

NHS North Central London CCG
Primary Care Commissioning Committee
Thursday 16 June 2022
2:30pm to 4pm
Meeting in Clerkenwell Rm, 2nd Floor,
Laycock PDC, Laycock St, Islington N1 1TH

Item	Title	Lead	Action	Page	Time
Pre-meet to be held for committee members between 2pm & 2:25pm					
AGENDA Part 1					
1.0	INTRODUCTION				
1.1	Welcome, Introductions and Apologies	Ian Bretman	Note	Oral	2:30pm to 2:50pm
1.2	Declarations of Interest Register	Ian Bretman	Note	4	
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 April 2022	Ian Bretman	Approve	10	
1.6	Action Log	Ian Bretman	Approve	24	
1.7	Matters Arising	All	Note	Oral	
1.8	Primary Care Governance July 2022 onwards	Sarah McDonnell-Davies	Note	Oral	
1.9	Questions from the public relating to items on the agenda received prior to the meeting Members of the public have the opportunity to ask questions. These must relate to items that are on the agenda for this meeting and should take no longer than three minutes per person.				
2.0	BUSINESS				
2.1	Primary Care Finance update	Simon Goodwin / Anthony Browne	Note	Oral	

2.2	Quality & Performance Report	Sarah McDonnell-Davies	Note	26	2:50pm to 3:15pm
2.3	Locally Commissioned Service for Ukrainians seeking asylum	Ruth Donaldson / Priyal Shah	Note	40	
2.4	Patient Engagement Outcome on contract changes – <ul style="list-style-type: none"> The Town Surgery contract novation (Enfield) The Muswell Hill Practice relocation (Haringey) Lawrence House Surgery and Spur Road Surgery merger (Haringey) Belsize Priory Medical Practice relocation (Camden) 	Vanessa Piper / Borough Rep	Note	45	
3.0	ITEMS FOR DECISION				
3.1	Contract Variations All Boroughs - PMS Changes <u>Barnet</u> <ul style="list-style-type: none"> Derwent Medical Centre – The Removal of two partners and the addition of two partners The Village Surgery – The Removal of one partner and the additional of one partner <u>Enfield</u> <ul style="list-style-type: none"> Medicus Health Partners – The Removal of a partner <u>Haringey</u> <ul style="list-style-type: none"> Highgate Group Practice – 24 hour Retirement of a partner 	Vanessa Piper	Approve	76	3:15pm to 3:55pm
3.2	Islington <ul style="list-style-type: none"> Islington GP Group – caretaking contract extension 	Vanessa Piper / Borough Rep	Approve	83	
3.3	Camden <ul style="list-style-type: none"> Hampstead Group Practice and The Keats Group Practice Merger 	Vanessa Piper / Borough Rep	Approve	86	

3.4	Haringey QOF Indicators - Protected income corrections	Vanessa Piper / Borough Rep	Approve	114	
3.5	Delivering Affordability in Primary Care	Nicola Theron / Diane Macdonald	Approve	117	
4.0	ITEMS TO NOTE – URGENT DECISIONS TAKEN SINCE 21 APRIL 2022				
4.1	None				
5.0	GOVERNANCE AND COMMITTEE ADMINISTRATION				
5.1	PCCC Risk Register	Sarah McDonnell-Davies	Note	128	3:55pm to 4:00pm
5.2	PCCC Forward Planner	Ian Bretman	Note	137	
6.0	ANY OTHER BUSINESS				4.00pm
6.1	Any other Business				
7.0	DATE OF NEXT MEETING				
	TBC				
<p>Resolution to exclude observers, the public and members of the press from the remainder of the meeting. By reason of the confidential nature of the business to be transacted in accordance with Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960 and clause 22 of the Terms of Reference of this Committee and clauses 9 and 10 of the Standing Orders of this Committee.</p>					

Report Title	Declaration of Interests Register – Primary Care Commissioning Committee Meeting	Agenda Item: 1.2
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Governing Body Sponsor	Mr Ian Bretman Committee Chair and Governing Body member	Tel/Email	ian.bretman@nhs.net
Lead Director / Manager	Mr Ian Porter Executive Director for Corporate Services	Tel/Email	ian.porter3@nhs.net
Report Author	Vivienne Ahmad Board Secretary	Tel/Email	v.ahmad@nhs.net
Name of Authorising Public and Patient Engagement and Equalities Lead	<i>Not Applicable</i>	Summary of Financial Implications	<i>Not Applicable</i>
Report Summary	<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>		
Recommendation	To NOTE the Declaration of Interests Register and invite members to inspect their entry and advise the meeting / Board Secretary of any changes.		

Identified Risks and Risk Management Actions	The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the CCG.
Conflicts of Interest	The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting.

Resource Implications	<i>Not Applicable</i>
Engagement	<i>Not Applicable</i>
Equality Impact Analysis	<i>Not Applicable</i>

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

NCL CCG Primary Care Committee Declaration of Interest Register - June 2022

Name	Current Position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest - (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest				Actions to be taken to mitigate risk (to be agreed with line a manager of a senior CCG manager)
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	Date declared	Updated	
Members												
Ian Bretman	Lay Member of NCL CCG Governing Body Member of Covid Response Oversight Committee (when in session) Chair of Patient and Public Engagement Committee Chair of Primary Care Commissioning Committee Member of Audit Committee Member of Remuneration Committee Member of Quality and Safety Committee Chair of STP Engagement Advisory Board Attend other committee meetings as and when required	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	current	14/08/2019	21/07/2021	
		Timewise Foundation CIC	no	no	yes	direct	Provides occasional consultancy services for this social enterprise that helps organisations make better use of flexible working.	17/10/2018	current	14/08/2019	21/07/2021	
		Timewise Jobs Ltd	no	no	yes	direct		15/05/2019	current	01/10/2019	21/07/2021	
		Timewise Solutions Ltd	no	no	yes	direct		15/05/2019	current	01/10/2019	21/07/2021	
Simon Goodwin	Chief Finance Officer of NCL CCG Member of CCG Governing Body Finance Committee Procurement Committee Attendee, Audit committee Strategy and Commissioning Committee Primary Care Commissioning in Common Attend other meetings as and when required.	East London NHS Foundation Trust	Yes	No	No	Indirect	Wife is a senior manager at the Trust	14/06/2017	current	12/10/2018	19/07/2021	
Claire Johnston	Registered Nurse of NCL CCG Governing Body Member of Primary Care Commissioning Committee Member of Quality and Safety Committee Member of Strategy and Commissioning Committee Member of Medicines Management Committee Member of Public and Patient Engagement Committee Member of Covid Response Oversight Committee (when in session) Member of IFR Panel Attend Committee meetings as and when required	Our Time	No	Yes	No	Direct	Chair of Trustees - A charity which provides interventions and campaigns for children and young people with a mentally ill parent.			12/09/2019	19/07/2021	
		Nursing and Midwifery Council	No	Yes	No	Direct	Registrant Member			12/09/2019	19/07/2021	
		The Guardian	No	No	No	Indirect	Spouse is Public Services Editor			12/09/2019	19/07/2021	
Dr Subir Mukherjee	Secondary Care Clinician, NCL CCG Member of Covid Reponse Oversight Committee (when in session) Primary Care Commissioning Committee Quality and Safety Committee Individual Funding Request Appeals Panel Medicines Management Committee Strategy and Commissioning Committee Procurement Committee	Health Education England, KSS	yes	no	yes	direct	Associate post graduate Dean	2003	current	05/09/2020	13/08/2021	
		Diagnostic services procurement contract	no	no	no	direct	Clinical Lead		current	26/10/2021		
		GP Direct Access Diagnostic Service procurement	no	no	no	direct	Clinical Lead		current	24/02/2022		
		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 Chair of Remuneration Committee Member of IFR Appeals Panel Strategy and Commissioning Committee Primary Care Commissioning Committee Finance Committee Audit Committee Public and Patient Engagement Committee 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) Spouse is also a shareholder and company secretary.	01/01/2006	current	16/04/2020	31/07/2021	
		Mental Health & Community Service Review, led by Carnell Farrar	No	Yes	Yes	Direct	Member of the Programme Board - from May 2021 to March 2022. An 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, Primary Care Sustainability, Strategic Commissioning, NCL CCG Member of Primary Care Commissioning Committee Procurement Committee Medicines Management Committee		n	n	n	none		07/11/2018	current		31/03/2022	
										02/08/2019		

NCL CCG Primary Care Committee Declaration of Interest Register - June 2022

	Clinical Director, Islington Borough, NCL CCG	y	y	n	direct	member	07/11/2018	current	02/08/2019	31/03/2022	
	Conflict of interest issues for the Governing Body and CCG.	n	y	n	direct	Lead	07/11/2018	current	02/08/2019	31/03/2022	
	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	31/03/2022	
	Freedom to Speak up Guardian for Islington Federation	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	31/03/2022	
	Individual Funding Request Panel				direct	Chair	07/11/2018	current	02/08/2019	16/02/2021	
	Locally Commissioned Services Working Group				direct	Chair	07/11/2018	current	02/08/2019	31/03/2022	
	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	31/03/2022	
	Medicines and devices Safety Officer (MSO & MDSO)				direct	Safety Officer	07/11/2018	current	02/08/2019	31/03/2022	
	MSO/MDSO network for local CCGs and Providers				direct	Chair	07/11/2018	current	02/08/2019	31/03/2022	
	Controlled drugs safety lead and Antimicrobial stewardship lead.				direct	Lead	07/11/2018	current	02/08/2019	31/03/2022	
	Whittington Care Quality Review Group				direct	member	07/11/2018	current	02/08/2019	31/03/2022	
	Islington Transformation Group				direct	member	07/11/2018	current	02/08/2019	31/03/2022	
	QIPP Delivery Group				direct	member	10/05/2020	current	10/05/2020	31/03/2022	
	ICCG Website				direct	Provide clinical leadership	10/05/2020	current	10/05/2020	31/03/2022	
	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	31/03/2022	
	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	31/03/2022	
	Care Homes Working Group				direct	Chair	10/05/2020	current	10/05/2020	31/03/2022	
	NLP IG Working Group				direct	Chair	07/11/2018	current	02/08/2019	31/03/2022	
	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	31/03/2022	
	Greenland Passage residential association	n	y	y	direct	Board Director	07/11/2018	current	02/08/2019	31/03/2022	
	1-12 Royal Court Ltd	n	y	y	direct	Secretary & director	07/11/2018	current	02/08/2019	31/03/2022	
	Novo Nordisk pharmaceutical company.	n	n	n	indirect	My Sister is a Medical Advisor	07/11/2018	current	02/08/2019	31/03/2022	
	St Helier Hospital in Sutton.	n	n	n	indirect	Partner is an ITU Consultant	07/11/2018	current	02/08/2019	31/03/2022	
	BMA	y	y	n	direct	member	07/11/2018	current	02/08/2019	31/03/2022	
	City and Hackney Local Medical Committee	n	y	n	direct	member	07/11/2018	current	02/08/2019	31/03/2022	
	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	31/03/2022	
	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	31/03/2022	
	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	31/03/2022	
	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	31/03/2022	
	I am a GP Appraiser for the London area.	y	y	n	direct	GP Appraiser	07/11/2018	current	02/08/2019	31/03/2022	
	I am a mentor for GPs under GMC sanctions.	y	y	n	direct	GP Mentor	07/11/2018	current	02/08/2019	31/03/2022	
	Lantum GP locum agency	y	y	n	direct	Registered with the agency		current	11/03/2022	31/03/2022	
	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	31/03/2022	
Sarah McDonnell-Davies	Executive Director of Places Designate Attend Governing Body Member of NCL EMT Attend NCL Committee Meetings as required e.g. Strategic Commissioning Committee, Borough Commissioning Committee Attend other committee meetings as required	None	no	no	no	Direct	n/a		20/06/2018	09/09/2021	
Karen Trew	Deputy Lay Chair of Governing Body Member of Covid Response Oversight Committee (when in session) Finance Committee Primary Care Commissioning Committee Remuneration Committee IFR Appeals Panel Strategy and Commissioning Committee Chair of Audit Committee Chair of Procurement Committee Member of Fertility Policy Group	Broxbourne School Hertfordshire Wormley C of E Primary School, Hertfordshire	No	No	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
Attendees											
Vivienne Ahmad	Board Secretary	No interests declared	No	No	No	No	Nil Return	25/10/2018	current	16/10/2019	23/07/2021

NCL CCG Primary Care Committee Declaration of Interest Register - June 2022

Dr Peter Christian	Haringey Clinical Representative, NCL CCG Governing Body member of Audit Committee Chair of IFR Panel Member of Primary Care Committee	Muswell Hill Practice	No	No	No	Direct	Salaried GP	15/03/2018	current	07/11/2018	19/07/2021	
		Muswell Hill Practice is a member of Federation4Health, the pan- Haringey Federation of GP Practices	No	No	No	Direct	Salaried GP	15/03/2018	current	07/11/2018	19/07/2021	
		Muswell Hill Practice provides anitcoagulant care to Haringey residents under a contract with the CCG	No	No	No	Direct	Salaried GP	15/03/2018	current	07/11/2018	19/07/2021	
		The Hospital Saturday Fund - a charity which gives monet to health telated issues	No	No	Yes	Direct	Member	15/03/2018	current	07/11/2018	19/07/2021	
		The Hospital Saturday Fund - a charity which gives money to health related issues	No	No	Yes	Indirect (Wife)	Patron	15/03/2018	current	07/11/2018	19/07/2021	
		The Lost Chord Charity - organises interactive musical sessions for people with dementia in residential homes.	No	No	No	Indirect (Wife)	Patron	15/03/2018	current	07/11/2018	19/07/2021	
		North West Primary Care Nework	No	No	No	Direct	Practice is a member	01/07/2019	current	04/09/2019	19/07/2021	
Haringey Health Connected, the federation of West Haringey GP Practices.	No	No	Yes	Indirect	Pactice Manager is Finance Manager	15/03/2018	current	07/11/2018	19/07/2021			
Dr Louise Jones	Healthwatch Representative	Camden Healthwatch	No	Yes	No	Direct	Chair	01/11/2020	current	04/11/2020		
		St George's School, Weybridge, Surrey	No	Yes	No	Direct	Governor		current	04/11/2020		
		Marie Curie Palliative Care Research Department, Division of Psychiatry, UCL	No	Yes	No	Direct	Honorary Clinical Senior Lecturer		current	04/11/2020		
		Covid Evidence Service, Nuffield Department of Primary Care, Oxford and Hospice UK	No	Yes	No	Direct	Member of Palliative Care interest group under umbrella		current	04/11/2020		
Dr Will Maimaris	Director of Public Health, Haringey Council	attend Governing Body Member of NCL CCG LTC LCS review group	n/a	n/a	n/a	n/a	n/a	30/08/2018	current	09/08/2019	20/12/2021	
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 McIlwaine	Director of Transformation (Primary Care)	None	N/A	N/A	N/A	N/A	none			09/10/2018	21/07/2021	
Deborah McBeal	Director of Integration, Enfield Borough Attend Borough meetings, Primary Care Commissioning Committee and Strategy and Commissioning Committee	We are Pareto	no	no	no	N/A	director of company, dormant, non-trading	2013	current	28.03.2018	21/07/2021	
Anthony Browne	Director of Finance Attend Finance Committee Audit Committee Strategy and Commissioning Committee STP Directors of Finance	None	N/A	N/A	N/A	N/A	N/A			22.10.18	20/08/2021	
Owen Sloman	Assistant Director of Primary Care, Haringey Borough attend Primary Care Commissioning Committee (Boro rep)	St Ann's church, South Tottenham.	N/A	N/A	X	direct	Churchwarden	01/04/2020	31/03/2020	03/10/2019	22/07/2021	
		Fowler Newsam Hall in South Tottenham and the Emily Mary Robbins Trust.	N/A	N/A	X	direct	Trustee	01/04/2020	31/03/2020	26/07/2020	22/07/2021	
		Arsenal Football Club	N/A	N/A	X	indirect	Brother is Operations Director at Arsenal Football Club which supports Islington primary care on a pro-bono basis	01/04/2020		22/07/2021		
Rebecca Kingsnorth	Assistant Director of Primary Care, Islington Borough attend Primary Care Commissioning Committee (Boro rep)	Yes	No	No	Yes	Indirect	My sister-in-law is a salaried GP in City Road Medical Centre. Part of my role is the support of the CCG's delegated responsibility for commissioning core primary care services and the commissioning of Locally Commissioned Services, which can result in changes to funding to Islington practices including City Road.	Dec-17	current	18/10/2018	11/08/2021	I will declare this in any meetings where decisions are being taken about either services commissioned from or performance of City Road. This might include decisions taken about LCSS. I would be able to participate in any decision that relates to Islington-wide commissioning of which City Road may be one of many beneficiaries, but not decisions that relate singly to City Road.
Dr Cathy Winfield	Local Medical Committee, London Member of Primary Care Commissioning Committee Attend other committee meetings as and when required	Fresh Solutions for Health Education for Health Local Government Association Southdown Housing Association Novartis	yes no no yes yse	yes no no Yes yes	yes yes yes yse	direct direct direct direct direct	Director Trustee Associate Member Non executive director Expert Advisory Panel member	01/06/2019 May 2021 July 2021 July 2021 Sept 2021	current current current current current	14/09/2021 14/09/2021 14/09/2021 14/09/2021 14/09/2021		No work undertaken London wide
Dr Sue Dickie	LMC Haringey Borough Representative	Highgate Group Practice Have done 3 triage sessions for LCW ooh over the Christmas period in the pandemic Haringey Federation Haringey North West PCN	yes yes	yes yes	yes yes	direct direct	GP Partner Practice is a member Practice is a member	 2016 2019	current current current	08/03/2021 08/03/2021 08/03/2021		
Daniel Glasgow	Deputy Director of Primary Care Transformation, Barnet Borough	None	no	no	no	N/A	N/A	N/A	N/A	15/12/2017	11/08/2021	

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Colette Wood	Director of Integration (Barnet) attend Primary Care Commissioning Committee (Boro rep)	None	no	no	no	N/A	N/A	N/A	N/A	27/10/2017	11/08/2021	
Simon Wheatley	Director of Integration (Camden borough directorate) Attendee of NCL CCG PCCC	None	no	no	no	N/A	N/A	N/A	N/A	28/05/2019	11/08/2021	
Riyad Karim	Assistant Director of Primary Care, Enfield Directorate, NHS North Central London CCG Commissioner who attends NCL CCG Primary Care Commissioning Committee in the absence of the Director of Integration. Non voting member.	The Lordship Lane surgery, East Dulwich	no	yes	no	direct	unpaid practice management advisor at surgery.	2015	current	13/07/2019	22/09/2021	No actions required. Discussed and agreed with line manager
		The Lordship Lane Surgery, East Dulwich (out of area) which is part of South Southwark GP Federation (Improving Health Limited)	no	yes	no	direct	Unpaid practice management advisor	2015	current	22/09/2021		No actions required. Discussed and agreed with line manager
		London Care Rochester (City and County Healthcare Group)	no	no	no	indirect	Spouse is a Care Worker	2013	current	22/09/2021		No actions required. Discussed and agreed with line manager
Cllr Patricia Callaghan	Deputy Leader and Cabinet Member for a Healthy and Caring Camden	Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	no	yes	no	N/A	N/A	N/A	N/A	29/06/2021		
Cllr Caroline Stock	Totteridge Ward, Barnet Councillor Member serving on: • Health & Wellbeing Board (Chairman) London Borough of Barnet • Local Strategic Partnership (Barnet Partnership Board) London Borough of Barnet • Policy and Resources Committee • Chipping Barnet Area Committee (Substitute)	Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	no	YES	no	direct	N/A	N/A	current	03/07/2021		
		Middlesex University					Pro-Chancellor	01/07/2020	current	03/07/2021		
Cllr Alev Cazimoglu	Jubilee Ward Councillor Enfield Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	Camden and Islington NHS Trust Health & Social Care Joint Health Overview Scrutiny Committee for North Central London Sector North Middlesex Hospital	yes	yes	yes	direct direct direct	Cabinet member member bank staff - no paid work received to date		current	11/08/2021		
Cllr Nurullah Turan	St Mary's Ward Councillor	Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	no	YES	no	direct	N/A	N/A	n/A	29/06/2021		
	Executive Member for Health and Social Care	Islington Council	no	YES	yes	direct				29/06/2021		
		Derman for the well being being of the Kurdish and Turkish Communities East London NHS Mental Health Trust	yes	YES	yes	direct	Director Approved Mental Health Professional	2014	current	29/06/2021		
Cllr Lucia Das eves	Woodside Ward, Haringey Councillor Cabinet Member for Health, Social Care and Well-Being	Attendee NCL CCG • Governing Body • Primary Care Commissioning Committee	no		yes	direct						
		The Selby Trust	no		yes	direct	Trustee	08/06/2021	current	31/08/2021		
		Bridge Renewal Trust	no		yes	direct	Trustee	01/07/2021	current	31/08/2021		
Olivia Clymer	CEO Healthwatch –Central West London provider for Healthwatch Enfield 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 Vale of Aylesbury Housing	yes	yes	no	direct				current	28/10/2021	
		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 April 2022 between 2:30pm and 4pm

Online Meeting via MS Teams Live

Voting Members Present:	
Mr Ian Bretman (<i>Chair</i>)	Governing Body Lay Member, Patient and Public Engagement, and Committee Chair
Dr Dominic Roberts	Independent GP
Ms Claire Johnston	Governing Body Member Registered Nurse
Ms Deirdre Malone	Assistant Director of Quality, NCL (<i>representing Jenny Goodridge, Director of Quality & Chief Nurse</i>)
Mr Paul Sinden	Chief Operating Officer
Ms Karen Trew	Governing Body Member, Lay Member for Audit & Governance
Dr Subir Mukherjee	Governing Body Member, Secondary Care Clinician
Mr Arnold Palmer	Governing Body Member, Lay Member, General Portfolio
In Attendance	
Dr Peter Christian	Governing Body Member, Clinical Representative (non-voting)
Ms Sarah Mcilwaine	Director of Primary Care, NCL
Ms Sarah McDonnell-Davies	Executive Director of Borough Partnerships, NCL
Mr Anthony Browne	Director of Finance Strategic Commissioning, NCL
Ms Vanessa Piper	Assistant Director, Primary Care Contracts and Commissioning
Mr Anthony Marks	Assistant Head of Primary Care
Ms Su Nayee	Assistant Head of Primary Care, Primary Care Contracting and Commissioning,
Ms Rebecca Kingsnorth	Assistant Director of Primary Care, Islington Directorate
Mr Owen Sloman	Assistant Director of Primary Care, Haringey Directorate
Ms Deborah McBeal	Director of Integration, Enfield Directorate
Mr Simon Wheatley	Director of Integration, Camden Directorate
Ms Kelly Poole	Assistant Director of Primary Care Transformation, Barnet Directorate (<i>deputised for Colette Wood</i>)
Mr Mark Agathangelou	Community Representative
Rev Kostakis Christodoulou	Community Representative
Cllr Caroline Stock	London Borough of Barnet
Cllr Alev Cazimoglu	London Borough of Enfield
Cllr Lucia das Neves	Cabinet Member for Health, Social Care and Well-Being, London Borough of Haringey
Dr Cathy Winfield	Director of Primary Care, Londonwide LMCs
Dr Sue Dickie	Chair of Haringey LMC, London Wide LMCs
Dr Louise Jones	Healthwatch Representative, Camden
Ms Michelle Malwah	Community Engagement Manager at Healthwatch Enfield
Ms Tamara Djuretic	Director of Public Health, Barnet Council (<i>representing all five Boroughs across NCL</i>)
Ms Diane MacDonald	Interim Strategic Estates, Finance Lead, NLP
Ms Usha Banga	Commissioning Manager, NCL
Ms Tessa Newton	Programme Manager, Primary Care, NCL (for item 2.3)
Ms Katie Coleman	Clinical Lead for Primary Care Development, NCL (for item 2.4)

Ms Amy Bowen	Optimum Value Pathway Lead, NHSE/I (for item 2.4)
Ms Caroline Rowe	Head of Communications and Engagement, NCL
Ms Vivienne Ahmad (Minutes)	Board Secretary, NCL
Apologies:	
Cllr Patricia Callaghan	London Borough of Camden
Cllr Nurullah Turan	Executive member for Health and Social Care, London Borough of Islington
Mr Simon Goodwin	Chief Finance Officer, NCL
Ms Colette Wood	Director of Primary Care Transformation, Barnet Directorate
Ms Jenny Goodridge	Director of Quality & Chief Nurse, NCL

1.0	INTRODUCTION
1.1	Welcome & Apologies
1.1.1	<p>The Chair welcomed everyone to the meeting. Apologies were recorded as above.</p> <p>The Chair announced this was Paul Sinden's last meeting in his current role and would be moving into a new role as Director of the North Central London GP Provider Alliance on 1 May 2022. On behalf of the Committee, the Chair thanked Paul and his team for their support and acknowledged the outstanding contribution Paul had made to the CCG and this Committee in particular. He was wished the very best in his new role.</p> <p>Sarah McDonnell-Davies along with other members of the ICB Executives have taken up their posts in designated forms in April. Sarah would therefore be taking over this Committee with the final meeting on 16 June 2022. Sarah Mansuralli has joined the meeting and was historically involved with primary care commissioning. Therefore both would be able to provide executive cover for primary care as the organisation moves into the ICB.</p>
1.2	Declarations of Interests Register
1.2.1	The Declarations of Interest Register was noted by the Committee.
	The Committee NOTED the Register
1.3	Declarations of Interest Relating to Items on the Agenda
1.3.1	The Chair invited members of the Committee to declare any interests in respect to the items on the agenda. There were no declarations declared.
1.4	Declarations of Gifts and Hospitality
1.4.1	There were no declarations declared.
1.5	Minutes of the NCL Primary Care Commissioning Committee Meeting on 17 February 2022
1.5.1	The minutes of the NCL Primary Care Commissioning Committee on 17 February 2022 were considered and subject to the amendment below were agreed as a true record of the meeting:

	<p>On page 14 of the papers, under item 2.5 on General Practice Nursing in NCL, point 2.5.2 states: <i>The need to build nurse leadership roles in PCNs, perhaps supported by nurse recruitment through the Additional Roles Reimbursement Scheme (ARRS).</i></p> <p>It was understood that nurses could not be funded under ARRS and so the line would be amended as follows: <i>The need to build nurse leadership roles in PCNs.</i></p>
	Subject to the above amendment, the Committee APPROVED the minutes of the meeting dated 17 February 2022.
1.6	Action Log
1.6.1	<p>The Action Log was reviewed and updated.</p> <p>The Committee noted that due to the Finance Report being a verbal report for this meeting, the action below would be forwarded to the last CCG meeting in June 2022:</p> <p>Action of 16 December 2021 -</p> <p>Finance Report to include:</p> <ul style="list-style-type: none"> • Prior year position to help compare current and previous years' costs. • Clarify the deficit position in Barnet against 'other committed funds' and provide information of what constituted 'other medical services' for all boroughs.
	The Committee NOTED the updates to the action log.
1.7	Matters Arising
1.7.1	There were no matters arising.
1.8	Questions from the public relating to items on the agenda received prior to the meeting
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.
2.0	BUSINESS
2.1	Primary Care Finance Update (NCL Primary Care Delegated Commissioning Finance Report)
2.1.1	<p>A verbal update was provided as the Finance Team was completing the final position of the finances for the entire CCG. All the figures were in draft format before going through a formal audit with the external auditors, KPMG, and submitting final reports to the Audit Committee on 26 May 2022.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • Provisional outturn for the CCG in terms of non-delegated primary care - this is made up primary care prescribing and locally commissioned schemes with a budget of £253m which is £0.2m overspend and £0.1% of the overall budget. This is secure in terms of the outset which has been covered off with some non-recurrent CCG contingency. • Delegated primary care – there is a £262m operating budget for 2021/22. There is 0.4% over performance or £93,000 on the overall budget. This is in line in what has been reported. So cumulatively across the £500m primary care budget,

	<p>there is a circa £0.3m of over performance. This is being recovered off with the non-recurrent CCG funds.</p> <ul style="list-style-type: none"> The CCG overall accounts and performance of primary care for 2021/22 will be brought to the next CCG meeting on 16 June 2022. The 2022/23 budget will be introduced to the Committee before the organisation becomes an ICB in order to be familiar with the overall plans for the next financial year.
2.1.2	<p>In considering the report, the Committee noted:</p> <ul style="list-style-type: none"> There were no issues or concern for Audit - If there were any concerns, it is because this year is a unique situation due to the delay in becoming an ICS on 1 July. This means the closedown of accounts will happen again in three months' time. Risks envisaged in the delegated budget for 2022-23 - Refreshed List sizes have been received and most expenditure in delegated primary care is determined by the size of the population served. Therefore will be working through the refreshed contracts with colleagues. So in April, payments were set with primary care colleagues on the refreshed list sizes. Work is underway currently within the primary care finance team to pull out and refresh those lists. Making sure if there are any kind of rent adjustments required and flagging up whether any specific requirements are to be added into the next year. There is a plan being developed in the next two weeks in terms of what will happen when the CCG becomes an ICB. It should be noted that whatever the CCG spends in the first three months, it will be inherited by the new organisation so there is a requirement for due diligence in terms of scrutiny and assurance around budgets. A report will be brought back that would have already have been to the Governing Body and had internal CCG scrutiny.
	The Committee NOTED the verbal report.
2.2	Quality & Performance Report
2.2.1	<p>The Committee received an overview of the report as follows:</p> <ul style="list-style-type: none"> CQC Ratings - There were no changes to the ratings across the five boroughs. Complaints - There was an updated position on complaints. This reflected the position from 2020-21 which coincided with the first two waves of the Covid pandemic. During 2021-22 there was a level of concern around access that has been picked up in the joint work being done with Healthwatch on access and this is picked up through the Operating Plan process as well. The CCG will continue to meet with the Healthwatch representatives from the five boroughs to progress work on access. Access to Primary Care in terms of activity – 10% more appointments were now being offered in general practice than before the pandemic (range varies by practice). This increase in activity in general practice sits alongside an increase in urgent care attendances across the system. So there have been increases in both urgent care activity and emergency activities. Winter Access Fund – NCL committed its full WAF allocation (non-recurrent national funding) in order to provide additional capacity in individual practices and to same day capacity for primary care, across the broader urgent care system. The evaluation is underway, but current estimates WAF funding has also been used to establish capacity expansion in terms of urgent care, in particular, around the links between practices and community pharmacy so that practices can refer to the community pharmacy consultation scheme for low acuity presentations that would have gone to practices previously.
2.2.2	<p>In considering the report, the Committee noted:</p> <ul style="list-style-type: none"> 111 Services update – there has been a significant increase during the peaks of the pandemic. The CCG has made significant investment both in terms of call

	<p>handling capacity and in terms of clinical assessment capacity as well. One of the things being done was trying to understand the onward referral from 111 back into primary care in other parts of the urgent care system. Therefore undertaking audits in terms of the appropriateness of that onward referral. In recognition that if 111 has seen an increased activity, it needs to also support capacity and the downstream services that 111 refers to. However, there have been times where there has been extreme pressure for 111 particularly the high call abandonment rates and delays in response times. This has been addressed through investment in both the front end call handling and also clinical assessment capacity as well.</p> <ul style="list-style-type: none"> • Complaints & Compliments – The complaints function has been run by NHS England. The Committee noted the potential to consider themes to support future learning. Only up to 9% are escalated to NHS England. The vast majority are supported locally by practices. With the 2021-22 figures, it is possible to understand a level of frustration linked to access to the health service. It was also noted that it would be helpful to capture the compliments about the practices as we don't capture them in the same way. • Resilience support programme – On a macro basis, it could be demonstrated that practices have been through the process of going back from inadequate to requiring improvement or back to a good rating. This could certainly be looked at especially in getting feedback from those practices, which have seen an improvement, in how they felt supported through the process. The lessons learnt could be shared to assist other practices. Not only do we have the Healthwatch feedback but perhaps also from the Patient Participation Groups and then think how we can work with CQC on the complaints piece as well. • Online Prescriptions – numbers are increasing, but there is scope for more. There may be an opportunity for joint working through borough teams to work with those practices where uptake is lower, and to make sure that this work is also linked into the digital inclusion work of the Healthwatch teams who have been doing it locally. • Direct Patient Care (DPC) –a clarification that DPC includes anyone who is directly involved in delivering patient care within a general practice but is not a Nurse or GP. So a pharmacist or a paramedic at a practice level would come under the category of direct patient care.
	<p>The Committee NOTED the report.</p>
<p>2.3</p>	<p>Interim Operating Plan Update</p>
<p>2.3.1</p>	<p>The paper provided an update to the Committee on specific priorities for primary care based on the interim Operating Plan submission, with a focus on the workforce element relating to primary care. It builds on the report that came to the Committee in February and describes the local priorities for primary care in 2022/23 which includes those identified through the work with Healthwatches in the five boroughs. The Operating Plan covers 10 areas including workforce, covid response, elective recovery, mental health, health management, digital, urgent and emergency care, primary care capacity, use of resources and establishing integrated care.</p> <p>In regards to Workforce, the task of the Operating Plan is twofold:</p> <ul style="list-style-type: none"> i. To provide a workforce trajectory for the year ahead for primary care and across all of the providers within the patch.

	<p>ii. To provide a narrative report on primary care alongside all of the Trust providers. Previously, primary care had not been specifically asked to provide a narrative as part of their H2 return.</p> <p>Workforce Trajectory</p> <p>There are two overall targets for primary care workforce. The first target is to support PCNs to make maximum use of the additional roles reimbursement scheme (ARRS). This would mean PCNs in NCL being able to recruit to their share of the 20,500 full time equivalent PCN roles by the end of 2022/23.</p> <p>The second target area is around expanding the number of GPs towards a nationally targeted 6,000 full time equivalent. Local plans are expected to describe how this is being planned within NCL going forward. The workforce modelling forecasts an increase across all of the areas with the exception of GP nursing. These are based on an analysis of workforce trends since 2015 and also some additional information from Health Education England as well as information provided by the PCNs and their recruitment intentions.</p> <p>The narrative report included the following key priorities:</p> <ul style="list-style-type: none"> • Looking after people by improving retention, supporting health and wellbeing and improving attendance. • Improve belonging in the NHS by improving BAME disparity ratios and promoting equality of access across protected characteristics • Working differently through acceleration of new roles, developing multidisciplinary care closer to home, optimising the capacity of the current workforce and establishing or becoming part of volunteer services. • Growth for the future by expanding international recruitment, leveraging the role of NHS organisations as anchor institutions / networks, making effective use of temporary staffing, ensuring training of postgraduate doctors continues and to ensure sufficient clinical placement capacity. <p>The approach taken to develop the submission was very similar to the overall NCL system approach for H2. The third point was about establishing anchor institutions and widening the participation of apprenticeships across the path.</p>
2.3.2	<p>In considering the report, the Committee made the following comments and observations:</p> <ul style="list-style-type: none"> • Declining nursing numbers remained a concern especially as 43% of nurses are over 55. There were some actions from the last set of minutes but in terms of NCL, whether there was a different opportunity as the CCG moves to an ICB. It was asked whether the scale of risk around primary care nursing was the same level of risk as seen in hospitals and how that compares to other parts of London. There is a need to think about retention, flexible working and work-life balance. There could be an opportunity to think about those who have been seconded into primary care roles and actually promoting primary care as place to work in. It was noted that Chris Caldwell, Chief Nursing Officer in the new ICB, will be joining soon and recognised the challenges around nursing in primary care. She will be picking up the points on how primary care can be showcased both in terms of the potential it offers people but also in terms how difficult that role can be. • To support as many practices as possible in being training practices – not only for GPs, but to consider other health care professionals.

	It was noted there was a move towards primary care networks (PCNs) becoming approved learning environments. However, there was a still a long way to go before all PCNs and practices have the opportunity to become approved learning centres, and many would require support in terms of estate to enable this.
	The Committee NOTED the report.
2.4	NCL Long Term Condition Locally Commissioned Service (LTC LCS) Update
2.4.1	<p>The Committee was updated on further work on the NCL LTC LCS including an outline of the draft specification. One of the aims of this piece of work is to harmonise the service offer across the five boroughs, with a view to getting more consistency in the offer for patients and commissioning of practices across North Central London, for those living with, or at risk of developing, a long term condition.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • The Committee will have a formal role in reviewing the specification as part of the governance process, including to ensure there is no overlap or duplication with the core contract, the Quality and Outcomes Framework, IIF or other more local initiatives. The development of pan NCL locally commissioned services for long term conditions has been brought to the Committee and to the CCG Governing Body, and been endorsed as one of the priorities for primary care. It has received support for the work that has been undertaken so far. • The LCS is one of the key routes through which to start addressing the covid backlog in primary care to get back to and further improve outcomes. The LCS will also enable primary care to prioritise capacity and access for those most in need. • The programme is describing a preparatory period during 2022-23, supporting practices and PCNs in readiness, with a view to mobilising the new contract from April 23. This timeframe recognises the current pressures and workload in general practice, and that the new LCS signifies a new way of working for many practices. • Model of care – taking a holistic person-centred proactive approach to therapy, long term conditions, recognising that 70% of all healthcare activity across the system is related to people with long term conditions. The LCS is focussed on two disease clusters - a metabolic cluster of conditions e.g. diabetes, heart disease, hypertension, chronic kidney disease; and a respiratory cluster, focussed on COPD and asthma (adults and children). The model of care is designed to ensure that people with the greatest need and most complexities receive more frequent reviews over the year of care. The model focusses on personalised care and support planning, helping people to identify what is important to them and to achieve their goals. • Outcomes Framework – has been developed for the LCS across four domains: prevention, detection, treatment and personalisation, with a set of underpinning indicators associated with each of those, all mapped to the ICS population health outcomes. • Risk Stratification – The LCS cohort has been risk stratified using the UCLP tools and further refined by clinical leads across NCL. There are currently 310,000 people in the cohort, which is 18% of the registered population. Further work is planned to understand the cohort, their demography, and their utilisation in order to take a population health approach to deliver the outcomes in the LCS.
2.4.2	<p>The Committee welcomed the excellent progress that had been made and in considering the report, noted the following:</p> <ul style="list-style-type: none"> • Financial Payment Model - One of the key pieces that any gaps and / or overlap, which will then, in turn, help inform what the preparatory period will look like in

	<p>each borough. This period might be slightly different in each borough, depending on which locally commissioned services are already in place and how practices are already working. Some of the boroughs may be closer to working in the way of the new specification than others. So broadly the preparatory period will include time for practices to get ready to start delivering the new specification e.g. recruitment or training for clinicians, and training for administrative staff on the business processes. Working with the Training Hub, a robust milestone plan has been developed around the preparatory period to support practices to recognise what they would need to achieve in order to be able to go fully live with the LCS.</p> <ul style="list-style-type: none"> • Outcomes Based Approach - As the organisation moves into an ICB it will be working more collaboratively. However, it is clear from the perspective of long term conditions that in order to save lives, certain improvements need to be achieved in clinical outcomes. Practices will need support to understand where they are and where they might want to go, in order to really have an impact on someone's long term conditions. The aspiration is to have a spectrum of outcomes that will be working with providers to deliver again. • Risk Stratification – this needs to be dynamic. It is hoped people will move through the cohorts, from the high risk plus complexity into the lower levels of risk as the specification is mobilised and the new way of working commences. However, it was noted that some people will also increase in terms of risk profile. <p>The searches, currently all sitting within EMIS, will be available to practices to run independently probably on a quarterly or monthly basis if that is what is needed to understand where their registered population is sitting within these cohorts.</p>
	The Committee NOTED the report
3.0 ITEMS FOR DECISION	
	Contract Variations
3.1	Contract Variations PMS / APMS / GMS Changes PMS Agreement Changes
3.1.1	The Committee was requested to consider a series of contract variations, with the Committee decision cognisant of practice access levels against benchmarks.
3.1.2	Barnet – Ravenscroft Medical Practice – 24 hour retirement of a Partner
3.1.3	The practice requested for a 24-hour retirement of a GP Partner leaving one partner on the agreement during the 24-hour retirement. There was a small shortfall in nursing provision and the practice advised they were currently in the process of trying to recruit an additional nurse.
	The Committee NOTED and APPROVED the contract variation
3.1.4	Haringey – Cheshire Road Surgery – The Addition of a Partner
3.1.5	The practice requested approval of an additional GP partner to the PMS agreement increasing the total partners on the agreement to three. There was a shortfall in GP provision but the practice advised Dr Thomas was currently providing 4 sessions and this would be increased to 6 when he joins the contract.
	The Committee NOTED and APPROVED the contract variation
3.1.6	Haringey – Rutland House Surgery - Removal of a GP Partner
3.1.7	The practice requested the removal of a GP partner from the PMS Agreement leaving two partners to the contract. There was a shortfall in nursing provision but the practice advised they were in the process of recruiting a full time nurse to increase provision.
	The Committee NOTED and APPROVED the contract variation

3.2	Barnet – Lichfield Grove Surgery – Request to revert from a PMS agreement to a GMS Contract
3.2.1	<p>Lichfield Grove Surgery in Barnet was requesting to revert their PMS agreement to a GMS contract as from 1 July 2022.</p> <p>The Committee was asked to note and approve the following:</p> <ul style="list-style-type: none"> • The due diligence has been carried out • Individual(s) signatory to the PMS agreement meet the eligibility criteria to hold the GMS contract • The PMS agreement will be terminated • New GMS contract will be issued with no material or financial changes
	The Committee APPROVED the recommendation.
3.3	Enfield – The Town Surgery – Request to Novate a PMS Agreement
3.3.1	<p>The Town Surgery PMS Agreement is held by three GPs and as contract holders were requesting to novate their PMS Agreement to a company limited by shares.</p> <p>The Committee was asked to approve the following:</p> <ul style="list-style-type: none"> • The termination of the PMS Agreement • The issue a new PMS Agreement by direct award to The Town Surgery Limited - a company limited by shares, which is held by the existing contract holders. <p>Further points to note were:</p> <ul style="list-style-type: none"> • The process of a contract novation requires commissioners to terminate the current PMS contract and issue a new PMS Agreement under a direct award to the three existing contract holders, who will hold the new company limited by shares. • The CCG as part of this process is required to demonstrate that the direct award of the new PMS Agreement is not breaching procurement regulations. There will not be a change to the terms and value of the new contract. There will not be a reduction in service provision. • The CCG has undertaken the due diligence of the application and supporting documentation provided, and there were no concerns identified.
3.3.2	<p>In considering the report, the Committee noted the following:</p> <ul style="list-style-type: none"> • When single requests from practices come in to change their contracts from a PMS / GMS contract to a limited company, in some cases it is due to the accountancy advice they have received for tax or other purposes. Other requests reflect the shift from practices being run by individual GPs in partnerships to larger scale primary care providers (e.g. GP Federations), established in other corporate forms, such as limited companies or Community Interest Companies. • Contract clauses – the PMS contract, which this practice will be awarded, does have specific clauses which requires them to notify the CCG and seek approval when there is a change in a shareholder, a change in directors and that the new providers and shareholders are able to meet the eligibility criteria set within the regulation. If they do not meet the criteria then the CCG has a right to terminate the agreement. The Committee felt that it was important that such approval was sought from the CCG (or any successor body) in advance of any such changes in Shareholders and Directors, and that this was specified in the articles of association or constitution of any company that held a primary care contract.

	<p>Other suggested conditions included assurance that the practice would maintain CQC registration and also that the contract holder would guarantee that all liabilities of the new contract will be transferred over to the new contractor.</p> <ul style="list-style-type: none"> It was noted that if conditions are applied, they would also need to be applied to all similar requests that have been referred to the Committee. <p>It was agreed the Chair and Lay member for Audit and Governance would review this item to ensure there was clarity in what was being specified.</p>
	<p>Subject to the clauses within the PMS Contract, the Contractors should seek prior approval to any proposed change in Shareholder and Director, the need for the provider to maintain CQC registration and guarantee on transfer of liabilities, the Committee APPROVED the recommendation.</p>
3.4	Camden – Belsize Priority Medical Practice – Request to relocate and change in Rent
3.4.1	<p>The Committee was asked to approve the following:</p> <ul style="list-style-type: none"> The relocation of Belsize Priory Medical Practice to the new Belsize Road site The provisional rent of £21,167 per annum premises reimbursement subject to lease and District Valuation confirmation) <p>Further points to note were:</p> <ul style="list-style-type: none"> As part of the Abbey development, Camden Council is developing a new health centre in order that the surgery can move out of the current location which will be demolished for housing units as part of a wider council regeneration scheme. The new building has no space allocation to store the patient’s paper notes. Funding has been secured for offsite storage, but the practice will need full digitisation as soon as possible as the new facility was designed without paper notes storage. The building will be used to house the GP practice and community services provided by CNWL. The current rent is £68,050 with the new proposed rent for the entire building to be £67,500. Based on the current proposed practice occupancy this would be an annual rent of £21,167. The final figure will be subject to confirmation of the floor are split between the practice and CNWL.
3.4.2	<p>In considering the report, the Committee noted the following:</p> <ul style="list-style-type: none"> Although the move was close and cheaper, the quality of the building as well as the quality of the space was at the required standard. The reduction in rent was due to an investment from central funds to fit out so that brought the revenue impact down for the CCG.
	The Committee APPROVED the recommendation.
3.5	Enfield and Camden – Direct payments – Under the premises cost directions: <ul style="list-style-type: none"> ○ Chalfont Road Surgery (Enfield) ○ Boundary Court Surgery (Enfield) ○ James Wigg Practice (Camden)
3.5.1	<p>The Committee was asked to approve the setup of Direct payments for the following practices for reimbursable costs:</p> <ul style="list-style-type: none"> Chalfont Medical Practice Boundary Court Surgery

	<ul style="list-style-type: none"> James Wigg Practice <p>Further points to note were:</p> <ul style="list-style-type: none"> Community Health Partnership (CHP) is a landlord of primary and community health buildings and NCL CCG currently has 12 practices that are tenants within CHP buildings. CHP approached NCL CCG to request if the CCG would consider paying the reimbursable costs via Direct Payments, to address the issue of the funds not being received on a regular monthly basis and to prevent practice debts from accumulating. The terms of the NHS Premises Costs Directions (2004) amended 2013, the regulations for primary care premises, states in summary that Direct payments can be considered if the contractor and the CCG agree. Direct payments though can only be applied to practices that have no debts and have a signed lease in place and the three practices listed above fall into this category. If the Committee members were in agreement to direct payments, then the contract holders would be required to sign a Section 52 agreement which is the terms of the NHS Premises Directions related to the Direct Payments.
	The Committee APPROVED the recommendation.
3.6	Haringey – Lawrence House Practice & Spur Road Surgery Merger
3.6.1	The Committee was asked to approve the merger of a PMS Agreement (Lawrence House Surgery) with a GMS Contract (Spur Road Surgery) and terminating the GMS contract. The proposed merger would take effect from 1 July 2022. The Lawrence House Surgery agreement would continue while the Spur Road Surgery contract terminates. The Spur Road Surgery’s premises would become a branch of Lawrence House Surgery.
3.6.2	In considering the report, the Committee noted the following: <ul style="list-style-type: none"> Both the provider and commissioners will work together to investigate the possibility of moving the practice solely onto the Lawrence House site. The patient engagement and the Quality Impact Assessment data will come to the Committee in June for noting.
3.6.3	Action: <ul style="list-style-type: none"> To bring the Patient Engagement and the Quality Impact Assessment data for noting to the Committee in June. (Vanessa Piper)
	The Committee APPROVED the recommendation.
3.7	Haringey – Additional facility in Somerset Gardens Health Centre
3.7.1	The Committee was asked to approve that Somerset Gardens practice can develop and then operate from the space. <p>Further points to note were:</p> <ul style="list-style-type: none"> The Elective Recovery Programme Board, Executive Management Team and the System Management Board have given Somerset Gardens practice £91k to develop unused loft space into a meeting facility for the Proactive Integrated Teams (PIT) initiative. PITs bring together a wide range of professionals to go through the elective waiting list and identify patients who require specific initiatives. East Haringey has been seen as the vanguard area for the PIT work.

	<ul style="list-style-type: none"> The practice in their application to the CCG have requested that once built, the facility could also be used for practice and other visiting staff as a base for administrative and telephone work and be available for other practices. The capital investment also includes a lift from the ground to the first and second floor and will support disabled staff access.
3.7.2	<p>In considering the report, the Committee made the following comments and observations:</p> <ul style="list-style-type: none"> The Committee has approved other schemes previously that have been cost neutral. It was noted that the use of the building would not be for the practices registered list therefore would not attract rent through the Premises Cost Directions, the practice was also operating out of sufficient space This approval will need to indicate that it is subject to the condition that no revenue will apply for the rest of the term of 10 years if they hold the building for practice use. There will be a process of application after that date. So this sets a precedence rather than being automatic. If something substantially changes before the term then clearly they will need to come back. It would have been helpful to have seen the trend data. There was a lot of housing development work going in the area. So although the current patient ratio is lower, it is envisaged that the building work will bring more people in the area and hence more patients. <p>The Committee agreed to approve this scheme subject to the condition that no revenue is implied for the rest of the term of 10 years if they hold the building for practice use. There will be a process of application after that date. However, if something substantially changes before the term ends then clearly they will need to come back and there should be a separate process for that.</p>
	<p>The Committee APPROVED the recommendation subject to the condition that no revenue is implied for the rest of the term of 10 years if they hold the building for practice use. There will be a process of application after that date. However, if something substantially changes before the term ends then clearly they will need to come back and there should be a separate process for that.</p>
3.8	Islington – Change to Islington PCN Composition
3.8.1	<p>The Committee was asked to approve the new PCN structure in Islington which would take effect from 1 May 2022.</p> <p>Further points to note were:</p> <ul style="list-style-type: none"> Islington has had five PCNs since May 2021 when the largest grouping, North PCN, split into two. At that point the two new PCNs were named North 1 PCN and North 2 PCN. Andover Medical Practice has now signalled its intention to leave North 1 PCN in order to join North 2 PCN. The split is amicable and has been agreed by all practices in North 1 and North 2. Islington Primary Care team is working closely with the two North PCNs, the LMC and Primary Care contracting colleagues, to support this transition Whilst Islington overall has an even combination of affluence and deprivation across the whole borough, it is generally considered that the North locality has the greatest deprivation across a wide footprint. Changes to the PCN will even out the list sizes between the PCNs.
	<p>The Committee APPROVED the recommendation.</p>

3.9	Islington – Finsbury Leisure Centre / City Road Medical Centre – Islington Relocation Project
3.9.1	<p>The Committee was asked to:</p> <ul style="list-style-type: none"> • Approve the relocation of City Road Medical Centre to the Finsbury Leisure Centre Development, noting the patient engagement that has been undertaken and a projected reduction in revenue costs due to the injection of £1m+ S106 monies allocated to the project. Therefore to approve the Project Initiation Document for the planned investment and for the relocation of City Road Medical Centre practice to Finsbury Leisure Centre as part of LBI's planned redevelopment of this site. • Note the current rent reimbursed for City Road Medical Centre is £192,700 per annum (extracted from the CCG's affordability model data). The estimated rental value (ERV) for the new surgery within Finsbury Leisure Centre is £182,000 per annum. However, with the use of the Section 106 healthcare allocation, it will reduce the annual rental. The overall rent and reduction will be assessed by the District Valuer. • Note the CCG will undertake further design development with the Council (as developer and landlord), including a District Valuer sign off for the final rent and clarification of other reimbursements. <p>Further points to note were:</p> <ul style="list-style-type: none"> • This follows on from the paper that the Committee received in February which looked at the principles for approving estates developments across NCL. This development was included in that modelling and has been in planning for a number of years waiting on the council movement on the overall development. • It is affordable in that the revenue costs will decrease because of a contribution of section 106 funding that will support the fit-out of the practice. Therefore there is no capital requirement from the CCG. • Patient engagement has been undertaken on the relocation which has received support. The practice will move to a new leisure centre development which is 0.3 miles away from the current location and will support the practice accommodating what has projected to be a 50% growth in its list size over the planning period up to 2045 because of the new developments in that area.
3.9.2	<p>In considering the report, the Committee noted:</p> <ul style="list-style-type: none"> • In regards to finances, there will be a reduction in revenue costs and some costs of relocation and aid.
	The Committee APPROVED the recommendation.
4.0	ITEMS TO NOTE – URGENT DECISIONS TAKEN SINCE 17 FEBRUARY 2022
4.1	Enfield – Changes to Enfield PCN composition
	The Committee NOTED the paper.
4.2	Camden – Merger and consideration of co-location
	The Committee NOTED the paper.
4.3	Deploying CCG Funds in General Practice
	The Committee NOTED the paper.

5.0	GOVERNANCE AND COMMITTEE ADMINISTRATION
5.1	PCCC Risk Register
	The Committee NOTED the risk register.
5.2	PCCC Forward Planner
	The Committee NOTED the forward planner.
6.0	ANY OTHER BUSINESS
6.1	No further business was discussed.
7.0	DATE OF NEXT MEETING
7.1	The last PCCC meeting of the CCG is on 16 June 2022 and it was hoped to have a face to face meeting where wider attendance would be welcomed.

NCL CCG Primary Care Commissioning Committee - Action Log - June 2022 ITEM 1.6

Meeting Date	Action No.	Minutes Ref	Action	Action lead	Deadline	Status update	Date closed
21.04.22	1	3.6.3	Haringey – Lawrence House Practice & Spur Road Surgery Merger - To bring the Patient Engagement and the Quality Impact Assessment data for noting to the Committee in June.	Vanessa Piper	June 22	23.05.22 – This is on the agenda for June 2022. Recommend to close the action.	
17.02.22	4	3.8.3	PCCC Assurance Paper – Premises Capital and Revenue Financial Implication – Progress Report – To bring back a further assurance paper to the April meeting to approve detailed implications at a System and Borough Level.	Nicola Theron	June 2022	16.04.22 – This is on the agenda for June 2022. Recommend to close the action. 8.04.22 - A report will be come to Part 1 of the Committee in June 2022.	
16.12.21	2	2.1.1	Finance Report – for the next report to include: <ul style="list-style-type: none"> • Prior year position to help compare current and previous years' costs. • Clarify the deficit position in Barnet against 'other committed funds' and provide information of what constituted 'other medical services' for all boroughs. • To clarify the difference in financial figures of the annual budget and the allocation transfer to boroughs. 	Anthony Browne	June 2022	16.04.22 – An update will be provided at the June meeting. Recommend to close the action 17.02.22 – The Committee agreed to keep this action open. 31.01.22 – This is included in the finance report Recommend to close the action	
21.10.21	3	3.9.2	London Operating Model 2021/22 for the Collaborative Commissioning of Primary Care Services (General Practice) -	Vanessa Piper	April 2022	23.05.22 – Recommend to close the action.	

			Proposed changes, effective from 1st April 2021, would need further review with ICS being established.			17.02.22 - The Committee agreed to keep the action open. 8.02.22 – Required to wait for NHSEI guidance on whether there will be further changes to the document with the ICS’s being established. Recommend to close the action.	
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CLOSED ITEMS

17.02.22	1	2.2.2	Quality & Performance Report – To add the practice SITREPs report to the Integrated Borough agendas and highlight the issue of violence and intimidation in practices.	Paul Sinden	April 2022	21.04.22 – The Committee agreed to close the action. 8.04.22 - Borough Directors of Integration to include SITREPs on Borough Partnership agendas. Recommend to close the action.	21.04.22
17.02.22	2	2.3.3	Operating Plan Update – To bring the Interim Operating Plan to the next Committee meeting on 21 April 2022.	Sarah McIlwaine	April 2022	21.04.22 – The Committee agreed to close the action. 8.04.22 - Interim Plan on Agenda for the April 2022 Committee. Recommend to close the action.	21.04.22
17.02.22	3	2.7.3	Surviving Domestic Abuse – Camden Healthwatch Report – For the CCG to work with PCNs on the signposting of services for victims within GP settings including IRIS.	Simon Wheatley	April 2022	21.04.22 – Camden are following this up and undertaking a practice based survey. They will be progressing a NCL wide conversation and will start to think about the baseline of services across NCL that partners can tap into. The Committee agreed to close the action. 8.04.22 - Baseline of support services underway.	21.04.22



**North Central London CCG
Primary Care Commissioning Committee Meeting
21 April 2022**

Report Title	Primary Care Quality and Performance Report	Date of report	6 June 2022	Agenda Item	2.2
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Place, Designate	Email / Tel		Sarah.mcdonnell1@nhs.net	
GB Member Sponsor					
Report Author	Sarah Mcilwaine, Director of Primary Care	Email / Tel		sarah.mcilwaine@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications <i>Not Applicable</i>			
Report Summary	<p>Introduction</p> <p>This report sets out:</p> <ul style="list-style-type: none"> • The latest Quality and Performance Report for comment; • A summary of actions accruing from the quality report <p>To note that the data for Quality and Outcomes Framework and Complaints sections are reported annually. As such, there is no change to these sections from the previous (April 2022) report to Committee.</p>				
Recommendation	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • NOTE the current position across North Central London practices and action being taken to support quality and performance at practice level • COMMENT ON future development of the quality and performance report to support onward quality and performance improvement. 				
Identified Risks and Risk Management Actions	The report outlines areas where support to practices is required, and where formal action requiring remedial actions plans are required.				
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the CCG's conflict of interest policy.				
Resource Implications	<p>The report helps to identify practices in need of resilience support via local primary care teams and the NCL contracts team.</p> <ul style="list-style-type: none"> • The majority of practices are currently rated 'Good'. • One practice in North Central London has an overall 'Outstanding' rating – West Green Road Surgery in Haringey; 				

	<ul style="list-style-type: none"> • Two practices in NCL currently have an 'Inadequate' rating from the CQC as per the last report. Both practices are in Haringey. Charlton House Surgery and Grove Road Surgery remain on inadequate rating following inspections in August 2021 and September 2021 respectively. • Staunton Group Practice in Haringey is waiting for re-inspection; • The number of practices with a 'Requires Improvement' rating has reduced by one since the April 2022 report to the Committee. Tynemouth Medical Practice received an overall 'Good' rating (report published 3/5/2022); • 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.
Engagement	The report includes patient experience measures from the Friends and Family Test and GP Patient Survey carried out by Ipsos MORI.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The report provides a regular overview of primary medical services contracts delegated to the CCG from NHS England.
Next Steps	Reporting will continue as the ICB is formed July 1 st with further work to develop reporting to support quality and performance across Primary Care in NCL.
Appendices	<ol style="list-style-type: none"> 1. Quality and Performance Report to the NCL Primary Care Commissioning Committee 2. Quality dashboard for each Borough

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

1. Introduction

This report sets out:

- The latest Quality and Performance Report for comment;
- A summary of actions accruing from the quality report;

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 aggregates national indicators and local knowledge, drawing together a multitude of indicators and sources including data from Care Quality Commission (CQC) ratings, GP Patient Survey (GPPS) results and practice level data.

The data is used to identify and support practices and/or to take formal action where needed. Local teams help identify practices facing challenges and those which would benefit from Resilience Programme support to ensure we are taking a proactive approach to quality and performance. We are keen to further develop our data and insights to ensure we have an 'early warning system' and can support struggling practices to get back to strength. Where needed however, regulatory action is taken.

To note that the data for Quality and Outcomes Framework and Complaints sections are reported annually. As such, there is no change to these sections from the previous (April 2022) report to Committee.

3. Actions accruing from the report

This section summarises how the report is used to guide commissioner action and decisions and apply contract levers where applicable. The table below summarises the commissioning actions that can be undertaken:

Domain	Indicator	Description of action taken
Quality	Care Quality Commission (CQC) ratings; Complaints	<ol style="list-style-type: none"> 1. Informal remedial action - Number of practices under improvement plan review 2. Formal remedial action - number of practices issued a remedial notice 3. Practice mergers 4. Infection control audits
Efficiency	Quality Outcomes Framework (QOF); List size changes; Friends and Family Test (FFT)	<ol style="list-style-type: none"> 1. Performance improvement plans 2. Resilience funding 3. Financial assistance (Section 96)
Workforce	Age profile; Full-time equivalents (FTE) for GPs and Nurses	<ol style="list-style-type: none"> 1. Pharmacists in Practice 2. GP retention scheme 3. Medical Assistance Programme 4. Training programmes
Patient Experience	GP Patient Survey	<ol style="list-style-type: none"> 1. National access programme 2. GP access Hubs 3. Performance improvement plans
Patient Online	Online appointments; Repeat Prescriptions	<ol style="list-style-type: none"> 1. Differential access linked to deprivation levels in some CCGs – ensure digital inclusion part of roll-out.
Extended Access	Extended access days;	<ol style="list-style-type: none"> 1. GP Hubs 2. DES sign up 3. National access programme

	Direct Enhanced Service (DES) sign up	
Premises	New schemes; Relocation into compliant buildings; Void space	1. Improvement grant awards 2. Capital funding awards 3. Service charge financial assistance applications

Actions taken in NCL include:

- 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.
- Practice Caretaking arrangements put in place where required to secure service continuity
- Proposals for practice mergers where this will support struggling practices and reduce variation
- 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 include participation in international recruitment, employment of a greater skill-mix in practices (including support from the CCG in workforce planning and optimising the additional roles reimbursement scheme for primary care networks)
- CCG teams have been working with practices and Healthwatches in response to the results of the patient survey
- Practice resilience and support programme including participation of NCL practices in the national programme and resilience support at a PCN level
- Ensuring all practices have adequate cover arrangements for any half-day closures.
- Full population coverage for extended access across NCL currently, and planning for the national enhanced access specification, to be mobilised from October 2022;
- Support 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 should be assessed against the range of indicators to arrive at a rounded view. Demographic, finance and workforce information is 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 BAME groups.

List sizes, and annual changes, are based on the movement from March 2021 to March 2022. There has been an overall list increase of 3.4% during this period. **List size growth recorded across the five Boroughs since the last report (where data was based on January 2022 lists) is 0.3%.**

Current data:

	Barnet	Camden	Enfield	Haringey	Islington
Contract type	GMS 28/51 PMS 22/51 APMS 1/51	GMS 14/33 PMS 14/33 APMS 5/33	GMS 9/31 PMS 19/31 APMS 3/31	GMS 14/35 PMS 19/35 APMS 2/35	GMS 28/32 PMS 2/32 APMS 2/32
Deprivation:					
1 = most deprived	0	0	17	10	1
2	3	10	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	7%	4%	6%	4%	4%
% list black & ethnic minority	37%	35%	41%	43%	33%
Average list size	8,619	10,655	11,499	9,524	9,254
Annual list size change	+1%	+10%	+4%	+4%	+9%

Explanatory note:

- Relatively high rates of deprivation in Enfield, Haringey and Islington;

- Higher proportion of people aged over 75 on practice lists in Barnet and Enfield;
- The April 2021 report reported the number of practices in Enfield reducing from 47 to 33 following the merger of 15 practices to create Medicus Health Partnership which was approved by the Committee in December 2020. Forest Road Group Practice is the host for the partnership with a list size of circa 90,000 for the merged practice. The number of practices has now reduced to 31 with the merger of Park Lodge Medical Centre and Winchmore Hill Practice from 1st May 2021. Average list size in Enfield has therefore increased from 7,445 to 11,499 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;

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).

Current data:

Borough	Outstanding	Good	RI	Inadequate
Barnet	0	49	2	0
Camden	0	31	2	0
Enfield	0	29	2	0
Haringey	1	30	1	2
Islington	0	29	2	0
Total	1	168	9	2

To note from the above:

- The majority of practices are currently rated 'good'.
- One practice in North Central London has an overall 'Outstanding' rating – West Green Road Surgery in Haringey;
- Two practices in NCL currently have an 'Inadequate' rating from the CQC as per the last report. Both practices are in Haringey. Charlton House Surgery and Grove Road Surgery remain on inadequate rating following inspections in August 2021 and September 2021 respectively.
- Staunton Group Practice in Haringey is waiting for re-inspection;
- **The number of practices with a 'Requires Improvement' rating has reduced by one since the April 2022 report to the Committee. Tynemouth Medical Practice received an overall 'Good' rating (report published 3/5/2022);**
- 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 latest 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.

The Friends and Family Test data submission was suspended in 21/22. GP practices were asked to collect this data from patients again from April 22 onwards but there is no requirement to submit any data until July 2022 (to give practices time to establish the data collection).

Patient Experience	Barnet	Camden	Enfield	Haringey	Islington
GP patient survey – good overall experience of the practice	79%	85%	76%	80%	84%
GP patient survey – easy getting through by phone	64%	81%	62%	71%	79%
GP patient survey – satisfied with type of appointment offered	77%	84%	76%	78%	81%
Friends and family test:					
Average recommendation %	85%	89%	86%	87%	90%
Practices with results	19/51	12/33	25/45	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 has been updated to show the number of written complaints made by patients and/or their carers during 2020/21 on receipt of the information from NHS England. 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
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Number of complaints received in 2020/21	485	292	362	371	281
Complaints escalated to NHSE in 2020/21	23/485	22/292	22/362	28/371	16/281
Average received per practice in 2020/21	10	9	8	11	9
Average per 1000 people on list in 2020/21	1.1	0.9	1.0	1.1	1.0
Number of complaints received in prior years	568-610	406-430	483-530	389-411	208-377
Average received per practice prior years	11	12	11	11	9
Average per 1000 people on list in prior years	1.3	1.3	1.4	1.2	1.0

In 2020/21 the number of complaints received by per head of population, and by practice, is broadly consistent across practices in the five Boroughs. The number and rate of complaints shows a marked reduction for Enfield in 2020/21 compared to prior years, with reductions also seen in Barnet and Camden. The impact of the pandemic on complaints will be investigated.

This report adds in the complaints escalated to NHS England where 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 Workforce

The table below provides an overview of workforce information for each borough. The monthly data for percentage of locum GPs, number of patients per FTE GP and nurse have been updated with the April 2022 dataset. The table below shows a breakdown of the maximum, minimum and average patient per GP and nurse FTE across NCL practices.

The data source for the percentage of GPs aged 55 and over, and percentage of nurses aged 55 and over is no longer available (the last update for this information was March 2018).

Borough	PATIENTS PER FTE GP			PATIENTS PER FTE NURSE		
	MIN	MAX	AVG	MIN	MAX	AVG
Barnet	1175.90	6759.85	2318.13	2315.27	26165.63	9495.96
Camden	414.35	5706.55	1901.62	481.25	44953.13	11921.10
Enfield	984.30	14221.88	2823.88	3601.11	55575.00	10030.27
Haringey	1125.00	20240.63	2956.46	2624.12	33542.50	10547.96
Islington	972.92	7055.36	7055.36	3273.36	31192.50	9546.17
NCL	414.35	20240.63	2460.09	481.25	55575.00	10179.10

There is a 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 and recruitment via the Additional Roles Reimbursement Scheme. Additional roles now funded and part of the practice team include pharmacists, physicians, physiotherapists, social prescribers, mental health professionals and paramedics.

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.

There is a need to develop our data to accurately capture the number of staff within NCL practices. Those recruited into PCN roles often work across more than one practice so this needs to be recorded correctly to avoid double count.

Recognising workforce as a key challenge, 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. Primary Care Access and Demand

Primary care continues to operate a hybrid model for access utilising a combination of telephone and remote access where appropriate and a face-to-face appointments. Extended Access Hubs continue to offer appointments over evenings and weekends.

Primary care has seen an increase in demand with appointments in April 2022 being 66.5% above early Covid-19 levels (April 2020). Demand decreased by -20.47% between March and April 2022 (there was a 15% increase between February and March 2022), with over half of appointments now being delivered face-to-face (56.64%) compared to 82.54% before the pandemic. Attendance rates decreased slightly from 90.58% to 90.42% between March and April 2022.

Camden Directorate JUNE 2022		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 United IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Safe	CQC - Effective	CQC - Caring	CQC - Responsive	CQC - Well led	Written complaints (Total) 2020/21	Written complaints (via NHSE) 2020/21	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurse 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 - May 22	Annual List Size Change May 21 - May 22	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos < 6, no data = zero return)	GPPS - Good overall experience of GP practice	GPPS - Easy to get through by phone (* = nos < 10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (* = nos < 10; * = < 0.5%)	Average payment per weighted patient 20/21	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 22)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 22)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)	
1	F83003	Park End Surgery	Del	PMS	X	5 - Least Deprived	9.6%	79%	●	●	●	●	●	9	1	Large	14%	0%	0%	1,299	15,308	96.9%	4.8%	7,552	4.1%	no data	94%	93%	91%	£163	✓	80%	0	✓	80%	474	FULL	7	✓	
2	F83005	Gower Street Practice	Del	GMS	X	3	1.3%	61%	●	●	●	●	●	6	0	Medium-large	55%	0%	0%	3,180	ND	95.6%	6.8%	9,864	31.5%	*	87%	98%	79%	£142	✓	37%	193	✓	37%	203	FULL	7	✓	
3	F83006	Amptill Practice	Del	GMS	X	2	4.6%	55%	●	●	●	●	●	8	0	Medium-large	25%	0%	0%	1,331	7,524	92.7%	4.1%	7,524	-0.4%	no data	81%	75%	90%	£149	✓	36%	78	✓	33%	437	FULL	7	✓	
4	F83011	Primrose Hill Surgery	Del	GMS	X	4	6.7%	79%	●	●	●	●	●	5	1	Medium-large	0%	0%	0%	2,185	ND	94.4%	4.7%	7,168	3.4%	NA	84%	70%	84%	£152	✓	54%	0	✓	54%	419	FULL	7	✓	
5	F83017	Hampstead Group Practice	Del	PMS	X	4	5.4%	73%	●	●	●	●	●	10	0	Large	7%	0%	0%	1,107	7,278	96.6%	4.9%	17,953	2.1%	96%	89%	90%	£166	✓	53%	203	✓	53%	702	FULL	7	✓		
6	F83018	Prince Of Wales Group Surgery	Del	PMS	X	2	4.9%	63%	●	●	●	●	●	18	0	Large	22%	3%	55%	1,026	6,923	95.1%	6.6%	8,769	-2.7%	no data	77%	62%	68%	£182	✓	46%	1	✓	46%	255	FULL	7	✓	
7	F83019	Abbey Medical Centre	Del	GMS	X	3	5.2%	62%	●	●	●	●	●	17	1	Large	11%	0%	0%	1,909	ND	97.6%	4.7%	12,727	4.9%	88%	82%	60%	£165	✓	53%	0	✓	52%	442	PARTIAL	1	✓		
8	F83020	Adelaide Medical Centre	Del	GMS	X	4	7.3%	71%	●	●	●	●	●	20	0	Large	12%	0%	60%	1,542	12,007	99.6%	11.7%	12,007	0.5%	*	94%	91%	92%	£149	✓	66%	28	✓	66%	411	FULL	7	✓	
9	F83022	Caversham Group Practice	Del	GMS	X	3	5.0%	70%	●	●	●	●	●	0	0	Large	46%	0%	0%	1,090	7,017	95.1%	5.3%	16,888	4.6%	no data	90%	81%	82%	£147	✓	45%	163	✓	44%	840	PARTIAL	2	✓	
10	F83023	James Wigg Practice	Del	PMS	X	2	4.3%	67%	●	●	●	●	●	38	0	Large	13%	0%	17%	1,007	6,466	94.9%	5.7%	22,071	0.4%	100%	90%	70%	£184	✓	0%	0	✓	42%	885	FULL	7	✓		
11	F83025	The Regents Park Practice	Del	PMS	X	2	4.6%	52%	●	●	●	●	●	5	0	Medium-large	0%	0%	35%	855	6,258	90.5%	3.5%	6,258	3.1%	no data	84%	83%	74%	£165	✓	35%	0	✓	33%	313	FULL	7	✓	
12	F83042	Grays Inn Road Medical Centre	Del	PMS	X	3	2.1%	58%	●	●	●	●	●	18	2	Medium-large	30%	0%	100%	1,996	11,870	98.2%	14.0%	7,597	6.7%	86%	92%	83%	£150	✓	42%	148	✓	42%	93	FULL	7	✓		
13	F83043	Ridgmount Practice	Del	GMS	X	3	0.5%	59%	●	●	●	●	●	2	0	Large	29%	0%	0%	2,535	6,418	99.5%	13.4%	20,109	14.3%	76%	81%	100%	£158	✓	61%	82	✓	61%	99	FULL	7	✓		
14	F83044	The Bloomsbury Surgery	Del	GMS	X	2	3.1%	52%	●	●	●	●	●	0	0	Medium-large	0%	0%	0%	1,725	ND	94.0%	5.8%	5,889	33.3%	100%	86%	90%	£217	✓	0%	0	✓	59%	138	PARTIAL	6	✓		
15	F83048	Brunswick Medical Centre Uhp	Del	APMS	X	3	2.8%	56%	●	●	●	●	●	2	2	Medium-large	0%	43%	0%	5,493	ND	98.9%	8.9%	8,408	20.1%	87%	77%	73%	£178	✓	49%	0	✓	49%	146	FULL	7	✓		
16	F83050	Fortune Green Road Surgery	Del	GMS	X	4	6.0%	69%	●	●	●	●	●	7	0	Small-medium	0%	13%	0%	1,562	5,946	96.9%	14.6%	3,092	6.0%	*	84%	85%	80%	£146	✓	39%	45	✓	39%	90	FULL	7	✓	
17	F83052	Brookfield Park Surgery	Del	GMS	X	3	6.0%	77%	●	●	●	●	●	4	0	Small-medium	35%	0%	0%	1,312	ND	98.6%	6.6%	3,647	1.3%	no data	83%	84%	79%	£152	✓	46%	39	✓	46%	117	FULL	7	✓	
18	F83055	West Hampstead Medical Centre	Del	PMS	X	4	2.8%	72%	●	●	●	●	●	10	0	Large	13%	0%	53%	1,844	15,069	98.2%	6.9%	20,896	10.8%	100%	86%	68%	£146	✓	91%	813	✓	88%	688	FULL	7	✓		
19	F83057	Parliament Hill Surgery	Del	PMS	X	3	4.4%	78%	●	●	●	●	●	11	1	Large	3%	0%	100%	1,116	18,626	96.7%	4.0%	7,947	3.8%	no data	92%	78%	83%	£160	✓	64%	1	✓	64%	327	FULL	7	✓	
20	F83058	Holborn Medical Centre	Del	PMS	X	3	2.2%	57%	●	●	●	●	●	7	0	Large	24%	0%	0%	1,364	20,570	95.9%	4.1%	12,342	3.6%	89%	77%	87%	£163	✓	34%	105	✓	34%	229	FULL	7	✓		
21	F83059	Brondebury Medical Centre	Del	PMS	X	2	3.1%	63%	●	●	●	●	●	38	0	Large	10%	0%	31%	1,779	ND	96.3%	10.2%	21,196	6.9%	no data	84%	79%	84%	£165	✓	52%	0	✓	50%	622	FULL	7	✓	
22	F83061	Museum Practice	Del	PMS	X	3	4.4%	63%	●	●	●	●	●	3	0	Medium-large	0%	9%	0%	918	13,223	97.8%	4.8%	5,289	2.7%	*	98%	99%	98%	£157	✓	51%	205	✓	51%	99	FULL	7	✓	
23	F83615	Cholmley Gardens Surgery	Del	PMS	X	5 - Least Deprived	5.7%	73%	●	●	●	●	●	3	1	Medium-large	40%	0%	0%	1,733	18,614	91.7%	4.3%	7,942	-0.4%	*	88%	79%	72%	£138	✓	43%	0	✓	43%	277	FULL	7	✓	
24	F83623	Keats Group Practice	Del	PMS	X	5 - Least Deprived	6.5%	79%	●	●	●	●	●	10	0	Large	12%	0%	0%	1,374	10,845	96.6%	4.7%	13,448	0.8%	no data	89%	73%	89%	£173	✓	61%	41	✓	61%	708	FULL	7	✓	
25	F83632	Queens Crescent Practice	Del	GMS	X	2	4.2%	61%	●	●	●	●	●	12	0	Medium-large	5%	0%	0%	1,605	7,697	94.9%	7.1%	6,568	-2.8%	83%	78%	59%	£142	✓	0%	0	✓	27%	207	FULL	7	✓		
26	F83633	Daleham Gardens Health Centre	Del	PMS	X	5 - Least Deprived	3.5%	73%	●	●	●	●	●	9	0	Small-medium	0%	0%	0%	2,461	11,498	96.3%	11.5%	4,906	17.3%	*	86%	91%	89%	£196	✓	54%	95	✓	54%	135	FULL	7	✓	
27	F83635	Kings Cross Surgery	Del	APMS	X	2	0.8%	51%	●	●	●	●	●	5	5	Small-medium	6%	15%	0%	4,001	ND	100.0%	16.4%	9,891	19.6%	78%	69%	74%	£152	✓	47%	3	✓	47%	234	FULL	7	✓		
28	F83658	Belsize Priory Medical Practice (Group)	Del	GMS	X	3	4.7%	62%	●	●	●	●	●	3	0	Small-medium	76%	22%	0%	2,027	16,957	96.4%	4.8%	4,974	10.2%	no data	85%	88%	81%	£144	✓	44%	66	✓	44%	127	FULL	7	✓	
29	F83665	Swiss Cottage Surgery	Del	GMS	X	4	2.9%	66%	●	●	●	●	●	5	5	Large	0%	0%	40%	1,699	5,199	97.1%	4.5%	16,081	6.1%	*	93%	91%	90%	£160	✓	63%	0	✓	63%	300	FULL	7	✓	
30	F83672	St Philips Medical Centre	Del	GMS	X	3	0.4%	63%	●	●	●	●	●	3	0	Large	0%	0%	0%	1,656	44,953	96.7%	5.5%	14,385	14.4%	no data	71%	96%	96%	£134	✓	55%	0	✓	55%	288	PARTIAL	6	✓	
31	F83683	Somers Town Medical Centre	Del	APMS	X	2	1.8%	48%	●	●	●	●	●	1	1	Single-handed	0%	33%	0%	5,707	9,359	100.0%	8.7%	7,487	35.8%	83%	79%	68%	£182	✓	31%	0	✓	31%	129	FULL	7	✓		
32	Y02674	Camden Health Improvement Practice	Del	APMS	X	2	0.8%	0%	●	●	●	●	●	1	0	Small-medium	0%	0%	50%	414	481	82.1%	9.1%	616	11.2%	no data	~	~	~	£1,081	✓	5%	0	✓	5%	0	no data	-	-	
33	Y03103	Medicus Select Care (SAS)		APMS	X	0.5%	0%	0%	●	●	●	●	●	2	2						ND	ND	34.9%	11.0%	196	26.5%	no data	~	~	~	£1,194	✓	0%	0	✓	0%	0	NO	0	0

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

Enfield Directorate JUNE 2022		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 United IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Safe	CQC - Effective	CQC - Caring	CQC - Responsive	CQC - Well led	Written complaints (Total) 2020/21	Written complaints (via NHSE) 2020/21	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurse 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 - May 22	Annual List Size Change May 21 - May 22	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos < 6, no data = zero return)	GPPS - Good overall experience of GP practice	GPPS - Easy to get through by phone (* = nos < 10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (* = nos < 10; * = < 0.5%)	Average payment per weighted patient 20/21	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 22)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 22)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)	
1	F85002	Forest Rd Group Practice	Del	PMS	X	1 - Most deprived	5.8%	44%	●	●	●	●	●	0	0	Large	21%	0%	23%	2,178	8,777	96.6%	5.1%	92,105	1.1%	83%	72%	55%	71%	£153	✓	29%	0	✓	29%	508	2115	FULL	7	✓
2	F85004	Eagle House Surgery	Del	PMS	X	1 - Most deprived	6.1%	53%	●	●	●	●	●	48	1	Medium-large	29%	0%	100%	2,277	3,601	97.9%	6.4%	12,964	-1.3%	79%	67%	33%	73%	£148	✓	37%	0	✓	36%	508	PARTIAL	4	✓	
3	F85010	Keats Surgery	Del	GMS	X	2	7.0%	52%	●	●	●	●	●	8	2	Small-medium	100%	0%	100%	2,558	3,824	92.1%	6.4%	5,048	-0.7%	93%	71%	74%	77%	£125	✓	30%	0	✓	30%	138	PARTIAL	6	✓	
4	F85016	Cockfosters Medical Centre	Del	GMS	X	5 - Least Deprived	11.0%	76%	●	●	●	●	●	10	0	Medium-large	67%	0%	100%	1,969	11,062	94.3%	2.8%	6,932	2.2%	no data	80%	70%	82%	£132	✓	39%	0	✓	39%	171	FULL	7	✓	
5	F85020	The Woodberry Practice	Del	PMS	X	4	7.9%	74%	●	●	●	●	●	33	1	Medium-large	3%	0%	50%	3,848	13,801	95.8%	5.7%	9,201	1.2%	no data	86%	74%	88%	£148	✓	46%	0	✓	46%	378	FULL	7	✓	
6	F85023	The Ordnance Unity Centre For Health	Del	APMS	X	1 - Most deprived	2.6%	57%	●	●	●	●	●	10	0	Small-medium	0%	0%	0%	2,308	8,429	97.2%	9.3%	11,801	5.6%	98%	74%	59%	63%	£160	✓	31%	276	✓	31%	305	no data	-	✓	
7	F85025	White Lodge Medical Practice	Del	PMS	X	4	8.3%	78%	●	●	●	●	●	15	1	Large	18%	0%	13%	1,347	8,822	98.3%	4.1%	12,233	6.7%	90%	92%	76%	85%	£152	✓	51%	0	✓	51%	967	FULL	7	✓	
8	F85029	Abernethy House Surgery	Del	PMS	X	4	11.1%	79%	●	●	●	●	●	16	1	Large	27%	0%	51%	984	5,558	99.2%	4.3%	12,599	-2.6%	94%	91%	80%	88%	£142	✓	48%	29	✓	48%	1142	FULL	7	✓	
9	F85032	Southgate Surgery	Del	PMS	X	4	8.4%	69%	●	●	●	●	●	23	0	Large	44%	0%	0%	2,434	13,238	90.2%	4.0%	10,061	-0.3%	87%	77%	57%	75%	£135	✓	38%	52	✓	38%	465	no data	-	✓	
10	F85033	Winchmore Hill Practice	Del	PMS	X	5 - Least Deprived	9.3%	76%	●	●	●	●	●	1	1	Large	0%	0%	58%	1,718	12,652	91.8%	0.0%	21,762	29.5%	79%	78%	62%	76%	£155	✓	56%	273	✓	55%	1289	FULL	7	✓	
11	F85035	Highlands Practice	Del	GMS	X	5 - Least Deprived	9.5%	73%	●	●	●	●	●	61	1	Large	0%	0%	0%	1,057	7,642	82.8%	3.9%	11,208	0.5%	no data	81%	46%	84%	£140	✓	34%	83	✓	34%	547	PARTIAL	5	✓	
12	F85039	Rainbow Practice	Del	PMS	X	1 - Most deprived	3.9%	43%	●	●	●	●	●	1	1	Small-medium	29%	29%	0%	3,826	9,239	91.2%	7.1%	6,529	7.5%	82%	82%	64%	80%	£132	✓	31%	32	✓	31%	161	PARTIAL	6	✓	
13	F85043	Boundary Court Surgery	Del	APMS	X	1 - Most deprived	3.4%	42%	●	●	●	●	●	2	0	Small-medium	0%	0%	0%	2,181	6,990	94.7%	4.6%	3,635	-8.9%	no data	88%	70%	75%	£157	✓	29%	195	✓	29%	72	FULL	7	✓	
14	F85044	The Bounces Road Surgery	Del	GMS	X	1 - Most deprived	4.5%	44%	●	●	●	●	●	2	0	Medium-large	0%	0%	0%	1,192	5,450	95.5%	4.8%	5,959	3.4%	100%	76%	72%	80%	£142	✓	29%	5	✓	29%	79	FULL	7	✓	
15	F85058	Nightingale House Surgery	Del	PMS	X	2	5.8%	49%	●	●	●	●	●	16	0	Small-medium	20%	0%	100%	2,671	4,460	97.8%	8.5%	6,838	1.2%	83%	86%	82%	79%	£151	✓	29%	6	✓	28%	115	PARTIAL	4	✓	
16	F85072	Grovelands Medical Centre	Del	PMS	X	3	7.3%	64%	●	●	●	●	●	2	0	Small-medium	40%	31%	100%	3,229	6,432	91.8%	1.0%	10,635	-1.1%	no data	74%	67%	67%	£136	✓	32%	53	✓	32%	228	FULL	7	✓	
17	F85625	Bincote Surgery	Del	PMS	X	4	8.3%	77%	●	●	●	●	●	5	0	Medium-large	69%	11%	0%	2,051	9,547	92.0%	3.4%	6,619	1.3%	93%	88%	68%	82%	£133	✓	52%	0	✓	51%	464	PARTIAL	2	✓	
18	F85634	East Enfield Practice	Del	PMS	X	1 - Most deprived	4.5%	51%	●	●	●	●	●	0	0	Small-medium	0%	0%	100%	5,176	14,751	99.3%	7.3%	7,867	133.4%	no data	77%	65%	76%	£146	✓	27%	0	✓	27%	171	PARTIAL	1	✓	
19	F85642	The North London Health Centre	Del	GMS	X	4	7.8%	67%	●	●	●	●	●	0	0	Medium-large	0%	0%	35%	1,903	7,863	89.4%	3.1%	8,806	-0.3%	90%	77%	55%	81%	£127	✓	42%	0	✓	42%	510	no data	-	✓	
20	F85650	Morecambe Surgery	Del	GMS	X	2	6.6%	51%	●	●	●	●	●	14	2	Small-medium	0%	0%	100%	2,697	5,884	98.6%	6.0%	5,178	-0.2%	96%	67%	59%	67%	£134	✓	35%	0	✓	35%	217	FULL	7	✓	
21	F85663	Latymer Road Surgery	Del	GMS	X	2	7.1%	47%	●	●	●	●	●	20	0	Small-medium	34%	0%	0%	14,222	ND	96.8%	6.9%	4,551	0.1%	no data	65%	56%	72%	£132	✓	31%	0	✓	31%	210	FULL	7	✓	
22	F85666	Edmonton Medical Centre	Del	PMS	X	1 - Most deprived	5.4%	43%	●	●	●	●	●	7	0	Small-medium	0%	0%	100%	1,644	5,892	92.9%	3.7%	3,771	1.6%	93%	83%	67%	79%	£147	✓	29%	0	✓	29%	81	FULL	7	✓	
23	F85676	Boundary House Surgery	Del	PMS	X	1 - Most deprived	4.8%	46%	●	●	●	●	●	4	0	Small-medium	19%	18%	100%	4,107	3,659	97.6%	6.0%	5,367	1.1%	91%	74%	62%	75%	£161	✓	30%	0	✓	29%	81	PARTIAL	2	✓	
24	F85678	Town Surgery	Del	PMS	X	3	3.4%	71%	●	●	●	●	●	2	0	Small-medium	31%	0%	100%	1,728	55,575	96.7%	8.4%	4,446	-0.9%	no data	81%	87%	76%	£143	✓	38%	0	✓	37%	136	FULL	7	✓	
25	F85682	Chalfont Road Surgery	Del	APMS	X	1 - Most deprived	3.8%	46%	●	●	●	●	●	4	0	Small-medium	0%	59%	100%	2,051	7,646	93.6%	3.6%	3,874	-10.6%	no data	76%	48%	67%	£234	✓	32%	156	✓	32%	94	FULL	7	✓	
26	F85687	Oakwood Medical Centre	Del	PMS	X	4	7.1%	71%	●	●	●	●	●	10	1	Medium-large	19%	0%	0%	1,791	8,132	97.9%	5.6%	7,915	2.8%	83%	75%	61%	66%	£148	✓	37%	0	✓	37%	289	FULL	7	✓	
27	F85700	Arnos Grove Medical Centre	Del	PMS	X	3	3.7%	61%	●	●	●	●	●	2	0	Small-medium	43%	62%	100%	3,335	12,886	96.1%	16.2%	7,560	8.5%	no data	58%	47%	67%	£130	✓	0%	0	✓	37%	167	FULL	7	✓	
28	F85701	Gillan House Surgery	Del	GMS	X	3	4.6%	66%	●	●	●	●	●	7	1	Medium-large	41%	0%	100%	2,335	12,443	96.1%	4.2%	12,277	5.6%	84%	83%	70%	82%	£137	✓	38%	0	✓	38%	585	FULL	7	✓	
29	Y00057	Angel Surgery	Del	PMS	X	1 - Most deprived	2.9%	42%	●	●	●	●	●	15	3	Medium-large	57%	0%	100%	3,891	11,853	95.5%	5.5%	13,591	7.1%	80%	67%	60%	69%	£125	✓	24%	0	✓	24%	140	FULL	7	✓	
30	Y00612	Green Cedars Medical Centre	Del	GMS	X	1 - Most deprived	3.1%	44%	●	●	●	●	●	4	0	Small-medium	16%	22%	100%	2,445	8,116	95.3%	8.4%	5,411	-9.7%	71%	76%	69%	76%	£128	✓	0%	0	✓	22%	43	FULL	7	✓	
31	Y03402	Evergreen Primary Care Centre	Del	PMS	X	1 - Most deprived	2.9%	42%	●	●	●	●	●	17	3	Large	9%	0%	58%	2,386	6,682	95.0%	6.7%	20,045	1.8%	no data	72%	46%	72%	£139	✓	46%	820	✓	46%	504	FULL	7	✓	

Comments:
No.43 - List size reflects merger with Dover House (F85015) in October 2018
Figures for 'Patient Online' section relating to MHP practices all recorded under F85002 Forest Road Group Practice.
PLEASE NOTE - As of 01.01.21, all MHP practices merged under F85002 Medicus Health Partners. As some data reflects the pre-merger structure, MHP practices will remain split on the dashboard until data is able to be presented accurately under F85002.
01.05.21 F85053 Park Lodge Medical Centre merged with F85033 Winchmore Hill Practice.
01.07.21 F85654 Brick Lane Surgery merged with F85634 East Enfield Medical Practice.

Haringey Directorate JUNE 2022		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 United IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Safe	CQC - Effective	CQC - Caring	CQC - Responsive	CQC - Well led	Written complaints (Total) 2020/21	Written complaints (via NHSE) 2020/21	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurse aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QOF Achievement 20/21	COF Personalised Care Adjustment Rate 20/21	List size - May 22	Annual List Size Change May 21 - May 22	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos < 6, no data = zero return)	GPPS - Good overall experience of GP practice	GPPS - Easy to get through by phone (* = nos < 10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (* = nos < 10; * = < 0.5%)	Average payment per weighted patient 20/21	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 22)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 22)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)	
1	F85007	Lawrence House Surgery	Del	PMS	X	1 - Most deprived	4.0%	49%	●	●	●	●	●	11	0	Large	25%	0%	82%	1,197	5,564	97.1%	5.8%	15,356	-3.0%	82%	81%	69%	84%	£149	✓	65%	1	✓	65%	495	FULL	7	✓	
2	F85008	Staunton Group Practice	Del	GMS	X	2	4.5%	57%	Awaiting inspection					42	1	Medium-large	39%	0%	27%	20,241	8,164	92.5%	6.1%	12,954	-1.5%	70%	75%	57%	77%	no data	✓	0%	0	✓	28%	474	no data	-	✓	
3	F85013	Tynemouth Medical Practice	Del	PMS	X	1 - Most deprived	3.8%	44%	●	●	●	●	●	8	1	Medium-large	8%	0%	26%	1,361	2,624	91.8%	8.0%	8,992	-0.8%	75%	72%	45%	75%	£148	✓							no data	-	✓
4	F85014	Highgate Group Practice	Del	PMS	X	4	8.1%	81%	●	●	●	●	●	5	0	Large	0%	0%	0%	1,704	6,742	93.5%	5.5%	16,630	1.1%	78%	94%	77%	87%	£137	✓	90%	39	✓	90%	1228	FULL	7	✓	
5	F85017	Charlton House Medical Centre	Del	GMS	X	1 - Most deprived	4.9%	43%	●	●	●	●	●	2	2	Small-medium	50%	0%	76%	3,790	7,701	87.6%	4.3%	6,469	-5.5%	no data	74%	57%	76%	£120	✓	42%	0	✓	42%	217	PARTIAL	1	✓	
6	F85019	Morris House Group Practice	Del	GMS	X	1 - Most deprived	4.1%	47%	●	●	●	●	●	30	1	Large	15%	0%	0%	1,987	8,709	95.2%	5.4%	13,904	5.3%	78%	77%	41%	74%	£152	✓	53%	153	✓	53%	693	FULL	7	✓	
7	F85028	Bruce Grove Primary Health Care Ctr	Del	GMS	X	1 - Most deprived	5.0%		●	●	●	●	●	1	1	Small-medium	65%	0%	100%	2,587	13,971	96.2%	8.2%	7,451	-2.9%	no data	73%	71%	81%	£140	✓	20%	0	✓	20%	97	no data	-	✓	
8	F85030	Somerset Gardens Family Health Centre	Del	PMS	X	1 - Most deprived	4.9%	42%	●	●	●	●	●	1	1	Medium-large		0%	42%	2,396	33,543	94.8%	9.8%	13,417	1.7%	no data	70%	40%	81%	£141	✓	25%	0	✓	25%	396	FULL	7	✓	
9	F85031	Westbury Medical Centre	Del	PMS	X	2	4.3%	54%	●	●	●	●	●	21	5	Small-medium	0%	0%	100%	3,639	17,721	97.6%	7.8%	10,869	-0.4%	92%	88%	76%	81%	£150	✓	48%	0	✓	47%	334	FULL	7	✓	
10	F85034	Arcadian Gardens Surgery	Del	GMS	X	2	4.1%	60%	●	●	●	●	●	6	0	Small-medium	7%	0%	100%	3,071	4,167	95.9%	7.2%	6,223	14.8%	no data	79%	79%	65%	£135	✓	41%	2	✓	41%	254	FULL	7	✓	
11	F85046	Hornsey Park Surgery	Del	GMS	X	2	1.8%	59%	●	●	●	●	●	1	1	Small-medium	100%	34%	0%	3,268	19,402	93.6%	8.8%	8,278	34.4%	no data	79%	95%	81%	£124	✓	33%	0	✓	33%	161	FULL	7	✓	
12	F85052	Spur Road Surgery	Del	GMS	X	2	6.5%	50%	●	●	●	●	●	3	3	Small-medium	87%	0%	100%	1,125	13,313	99.7%	11.7%	2,130	3.5%	77%	76%	93%	79%	£140	✓	36%	0	✓	36%	45	FULL	7	✓	
13	F85060	Haverghal Surgery	Del	PMS	X	2	5.1%	58%	●	●	●	●	●	7	0	Small-medium	10%	32%	90%	2,814	8,442	95.8%	7.0%	5,628	-4.9%	no data	81%	63%	72%	£146	✓	46%	0	✓	42%	137	FULL	7	✓	
14	F85061	Christchurch Hall Surgery	Del	GMS	X	3	5.5%	73%	●	●	●	●	●	2	0	Small-medium	92%	33%	0%	1,637	3,693	93.0%	5.9%	3,151	-4.5%	98%	78%	89%	75%	£132	✓	29%	12	✓	29%	43	FULL	7	✓	
15	F85063	The Muswell Hill Practice	Del	PMS	X	5 - Least Deprived	6.0%	82%	●	●	●	●	●	13	1	Large	21%	0%	0%	1,251	18,141	87.4%	4.1%	14,513	-0.7%	no data	87%	74%	85%	£136	✓	68%	381	✓	68%	948	FULL	7	✓	
16	F85064	Stuart Crescent Health Centre	Del	PMS	X	2	4.3%	57%	●	●	●	●	●	3	1	Small-medium	0%	0%		1,665	7,217	97.3%	7.5%	6,928	8.0%	100%	87%	70%	85%	£131	✓	46%	66	✓	46%	185	FULL	7	✓	
17	F85065	Stuart Crescent Medical Practice	Del	GMS	X	2	5.5%	56%	●	●	●	●	●	5	1	Small-medium	50%	0%	0%	1,283	4,278	97.6%	9.0%	3,080	-1.9%	84%	59%	63%	68%	£135	✓	33%	0	✓	33%	44	FULL	7	✓	
18	F85066	Bounds Green Group Practice	Del	PMS	X	3	4.7%	65%	●	●	●	●	●	41	1	Large	12%	2%	37%	1,136	14,680	95.6%	5.4%	18,595	0.3%	96%	86%	58%	87%	£136	✓	57%	467	✓	57%	1307	PARTIAL	6	✓	
19	F85067	The 157 Medical Practice	Del	PMS	X	2	6.0%	65%	●	●	●	●	●	4	0	Small-medium	60%	22%	100%	3,844	5,766	62.2%	11.7%	4,613	1.8%	no data	72%	65%	65%	£132	✓	0%	0	✓	27%	130	NO	0	✓	
20	F85069	Crouch Hall Road Surgery	Del	PMS	X	4	5.3%	77%	●	●	●	●	●	7	0	Medium-large	73%	0%	54%	3,127	5,571	99.6%	4.1%	8,171	-2.9%	94%	88%	90%	91%	£144	✓	105%	0	✓	104%	402	FULL	7	✓	
21	F85071	Fernlea Surgery	Del	PMS	X	2	2.9%	57%	●	●	●	●	●	38	0	Medium-large	32%	0%	100%	1,401	5,963	96.2%	7.1%	11,210	5.2%	81%	80%	66%	78%	£138	✓	33%	25	✓	33%	144	FULL	7	✓	
22	F85615	Tottenham Health Centre	Del	PMS	X	1 - Most deprived	3.2%	43%	●	●	●	●	●	2	0	Small-medium	98%	15%	0%	2,103	10,408	95.3%	7.7%	5,551	0.7%	no data	67%	66%	71%	£150	✓	34%	0	✓	33%	100	FULL	7	✓	
23	F85623	Grove Road Surgery	Del	PMS	X	1 - Most deprived	3.3%	48%	●	●	●	●	●	5	0	Small-medium	44%	0%	100%	1,875	21,094	96.6%	13.2%	4,500	-1.7%	100%	84%	77%	77%	£139	✓	0%	0	✓	26%	68	FULL	7	✓	
24	F85628	Dowsett Road Surgery	Del	GMS	X	1 - Most deprived	4.7%	44%	●	●	●	●	●	5	0	Medium-large	0%	0%	100%	2,129	4,022	98.0%	7.0%	4,826	-0.2%	82%	84%	78%	81%	£133	✓	0%	0	✓	34%	81	FULL	7	✓	
25	F85640	Cheshire Road Surgery	Del	PMS	X	2	4.8%	61%	●	●	●	●	●	0	0	Small-medium	0%	0%	0%	2,170	7,921	93.8%	5.3%	6,337	-2.0%	no data	84%	63%	65%	£139	✓	63%	62	✓	63%	145	FULL	7	✓	
26	F85669	West Green Road Surgery	Del	GMS	X	2	0.9%	54%	●	●	●	●	●	17	4	Large	19%	5%	100%	2,527	ND	94.2%	7.7%	19,306	4.7%	99%	83%	90%	74%	£123	✓	28%	0	✓	28%	168	FULL	7	✓	
27	F85675	The Alexandra Surgery	Del	PMS	X	3	6.9%	70%	●	●	●	●	●	2	2	Small-medium	58%	46%		3,829	8,524	94.1%	5.9%	5,663	0.8%	95%	78%	68%	77%	£143	✓	54%	0	✓	54%	381	no data	-	✓	
28	F85688	Rutland House Surgery	Del	PMS	X	4	6.1%	74%	●	●	●	●	●	4	0	Medium-large	24%	0%	100%	1,937	10,064	97.7%	5.0%	11,272	59.6%	no data	92%	88%	84%	£143	✓	47%	185	✓	47%	704	FULL	7	✓	
29	F85697	The Old Surgery	Del	GMS	X	2	7.0%	61%	●	●	●	●	●	5	0	Small-medium	43%	0%	100%	1,549	ND	94.7%	10.9%	2,049	-2.6%	no data	81%	91%	87%	£127	✓	20%	0	✓	20%	15	FULL	7	✓	
30	F85705	JS Medical Practice	Del	PMS	X	1 - Most deprived	3.4%	49%	●	●	●	●	●	3	0	Small-medium	50%	0%	40%	3,125	8,853	98.8%	12.0%	12,748	2.2%	no data	80%	68%	76%	£142	✓	59%	64	✓	59%	362	FULL	7	✓	
31	Y01655	The Vale Practice	Del	GMS	X	3	2.1%	74%	●	●	●	●	●	4	0	Large	55%	6%	66%	2,619	10,976	95.6%	3.8%	10,537	-3.0%	100%	83%	80%	85%	£156	✓	0%	0	✓	62%	335	FULL	7	✓	
32	Y02117	The Laurels Medical Practice	Del	APMS	X	2	3.0%	50%	●	●	●	●	●	1	1	Small-medium	19%	0%	0%	7,077	10,848	100.0%	8.9%	16,344	5.8%	96%	71%	54%	70%	£155	✓	0%	0	✓	0%	0	FULL	7	✓	
33	Y03035	Queenswood Medical Practice	Del	GMS	X	3	4.9%	75%	●	●	●	●	●	50	1	Large	6%	0%	0%	1,891	13,805	100.0%	7.3%	22,088	-1.3%	54%	92%	73%	83%	£152	✓	57%	118	✓	57%	878	FULL	7	✓	
34	Y03135	Bridge House Medical Practice	Del	PMS	X	2	3.9%	64%	●	●	●	●	●	17	0	Small-medium	50%	0%	0%	2,210	ND	92.4%	4.5%	9,754	0.0%	no data	62%	43%	58%	£148	✓	32%	136	✓	32%	285	FULL	7	✓	
35	Y05330	Tottenham Hale Medical Practice	Del	APMS	X	2	0.8%	0%	●	●	●	●	●	5	0	Small-medium	40%	0%	100%	3,912	15,649	96.1%	8.7%	4,173	23.9%	89%	85%	92%	88%	£221	✓	0%	0	✓	44%	113	FULL	7	✓	

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

Islington Directorate JUNE 2022			Practice			Practice Demographics				Quality						Workforce					Efficiency				Patient Experience				Finance	Patients Online					Extended Access				
Practice Code	Practice Name	Co-commissioning model	Contract Type	Dispensing Practice	Practice Linked IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Safe	CQC - Effective	CQC - Caring	CQC - Responsive	CQC - Well led	Written complaints (Total) 2020/21	Written complaints (via NHSE) 2020/21	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 - May 22	Annual List Size Change May 21 - May 22	FFT: % likely to recommend GP service to friends & family (Feb 2020) (= nos <6; no data = zero return)	GPPS - Good overall experience of GP practice	GPPS - Easy to get through by phone (= nos <10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (= nos <10; * = < 0.5%)	Average payment per weighted patient 20/21	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 22)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 22)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)
1	F83002	River Place Health Centre	Del	GMS	✗	2	3.7%	72%	●	●	●	●	●	2	0	Large	0%	5%	83%	1,284	7,130	99.3%	9.7%	10,647	5.8%	92%	89%	83%	78%	£148	✓	42%	0	✓	41%	388	FULL	7	✓
2	F83004	Archway Medical Centre	Del	PMS	✗	2	1.4%	66%	●	●	●	●	●	17	0	Small-medium	44%	0%	73%	5,523	13,460	94.8%	12.2%	18,485	20.2%	87%	78%	78%	72%	£126	✓	0%	0	✓	37%	206	FULL	7	✓
3	F83007	Roman Way Medical Centre	Del	GMS	✗	2	6.7%	66%	●	●	●	●	●	3	0	Small-medium	35%	36%	0%	1,742	8,710	97.4%	4.5%	3,484	0.8%	no data	89%	82%	80%	£136	✓	34%	0	✓	34%	76	FULL	7	✓
4	F83008	The Goodinge Group Practice	Del	GMS	✗	2	4.3%	66%	●	●	●	●	●	16	2	Large	21%	0%	0%	1,695	31,193	95.6%	7.8%	12,477	6.0%	no data	88%	83%	89%	£140	✓	55%	0	✓	55%	597	FULL	7	✓
5	F83010	Islington Central Medical Centre	Del	GMS	✗	3	3.3%	73%	●	●	●	●	●	5	0	Large	41%	0%	100%	3,827	24,875	95.9%	5.9%	20,563	1.0%	no data	86%	56%	81%	£136	✓	74%	0	✓	74%	519	FULL	7	✓
6	F83012	Elizabeth Avenue Group Practice	Del	GMS	✗	2	6.1%	73%	●	●	●	●	●	14	1	Large	0%	0%	0%	1,191	4,216	98.5%	7.1%	7,589	1.5%	100%	87%	72%	92%	£159	✓	58%	0	✓	58%	377	FULL	7	✓
7	F83015	St Johns Way Medical Centre	Del	GMS	✗	2	5.5%	67%	●	●	●	●	●	16	2	Large	22%	0%	27%	1,110	7,339	97.3%	7.0%	12,036	-1.9%	80%	86%	79%	80%	£145	✓	44%	29	✓	44%	592	FULL	7	✓
8	F83021	Ritchie Street Group Practice	Del	GMS	✗	2	3.3%	73%	●	●	●	●	●	33	0	Large	25%	0%	31%	1,873	11,506	95.5%	5.8%	18,102	-1.9%	no data	77%	60%	82%	£135	✓	53%	0	✓	52%	595	FULL	7	✓
9	F83032	St Peter's Street Medical Practice	Del	GMS	✗	2	3.4%	74%	●	●	●	●	●	29	0	Large	49%	0%	0%	1,137	14,013	98.4%	5.4%	11,958	-0.9%	70%	82%	83%	88%	£136	✓	45%	0	✓	33%	314	FULL	7	✓
10	F83033	Dr Haffiz	Del	GMS	✗	2	4.4%	61%	●	●	●	●	●	0	0	Small-medium	0%	23%	100%	2,820	5,057	89.3%	9.6%	3,911	11.8%	no data	80%	71%	79%	£136	✓	26%	0	✓	26%	79	no data	-	✓
11	F83034	New North Health Centre	Del	GMS	✗	2	9.5%	70%	●	●	●	●	●	3	0	Single-handed	100%	0%		1,604	ND	90.0%	13.4%	1,583	-1.4%	no data	88%	98%	92%	£168	✓	0%	0	✓	34%	21	FULL	7	✓
12	F83039	The Rise Group Practice	Del	GMS	✗	2	5.7%	64%	●	●	●	●	●	2	2	Small-medium	54%	0%	100%	1,874	5,194	94.6%	4.6%	4,848	0.2%	70%	80%	66%	69%	£150	✓	38%	0	✓	38%	143	FULL	7	✓
13	F83045	The Miller Practice	Del	GMS	✗	3	4.7%	73%	●	●	●	●	●	0	0	Medium-large	33%	0%	100%	986	7,735	97.6%	4.6%	9,901	-2.9%	100%	90%	83%	87%	£139	✓	63%	15	✓	63%	587	FULL	7	✓
14	F83053	Mildmay Medical Practice	Del	GMS	✗	2	3.9%	65%	●	●	●	●	●	16	0	Medium-large	32%	0%	100%	1,947	6,376	94.3%	5.6%	6,886	9.2%	90%	82%	81%	75%	£190	✓	43%	0	✓	43%	168	FULL	7	✓
15	F83056	The Mitchison Road Surgery	Del	APMS	✗	2	2.0%	67%	●	●	●	●	●	9	0	Small-medium	44%	0%	0%	3,304	10,629	100.0%	11.4%	8,503	18.9%	*	87%	86%	90%	£155	✓	0%	0	✓	50%	216	FULL	7	✓
16	F83060	The Northern Medical Centre	Del	GMS	✗	2	3.9%	67%	●	●	●	●	●	4	1	Medium-large	17%	0%	59%	1,997	6,735	99.5%	9.2%	9,160	0.9%	no data	83%	81%	76%	£141	✓	43%	3	✓	43%	176	FULL	7	✓
17	F83063	Killick Street Health Centre	Del	GMS	✗	2	2.7%	62%	●	●	●	●	●	12	0	Large	20%	0%	21%	1,413	4,756	99.6%	11.2%	12,492	3.1%	97%	93%	84%	87%	£166	✓	39%	0	✓	38%	413	FULL	7	✓
18	F83064	City Road Medical Centre	Del	GMS	✗	2	3.2%	64%	●	●	●	●	●	10	1	Medium-large	0%	0%		1,374	ND	90.5%	8.3%	9,472	15.5%	90%	84%	81%	92%	£158	✓	46%	0	✓	46%	227	FULL	7	✓
19	F83624	Clerkenwell Medical Practice	Del	GMS	✗	3	1.2%	68%	●	●	●	●	●	18	1	Large	13%	0%	7%	2,050	4,088	96.8%	9.2%	16,614	9.5%	95%	88%	95%	78%	£128	✓	54%	0	✓	54%	399	FULL	7	✓
20	F83652	Amwell Group Practice	Del	GMS	✗	2	2.4%	69%	●	●	●	●	●	1	1	Large	0%	0%	52%	1,211	11,487	98.1%	6.9%	10,721	5.0%	NA	88%	83%	87%	£178	✓	51%	32	✓	51%	406	FULL	7	✓
21	F83660	Highbury Grange Medical Practice	Del	GMS	✗	3	3.7%	72%	●	●	●	●	●	15	2	Medium-large	59%	0%	0%	2,982	5,476	95.9%	5.9%	9,345	-0.4%	no data	76%	69%	70%	£125	✓	37%	0	✓	37%	262	FULL	7	✓
22	F83664	The Village Practice	Del	GMS	✗	1 - Most deprived	1.9%	57%	●	●	●	●	●	7	0	Medium-large	0%	0%	0%	2,926	7,383	94.0%	7.0%	10,533	8.4%	no data	81%	83%	80%	£154	✓	50%	0	✓	50%	314	FULL	7	✓
23	F83666	Andover Medical Centre	Del	GMS	✗	2	4.9%	58%	●	●	●	●	●	14	1	Medium-large	0%	0%	30%	1,393	6,056	95.3%	10.3%	6,056	1.8%	no data	80%	64%	76%	£146	✓	0%	0	✓	40%	147	FULL	7	✓
24	F83671	The Beaumont Practice	Del	GMS	✗	2	3.0%	63%	●	●	●	●	●	7	0	Small-medium	80%	0%	100%	1,775	20,563	96.6%	9.2%	3,290	3.1%	no data	90%	89%	90%	£147	✓	41%	0	✓	43%	84	FULL	7	✓
25	F83673	The Medical Centre	Del	PMS	✗	2	2.9%	65%	●	●	●	●	●	0	0	Small-medium	100%	0%	16%	2,462	6,149	99.5%	3.1%	5,903	3.5%	no data	86%	88%	96%	£145	✓	42%	0	✓	42%	175	FULL	7	✓
26	F83674	The Junction Medical Practice	Del	GMS	✗	3	5.4%	71%	●	●	●	●	●	16	0	Medium-large	0%	41%	100%	2,801	5,098	97.9%	6.4%	9,381	-2.5%	no data	79%	66%	69%	£161	✓	39%	54	✓	38%	402	FULL	7	✓
27	F83678	The Pine Street Medical Practice	Del	GMS	✗	2	6.6%	67%	●	●	●	●	●	0	0	Small-medium	0%	0%	0%	973	3,273	97.1%	10.5%	2,335	-1.6%	no data	85%	84%	78%	£136	✓	35%	30	✓	35%	41	no data	-	✓
28	F83680	Sobell Medical Centre	Del	GMS	✗	2	3.6%	63%	●	●	●	●	●	1	0	Small-medium	57%	13%	100%	3,408	15,679	90.1%	9.0%	4,181	-1.8%	87%	82%	81%	73%	£134	✓	36%	0	✓	36%	95	FULL	7	✓
29	F83681	Partnership Primary Care Centre	Del	GMS	✗	2	4.7%	68%	●	●	●	●	●	1	0	Small-medium	10%	0%	100%	2,249	4,604	98.6%	13.3%	9,207	132.4%	100%	76%	76%	65%	£165	✓	19%	50	✓	19%	237	FULL	7	✓
30	F83686	Stroud Green Medical Centre	Del	GMS	✗	2	2.5%	67%	●	●	●	●	●	4	0	Single-handed	0%	0%	100%	7,055	8,515	95.2%	4.6%	6,585	0.8%	88%	96%	98%	84%	£130	✓	51%	201	✓	51%	199	FULL	7	✓
31	Y01066	Hanley Primary Care Centre	Del	APMS	✗	2	1.6%	61%	●	●	●	●	●	2	2	Small-medium	0%	0%		4,733	ND	100.0%	11.8%	11,436	11.1%	96%	74%	82%	78%	£169	✓	47%	0	✓	47%	345	FULL	7	✓

Comments:
01/02/2022 F83027 Drs Bowry & Bowry's Practice removed due to merger with F83681 Partnership Primary Care Centre

General Practice Sustainability and Resilience
References



Purpose of document, and source data

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

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

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.



**North Central London CCG
Primary Care Commissioning Committee Meeting
16 June 2022**

Report Title	Locally Commissioned Service for Ukrainian arrivals into NCL	Date of report	20 May 2022	Agenda Item	2.3
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Places Designate	Email / Tel		sarah.mcdonnell1@nhs.net	
GB Member Sponsor	<i>Not applicable</i>				
Report Author	Ruth Donaldson, Director of Communities Priyal Shah, Programme Manager, Communities	Email / Tel		ruth.donaldson1@nhs.net priyal.shah@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg NCL CSU Head of Finance	There is no ring fenced health funding currently available for provision of support to Ukrainian migrants. Provision of extended health checks could present a financial pressure of up to £250,000 (based on a projected number of arrivals). Local Authorities have access to £10,500 per person and a small amount of funding per person to support the provision of health checks has been formally requested by the CCG. Alternative options being explored include use of the NCL Inequalities fund. The CCG Executive Management Team has accepted a £250K risk and requested a further paper should the number of Ukrainian arrivals exceed expectations.			
Report Summary	<p>1) Background</p> <p>This paper sets out the current position with arrivals from Ukraine and the emerging situation with regards to healthcare, national guidance, coordination with local partners and financial implications. It proposes a LCS (locally commissioned service) is provided by GPs to this vulnerable group, with funding sourced either from Local Authority allocations related to this group, the 2022/23 allocation for health inequalities, or other related funding streams for this population.</p>				

2) Health needs

Data from Public Health notes a number of potential health needs for Ukrainian arrivals. There are high rates of long term conditions including, cardiovascular, chronic pulmonary disease, cancer and mental health diseases in Ukraine which require appropriate treatment management¹.

Children are at particular risk of measles, polio, and other vaccine preventable diseases as routine vaccination coverage in Ukraine was low before the war, and the rotavirus vaccine is not routinely given. Ukraine also has one of the highest burdens in Europe of chronic infectious diseases, especially HIV and Tuberculosis.

Mental health and trauma would also present as a key health issue for this population. Exposure to traumatic events and ongoing daily stressors means that one in five people affected by conflict are likely to experience mental disorders. It is also necessary to recognise that women are at high risk of gender based violence and trafficking.

3) Projection of likely volume of arrivals

It is difficult to estimate the total number of Ukrainian arrivals who are likely to enter NCL. The following information is available as at 21 April:

- 4) The number of sponsors who have applied to house Ukrainians under the government *Homes for Ukraine* scheme, provided by NCL local authorities – 744
- 5) The number of visas applied for by people fleeing Ukraine – 1,727
- 6) The maximum number of arrivals projected by NHSE, based on the demographic profile of the five boroughs – 13,500

It should be noted that the number of sponsors applying to house arrivals, and the number of arrivals applying for visas has not so far translated into the same numbers arriving into the country.

Table 1.0: Number of sponsor households and visa's applied for by borough

Borough	Sponsor households	Visas applied for
Barnet	250	500
Camden	210	436
Enfield	89	160
Haringey	195	391
Islington		240
Total	744	1727

Based on current information, the range of likely arrivals is between 700 and 13,500. This is based on the assumption that we are unlikely to see a significant increase in households applying to be sponsors, and that an average of 1-2 people are housed per household, based on the visas applied for to date. If there was a 10% increase in households who had

applied for visas, and each sponsor housed 2 arrivals, this would lead to under **2,000** arrivals. However, it should also be emphasised that the number of sponsor households and visas applied for has not to date translated into arrivals, so it is difficult to provide an accurate estimate of likely arrivals, although the number of sponsor households and visas applied for suggest it will be significantly lower than the 13,500 original estimate from NHSE/I.

4) Service provision

As dedicated accommodation for this group of asylum seekers has not been established, NHSE have confirmed they do not expect to see provision of dedicated primary care support. They state that, '*given the dispersed approach to relocation (compared to the use of Home Office commissioned hotels which provide at scale accommodation) there are currently no plans to provide additional funding to support primary care access.*'

The options for service provision therefore need to take into account that while this is a recognised need by DHSC / NHSE, and an enhanced health check is the recommended intervention, there is unlikely to be an nationally-approved funding source. Section Five outlines possible local sources of funding that should be explored if we wish to provide additional services, but it should be noted that there has as yet been no formal request for this from NHSE. The section below outlines the options for service provision.

Options for service provision:

Option 1) Do nothing – Primary and community health services to absorb additional demand as people will be dispersed across the NCL boroughs.

Option 2a) Asylum seeker LCS – there is an agreed specification for an LCS for asylum seekers that provides an initial health screening assessment. Under the LCS Practices can claim £120 per assessment. Home Office funding has previously been available for asylum and refugee populations but is not confirmed for those arriving from Ukraine. This initial health screening offer is supplementary to the core service offer for patients registering with an NCL GP. Registration also supports access to onward services

Option 2b) Respond – UCLH provides a specialist service for families and children of asylum seekers, comprising an initial health screening and signposting to other services. **This has a unit cost of £240 person.** This is also funded by the Home Office with 22/23 funding awaiting confirmation.

Options appraisal

Option 1 (do nothing) would result in a lack of parity for Ukrainian arrivals compared to other groups. The LCS for asylum seekers was recently

	<p>adjusted to allow for an increased amount of time for the initial health screen – 45 minutes – as feedback from GPs showed that this is a group with complex needs. This is a population likely to have suffered trauma, and who require their needs to be identified at an early stage. Without this intervention, conditions may worsen and the burden on emergency services and mental health services could increase. As well as potentially fostering inequality, opting not to provide support would carry political risks.</p> <p>Of options 2a and 2b, the LCS (option 2a) provides greatest value for money and reflects the approach taken with other refugee and asylum seeker populations in NCL. The view of the clinical lead for inclusion health, Dr Jasmin Malik, is that the additional needs of this group, both in terms of clinical needs and risks such as human trafficking and gender based violence, warrants the need for a dedicated service for this group.</p> <p>Option 2a is therefore the recommended option.</p> <p>Access to healthcare and resources</p> <p>Arrivals from Ukraine will be supported to register with a GP and to navigate local health, social and economic systems by their sponsor with additional support from Local Authorities. NCL GPs have been kept up-to-date with information and resources on the Ukraine situation including signposting to voluntary sector organisations for mental health and other support.</p>
<p>Recommendation</p>	<p>The Primary Care Commissioning Committee is asked:</p> <ul style="list-style-type: none"> • To NOTE the extension of the LCS for healthcare assessments for Asylum Seekers to arrivals from Ukraine up to a value of £250k that will be funded through NCL Inequalities Funding initially while funding from LAs is sought.
<p>Identified Risks and Risk Management Actions</p>	<p>The following risks that need to be taken into account when taking this decision:</p> <p>Firstly, not providing a health screening for this vulnerable group would result in a lack of parity for Ukrainian arrivals compared to other groups. The LCS for asylum seekers was recently adjusted to allow for an increased amount of time for the initial health screen – 45 minutes – as feedback from GPs showed that this is a group with complex needs. This is a population likely to have suffered trauma, and who require their needs to be identified at an early stage. Without this intervention, conditions may worsen and the burden on emergency services and mental health services could increase.</p> <p>Secondly, it should be flagged that the volume of Ukrainian arrivals is difficult to project. The paper has outlined an approach to estimating this, but there are a number of unknown variables. Were this to increase suddenly, without assurances from Local Authorities or a cap applied to the value up to which GPs can claim the LCS, the financial risk to the</p>

	CCG could be up to £1.6m. This is the rationale behind capping the value of the LCS to £250K, at which point the CCG could review likely further demand and alternative funding sources, if required. At this point, we are likely to have a clearer understanding of future demand and the health needs of this population.
Conflicts of Interest	Nil
Resource Implications	<p>This LCS offering £120 per person would be funded via the following routes:</p> <ul style="list-style-type: none"> • Request from Local Authorities to top slice their £10k allocation, with recommendation that this request is put in writing by an agreed CCG Exec • Whilst awaiting confirmation regarding the Local Authority topslice, recognising that Local Authorities have not received this funding yet, the health inequalities fund is utilised, up to a value of £250k. This is based on the estimate that the total volume of arrivals is unlikely to significantly exceed 2,000, based on the number of sponsor households and visas applied for to date. • During this time, the CCG will continue to explore other funding opportunities, for example Home Office funding for wider asylum populations.
Engagement	Engagement with LMC, NCL CCG primary care lead for homelessness
Equality Impact Analysis	This service will positively impact on asylum seekers who often face significant health inequalities.
Report History and Key Decisions	NCL CCG Executive Management Team meeting, 26 April 2022. The EMT supports extension of the LCS to Ukrainian arrivals into NCL as per funding approach describe in the paper.
Next Steps	Contract variation and invitation to General Practices to sign up to the LCS.
Appendices	LCS: Healthcare Assessments for Arrivals from Ukraine

¹ (McKee M, Murphy A. Russia invades Ukraine again: how can the health community respond?BMJ 2022 ;376:o548. doi: 10.1136/bmj.o548 pmid: 35236662 4 Health Cluster World Health Organization. Ukraine Public Health Situation Analysis, Short Form. WHO, 2022 (UNHCR. Ukraine Refugee Situation 2022. <https://data2.unhcr.org/en/situations/ukraine>)



**North Central London CCG
Primary Care Commissioning Committee
16 June 2022**

Report Title	Outcome of stakeholder engagement – Contract changes	Date of report	6 June 2022	Agenda Item	2.4
Lead Director / Manager	Directors of Integration: Deborah McBeal Simon Wheatley Rachel Lissauer	Email / Tel			
GB Member Sponsor					
Report Author	Honorine Focho Usha Banga	Email / Tel		Honorine.focho@nhs.net Usha.banga@nhs.net	
Name of Authorising Finance Lead	Summary of Financial Implications <i>Not Applicable</i>				
Report Summary	<p>The report sets out the case for the Committee to note the outcome of the Patient Engagement carried out by four practices undergoing contractual changes:</p> <ul style="list-style-type: none">- The Town Surgery (Enfield) – Contract Novation- The Muswell Hill (Haringey) - Practice Relocation- Lawrence House Practice & Spur Road Surgery (Haringey) – Contract Merger- Belsize Priory Medical (Camden) - Practice Relocation <p>Engagements to notify Contractual Change</p> <p>The practices engaged with patients registered on their registered lists and with key stakeholders including Councillors, MPs, HealthWatch, HOSC, Health & Wellbeing Board, LMC, NHSE & NCL CCG Complaints teams respectively.</p> <p>Survey questions and Equality Impact Assessment (EIA) were shared to seek patients' views on the individual contractual changes.</p>				

- The different methods used by practices to engage were;
- Practices websites were updated with the notification;
 - Posters of the contractual change were pasted in the waiting areas of the practices
 - Online surveys were conducted;
 - Text messages were sent to patients;
 - Letters were sent out to vulnerable patients;
 - Dedicated time was available to take calls from patients;
 - Patient Participation Groups were fully engaged;
 - Emails were also available for patients to ask questions; and
 - Online meetings via Microsoft Teams.

The Town Surgery (Enfield) – Contract Novation

The PMS Agreement is held by three GPs and the practice has a list size of 4,525 patients as of 01 January 2022. The contract holders requested to Novate their PMS Agreement to a company limited by shares. A paper to this effect was presented to the April 2022 Primary Care Commissioning Committee (PCCC) and it was approved. However, information on the outcome of patient engagement was not presented to the committee due to the Local May 2022 elections.

The practice sent 345 letters with the link to the surveys to their over 75s, housebound and other vulnerable patient groups. In addition, the practice sent text messages with link to the survey to the rest of the patient population. Paper questionnaires were also handed to patients when they visited the practice.

The practice informed commissioners that there were no online responses to the online survey. A total of 26 paper patient surveys were received. The practice also received emails and queries, which are all included in the analyses of the responses.

The overall response to the survey, emails and queries indicated that the patients are in favour of the contract novation if assured no impact on services. There were no concerns or comments from patients with disabilities to capture from the survey.

There was a concern of inadequate face to face appointments being offered by the practice. Therefore commissioners will be following up with the practice to ensure that there is a reasonable percentage of face to face appointments being offered to meet patient demand and any requests.

Appendix A covers a detailed analyses of the patient engagement outcomes conducted by The Town Surgery to seek their patients and stakeholders views on the request to novate their PMS Agreement.

The Muswell Hill (Haringey) - Practice Relocation

The PMS Agreement is held by three individuals and the practice has a list size of 14, 568 patients as of 01 January 2022.

The proposal to relocate the practice was presented to the February 2021 PCCC and the recommendation to relocate the practice into was approved. The Estates and Technology investment was also approved by the NHSEI London Estate Primary Care Capital and Premises Panel (LEPCCPP).

At the time of presenting the strategic initiative to the PCCC in February 2021, a full patient engagement to seek practice patients' views had not been conducted. However, the Practice Participation Group and the key stakeholders were part of the discussions of the project initiation.

The contract holders have engaged with patients, including vulnerable groups to seek their views prior to the practice relocation. The practice prepared the engagement questionnaire and EIA to patients via an online survey. The online survey ran from 08 February 2022 to 22 March 2022.

There was 7% (1006) of the practice list size of 14,568 patients who responded to the online survey. This is highest number of responses a practice has ever recorded a patient engagement.

The outcome from the patient survey and EIA indicate that patients were in favour of the relocation of the practice; as long as they are assured, there would be no change to current services.

Appendix B covers a detailed analysis of the patient and stakeholder engagement outcome conducted by the practice. There was a concern about availability of disable parking and this issue has now been resolved. Please see Table 1 of Appendix B.

Lawrence House Practice & Spur Road Surgery (Haringey) – Contract Merger

Lawrence House Surgery (PMS contract) and a Spur Road Surgery (GMS Contract) request to merge contracts. The PMS Agreement will continue while the GMS contract terminates. Both practices are located in the London Borough of Haringey.

- Lawrence House Surgery (list size 15,523 as of 01 January 2022)
- Spur Road Surgery (list size 2,116 as of 01 January 2022)

A paper recommending the merger of both practices was presented and at the April 2022 Primary Care Commissioning Committee (PCCC) and it was approved.

The contract holders have engaged with patients, including vulnerable groups to seek their views on the proposal to merge. The practices received no attendance to the five online meetings they organised on Microsoft Teams. The practices received 48 responses from the online survey and 20 responses from the paper survey.

The practices outcome from the patient survey and EIA indicated that 85.29% of the patients, responses are in favour of the merger and 14.71% indicated that if the practices merged, they would move to an alternative practice.

Appendix C covers a detailed analyses of the patient engagement outcomes conducted by both Lawrence House Practice and Spur Road Surgery to seek their patients and stakeholders views on the merger of both practices.

Belsize Priory Medical Practice Relocation

A GMS single contract holder in the London Borough of Camden. The practice has a list size of 4,941 patients as of 01 January 2022. The practice is to be relocating to a new build development approximately 100 metres away from their current location. This is part of the London Borough of Camden wider regeneration scheme to develop a new health centre, move the practice in to, and demolish the practice's current site for housing units.

The proposal to relocate the practice was presented and approved at the April 2022 PCCC. However, information on the outcome of the patient engagement was not presented to the committee due to Local May 2022 election.

The contract holder had commenced engaging with patients, including vulnerable groups to seek their views on the proposal to relocate their GMS Contract. The practice have sent 992 letters to patients with surveys to our over 65s, housebound learning disability register and digitally excluded patients. In addition, sent 4,402 text messages, and link to the survey on the practice website to the rest of the over 16 age groups patient population. The practice has so far received 73 (38 online and 35 paper based) patient survey results.

The overall responses so far from the patient engagement via online and paper surveys indicate patients are in favour of the relocation if assured no impact on services. However, there are 2 highlighted patient comments and practice response in Table 1 of

	<p>Appendix D, which will be followed up by the commissioners, as they require a comprehensive response by the practice:</p> <ul style="list-style-type: none"> - Disability access points in the practice; - Practice to identify the patient specific concerns and address their needs; and - Practice to liaise with the estates team and council about access via the street level and to provide more information to patients on this. <p>Appendix D covers a detailed analyses of the patient engagement outcomes conducted by Belsize Priory Medical Practice to seek their patients and stakeholders views on the relocation of the practice.</p>
Recommendation	<p>The Committee is asked to NOTE the outcome of the engagement for the four practices;</p> <ol style="list-style-type: none"> 1. The Town Surgery – Contract Novation 2. The Muswell Hill Practice – Practice Relocation 3. Lawrence House Surgery & Spur Road Surgery – Merger of contracts 4. Belsize Priory Medical Practice – Practice Relocation
Identified Risks and Risk Management Actions	<i>Non Applicable</i>
Conflicts of Interest	<i>Not applicable</i>
Resource Implications	
Engagement	<i>Not Applicable</i>
Equality Impact Analysis	<i>Not Applicable</i>
Report History and Key Decisions	<p>February 2021</p> <ol style="list-style-type: none"> 1. Muswell Hill Practice request to relocate approved by PCCC <p>April 2022</p> <ol style="list-style-type: none"> 2. The Town Surgery request to novate a PMS Agreement approved by PCCC 3. Lawrence House Practice & Spur Road Surgery request to merge approved by PCCC 4. Belsize Priory Medical Practice request to relocate approved by PCCC
Next Steps	<i>Not Applicable</i>
Appendices	A to D

Appendix A – The Town Surgery Novation – Patient Engagement Outcome

Patient and Stakeholder Engagement

The contract holders have engaged with patients, including vulnerable groups to seek their views prior to the contract novation. The PMS contract holders prepared the engagement questionnaire and EIA to patients via:

- Practices' website updated with notification on the 14 January 2022
- Posters in waiting areas and entrance since the 14 January 2022
- 26 Paper surveys handed out to patients when visiting the practice
- Text messages sent 3,075 patients between 2 February 2022- 21 March 2022 (excluding under 16 age group)
- 345 Letters between January – February 2022 to housebound, over 65's and learning difficulty register
- Dedicated time to take calls: Monday – Friday 11.30 -14:00
- Patient Participation Group leads and staff informed of the proposal on the 21 January 2022.
- Email address for patients to ask questions ENFCCG.townsurgerytemp@nhs.net

In addition Commissioners had engagement with stakeholders on the practice's proposal to novate their PMS Agreement. The stakeholders included: Councillors, MPs, HealthWatch, HOSC, Health & Wellbeing Board, LMC, NHSE & NCL CCG Complaints teams and Enfield Practices. HealthWatch have confirmed they would share the communication on our website and support any concerns they get from patients effected.

A full engagement was carried out with patients registered on the list and stakeholders. The method and outcome of the engagement has been detailed below and see Table 1 and 2. The overall response to the survey, emails and queries indicate patients are in favour of the contract novation if assured no impact on services. There were no concerns or comments from patients with disabilities to capture from the survey.

The Commissioners will be following up with the practice to ensure that there is a reasonable percentage of face to face appointment being offered to meet patient demand and requests. This will be in response to the practice comment highlighted in table 1 below.

'Unfortunately, this model of telephone triaging and eConsultations are now the main mode of GP care to the community. This is how NHS England along with NHS Digital would like GP practices across the country to operate. It has always been the NHS plans to move patient care more towards digital transformation, however this has been accelerated in terms implementation into Practices earlier due to Coronavirus-19'

The contract holders have engaged with patients, including vulnerable groups to seek their views on the proposal to novate their PMS Agreement. The practice sent 345 letters with surveys to our over 65s, housebound learning disability register. In addition sent text messages, and link to the survey on the practice website to the rest of the over 16 age groups patient population. Commissioners were informed the practice did not receive any online survey responses.

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

1. **Table 1:** Provides the detail of the overall responses to paper surveys, emails and verbal queries with regards to entity change.
2. **Table 2:** Provides the Survey Data including Equality Impact Assessment.
3. **Appendix 1:** The Town Surgery – Patient Letter
4. **Appendix 2:** The Town Surgery – Patient Feedback Form

Table 1 - Summary of responses from Paper Surveys, Emails and Verbal queries

Patient Comments	Practice Response	Patient Response
<p>Why has Dr Dharman not signed the letter?</p> <p>Please can you provide more clarity on patient benefits from a limited company, rather than your present partnership?</p>	<p>As you may be aware Dr Dharman has not clinically worked at the Practice since 2016 and is a non-clinical partner, however I can assure you that he is involved in this proposed change. Due to hectic work schedules, we were unable to obtain his signature in time before the notifications and letter went up on our website on 12 January 2022. This is just a letter to inform patients of the proposed changes from the Doctors, however no official change to entity can take place without Dr Dharman signing official documents provided by the NHS governing body as all 3 Doctors are listed as Partners on the current contract.</p> <p>To elaborate on what is already listed in the letter, changing into a limited company will hopefully future proof the Practice, and potentially provide additional funding/revenue to allow expansion in the form of 2 additional clinic rooms at the Practice should planning permission permit.</p> <p>Additional savings can be reinvested back in to the Practice to improve and increase the level of service provided.</p>	<p>Thank you for your response.</p> <p>I support the proposal</p>
<p>Will any aspect of my care change?</p> <p>Will Dr Alex still be my GP can I still speak or see him?</p>	<p>NO</p> <p>YES</p>	<p>That is fine then, I don't mind the change</p>
<p>Will Dr Alex still be available for me to see</p> <p>Will you still be the Practice Manager</p> <p>Will anyone else be coming on board as directors</p>	<p>YES</p> <p>YES</p> <p>NOT AT PRESENT</p>	<p>That is fine as long as the management and Doctors don't change then my family and I support you</p>
<p>We have received your text about the surgery wanting to make the surgery a limited company. I have a few questions please:</p> <p>a) If nothing is going to change why are you wanting to make it a limited company?</p> <p>b) How will the services be enhanced or improved?</p> <p>c) Will being a limited company absolve you from any liability?</p> <p>d) You say you "continue to offer the same high standard of care" but yet I could not get my daughter to be seen when she had a rash and I had to submit pictures?</p>	<p>Thank you for your emails in response to our patient engagement letter. We value your contribution to the process.</p> <p>With regards to your questions please find my responses below:</p> <p>a) If nothing is going to change, why are you wanting to make it a limited company? The GP partners have made that decision for business reasons in terms of the running of the Practice and structure. However, in terms of patient perspective as stated this does not affect the way the services are run in any way.</p> <p>b) How will the services be enhanced or improved? I believe these are already outlined in the letter.</p> <p>c) Will being a limited company absolve you from any liability? No.</p> <p>d) You say you "continue to offer the same high standard of care" but yet I could not get my daughter to be seen when she had a rash and I had to submit pictures? Unfortunately, this model of telephone triaging and eConsultations are now the main mode of GP care to the community. This is how NHS England along with NHS Digital would like GP practices across the country to operate. It has always been the NHS plans to move patient care more towards digital transformation, however this has been</p>	<p>No response back</p>

e) If you plan to increase the level of GP access in the future does that mean, you going back to normal opening hours or you recruiting more staff?	accelerated in terms implementation into Practices earlier due to Coronavirus-19. e) If you plan to increase the level of GP access in the future does that mean, you going back to normal opening hours or you recruiting more staff? I am unsure of the question as we have never deviated from normal opening hours. We have always remained open throughout the Coronavirus pandemics and operating within the same hours. We are aiming to potentially increase Primary Care access by trying to recruit more GPs and other health care professionals to run clinics. Hopefully, I have been able to answer your queries.	
I do not see a problem if the service does not change, and I still get to see Dr Alex. Will I still be able to see Dr Alex	No changes to service Yes, you will be able to see Dr Alex still	That is fine for me.
Will there be any changes to my contract or hours	No there will be no changes to any contracts or hours	Ok that is good.
After reading the letter I do not see any concerns, good luck to the doctors	Thank you for your kind words and support with this.	N/A
Hello I have seen you letter and noticed Dr Dharman's name on it. Will he be coming back to and have clinics again?	Unfortunately, for the foreseeable future he will not be having any clinics unless he does come cover. As you may be aware Dr Dharman has not clinically worked at the Practice since 2016 and is a non-clinical partner	Thank you for getting back to me that is fine. I was just checking.
Will I still be able to see the same Drs and Nurse	Yes, nothing is changing in terms of service or staff you will still be able to see the same Doctors and Staff.	Thank you for letting me know, good luck with the change

Commissioners Assessment

The overall response to the survey, emails and queries indicate patients are in favour of the contract novation if assured no impact on services.

Commissioners were assured Dr Dharman is working actively as a partner on the contract for non-clinical purposes and going forward his details will be shared on all practice correspondences as a partner.

In addition, the Commissioners will be following up with the practice to ensure that there is a reasonable percentage of face to face appointments being offered to meet patient and requests. This will be in response to the practice comment highlighted the above table 1.

'Unfortunately, this model of telephone triaging and eConsultations are now the main mode of GP care to the community. This is how NHS England along with NHS Digital would like GP practices across the country to operate. It has always been the NHS plans to move patient care more towards digital transformation, however this has been accelerated in terms implementation into Practices earlier due to Coronavirus-19'

Table 2 - Survey Data including EIA

The Town Surgery sent 345 letters with surveys to their over 75s, housebound and mental health patients. In addition sent text message with link to the survey to the rest of the patient population. Paper, queries and emails results have been included in the overall results.					
Total 0- On-line Patient Survey Results	Responses	Yes	No	Don't know	Not Answered
What is your postcode?	0	N/A	N/A	N/A	N/A
Total 26 Paper Patient Surveys Results. Practices received email and Queries and included in the results.	Responses	Yes	No	Don't know	Not Answered
What is your postcode?	26	N/A	N/A	N/A	N/A
Equality Impact Assessment:					
Equality Impact Assessment:	Responses	Yes	No	Don't know	Not Answered
1. Are you a patient or carer?	26				
2. Do you consider yourself to be disabled or a long-term health condition?		7	19		
3. What is your gender?	26	Male 13	Female 12	Non-Binary 1	
4. What is your age bracket?		Under 24 2	25-50 10	51-74 11	Over 75 3
5. What is your Ethnicity?					
Ethnicity Group	Percentage		Total		
White - English, Welsh, Scottish, Northern Irish or British	31%		8		
White - Irish					
White - Other					
Black, African, Caribbean or Black British - African	8%		2		
Black, African, Caribbean or Black British - Caribbean	4%		1		
Black, African, Caribbean or Black British - Other					
Asian or Asian British - Indian	31%		8		
Mixed or Multiple ethnic groups - White and Asian	26%		7		
Other					
6. What comments do you have regarding the proposal for the entity change for the Town Surgery from Partnership to Limited Company Status?	Please refer to Table 1 responses				
7. What do you like about The Town Surgery that you would like see continue if the proposed changes takes place?	Please refer to Table 1 responses				
8. What do you think could be better or improved at The Town Surgery?	Please refer to Table 1 responses				

Appendix 1- The Town Surgery – Patient letter

<h1>The Town Surgery</h1> <p>Tel: 0203 092 1662</p> <p>Dr M Theivendra GP Partner MBBS (CEY) LRCP LRCS (Non-Clinical) Dr A Theivendra GP Partner MBBS MRCGP Dr A Dharman MBBS BSc (Hons) MRCGP (Non-Clinical) Dr S Shukla MBBS MRCGP DCH DRCOG</p>	 <p>37 Cecil Road, Enfield, Middlesex, EN2 6TJ</p>
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Dear Patient,

The Town Surgery would like to seek your views and questions about a proposal to change into a limited company. This change will not in any way affect the way the Surgery is run, its services or staff but rather improve and enhance services. Currently the Practice runs as a partnership between Dr Alexander Theivendra, Dr Muttiah Theivendra and Dr Andrew Dharman. The proposal is for them to still lead and run the Surgery, however this would be in limited company capacity rather than in partnership.

The important thing you need to know as a patient is that the care you receive will stay the same. You will still be able to see the same health care professionals e.g. Doctors, Nurses, Physician Associates, Pharmacists and Paramedics. We will still be open for the same hours and the appointment booking system will continue as it is with a mixture of telephone consultations, online consultations, and face to face appointments. This change will not occur until we seek your views, and the request is approved at the North Central London (NCL) Primary Care Commissioning Committee Meeting in February 2022.

How will it affect patients?

We will continue to put our patients at the heart of everything that we do. We will continue to offer the same high standard of care and in time we hope to improve our services further and expand the type of services we can provide our patient with.

- All the clinicians, reception staff and administrators will remain at the practice to support you
- We will continue to provide the same level of GP access and opening times with view to increase this in the future.
- We will be seeking to expand access to more allied health professionals (AHP) such as Paramedic, Pharmacist, Physician Associates.
- This will help future proof the Practice to allow providing the services it does.
- The practice boundary will stay the same
- The practice will continue to deliver care at the same vicinity.
- We will continue to provide a range of appointment types provided by our GPs, practice nurses, pharmacists, physician associates and paramedics.
- We will continue to offer the core GP services, as well as specialist services such as coil removals, weight management and long-term condition reviews

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

Why are we doing this?

We have been looking at ways that we can ensure the long-term stability of the practice. We believe that by making this change we will be able to continue to provide a high level of patient centred care for our patient population going forward.

What next:

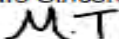
We hope this information has reassured you that this proposal will be beneficial for The Town Surgery, patients, and staff. However, if you have any further questions, then we are happy to discuss this with you. You can call the through to the Practice until 18th February 2022:

Phone number: 020 3092 1662

Times available: Mondays- Fridays 11.30- 14.00

Kind regards,

Yours Sincerely



Dr M Theivendra GP Partner MBBS (CEY) LRCP LRCS (Non-Clinical)



Dr A Theivendra GP Partner MBBS MRCGP

Appendix 2

Patient Feedback Form

[Hard copies of the form are also available at the practice reception.](#)

All responses will be confidential.

Please tick the boxes that apply to you.

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

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

Ethnic Group		Tick
White	<ul style="list-style-type: none"> • English, Welsh, Scottish, Northern Irish or British • Irish • Gypsy or Irish Traveller • White Polish • Any other White background 	<input type="checkbox"/>
Mixed or Multiple ethnic groups	<ul style="list-style-type: none"> • White and Black Caribbean • White and Black African • White and Asian • Any other Mixed or Multiple ethnic background 	<input type="checkbox"/>

Asian or Asian British	<ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Any other Asian background 	
Chinese or other ethnic group	<ul style="list-style-type: none"> • Chinese • Any other: specify: 	
Black, African, Caribbean or Black British	<ul style="list-style-type: none"> • African • Caribbean • Any other Black, African or Caribbean background 	
Other ethnic group	<ul style="list-style-type: none"> • Arab • Any other ethnic group 	

What comments do you have regarding the proposal for the entity change for the Town Surgery from Partnership to Limited Company Status?

What do you like about The Town Surgery that you would like to see continue if the proposed change takes place?

What do you think could be better or improved at The Town Surgery?

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

Appendix B – The Muswell Hill Practice Relocation – Patient Engagement Outcome

Patient and Stakeholder Engagement

The contract holders have engaged with patients, including vulnerable groups to seek their views prior to the practice relocation. The PMS Providers prepared the engagement questionnaire and EIA to patients via an online survey (<https://feedback.camdenccg.nhs.uk/governance/the-muswell-hill-practice-patient-survey>). The online survey ran from 08 February 2022 to 22 March 2022. 7% (1006) of the practice list size of 14,568 patients responded to the online survey

In addition Commissioners had engagement with stakeholders on the practice's proposal to relocate. The stakeholders included: Councillors, MPs, HealthWatch, HOSC, Health & Wellbeing Board, LMC, NHSE & NCL CCG Complaints teams and Haringey Practices.

A full engagement was carried out with patients registered on the list and stakeholders. The method and outcome of the engagement has been detailed below and see Table 1 and 2. The overall response to the survey indicated that patients are in favour of the contract relocation if assured no impact on services.

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

1. **Table 1:** Summary of Responses from survey.
2. **Table 2:** Provides the Survey Data including Equality Impact Assessment.
3. **Appendix 1:** Patient Feedback Form

Table 1 - Summary of responses from Survey

Protected Group	Relevance YES/NO	Evidence of impact <i>(Please consider the groups that have greater and/or specific needs)</i>	Nature of potential impact (positive/negative/unknown)	Recommendations/ mitigating actions <i>(Please consider how equity can be achieved for protected and vulnerable groups)</i>
Age	YES	Some patients have asked if the steep hill on Muswell Hill is the only way to the practice.	Neutral – the main way to the practice is not on a steep hill.	Clear signage of main entrance via Dukes Mews, Include on patient FAQ list. Inform staff to let patients know who ask.
Disability	YES	Some patients have asked about disabled parking and drop off points. Some patients have asked whether all consulting rooms are on the ground floor	Neutral – same number (1) of disabled parking spaces will be available as there is currently. Positive – purpose build building fully accessible whereas currently we have 2 consulting rooms on 1 st floor.	Clear signage of main entrance via Dukes Mews. Include on patient FAQ list. Clear information on website. Map printed off and put on old front door to show patients how to get to the new building. Inform staff to let patients know who ask.
Race	NO			
Sex	NO			
Gender	NO			
Sexual orientation	NO			
Equality and health inequality areas	Relevance YES/NO	Evidence of impact <i>(Please explain how the service impact on Human Rights -and social-economic groups- and use local, regional or national evidence)</i>	Nature of potential impact (positive/negative/unknown)	Recommendations/ mitigating actions <i>(Please consider how equity can be achieved for protected and vulnerable groups)</i>
Human Rights	NO			
Socio-economic & vulnerable groups	NO			

Table 2 - Survey Data including EIA

The Muswell Hill Practice					
Total 0- On-line Patient Survey Results	Responses	Yes	No	Don't know	Not Answered
What is your postcode?	1006	N/A	N/A	N/A	N/A
Equality Impact Assessment:	Responses	Yes	No	Don't know/Both	Not Answered
1. Are you a patient or carer?	1005	2	963	40	
2. Do you consider yourself to be disabled or a long-term health condition?	1005	253	725	19	9
3. What is your gender?	988	Male 312	Female 653	Non-Binary 2	35
4. What is your age bracket?	1006	Under 24 15	25-54 327	55-74 522	Over 75 139
5. What is your Ethnicity?					
Ethnicity Group	Percentage		Total		
White - English, Welsh, Scottish, Northern Irish or British	67.79%		682		
White - Irish	2.78%		28		
White - Other	17.10%		172		
Black, African, Caribbean or Black British - African	0.30%		3		
Black, African, Caribbean or Black British - Caribbean	0.50%		5		
Black, African, Caribbean or Black British - Other	0.60%		6		
Asian or Asian British - Indian	2.09%		21		
Mixed or Multiple ethnic groups - White and Asian	1.10%		11		
Other	5.87%		59		
6. What comments do you have regarding the proposal to relocate?	Please refer to Table 1 responses				
7. What do you like about The Muswell Hill Practice that you would like see continue when the proposed relocation takes place?	Please refer to Table 1 responses				
8. What do you think could be better or improved at The Muswell Hill Practice?	Please refer to Table 1 responses				

Appendix 1

Patient Feedback Form

[Hard copies of the form are also available at the practice reception.](#)

All responses will be confidential.

Please tick the boxes that apply to you.

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

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

Ethnic Group		Tick
White	<ul style="list-style-type: none"> English, Welsh, Scottish, Northern Irish or British Irish Gypsy or Irish Traveller White Polish Any other White background 	<input type="checkbox"/>
Mixed or Multiple ethnic groups	<ul style="list-style-type: none"> White and Black Caribbean White and Black African White and Asian Any other Mixed or Multiple ethnic background 	<input type="checkbox"/>

Asian or Asian British	<ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Any other Asian background 	
Chinese or other ethnic group	<ul style="list-style-type: none"> • Chinese • Any other: specify: 	
Black, African, Caribbean or Black British	<ul style="list-style-type: none"> • African • Caribbean • Any other Black, African or Caribbean background 	
Other ethnic group	<ul style="list-style-type: none"> • Arab • Any other ethnic group 	

What comments do you have regarding the proposal for the entity change for the Town Surgery from Partnership to Limited Company Status?

What do you like about The Town Surgery that you would like to see continue if the proposed change takes place?

What do you think could be better or improved at The Town Surgery?

Thank you for completing this survey.

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

Appendix C – Lawrence House Surgery & Spur Road Surgery Merger – Patient Engagement Outcome

Patient and Stakeholder Engagement

The contract holders have engaged with patients from both practices, including vulnerable groups to seek their views prior to the merger. The contract holders prepared the engagement questionnaire and EIA to patients via:

- Practices' websites updated with notification on the 27 December 2021
- An online survey was launched on the 27 December 2021 and closed on the 18 March 2022.
- Posters in waiting areas and entrance since the 27 December 2021
- 20 Paper surveys handed out to patients when visiting the practice
- Patient Participation Group leads and staff informed of the proposal.
- Online meetings via Microsoft Team were set up on the following dates:
 - 27th January 2022 at 1.30PM
 - 31st January 2022 at 1 PM
 - 6th February 2022 at 6PM
 - 23rd February 2022 at 1pm

In addition, Commissioners had engaged with stakeholders on the practice' proposal to merge the GMS Contract and the PMS Agreement. The stakeholders included Councillors, MPs, HealthWatch, HOSC, Health & Wellbeing Board, LMC, NHSE & NCL CCG Complaints teams and Haringey Practices.

The method and outcome of the full engagement carried out has been detailed below in tables 1 and 2. The overall response to the survey, emails and queries indicate patients are in favour of the merger if assured no impact on services.

The contract holders have engaged with patients, including vulnerable groups to seek their views on the proposal to merger. The practices received no attendance to the five online meetings they organised on Microsoft Teams. The practices received 48 responses from the online survey and 20 responses from the paper survey.

The practices outcome from the patient survey and EIA indicated that 85.29% of the patients, responses are in favour of the merger and 14.71% indicated that if the practices merger, they would move to an alternative practice.

Table 1: Provides the detail of the overall responses to paper surveys, emails and verbal queries concerning the merger. In addition, **Table 2:** Provides the Survey Data including Equality Impact Assessment.

Table 1 - Summary of responses from Surveys and Verbal queries

Patient Comments	Practice Response	Patient Response
<i>Main concern will be accessing the surgery, if I am feeling unwell or there is a mix-up with online prescription and I have not pick one up as the premise will be further way, but the improved services may counteract this.</i>	<p>Dear Patient, thank you for your feedback. We aim to increase the number of prescriptions done electronically, which takes away the need for you to come into the surgery.</p> <p>We have also amended the policy at Spur Road, and you can discuss and resolve any prescription related issues over the phone, there is no need for you to attend the surgery. Lawrence House Surgery provides parking for patient's who need to attend the practice and have mobility issues.</p>	
<i>I've been there since 1988, like to see same Doctors and staff</i>	<p>That's a long time. Thank you for being such a dedicated patient.</p> <p>The same staff, whom you may already be familiar with, as well as new staff from Lawrence House Surgery will provide the services.</p> <p>You can have a preference to see the same GP you are used to from Spur Road.</p>	
<i>I hope there'll be improvements to see the Doctor in case of urgency, as sometimes difficult to get appointments</i>	<p>Lawrence House Surgery offers a range of appointments.</p> <p>We offer 'urgent/on the day' appointment's if your needs are acute.</p> <p>However, we also offer appointments, which can be book in advance, for example to discuss results or follow up on ongoing care and treatments.</p>	
<i>Because of its size, Spur Road surgery became a family doctor to me; instant attention. I do not like a mini hospital.</i>	<p>You are right, Lawrence House Surgery is noticeably bigger than the surgery you are used to.</p> <p>It can be intimidating; however, it also provides opportunity to provide services not usually available in smaller practice.</p> <p>The clinical and clerical teams are also bigger offering a wider range of appointments.</p>	
<i>I am with the practice for 30 years and would continue to be with the practice</i>	<p>Dear Patient, it is wonderful to hear that this has been your family doctor for the last 30 years.</p> <p>We are really looking forward to maintaining that relationship. We have a team of dedicated clinical and clerical team, ready to offer you support.</p> <p>Doctors and administrative staff you have known for years will be becoming part of Lawrence</p>	

	House Surgery, therefore some staff will stay the same.	
<i>My daughter and Grandson are with Lawrence House Practice</i>	That is great news, you can now be all registered in the same practice.	
<i>The move is great; the facilities are better and under one roof. I have been with Spur road for 35 years and like to continue registered under their care, I am very happy with what I have read about Lawrence House.</i>	Thank you for your feedback. You will be registered with Spur Road Surgery, until they merge. After that you will automatically become a patient registered at Lawrence House Surgery.	
<i>The proposed move will not affect me as Lawrence House is still within walking distance</i>	That is great new, and yes, you are correct. Lawrence House Surgery is about 7 minutes' walk from Spur Road Surgery.	
<i>Exciting news...</i>	We think so also!	
<i>Do they have space for us?</i>	Lawrence House Surgery is a practice with 11 clinical rooms. Spur Road Surgery site will remain open for a period after the merge to ensure smooth transition but also to accommodate any space issues. We have an ever-growing team of dedicated practitioners and administrators providing excellent service. We have made sure that enough space and additional appointments are available to accommodate patients from Spur Road Surgery.	

Table 2 - Survey Data including EIA

Surveys sent to all Laurence House and Spur Road Patients					
Total 0- On-line Patient Survey Results	Responses	Yes	No	Don't know	Not Answered
What is your postcode?	48	N/A	N/A	N/A	N/A
Total 20 Paper Patient Surveys Results. Practices received email and Queries and included in the results.	Responses	Yes	No	Don't know	Not Answered
What is your postcode?	20	N/A	N/A	N/A	N/A
Equality Impact Assessment:	Responses	Yes	No	Don't know	Not Answered
1. Are you a patient or carer?					
2. Do you consider yourself to be disabled or a long-term health condition?	68	2	66		
3. What is your gender?	68	Male 28	Female 39	Non-Binary 1	
4. What is your age bracket?		Under 24 4	25-54 24	55-74 34	Over 75 6

5. What is your Ethnicity?		
Ethnicity Group	Percentage	Total
White - English, Welsh, Scottish, Northern Irish or British	32.35%	22
White - Irish	0%	0
White - Other	20.59%	14
Black, African, Caribbean or Black British - African	7.35%	5
Black, African, Caribbean or Black British - Caribbean	13.24%	9
Black, African, Caribbean or Black British - Other	0%	0
Asian or Asian British - Indian	0%	12
Mixed or Multiple ethnic groups - White and Asian	0%	6
Other	0%	0
6. What comments do you have regarding the proposal to merge Lawrence House Surgery and Spur Road Surgery?	Please refer to Table 1 responses	
7. What do you like about Spur Road Surgery that you would like see continue if the proposed changes takes place?	Please refer to Table 1 responses	
8. What do you think could be better or improved at Lawrence House Surgery?	Please refer to Table 1 responses	

Appendix D – Belsize Priory Medical Practice – Patient Engagement Outcome

Patient and Stakeholder Engagement

The single handed contract holder is engaging with patients, including vulnerable groups to seek their views prior to the relocation to The Abbey Road Centre, 172A Belsize Road, London, NW6 4BJ, in July 2022. The exact date of the move to the new premises has not been confirmed by the Camden Council - Abbey Development.

The GMS contract holder has prepared the engagement questionnaire and EIA to patients via:

- Practices' website updated with notification on the 11 May 2022
<https://feedback.camdenccg.nhs.uk/gp-practice/relocation-of-belsize-priory-medical-practice-to-a> Posters in waiting areas and entrance since the 18 May 2022
- Paper surveys made available for patients when visiting the practice 19 May 2022
- Text messages sent on the 18 May 2022 to 4,402 patients (excluding under 16 age group)
- 992 letter sent 20 May 2022 to housebound, over 65's and learning difficulty register and digitally excluded patients
- Patients can call the surgery on 020 7328 8200 and a member of the team will go through the survey and information relating to the move.
- Patient Participation Group meeting to be held 8 June 2022
- Relation details added 19 May 2022 on the telephone message & prescription paper.
- Admin & clinical staff informed 24 May 2022 of the proposal to relocate in July 2022.
- Email address for patients to ask questions
<https://www.belsizepriorymedicalpractice.co.uk/>

Practice poster:



The poster is divided into three main sections. The top left section is a map showing the current location at 205 Belsize Road and the new location at 172 Belsize Road, with a red arrow indicating the move and a '2 min' walking distance icon. The top right section has a yellow background with black text: 'YOUR GP PRACTICE WILL BE RELOCATING PROVISIONAL TIME: JULY 2022'. The middle section is a photograph of the 'Abbey Centre' building, a modern structure with large windows and trees. The bottom section has a yellow background with black text: 'FOR MORE INFORMATION AND TO COMPLETE OUR PATIENT FEEDBACK SURVEY – ASK OUR RECEPTIONISTS OR CHECK OUT OUR WEBSITE' followed by the website URL: <https://www.belsizepriorymedicalpractice.co.uk/>

In addition Commissioners have engaged with stakeholders on the practice's proposal to relocate their GMS Contract. The stakeholders included: Councillors, MPs, HealthWatch, HOSC, Health & Wellbeing Board, LMC, NHSE & NCL CCG Complaints teams, Camden Practices and PCNs.

The engagement is currently being carried out for 4 weeks with patients registered on the list and stakeholders. Due to timelines of the move, the commissioners are presenting 3 weeks of engagement detailed below see Table 1 and 2. The online engagement with patients will close on the 7 June 2022 and a verbal update will be provided to committee members of the full 4 weeks engagement at the PCCC meeting on the 16 June 2022.

The committee members to note patients and stakeholders will be informed again, once the proposed date of the move has been finalised between the practice and Camden Council.

The overall response to 3 weeks of patient engagement via online and paper surveys indicate patients are in favour of the relocation if assured no impact on services. However, there are 2 highlighted patient comments and practice response in Table 1, which will be followed up by the commissioners, which require a fuller response by the practice:

1. Disability access points in the practice;
2. Practice to identify the patient specific concerns and address their needs; and
3. Practice to liaise with the estates team and council about access via the street level and to provide more information to patients on this.

The contract holder is engaging with patients, including vulnerable groups to seek their views on the proposal to relocate their GMS Contract. The practice have sent 992 letters of their first notification to patients with surveys to our over 65s, housebound learning disability register and digitally excluded patients. In addition sent 4,402 text messages, and link to the survey on the practice website to the rest of the over 16 age groups patient population.

1. **Table 1:** Provides the detail of the overall responses to online & paper surveys with regards to entity change.
2. **Table 2:** Provides the Survey Data including Equality Impact Assessment.
3. **Appendix 1:** Belsize Priory Medical Practice – Patient Letter
4. **Appendix 2:** Belsize Priory Medical Practice – Patient Feedback Form

Table 1 - Summary of responses from Online and Paper Surveys

Patient Comment	Practice Response
Any other information we need to take into consideration?	
Recovering from diabetes complications	Delivering a high level of patient care for our patients with long term conditions will not be disrupted and will resume as usual.
Clearly the current site needs a lot of work and I hope that the move across the road will better serve the team at Belsize Priory Medical Practice. If I can be completely honest I have been with the surgery for many, many years and can say that the current team works so well together and are kind and welcoming on the occasions I've needed to see a doctor. Dr Nabila Hanosh is a very caring, considerate doctor and if she moves with the practice then I'm happy. If she's not happy, then I'm not.	We greatly appreciate your kind comments about the hard work of Dr Hanosh and the team at the Practice. We will endeavour to continue to satisfy our patients health needs and continue to ensure they feel safe and looked after while being a registered patient.
Make sure you keep Hilary as she is brilliant at her job and she is the main person who always help everyone and knows all patients	Thank you for your kind feedback. Hilary will remain part of the team and will remain your Receptionist.
Disabled access.	We can confirm there will be disabled access.
I am a carer for both my husband and my son who are also patients in the same GP	We will continue to offer support as appropriate to our registered carers.
I'm very happy with my Dr Hanosh, she really takes care and I'm willing to always be where she is.	Thank you for your support.
Being relocated far isn't going to be great for local patients I have partly mobility issues so to travel isn't going to be easy for me or others in same position	The new health centre will be situated 100meters distance from our current health centre, therefore we hope this will not cause our patients too much inconvenience or disruption.
I am very happy to speak to Dr Hanosh our main doctor. She is very helpful, she considers my problems and helps with any questions. So I'm happy to speak to Dr. Nabila Hanosh.	Thank you for your really appreciated feedback – Dr Hanosh will continue to offer the same high level of patient care within our new health centre.

Not speaking English, need family to helping her, old age, and she likes Dr Hanosh.	The Practice has access to remote and in person interpreters and this can be queried with our Receptionists. Dr Hanosh will remain your named GP and will continue to offer the same level of support as appropriate.
I am happy with Dr Nabilla Hanosh. As long as she is available. She is very helpful, considers our problems and patience to hear and guide. Very nice doctor. Hope all doctors are as good as Dr Hanosh.	Many thanks for your lovely kind words which show appreciation to Dr Hanosh's hard work – we endeavour to continue to achieve high levels of patient satisfaction.
Any further comments that you have on the relocation of Belsize Priory Medical Practice to the new site?	
I appreciate than the relocation is due to a redevelopment of the area. I wonder if a redevelopment of the people, especially but not only the ill-mannered people at the reception, will follow.	We are disheartened to hear your comments – if you have specific concerns the team would be more than happy to hear your feedback.
Lovely!	Thank you for your support.
I feel it would be very beneficial if there could be citizens advice bureau sessions in the practice .either monthly or weekly as is the case in Abbey surgery	Thank you for this suggestion – we do understand that some Practices do offer this service and we will try to look into this.
I am thrilled. Sounds great. A modern new Development is so much better, with many advantages.	Thank you for your support.
I am looking forward to it.	Thank you for your support.
I just hope that the new centre will have the same, or hopefully, where necessary, improved facilities for patients and for the staff. I have never had a problem in the many years I have gone to this surgery so hope the new facility will continue to provide excellent service.	We are in complete agreement – we endeavour to have a work environment fit for our purpose of delivering best patient care.
Did not see details on how the access from street level is going to operate (note that it currently does NOT impact me but I suppose it might have an impact on some patients)	The new health centre is relocated 100meters from the current one – please visit our Reception or our website if you would like to have more information on the location.
It will be a nightmare when you join the surgeries as it's a nightmare getting an appointment now there will be no chance as will be too many patients	The tam at the Practice work very hard to ensure our Practice reaches all levels of patient demand – routine appointments can be booked within 1-2 weeks and emergency appointments are available on the day – we also have the econsultation facility where you can submit your concern and you will receive a response within 48 hours- accessible on our website. Please call our Receptionists with your concerns and our Receptionists will triage your query as appropriate. With patient growth, please be confident that your health needs will be met.
I will move to anywhere Dr Hanosh will move as she is the best GP and we are all happy with the service the GP is very informative and supportive and that what we all need.	Thank you for your support.
I don't mind to move wherever my doctor Nabila Hanosh she moves	Thank you for your kind words and support.
I hope there is no shortage of DR or Nurses.	The same team will relocate together – please feel assured your health needs will be met.
Would we keep the same doctors Would we keep the same receptionist We've been used to for many years with some of them as I find this is very important especially one or two receptionist has been there for many years?	Please be rest assured that the whole team will move to the new allocated building and continue to be your registered GP Practice team.
Why has it be redeveloped and relocated	In 2013, The Abbey Road development centred on the junction of Abbey Road and Belsize Road was approved by Camden Council. The development was planned in three phases: Phase 1: 141 new homes completed in March 2019 Phase 2: building a new two storey health and community services centre, open spaces, car parking,

	and road layout changes (currently underway due for completion in July 2022) Phase 3: the existing health centre site will be demolished, replaced with housing and the project completed.
I am a patient and also a carer but have not been informed of this move?	Our Patient engagement is vital to us and going forward, we will be updating our patients as appropriate.
Haven't been there hoping will be comfortable. Wish all the best good luck to all.	Thank you for your support.
All the best on the new surgery.	Thank you for your support.
Good luck with new surgery.	Thank you for your support.
Love to be with Dr Hanosh	We are very grateful for your kind and supportive words.
Love my GP	We are very grateful for your kind and supportive words.
I am happy to be where our lovely Dr Hanosh and our lovely Hilary – who saves the day	We are very grateful for your kind and supportive words.
I hope it will have more services and be bigger and better than the current place	We will always work to ensure our patient's health needs are met and will continue to add more improved services in the future.
Good to support a new challenge	Thank you for your support.
The relocation is good because we can walk or take the bus not so far. I think it's about time to have a new clinic that is very accessible to everyone	We are grateful you share our same excitement.

Commissioners Assessment:

The overall response to 3 weeks of patient engagement via online and paper surveys indicate patients are in favour of the relocation if assured no impact on services.

The CCG will follow up and work closely with the practice on the 2 patient comments below, which require a full response by the practice:

1. Disability access points in the practice;
2. Practice to identify the patient specific concerns and address their needs; and
3. Practice to liaise with the estates team and council about access via the street level and to provide more information to patients on this.

Being relocated far isn't going to be great for local patients I have partly mobility issues so to travel isn't going to be easy for me or others in same position	The new health centre will be situated 100meters distance from our current health centre, therefore we hope this will not cause our patients too much inconvenience or disruption.
Did not see details on how the access from street level is going to operate (note that it currently does NOT impact me but I suppose it might have an impact on some patients)	The new health centre is relocated 100meters from the current one – please visit our Reception or our website if you would like to have more information on the location.

Table 2 - Survey Data including EIA

The Belsize Priory Medical Practice:					
1. Total number of letters with surveys to their over 75s, housebound, mental health and patient without mobile numbers = 992					
2. Total number SMS -embedded patient letter & link to survey = 4,402					
Total= 73 (38 On-line & 35 Paper) Patient Survey Results	Responses	Yes	No	Don't know	Not Answered
What is your postcode?	73	73	0	0	0
Equality Impact Assessment:					
	Responses	Yes	No	Don't know	Not Answered
1. Are you a patient or carer?	73	2	71	0	0
2. Do you consider yourself to be disabled or a long-term health condition?	73	39	34	0	0
3. What is your gender?		Female	Male		
Total	73	49	24	0	0
4. What is your age bracket?		Under 24	25-50	51-74	Over 75
		0	18	46	9
5. What is your Ethnicity?					
Ethnicity Group	Percentage		Total		
White - English, Welsh, Scottish, Northern Irish or British	42.50%		31		
White – Irish	1.40%		1		
White - Other	8.22%		6		
Mixed/Multiple ethnic: White and Black African	2.63%		5		
Black, African, Caribbean or Black British	6.85%		7		
Asian or Asian British – Indian	4.11%		3		
Asian or Asian British: Pakistani	2.74%		2		
Asian or Asian British: Bangladeshi	6.85%		5		
Any other Asian background	1.37%		1		
Any other ethnic groups: Arab, Jewish, Moroccan	13.70%		0		
Not Answered	2.74%		2		
6. Do you support this proposal?	6 = Don't Know 1= No 66 = Yes				
7. Any other information we need to take into consideration?	11 Responses -see Table 1				
8. Any further comments that you have on the relocation of Belsize Priory Medical Practice to the new site?	19 Responses- see Table 1				
9. Will you be willing to travel 100 metres (0.06 miles) from where you currently access GP services?	73 responses 71 Yes & 2 Don't Know				
10. If the Practice relocates to a site 100 metres (0.06 miles) from where you currently access GP services, how would you travel there?	54 = Walk 12= Bus 3=Car 1=Train 1= Tube 1=Cycle 1= Other				

Appendix 1- Belsize Priory Medical Practice – Patient letter

Dr. Nabila Hanosh
Belsize Priory Medical Practice
208 Belsize Road
London NW6 4DX
T: 020 7328 8200
F: 020 7372 6138
E: reception.bpmp@nhs.net
W: www.belsizepriorymedicalpractice.co.uk
10th May 2022

Dear Patient,

Your views on the relocation of Belsize Priory Medical Practice to The Abbey Road Centre, 172A Belsize Road, London, NW6 4BJ.

We are writing to you as a patient registered with the practice to inform you of a change of location of our GP surgery. Although the surgery has been located at its present site for many years, the current premises will be demolished as part of the Abbey Road Re-development, which is to be completed by July 2022, date will be confirmed nearer to the time of move.

Frequently Asked Questions

Why does the surgery have to move?

In 2013, The Abbey Road development centred on the junction of Abbey Road and Belsize Road was approved by Camden Council. The development was planned in three phases:

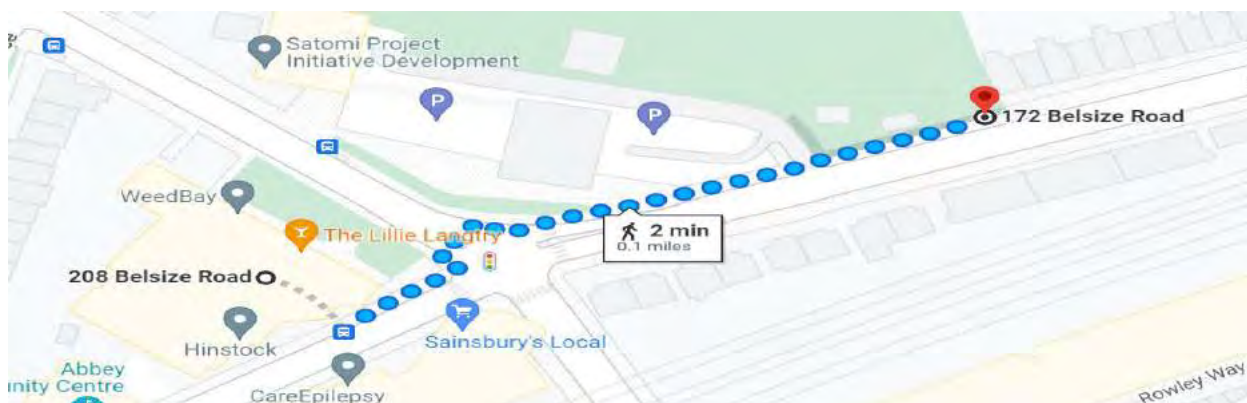
- Phase 1: 141 new homes completed in March 2019
- Phase 2: building a new two storey health and community services centre, open spaces, car parking, and road layout changes (currently underway due for completion in July 2022)
- Phase 3: the existing health centre site will be demolished, replaced with housing and the project completed.

How do you get there from Belsize Priory Medical Practice's current building?

The new site is within easy reach of the current surgery and is approximately within 100 meters (0.06 miles) walk from our current building. The new surgery is accessible by public transport Buses 31, 139 and 189.

From July 2022, the Belsize Priory Medical Practice, will need to move from the current site to the purpose built health centre at 172A Belsize Road, London, NW6 4BJ

Map of distance between both sites



What does this mean for patients?

You do not need to do anything and you will continue to be registered with the Belsize Priory Medical Practice – no patients will be asked to leave as a result of the relocation.

All the staff, clinical and reception staff will continue to work at the practice and there will be no change to our practice opening hours. **The surgery telephone number will remain the same.**

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

How can I share my thoughts?

- Use the link in this letter to complete the patient survey online: <https://feedback.camdenccg.nhs.uk/gp-practice/relocation-of-belsize-priory-medical-practice-to-a> or
- Alternatively, you can pick up a paper survey when you are in the practice.

The deadline to complete and return your survey is the **7 June 2022**. If you need any help to complete this survey, you can call the surgery on 020 7328 8200 and a member of the team will go through it with you. Forms are also available within the surgery for you to complete.

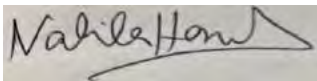
What do you need to do next?

You can continue to access your GP in the usual way.

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

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

Yours sincerely



Dr Nabila Hanosh

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

Appendix 2- Belsize Priory Medical Practice - Patient Feedback Form

[Hard copies of the form are also available at the practice reception.](#)

All responses will be confidential.

Please tick the boxes that apply to you.

PROPOSED PRACTICE RELOCATION – Feedback Form

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

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

We will also publish the results on our website after the four week engagement period. All responses will be confidential and this form is available to be completed electronically via <https://feedback.camdenccg.nhs.uk/gp-practice/relocation-of-belsize-priory-medical-practice-to-a>

Please tick the boxes that apply to you.

Do you support this proposal?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

If you answered 'no' to the question above please explain why on page 3 of this questionnaire.

Will you be willing to travel 100 metres (0.06 miles) from where you currently access GP services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

If you answered 'no' to the question above please explain why on page 3 of this questionnaire.

If the Practice relocates to a site 100 metres (0.06 miles) from where you currently access GP services, how would you travel there?	Walk	<input type="checkbox"/>	Car	<input type="checkbox"/>
	Bus	<input type="checkbox"/>	Cycle	<input type="checkbox"/>
	Train	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Tube	<input type="checkbox"/>		<input type="checkbox"/>

What is your postcode	<input type="text"/>
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Are you a	Patient	<input type="checkbox"/>	Carer	<input type="checkbox"/>
Do you consider yourself to have a disability or a long-term health condition?	Yes/No	<input type="checkbox"/>	Yes/No	<input type="checkbox"/>

What is your gender?	Male		Female		Other	
What is your age bracket?	Under 24		25 - 50		51 - 74	Over 75
Any other information we need to take into consideration:						

Ethnic Group, please tick

Ethnic Group		Tick
White	<ul style="list-style-type: none"> • English, Welsh, Scottish, Northern Irish or British • Irish • Gypsy or Irish Traveller • White Polish • Any other White background 	
Mixed or Multiple ethnic groups	<ul style="list-style-type: none"> • White and Black Caribbean • White and Black African • White and Asian • Any other Mixed or Multiple ethnic background 	
Asian or Asian British	<ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Any other Asian background 	
Chinese or other ethnic group	<ul style="list-style-type: none"> • Chinese • Any other: specify: 	
Black, African, Caribbean or Black British	<ul style="list-style-type: none"> • African • Caribbean • Any other Black, African or Caribbean background 	
Other ethnic group	<ul style="list-style-type: none"> • Arab • Any other ethnic group 	

Please use this space for any comments you have on the relocation of Belsize Priory Medical Practice to the new site.

What comments do you have on the proposed relocation?

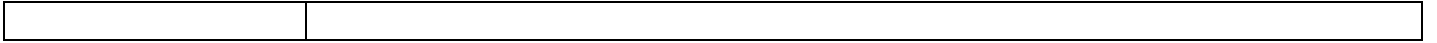
Thank you for completing this survey. Your feedback will help us make the best decisions for our patients.



North Central London
Clinical Commissioning Group

North Central London CCG
Primary Care Commissioning Committee
16 June 2022

Report Title	Commissioning Decisions on PMS Agreement Changes	Date of report	6 June 2022	Agenda Item	3.1
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Places Designate	Email / Tel		Sarah.mcdonnell1@nhs.net	
GB Member Sponsor	<i>Not Applicable</i>				
Report Author	GP Commissioning & Contracting Team	Email / Tel		nlphc.lon-nc-pcc@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications			
		<i>Not Applicable</i>			
Report Summary	Detail of the request to vary PMS Agreements and any conditions to be applied				
Recommendation	The Committee is asked to NOTE one change and where indicated to APPROVE the proposed changes outlined below and any conditions				
Identified Risks and Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	<i>Not Applicable</i>				
Resource Implications	<i>Not Applicable</i>				
Engagement	<i>Not Applicable</i>				
Equality Impact Analysis	<i>Not Applicable</i>				
Report History and Key Decisions	<i>Not Applicable</i>				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	<i>Not Applicable</i>				



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4 Table of requested PMS Agreement Changes	4

1 Executive summary

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

2 Background

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

3 Appointment benchmarking

As a part of the due diligence undertaken when assessing PMS Practices' requests to vary the PMS Agreement, the number of GP appointments offered by the Practice is assessed. All weekly GP appointments (face to face, telephone, home visit) are totalled and compared to the benchmark of 72 appointments per 1000 patients per week. This figure is a requirement in all new Standard London APMS contracts and is described in the BMA document Safe working in general practice¹ as developed by NHS England via McKinsey but widely accepted.

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

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/04/2022	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee																
E83037 Derwent Medical Practice	Barnet	5535	Practice is a member of Barnet PCN 3, comprising of 15 practices and combined list of 120586 at 01/04/22	<p>Addition of Dr Anuj Patel and Dr Leena Mistry</p> <p>Removal of Dr Jonathan Lubin and Laura Lefley</p>	<p>The practice has requested the addition of Dr Patel and Mistry and the removal of Dr Lubin and Lefley leaving 2 contractors on the PMS agreement.</p> <p>The second stage will be a merger of the contracts and the application has been received from the practices and will be referred to the August 2022 committee meeting.</p> <p><u>Practice provision</u></p> <table> <tr> <td>GP appointments</td> <td>399</td> </tr> <tr> <td>GP sessions</td> <td>27</td> </tr> <tr> <td>Nurse appointments</td> <td>178</td> </tr> <tr> <td>Nurse sessions</td> <td>11</td> </tr> </table> <p><u>Recommended guide</u></p> <table> <tr> <td>GP appointments</td> <td>399</td> </tr> <tr> <td>GP sessions</td> <td>21</td> </tr> <tr> <td>Nurse appointments</td> <td>178</td> </tr> <tr> <td>Nurse sessions</td> <td>10</td> </tr> </table> <p>The practice GP and nursing provision is above the recommended guide.</p>	GP appointments	399	GP sessions	27	Nurse appointments	178	Nurse sessions	11	GP appointments	399	GP sessions	21	Nurse appointments	178	Nurse sessions	10	To approve
GP appointments	399																					
GP sessions	27																					
Nurse appointments	178																					
Nurse sessions	11																					
GP appointments	399																					
GP sessions	21																					
Nurse appointments	178																					
Nurse sessions	10																					
E83031 Village Surgery	Barnet	5234	Practice is a member of Barnet PCN 2, comprising of 7 practices and combined list of 60825 at 01/04/22	<ol style="list-style-type: none"> 1. Removal of Dr Anna Turner 2. Addition of Dr Samantha Craddock 	<p>Request to remove Dr Anna Turner from the PMS Agreement effective from 01/07/22.</p> <p>Request to add Dr Samantha Craddock to the PMS Agreement effective from 01/07/22.</p> <p>The change will leave two contractors on the PMS Agreement.</p>	To approve																

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Practice	Borough location	List Size 01/04/2022	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee																
					<p><u>Practice provision (per week)</u></p> <table border="0"> <tr> <td>GP appointments</td> <td>260</td> </tr> <tr> <td>GP sessions</td> <td>20</td> </tr> <tr> <td>Nurse appointments</td> <td>159</td> </tr> <tr> <td>Nurse sessions</td> <td>7</td> </tr> </table> <p><u>Recommended provision (per week)</u></p> <table border="0"> <tr> <td>GP appointments</td> <td>377</td> </tr> <tr> <td>GP sessions</td> <td>20</td> </tr> <tr> <td>Nurse appointments</td> <td>168</td> </tr> <tr> <td>Nurse sessions</td> <td>9</td> </tr> </table> <p>There is a shortfall of 117 GP appointments, 9 nurse appointments and 2 nurse sessions per week.</p> <p><u>Practice have stated the following:</u> <i>On top of the pre-bookable appointments listed we have urgent on the day slots that have no maximum.</i> <i>For example:</i> <i>Mon 23rd May - 37 additional appointments</i> <i>Tues 24th May - 23 additional appointments</i> <i>Weds 25th May - 22 additional appointments</i> <i>Thurs 26th May - 12 additional appointments</i> <i>Fri 27th May - 28 additional appointments</i></p> <p><i>This works out as an additional appointment total of 122 for w/c 23rd May. We have no limit to these urgent slots.</i></p> <p><i>Our practice Nurse also adds urgent appointments on the day and we have combined their previous 9 sessions into 7 sessions to allow desk space for our Care Coordinator.</i></p>	GP appointments	260	GP sessions	20	Nurse appointments	159	Nurse sessions	7	GP appointments	377	GP sessions	20	Nurse appointments	168	Nurse sessions	9	
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OFFICIAL

Practice	Borough location	List Size 01/04/2022	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee												
F85002 Medicus Health Partners (MHP)	Enfield	92083 (13 sites)	Practice is a member of Enfield Unity PCN, comprising: • 10 Practices 159694 patients at 01/04/22	Removal of Dr Nivedita Bose	<p>Request to remove Dr Nivedita Bose from the PMS Agreement effective from 01/09/22. The change will leave 34 contractors on the PMS Agreement.</p> <p><u>Practice provision (per week – all sites)</u></p> <table border="0"> <tr> <td>GP appointments</td> <td>6879</td> </tr> <tr> <td>Nurse appointments</td> <td>3193</td> </tr> </table> <p><u>Recommended provision (per week – all sites)</u></p> <table border="0"> <tr> <td>GP appointments</td> <td>6630</td> </tr> <tr> <td>GP sessions</td> <td>349</td> </tr> <tr> <td>Nurse appointments</td> <td>2947</td> </tr> <tr> <td>Nurse sessions</td> <td>156</td> </tr> </table> <p>GP and nurse sessions not listed but the practice have stated the following: <i>Dr Bose predominately works at the MHP - Alma Healthcare Centre; MHP is actively recruiting Salaried GPs to support this and other MHP locations.</i> <i>There are 3 other GP Partners at this location and they will assume responsibility for the cover of the sessions. Salaried GPs will also be offered additional sessions to support the service delivery. Access to appointments will not be affected; Partners and Salaried GPs within Medicus Health Partners will support the site while recruitment takes place. Adverts are already placed with BMJ and other local channels. This will ensure continuity of care for patients, staff will be fully briefed and supported by Medicus Central Services Teams.</i></p>	GP appointments	6879	Nurse appointments	3193	GP appointments	6630	GP sessions	349	Nurse appointments	2947	Nurse sessions	156	To approve
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OFFICIAL

Practice	Borough location	List Size 01/04/2022	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee																
					Provision of GP and nurse appointments meets requirements.																	
F85014 Highgate Group Practice	Haringey	16620	Practice is a member of Haringey North West PCN, comprising of 4 practices and combined list of 52989 at 01/04/22	24 Hour retirement of Nicola Davies	<p>Practice has requested the 24 hour retirement of Ms Nicola Davies leaving 7 contractors on the PMS agreement.</p> <p><u>Practice provision</u></p> <table> <tr> <td>GP appointments</td> <td>1330</td> </tr> <tr> <td>GP sessions</td> <td>70</td> </tr> <tr> <td>Nurse appointments</td> <td>570</td> </tr> <tr> <td>Nurse sessions</td> <td>30</td> </tr> </table> <p><u>Recommended guide</u></p> <table> <tr> <td>GP appointments</td> <td>1197</td> </tr> <tr> <td>GP sessions</td> <td>63</td> </tr> <tr> <td>Nurse appointments</td> <td>532</td> </tr> <tr> <td>Nurse sessions</td> <td>28</td> </tr> </table> <p>The practice GP and nursing provision is above the recommended guide.</p>	GP appointments	1330	GP sessions	70	Nurse appointments	570	Nurse sessions	30	GP appointments	1197	GP sessions	63	Nurse appointments	532	Nurse sessions	28	To approve
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**North Central London CCG
Primary Care Commissioning Committee
16 June 2022**

Report Title	Islington GP Group – caretaking contract extension	Date of report	6 June 2022	Agenda Item	3.2
Lead Director / Manager	Clare Henderson	Email / Tel		clare.henderson4@nhs.net	
GB Member Sponsor					
Report Author	Anthony Marks	Email / Tel		anthony.marks@nhs.net	
Name of Authorising Finance Lead	Anthony Browne, Director of Finance Strategic Commissioning	Summary of Financial Implications Contract continues to be funded at the current rate			
Report Summary	<p>The report sets out the case for the extension of the current caretaking arrangements until 31 October 2022. The current contract expires on 31 July 2022.</p> <p>With the continued pressures on Primary Care it is thought that a full and open procurement is not feasible by 31 July 2022. It is expected that a procurement can commence later in 2022 and will likely take 6 months to conclude. Commissioners are therefore recommending that the contract be extended until 31 October 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>				
Recommendation	<p>The committee is asked to APPROVE the:</p> <ul style="list-style-type: none"> Extension of the caretaking contract provided by Islington GP Group Limited at Barnsbury Medical Practice until 31 October 2022 				
Identified Risks and Risk Management Actions	<p>Failure to extend the contract will result in lack of Primary Care access for 3,926 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>				
Conflicts of Interest	<i>Not Applicable</i>				
Resource Implications	Contract continues to funded at current rate				
Engagement	<i>Not Applicable</i>				

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

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 October 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

Year	Apr	Jul	Oct	Jan
2017	3083	3076	3082	3073
2018	3041	3050	3040	3070
2019	3109	3124	3188	3195
2020	3242	3267	3352	3414
2021	3488	3628	3688	3878
2022	3926			

4.0 Next steps

- Issue contract extension
- Commence initial procurement steps



**North Central London CCG
Primary Care Commissioning Committee Meeting
16 June 2022**

Report Title	Hampstead Group Practice & The Keats Group Practice merger	Date of report	6 June 2022	Agenda Item	3.3						
Considered at	Part 1 <input checked="" type="checkbox"/> Part 2 <input type="checkbox"/> Urgent decision <input type="checkbox"/>										
Lead Director / Manager	Simon Wheatley, Director of Integration - Camden Directorate	Email	simon.wheatley2@nhs.net								
GB Member Sponsor											
Report Author	Anthony Marks	Email	anthony.marks@nhs.net								
Name of Authorising Finance Lead	Anthony Browne, Director of Finance Strategic Commissioning	Summary of Financial Implications One off cost to merge the clinical systems of approximately £10,000.									
Report Summary	<p>This paper sets out the case for the Committee to agree commissioners' recommendation to approve the merger of two PMS contracts, Hampstead Group Practice (list size 17,916) and The Keats Group Practice (list size 13,435). The partners have requested to vary the Hampstead Group Practice contract and terminate The Keats Group Practice. The merged PMS practice will operate from two sites with the current Keats Group Practice site becoming a branch practice.</p> <p>The practices have been considering merger over that past two years. Both practices have commenced the due diligence stage of planning for the merger, i.e. reviewing the budgets, accounts, staffing, policies, local stakeholders and engaging with patients. The practices plan to merge on 1 October 2022.</p> <p>Both practices are part of the same PCN - North Camden PCN.</p> <p>Premises</p> <p>The current sites are approximately 0.5 miles apart (10 minutes walk).</p> <p>The space the practices occupy at the moment is</p> <table border="1" data-bbox="491 1973 1495 2103"> <thead> <tr> <th>Practice</th> <th>No of clinical/treatment rooms</th> <th>Patient to room ratio</th> </tr> </thead> <tbody> <tr> <td>Hampstead Group Practice</td> <td>15</td> <td>1: 1,195</td> </tr> </tbody> </table>					Practice	No of clinical/treatment rooms	Patient to room ratio	Hampstead Group Practice	15	1: 1,195
Practice	No of clinical/treatment rooms	Patient to room ratio									
Hampstead Group Practice	15	1: 1,195									

	The Keats Group Practice	11	1: 1,222
Recommendation	<p>Committee members are asked to APPROVE the:</p> <ul style="list-style-type: none"> • Merger of the two PMS contracts by varying the Hampstead Group Practice contract and terminating The Keats Group Practice contract. 		
Identified Risks and Risk Management Actions	<i>Not Applicable</i>		
Conflicts of Interest	<i>Not Applicable</i>		
Resource Implications	IT costs to merge the clinical systems estimated to be £10,000.		

Were the practices to collocate onto the existing Hampstead Group Practice site this would give a combined room to patient ratio of 1: 2,091. This is higher than the recommended room to patient ratio.

The DH HBN space estimator tool calculates at (1) 80% utilisation of the patient list, (2) 6 contacts per annum, (3) 15 minute consultations and (4) number of appointments per week, which exceeds the BMA guidance of 72 GP and 32 nursing appointments per week, which allows for a wider workforce operating in the practice.

The DH HBN tool indicates that the combined list size of 31,351 requires 24 clinical and treatment rooms (room to patient ratio of 1: 1,307). Over the two sites the practices currently have 26 clinical and treatment rooms (1: 1,206).

There is not sufficient space available at the Hampstead Group Practice site to provide services to the combined list and therefore the current two sites need to remain in operation.

Capital costs

There will be no capital costs, however there will be IT costs to merge the clinical systems. These costs are estimated to be £10,000.

Patient engagement and Equality Impact Assessment

The contract holders have engaged with patients, including vulnerable groups to seek their views prior to the relocation and merger. The practices held one face to face and one virtual meeting that patients could attend to find out more and ask questions. The practices outcome from the patient survey, EIA, PPG forum indicates patients are broadly in favour of the merger but a number want further information.

The contract holders received 67 online survey responses and 3 paper responses. The respondents included, patients with who considered they had a disability. Respondents included 12 patients over the age of 75.

Full details of the questionnaire survey and results are included in Table A below.

Engagement	The practices have commenced patient engagement for patients registered at each site and feedback received from patients indicates they are in favour of the merger. Several patients wanted further information.
Equality Impact Analysis	<p>An equality impact assessment has been carried out. The distance between both practices is 0.5 miles.</p> <p>The contract holders have engaged with patients and specifically vulnerable groups to seek their views prior to the merger. The practices used a patient survey, held meetings with their respective PPG groups and two meetings with the wider patient list. A report of the survey results included with the paper.</p>
Report History and Key Decisions	<i>Not Applicable</i>
Next Steps	If the case is approved by PCCC members, commissioners will meet with both practices to plan the merger and wider engagement with patients.
Appendices	<p>Appendix 1- Catchment areas for both Practices</p> <p>Appendix 2– Hampstead Group Practice & The Keats Group Practice- Patient notification, FAQ and Survey template</p>

Recommendation

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

1. Merger by Hampstead Group Practice (PMS) contract and The Keats Group Practice (PMS) contract
2. To vary the Hampstead Group Practice contract and terminate The Keats Group Practice.

Background

Hampstead Group Practice (HGP) and The Keats Group Practice (KGP) contract holders have requested to merge their PMS agreements. HGP agreement will be varied and KGP agreement will terminate. Both the practices are part of the Camden North Primary Care Network (PCN) and propose to merge 1 October 2022.

HGP is located on Fleet Road, just south of Hampstead Heath in Camden. It is near to Hampstead Heath Overground station and is served by a number of local bus routes. It is located on the ground floor of Anne Bryans House, which is a 14 Storey building. The surgery is located in part in the 14 Storey building and in part in a single storey addition to the tower. The current patient list is 17,916 as at 1 April 2022.

KGP is located in a converted Victorian building on Downshire Hill near to Hampstead Underground Station in Camden. It is served by nearby local bus routes on the A502. The current patient list is 13,435 as at 1 April 2022. The practices are approximately 0.5 miles or 11 minutes walking distance apart.

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

The Care Quality Commission (CQC) has rated both practices as overall 'Good' with good ratings in all domains.

The practices are in the same PCN, Camden North PCN which comprises five practices.

Strategic case for the merger

The practices believe that merging will create greater resilience for them and offer patients greater choice and flexibility. This will come through the wider staff pool, greater skill mix and the opportunity to offer a wider range of services to the whole patient list.

Patient will be able to access appointments from either site as per their preference.

The practice catchment areas will not change as a result of the merger (see Appendix 1). The practices have undertaken patient engagement with their respective PPGs and wider patient list. Commissioners will engage with the Local MPs, Councillors, LMC, HWBB and HOSC, PCN and Camden Practices following PCCC decision.

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

The patients currently registered at both practices will benefit from:

- i) Sharing staff across two sites will enable review and redesign of current access to look at increasing appointments, including same day access and extended hours;
- ii) Services currently available in only one of the practices (minor surgery; MSK Doctors) will be offered across all patients in the merged practice. The practices are reviewing the option of offering additional services, not currently available, e.g. coil fitting;
- iii) Expanded delivery of services such as warfarin monitoring and Leg Ulcer management across the patient population which is currently offered by one practice;
- iv) Greater skill mix of clinicians with speciality interests;
- v) Revised deployment of Additional Roles Staff across the two sites to free up additional GP appointments;
- vi) A larger team of clinical staff including Additional Roles Staff roles to focus on patient care.

The practices believe that the larger organisation will help focus on their staffing compliment and to increase it where possible. They will be able to recruit and retain staff by

- Providing opportunities for staff to develop their skills further and take on new responsibilities within the practice.
- Introduce roles specifically designed to enhance individuals' professional development helping with retention.
- To enable clinical staff to develop areas of interest (e.g. specialist skills) or to provide clinical roles in the PCN
- To undertake phased succession and retirement planning for partners and other staff.
- To provide opportunities to test and pilot new workforce strategies that emerge from priorities set by our Primary Care Network

The practices have highlighted nurse recruitment has been a particular challenge over the past two years which may be partly an effect of the COVID-19 pandemic and response.

Premises

Both practices currently operate from health centres which are approximately 0.5 miles or 11 minutes walk apart.

The capacity at each site is

Site	Clinical and treatment rooms	Current room to patient ratio
Hampstead Group Practice	15	1: 1,195
The Keats Group Practice	11	1: 1,222

The DH HBN space estimator tool calculates at (1) 80% utilisation of the patient list, (2) 6 contacts per annum, (3) 15 minute consultations and (4) number of appointments per week, which exceeds the BMA guidance of 72 GP and 32 nursing appointments per week, which allows for a wider workforce operating in the practice.

The DH HBN tool indicates that the combined list size of 31,351 requires 24 clinical and treatment rooms (room to patient ratio of 1: 1,307). Over the two sites the practices currently have 26 clinical and treatment rooms (1: 1,206).

As part of due diligence commissioners considered whether the possibility to provide the patient list from one site is viable. Moving the services to the larger of the two sites, HGP site, would give a combined room to patient ratio of 1: 2,091. This is higher than the recommended room to patient ratio. The HBN tool calculates that 24 clinical and treatment rooms would be required which is nine more than the current HGP site has. There is insufficient space within the current practice demise to convert to nine compliant clinical rooms and not current opportunity to expand into more space at the Fleet Road site.

Commissioners therefore deem co-location onto an existing site is not viable.

GPIT costs

GP It report that an exact quotation from EMIS, the clinical systems provider for both practices, is not currently available. They estimate the likely costs to the Primary Care Delegated budget to merge the practices would be £10,000 or less. No other equipment or installations would be required.

Clinical capacity and appointments offered

The two practices combined list size is 31,351 as at 1 April 2022. Based on the list size and the BMA guidance of 72 GP and 32 nurse appointments per 1000 patients. The practices are required to offer the following recommended appointments for the combined list size:

- 2,258 GP appointments, 126 sessions per week
- 1,004 Nurse appointments, 84 session per week
- Total number GP & Nurse per week = 3,262 appointments

The practices currently offer the following:

BMA guidance for HGP based on list size 17,916 patients = 1,290 GP (72 sessions) and 574 Nurse (48 sessions) appointments per week = Total 1,864.

- HGP: 1,379 GP(77 sessions) and 158 Nurse (14 sessions) appointments week = 1,537

BMA guidance for KGP based on list size 13,435 patients = 968 GP (54 sessions) and 430 Nurse (36 sessions) appointments per week = Total 1,398.

- KGP: 1,071 GP (60 sessions) and 149 (13 sessions) nurse appointments per week = 1,220
- Across the merged list the practices offer
- 15 whole time equivalent (WTE) GPs
- 6.67 WTE nurses and HCAs working 250.25 hours
- 8 Additional roles staff
- Other staff (including administrative staff): 34

On review of the number of appointments being offered, commissioners can confirm there is currently a shortfall in line with the BMA recommended guidance of 32 nursing appointments per 1000 patients /week. The practices have highlighted nurse recruitment as an issue and will continue to focus on recruitment and using Addition roles staff to free up GP and nurse time.

The merged practice will offer the BMA recommended guidance of 72 GP appointments per 1000 patients /week with a commitment to looking at how to free up more GP time through the use of Additional roles staff where appropriate.

Patient Engagement

An equality impact assessment and patient survey has been carried out by both practices. The practices are 0.5 miles between each other.

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

- Face to face patient meeting attended by 16 patients
- Virtual patient meeting attended by 30 patients
- Link on Practices' websites
- Posters in waiting rooms
- Practice leaflets in waiting rooms
- Text letter messages sent to 26,380 patients
- 108 letters sent to vulnerable patients who rarely attend the practices.
- FAQ engagement on the Practices' websites.

The Contract holders received 67 online survey responses and, 3 paper responses.

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

Commissioners have noted many of patients from both practices wanted further information about the merger or the benefits it would bring. A third of patients also sighted challenges they would have accessing health care, although some of these arose from a misconception that a site would close, which is not proposed.

Table A- Online Patient Survey Results

	Responses	Yes	No	Not answered			
I am completing this survey... on behalf	For myself 67						
What are your views on the proposal to merge the practices?	64	Refer to Table B – summary of patient & contract holder comments					
If the practices were to merge, would this create any challenges for you in accessing your health care? -	67	25	41	1			
If the practices were to merge, would this create any challenges for you in accessing your health care? - If 'Yes', how might be we able to help solve them?	24	Refer to Table C – summary of patient comments					
Would you like to ask the practice any questions relating to the proposed merger?	38	Refer to Table D – summary of patient comments					
	Responses	Do not know	Strongly agree	Agree	Neither agree or disagree	Disagree	Disagree strongly
How important is it to see the same staff every time? Nursing team	40	5	15	14	29		4
How important is it to see the same staff every time? Doctors	67	1	37	24	4		1
How important is it to see the same staff every time? Other Clinicians	66	7	14	22	20		3
		Do not know	Always/almost always	A lot of the time	Some of the time	Never or almost never	
How often do you get to see the same staff every time? Nursing team	65	10	7	8	19	21	
How often do you get to see the same staff every time? Doctors	67	3	15	10	21	18	
How often do you get to see the same staff every time? Other Clinicians	60	26	3	2	13	16	
		Not visited in the last 6 months	Once or twice	Three or four times	Five or six times	More than 6 times	
Please can you tell us how many times you have used your GP practice for the following reasons in the past 6 months: Using practice - Nursing Team	65	33	24	7		1	
Please can you tell us how many times you have used your GP practice for the following reasons in the past 6 months: Using practice - Doctors	64	19	27	12		6	
Please can you tell us how many times you have used your GP practice for the following reasons in the past 6 months: Using practice - Other Clinicians	62	48	9	2	2	1	

Please can you tell us how many times you have used your GP practice for the following reasons in the past 6 months: Using practice - Online Consultations	61	28	22	8		3
Please can you tell us how many times you have used your GP practice for the following reasons in the past 6 months: Using practice - To have bloods taken	65	43	16	4	1	1
Please can you tell us how many times you have used your GP practice for the following reasons in the past 6 months: Using practice - For a different reason	57	39	11	6		1
		Most	Fairly	Average	Less	Least
Please can you rank the following from Most important to Least important Quality of care	67	61	4	2		
Please can you rank the following from Most important to Least important Location	64	20	32	6	5	1
Please can you rank the following from Most important to Least important Rank of importance - Opening times	66	18	31	7	6	4
Please can you rank the following from Most important to Least important Access to a Doctor	67	53	9	4	1	
Please can you rank the following from Most important to Least important Access to Nursing Team	64	11	24	15	12	2
Please can you rank the following from Most important to Least important Access to wider Clinical Team	65	10	15	21	15	4
Please can you rank the following from Most important to Least important Seeing the same clinician	66	28	19	14	4	1

Equality Impact Assessment:		Responses		Yes		No		Rather not say		Not Answered	
Do you consider yourself to be disabled?		67		14		48		5		0	
What is your gender?		67		Male 18		Female 47		Non-binary 1		Not answered 1	
What is your age bracket?	67	18- 24	25-34	35-44	45-54	55-64	65-74	75+	Rather not say		
		1	4	2	18	14	15	12	1		

Ethnic Groups		67	
	Total	Percentage	
White British	48	71.64%	
White European	9	13.43%	
Mixed race: Asian/White	2	2.99%	
Another race or ethnicity (please specify below)	2	2.99%	
Asian/British Asian: Bangladeshi	1	1.49%	
Black/British Black: Caribbean	1	1.49%	
Rather not say	3	4.48%	
Not Answered	1	1.49%	

Table B - Patient comments summary

	Positive feedback
1	My experience of the practice is really good so as long as the service levels are not compromised, I have no issues. It would be good to better understand the benefits of the merger
2	I believe that if the merger will improve the service as a result of sharing the resources between the two practices it is certainly a positive initiative
3	If it provides quicker and better services then I am in favour. As long as I can still see my preferred GO for long standing issues and can have a larger pool for emergency appointments then should be ok
4	The merger seems to be a good idea as long as the HGP remains accessible, that is walking distance from where I live. If the two practices were to share one site, it would need to be closer to Belsize Park tube station for it to remain accessible, the KGP site is too far. One positive might be more routine appointment available.
5	Based on my own personal experience and discussions with colleagues who are with other practices, HGP is one of the best GP practices in London. GPs are knowledgeable, responsive and personable, reception staff are helpful and courteous, extended opening hours are really helpful as is the e-consult service, and the opportunity for same day appointments if required is invaluable. HGP seems far better organised and to have a more modern and flexible approach to healthcare delivery than its competitors and has dynamic leadership. I don't know much about KGP but assume consolidation will have economic benefits in terms of margins and bulk ordering and, importantly, will not impact on the excellent set up at HGP.
6	Firstly, it's a great idea. I would love it if I had the choice to attend either clinic on days and times that may suit me better. If one clinic can't see me on a good day/time but the other can. Good luck!
7	It's a great idea, just have to change the name. I'm sure there's better than "Heath Group Practice".
8	I'm very happy about this proposal. I've always been very impressed with the quality of care I receive at Hampstead Group Practice, and have never had any problems seeing a GP or Nurse as appropriate. So I'm confident that this merger would not be proposed if there were any risk that it might lead to a deterioration in the standard of care for patients; on the contrary, I'm confident that it's being proposed to enhance and streamline services. I would anticipate that administrative cost savings will enable more specialised medical services to be provided at the surgeries. The more medical services that can be provided in the practice rather than referring patients to a hospital can only be good both for patients, for GPs and for hospitals.
9	Excellent idea! The two practices appear to share the same values and approach to delivery of patient care, so it makes sense to come together.
10	No concerns if enables more flexibility in providing coverage across both sites.
11	Strong support! Improves options for patients
12	Content as long as the long term aim is to maintain both sites.
13	Given how close the practices are, a merger sounds like a sensible way to optimise resources and offer more times for clinics
14	After coming to the meeting this morning 18 May - I feel very positive about the merger. It was extremely reassuring as well as giving cause for optimism about the future.
	Concerns – including practice response
1	I'm not keen. I suspect this is a money-saving exercise that will result in the worst parts of both practices being adopted. Call me cynical! It's already incredibly difficult to get an appointment as it's blocked by eConsult, which is a time consuming and pointless

	<p>exercise in futility to get through before you can access any healthcare. If you have children it's even worse. It works well for the practice I guess in that I, and probably many others, have stopped even trying to get an appointment any more.</p> <p><i>The merger will make the practice more resilient and we will look to seek how we can review and improve the appointment system</i></p>
2	<p>I've been a patient at KGP for over 20 years. My family uses a lot of services due to autism and mental health problems in the family. We have had very positive and helpful experiences right up until the changes that were made during and after lockdown. It has become very difficult for me to navigate the patient access system, particularly because I take more than 5 different medications. My children also take multiple medications and simply ordering them has become a difficult process as we are now dealing with computers and not humans. I worry that merging the 2 services would further depersonalise the patients experience and affect the Dr -patient relationship. I've noticed that this also happens in bigger schools, hospitals, social services and disability services. The bigger the location, the easier it is for vulnerable people to get lost in the system and fall through the cracks.</p> <p><i>The merged practice will remain committed to seeing our patients face to face when needed at either site. Patients may choose the location they prefer.</i></p>
3	<p>I object to the merger as I do not understand how a very large practice will benefit the patient</p> <p><i>Patients will benefit from clinical and non-clinical staff having a greater skill mix with the opportunity to offer access to health care professionals with specialist skills.</i></p>
4	<p>Not a fan, feel like this will make seeing a doctor even longer of a wait as well as not being able to see the doctor/s that are familiar with my medical condition.</p> <p><i>The merged practice will remain committed to seeing our patients face to face when needed at either site. Patients may choose the location they prefer.</i></p>
5	<p>I am concerned that the proposed merger will have a negative impact on the KGP by diluting the quality of care; at the moment KGP is always accessible with easy, friendly contact available at all times.</p> <p><i>The two practices have a shared ethos of patient focussed care will continue this once merged.</i></p>
6	<p>I worry that an enlarged practice will reduce any small chance of continuity of care or meaningful relationship with a gp so further reduce the already not optimal care quality currently provided. There are insufficient senior Socotora seeing patients and that matters.</p> <p><i>The two practices have a shared ethos of patient focussed care will continue this once merged.</i></p> <p><i>The merged practice will remain committed to seeing our patients face to face when needed at either site. Patients may choose the location they prefer.</i></p>
7	<p>I am concerned that as a result of the inevitable savings that are the reasons for this merger services will become even harder to access and the ability to see a GP or get urgent advice will be made even more difficult.</p> <p><i>The merger will make the practice more resilient and we will look to seek how we can review and improve the appointment system</i></p>

Table C - Challenges for patients in accessing health care for the practice to address

1	It's a 5 minute walk for me at the moment to get to the surgery. It would take 20 minutes to get to Fleet Road - 4 times as long. Therefore access to any appointments there would be far more difficult to attend and much less convenient. It's not near my home!
2	Retain all my patient care in downshire hill
3	Having the same doctor as much as possible makes a big difference to overall care.
4	Having a support worker for vulnerable patients could help these patients stay on top of their health.
5	Autistic and mentally unwell patients get much later diagnosis and treatment for all illnesses. This could get even worse with the merging of 2 services.
6	Not able park outside Hampstead Group Practice
7	Access and location
8	My disability (arthritic knee) makes it difficult for me to visit the practice and this may get worse. I may always need a home visit. Which practice would deal with this?
9	If you close the Fleet Street site. Please keep that open. It is very conveniently located and I really value the proximity to the RF Hospital.
10	As stated above, if the practice is no longer walking distance from my home, accessing it when unwell will not be possible.
11	Assurances that the primary GP team will remain in situ.
12	Don't merge, I feel merging will increase wait times and appointments are ready hard enough to get.
13	Mergers usually mean there will be Fewer resources and spread more thinly eventually. It may come to pass that only one of the practices will be open at any one time. The service becomes less personal and you do not know the people in A larger practice
14	Only if we are expected to travel up to Keats for an appointment - it is significantly further from our home. Can you continue to see patients at their preferred practice?
15	I'm concerned that I might have to change my doctor. And perhaps go to Keats Practice under someone else's care. A doctor who I don't know, have never dealt with before, and has little knowledge into the background of my medication and medical issues. I've had many doctors in the past. And sometimes my experiences with them haven't been altogether that great.
16	Even more anonymous than it is already which is bad for patients
17	I don't know until I have more information - for example I don't know if the Downshire Hill practice is likely to close in future which would make difference to me.
18	Possibly. I am currently at HGP. This is much easier to reach from our residence as well as the pharmacy across the street.
19	I hope not as I feel COVID and the challenge of seeing an in person dr (as above) has not been beneficial.
20	Increase number of qualified GP principals seeing patients face to face. It is only when people are seen that the full problem set is visible. The wifi in our area is very poor so zoom consultations are often a WASTE particularly with elderly, deaf, vulnerable etc. This no fault of drs or patients and not fixable. Increase staff overall so costs of ancillary staff. Receptionists and nursing teams with adequate skills would be good.
21	Will it become too large to be able to get help easily?
22	is impossible to answer! If it meant having to attend different surgery at any time, then yes! Or if one could not continue to normally see same doctor - I have seen my GP for over 20 years, obviously occasional exceptions but on the whole I could always see her and had regular visits as I had regular acupuncture treatment
23	The potential of not being able to get to new premises, in the long run. We live at NW5, at the Far eastern corner of the combined practice catchment areas

Table D – Questions the patients would like answered

1	Will doctor to patient ratio increase? I know the answer. This is about cost cutting.
2	You mention there won't be changes in the short term. What do you foresee as changes in the medium and long term
3	What would be the impact for the patients?
4	Are you planning to make any of the clinics or services permanently based in Fleet Road? Will we lose any of our scarce appointment times? e.g. the late nights might be farmed out and made less accessible.
5	My main questions are a) what effect does the merger have on the ratio of patients to GPs, and b) Will you continue to operate two sites and if not where will the single site be located.
6	What would be the real benefits of the merger to patients of the keats practice?
7	WHY??? When are you planning to replace human GP's with AI?
8	Are you going to fragment services do that we cannot access all at our previously appointed surgery
9	Will any GP be leaving Keats?
10	In what way(s) will this improve the service we receive? "My" practice (Keats Group) is outstanding in the excellent service given and I am concerned they may not be able to give this.
11	Will you close Fleet Street? What will be the benefits to patients? What are the downsides?
12	Would we subjected to if you are on onside of Hampstead you go to this surgery
13	Why should I be excited? Your communication appears to be full of hyperbole which means nothing to patients
14	Is there a plan, medium or long-term, for the two practices to share one site.
15	Are there plans to find a larger, more modern site or has a site already been found on which to co-locate the practices or is the intention that the practice will continue to function in the longer term on split sites?
16	What are the benefits for staff and for patients?
17	Will we be able to choose which surgery to attend?
18	Explain to me do you except wait times to increase for appointments? Will I be able to still see the same doctors and nurse that are famliar with my ongoing medical condition? Why are you thinking of merging? Will the practice move?
19	How will you guarantee quality and access to doctors who know us?
20	Why merge?
21	Will I be able to continue to access the HGP doctors with whom I have already built up a relationship with over very many years? I would not want to be seeing new doctors that I am unfamiliar with and they with me. I imagine this is a question some patients of both practices may have?
22	What do you perceive as the benefits of the merger to patients, staff and practice partners.
23	Will the site on downshire hill remain open?
24	Would this mean having to change my current doctor?
25	Would I be expected to have appts at KGP site after this merger if I am a HPG patient?
26	Is the long term plan to maintain both sites. Would be a challenge to clients of either site if one was too close. Also unless rebuilt not sure one site would be large enough for all clients.
27	What benefits does the practice expect for itself? Will the provision of any services change? What additional services or expertise can patients expect to access?
28	will the increased number of patients make it more difficult to see a GP of choice?
29	Will patients be allowed to attach to particular branch?
30	Please spell out exactly how this will benefit patient Eg : advanced technology ?

	Access to rapid assessments? Basic health messages ?
31	What are the patient benefits?
32	Why is it proposed? What actual benefits are anticipated? I would like answers to my objections raised earlier in questionnaire.
33	Are you anticipating any redundancies as part of the merger, and if so, what will you do to look after the staff who work so hard for us? Will there be any changes to which doctors or nurses we will be able to see at each practice site? PS your survey seems to be broken in that there is only one option for "disagree strongly disagree" whereas two separate options for "agree" "strongly agree". This could skew the results of your survey and it's a bit confusing.
34	When I contact Keats Group Practice at the moment I always get a prompt and helpful response. Will the merger change that? Will the practice remain as responsive once it becomes part of something bigger?
35	These were answered at the meeting this morning -
36	What prompted the idea? Why/how is it going to provide a better service?
37	Will this mean opening hours will be extended so easier to see a GP out of work hours and weekends?
38	In which of the practices am I going to be a patient? Who is going to be my GP?

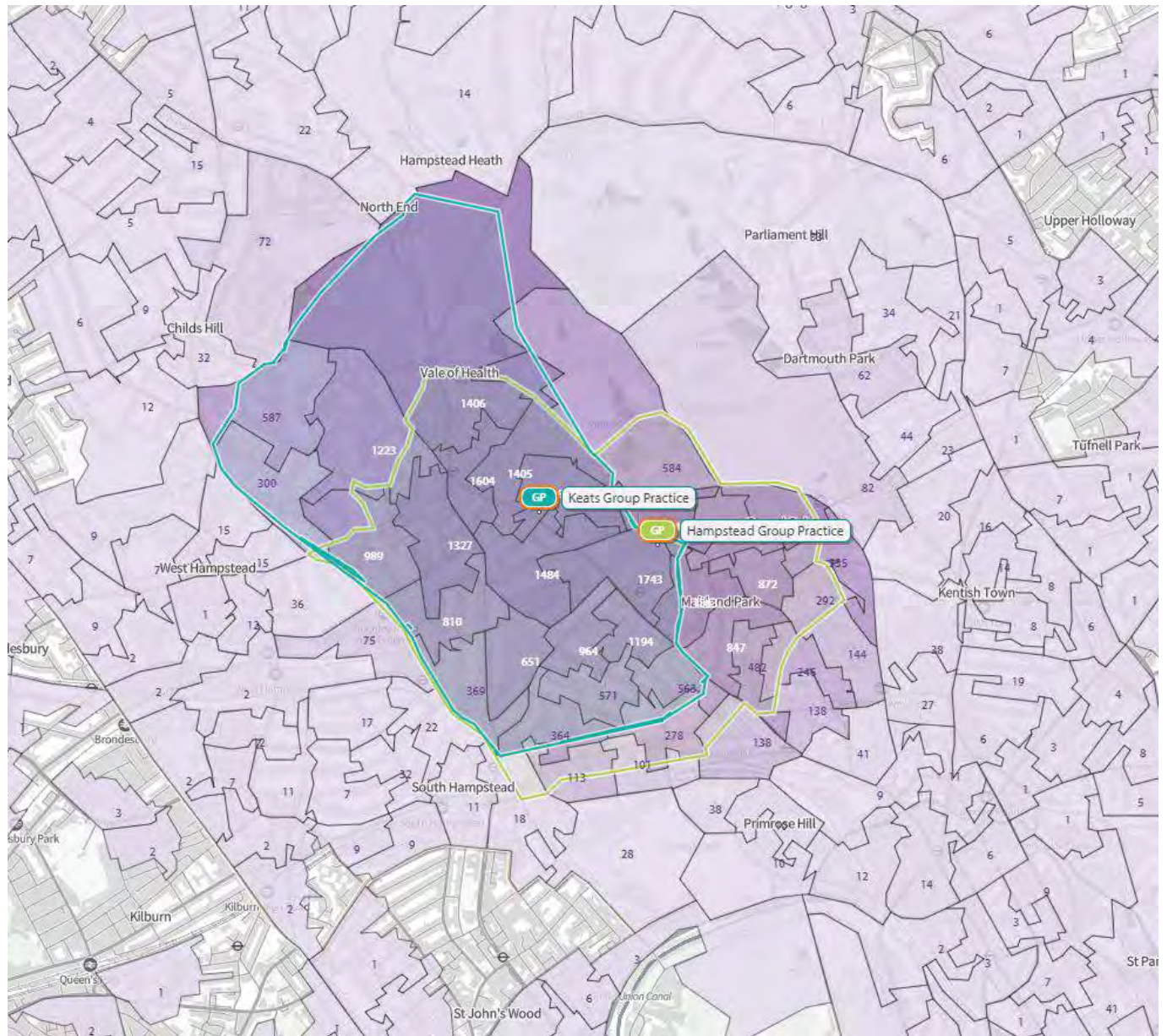
Next Steps

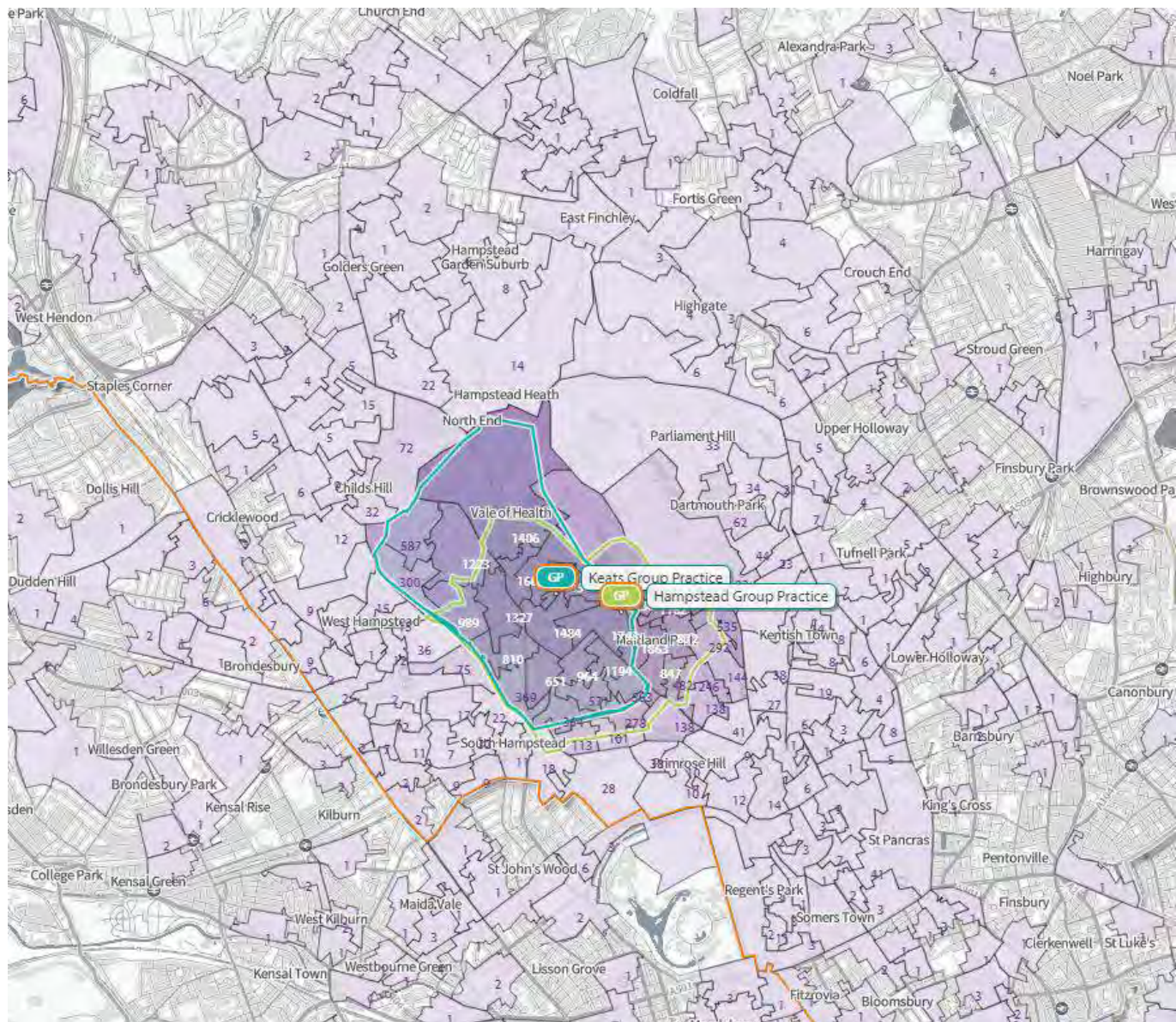
Commissioners will ensure the practices address the questions in table D and look to mitigate the challenges patients have raised in table C.

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

Appendix 1

Catchment for both practices & patients registered





11th May Important Patient Notification - Proposed Merger of Keats Group Practice & Hampstead Group Practice

We are delighted to bring you exciting news about Keats Group Practice (KGP) and Hampstead Group Practice (HGP).

KGP and HGP have long enjoyed an excellent and close working relationship and have been exploring formalising that further through merging the two practices. This will enable us to share our combined expertise and resources for the benefit of our patients, staff, and the population of North Camden.

The merger is in the process of being authorised by NHS England (NHSE) and North Central London Clinical Commissioning group (NCL CCG). We are working towards a merger date of 1st October 2022.

The proposed name of our new practice is Heath Group Practice, which would comprise of Downshire Hill Branch (current KGP location) and Fleet Road Branch (current HGP location)

From the patients' perspective, very little will change in the short-term. Both Practices will continue to operate from their existing sites so that patients can continue to attend their usual practice.

Please do not select any other option to confirm your attendance as our Patient Services Teams are fully engaged in dealing with patient appointments and associated health issues.

As part of the NHSE process, we will be inviting the patients of both practices to participate in a survey that will provide an opportunity for them to raise questions and provide any feedback. The survey will be available online with paper copies available, in the practice, for patients without online access.

Patient Survey Link: <https://feedback.camdenccg.nhs.uk/primary-care/proposed-merger-of-hampstead-group-practice-and-ke/>

The survey will be available from the 10th May 2022 and will close on the 8th June 2022.

Notification to Patients of the Proposed Merger of Hampstead Group Practice and Keats Group Practice

10th May 2022

We are delighted to bring you exciting news about Hampstead Group Practice (HGP) and Keats Group Practice (KGP).

HGP and KGP have long enjoyed an excellent and close working relationship and have been exploring formalising that further through merging the two practices. This will enable us to share our combined expertise and resources for the benefit of our patients, staff, and the population of North Camden.

The merger is in the process of being authorised by NHS England (NHSE) and North Central London Clinical Commissioning group (NCL CCG). We are working towards a merger date of pt October 2022.

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From the patients' perspective, very little will change in the short-term. Both Practices will continue to operate from their existing sites so that patients can continue to attend their usual practice.

As part of the NHSE process, we will be inviting the patients of both practices to participate in a survey that will provide an opportunity for them to raise questions and provide any feedback.

The survey is available:

- Online - [Proposed merger of Hampstead Group Practice and Keats Group Practice -Page 1 of 8 - North Central London CCG - Citizen Space \(camdenccg.nhs.uk\)](#)
- Paper copies are also available, in the practice, for patients without online access.

The survey will be available from the 9th May 2022 and will close on the 8th June 2022.

We will be holding two open meetings for our patients:

- Face to Face Meeting - Wednesday 18th May 2022 from 9:30am -10:30am at St JohnsChurch, Downshire Hill, NW3 1NU
- Virtual Meeting - Thursday 19th May 2022 from 6:30pm - 7:30pm

To register for either of these meetings, please visit www.hampsteadgrouppractice.co.uk or www.keatsgrouppractice.nhs.uk or call your practice on **0207 435 4000** or **0203 435 4672** selecting, **option 1 and leaving your details**

Please do not select any other option to confirm your attendance as our Patient Services Teams are fully engaged in dealing with patient appointments and associated health issues.

Why merge?

The two practices feel a merged practice would offer improved access and choice for patients and that they would be better placed to deliver a long-term service working together as a single larger practice. The merged practice will continue to operate from the two existing practice sites, Fleet Road and Downshire Hill.

To ensure the sustainability of our ability to deliver high quality Primary Care Services and the continued resilience of our practices in the changing NHS landscape, which, whilst challenging, also presents much greater opportunities for working at scale, including sharing resources. There is currently an excellent working relationship between the two practices, and we are excited about formalising this into a new Practice.

Our Vision

- Our aim is to create an innovative, sustainable, and efficient way of delivering integrated healthcare and wellbeing to our wider community.
- Provide excellent NHS primary care to our 30,000+ patients through delivering high quality, responsive patient services
- Be the practice new patients choose due to positive endorsement from our current patients and external healthcare colleagues
- Deliver continuity of care to those patients with complex needs, the vulnerable and with long term conditions
- To be an employer that provides opportunities and support for career and personal development, leadership, and progression for our staff
- To be active in maintaining the health and wellbeing of our staff
- We want to maximise opportunities to implement more choice and deliver a wider range of patient services and activities
- To be a stronger, more robust, adaptable, and future-proofed organisation with the ability to evolve and innovate quickly in a fast- changing healthcare environment
- To be able to influence the wider healthcare landscape including Integrated Care Services so that we can improve our patients' care
- To ensure organisational, workforce-based, and financial sustainability and resilience
- To become a leading local centre for the training and supporting of education and development of the future healthcare workforce

A 'Frequently asked Questions' document is also available which will continue to be updated, as required.

Proposed Merger of Hampstead Group Practice and Keats Group Practice

Why is my practice merging?

We believe that combining the qualities and expertise of both practices will help us to offer the best care to all our patients.

The priority for NHS services is to improve the health and wellbeing of the local population, with an increased focus on the prevention and early detection of problems in addition to the better management of complex long-term health conditions. Combining the practices will put us in a much stronger position to be able to offer new and improved services to support this work.

As the NHS works to recover from the COVID-19 pandemic, we realise that we are more resilient together. Closer working relations between both the clinical and non-clinical teams at the two practices will encourage sharing and development of knowledge and skills, as well as improve efficiencies in our processes, to help provide you with high quality care.

When will this happen?

The planned merger date is 1st October 2022.

Will there be any change in the services offered?

There will be little change to how patients of KGP and HGP access their practices as a result of the merger. We will, however, make use of the different skills of the clinicians at both practices to offer more efficient services and shared expertise across both sites, in addition to improving access to clinical services for example for urgent and extended hours.

What do I need to do?

You should continue to attend your usual practice as normal as both practices will remain open for clinical services. Phone lines will currently remain unchanged.

Please take the opportunity to complete the patient survey online, via our practice websites or collect a paper copy, available within your practice.

For patients, who we know are unable to attend the practice, arrangements will be made to forward you the relevant information and questionnaire.

The survey will launch on the 10th May 2022 and close on the 8th June 2022.

Proposed Merger of Hampstead Group Practice and Keats Group Practice

You can also join our patient information sessions where you will have the opportunity to speak with teams from both practices about the proposed merger and to ask any questions or raise any concerns that you may have. Two events have been scheduled:

- **Face to Face Meeting - Wednesday 18th May 2022 from 9:30am - 10:30am at StJohns Church, Downshire Hill, NW3 1NU**
- **Virtual Meeting - Thursday 19th May 2022 from 6:30pm - 7:30pm**

To register for either of these events, please visit www.hampsteadgrouppractice.co.uk or www.keatsgrouppractice.nhs.uk or call your practice on **0207 435 4000** or **0203 435 4672** selecting **option 1** and leaving your details

Please do not select any other option to confirm your attendance as our Patient Services Teams are fully engaged in dealing with patient appointments and associated health enquiries.

Patient Survey

Your thoughts on the proposed merger of Hampstead Group Practice and Keats Group Practice.

Hampstead Group Practice and Keats Group Practice will be applying to North Central London Clinical Commissioning Group to merge into one practice, effective from 1st October 2022, to ensure their future ability to deliver high quality and safe primary health care to their patients.

The two practices feel a merged practice would offer improved access and choice for patients and that they would be better placed to deliver a long-term service working together as a single larger practice. The merged practice will continue to operate from the two existing practice sites, Fleet Road and Downshire Hill.

To ensure the sustainability of our ability to deliver high quality Primary Care Services and the continued resilience of our practices in the changing NHS landscape, which, whilst challenging, also presents much greater opportunities for working at scale, including sharing resources. There is currently an excellent working relationship between the two practices, and we are excited about formalising this into a new Practice.

Your responses will help us understand what is most important to you about the GP practice service you receive and your views on the proposed merger. Please note all responses are confidential. The deadline for survey responses is **Wednesday 8th June 2022**. You can complete this survey either,

- a) Online by visiting your practice's website, www.hampsteadgrouppractice.co.uk or www.keatsgrouppractice.nhs.uk
- b) Completing a paper questionnaire. Copies of which, are available in each practice.

You can also join our patient information sessions where you will have the opportunity to speak with teams from both practices about the proposed merger and to ask any questions or raise any concerns that you may have. Two events have been scheduled:

- Face to Face Meeting - Wednesday 18th May 2022 from 9:30am – 10:30am at St Johns Church, Downshire Hill, NW3 1NU
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register for either of these events, please visit your practice website, www.hampsteadgrouppractice.co.uk or www.keatsgrouppractice.nhs.uk or call your practice on **0207 435 4000 or 0203 435 4672 selecting option 1, leaving your name & contact number**

Please do not select any other option to confirm your attendance as our Patient Services Teams are fully engaged in dealing with patient appointments and associated health issues.

You and your practice

1. I am completing this survey... (Please select one button below)

- For myself (the patient)
- On behalf of the patient (family friend)
- On behalf of the patient (member of staff)

Other (Please specify)

About the proposed merger

2. What are your views on the proposal to merge the practices? Please tell us about them in the space below:

3. If the practices were to merge, would this create any challenges for you in accessing your health care?

Yes

No

And if 'Yes', how might we be able to help solve them?

4. Would you like to ask the practice any questions relating to the proposed merger?

Appointments

If the proposal were to go ahead, we would like to know what aspects of your appointments are most important to you.

5. How important is it to see the same staff every time?(Please select one button on each row)

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know / does not apply
Nursing Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. And how often do you get to see the same staff every time?(Please select one button on each row)

	Always or almost always	A lot of the time	Some of the time	Never or almost never	Don't know / don't ask
Nursing Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Using your practice

7. Please can you tell us how many times you have used your GP practice for the following reasons in the past 6 months: (Please select one button on each row)

	More than six times	Five or six times	Three or four times	Once or twice	Not visited in last 6 months
Nursing Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online Consultations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To have bloods taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For a different reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What's important to you?

We understand that all of the following things are important to people about their GP practice. What we would like to know is which of the following is MOST important to you.

8. Please can you rank the following from Most important to Least important (Please select once button on each row)

	Most important	Fairly important	Average	Less important	Least important
Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opening times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to a Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Nursing Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to wider Clinical Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing the same clinician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About you

It's important we hear from a wide range of our patients to ensure our services continue to meet local needs.

The below questions are all confidential and completely optional, but will help us identify who we're recurrently hearing from and identify any gaps where we need to carry out further engagement.

9. Are you? (Please select only one button)

- Male
- Female
- Non- binary
- Prefer not to say

10. How old are you? (Please select only one button)

- 18 - 24
 - 25 – 34
 - 35 – 44
 - 45 - 54
 - 55 – 64
 - 65 – 74
 - 75 or older
- Rather not say

11. What is the first half of your postcode?

12. Do you consider yourself to be disabled? (Please select only one button)

- Rather not say
- No
- Yes (please specify below)

13. Which race or ethnicity best describes you? (Please select one button only)

Asian/British Asian:
Bangladeshi Asian/British
Asian: Chinese

Asian/British Asian:
Indian Asian/British
Asian: Pakistani

Black/British Black: African
 Black/British Black:
Caribbean

White: British

White: Irish

White: European

Mixed Race: Black &
White Mixed race:

Asian & White Gypsy
or traveller

Rather not say

Another race or ethnicity (please specify below)

Thank you for completing this survey.

Your response will remain confidential.

North Central London CCG
Primary Care Commissioning Committee
16 June 2022

Report Title	QOF Indicators Protected Income Corrections	Date of report	6 June 2022	Agenda Item	3.4																				
Lead Director / Manager	Rachel Lissauer	Email / Tel		r.lissauer2@nhs.net																					
GB Member Sponsor																									
Report Author	Anthony Marks	Email / Tel		anthony.marks@nhs.net																					
Name of Authorising Finance Lead	Anthony Browne, Director of Finance Strategic Commissioning	Summary of Financial Implications Total cost to correct the indicators £2,199.07																							
Report Summary	<p>The report sets out the case for corrective payment to be made to a Haringey Practice who had erroneous income protection applied to a number of Quality Outcomes Framework (QOF) indicators.</p> <p>In 2021/22 NHS England NHS Improvement applied income protection to a number of QOF indicators for all Practices in England. Indicators based on actual performance were labelled 'Conditional' and other indicators were 'Income Protected' to the level of achievement in 2018/19.</p> <p>For this Practice the 2018/19 achievement was lower than the actual achievement in 2021/22. The result of the income protection was to reduce the actual number of points achieved and lower income.</p> <p>The Primary Care Commissioning and Contracts Team looked at evidence from the Practice's clinical system and calculated the correct achievement payment incorporating the prevalence and Contractor Registered Population (list size adjustment) calculations that apply to QOF achievement.</p> <p>The Practice had three affected disease domains:</p> <table border="1"> <thead> <tr> <th>Domain</th> <th>Achievement protected to</th> <th>Actual achievement</th> <th>Correction required</th> </tr> </thead> <tbody> <tr> <td>Coronary Heart Disease</td> <td>£2,422.45</td> <td>£2,734.86</td> <td>£312.41</td> </tr> <tr> <td>Mental Health</td> <td>£4,247.79</td> <td>£5,353.75</td> <td>£1,105.96</td> </tr> <tr> <td>Smoking</td> <td>£1,521.27</td> <td>£2,301.97</td> <td>£780.70</td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td>£2,199.07</td> </tr> </tbody> </table>					Domain	Achievement protected to	Actual achievement	Correction required	Coronary Heart Disease	£2,422.45	£2,734.86	£312.41	Mental Health	£4,247.79	£5,353.75	£1,105.96	Smoking	£1,521.27	£2,301.97	£780.70	Total			£2,199.07
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Total			£2,199.07																						
Recommendation	The Committee is asked to APPROVE the payment to the Haringey practice of £2,199.07.																								

Identified Risks and Risk Management Actions	<i>Not Applicable</i>
Conflicts of Interest	<i>Not Applicable</i>
Resource Implications	Total cost to correct the indicators £2,199.07
Engagement	<i>Not Applicable</i>
Equality Impact Analysis	<i>Not Applicable</i>
Report History and Key Decisions	<i>Not Applicable</i>
Next Steps	Make the payment correction
Appendices	<i>Not Applicable</i>

1.0 Recommendation

Following assessment of evidence and calculation of actual achievement, committee members are asked to approve the

2. Payment to the Haringey practice of £2,199.07

2.0 Background

In 2021/22 as part of support to Practices, NHS England / NHS Improvement applied income protection to a number of Quality Outcome Framework (QOF) indicators for all Practices in England. Indicators based on actual performance were labelled 'Conditional' and other indicators were 'Income Protected' to the level of achievement in 2018/19.

A Haringey practice in NCL achieved lower results in 2018/19 for certain indicators than their actual achievement in 2021/22. The 2021/22 achievement was adjusted automatically to reflect the 2018/19 values. This resulted in a decrease in achieved points and a reduction in income.

Comparing screenshots from the Practice's clinical systems to the data on the QOF reporting tool Calculating Quality Reporting Service (CQRS), the Primary Care Commissioning and Contracts team calculated the actual value the Practices would have achieved and received had the indicators not been 'protected'.

The calculations had to reflect two adjustments that are made in QOF:

- Prevalence factor (where the disease prevalence in a Practice is compared to the expected prevalence across England)
- Contractor Registered Population calculation (a list size adjustment) – where the Practice's list size on 1 January 2022 is divided by the average practice list size as at 1 January 2021 to give a factor to multiple the £ achievement by

3.0 Impact to the Practice

Domain	Achievement protected to	Actual achievement	Correction required
Coronary Heart Disease	£2,422.45	£2,734.86	£312.41
Mental Health	£4,247.79	£5,353.75	£1,105.96
Smoking	£1,521.27	£2,301.97	£780.70
Total			£2,199.07

4.0 Next steps

Issue make corrective payment to the practice.



**North Central London CCG
Primary Care Commissioning Committee Meeting
16 June 2022**

Report Title	Delivering Affordability in Primary Care	Date of report	6 June 2022	Agenda Item	3.5
Lead Director / Manager	Simon Goodwin, Chief Finance Officer	Email / Tel		Simon.goodwin1@nhs.net 07503 727471	
GB Member Sponsor					
Report Author	Nicola Theron	Email / Tel		Nicola.theron@nhs.net 07710 737709	
Name of Authorising Finance Lead	Simon Goodwin, Chief Finance Officer	Summary of Financial Implications PCCC are asked to approve: the updated conclusions the financial model, updated for amendments on Islington schemes since April 22, that seeks to set out the affordability implications of the 5 year primary care savings and investment programme. Setting out those priority projects that are a) affordable, b) those that are not, and a route to secure additional capital to move projects from category b) to a). Plus to give wider system and local visibility to project delivery			
Report Summary	<ul style="list-style-type: none"> • NCL are keen to support and accelerate the delivery of good quality, primary care assets to meet the wider NCL primary care objectives • This piece of work, led by NCL estates but with the active involvement of borough primary care and finance teams have developed a 5-year revenue model. This sets out the likely revenue implications if all NCL's priority primary projects (39) are delivered • It updates on the PCCC papers (Feb 22 and April 22) – where the following principles were agreed: <ol style="list-style-type: none"> 1. <i>Void reductions savings in PC budget are retained within PC budget</i> 2. <i>savings in corporate budget transferred to PC budget</i> 3. <i>GP rationalisation savings in PC budget are retained in PC budget</i> 4. <i>These budgets utilised once the Borough has delivered void savings</i> 5. <i>Surplus revenue in one budget may be deployed elsewhere, where need & deliverable project exists</i> <p>And the approach and actions were approved:</p> <ol style="list-style-type: none"> 1. <i>The review/final sign off at Local Care Infrastructure Board</i> 2. <i>All future schemes to reference this model as part of sign off by Estates & Finance before PCCC approval</i> 3. <i>To acknowledge need for CCG to commit non recurrent revenue funding to scope, develop and deliver further scheme opportunities to secure additional capital to contribute to further revenue affordability for those priority schemes currently revenue unaffordable</i> 				

	<ul style="list-style-type: none"> • This paper updates Islington projects where further amendments were required since April 22 • The headline conclusion is that if all 39 assets were delivered, with no capital injections, and voids actively managed, this brings a £1.2m cost pressure (with small recurring void). 30 projects brings broad cost balance • Leaving 9 schemes which are unaffordable requiring alternate funding options • This model will be regularly refined at both an NCL and Borough level and ensure ongoing buy in to the conclusions. • Void recovery plan is being put in place to forecast revenue funding cash flow. • NCL Capital Pipeline is being prioritised to refine the list of future schemes, to be bought back to PCCC on completion. • The purpose of this paper is to socialise the work and ask for PCCC approval to the following: <ul style="list-style-type: none"> • To approve the model as it stands for reference for future scheme approval on affordability and for it to be bought back on a regular basis with updates on affordability of schemes as required • The amended coversheet with Estates authorisation for papers with estates implications to be utilised going forward – Appendix 2
Recommendation	The Committee is asked to APPROVE the approach and actions above.
Identified Risks and Risk Management Actions	<ul style="list-style-type: none"> • This financial model will continue to be refined, as schemes progress through scheme development, assumptions are replaced with actual costs • Boroughs will continue to focus on sourcing capital to support affordability across the wider portfolio, but if costs increase and capital is unavailable, projects may need to move from the affordable to unaffordable list.
Conflicts of Interest	<i>Not Applicable</i>
Resource Implications	<i>Not Applicable</i>
Engagement	<i>Not Applicable</i>
Equality Impact Analysis	<i>Not Applicable</i>
Report History and Key Decisions	<i>Not Applicable</i>
Next Steps	Defined above
Appendices	Appendix 1: Delivering affordability in primary care Appendix 2: Amended PCCC Cover Sheet, including Estates authorisation where PCCC papers including estates implications



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Appendix 1: Delivering affordability in primary care

Principles to support delivery of a capital pipeline across NCL ICS

June 2022

Contents

- Executive Summary
- NCL Affordability
- Affordability Update for Islington
- List of Schemes & Status
- Investment Revenue Cost per Square Meter
- Void Cashflow Plan

Executive Summary

Revenue Affordability since April PCCC:

- ✓ NCL has potential void funding of £3.2m against an overall revenue investment requirement of £4.5m, leaving a deficit in overall revenue requirement of £1.2m per annum after 5 years.
- ✓ To commit non recurrent revenue funding to undertake further scheme development, to refine cost and delivery, and scope opportunities to secure additional capital to contribute to further revenue affordability for those priority schemes currently revenue unaffordable
- ✓ Void recovery plan is being put in place to forecast revenue funding cashflow,
- ✓ The NCL Capital Pipeline is being prioritised to refine the list of future schemes, to be bought back to PCCC on completion
- ✓ All future schemes to reference this model as part of sign off by Estates & Finance before PCCC approval to give full visibility to project delivery and affordability implications and at a borough and system level at the LEFs/elsewhere
 - Cover Page to PCCC submissions now includes Estates sign-off and nominated person (refer to Appendices 1)

NCL

- Assuming £3.2m void space will be filled as projected, NCL will have £1.24m per annum deficit revenue budget at the end of the forecasted 5 year period if all of the projects were undertaken
- These numbers include a budget uplift of 3% per annum. A new contract framework in 23/24 could impact this forecast.

5YR Forecast to FY26/27 (£000's)	Barnet	Camden	Enfield	Haringey	Islington	NCL
Increases in Expenditure:						
Rent change from investment	183	555	373	512	1,038	2,660
Rate change from investment	209	530	356	220	495	1,810
Total Expense Increase	392	1,085	729	732	1,532	4,471
Funding Available:						
Void reductions – corporate budget	360	164	108	113	38	782
Void reductions – primary care budget	271	7	1,061	430	681	2,450
Total Funding Available	630	171	1,169	542	720	3,232
NET REVENUE FUNDING DEFICIT/ (SURPLUS)	(238)	915	(440)	189	813	1,239

Affordability Update for Islington

- Islington is forecast to have a revenue deficit of £813k per annum over the 5 year period should all projects go ahead
- Additional funding sources are needed by Islington to enable “Yet to be Approved” Investments

5YR Forecast to FY26/27	£ 000's
Increases in Expenditure:	
Rent change from investment	1,038
Rate change from investment	495
Total Expense Increase	1,532
Funding Available:	
Void reductions – corporate budget	38
Void reductions – primary care budget	681
Total Funding Available	720
NET REVENUE FUNDING DEFICIT/ (SURPLUS)	813

Investment/ Project Name	Practical Completion	Change in NIA (SQM)	Change in Rent (£000s)	Change in Rates (£000s)	Revenue Impact (£000s)
<i>Approved by PCCC:</i>					
The Village Practice	01/2022	62	5	2	7
Partnership PCC	04/2022	72	147	14	161
Hanley PCC	05/2022	99	226	16	242
Andover	12/2023	124	124	89	213
Finsbury Leisure Centre	08/2025	215	(19)	(0)	(19)
Vorley Road	12/2026	485	218	117	335
<i>Yet to be Approved by PCCC:</i>					
Highbury New Park Day Centres	08/2025	272	193	127	320
The Goodinge	02/2026	0	143	130	273
Grand Total		1,634	1,038	495	1,532

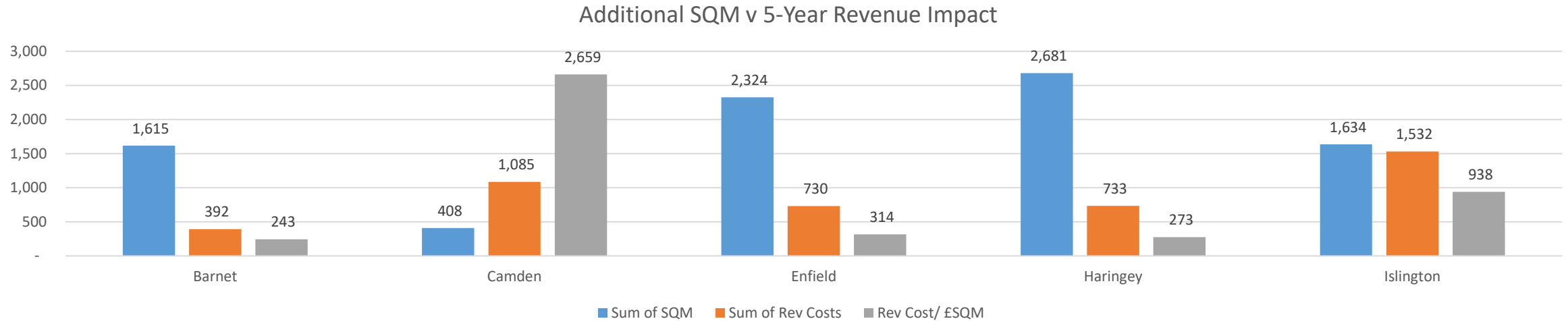
List of Schemes & Status

Borough	Project Name	Change in Rent (£000's)	Change in Rates (£000's)	Revenue Impact (£000's)
Affordable at Borough level, approved by PCCC				
Camden	Belsize	4	13	17
Camden	Somers Town	78	73	151
Enfield	White Lodge Surgery	52	46	98
Enfield	Lincoln Road	8	45	53
Enfield	Willow House	3	16	19
Enfield	Carlton House	12	54	65
Enfield	East Enfield Practice	82	44	127
Enfield	Alma Healthcare Centre	7	44	52
Haringey	Charlton House	6	12	19
Haringey	Green Lanes	74	46	120
Haringey	Hornsey Central	30	15	45
Haringey	Muswell Hill	107	60	167
Haringey	Rutland House Merger	55	34	89
Haringey	Staunton	56	(125)	(69)
Islington	Andover	124	89	213
Islington	Finsbury Leisure Centre	(19)	(0)	(19)
Islington	The Village Practice	5	2	7
Islington	Hanley PCC	226	16	242
Islington	Partnership PCC	147	14	161
Affordable at Borough level, not approved by PCCC				
Barnet	Colindale	107	71	178
Barnet	The Old Court House Surgery	6	8	14
Barnet	Watling Medical Centre	18	19	37
Barnet	Cressingham Road	8	2	10
Barnet	Barnet Osidge	34	72	105
Barnet	Torrington Park Health Centre	10	38	48
Camden	Hunter Street	(118)	42	(76)
Camden	New North GP Hub	(43)	39	(4)
Enfield	Meridian Water	209	107	316
TOTAL AFFORDABLE		1,288	895	2,184

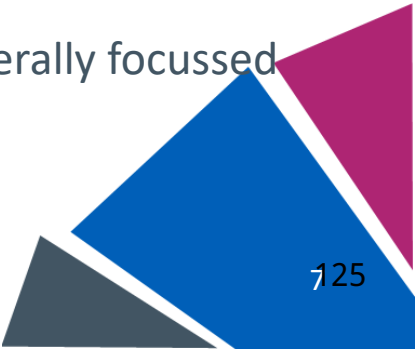
Borough	Project Name	Change in Rent (£000's)	Change in Rates (£000's)	Revenue Impact (£000's)
Unaffordable at Borough level, affordable at NCL level, approved by PCCC				
Haringey	Welbourne	114	89	202
Islington	Vorley Road	218	117	335
Unaffordable at Borough level, not approved by PCCC, pending prioritisation				
Haringey	Bounds Green	36	64	100
Camden	Murphy's Yard	213	104	317
Camden	Museum	97	50	147
Camden	New Gower	94	92	186
Camden	Amphill/ Regents Park / Euston	162	83	245
Camden	Kilburn Youth Centre	68	35	102
Haringey	Wood Green Integration Hub	35	24	60
Islington	Highbury New Park Day Centres	193	127	320
Islington	The Goodinge	143	130	273
TOTAL UNNAFORDABLE		1,372	915	2,287
TOTAL ALL PROJECTS		2,660	1,810	4,471

- 19 Schemes approved by PCCC and affordable at a Borough level
- 9 affordable scheme at a Borough level to be bought back to PCCC as appropriate time for approval
- 2 schemes approved and affordable as an NCL level only
- Leaving 9 schemes which are unaffordable requiring alternate funding options

Investment Revenue Cost per New Square Metre



- At April PCCC it was requested some analysis be shown in respect of cost per addition square metre that is being delivered via investment against the forecast increase revenue costs
- As you would expect, the inner boroughs are typically more expensive per additional square metre on the current pipeline of schemes
- Inner borough schemes are delivering estate efficiencies whereas outer borough investment is generally focussed on delivering additional new NIA



Void Cashflow Plan

	Mar-22	Mar-23	Mar-24	Mar-25	Mar-26	Mar-27	5YR
<i>Void Savings</i>							
Barnet	0	486	114	31	0	0	630
Camden	0	171	0	0	0	0	171
Enfield	0	217	355	258	339	0	1,169
Haringey	0	10	333	199	0	0	542
Islington	0	605	114	0	0	0	720
TOTAL	0	1,488	917	488	339	0	3,232
<i>Investments</i>							
Barnet	0	73	80	190	24	25	392
Camden	0	288	156	0	52	589	1,085
Enfield	0	294	42	34	33	327	729
Haringey	0	395	125	45	143	24	732
Islington	0	335	189	33	616	359	1,532
TOTAL	0	1,386	591	301	868	1,324	4,471
CASHFLOW	0	102	325	186	(529)	(1,324)	(1,239)

- Estates are working closely with PCN partners to create and deliver to a void savings plan
- Voids are expected to be recovered over next three years
- Voids savings are made by GPs moving into space or being declared surplus
- This plan will go through borough Estate Oversight Groups

Next steps

Next steps:

- Bringing schemes to PCCC for approval at the appropriate time
- Continual updates to model with regular presentation to PCCC
- Capital Pipeline Prioritisation to work through or those schemes that are not affordable and bringing results of prioritisation to PCCC.
- Having a plan to identify options for funding to deliver affordability e.g. NCL Developer Contributions Guidance – now on NCL website



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

Report Title	Primary Care Commissioning Committee Risk Register	Date of report	1 st June 2022	Agenda Item	5.1
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Places Designate	Email / Tel		sarah.mcdonnell1@nhs.net	
GB Member Sponsor	<i>Not Applicable</i>				
Report Author	Chris Hanson, Governance and Risk Lead	Email / Tel		christopher.hanson1@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications This report assists the CCG in managing its most significant financial risks.			
Report Summary	<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. The threshold for escalation to the Committee is a risk score of 12 or higher. Since the last Committee meeting, the number of risks on the register and their ratings have remained the same.</p> <p>Key Highlights:</p> <p>PERF4: <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 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</p>				

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 had been developed in line with planning guidance, and initially will be in place for quarters one, two and three, with a similar approach proposed for quarter four.

The Primary Care SITREP reporting and income protection resulting from the Covid 19 Pandemic has ceased from 1 April 2022, following the National Primary Care Contract changes. The 2022/23 contract changes has provided additional funding to increase practice workforce numbers further through the Additional Roles Reimbursement Scheme.

This risk is rated 12

PERF15: Failure to address variation in Primary Care Quality and Performance across NCL (Threat): This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it.

Work under way to support the reduction in unwarranted variation includes delivery of the PCN Direct Enhanced Service (DES) specifications for 2022/23, the development of the Primary Care Dashboard, the implementation of national guidance on re-procurement of Extended Access services, and the development of an NCL-wide Long Term Conditions Locally Commissioned Service.

There is also ongoing work to develop the GP Provider Alliance and a unified primary care provider voice within the NCL integrated care system.

This risk is rated 12

PERF18: Primary care workforce development (Threat): This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention.

A range of national and local schemes are in place to mitigate the risk. These include the national PCN additional roles reimbursement scheme (ARRS). We are currently in year 4 of the 5 year scheme which enables PCNs to access national funding to recruit into a range of 15 different roles. There is an expectation that CCGs and systems will explore different ways of supporting PCNs to recruit. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development.

Other recent key measures include:

- 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 developed Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities 22-23. Discussed at February PCCC to identify further opportunities to strengthen this work within the ICS;

- Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new to practice workforce;
- WAF funding and additional GP Nursing funding received to enable workforce development schemes focusing on Reception & Admin staff, HCA, GPNs, NAs, TNAs, retention of volunteers;
- Primary Care Flexible Staff Pool procurement completed and new offer to strengthen links between practices and GPs and GPNs wishing to work flexibly live from late March 2022;
- Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce in 2022/23;
- 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs.

Given the high demand on the Primary Care workforce during the pandemic, the CCG will have to monitor the impact on wellbeing and fatigue. The CCG and NCL training hub have been implementing a wellbeing programme targeting Primary Care staff. This will include Primary Care awards event in 2022/23.

This risk is rated 16

PERF21: Failure of Primary Care patient access (Threat): This risk 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, 52% of all GP appointments in NCL are now offered face to face. This is higher than NHS England requirements of 50%. The CCG has also measured that NCL GP practices have greater capacity now than pre-COVID-19.

The move to Total Triage, a small number of practices who were not able to provide an open front door and misinformation have resulted in service user perception that GPs are not providing face to face care. Nonetheless a significant amount of abuse, particularly of non-clinical and administrative staff, has been recorded and the CCG is collaborating with stakeholders to offer support and collate incidents reports.

The CCG is conducting a communications campaign both in relation to GP practices, as set out above, and the patients to remind service users that General Practices are open.

The winter access plan has been implemented using NHSE winter access funding. The plan aimed to sustain / increase capacity in general practice including practice level funding to support additional local locum costs, a PCN innovation fund to support delivery of access pilots, support of community pharmacy consultation service and a range of front door ED schemes. Work is now underway to evaluate the Plan's successes.

This risk is rated 16

PERF22: Failure to manage impact of increased building costs on General Practice estate (Threat): Due to disrupted supply chains, impacted Brexit and COVID-19, construction costs in terms of both building material and labour have been inflated. Building schemes will therefore take longer, and be more expensive (by c. 20%).

This has resulted in pressure on the CCG to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets.

	<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> <p>COVID12: Capacity in General Practice (Threat): This risk highlights the transfer from reactive Covid-19 response to the new 'Living with COVID' approach.</p> <p>Actions to ensure that there is sufficient capacity in general practice to manage demand include:</p> <ul style="list-style-type: none"> • 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; • Oximetry@Home pathway is being used; • Practice 'buddying' arrangements via their Primary Care Networks; • 2021/22 winter access plan has now been implemented. Evaluation and learning is underway; • GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services, and due to demands of system recovery. Developed Health & Wellbeing Offer to practices launched in 2021/22 and continuing into 22/23 providing tailor resources and in reach. <p>This risk is rated 12</p>
Recommendation	The Committee is asked to NOTE the report and the risk register, provide feedback on the risks included, and, identify if there are any new or additional strategic risks.
Identified Risks and Risk Management Actions	The risk register will be a standing item for each meeting of the Committee.
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the CCG's conflict of interest policy.
Resource Implications	This report supports the CCG in making effective and efficient use of its resources.
Engagement	This report is presented to each Committee meeting. The Committee includes clinicians and lay members.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Primary Care Commissioning Committee Risk Register is presented at each Committee meeting.
Next Steps	To continue to manage risk in a robust way.
Appendices	<p>Appendices are:</p> <ol style="list-style-type: none"> 1. Primary Care Commissioning Committee Risk Register; 2. The Committee Risk Tracker; and, 3. Risk scoring key.

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	DEC	FEB	APRIL	JUN		
PERF4	Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat)	Sarah McDonnell-Davies Executive Director of Borough Partnerships	<p>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 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.</p> <p>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.</p> <p>The package for 2021/22 had 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.</p> <p>The Primary Care SITREP reporting and income protection resulting from the Covid 19 Pandemic has ceased from 1 April 2022, following the National Primary Care Contract changes. The 2022/23 contract changes has provided additional funding to increase practice workforce numbers further through the Additional Roles Reimbursement Scheme.</p>	12	12	12	12	→	6
PERF15	Failure to address variation in Primary Care Quality and Performance across NCL (Threat)	Sarah McDonnell-Davies Executive Director of Borough Partnerships	<p>This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it.</p> <p>Work under way to support the reduction in unwarranted variation includes delivery of the PCN Direct Enhanced Service (DES) specifications for 2022/23, the development of the Primary Care Dashboard, the implementation of national guidance on re-procurement of Extended Access services, and the development of an NCL-wide Long Term Conditions Locally Commissioned Service.</p> <p>There is also ongoing work to develop the GP Provider Alliance and a unified primary care provider voice within the NCL integrated care system.</p>	12	12	12	12	→	6
PERF18	Primary care workforce development (Threat)	Sarah McDonnell-Davies Executive Director of Borough Partnerships	<p>This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention.</p> <p>A range of national and local schemes are in place to mitigate the risk. These include the national PCN additional roles reimbursement scheme (ARRS). We are currently in year 4 of the 5 year scheme which enables PCNs to access national funding to recruit into a range of 15 different roles. There is an expectation that CCGs and systems will explore different ways of supporting PCNs to recruit. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development.</p> <p>Other recent key measures include:</p> <ul style="list-style-type: none"> 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 developed Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities 22-23. Discussed at February PCCC to identify further opportunities to strengthen this work within the ICS; Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new to practice workforce; WAF funding and additional GP Nursing funding received to enable workforce development schemes focusing on Reception & Admin staff, HCA, GPNs, NAs, TNAs, retention of volunteers; Primary Care Flexible Staff Pool procurement completed and new offer to strengthen links between practices and GPs and GPNs wishing to work flexibly live from late March 2022; Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce in 2022/23; 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. <p>Given the high demand on the Primary Care workforce during the pandemic, the CCG will have to monitor the impact on wellbeing and fatigue. The CCG and NCL training hub have been implementing a wellbeing programme targeting Primary Care staff. This will include Primary Care awards event in 2022/23.</p>	16	16	16	16	→	9

PERF21	Failure of Primary Care patient access (Threat)	Sarah McDonnell-Davies Executive Director of Borough Partnerships	<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>The winter access plan has been implemented using NHSE winter access funding. The plan aimed to sustain / increase capacity in general practice including practice level funding to support additional local locum costs, a PCN innovation fund to support delivery of access pilots, support of community pharmacy consultation service and a range of front door ED schemes. Work is now underway to evaluate the Plan's successes.</p>	16	16	16	16		→	9
PERF22	Failure to manage impact of increased building costs on General Practice estate (Threat)	Sarah McDonnell-Davies Executive Director of Borough Partnerships	<p>Due to disrupted supply chains, impacted 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>	12	12	12	12		→	9
COVID12	Capacity in General Practice (Threat)	Sarah McDonnell-Davies Executive Director of Borough Partnerships	<p>This risk highlights the transfer from reactive Covid-19 response to the new 'Living with COVID' approach.</p> <p>Actions to ensure that there is sufficient capacity in general practice to manage demand include:</p> <ul style="list-style-type: none"> • 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; • Oximetry@Home pathway is being used; • Practice 'buddying' arrangements via their Primary Care Networks; • 2021/22 winter access plan has now been implemented. Evaluation and learning is underway; • GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services, and due to demands of system recovery. Developed Health & Wellbeing Offer to practices launched in 2021/22 and continuing into 22/23 providing tailor resources and in reach. 	12	12	12	12		→	12

Risk Key

Risk Improving ↓

Risk Worsening ↑

Risk neither improving nor worsening but working towards target →

Risk Scoring Key

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

1. Overall Strength of Controls in Place

There are four levels of effectiveness:

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

2. Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

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

Likelihood Scale:

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

3. Level of Risk and Priority Chart

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

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

1-3 Low Priority	4-6 Moderate Priority	8-12 High Priority	15-25 Very High Priority
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NCL PRIMARY CARE COMMISSIONING COMMITTEE

FORWARD PLANNER 2021 / 22

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

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

Borough analysis of nursing capacity across NCL								X		
London Operating Model 21/22 for the Collaborative Commissioning of Primary Care Services (GPs) review of proposed changes, from 01 04 22								X		
Domestic Abuse report (from Camden HW) (Ian B)								x		