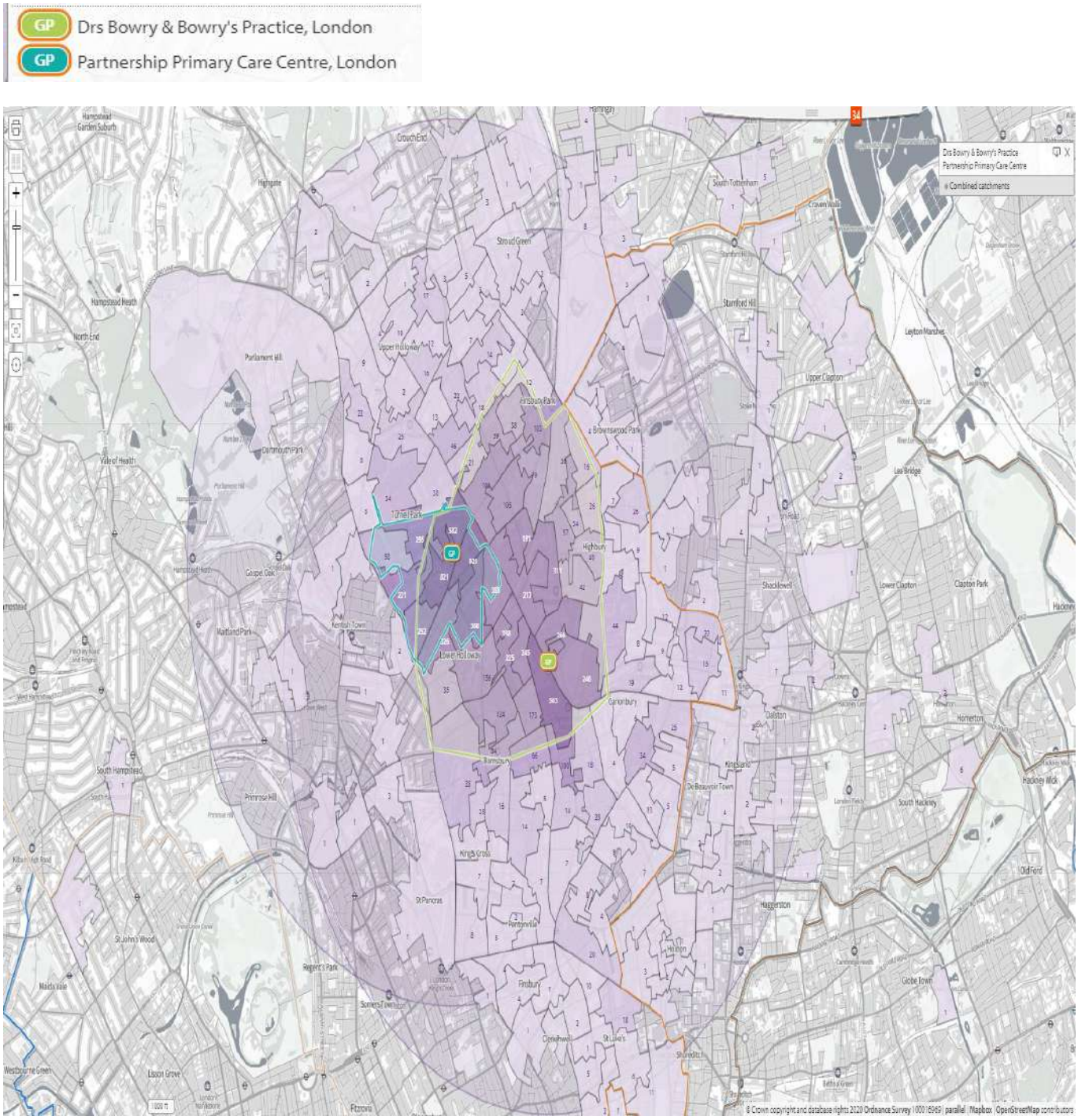
6	There are concerns about patients needing to change pharmacies. *Patients will continue to use the pharmacy of their choice. This is extremely easy to ensure due to electronic prescribing.*
7	There were some concerns regarding the appointment/waiting times after the merger. *Both practices have been unable to increase their workforce due to office space limits. The merger will allow us to increase GP, nurse and pharmacist appointments.*
8	One patient wanted to know if we were aware of the of the Holloway prison site turning to flats and if this would impact on our merger. *We are aware of the prison site becoming flats and have taken this into consideration as we planned for room space and staffing requirements for a larger population.*

Next Steps

If committee members approve the merger, commissioners will meet with the practices to convene a project group to complete actions and facilitate the merger and relocation.

Appendix 1

Catchment for both practices & patients registered up 3 Km distance



Appendix 2

PRACTICE MERGER FOR THE FAMILY PRACTICE AND PARTNERSHIP PRIMARY CARE CENTRE.

INTRODUCTION

The Family Practice and Partnership Primary Care Centre will aim to merge in February 2022. The site of The Family Practice will close and be relocated at Partnership Primary Care Centre, 331 Camden Road N7 0SL. This is less than 1 mile from the Family Practice.

BACKGROUND

This is a historical moment for both practices, and we are pleased to announce that we are planning to merge into a single practice. New developments within general practice and the pandemic have changed the way we deliver care to our patients in an unprecedented manner. The forward plan within the NHS has been to support the merger of primary care practices to enable long term secure care for patients. Dr N Bowry and Dr T Bowry along with Islington CCG share a vision of being part of a larger service. NHS England is encouraging practices to work much more collaboratively across larger patient populations The proposed merger and relocation of The Family Practice will strengthen patient care choice. The Family Practice is in an old town house and the move will provide their patients with a purpose-built GP practice.

Merging into one organisation will enable us to be more sustainable, more attractive to recruiting new clinicians and be able to increase opportunities for clinical and non-clinical staff which will in turn result in better patient care for all our patients.

BENEFITS OF A MERGER

- The practice will be in a purpose-built GP practice which will provide increased space for more clinics and office space for administration team
- There will be a larger team of clinical staff to focus on patient care
- Partnership Primary Care Centre has good transport links for patients with free parking of 1 hour for patients.
- The demographics of the practices are similar, and this will mean that very little change needs to be made to allow access for all existing patients.
- The merger will allow a pooling of clinical knowledge and skills enabling better care for patients.
- Currently at The Family Practice there is limited office space and limited phone lines for patients to access. The merger will allow patients to have easier access to several consulting and treatment rooms and more access to the practice via the telephone.
- More staff resources will mean staff can focus more on individual tasks.
- No duplication of patient clinics that are currently being run separately at each site.
- Staff at the practices are currently duplicating routine tasks and therefore the merger will free up staff to focus on improvements in our current services as well as responding to new initiatives.
- It will help us provide more robust cover for staff holiday leave and sickness absence and therefore ensure good continuous patient care.
- A larger team of clinical staff means the practice can offer better training prospects for clinical staff including medical students, trainee GP's and nurses.
- Costs associated with running a practice are reduced allowing for investment in improving patient care.
- Both Dr N Bowry and Dr T Bowry will be at the practice daily which will improve patient access.

PRACTICE MERGER – PATIENT QUESTIONS AND ANSWERS

The following frequently asked questions and answers have been prepared to assist the patients of The Family Practice and Partnership Primary Care Centre.

WHEN WILL THE MERGER TAKE PLACE?

It is anticipated that the merger will take place in February 2022 subject to regulatory approvals and following continued engagement with patients and staff of both practices.

WHERE IS PARTNERSHIP PRIMARY CARE CENTRE?

The address is 331 Camden Road N7 0SL. It is less than 1 mile from The Family Practice and is still within Islington.

HOW DO I GET THERE FROM THE FAMILY PRACTICE?

It is a 19-minute walk of 1 mile. It is a 12-minute bus ride and short walk via route 43, 263, 271 and 393. It is a 6-minute car journey. There is free on street parking available and improved disabled access.

WILL I STILL BE ABLE TO MAKE AN APPOINTMENT WITH MY USUAL DOCTOR OR NURSE

Yes. The merger will in fact increase our ability to provide you with continuity of care and access to your usual GP or nurse. Dr N Bowry and Dr T Bowry will not have to be shared across the 2 practices. Dr Scerif will move to the new practice as will all staff. We also expect to able to reduce the need for locum doctors. We expect waiting times to see a clinician to improve with greater access to a GP of choice.

WILL I STILL BE ABLE TO MAKE APPOINTMENTS IN THE SAME WAY?

Yes. We will continue to provide daily appointments with doctors, nurses, and healthcare assistants. In addition to these appointments, we also offer e-consult which is an online method of communication with a GP via the practice website. We will be aiming to increase the amount of face to face consultations available to patients.

We will continue to contact all our patients who require scheduled vaccinations, chronic disease reviews or routine screening e.g., cervical screening tests.

WHY DOES THE FAMILY PRACTICE HAVE TO MOVE?

The Family Practice is an old town house with limited space for clinicians and administrative staff. There are also a limited amount of phone lines and therefore the merger will give patients improved access. Partnership Primary Care Centre is a purpose-built modern building which will enable clinicians with various specialities to be able to work collaboratively. This will improve patient care.

CAN'T THE NEW PRACTICE BE CLOSER TO THE FAMILY PRACTICE?

Unfortunately, there are no suitable premises closer that we can deliver primary care from. Having looked at all suitable options available to us, we believe the best place we can relocate to is Partnership Primary Care Centre.

WILL THE SURGERY OPENING TIMES STAY THE SAME?

Yes. There will also be more options for appointments in extended hours clinics (early morning or late evenings).

HOW WILL YOU MAKE SURE THERE IS NO REDUCTION IN THE QUALITY OF SERVICES THAT ARE PROVIDED?

The quality of our services will continue to remain our number one priority and will continue to be monitored in the same way as they are now. We anticipate the quality of services will improve as we will only be at one location. We will continue to benchmark all our services against national and local targets to ensure that we are flexible in our response to meet our patient's needs within Islington.

WILL THE MERGER AFFECT MY TREATMENT OR MEDICATION I RECEIVE?

No. Current treatments, medications or investigations will not be affected.

WILL I NEED TO RE-REGISTER?

No. All patients will be automatically merged, and your health records will stay within one single secure database.

WILL THERE BE NEW SERVICES FOR PATIENTS?

Yes. The practice will hope to be able to expand the services that we are able to provide locally. Initially we aim to reintroduce a phlebotomy service at Partnership Primary Care Centre for our patients.

IS THERE ENOUGH SPACE FOR ALL PATIENTS TO BE REGISTERED AT PARTNERSHIP PRIMARY CARE CENTRE?

Yes. There are currently vacant rooms at Partnership Primary Care Centre. Using these rooms will enable us to accommodate all patients and staff.

HOW WILL THE MERGER BENEFIT STAFF?

Our clinical staff will have access to a wider pool of clinical knowledge and expertise to draw upon and we will have far greater opportunities to specialise in areas such as diabetes, care of the elderly, palliative care, and urgent care. The administration team will have more time to spend on responding to and delivering the care our patients need. There will be greater opportunities for training and career development. We will not be making any staff redundant. In fact we will aim to increase the amount of clinicians available to patients.

WHAT WILL HAPPEN TO THE PPG?

We will join both groups. This will provide a larger voice for the patients and therefore ensure productive meetings to help improve patient care.

WILL THE CONTACT DETAILS BE CHANGING?

Once the merger has completed, we will use the Partnership Primary Care Centre phone number, website, and mail address. All information will be shared with patients prior to the merger.

WHAT HAPPENS NEXT?

We will keep all patients informed via our websites and in further PPG meetings. All patients will also be sent correspondence regarding any confirmed plans. We understand this proposal might affect some people more than others so before any final decisions are made, we would like to hear your views, recommendations, and any potential challenges this relocation might mean for you.

Please click on the link below which will take you to a short survey. We are collating responses up until the 13th of September 2021.

https://feedback.camdenccg.nhs.uk/consultation/family-practice-and-partnership-primary-care-centr/start_preview?token=cdce59bd2abc0963a365d4a499e1720e268f5bfb

You can also send your comments to us via the following dedicated email address:

islccg.mergerppccfp@nhs.net

If you would like to speak to the practice manager regarding the merger then please call the dedicated merger phone line 07918922481 between 1pm-5pm Monday to Friday.

If you would prefer to fill in a paper copy of the survey, then please ask at reception.

Yours sincerely

Dr N Bowry and Dr T Bowry

IF YOU REQUIRE THIS IN ANOTHER FORMAT, SUCH AS LARGE PRINT, EASY-READ, BRAILLE, AUDIO OR ANOTHER LANGUAGE, PLEAE CONTACT islccg.mergerppccfp@nhs.net

PATIENTS SURVEY REGARDING MERGE AND RELOCATION OF

PROPOSED PRACTICE MERGER
THE FAMILY PRACTICE AND PARTNERSHIP PRIMARY CARE CENTRE.

Feedback Form

Before we proceed, we would like to know what you think about the merger and what impact it may have on you. Please take the time to feed your thoughts back about this proposed merger.

We will collate all the responses and this will inform our application for a Practice merger.

We will publish the results on our website after the consultation.

All responses will be confidential and this form is available to be completed electronically on our websites:

Website for The Family Practice: www.thefamilypractice-islington.nhs.uk

Website for Partnership Primary Care Centre: www.partnershipprimarycarecentre.co.uk

Please tick the boxes that apply to you.

Do you support this proposal?	Yes		No		Don't Know	

If you answered 'no' to the question above please explain overleaf.

Do you have any concerns with the distance of Partnership Primary Care Centre from The Family Practice?	Yes		No	

If you answered 'yes' to the question above please explain overleaf.

Will the relocation of The Family Practice impact your travel to the new surgery?	Yes		No	

If you answered 'yes' to the question above please explain overleaf.

Do you have any concerns about seeing your preferred GP or other clinician?	Yes		No	

If you answered 'yes' to the question above please explain overleaf.

Do you have any concerns about any changes in the quality of services provided?	Yes		No	

If you answered 'yes' to the question above please explain overleaf.

Do you have any concerns with the pooled patient population once The Family Practice has relocated?	Yes		No		Don't Know	

If you answered 'yes' to the question above please explain overleaf.

Do you have any concerns regarding potential waiting times to get an appointment?	Yes		No	

If you answered 'yes' to the question above please explain overleaf.

Are you a	Patient		Carer					
Do you consider yourself to be disabled?	Yes/No		Yes/No					
What is your gender?	Male		Female		Other			
What is your age bracket?	Under 24		25 - 50		51 - 74		Over 75	
Any other information we need to take into consideration:								

Ethnic Group, please tick

White British		Serbian		Nigerian		Sudanese		Indian	

White European		White Caribbean		Japanese		Pakistani		North African	
Turkish		Black Caribbean		Chinese		Slovak		Kurdish	
Greek		White African		Filipino		Other mixed White		Croatian	
Polish		Black African		Malaysian		Bangladeshi		Iranian	
Kosovan		White Asian		Arab		Somali		Kashmiri	
Albanian		Black Asian		Israeli		Sri Lankan		Bosnian	
Other Please specify									

Please use the space below for any comments you have on the proposed merger.

What comments do you have on the proposed merger?

Thank you for completing this survey. Your feedback will help us make the best decisions for our patients.

You can also send your comments to us via the following dedicated email address:

islccg.mergerppccfp@nhs.net

If you would like to speak to the practice manager regarding the merger then please call the dedicated merger phone line 07918922481 between 1pm-5pm Monday to Friday.

NHS
North Central London
Clinical Commissioning Group

North Central London CCG
Primary Care Commissioning Committee
21 October 2021

Report Title	Hanley Primary Care Centre request for additional space	**Date of report**	11 October 2021	**Agenda Item**	3.3
Lead Director / Manager	Clare Henderson, Director Integration Islington Borough	**Email / Tel**		Clare.henderson4@nhs.net	
GB Member Sponsor					
Report Author	Usha Banga	**Email / Tel**		u.banga@nhs.net	
Name of Authorising Finance Lead	Tracey Lewis, Head of Finance Anthony Browne, Director of Finance Strategic Commissioning	**Summary of Financial Implications** 1. Increase in the rent to the delegated budget of £181,130.57 per annum 2. Increase in the rates, water and clinical waste to the delegated budget of £13,696.76 per annum. 3. The CCG has currently paying £224,874 void costs for the space requested. The void costs will reduce to £30,048 per annum			
Report Summary	Committee members are asked to consider the request from Hanley Primary Care (HPCC) for additional space within the same building. The APMS contract is held by AT Medics Ltd and the practice has a of list size of 10,832 (1st July 2021). The June 2021 PCCC approved to extend the current contract for further 1 year with continued monitoring on quality and performance. HPCC is based in a CHP building and have been running one of the Covid Vaccination sites in the Islington area. In January 2021, the health visitors vacated 4 rooms in the building and the practice in agreement with NCLCCG utilised some space to run the vaccination programme. Currently HPCC is not a vaccination site, however they have continued to use some of the space due to increase in list size. HPCC has now requested the use of these void rooms to meet the needs of the increased list size. The space will be used to accommodate the increase in patient list size, to become a training practice, staff required to manage the list workload and share clinical space with PCN additional roles staff. Currently the practice occupies 144.56 m^2 space at the Health Centre, which includes 7 clinical rooms and 3 admin rooms at current reimbursable rent of				

	£258,201.12. The proposed additional new space is 98.64m^2 which includes 3 clinical and proposal to reconfigure the additional large clinical room into 2 clinical rooms. Therefore the practice are requesting 4 additional clinical rooms and 1 admin room in the additional space 98.64m$^{2.}$ The costs related to the reconfiguration of the large clinical room into 2 clinical rooms is currently being reviewed by CHP, Estates team and HPCC. Any capital costs related to the feasibility study and Kit-out will be picked up by CHP. Committee members should note if the room re-configuration is not feasible the practice will be requesting 3 additional rooms instead of 4 as mentioned above. **Revenue change** <u>Reimbursable cost</u> The estimated increase in the reimbursable rent to the delegated budget is £181,130.57 inclusive of VAT if approved by PCCC members, which will offset the void costs charged to the NCL delegated budget of £224,874.26. • Current rent £261,738.36 inc. VAT (144.56 m^2) • Rent for the proposed new space £181,130.57 inc. VAT (98.64m$^{2(}$) • Estimated total new rent for the existing and additional space £442,868.93 inc. VAT (243.20m^2) The estimated increase in the reimbursable rates, clinical waste and water to the delegated budget is £13,696.76 inclusive of VAT if approved by PCCC members. • Current rates, clinical waste and water reimbursable £19,792.18 inc. VAT • Estimated total of new rates, clinical waste and water for the existing and additional space £33,488.94 inc. VAT • Estimated total additional reimbursable cost £13,696.76 inc. VAT <u>GPIT costs</u> GPIT have provided the following additional costings: • 4 PC sets: £3,360 • 4 monitors: £600 • 4 Printers: £1,440 • Cabling of 4 double data points if required: £1,840 • Installation and support costs to follow **Practice request for the additional space** • To meet the population growth and recruit additional staff to manage the workload the practice are requesting 4 additional clinical rooms and 1 admin office. An additional clinical large room is proposed to be split into two smaller rooms to increase capacity to see more face to face patients and set up baby clinics, which allow GP and nurse to work adjacent to each other.

	• There has been a list size growth of 28% over the past three years and between July 2020– July 2021 growth increase of 18% (1,939 new patient registrations). • The practice has recruited 2 GP Trainers and would like to become a training practice and would require additional space for GP trainees. • The additional space on the 1st floor will accommodate the multidisciplinary team and admin staff to manage online consultations **Commissioners space assessment** The practice list size is 10,832 as at 1 July 2021, using the DH HBN estimator, the calculation indicates that the Practice requires 9 clinical rooms with a room ratio of 1 room: 1204 patients. This is based on providing 1,127 GP & Nurse appointments per week (780 GP appointments and 347 Nurse appointments). Currently, the practice occupies 7 clinical rooms with a room ratio of 1 room: 1547 patients. The contract holders have requested in total 11 clinical rooms to which equates room ratio 1: 985 patients. If the clinical room re-configuration is not feasible, the practice will operate from 10 clinical rooms which will equate to 1 room: 1083 patients. Committee members have approved lower ratios for previous schemes at 1 room: 1000 patients. The Practice has confirmed they offer the following GP & nurse appointments per week: • 540 GP appointments (30 Sessions) & 200 Nurse appointments (6 sessions) • GP appts/sessions shortfall - 240 appt & 12 sessions • Nurse appt/sessions shortfall – 147 appt & 13 sessions • Other appointments offered by the practice: • 130 HCA appointments • Dr iQ Online consultations between 7am-6.30pm Monday-Friday • 150 telephone consultations with prescribing pharmacist • 300 appointments with physician associate (F2F and Telephone) Clinical staff working at the practice: are 7 GPs,1 practice nurse, 2 FTE physician associates, 1 FTE Pharmacist, 1 FTE Nurse Associate,1.2 FTE HCA and 0.7 FTE PCN Pharmacist On review of the number of appointments being offered, commissioners can confirm there is currently a shortfall in line with guidance. Therefore an increase in GP and Nurse appointment should be a condition set for the practice to implement if the additional space is approved. The practice has provided assurance that additional appointments will be offered with the increase in space.

Recommendation	Commissioners are requesting committee members to **APPROVE;** 1. An additional 5 rooms (4 clinical and 1 administration room) 2. Increase in the rent to the delegated budget of £181,130.57 per annum 3. Increase in the rates, water and clinical waste to the delegated budget of £13,696.76 per annum. 4. The increase in space is on condition that the practice submits assurance within 14 days of approval of how they will increase the GP & Nurse appointments per week due to a significant shortfall. Committee members are asked to note that the utilisation of the space will reduce the current void cost of £224,874.26 to £30,048 per annum.
Identified Risks and Risk Management Actions	Patient Safety risk if the list continues to grow then they will have insufficient space to provide access for patients
Conflicts of Interest	Not applicable
Resource Implications	Increase in rent of £181,130.57 but this will offset the void space cost the CCG is currently charged £224,874.26
Engagement	Commissioners do not anticipate disruption to patient's services and therefore engagement is not required
Equality Impact Analysis	There is no change to service provision and where it is delivered from therefore an equality impact assessment was not carried out
Report History and Key Decisions	This case has not been considered by PCCC members
Next Steps	If approved by committee members, the commissioners to request update on room reconfiguration from CHP.
Appendices	None.

Background

The Hanley Primary Care Centre (HPCC) building in Islington is managed by Community Health Partnership (CHP). The building has had void space since the health visitors vacated in January 2021. The CCG Borough and Estates team have been working with the landlord and Practice to fill the void space.

The contract holders for the practice are AT Medics Ltd who have agreed to take the remaining space and to increase clinical, admin and appointments capacity for their growing list size.

The June 2021 PCCC approved to extend the current contract for further 1 year until 31 July 2022.

HPCC has been running the Covid Vaccination site in the Islington area and in agreement with NCL CCG utilised some void space to run the vaccination programme.

Space requested

Currently the practice occupies 144.56 m^2 space at the Hanley Primary Care Centre, which includes 7 clinical rooms and 3 admin rooms. The proposed additional new space is 98.64m^2 which includes 3 clinical & 1 admin rooms and proposal to reconfigure the additional large clinical room into 2 clinical rooms. Therefore the practice are requesting 4 additional clinical rooms and 1 admin room in the additional space 98.64$m^{2.}$

Capital costs related to the reconfiguration of the large room into 2 clinical rooms is currently being reviewed by CHP, Estates team and HPCC. Any capital costs related to the feasibility study and kit out will be picked up by CHP.

For consistency, Commissioners have assessed practice space requirements using the Department of Health (DH) Health Building Notes Estimator (HBN). This tool calculates (1) 80% utilisation of the patient list, (2) 6 contacts per annum, (3) 15 minute consultations and (4) number of appointments per week, which exceeds the BMA guidance of 72 GP and 32 nursing appointments per week, which allows for a wider workforce operating in the Practice.

The Practice currently occupies 7 clinical rooms at a ratio of 1 room: 1547 patients and the DH HBN estimator calculates the Practice requires 9 clinical rooms at a ratio of 1 room: 1204 patients. The contract holders have requested in total 11 clinical rooms to allow for increase in population growth in the area and to become a training practice, which equates room ratio of 1: 985 patients.

This is based on providing 1,127 GP & Nurse appointments per week (780 GP appointments and 347 Nurse Appointments).

Committee members have approved lower ratios for previous schemes at 1 room: 1000 patients.

The Practice has confirmed they offer the following GP & nurse appointments per week:

1. 540 GP appointments (30 Sessions) & 200 Nurse appointments (6 sessions)
    - GP appts/sessions shortfall - 240 appt & 12 sessions
    - Nurse appt/sessions shortfall – 147 appt & 13 sessions
2. Other appointments offered by practice:
    - 130 HCA appointments
    - Dr iQ Online consultations between 7am-6.30pm Monday-Friday
    - 150 telephone consultations with prescribing pharmacist
    - 300 appointments with physician associate (F2F and Telephone)

Clinical staff working at the practice: are 7 GPs,1 practice nurse, 2 FTE physician associates, 1 FTE Pharmacist, 1 FTE Nurse Associate,1.2 FTE HCA and 0.7 FTE PCN Pharmacist.

On review of the number of appointments being offered, commissioners can confirm there is currently a shortfall in line with the BMA recommended guidance of 72 GP and 32 nursing appointments per 1000 patients /week. The practice has given assurance additional appointments will be offered with increase in space at PPCC.

Commissioners deem the Practice have a need for the additional space due to the significant list size growth of 28% over the past three years and between July 2020– July 2021 growth increase of 18% (1,939 new patient registrations).

Financial Year	**List Size (July)**	**% increase**
2018-19	6665	
2019-20	7,822	14.79%
2020-21	8,893	12.04%
2021-22	10,832	17.90%
Increase in 21-22 compared to 19-20		**27.88%**

Benefits

Practice have stated how they would benefit from the increase of space as following:

1.
2. New staff recruited will support the practice on their call/recall for public health indicators, especially smears and childhood immunisations.
3. The new space would allow clinicians to make calls, online and video consultations, which free up clinical rooms for more face to face appointments.
4. .
5. The practice has an open patient registration catchment area and open core hours 8.00 - 6.30pm Monday – Friday and 8.30 - 12.30 Saturday.

Committee members to note The CCG is already paying void space cost for the building therefore the increase in rent will offset this cost of £224,874.26. A total saving of £194,827.33 to NCL CCG delegated budget.

Financial implications

Reimbursable cost

The estimated increase in the reimbursable rent to the delegated budget is £181,130.57 inclusive of VAT if approved by PCCC members, which will offset the void costs charged to the NCL delegated budget of £224,874.26.

- Current rent £261,738.36 inclusive of VAT (144.56 m^2)
- Rent for the proposed new space £181,130.57 inclusive of VAT (98.64$m^{2(}$)
- Estimated total new rent for the existing and additional space £442,868.93 inclusive of VAT (243.20m^2)

The estimated increase in the reimbursable rates, clinical waste and water to the delegated budget is £13,696.76 inclusive of VAT if approved by PCCC members; which will also offset the void cost charged to NCL delegated budget.

- Current rates, clinical waste and water reimbursable £19,792.18 inclusive of VAT
- Estimated total of new rates, clinical waste and water for the existing and additional space £33,488.94 inclusive of VAT

- Estimated total additional reimbursable cost £13,696.76 inc. VAT

Reimbursable	Current Annual	Additional Proposed Cost	Total
Rates	£15,041.11	£10,408.89	£25,450.00
Water & Sewerage	£418.07	£289.32	£707.39
Clinical Waste	£1,034.30	£715.76	£1,750.06
Total	£16,493.48	£11,413.97	£27,907.45
		Total inc. VAT	**£33,488.94**

GPIT costs

The practice will be seeking costs for the following provided by GPIT:

- 4 PC sets: £3,360
- 4 monitors: £600
- 4 Printers: £1,440
- Cabling of 4 double data points if required: £1,840
- Installation and support costs to follow

Patient Engagement and Equality Impact assessment

Patient and Stakeholder views, including an equality impact assessment was not carried out because the Practice will continue to operate from the same premises and there will be no change to service delivery.

North Central London CCG
Primary Care Commissioning Committee
21 October 2021

Report Title	City Road Medical Centre – Request to Novate a GMS Contract	**Date of report**	11th October 2021	**Agenda Item**	3.4
Lead Director / Manager	Clare Henderson, Director of Integration, Islington	**Email / Tel**		Clare.henderson4@nhs.net	
GB Member Sponsor					
Report Author	Vanessa Piper	**Email / Tel**		Vanessa.piper@nhs.net	
Name of Authorising Finance Lead	Not applicable	**Summary of Financial Implications** Not applicable			
Report Summary	City Road Medical Centre is a 2 partner practice holding a GMS contract, with a list size of 8,595 patients (July 2021). The partners have requested to Novate their GMS contract to a company limited by shares. The two partners propose to no longer be signatories to the GMS contract and will both be employed as salaried GPs in the practice. The process of a contract novation requires commissioners to terminate and issue a new GMS contract under a direct award to the 2 existing partners, who will hold the new company limited by shares. The partners have then requested to transfer the shares to Islington GP Federation Limited, whom will become the new GMS contract holders of the practice. The CCG as part of this process is required to demonstrate that the direct award of the new GMS contract is not breaching procurement regulations. There will not be a change to the terms and value of the new contract. The change will benefit patients and there will not be a reduction in service provision. In regards to the process of the transfer of the shares of the GMS contract, the CCG was also required to carry out a due diligence process in relation to the good standing of Islington GP Federation. The responses have been assessed and no concerns were identified.				

	A full engagement was carried out with patients registered on the list and stakeholders. The method and outcome of the engagement has been detailed within the paper and see Table 1, 2 and 3. The overall response to Question 6 indicates 76% are in favour of the contract novation if assured no impact on services. The contract holders have engaged with patients, including vulnerable groups to seek their views on the proposal to novate their GMS contract. The practice sent 1,015 letters with surveys to our over 75s, carers and mental health patients and Turkish version of the same to Turkish speaking patients. In addition sent text message with link to the survey to the rest of the patient population. Paper version results have been included in the overall results. The practices outcome from the patient survey and EIA indicates patients are in favour of the contract novation, as long as they are assured there would be no change to current services. Concerns raised by the patients have been summarised in Table 3 where the practice have responded to comments.
Recommendation	Committee members are requested to **APPROVE** the; 1. Termination of the GMS contract 2. Issue a new GMS Contract by direct award to a company limited by shares to the 2 existing partners of City Road Practice Prior to the transfer of the shares confirm that you are satisfied with; 3. The due diligence assessment carried out on Islington GP Federation and that no concerns were identified 4. Outcome of the patient and stakeholder engagement
Identified Risks and Risk Management Actions	Not applicable
Conflicts of Interest	Not applicable
Resource Implications	Not applicable
Engagement	A patient and stakeholder engagement has been carried out, the full results are included within the paper
Equality Impact Analysis	An EIA was carried out and the results are included in the paper
Report History and Key Decisions	Not applicable
Next Steps	If approved by PCCC the GMS contract will be terminated and a new contract will be issued Patients and Stakeholders and stakeholders will be notified when Islington GP Federation Ltd commence as contract holders.
Appendices	Included in the paper

Due diligence process

Contract Novation

The process of contract novation requires the CCG to terminate the existing GMS contract and issue a new GMS contract to the company limited by shares, which is held initially by the original partnership (2 GPs).

The shares held by the partnership will then transfer to Islington GP Federation, which also is a company limited by shares. The contracting name is The Islington GP Group Limited, has seven Directors, whom are GPs and the company is registered with the Care Quality Commission (CQC).

As part of the due diligence the GP Federation and the partnership had to declare and provide evidence for the following of which no concerns were identified.

- List of the shareholders
- Breakdown of the share ownership
- Details of the proposed contractor
- Name of Indemnity Insurer and the policy number
- Whether any of the Directors had been convicted of;
    - Conspiracy
    - Corruption
    - Bribery
    - Fraud
    - Money laundering
    - Any other offences
- Whether any of the medical practitioners employed have, during the last three years had their professional registration removed or suspended, including whether they were under investigations

To not breach procurement regulations as part of the contract novation process the CCG has to ensure that there is no material change to the GMS contract, services delivered and its current value. The new GMS contract will contain all the National regulations amendments from 2004, there will be no other amendments and changes added by the CCG.

Benefits following the contract novation

As part of the due diligence process the partnership and Islington GP Federation were required to confirm how they will maintain and improve access for existing and new patients. A summary of some of the key themes and points of the practices application has been provided below;

- Engage existing and prospective patients to understand how to support & enhance access to appointments, targeting seldom heard voices and unrecognised inequalities

- Building on the practices pioneering total triage model in Islington, to ensure patients get timely access to care, (shown to reduce A&E attendances and improve patient satisfaction)
- Provide a broader skill mix afforded by working as an organisation at scale, thus improving productivity, better access for patients and reduced stress levels for staff
- Provide enhanced and better integrated links with South Islington Primary Care Network (PCN), and additional roles and services
- Provide leadership capability to the practice, capitalising on the opportunities for innovation, enabled through the development of relationships with the wider Primary Care team
- Working with IGPF, the practice will have the capacity and capability to be at the forefront of supporting implementation of new models of care e.g.; PCN delivered services, remote monitoring, community based diagnostics and enhanced integration with 111 and local Urgent & Emergency Care
- Enabling CRMC and its patients to fully contribute to, and benefit from, Islington's ambitious health and social care partnership to deliver long lasting improvements in integrated, preventative care for its residents
- All staff will TUPE transfer, ensuring job security, continuity of care and minimising impact on patients
- Centralised GP back-office function, including finance, HR, clinical and informational governance, safeguarding, complaints management and wider policies that include those needed for CQC
- Clinical and admin teams to ensure no disruption to CRMC services from staff sickness or recruitment difficulties, and resilience when demands change
- The latest support in training, skills and innovation as Islington GP Federation is also host to the Islington Training Hub, accountable to HEE for the delivery of workforce development and planning across the Islington Primary Care networks

Patient and Stakeholder Engagement

The contract holders have engaged with patients, including vulnerable groups to seek their views prior to the contract novation. Both the GMS contract holders and Islington GP Federation have worked together to prepare the engagement questionnaire and EIA to patients via:

- Practices' websites and NHS Choices website
- Poster in waiting rooms
- Practice leaflets in waiting rooms
- Text letter messages engagement
- Letters to vulnerable patients
- FAQ engagement on the Practice website.
- Dedicated number to take calls: Mondays & Wednesdays 10:00-12:00 & Tuesday & Thursday 16:00 -18:00 until 30 September 2021.
- Patient Participation Group held on 14 September 2021
- Practice Manager email address for patients to ask questions

In addition Commissioners had engagement with stakeholders on the practice's proposal to novate their GMS contract. The stakeholders included: Councillors, MPs, Healthwatch, HOSC, Health & Wellbeing Board, LMC, NHSE & NCL CCG Complaints teams and Islington Practices.

The practice sent 1,015 letters with surveys to over 75s, carers, mental health patients and where English was not the first language.

The practices outcome from the patient survey and EIA indicates patients are in favour of the contract novation, as long as they are assured there would be no change to current services.

The table below provides the detail of the overall responses. Question 6 indicates 76% are in favour of the contract novation if there are no impact on services.

Summary of responses

Question 6. What comments do you have regarding the proposal for Islington GP Federation to lead the running of City Medical Centre, along with the existing team?	53 Responses - 76%
Question 7. What do you like about City Road Medical Centre that you would like see continue if the proposed changes takes place?	55 Responses - 79%
Question 8. What do you think could be better or improved at City Road Medical Centre?	50 Responses - 71%

The contract holders carried out an Equality Impact Assessment to establish the impact of novating their contract with Islington GP Federation. In Table 1 & Table 2 below it sets out responses to the survey and main themes from Question 6, 7 & 8 in the feedback. Overall there is good feedback, which indicates support for the contract novation. Overall 79% of the patients have made suggestions of what they would like to continue and 71% have commented on what can be approved. Commissioners have listed the main themes which were supporting, suggestions and concerns in Table 2. The patient comments indicate they are currently happy with the service provided by the contract holders, however do also suggest area need improving. In regards to concerns, patients needed to be assured there will be no impact and provision of improved services.

Table 3 below provides a summary how the practice & Islington GP Federation have responded to the patient concerns. The contract holders and Islington GP Federation have taken the main concerns listed below and tabled their responses which are currently shared on the practice website. Commissioners have reviewed both the patient and practice responses and confirm further assurance to residents will be required if the request is approved. In addition, further engagement will be required in regards to the practice planning to relocate to a larger site.

1. Who is the Islington GP Federation and how are they run?
2. Will I get the same level of service that we currently do?
3. Why is this happening now?
4. How will the way services are delivered be determined?
5. How will services be funded and how will we ensure they continue to be run locally?
6. Will this practice become a privately run practice?

Table 1

City Road Medical Centre sent 1015 letters with surveys to our over 75s, carers and mental health patients and Turkish version of the same to Turkish speaking patients. In addition sent text message with link to the survey to the rest of the patient population. Paper version results have been included in the overall results.					
Total 70 On-line Patient Survey Results	**Responses**	**Yes**	**No**	**Don't know**	**Not Answered**
What is your postcode?	70	68	N/A	N/A	2
Equality Impact Assessment:	**Responses**	**Yes**	**No**	**Don't know**	**Not Answered**
1. Are you a patient or carer?	70	69	1(carer)	0	0
2. Do you consider yourself to be disabled or a long-term health condition?	70	47	23	0	0
3. What is your gender?	70	Male 22	Female 48	0	0

4. What is your age bracket?	69	Under 24	25-50	51-74	Over 75
		0	4	18	47

5. What is your Ethnicity?	69	
Ethnicity Group	Percentage	Total
White - English, Welsh, Scottish, Northern Irish or British	79.71%	55
White - Irish	4.35%	3
White - Other	4.35%	3
Black, African, Caribbean or Black British - African	1.45%	1
Black, African, Caribbean or Black British - Caribbean	1.45%	1
Black, African, Caribbean or Black British - Other	1.45%	1
Asian or Asian British - Indian	2.90%	2
Mixed or Multiple ethnic groups - White and Asian	1.45%	1
Arab	1.45%	1
Other	1.45	1
6. What comments do you have regarding the proposal for Islington GP Federation to lead the running of City Medical Centre, along with the existing team?	53 Responses - 76%	
7. What do you like about City Road Medical Centre that you would like see continue if the proposed changes takes place?	55 Responses - 79%	
8. What do you think could be better or improved at City Road Medical Centre?	50 Responses - 71%	

Table 2

Summary of Responses

	Question 6 - What comments do you have regarding the proposal for Islington GP Federation to lead the running of City Medical Centre, along with the existing team?	Question 7 - What do you like about City Road Medical Centre that you would like to see continue if the proposed change takes place?	Questions 8 - What do you think could be better or improved at City Road Medical Centre?
	Supporting Comments & Likes & Suggestions – taken from Patient Survey results		
1	Thank you for your letter explaining the proposed changes to how the practice will be run. No one likes change but I understand that sometimes we have to accept. It seems to me the change is not a big problem if it is beneficial to the service you will provide what impact it will have only time will tell. I trust you are doing your best for the practice.	It is run very well in comparison with other surgeries I have known. The doctor/patient relationship is friendly, not rushed, understanding and that takes time - to keep that. Reception are great!	Change the phone system of being interviewed by the receptionists. That should be kept to the doctors. Patients are entitled to privacy. Patients to be offered appointments to see the doctor not telephone
2	I think that it is a good idea if it enables the practice to be run as well as the present time	The service was good before pandemic, unfortunately things have gone down	Blood and other tests nearer to us in City Road e.g. the surgery as it was originally. It has been difficult to get nursing appointment eg stitches removed
3	Happy for this to go ahead; Hope it is run well; Probably a good move; Maybe it will function better	Friendly attentive and they do care about patients.	More frequent appointments for the podiatrist (say once a quarter at minimum)
4	If everything stays the same that will be good for me; If it makes the practice even better than I am all for it	Patients for over 20 years we much value the founding GPs Dr Coleman and Dr Sauvage. It's important to us to continue with doctors who know you rather than lots of locums	Better complaints management better handling of repeat prescription requests, currently lots of mistakes/missed medications
5	Well providing the standards do not change and the existing team remain in charge, I do not see any problem	It's convenient for me to get to so I hope you don't move elsewhere	Would like the choice to see a doctor sometimes rather than the phone consultation if needs be

6	If the staff remain the same then it won't really affect me	I've been very disappointed with some aspects of City Road M/C, example - no proper health review - only review of medicines taken	To see a GP face to face instead of a consultation over the phone. Also to be told over the phone of any tests I have done water, blood, x-rays
7	Easy access to see docs etc. face to face	The benefits of the telephone triage system to secure a consultation or face to face appointment promptly with a GP of one's choosing (unless it is an emergency). Many GP practices in the UK are not providing such efficient services. Patient involvement through Patient Participation Group and newsletter.	Reinstate face to face appointments as soon as possible
8	So long as it is still part of the NHS I am OK with it; Good solution for not-for-profit, NHS supporting service	Would like the choice to see a doctor sometimes rather than the phone consultation if needs be Happy as is!!	More late appointments or maybe some morning surgery on Saturday
9	As long as services remain the same I have no comment; Fine with this as no changes in day to day business	I like the helpfulness of all the staff, medical and admin teams	Full time nurse that can do blood tests for all patients, not just for elderly or physically disabled patients. All patients should be able to use all the services you offer. Full time staff, practice seems staffed by part time workers which doesn't help in continuity of care.
10	I will go along with Dr Sauvage's opinion	Dr Sauvage to work afternoons if only two a week	Dr Sauvage to work longer hours

	Patient Concerns
1	I am worried that I will not get the same level of service that we currently do. How services will be provided to patients will be dictated centrally and that often is governed by budgets
2	I think it will make the practice vulnerable to eventual take-over by corporate unit eager to take chunks out of the NHS. I would be very unhappy to see you make this move
3	My concern would be that the medical centre would end up as a private practice
4	I am concerned that the body providing services (igpf) could be sold to a profit making entity.
5	As long as the existing team still have the overall running of the practice there shouldn't be a problem although that is not always the case

6	It's hard to understand without an explanation as to why long-term stability is under threat now. We need better understanding of what the GP Federation is and how it works
7	I do not know the whole setup of IGP Fed. Who makes up the Federation? Can patients have full biographical into the management? When does the new regime commence operation; what is the budget for operations?
8	What safeguards existing to prevent any future takeover or merger with other providers that could affect the services offered by City Road Medical Practice? What will happen if a majority of patients - assuming ALL are consulted - object to the proposal? How will the plans to relocate the practice to larger premises be affected?

Table 3

Practice response to Concerns
1. Who is the Islington GP Federation and how are they run? Islington GP Federation is a company owned by GP practices across Islington to protect the best of general practice. It was created to ensure Islington residents get free and equal access to good, safe and effective primary care, both now and well into the future. Its talented clinical and operational teams share a passion for improving local health and social care. And in 2018 it won the national NHS *Healthier Communities Care Award*. The organisation is wholly owned by Islington GP practices, including City Road Medical Centre, and was formed in such a way that its shares can only be owned by Islington GPs and cannot be sold. Any financial surplus from its activities is invested directly into Islington health and care provision. The company's Board is made up of six elected Islington clinicians, two Islington residents as lay representatives and its Chief Executive. It represents the interests of its Islington GP shareholders and their patients and sets the direction for the company and its management team. Islington GP Federation's Executive Management Team comprises two Islington GP partners, a GP Medical Director and its Chief Operating Officer. This team is led by the Chief Executive, who reports directly to the Board, who's current Chair is a GP partner in South Islington. Islington's GP Federation provides a wide range of services to Islington patients and support to Islington GP practices. It works in partnership with all of Islington's main health and care providers and supports the development of health and care improvement across the borough. What it offers includes: – I:HUB providing access to GPs and nurses in weekday evenings and through each weekend – Community services including Islington's Ear, Nose and Throat and Gynaecology services – Support services for severe mentally-ill and frail and elderly patients – Workforce training across all Islington health teams – Support for Islington's new Primary Care Networks, where GP practices work together to improve patient care – Throughout the pandemic the federation ran COVID vaccination clinics throughout the borough, including events at the Finsbury Park Mosque and Emirates Stadium. Islington GP Federation also provides support, IT and training to all Islington GP practices to reflect the express needs of Islington practices and their patients. This includes, for instance, the development of a talented team of over 30 pharmacists who now work in each Islington practices and releasing precious time for GPs to spend more time with their patients. Islington GP Federation is registered on Companies House as The Islington GP Group Limited. **2. Will I get the same level of service that we currently do?**

The aim is to maintain and improve the level of service we provide to our patient population. There are no plans to make changes to staff or clinicians working at the practice. The practice will provide the same services in line with the needs of local patients and residents. Islington GP Federation provides a broad range of services across Islington at the moment and we hope that their safe, effective and responsive approach to providing services, will help City Road Medical Centre continue to develop more services in the local area.

3. Why is this happening now?

There are ongoing significant problems with recruitment and retention of staff of all grades in General Practice at the moment. This started a long time before the Covid-19 pandemic. There has also been a year on year reduction in the number of practice nurses recruited to General Practice and this has been significant in Islington since 2015. Through working as part of a larger organisation with the Islington GP Federation, City Road Medical Centre will benefit from a more resilient work force, as there is a bigger staff pool to call upon and provide cross- cover in the event of staff sickness.

The Islington GP Federation also has a track record of experience in providing staff training and education and is host to the Islington Training Hub.

It will therefore be able to support the practice with better training opportunities which will help to support staff and provide them with the skills they need to do their jobs. We hope this will make working at City Road Medical Centre a very attractive place to work, as it will provide better training prospects and better opportunities to progress.

The existing partners have tried to attract other partners to the practice for a number of years without success. This is not a new problem, as many of our original patients registered in 1999 will remember, there had been problems over the previous 2 years trying to recruit permanent Drs to the area. Dr O'Riordan and Dr Sauvage have tried to merge the practice with other neighbouring practices for a number of years. However this has not been possible as no other neighbouring practice has had the capacity to do this with us. We firmly believe that novating the contract to an organisation owned by the majority of practices in Islington, will keep the services local.

The Islington GP Federation is also a key partner working with other local health and care providers, including Whittington Health, UCLH, London Borough of Islington and Camden & Islington Mental Health Trust. The Islington GP Federation is an active member of the North Central London Integrated Care System and already supports GP services in the area through running the Community ENT service and the extended access surgeries throughout the borough.

The contract is therefore moving to an organisation that is permanently embedded within our NHS family in the local area and governed by a board of GPs who can only work in member practices across Islington.

4. How will the way services are delivered be determined?

Services at City Road Medical Centre will always be set and delivered through contracts held by the NHS statutory body, according to national priorities determined by Department of Health & Social Care. Many contracts are also determined at a London Regional level or within the North Central London Integrated Care System, to ensure we respond to local priorities. This will ensure that the full range of GP services will still be delivered. Importantly, the practice will continue to ensure we improve access to appointments, do regular health checks care for long term conditions and work with other professionals across health & social care to ensure that care is coordinated. We will continue to offer space for other professionals to provide services locally, just we do now. It is hoped that working with the Federation and the wider Primary Care Network, a fuller range of GP services can be maintained, such as the Community ENT service, and a wider range of diagnostic services, such as blood tests.

We will work with other providers to ensure that as much as possible is delivered close to people's homes at the practice, recognising that other providers may be required to relocate services, for reasons of staffing or access to equipment and this may not always be within our control.

Above all, we will continue to have a regular Patient and Public Participation Groups and the same rules and regulations will apply to the management of complaints and suggestions as with any other service. We will continue being inspected on a regular basis by the Care Quality Commission.
Keeping all of this local, with an organisation whose membership is made up of most of Islington's GPs and their practices, is considered a positive step in ensuring that services remain focussed on what our local residents need.

5. How will services be funded and how will we ensure they continue to be run locally?

Services will continue to be funded through NHS contracts just as they are now. Funds will be used to pay for services, to pay staff and in the maintenance of the estate and infrastructure, such as telephones & computers. The ethos of City Road Medical Centre and the Islington GP Federation is to transfer any profit into patient benefit and it is for this reason that this model of care was chosen. The financial allocation coming to the practice will be used to run services and to pay for staff supporting our registered list in the same way as it is now. It cannot be used to cross-subsidise other services.
Novating the contract into the Islington GP Federation, an organisation owned and run by most of the GP practices in Islington, will ensure the contract continues to be run by Islington Practices. Therefore people who are committed to providing services to the local population. As a key partner within the North Central London Integrated Care System, the Islington GP Federation is a key member of the wider partnership working across the borough and is focused on delivering the best services for our residents together. The organisation already brings a proven track record of success in the delivery of the Covid-19 service for supporting people live safely at home with Covid-19, as well as the successful immunisation campaign run from various pop-up sites across the borough.
We firmly believe that working with local partners in this way will be the best way to ensure we continue to develop services sensitive and responsive to local needs and ensure that NHS resources are spent on local residents.

6. Will this practice become a privately run practice?

City Road Medical Centre will not become a private practice as a result of this contract novation. Services will continue to be delivered free at the point of need.

7. Will the proposed plans to move the practice to a larger site in the Bunhill Ward still go ahead?

Yes, we are still in discussions with Islington Council regarding the proposal to move the practice to a larger, purpose-premises on Central Street and Islington GP Federation are keen for this to continue and we all recognise that the practice is now too small for our growing patient population.

Appendix 1

City Road Medical Centre

Short date letter mergedEMIS:
EMIS Number

Dear Title Surname,

City Road Medical Centre would like to seek your views and questions about a proposal to change how the practice is run. Dr Josephine Sauvage and Dr Philly O'Riordan have made the difficult decision to resign as contract holders, but they willremain at the practice as salaried GPs. The proposal is to transfer this contract to Islington GP Group Ltd (trading as Islington GP Federation), who will then run the practice. The important thing you need to know as a patient is that the care you receive will stay the same. You will still be able to see the same health care professionals e.g. doctors, nurses, pharmacists etc, we will be open for the same hours and the appointment booking system will continue as it is with a mixture of telephone calls, online consultations and face to face appointment etc. This change will not occur until we seek your views and the request is approved at the North Central London (NCL) Primary Care Commissioning Committee Meeting in October 2021.

How will it affect patients?

We will continue to put the patients at the heart of everything that we do. We will continue to offer the same high standard of care and in time we hope to improve ourservices further with the support of the Islington GP Federation.

- All the clinicians, reception staff and administrators will remain at the practiceto support you
- We will continue to provide the same level of GP access and opening times
- The practice boundary will stay the same
- The practice will continue to deliver care at the practice on the City Road.
- We will continue to provide a range of appointment types provided by ourGPs, practice nurses, pharmacists, physician associates and health careassistants
- We will continue to offer the core GP services, as well as specialist servicessuch as coil fittings, joint injections and long-term condition reviews
- We will continue to be a training practice and teach future GPs and clinicians

- In time, with the experience and resources that Islington GP Federation have,we hope to expand our practice offer and develop new services to maximise patient care.

Why are we doing this?

We have been looking at ways that we can ensure the long-term stability of the practice. We believe that with the support of the GP federation we will be able tocontinue to provide a high level of patient-centred care for our patient population going forward.

What is the Islington GP Federation?

Islington GP Federation is an organisation that is jointly owned by GP practices in Islington, including the City Road practice. It is focused on providing high quality carefor patients in Islington. It already runs some services in Islington that you may be familiar with, including the I:HUB extended access GP service, the community Ear Nose and Throat service and the community gynecology service. It supports Islington's GP Covid vaccination centres and runs a local practice at Barnsbury Medical Centre, off Caledonian Road. It works closely with the Council, voluntary sector and our local hospitals.

Islington GP Federation is not a money making organisation. Any profits are put backdirectly into improvements to healthcare in Islington.

You can find more information about this organisation at
https://www.islingtongpfederation.org

What next:

We hope this information has reassured you that this proposal will be beneficial forCity Road Medical Centre's patients and staff. However, if you have any further questions, then we are happy to help you.

We have a dedicated phone number that patients can call until 30th September 2021:Phone number:
020 3995 9896

Times available: Mondays and Wednesdays 10:00-12:00
Tuesdays and Thursdays 16:00-18:00

We will be holding a virtual Patient Participation Group meeting on Tuesday 14thSeptember at 17:30. If you are interested in attending this, then please call the number above for more information.

Kind regards,

Dr Jo Sauvage and Dr Philly O'RiordanGP Partners,
City Road Medical Centre

Appendix 2

Proposal to change the provider holding the contract at City Road Medical Centre to The Islington GP Group Limited

Patient Feedback Form

City Road Medical Centre would like your views about a proposal to change how the practice is run, with a change of provider holding the contract from Dr Sauvage and Dr O'Riordan to The Islington GP Group Ltd (trading as Islington GP Federation). The important thing you need to know as a patient is that the care you receive will stay the same. You will still be able to see the same health care professionals e.g. doctors, nurses, pharmacists etc, we will be open for the same hours and the appointment booking system will continue as it is with a mixture of telephone calls, online consultations and face to face appointment etc. Before we proceed, we would like to know what you think about the proposal and what impact it may have on you. Please take the time to feed your thoughts back about this proposal.

We will collate all the responses, and this will inform our application to change the ownership of the contract.

We will publish the results on our website after the consultation: www.cityroadmedicalcentre.org.uk

This form can also be completed electronically on https://www.surveymonkey.co.uk/r/NWNMT75

Hard copies of the form are also available at the practice reception.

All responses will be confidential.

Please tick the boxes that apply to you.

Are you a	Patient		Carer					
Do you consider yourself to have a disability or long-term health condition?	Yes/No							
What is your gender?	Male		Female		Other			
What is your age bracket?	Under 24		25 - 50		51 - 74		Over 75	
Any other information we need to take into consideration:								

Ethnic Group: please tick the boxes that apply to you.

Ethic Group		Tick
White	• English, Welsh, Scottish, Northern Irish or British • Irish • Gypsy or Irish Traveller • White Polish • Any other White background	

Mixed or Multiple ethnic groups	• White and Black Caribbean • White and Black African • White and Asian • Any other Mixed or Multiple ethnic background	
Asian or Asian British	• Indian • Pakistani • Bangladeshi • Any other Asian background	
Chinese or other ethnic group	• Chinese • Any other: specify:	
Black, African, Caribbean or Black British	• African • Caribbean • Any other Black, African or Caribbean background	
Other ethnic group	• Arab • Any other ethnic group	

What comments do you have regarding the proposal for Islington GP Federation to lead the running of City Road Medical Centre, along with the existing team?

What do you like about City Road Medical Centre that you would like to see continue if the proposed change takes place?

What do you think could be better or improved at City Road Medical Centre?
What is your full postcode?

Thank you for completing this survey.

Your feedback will help us make the best decisions for our patients

North Central London CCG
Primary Care Commissioning Committee
21 October 2021

Report Title	Enfield Directorate: Firs Lane Development	**Date of report**	12 October 2021	**Agenda Item**	3.5
Lead Director / Manager	Deborah McBeal	**Email / Tel**		d.mcbeal@nhs.net	
GB Member Sponsor	Not Applicable				
Report Author	Sophie Jenkins	**Email / Tel**		Sophie.jenkins@gbpconsult.co.uk	
Name of Authorising Finance Lead	Not Applicable	**Summary of Financial Implications** No financial implications at present. A separate paper will be brought to the committee once any revenue impacts have been determined			
Report Summary	This purpose of the report is to give the Primary Care Committee early sight of a new development opportunity within the South West of Enfield Borough.				
Recommendation	The committee is requested to; • **APPROVE** the identified next steps set out within the report				
Identified Risks and Risk Management Actions	Enfield Estates Oversight Group will provide oversite to the project.				
Conflicts of Interest	Not Applicable				
Resource Implications	Not Applicable				
Engagement	All PCN Clinical Directors and GP Practices within a 2 mile radius have been informed and given the opportunity to submit an expression of interest.				
Equality Impact Analysis	Not Applicable				
Report History and Key Decisions	Not Applicable				
Next Steps	Please see next steps within the main report				
Appendices	Appendix 1: Expression of Interest Criteria.				

Background

In July 2021, Enfield Directorate were approached by the landowner of a site at The Oak, 144 Firs Lane, Winchmore Hill, N21 to discuss if the site would be of interest to NCL CCG to provide primary care services.

Firs lane is located in the South West of Enfield. Planning permissions for a single storey medical centre (335sqm NIA) on the site had already been sought by the landowner and approved by London Borough of Enfield, however if strategically required there is a possibility to increase the footprint available subject to the Enfield Planning Process.

Process

The preliminary site plans and visualisation documents were circulated to all practices within a mile radius, as well as all PCN Clinical Directors to ascertain if any practices would be interested in relocation to the site.

Following positive interest from the local practices Enfield Estates Oversight Group (EOG) started a formal expression of interest process on 01 September 2021. For the formal expression of interest process EOG extended the catchment of practices to within a 2 mile radius. Single practice applications and co–location of practices was all eligible to apply, but the CCG also encouraged joint practice applications with a wish to merge contracts and relocate, to ensure Value for Money is achieved.

The process followed the timeline below;

- Expression of Interest Start Date: 01 September 2021
- Deadline for completed Expression of Interest: 17:00, 22 September 2021
- Scoring and shortlisting: 23 September 2021 at Enfield Estates Oversight Group
- Feedback to practices: w/c 27 September
- Primary Care Committee: October 2021

In order to ensure an open and transparent process any questions were compiled into a queries log which was updated weekly and sent to all practices within the radius.

The expression of interest criteria focused around 5 key areas;

Scoring criteria	Weighting
Potential contract change and Strategic need	25%
Current access arrangements	15%
Impact to patients	15%
Practice performance	20%
Current premises	25%

Full criteria can be found at Appendix 1.

Throughout the whole expression of interest process practices have been clearly made aware that there is **no** capital funding for this scheme.

Enfield Directorate, Estates Oversight Group reviewed the applications which both satisfactorily met the criteria, and approved two applications to be progressed to the next phase of the process for further due diligence

Next Steps

- Formal Approval at PCC to continue the process with both applications (1 single practice application, 1 joint application with potential merger)
- Enfield Directorate, on behalf of the 2 applications to continue engagement with the landowner
- Enfield Directorate, in conjunction with the landowner to liaise with London Borough of Enfield Planning Department
- Formal Approval at PCC to start initial commercial discussions to understand revenue implications

Appendix 1: Firs Lane Expression of Interest Criteria

Firs Lane: The Oak, 144 Firs Lane, N21 2PJ

Expression of interest process

Practices are required to complete all the questions below. The CCG will then assess the practice responses against each criteria.

Background to Firs Lane

Firs lane is located in the South West of Enfield, the current space being considered by the CCG is 335 square metres, however there is possibility for an additional floor increasing the footprint available. Please note this is subject to the Enfield Planning Process. Practices should note that there is **no** capital funding for this scheme.

A single practice and co–location of practices can apply, but the CCG would also encourage joint practice applications with a wish to merge contracts and relocate, to ensure Value for Money is achieved.

How will the practices response be assessed and scored

The table below sets out the scoring criteria and weighting for each section. Practices are asked to provide a detailed response to each question and take note of the different weighting under the scoring criteria. The CCG will score each practice response and will provide feedback to the practices.

The process followed, outcome of the expression of interest responses and the successful practice with the highest score will be referred to the October 2021 Primary Care Commissioning Committee (PCCC) meeting.

The members of the committee will consider the outcome and make the formal approval based on the practice responses to the scoring criteria and successful practice with the highest score.

Scoring criteria	Weighting
Potential contract change and Strategic need	25%
Current access arrangements	15%
Impact to patients	15%
Practice performance	20%
Current premises	25%

Deadline to respond

Practices are requested to respond **by the deadline of 17:00, Wednesday 22nd September 2021**.

There will not be an extension to this deadline because the primary care team will be required to assess the responses, feedback to the practices and draft the report for the PCCC by the 1st week of October 2021.

Criteria for relocation to Firs Lane: The Oak, 144 Firs Lane, N21 2PJ	**Practice response**	**Practice response** **(Complete this column if it is a joint practice application with a view to merge contracts) or delete this column if this is not applicable**
Practice Details:		
Practice Name (s)		
Practice Code (s)		
Contract type (s)		
Potential contract change and Strategic need (Score 25%)		
Number of partners signatory to the contract (s)		
If this is a joint practice application confirm (yes) or (no) If yes, confirm if the practices wish to merge contracts as part of the relocation request?		
Patient current raw list size Has there been a list size increase, which would warrant a relocation?, if yes provide details of the list size growth over the past 2-3 years		
Is there any population growth in the area, if yes please include the details		

Primary Care Network (PCN) List which PCN the practice is currently in? Will the relocation have any changes to the PCN, for example; • Geographical alignment • PCN Payments • ARRS alignment		
State the distance of the practice in miles from Firs Lane		
Set out what the strategic benefit will be following the relocation		
Current Access arrangements: (Score 15%)		
Set out what the current practice opening hours		
If the practice does not currently provide the full core hours of 8am – 6.30pm please set out your plans to provide core contract hours Full core hours relate to telephone and doors open and accessible from 8am – 6.30pm Monday – Friday		
Confirm the PCN extended hours coverage for the patient list that will relocate		
Provide the number of GPs and Nurses and their WTE.		
Provide the number of GP sessions and appointments being offered per week:		
Provide the number of nurse appointments offered per week:		

Set out the types of appointments offered: % of appointments offered each week (i) Remote (ii) Face to face		
Provide the current skill mix of staff employed in the practice, including their roles and hours worked (WTE). Will all the staff transfer over to new site:		
Remote working across the practice staff Set out the % of staff working remotely		
Impact to patients **(Score 15%)**		
List all the Directed Enhanced (DES) and Locally Commissioned Services (LCS) the practice is signed up to and delivering services against.		
If the practice is not signed up to and delivering against all the DES and LCS, state the reason why and what the plans the practice has to increase service provision to patients		
Confirm the frequency that the practice meets with and engages with its Patient Participation Group (PPG)		
Confirm other methods the practices uses to engage with the wider registered list, including the frequency		
What is the distance (in miles) that the registered patients reside from the current practice		
What is the distance (in miles) that the registered patients reside from Firs Lane (new site)		
Will the practice catchment area change if the practice relocates, if yes please set this out		
Outline the benefits for patients from relocating to the new premises		

Submit a copy of the Equality Impact assessment you have carried out to review your patient's needs as part of the relocation request to Firs Lane		
Are there any special requirements that are needed for your registered patient population that will need to be taken into consideration as part of the relocation		
Practice Performance (Score 20%)		
Set out the practices performance over the past 2-3 years for: QOF – clinical domains, personalised care adjustments and prevalence against the CCG average Set out the practice achievement against the National Targets against the following: Vaccinations & Immunisations: Cervical Cytology: Flu: Patient Survey results:		
The most recent Care Quality Commission (CQC) rating, including date		
Did the practice submit annual EDEC for 2020?		
Does the practice have any contractual improvement plans or remedial notices?		
Are there any pending investigations for any of the GP partners at the practice e.g. via GMC or National Performer list? If yes, please give brief details.		
Current Premises (Score 25%)		
Is the practice in an owner occupied building, if yes who owns the building		
Is the practice in a leasehold building, if yes Name of the landlord		

Current lease notice period (if applicable)		
Current break clause		
Current space utilised: Number of consulting rooms / treatment rooms		
Total square metre occupied for clinical and non-clinical space		
Current constraints of the existing building i.e. condition of the building and compliance with premises standards		
Is the practice currently occupying; • Purpose built primary care centre • Converted commercial building i.e. office space • Residential converted house		
What is the annual rent of the current premises the practice occupies		
What are the service charge costs? (if applicable)		
Will the practice require any capital funding if they relocate to Firs Lane. Practices are required there is no capital funding for the build or fit out for Firs Lane The one off capital costs practices can apply for is listed below; 1. GPIT 2. Stamp duty land tax 3. Legal fees to negotiate a new lease 4. Service charge costs 5. Surveyor fees Please note for items 2-5 under the NHS Premises Costs Directions, the practice applications are assessed as financial assistance towards these costs. Practices may not be		

approved for 100% contribution towards the capital costs. Financial assistance towards Service Charge Costs is also an open book process.		

North Central London CCG
Primary Care Commissioning Committee
21 October 2021

Report Title	East Enfield Medical Practice relocation and change in rent – update following DV valuation	**Date of report**	11 October 2021	**Agenda Item**	3.6
Considered at	**Part 1**☒ Part 2 ☐ Urgent decision ☐				
Lead Director / Manager	Deborah McBeal, Director of Integrated Care, Enfield	**Email / Tel**		d.mcbeal@nhs.net	
GB Member Sponsor					
Report Author	Su Nayee	**Email / Tel**		su.nayee@nhs.net	
Name of Authorising Finance Lead	Tracey Lewis, Head of Finance Anthony Browne, Director of Finance Strategic Commissioning	**Summary of Financial Implications** The existing combined rent for both practices is £36,050. The rent for new premises will be £106,500 for 361m² space. Therefore, there will be an increase in the rent reimbursement of £70,450 following the relocation. Into new premises.			
Report Summary	In April PCCC meeting, commissioners presented a paper of the East Enfield and Brick Lane Surgery's request to merge and relocate the merged contract into new premises at The Electric Quarter, Ponders End, High Street in Ponders End. The PCCC approved the merger, relocation and increase in rent reimbursement of £42,070. This paper provides an update and seeks PCCC approval on the change in rent following completion of a DV valuation of the new space. 1) Commissioners can confirm that the two practices merged their contracts from 1st July 2021 and are now operating as one GP practice contract under the name of East Enfield Medical Practice. 2) The practices continue to operate from two sites whilst the new premises are completed. At the April PCCC, Commissioners had provided PCCC members with the expected changes in the rental value, this was prior to seeking a DV valuation of the new premises based on the plans submitted to the DV.				

	In September the DV have confirmed the size of the space and the DV valuation, which indicates the change in rental value as below. **Change in Current Market Rent (CMR)** The DV have confirmed the new space in terms of square meters to be 361 sqm, commissioners had indicated the space as being 280 sqm. The DV have confirmed the current market rent of the space as £106,500; commissioners had indicated rent as being £78,120. Therefore, there will be an increase in rent of £70,450 following the relocation to new premise, this valuation has been confirmed by the DV following a review of the practice Heads of Terms and plans. In the April, the value was quoted as £42,070.
Recommendation	The Committee members are asked to **APPROVE** the: • The increase in rent of £70,450 of East Enfield Medical Centre when the practice relocates into new premises
Identified Risks and Risk Management Actions	Due to the increase in rent committee members are asked to take into consideration when making the decision that the contract holders will fund the capital cost for the fit out.
Conflicts of Interest	Not applicable
Resource Implications	Increase in rent reimbursement of £70,450
Engagement	The practices continued to engage with patients at each site and the PPG are being informed of the progress of the building works.
Equality Impact Analysis	An equality impact assessment has been carried out. The practices are between 0.2 – 0.9 miles from the new premises. The contract holders have engaged with patients and specifically vulnerable groups to seek their views prior to the relocation and merger. The practices used a patient survey, held meetings with their respective PPG groups and a site visit was undertaken to show PPG representatives the new location. A report of the survey results in including with the paper.
Report History and Key Decisions	April 2021 PCCC – approval of the merger, relocation and increase in rent.
Next Steps	If the rental increase is approved by the PCCC, commissioners will notify the contract holders and ask them to finalise and sign the premises lease prior to relocating.
Appendices	N/A

North Central London CCG
Primary Care Commissioning Committee
21 October 2021

Report Title	Kings Cross Surgery relocation	**Date of report**	12 October 2021	**Agenda Item**	3.7
Lead Director / Manager	Simon Wheatley Director of Integration - Camden Directorate	**Email / Tel**		simon.wheatley2@nhs.net	
GB Member Sponsor					
Report Author	Anthony Marks	**Email / Tel**		anthony.marks@nhs.net	
Name of Authorising Finance Lead	Tracey Lewis, Head of Finance Anthony Browne, Director of Finance Strategic Commissioning	**Summary of Financial Implications** Additional rent and rates costs of £43,543 pa above costs for the current site, plus an increase of £158 pa for water and clinical waste (£43,701 total). This increased revenue cost will be negated in year one (2021/22 FY) due to a rent-free period agreed with the landlord. The capital cost of the fit out is funded by NHS Property Services via the recycled receipts programme.			
Report Summary	The report sets out the case for the relocation of an APMS contract, Kings Cross Surgery practice from 4 St Pancras Way, Bloomsbury B St Pancras Hospital, NW1 0PE, to expanded space at the Somers Town Medical Centre site 77-83 Chalton Street, NW1 1HY. The list size for Kings Cross Surgery is 8,912 as of 1 July 2021 The St Pancras Hospital site is being demolished to make way for the Moorfields Project Oriel development. The new site does not include provision of a GP surgery and so the Kings Cross Surgery contract provider (AT Medics) and NCL CCG conducted a search for alternative locations for the practice. NCL CCG undertook a site Options Appraisal to explore potential alternative locations for the Kings Cross Surgery, which concluded that an extended and refurbished Somers Town Medical Centre was the preferred option. NHS Property Services has negotiated terms for a new head lease at the extended Somers Town Medical Centre and costed a fit-out scheme to be funded from recycled receipts. The headlease will commence in August 2021 and the facility will be ready for occupation in June 2022. NHSPS has negotiated a rent free period (equating to £54,750) which will be passed on to the GP underlease and where premises reimbursements will not be made. The new facility will provide 13 consulting rooms and supporting accommodation which has been sized to accommodate the forecast combined lists of Kings Cross and Somers Town GP practices. Significant				

	housing development is planned for the Kings Cross and Somers Town Ward. The facility is intended to accommodate two co-located GP surgeries; Somers Town Medical Centre and Kings Cross Surgery. The provider of both contracts is AT Medics. AT Medics undertook a patient engagement (22 July – 16 September 2021). The patients who responded were supportive of the proposed relocation and their feedback is detailed in the paper below in Table 2 & 3. The new facility will commit the CCG to an increase of £43,000pa in reimbursed rent and rates from the Primary Care budget, payable to NHS Property Services. This rent covers the rent payable to the superior landlord (Origin Housing) for the shell and core facility and the depreciated capital for the NHS Property Services funded fit-out. The increased revenue cost will be mitigated in the first year by means of a rent-free period negotiated by NHS Property Services. The increased rent will be payable from 2022/23 financial year. The St Pancras site must be vacated by December 2021 the Chalton Street site can be ready in time reducing the impact to patients. The two sites are 0.5 miles or 11 minutes walk apart. In order to secure the additional space at Chalton Street site the CCG provided NHS Property Services with assurances that the space would be occupied by CCG services for 20 years The DV has undertaken a Value for Money report and concluded that the proposed terms represent value to the CCG.
Recommendation	The Committee is asked to **APPROVE** the 1. Relocation of Kings Cross Surgery to the Chalton Street site 2. Increase of £43,701 per annum premises reimbursement for Kings Cross Surgery (abated in the first year in a negotiated rent-free period)
Identified Risks and Risk Management Actions	Notification to demolish the Kings Cross Site, risk of patient list dispersal if an alternative site was not identified Mitigation: 1. Option appraisal 2. Engagement with AT Medics 3. Engagement with AT Medics and Kings Cross Surgery patients and stakeholders
Conflicts of Interest	Not applicable
Resource Implications	Additional reimbursable premises costs of £43,741 pa above costs for the current site This increased revenue cost will be negated in year one (2021/22 FY) due to a rent-free period agreed with the landlord. The capital cost of the fit out is funded by NHS Property Services via the recycled receipts programme.

Engagement	8 weeks patient engagement undertaken by the contract holder Wider stakeholders have been engaged
Equality Impact Analysis	The practice has conducted Equality Impact Analysis as part of the patient engagement -Table 2 & 3
Report History and Key Decisions	June 2020 Approval by PCCC to extend the APMS contract until 31 October 2025
Next Steps	Form a task and finish group to complete the mobilisation of the practice to the new location. Issue contract variation notice
Appendices	Appendix 1 - AT Medics – Kings Cross Surgery Patient Survey & Letter Appendix 2 – District Valuer – Value for Money Report

1.0 Recommendation

The committee is asked to approve the relocation of Kings Cross Surgery from its current site at 4 St Pancras Way, Bloomsbury B St Pancras Hospital, NW1 0PE, to expanded space at the Somers Town Medical Centre site 77-83 Chalton Street, NW1 1HY. The committee is also asked to approve the increase of £43,741 per annum reimbursable costs (rent, rates,water and clinical waste costs) for Kings Cross Surgery (abated in the first year in a negotiated rent free period)

2.0 Background

Following a period when the patient list was subject to caretaking, the Kings Cross Surgery contract was re-procured in November 2015 on a 5 + 5 year APMS contract. The caretaking provider AT Medics was successful in the procurement. Upon expiry of the contract at the end of the first five years the CCG undertook a strategic review looking at performance, list growth, local regeneration and value for money and the matter was referred to PCCC. The committee approved the recommendation that the contract was extended until 31 October 2025.

The practice relocated from its original site on the Kings Cross Road to the St Pancras site in 2014. The move was intended to be temporary until new premises could be secured.

3.0 Alternative sites explored

Commissioners most recent assessment of the space needs and cost requirements of nearby possible relocation sites identify the Chalton Street site as the most cost effective

a. **St Pancras Hospital Redevelopment** (Capacity: 964sqm / 13 clinical rooms):
    a. New GP surgery in the C&I development on the St Pancras Hospital site.
    b. Achieves the required area but at the expense of C&I services and/or housing units which will affect the viability, and a temporary decant would be necessary with associated costs and disruption.
    c. ***Increase revenue costs by £180,000pa***
b. **Royal College Street** (Capacity: 1,210sqm / 9 clinical rooms):
    a. New GP surgery in the QTS-led Rocco health centre development less than half a mile from the current Kings Cross practice.
    b. Does not achieve the required number of consulting rooms to service the list.
    c. GP and Royal Free may not fit with CNWL services decanted from South Wing.
    d. ***Increase revenue costs by £520,000pa***
c. **Argent Kings Cross** (Capacity: 950sqm / 12 clinical rooms):
    a. New GP surgery in the new ground floor of the new Facebook offices in the T-Zone of the Argent Kings Cross development less than half a mile across the canal from the current site.
    b. Broadly achieves the required number of consulting rooms to enable decant but in a retail unit, so deep space may be an issue.
    c. ***Increase revenue costs by £170,000pa***
d. **Somers Town Extension (Chalton Street)** (Capacity: 710sqm / 8 clinical rooms):

a. A single-site solution at Somers Town by extending the existing health centre into the adjoining building which is becoming vacant.
b. Kings Cross surgery and Somers Town practices could then co-locate resulting in efficiencies from primary care at scale and create a hub in the central area.
c. Somers Town is less than one mile from the current Kings Cross Surgery site.
d. This option will provide the required number of clinical rooms to serve the list.
e. ***Increase revenue costs by up to £43,701pa***

4.0 Rent increase

The new facility at Chalton Street will commit the CCG to an increase of £43,701 pa in reimbursed rent and rates from the Primary Care budget, payable to NHS Property Services. This rent covers the rent payable to the superior landlord (Origin Housing) for the shell and core and the depreciated capital for the NHS Property Services funded fit-out.

The increased revenue cost will be mitigated in the first year by means of a rent-free period negotiated by NHS Property Services with the landlord. Premises reimbursable costs will not be paid by the CCG during the rent-free period. The increased rent will be payable from 2022/23 financial year.

The revenue implications are calculated as follows:

	Kings Cross current site	Expanded Chalton Street site (Kings Cross costs)	Increase
Rent	£57,500.00	£108,163.00	£50,663.00
Rates	£40,399.00	£33,278.00	-£7,121.00
Water	£187.00	£231.00	£44.00
Clinical Waste	£488.00	£602.00	£114.00
CCG total	£98,575.00	£142,274.00	£43,700.00

Rent free value:	£54,750

5.0 Stakeholder engagement

The contract holder AT Medics undertook patient engagement over an 8 week period, including an extension (22 July – 16 September 2021). Patients were alerted via posters, paper questionnaires in surgery, website, SMS, emails and letters. The table 1 below details the dates and numbers sent:

Table 1

Communication Channel	**Date**	**Reach**	**Survey Replies (cumulative)**
Poster/In-house questionnaires	22 July 2021	461	

		22 Jul to 19 Aug F2F appointments	140
Website Article	22 July 2021		
Website Article Update	17 August 2021	178 Estimated average users per day	
SMS Sent to patients (original closing date)	W/C 16 August 2021	6,548	
Letter Sent to Patients (original closing date)	W/C 16 August 2021	4,916	
Website Article Update (extension date)	23 August 2021	178 Estimated average users per day	373
Posters/In-house questionnaires updated	23 August 2021	282 23 Aug to 16 Sep F2F appointments	
Email sent to registered KX patients (extension date)	24 August 2021	5,688	
SMS Sent to patients (16 Sep extension date)	27 August 2021	8,247	650
Letter sent to vulnerable/silent patients	7 September 2021	63	
Email sent to registered KX patients	9 September 2021	5,688	
Final Submissions received in total 709			

The tables 2, 3 and 4 below, details the patient survey results and the response to the Equality Impact Assessment. Table 4 in details the practice response to the patient concerns raised in the survey.

Table 2 – Patient Survey results & EIA data

Total 709 On-line Patient Survey Results	**Responses**	**Yes**	**No**	**Don't know**	**Not Answered**
What is your name?	709	N/A	N/A	N/A	N/A
1. Do you support this proposal?	705	478	129	98	4
2. Will you be willing to travel 0.7miles from where you currently access GP services?	702	551	104	47	7
3. If the Practice relocates to a site 0.7miles from where you currently access GP services, how would you travel there?	704	Walk - 442 Bus - 103 Cycle - 60 Tube - 44			5

		Car - 29 Train - 10 Other - 16			
4. What is your postcode?	678	N/A	N/A	N/A	31
Equality Impact Assessment:	**Responses**	**Yes**	**No**	**Don't know**	**Not Answered**
5. Are you a patient or carer?	685	684	1(carer)	0	24
6. Do you consider yourself to be disabled or a long-term health condition?	688	135	553	0	21
7. What is your gender?	686	Male 259	Female 425	2	23

8. What is your age bracket?	688	Under 24	25-50	51-74	Over 75	Not answered
		70	509	101	8	21

9. Any other information we need to take into consideration (See Table 3 below lists summary of responses)	373
10. What is your Ethnicity?	686

Ethnicity Group	Percentage	Total	Ethnicity Group	Percentage	Total
White British	26.24%	180	Croatian	0.29%	2
Serbian	0.15%	1	Polish	0.44%	3
Nigerian	1.02%	7	Black African	1.90%	13
Sudanese	0.58%	4	Malaysian	0.87%	6
Indian	3.21%	22	Bangladeshi	8.31%	57
White European	25.36%	174	Iranian	0.29%	2
Japanese	0.87%	6	Kosovan	0.15%	1
Pakistani	1.02%	7	White Asian	0.58%	4
North African	0.44%	3	Arab	1.02%	7
Turkish	0.73%	5	Somali	0.44%	3
Black Caribbean	1.46%	10	Albanian	0.15%	1
Chinese	4.37%	30	Black Asian	0.15%	1
Slovak	0.29%	2	Israeli	0.29%	2
Kurdish	0.29%	2	Sri Lankan	0.29%	2
Greek	1.17%	8	Other (please specify)	10.64%	73
White African	0.73%	5	Other mixed White	4.66%	32
Filipino	1.60%	11			

11. What comments do you have of the proposed relocation (See Table 3 below lists summary of responses)	421

Table 3 – Summary of Responses to Question 9 & 11

	Supporting Comments
1	If it makes services run more smoothly I am in favour, I am hoping it makes some positive change as I have not found the service at Kings Cross Surgery to be up to standard - referrals going missing, test results needing to be chased up, etc
2	Seems like a good location to move to as it is still not too far from current location

3	I don't have any strong views either for or against moving. It's still close, so I don't mind either location
4	So long as I am kept up to date with the location if I need your services I am for the proposed relocation of the surgery at Kings Cross
5	Have no strong view either way, and as I also work in Bloomsbury building am aware that staying on the site at St Pancras is not an option
6	Will be further away so slightly more inconvenient but permanent solution good
7	The move is in the opposite location to where I live so I'm not delighted that I'll have further to go, but I can't foresee the extra distance causing me any difficulty.
8	My thought is that at Kings Cross I've always had excellent service when visiting reception with no queuing, the staff are relaxed, friendly and helpful. I worry if they are under pressure with extra workload they may find it harder to provide such a good service.
9	It's fine, my only concern is that area is more rough - can you ensure there will be secure places to lock up my bike like in the previous practice
10	The location is adding up 15 min walking distance to me, however if the services and the appointments are good/rated highly comparing to other GP practices (as they were at kings cross practice), this will not be a problem for me.
11	If the GP group get bigger and I will get more help from the practice, I agree with the relocation.
12	I live in the new developments of King's Cross - it is very easy to access the surgery where it is now. It would be great to have a premises on this site for residents of King's Cross
	Concerns
1	It is too far to walk. It is already ridiculous that I am not able to register at the 2 surgeries near to yours because I live on the wrong side of a street.
2	This seems to be a reasonable option however it is too far for me to travel to, so I will be changing my GP practice.
3	Moving to Somers Town Medical Centre would mean I'd have to walk for 30 minutes each way for appointments, which is a long way if I were to be unwell
4	I would like assurance that I will receive better service, communication and timeliness from the surgery. Hub or not, the service is poor, communication is poor too. Correspondence from the surgery is always anonymously sent. I would like to have commitment of improvement before I commit. And also I expect to keep my same chemist for medication please
5	First I would like to protest most strongly at the cavalier approach to public consultation. I received a text message with the details on 18th August 2021, and a paper letter on the 19th August 2021. The deadline for completion is 19th August 2021, the same day. This is either abject incompetence, or more probably, a deceitful attempt to limit public expression of views, so that this highly undesirable solution can be passed by the CCG with a smokescreen of community approval. Outrageous. I will be writing separately to my MP and to the St Pancras Transformation Programme to express my anger and frustration.
6	This will leave us with only one GP close by. I can't travel due to health reasons so wouldn't be able to make it to Somers Town. I would also like to make the point that this consultation came out with a one day deadline which hardly gives people enough time to share their views.
7	Honestly think it's a terrible idea. It's not a relocation it's a removal. In an area already struggling with over population you're removing a doctor's surgery and it's being folded into another already oversubscribed medical centre. This will make appointments even more difficult to get when needed. Kings cross has had massive residential development with no thought on how to cater for the increased population's healthcare. I appreciate that the lease cannot be renewed but folding it into Somerstown is not a viable solution. Another doctors surgery needs to be provided for the current patients to access
8	This is much further away and even worse via public, coming from my residence. I would move practice instead of staying with Kings Cross Surgery
9	Annoyance. This surgery keeps moving. This will be the fourth time!
10	I suffer from anxiety and depression and cannot walk long distances

11	Why your patients have to wait 3 weeks to have appointment with your GP and your receptionist answer patients call after 42 minutes
12	The new location's distance will be problematic to reach when suffering from ailments, and the walk from the main road will be an issue for the elderly patients, which are the primary users of the GP. Considering its new location, I would be better off just going to the UCH hospital which is only 1 bus stop further, making the GP completely obsolete and any visitations needed will likely be brushed off, leading to further duress and degradation of health.

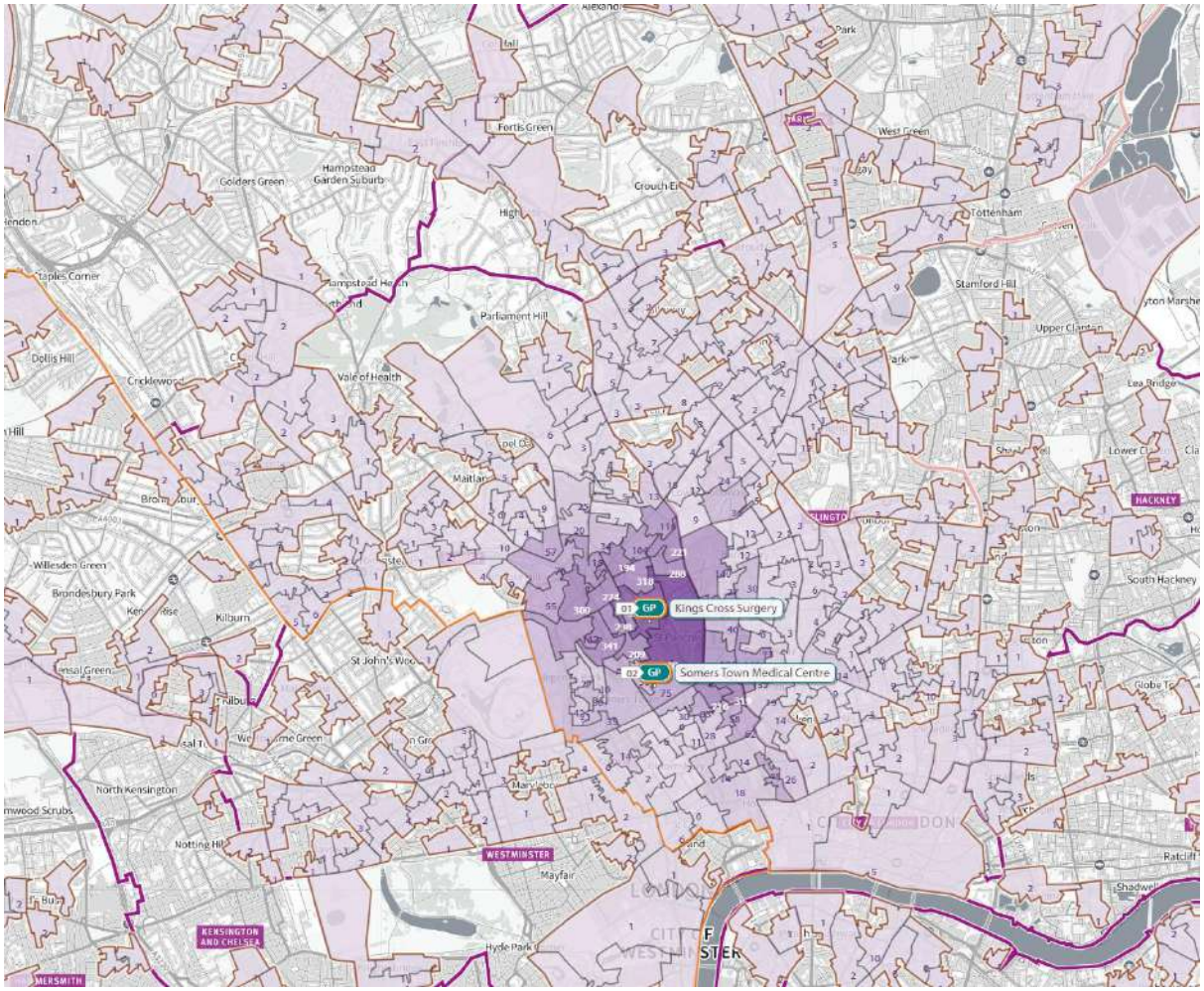
Table 4 – Practice response to the main themes/concerns

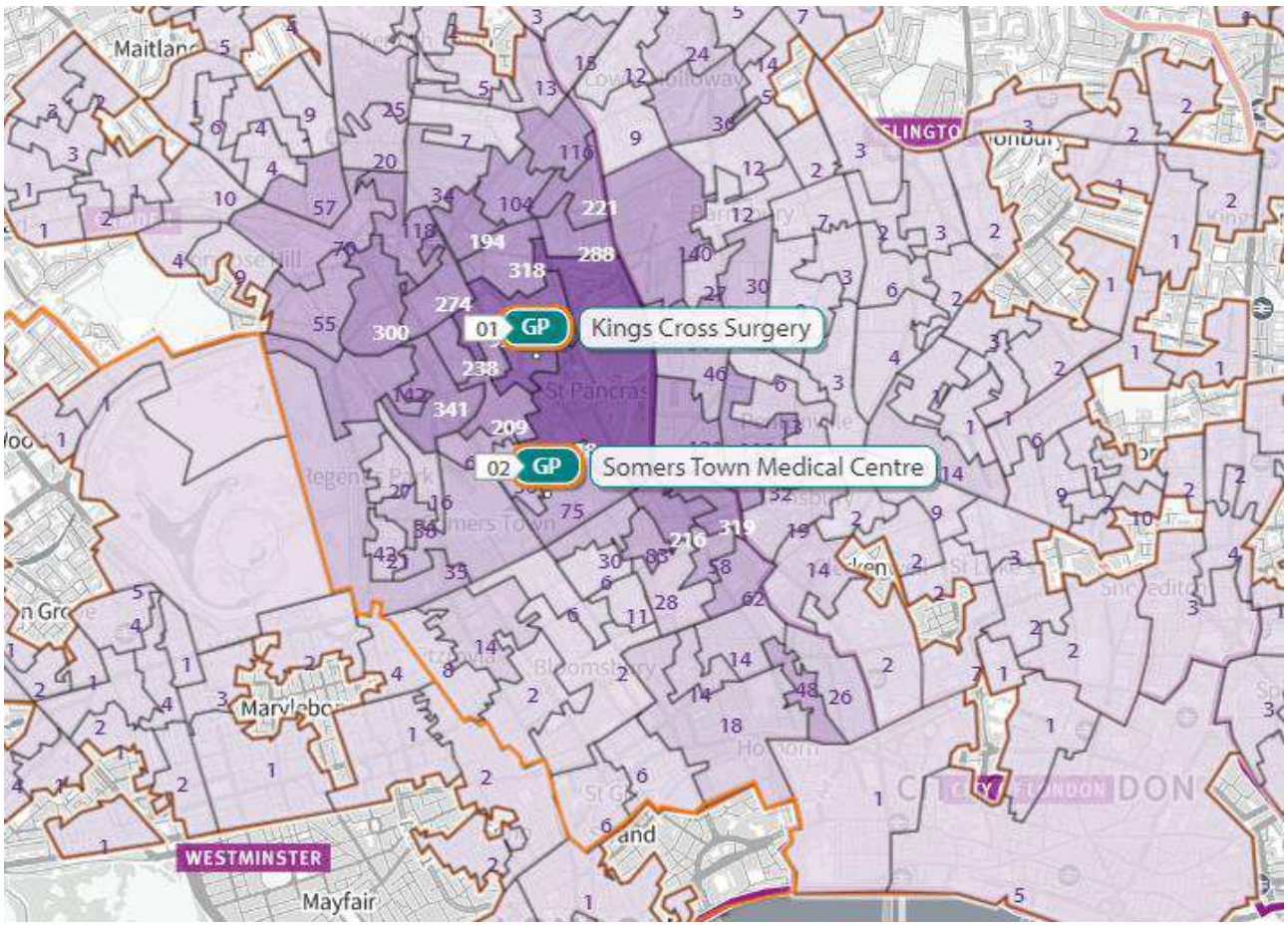
A summary of the main themes from the qualitative response are summarised below. Overall, the responses were supportive of the planned relocation, seeing it as an opportunity to secure the future of a well-respected practice.
1. Transport and travel Many respondents, while responding positively to the relocation overall, referenced travel and transport as an issue, especially the longer walk. This was the predominant concern raised during the engagement. **Response** One of the key decisions behind selecting the new location was its proximity, (around one mile) to the existing practice. We appreciate that some patients may have longer journeys, and this may be difficult for those with mobility issues. There are a range of public transport options available by bus and London Underground. We will provide details on transport options on our website and in the practice to help patients make the best choice available. In some cases, more care and advice may be provided via the telephone and digitally, which will reduce the need to travel if a face-to-face appointment is not required.
2. Improvements to practice management. Some respondents wanted to see improvements with the running of the practice in terms of management and responses of referrals and test results, and communication between practice staff and patients. **Response** We work hard to make sure all patients receive the information and access they need as quickly as possible. We will continue to monitor and review our telephone and online systems to make sure this happens. We have invested in a new system called Radar which is used to log any issues or complaints. This allows the practice manager and the senior team to have effective oversight of any issues, solve them and learn from them to improve patient experience. We will also build on our extensive experience of patient engagement to provide regular updates on performance and progress at the surgery for our patients.
3. Safety and security The issue of secure cycle locking has been raised. **Response** We encourage patients, and our staff, to cycle if they are able to, as it brings benefits for their health and wider benefits for London's air quality. Our estate team will investigate the current provision of secure bike storage spaces at the current surgery location and at Somers Town.
4. Capacity There has been an issue raised around the ability of Somers Town surgery to absorb additional patients. **Response**

Somers Town and Kings Cross will operate as two separate medical practices but located at the same site i.e. at the Somers Town site. They will share a reception desk with two teams of receptionists, respective teams of clinicians and other colleagues to support patients. The new location was chosen due to it being situated within the same boundary lines as the original Kings Cross location, and the two teams already work closely together, and so we expect that the colocation will enhance these relationships.

6.0 Patient map

Patients registered at Kings Cross Surgery predominantly live within one mile of the current site. For patients living south of the current site, Chalton Street may be closer.





7.0 Next steps

A task and finish group will be formed to complete the mobilisation of the practice to the new location.

Contract variation notice will be issued with the new site address.

Appendix 1

FAO patient/s Kings Cross Surgery

16 August 2021

Dear patient

Re: Your views - a proposal to relocate Kings Cross Surgery to Somers Town Medical Centre

I am writing to you as a patient or member of a household who is registered with Kings Cross Surgery.

We would like to hear your thoughts on our proposal to permanently relocate our practice. We need to relocate because the lease on the current surgery building will end in 2022 and it is not possible to renew this due to major redevelopment plans for the site.

After exploring all other available premises options, together with North Central London Clinical Commissioning Group (CCG), we have determined that the best option is to relocate the surgery to the same location as Somers Town Medical Centre – another nearby surgery managed by the same management team.

Where is Somers Town Medical Centre?

Somers Town Medical Centre is located at 77-83 Chalton Street London, NW1 1HY.

How do you get there and what is the distance from Kings Cross Surgery?

1. 11 minute walk (a 5 minute walk from Euston Station);
2. 11 minute bus ride and short walk via route 168;
3. 6 minute car journey, and there is some on-site parking available.

What does this mean for patients?

1. It will mean that the current Kings Cross Surgery site will close and all your GP appointments and other services you currently access from the surgery will be delivered from the Somers Town Medical Centre building.
2. You will remain a registered patient of Kings Cross Surgery and be seen by the same members of the team – our Kings Cross Surgery and Somers Town Medical Centre teams already work together and will continue to do so.
3. You do not need to re-register – you will continue to remain registered with Kings Cross Surgery.
4. We will have more space to provide more specialised clinics and members of the team so that we can provide you with more services and more choice.
5. We will be able to have a permanent premises solution for our surgery.
6. This will provide a more welcoming environment with a larger, more modern building.
7. We will be able to provide further training and development opportunities for our staff.

Frequently Asked Questions

1. Why does the surgery have to move?

The surgery has to be relocated because the lease on our current premises expires in 2022 and we are not able to renew it due to major redevelopment work planned for the current site.

2. Will I still be able to see the same doctors and nurses?

Yes, you will continue to see the same doctors and practice staff that you currently do and will continue to be able to access appointments in the same way you do today.

3. Do I have to do anything?

No, you do not need to do anything for the move, you will remain a registered patient of Kings Cross Surgery and you do not have to register elsewhere.

4. Can't the surgery stay in the Kings Cross area?

Unfortunately, there are no suitable premises in the Kings Cross area that we can deliver primary care from. Having looked at all the suitable options available to us, we believe the best place we can relocate to is the Somers Town Medical Centre.

5. Will we have to move again in the future?

We envisage that this will be a permanent premises solution for the surgery and that we will not have to move again in the future.

6. Will any other contact details be changing?

No, the surgery telephone number 020 7278 9074 and email address kingscrosssurgery@nhs.net will be staying the same. Only the address will change.

We understand this proposal might affect some people more than others; so before any final decisions are made we would like to hear your views, recommendations and any potential challenges that this relocation might mean for you.

7. When the Kings Cross surgery site is redeveloped, will there be an opportunity to move back to this site?

This is not currently known and is unlikely. We will work with the CCG and the developer regarding the potential for provision of health services on the newly developed site and will liaise with patient regarding this through the PPG.

8. What is the reason that the lease cannot be renewed?

The St Pancras Hospital: site has for many years been identified as a redevelopment site. We have a lease for using some space there but do not own the building. It is up to the landowners to agree the future use of the site and we will work with the CCG on this to explore the possibility of including some provision for primary care in the new building plans.

9. Will Somers Town surgery merge with Kings Cross Surgery?

There are no plans to merge the two practices. However, there will be many opportunities to work across the practices for staff which will mean that patients at Kings Cross will have access to a wider clinical team and more services afforded by having additional space.

How can I share my thoughts?

- Complete and return to the surgery, the enclosed survey or complete the survey online by going to: https://www.surveymonkey.co.uk/r/KXSRELO21.

The deadline to complete and return your survey is the 19 August 2021**.** If you need any help to complete this survey, you can call the surgery on 020 7278 9074 and a member of the team will go through it with you. Forms are also available within the surgery for you to complete.

What do you need to do next?

You can continue to access your GP at Kings Cross Surgery in the usual way, until further notice.

The feedback we receive from you will form part of the CCG application to relocate the surgery and we will contact you again once a decision has been made and to share what the next steps will be.

If you have any queries, comments, or concerns please feel free to contact the practice on the contact details below.

Yours sincerely

Kings Cross Surgery
020 7278 9074
kingscrosssurgery@nhs.net

If you require this in another format, such as large print, easy-read, braille, audio, or another language, please contact kingscrosssurgery@nhs.net

PROPOSED PRACTICE RELOCATION – Feedback Form

Your feedback is important to us. We would like to know what you think about the proposed relocation and what impact it may have on you. Please complete the short questionnaire below to let us know your thoughts.

We will collate all the responses to this questionnaire and this information will be included in our CCG application for the relocation.

We will also publish the results on our website after the four week engagement period. All responses will be confidential and this form is available to be completed electronically via https://www.surveymonkey.co.uk/r/KXSRELO21.

Please tick the boxes that apply to you.

Do you support this proposal?	Yes		No		Don't Know	

If you answered 'no' to the question above please explain why on page 2 of this questionnaire.

Are you a	Patient		Carer	

Do you consider yourself to be disabled?	Yes/No		Yes/No					
What is your gender?	Male		Female		Other			
What is your age bracket?	Under 24		25 - 50		51 - 74		Over 75	
Any other information we need to take into consideration:								

Ethnic Group, please tick

White British		Serbian		Nigerian		Sudanese		Indian	
White European		White Caribbean		Japanese		Pakistani		North African	
Turkish		Black Caribbean		Chinese		Slovak		Kurdish	
Greek		White African		Filipino		Other mixed White		Croatian	
Polish		Black African		Malaysian		Bangladeshi		Iranian	
Kosovan		White Asian		Arab		Somali		Kashmiri	
Albanian		Black Asian		Israeli		Sri Lankan		Bosnian	
Other Please specify									

Please this space for any comments you have on the proposed relocation of the Kings Cross Surgery from St. Pancras Hospital to Somers Town Medical Centre.

What comments do you have on the proposed relocation?

Thank you for completing this survey. Your feedback will help us make the best decisions for ou

North Central London CCG
Primary Care Committee
21st October 2021

Report Title	Staunton Practice – increase in rent reimbursement	**Date of report**	13th October 2021	**Agenda Item**	3.8
Lead Director / Manager	Rachel Lissauer	**Email / Tel**		r.lissauer2@nhs.net 07967 312 224	
GB Member Sponsor	Rachel Lissauer, Director of Integration, Haringey Borough				
Report Author	Owen Sloman	**Email / Tel**		owen.sloman@nhs.net 0203 688 2728	
Name of Authorising Finance Lead	Tracey Lewis, Head of Finance	**Summary of Financial Implications** The current market rent will increase from £264,750 to £294,335 per annum, subject to conclusion of an agreed programme of building works.			

Report Summary

This report sets out the case for the approval of a number of works for Staunton Group at Morum House to take place which improve the premises and result in an increase rent reimbursement.

Staunton practice is a large practice in Wood Green with a list size of more than 14,000 patients. The practice has been in caretaking since May 2018. Hurley Group the new provider following a procurement will commence in the practice from 1st November 2021. The practice building, Morum House, requires improvement and remodelling in line with NHS Premises standards.

The CCG has been in discussion with the landlord Nexus about investment in the building, linked to a renewal of the lease. The discussions can now be brought to a conclusion given that the long-term contract holder is in place.

Nexus has committed to investment of £1.2m (plus VAT) to modernise the property. The works are:

- Remodelling of the reception, waiting and arrivals area, including improvements to the main entrance to bring it in-line with disability access requirements.
- Refurbishment of all 22-consulting rooms, plus the creation of 3-new consulting rooms on the 1st floor.
- Creation of a digital consulting hub on the 1st floor.
- Review of the toilet provision within the building with a view to providing more.
- Lighting to be replaced with LED fittings throughout.
- Lift refurbishment.
- New flooring and redecoration inside and out.
- External improvements to the car park (fixing drainage, surface etc), planters and external roof coverings.

	In return, the landlord is proposing a 20 year lease with a rental value of £273,700 p.a, an increase of £27,500 p.a on the current lease of £246,300 p.a. The modernisation works to be carried out has been assessed by District Valuer who has recommended the current market rent. The landlord has proposed a new lease for 20 years to commence once the works are completed, planned for October 2022. The new rental reimbursement value agreed by the District Valuer (DV) is £294,335 (includes Full Repair and Insurance (FRI)): • Total lease rent FRI £273,800 • VAT on FRI lease rent £54,760 • Total Reimbursement = £349,095pa • Deduction of VAT (£54,760). The DV has advised that VAT is not reimbursable on this allowance because VAT is only reimbursable where properly charged on the actual rent. • Current Market Rent £294,335 inclusive of FRI The lease will have three yearly rent reviews.
Recommendation	The committee is asked to **APPROVE** the 1. List of proposed works and the new Current Market Rent reimbursement of £294,335 per annum. This rent increase is conditional on £1.2m of investment in the building.
Identified Risks and Risk Management Actions	The main risk is around the volatility of the market in building supplies and labour, linked to Brexit. Nexus are signalling that they may need to revisit assumptions if there is a further significant increase in prices. Landlord has also signalled that they will want a formal letter of commitment to maintaining the practice in the building for the 20 year period. This may need navigating.
Conflicts of Interest	Non applicable
Resource Implications	The current rent will increase from £264,750 to £294,335

	CURRENT	NEW	Increase
CMR	£264,750	£294,335	£29,585
Lease Rent	£246,300	£273,800	£27,500
VAT	£49,260	£54,760	£5,500
FRI	£246,300	£273,800	£27,500
Total reimbursable	£314,010	£349,095	£35,085

Engagement	The CCG has asked Nexus and the Hurley Group to work closely with the Patient Participation Group in finalising detailed proposals.
Equality Impact Analysis	Improving quality of primary care estate in deprived areas is a significant part of our response to reducing inequalities of access.
Report History and Key Decisions	Not Applicable
Next Steps	Nexus to work with Hurley and the practice's Patient Participation Group to finalise proposals.
Appendices	n/a

1.0 Recommendation

The committee is asked to approve the list of works that the landlord has proposed and the new rent reimbursement value of £294,335 which the District Valuer (DV) has recommended. The new 20 year lease will start when the improvement works are complete, planned for October 2021.

2.0 Background

The Staunton practice in Wood Green has a list size of c. 14,000 patients. The practice has been in caretaking since May 2018. The CCG has held a procurement exercise for a new provider and the Hurley Group APMS contract commences from 1st November 2021.

The practice building, Morum House, is in poor repair and needs significant investment. The installation of a new contract holder represents a fresh start and so is the right moment for that investment. The CCG and the landlords Nexus have agreed that the landlord will invest £1.2m in a significant modernisation, covering:

- Remodelling of the reception, waiting and arrivals area, including improvements to the main entrance to bring it in-line with disability access requirements.
- Refurbishment of all 22-consulting rooms, plus the creation of 3-new consulting rooms on the 1st floor.
- Creation of a digital consulting hub on the 1st floor.
- Review of the toilet provision within the building with a view to providing more.
- Lighting to be replaced with LED fittings throughout.
- Lift refurbishment.
- New flooring and redecoration inside and out.
- External improvements to the car park (fixing drainage, surface etc), planters and external roof coverings.

3.0 Next steps

Nexus will develop detailed plans further with the new contract holder the Hurley Group and with the Patient Participation Group. The PPG will welcome the opportunity to contribute to the detailed designs. The CCG's estates team will also be involved and will bring in the CSU Infection Control team to review designs against with NHS guidance.

The plan is that Nexus will issue a tender for building contractors in December 2021 and make an appointment in February 2022. Works will start in April 2022 and be complete by October 2022.

Upon completion of the works a new 20 year lease will be signed with an initial reimbursable value of £294,335 per annum.

North Central London CCG
Primary Care Commissioning Committee
21 October 2021

Report Title	London Operating Model 2021/22 for the Collaborative Commissioning of Primary Care Services (General Practice)	**Date of report**	12th October 2021	**Agenda Item**	3.9
Lead Director / Manager	Paul Sinden, Chief Operating Officer	**Email / Tel**		p.sinden@nhs.net	
GB Member Sponsor	Not applicable				
Report Author	Jonathan Weaver, Project Manager NHSEI on behalf of London CCGs	**Email / Tel**			
Name of Authorising Finance Lead	Not applicable	**Summary of Financial Implications** Not applicable			
Report Summary	The London Operating Framework document sets out national NHS England policy associated with the contract and commissioning of primary care, (specifically GP services regulation, policy and guidance which has been agreed by the five CCGs that collectively comprise the London area. The changes in the document will be applicable from 1st April 2021 until 31st March 2022, when the need for a further review will be required following the proposed establishment of Integrated Care Systems. Whilst the concept of delegation may not be required at some stage after 1st April 2022, the collaborative approaches and arrangements agreed by NHS England and the (now) five delegated CCGs, may still be relevant to consider. **Summary of Key Changes** 1. The context in which the London Operating model sits has been updated 2. The PCCC processes elements have been edited, taking out elements that have been established common practice, although some bits are still included in recognition that there are 2 new CCGs. These are captured in the decision making, governance and processes sections of the main document 3. Minor amendments to the Memorandum of Understanding (MOU) are in 2 specific areas: Annex 4: Performer contract decision-making process and legal advice, the original version of which is attached as Appendix 2 of the LOM.				

	4. The membership of Annex 1: Primary Care Management Board and Other Pan London Fora has been updated 5. The responsibilities of PCCCs in Annex 2 has been streamlined so that they reflect the requirements of the Delegation Agreement, this section currently includes a significant number of responsibilities that are not required under the Agreement 6. Annex 3: Section 13Z - CCG statutory duties had no changes 7. Annex 4: Performer contract decision-making process, in collaboration with the Medical Directorate has been updated 8. The number of pan London lead responsibilities in Annex 5 has been reduced to reflect current arrangements. (The original list reflected the fact that primary care teams were transitioning from an operating model which enabled everyone to work together from one location to one where the 5 teams were much more self-sufficient) 9. Annex 6 has been updated to reflect the current status of the FutureNHS workspace, which is the repository of key documents, guidance, processes and information for all London CCGs. NB. The process of maintenance of this workspace is part of an ongoing programme of work
Recommendation	The Committee is requested to: a. **Agree** the amendments to the London Operating Model as reflected in the London Operating Model 2021/22 and amendments to the Memorandum of Understanding (MOU) specifically in respect of NHS England function in terms of securing legal advice for primary care commissioning activity. b. **Agree** that the revised London Operating Model and changes to the MOU be adopted by North Central London CCG c. **Note** that the London Operating Model 2021/22 should be applicable for Financial Year 2021/22 but will need further review leading up to the planned ICS reform d. **Endorse** that only material changes should be brought back to the PCCC, and note that non-material changes will be signed off by the relevant CCG SRO for primary care, in mutual collaboration e. **Note** Legal Services will no longer be retained ongoing function of NHS England, and that this will require the CCG to secure and fund future legal advice associated with Primary Care Services f. **Note** that Londonwide LMCs has commented on the London Operating Model 2021/22 and their comments have been reviewed and where appropriate incorporated into the document g. **Note** that, where LMC comments which link to PCT Terms of Reference have not been incorporated into the Operating Model, those comments will be re-considered when committee TORs are reviewed as part of the transition to Integrated Care Systems.
Identified Risks and Risk Management Actions	The key risks are associated with: The document becoming out of date, particularly in light of the planned ICS reforms and any resultant need for CCGs to operate outside of the London Operating Model 2021/22. This risk will be mitigated by **(a)** the London Primary Care Leads Network, which will provide a watching brief over the London Operating Model 2021/22, recommending amendments where required; and **(b)** the plan to further review the London Operating Model 2021/22 to reflect the proposed ICS reforms when such details become available.

	NHS England and/or other CCGs not delivering in respect of their responsibilities under the London Operating Model 2021/22. This risk will be mitigated in part by **(a)** the MOU between the parties; and in part by **(b)** the activities of the London Primary Care Leads Network; and (**c)** the Primary Care Management Board (when it is reconvened). Responsibility for securing and funding legal advice associated with Primary Medical Care activities has shifted to CCGs. It should also be noted that this matter will need to be addressed as part of the ICS organisational arrangements leading up to 1 April 2022
Conflicts of Interest	
Resource Implications	There may be only one direct financial impact arising from this proposal, and that is due to primary medical care legal costs becoming the CCG's direct funding responsibility.
Engagement	As this proposal only relates to the collaborative arrangements between CCGs and NHS England and governance processes associated with the management of GP contracts, no specific patient engagement has been undertaken, nor is considered necessary. Naturally, patient engagement should be undertaken relating to specific changes in individual practices.
Equality Impact Analysis	There is no specific Equalities legislation impact arising from this proposal other than being able to demonstrate that regardless of where a GP contract holder is geographically located in London, the principle of transparent and consistent application and determination of decisions should be upheld.
Report History and Key Decisions	The Operating Model has been previously referred to NCL PCCC members
Next Steps	Ensure that all relevant primary care staff are aware of the amendments/contents of the London Operating Model 2021/22 Work with the four other London systems to review the London Operating Model, no later than Q4 of 2021/22 to determine what aspects of it are likely to remain applicable from 2022/23
Appendices	

Background

The original London Operating Model was first drafted in 2015, following the 2013 NHS reforms that resulted in the creation of 32 Clinical Commissioning Groups (CCGs) in London to replace Primary Care Trusts (PCTs). The original London Operating Model identified NHS England as the body responsible for the commissioning of Primary Care services with the expectation that it co-commissioned such services with the newly-formed CCGs. Under those co-commissioning arrangements, NHS England was able to delegate responsibilities and functions to CCGs based on the relevant CCG's level of delegation. By the end of 2017, all CCGs in London had achieved level three, the highest level of delegated commissioning

Linked to the transfer of NHS England primary care teams to five host CCGs across London, all London CCGs signed a Memorandum of Understanding (MOU) effective from 1st April 2019. The purpose of this was to enable the successful delivery of delegated Primary Care commissioning functions within London in an efficient, effective and consistent way by outlining those functions which it was agreed would benefit from a continued 'Once for London' approach.

In April 2020 NHS England primary care team staff transferred to their respective geographic areas under COSOP (TUPE light transfer).

By April 2021 all five geographic areas in London had agreed to merge, resulting in five new fully delegated CCGs with responsibility for the discharge of most primary care commissioning functions, the scope of responsibility having been considerably extended since 2013, with only a limited number of functions retained by NHS England.

As a consequence of these significant changes to the primary care commissioning landscape that had occurred since the original London Operating Model had been drafted, there was a need to review the model, ensure it aligned with the more latterly produced MOU and that the associated Once for London Standard Operating Procedures (SOPs) were up to date. Support was commissioned by the five CCGs to undertake this body of work.

In February 2021 NHS England & NHS Improvement published plans to make further reforms to the system of health service commissioning and provision through the establishment of Integrated Care Systems (ICS). It is recognised that this is likely to have further profound impacts on the way in which Primary Care services are commissioned and provided in the future, but this health landscape has not yet been reflected in this document, as not all details are available and the legislative process is not yet complete.

Key Points to Note

It should be noted that this London Operating Model 2021/22 is a complete refresh of the original document that was published in 2015. Its production, and alignment with the more latterly produced MOU, has been commissioned by the five systems in London and undertaken under the direction of, and with contribution and guidance by, the five London CCG Heads of Primary Care.

This document sets out national NHS England policy associated with the commissioning of primary care (currently specifically GP services) and local policy and guidance agreed by the five CCGs that collectively comprise the London area, that will be applicable from 1st April 2021 until 31st March 2022, when the need for a further review will be required following the proposed establishment of Integrated Care Systems. Whilst the concept of delegation may not be required at some stage after 1st April 2022, the collaborative approaches and arrangements agreed by NHS England and the (now) five delegated commissioners, may still be relevant to consider.

As there is no longer one single body responsible for the commissioning of Primary Care in London, this document and its associated collaborative approaches (i.e. the MOU and the SOPs) will need to be formally agreed by each of the relevant London CCG Primary Care Commissioning Committees (and NHS England for any changes to retained responsibilities) before it is considered final.

Once this document has been signed off by NHS England for London and each of the London CCGs, any significant variance from or additions to the processes described here will need to be agreed and minuted by the relevant Primary Care Commissioning Committees (PCCCs) given that such a variance will be a departure from the agreed London Operating Model 2021/22.

However, in keeping with the arrangements for the first London Operating Model, non-material changes will be signed off by the relevant CCG SRO for primary care, with mutual collaboration.

It is important to note that the processes included within this document do not require every CCG to have identical committee or membership arrangements, as the latter need to fit into a CCG's wider governance arrangements. Instead the London Operating Model describes a governance framework which will be applied locally.

NHS Legal team were responsible for securing and funding legal advice, related to the core primary care contracts. It should be noted that during the preparation of this document the Heads of Primary Care were advised by NHS England's legal team, that this arrangements would cease effective from 1st April 2021 as the arrangements was not set out in the delegated agreement. Accordingly, this has been removed as an NHS England retained function and CCGs will have to secure and fund these services themselves.

Summary of Expected Benefits

The key benefits for the CCG will be those associated with adopting a collaborative 'Once for London' approach to the commissioning of primary medical services. These benefits include but are not limited to:

i) The establishment of best commissioning practice, including benefiting from tried and tested standard operating protocols (SOPs)
ii) The production of guidance documents and specialist advice from experienced colleagues based in other CCGs across London
iii) Through the assignment of pan London responsibilities, establishing centres of specific expertise for aspects of primary care service commissioning that either require specific focus or would represent such a small area of business for an individual CCG, that sufficient experience would be developed 'in-house' to ensure safe discharge of duty
iv) By adopting a 'Once for London' approach, there are savings in terms of staff and management resource that might otherwise be deployed in replicating activities in each CCG
v) By adopting a 'Once for London' approach, it has been possible to engage more efficiently with the three representative bodies that make up London's Local Medical Committees, and to demonstrate that there is a continued commitment to developing and implementing consistent and transparent arrangements
vi) The London Operating Model and more latterly produced MOU are now in alignment and the MOU and SOPs are all stored in one place on the FutureNHS portal (please see Annex 6 of the London Operating Model 2021/22 for more details regarding FutureNHS)

Impact on patients / service users

The revised London Operating Model 2021/22 should provide a positive impact on patients/ service users by encouraging commissioning consistency through collaboration and best practice across London, and through the freeing up of management and staff time to focus on clinical services.

Impact on other practices, including PCNs

The revised London Operating Model 2021/22 should provide a positive impact on practices and PCNs through the adoption of best commissioning practice across London and the standardisation of key operating procedures that have been agreed with relevant LMCs.

Estates impact

The revised London Operating Model 2021/22 should provide a positive impact on the development of GP Estate by reinforcing and updating the current arrangements for specialised support, through the identification of pan London responsibilities discharged by the London Estates Delivery Unit.

Workforce impact

The proposed London Operating Model 2021/22 should provide a positive impact on the workforce of the CCG, benefiting from the 'Once for London' approach, best practice and specialist advice.

The London Operating Model 2021/22 should be considered a neutral impact on GP Practice workforce, although there may be some indirect benefits through the implementation of some of the SOPs.

Improve quality / safety

The revised London Operating Model 2021/22 should provide a positive impact on both quality and safety. Some of the retained responsibilities and pan London responsibilities will ensure that expertise is retained in key areas such as Professional Standards and the commissioning of Clinical Waste removal. Furthermore the 'Once for London" approach, best practice and specialist advice to be delivered under the model should ensure high standards are retained across London.

Support integration

The revised London Operating Model 2021/22 will support the integration agenda through the dissemination of best practice and learning between the five London CCGs.

The revised London Operating Model sits alongside CCG and individual Borough primary care strategies, and enables the GP contract regulatory framework to be applied in the context of strategic priorities

Stakeholder engagement, including LMC, Health Watch, Scrutiny committee, MPs, Councillors,

As this proposal only relates to the collaborative arrangements between CCGs and NHS England and governance processes associated with the management of GP contracts, the only specific engagement that has been undertaken is with the three representative LMC organisations covering London. LMCs received the final draft documentation and were asked to comment on any material concerns relating to the London Operating Model, noting that each Once for London Standard Operating Process/Procedure was subject to separate engagement at the relevant time.

Key comments that arose which resulted in amendments to the London Operating Model were as follows:

- Agreed to add links to all CCG PCCC TORs when available
- Addition of specific section about decisions made through Once for London Policy and clarity about decisions made through Other Local CCG policies in particular the expectation of LMC engagement
- Amendment to the process of decision-making through policies
- Note to ensure that any assessment of practice performance would be on the most up-to-date practice data available
- Insertion encouraging CCGs to liaise with LMCs and to advise practices facing contract termination to contact the GP Support team at their relevant LMCs
- Amendments to the section relating to contractual payments associated with suspended GPs to reflect required involvement of the Medical Directorate
- Amendment to reflect that Locally agreed outcomes and KPIs should be discussed with the LMC before implementation.

Other matters raised were either clarifications (in particular in relation to urgent planned and unplanned decisions made outside of committee and concerns relating to the delay in the publication of the updated Premises Cost Directions) or were considered non-material.

Other requests arising from engagement were as follows:

- For PCCCs to ensure papers are circulated ahead of meetings in accordance with their TORs. Londonwide LMC considered that this should be a minimum of 7 days ahead of a meeting to allow members time to properly review papers, however because of different current committee working arrangement across London, no minimum period has been stipulated in the updated London Operating Model. CCGs with PCCCs where the period is less than 5 days are asked to consider an amendment next time the committee TOR is reviewed.

- That LMCs are routinely invited to the closed part of a PCCC meeting, and only specifically excluded if there is a demonstrable conflict of interest. This requirement was ***not*** included in the updated London Operating Model as only one of the five CCGs was currently adopting this practice. CCGs where LMCs are not invited to the closed part of a PCCC meeting are asked to consider this request when the committee structures and TOR are reviewed prior to the establishment of ICS.

- Establishing a set of London Principles for short-term or interim practice caretaking arrangements

London Operating Model 2021/22

for the

Collaborative Commissioning of Primary Care Services (General Practice)

Document filename: London Operating Model 2021/22			
Directorate / programme	Primary Care Commissioning	Project	Primary Care Commissioning
Document reference			
Project manager	Jonathan Weaver	Status	For Approval
Owner	Primary Care Committees	Version	1.0
Author	Jonathan Weaver	Version issue date	21/04/2021

London Operating Model 2021/22

for the Collaborative Commissioning of Primary Care Services (General Practice)

Document Management

Revision history

Version	Date	Summary of changes
1.0	25th June 2021	Final Draft

Reviewed by:

This document must be reviewed by the following people before being shared externally:

Reviewer name	Title/responsibility	Status	Version
Jill Webb	Former Head of Primary Care, SE London	Reviewed Prior to 25 June 2021	1.0
Debbie Power / Harry Goldingay	Senior Commissioning Programme Managers (General Practice Services (SEL) & Premises)	Reviewed Prior to 25 June 2021	1.0
Alison Goodlad	Deputy Director of Primary Care, NE London	Reviewed Prior to 25 June 2021	1.0
Vanessa Piper	Head of Primary Care, NC London	Reviewed Prior to 25 June 2021	1.0
Katie Thomas / Kasia Gaj	Deputy Director of Primary Care SW London	Reviewed Prior to 25 June 2021	1.0
Julie Sands	Head of Primary Care, NW London	Reviewed Prior to 25 June 2021	1.0
William Cunningham-Davis	Former Deputy Director of Primary Care SW London	Reviewed Prior to 25 June 2021	1.0

Approved by:

This document must be approved by the following groups:

NHS England & Improvement:

Name	Signature	Title	Expected Date	Version

Following sign-off by NHS England & Improvement (London), this document must be accepted by each of the London Primary Care Commissioning Committees (PCCCs). These groups are shown below:

Primary Care Commissioning Committees

Area	Title	Expected Date	Doc Version	Name
SEL CCG	Primary Care Commissioning Committee	July/Aug 2021	1.0	London Operating Model 2021/22
SWL CCG	Primary Care Commissioning Committee	July/Aug 2021	1.0	London Operating Model 2021/22
NEL CCG	Primary Care Commissioning Committee	July/Aug 2021	1.0	London Operating Model 2021/22
NCL CCG	Primary Care Commissioning Committee	July/Aug 2021	1.0	London Operating Model 2021/22
NWL CCG	Primary Care Commissioning Committee	July/Aug 2021	1.0	London Operating Model 2021/22

Related documents

It is recommended that each CCG reviews the Terms of Reference for its Primary Care Commissioning Committee to ensure that it reflects this *agreed updated* London Operating Model 2021/22.

Other documents associated with this London Operating Model 2021/22 are:

i) the original Memorandum of Understanding between NHS England and each of the London CCGs (which can be found on the London Operating Model workspace on FutureNHS, the link to which is in Annex 6). Where amendments have been made to specific retained functions or lead areas in the MOU, this has been undertaken in consort with the NHS England relevant lead.

ii) the National Delegation Agreement (which can be found on the NHS England & Improvement website here)

Document control

The controlled copy of this document is maintained collaboratively by the CCGs through their Heads of Primary Care meeting, responsibility for updates being appropriately assigned collectively by the Heads of Primary Care from time to time. An up-to-date version of this document will be retained on the FutureNHS website (a link to the relevant workspace is provided in Annex 6). Any copies of this document held outside of this area, in whatever format (e.g. paper, email attachment) are considered to have passed out of control and should be checked for currency and validity.

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1. Introduction

1.1 Background

The original London Operating Model was first drafted in 2015, following the 2013 NHS reforms that resulted in the creation of 32 Clinical Commissioning Groups (CCGs) in London to replace Primary Care Trusts (PCTs). The original London Operating Model identified NHS England as the body responsible for the commissioning of Primary Care services with the expectation that it co-commissioned such services with the newly-formed CCGs. Under those co-commissioning arrangements, NHS England was able to delegate responsibilities and functions to CCGs based on the relevant CCG's level of delegation. There were three levels of delegation, level three being the highest level of responsibility and representing full delegation of decision-making responsibility for some functions. By the end of 2017[1], all CCGs in London had achieved level three delegated commissioning.

In 2018 there were some structural changes within NHS England, and the boards of NHS England and NHS Improvement (the body responsible for overseeing foundation trusts and NHS trusts) agreed to share a chief executive and other executive posts. The joint organisation being renamed NHS England & NHS Improvement.[2]

In January 2019, the NHS Long Term Plan set out the plans for the introduction of Primary Care Networks (PCNs), with a requirement that all GP practices should be part of a PCN by July 2019 and take part in the PCN Direct Enhanced Service (PCN DES) from 1st July 2019. The PCN DES represented a major reform in general practice and Primary Care commissioning and strategy.

The 32 London CCGs signed a Memorandum of Understanding (MOU) effective from 1st April 2019. The purpose of this MOU was to enable the successful delivery of delegated Primary Care commissioning functions within London in an efficient, effective and consistent way. The document outlined those functions which it was agreed would benefit from a continued 'Once for London' approach.

In April 2020, in parallel with the transfer of the respective NHS England primary care team staff to their geographic area under COSOP, the 6 CCGs in SEL agreed to merge to become the first ICS/CCG in London, and the 6 CCGs in SWL and 5 in NCL also each agreed to merge to become one.

In February 2021 NHS England & NHS Improvement published plans to make further reforms to the system of health service commissioning and provision through the establishment of Integrated Care Systems (ICS). It is recognised that this is likely to have a profound impact on the way in which Primary Care services are commissioned and provided in the future, but this health landscape cannot yet be reflected in this document, as insufficient information is currently available.

In April 2021, the remaining 2 geographic areas in London (NEL and NWL) agreed to merge, resulting in five new fully delegated CCGs with responsibility for the discharge of most primary care commissioning functions, the scope of responsibility having been considerably extended since 2013, with only a limited number of functions retained by NHS England.

It should be noted that the above planned ICS reforms include the probable delegation by NHS England of responsibility for the commissioning of Dental, Optometry and Community Pharmacy Services (DOPS) to the ICS'. Although the scope of this paper does not include these areas of Primary Care, it is recognised and hoped that this

[1] City and Hackney became level three in 2017 (last one in London)
[2] https://en.wikipedia.org/wiki/NHS_Improvement

London Operating Model 2021/22 can and will be adapted to include these areas of commissioning in the future, with the agreement of the 5 ICS' covering London. Furthermore, given the rationalised and specialist number of staff that discharge DOPS contractual activities, it is probable and hopeful from the learnings we have had from the delegation of the GP support teams, that one of the five London CCGs could be nominated or request to have host responsibility for the DOPs Team on behalf of the other ICS and systems; managing a pan-London service for the commissioning of these services (with the possible exception of locally commissioned pharmacy services), which will require an amendment to Annex 5.
Subject to London's 5 new ICS' being established from April 2021, a further review of this London Operating Model would be desirable. Whilst the concept of delegation may not be necessary, the collaborative approaches and arrangements agreed by NHS England and the (now) five delegated commissioners, may still be relevant to consider.

1.2 Purpose of this document

This document sets out national NHS England policy associated with the commissioning of Primary Care (currently specifically GP services) and local policy and guidance agreed by the five CCGs that collectively comprise the London area, that will be applicable from 1st April 2021 until the need for a further review, following the proposed establishment of Integrated Care Systems in April 2022, is required.

As there is no longer one single body responsible for the commissioning of Primary Care in London, this document and its associated collaborative approaches will need to be formally agreed by each of the relevant London CCG Primary Care Commissioning Committees (and NHS England for retained responsibilities) before it is considered final.
It is important to note that this document has been prepared to allow local CCG flexibility of approach where possible.

Governance of this document and processes

Once this document has been signed off by NHS England for London and each of the London CCGs, any significant variance from the processes described here will need to be agreed and minuted by the relevant Primary Care Commissioning Committees (PCCCs) given that such a variance will be a departure from the agreed London Operating Model 2021/22.
Any changes to the London Operating Model 2021/22 will need to be considered and approved by all five London CCGs.

1.2.1 London Operating Model 2021/22 production

It should be noted that this London Operating Model 2021/22 is a complete refresh of the original document that was published in 2015. Its production has been commissioned by the five systems in London and undertaken under the direction of, and with contribution and guidance by the five London CCG Heads of Primary Care.

1.3 London Region's Primary Care Management Board

NHS England and the five London CCGs previously agreed to establish a London Region Primary Care Management Board (PCMB) under an MOU signed by the parties. This gave the systems a formal governance meeting / committee to receive and review proposals at a London level. The current membership of the PCMB is set

out fully in Annex 1 and includes the five CCG Heads of Primary Care (or their equivalent), CCG Leads, NHS England Regional Finance Lead and Medical Director representation.
The key functions of the PCMB are:

a) To agree new policies and guidance including using best practice from member CCGs, which would typically be developed by one of the ICS/CCG Primary Care Teams. For the avoidance of doubt the PCMB would act as an Advisory Board and therefore the adoption of any new 'London' policies, ways of working or standardised 'London position' would need to be formally ratified by each member CCG Primary Care Commissioning Committee (PCCC).
b) To provide clarity, where and when required, on the elements of this London Operating Model 2021/22 to assist with its interpretation and implementation.
c) To enable the CCG AOs to make non-material changes to the London Operating Model 2021/22 and associated policies and guidance. Material changes such as new policies/guidance or substantially changed policy/guidance could be recommended by the PCMB but would need to be approved by the PCCCs of all five London CCGs.

The full Terms of Reference for the PCMB are available on the FutureNHS workspace that can be accessed via the link in Annex 6.
NB. Should the concept of 'Delegation' still be relevant following the formation as ICS' as statutory bodies, it is probable that the PCMB would need to extend its remit to include the commissioning of Dental, Optometry and Pharmacy services to accommodate the expected delegation of the commissioning of these services to CCGs from April 2022.
It is also envisaged that senior Primary Care representatives (currently Heads of Primary Care) from each CCG shall meet regularly to support the delivery of this London Operating Model 2021/22. In order to fully enact the London Operating Model 2021/22 collaboratively, it is expected that the Heads of Primary Care or equivalent meet twice monthly.

1.4 Operating model processes for individual Primary Care Commissioning Committees (PCCCs)

The statutory duties for CCGs are set out in Annex 3 and delegated responsibilities are set out in Schedule 2 of the 2018 Delegation Agreement. This London Operating Model 2021/22 aims to provide a standardised version of an operating model for the commissioning of Primary Care (currently just GP services) across London that is compliant with those statutory and delegated duties. However, decisions relating to the matters set out in a) and b) below are considered acceptable levels of customisation by an individual Primary Care Commissioning Committee (PCCC) of a CCG within this standard model:

a) The standard policies set out in this document to assist decision-making should be reviewed and agreed by each PCCC; each or any PCCC may wish to **add others;**

b) The **sub-committee structure is likely to be different for each PCCC** but should follow the principles defined within this London Operating Model 2021/22.

Where such customisation of the London Operating Model 2021/22 is locally agreed by a PCCC, this will be reflected in the Terms of Reference (TOR) of that PCCC, or other relevant document as is appropriate.

1.5 Primary Care Commissioning Committee

Throughout this document, the body which conducts Primary Care Commissioning decision-making on behalf of a CCG is referred to as a Primary Care Commissioning Committee (PCCC). Any associated reference to a 'committee' should be taken to mean the same body.

1.6 Responsibilities remaining with NHS England

The following responsibilities will remain with NHS England and have not been delegated to CCGs in London:

a) Continuing to set nationally mandated rules to ensure consistency and delivery goals outlined in the mandate set by government
b) The terms of GMS contracts and any nationally determined elements of PMS and APMS contracts will continue to be set out in the respective regulations/directions
c) Professional Standards; functions relating to individual GP performance management (medical performers' lists for GPs, appraisal and revalidation) – see Annex 4.
d) Administration of payments to GPs
e) Patient list management
f) Professional procurement support services
g) Capital expenditure functions
h) Primary Care Patient Complaints functions
i) Occupational Health – arrangements made between NHS England and OH providers

Some of the above responsibilities are retained by NHS England under national mandate. Other responsibilities have been granted to NHS England in London by the five London CCGs under a Memorandum of Understanding (MOU). Greater detail of these functions can be found in paragraph 9 of the MOU, which can be found on the FutureNHS workspace, the link to which is in Annex 6. Where amendments have been made to specific functions, this has been undertaken in consort with the NHS England relevant lead.
In addition to there being retained NHS England responsibilities, there are a number of responsibilities that have been allocated to specific CCGs on behalf of the other CCGs in London. Details of these can be found in the pan-London responsibilities table in Annex 5.

NB. Legal Services support to Primary Care which was a retained function under the previous version of the London Operating Model has ceased to be a retained NHS England function.

2. Decision-Making

2.1 Decision-making principles

It is agreed that each CCG in London will have its own Primary Care Commissioning Committee (PCCC) that will have delegated responsibility to make decisions in relation to Primary Care.
In general, it will be for each individual CCG and its associated PCCC to determine what and how decisions in each CCG are made, the processes for which should be set out in the Terms of Reference (TOR) for each respective committee.
PCCCs should comply with principles of good practice in decision-making. This includes adherence to Conflicts of Interest guidance, which should also be applicable for any subgroups set up to support the PCCCs.

2.2 Decision-making process

There are broadly three types of decision-making process:

a) **Decision-making through policies.** These are generally CCG officer-led, and therefore require minimal/no discussion at PCCC level because there is an approved policy in place which provides clarity on the action required (see section 2.2.1 below).
b) **Urgent decisions which cannot wait until the next PCCC**. These decisions require emergency processes (see section 2.2.2 below).
c) **Decisions to be discussed and made at PCCC**. Other Primary Care commissioning decisions should be made within the PCCC. It is expected in many cases that recommendations will be made to the committee by CCG officers who have undertaken pre-work or sub-committees as appropriate (see section 2.2.3 below).

2.2.1 Decision-making through policies

The key principles applying to decision-making under policies are as follows:

a) The application of policies, procedures or protocols may be implemented by CCG officers, as is appropriate
b) CCG officers should only implement policies that have been formally approved/adopted by their CCG PCCC
c) All decisions made and implemented by CCG officers under approved policies must be reported to the next PCCC of their CCG
d) The PCCC should formally note those reported decisions made under approved policies
e) The PCCC may wish to review reported decisions made under approved policies on an exception basis or where feedback is received that gives rise to some concern to assure itself that officer decisions remain aligned with the **application** of the relevant SOPs. Should concerns arise before the relevant meeting, the chairman will arrange to discuss with relevant officers and the outcome of that discussion will be taken into account when the PCCC receives the report, as appropriate. Should concerns be raised after the PCCC at which the officer was reporting, then the outcome of the discussion between the chairman and relevant officers will be reported, as appropriate at the next available meeting.
f) Should the PCCC have concerns about the content of an agreed SOP, subject to its origins, the following actions should take place:
    - For SOPs that originate from the Primary Medical Services Policy & Guidance Manual, a discussion between the chair and accountable CCG lead for GP

contracts should take place, and if there is agreement that there is a matter that should be raised to NHS England central colleagues, the CCG officer will do so, and will also notify GP contracts teams in the four other London CCGs.

- For SOPs that originate from the primary care commissioning London Operating Model, a discussion between the chair and accountable CCG lead for GP contracts should take place, and if there is agreement that there is a matter that should be raised with GP contract leads in the four other CCGs, the CCG officer will do so.
- For SOPs that have specifically been agreed at CCG level, a discussion between the chair and accountable CCG lead for GP contracts should take place, and if there is agreement that there is a matter that should be reviewed, the CCG officer will arrange to do so.

In all cases, the relevant PCCC(s) shall receive an update at its next meeting, and any necessary amendments to SOPs will be made, following engagement with London LMC representative organisations, proportionate to the materiality of the matter. Subject to the materiality of any amendments, the PCCC or SRO for PC may need to approve the revision. Where the PCCC has already approved or noted an officer decision which may have been different should the amended SOP have been in place, then the PCCC will consider the materiality of the amendment, alongside the risk of changing the decision at this later stage, and will determine whether it is proportionate to make an amendment to the previous decision. **There are two types of policy that need to be considered:**

2.2.1.1 Nationally defined policies

These policies will have been issued nationally by NHS England and there will be limited scope to change them.

It is proposed that these policies are discussed as soon possible by each PCCC after they are published/issued so that the committee and the members understand any required actions for compliance.

Examples of where nationally defined policies currently exist are:

a) GP patient list closure
b) GP patient registration boundary changes
c) Discretionary payments
d) Contractual changes

There are several other areas where standard operating processes or policies have been issued by NHS England and where it is expected that decisions will still need to be made by CCGs within PCCCs. These are not included here but a full list of potential decisions with policies can be found in Figure 1 in section 2.2.3.1.

2.2.1.2 Policies or processes agreed for Once for London

These policies will have been locally developed for London and issued under the London Operating Model, being prepared by the Heads of Primary Care and adopted by each of the London CCG PCCCs. There will therefore be limited scope for an

individual PCCC to change these policies, unless thre is evidence that all CCGs are in agreement

2.2.1.3 Locally agreed policies or processes

In addition to the Policies and Processes developed Once for London it is recognised that individual CCGs will have developed, and may continue to develop local policies and procedures for their particular need.

These policies will have been issued locally by the CCG and will therefore be within scope for an individual PCCC to change following appropriate consultation with stakeholder and the relevant LMC

Local policies are useful because they relieve agenda pressure on committees, allowing officer-level action and consistency in approach. Although flexibility exists, CCGs should be wary about deviating from locally agreed policies or changing them too frequently, so as to ensure that all Primary Care contractors are treated fairly and consistently.

2.2.2 Urgent decision-making

'Urgent' is defined in this document as being a decision which cannot be made within a PCCC because of the required timing and nature of the decision. It is important to note that there are two types of urgent decisions. These are described in sections 2.2.2.1 and 2.2.2.2 below.
The PCCC in each CCG will be accountable for all decisions, even if they are taken outside of a scheduled meeting. Therefore, every PCCC should agree and document within their Terms of Reference the process for these urgent decision-making eventualities should they arise.

2.2.2.1 Urgent unplanned decisions

An urgent unplanned decision arises when something unexpected occurs that requires immediate action. For example, if a practice goes bankrupt a decision will need to be made immediately in order to support the patients on the registered list.
The below principles should apply to urgent unplanned decisions:

a) Wherever possible, only decisions necessary to maintain patient care should be taken outside of PCCC
b) The Terms of Reference of the PCCC should set out the members' responsibilities for making urgent unplanned decisions
c) Any decisions made outside of PCCC should be reported at the next committee for member information, ratification and any further action and recording.

2.2.2.2 Urgent planned decisions

There may be some urgent decisions that are expected, but cannot be made at the previous/an earlier committee because, for example, there was insufficient information, and/or the decision must be made before the next committee.

This means that decisions do need to be made through an urgent process, but that some planning can be undertaken ahead of the decision. Specific arrangements for each CCG should be referenced in their respective PCCC Terms of Reference and include the following principles:

a) In the event that a decision cannot be taken in the PCCC because insufficient information is known at the time, or there are some other inhibiting circumstances, **planning should be undertaken as much as possible to ensure the PCCC is able to input into the decision-making process**

b) Therefore, any elements of the decision or process relating to the decision should be discussed and **where possible a decision should be made by PCCC that is contingent on a specific activity or information.** If necessary **a sub or working group may be set up**, or a CCG officer charged with responsibility for completing this activity so that the decision can be implemented. NB. There may be an existing group or sub-committee that could undertake this work. If a contingent decision is not possible then the PCCC itself could agree to a **special meeting** (to which all committee voting and non-voting members **should be invited**, although accepting that it may not be possible to arrange a time when all can attend) or, if **Chair's Action** is considered necessary, officers will ensure that the relevant papers are available to and views of voting and non-voting members are or have been sought to support the Chair's Action. NB. A special meeting could take the form of a virtual meeting or email exchange, but the PCCC should ensure there are sufficient record-taking processes in place.

c) Any decisions made outside of PCCC should be reported at the next committee for member information, ratification, any further action and recording.

2.2.3 Decisions to be discussed and made at PCCC

2.2.3.1 Business as usual decisions

The table below sets out the functions that will need be decided by each CCG PCCC. This includes a recommendation as to the type of decision the committee will be asked to make.

Figure 1: Functions to be decided at PCCC

Name	Function	Committee decisions needed (BAU)	Decision possible with approved policy 2.2.1)	Need for urgent decision (2.2.2)	Does a national/London SOP/policy/report exist?
Determination of key decisions or requests	List closure		Yes		Yes
	List suspension		Yes		Yes
	Practice mergers/ moves	Yes			Yes
	Boundary changes		Yes		Yes
	Securing services through APMS contracts	Yes			Yes – Strategic Review doc
	PMS (reviews etc)	Yes			Yes
	Discretionary payments		Yes		Yes (Appeal/ complaint SOP)
	Remedial and breach notices	Yes		Yes	Yes (Contractual issues of concern)

Name	Function	Committee decisions needed (BAU)	Decision possible with approved policy 2.2.1)	Need for urgent decision (2.2.2)	Does a national/London SOP/policy/report exist?
	CQC *Inadequate* and *Requires Improvement* ratings	Yes		Yes	Yes – National (Inadequate) Yes – London (Requires Improvement) but is under review as at 1st April. Aim to provide revised SOP, following LMC engagement for July 21 PCCC consideration.
	Contract termination e.g. Death/ Bankruptcy/ CQC issues	Yes		Yes	Yes (bankruptcy, and options)
	Contractual changes (contentious/ important)	Yes		Yes	Yes see Primary Care Guidance Manual
	Contractual changes (transactional)		Yes		Yes (Contract signatory changes)
	Locum reimbursements		Yes		Yes plus London FAQ (Frequently Asked Questions)
	Locum cover or GP performer payments for parental and sickness leave		Yes		Yes plus London FAQ
	Infection prevention and control		Yes		SLA
	GP Rent review process	Yes	Yes	Yes	Yes: provided to the five London CCGs when primary care team transferred on 1st April 2019
	Edec (Electronic Declaration) irregularities	Yes	Yes		Subject to national guidance on a year-by-year basis.
Financial Processes	Ensuring budget sustainability	Yes			
	Management Accounting	Yes			
Strategy & Policy	Securing quality improvement	Yes			
	Developing and agreeing outcome framework e.g. LIS	Yes			Yes (for LIS schemes)
	Securing consistent population based provision of advanced and enhanced services	Yes			As above
	Premises plans, including discretionary funding requests in accordance with current NHS Premises Costs Directions	Yes		Yes	Yes, example PID available on FutureNHS workspace- Premises Costs Directions Financial assistance towards premises running costs and service charges
	Resilience and sustainability of general practice	Yes			Section 96 agreement and MOU
PCN determination of key decisions or requests	Development of local incentive scheme	Yes			LIS template for CCGs to commission the PCN DES specification(s) where a practice has elected not to take up the PCN DES A general LIS template (Awaiting LMC Feedback)
	Agreement of sub-contracting	Yes			Sub-contracting template (Awaiting LMC Feedback)
	Supplementary services Agreement	Yes			Supplementary services agreement template (Awaiting LMC Feedback)

More detailed information relating to the business as usual activities of PCCCs can be found in Annex 2.
Relevant national policies and guidance can be found on the NHS England & Improvement website by following the link here.
Extant London policies and guidance can be found on the FutureNHS workspace by following the link provided in Annex 6.

2.2.3.2 Strategic discussion and decision-making

The PCCC should also be used to support discussion and develop each CCG's plans to implement national Primary Care strategies, such as The NHS Long Term Plan.

2.3 GP contractual performance and quality reporting requirements

For the avoidance of doubt, it is the responsibility of each individual CCG to manage the contractual performance of the GP contractors within its area. However, all CCGs will look to work together to deliver common primary care approaches and shared protocols/operational procedures, where possible, to enable meaningful and consistent quality and performance reporting arrangements across London.

It is expected that each London CCG will:

a) Develop capacity to support the production of standardised data reports, based on the most up to date practice data available, at practice level
b) Establish a planned data/information/KPI refresh and publication schedule
c) Undertake various appropriate analyses of data, including future projections and modelling of "what if" scenarios
d) Target areas where quality requires improvement based on local needs, which will also enable focus on specific issues e.g. cancer screening rates
e) Share dashboards/tools that have been developed or are under development to promote good practice/what works
f) Make a clear differentiation between that which is information/data provided to review quality standards, and that which is used to monitor performance in respect of contractual obligations and compliance
g) Offer training to practices supporting improved completion of returns, where required
h) Extract data, support the remote extraction of data from practices where possible, and locally agree to minimise practice administration.

2.3.1 Data supplied by NHS England & NHS Improvement retained functions

The list of reports and information available will consist of:

Report / Information	Frequency	Responsibility
Information and data included in the Resilience & Sustainability Tool (General Practice Sustainability and Resilience)	TBA	National
CQC ratings trend analysis	Monthly	National
GPPS (General Practice Patient Survey) trend analysis	Annual	National
London Complaints dashboard	Monthly	National
Health Education England workforce data	Quarterly	National
Friends and Family Trend Analysis	Monthly	National
Primary Care Activity Report	Annual	National

Primary Care Monitoring Survey (replaced GPFV Dashboard)	*Under development by NHSE&I Primary Care Analytics Team*

2.3.1.1 Access to data supplied by NHS England retained functions

The FutureNHS platform will be the collaborative online resource that will allow NHS England (London) to host and share the latest iterations of the information referred to in section 2.3.1 above. A FutureNHS workspace has been developed and link is provided in Annex 6.

2.3.2 Other decision-making processes: finance

Each CCG will be responsible for reporting and management accounting of primary care costs.

Financial and management accounting activities will likely include, but not be restricted to:

a) Practice level payment monitoring including GP contract reconciliation
b) Management of the GP payments process
c) Financial input to the APMS contract business case and procurement arrangements
d) Ensuring reimbursable costs are reimbursed proactively
e) Understanding the rent review process and the annual financial planning that needs to underpin it
f) Liaison with the property companies (CHP/NHS PS) to manage and mitigate debt and set up Direct Payments, when the online payments system is fully functioning and electronically linked to make actual payments
g) Monitoring and reconciling PCN payments

2.3.3 Other potential Primary Care Commissioning Committee responsibilities

In addition to the above standard processes, there are other Primary Care elements in which the Primary Care Commissioning Committees (PCCCs) are expected to be involved. Some of these areas are listed in figure 2 below.

Figure 2: Other potential PCCC responsibilities

Item	Committee Requirement
Appeals and disputes	The committee is asked to note the standard operating procedure for managing appeals and disputes submitted by GPs in relation to their GP contract.
Counter Fraud	Ensuring that proper processes are in place to prevent fraud within the NHS
Interpreting services	Ensure that patients can access interpreting services when using GP practices.
Controlled drugs reporting	The Committee is responsible for ensuring practices are complying with legal requirements for use of controlled drugs and that CCGs and NHSE&I have proper controls in place to maintain patient safety. NHSE&I will carry out reporting, analysis and compliance as a retained function.
Safeguarding	To set policy and to require GP contract holders to have effective safeguarding systems in place in accordance with statutory requirements, national guidance and Pan London Policy/ Procedures.

	CCGs will be responsible for ensuring that the GP services commissioned have effective safeguarding arrangements in place to improve the well-being of children and adults. The CCG will proactively support Primary Care through advising on training and good practice guidance and monitoring safeguarding issues, providing assurance to NHSE&I that there is compliance with safeguarding standards.
Incident management	For both serious and non-serious incident management, the PCCC is responsible for ensuring that there are proper processes in place for the reporting and review of incidents, so that they can be identified and managed. The CCG will lead, support and contribute to investigations as required, working with the NHSE& NHSI Professional Standards team as necessary.
Domestic Homicide Reviews	The Committee will ensure that GPs contribute to domestic homicide reviews, where necessary. The CCG and NHSE& NHSI will support this where their resources are appropriate.
Communications	Each CCG shall be responsible for its own communication strategy and the management of communications relating to the commissioning of Primary Care in its area. It is envisaged that the Communications Teams across the London area will keep each other updated on significant issues that could impact on neighbouring areas, and that the PCMB will keep open communication channels between the five London CCGs.

For a list of key commissioning responsibilities of PCCCs, their CCGs and NHS England & Improvement, please see Annex 2.

3 Governance and People

3.1 Primary Care Commissioning Committee (PCCC) constitution

While much of the decision-making processes will be determined by each CCG's PCCC, the basic constitution of the committees has been set by NHS England as follows:

a) The committee is made up entirely of CCG members
b) The Chair and Vice/Deputy Chair of the committee are CCG Lay Members
c) There is a secretary, responsible for minutes, actions, the agenda, and reporting back committee decisions to the CCG Board
d) All of these documents will be publicly available on CCG websites.

Other committee attendees

In the interests of transparency and the mitigation of Conflicts of Interest, other interested local representative bodies have the right to join the PCCC as **non-voting attendees**, such as LMC, HealthWatch and Health and Wellbeing members. Invitees should be determined in line with national guidance, and local Terms of Reference. Attendees should be agreed so as to support alignment in decision-making across the

local health and social care system. Other organisations may be invited, and as the committee meets openly it is likely that members of the public and others will attend.

Committee support and resourcing

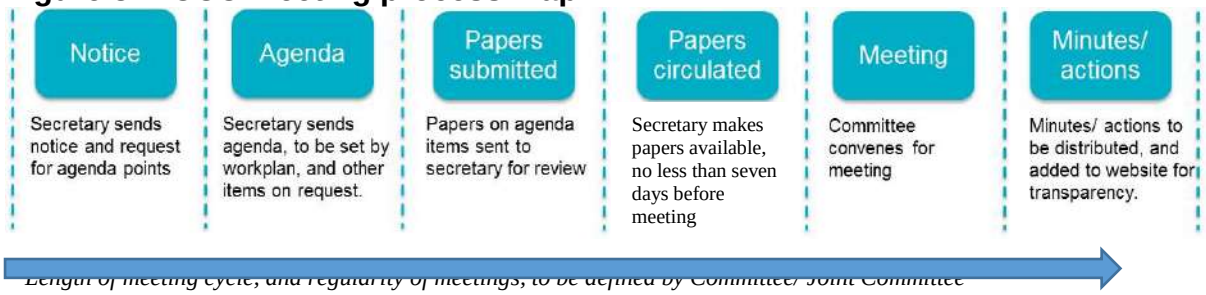
The PCCC in each CCG will be supported and member time funded from within the existing resources of that CCG.

4 Processes and Capabilities

4.1 PCCC meeting process

It is proposed that the method of operating a PCCC should follow processes already established within each CCG. Figure 3 below illustrates a standard process for PCCC meeting setup:

Figure 3: PCCC meeting process map



4.1.1 Agenda contents

It is expected that PCCC meeting agendas will contain the following components:

a) **Standard agenda items**, which might involve items that can be expected at each meeting, such as an overview of finance and performance reports

b) **Work-plan items,** such as a review of the annual budget or developing part of a Primary Care Strategy, which is determined by the known upcoming work

c) **Any other items,** which could include submissions from CCG officers and sub-groups.

There will also need to be a determination for whether part of the meeting should be in private. The process for determining the privacy of meetings is set out in section 4.1.3 below.

4.1.2 Meeting papers

In order, to ensure that all committee members and the public have sufficient time to prepare for meetings, meeting papers should be circulated a reasonable time-period before the meeting, being not less than 5 days. Should there be exceptional reasons why a paper or papers are unable to be circulated 5 working days before the PCCC, the reason for this will be explained at the PCCC and officers will endeavour to discuss late papers with relevant non-voting members.

It is important that any requirements in terms of papers and presenters are made clear by the time the agenda is finalised. Officers, working groups and sub-committees should have clarity regarding upcoming meetings and how work should feed into those PCCC meetings, including the timelines for key contributions to the agendas.

4.1.3 Meeting in private

As standard, PCCC meetings will be held in public. However, the committee may require a '*closed'* part of the meeting on account of the matters to be discussed. Only persons relevant to the matters to be discussed, who are bound by standard NHS confidentiality agreements, are expected to attend the closed part of meetings.

Only attendees of the closed part of the meeting will receive the papers for that part of the agenda. If necessary, it may be appropriate to redact names and other details from the minutes. Only attendees of the closed part of the meeting who are designated voting members of the PCCC should be allowed to vote in the closed part of the meeting.
It may be appropriate for the committee to seek the views of the audit chairs once a definition of this policy has been created for each committee. Below is some guidance that PCCCs may wish to consider when determining if an item should be discussed in the closed part of the meeting:

a) Whether publicity of the issue would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings
b) If the discussion is commercially sensitive
c) Whether the matter being discussed is part of an ongoing investigation
d) Whether there is another reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

The provision for private meetings should only be used where required in accordance with the policy applicable for the relevant PCCC. Where the discussion is not as sensitive, other mechanisms could potentially be used, such as anonymising the reports. Additionally, members of the committee shall respect confidentiality requirements as set out in the CCG Constitution and Standing Orders.

Annexes

Annex 1: Primary Care Management Board and Other Pan London Fora

Document reference: section 1.3

Forum	Description	Frequency	Invitees
Primary Care Management Board (PCMB) *NB. Membership has been taken from the PCMB Terms of Reference, last updated July 2019. May require updating.*	Part 1 – Delegated Strategic Primary Care Commissioning Part 2 – Primary Care Commissioning matters retained to NHS England (London)	Bi-monthly	Director of Commissioning Director of Primary Care and Public Health Commissioning DOPs Regional Lead Heads of Primary Care of Equivalent NHSE&I Director of Financial Management London (or Deputy) STP Primary Care Leads NHSE&I Medical Director, London (as relevant to agenda) NHSE&I Regional Director of People & OD, London (as relevant to agenda) Medical Director NHSE, Nursing, HR representatives as appropriate
Primary Care Leads Network	Forum for Primary Care Collaboration between CCGs in London Maintenance of London Operating Model Development of standard SOPs, FAQ s etc for recommendation to PCCCs Shared Intelligence Agree representation national primary care fora	Fortnightly	CCG Heads of Primary Care or Equivalent

Annex 2: Key commissioning responsibilities and tasks of PCCCs, CCGs and NHS England & Improvement

Document reference: section 2.2.3.1, Section 2.3.3

The tables below set out the key commissioning responsibilities and tasks of the PCCCs, their CCGs and NHS England & Improvement.

NB. Where a committee/organisation is not cited against a responsibility or task/standard, there are none applicable to that committee/organisation.

Definition	Responsibilities	Tasks/ Standard
1. Determination of key decisions/ requests		
Determination to secure services through an APMS contract either as a consequence of a practice vacancy, a finding that there are inadequate services in the area or following a contract expiration	**PCCC Responsibilities** To decide whether it is appropriate to undertake a procurement to appoint an APMS provider where there is a vacancy or a contract has expired or whether there is an alternative solution to address the practice vacancy. In making this decision the Committee must comply with relevant guidance, ensure that it is a viable and vfm service that will meet the needs of the current and future population by undertaking an appropriate needs assessment, addresses inequalities, improve quality choice and access. The Committee is responsible for ensuring that appropriate engagement processes are in place to support decision-making and for undertaking an equality impact assessment. It is also responsible for ensuring the availability of funding for the contract including transitional funding if appropriate and determining any local KPI requirements. **NHSE&I Responsibilities** None	**PCCC Tasks** 1. Determine whether procurement is the best option in the interests of patients and the public and that no other options are viable to secure adequate services; 2. Assure that correct processes have been followed, particularly in relation to patient and stakeholder engagement 3. Confirm that the contract is affordable and secure appropriate funding 4. Confirm that the service is viable 5. Set tolerances for the cost and timeframe for implementation 6. Ensure that an equality impact assessment has been undertaken 7. Ensure that the proposed procurement processes are undertaken in accordance with SFIs and regulations. Standard: Maintain a record of the decision, particularly in relation to potential conflicts of interest **NHSE&I Tasks** None
Procurement of new Services under APMS agreements	**PCCC Responsibilities** Ensuring that the procurement is undertaken in accordance with national legislation, guidance, local policies and Standing Financial Instructions. In practice this is usually achieved through the appointment of appropriately qualified and experienced procurement professionals. The PCCC is also responsible for approving the contract to be used and any local standards and specifications to address local issues of access, quality and choice. PCCC is responsible for approving a preferred provider following a procurement process and subsequent evaluation process. **NHSE&I Responsibilities** Support the five CCGs to collaborate to establish agreed procurement policies to be implemented on a Londonwide basis.	**PCCC Tasks** 1. Procure APMS in line with the agreed commissioning strategy 2. Agree/ implement the local mobilisation plan 3. Undertake appropriate checks prior to service commencement (for example, premises inspection) 4. Make provision for emergency primary medical care services in the event of an unforeseen circumstance 5.Agree local standards and KPIs to be incorporated into APMS contracts 6.Sign off/ finalise contracts with preferred bidder **NHSE&I Responsibilities** Support the five CCGs to collaborate to use standard frameworks and documentation to secure services and ensure good value for money.

Definition	Responsibilities	Tasks/ Standard
Determination of a request: **- to close a branch practice;** **-for practice mergers;** **-PMS partnerships;** **-List Closures;** **-Rent Reviews**	**PCCC Responsibilities** Consider and determine requests in a timely manner following appropriate consultation and in accordance with statutory requirements and agreed policy, ensuring that any decision will secure continuity of services and provide benefits for patients and the public. The PCCC will pay due considerations to strategic imperatives and statutory requirements to secure primary care services to meet the current and future needs of the population and be responsible for ensuring implementation of the decision. **NHSE&I Responsibilities** Support the five CCGs to collaborate, where relevant, to establish common policies that shall be implemented on a Londonwide basis.	**PCCC Tasks** 1. Determine request/ process the application 2. Assure that correct processes have been followed, particularly in relation to patient and stakeholder engagement, ensuring patient and public benefit 3. Provide minutes and decision rationale, maintaining records of all decisions 4. Ensure continuity of services as a consequence of the decision **NHSE&I Responsibilities** Support the five CCGs to collaborate, where relevant, to establish common operation protocols that shall be implemented on a Londonwide basis.
GP Practices list maintenance	**PCCC Responsibilities** Responsible for decisions on any ad hoc list maintenance requests and for the setting of cleansing periods. **NHSE&I Responsibilities** The commissioning of a process of practice list maintenance and liaising with NHS Shared Business Services and any other external partner as applicable.	Not applicable.
Issue of Contract Breach Notice	**PCCC Responsibilities –** Ensure that systems and processes are established to investigate concerns of a contract breach, and where relevant evidence is collected. To determine whether a provider has breached the terms of their contract and to make a proportionate decision as to whether: 1. a remedial or breach notice is warranted; 2. the practice should be asked to submit an improvement plan; 3. no action is required under the circumstances. 4. review outcome of remediation /improvement plans. To ensure that any decisions are implemented and identify and manage any resulting risk to services commissioned as a consequence of a decision or finding. To organise support or facilitation, if required, associated with relevant improvement plan/actions. **NHSE&I Responsibilities** To support the five CCGs to collaborate, where relevant, to establish standard processes and protocols for the management of these issues.	**PCCC Tasks** Not applicable **NHSE&I Responsibilities** Support the five CCGs to collaborate, where relevant, to establish common operation protocols that shall be implemented on a Londonwide basis.

Definition	Responsibilities	Tasks/ Standard
Contract Termination	**PCCC Responsibilities** Investigate and manage the consequences of a contractual breach or other reason for contract termination e.g. surrender of contract by GP contractor or the expiry of an APMS contract to determine the appropriateness of contract termination, identifying and managing any resulting risk to services, as a consequence of contract termination. Ensure any contract decision is appropriately implemented in accordance with relevant national and local guidance. Organise support or facilitation, if required, associated with the contract termination both for the practice concerned and potentially for other practices in the local area if they are affected by the contract termination. NB.CCGs are encouraged to liaise with their appropriate LMCs and advise practices facing contract termination to contact the GP Support team at Londonwide LMCs at gpsupport@lmc.org.uk or the appropriate support team in their relevant LMC **NHSE&I Responsibilities** Support the five CCGs to collaborate, where relevant, to establish standard processes and protocols for the management of these issues	**PCCC Tasks** Not applicable **NHSE&I Responsibilities** Support the five CCGs to collaborate, where relevant, to develop contract termination documentation, systems and processes.
Contractual Payments	**PCCC Responsibilities** Assuring that systems and processes are in place to ensure accurate and prompt payments to GP Practices in accordance with contracts, agreements, the Statement of Financial Entitlement (SFE) and Standing Financial Instructions (SFIs).	**PCCC Tasks** Not applicable **CCG Other Tasks** 1. Establish processes that calculate and pay enhanced services that are specified nationally 2. Establish processes that calculate and pay: • GP registrars in respect of salary, mileage and travel grants • entitlements under the GP retainer/ GP returner and flexible career schemes • sums in respect of the dispensary service quality scheme 3. Establish processes that administer superannuation regulations, including all deductions, in relation to joiners, leavers, retirements, increased benefits, adjustments and pay these to the pension division, including GP locum and GP Solo contributions, providing the NHS pension assurance statement 4. Establish processes that administer and validate GP annual certificates. 5. For suspended contractors to ascertain the individual's entitlements, advise the contractor, validate all documentation, and adjust payment accordingly working with and taking advice as appropriate from the NHSE Medical Directorate
Disputes and Appeals	**PCCC Responsibilities** Agreeing a policy and procedure for managing appeals and disputes submitted by GPs in relation to their GP Contract. This includes ensuring there is a Local Resolution process and that a Panel is established to consider disputes and appeals where local resolution is not successful.	**PCCC Tasks** 1. Establish a Panel who will consider any appeal or dispute. Standard: The Committee shall ensure that all decisions are made in accordance with the Contract Regulations, SFE, SOP and previous determinations.

2. Financial processes

Definition	Responsibilities	Tasks/ Standard
Determine total budget requirements for all primary care services, including premises and information technology	**PCCC Responsibilities** Ensuring that financial balance is secured and maintained. The CCG Chief Financial Officer (CFO) will approve the financial plan plus any in-year revisions. **CCG Other Responsibilities** The CCG Finance Team will carry out the day-to-day financial management tasks, including the production of monthly reports showing spending vs the agreed budget and variance analysis.	**PCCC Tasks** Not applicable **CCG Other Tasks** 1.Maintain control total for revenue and capital limits and agreement of RFTs 2.Financial Planning and Reporting including input to monthly board report, external reports, financial plan submissions and in-year review of plans, budget setting, month end overview, non ISFE reports to region, QIPP reporting.
Management Accounts	**PCCC Responsibilities** The Committee will: 1. Review and approve the financial reports 2. Make decisions to address financial deficits 3. Approve any payments additional to those in the financial plan **CCG Other Responsibilities** 1. CCG finance teams will provide appropriate monthly financial reports to enable budget holders to monitor and take decisions on the budgets	**CCG Tasks** 1. Produce monthly and quarterly CCG management reports at GP practice or locality level to ensure robust financial forecasts and analyse variances to ensure any variances are explained undertaking the following Month End procedures 2. Complete regular task file 3. Variance analysis and narrative 4. Accruals and prepayments 5. Monthly year end forecasts at practice level or locality level and input to system 6. Meet with budget holders 7. Practice list size analysis by CCG locality for GM/system report downloads 8. Quarterly forecasting on CQRS/inform forecasting 9. Additional year end tasks including working papers and support to AOB process 10. Liaise with internal and external audit as required
Financial systems and Business Intelligence (BI)	**PCCC Responsibilities** Ensure that appropriate systems and SOPS are in place to manage and maintain financial control in line with the relevant financial instructions. **CCG Other Responsibilities** 1. Ensure correct calculations and payments are carried out in line with the contracts by ensuring appropriate internal and external audit arrangements are in place 2. The CCG finance teams are responsible for the correct calculation of payments to all contractors in line with their contracts	**CCG Tasks** Ensure compliance with NHSE&I requests and timelines and utilising their system and BI reports to best effect: 1. Financial System Management including setting up new ISFE reports, locality reporting, controls, exception reporting 2. Set up new suppliers or amend existing suppliers on ISFE e.g changes to bank account details, and to reflect practice mergers 3. Liaison with SBS.

3. Strategy and policy

Develop and agree a Primary Care Strategy	**PCCC Responsibilities** Not applicable **CCG Other Responsibilities** 1. Approve strategy and provide oversight to development and implementation of strategy. 2.Provide information and resources to support strategy development and implement plans and strategies 3. Ensure primary care strategies are aligned to broader CCG strategies and plans 4. To develop and implement engagement plans in line with primary care strategy.	**PCCC Tasks** Not applicable
Primary Care Premises Plan /Strategy	**PCCC Responsibilities** Review and determine business cases for new premises developments in accordance with local CCG premises development plans, national guidance and primary care directions. **CCG Other Responsibilities** Develop local strategies and development plans in conjunction with NHSE&I and NHS property holding organisations (Trusts, NHS PS and CHP)	Not applicable.

Definition	Responsibilities	Tasks/ Standard
Workforce Audit and planning	**PCCC Responsibilities** Not applicable. **CCG Other Responsibilities** 1. Ensure that appropriate workforce audit and planning is in place to support service delivery. 2.Implement the national workforce audit and ensure that all practices submit their return 3.Undertake other local audits as required	Not applicable.
GP Provider Development - Organisation Structures	**PCCC Responsibilities** Determine responses to requests to close or merge practices. The committee shall ensure that any decisions are supported by appropriate performance and service data, feedback from relevant local stakeholders and comply with relevant guidance (e.g. the Primary Care Guidance Manual (PGM)) The Committee is responsible for ensuring the implementation of its decisions.	**PCCC Tasks** Not applicable
Develop and agree outcome frameworks for GP Services	**PCCC Responsibilities** Agree an outcome framework for GP services that enables continuous quality improvement and that is aligned to national and local strategies. The framework shall be based on the national primary care indicators plus any locally agreed outcomes and indicators. The Committee shall ensure that systems are available so that contractor performance can be measured against locally agreed outcomes and indicators as required under the framework, ensuring engagement about any new framework, or amendment to an existing framework occurs with the relevant LMC. **NHSE&I Responsibilities** Make available practice and CCG performance against national indicators on the FutureNHS Workspace.	**CCG Tasks** Develop a local Outcomes Framework under the guidance of PCCC by collecting and validating performance data against locally agreed outcomes and standards and providing locally agreed performance reports. Undertake service reviews of all locally commissioned services e.g. LIS/ LCS/LES / Premium Service Specifications. **NHSE&I Tasks** Contribute to the development of a local Outcomes Framework by providing agreed data for use by the CCG on the FutureNHS Workspace. Negotiate national contractual arrangements and undertake reviews of nationally commissioned services e.g. GP Contracts, Additional Services & DES, PCN DES
Securing Quality Improvement	**PCCC Responsibilities** Review and approve Local Improvement Schemes (LIS's / LCS/LES Premium Services). It is also responsible for the approval of the use of APMS to secure quality improvement under specific bespoke arrangements e.g. APMS contracts for services to homeless patients. The Committee will take a direct leadership role in the development and implementation of such local schemes, which should include peer support for practices. **NHSE&I Responsibilities** Encourage collaborative working between the five CCGs and the sharing of best practice.	**CCG Tasks** 1. Develop and implement local schemes aimed at improving quality in primary care 2. Procure services aimed at improving quality in primary care under APMS arrangements 3. Incorporate local schemes into provider contracts as required 4. Develop schemes offering peer support for practices and practice staff 5. Support and develop clinical leadership
Securing Directed Enhanced Provision	**PCCC Responsibilities** Review uptake and performance of all national DES including the PCN DES and where necessary direct appropriate action to improve performance, improve uptake or develop alternative local schemes.	**CCG Tasks** Disseminate all national DES specifications to practices together with local implementation guidance and a signup sheet in accordance with the national timetable/ MOU (KPI's), supporting local implementation and training as required under the national specification.
Securing Additional Service Provision (Primary Medical Services Contractual Requirements)	**PCCC Responsibilities** Review uptake and performance of all Additional Service provision and where necessary direct action to improve performance, uptake or develop alternative local schemes.	**PCCC Tasks** 1.Where necessary take direct appropriate action to improve service provision including population coverage of service. This could include the procurement of Additional Services from non-GP providers where practices do not wish to undertake them or allowing the sub-contracting of Additional Services to another local practice.
Development of Policies and Procedures	**PCCC Responsibilities** Approve all local policies, and those produced 'Once for London' under this Operating Model in accordance with national regulations and guidance.	**PCCC Tasks** Not applicable

Definition	Responsibilities	Tasks/ Standard
Contract Maintenance	**PCCC Responsibilities** Ensure that all GP contracts are maintained in line with national and local variations and that systems are place to implement material changes.	**CCG Tasks** Not applicable
Quality Assurance GP Services	**PCCC Responsibilities** Review and approve reports to ensure GP services are safe and meet all national and local standards. **NHSE&I Responsibilities** GP Performers List management and individual practitioner performance issues remain a retained responsibility of NHSE&I (Professional Standards Team).	**PCCC Tasks** Establish a primary medical care quality improvement strategy involving all practices and the relevant LMC as appropriate **CCG Other Tasks** 1.Support practices and performers in the achievement of their quality improvement plan. 2. Assess practice performance from analysed data and identify priorities for further interrogation and action including where necessary performance management arrangements for poorly performing practices 3.Conduct contractual compliance and quality reviews, developing and agreeing action plans to address performance issues with contractors 4. Ensure that it maintains regular and effective collaboration with the CQC and responds to CQC assessments 5. Ensure that it monitors practice remedial action plans
Develop processes and systems to ensure fair, open and transparent decision making	**PCCC Responsibilities** Establish processes and systems to ensure fair, open and transparent decision-making which should be implemented by the CCG.	Not applicable
4. Other		
Counter fraud	**PCCC Responsibilities** Ensure that proper processes are in place to prevent fraud within the NHS. **CCG Other Responsibilities** CCGs shall be responsible for organising investigations where this is appropriate.	**NHSE&I Tasks** Issue notification of stolen prescription forms or persons attempting to obtain drugs by deception, to GPs, pharmacists, counter fraud, drug squads and other interested parties.
FOI	Dependant on source of information as to owner of FOI responsibility	**CCG Tasks** Provide any information that the CCG holds about GP services as requested under the FOI act.
Occupational Health	**NHSE&I Responsibilities** Ensure that GP practices have access to occupational health services in accordance with national guidance.	**NHSE&I Tasks** Secure contracts and access to occupational health services in line with national guidance.

Definition	Responsibilities	Tasks/ Standard
Implementation of Premises Directions	**PCCC Responsibilities** 1. Approve DV Rent Reviews and ensure appropriate response to reimbursement appeals. 2. Approve discretionary payments for SDLT, Legal Fees and Development costs to practices 3. Procure support for the development of strategic premises business cases 4. Approve improvement grants 5. Approve business cases for new premises / expansion 6. Approve capital schemes The Committee shall ensure that any decisions made are compliant with the Premises Cost Directions.	**CCG Tasks** Respond to any requests from NHS England & Improvement for relevant information to support the assurance of primary care commissioning. **NHSE&I Tasks** NHSE&I will be responsible for the approval of Premises Capital Expenditure for specific national schemes e.g. ETTF and Cavell Centre Funding

Annex 3: Section 13Z - CCG statutory duties

Document reference: section 1.4

Arrangements made under section 13Z of the Health and Social Care Act 2012 do not affect NHS England & Improvement liability for exercising any of its functions, and in turn, a CCG must comply with its statutory duties, including:

a) Management of conflicts of interest (section 14O);

b) Duty to promote the NHS Constitution (section 14P);

c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

d) Duty as to improvement in quality of services (section 14R);

e) Duty in relation to quality of primary medical services (section 14S);

f) Duties as to reducing inequalities (section 14T);

g) Duty to promote the involvement of each patient (section 14U);

h) Duty as to patient choice (section 14V);

i) Duty as to promoting integration (section 14Z1);

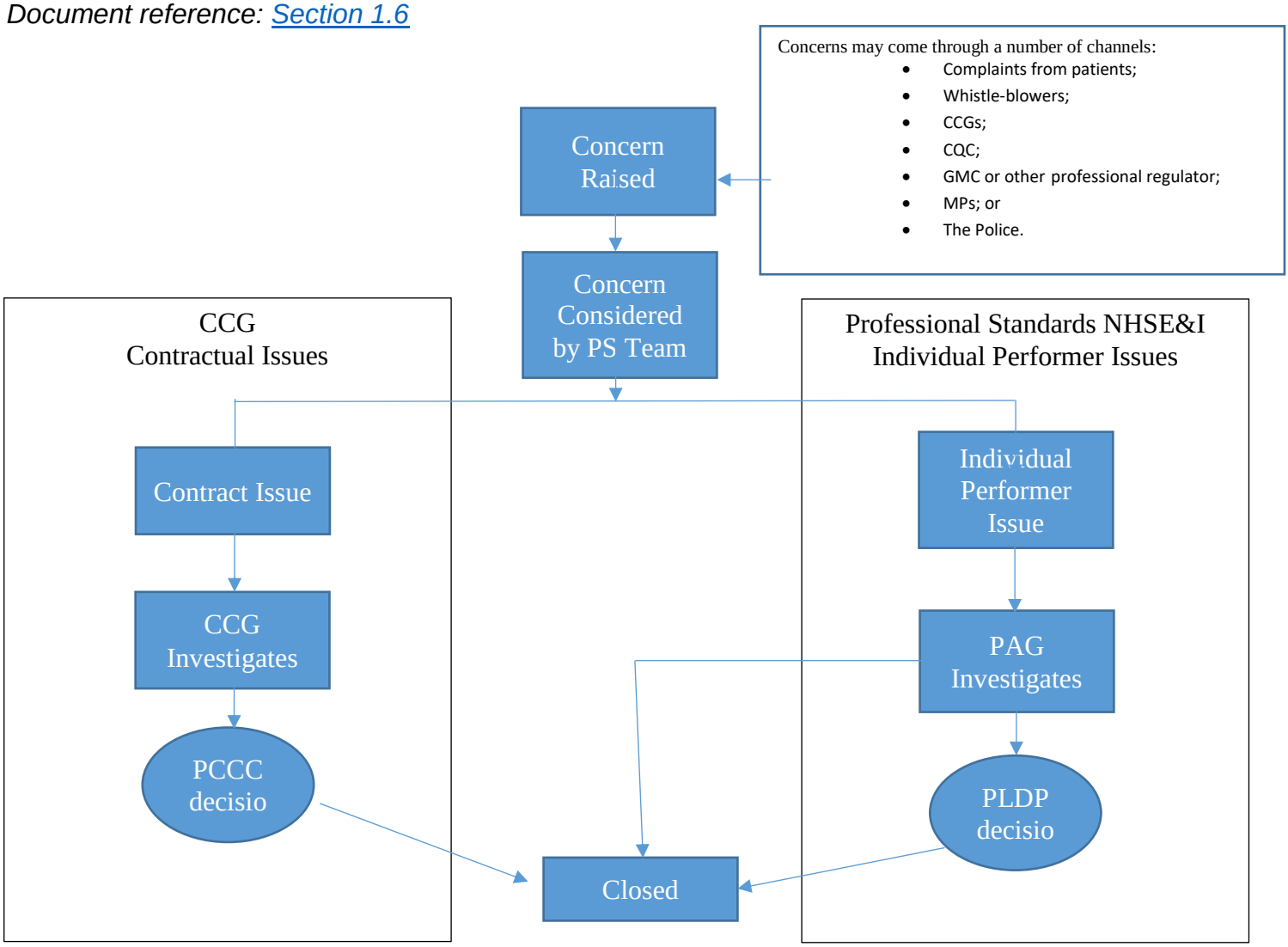
j) Public involvement and consultation (section 14Z2).

Still subject to any directions and decisions made by NHSE&I or by the Secretary of State.

Annex 4: Performer contract decision-making process

Managed by the Professional Standards (PS) Team

Document reference: Section 1.6



1.0 Interface between the Performer Management and Contract Issue processes

Concerns about performer performance may come to NHS England & Improvement's attention through a number of channels, including:

- Complaints from patients;
- Whistle-blowers;
- CCGs;
- CQC;
- GMC or other professional regulator;
- MPs; or
- the Police.

2.0 Responsibility for Performers List Management

NHS England & Improvement retains the responsibility for Performers being admitted to the National Performers List. The National Health Service (Performers Lists) (England) Regulations 2013 entrusts the responsibility for managing the Performers List to NHS England. In addition to the Performer List responsibilities any individual performance concerns are triaged by the Professional Standards team within Regional Teams of NHS England. Where the issue raised may have an impact on the performance of a contract, the Professional Standards team will escalate information relating to the contractual impact to the appropriate CCG. The governance process is illustrated above in the flow chart.

3.0 Commissioner Involvement

Where there are no contractual issues arising, commissioners will be advised as appropriate.

Commissioner involvement is expected in instances where poor individual performance will have a contractual impact. Incidents that affect the medical services contract will be discussed at a PCCC or sub-committee, depending on the timeline for providing a response, with a decision provided for the contractual action to be taken.

Only information relevant to the contractual impact of issues should be shared. Discussion of sensitive issues should be carried out in a private pre-meeting, or submitted to a private part two committee to maintain confidentiality and to allow for the relevant information to be made available, discussed and any actions agreed. The decisions made on contractual actions should be reported in part one of the PCCC meetings.

4.0 Performer List Decisions

NHS England & NHS Improvement has established Performers List Decision-making Panels (PLDPs) within Regional Teams in order to support its responsibility in managing performance of primary care performers. The role of the PLDP is to make decisions under the Performers List regulations. As a retained role of NHS England, there is no basis for CCG involvement in this process.

Annex 5 – Pan London responsibilities of CCG Primary Care Commissioning based teams *(from Memorandum of Information between NHS England & NHS Improvement and CCGs (Primary Care Commissioning))*

Document reference: section 1.1, section 1.6

The following table is a replica of the version in the Memorandum of Information between NHS England and CCGs (Primary Care Commissioning) document. Any amendment to the table in that document should also be made to the version below and vice versa.

Category	Responsibilities	CCG London Lead Responsibilities	Local CCG responsibilities	Forum	Lead	Notes
Contract Management	Contract Management policies/ Standard Operating Framework	Task and Finish proposals to ensure consistency. One engagement with local committees	To make available 1 rep from the CCG Primary Care team to attend and take responsibility for jointly agreeing at the group and implement locally. Frequency is likely to be once per month but will be reviewed regularly.	PCMB	NWL	Group to be made up of 1 rep from each CCG Primary Care team, to draft and agree consistent processes, protocols and approaches to implementing national statutory and contractual changes e.g. SAS scheme, variations to retainer scheme.
	Enhanced Services	Lead on development of process to implement national ES	As above Ensure pan-London approach followed	Working Group Recommendations to PCMB	NWL	As above within the same group.

Category	Responsibilities	CCG London Lead Responsibilities	Local CCG responsibilities	Forum	Lead	Notes
	Infection Control SLA	Oversight of SLA with NELCSU. Delivering infection control framework which gives assurance that primary care and dental practitioners are meeting required standards. Activities include: - quarterly SLA performance review meetings with NHSE/I dental lead - negotiation of annual budget - prevention and control support , monitoring visits or self assessment - annual review of specification to agree priority visits, informed by liaison with CCG quality leads - dissemination of arrangements, including reinforcement of process flow for urgent and planned visits - engagement on revisions to audit tool for general practice, as and when necessary with London LMC reps - cascade of changes in process and quarterly reporting to CCG quality leads - engagement with local system IPC leads Network	- Feedback on service priorities - implementation of CCG day to day process, based on agreed process flows for planned and urgent visits - Feedback on any issues of concern in terms of SLA activities undertaken by NELCSU to lead - provision of CCG footprint information/data, as requested by lead - attendance at ad hoc meetings that may be called	PCMB	SEL	To be reviewed annually. During the pandemic, the SLA was repurposed to provide a range of support services to all pc contractor groups and in partnership with NEL CSU, the Commissioner reviewed and adapted the specification on a quarterly basis to align with the evolving needs of pc. 2021/22 is viewed as a transition year in which the development of IPC arrangements at an IPC level may result in aspects of the PC IPC SLA being more integrated into the ICS model. However, the integrity of the respective consistent audit approaches for GPs and dentists across London should be preserved.
	National contracts - Clinical Waste	Set up of new clinical waste contract	Feedback	PCMB	NEL (William Cunningham-Davis)	Time limited until National Contracts are in place

Category	Responsibilities	CCG London Lead Responsibilities	Local CCG responsibilities	Forum	Lead	Notes
	Quality and performance management	Provide standardised data reports, cut at different aggregated levels e.g. Practice, CCG, Regional, National. Adhere to a planned refresh and publication schedule. Clarify what can and can't be shared and/or what can be shared through the NHSE&I team, but cannot be accessed by CCGs directly, based on clear Information Governance requirements. Where NHSE&I governance allows, upload dashboards, data and analytical information onto the FutureNHS platform, for named CCGs users to access. Will enable comparisons to be made between practices and used by CCGs against set standards over time in order to stimulate and motivate change.	Feedback on BI developments required Provide insight into quality / clinical governance issues for escalation Provide insight into local quality initiatives	PCMB	Retained team	
	APMS procurements	Dissemination of best practice.	-Each CCG has full responsibility for the procurement of APMS subject to National approval by CEG where contract duration exceeds 5 years.	CCG Primary Care Leads Network	Best practice tools retained on FutureNHS	

Category	Responsibilities	CCG London Lead Responsibilities	Local CCG responsibilities	Forum	Lead	Notes
	PC Estates (incl ETTF and LIG)	SRO for primary care estates and wider policy matters is Director of Estates for London, and includes: - Ensuring London Estates Delivery Unit provides a single point of contact for all strategic estates matters across the region and brings together all strategic estate expertise and support - Policy lead on GP premises, including disseminating information and learning to NHSE and CCG/ICS responsible commissioners - Responsibility for the ETTF PMO, improvement grant technical support and administrative support for primary care estate programmes - Ensures monthly reporting on ETTF & LIG to the London Estates Primary Care Capital Panel, the Capital Investment Committee & the London Estates and Infrastructure Board, as appropriate - Ensures that London's ETTF reporting and wider participation is in line with national requirements. - Ensures engagement with London LMCs, when required Chairs London Estates Primary Care Capital Panel and ensures governance arrangements align to the regional reporting/decision making structure including the Capital Investment Committee and London Estates and Infrastructure Board - Ensures that there is full co-operation with London region's financial management arrangements - Oversees a range of other London pc estates work including: • Primary Care Data project • Project 600	Responsible for: - advising and making recommendations to CCGs/PCCCs on application of Premises Directions and London premises policies, which form part of their GP contract/commissioning delegated responsibilities - managing general practice premises issues, including liaison with practices on a borough basis - ensuring up to date on new or revised premises policies, and their implementation - providing information/data, on premises matters within CCG footprint to London lead, as appropriate - dealing with and making decisions/advising CCGs on rent review and lease matters, obtaining advice, as necessary from DV or London/CCG responsible team - Supporting the implementation of new policies - Production of primary care business cases that meet the required criteria and thresholds for investment, with business cases requiring capital the approval responsibility of London region or the devolved London Estates & Infrastructure Board, and those with only revenue impact, the responsibility of CCG governance requirements.	London Estates Primary Care Capital Panel for reviewing, assuring and making recommendations on approving pc investment business cases requiring capital investment. London Estates Primary Care Capital Panel for endorsing once for London activities that would benefit from such an approach Capital Investment Committee for capital and business case sign off PCCCs for decisions relating to GP contract changes London Estates Delivery Unit (LEDU) for strategic pc estates system wide leadership	Director of Estates for London region, with support from 2 programme managers. Deputy Director of PC for NEL CCG/ICS to provide advice and support should formal engagement with London LMCs be required.	Proposal has been agreed for 2021/22 for a primary care estates role to be integrated into the LEDU on an interim basis, subject to review with all of London's stakeholders leading up to 1st April 2022

Category	Responsibilities	CCG London Lead Responsibilities	Local CCG responsibilities	Forum	Lead	Notes
		• Schemes that do not require access to NHS Capital • GP Financial Assistance towards Service Charges PCN estates requirements				
NHSE National team	National Primary Care Leads	Attend national HoPC	Input into meetings Note output of meetings and discuss	CCG Primary Care Leads Network	Shared	

Annex 6 – Access to FutureNHS

Document reference: section 1.3, section 2.2.3, section 2.3

To access the London Operating Model FutureNHS workspace follow the link below:

https://future.nhs.uk/primarycaredata/view?objectId=15714160

FutureNHS Workspace Maintenance

Following the review of, and subsequent revisions to, the Primary Care Commissioning London Operating Model 2021/22, it was established that the team that previously maintained the relevant workspace on FutureNHS had been disbanded and the workspace had not been recently updated. Administration access to the FutureNHS workspace has been granted to the project team responsible for the re-draft of the London Operating Model, who has updated the workspace with relevant up-to-date Standard Operating Procedures (SOPs)/information sets, and removed any out-of-date documents.

However, a number of the documents/information/SOPs referenced in the updated London Operating Model were not yet ready to upload as there had been delays in their completion/ updating and/or engagement due to Covid-19.

Embedded below is the FutureNHS Maintenance document which provides a list of all the documents, including Standard Operating Procedures, which have been, or will be, uploaded to the FutureNHS workspace, and provides the status of those documents.

Standard Operating Procedures that are/will be available on the site include:

- APMS Strategic Review documents
- PCN Membership disputes policy
- CQC Standard Operating Procedure
- Guidelines for GP Led schemes not requiring access to capital
- Infection Prevention and Control SLA
- IPC Audit Visit Arrangements

FutureNHS Workspace Maintenance Document

FutureNHS Maintenance Docume

North Central London CCG
Primary Care Commissioning Committee Meeting
21 October 2021

Report Title	Primary Care Commissioning Committee Risk Register	**Date of report**	12th October 2021	**Agenda Item**	5.1
Lead Director / Manager	Paul Sinden, Executive Director of Performance & Assurance	**Email / Tel**		p.sinden@nhs.net	
GB Member Sponsor	Not Applicable				
Report Author	Chris Hanson Governance and Risk Lead	**Email / Tel**		christopher.hanson1@nhs.net	
Name of Authorising Finance Lead	Not Applicable	**Summary of Financial Implications** This report assists the CCG in managing its most significant financial risks.			
Report Summary	This report provides an overview of material risks falling within the remit of the Primary Care Commissioning Committee ('Committee') of North Central London CCG. There are 6 risks on the Committee Risk Register. Since the last meeting 2 new risks have been added to the Register. 1 risk has been removed from the register. **Key Highlights:** **PERF4:** *Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat):* This risk is a response to regulatory action that has been taken with a series of practices recently following "inadequate" or "requires improvement" ratings following Care Quality Commission (CQC) inspections. Action in some cases has included having to put in place caretaking arrangements at practices at very short notice. The aim of the risk mitigation is to promote earlier recognition of struggling practices, and ensure that support is provided before regulatory action is required. The workforce and resilience workstream for primary care recovery has a focus on supporting, and early identification of, struggling practices. The NCL financial resilience package for practices to cover the impact of the COVID-19 pandemic, in place since April 2020, is in line with national guidance published in August 2020. The resilience package aims to mitigate the impact of the COVID-19 pandemic, and had been extended to cover all of 2020/21. Support is based on income protection where practices are unable to complete income generating work due to the pandemic (Quality Outcomes Framework, Locally				

	Commissioned Services) and to offset additional costs incurred including cover for staff absence and personal protective equipment. The financial resilience package forms part of the local support offer to practices with other aspects including a central clinical triage and home visiting service to treat COVID-19 positive patients separately, training for infection prevention control, and weekly practice webinars. The package for 2021/22 has been developed in line with planning guidance, and initially will be in place for quarters one, two and three, with a similar approach proposed for quarter four. The Primary Care SITREP reporting, in place since November 2020, had been paused based on a low level of reporting of concerns from practices. It was reinstated in September 2021, on a fortnightly basis. . Practices are asked to report any concerns to enable the CCG to respond and provide support where required. Practices are still being supported with funding via the Capacity Expansion Fund. The North Central London allocation of the funding is £4.11million. This equates to £2.58 per patient across NCL. NCL CCG released this funding to practices in two tranches, with the first having being released in January 2021. A further allocation has been announced to cover October 2021, with a dedicated winter access fund to cover the period November 21 to March 2022 announced on 14 October 2021. This risk is rated 12. **PERF15:** *Failure to address variation in Primary Care Quality and Performance across NCL (Threat)*: Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include: • Plans to further develop Primary Care Networks (PCNs) through the introduction of the service specifications in the Direct Enhanced Service (DES) for 2020/21 and 2021/22 are available to provide development support for Clinical Directors; • The use of GP Forward View monies from NHS England to support the development of primary care networks and GP Federations, and to develop a resilience programme for general practice; • The introduction, via the new GP contract, of a greater quality improvement focus in the practice level Quality Outcomes Framework incentive scheme and under the new Investment and Impact Fund incentive scheme - introduced to reward PCNs for delivering against the NHS Long Term Plan; • The establishment of models for mutual aid across practices during COVID-19, including NCL-wide Acute COVID service and training for practices in managing COVID-19 patients; • Ongoing work to develop the GP Provider Alliance and a unified primary care provider voice within the NCL integrated care system. This risk is rated 12. **PERF18:** *Primary care workforce development (Threat):* The updated GP contract for 2021/22 continues to emphasise the importance of funding and flexibility for workforce development and includes: • An increase in the national funding for the Additional Roles Reimbursement Scheme to help secure 15,500 Whole Time Equivalent ('WTE') roles to be deployed by end of 2021/22; • More roles added to the Scheme (which now includes paramedics, and mental health practitioners as well as pharmacy technicians, dieticians,

	care coordinators, health coaches, podiatrists, occupational therapists and nursing associates/trainee nursing associates);
	• Every PCN becoming entitled to a fully embedded WTE mental health practitioner, employed and provided as a service by the PCN's local provider of community mental health services;
	• Introduction of an inner and outer London maximum reimbursement rate;
	• Further flexibility in the Scheme's rules, including the ability to employ staff at an advanced practitioner designation (clinical pharmacist, physio, occupational therapist, dietician, podiatrist and paramedic);
	• The extension of the window to transfer any clinical pharmacists funded under the previous NHSE scheme to move to the PCN scheme;
	• The expectation that CCGs and systems will explore different ways of supporting PCNs to recruit;
	• PCNs' continuing to recruit to these roles and supported by Training Hubs with induction and professional development;
	• Further funding for the PCN Clinical Director support up to September 2021 in addition to the COVID capacity expansion fund (and new winter access fund mentioned above);
	• 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;
	• NCL Training Hub is developing a Primary care nursing strategy and have engaged with relevant stakeholders as part of this.
	
	Given the high demand on the Primary Care workforce during the pandemic, the CCG will have to monitor the impact on wellbeing and fatigue.
	
	This risk is currently rated 16 due to the high ratios of patients per GP and nurses in NCL compared to national ratios, the pressure on primary care staff capacity from recovery from COVID-19, the vaccination programme, elective recovery, and responding to pressures in urgent and emergency care system. This risk is linked to COVID12 below.
	
	This risk is rated 16.
	
	COVID12: *Capacity in General Practice (Threat):* Actions to ensure that there is sufficient capacity in general practice to manage demand include:
	• Increasing availability of staff testing for General Practice in order to reduce absences due to suspected COVID-19;
	• GP practices using the "telephone first" model where majority of patient triage is carried out on the phone – with face to face being offered where it is clinically appropriate. GP Federations leading in providing GPs with equipment and remote access to EMIS in order to allow them to work remotely to provide these consultations;
	• The returning of staff (retirees) to General Practice;
	• NCL-wide acute COVID-19 support service is in place - provided by the 6 NCL GP federations. The offering of senior clinician triage, advice and guidance on management of COVID-19 patients and supporting step down of patients who are on the oximetry at home pathway;
	• Practice 'buddying' arrangements via their Primary Care Networks;
	• The receipt of the £4.1m capacity fund for general practice to maintain capacity during delivery of the COVID-19 vaccination programme, with all funds to go to general practice to support service priorities, including:
	  ○ supporting patients with Long COVID-19;
	  ○ establishment of systems for remote monitoring of patients, including pulse oximetry;

	○ supporting clinically extremely vulnerable patients and maintaining the shielding list; ○ addressing the backlog of appointments, including those for chronic disease management and routine vaccinations and immunisations; ○ making progress (in addressing inequalities) on learning disability health checks and actions to improve ethnicity data recording in GP records; and, ○ potentially offering backfill for staff absences where this is agreed by the CCG, is required to meet demand, and the individuals concerned are not able to work remotely. • The national announcement that the GP COVID-19 capacity fund will be extended up to October 2021. A new winter access fund was announced on 14 October 2021, to support November to March 2022. However, GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services, and due to demands of system recovery. This risk is rated 12. <u>Risk no longer being reported to the Committee</u> The following risk is no longer on the Committee Risk Register, but remains monitored below that level. **COVID11:** *Trust and Confidence of Member Practices (Threat)*: This risk has been mitigated to date through the use of weekly webinars with practices, the use of twice weekly GP Bulletins to distil national guidance, and updates to the GP Website. A Primary Care COVID-19 meeting has also been established with clinical commissioning leads to agree service models and resilience support to address the COVID-19 pandemic. A primary care vaccination steering group is established with providers as part of the general practice COVID-19 vaccination programme, and a weekly call is held with commissioning leads. A single GP website replaced the individual borough websites. This provides information to practices, such as clinical guidelines/ pathways, education and training events etc. This risk is rated 8. <u>New Risks:</u> The following risks have been added to the Risk Register since the last Committee meeting. **PERF21:** *Failure of Primary Care patient access (Threat)*: **CAUSE:** If the CCG fails to address patient perceptions that GPs will not offer face to face appointments (either due to historical experience, public misunderstanding, or the prioritisation of telephone triaging) and any issues in accessing general practice. **EFFECT:** There is a risk that either patients do not present to GPs or present to other parts of the Integrated Care Systems ('ICS') creating additional pressure elsewhere. There is also a risk to NHS staff of abuse due to public and patient frustration **IMPACT:** This may result in patient harm, negative impact on workforce wellbeing and turnover especially in non-clinical staff, system instability due to increased

	demand in Emergency Departments ('ED') and Urgent Treatment Centres ('UTC'), and reputational damage for the CCG and the ICS. This is a new risk, identified as part of the system recovery, further to the COVID-19 pandemic. At the outset of the COVID-19 pandemic, practices were asked to adopt Total Triage, advising patients not to come to practices, with appointments managed initially via telephone, online or video. Whilst telephone/ digital routes are still used for triaging in many practices, 52% of all GP appointments in NCL are now offered face to face. This is higher than NHS England requirements of 50%. The CCG has also measured that NCL GP practices have greater capacity now than pre-COVID-19. The move to Total Triage, a small number of practices who were not able to provide an open front door, and misinformation, have resulted in service user perception that GPs are not providing face to face care. Nonetheless a significant amount of abuse, particularly of non-clinical and administrative staff, has been recorded and the CCG is collaborating with stakeholders to offer support and collate incidents reports. The CCG is conducting a communications campaign both in relation to GP practices, as set out above, and the patients to remind services users that General Practices are open. This risk is rated 16. **PERF22:** *Failure to manage impact of increased building costs on General Practice estate (Threat)*: **CAUSE:** If the CCG 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, Additional capital will need to be found for existing schemes already under contract. **IMPACT:** This may result in the CCG being unable to deliver improvement to Primary Care services and negative patient experience. This may also result in an inability to invest as desired to improve patient care and support existing services. This is a new risk. Due to disrupted supply chains, impacted by reduced HGV capacity, Brexit, and COVID-19, construction costs in terms of both building material and labour have been inflated. Building schemes will therefore take longer, and be more expensive (by c. 20%). This has resulted in pressure on the CCG 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. Whilst the CCG 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 risk is rated 12.

Recommendation	The Committee is asked to **NOTE** the report and the risk register, provide feedback on the risks included, and, identify if there are any new or additional strategic risks.
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 CCG's conflict of interest policy.
Resource Implications	This report supports the CCG in making effective and efficient use of its resources.
Engagement	This report is presented to each Committee meeting. The Committee includes clinicians and lay members.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Primary Care Commissioning Committee Risk Register is presented at each Committee meeting.
Next Steps	To continue to manage risk in a robust way.
Appendices	Appendices are: 1. Primary Care Commissioning Committee Risk Register; 2. The Committee Risk Tracker; and, 3. Risk scoring key.

NCL CCG PCCC Risk Register - October 2021

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)	Committee	Strategic Update for Committee	Date of Last Update	Status
PERF 4	Paul Sinden Chief Operating Officer	Vanessa Piper - Head Primary Care	Support system recovery and strengthen both Urgent Care & Integrated Urgent Care	**Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat)** **CAUSE:** If there are delays in identifying struggling practices **EFFECT:** There is a risk that greater number of practices will go through regulatory processes and receive poor Care Quality Commission ratings **IMPACT:** This may result in more practices receiving formal contract remedies for completion, more caretaking arrangements being in place, more list dispersals / procurements being undertaken, and practices not being aligned with primary care networks	5	4	20	C1. Committee performance and quality report C2. Established NCL early Warning System working group C3. Resilience programme and supporting funding C4. Primary care at scale developed through GP Federations C5. Establishing Primary Care Networks C6. Development of Quality Improvement Support Teams (QISTs) through health and care closer to home STP workstream C7. Primary Care Covid recovery workstream for workforce and resilience established C8. Practice finance resilience support package established to project practice oncome and support additional costs incurred due to coved C9. General practice capacity fund distributed for 2021/21 (£4.1m) with further £1.2m to be distributed in 2021/22 (Quarters 1 &2) C10. NCL framework for early warning system C11. Performance and quality report to provide triangulated view of practice performance C12. Practice resilience programme through the primary care recovery programme C13. Financial support package for COVID-19 for 2021/22 in line with planning guidance	C1. Committee reports C2. Meeting notes C3. Meeting notes and practice correspondence C4. CCG Committee papers C5. Committee in Common papers C6. Meeting notes and practice correspondence C7. Meeting notes and recovery plan C8. Meeting notes and support package C9. Planning guidance for 2021/22 and PCCC papers for 2020/21 C10. Practice SITREP which is reported through the primary care silver call CN11. Performance and Quality report produced and reported through the NCL PCCC. Further work is being done to develop the dashboard further C12. Resilience finance package has been in place since April 2020 and has continued C13. Resilience finance package has been in place since April 2020 and has continued	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	3	4	12	CN1. Redevelop recovery plan for primary care in light of wave 2 of the pandemic and planning guidance	A1. Update recovery plan for primary care	A1. 31.03.2022	A1. Recovery priorities have been identified. Implementation is now being mobilised.	2	3	6	Primary Care Commissioning Committee	This risk is a response to regulatory action that has been taken with a series of practices recently following "inadequate" or "requires improvement" ratings following Care Quality Commission (CQC) inspections. Action in some cases has included having to put in place caretaking arrangements at practices at very short notice. The aim of the risk mitigation is to promote earlier recognition of struggling practices, and ensure that support is provided before regulatory action is required. The workforce and resilience workstream for primary care recovery has a focus on supporting, and early identification of, struggling practices. The NCL financial resilience package for practices to cover the impact of the COVID-19 pandemic, in place since April 2020, is in line with national guidance published in August 2020. The resilience package aims to mitigate the impact of the COVID-19 pandemic, and had been extended to cover all of 2020/21. Support is based on income protection where practices are unable to complete income generating work due to the pandemic (Quality Outcomes Framework, Locally Commissioned Services) and to offset additional costs incurred including cover for staff absence and personal protective equipment. The financial resilience package forms part of the local support offer to practices with other aspects including a central clinical triage and home visiting service to treat COVID-19 positive patients separately, training for infection prevention control, and weekly practice webinars. The package for 2021/22 has been developed in line with planning guidance, and initially will be in place for quarters one, two and three, with a similar approach proposed for quarter four. The Primary Care SITREP reporting, in place since November 2020, had been paused based on a low level of reporting of concerns from practices. It was reinstated in September 2021, on a fortnightly basis. . Practices are asked to report any concerns to enable the CCG to respond and provide support where required. Practices are still being supported with funding via the Capacity Expansion Fund. The North Central London allocation of the funding is £4.11million. This equates to £2.58 per patient across NCL. NCL CCG released this funding to practices in two tranches, with the first having being released in January 2021. A further allocation has been announced to cover October 2021, with a dedicated winter access fund to cover the period November 21 to March 2022 announced on 14 October 2021.	12.10.2021	Open
PERF15	Paul Sinden Chief Operating Officer	Sarah Mcilwaine, Director of Transformation - Primary Care	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	**Failure to address variation in Primary Care Quality and Performance across NCL (Threat)** **CAUSE:** If NCL CCG fails to identify and address variations in Performance and Quality **EFFECT:** There is a risk that practices across NCL will offer differential access and services 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	4	4	16	C1. Primary Care Committee supported by Practice and Primary Care Network (PCN) based Quality and Performance Report C2. Establishment of Primary Care Networks C3. CCG work on resilience, sustainability and delivering primary care-at-scale through GP Forward View C4. NCL CCG Strategy for General Practice in place with a focus on at-scale provision and support C5. Establishment of CCG Quality Improvement Support Teams (QISTs) in each Borough C6. Primary Care Recovery Plan has a workstream focusing on workforce and resilience C7. Development of inequalities workplan to address differential access to primary care and NHS services C8. Implemented Directed Enhanced Service (DES) for PCNs C9. Enhanced performance and quality report	C1. Report C2. Committee papers C3. CCG papers C4. CCG Strategy C5. CCG papers and STP workstream papers C6. Primary Care Covid papers and minutes C7. CCG papers C8. DES documentation C9. Report	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	3	4	12	CN1. Development of Primary Care Dashboard CN2. Reflect national guidance for 2021/22 on addressing inequalities laid bare by Covid in local plans CN3. Develop patient experience and access workstream in updated recovery plan to include learning on differential access from coved vaccination programme	A1. Develop dashboard A2. Respond to requirements from national guidance A3. Implement access review as part of primary care recovery workstream	A1. 30.11.2021 A2. 31.03.2022 A3. 31.03.2022	A1. Dashboard in development, expected to be complete at the end of November 2021 A2. NCL Recovery and Reset for General Practice being implemented A3. Re-establishing recovery planning and reset work in primary care with removing variation in access as a key priority. Mobilisation has begun for implementation of access review.	3	2	6	Primary Care Commissioning Committee	Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include: • Plans to further develop Primary Care Networks (PCNs) through the introduction of the service specifications in the Direct Enhanced Service (DES) for 2020/21 and 2021/22 are available to provide development support for Clinical Directors; • The use of GP Forward View monies from NHS England to support the development of primary care networks and GP Federations, and to develop a resilience programme for general practice; • The introduction, via the new GP contract, of a greater quality improvement focus in the practice level Quality Outcomes Framework incentive scheme and under the new Investment and Impact Fund incentive scheme - introduced to reward PCNs for delivering against the NHS Long Term Plan; • The establishment of models for mutual aid across practices during COVID-19, including NCL-wide Acute COVID service and training for practices in managing COVID-19 patients; • Ongoing work to develop the GP Provider Alliance and a unified primary care provider voice within the NCL integrated care system.	12.10.2021	Open
PERF18	Paul Sinden Chief Operating Officer	Keziah Insaidoo - Primary Care Programme Manager	Provide robust support to, and development of, our workforce - including through change	**Failure to effectively develop the primary care workforce (Threat)** **CAUSE:** If the CCG is ineffective in developing the primary care workforce **EFFECT:** There is a risk that it will not deliver the primary care strategy **IMPACT:** This could mean that, for example, patients with long term conditions are not fully supported in primary care and require more frequent hospital care.	4	3	12	C1. Establishment of primary care networks These will attract further investment in staffing C2. The education programme for GPs, practice nurses and practice staff is in place C3. Development funding in primary care strategy for practice managers, practice nurse and practice-based pharmacists is in place C4. Blended roles for urgent care have been developed through the Community Education Provider Network (CEPN) C5. Primary Care funds have been used to establish practice based pharmacists C6. Workforce development team in place in the CCG C7. New GP contract (February 2020) allows use of core funding across a broader skill mix and in some cases full reimbursement to practices C8. The Workforce Action Plan is in draft and will be shared with stakeholders for comment imminently	C1. Committee papers C2. Programme papers C3. CCG papers and GPFV funding C4. CEPN papers and workforce summaries C5. PCN DES guidance; CCG papers C6. Strategy Directorate structures include workforce development C7. GP contract C8. Plan	STRONG: The controls have a 80%+ chance or higher of successfully controlling the risk	4	4	16	CN1. PCN recruitment in line with DES requirements CN2. Supporting the development of the PCNs so they are able to develop new roles, e.g. Clinical Directors, social prescribers, building on the baseline of current workforce	A1. PCN recruitment supported by CCG A2. Ongoing work to ensure that proposals for supporting primary care workforce are developed and approved.	A1. 31.03.2022 A2. 31.03.2022	A1. Recruitment of ARRS ongoing in line with workforce planning submissions and subject to supply A2. Work ongoing - CCG staff, GP federations and training hubs working together to support practices and PCNs	3	3	9	Primary Care Commissioning Committee	The updated GP contract for 2021/22 continues to emphasise the importance of funding and flexibility for workforce development and includes: • An increase in the national funding for the Additional Roles Reimbursement Scheme to help secure 15,500 Whole Time Equivalent ('WTE') roles to be deployed by end of 2021/22; • More roles added to the Scheme (which now includes paramedics, and mental health practitioners as well as pharmacy technicians, dieticians, care coordinators, health coaches, podiatrists, occupational therapists and nursing associates/trainee nursing associates); • Every PCN becoming entitled to a fully embedded WTE mental health practitioner, employed and provided as a service by the PCN's local provider of community mental health services; • Introduction of an inner and outer London maximum reimbursement rate; • Further flexibility in the Scheme's rules, including the ability to employ staff at an advanced practitioner designation (clinical pharmacist, physio, occupational therapist, dietician, podiatrist and paramedic); • The extension of the window to transfer any clinical pharmacists funded under the previous NHSE scheme to move to the PCN scheme; • The expectation that CCGs and systems will explore different ways of supporting PCNs to recruit; • PCNs' continuing to recruit to these roles and supported by Training Hubs with induction and professional development; • Further funding for the PCN Clinical Director support up to September 2021 in addition to the COVID capacity expansion fund (and new winter access fund mentioned above); • 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; • NCL Training Hub is developing a Primary care nursing strategy and have engaged with relevant stakeholders as part of this. Given the high demand on the Primary Care workforce during the pandemic, the CCG will have to monitor the impact on wellbeing and fatigue. This risk is currently rated 16 due to the high ratios of patients per GP and nurses in NCL compared to national ratios, the pressure on primary care staff capacity from recovery from COVID-19, the vaccination programme, elective recovery, and responding to pressures in urgent and emergency care system. This risk is linked to COVID12 below.	29.09.2021	Open
PERF21	Paul Sinden Chief Operating Officer	Sarah Mcilwaine, Director of Transformation - Primary Care	Support system recovery and strengthen both Urgent Care & Integrated Urgent Care	**Failure of Primary Care patient access (Threat)** **CAUSE:** If the CCG fails to address patient perceptions that GPs will not offer face to face appointments (either due to historical experience, public misunderstanding, or the prioritisation of telephone triaging) and any issues in accessing general practice. **EFFECT:** There is a risk that either patients do not present to GPs or present to other parts of the Integrated Care Systems ('ICS') creating additional pressure elsewhere. There is also a risk to NHS staff of abuse due to public and patient frustration **IMPACT:** This may result in patient harm, negative impact on workforce wellbeing and turnover especially in non-clinical staff, system instability due to increased demand in Emergency Departments ('ED') and Urgent Treatment Centres('UTC'), and reputational damage for the CCG and the ICS.	4	4	16	C1. CCG Primary Care, and Comms, teams in situ C2. Primary Care Silver meetings with stakeholders including LMC C3. Primary Care SITREP monitoring and support process in place C4. Communication campaign C5. System Recovery Executive in place C6. Primary Care capacity in excess of pre-COVID-19 baseline (2019) (excluding COVID-19 vaccination appointments)	C1. Employment contracts, structure charts C2. Reports, meeting notes, minutes C3. SITREP results and narrative C4. Communications with GPs, GP website resources for patient communication, CCG Chair and AO letter (27/09/2021) providing GP practice material to deal with abuse of staff, and Partnership Council in place C5. Reports, meeting notes and minutes, ICS communications C6. SITREPs and local support process in place	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	4	4	16	CN1. 100% practices providing open front doors CN2. Development of agreed action plan	A1. Engagement with practices to support provision of open front doors (IPC, clinical, estates/ other) A2. Primary Silver Calls to develop action plan	A1. 31.12.2021 A2. 14.10.2021	A1. Engagement with NCL CCG practices as increased provision of open front door to all but one of 183 practices. The CCG is working through local challenges and is advising on steps to address social distancing and infection, prevention and control measures. A2. Primary Silver call scheduled for 14th October 2021 to receive report on current position, with a view to inform the development of an action plan.	3	3	9	Primary Care Commissioning Committee	This is a new risk, identified as part of the system recovery, further to the COVID-19 pandemic. At the outset of the COVID-19 pandemic, practices were asked to adopt Total Triage, advising patients not to come to practices, with appointments managed initially via telephone, online or video. Whilst telephone/ digital routes are still used for triaging in many practices, 52% of all GP appointments in NCL are now offered face to face. This is higher than NHS England requirements of 50%. The CCG has also measured that NCL GP practices have greater capacity now than pre-COVID-19. The move to Total Triage, a small number of practices who were not able to provide an open front door, and misinformation, have resulted in service user perception that GPs are not providing face to face care. Nonetheless a significant amount of abuse, particularly of non-clinical and administrative staff, has been recorded and the CCG is collaborating with stakeholders to offer support and collate incidents reports. The CCG is conducting a communications campaign both in relation to GP practices, as set out above, and the patients to remind services users that General Practices are open.	11.10.2021	Open

PERF22	Paul Sinden - Chief Operating Officer	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 CCG 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, Additional capital will need to be found for existing schemes already under contract. **IMPACT:** This may result in the CCG being unable to deliver improvement to Primary Care services and negative patient experience. This may also result in an inability to invest as desired to improve patient care and support existing services.	3	4	12	C1. Primary Care Commissioners and Estate teams in situ, with negotiation experience C2. Robust governance of Rent Budgets and contingency budgets C3. Primary Care Commissioning Committee ('PCCC') established to manage Primary Care strategy and commissioning	C1.Employment contracts, Structure charts, previous negotiated investment agreements C2. Budgets, Financial reports, SFIs. C3. PCCC Terms of Reference.	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 CN3. Support critical negotiations with Landlords and Developers C4. Review estate to identify properties at risk of requiring development	A1. Pipeline of potential work via primary and community care estates group A2. Exploration of ability to increase flexibility of use in NHS-owned estate within NCL	A1. 31.12.2021 A2. 31.12.2021	A1. review underway A2. work comenced	3	3	9	Primary Care Commissioning Committee	This is a new risk. Due to disrupted supply chains, impacted by reduced HGV capacity, Brexit, and COVID-19, construction costs in terms of both building material and labour have been inflated. Building schemes will therefore take longer, and be more expensive (by c. 20%). This has resulted in pressure on the CCG 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. Whilst the CCG 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. .	12.10.2021	Open
COVID 12	Paul Sinden Chief Operating Officer	Sarah Mcilwaine, Director of Transformation - Primary Care	Support the ongoing response to Covid-19 pandemic and vaccination programme	**Capacity in General Practice (Threat)** **CAUSE:** If GP practices experience an increase in the number of staff who are unwell or are self-isolating with suspected covid-19 **EFFECT:** There is a risk that practices will be forced to close **IMPACT:** This may result in greater pressure being put onto practices which remain open, which may also be short-staffed, to manage increased demand.	4	4	16	C1. Increasing availability of staff testing for General Practice C2. GP practices moving to "telephone first" model where majority of consultations will be carried out on the phone. GP Federations leading on providing GPs with equipment and remote access to Egton Medical Information Systems (EMIS) to allow them to work remotely to provide these consultations C3. Returning staff to General Practice C4. Creation of COVID-19 Support Service, with senior clinical triage and ability to refer for home visit has been mobilised pan-NCL to ensure that covid-19 positive patients who need to see a GP in person, where the home practice is unable to provide this C5. Practice 'buddying' arrangements via business continuity plans C6. Primary care site reps to support early warning system C7. NCL COVID-19 Service is now live (launched 19/10/20) and now includes weekend cover (from Dec 2020) C8. Review of GP workload in line with RCGP BMA guidance, NCL-tailored approach C9. Bi-weekly calls with Primary Care Covid Leads and clinician	C1. Primary care COVID action plan C2. Primary care COVID action plan C3. Primary care COVID action plan C4. Primary care COVID action plan C5. Primary care COVID action plan C6. Primary care COVID action plan C7. Primary care COVID action plan C8. Implemented regular review of practice prioritisation advice - reviewing on fortnightly basis C9. Meeting notes and reports	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	4	3	12	CN1. Need to prevent fatigue and burn-out in primary care staff	A1. Secure funding for programmes to ensure staff wellbeing	A1. 31.03.2022	A1. Pan-NCL bid for Primary Care and wellbeing and resilience funding submitted June 2021 and was successful. Funding now in place.	4	3	12	Primary Care Commissioning Committee	Actions to ensure that there is sufficient capacity in general practice to manage demand include: • Increasing availability of staff testing for General Practice in order to reduce absences due to suspected COVID-19; • GP practices using the "telephone first" model where majority of patient triage is carried out on the phone – with face to face being offered where it is clinically appropriate. GP Federations leading in providing GPs with equipment and remote access to EMIS in order to allow them to work remotely to provide these consultations; • The returning of staff (retirees) to General Practice; • NCL-wide acute COVID-19 support service is in place - provided by the 6 NCL GP federations. The offering of senior clinician triage, advice and guidance on management of COVID-19 patients and supporting step down of patients who are on the oximetry at home pathway; • Practice 'buddying' arrangements via their Primary Care Networks; • The receipt of the £4.1m capacity fund for general practice to maintain capacity during delivery of the COVID-19 vaccination programme, with all funds to go to general practice to support service priorities, including: o supporting patients with Long COVID-19; o establishment of systems for remote monitoring of patients, including pulse oximetry; o supporting clinically extremely vulnerable patients and maintaining the shielding list; o addressing the backlog of appointments, including those for chronic disease management and routine vaccinations and immunisations; o making progress (in addressing inequalities) on learning disability health checks and actions to improve ethnicity data recording in GP records; and, o potentially offering backfill for staff absences where this is agreed by the CCG, is required to meet demand, and the individuals concerned are not able to work remotely. • The national announcement that the GP COVID-19 capacity fund will be extended up to October 2021. A new winter access fund was announced on 14 October 2021, to support November to March 2022. However, GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services, and due to demands of system recovery.	12.10.2021	Open

North Central London CCG PCCC Risk Register - Highlight Report

Risk ID	Risk Title	Risk Owner	Key Updates	2021/22 Current Risk Score APR	JUN	AUG	OCT	Movement From Last Report	Target Risk Score
PERF4	**Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat)**	Paul Sinden Chief Operating Officer	This risk is a response to regulatory action that has been taken with a series of practices recently following "inadequate" or "requires improvement" ratings following Care Quality Commission (CQC) inspections. Action in some cases has included having to put in place caretaking arrangements at practices at very short notice. The aim of the risk mitigation is to promote earlier recognition of struggling practices, and ensure that support is provided before regulatory action is required. The workforce and resilience workstream for primary care recovery has a focus on supporting, and early identification of, struggling practices. The NCL financial resilience package for practices to cover the impact of the COVID-19 pandemic, in place since April 2020, is in line with national guidance published in August 2020. The resilience package aims to mitigate the impact of the COVID-19 pandemic, and had been extended to cover all of 2020/21. Support is based on income protection where practices are unable to complete income generating work due to the pandemic (Quality Outcomes Framework, Locally Commissioned Services) and to offset additional costs incurred including cover for staff absence and personal protective equipment. The financial resilience package forms part of the local support offer to practices with other aspects including a central clinical triage and home visiting service to treat COVID-19 positive patients separately, training for infection prevention control, and weekly practice webinars. The package for 2021/22 has been developed in line with planning guidance, and initially will be in place for quarters one, two and three, with a similar approach proposed for quarter four. The Primary Care SITREP reporting, in place since November 2020, had been paused based on a low level of reporting of concerns from practices. It was reinstated in September 2021, on a fortnightly basis. . Practices are asked to report any concerns to enable the CCG to respond and provide support where required. Practices are still being supported with funding via the Capacity Expansion Fund. The North Central London allocation of the funding is £4.11million. This equates to £2.58 per patient across NCL. NCL CCG released this funding to practices in two tranches, with the first having being released in January 2021. A further allocation has been announced to cover October 2021, with a dedicated winter access fund to cover the period November 21 to March 2022 announced on 14 October 2021.	12	12	12	12	→	6
PERF15	**Failure to address variation in Primary Care Quality and Performance across NCL (Threat)**	Paul Sinden Chief Operating Officer	Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include: • Plans to further develop Primary Care Networks (PCNs) through the introduction of the service specifications in the Direct Enhanced Service (DES) for 2020/21 and 2021/22 are available to provide development support for Clinical Directors; • The use of GP Forward View monies from NHS England to support the development of primary care networks and GP Federations, and to develop a resilience programme for general practice; • The introduction, via the new GP contract, of a greater quality improvement focus in the practice level Quality Outcomes Framework incentive scheme and under the new Investment and Impact Fund incentive scheme - introduced to reward PCNs for delivering against the NHS Long Term Plan; • The establishment of models for mutual aid across practices during COVID-19, including NCL-wide Acute COVID service and training for practices in managing COVID-19 patients; • Ongoing work to develop the GP Provider Alliance and a unified primary care provider voice within the NCL integrated care system.	12	12	12	12	→	6
PERF18	**Primary care workforce development (Threat)**	Paul Sinden Chief Operating Officer	The updated GP contract for 2021/22 continues to emphasise the importance of funding and flexibility for workforce development and includes: • An increase in the national funding for the Additional Roles Reimbursement Scheme to help secure 15,500 Whole Time Equivalent ('WTE') roles to be deployed by end of 2021/22; • More roles added to the Scheme (which now includes paramedics, and mental health practitioners as well as pharmacy technicians, dieticians, care coordinators, health coaches, podiatrists, occupational therapists and nursing associates/trainee nursing associates); • Every PCN becoming entitled to a fully embedded WTE mental health practitioner, employed and provided as a service by the PCN's local provider of community mental health services; • Introduction of an inner and outer London maximum reimbursement rate; • Further flexibility in the Scheme's rules, including the ability to employ staff at an advanced practitioner designation (clinical pharmacist, physio, occupational therapist, dietician, podiatrist and paramedic); • The extension of the window to transfer any clinical pharmacists funded under the previous NHSE scheme to move to the PCN scheme; • The expectation that CCGs and systems will explore different ways of supporting PCNs to recruit; • PCNs' continuing to recruit to these roles and supported by Training Hubs with induction and professional development; • Further funding for the PCN Clinical Director support up to September 2021 in addition to the COVID capacity expansion fund (and new winter access fund mentioned above); • 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; • NCL Training Hub is developing a Primary care nursing strategy and have engaged with relevant stakeholders as part of this. Given the high demand on the Primary Care workforce during the pandemic, the CCG will have to monitor the impact on wellbeing and fatigue. This risk is currently rated 16 due to the high ratios of patients per GP and nurses in NCL compared to national ratios, the pressure on primary care staff capacity from recovery from COVID-19, the vaccination programme, elective recovery, and responding to pressures in urgent and emergency care system. This risk is linked to COVID12 below.	12	12	16	16	→	9
PERF21	**Failure of Primary Care patient access (Threat)**	Paul Sinden Chief Operating Officer	This is a new risk, identified as part of the system recovery, further to the COVID-19 pandemic. At the outset of the COVID-19 pandemic, practices were asked to adopt Total Triage, advising patients not to come to practices, with appointments managed initially via telephone, online or video. Whilst telephone/ digital routes are still used for triaging in many practices, 52% of all GP appointments in NCL are now offered face to face. This is higher than NHS England requirements of 50%. The CCG has also measured that NCL GP practices have greater capacity now than pre-COVID-19. The move to Total Triage, a small number of practices who were not able to provide an open front door, and misinformation, have resulted in service user perception that GPs are not providing face to face care. Nonetheless a significant amount of abuse, particularly of non-clinical and administrative staff, has been recorded and the CCG is collaborating with stakeholders to offer support and collate incidents reports. The CCG is conducting a communications campaign both in relation to GP practices, as set out above, and the patients to remind services users that General Practices are open.				16	↑	9
PERF22	**Failure to manage impact of increased building costs on General Practice estate (Threat)**	Paul Sinden Chief Operating Officer	This is a new risk. Due to disrupted supply chains, impacted by reduced HGV capacity, Brexit, and COVID-19, construction costs in terms of both building material and labour have been inflated. Building schemes will therefore take longer, and be more expensive (by c. 20%). This has resulted in pressure on the CCG 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. Whilst the CCG 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. .				12	↑	9
COVID12	**Capacity in General Practice (Threat)**	Paul Sinden Chief Operating Officer	Actions to ensure that there is sufficient capacity in general practice to manage demand include: • Increasing availability of staff testing for General Practice in order to reduce absences due to suspected COVID-19; • GP practices using the "telephone first" model where majority of patient triage is carried out on the phone – with face to face being offered where it is clinically appropriate. GP Federations leading in providing GPs with equipment and remote access to EMIS in order to allow them to work remotely to provide these consultations; • The returning of staff (retirees) to General Practice; • NCL-wide acute COVID-19 support service is in place - provided by the 6 NCL GP federations. The offering of senior clinician triage, advice and guidance on management of COVID-19 patients and supporting step down of patients who are on the oximetry at home pathway; • Practice 'buddying' arrangements via their Primary Care Networks; • The receipt of the £4.1m capacity fund for general practice to maintain capacity during delivery of the COVID-19 vaccination programme, with all funds to go to general practice to support service priorities, including: o supporting patients with Long COVID-19; o establishment of systems for remote monitoring of patients, including pulse oximetry; o supporting clinically extremely vulnerable patients and maintaining the shielding list; o addressing the backlog of appointments, including those for chronic disease management and routine vaccinations and immunisations; o making progress (in addressing inequalities) on learning disability health checks and actions to improve ethnicity data recording in GP records; and, o potentially offering backfill for staff absences where this is agreed by the CCG, is required to meet demand, and the individuals concerned are not able to work remotely. • The national announcement that the GP COVID-19 capacity fund will be extended up to October 2021. A new winter access fund was announced on 14 October 2021, to support November to March 2022. However, GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services, and due to demands of system recovery.	12	12	12	12	→	12

Risk Key

Risk Improving ↓

Risk Worsening ↑

Risk neither improving nor worsening but working towards target →

NCL PRIMARY CARE COMMISSIONING COMMITTEE

FORWARD PLANNER 2021 / 22

Area	22 Apr 2021	20 May 2021 Seminar	17 June 2021	15 July 2021 Seminar	19 August 2021	21 October 2021	16 December 2021	17 February 2022
Governance								
Review of Risk Register	X		X		X	X	X	X
Review of Terms of Reference (TOR)								X
Review of Committee Effectiveness	X							X
Contracting								
Decisions relating to GMS, PMS and APMS contracts eg: practice mergers	X		X		X	X	X	X
Local Commissioned Services						X		
Procurements	As and when required							
Demonstration of DH Health Building Notes Estimator (HBN)		X						
Pros & Cons of practices merging together		X						
Quality & Performance								

Quality and Performance Report	X		X		X	X	X	X
Finance Report								
Finance Report	X		X		X	X	X	X
Strategy								
Primary Care Strategic Review				X	X		X	
NHS Long Term Plan and Operating Plan	X					X		X
Other papers								
Developing Primary Care workforce		X		X				
GP Patient Survey learning							X	
NCL Finance Resilience Package for Primary Care					X		X	
Extended Access scheme to PCNs by 1 April 2022						X		
New GP Contract Update								X
PCN Development	X					X		
Covid report					X		X	
Primary Care Estates	X						X	