

NHS North Central London CCG  
Primary Care Commissioning Committee  
Thursday 16 December 2021  
2:30pm to 4pm  
Online Meeting **via MS Team Live**

| Item  | Title  | Lead                      | Action  | Page  | Time                   |
|---|--|---------------------------|---------|-------|------------------------|
| <b>Pre-meet to be held for committee members between 2pm &amp; 2:25pm</b> |  |                           |         |       |                        |
| <b>AGENDA<br/>Part 1</b>  |  |                           |         |       |                        |
| <b>1.0</b>  | <b>INTRODUCTION</b>  |                           |         |       |                        |
| 1.1   | Welcome and Apologies  | Ian Bretman               | Note    | Oral  | 2:30pm<br>to<br>2:45am |
| 1.2   | Declarations of Interest Register  | Ian Bretman               | Note    | 3-6   |                        |
| 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 21 October 2021   | Ian Bretman               | Approve | 7-16  |                        |
| 1.6   | Action Log   | Ian Bretman               | Approve | 17-19 |                        |
| 1.7   | Matters Arising  | All                       | Note    | Oral  |                        |
| 1.8   | <b>Questions from the public relating to items on the agenda received prior to the meeting</b><br>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. |                           |         |       |                        |
| <b>2.0</b>  | <b>BUSINESS</b>  |                           |         |       |                        |
| 2.1   | Primary Care Finance update  | Tracey Lewis              | Note    | 20-27 | 2:45pm<br>to<br>3:30pm |
| 2.2   | Quality & Performance Report   | Paul Sinden               | Note    | 28-78 |                        |
| 2.3   | NCL Finance Resilience Package for Primary Care  | Sarah McIlwaine           | Oral    | ----- |                        |
| 2.4   | Covid Report   | Paul Sinden / Dan Glasgow | Note    | 79-87 |                        |

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|---|---|---|---------|---------|------------------|
| 2.5   | PCN clinical and estates strategies in NCL  | Nicola Theron / Kelly Bourne                | Note    | 88-94   |                  |
| <b>3.0</b>  | <b>ITEMS FOR DECISION</b>   |   |         |         |                  |
| 3.1   | <ul style="list-style-type: none"> <li><b>Contract Variations</b> PMS / APMS / GMS Changes</li> <li>PMS Agreement Changes</li> </ul>                | Vanessa Piper                               | Approve | 95-102  | 3:30 to 3:45pm   |
| 3.2   | <b>Islington</b> <ul style="list-style-type: none"> <li>Islington GP Group – Extension of Caretaking Contract - Barnsbury Medical Centre</li> </ul> | Vanessa Piper / Anthony Marks / Borough Rep | Approve | 103-106 |                  |
| 3.3   | PCCC Assurance paper – Premises Capital and Revenue Financial implication   | Diane MacDonald                             | Approve | 107-110 |                  |
| <b>4.0</b>  | <b>ITEMS TO NOTE – URGENT DECISIONS TAKEN SINCE 21 OCTOBER 2021</b>   |   |         |         |                  |
| 4.1   | None  |   |         |         |                  |
| <b>5.0</b>  | <b>GOVERNANCE AND COMMITTEE ADMINISTRATION</b>  |   |         |         |                  |
| 5.1   | PCCC Risk Register  | Paul Sinden                                 | Note    | 111-122 | 3:45pm to 3:55pm |
| 5.2   | PCCC Forward Planner  | Ian Bretman                                 | Note    | 123-125 |                  |
| <b>6.0</b>  | <b>ANY OTHER BUSINESS</b>   |   |         |         | <b>3.55pm</b>    |
| 6.1   | Any other Business  |   |         |         |                  |
| <b>7.0</b>  | <b>DATES OF NEXT MEETING -</b>  |   |         |         | <b>4.00pm</b>    |
|   | <ul style="list-style-type: none"> <li>Thursday 17 February 2022; 2:30 to 4:00pm</li> </ul>   |   |         |         |                  |
| <b>Resolution to exclude observers, the public and members of the press from the remainder of the meeting.</b> 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. |   |   |         |         |                  |

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|---------------------|--|-------------------------|
| <b>Report Title</b> | Declaration of Interests Register – Primary Care Commissioning Committee Meeting | <b>Agenda Item:</b> 1.2 |
|---------------------|--|-------------------------|

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|--|---|--|--|
| <b>Governing Body Sponsor</b>  | Mr Ian Bretman<br>Committee Chair and<br>Governing Body member  | Tel/Email                                | <a href="mailto:ian.bretman@nhs.net">ian.bretman@nhs.net</a> |
| <b>Lead Director / Manager</b>   | Mr Ian Porter<br>Executive Director for<br>Corporate Services   | Tel/Email                                | <a href="mailto:ian.porter3@nhs.net">ian.porter3@nhs.net</a> |
| <b>Report Author</b>   | Vivienne Ahmad<br>Board Secretary   | Tel/Email                                | <a href="mailto:v.ahmad@nhs.net">v.ahmad@nhs.net</a>         |
| <b>Name of Authorising Public and Patient Engagement and Equalities Lead</b> | <i>Not Applicable</i>   | <b>Summary of Financial Implications</b> | <i>Not Applicable</i>  |
| <b>Report Summary</b>  | <p>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.</p> <p>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.</p> <p>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.</p> <p>If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway.</p> |  |  |
| <b>Recommendation</b>  | To <b>NOTE</b> the Declaration of Interests Register and invite members to inspect their entry and advise the meeting / Board Secretary of any changes.   |  |  |

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| <b>Identified Risks and Risk Management Actions</b> | 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. |
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|---------------------------------|--|
| <b>Conflicts of Interest</b>    | The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting. |
| <b>Resource Implications</b>    | <i>Not Applicable</i>  |
| <b>Engagement</b>               | <i>Not Applicable</i>  |
| <b>Equality Impact Analysis</b> | <i>Not Applicable</i>  |

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| <b>Report History and Key Decisions</b> | The Declaration of Interests Register is a standing item presented to every meeting of the Primary Care Commissioning Committee Meeting.         |
| <b>Next Steps</b>                       | The Declaration of Interests Register is presented to every meeting of the Primary Care Commissioning Committee Meeting and regularly monitored. |
| <b>Appendices</b>                       | The Declaration of Interests Register.   |

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

| Name               | Current Position (s) held-<br>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    |   |
|                    |  |  |                     |                                      |                                  |                                     |   |                          |            |               |            |   |
| <b>Members</b>     |  |  |                     |                                      |                                  |                                     |   |                          |            |               |            |   |
| Ian Bretman        | Lay Member of NCL CCG Governing Body<br>Member of Covid Response Oversight Committee (when in session)<br>Chair of Patient and Public Engagement Committee<br>Chair of Primary Care Commissioning Committee<br>Member of Audit Committee<br>Member of Remuneration Committee<br>Chair of STP Engagement Advisory Board<br>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 flexible working.   | 17/10/2018               |            | 14/08/2019    | 21/07/2021 |   |
|                    |  | Timewise Jobs Ltd<br>Timewise Solutions Ltd  | No<br>No            | No<br>No                             | no<br>no                         | Direct<br>Direct                    |   | 15/05/2019<br>15/05/2019 |            | 01/10/2019    | 21/07/2021 |   |
| Simon Goodwin      | Chief Finance Officer of NCL CCG<br>Member of CCG Governing Body<br>Finance Committee<br>Procurement Committee<br>Attendee,<br>Audit committee<br>Strategy and Commissioning Committee<br>Primary Care Commissioning in Common<br>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<br>Member of Primary Care Commissioning Committee<br>Member of Quality and Safety Committee<br>Member of Strategy and Commissioning Committee<br>Member of Medicines Management Committee<br>Member of Public and Patient Engagement Committee<br>Member of Covid Response Oversight Committee (when in session)<br>Member of IFR Panel<br>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 |   |
| Swetlana Wolf      | Deputy Director, Quality and Safeguarding<br>attend Public Patient Engagement and Equalities Committee   | Nursing and Midwifery Council  | n                   | y                                    | n                                | direct                              | member  | 1991                     | current    | 14/03/2018    | 03/08/2021 |   |
| Dr Subir Mukherjee | Secondary Care Clinician, NCL CCG<br>Member of Covid Reponse Oversight Committee (when in session)<br>Primary Care Commissioning Committee<br>Quality and Safety Committee<br>Individual Funding Request Appeals Panel<br>Medicines Management Committee<br>Strategy and Commissioning Committee<br>Procurement Committee  | Health Education England, KSS  | yes                 | no                                   | yes                              | direct                              | Associate post graduate Dean  | 2003                     | current    | 05/09/2020    | 13/08/2021 |   |
|                    |  | Diagnostic services procurement contract   | no                  | no                                   | no                               | direct                              | Clinical Lead   |                          | current    | 26/10/2021    |            |   |
|                    |  | Interview Panel for Advisory Appointments Committee (AAC) for Consultant Physician (Royal College of Physicians) | no                  | no                                   | yes                              | direct                              | Panel member - South East Region  |                          | current    | 01/10/2021    |            |   |
| Arnold Palmer      | Lay Member of NCL CCG Governing Body<br>Chair of Remuneration Committee<br>Member of IFR Appeals Panel<br>Strategy and Commissioning Committee<br>Primary Care Commissioning Committee<br>Finance Committee<br>Audit Committee<br>Public and Patient Engagement Committee<br>Procurement 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)<br>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.<br>An acquaintance 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 for NCL 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  |

NCL CCG Primary Care Committee Declaration of Interest Register - October 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 |  |
| <b>Paul Sinden</b>        | Chief Operating Officer<br>Attend Governing Body<br>Primary Care Commissioning Committee exec lead<br>Member of NCL CCG Executive Management Team<br>Attend Quality and Safety Committee<br>Attend Medicines Management Committee<br>Attend other committee meetings as required  | none  | N/A | N/A | N/A | N/A             | nil return  |            |         | 20/08/2019 | 01/09/2021 |  |
| <b>Karen Trew</b>         | Deputy Lay Chair of Governing Body<br>Member of<br>Covid Response Oversight Committee (when in session)<br>Finance Committee<br>Primary Care Commissioning Committee<br>Remuneration Committee<br>IFR Appeals Panel<br>Strategy and Commissioning Committee<br>Chair of Audit Committee<br>Chair of Procurement Committee<br>Member of Fertility Policy Group | Broxbourne School Hertfordshire<br><br>Wormley C of E Primary School, Hertfordshire   | No  | No  | Yes | direct          | Chair of the Governing Body (previously Governing Body members since Nov. 2004)   | 01/07/2015 | current | 15/07/2015 | 01/09/2021 |  |
|                           |   |   | No  | No  | Yes | direct          | Chair of the Governing Body   | 28/06/2005 | current | 15/07/2015 | 01/09/2021 |  |
| <b>Attendees</b>          |   |   |     |     |     |                 |   |            |         |            |            |  |
| <b>Vivienne Ahmad</b>     | Board Secretary   | No interests declared   | No  | No  | No  | No              | Nil Return  | 25/10/2018 | current | 16/10/2019 | 23/07/2021 |  |
| <b>Dr Peter Christian</b> | Haringey Clinical Representative, NCL CCG Governing Body<br>member of Audit Committee<br>Chair of IFR Panel<br>Member of Primary Care Committee   | Muswell Hill Practice<br><br>Muswell Hill Practice is a member of Federation4Health, the pan- Haringey Federation of GP Practices<br><br>Muswell Hill Practice provides anitcoagulant care to Haringey residents under a contract with the CCG<br><br>The Hospital Saturday Fund - a charity which gives monet to health telated issues<br><br>The Hospital Saturday Fund - a charity which gives money to health related issues<br><br>The Lost Chord Charity - organises interactive musical sessions for people with dementia in residential homes.<br><br>North West Primary Care Network<br><br>Haringey Health Connected, the federation of West Haringey GP Practices. | No  | No  | No  | Direct          | Salaried GP   | 15/03/2018 | current | 07/11/2018 | 19/07/2021 |  |
|                           |   |   | No  | No  | No  | Direct          | Salaried GP   | 15/03/2018 | current | 07/11/2018 | 19/07/2021 |  |
|                           |   |   | No  | No  | No  | Direct          | Salaried GP   | 15/03/2018 | current | 07/11/2018 | 19/07/2021 |  |
|                           |   |   | No  | No  | Yes | Direct          | Member  | 15/03/2018 | current | 07/11/2018 | 19/07/2021 |  |
|                           |   |   | No  | No  | Yes | Indirect (Wife) | Patron  | 15/03/2018 | current | 07/11/2018 | 19/07/2021 |  |
|                           |   |   | No  | No  | No  | Indirect (Wife) | Patron  | 15/03/2018 | current | 07/11/2018 | 19/07/2021 |  |
|                           |   |   | No  | No  | No  | Direct          | Practice is a member  | 01/07/2019 | current | 04/09/2019 | 19/07/2021 |  |
|                           |   |   | No  | No  | Yes | Indirect        | Pactice Manager is Finance Manager  | 15/03/2018 | current | 07/11/2018 | 19/07/2021 |  |

NCL CCG Primary Care Committee Declaration of Interest Register - October 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  | 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   | 14/10/2021 |   |
| Mark Agathangelou          | Community Member  | N/A  | N/A                           | N/A                           | N/A                             | N/A  | N/A   | N/A   | N/A   | 13/10/2020   | 16/10/2021 |   |
| 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<br><br>Executive Managing Borough Partnerships<br>Member of NCL EMT<br>Attend NCL Committee Meetings as required e.g. Strategic Commissioning Committee, Borough Commissioning Committee<br><br>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<br>Attend Borough meetings,<br>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<br>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<br>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<br><br>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<br>Member of Primary Care Commissioning Committee<br>Attend other committee meetings as and when required   | Fresh Solutions for Health<br>Education for Health<br>Local Government Association<br>Southdown Housing Association<br>Novartis                                | yes<br>no<br>no<br>yes<br>yse | yes<br>no<br>no<br>Yes<br>yes | yes<br>yes<br>yes<br>yes<br>yse | direct<br>direct<br>direct<br>direct<br>direct | Director<br>Trustee<br>Associate Member<br>Non executive director<br>Expert Advisory Panel member   | 01/06/2019<br>May 2021<br>July 2021<br>July 2021<br>Sept 2021 | current<br>current<br>current<br>current<br>current | 14/09/2021<br>14/09/2021<br>14/09/2021<br>14/09/2021<br>14/09/2021 |            | No work undertaken London wide  |
| Dr Sue Dickie              | LMC Haringey Borough Representative   | Highgate Group Practice<br>Have done 3 triage sessions for LCW ooh over the Christmas period in the pandemic<br>Haringey Federation<br>Haringey North West PCN | yes<br>yes<br>no<br>No        | yes<br>yes<br>yes<br>yes      | yes<br>yes<br>yes<br>yes        | direct<br>direct<br>direct<br>direct           | GP Partner<br><br>Practice is a member<br>Practice is a member  | <br><br>2016<br>2019  | current<br><br>current<br>current                   | <br><br>08/03/2021<br>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)<br>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)<br>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<br>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<br>• Governing Body<br>• Primary Care Commissioning Committee   | no                            | yes                           | no                              | N/A  | N/A   | N/A   | N/A   | 29/06/2021   |            |   |

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

|                     |  |  |     |     |     |                            |  |            |         |            |   |  |
|---------------------|--|--|-----|-----|-----|----------------------------|--|------------|---------|------------|---|--|
| Cllr Caroline Stock | Totteridge Ward, Barnet Councillor<br>Member serving on:<br>• Health & Wellbeing Board (Chairman) London Borough of Barnet<br>• Local Strategic Partnership (Barnet Partnership Board) London Borough of Barnet<br>• Policy and Resources Committee<br>• Chipping Barnet Area Committee (Substitute) | Attendee NCL CCG<br>• Governing Body<br>• Primary Care Commissioning Committee   | no  | YES | no  | direct                     | N/A  | N/A        | current | 03/07/2021 |   |  |
|                     |  | Middlesex University<br>Camden and Islington NHS Trust   |     |     |     |                            | Pro-Chancellor<br>Daughter is employed as a doctor                     | 01/07/2020 | current | 03/07/2021 |   |  |
| Cllr Alev Cazimoglu | Jubilee Ward Councillor Enfield<br>Attendee<br>NCL CCG<br>• Governing Body<br>• Primary Care Commissioning Committee   | Health & Social Care Joint Health Overview<br>Scrutiny Committee for North Central London Sector<br>North Middlesex Hospital   | yes | yes | yes | direct<br>direct<br>direct | Cabinet member<br>member<br>bank staff - no paid work received to date |            | current | 11/08/2021 |   |  |
| Cllr Nurullah Turan | St Mary's Ward Councillor  | Attendee NCL CCG<br>• Governing Body<br>• 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<br>Cabinet Member for Health, Social Care and Well-Being  | Attendee NCL CCG<br>• Governing Body<br>• 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 |   |  |
| Olivia Clymer       | CEO Healthwatch –Central West London provider for Healthwatch Enfield<br>Committee member on NCL CCG Quality and Safety Committee and Primary Care Commissioning Committee   | CEO Healthwatch –Central West London, provider for Healthwatch Enfield   | yes | yes | yes | direct                     | Secretary  | 26/03/2018 | current | 28/10/2021 |   |  |
|                     |  | United World Colleges, Great Britain   | yes | yes | yes | direct                     | Director   | 01/05/2020 | current | 28/10/2021 |   |  |
|                     |  | Healthwatch Central West London are commissioned from time to time to support engagement for NHS organisations.                | yes | yes | no  | direct                     |  |            | current | 28/10/2021 | Should this arise a declaration of interest will be made. |  |
|                     |  | Healthwatch Central West London receive core funding from the National Institute of Health Research – North West London region | yes | yes | no  | direct                     |  |            | current | 28/10/2021 |   |  |
|                     |  | Vale of Aylesbury Housing  | yes | yes | yes | direct                     | Non executive director   | 23/06/2017 | current | 28/10/2021 |   |  |



## PRIMARY CARE COMMISSIONING COMMITTEE

**Draft** Minutes of Meeting held on Thursday 21 October 2021 between 2:30pm and 4pm

Online Meeting via MS Teams Live

|   |   |
|---|---|
| <b>Voting Members Present:</b>          |   |
| Mr Ian Bretman <b>(Chair)</b>           | 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 Body Member, Lay Member, General Portfolio  |
| Mr Paul Sinden                          | Chief Operating Officer (representing Barnet Borough)   |
| Ms Jenny Goodridge                      | Director of Quality & Chief Nurse   |
| <b>In Attendance</b>                    |   |
| Mr Mark Agathangelou                    | Community Representative  |
| Cllr Patricia Callaghan                 | London Borough of Camden  |
| Mr Anthony Browne                       | Director of Finance Strategic Commissioning   |
| Mr Kostakis Christodoulou               | Community Representative  |
| Dr Peter Christian                      | Governing Body Member, Clinical Representative (non-voting)                                     |
| Dr Sue Dickie                           | Chair of Haringey LMC, London Wide LMCs   |
| Ms Clare Henderson                      | Director of Integration, Islington Directorate  |
| Ms Sophie Jenkins                       | NCL Estates Lead for Enfield (Item 3.5)   |
| Mr Riyadh Karim                         | Head of Primary Care, Enfield Directorate   |
| Ms Tracey Lewis                         | Head of Finance, STP Primary Care   |
| Mr Anthony Marks                        | Assistant Head of Primary Care  |
| Ms Deborah McBeal                       | Director of Integration, Enfield Directorate  |
| Ms Sarah McIlwaine                      | Director of Primary Care  |
| Ms Su Nayee                             | Assistant Head of Primary Care, Primary Care Contracting and Commissioning                      |
| Cllr Lucia das Neves                    | London Borough of Haringey  |
| Dr Jonathan O'Sullivan                  | Acting Director of Public Health, Islington Council (representing all five boroughs across NCL) |
| Ms Vanessa Piper                        | Assistant Director, Primary Care Contracts and Commissioning                                    |
| Ms Amanda Rimington                     | Senior Primary Care Commissioning Manager, Camden Directorate                                   |
| Ms Caroline Rowe                        | Head of Communications and Engagement   |
| Mr Owen Sloman                          | Assistant Director of Primary Care, Haringey Directorate  |
| Cllr Caroline Stock                     | London Borough of Barnet  |
| Cllr Nurullah Turan                     | London Borough of Islington   |
| Mr Simon Wheatley                       | Director of Integration, Camden Directorate   |
| Mr Andrew Tillbrook<br><b>(Minutes)</b> | Deputy Board Secretary  |
| <b>Observing</b>                        |   |
| Ms Usha Banga                           | GP Commissioning Manager  |
| <b>Apologies:</b>                       |   |

|                           |   |
|---------------------------|---|
| Cllr Alev Cazimoglu       | London Borough of Enfield                                     |
| Ms Olivia Clymer          | CEO of Healthwatch Central West London                        |
| Dr Louise Jones           | Healthwatch Representative, Camden                            |
| Ms Rebecca Kingsnorth     | Assistant Director of Primary Care, Islington Directorate     |
| Ms Sarah McDonnell-Davies | Executive Director of Borough Partnerships                    |
| Dr Subir Mukherjee        | Governing Body Member, Secondary Care Clinician               |
| Ms Amanda Rimington       | Senior Primary Care Commissioning Manager, Camden Directorate |
| Ms Karen Trew             | Governing Body Member, Lay Member for Audit & Governance      |
| Dr Cathy Winfield         | LMC   |
| Ms Colette Wood           | Director of Primary Care Transformation, Barnet Directorate   |
|                           |   |

|            |   |
|------------|---|
| <b>1.0</b> | <b>INTRODUCTION</b>   |
| <b>1.1</b> | <b>Welcome &amp; Apologies</b>  |
| 1.1.1      | The Chair welcomed everyone to the meeting. Apologies were recorded as above.   |
| <b>1.2</b> | <b>Declarations of Interests Register</b>   |
| 1.2.1      | The Declarations of Interest Register was noted by the Committee.   |
|            | <b>The Committee NOTED the Register</b>   |
| <b>1.3</b> | <b>Declarations of Interest Relating to Items on the Agenda</b>   |
| 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.   |
| <b>1.4</b> | <b>Declarations of Gifts and Hospitality</b>  |
| 1.4.1      | There were no declarations declared.  |
| <b>1.5</b> | <b>Minutes of the NCL Primary Care Commissioning Committee Meeting on 19 August 2021</b>  |
| 1.5.1      | The minutes of the NCL Primary Care Commissioning Committee on 19 August 2021 were considered and agreed as a true record of the meeting.   |
|            | <b>The Committee APPROVED the minutes of the meeting dated 19 August 2021.</b>  |
| <b>1.6</b> | <b>Action Log</b>   |
| 1.6.1      | The Action Log was reviewed and updated.  |
|            | <b>The Committee NOTED the updates to the action log.</b>   |
| <b>1.7</b> | <b>Matters Arising</b>  |
| 1.7.1      | The Committee were advised that an appeal to the High Court for a judicial review into the change in control request from AT Medics approved by the Committee in December 2020 had been granted on the 12 October 2021. The appeal was expected to take six months and members were assured that the CCG would cooperate fully and transparently during this process. |

|            |   |
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| <b>1.8</b> | <b>Questions from the public relating to items on the agenda received prior to the meeting</b>  |
| 1.8.1      | No questions from the public had been received in advance of the meeting and no questions were asked by those attending via the MS Teams public link.   |
| <b>2.0</b> | <b>BUSINESS</b>   |
| <b>2.1</b> | <b>Primary Care Finance Update (Month 5, August 2021)</b>   |
| 2.1.1      | <p>The Committee noted the following highlights from the finance report:</p> <ul style="list-style-type: none"> <li>• A break even position was forecast for the first half of 2021/22 (H1). Plans for the second half of 2021/22 (H2) were to be submitted to NHS England/Improvement (NHSE/I) by 16 November 2021, with the primary care delegated budget for H2 similar to H1;</li> <li>• The H2 allocation therefore included uplifts for the GP contract, the Primary Care Network care home premium and new indicators in the Quality Outcomes Framework and investment and impact fund compared to the last financial year.</li> </ul>   |
| 2.1.2      | <p>In considering the report and funding allocation, the Committee noted:</p> <ul style="list-style-type: none"> <li>• The CCG was to receive a winter access fund to provide additional access capacity from a national allocation of £250m, and £835k to support long Covid programme; progress of which would be given at the next meeting;</li> <li>• The report now included a comparison against prior year expenditure.</li> </ul>   |
|            | <b>The Committee NOTED the report.</b>  |
| <b>2.2</b> | <b>Quality &amp; Performance Report</b>   |
| 2.2.1      | <p>In the introduction to the report the Committee received an overview of the Winter Access Fund for primary care, details of which had been published after distribution of the Committee papers. The Fund had been made available in recognition of the additional pressures GP practices had been under for the last 18 months and patient concern about availability of face to face appointments. Appointment levels were 15% above pre-pandemic levels and practices had also rolled out the covid vaccination programme.</p> <p>The fund would increase resilience in the system over the winter months, but was non-recurrent and would be used from November 2021 to March 2022.</p>  |
| 2.2.2      | <p>The CCG was due to submit initial proposals to use the fund to NHSE/I by 28 October 2021, with the plans being developed with primary care and focusing on:</p> <ul style="list-style-type: none"> <li>• Increasing appointment capacity, and in particular face-to-face capacity, at a practice and Primary Care Network level;</li> <li>• At-scale solutions to include supporting admin capacity, and enhancing extended access hub capacity in each Borough;</li> <li>• Enhancing links to other parts of the urgent and emergency care system including additional primary care capacity at the front-door of local emergency departments and increasing practice sign-up and referrals into the community pharmacy consultation service for low acuity presentations;</li> <li>• The programme would also include upgrading all remaining practices to cloud based telephone systems.</li> </ul> |
| 2.2.3      | <p>Linked to the winter access fund:</p> <ul style="list-style-type: none"> <li>• The transfer of extended access services to Primary Care Networks would be deferred from April 2022 to October 2022;</li> </ul>   |

|            |   |
|------------|---|
|            | <ul style="list-style-type: none"> <li>• Participatory research would be undertaken with Healthwatch to help understand patient demand and expectations, as well as addressing the rise of abuse towards practice staff by patients;</li> <li>• A wellbeing and resilience hub to support primary care staff would be established;</li> <li>• The SITREP* reports had been reinstated to allow practices to report on demand and capacity pressures. (*Situation Reports)</li> </ul>  |
| 2.2.4      | <p>The Committee were given an overview of the results from the 2021 IPSOS MORI national patient survey, which indicated an increase in satisfaction in four of the five boroughs (Barnet remained static). The Committee then discussed a range of areas of interest and concern:</p> <ul style="list-style-type: none"> <li>• Noting the demographic and capacity variations of the practice nursing workforce across each of the boroughs in NCL, alongside the number of nursing staff working in general practice decreasing by 26% over the last four years;</li> <li>• Consideration of access needed to include capacity developed through the Additional Roles Reimbursement Scheme (ARRS) with roles including clinical pharmacists, social prescribers, and physician associates;</li> <li>• Capacity was also being created through PCN wide nursing roles, fellowships, mentoring and staff retention schemes and setting up a flexible staff pool for matching staff and vacancies</li> <li>• The pressure on finite GP capacity to support service developments including the winter access fund;</li> <li>• The CCG had resilience funding monies to support practice resilience, with further resilience accruing from collaboration across practices and at-scale working where appropriate;</li> <li>• The Committee requested that a borough analysis of nursing capacity across NCL (<b>Action 1: Sarah McIlwaine, Ali Malik, Jenny Goodridge</b>), be carried out, noting that a system wide approach should be taken to increase the workforce as a whole and not increase capacity in one area at the expense of another. The analysis should include benchmarking against other London systems;</li> <li>• Analysis and understanding of comparative face to face consultations across practices would become clearer through development of the primary care dashboard, with this data being used alongside participatory research on access via Healthwatch, and practice SITREPs to provide a rounded view of access and identify support requirements for practices (<b>Action 2: Sarah Mcilwaine</b>);</li> <li>• The review of procurement processes would include patient views on Alternative Provider Medical Services (APMS) procurements and contract extensions, alongside giving a greater weighting to social value in evaluation criteria;</li> <li>• Planning for additional primary care capacity in response to significant residential development included funding additional space for existing practices, and for developments for over 6,000 residents the CCG worked with local authorities to explore Section 106 planning and funding opportunities to consider establishing a new practice;</li> <li>• An analysis of the 2021 survey results by Borough had been undertaken with highlights including work with Healthwatch in Haringey to survey patient opinion and through a 'mystery shopper' survey. The feedback had resulted in the improvement of telephony services in some surgeries in Haringey;</li> <li>• In Enfield funding had been secured via the Health Inequalities scheme to support a Black Health Improvement Programme (BHIP), to address the significant disparity of health outcomes amongst the Black community including higher death rate in pregnancy, obesity level, and diagnosis of severe mental health.</li> </ul> |
|            | <b>The Committee NOTED the report</b>   |
| <b>2.3</b> | <b>Extended Access Service transition to Primary Care Networks (update)</b>   |
| 2.3.1      | The Committee received an update on the transfer of responsibility for extended access hubs and practice extended hours schemes to Primary Care Networks (PCNs) which   |

|                               |   |
|-------------------------------|---|
|                               | <p>had been deferred from April 2022 to October 2022. The delay was in recognition of the pressure currently faced in general practice, and was part of the package of support to practices in the winter access fund. NHSE/I had published a report 14 October entitled <a href="#">Our plan for improving access for patients and supporting general practice</a>, setting the above out.</p> <p>In the medium term, work would include patient engagement on a revised access offer working with PCNs. In the short term, the CCG would extend current extended access contracts with incumbent providers to provide continuity of service.</p>  |
| 2.3.2                         | <p>In considering the report, the following comments and observations were made:</p> <ul style="list-style-type: none"> <li>• The need for a consistent approach to service delivery across all 32 PCNs in NCL;</li> <li>• This approach would need to recognise that not all PCNs were geographically contiguous when considering equity of capacity of practices and access to services for patients.</li> </ul>  |
|                               | <b>The Committee NOTED the report</b>   |
|                               |   |
| <b>2.4</b>                    | <b>Local Commissioned Services – Long Term Conditions (LTC) Development</b>   |
| 2.4.1                         | <p>The Committee received a verbal update on the creation of an NCL-wide locally commissioned service (LCS) for people with long-term conditions (LTCs):</p> <ul style="list-style-type: none"> <li>• Work to standardise the service offer, and so minimise variations in service, would begin with metabolic and respiratory conditions;</li> <li>• A working group had been established, with supporting sub-groups in place to oversee specific areas of work for finance, contracting, workforce, infrastructure, and communications to patients;</li> <li>• Additional funding to align support for people with LTCs across the five Boroughs would be sourced in part by the reinvestment of the PMS (Personal Medical Services) premium within each Boroughs. The additional funding would focus on delivering improved outcomes for patients and recognise the different maturity levels across NCL in addressing health inequalities;</li> <li>• A written report would be presented to the next meeting, aiming to outline the model of care and in the longer term, the specification would be appraised by the Committee.</li> </ul> |
|                               | <b>The Committee NOTED the verbal update.</b>   |
|                               |   |
| <b>3.0 ITEMS FOR DECISION</b> |   |
|                               | <b>Contract Variations</b>  |
| <b>3.1</b>                    | <b>All Boroughs – Personal Medical Services (PMS) Changes</b>   |
| 3.1.1                         | <b>Haringey – Muswell Hill Practice – the addition of a partner</b>   |
| 3.1.2                         | The practice requested approval to add an additional GP partner to the PMS agreement from 1 August 2021, increasing the total partners on the agreement to three.   |
| 3.1.3                         | <b>Haringey – Crouch Hall Road – the addition of a partner</b>  |
| 3.1.4                         | The practice requested approval to add an additional GP partner to the PMS agreement from 1 November 2021, increasing the total partners on the agreement to three.   |
| 3.1.5                         | Note was made that Health Care Assistants were not included in nursing numbers, and were not a substitute for nursing capacity. Practice recruitment for approved changes was followed up two or three months after the recruitment date.   |
|                               | <b>The Committee NOTED and APPROVED the contract variations for the Muswell Hill Practice and Crouch Hall Road Practice.</b>  |

|            |  |
|------------|--|
| <b>3.2</b> | <b>Islington</b>   |
| 3.2.1      | <b>Family Practice / Partnership Primary Care Centre –Merger and Relocation</b>  |
| 3.2.2      | <p>These practices had applied to the CCG to merge and utilise the Partnership Primary Care Centre (PPCC) contract, and through the merger close the premises used by the Family Practice. The two practices had the same partners and were in the same Primary Care Network. The Family Practice was 1.3 miles from the merged premises.</p> <p>Results of the stakeholder and patient engagement exercise showed that 66% of patients were in favour of the merger and relocation, but there was some concern from patients who lived furthest away from the PPCC. To address this work was underway with the practices including ensuring that the views of vulnerable patients were captured in the engagement process and Equality Impact Assessment, and the option of allowing patients to register with practices closer to them. It was noted that the Engagement Report would capture and record individual responses, picking up on issues of mobility and disability.</p> <p>Subject to the outcome of the engagement process and Equality Impact Assessment the planned merger would take place in February 2022.</p> |
|            | <p><b>The Committee APPROVED the:</b></p> <ol style="list-style-type: none"> <li><b>1. Merger of the two GMS contracts by varying the PPCC contract and terminating The Family Practice contract;</b></li> <li><b>2. Relocation of The Family Practice contract into PPCC building and utilising void space;</b></li> <li><b>3. The increase in rent and utilities costs of £163k per annum once the merged practices relocated, with this offset by a reduction in void costs at PPCC.</b></li> </ol>   |
| <b>3.3</b> | <b>Islington</b>   |
| 3.3.1      | Hanley Primary Care Centre (HPCC) – request for additional space   |
| 3.3.2      | <p>The practice request for additional space accrued from the increase in list size of 28% over the last three years (and 18% in the last 12 months). The space had previously been vacated by the Whittington Health Health Visiting service and then used as a local vaccination centre but was now void space.</p> <p>The request for four additional clinical room and one additional admin rooms was within parameters for approval from the Department of Health space calculator, and the additional rent and rates costs (£195k per annum) would be offset by a reduction in void costs.</p>   |
|            | <p><b>The Committee APPROVED the:</b></p> <ol style="list-style-type: none"> <li><b>1. Use of an additional 5 rooms ( 4 clinical and 1 administration room);</b></li> <li><b>2. Increase in annual rent and rates costs (£195k), noting that this was offset by a reduction in void costs;</b></li> <li><b>3. The increase in space was on condition that the practice submits assurance within 14 days of approval that GP and nurse appointments would be increased to benchmark levels, and thereby addressing the current shortfall.</b></li> </ol>  |
| <b>3.4</b> | <b>Islington</b>   |
| 3.4.1      | <b>City Road Medical Centre - GMS Contract Novation</b>  |
|            | <p>The Committee noted that the two current partners had requested to Novate their GMS contract, to a company limited by shares. The shares would then be transferred to Islington GP Federation (IGPF) to allow IGPF to become the new contract holders and the partners to resign. Contract terms and conditions would remained unchanged.</p> <p>The CCG's role was to ensure that the novation was carried out in accordance with procurement rules, and to carry out due diligence of IGPF. Following legal advice on</p>   |

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|              | notification to the wider market a notice of this proposal had been shared with stakeholders and Islington practices for a 28-day period.  |
| 3.4.2        | <p>The Committee were further informed in discussion that:</p> <ul style="list-style-type: none"> <li>• Results of the stakeholder and patient engagement exercise showed that 70% of patients were in favour of the novation to IGPF if there were no service changes. Direct contact had been made with vulnerable patients from the list;</li> <li>• The constitution of IGPF restricted any onward distribution of shares to other members of the Federation or the Federation itself, so shares could not be transferred to any external organisations. Ownership structures for primary care providers were of strategic concern to the CCG (and then NCL Integrated Care System from April 2022);</li> <li>• The 28 day local engagement had taken place with no feedback, however, after the 28-day deadline, one practice had asked whether other Primary Care Networks could bid to run the contract.</li> </ul> |
|              | <p><b>Committee members APPROVED the;</b></p> <ol style="list-style-type: none"> <li><b>1. Termination of the GMS contract;</b></li> <li><b>2. Issue a new GMS Contract by direct award to a company limited by shares to the 2 existing partners of City Road Practice</b></li> </ol> <p><b>Prior to the transfer of the shares to Islington GP Federation the Committee confirmed it was satisfied with;</b></p> <ol style="list-style-type: none"> <li><b>1. The due diligence assessment carried out on Islington GP Federation and that no concerns were identified;</b></li> <li><b>2. The outcome of the patient and stakeholder engagement.</b></li> </ol>   |
| <b>3.5</b>   | <b>Enfield</b>   |
| <b>3.5.1</b> | <b>Expression of Interest Process and Outcome - Firs Lane Development</b>  |
| 3.5.2        | <p>The Committee was asked to note that in July 2021 the Enfield Borough Team were approached by the landowner of a site in Firs Lane, Winchmore Hill (N21) to see if the site was of interest to provide primary care services from a single storey medical centre. Following on from this in September 2021 an expression of interest process for a possible relocation was launched for all practices within two miles of the site.</p> <p>Two application were received and met the evaluation criteria, one from a single practice and the other a joint application with a potential merger. There would be no capital funds available to support any relocation and any revenue implications would need to be brought back to the Committee for consideration.</p> <p>The Committee was then asked to approve the next steps in the process.</p>  |
| 3.5.3        | <p>In discussion, the following observations and comments were made by the Committee:</p> <ul style="list-style-type: none"> <li>• The importance of having more fit for purpose premises locally, as many practices in Southwest Enfield were operating from converted residential premises;</li> <li>• The Committee would be kept informed of the Expression of Interest process;</li> <li>• Ensuring that proposals made were in line with the wider primary care estates strategy across NCL.</li> </ul>  |
|              | <p><b>Committee Members APPROVED the process and next steps listed in the report:</b></p> <ol style="list-style-type: none"> <li><b>1. To continue the process with both applications received;</b></li> <li><b>2. Enfield Borough Team, on behalf of the two applications, to continue engagement with the landowner;</b></li> <li><b>3. Enfield Directorate, in conjunction with the landowner to liaise with London Borough of Enfield Planning Department;</b></li> <li><b>4. To start initial commercial discussions to understand revenue implications.</b></li> </ol>   |

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| <b>3.6</b>   | <b>Enfield</b>   |
| <b>3.6.1</b> | <b>East Enfield Medical Practice relocation and change in rent – update following DV valuation</b>   |
| 3.6.2        | In April 2021 the Committee had approved in principle the merger of the practice with Brick Lane Surgery and relocation to the Electric Quarter. In September 2021 the District Valuer had confirmed a rental increase of £30,000 per annum for the relocation over and above the approval made in April 2021. The relocated site at the Electric Quarter site in Ponders End were in purpose built premises compared to the current two surgeries which are operating from converted residential properties.  |
| 3.6.3        | Following further discussion, it was agreed to provide a schedule of decisions made on premises (and their efficacy of use, current costs and additional costs for relocation and funding opportunities) to the December meeting ( <b>Action 3: Vanesa Piper</b> ).  |
|              | <b>The Committee APPROVED the increase in rent of £70,450 of East Enfield Medical Centre when the practice relocates into new premises.</b>  |
| <b>3.7</b>   | <b>Camden</b>  |
| <b>3.7.1</b> | <b>Kings Cross Surgery Relocation</b>  |
| 3.7.2        | The Committee received an overview of the options appraisal carried out for the relocation of Kings Cross Surgery from the St Pancras Hospital site as part of the redevelopment of the site for Moorfield Eye Hospital (Project Oriel). The preferred option was to relocate the practice alongside the Somers Town Medical Centre site into extended and refurbished premises at 77-83 Chalton Street from June 2022.<br><br>The Committee noted that <ul style="list-style-type: none"> <li>• The current site had always been intended as temporary provision (since 2014);</li> <li>• The patient list was about 9,000 patients, requiring relocation rather than dispersal;</li> <li>• A range of sites had been considered over the last two years, and Chalton Street was 0.5 miles from the St Pancras Hospital site;</li> <li>• Patient engagement had received 705 responses, with 478 in favour of the move to Chalton Street, 98 unsure, and 129 against the move.</li> </ul> |
| 3.7.3        | In discussion, members sought clarity on a range of issues: <ul style="list-style-type: none"> <li>• Accessibility of the new premises for vulnerable patients whether patients listed at the Kings Cross Surgery would have the option of registering with other surgeries for ease of access;</li> <li>• The engagement period had been extended by the practice for four weeks into September 2021 to ensure the practice list had sufficient time to respond;</li> <li>• Patient Participation Groups (PPGs) should always be engaged in relocation and merger discussions. The CCG had recently issued engagement guidance to all practices to support robust engagement. Following discussion, it was agreed that the Communications and Engagement Team would review the guidance.</li> </ul>   |
|              | <b>The Committee APPROVED the</b><br><b>1. Relocation of Kings Cross Surgery to the Chalton Street site</b><br><b>2. The Increase of £43,701 per annum for premises reimbursement for Kings Cross Surgery post relocation with this abated in the first year as a rent-free period had been negotiated.</b>  |
| <b>3.8</b>   | <b>Haringey</b>  |
| <b>3.8.1</b> | <b>Staunton Practice – increase in rent reimbursement</b>  |
| 3.8.2        | The Committee noted that the landlord had agreed to carry out £1.2m improvement works to make the premises fit for purpose, and this would result in an annual increase in rental costs of £27.5k that had been proposed by the District Valuer. The landlord had proposed a 20-year full repair and insurance lease, with a review every three years.   |



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|       | The Committee APPROVED the list of proposed works and the new Current Market Rent reimbursement of £294,335 per annum. Agreement to the annual rent increase (£27,500) was conditional on £1.2m of investment in the building by the landlord.  |
| 3.9   | <b>London Operating Model 2021/22 for the Collaborative Commissioning of Primary Care Services (General Practice)</b>   |
| 3.9.1 | The Committee received an overview of changes made to the Operating Framework that set out respective responsibilities for CCGs and NHS England for primary medical services contracts. The changes would cover 2021/22 (from 1 April 2021), and would need further consideration for the move into Integrated Care Systems (ICS). <b>(Action 4: to provide an update to the Feb 2022 meeting on oversight of primary care medical services contracts in ICS - Vanessa Piper)</b>   |
| 3.9.2 | Note was made that CCGs could not continue to access NHSE/I Legal advice and other legal firms via the NHSE/I Legal Framework and that the legal costs would now be picked up by CCGs. The cost of legal advice to the CCG was difficult to estimate but members noted that referrals for advice were only made for contractual matters, premises schemes and potential litigation. In discussion, it was suggested that the (financial) risk to the CCG should be included on to the Risk Register <b>(Action 5: Vanessa Piper / Chris Hanson)</b> .   |
|       | <p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>• <b>AGREED</b> the amendments to the London Operating Model as reflected in the London Operating Model for 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.</li> <li>• <b>AGREED</b> that the revised London Operating Model and changes to the MOU be adopted by North Central London CCG;</li> <li>• <b>NOTED</b> 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 reforms;</li> <li>• <b>ENDORSED</b> that only material changes should be brought back to the Committee, and note that non-material changes will be signed off by the relevant CCG SRO for primary care;</li> <li>• <b>NOTED</b> 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;</li> <li>• <b>NOTED</b> that Londonwide Local Medical Committee (LMC) had commented on the London Operating Model 2021/22 and their comments have been reviewed and where appropriate incorporated into the document;</li> <li>• <b>NOTED</b> 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.</li> </ul> |
| 4.0   | <b>ITEMS TO NOTE – URGENT DECISIONS TAKEN SINCE 19 AUGUST 2021</b>  |
| 4.1   | None.   |
| 5.0   | <b>GOVERNANCE AND COMMITTEE ADMINISTRATION</b>  |
| 5.1   | <b>PCCC Risk Register</b>   |
| 5.1.1 | The Committee were advised that two new risks had been added to the register reflecting: <ul style="list-style-type: none"> <li>• The pressure on, and patient concern about, primary Care access;</li> <li>• The inflationary pressure on building costs for General Practice estate that risked taking costs over and above Committee funding approvals.</li> </ul>   |

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| 5.1.2      | Note was made from the discussion in item 3.9 to add legal fees incurred by the CCG as a risk following changes to the Operating Model for the CCG   |
| 5.1.3      | The Committee noted the Haringey Primary Care Team met with the landlord and practice. The landlord has revised proposal for main building, adding an additional floor of residential flats, to make the scheme economically viable. The proposals for the health centre remain unchanged, so are in line with what has previously been agreed in Committee. Discussions continue but the situation is now more positive than as reported to October Committee. <i>(Action 6: Owen Sloman)</i> . |
|            | <b>The Committee NOTED the risk report.</b>  |
| <b>5.2</b> | <b>PCCC Forward Planner</b>  |
|            | <b>The Committee NOTED the forward planner.</b>  |
| <b>6.0</b> | <b>ANY OTHER BUSINESS</b>  |
| 6.1        | No further business was discussed.   |
| <b>7.0</b> | <b>DATE OF NEXT MEETING</b>  |
| 7.1        | Thursday 16 December 2021 between 2:30pm and 4pm   |

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

| Meeting Date | Action No. | Minutes Ref | Action   | Action lead                                      | Deadline        | Status update  | Date closed |
|--------------|------------|-------------|--|--|-----------------|--|-------------|
| 21.10.21     | 1          | 2.2.4       | <b>Quality &amp; Performance Report</b><br>To carry out a thorough analysis of nursing capacity across NCL   | Sarah McIlwaine,<br>Ali Maik,<br>Jenny Goodridge | <b>Feb 2022</b> | 15.11.21 - On the forward planner for February 2022.   |             |
| 21.10.21     | 2          | 3.6.3       | <b>East Enfield Medical Practice relocation and change in rent – update following DV valuation</b><br>Following further discussion, it was agreed to provide a schedule of premises (and their efficacy of use, current costs and additional costs for relocation and funding opportunities to | Vanessa Piper                                    | <b>Dec 2021</b> | <b>A paper on the affordability model will be presented at the December 2021 meeting.</b><br><br><b>The full year costs from the premises schemes approved will be presented at the February 2022 meeting.</b> |             |
| 21.10.21     | 3          | 3.9.2       | <b>London Operating Model 2021/22 for the Collaborative Commissioning of Primary Care Services (General Practice)</b><br>proposed changes, effective from 1st April 2021 would need further review with ICS being established  | Vanessa Piper                                    | <b>Feb 2022</b> | 15.11.21 - On the forward planner for February 2022.   |             |
| 21.10.21     | 4          | 3.9.3       | <b>London Operating Model 2021/22 for the Collaborative Commissioning of Primary Care Services (General Practice)</b><br>The cost of legal advice now borne by the CCG - to add the (financial) risk to the CCG to the Risk Register   | Vanessa Piper /<br>Chris Hanson                  | <b>Dec 2021</b> |  |             |

|          |   |        |   |                 |                 |   |  |
|----------|---|--------|---|-----------------|-----------------|---|--|
| 21.10.21 | 5 | 5.1.3. | <b>Risk Register</b><br>Discussed building work at Rutland House had been put on hold due to rising costs; a more detailed update would be provided to this Committee | Owen Sloman     | <b>Dec 2021</b> | <b>16.12.21-</b> Haringey primary care team met with landlord and practice. Landlord has revised proposal for main building, adding an additional floor of residential flats, to make the scheme economically viable. The proposals for the health centre remain unchanged, so in line with what has previously been agreed in Committee. Discussions continue but the situation is now more positive than as reported to October Committee |  |
| 19.8.21  | 3 | 2.2.3  | <b>Quality &amp; Performance Report</b> – To bring the dashboard on primary care and the primary care programme to a future Committee meeting.                        | Sarah Mcilwaine | <b>Feb 2022</b> | <b>16.12.21</b> – A draft of the dashboard went to CCG EMT on 7.12.21 and will come to the Committee in February 2022   |  |

## CLOSED ITEMS

|          |   |       |   |                 |                  |  |                 |
|----------|---|-------|---|-----------------|------------------|--|-----------------|
| 19.08.21 | 1 | 1.6.1 | <b>Minutes of the NCL PCCC Meeting on 17 June 2021 – the following action was missing under Finance (item 2.1):</b><br>To bring to the next meeting the prior year comparatives alongside this year's actual. | Tracey Lewis    | <b>Oct 21</b>    | <b>20 Sept 21</b> – This had been included the finance paper for October.<br><b>The Committee agreed to close the action.</b>                | <b>21/10/21</b> |
| 19.08.21 | 2 | 2.2.3 | <b>Quality &amp; Performance Report</b> – To bring a more detailed analysis of the 2021 GP Patient Survey to the October meeting.   | Paul Sinden     | <b>Oct 21</b>    | <b>20 Sept 21</b> - Analysis included in the Quality and Performance Report for October.<br><b>The Committee agreed to close the action.</b> | <b>21/10/21</b> |
| 17.06.21 | 1 | 1.7.3 | <b>GDPDR</b> – To send links on GDPDR to PCCC Members and Attendees.  | Sarah Mcilwaine | <b>July 2021</b> | <b>19 Aug 21</b> – <b>The Committee agreed to close the action.</b><br><b>5 July 21</b> - The links were emailed out on 5 July 2021.         | <b>19.08.21</b> |

|          |   |       |   |             |                    |  |                 |
|----------|---|-------|---|-------------|--------------------|--|-----------------|
| 17.06.21 | 2 | 5.1.2 | <b>PCCC Risk Register</b> – To review the risk rating again on risk <i>Perf 18 – Primary Care Workforce Development</i> taking into consideration the continuing workforce / nursing pressures. | Paul Sinden | <b>August 2021</b> | <b>19 Aug 21 – The Committee agreed to close the action.</b><br><br><b>11 Aug 21</b> - Risk rating has been adjusted.<br><br>Recommend to close the action.  | <b>19.08.21</b> |
| 22.04.21 | 2 | 2.3.3 | <b>Primary Care in Planning Guidance for 2021/22</b> – To provide an update on how the Guidance is being implemented at a future meeting.   | Paul Sinden | <b>August 2021</b> | <b>19 Aug 21 – The Committee agreed to close the action.</b><br><br><b>10 Aug 21</b> - Extract for primary care from Operating Plan for 2021/22 has been included in the Quality and Performance paper for August 2021.<br><br>Recommend to close the action | <b>19.08.21</b> |



**North Central London CCG  
Primary Care Commissioning Committee  
Thursday 16<sup>th</sup> December 2021**

|   |  |   |                               |  |     |
|---|--|---|-------------------------------|--|-----|
| <b>Report Title</b>                                 | M7 NCL Primary Care Delegated Commissioning Finance Report   | <b>Date of report</b>   | 2 <sup>nd</sup> December 2021 | <b>Agenda Item</b>   | 2.1 |
| <b>Lead Director / Manager</b>                      | Paul Sinden, Executive Director of Performance and Assurance   | <b>Email / Tel</b>  |                               | <a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>           |     |
| <b>GB Member Sponsor</b>                            | <b>Not applicable</b>  |   |                               |  |     |
| <b>Report Author</b>                                | Tracey Lewis, Head of Finance Primary Care   | <b>Email / Tel</b>  |                               | <a href="mailto:tracey.lewis9@nhs.net">tracey.lewis9@nhs.net</a> |     |
| <b>Name of Authorising Finance Lead</b>             | Anthony Browne, Director of Finance Strategic Commissioning  | <b>Summary of Financial Implications</b><br>To inform the committee of any financial risks associated with the Primary Care Delegated Commissioning budget. |                               |  |     |
| <b>Report Summary</b>                               | This report presents the Primary Care Delegated Commissioning financial position as at Month 7 (October 2021).   |   |                               |  |     |
| <b>Recommendation</b>                               | The Committee is requested to: <ul style="list-style-type: none"> <li><b>NOTE</b> the Primary Care Delegated Commissioning Budget and the Month 7 position.</li> </ul> |   |                               |  |     |
| <b>Identified Risks and Risk Management Actions</b> | The Committee will provide oversight and scrutiny of the CCG's key risks within the area of its remit.   |   |                               |  |     |
| <b>Conflicts of Interest</b>                        | This report was written in accordance with the CCG's Conflicts of Interest Policy.   |   |                               |  |     |
| <b>Resource Implications</b>                        | 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.   |   |                               |  |     |
| <b>Engagement</b>                                   | The Committee includes Lay Members and clinicians. Patient Representatives are also invited to Committee meetings as Standing Attendees.                               |   |                               |  |     |
| <b>Equality Impact Analysis</b>                     | The report was written in accordance with the provisions of the Equality Act 2010.   |   |                               |  |     |
| <b>Report History and Key Decisions</b>             | For noting by the committee.   |   |                               |  |     |
| <b>Next Steps</b>                                   | None.  |   |                               |  |     |
| <b>Appendices</b>                                   | None.  |   |                               |  |     |



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# Primary Care Delegated Commissioning Finance Report M5 21/22



# 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 16<sup>th</sup> November 2022.





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

## Financial Summary - 5 Months to 31st August 2021

### NCL Total

| Service                                    | Annual Budget<br>£000's | YTD Budget<br>£000's | YTD Actual<br>Expenditure<br>£000's | YTD Variance<br>Fav/(Adv)<br>£000's | YTD Actual<br>Expenditure<br>20/21<br>£000's | Forecast<br>Outturn<br>£000's | Forecast<br>Variance<br>Fav/(Adv)<br>£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   |
| <b>Total Primary Care Medical Services</b> | <b>123,413</b>          | <b>102,844</b>       | <b>102,844</b>                      | <b>0</b>                            | <b>97,050</b>                                | <b>123,413</b>                | <b>0</b>                                    |

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.

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

|  | Annual Budget | YTD Budget    | YTD Actual Expenditure | YTD Variance Fav/(Adv) | YTD Actual Expenditure 20/21 | Forecast Outturn | Forecast Variance Fav/(Adv) |
|--|---------------|---------------|------------------------|------------------------|------------------------------|------------------|-----------------------------|
|  | £000's        | £000's        | £000's                 | £000's                 | £000's                       | £000's           | £000's                      |
| <b>Barnet CCG</b>                          |               |               |                        |                        |                              |                  |                             |
| 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                           |
| <b>Total Primary Care Medical Services</b> | <b>28,290</b> | <b>23,575</b> | <b>24,864</b>          | <b>(1,289)</b>         | <b>23,600</b>                | <b>28,290</b>    | <b>0</b>                    |

|  | Annual Budget | YTD Budget    | YTD Actual Expenditure | YTD Variance Fav/(Adv) | YTD Actual Expenditure 20/21 | Forecast Outturn | Forecast Variance Fav/(Adv) |
|--|---------------|---------------|------------------------|------------------------|------------------------------|------------------|-----------------------------|
|  | £000's        | £000's        | £000's                 | £000's                 | £000's                       | £000's           | £000's                      |
| <b>Camden CCG</b>                          |               |               |                        |                        |                              |                  |                             |
| 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                           |
| <b>Total Primary Care Medical Services</b> | <b>24,291</b> | <b>20,243</b> | <b>19,994</b>          | <b>248</b>             | <b>18,155</b>                | <b>24,291</b>    | <b>0</b>                    |

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

|  | Annual Budget | YTD Budget    | YTD Actual Expenditure | YTD Variance Fav/(Adv) | YTD Actual Expenditure 20/21 | Forecast Outturn | Forecast Variance Fav/(Adv) |
|--|---------------|---------------|------------------------|------------------------|------------------------------|------------------|-----------------------------|
|  | £000's        | £000's        | £000's                 | £000's                 | £000's                       | £000's           | £000's                      |
| <b>Enfield CCG</b>                         |               |               |                        |                        |                              |                  |                             |
| 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                           |
| <b>Total Primary Care Medical Services</b> | <b>25,189</b> | <b>20,991</b> | <b>21,098</b>          | <b>(107)</b>           | <b>20,033</b>                | <b>25,189</b>    | <b>0</b>                    |

|  | Annual Budget | YTD Budget    | YTD Actual Expenditure | YTD Variance Fav/(Adv) | YTD Actual Expenditure 20/21 | Forecast Outturn | Forecast Variance Fav/(Adv) |
|--|---------------|---------------|------------------------|------------------------|------------------------------|------------------|-----------------------------|
|  | £000's        | £000's        | £000's                 | £000's                 | £000's                       | £000's           | £000's                      |
| <b>Haringey CCG</b>                        |               |               |                        |                        |                              |                  |                             |
| 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                           |
| <b>Total Primary Care Medical Services</b> | <b>24,920</b> | <b>20,767</b> | <b>19,957</b>          | <b>810</b>             | <b>19,083</b>                | <b>24,920</b>    | <b>0</b>                    |



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

|  | Annual Budget | YTD Budget    | YTD Actual Expenditure | YTD Variance Fav/(Adv) | YTD Actual Expenditure 20/21 | Forecast Outturn | Forecast Variance Fav/(Adv) |
|--|---------------|---------------|------------------------|------------------------|------------------------------|------------------|-----------------------------|
|  | £000's        | £000's        | £000's                 | £000's                 | £000's                       | £000's           | £000's                      |
| <b>Islington CCG</b>                       |               |               |                        |                        |                              |                  |                             |
| 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                           |
| <b>Total Primary Care Medical Services</b> | <b>20,723</b> | <b>17,269</b> | <b>16,931</b>          | <b>339</b>             | <b>16,179</b>                | <b>20,723</b>    | <b>0</b>                    |



## 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  
16 December 2021**

|   |  |  |          |  |     |
|---|--|--|----------|--|-----|
| <b>Report Title</b>                                 | Primary Care Quality and Performance Report  | <b>Date of report</b>  | 08/12/21 | <b>Agenda Item</b>   | 2.2 |
| <b>Lead Director / Manager</b>                      | Paul Sinden,<br>Chief Operating Officer  | <b>Email / Tel</b>   |          | <a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>   |     |
| <b>GB Member Sponsor</b>                            | Not Applicable   |  |          |  |     |
| <b>Report Author</b>                                | Paul Sinden,<br>Chief Operating Officer<br><br>Sarah Mcilwaine,<br>Director of Primary Care  | <b>Email / Tel</b>   |          | <a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a><br><br><a href="mailto:sarah.mcilwaine@nhs.net">sarah.mcilwaine@nhs.net</a> |     |
| <b>Name of Authorising Finance Lead</b>             | Not Applicable   | <b>Summary of Financial Implications</b><br><br>Not applicable |          |  |     |
| <b>Report Summary</b>                               | <p><b>1. Introduction</b><br/>This report sets out:</p> <ul style="list-style-type: none"> <li>• The latest Quality and Performance Report for comment;</li> <li>• A summary of actions accruing from the quality report;</li> <li>• An update on the winter access fund for primary care;</li> <li>• An update from latest general practice situation report (SITREPs) as reported by practices in North Central London;</li> <li>• A brief analysis of North Central London GP workforce, pressures and local actions</li> </ul> |  |          |  |     |
| <b>Recommendation</b>                               | <p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• COMMENT ON future development of the quality and performance report to support onward quality and performance improvement;</li> <li>• COMMENT ON the identified actions to carry forward into NCL CCG governance structures.</li> </ul>   |  |          |  |     |
| <b>Identified Risks and Risk Management Actions</b> | The report outlines areas where support to practices is required, and where formal action requiring remedial actions plans are required.   |  |          |  |     |
| <b>Conflicts of Interest</b>                        | Conflicts of interest are managed robustly and in accordance with the CCG's conflict of interest policy.   |  |          |  |     |
| <b>Resource Implications</b>                        | 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.  |
| <b>Engagement</b>                       | The report includes patient experience measures from the Friends and Family Test and GP Patient Survey carried out by Ipsos MORI.  |
| <b>Equality Impact Analysis</b>         | This report was written in accordance with the provisions of the Equality Act 2010.  |
| <b>Report History and Key Decisions</b> | The Quality Report provides an overview of primary medical services contracts delegated to the CCG from NHS England.   |
| <b>Next Steps</b>                       | Local reporting will be further extended through work to develop reporting to support the development of Primary Care Networks in NCL.   |
| <b>Appendices</b>                       | <ol style="list-style-type: none"> <li>1. Quality and Performance Report to the NCL Primary Care Committee-in-Common;</li> <li>2. Quality dashboard for each Borough;</li> <li>3. Overview of workforce data;</li> <li>4. Overview of winter access fund for primary care;</li> <li>5. Practice SITREPs</li> </ol> |

### 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 the winter access fund for primary care;
- An update from latest general practice situation report (SITREPs) as reported by practices in North Central London;
- A brief analysis of North Central London GP workforce, pressures and local actions

### 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;<br>Complaints                                     | <ol style="list-style-type: none"> <li>1. Informal remedial action - Number of practices under improvement plan review</li> <li>2. Formal remedial action - number of practices issued a remedial notice</li> <li>3. Practice mergers</li> <li>4. Infection control audits</li> </ol>   |
| Efficiency         | Quality Outcomes Framework (QOF);<br>List size changes;<br>Friends and Family Test (FFT) | <ol style="list-style-type: none"> <li>1. Performance improvement plans</li> <li>2. Quality Improvement Support Teams (QISTs) to reduce unwarranted variations</li> <li>3. Care Closer to Home Integrated Networks (CHINs) / Neighbourhoods development</li> <li>4. Resilience funding</li> <li>5. Financial assistance (Section 96)</li> </ol> |
| Workforce          | Age profile;<br>Full-time equivalents (FTE) for GPs and Nurses                           | <ol style="list-style-type: none"> <li>1. Pharmacists in Practice</li> <li>2. GP retention scheme</li> <li>3. Medical Assistance Programme</li> <li>4. Training programmes</li> </ol>   |
| Patient Experience | GP Patient Survey  | <ol style="list-style-type: none"> <li>1. National access programme</li> <li>2. GP access Hubs</li> <li>3. Performance improvement plans</li> </ol>   |
| Patient Online     | Online appointments;<br>Repeat Prescriptions   | <ol style="list-style-type: none"> <li>1. Differential access linked to deprivation levels in some CCGs – ensure digital inclusion part of roll-out.</li> </ol>   |



|                 |  |   |
|-----------------|--|---|
| Extended Access | Extended access days;<br>Direct Enhanced Service (DES) sign up     | 1. GP Hubs<br>2. DES sign up<br>3. National access programme  |
| Premises        | New schemes;<br>Relocation into compliant buildings;<br>Void space | 1. Improvement grant awards<br>2. Capital funding awards<br>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 November 2021.

|                                | <b>Barnet</b>                       | <b>Camden</b>                       | <b>Enfield</b>                     | <b>Haringey</b>                     | <b>Islington</b>                   |
|--------------------------------|-------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Contract type                  | GMS 28/51<br>PMS 22/51<br>APMS 1/51 | GMS 14/33<br>PMS 14/33<br>APMS 5/33 | GMS 9/31<br>PMS 19/31<br>APMS 3/31 | GMS 14/35<br>PMS 19/35<br>APMS 2/35 | GMS 28/32<br>PMS 2/32<br>APMS 2/32 |
| Deprivation:                   |                                     |                                     |                                    |                                     |                                    |
| 1 = most deprived              | 0                                   | 0                                   | 17                                 | 10                                  | 1                                  |
| 2                              | 3                                   | 10                                  | 8                                  | 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     | 6%                                  | 4%                                  | 6%                                 | 4%                                  | 4%                                 |
| % list black & ethnic minority | 37%                                 | 35%                                 | 41%                                | 43%                                 | 33%                                |
| Average list size              | 8,583                               | 10,450                              | 11,451                             | 9,487                               | 8,840                              |
| Annual list size change        | +2%                                 | +3%                                 | +3%                                | +4%                                 | +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 1<sup>st</sup> May 2021. Average list size in Enfield has therefore increased from 7,445 to 11,451 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;
- List sizes, and annual changes, are based on the movement from November 2020 to November 2021, with an overall list increase of 3% year-on-year. List size growth recorded across the five Boroughs compared to the last report (based on September 2021 lists) is 0.9%.

## 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:

| <b>CQC ratings</b>     | <b>Barnet</b> | <b>Camden</b> | <b>Enfield</b> | <b>Haringey</b> | <b>Islington</b> |
|------------------------|---------------|---------------|----------------|-----------------|------------------|
| <b>Overall rating:</b> |               |               |                |                 |                  |
| Outstanding            | 0             | 0             | 0              | 1               | 0                |
| Good                   | 49            | 32            | 44             | 29              | 30               |
| Requires Improvement   | 2             | 1             | 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. 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 as per the last report. 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 has increased to 9 with Belsize Priory in Camden moving to a requires improvement from a good rating following an inspection reported in October 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 and now includes published data for 2020/21. The table shows performance in 2020/21 and 2019/20 compared to the range for previous years:

| Quality Outcomes Framework   | Barnet      | Camden | Enfield     | Haringey    | Islington |
|------------------------------|-------------|--------|-------------|-------------|-----------|
| % achievement in 2020/21     | 95.0%       | 94.2%  | 94.8%       | 94.5%       | 96.2%     |
| % 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           | 1           | 0         |
| Practices with less than 80% | 0           | 0      | 0           | 0           | 0         |
| Practices with 80% to 90%    | 5           | 1      | 2           | 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 13 practices across the five Boroughs achieving less than 90% QOF scores in 2020/21 currently have a Good rating from the Care Quality Commission, with the exception of Charlton House Medical Centre in Haringey (score 89.4%) and CQC inadequate rating and Bingfield practice in Islington (score 89.3%) and CQC requires improvement rating, with the CQC rating for Bingfield practice relating to the previous contract holder.

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%        |
| <b>Friends and family test:</b>                                |            |            |            |            |            |
| Average recommendation %                                       | 85%        | 89%        | 86%        | 87%        | 90%        |
| Practices with results   | 19/51      | 12/33      | 25/45      | 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.

#### 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 through primary care hubs | 100%   | 100%   | 100%    | 100%     | 100%      |
| % of population with on-line booking of appointments enabled            | 40%    | 39%    | 30%     | 30%      | 34%       |
| % of population with on-line ordering of repeat prescriptions enabled   | 46%    | 44%    | 31%     | 39%      | 39%       |

#### 4.7 Workforce

The table below provides an 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    | 2,310  | 1,757  | 2,418   | 2,628    | 2,209     |
| Number of patients per full-time nurse | 9,429  | 11,837 | 8,588   | 10,215   | 8,070     |

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.

**Appendix Three** includes more detail on NCL Primary Care Workforce Data, including a description of current roles working in practices, and available data, which is recorded nationally for GPs and GP nurses, direct patient care roles and administrative staff.

Practice data roles by weighted population (100,000) shows full time equivalent (FTE):

- GPs at 59.38 per 100,000 weighted population in Camden to 48.15 in Barnet
- GP nurses at 15.49 in Enfield to 8.75 in Camden
- Direct patient care at 17.19 in Camden to 9.58 in Islington
- Admin at 100.68 in Enfield to 84.14 in Islington

Development of the NCL Primary Care Dashboard will incorporate available workforce data to provide an overview at practice and PCN levels.

Additional Roles Reimbursement Scheme (ARRS) staff working in Primary Care Networks (PCN) already make up more than 20% of our clinical or direct patient care in NCL.

The August 2021 return for PCNs showed that NCL PCNs:

- Had recruited 327 FTE staff up to March 2021 under the Additional Roles Reimbursement Scheme (ARRS);
- Intending to recruit a further 114 FTE ARRS staff in 2021/22;
- Have the highest funding draw down in London, and are 30% higher than national average. PCNs have a maximum weighted allocation against which they can draw down. Forty-five percent of the funding is retained centrally, and is only able to be drawn down on evidence of recruitment.

There are data quality issues with recording for some PCN roles, who work across more than one practice. PCNs are required to report their intention to recruit and roles recruited to; there is risk of duplication for roles working at a practice and PCN level, if not recorded correctly. In September 2021 (latest available return) 11 out of 32 PCNs submitted a zero return.

Schemes to support recruitment in NCL include supporting PCNs to aid recruitment to ARRS; promotion and expansion of clinical placements; GP and GP Nursing fellowship and mentoring scheme; expansion and promotion of apprenticeship roles

Schemes to support staff retention and development include the development of a primary care flexible staffing pool, local GP retention schemes, delivery of GPN initiatives and a wellbeing pilot.

## **5. North Central London and the Winter Access Fund [Appendix Four]**

**The National Plan for [improving access for patients and supporting general practice](#)** was published by NHSE/I on 14/10/21 outlining a £250 million 'winter access fund' to improve access to primary care, with an NCL allocation of c£6.8m to the end of March 2022. Funding is linked to a system commitment to increasing overall and face to face capacity in general practice, whilst offering targeted support to practices who would most benefit.

The national plan is set in the context of:

- Primary care has successfully adopted remote consultations and triage-first pathways in response to the pandemic;
- The National GP Survey for 2021 showed increased patient satisfaction in some areas for NCL, including in the ability to make appointments and appointment times offered;
- We know that demand for GP appointments has increased significantly, including addressing the pandemic backlog. NCL monthly appointments in general practice are now higher than in 2019;
- Evident patient concern about access to general practice and face-to-face appointments. Within this we also know that some patients continue to experience poor access to general practice – contacting practices; appointment availability; waiting times; see a GP; face-to-face appointments;

- There are increased levels of abuse and reports of violent behaviour towards GP staff being collated by LMC, and mixed media messaging highlighting a reduction in face to face appointments;
- Workforce, digital and estates challenges to enhancing access;
- There is little evidence-based guidance on what constitutes an appropriate blend of appointment modes, and patient understanding of available and appropriate services varies;
- There is ongoing development of the wider MDT primary care team - through Primary Care Networks and Additional Roles Reimbursement Scheme (ARRS) to support access.

Two overriding goals of the fund nationally are to:

- Improve access to urgent, same day primary care - ideally from patients' own general practice service by increasing capacity and GP appointment numbers achieved at practice or PCN level;
- Increase resilience of the NHS urgent care system during winter - by expanding same day urgent care capacity, through other services in any primary and community settings.

NCL approach to the winter access fund is intended to be supportive with the intention being to support as many practices as want to benefit from the fund. Our local plan is based on suggestions generated by primary care across NCL. A universal offer will be available to all practices and will include:

- Patient-facing helpline, reducing administrative burden on practice phone lines (integrated into practices systems wherever possible);
- Additional capacity; admin/ reception; health care assistants; extended access;
- Increased connectivity between general practices and community pharmacies;
- Participation in trialling at scale solutions (e.g. online hubs).

Each system is required to identify practices to benefit from enhanced support:

- Range of data reviewed to identify these practices including patient experience, emergency department attendances and practice appointments – noting significant data quality issues;
- Recent, collective and successful efforts to increase vaccine uptake showed specific challenges in terms of access linked to deprivation;
- As such, NCL enhanced support offer developed primarily on practices in the PCNs with highest levels of deprivation in NCL – focusing on the five most deprived NCL PCNs (36 practices across Enfield, Haringey and Islington).

Given that the NCL plan does not focus solely on increased workforce, it is expected that the latest focus on increased capacity to support Covid vaccinations (Omicron) and primary care operations will not have a significant impact on our plan and intended support for practices.

## 6. Practice SITREPs

Fortnightly practice sitreps continue, with the aim of understanding pressures experienced by practices and targeting support. The latest report (15/11/21 at time of writing) is in [Appendix Five](#).

- The overall NCL response rate was 80.1%; this continues to be impacted by a number of practices clicking 'no change from the previous week' that have not completed a baseline– these have been excluded and borough teams are following up with those practices;
- Four practices have reported that they are unable to maintain clinical services and sustain service continuity (see borough narrative in [Appendix Two](#)). These practices have been contacted to determine support required;
- Nine practices continue to indicate that they do not have open doors. One practice has reopened its doors this week, practices indicating this are also offered support.

New questions were added in the latest Sitrep, which focus on percentage of patients arriving at practice without a face covering, and those refusing to wear a face covering.

| Barnet Directorate<br>DECEMBER 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<br>(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 20/21 | QOF Personalised Care Adjustment Rate 20/21 | List size - November 21 | Annual List Size Change November 20 - November 21 | FFT-% likely to recommend GP service to friends & family (Feb 2020)<br>(* = nos <6; no data = zero return) | GPPS - Good overall experience of GP practice | GPPS - Easy to get through by phone<br>(* = nos <10; * = <0.5%) | GPPS - Satisfied with the type of appointment offered<br>(* = nos <10; * = <0.5%) | Average payment per weighted patient 20/21 | Online Appointments Enabled | % Of Reg Pop with online appointment enabled | Total no. pt transactions using online appointments service (Sept 21) | Order Repeat Prescriptions Online Enabled | % Of Reg Pop with order repeat prescriptions online enabled | Total no. prescriptions ordered via online pt transaction service (Sept 21) | Category Full / Partial / No | No. of extended access days | Directed Enhanced Services (Extended Access payment) |                    |
|                                     |               |                                 |               |                       |  |                     |                    |                      |              |                 |                  |            |                |                                    |                                       |                                  |                              |             |                                 |                               |                                  |                       |   |                         |   |  |   |   |   |  |                             |  |   |   |   |   |                              |                             |  | 5 - Least Deprived |
| 1                                   | E83003        | Oakleigh Road Health Centre     | Del           | GMS                   | X  | 4                   | 7.4%               | 70%                  |              |                 |                  |            |                |                                    | 11                                    | 0                                | Large                        | 20%         | 0%                              | 100%                          | 1,441                            | 6,754                 | 94.8%                                       | 4.2%                    | 9193  | 0.4%   | 93%   | 82%   | 85%   | 75%  | £159                        |  | 46%   | 0   |   | 45%   | 500                          | FULL                        | 7  |                    |
| 2                                   | E83005        | Lichfield Grove Surgery         | Del           | PMS                   | X  | 5 - Least Deprived  | 4.8%               | 64%                  |              |                 |                  |            |                |                                    | 8                                     | 1                                | Small-medium                 | 15%         | 0%                              | 100%                          | 2,436                            | 20,097                | 97.8%                                       | 5.0%                    | 6471  | 2.8%   | no data                                       | 93%   | 72%   | 90%  | £131                        |  | 66%   | 128                                       |   | 66%   | 248                          | FULL                        | 7  |                    |
| 3                                   | E83006        | Greenfield Medical Centre       | Del           | PMS                   | X  | 3                   | 5.6%               | 58%                  |              |                 |                  |            |                | 5                                  | 0                                     | Medium-large                     | 17%                          | 0%          | 58%                             | 1,780                         | 7,217                            | 95.9%                 | 4.4%  | 7079                    | 3.9%  | no data  | 85%   | 78%   | 81%   | £172                                       |                             | 46%  | 19  |   | 46%   | 307   | FULL                         | 7                           |  |                    |
| 4                                   | E83007        | Squires Lane Medical Practice   | Del           | GMS                   | X  | 3                   | 6.6%               | 59%                  |              |                 |                  |            |                | 7                                  | 2                                     | Single-handed                    | 0%                           | 0%          |                                 | 2,139                         | 26,339                           | 98.7%                 | 6.6%  | 5625                    | -2.8%   | 71%  | 66%   | 37%   | 65%   | £126                                       |                             | 43%  | 0   |   | 43%   | 0   | FULL                         | 7                           |  |                    |
| 5                                   | E83008        | Heathfield Medical Centre       | Del           | PMS                   | X  | 5 - Least Deprived  | 7.6%               | 78%                  |              |                 |                  |            |                | 9                                  | 0                                     | Medium-large                     | 50%                          | 0%          | 15%                             | 3,818                         | 5,445                            | 97.3%                 | 3.6%  | 8866                    | 1.8%  | no data  | 82%   | 79%   | 75%   | £136                                       |                             | 61%  | 2   |   | 60%   | 467   | FULL                         | 7                           |  |                    |
| 6                                   | E83009        | PHGH Doctors                    | Del           | PMS                   | X  | 5 - Least Deprived  | 8.4%               | 75%                  |              |                 |                  |            |                | 24                                 | 2                                     | Medium-large                     | 25%                          | 4%          | 100%                            | 3,363                         | 11,767                           | 94.3%                 | 5.2%  | 11768                   | 4.8%  | 87%  | 85%   | 71%   | 81%   | £146                                       |                             | 53%  | 0   |   | 53%   | 909   | FULL                         | 7                           |  |                    |
| 7                                   | E83010        | The Speedwell Practice          | Del           | PMS                   | X  | 4                   | 6.7%               | 63%                  |              |                 |                  |            |                | 38                                 | 0                                     | Medium-large                     | 13%                          | 0%          | 36%                             | 2,477                         | 4,599                            | 97.5%                 | 6.3%  | 11074                   | 0.2%  | 77%  | 66%   | 47%   | 68%   | £150                                       |                             | 0%   | 0   |   | 47%   | 604   | FULL                         | 7                           |  |                    |
| 8                                   | E83011        | The Everglade Medical Practice  | Del           | GMS                   | X  | 2                   | 2.9%               | 42%                  |              |                 |                  |            |                | 1                                  | 1                                     | Medium-large                     | 21%                          | 0%          | 0%                              | 1,546                         | 8,667                            | 95.3%                 | 8.6%  | 9934                    | 12.8%   | 74%  | 74%   | 54%   | 64%   | £149                                       |                             | 27%  | 0   |   | 27%   | 268   | FULL                         | 7                           |  |                    |
| 9                                   | E83012        | The Old Courthouse Surgery      | Del           | GMS                   | X  | 4                   | 8.7%               | 77%                  |              |                 |                  |            |                | 0                                  | 0                                     | Medium-large                     | 0%                           | 0%          | 0%                              | 1,553                         | 8,723                            | 99.6%                 | 8.7%  | 8458                    | 0.9%  | 85%  | 83%   | 78%   | 83%   | £138                                       |                             | 0%   | 0   |   | 45%   | 225   | PARTIAL                      | 6                           |  |                    |
| 10                                  | E83013        | Cornwall House Surgery          | Del           | GMS                   | X  | 5 - Least Deprived  | 8.2%               | 63%                  |              |                 |                  |            |                | 0                                  | 0                                     | Medium-large                     | 33%                          | 0%          | 0%                              | 992                           | 19,834                           | 95.8%                 | 6.1%  | 5803                    | -2.5%   | 86%  | 69%   | 46%   | 69%   | £140                                       |                             | 41%  | 0   |   | 41%   | 53  | FULL                         | 7                           |  |                    |
| 11                                  | E83016        | Millway Medical Practice        | Del           | PMS                   | X  | 4                   | 7.3%               | 65%                  |              |                 |                  |            |                | 64                                 | 0                                     | Large                            | 2%                           | 0%          | 12%                             | 1,486                         | 6,171                            | 99.8%                 | 7.8%  | 19239                   | 4.5%  | no data  | 81%   | 44%   | 84%   | £178                                       |                             | 96%  | 113   |   | 95%   | 1140  | FULL                         | 7                           |  |                    |
| 12                                  | E83017        | Longrove Surgery                | Del           | PMS                   | X  | 4                   | 8.6%               | 79%                  |              |                 |                  |            |                | 17                                 | 2                                     | Large                            | 29%                          | 0%          | 53%                             | 1,747                         | 8,279                            | 97.9%                 | 5.5%  | 17303                   | 50.4%   | no data  | 78%   | 63%   | 74%   | £128                                       |                             | 45%  | 0   |   | 45%   | 1175  | FULL                         | 7                           |  |                    |
| 13                                  | E83018        | Watling Medical Centre          | Del           | GMS                   | X  | 3                   | 6.1%               | 51%                  |              |                 |                  |            |                | 20                                 | 0                                     | Large                            | 7%                           | 0%          | 0%                              | 1,242                         | 7,717                            | 96.5%                 | 7.4%  | 16995                   | 2.8%  | 85%  | 85%   | 62%   | 78%   | £133                                       |                             | 42%  | 543   |   | 41%   | 999   | FULL                         | 7                           |  |                    |
| 14                                  | E83020        | St George's Medical Centre      | Del           | PMS                   | X  | 4                   | 5.9%               | 60%                  |              |                 |                  |            |                | 1                                  | 1                                     | Medium-large                     | 0%                           | 0%          | 0%                              | 1,839                         | 5,839                            | 96.9%                 | 4.5%  | 11497                   | -3.1%   | no data  | 83%   | 46%   | 73%   | £147                                       |                             | 29%  | 8   |   | 55%   | 855   | FULL                         | 7                           |  |                    |
| 15                                  | E83021        | Torrington Park Group Practice  | Del           | PMS                   | X  | 4                   | 9.1%               | 63%                  |              |                 |                  |            |                | 9                                  | 0                                     | Medium-large                     | 27%                          | 0%          | 55%                             | 1,711                         | 6,253                            | 94.9%                 | 9.2%  | 12352                   | -0.3%   | 100%   | 85%   | 56%   | 81%   | £134                                       |                             | 0%   | 0   |   | 52%   | 623   | FULL                         | 7                           |  |                    |
| 16                                  | E83024        | St Andrews Medical Practice     | Del           | PMS                   | X  | 5 - Least Deprived  | 9.4%               | 72%                  |              |                 |                  |            |                | 2                                  | 2                                     | Large                            | 15%                          | 0%          | 48%                             | 1,314                         | 4,273                            | 97.2%                 | 4.4%  | 11221                   | 0.2%  | no data  | 79%   | 56%   | 79%   | £159                                       |                             | 66%  | 333   |   | 66%   | 810   | FULL                         | 7                           |  |                    |
| 17                                  | E83025        | Pennine Drive Practice          | Del           | GMS                   | X  | 3                   | 5.8%               | 55%                  |              |                 |                  |            |                | 9                                  | 2                                     | Small-medium                     | 24%                          | 0%          | 0%                              | 2,236                         | 7,581                            | 95.0%                 | 6.7%  | 8568                    | -2.9%   | no data  | 68%   | 56%   | 68%   | £129                                       |                             | 24%  | 0   |   | 24%   | 226   | FULL                         | 7                           |  |                    |
| 18                                  | E83026        | Supreme Medical Centre          | Del           | GMS                   | X  | 5 - Least Deprived  | 8.3%               | 65%                  |              |                 |                  |            |                | 2                                  | 0                                     | Small-medium                     | 76%                          | 0%          | 0%                              | 2,488                         | 5,556                            | 94.5%                 | 8.6%  | 4443                    | -0.1%   | no data  | 83%   | 67%   | 77%   | £143                                       |                             | 46%  | 0   |   | 46%   | 190   | FULL                         | 7                           |  |                    |
| 19                                  | E83027        | The Practice @ 188              | Del           | PMS                   | X  | 4                   | 8.9%               | 69%                  |              |                 |                  |            |                | 10                                 | 1                                     | Small-medium                     | 7%                           | 31%         | 0%                              | 4,013                         | ND                               | 96.8%                 | 9.2%  | 8923                    | 5.7%  | no data  | 59%   | 57%   | 59%   | £157                                       |                             | 33%  | 2   |   | 33%   | 247   | FULL                         | 7                           |  |                    |
| 20                                  | E83028        | Parkview Surgery                | Del           | PMS                   | X  | 2                   | 3.1%               | 47%                  |              |                 |                  |            |                | 6                                  | 0                                     | Small-medium                     | 40%                          | 17%         | 100%                            | 2,742                         | 11,030                           | 93.6%                 | 6.5%  | 6603                    | -0.3%   | no data  | 85%   | 83%   | 79%   | £130                                       |                             | 28%  | 0   |   | 28%   | 163   | FULL                         | 7                           |  |                    |
| 21                                  | E83030        | Penshurst Gardens Surgery       | Del           | GMS                   | X  | 4                   | 9.9%               | 61%                  |              |                 |                  |            |                | 33                                 | 0                                     | Medium-large                     | 0%                           | 0%          | 0%                              | 1,588                         | 7,029                            | 92.1%                 | 2.9%  | 6331                    | -6.7%   | no data  | 66%   | 23%   | 64%   | £143                                       |                             | 71%  | 11  |   | 71%   | 505   | no data                      | -                           |  |                    |
| 22                                  | E83031        | The Village Surgery             | Del           | PMS                   | X  | 4                   | 8.9%               | 76%                  |              |                 |                  |            |                | 1                                  | 0                                     | Small-medium                     | 42%                          | 0%          | 100%                            | 3,066                         | 7,664                            | 95.1%                 | 4.2%  | 5302                    | 0.6%  | no data  | 85%   | 81%   | 78%   | £137                                       |                             | 0%   | 0   |   | 34%   | 330   | FULL                         | 7                           |  |                    |
| 23                                  | E83032        | Oak Lodge Medical Centre        | Del           | GMS                   | X  | 3                   | 4.1%               | 43%                  |              |                 |                  |            |                | 32                                 | 0                                     | Large                            | 0%                           | 0%          | 11%                             | 1,495                         | 5,838                            | 98.1%                 | 9.1%  | 17964                   | 0.2%  | no data  | 88%   | 44%   | 76%   | £148                                       |                             | 55%  | 0   |   | 55%   | 0   | FULL                         | 7                           |  |                    |
| 24                                  | E83034        | Mulkis Hb-The Surgery           | Del           | GMS                   | X  | 3                   | 6.5%               | 69%                  |              |                 |                  |            |                | 0                                  | 0                                     | Single-handed                    | 100%                         | 0%          | 100%                            | 3,425                         | 7,357                            | 95.0%                 | 5.3%  | 5312                    | -0.3%   | no data  | 88%   | 78%   | 78%   | £128                                       |                             | 45%  | 211   |   | 45%   | 279   | FULL                         | 7                           |  |                    |
| 25                                  | E83035        | Wentworth Medical Practice      | Del           | PMS                   | X  | 4                   | 6.8%               | 59%                  |              |                 |                  |            |                | 24                                 | 2                                     | Medium-large                     | 0%                           | 0%          | 0%                              | 1,832                         | 5,336                            | 92.9%                 | 3.2%  | 12990                   | 6.4%  | 86%  | 71%   | 44%   | 81%   | £151                                       |                             | 43%  | 0   |   | 43%   | 433   | FULL                         | 7                           |  |                    |
| 26                                  | E83037        | Derwent Crescent Medical Centre | Del           | PMS                   | X  | 5 - Least Deprived  | 8.6%               | 68%                  |              |                 |                  |            |                | 4                                  | 0                                     | Small-medium                     | 41%                          | 0%          | 52%                             | 1,914                         | 10,406                           | 99.3%                 | 7.7%  | 5591                    | 0.1%  | no data  | 88%   | 83%   | 82%   | £157                                       |                             | 90%  | 0   |   | 90%   | 394   | FULL                         | 7                           |  |                    |
| 27                                  | E83038        | Jai Medical Centre              | Del           | GMS                   | X  | 3                   | 8.1%               | 50%                  |              |                 |                  |            |                | 8                                  | 0                                     | Small-medium                     | 31%                          | 0%          | 76%                             | 5,022                         | 2,606                            | 95.2%                 | 7.0%  | 8890                    | 4.5%  | no data  | 80%   | 72%   | 82%   | £144                                       |                             | 28%  | 0   |   | 28%   | 140   | FULL                         | 7                           |  |                    |
| 28                                  | E83039        | Ravenscroft Medical Centre      | Del           | PMS                   | X  | 4                   | 4.4%               | 62%                  |              |                 |                  |            |                | 2                                  | 0                                     | Small-medium                     | 0%                           | 0%          | 100%                            | 2,350                         | 13,945                           | 92.5%                 | 5.2%  | 5609                    | -1.2%   | no data  | 82%   | 81%   | 75%   | £169                                       |                             | 0%   | 0   |   | 33%   | 90  | FULL                         | 7                           |  |                    |
| 29                                  | E83041        | Wakeman's Hill Surgery          | Del           | GMS                   | X  | 3                   | 5.3%               | 40%                  |              |                 |                  |            |                | 8                                  | 1                                     | Small-medium                     | 0%                           | 34%         | 0%                              | 3,757                         | 7,213                            | 95.1%                 | 7.7%  | 4422                    | 1.1%  | no data  | 80%   | 69%   | 82%   | £140                                       |                             | 23%  | 24  |   | 23%   | 52  | FULL                         | 7                           |  |                    |
| 30                                  | E83044        | Addington Medical Centre        | Del           | GMS                   | X  | 4                   | 8.2%               | 76%                  |              |                 |                  |            |                | 8                                  | 0                                     | Medium-large                     | 50%                          | 0%          | 76%                             | 2,677                         | ND                               | 93.3%                 | 3.1%  | 9358                    | -1.7%   | 90%  | 88%   | 74%   | 77%   | £129                                       |                             | 43%  | 138   |   | 43%   | 384   | FULL                         | 7                           |  |                    |
| 31                                  | E83045        | Friern Barnet Medical Centre    | Del           | GMS                   | X  | 4                   | 6.0%               | 63%                  |              |                 |                  |            |                | 2                                  | 2                                     | Medium-large                     | 42%                          | 0%          | 100%                            | 1,649                         | 9,675                            | 98.8%                 | 8.8%  | 9698                    | 1.9%  | no data  | 78%   | 59%   | 72%   | £126                                       |                             | 37%  | 0   |   | 37%   | 376   | PARTIAL                      | 5                           |  |                    |
| 32                                  | E83046        | Mulberry Medical Practice       | Del           | GMS                   | X  | 3                   | 5.2%               | 53%                  |              |                 |                  |            |                | 31                                 | 1                                     | Medium-large                     | 23%                          | 0%          | 26%                             | 2,175                         | 6,104                            | 93.6%                 | 8.7%  | 9231                    | -3.2%   | no data  | 54%   | 37%   | 56%   | £138                                       |                             | 32%  | 0   |   | 33%   | 293   | no data                      | -                           |  |                    |
| 33                                  | E83049        | Langstone Way Surgery           | Del           | PMS                   | X  | 4                   | 5.4%               | 59%                  |              |                 |                  |            |                | 48                                 | 2                                     | Medium-large                     | 30%                          | 0%          | 34%                             | 2,389                         | 2,267                            | 96.1%                 | 11.7%                                       | 8907                    | 5.0%  | no data  | 64%   | 39%   | 73%   | £163                                       |                             | 0%   | 0   |   | 37%   | 378   | FULL                         | 7                           |  |                    |
| 34                                  | E83050        | East Finchley Medical Centre    | Del           | GMS                   | X  | 5 - Least Deprived  | 6.4%               | 77%                  |              |                 |                  |            |                | 12                                 | 0                                     | Medium-large                     | 0%                           | 0%          | 0%                              | 2,514                         | 9,115                            | 86.4%                 | 7.2%  | 7798                    | -2.6%   | no data  | 74%   | 60%   | 85%   | £131                                       |                             | 40%  | 0   |   | 41%   | 365   | no data                      | -                           |  |                    |
| 35                                  | E83053        | Lane End Medical Group          | Del           | GMS                   | X  | 4                   | 7.7%               | 60%                  |              |                 |                  |            |                | 15                                 | 1                                     | Large                            | 18%                          | 0%          |                                 | 1,171                         | 13,838                           | 97.1%                 | 9.8%  | 13918                   | 4.3%  | 93%  | 80%   | 65%   | 83%   | £153                                       |                             | 57%  | 355   |   | 51%   | 855   | FULL                         | 7                           |  |                    |
| 36                                  | E83600        | Adler Js-The Surgery            | Del           | GMS                   | X  | 4                   | 4.4%               | 73%                  |              |                 |                  |            |                |                                    |                                       | Small-medium                     | 50%                          | 0%          | 0%                              | 3,080                         | 12,167                           | 91.6%                 | 3.6%  | 6520                    | 2.8%  | 100%   | 97%   | 95%   | 90%   | £136                                       |                             | 0%   | 0   |   | 33%   | 233   | FULL                         | 7                           |  |                    |
| 37                                  | E83613        | East Barnet Health Centre       | Del           | PMS                   | X  | 4                   | 7.5%               | 76%                  |              |                 |                  |            |                | 6                                  | 0                                     | Large                            | 0%                           | 40%         |                                 | 1,260                         | 11,903                           | 96.0%                 | 2.9%  | 11367                   | -0.8%   | no data  | 81%   | 59%   | 74%   | £146                                       |                             | 36%  | 129   |   | 36%   | 492   | FULL                         | 7                           |  |                    |
| 38                                  | E83621        | Brunswick Park Medical Centre   | Del           | GMS                   | X  | 4                   | 8.9%               | 68%                  |              |                 |                  |            |                | 14                                 | 1                                     | Large                            | 0%                           | 100%        |                                 | 971                           | 4,282                            | 98.5%                 | 3.5%  | 8425                    | -1.1%   | 75%  | 63%   | 61%   | 60%   | £150                                       |                             | 48%  | 0   |   | 48%   | 532   | FULL                         | 7                           |  |                    |
| 39                                  | E83622        | Temple Fortune Medical Group    | Del           | GMS                   | X  | 5 - Least Deprived  | 7.6%               | 74%                  |              |                 |                  |            |                |                                    |                                       | Medium-large                     | 51%                          | 0%          | 55%                             | 2,214                         | 11,787                           | 98.9%                 | 9.4%  | 8199                    | 6.0%  | no data  | 87%   | 75%   | 88%   | £131                                       |                             | 45%  | 0   |   | 44%   | 330   | no data                      | -                           |  |                    |
| 40                                  | E83637        | Colindale Practice (Dr Lamba)   | Del           | PMS                   | X  | 3                   | 2.9%               | 41%                  |              |                 |                  |            |                | 5                                  | 0                                     | Medium-large                     | 47%                          | 0%          | 65%                             | 3,328                         | 19,301                           | 97.1%                 | 6.3%  | 10297                   | 5.4%  | 80%  | 81%   | 61%   | 83%   | £129                                       |                             | 36%  | 64  |   | 36%   | 298   | FULL                         | 7                           |  |                    |
| 41                                  | E83638        | The Mountfield Surgery          | Del           | PMS                   | X  | 5 - Least Deprived  | 7.8%               | 66%                  |              |                 |                  |            |                | 1                                  | 0                                     | Small-medium                     | 93%                          | 0%          | 100%                            | 4,405                         | 4,112                            | 95.8%                 | 3.5%  | 4910                    | -2.8%   | 80%  | 87%   | 85%   | 83%   | £148                                       |                             | 37%  | 0   |   | 36%   | 170   | FULL                         | 7                           |  |                    |
| 42                                  | E83639        | Rosemary Surgery                | Del           | GMS                   | X  | 4                   | 3.5%               | 62%                  |              |                 |                  |            |                | 0                                  | 0                                     | Medium-large                     | 15%</                        |             |                                 |                               |                                  |                       |   |                         |   |  |   |   |   |  |                             |  |   |   |   |   |                              |                             |  |                    |

| Camden Directorate<br>DECEMBER 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<br>(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)<br>2018/19 | Written complaints (via NHS)<br>2018/19 | Practice Size<br>(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 20/21 | QOF Personalised Care<br>Adjustment Rate 20/21 | List size - November 21 | Annual List Size Change<br>November 20 - November 21 | FFT: % likely to recommend GP<br>service to friends & family (Feb<br>2020)<br>(* = nos <6; no data = zero return) | GPPS - Good overall experience of<br>GP practice | GPPS - Easy to get through by<br>phone<br>(* = nos <10; * = < 0.5%) | GPPS - Satisfied with the type of<br>appointment offered<br>(* = nos <10; * = < 0.5%) | Average payment per weighted<br>patient 20/21 | Online Appointments Enabled | % Of Reg Pop with online<br>appointment enabled | Total no. pt transactions using<br>online appointments service<br>(Sept 21) | Order Repeat Prescriptions Online<br>Enabled | % Of Reg Pop with order repeat<br>prescriptions online enabled | Total no. prescriptions ordered via<br>online pt transaction service (Sept<br>21) | Category<br>Full / Partial / No | No. of extended access days | Directed Enhanced Services<br>(Extended Access payment) |   |
| 1                                   | F83003        | Park End Surgery                        | Del           | PMS                 | X  | 5 - Least Deprived  | 9.3%               | 79%                  |              |                 |                  |            |                | 5                                     | 0                                       | Large                               | 14%                          | 0%          | 0%                              | 885                           | 15,028                           | 96.9%                 | 4.8%   | 7,454                   | 5.0%   | no data   | 94%  | 93%   | 91%   | £163  | ✓                           | 76%   | 0   | ✓  | 76%  | 401   | FULL                            | 7                           | ✓   |   |
| 2                                   | F83005        | Gower Street Practice                   | Del           | GMS                 | X  | 3                   | 1.3%               | 61%                  |              |                 |                  |            |                | 7                                     | 2                                       | Medium-large                        | 55%                          | 0%          | 0%                              | 2,429                         | ND                               | 95.6%                 | 6.8%   | 9,258                   | 22.2%  | *   | 87%  | 98%   | 79%   | £142  | ✓                           | 33%   | 121   | ✓  | 33%  | 128   | FULL                            | 7                           | ✓   |   |
| 3                                   | F83006        | Ampt Hill Practice                      | Del           | GMS                 | X  | 2                   | 4.5%               | 55%                  |              |                 |                  |            |                | 1                                     | 1                                       | Medium-large                        | 25%                          | 0%          | 0%                              | 1,193                         | 7,482                            | 92.7%                 | 4.1%   | 7,473                   | -2.4%  | no data   | 81%  | 75%   | 90%   | £149  | ✓                           | 32%   | 50  | ✓  | 28%  | 413   | FULL                            | 7                           | ✓   |   |
| 4                                   | F83011        | Primrose Hill Surgery                   | Del           | GMS                 | X  | 4                   | 6.6%               | 79%                  |              |                 |                  |            |                | 14                                    | 1                                       | Medium-large                        | 0%                           | 0%          |                                 | 1,624                         | ND                               | 94.4%                 | 4.7%   | 7,091                   | 5.3%   | NA  | 84%  | 70%   | 84%   | £152  | ✓                           | 48%   | 0   | ✓  | 48%  | 344   | FULL                            | 7                           | ✓   |   |
| 5                                   | F83017        | Hampstead Group Practice                | Del           | PMS                 | X  | 4                   | 5.3%               | 73%                  |              |                 |                  |            |                | 27                                    | 0                                       | Large                               | 7%                           | 0%          | 0%                              | 930                           | 7,190                            | 96.6%                 | 4.9%   | 17,923                  | 1.5%   | 96%   | 89%  | 90%   | 86%   | £166  | ✓                           | 47%   | 46  | ✓  | 47%  | 578   | FULL                            | 7                           | ✓   |   |
| 6                                   | F83018        | Prince Of Wales Group Surgery           | Del           | PMS                 | X  | 2                   | 5.0%               | 63%                  |              |                 |                  |            |                |                                       |   | Large                               | 22%                          | 3%          | 55%                             | 1,364                         | 27,321                           | 95.1%                 | 6.6%   | 9,062                   | 3.8%   | no data   | 77%  | 62%   | 68%   | £182  | ✓                           | 41%   | 0   | ✓  | 41%  | 204   | FULL                            | 7                           | ✓   |   |
| 7                                   | F83019        | Abbey Medical Centre                    | Del           | GMS                 | X  | 3                   | 5.2%               | 62%                  |              |                 |                  |            |                | 19                                    | 0                                       | Large                               | 11%                          | 0%          | 0%                              | 1,655                         | ND                               | 97.6%                 | 4.7%   | 12,382                  | 3.0%   | 88%   | 82%  | 60%   | 77%   | £165  | ✓                           | 46%   | 0   | ✓  | 46%  | 334   | PARTIAL                         | 1                           | ✓   |   |
| 8                                   | F83020        | Adelaide Medical Centre                 | Del           | GMS                 | X  | 4                   | 6.8%               | 71%                  |              |                 |                  |            |                | 14                                    | 0                                       | Large                               | 12%                          | 0%          | 60%                             | 1,465                         | 6,859                            | 99.6%                 | 11.7%  | 11,971                  | 1.5%   | *   | 94%  | 91%   | 92%   | £149  | ✓                           | 0%  | 0   | ✓  | 61%  | 342   | FULL                            | 7                           | ✓   |   |
| 9                                   | F83022        | Caversham Group Practice                | Del           | GMS                 | X  | 3                   | 4.8%               | 70%                  |              |                 |                  |            |                | 38                                    | 0                                       | Large                               | 46%                          | 0%          | 0%                              | 1,068                         | 6,853                            | 95.1%                 | 5.3%   | 16,626                  | 4.6%   | no data   | 90%  | 81%   | 82%   | £147  | ✓                           | 39%   | 30  | ✓  | 38%  | 617   | PARTIAL                         | 2                           | ✓   |   |
| 10                                  | F83023        | James Wigg Practice                     | Del           | PMS                 | X  | 2                   | 4.0%               | 67%                  |              |                 |                  |            |                | 91                                    | 3                                       | Large                               | 13%                          | 0%          | 17%                             | 1,200                         | 6,680                            | 94.9%                 | 5.7%   | 22,081                  | 0.5%   | 100%  | 90%  | 70%   | 95%   | £184  | ✓                           | 0%  | 0   | ✓  | 37%  | 736   | FULL                            | 7                           | ✓   |   |
| 11                                  | F83025        | The Regents Park Practice               | Del           | PMS                 | X  | 2                   | 4.9%               | 52%                  |              |                 |                  |            |                | 8                                     | 0                                       | Medium-large                        | 0%                           | 0%          | 35%                             | 980                           | 6,110                            | 90.5%                 | 3.5%   | 6,145                   | 1.9%   | no data   | 84%  | 83%   | 74%   | £165  | ✓                           | 28%   | 0   | ✓  | 27%  | 300   | FULL                            | 7                           | ✓   |   |
| 12                                  | F83042        | Grays Inn Road Medical Centre           | Del           | PMS                 | X  | 3                   | 2.1%               | 58%                  |              |                 |                  |            |                | 13                                    | 0                                       | Medium-large                        | 30%                          | 0%          | 100%                            | 1,645                         | 11,403                           | 98.2%                 | 14.0%  | 7,388                   | 5.6%   | 86%   | 92%  | 83%   | 91%   | £150  | ✓                           | 36%   | 96  | ✓  | 36%  | 79  | FULL                            | 7                           | ✓   |   |
| 13                                  | F83043        | Ridgmount Practice                      | Del           | GMS                 | X  | 3                   | 0.4%               | 59%                  |              |                 |                  |            |                | 8                                     | 0                                       | Large                               | 29%                          | 0%          |                                 | 2,185                         | 5,311                            | 99.5%                 | 13.4%  | 18,675                  | 6.7%   | 76%   | 81%  | 100%  | 100%  | £158  | ✓                           | 63%   | 204   | ✓  | 63%  | 67  | FULL                            | 7                           | ✓   |   |
| 14                                  | F83044        | The Bloomsbury Surgery                  | Del           | GMS                 | X  | 2                   | 3.8%               | 52%                  |              |                 |                  |            |                | 1                                     | 1                                       | Medium-large                        | 0%                           | 0%          | 0%                              | 1,290                         | ND                               | 94.0%                 | 5.8%   | 5,331                   | 28.2%  | 100%  | 86%  | 90%   | 89%   | £217  | ✓                           | 0%  | 0   | ✓  | 53%  | 89  | PARTIAL                         | 6                           | ✓   |   |
| 15                                  | F83048        | Brunswick Medical Centre Uhp            | Del           | APMS                | X  | 3                   | 2.9%               | 56%                  |              |                 |                  |            |                | 6                                     | 0                                       | Medium-large                        | 0%                           | 43%         | 0%                              | 4,763                         | ND                               | 98.9%                 | 8.9%   | 7,730                   | 12.5%  | 87%   | 77%  | 73%   | 72%   | £178  | ✓                           | 48%   | 0   | ✓  | 48%  | 87  | FULL                            | 7                           | ✓   |   |
| 16                                  | F83050        | Fortune Green Road Surgery              | Del           | GMS                 | X  | 4                   | 6.1%               | 69%                  |              |                 |                  |            |                | 1                                     | 0                                       | Small-medium                        | 0%                           | 18%         | 0%                              | 2,952                         | 24,950                           | 96.9%                 | 14.6%  | 3,005                   | 3.5%   | *   | 84%  | 85%   | 80%   | £146  | ✓                           | 34%   | 0   | ✓  | 34%  | 71  | FULL                            | 7                           | ✓   |   |
| 17                                  | F83052        | Brookfield Park Surgery                 | Del           | GMS                 | X  | 3                   | 5.8%               | 77%                  |              |                 |                  |            |                | 8                                     | 2                                       | Small-medium                        | 35%                          | 0%          | 0%                              | 1,312                         | ND                               | 98.6%                 | 6.6%   | 3,669                   | 1.8%   | no data   | 83%  | 84%   | 79%   | £152  | ✓                           | 42%   | 17  | ✓  | 42%  | 96  | FULL                            | 7                           | ✓   |   |
| 18                                  | F83055        | West Hampstead Medical Centre           | Del           | PMS                 | X  | 4                   | 2.9%               | 72%                  |              |                 |                  |            |                | 30                                    | 1                                       | Large                               | 13%                          | 0%          | 53%                             | 2,012                         | 14,368                           | 98.2%                 | 6.9%   | 20,142                  | 12.8%  | 100%  | 86%  | 68%   | 80%   | £146  | ✓                           | 91%   | 282   | ✓  | 87%  | 620   | FULL                            | 7                           | ✓   |   |
| 19                                  | F83057        | Parliament Hill Surgery                 | Del           | PMS                 | X  | 3                   | 4.3%               | 78%                  |              |                 |                  |            |                | 7                                     | 1                                       | Large                               | 3%                           | 0%          | 100%                            | 972                           | 18,630                           | 96.7%                 | 4.0%   | 7,991                   | 5.1%   | no data   | 92%  | 78%   | 83%   | £160  | ✓                           | 60%   | 0   | ✓  | 60%  | 243   | FULL                            | 7                           | ✓   |   |
| 20                                  | F83058        | Holborn Medical Centre                  | Del           | PMS                 | X  | 3                   | 2.1%               | 57%                  |              |                 |                  |            |                | 14                                    | 0                                       | Large                               | 24%                          | 0%          | 0%                              | 1,330                         | 19,860                           | 95.9%                 | 4.1%   | 12,135                  | 0.7%   | 89%   | 77%  | 87%   | 72%   | £163  | ✓                           | 31%   | 74  | ✓  | 31%  | 161   | FULL                            | 7                           | ✓   |   |
| 21                                  | F83059        | Brondesbury Medical Centre              | Del           | PMS                 | X  | 2                   | 3.0%               | 63%                  |              |                 |                  |            |                | 35                                    | 0                                       | Large                               | 10%                          | 0%          | 31%                             | 1,812                         | ND                               | 96.3%                 | 10.2%  | 20,515                  | 6.4%   | no data   | 84%  | 79%   | 84%   | £165  | ✓                           | 47%   | 0   | ✓  | 45%  | 450   | FULL                            | 7                           | ✓   |   |
| 22                                  | F83061        | Museum Practice                         | Del           | PMS                 | X  | 3                   | 4.2%               | 63%                  |              |                 |                  |            |                | 1                                     | 1                                       | Medium-large                        | 0%                           | 10%         |                                 | 971                           | 13,058                           | 97.8%                 | 4.8%   | 5,246                   | 1.4%   | *   | 98%  | 99%   | 98%   | £157  | ✓                           | 49%   | 150   | ✓  | 48%  | 85  | FULL                            | 7                           | ✓   |   |
| 23                                  | F83615        | Cholmley Gardens Surgery                | Del           | PMS                 | X  | 5 - Least Deprived  | 4.5%               | 73%                  |              |                 |                  |            |                | 3                                     | 0                                       | Medium-large                        | 40%                          | 0%          | 0%                              | 1,737                         | 18,602                           | 91.7%                 | 4.3%   | 7,925                   | -0.1%  | *   | 88%  | 79%   | 72%   | £138  | ✓                           | 42%   | 0   | ✓  | 42%  | 215   | FULL                            | 7                           | ✓   |   |
| 24                                  | F83623        | Keats Group Practice                    | Del           | PMS                 | X  | 5 - Least Deprived  | 5.9%               | 79%                  |              |                 |                  |            |                | 9                                     | 1                                       | Large                               | 12%                          | 0%          | 0%                              | 1,442                         | 10,880                           | 96.6%                 | 4.7%   | 13,517                  | 5.5%   | no data   | 89%  | 73%   | 89%   | £173  | ✓                           | 56%   | 25  | ✓  | 56%  | 608   | FULL                            | 7                           | ✓   |   |
| 25                                  | F83632        | Queens Crescent Practice                | Del           | GMS                 | X  | 2                   | 4.1%               | 61%                  |              |                 |                  |            |                |                                       |   | Medium-large                        | 5%                           | 0%          | 0%                              | 1,619                         | 7,846                            | 94.9%                 | 7.1%   | 6,649                   | -5.8%  | 83%   | 78%  | 59%   | 86%   | £142  | ✓                           | 0%  | 0   | ✓  | 22%  | 170   | FULL                            | 7                           | ✓   |   |
| 26                                  | F83633        | Daleham Gardens Health Centre           | Del           | PMS                 | X  | 5 - Least Deprived  | 4.8%               | 73%                  |              |                 |                  |            |                | 3                                     | 0                                       | Small-medium                        | 0%                           | 0%          | 0%                              | 2,061                         | 10,859                           | 96.3%                 | 11.5%  | 4,717                   | 27.9%  | *   | 86%  | 91%   | 89%   | £196  | ✓                           | 48%   | 106   | ✓  | 48%  | 97  | FULL                            | 7                           | ✓   |   |
| 27                                  | F83635        | Kings Cross Surgery                     | Del           | APMS                | X  | 2                   | 1.2%               | 51%                  |              |                 |                  |            |                | 7                                     | 1                                       | Small-medium                        | 6%                           | 15%         | 0%                              | 3,513                         | ND                               | 100.0%                | 16.4%  | 9,593                   | 40.2%  | 78%   | 69%  | 74%   | 67%   | £152  | ✓                           | 46%   | 0   | ✓  | 46%  | 191   | FULL                            | 7                           | ✓   |   |
| 28                                  | F83658        | Belsize Priory Medical Practice (Group) | Del           | GMS                 | X  | 3                   | 4.6%               | 62%                  |              |                 |                  |            |                | 1                                     | 1                                       | Small-medium                        | 76%                          | 22%         |                                 | 2,983                         | 16,207                           | 96.4%                 | 4.8%   | 4,804                   | 9.3%   | no data   | 85%  | 88%   | 81%   | £144  | ✓                           | 40%   | 50  | ✓  | 40%  | 84  | FULL                            | 7                           | ✓   |   |
| 29                                  | F83665        | Swiss Cottage Surgery                   | Del           | GMS                 | X  | 4                   | 2.7%               | 66%                  |              |                 |                  |            |                | 21                                    | 2                                       | Large                               | 0%                           | 0%          | 40%                             | 1,671                         | 5,061                            | 97.1%                 | 4.5%   | 15,800                  | 7.6%   | *   | 93%  | 91%   | 90%   | £160  | ✓                           | 60%   | 0   | ✓  | 60%  | 258   | FULL                            | 7                           | ✓   |   |
| 30                                  | F83672        | St Philips Medical Centre               | Del           | GMS                 | X  | 3                   | 0.4%               | 63%                  |              |                 |                  |            |                | 3                                     | 0                                       | Large                               | 0%                           | 9%          |                                 | 1,554                         | 12,590                           | 96.7%                 | 5.5%   | 13,418                  | 9.7%   | no data   | 71%  | 96%   | 96%   | £134  | ✓                           | 59%   | 0   | ✓  | 59%  | 207   | PARTIAL                         | 6                           | ✓   |   |
| 31                                  | F83683        | Somers Town Medical Centre              | Del           | APMS                | X  | 2                   | 2.4%               | 48%                  |              |                 |                  |            |                | 6                                     | 1                                       | Single-handed                       | 0%                           | 33%         |                                 | 4,471                         | 10,184                           | 100.0%                | 8.7%   | 8,221                   | 62.7%  | 83%   | 79%  | 68%   | 81%   | £182  | ✓                           | 31%   | 2   | ✓  | 31%  | 99  | FULL                            | 7                           | ✓   |   |
| 32                                  | Y02674        | Camden Health Improvement Practice      | Del           | APMS                | X  | 2                   | 0.7%               |                      |              |                 |                  |            |                | 5                                     | 0                                       | Small-medium                        | 0%                           | 0%          | 50%                             | 375                           | 764                              | 82.1%                 | 9.1%   | 562                     | -2.6%  | no data   | ~  | ~   | ~   | £1,081  | ✓                           | 4%  | 0   | ✓  | 4%   | 0   | no data                         | -                           | -   | 0 |
| 33                                  | Y03103        | Medicus Select Care (SAS)               |               | APMS                | X  |                     | 0.0%               |                      |              |                 |                  |            |                |                                       |   |                                     |                              |             |                                 |                               |                                  | 34.9%                 | 11.0%  | 200                     | 17.0%  | no data   | ~  | ~   | ~   | £1,194  |                             | 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.









**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<br>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<br>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  | 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.  | NHS England   | Apr-18       | ✓ Apr-18  |
|  | Greater involvement  | <b>Delegated commissioning:</b> CCGs assume full responsibility for the commissioning of general practice services.  |   |              |           |
|  | Joint commissioning  | <b>Greater involvement:</b> an invitation to CCGs to collaborate more closely with their local NHS England teams in decisions about primary care services.<br><b>Joint commissioning:</b> enables one or more CCGs to jointly commission general practice services with NHS England through a joint committee.   |   |              |           |
| 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<br>Patient level IMD has been calculated from IMD 2015 data. For each practice, NHS Digital gives the number of registered patients in each LSOA (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 LSOA 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  |
| Quality  | % 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  |
|  | CQC Rating   | <br>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.<br>The NHS complaints procedure is the statutory 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. | CQC   | Feb-19       | ✓ Feb-19  |
| Workforce  | Written Complaints (total for practice)  |  | NHS Digital   | 2017-18      | ✓ Sep-18  |
|  | Written Complaints (directed to NHS England)   |  |   |              |           |
|  | Practice Size (Based on FTE GPs)   | Single-handed (<=1 FTE GP)<br>Small-medium (>1 and <=3)<br>Medium-large (>3 and <=9)<br>Large (>6 FTE GPs)<br>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   | Note that all indicators are based on Full Time Equivalent (FTE) staffing and not numbers of staff.  |   |              |           |
| Efficiency   | % FTE Locum GPs  | The number of patients registered at the GP practice is also taken from the wMDS return.   |   |              |           |
|  | % FTE Nurses aged 55 and over  |  |   |              |           |
|  | Number of patients per FTE GP  |  |   |              |           |
|  | Number of patients per FTE Nurse   |  |   |              |           |
| Patient Experience                                   | 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   | Available quarterly, the annual percentage change of list size of all practices in England.  | NHS Digital   | Jan-19       | ✓ Jan-19  |
| Finance  | % 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   | 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:<br>- Good overall experience of GP practice (9% very or fairly good)<br>- Ease of getting through by phone (1% very or fairly easy)<br>- Satisfied with the type of appointment offered (9% yes)   | NHS England   | Jan - Mar 18 | ✓ Aug-18  |
|  | Easy to get through on the phone   |  |   |              |           |
|  | Satisfied with the type of appointment offered   |  |   |              |           |
| Patients Online                                      | 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  |
|  | Online Appointments Enabled  | GP practices provide functionality for patients to book/cancel appointments electronically.  |   |              |           |
|  | % 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.   | NHS Digital   | Jan-19       | ✓ Feb-19  |
| Extended Access                                      | 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).   |   |              |           |
|  | Category Full/Partial/No extended access   | 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.



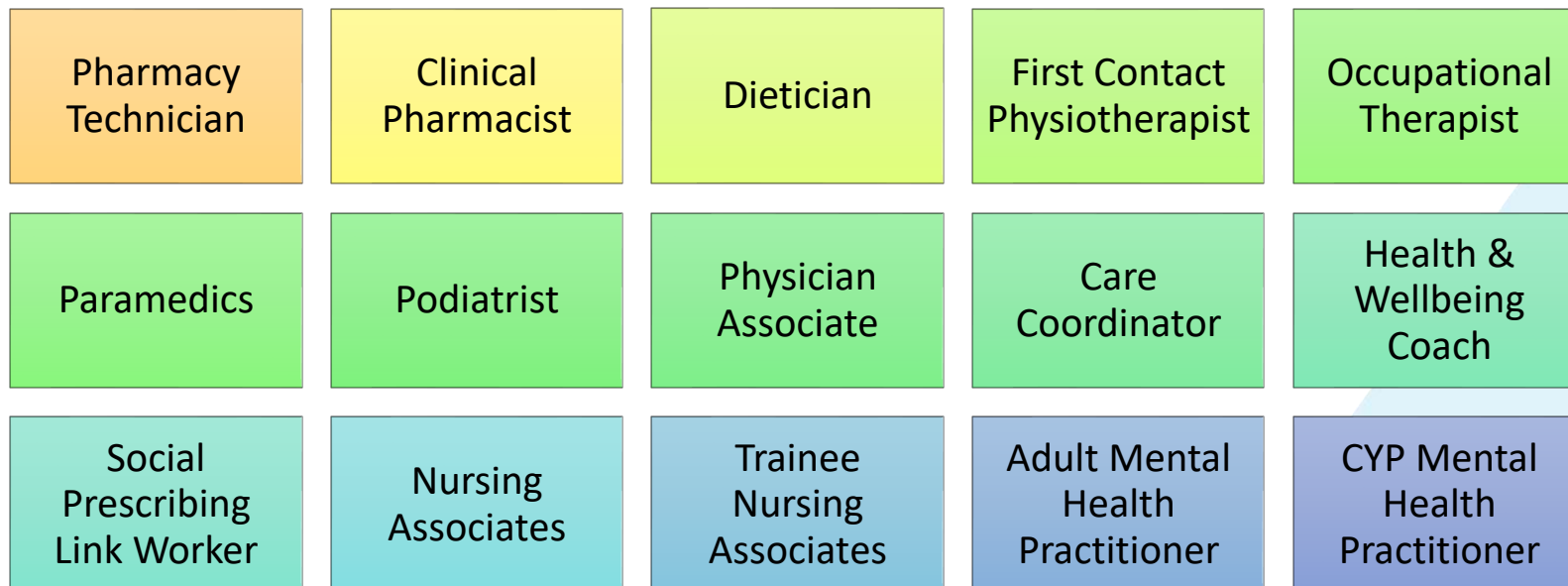
# Primary Care Workforce Data PCCC December 2021

## Who makes up the General Practice Primary Care Workforce?

The changing face of Primary Care is matched by a changing and rapidly expanding range of roles reaching far beyond the roles we traditionally associate with General practice



Our practice and PCN Team are expanding and now include a range of new roles making up the General Practice workforce team including:



# Data Capture – National Workforce Reporting System (NWRS)

## Practice Level Workforce

- Recorded monthly, reported quarterly (publishing lag 1-2 months)
- Contractual requirement
- Categories recorded include:
  - Age, gender, ethnicity, contract type, contracted hrs
- Data quality risks
  - **Workforce data auto carries forward if practices don't amend**
  - Last login & last modification timestamps but no reporting function on this
- NCL Recorded data quality score\*
  - >97% for Age, gender, ethnicity, contracted hrs
  - 64.3% for contract type
  - *\*Note scoring is on completeness of fields and not date last modified (see above risk)*

## PCN Level Workforce

- Recorded quarterly, reported quarterly (publishing lag 2 months)
- Contractual requirement
- Categories recorded as per Practice level (see left)
- Data quality risks
  - As per Practice level Workforce
  - Risk of duplication for roles working at practice & PCN level (e.g. CDs) if not recorded correctly
  - **In September 11 out of 31 PCNs submitted zero return**
- NCL Recorded data quality score\*
  - >95.6% for Age, gender, ethnicity, contracted hrs
  - 78.5% for contract type
  - ***\*Note scoring is on completeness of fields and does not include PCNs with zero return (see above risk)***

## National Reports

- Suite of interactive reports drawing from above dataset including
  - Age, gender, ethnicity, contract type, contracted hrs
  - Overarching role (GP, GPN, Direct Patient Care, Reception/Admin)
- Interactive borough level reporting lost with merger into 1 CCG
- Full excel data set generated and filterable by practice, PCN, NCL

## In development in NCL

NCL Primary Care Workforce Dashboard, **first iteration expected Dec 2021**

Using National Workforce Reporting System data

- Ability to filter to NCL/Borough/PCN/Practice
- Practice Data and PCN data
- Filter to show FTE and Headcount
- Workforce trends over time by role
- Workforce per 1,000 patients
- Data is per role (e.g. Pharmacist, Podiatrist) and isn't grouped as 'Direct Patient care'

Future iterations to include filters on:

- Age (specifically over 55), Ethnicity, Gender, Contract type



# Data Capture & Reporting – PCN ARRS Recruitment *Intentions*

## Data Capture

Twice yearly return

- **August** – recruitment intentions in year & actual recruitment from previous year
- **October** – amended recruitment intentions in year & forward planning recruitment intentions through to 23/24

## Data Reporting

NHSE Generated dashboard showing

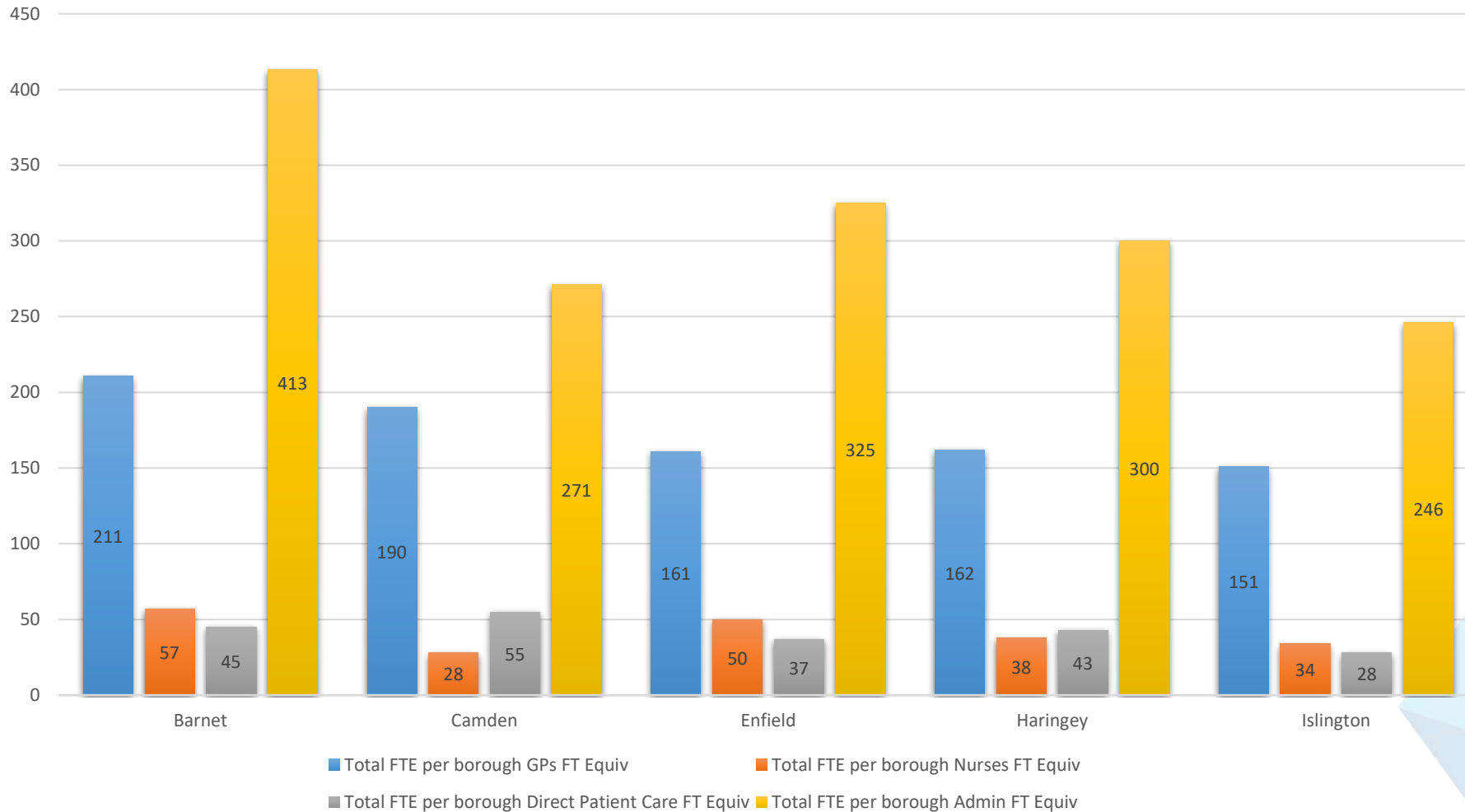
- NCL Summary recruitment intentions
- Recruitment intentions by PCN
- August returns show NCL PCNs
  - Have recruited 327 FTE staff up to March 21 under ARRS
  - Intend to recruit a further 114 FTE ARRS staff in 21/22
  - NCL has the highest funding draw down in London and 30% higher than the national average

# NWRS Practice Data - Total FTE by Borough



North Central London  
Clinical Commissioning Group

Total FTE By Borough



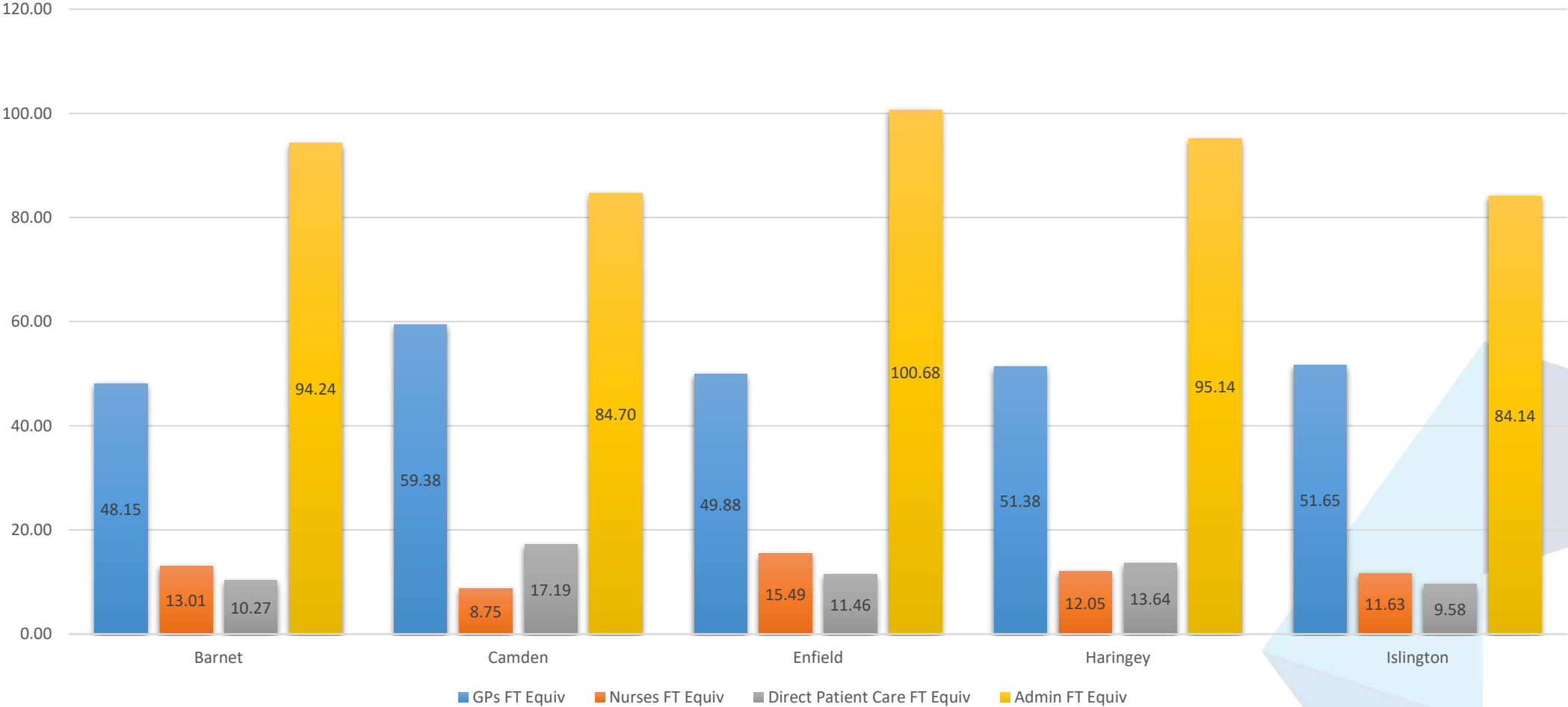
*\*to note  
PCN  
roles not  
included*

# NWRS Practice Data - Roles by Borough Weighted Population



North Central London  
Clinical Commissioning Group

FTE Roles by Borough Weighted Population (100,000)



*\*to note  
PCN  
roles not  
included*

## Understanding our Workforce

**Data Quality Improvement** – targeted work with PCNs to improve workforce recording

**Reporting Improvement** - NCL Primary Care Workforce Dashboard *first iteration expected Dec 2021*

## Expanding Our workforce

### Recruitment

#### **Additional Roles Reimbursement Scheme (ARRS)**

ARRS staff already make up more than 20% of our Clinical or Direct Patient Care Workforce in NCL, and this is our biggest opportunity for growth with PCNs able to access **Full funding** for 15 new Primary Care roles

Direct support to PCNs to aid recruitment

- Workforce Planning
- Joint Recruitment
- Showcasing new roles
- Building a Multidisciplinary Team

**Promotion & expansion of clinical placements in NCL** - attracting clinician's in to Primary Care as part of their placements

**GP and GP Nursing (GPN) Fellowship and Mentoring Scheme** - supported transition into Primary Care for newly qualified GPs and GPNs with mentoring and opportunities to develop a Fellowship portfolio role

#### **Expansion & promotion of Apprenticeship roles in Primary & Social Care**

developing our future workforce and providing a stepping stone into a career in primary care


### Retention & Development

**Primary Care Flexible Staff Pool** launching in early 2022 to better connect and meet the needs of our practices and locum workforce when pairing around flexible working

**12 Local GP Retention Schemes** focused on the support, retention and development of mid-career GPs to meet the changing needs of Primary Care and to also expand our Fellowship offer to newly qualifying GPs.

**Delivery of GPN initiatives for preceptorship, wellbeing, masterclasses, leadership development** retaining and developing our GP Nurses and making Primary Care Nursing a first destination career

**Wellbeing Pilot** providing in-reach support to Primary Care workforce following the challenges of the past 18months

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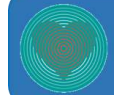
# Improving access for patients and supporting general practice – the Winter Access Fund in North Central London

# Current context

## Background to improving access to general practice in NCL

- Achieving good access to general practice - complex and challenging issue for many years; linked to workforce, digital and estates challenges.
- Ongoing development of wider MDT primary care team - through Primary Care Networks and Additional Roles Reimbursement Scheme (ARRS).
- Successful adoption of remote consultations and triage-first pathways increased patient satisfaction (national GP survey), including ability to make appointments and appointment times offered
- Increased GP demand including pandemic backlog; NCL monthly appointments now higher than 2019
- Increased abuse and reports of violent behaviour towards GP staff being collated by LMC
- Media messaging highlighting reduction in F2F appointments
- Some patients continue to experience poor access to general practice – contacting practices; appointment availability; waiting times; see a GP; face-to-face appointments
- Little evidence-based guidance on appropriate blend of appointment modes
- Patients' understanding of available and appropriate services varies
- Winter pressures

## Primary care is open



**Over 1 million** Covid-19 vaccines delivered  
62% of all Covid-19 vaccines in North Central London



**63,750** online consultations received per month  
(Average June – August 2021)



**48%** of appointments via telephone  
**52%** of appointments face-to-face  
**95%** attendance rate  
(National appointment data, June 2021)



|  |         |
|--|---------|
| NCL GP annual appointments               | 6.7m    |
| Annual referrals to secondary care       | 339,086 |
| Annual learning disability health checks | 3,000+  |

% of North Central London 2016-20 mortality



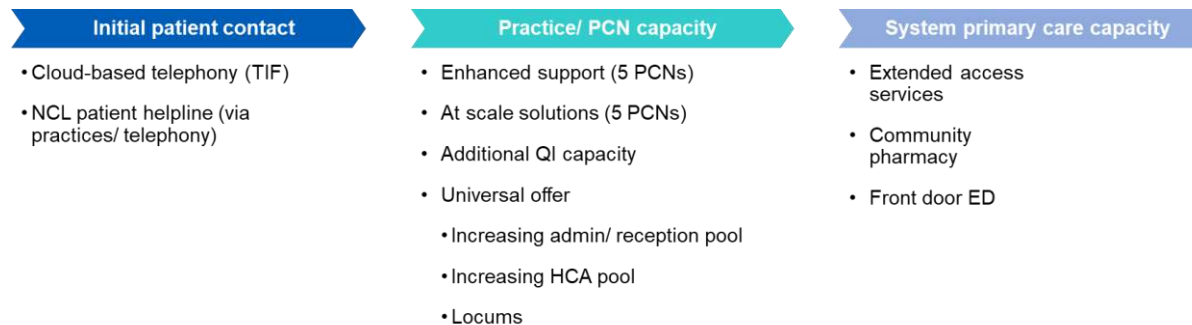
**13,071** referrals to social prescribing  
**12,500** personalised care and support plans (target)

# NCL Approach

Plans required from each region in order to access the funding. NCL allocation c£6.8m.

NCL intention is to **support** as many practices as want to can benefit from the winter access fund, with a **universal offer** available to all:

- Patient-facing helpline – appointment waiting times, make every contact count – via cloud-based telephony
- Additional capacity – admin/ reception, HCAs, extended access
- Increased connectivity between GP and community pharmacy
- Participation in trialling at scale solutions (e.g. online hubs, duty practice models)
- An NCL-specific offer focused on Quality Improvement



Each system required to identify practices to benefit from **enhanced support**:

- Range of data reviewed (e.g. patient experience, ED, appointments– noting significant data quality issues).
- Recent, collective and successful efforts to increase vaccine uptake showed specific challenges in terms of access linked to deprivation
- As such, NCL enhanced support offer developed primarily on practices in the PCNs with **highest levels of deprivation** in NCL – focusing on the five most deprived NCL PCNs (36 practices across Enfield, Haringey and Islington)

An abstract graphic on the left side of the slide, composed of several overlapping triangles in various shades of blue, teal, and lime green. The triangles are arranged in a way that creates a sense of depth and movement, pointing towards the right.

# Appendices



# Summary: NHSE/ I Improving Access for Patients and Supporting General Practice



North Central London  
Clinical Commissioning Group

## Overview

- [Our plan for improving access for patients and supporting general practice](#) published by NHSE/ I 14/10/21 outlining a £250 million 'winter access fund' to improve access to primary care
- Funding linked to a **system commitment to increasing overall and face to face capacity** in general practice, **whilst offering targeted support to practices who would most benefit**
- NCL funding allocated by weighted population: **£6.8m for NCL to impact**. Based on our weighted population – not need.

## Two goals of the fund :

**Improve access to urgent, same day primary care** - ideally from patients' own general practice service by increasing capacity and GP appointment numbers achieved at practice or PCN level

- **Increase resilience of the NHS urgent care system during winter** - by expanding same day urgent care capacity, through other services in any primary and community settings

## NCL's access plan covers five key areas

1. **Ensure all practices achieve at least pre-pandemic activity levels** for the equivalent period (excluding COVID-19 vaccinations).
2. **Increase overall appointment volumes** in general practice and ensure appointment levels reflect full deployment of ARRS staff.
3. **Increase the proportion of face-to-face** appointments with GPs in the system.
4. **Minimise 111 calls in-hours and avoidable A&E attendance** that could otherwise be seen in general practice.
5. Support all practices, by December, to sign up to and make full use of general practice referrals to the **community pharmacy consultation service** for minor illnesses.

## NHS England have committed to

- **Reduce admin burden** on GPs from fit notes and DVLA checks and work passed to Practices from elsewhere in the system (link to NCL Interface Programme)
- Offer a **national solution to upgrade practices to cloud-based telephony** systems
- **Delay again the introduction of new PCN-led** commissioning arrangements for **extended access services** until October 2022

# Interventions: National access priorities

## Overview

Drawing on existing work by primary care commissioners and providers completed as part of submissions to the Targeted Investment Fund, with requirements identified in the NHS England document we have identified the following priority areas for primary care, drawn into three categories:

1. **NHS England requirements** will need to meet to ensure access to the funding (e.g. supporting practices to sign up to the CPCS)
2. **National schemes announced with the fund** which NCL will likely need to spend revenue in order to engage with (e.g. change management or engineer capacity to support rollout of telephony infrastructure)
3. **Locally agreed priorities** for improving access which we will need to fund through our share of the Winter Access Fund (e.g. increasing extended access capacity) – see *next slide*

### 1. NHS England requirements

- Confirming local pharmacy sign up to the **Community Pharmacy Consultation Scheme (CPCS)** and working with LPC colleagues to promote the scheme to practices and patients
- Continue to ensure the **Covid vaccination programme** supports primary care to **balance delivery of PCN vaccine sites and core primary care services**

- As a system, commit to **holding secondary care providers to account for eliminating any unnecessary redirection of activity to general practice** (for NCL, via System Interface Group and trust-specific clinical interface groups) to reduce unnecessary redirection of activity from secondary care to General Practice
- Continue practice **income support to protect locally commissioned service income into Q4 2021-22**
- Support practices to review and **improve data quality** in their appointment data

### 2. National schemes

- Imminent **update of IPC guidance** for General Practice by UKHSA
- National rollout of **cloud-based telephony improvements** for all practices who have not already upgraded their own infrastructure
- **Expanding the role of community pharmacy** in supplying medication e.g. pilots of pharmacist-led contraception services
- New real-time **measures of patient satisfaction** with primary care
- Additional **QoF module and IIF targets** for practices and PCNs

# Interventions: NCL access priorities

## 1. Improving core primary care access

- a. **Dedicated support to practices and PCNs who would most benefit** including via PCN innovation funding to accelerate at-scale transformation of access approaches, schemes that reduce clinical workload, increased capacity and best use of clinical time (*group consults, duty Dr, E-consult follow up etc*) and via access to the national Access Improvement Programme delivered by NHS Time for Care team
- b. **Addressing barriers to F2F access via IPC work** (e.g. refresher infection prevention and control training) and **basic estates upgrades** (eg to clinical and waiting areas) where quickly deliverable
- c. Additional **capacity and F2F appointments in Extended Access Hubs during Winter** and optimising the model
- d. Maintaining and expanding **proactive care and remote monitoring** (including pulse oximetry for Adults & CYP)

## 2. Improving triage and 'right place first time'

- a. Investment in **cloud-based telephony** systems via national and local plans
- b. **Admin training** for those on local staff banks so people are primary care ready (e.g. in EMIS)
- c. **GP Website** - Clinical pathways refresh

## 3. Communication

- a. **Reassuring the public that primary care is open** and highlighting the full range of services available to people beyond GP practices
- b. Dedicated **primary care vaccine helpline** for Covid-19 and flu
- c. **Participatory research** with NCL communities and Healthwatch
- d. Dovetail into national **zero tolerance campaign** re: abuse of staff

## 4. Boosting primary care capacity in the wider system

- a. **Primary care capacity at each ED** to help manage low-acuity presentations without redirection. Acute-Primary work on model and resourcing building from UEC priorities and NCL Winter Plan.
- b. **Rapid child checks** (clinician / expert parent role) @ NMUH for unwell children presenting to ED
- c. Ensuring best use of CPCS through investment in **Community Pharmacy capacity and IT integration**

## 5. Support for new staff

- a. Support to PCNs to **recruit to and equip ARRS roles**
- b. **Additional HCAs** identified and trained in NCL

# Communications and engagement

## Engagement with local stakeholders

- As acknowledged in the CCG's most recent letter to practices, a great deal of work has happened in recent years in NCL to improve access to primary care, acknowledging the complexity inherent in this work
- As this programme of work develops we will need to continue to engage primary care at a practice, PCN and borough level, as well as in system-wide conversations, to ensure that both the national offers and local schemes are delivered in a way which is supportive of practices, and fit for purpose

## National zero tolerance of abuse campaign

- Acknowledging the need for a national campaign to tackle abuse of primary care staff, NHS England have committed to:
  - Work with the BMA GPC, the RCGP and patient groups such as Healthwatch and National Voices to develop communications tools that can help people to understand how they can access the care they need, in general practice
  - Immediately establish a £5m fund to facilitate essential upgrades to practice security measures, distributed via NHS regional teams
  - Work with the trade unions and the Academy of Medical Royal Colleges to launch a zero-tolerance campaign on abuse of NHS staff
  - Take action to protect and support staff through the NHS Violence Reduction Programme, working with police and Crown Prosecution Service

## Supporting General Practice staff in NCL

- We recognise this work takes place during an extremely difficult time for primary care. The Covid-19 pandemic, delivery of the vaccine programme and increased demands on services due to backlogs in care have caused significant stress and burnout amongst General Practice Staff
- Working with primary care providers the and the LMC, NCL CCG has already taken actions to support practices facing abuse or violence from patients and the public
  - A letter sent to all practices on 27/09/21 from Frances O'Callaghan and Jo Sauvage to thank practices and highlight support available to primary care staff
  - Resources available on the [NCL GP website](#) to communicate key messages to patients, and signposting to wellbeing resources for staff
  - Inclusion of a question about abuse or violence towards staff in the NCL all-practice SITREP to capture data and prompt support calls to affected practices
- NCL Training Hub are leading a support, wellbeing and resilience programme for primary care to tackle broader causes of burnout and low morale as a result of the challenge last 18 months
- Keeping primary care staff safe must be an urgent priority throughout this work, as well as acknowledgement the significant impact that the last 18 months have had on staff morale

# Specific actions for CCGs

| Ref       | Request  | Local action   |
|-----------|--|--|
| 24        | Promote use of the Community Pharmacist Consultation Service (CPCS) for minor illness to alleviate pressure on GP appointments.  | <ul style="list-style-type: none"> <li>• Confirming local CPCS pharmacy sign-up list with NHSE/I regional team</li> <li>• CCG comms and medicines management teams to work with local LPC to review patient messaging.</li> </ul>  |
| 24        | Where practices identify that they would like additional support with capacity, consider alternative provision for vaccination of the affected population e.g. through community pharmacy.   | <ul style="list-style-type: none"> <li>• Sense check with existing PCN hubs to confirm whether a local pressure point.</li> <li>• Communicate to practices and PCN vaccine sites that this is an option.</li> <li>• If indicated through PCN conversations, create process for switching vaccine delivery to alternative provision.</li> </ul> |
| 28        | As a system, commit to holding secondary care providers to account for eliminating any unnecessary redirection of activity to general practice (e.g. prescribing, diagnostic requests)   | <ul style="list-style-type: none"> <li>• This is being led by System Interface Group (Lara Waywell) and collective working through SRE and trust-specific clinical interface groups with local clinician representation and LMC</li> <li>• Adam to ask Lara for any examples of good practice we could share</li> </ul>                        |
| 31        | Review again whether capacity funded through locally commissioned enhanced services can be redeployed with immediate effect to support urgent same-day access. Services that help tackle avoidable emergency admissions should be maintained.  | <ul style="list-style-type: none"> <li>• We're continuing practice income support for Q4 -protecting LCS income in order to support practices</li> </ul>   |
| 32        | Practices are all expected to have completed a local exercise to review their appointment data by mode and take actions on data quality  | <ul style="list-style-type: none"> <li>• Test whether this work is underway in NCL and what support is required to ensure it is completed – linked to IIF work on national appointment categories</li> </ul>   |
| 42/<br>43 | Look at the agreed data and intelligence on their individual practices. Each ICS must use both the data it collects, and local conversations to agree a list of practices (<20% local practices, or 37 NCL Practices) to whom it will offer immediate, targeted support with access. | <ul style="list-style-type: none"> <li>• We are currently pulling data together for review</li> <li>• Propose to bring data together for local discussions with commissioners, providers, LMC at a borough level</li> </ul>  |



# NCL Primary Care Dashboard

W/C – 15 November 2021

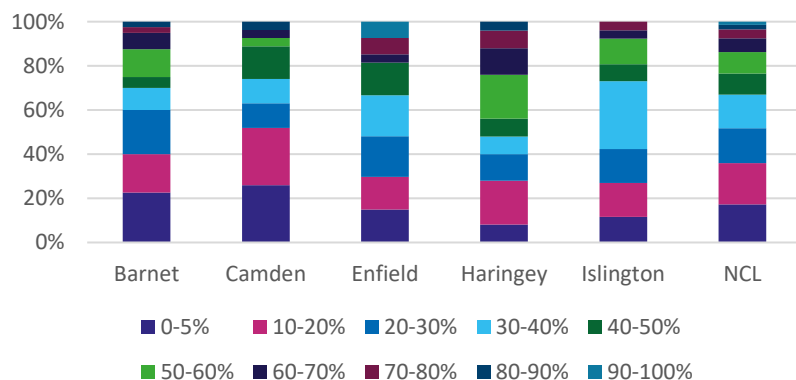


## NCL Primary Care Dashboard – Summary and issues for NCL wide consideration

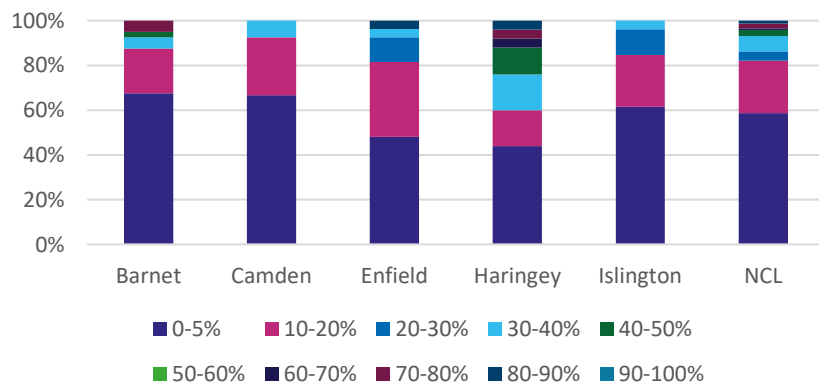
- The overall NCL response rate was 80.1%; this continues to be impacted by a number of practices clicking 'no change from the previous week' that have not completed a baseline– these have been excluded and borough teams are following up with those practices.
- 4 practices have reported that they are unable to maintain clinical services and sustain service continuity (see borough narrative). This excludes 2 in Islington that had previously indicated this – these practices did not respond this week but have also confirmed via email no change in their situation;
- 9 practices continue to indicate that they do not have open doors. One practice has reopened its doors this week.
- New questions were added this week which are presented on the following two slides.

## NCL Primary Care SitRep Survey – w/c 15 Nov 2021

Percentage of patients arriving at Practice  
without face covering



Percentage of patients refusing to wear face  
covering

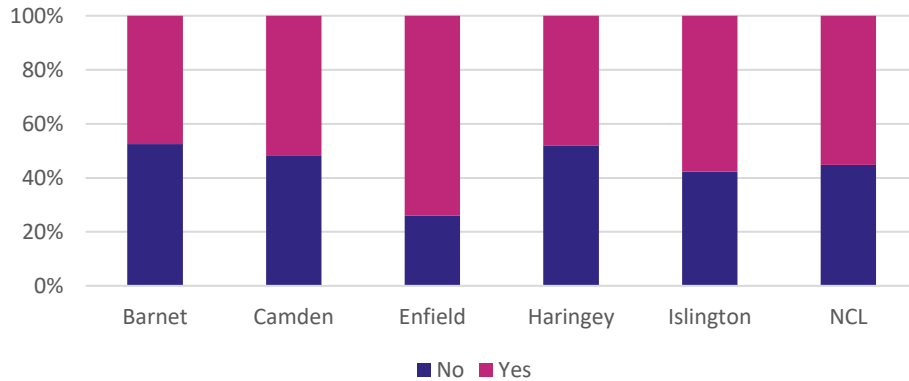




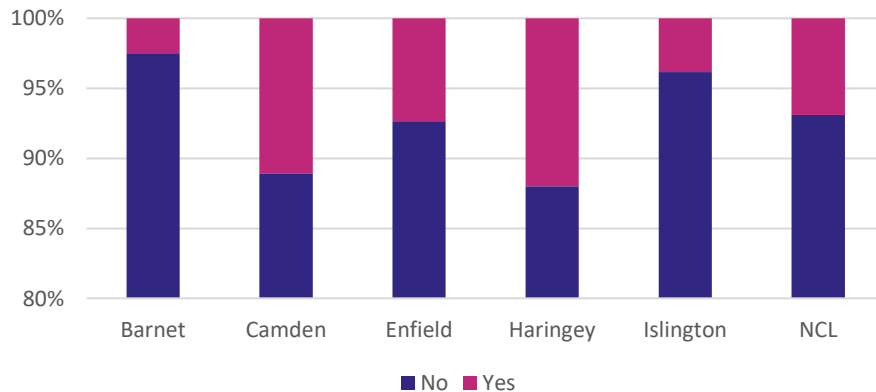


## NCL Primary Care SitRep Survey – w/c 15 Nov 2021

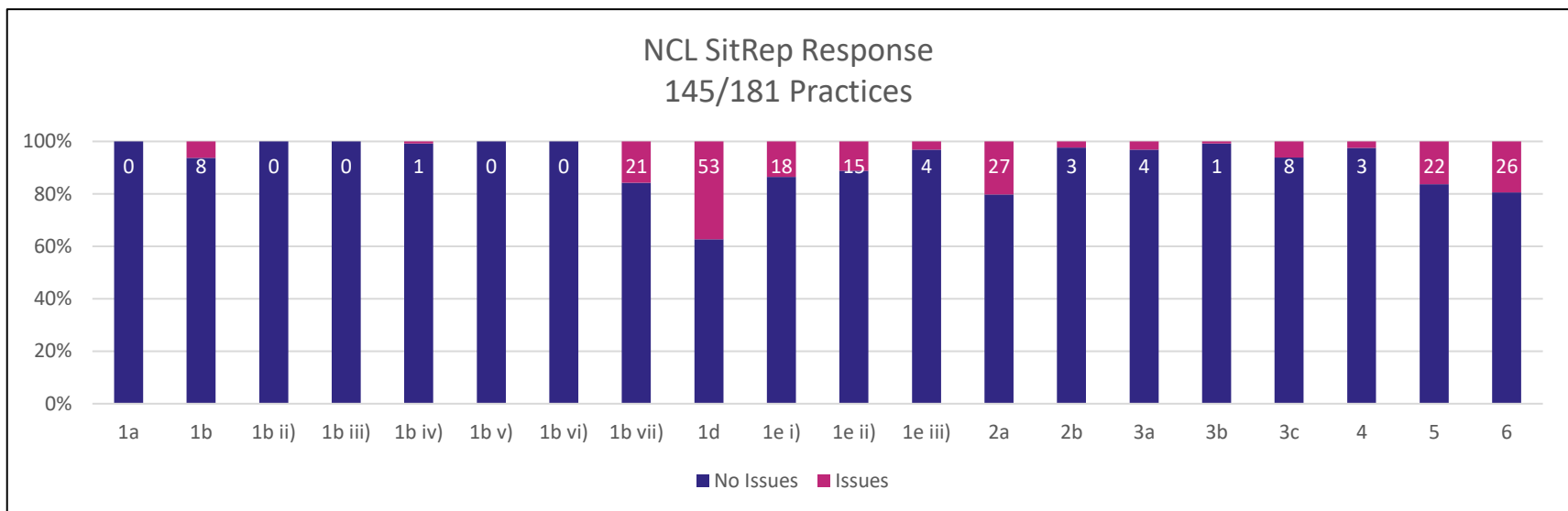
### Practices that have received abuse or intimidation



### Police Report filed



## NCL Primary Care SitRep Survey Results Summary



1a Can you maintain clinical services & sustain service continuity?

1b Provide an open practice front door

1b ii) Provide f2f appointments

1b iii) Can you provide home visits

1b iv) E-consult responses within the required timeframe

1b v) Provide 111 bookable slots

1b vi) Monitoring of vulnerable patients

1b vii) Reason to pause any clinical work

1d Capacity reduced for any staff groups

1e i) Support for staff 1:1 re double vaccination

1e ii) Support reviewing staff risk assessment

1e iii) Support to implement other PHE guidance

2a Groups of patients presenting more

2b Can the practice meet this demand

3a Support with Pulse oximeters

3b Support with IPC

3c Support with PPE

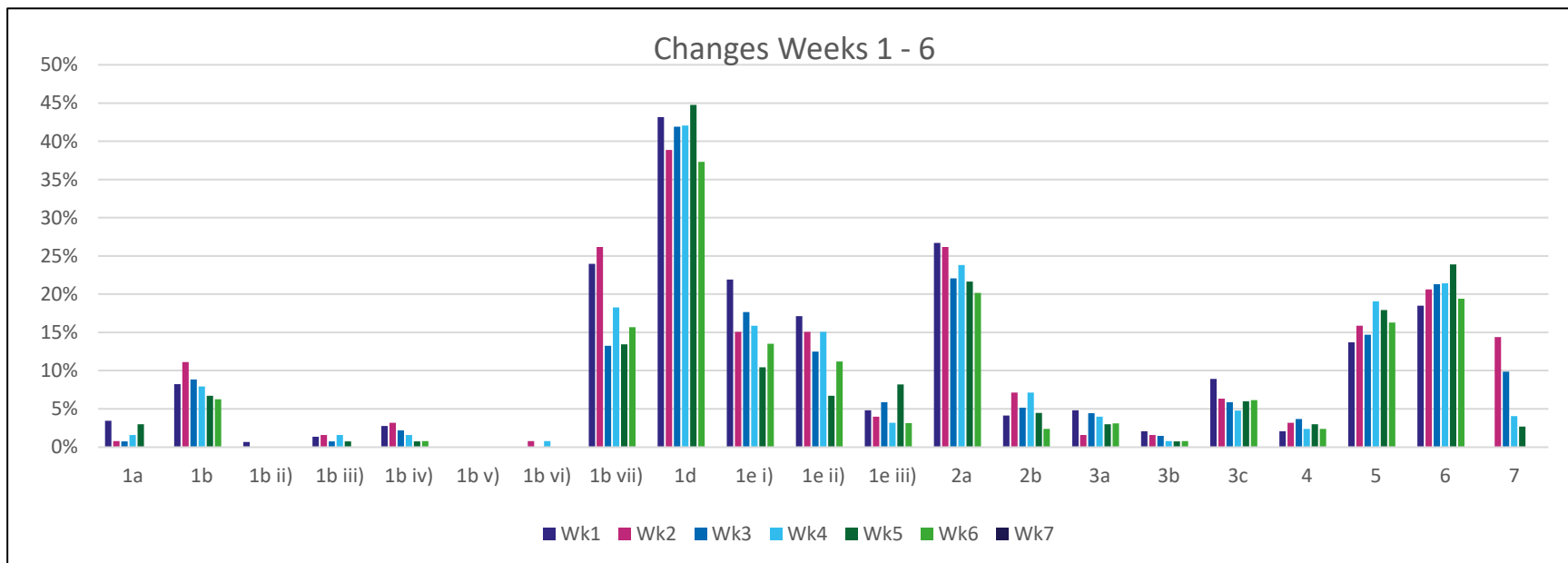
4 Have you enacted any BCP measures

5 No other concerns

6 Can the CCG provide any other support

7 Concerned about blood bottle supply level

## NCL Primary Care SitRep Survey Results Summary



1a Can you maintain clinical services & sustain service continuity?

1b Provide an open practice front door

1b ii) Provide f2f appointments

1b iii) Can you provide home visits

1b iv) E-consult responses within the required timeframe

1b v) Provide 111 bookable slots

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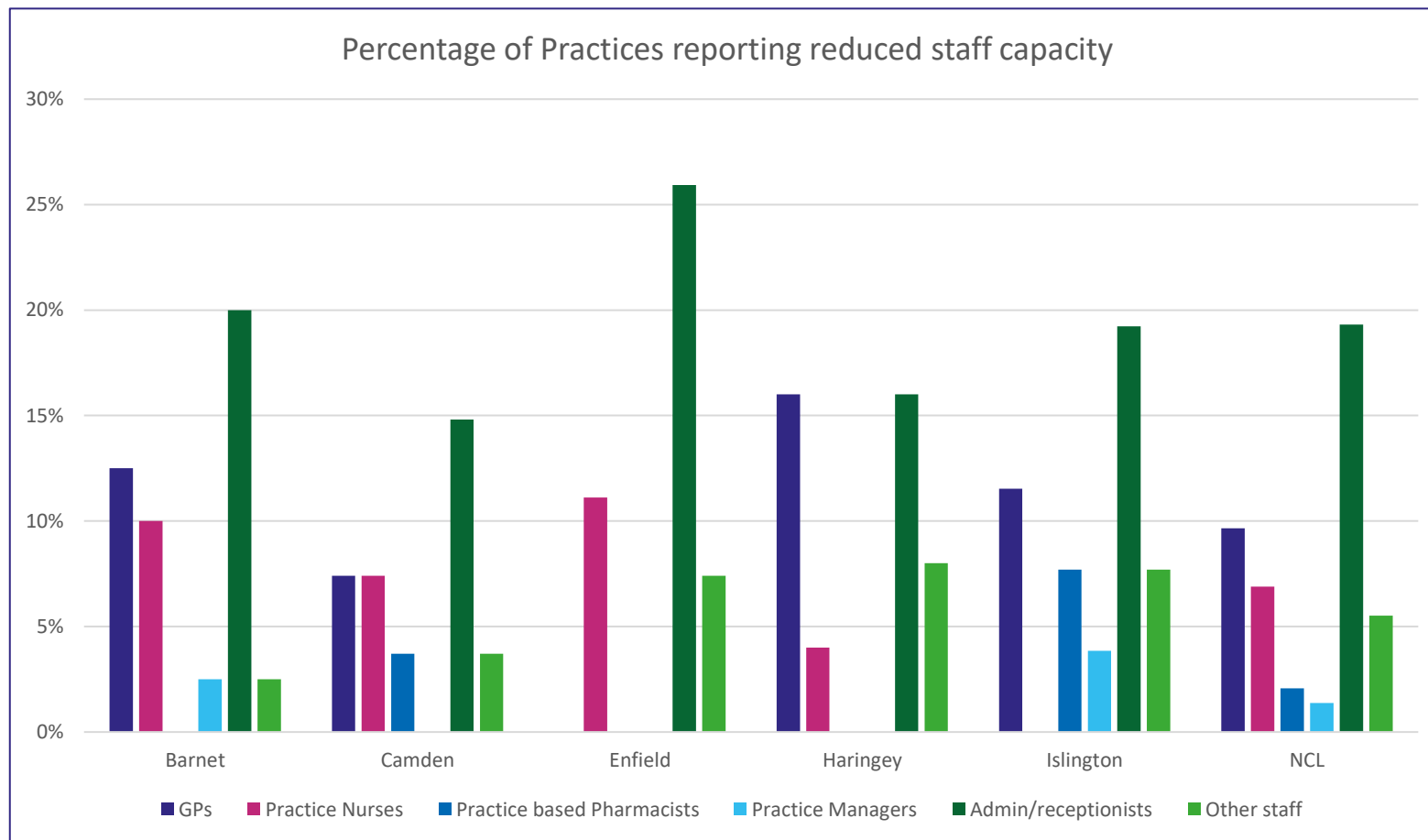
4 Have you enacted any BCP measures

5 No other concerns

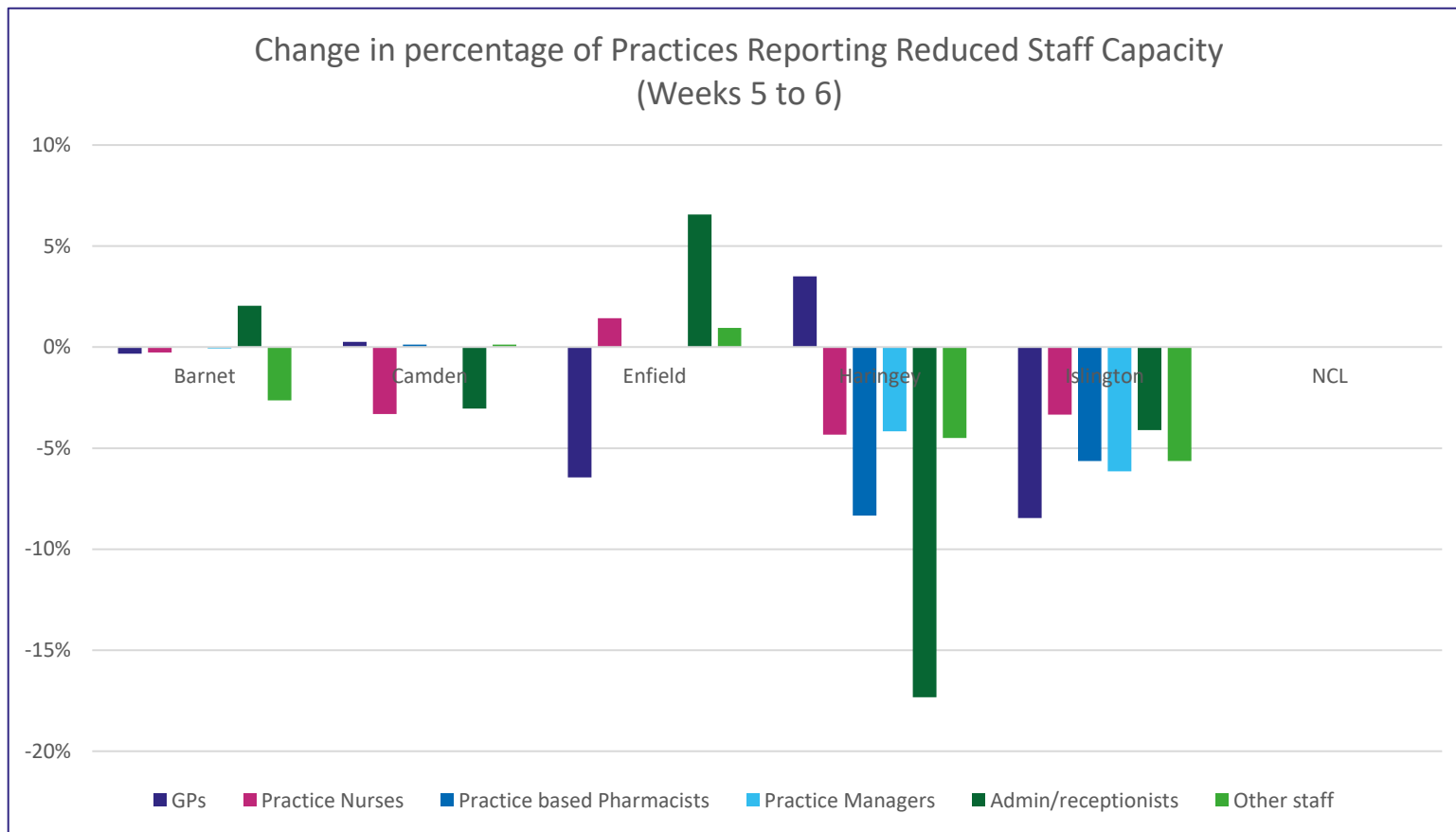
6 Can the CCG provide any other support

7 Concerned about blood bottle supply level

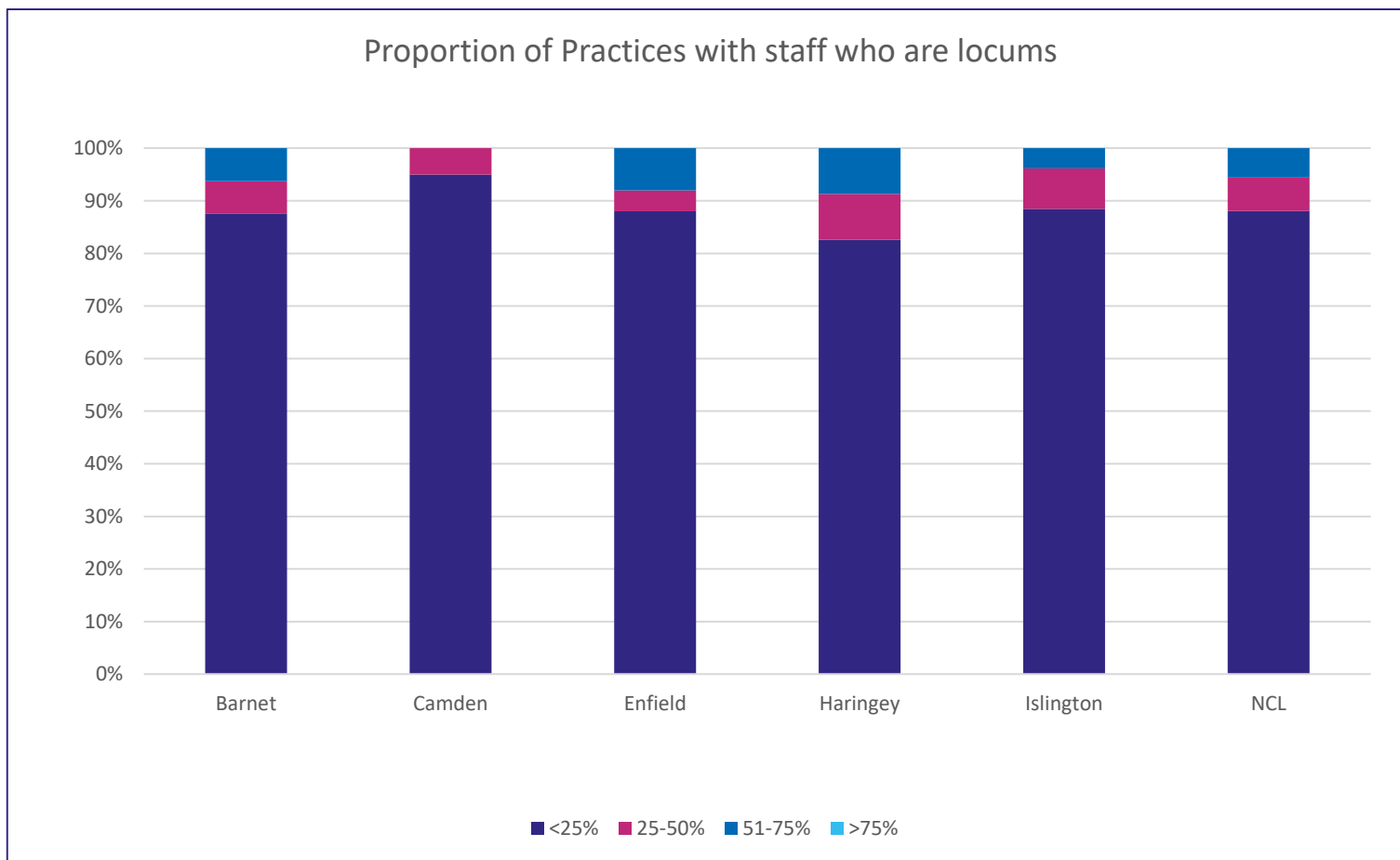
## NCL Primary Care SitRep Survey – Borough Results w/c 15 Nov 2021



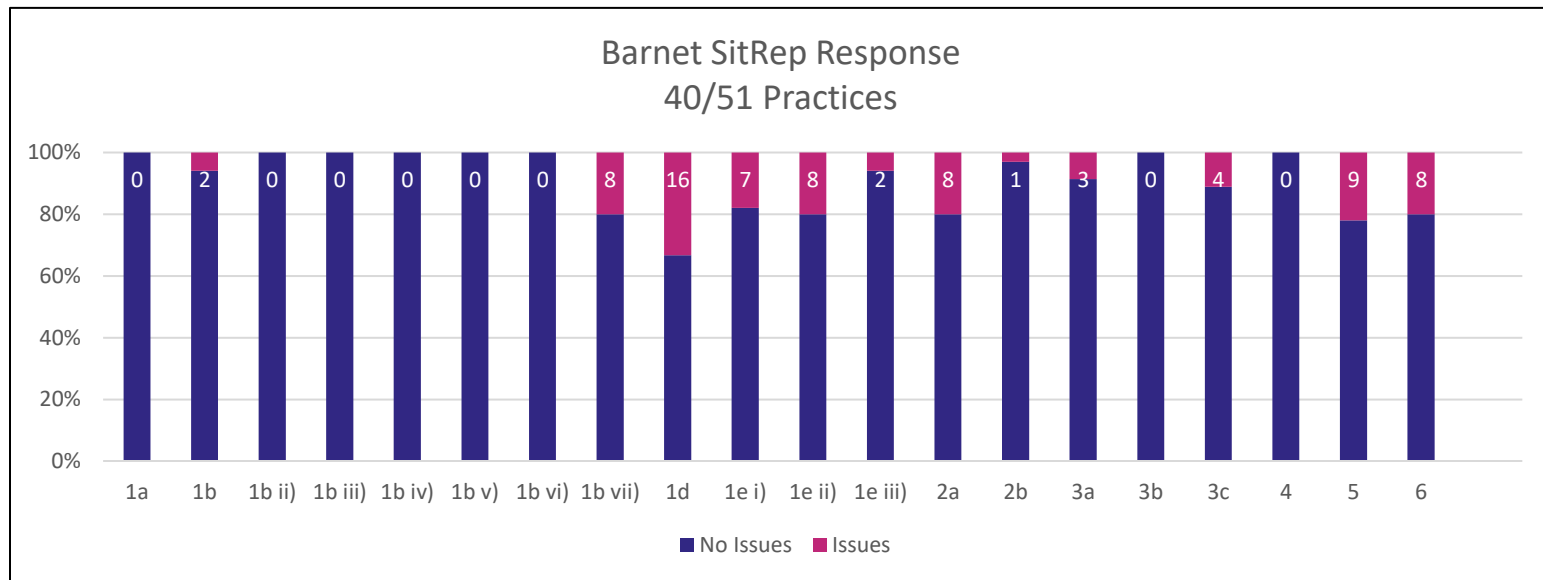
## NCL Primary Care SitRep Survey – Borough Results w/c 15 Nov 2021



## NCL Primary Care SitRep Survey – Borough Results w/c 15 Nov 2021



## NCL Primary Care SitRep Survey – Borough Results w/c 15 Nov 2021



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## Narrative: Barnet results

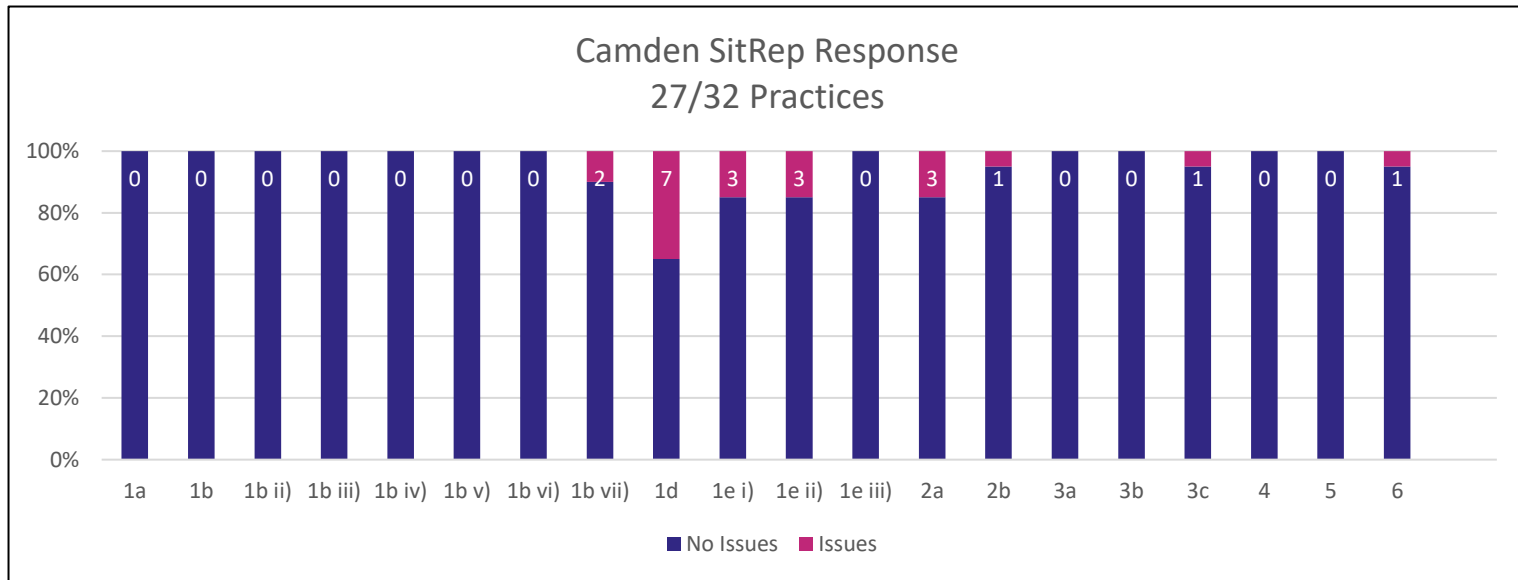


- 40/51 (78%) submitted a practice SITREP: 8 practices have yet to set a baseline – team are following up with practices to ask them to submit a baseline; 11 practices did not submit a SITREP - team are following up with practices to ask them to submit a SITREP
- 19/40 (48%) practices have cited examples of face-to-face / telephone abuse/intimidation from patients over the past 2 weeks. Of which, for one practice this resulted in a police incident report
- PPE face masks – Varying estimates across Barnet practices ranging from 0%-5% to 80-90% of patients not wearing a face mask in the practice. Of which, there was variation in the number of patients whom were unwilling to wear a face mask ranging from 0%-5% to 70-80%.
- Two practices have been identified as reporting changes in this week's SITREP:
- One practice has cited workforce challenges – the practice are linking in with their PCN and Federation colleagues for support
- One practice has cited a general surge in demand from registered patients and challenges with processing the number of econsults received – The latest report from eConsult shows this practice (one of the largest Barnet practices) continues to receive the most number of daily econsults
- Practices have reported an increase in the number of children being seen
- To help alleviate pressures, the following steps would be welcomed:
- Commissioning additional GP practice bookable EAS appointments
- Launch a Winter campaign highlighting to patients/residents local / alternative services available that can help treat/provide support, such as pharmacies
- Launch a campaign which shows that abuse/bullying is not tolerated





## NCL Primary Care SitRep Survey – Borough Results w/c 15 Nov 2021



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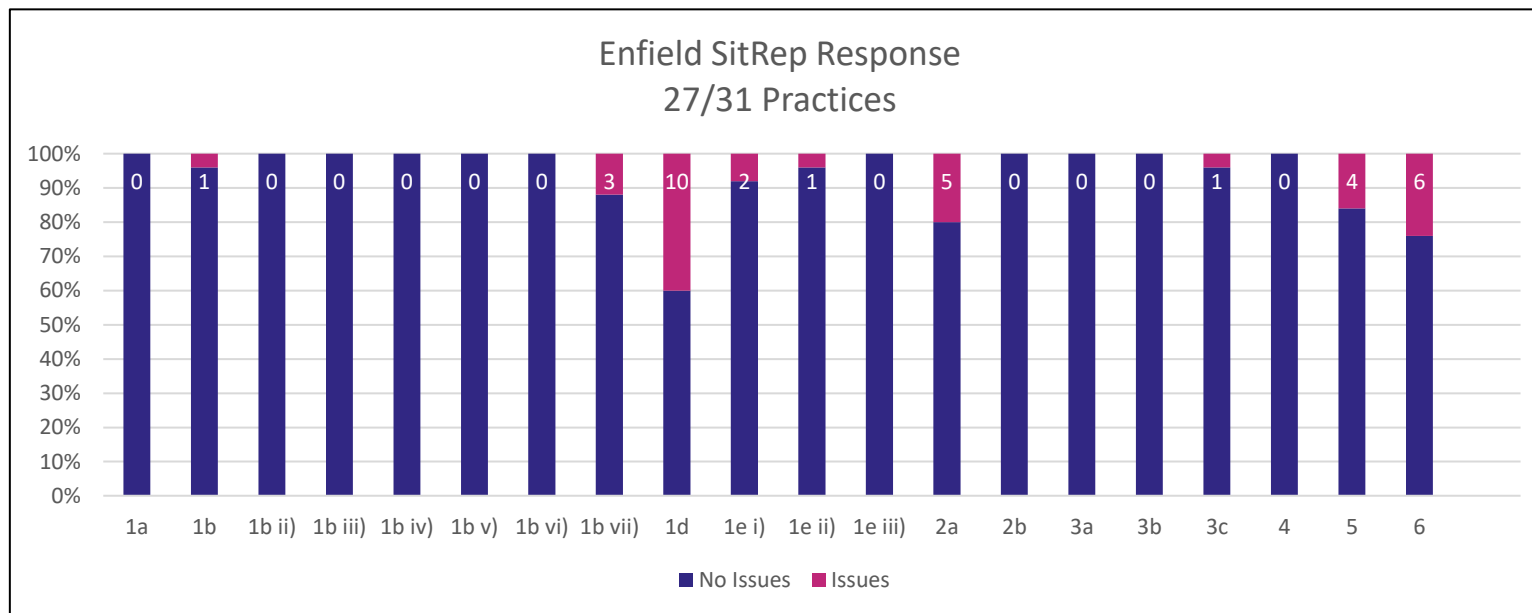


## Narrative: Camden results



- 28/31 (90% ) practices submitted a SITREP under Camden borough
- 2 practices have indicated changes following from the last SITREP
- 12 practices have experienced some form of abuse or intimidation from patients in the last two weeks
- No practices have indicated that they are unable to maintain a clinical service or sustain service continuity with current staffing levels and working conditions.
- 21 practices have had 10-20%, or more, patients arriving at the surgery without face covering with most practices saying 0-5% or up to 20% of patients refuse to wear a face covering.
- No indication of change from any practices since last survey
- 2 practices have indicated that they are unable to provide some clinical work (LTC reviews including spirometry)
- Face-to-face appointments and home visits are still being carried out by all practices
- 1 Practice has indicate a reduced capacity level in the **GPs staff group** and has raised concerns on the reduced **reception/ administration** staff level.
- No practices have shown need of support with implementing the updated PHE guidance on NHS staff, student self- isolation and return to work following COVID-19 or support in other areas.
- 1 practice has indicted increased presentations from the young & relatively well patients group.
- No practices stated the need to enacted any aspect of the business continuity plan in the last week
- No practices highlighted any new areas of support they would like from the CCG.

## NCL Primary Care SitRep Survey – Borough Results w/c 15 Nov 2021



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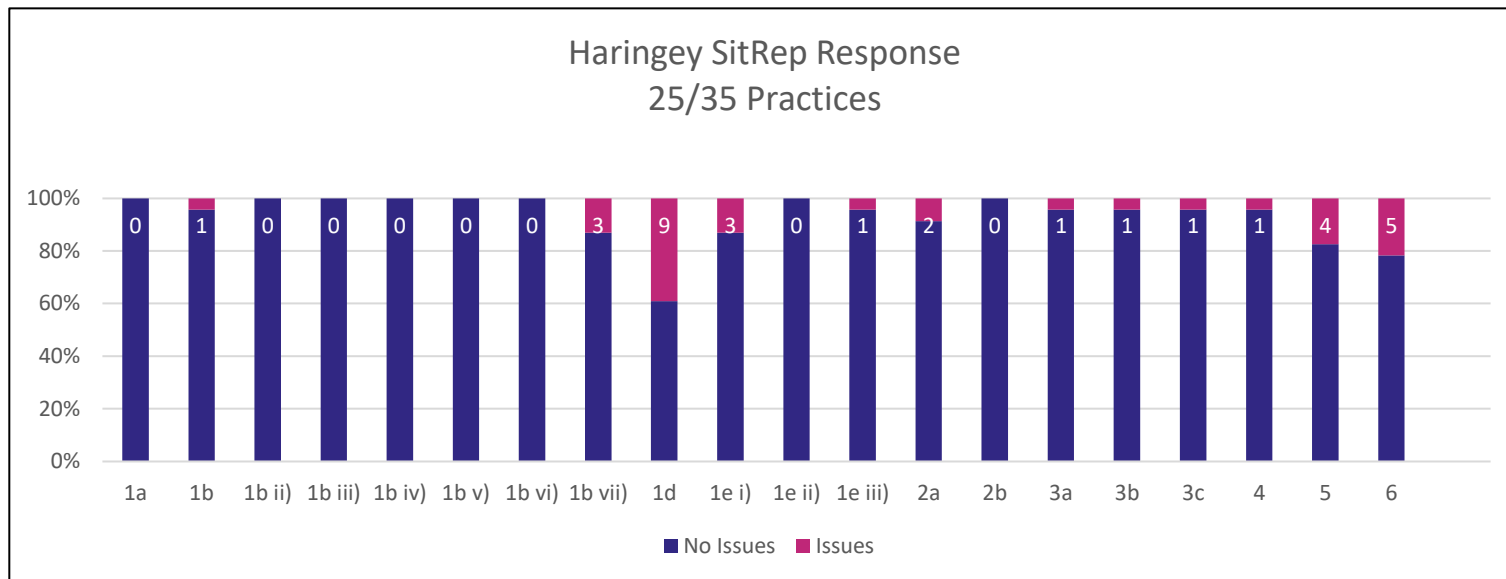


## Narrative: Enfield results



- 27/31 survey respondents this week (87%).
- Remaining four practices have been followed up and suggest oversight as reason for not submitting survey, and report no issues.
- 19/27 practices (70%) report receiving a type of abuse or intimidation that violates their zero tolerance policies and in some cases has led to Special Allocation Service referrals.
- Practices request support from CCG to help with delayed patient updates on patient referrals and patient status between GP and other providers, which in turn leads to frustration and passive aggressive behaviour from patients.
- 25/27 practices report on average 30% of patients attending without a face covering. One practice reports over 80% of patients refusing to wear a mask even when offered a mask by a receptionist. They have found some patients only oblige when a doctor reiterates their mask policy causing unnecessary interruptions during sessions.
- All practices have an open door policy.
- Two practices report pausing clinical work either due to recruitment issues and national pause on spirometry services.
- The primary care team workforce colleagues are providing support to practices with nurse recruitment issues. Examples of job description and pay scales provided to help source staff.
- High proportion of elderly, vulnerable and young patients presenting to surgeries. Additionally increased requests to support social issues e.g. housing issues.
- All practices can meet increased demand.
- Practices requesting PPE support are re-directed to the GP Federation.

## NCL Primary Care SitRep Survey – Borough Results w/c 15 Nov 2021



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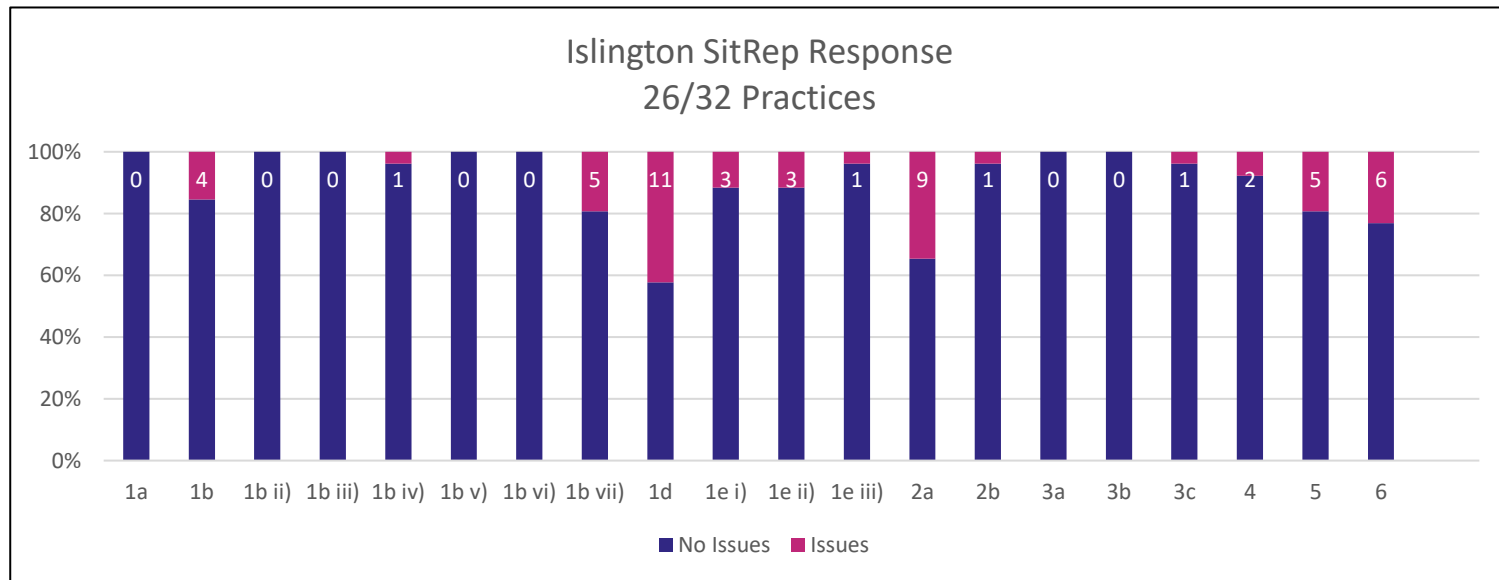
6 Can the CCG provide any other support



- 25/35 (71%) Practices responded this week with 4 practices submitting new answers instead of only clicking “no change”. **Action : Continued engagement at PM Meetings/Telephone to re-answer queries if practices’ circumstances have changed from last survey.**
- 12 practices have said that they have received some sort of abuse or intimidation within the last two weeks of which 3 said they have filed police reports.
- From previous surveys, 3 practices had reported no open door system as they used a door buzzer system **Action: NCL CCG guidance will be sent out within the next 2 weeks on this subject.**
- The new question about patients presenting without face cover resulted in 11/25 practices reporting that, over 50% of their patients attend site without any form of face cover. 6/25 practices reported that over 40% of their patients refuse to wear any face covering.
- All 25 practices say they do provide masks if need be.
- 2 practices have had to pause other clinical work like spirometry, ear irrigation, coil clinic and minor ops.
- 1 practice has enacted Business continuity plan within the last 2 weeks.
- Staffing capacity remains a problem at 13 practices, in at least one of the staff groups - *GPs x 4, PM x 2, Nurses x 2, Practice-Based Pharmacist x 2, Admin/reception staff x 10* **Action : 1) Borough discussion about winter access fund used to source laptops for admin/receptionist home working , 2) practice staff to complete survey on flexible staff pool co-ordinated by CCG.**
- Other new concerns for CCG support were: 1) Long waiting times for 2WW cancer referrals and minimal response from secondary care when chasing 2) Provision of hub apptmts seems inequitable 3) PCSE service is not satisfactory.



## NCL Primary Care SitRep Survey – Borough Results w/c 15 Nov 2021



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## Narrative: Islington results



- 26 out of 32 practices responded (81%)
- All issues raised have been discussed with the practice, ongoing monitoring agreed and solutions proposed
- Reminders issued to six non-responders to complete the next survey
- Two practices that have previously indicated they cannot maintain service continuity did not complete the survey this week. They have been contacted separately and have updated that there are no significant changes to report, the situation is ongoing for both practices
- No change to the three practices that reported staff shortages; one is short of GPs, two are short of GPs and admin staff
- One practice has fully opened its front door since the last Sitrep survey
- We continue to engage with our other four practices that have closed doors, that require estates and IPC support to address specific premises issues.
- In response to a new question in the SITREP, 15 Practices (58% of respondents) reported experiencing incidents of verbal abuse or intimidation, this occurred both over the phone and face to face. Three incidents resulted in a police report. Two were involving known mental health patients.
- In response to a new question in the SITREP, four practices reported more than 50% of patients don't bring a mask, three practices have 20-30% of patients are not willing to wear a mask and another reported 30-40% are not willing to wear a mask, however all practices indicated that they have masks available to patients who require one.
- No additional practices raised a new concern with maintaining clinical services and business continuity





**North Central London CCG  
Primary Care Commissioning Committee  
Thursday, 16 December 2021**

|   |   |  |                  |  |     |
|---|---|--|------------------|--|-----|
| <b>Report Title</b>                                 | COVID Vaccination Programme Update  | <b>Date of report</b>                    | 19 November 2021 | <b>Agenda Item</b>   | 2.4 |
| <b>Lead Director / Manager</b>                      | Daniel Glasgow, Director of Transformation  | <b>Email / Tel</b>                       |                  | <a href="mailto:daniel.glasgow@nhs.net">daniel.glasgow@nhs.net</a> |     |
| <b>GB Member Sponsor</b>                            | Dr Charlotte Benjamin   |  |                  |  |     |
| <b>Report Author</b>                                | Nicholas Ince   | <b>Email / Tel</b>                       |                  | <a href="mailto:nicholas.ince@nhs.net">nicholas.ince@nhs.net</a>   |     |
| <b>Name of Authorising Finance Lead</b>             | Not applicable.   | <b>Summary of Financial Implications</b> |                  |  |     |
|   |   | Not applicable.                          |                  |  |     |
| <b>Report Summary</b>                               | <p>The Covid-19 vaccination programme is well-established across North Central London (NCL) with the Integrated Care System (ICS) working together across organisational boundaries to deliver vaccinations.</p> <p>The programme is being delivered in-line with the Joint Committee for Vaccine and Immunisation (JCVI) cohort priority guidance and we are currently vaccinating all patients/residents aged 12 and above in NCL.</p> <p>We have made great progress with the vaccination programme, and as of 17 November, we have administered 986,810 first dose vaccinations, 892,228 second vaccinations and 236,122 booster vaccinations to those registered with an NCL GP practice.</p> <p>This paper explores the vaccination approach advocated by Public Health and NHS England in response to the prevalence of the Delta variant (B.1.617.2) and the expansion of the Covid-19 programme into lower age group cohorts. The paper also gives detail regarding the delivery of influenza vaccines within NCL.</p> |  |                  |  |     |
| <b>Recommendation</b>                               | The Primary Care Commissioning Committee is asked to <b>NOTE</b> the contents of the report.  |  |                  |  |     |
| <b>Identified Risks and Risk Management Actions</b> | As set out in Current Programme Risks section of the report.  |  |                  |  |     |
| <b>Conflicts of Interest</b>                        | Not applicable.   |  |                  |  |     |

|   |  |
|---|--|
| <b>Resource Implications</b>            | Not applicable.  |
| <b>Engagement</b>                       | Not applicable.  |
| <b>Equality Impact Analysis</b>         | Not applicable.  |
| <b>Report History and Key Decisions</b> | Not applicable.  |
| <b>Next Steps</b>                       | Further programme updates to be presented to Governing Body as required. |
| <b>Appendices</b>                       | Not applicable.  |

# Covid Vaccination Programme Update

Nicholas Ince, Assistant Director of  
Vaccination Transformation

16 November 2021



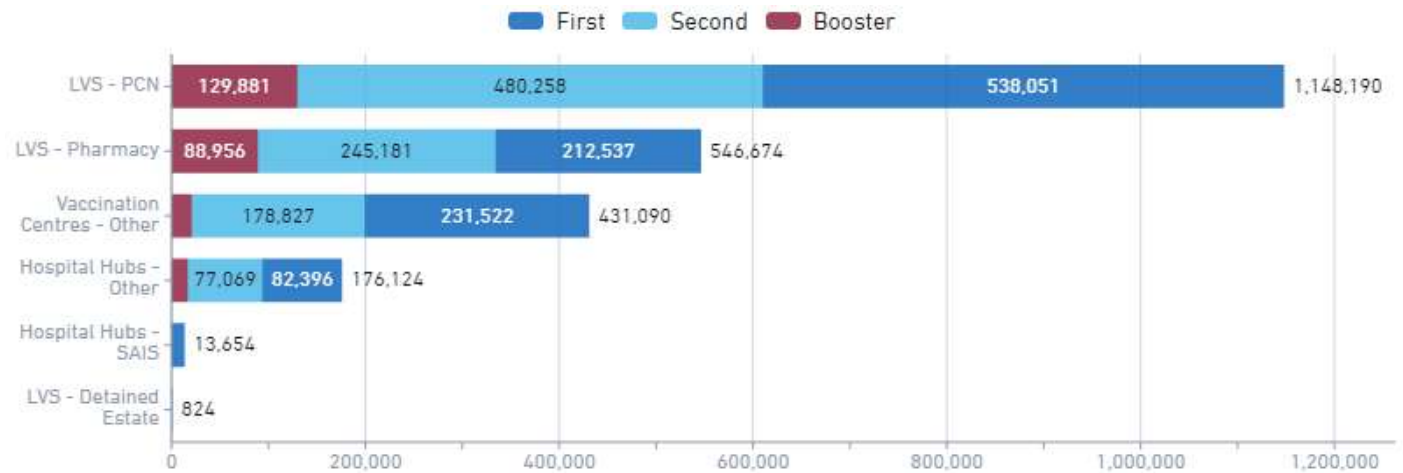
# Introduction

This programme precis explores the new programme approach advocated by Public Health and NHS England driven by the prevalence of the Delta variant (B.1.617.2) and expanding the programme to vaccinate lower age cohorts, including those aged 12-18. Since the previous update in September, we have begun the delivery of a 3<sup>rd</sup> primary dose for the immunocompromised and of booster doses for all those who are over 50 years of age, clinically at risk or frontline health and social care workers.

## Vaccinations delivered to date

A total of 2,316,556 vaccinations have been delivered within North Central London (NCL) and the breakdown by programme pillar of delivery is shown below:

Table 1: NCL Total Vaccination by pillar (Data source: Foundry, 17<sup>th</sup> November 2021)

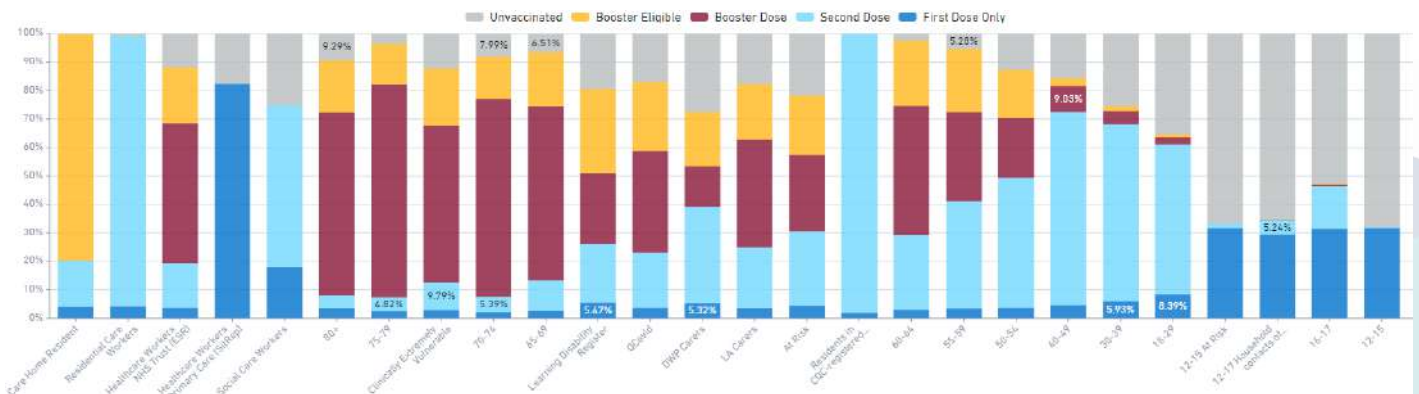


It is worth noting that we are vaccinating staff and patients from outside our Integrated Care System (ICS) footprint and not every vaccination is directly attributable to an NCL registered patient. As of 17 November, we have administered 986,810 first dose vaccinations, 892,228 second vaccinations and 236,122 booster vaccinations to those registered with an NCL GP practice.

## Cohort Penetration

At the time of writing this paper, we have vaccinated 57% of the NCL eligible population with a first dose of the covid vaccine and 63% of the population eligible (12-17 years not eligible for second dose) have received two doses. Of the 334,929 individuals registered with an NCL GP who are eligible for a booster dose, 70% have been vaccinated. The breakdown by the Joint Committee on Vaccination and Immunisation (JVCI) cohort is shown in the table below:

Table 2: NCL Cohort Penetration (Data source: Foundry, 17<sup>th</sup> November 2021)



Within the table above, NCL have vaccinated in excess of 90% of Care Home Residents and 55-79 year olds with their first dose. We are also approaching the national target of 90% for 80+ year olds, Healthcare Workers, Clinically Extremely Vulnerable and 50-54 year olds.

## Phase 3 of the Programme

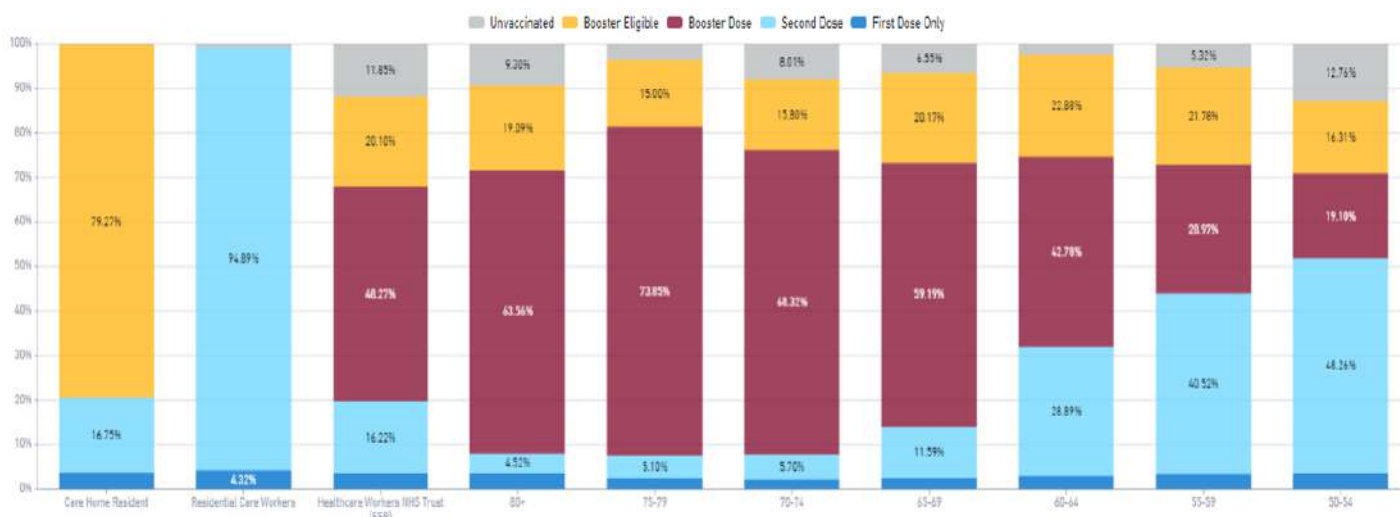
Since the last GB update in September, JCVI have advised that adults who received a primary course in Phase 1 of the COVID-19 vaccination programme (priority groups 1-9) should be offered a COVID-19 booster vaccine. This includes:

- those living in residential care homes for older adults
- all adults aged 40 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19
- adult carers and those experiencing homelessness
- adult household contacts of immunosuppressed individuals

The JCVI is recommending that booster vaccines are scheduled at a six month interval from completing the primary course. This interval will automatically help to prioritise older and more vulnerable patients. For operational reasons, administration may be brought forward to a minimum of five months in certain circumstances including:

- in a care home setting to enable all residents to be vaccinated in the same session
- where an otherwise eligible individual attends for another reason (for example to receive influenza vaccine)

**Table 3: Phase 3 boosters: Uptake in eligible cohorts (Data source: Foundry 15<sup>th</sup> November 21)**



**Table 4: Phase 3 booster: Uptake in eligible cohorts (Data source: Foundry 15<sup>th</sup> November 21)**

| Cohort             | Total Eligible | Booster Eligible | Booster Received | Booster Uptake |
|--------------------|----------------|------------------|------------------|----------------|
| Care Home Resident | 3071           | 985              | 2086             | 67.9%          |
| Care Home Worker   | 946            | 809              | 137              | 14%            |
| Healthcare Workers | 22352          | 6562             | 15790            | 70.6%          |
| 80+                | 42614          | 10621            | 31993            | 75.1%          |
| 75 - 79            | 29225          | 4945             | 24280            | 83.1%          |
| CEV                | 33083          | 9175             | 23908            | 72.3%          |
| 70-74              | 39318          | 7387             | 31931            | 81.2%          |
| 65-69              | 35973          | 9721             | 26252            | 73.0%          |
| At Risk            | 59905          | 22064            | 37841            | 63.2%          |

|                     |               |              |               |              |
|---------------------|---------------|--------------|---------------|--------------|
| 60-64               | 20801         | 7892         | 12909         | 62.1%        |
| 55-59               | 20970         | 10287        | 10683         | 50.9%        |
| 50-54               | 17092         | 8779         | 8313          | 48.6%        |
| <b>Grand Totals</b> | <b>325350</b> | <b>99227</b> | <b>226123</b> | <b>69.5%</b> |

The eligible cohort for boosters, at the time of production, stands at 325K across all JCVI cohorts using the 6 month gap from second dose being administered. To date, 69.5% of the eligible population have been vaccinated across all JCVI cohorts, with an averaged of over 75% uptake for those aged over 65.

To encourage vaccination uptake, we are continuing to offer vaccinations from Vaccination Centres, General Practices (PCNs), Community Pharmacies and through our roving/community offer. Residents are able to arrange vaccinations using the national booking system, local booking systems, walk-in appointments or through housebound visits.

## Vaccination of 12-15 year olds

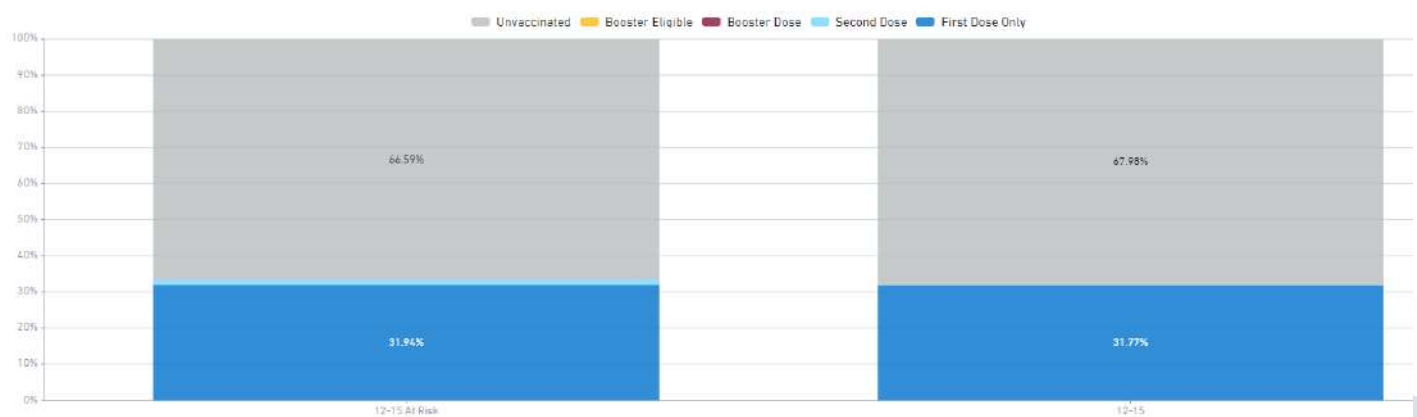
This autumn all young people aged 12 to 15 years are being offered the first dose of the Pfizer COVID-19 vaccine. A need was identified to make a primary vaccination offer within school hours by our School Aged Immunisation Service providers supported by ICS vaccination resources. NHS England challenged all systems to book and/or visit all schools by October half term (week commencing 22<sup>nd</sup> October).

Within NCL, there are a total of 155 secondary schools with eligible children or who engaged in the vaccination programme. Within these schools, there are 66k children who are aged between 12-15. Of these, 16,249 (24.31%) received a vaccination at their school. We continue to scope the need for further school visits, including those schools with lower uptake and newly established demand.

Following the initial offer within schools, those aged 12-15 years of age are now able to access a vaccination appointment within existing vaccination settings, including vaccination centres, general practice (PCNs) and through community roving vaccine buses. Children can book appointments via the national booking system and through local booking systems.

Uptake within the total population of 12-15 year olds in North Central London currently stands at 22,101 (31.77%), with a total of 1,108 (31.94%) of the 12-15 year olds (at risk) having also received a vaccination.

**Table 5: 12-15 years olds: Uptake in eligible cohorts (Data source: Foundry 15<sup>th</sup> November 21)**



## Influenza Vaccinations

Last year saw the roll out of the biggest NHS influenza vaccination programme ever, with the aim of offering protection to as many eligible people as possible during the COVID-19 pandemic. As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask wearing, physical and social distancing, and restricted international travel) influenza activity levels were extremely low globally in 2020/ 2021. As a result, a lower level of population immunity

against influenza is expected in 2021/ 2022. It is expected that winter 2021/ 2022 will be the first winter in the UK when seasonal influenza virus (and other respiratory viruses) will co-circulate alongside COVID-19.

The flu vaccine is given free on the NHS to people who:

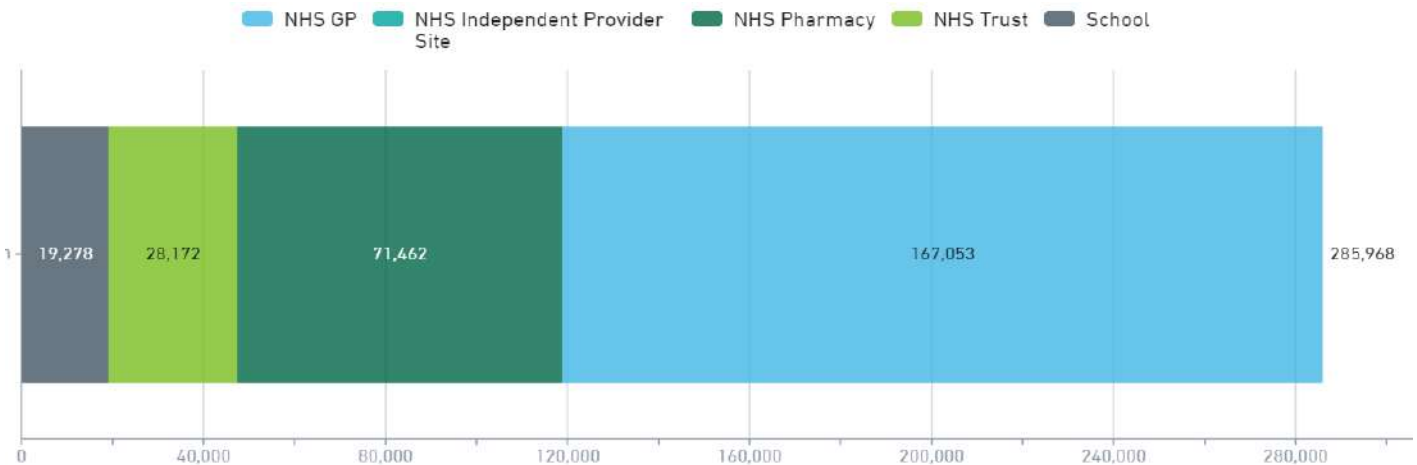
- are 50 and over (including those who'll be 50 by 31 March 2022)
- have certain health conditions
- are pregnant
- are in long-stay residential care
- receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk if you get sick
- live with someone who is more likely to get infections (such as someone who has HIV, has had a transplant or is having certain treatments for cancer, lupus or rheumatoid arthritis)
- frontline health or social care workers

Within NCL, we offer flu vaccinations from the following settings:

- GP surgeries
- Covid vaccination – local vaccinations sites
- Community Pharmacies
- Midwifery services
- Acute Trusts
- Roving vaccination (vaccine bus)

As of the 18<sup>th</sup> November, we have administered 285,968 flu vaccinations, the majority having been administered from GP practices (167k), followed by Community Pharmacies (71,462).

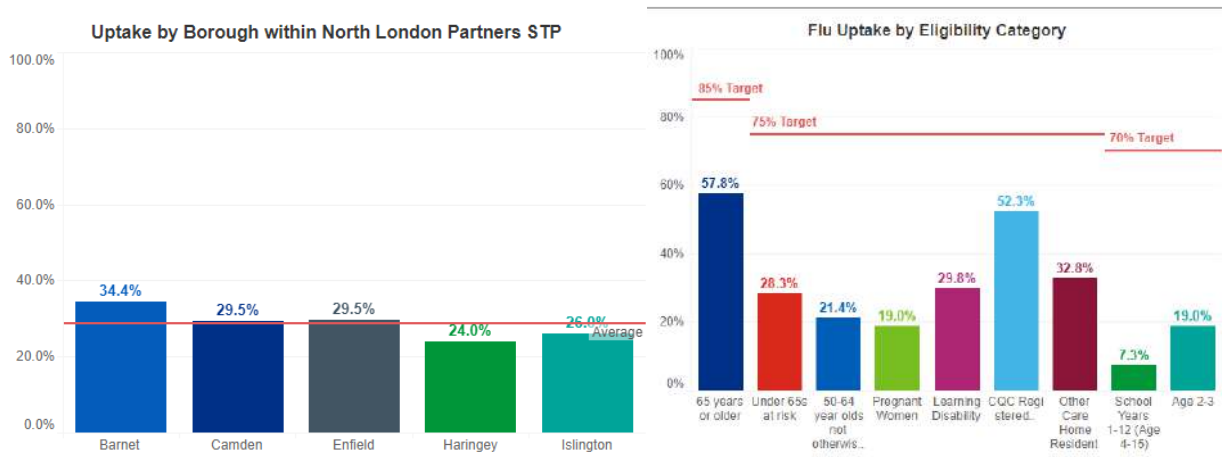
**Table 6: Flu vaccinations: Delivery by pillar (Data source: Foundry 15<sup>th</sup> November 21)**



When we consider the uptake rates by borough, we can see that Barnet (34.4%), Camden (29.5%) and Enfield (29.5%) have the highest number of actual vaccinations administered and population immunised. This overall data includes an expanded school aged eligible population, whereby the delivery of vaccinations has been delayed as a result of the delivery of Covid-19 vaccinations within schools.

Delivery of vaccinations within NHS trusts will largely comprise of NHS staff, who will not necessarily be either a resident of NCL or registered with an NCL GP practice. Vaccination of NHS Trust staff is commissioned and monitored by NHSE/I, although the ICS is expected to support the delivery and monitoring of take up amongst providers. There will be a smaller percentage of vaccinations administered within NHS Trusts that will be given to long stay inpatients and within maternity units. We are currently working with Trusts to enable wider opportunistic delivery of flu vaccines within hospital sites, as well as within our Covid Vaccination Centres.

**Table 7: Flu vaccinations: Delivery by borough and eligible cohort (Data source: HealthIntent 18<sup>th</sup> November 21)**



When dissecting the uptake by eligible cohort, we can see that to date, the majority of vaccinations administered have been given to those over 65, inclusive of those who reside in Care Homes. The early adoption of vaccinations amongst the older population is a common trend, with those younger populations either choosing to receive vaccination later in the autumn, following a longer period of communication and engagement.

Areas of challenge that should be noted are the expanded eligible cohorts, including 50-64 (not at risk) and secondary school children. This presents a risk, as these groups do not traditionally receive a flu vaccination and therefore the culture needs to be embedded before we will see significant uptake. A further risk is the extended targets (shown in the flu uptake by eligibility category) that have been introduced for the 21/22 flu season. These targets far exceed the achievement across London in 20/21, but have been introduced as a result of the high uptake rates achieved during the roll-out of the Covid-19 vaccinations.

## Next Steps

A further update will be provided to the Governing Body when all of the interdependent strategies and plans have been fully developed.







**North Central London CCG  
Primary Care Commissioning Committee Meeting  
16 December 2021**

|   |   |  |           |   |     |
|---|---|--|-----------|---|-----|
| <b>Report Title</b>                                 | PCN clinical and estates strategies in NCL  | <b>Date of report</b>  | 1/12/2021 | <b>Agenda Item</b>  | 2.5 |
| <b>Lead Director / Manager</b>                      | Kerry Bourne<br>Programme Director  | <b>Email / Tel</b>   |           | <a href="mailto:kerry.bourne@propertydirectorsltd.co.uk">kerry.bourne@propertydirectorsltd.co.uk</a><br>07903 529 332 |     |
| <b>GB Member Sponsor</b>                            | Nicola Theron<br>Director of Estates NCL  |  |           |   |     |
| <b>Report Author</b>                                | Kerry Bourne  | <b>Email / Tel</b>   |           | <a href="mailto:Kerry.bourne@propertydirectorsltd.co.uk">Kerry.bourne@propertydirectorsltd.co.uk</a>                  |     |
| <b>Name of Authorising Finance Lead</b>             | <i>Not Applicable</i>   | <b>Summary of Financial Implications</b><br>External funding has been provided for this exercise |           |   |     |
| <b>Report Summary</b>                               | <p>In recognition of the importance of PCN estates reviews being a future building block to the development of borough and CCG/ICS estates plans and priorities, the CCG has agreed to support, with external funding from NHSI/E a PCN estates review which will deliver an infrastructure/estate plan and a clinical strategy by March 31<sup>st</sup> 2022.</p> <p>A consultant will be appointed to visit every GP practice in NCL and undertake a series of teams meetings with CDs, clinical leads, primary care leads and estates leads.</p> <p>The purpose of these reports is to assess the estates options that are available to each PCN to support delivery of its clinical strategy. These options are based on the utilisation of existing estate within each PCN and the estate in which the borough sits. This is analysed alongside what is and will be the estate required to deliver an initial range of services including, but not limited to locally commissioned services, Network Contract DES specifications and Additional Roles.</p> |  |           |   |     |
| <b>Recommendation</b>                               | <p>Whilst this paper is for information only we are asking members to support the exercise.</p> <p><b>To NOTE the report</b></p>  |  |           |   |     |
| <b>Identified Risks and Risk Management Actions</b> | <p>The major risks to failure to deliver these reports are that practice managers, GPs and Clinical Directors do not support this exercise and particularly arrange for consultants to visit properties.</p> <p>Every practice will be visited by an external consultant. We are asking for support to facilitate these visits primarily through the practice manager.</p> <p>The reports are due to be complete by 31<sup>st</sup> March 22, time is of the essence.</p>   |  |           |   |     |

|   |  |
|---|--|
| <b>Conflicts of Interest</b>            | <b>Not Applicable</b>  |
| <b>Resource Implications</b>            | <b>Not Applicable</b><br>An interim Programme Director and external consultants have been appointed with the funds that NCL CCG have received  |
| <b>Engagement</b>                       | A wide range of internal engagement has already taken place and more is planned including <ul style="list-style-type: none"> <li>• Estate Borough Leads - ad hoc</li> <li>• Primary Care borough leads - ad hoc</li> <li>• Weekly Webinar - GPs and CDs</li> <li>• Practice Managers Forums where applicable</li> <li>• 8<sup>th</sup> December Workshop – all CDs, Borough leads, practice managers, clinical leads, local ambassadors for estates development</li> <li>• Primary Care Workstream - Silver</li> <li>• Primary and Community Care</li> </ul> |
| <b>Equality Impact Analysis</b>         | <b>Not Applicable</b>  |
| <b>Report History and Key Decisions</b> | <b>Not Applicable</b>  |
| <b>Next Steps</b>                       | <b>A further report will be presented in March 22 when this exercise is complete.</b>  |
| <b>Appendices</b>                       |  |



**NORTH LONDON PARTNERS**  
in health and care



# PCN Clinical and Infrastructure/Estate Strategies for PCNs in NCL

**Kerry Bourne – Programme Director**  
**Nicola Theron – ICS Director of Estates**

**December 2021**

# PCN Clinical and Infrastructure/Estate Strategies for PCNs in NCL

## Key messages

1. This **builds on** national guidance and NCL **work undertaken** to date
2. Regional funding provided to **deliver a consistent London wide** approach and leadership structure
3. The work is **underpinned by Healthy Intent** to identify areas of need
4. The output will **provide each PCNs** with an articulated clinical strategy and “**owned**” **local estates strategy** with a focus on **using core estate** harder, followed by a **gap analysis** for prioritised investment
5. The key output is a **prioritised primary care investment programme**
6. This is to **give visibility** to the work + ask for your support in delivery

“We are just about to embark on Locality Planning Phase 3 – Stage 1 to support PCNs with the development of their clinical, estates and infrastructure plans in NCL”

## WHY?

- This builds on NHSE guidance issued 3Q20 – requirement for PCN clinical and estates strategy to support future business cases for additional space
  - PCNs are expected to have a clinical strategy, establish what assets are required to deliver the clinical strategy, and identify gaps
  - PCNs should also form an estates strategy ensuring it aligns with the ICS strategy
  - PCNs are expected to fully understand all their existing estate and available capacity and evidence that it is fully utilised before making requests for additional space
- PCN estate transformation needed to support new integrated models of care and provision in community including accommodation for the additional roles
- PCN estates strategies will feed into the updated ICS estates strategy (eta March 22)
- ICS needs to understand Primary Care/PCN investment requirements
- PCNs do not have the resources and capability to deliver this without support
- Funding provided from NHSE 21/22 to support development of PCN Estates strategies

# Where we are now?

- Meet PC + estates borough leads, GP Fed, PCN reps – start 16th Nov
- Briefing to interested consultants –17th Nov
- PCN Workshop planned (8th Dec) to present the guidance and CCG support package to wider commissioning/estates/primary care colleagues. Appoint qualified person/organisation to support each interested PCN to develop its estate requirements – ITT issued
- Once the consultants are appointed they will collate commissioning and service strategy/wider strategic plans
- Time is of the essence – 31st March 2022

| Milestone                     | Date     |
|-------------------------------|----------|
| Day 1 of Tender               | 16/11/21 |
| Closing Date for Questions    | 26/11/21 |
| Closing Date                  | 7/12/21  |
| Opening of Tenders            | 8/12/21  |
| Preferred Tenderer Identified | 13/12/21 |
| Target contract start date    | 15/12/21 |
| Target completion date        | 16/02/22 |

“Help and support from all primary care colleagues and stakeholders is essential to the success of this work”

## Phase 1

Mobilising Consultants to view every GP practice to:

- Review existing estate/capacity/utilisation/working practices/partner estate
- Establish future requirements & options to address
- A report will be provided to include:
  - A summary of findings from the above
  - Estate gap analysis
  - Modelling assumptions
  - Future requirements
  - Options
  - Exemplar buildings and working practices
  - Sustainability + digital commentary
  - Estimated capital investment with priorities

## Phase 2

- Investment pipeline for NCL
- Business case ready





North Central London  
Clinical Commissioning Group

**North Central London CCG  
Primary Care Commissioning Committee  
16 December 2021**

|   |   |  |          |  |     |
|---|---|--|----------|--|-----|
| <b>Report Title</b>                                 | Commissioning Decisions on PMS Agreement Changes  | <b>Date of report</b>                    | 02/12/21 | <b>Agenda Item</b>   | 3.1 |
| <b>Lead Director / Manager</b>                      | Paul Sinden, NCL Chief Operating Officer  | <b>Email / Tel</b>                       |          | <a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>                 |     |
| <b>GB Member Sponsor</b>                            | Not Applicable  |  |          |  |     |
| <b>Report Author</b>                                | GP Commissioning & Contracting Team   | <b>Email / Tel</b>                       |          | <a href="mailto:nlphc.lon-nc-pcc@nhs.net">nlphc.lon-nc-pcc@nhs.net</a> |     |
| <b>Name of Authorising Finance Lead</b>             | Not Applicable  | <b>Summary of Financial Implications</b> |          |  |     |
|   |   | Not Applicable                           |          |  |     |
| <b>Report Summary</b>                               | Detail of the request to vary PMS Agreements and any conditions to be applied   |  |          |  |     |
| <b>Recommendation</b>                               | The Committee is asked to <b>NOTE</b> one change and where indicated to <b>APPROVE</b> the proposed changes outlined below and any conditions |  |          |  |     |
| <b>Identified Risks and Risk Management Actions</b> | Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.            |  |          |  |     |
| <b>Conflicts of Interest</b>                        | Not Applicable  |  |          |  |     |
| <b>Resource Implications</b>                        | Not Applicable  |  |          |  |     |
| <b>Engagement</b>                                   | Not Applicable  |  |          |  |     |
| <b>Equality Impact Analysis</b>                     | Not Applicable  |  |          |  |     |
| <b>Report History and Key Decisions</b>             | Not Applicable  |  |          |  |     |
| <b>Next Steps</b>                                   | Issue appropriate variations with conditions where applicable   |  |          |  |     |
| <b>Appendices</b>                                   | Not Applicable  |  |          |  |     |

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## 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<sup>1</sup> 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.

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<sup>1</sup> <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 01/10/21 | PCN membership   | Agreement Change                                    | Comment<br>Recommended guide based on:<br>72 GP appointments per 1000 patients<br>Apps x 10 min (app) / 180 (3 hour session)  | Recommendation to committee |
|---------------------------------|------------------|--------------------|--|---|---|-----------------------------|
| E83016 Millway Medical Practice | Barnet           | 19016              | Practice is a member of Barnet PCN 4, a 4-practice network with a total list of 48375 as of 01/10/21 | Resignation of Dr Stephanie Hall effective 01/02/22 | <p>The practice has requested approval for the removal of Dr Stephanie Hall from the PMS agreement, leaving 7 total contract holders on the agreement.</p> <p><b>Clinical sessions/appointments</b></p> <ul style="list-style-type: none"> <li>• 1379 GP appointments per week</li> <li>• 65 GP sessions per week</li> <li>• 480 nurse appointments per week</li> <li>• 31 nurse sessions per week</li> </ul> <p><b>Recommended Guide</b></p> <ul style="list-style-type: none"> <li>• 1370 GP appointments per week</li> <li>• 73 GP sessions per week</li> <li>• 609 nurse appointments per week</li> <li>• 33 nurse sessions per week</li> </ul> <p>The practice has opted to provide fewer but longer sessions on Mondays and Fridays due to patient demand, identified using call volume analysis. They are providing over the minimum recommended number of GP appointments. The practice have advised that in addition to the above weekly appointments, they also provide:</p> <ul style="list-style-type: none"> <li>• 360 Pharmacist appointments (24 sessions)</li> <li>• 150 Nursing Assistant appointments (8 sessions)</li> <li>• 312 HCA appointments (16 sessions)</li> </ul> <p>The practice has begun recruitment for a salaried GP for 5/6 sessions to replace Dr S Hall's 4 weekly sessions, and have been notified of the shortfall of 129 nursing appointments and 2 sessions per week.</p> | To approve                  |

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| Practice                             | Borough location | List Size 01/10/21 | PCN membership  | Agreement Change                       | Comment<br>Recommended guide based on:<br>72 GP appointments per 1000 patients<br>Apps x 10 min (app) / 180 (3 hour session)   | Recommendation to committee |
|--------------------------------------|------------------|--------------------|---|--|--|-----------------------------|
| F85002 Medicus Health Partners (MHP) | Enfield          | 91296 (13 sites)   | Practice is a member of Enfield Unity PCN, comprising: <ul style="list-style-type: none"> <li>• 10 Practices</li> </ul> 159217 patients at 01/10/21 | 24 hour retirement of Dr Nivedita Bose | <p>Application from Dr N Bose who wishes to take 24 hour retirement on 08/01/22. There will be 34 individuals remaining on the agreement during the 24 hour retirement.</p> <p><b>Clinical sessions/Appointments provided (all sites)</b></p> <ul style="list-style-type: none"> <li>• 6910 GP appointments per week</li> <li>• 3152 nurse appointments per week</li> </ul> <p>GP and nurse sessions not listed but the practice stated the following:</p> <ul style="list-style-type: none"> <li>- Dr Bose is primarily based at the MHP – Alma Healthcare Centre.</li> <li>- The three other GP Partners at this location will assume responsibility for the cover of the sessions during the retirement period. Salaried GPs will also be offered additional sessions to support the service delivery.</li> <li>- Access to appointments will not be affected. Partners and salaried GPs within MHP will support the site during the period. This will ensure continuity of care for patients and staff will be fully briefed and supported by Medicus Central Services Team.</li> </ul> <p><b>Recommended Guide (for all sites)</b></p> <ul style="list-style-type: none"> <li>• 6574 GP appointments per week</li> <li>• 346 GP sessions per week</li> <li>• 2922 nurse appointments per week</li> <li>• 154 nurse sessions per week</li> </ul> <p>Provision of GP and nurse appointments meets requirements.</p> | To approve                  |

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| Practice                            | Borough location | List Size 01/10/21 | PCN membership  | Agreement Change         | Comment<br>Recommended guide based on:<br>72 GP appointments per 1000 patients<br>Apps x 10 min (app) / 180 (3 hour session)  | Recommendation to committee |
|-------------------------------------|------------------|--------------------|---|--------------------------|---|-----------------------------|
| F85687<br>Oakwood<br>Medical Centre | Enfield          | 7796               | Practice is a member of Enfield Unity PCN, comprising:<br>• 10 Practices<br>159217 patients at 01/10/21 | Removal of Dr Lynn Jones | <p>Dr Lynn Jones has requested to be removed from the PMS Agreement with effect from 01/04/22. One partner will remain on the agreement.</p> <p><b>Clinical sessions/Appointments provided</b></p> <ul style="list-style-type: none"> <li>• 402 GP appointments per week (with new GP)</li> <li>• 34 GP sessions per week (with new GP)</li> <li>• 131 nurse appointments per week</li> <li>• 17 nurse sessions per week</li> </ul> <p><b>Recommended Guide</b></p> <ul style="list-style-type: none"> <li>• 562 GP appointments per week</li> <li>• 30 GP sessions per week</li> <li>• 250 nurse appointments per week</li> <li>• 14 nurse sessions per week</li> </ul> <p>The practice has stated that they are advertising for a new GP partner on a six month mutual assessment as none of the current salaried GPs feel ready for partnership at this. In the event that they are unable to recruit a GP partner, they will recruit a new salaried GP for six sessions, and Dr Dogan will remain the sole contract holder.</p> <p>Dr Jones may also continue to work as a salaried GP for two sessions per week (not included in session figures above).</p> <p>There is a shortfall of 160 GP appointments and 119 nurse appointments per week. These figures are reflective of the expected recruitment of a new GP.</p> | To approve                  |

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| Practice                          | Borough location       | List Size 01/10/21 | PCN membership   | Agreement Change                 | Comment<br>Recommended guide based on:<br>72 GP appointments per 1000 patients<br>Apps x 10 min (app) / 180 (3 hour session)   | Recommendation to committee |
|-----------------------------------|------------------------|--------------------|--|----------------------------------|--|-----------------------------|
| F85700 Arnos Grove Medical Centre | Enfield                | 7233               | Practice is a member of Enfield South West PCN, comprising:<br>• 6 Practices<br>48772 patients at 01/10/21 | Addition of Dr Joyce Fernandes   | Request to add Dr Joyce Fernandes to the PMS Agreement effective from 01/02/22. This will increase the number of signatories to three (one non-clinical).<br><br><b>Clinical sessions/Appointments provided</b> <ul style="list-style-type: none"> <li>• 477 GP appointments per week</li> <li>• 29 GP sessions per week</li> <li>• 48 nurse appointments per week</li> <li>• 1.5 nurse <u>days</u> per week</li> </ul> <b>Recommended Guide</b> <ul style="list-style-type: none"> <li>• 521 GP appointments per week</li> <li>• 28 GP sessions per week</li> <li>• 232 nurse appointments per week</li> <li>• 13 nurse sessions per week</li> </ul> There is a shortfall of 44 GP appointments and 184 nurse appointments per week.<br><br>The CCG are aware of the current shortfall in provision and are following a formal process with the practice to address this. | To approve                  |
| F83058                            | Holborn Medical Centre | 20396              | Practice is a member of South Camden PCN, comprising:<br>• 3 Practices<br>29916 patients at 01/10/21       | Removal of Dr Alexander Moghissi | Request to remove Dr Alexander Moghissi from the PMS agreement effective from 30/04/2021 leaving 2 contractor's remaining.<br><br><b>Clinical sessions/Appointments provided</b> <ul style="list-style-type: none"> <li>• 915 GP appointments per week</li> <li>• 61 GP sessions per week</li> <li>• 368 nurse appointments per week</li> <li>• 23 nurse sessions per week</li> </ul> <b>Recommended Guide</b>   | To Approve                  |

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| Practice | Borough location | List Size 01/10/21 | PCN membership | Agreement Change | <b>Comment</b><br>Recommended guide based on:<br>72 GP appointments per 1000 patients<br>Apps x 10 min (app) / 180 (3 hour session)  | Recommendation to committee |
|----------|------------------|--------------------|----------------|------------------|--|-----------------------------|
|          |                  |                    |                |                  | <ul style="list-style-type: none"> <li>• 860 GP appointments per week</li> <li>• 45 GP sessions per week</li> <li>• 383 nurse appointments per week</li> <li>• 21 nurse sessions per week</li> </ul> <p>There is a shortfall in nursing provision and the practice have advised they are currently in the process of recruiting a Nursing associate through the PCN.</p> |                             |



**North Central London CCG  
Primary Care Commissioning Committee  
16 December 2021**

|   |  |  |                 |  |     |
|---|--|--|-----------------|--|-----|
| <b>Report Title</b>                                 | Islington GP Group – caretaking contract extension   | <b>Date of report</b>  | 7 December 2021 | <b>Agenda Item</b>   | 3.2 |
| <b>Lead Director / Manager</b>                      | Clare Henderson  | <b>Email / Tel</b>   |                 | <a href="mailto:clare.henderson4@nhs.net">clare.henderson4@nhs.net</a> |     |
| <b>GB Member Sponsor</b>                            | Clare Henderson, Director of Integration, Islington Directorate  |  |                 |  |     |
| <b>Report Author</b>                                | Anthony Marks  | <b>Email / Tel</b>   |                 | <a href="mailto:anthony.marks@nhs.net">anthony.marks@nhs.net</a>       |     |
| <b>Name of Authorising Finance Lead</b>             | Tracey Lewis, Head of Finance<br>Anthony Browne, Director of Finance<br>Strategic Commissioning  | <b>Summary of Financial Implications</b><br>Contract continues to funded at the current rate |                 |  |     |
| <b>Report Summary</b>                               | <p>The report sets out the case for the extension of the current caretaking arrangements until 30 April 2022. The current contract expires on 31 January 2022.</p> <p>With the continued pressures on Primary Care and the COVID response, it is thought that a full and open procurement is not feasible by 31 January 2022. It is expected that a procurement can commence in 2022 and will likely take 6 months to conclude. Commissioners are therefore recommending that the contract be extended until 31 July 2022 with provision for further 3 month extensions should there be a requirement to delay until such time that the procurement can successfully conclude.</p> |  |                 |  |     |
| <b>Recommendation</b>                               | <p>The committee is asked to approve the</p> <ol style="list-style-type: none"> <li>Extension of the caretaking contract provided by Islington GP Group Limited at Barnsbury Medical Practice until 31 July 2022</li> </ol>  |  |                 |  |     |
| <b>Identified Risks and Risk Management Actions</b> | <p>Failure to extend the contract will result in lack of Primary Care access for 3,688 patients which would have a significant impact on local practices if patients re-registered.</p> <p>Risk can be avoided by extension of the current contract.</p>   |  |                 |  |     |
| <b>Conflicts of Interest</b>                        | Non applicable   |  |                 |  |     |
| <b>Resource Implications</b>                        | Contract continues to funded at current rate   |  |                 |  |     |

|   |  |
|---|--|
|   |  |
| <b>Engagement</b>                       | Not Applicable   |
| <b>Equality Impact Analysis</b>         | Not Applicable   |
| <b>Report History and Key Decisions</b> | <p>October 2019<br/>Termination of the GMS contract approved by PCCC<br/>Procurement of an APMS contract approved by PCCC</p> <p>December 2019<br/>Approval by PCCC to procure a caretaking contract until 30 June 2020 whilst a full APMS procurement is undertaken</p> <p>February 2021<br/>Commencement of caretaking and extension until 31 October 2021. Use of two additional rooms to increase clinical capacity</p> <p>June 2021<br/>February 2021<br/>Extension of caretaking contract until 31 January 2022.</p> |
| <b>Next Steps</b>                       | Issue contract variation notice  |
| <b>Appendices</b>                       | n/a  |

## 1.0 Recommendation

Committee members are asked to approve the extension of the caretaking contract provided by Islington GP Group Limited at Barnsbury Medical Practice until 31 July 2022

## 2.0 Background

Following enactment of the termination of the GMS contract at Barnsbury Medical Practice, Islington GP Group limited commence a caretaking APMS contract at the practice on 19 January 2021. The initial term of 6 months was extended until 31 July 2021 and subsequently to 31 January 2022. A procurement is expected to begin in 2022 and will likely take 6 months to conclude.

In December 2019 Committee approved the recommendation to procure an APMS contract for the patient list at Barnsbury Medical Practice. This was held in abeyance whilst the legal dispute was resolved over the termination of the GMS contract. The commencement of a full procurement has been delayed due to the pandemic response.

## 3.0 List growth at the Practice

The patient list at Barnsbury Medical Practice has grown over the past five years and currently is at its highest point.

**Table 1 Barnsbury Medical Practice List Size**

| <b>Year</b> | <b>Apr</b> | <b>Jul</b> | <b>Oct</b> | <b>Jan</b> |
|-------------|------------|------------|------------|------------|
| <b>2017</b> | 3083       | 3076       | 3082       | 3073       |
| <b>2018</b> | 3041       | 3050       | 3040       | 3070       |
| <b>2019</b> | 3109       | 3124       | 3188       | 3195       |
| <b>2020</b> | 3242       | 3267       | 3352       | 3414       |
| <b>2021</b> | 3488       | 3628       | 3688       |            |

Figure 1 Barnsbury Medical Practice list graph



### 3.0 Next steps

- Issue contract extension
- Commence initial procurement steps

**North Central London CCG  
Primary Care Commissioning Committee Meeting  
16 December 2021**

|   |  |  |                 |  |     |
|---|--|--|-----------------|--|-----|
| <b>Report Title</b>                                 | Assurance Process<br>Financial Implications –<br>Premises Schemes  | <b>Date of report</b>  | 7 December 2021 | <b>Agenda Item</b>   | 3.3 |
| <b>Lead Director / Manager</b>                      | Nicola Theron<br>NCL Director of Estates   | <b>Email / Tel</b>   |                 | nicola.theron@nhs.net  |     |
| <b>GB Member Sponsor</b>                            | Dr Charlotte Benjamin<br>Vice Chair<br>North Central London CCG  |  |                 |  |     |
| <b>Report Author</b>                                | Diane Macdonald<br>Cal Shelton   | <b>Email / Tel</b>   |                 | <a href="mailto:diane.macdonald3@nhs.net">diane.macdonald3@nhs.net</a><br><a href="mailto:cal.shelton@gbpartnerships.co.uk">cal.shelton@gbpartnerships.co.uk</a> |     |
| <b>Name of Authorising Finance Lead</b>             | Simon Goodwin<br>CFO<br>NCL CCG CFO  | <b>Summary of Financial Implications</b>   |                 |  |     |
|   |  | None for this process. Financial implications of future funding will be identified for projects as they are presented to PCCC. |                 |  |     |
| <b>Report Summary</b>                               | <ul style="list-style-type: none"> <li>• The aim of the process is to develop a collaborative and consistent approach to give assurance of the financial viability of schemes to be presented to PCCC for approval.</li> <li>• The assurance process covers: <ul style="list-style-type: none"> <li>○ Recurrent Revenue implications</li> <li>○ CCG capital and non-recurrent revenue implications – i.e. GPIT, SDLT, legal and surveyor fees etc</li> <li>○ Capital implications and source of capital – Fit out and / build costs</li> </ul> </li> <li>• The revenue process takes into consideration the current changes in premises costs to be covered by the Primary Care Premises Budget as well as the impact of the investments</li> <li>• The assumptions include the retention of savings generated from elimination of voids funded by CCG for reinvestment in Primary Care estate</li> <li>• The 5 year prioritised capital pipeline is to be refreshed detailing capital requirements and identified sources of funding. It forms part of the assurance process</li> <li>• All NCL boroughs have taken part in the development of the process, demonstrating a consistent approach.</li> <li>• Once finalised the process will be bought back to PCCC</li> </ul> |  |                 |  |     |
| <b>Recommendation</b>                               | To <b>NOTE</b> – Assurance process for financial implications of future schemes  |  |                 |  |     |
| <b>Identified Risks and Risk Management Actions</b> | <p>Risk: Projects are approved that are not financially viable</p> <p>Mitigation: The proposed process assesses the financial implications of schemes over a five year period at both a Borough and NCL level to ensure they are financially viable for the CCG.</p>   |  |                 |  |     |

|   |  |
|---|--|
| <b>Conflicts of Interest</b>            | <ul style="list-style-type: none"> <li>We are not aware of any conflicts of interest at this point</li> </ul>  |
| <b>Resource Implications</b>            | <ul style="list-style-type: none"> <li>The Estates team will facilitate and oversee the process, along with Primary and Finance colleagues</li> </ul>                                      |
| <b>Engagement</b>                       | <ul style="list-style-type: none"> <li>This process will be conducted via borough estates leads and primary care and finance colleagues.</li> </ul>  |
| <b>Equality Impact Analysis</b>         | <ul style="list-style-type: none"> <li><b>Not Applicable</b></li> </ul>  |
| <b>Report History and Key Decisions</b> | <ul style="list-style-type: none"> <li><b>Not Applicable</b></li> </ul>  |
| <b>Next Steps</b>                       | <ul style="list-style-type: none"> <li><b>Not Applicable</b></li> </ul>  |
| <b>Appendices</b>                       | <ul style="list-style-type: none"> <li>The attached Appendix 1 details the assurance process for financial implications for future schemes to be presented to PCCC for approval</li> </ul> |

Request:

Action from the October PCCC meeting and request from Anthony Browne, that for the premises cases referred to PCCC there is an annual plan developed of the revenue and capital implications to give assurance of the viability of schemes

**This is the current assurance process is:**

1. **Practice PID**
2. **Patient engagement (prior to referral to PCCC)**
3. **Stakeholder engagement (prior to referral to PCCC)**
4. **Strategic case developed – Includes:**
  - a. Practice reason
  - b. Any performance, financial or leadership concerns with the practice
  - c. List size growth
  - d. Population growth
  - e. Space requirements (room : patient ratio)
  - f. Condition of the existing premises
  - g. Recurrent Revenue implications
  - h. CCG capital and non-recurrent revenue implications – i.e. GPIT, SDLT, legal and surveyor fees etc
  - i. Capital implications and source of capital – Fit out and / build costs
5. **Relocation project plan**
6. **PCCC paper Includes:**
  - a. Strategic case
  - b. Revenue (finance have to approve before referral to PCCC)
  - c. Any capital costs including GPIT
  - d. Outcome of the patient and stakeholder engagement
  - e. Space assessment (space that will be occupied)
  - f. Capacity – Workforce, opening hours and appointments (if there is any shortfall in appointments then we would want this addressed)
  - g. Assurance that a signed lease will be in place
7. **Rent and rates / other reimbursable costs**

**Assurance process for financial implications:**

The financial implications, revenue and capital, cover those high-lighted in yellow in the process above. The process to give assurance on the affordability and viability at an NCL level is being developed and is outlined below:

Affordability Model:

We are the process of finalising a revenue affordability model. This encompasses

The Primary Care Budget as the baseline for the revenue forecast. We have taken the budget for the financial year 2020/21 as the starting point and “rebase” the budget for in year changes. The rebased budget is the closing budget and is taken forward as the starting position for the following year.

*Annual increases in expenditure*

Business as usual (BAU) Rent and Rates increases are forecast in the model and included in the rebasing of the budget. We assume that rent will increase by 3% pa and that rent reviews are every three years. Rates have been assumed to also increase at 3% per annum, starting from the rates taken form the 21/22 budget. This 3% increase pa is our base case assumption. However, we also look at the affordability at 5% pa increases to rents and rates.

Investment revenue requirements are then included into the model. It is the addition or reduction in a practice rent calculated as the new premise rent less the old premise, where the premises have benefited from capital expenditure. The change to business rates resulting from investment is included and calculated as the new rent multiply £0.512 less the pre-investment business rates for the GP.

As part of the investment expense calculation, we also include one-off GP requests for non-recurrent revenue to support GP funded investments such as legal fees, Stamp Duty Land Tax, and survey fees.

#### *Funding available*

Annual budget lift. There is an annual uplift for Primary Care Estates Budget of 3%. The purpose of this uplift is to provide funds for BAU rent and rates increases.

Recycling of voids and rationalisations into the investment of PC schemes. Rationalisation funding is where there is a budget impact from a GP moving into another existing building. Voids are CHP or NHSPS buildings that have void space being paid for by the CCG.

Note: GPIT is covered by another budget, we will be outlining the process in the final version of the model but have not yet included this.

The final version will be available once completed internal governance approval. Once completed we will bring back to a PCCC seminar to demonstrate. Due to confidential nature of the figures this will be with Part 2 members of PCCC.

Capital implications – we are currently refreshing the Primary Care and Community capital investment pipeline, which will be completed and signed-off by April 22. We will bring this back to Part 2 PCCC.

Note: PCCC members should be aware that the affordability model should be used to supplement all the factors that are taken into consideration when assessing premises schemes.

There needs to be an agreement across the Boroughs about how the affordability model is consistently adapted and used within the assessment process, alongside other planned primary care contract changes, which may influence the delegated budget.





**North Central London CCG  
Primary Care Commissioning Committee Meeting  
16 December 2021**

|   |  |   |                               |  |     |
|---|--|---|-------------------------------|--|-----|
| <b>Report Title</b>                     | Primary Care Commissioning Committee Risk Register   | <b>Date of report</b>   | 12 <sup>th</sup> October 2021 | <b>Agenda Item</b>   | 5.1 |
| <b>Lead Director / Manager</b>          | Paul Sinden, Executive Director of Performance & Assurance   | <b>Email / Tel</b>  |                               | <a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>                       |     |
| <b>GB Member Sponsor</b>                | Not Applicable   |   |                               |  |     |
| <b>Report Author</b>                    | Chris Hanson<br>Governance and Risk Lead   | <b>Email / Tel</b>  |                               | <a href="mailto:christopher.hanson1@nhs.net">christopher.hanson1@nhs.net</a> |     |
| <b>Name of Authorising Finance Lead</b> | Not Applicable   | <b>Summary of Financial Implications</b><br><br>This report assists the CCG in managing its most significant financial risks. |                               |  |     |
| <b>Report Summary</b>                   | <p>This report provides an overview of material risks falling within the remit of the Primary Care Commissioning Committee ('Committee') of North Central London CCG.</p> <p>There are 6 risks on the Committee Risk Register. In October 2 new risks were added to the register relating to pressures on primary care access (Perf 21) and the risk of increased building costs to the development of primary care estate.</p> <p>The risk relating to legal costs incurred by the CCG under the Operating Model for delegated commissioning of primary medical contracts services will be added to the Committee risk register for February 2022.</p> <p><b>Key Highlights:</b></p> <p><b>PERF4:</b> <i>Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat):</i> 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.</p> <p>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.</p> <p>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</p> |   |                               |  |     |

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.

A further national letter has been published setting out priorities for general practice in the light of the acceleration of the covid vaccination booster programme in response to the new covid variant. Resilience support for practices in quarter four 2021/22 will be consistent with the national letter.

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. Headlines from the latest SITREPs from practices in NCL are included in the Quality and Performance Report.

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. Details of the Winter Access Fund (£6.8m for NCL) are included in the Quality and Performance Report.

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;

- The development of the primary care dashboard, in addition to the existing Quality and Performance Report, which will be reported to the Committee in February 2022.

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.

An overview of workforce is provided in the Quality and Performance Report.

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 access to general practice between 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.

**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 added to the register for the Committee in October 2021, and was 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, nearly 60% of all GP appointments in NCL are now offered face to face, and increase from circa 50% earlier in 2021. The CCG has

|   |   |
|---|---|
|   | <p>also measured that NCL GP practices have greater capacity now than pre-COVID-19. With overall appointment offered above pre-pandemic levels in 2019.</p> <p>The move to Total Triage, a small number of practices who were not able to provide an open front door, and misinformation, has 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.</p> <p>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.</p> <p>This risk is rated 16.</p> <p><b>PERF22:</b> <i>Failure to manage impact of increased building costs on General Practice estate (Threat):</i></p> <p><b>CAUSE:</b> 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</p> <p><b>EFFECT:</b> There is a risk that Primary Care development schemes will either be cancelled, or will have to be scaled down, Additional capital will need to be found for existing schemes already under contract.</p> <p><b>IMPACT:</b> 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.</p> <p>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%).</p> <p>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.</p> <p>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.</p> <p>This risk is rated 12.</p> |
| <b>Recommendation</b>                               | The Committee is asked to <b>NOTE</b> the report and the risk register, provide feedback on the risks included, and, identify if there are any new or additional strategic risks.   |
| <b>Identified Risks and Risk Management Actions</b> | The risk register will be a standing item for each meeting of the Committee.  |
| <b>Conflicts of Interest</b>                        | Conflicts of interest are managed robustly and in accordance with the CCG's conflict of interest policy.  |
| <b>Resource Implications</b>                        | This report supports the CCG in making effective and efficient use of its resources.  |

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|   |  |
| <b>Engagement</b>                       | This report is presented to each Committee meeting. The Committee includes clinicians and lay members.   |
| <b>Equality Impact Analysis</b>         | This report was written in accordance with the provisions of the Equality Act 2010.  |
| <b>Report History and Key Decisions</b> | The Primary Care Commissioning Committee Risk Register is presented at each Committee meeting.   |
| <b>Next Steps</b>                       | To continue to manage risk in a robust way.  |
| <b>Appendices</b>                       | <p>Appendices are:</p> <ol style="list-style-type: none"> <li>1. Primary Care Commissioning Committee Risk Register;</li> <li>2. The Committee Risk Tracker; and,</li> <li>3. Risk scoring key.</li> </ol> |



|          |  |  |   |   |   |   |    |  |   |  |   |   |    |   |                |   |   |   |    |  |            |      |
|----------|--|--|---|---|---|---|----|--|---|--|---|---|----|---|----------------|---|---|---|----|--|------------|------|
| COVID 12 | Paul Sinden<br>Chief Operating Officer | Sarah McIlwain,<br>Director of Transformation - Primary Care | Support the ongoing response to Covid-19 pandemic and vaccination programme | <p><b>Capacity in General Practice (Threat)</b></p> <p><b>CAUSE:</b> If GP practices experience an increase in the number of staff who are unwell or are self-isolating with suspected COVID-19</p> <p><b>EFFECT:</b> There is a risk that practices will be forced to close</p> <p><b>IMPACT:</b> This may result in greater pressure being put onto practices which remain open, which may also be short-staffed, to manage increased demand.</p> | 4 | 4 | 16 | <p>C1. Increasing availability of staff testing for General Practice</p> <p>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 Egon Medical Information Systems (EMIS) to allow them to work remotely to provide these consultations</p> <p>C3. Returning staff to General Practice</p> <p>C4. Creation of COVID-19 Support Service, with senior clinical triage and ability to refer for home visits has been mobilised pan-NCL. This ensures that COVID-19 positive patients can see a GP in person, where the home practice is unable to provide this.</p> <p>C5. Practice 'buddying' arrangements via business continuity plans</p> <p>C6. Primary care streps to support early warning system</p> <p>C7. NCL COVID-19 Service is now live (launched 19/10/20) - and now includes weekend cover (from Dec 2020)</p> <p>C8. Review of GP workload in line with RCGP BMA guidance, NCL tailored approach</p> | <p>C1. Primary Care COVID Action Plan</p> <p>C2. Triage first model in place as per national mandate</p> <p>C3. Primary Care COVID Action Plan</p> <p>C4. Service is in place</p> <p>C5. Primary care COVID Action Plan</p> <p>C6. Regular SITREP reports</p> <p>C7. Service is in place</p> <p>C8. Implemented regular review of practice prioritisation advice - reviewing on fortnightly basis</p> | AVERAGE:<br>The controls have a 61 – 79% chance of successfully controlling the risk | 4 | 3 | 12 | <p>CN1. Need to prevent fatigue and burn-out in primary care staff</p> <p>A1. Secure funding for programmes to ensure staff wellbeing</p> | 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 | <p>Primary Care Commissioning Committee</p> <p>Actions to ensure that there is sufficient capacity in general practice to manage demand include:</p> <ul style="list-style-type: none"> <li>Increasing availability of staff testing for General Practice in order to reduce absences due to suspected COVID-19;</li> <li>GP practices using the "telephone first" model where the majority of patient triage is carried out on the phone – with face-to-face being offered where it is clinically appropriate;</li> <li>GP Federations leading in providing GPs with equipment and remote access to EMIS in order to allow them to work remotely to provide their telephone consultations;</li> <li>The returning of staff (retirees) to General Practice;</li> <li>NCL-wide acute COVID-19 support service is in place - provided by the 6 NCL GP federations;</li> <li>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 oemetry at home pathway;</li> <li>Practice 'buddying' arrangements via their Primary Care Networks;</li> <li>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: <ul style="list-style-type: none"> <li>Supporting patients with Long COVID-19;</li> <li>Establishment of systems for remote monitoring of patients, including pulse oximetry;</li> <li>Supporting clinically extremely vulnerable patients and maintaining the shielding list;</li> <li>Addressing the backlog of appointments, including those for chronic disease management and routine vaccinations and immunisations;</li> <li>Making progress (in addressing inequalities) on learning disability health checks and actions to improve ethnicity data recording in GP records; and,</li> <li>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.</li> </ul> </li> <li>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 practices from November 2021 to March 2022.</li> </ul> <p>However, GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services and the demands of system recovery.</p> <p>This risk is rated 12.</p> | 18/11/2021 | Open |
|----------|--|--|---|---|---|---|----|--|---|--|---|---|----|---|----------------|---|---|---|----|--|------------|------|



### Risk Scoring Key

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

#### 1. Overall Strength of Controls in Place

There are four levels of effectiveness:

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

#### 2. Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

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

Likelihood Scale:

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

#### 3. Level of Risk and Priority Chart

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

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

|                     |                          |                       |                             |
|---------------------|--------------------------|-----------------------|-----------------------------|
| 1-3<br>Low Priority | 4-6<br>Moderate Priority | 8-12<br>High Priority | 15-25<br>Very High Priority |
|---------------------|--------------------------|-----------------------|-----------------------------|

| North Central London CCG PCCC Risk Register - Highlight Report |  |  |  | 2021/22            |     |     |     | Movement From Last Report | Target Risk Score |
|--|--|--|--|--------------------|-----|-----|-----|---------------------------|-------------------|
|  |  |  |  | Current Risk Score |     |     |     |                           |                   |
| Risk ID  | Risk Title   | Risk Owner                             | Key Updates  | JUN                | AUG | OCT | DEC |                           |                   |
| PERF4  | Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat) | Paul Sinden<br>Chief Operating Officer | <p>This risk is a response to recent regulatory action taken by the Care Quality Commission (CQC) against a series of GP practices which were rated either as "inadequate" or "requires improvement" in inspections carried out by the CQC. Action in some cases has included having to put in place caretaking arrangements at the practices and at very short notice.</p> <p>The aim of this risk mitigation is to promote early 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 early identification and provision of support to struggling practices.</p> <p>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 was 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 and to offset the resulting additional costs incurred (including costs relating to the provision of cover for staff absence and for personal protective equipment).</p> <p>The financial resilience package forms part of the local support offer to practices. Other aspects of the package include a central clinical triage and home visiting service to treat COVID-19 positive patients separately; infection prevention and control training, and; weekly practice webinars.</p> <p>The package for 2021/22 has been developed in line with planning guidance, and will initially be in place for Quarters 1, 2 and 3, with a similar approach proposed for Quarter 4.</p> <p>Primary Care Situation Reporting ('SITREP') (in place since November 2020) had been paused due to 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 in order to enable the CCG to respond and provide support where required.</p> <p>Practices are still being supported with funding via the COVID Capacity Expansion Fund. The North Central London allocation of the funding is £4.11million. This equates to approximately £2.58 per patient across NCL. NCL CCG released this funding to practices in two tranches, with the first tranche having been released in January 2021. A further allocation has been announced to cover October 2021. A dedicated Winter Access Fund to cover the period from November 2021 to March 2022 was announced on 14 October 2021.</p> | 12                 | 12  | 12  | 12  | ➔                         | 6                 |
| PERF15   | Failure to address variation in Primary Care Quality and Performance across NCL (Threat)   | Paul Sinden<br>Chief Operating Officer | <p>Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include the following:</p> <ul style="list-style-type: none"> <li>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;</li> <li>The use of GP Forward View monies from NHS England to support the development of PCNs and GP Federations, and to develop a resilience programme for general practice;</li> <li>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;</li> <li>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;</li> <li>Ongoing work to develop the GP Provider Alliance and a unified primary care provider voice within the NCL Integrated Care System.</li> </ul> <p>NHS England's October publication on improving access to general practice detailed the launch of a Winter Access Fund ('WAF') with a focus on increasing same day / urgent access to general practice. To access the funds, NCL has submitted a Draft WAF Plan to NHS England. The Plan was developed with input from CCG clinical leads, CCG commissioners, GP federations, PCN clinical directors, community pharmacy and Local Medical Committees ('LMCs'). The NCL approach is intended to be supportive and would make funding available to all PCNs for different elements.</p> <p>This risk is rated 12.</p>   | 12                 | 12  | 12  | 12  | ➔                         | 6                 |
| PERF18   | Primary care workforce development (Threat)  | Paul Sinden<br>Chief Operating Officer | <p>The updated GP contract for 2021/22 continues to emphasise the importance of funding and flexibility for workforce development and includes:</p> <ul style="list-style-type: none"> <li>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;</li> <li>More roles being 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);</li> <li>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;</li> <li>Introduction of an inner and outer London maximum reimbursement rate;</li> <li>Further flexibility in the Scheme's rules, including the ability to employ staff at an advanced practitioner designation (clinical pharmacists, physio and occupational therapists, dieticians, podiatrists and paramedics);</li> <li>The extension of the window to transfer any clinical pharmacists funded under the previous NHSE scheme to move to the PCN scheme;</li> <li>The expectation that CCGs and systems will explore different ways of supporting PCNs to recruit;</li> <li>PCNs continuing to recruit to these roles and supported by Training Hubs with induction and professional development;</li> <li>Further funding for the PCN Clinical Director support up to September 2021 in addition to the COVID Capacity Expansion Fund (and the new Winter Access Fund mentioned above);</li> <li>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 a greater proportion of GP training time spent in general practice;</li> <li>The NCL Training Hub is developing a Primary care nursing strategy and has engaged with relevant stakeholders as part of this.</li> </ul> <p>Given the high demand on the Primary Care workforce during the pandemic, the CCG will have to monitor its impact on staff wellbeing and fatigue.</p>   | 12                 | 16  | 16  | 16  | ➔                         | 9                 |

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|---------|---|--|---|--|--|--|----|----|--|---|----|
|         |   |  | <p>This risk is currently rated 16 for a number of reasons including:</p> <ul style="list-style-type: none"> <li>• The high patient to GP and nurses ratio in NCL compared to national ratios;</li> <li>• The pressure on primary care staff capacity arising from COVID-19 recovery;</li> <li>• The demands of the vaccination programme, elective recovery, and responding to pressures in the urgent and emergency care system.</li> </ul> <p>This risk is linked to COVID12 below.</p> <p>This risk is rated 16.</p>  |  |  |  |    |    |  |   |    |
| PERF21  | <b>Failure of Primary Care patient access (Threat)</b>  | Paul Sinden<br>Chief Operating Officer | <p>This risk was identified as part of the system recovery, further to the COVID-19 pandemic.</p> <p>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.</p> <p>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.</p> <p>The CCG is conducting a communications campaign both in relation to GP practices, as set out above, and the patients to remind service users that General Practices are open.</p> <p>NHS England's October publication on improving access to general practice detailed the launch of a Winter Access Fund ("WAF") for general practice, with a focus on increasing same day / urgent access to general practice. To access the funds, NCL has submitted a draft WAF plan to NHS England. The plan was developed with input from CCG clinical leads, CCG commissioners, GP federations, PCN clinical directors, community pharmacy and LMC. The NCL approach is intended to be supportive and would make funding available to all PCNs for different elements.</p>  |  |  |  | 16 | 16 |  | → | 9  |
| PERF22  | <b>Failure to manage impact of increased building costs on General Practice estate (Threat)</b> | Paul Sinden<br>Chief Operating Officer | <p>The disruption to supply chains brought on by reduced Heavy Goods Vehicle ("HGV") capacity, Brexit, and COVID-19, has resulted in construction costs inflation, in terms of both building materials and labour costs. Building schemes are therefore expected to take longer and to be more expensive by about 20%.</p> <p>This is a source of pressure on the CCG to increase capital investment in building programmes, or to fund them indirectly through increased rents resulting in pressure on both contingency and rent budgets.</p> <p>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.</p> <p>Building work at Rutland House has been put on hold due to rising costs. The Practice is working with a development partner to review the building design with a view to bringing costs back into line with budget. An update on this value engineering exercise is expected shortly. The goal is to finalise the design and revised budget by the end of March 2022</p> <p>This risk is rated 12.</p>  |  |  |  | 12 | 12 |  | → | 9  |
| COVID12 | <b>Capacity in General Practice (Threat)</b>  | Paul Sinden<br>Chief Operating Officer | <p>Actions to ensure that there is sufficient capacity in general practice to manage demand include:</p> <ul style="list-style-type: none"> <li>• Increasing availability of staff testing for General Practice in order to reduce absences due to suspected COVID-19;</li> <li>• GP practices using the "telephone first" model where the majority of patient triage is carried out on the phone – with face-to-face being offered where it is clinically appropriate;</li> <li>• GP Federations leading in providing GPs with equipment and remote access to EMIS in order to allow them to work remotely to provide their telephone consultations;</li> <li>• The returning of staff (retirees) to General Practice;</li> <li>• NCL-wide acute COVID-19 support service is in place - provided by the 6 NCL GP federations;</li> <li>• 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;</li> <li>• Practice 'buddying' arrangements via their Primary Care Networks;</li> <li>• 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: <ul style="list-style-type: none"> <li>o Supporting patients with Long COVID-19;</li> <li>o Establishment of systems for remote monitoring of patients, including pulse oximetry;</li> <li>o Supporting clinically extremely vulnerable patients and maintaining the shielding list;</li> <li>o Addressing the backlog of appointments, including those for chronic disease management and routine vaccinations and immunisations;</li> <li>o Making progress (in addressing inequalities) on learning disability health checks and actions to improve ethnicity data recording in GP records; and,</li> <li>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.</li> </ul> </li> <li>• The national announcement that the GP COVID-19 Capacity Fund will be extended up to October 2021. A new Winter Access Fund was announced</li> </ul> |  |  |  | 12 | 12 |  | → | 12 |

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|  |  |  | <p>on 14 October 2021, to support practices from November 2021 to March 2022.</p> <p>However, GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services and the demands of system recovery.</p> <p>This risk is rated 12.</p> | 12 | 12 | 12 | 12 |  | 7 | 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<br>2021       | 20 May<br>2021<br><br>Seminar | 17 June<br>2021 | 15 July<br>2021<br><br>Seminar | 19<br>August<br>2021 | 21<br>October<br>2021 | 16<br>December<br>2021 | 17<br>February<br>2022 |
|--|----------------------|-------------------------------|-----------------|--------------------------------|----------------------|-----------------------|------------------------|------------------------|
| <b>Governance</b>  |                      |                               |                 |                                |                      |                       |                        |                        |
| Review of Risk Register  | X                    |                               | X               |                                | X                    | X                     | X                      | X                      |
| Review of Terms of Reference (TOR)                                     |                      |                               |                 |                                |                      |                       |                        | X                      |
| Review of Committee Effectiveness                                      | X                    |                               |                 |                                |                      |                       |                        | X                      |
| <b>Contracting</b>   |                      |                               |                 |                                |                      |                       |                        |                        |
| 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                             |                 |                                |                      |                       |                        |                        |
| <b>Quality &amp; Performance</b>                                       |                      |                               |                 |                                |                      |                       |                        |                        |

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|---|---|---|---|---|---|---|---|---|
| Quality and Performance Report                  | X |   | X |   | X | X | X | X |
| <b>Finance Report</b>                           |   |   |   |   |   |   |   |   |
| Finance Report                                  | X |   | X |   | X | X | X | X |
| <b>Strategy</b>                                 |   |   |   |   |   |   |   |   |
| Primary Care Strategic Review                   |   |   |   | X | X |   | X |   |
| NHS Long Term Plan and Operating Plan           | X |   |   |   |   | X |   | X |
| <b>Other papers</b>                             |   |   |   |   |   |   |   |   |
| 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 |   |
| Borough analysis of nursing capacity across NCL |   |   |   |   |   |   |   | X |

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| London Operating Model<br>21/22 for the Collaborative<br>Commissioning of Primary<br>Care Services (GPs) review<br>of proposed changes, from<br>01 04 22 |  |  |  |  |  |  |  | X |
|--|--|--|--|--|--|--|--|---|