

**NHS North Central London CCG**  
**Primary Care Commissioning Committee**  
**Thursday 19 August 2021**  
**2:30pm to 4pm**  
**Online Meeting via MS Team Live**

Item	Title	Lead	Action	Page	Time
<b>Pre-meet to be held for committee members between 2pm &amp; 2:25pm</b>					
<b>AGENDA Part 1</b>					
<b>1.0</b>	<b>INTRODUCTION</b>				
1.1	Welcome and Apologies	Ian Bretman	Note	Oral	2:30pm to 2:45am
1.2	Declarations of Interest Register	Ian Bretman	Note	3	
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 17 June 2021	Ian Bretman	Approve	8	
1.6	Action Log	Ian Bretman	Approve	17	
1.7	Matters Arising	All	Note	Oral	
1.8	<p><b>Questions from the public relating to items on the agenda received prior to the meeting</b>            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.</p>				
<b>2.0</b>	<b>BUSINESS</b>				
2.1	Primary Care Finance update	Tracey Lewis	Note	20	2:45pm to 3:15pm
2.2	Quality & Performance Report	Paul Sinden	Note	27	

<b>3.0</b>	<b>ITEMS FOR DECISION</b>				
	<b>Contract Variations</b>				
3.1	<p><b>All Boroughs</b></p> <ul style="list-style-type: none"> <li>PMS Changes</li> </ul> <p><u>Camden</u> James Wigg Practice – The addition of two partners</p> <p><u>Haringey</u> Crouch Hall Road – the removal of a partner</p>	Vanessa Piper / Borough Rep	Approve	49	3:15pm to 3:45pm
3.2	<p><b>Camden / Haringey</b></p> <ul style="list-style-type: none"> <li>QOF Protected Income Correction – Request to approve the income protection</li> </ul>	Vanessa Piper / Borough Rep	Approve	54	
3.3	<p><b>Barnet</b></p> <ul style="list-style-type: none"> <li>Request to seek approval of reimbursement for COVID-19 Vaccination (non-staff) costs not covered by NHSE</li> </ul>	Vanessa Piper / Borough Rep	Approve	58	
<b>4.0</b>	<b>ITEMS TO NOTE – URGENT DECISION TAKEN SINCE 17 JUNE 2021</b>				
4.1	None				
<b>5.0</b>	<b>GOVERNANCE AND COMMITTEE ADMINISTRATION</b>				
5.1	PCCC Risk Register	Paul Sinden	Note	61	3:45pm to 3:55pm
5.2	PCCC Forward Planner	Ian Bretman	Note	71	
<b>6.0</b>	<b>ANY OTHER BUSINESS</b>				<b>3.55pm</b>
6.1	Any other Business				
<b>7.0</b>	<b>DATES OF 2021/22 MEETINGS - all between 2:30pm &amp; 4pm</b>				<b>4.00pm</b>
	<ul style="list-style-type: none"> <li>Thursday 21 October 2021</li> <li>Thursday 16 December 2021</li> <li>Thursday 17 February 2022</li> </ul>				
<p><b>Resolution to exclude observers, the public and members of the press from the remainder of the meeting.</b> By reason of the confidential nature of the business to be transacted in accordance with Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960 and clause 22 of the Terms of Reference of this Committee and clauses 9 and 10 of the Standing Orders of this Committee.</p>					



North Central London CCG  
 Primary Care Commissioning Committee  
 Meeting  
 19 August 2021

North Central London  
 Clinical Commissioning Group

<b>Report Title</b>	Declaration of Interests Register – Primary Care Commissioning Committee Meeting	<b>Agenda Item:</b> 1.3
---------------------	----------------------------------------------------------------------------------	-------------------------

<b>Governing Body Sponsor</b>	Mr Ian Bretman Committee Chair and Governing Body member	Tel/Email	<a href="mailto:ian.bretman@nhs.net">ian.bretman@nhs.net</a>
<b>Lead Director / Manager</b>	Mr Ian Porter Executive Director for Corporate Services	Tel/Email	<a href="mailto:ian.porter3@nhs.net">ian.porter3@nhs.net</a>
<b>Report Author</b>	Vivienne Ahmad Board Secretary	Tel/Email	<a href="mailto:v.ahmad@nhs.net">v.ahmad@nhs.net</a>
<b>Name of Authorising Public and Patient Engagement and Equalities Lead</b>	<i>Not Applicable</i>	<b>Summary of Financial Implications</b>	<i>Not Applicable</i>
<b>Report Summary</b>	<p>Members and attendees of the Primary Care Commissioning Committee Meeting are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest, or need to be considered for the first time due to the specific subject matter of the agenda item.</p> <p>A conflict of interest would arise if decisions or recommendations made by the Governing Body or its Committees could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence.</p> <p>Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money.</p> <p>If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway.</p>		
<b>Recommendation</b>	To <b>NOTE</b> the Declaration of Interests Register and invite members to inspect their entry and advise the meeting / Board Secretary of any changes.		

<b>Identified Risks and Risk Management Actions</b>	The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the CCG.
-----------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

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

Name	Current Position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest - (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest			Actions to be taken to mitigate risk (to be agreed with line a manager of a senior CCG manager)		
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	Updated			
									Date declared				
<b>Members</b>													
Ian Bretman	Lay Member of NCL CCG Governing Body Member of Covid Response Oversight Committee (when in session) Chair of Patient and Public Engagement Committee Chair of Primary Care Commissioning Committee Member of Audit Committee Member of Remuneration Committee Chair of STP Engagement Advisory Board Attend other committee meetings as and when required	Citizens Advice Bureau, Barnet	No	Yes	No	Direct	Trustee	01/04/2017		14/08/2019	21/07/2021		
		Biomedical Healthcare Ltd	No	No	Yes	Indirect	Son is Chief Technology Officer in a company offering an App for people to manage prescription requests and long-term medication programmes	01/04/2017		14/08/2019	21/07/2021		
		Timewise Foundation CIC	No	No	No	Direct	Provides occasional consultancy services for this social enterprise that helps organisations make better use of flexible working.	17/10/2018		14/08/2019	21/07/2021		
		Timewise Jobs Ltd Timewise Solutions Ltd	No No	No No	no no	Direct Direct		15/05/2019 15/05/2019		01/10/2019 01/10/2019	21/07/2021 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		
		Joseph Rowntree Foundation (JRF)	No	no	yes	direct	Member of Care sub-committee. This is a voluntary role with no financial incentive for myself.	N/A	N/A	13/02/2018	09/09/2020		
Jenny Goodridge	Director of Quality and Chief Nurse	Health Education England, KSS	yes	no	yes	direct	Associate post graduate Dean	2003	current	05/09/2020			
Dr Subir Mukherjee	Secondary Care Clinician, NCL CCG Member of Covid Response Oversight Committee Member of Primary Care Commissioning Committee Member of Quality and Safety Committee Member of Individual Funding Request Appeals Panel Member of Medicines Management Committee Member of Strategy and Commissioning 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		
Arnold Palmer	Lay Member of NCL CCG Governing Body Chair of Remuneration Committee Member of IFR Appeals Panel Member of Strategy and Commissioning Committee Member of Primary Care Commissioning Committee Member of Finance Committee Member of Audit Committee Member of Public and Patient Engagement Committee	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, Strategic Commissioning, NCL CCG	Clinical Director, Islington Borough, NCL CCG	y	y	n	direct	member	07/11/2018	current	02/08/2019	16/02/2021		
		Conflict of interest issues for the Governing Body and CCG.	n	y	n	direct	Lead	07/11/2018	current	02/08/2019	16/02/2021		
		Caldicot Guardian for Islington & Harrogate	n	y	n	direct	Caldicot Guardian	07/11/2018	current	02/08/2019	16/02/2021		
		Freedom to Speak up Guardian for NCL GP Practices	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	16/02/2021		
		Freedom to Speak up Guardian for Islington Federation	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	16/02/2021		
		Individual Funding Request Panel				direct	Chair	07/11/2018	current	02/08/2019	16/02/2021		
		Locally Commissioned Services Working Group				direct	Chair	07/11/2018	current	02/08/2019	16/02/2021		
		Member of NCL Primary Care Commissioning Committee				direct	Clinical representative	07/11/2018	current	02/08/2019	16/02/2021		
		Supporting and managing the Clinical Leads (including Darzi fellow) - recruitment, bi-monthly network meetings, appraisals, finance.				direct	Support and manage	07/11/2018	current	02/08/2019	16/02/2021		
		Medicines and devices Safety Officer (MSO & MDSO)				direct	Safety Officer	07/11/2018	current	02/08/2019	16/02/2021		

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

		MSOMDSO network for local CCGs and Providers					direct	Chair	07/11/2018	current	02/08/2019	16/02/2021
		Controlled drugs safety lead and Antimicrobial stewardship lead.					direct	Lead	07/11/2018	current	02/08/2019	16/02/2021
		Whittington Care Quality Review Group					direct	member	07/11/2018	current	02/08/2019	16/02/2021
		Islington Transformation Group					direct	member	07/11/2018	current	02/08/2019	16/02/2021
		QIPP Delivery Group					direct	member	10/05/2020	current	10/05/2020	16/02/2021
		ICCG Website					direct	Provide clinical leadership	10/05/2020	current	10/05/2020	16/02/2021
		Serious incident reviews & patient safety					direct	Provide clinical leadership	07/11/2018	current	02/08/2019	16/02/2021
		GP Practice Quality					direct	Provide clinical leadership	07/11/2018	current	02/08/2019	16/02/2021
		Federation Working Group					direct	Provide clinical leadership	07/11/2018	current	02/08/2019	16/02/2021
		Federation Contracts and Quality Group					direct	Co Chair	10/05/2020	current	10/05/2020	16/02/2021
		Care Homes Working Group					direct	Chair	10/05/2020	current	10/05/2020	16/02/2021
		NLP IG Working Group					direct	Chair	07/11/2018	current	02/08/2019	16/02/2021
		Locum GP	y	y	n	n	direct	Homerton Hospital OOH care, Paradoc emergency home visiting service, Tower Hamlets, SELDOC GP OOH services and Croydon (including Ergstock surgery, Thornton Heath (ad hoc sessions in various GP surgeries across London, excluding Islington)	07/11/2018	current		16/02/2021
		Greenland Passage residential association	n	y	y	y	direct	Board Director	07/11/2018	current	02/08/2019	16/02/2021
		1-12 Royal Court Ltd	n	y	y	y	direct	Secretary & director	07/11/2018	current	02/08/2019	16/02/2021
		Novo Nordisk pharmaceutical company.	n	n	n	n	indirect	My Sister is a Medical Advisor	07/11/2018	current	02/08/2019	16/02/2021
		St Helier Hospital in Sutton.	n	n	n	n	indirect	Partner is an ITU Consultant	07/11/2018	current	02/08/2019	16/02/2021
		BMA	y	y	n	n	direct	member	07/11/2018	current	02/08/2019	16/02/2021
		City and Hackney Local Medical Committee	n	y	n	n	direct	member	07/11/2018	current	02/08/2019	16/02/2021
		City & Hackney Urgent Healthcare Social Enterprise - providing out of hours care for City & Hackney CCG residents.	y	y	n	n	direct	I am a GP - I do shifts for the Paradoc emergency home visiting service.	07/11/2018	current	02/08/2019	16/02/2021
		Communitas, a private provider seeing NHS patients.	y	y	n	n	direct	I undertake clinical sessions in my role as a GP with a Special interest in ENT.	07/11/2018	current	02/08/2019	16/02/2021
		Haringey CCG as an external GP	y	y	n	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		16/02/2021
		Hackney VTS GP training scheme	y	y	n	n	direct	Programme director, employed by the London Specialty School of General Practice, Health Education England.	07/11/2018	current	02/08/2019	16/02/2021
		I am a GP Appraiser for the London area.	y	y	n	n	direct	GP Appraiser	07/11/2018	current	02/08/2019	16/02/2021
		I am a mentor for GPs under GMC sanctions.	y	y	n	n	direct	GP Mentor	07/11/2018	current	02/08/2019	16/02/2021
		I am currently mentoring a salaried GP at a practice in Haringey.	y	y	n	n	direct	Salaried GP	07/11/2018	current	02/08/2019	16/02/2021
<b>Paul Sinden</b>	Chief Operating Officer Exec Lead for Primary Care Committee Member of NCL CCG Executive Management Team attend Quality and Safety Committee and other committees as and when required	No interests declared	No	No	No	No	No	Nil Return	30/04/2018	current	16/08/2019	15/05/2020
<b>Karen Trew</b>	Deputy Lay Chair of NCL CCG Governing Body Member of Covid Response Oversight Committee Member of Finance Committee Member of Primary Care Committee Member of Remuneration Committee Member of IFR Appeals Panel Member of Strategy and Commissioning Committee Chair of Audit Committee	Brosbourne 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	25/05/2020	
		Wormley C of E Primary School, Hertfordshire	No	No	Yes	direct	Chair of the Governing Body	28/06/2005	current	15/07/2015	25/05/2020	
<b>Attendees</b>												
<b>Vivienne Ahmad</b>	Board Secretary	No interests declared	No	No	No	No	No	Nil Return	25/10/2018	current	16/10/2019	23/07/2021
<b>Dr Peter Christian</b>	Haringey Clinical Representative, NCL CCG Governing Body 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 anticoagulant 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 money to health related 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 Network	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	Practice Manager is Finance Manager	15/03/2018	current	07/11/2018	19/07/2021	
<b>Dr Louise Jones</b>	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		
<b>Dr Will Maimaris</b>	Interim Director of Public Health, Haringey Council	No	n/a	n/a	n/a	n/a	n/a		30/08/2018	current	09/08/2019	
<b>Rev Kostakis Christodoulou</b>	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	
<b>Mark Agathangelou</b>	Community Member	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	13/10/2020	
<b>Anthony Marks</b>	Senior Primary Care Commissioning Manager	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	30.10.2018	30/08/2019

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

Su Nayee	Assistant Head of Primary Care, NHS England	N/A				N/A	N/A	N/A	N/A			20.10.2018	14/07/2020	
Vanessa Piper	Head of Primary Care, NC London, NHS England, London Region													
Sarah McDonnell-Davies	Executive Director, Borough Partnerships Positions held in relation to CCG business Attend Governing Body Attend NCL Committee Meetings as required e.g. Strategy and Commissioning Committee Primary Care Commissioning Committee Borough Commissioning Committee NCL CCG Executive Management Team	None	no	no	no	Direct	n/a					20/06/2018	19/11/2020	
Sarah McIlwaine	Director of Transformation (Primary Care)	None	N/A	N/A	N/A	N/A	none					09/10/2018	21/07/2021	
Deborah McBeal	Director of Integration, Enfield Borough Attend Borough meetings, Primary Care Commissioning Committee and Strategy and Commissioning Committee	We are Pareto	no	no	no	N/A	director of company, dormant, non-trading		2013	current		28.03.2018	21/07/2021	
Tracey Lewis	Head of Finance - Primary Care Attends Primary Care Commissioning Committee	N/A					N/A					29/07/2020		
Owen Sloman	Assistant Director of Primary Care, Haringey Borough attend Primary Care Commissioning Committee (Boro rep)	N/A	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 Vicky Weeks	Medical Director, Local Medical Committee, North Central London	None	no	no	no	N/A	N/A		N/A	N/A		30/11/2020		
Dr Sue Dickie	LMC Haringey Borough Representative	Highgate Group Practice	yes	yes	yes	direct	GP Partner							
		Have done 3 triage sessions for LCW ooh over the Christmas period in the pandemic	yes	yes	yes	direct								
		Haringey Federation	no	yes	yes	direct	Practice is a member		2016					
		Haringey North West PCN	No	yes	yes	direct	Practice is a member		2019					
Daniel Glasgow	Deputy Director of Primary Care Transformation, Barnet Borough	None	no	no	no	N/A	N/A		N/A	N/A	15/12/2017	11/08/2021		
Colette Wood	Director of Integration (Barnet) attend Primary Care Commissioning Committee (Boro rep)	None	no	no	no	N/A	N/A		N/A	N/A	27/10/2017	11/08/2021		
Simon Wheatley	Director of Integration (Camden borough directorate) Attende of NCL CCG PCCC	None	no	no	no	N/A	N/A		N/A	N/A	28/05/2019	11/08/2021		
Riyad Karim	Interim Head of Primary Care Commissioning - Attends variety of committee meetings & NCL committee meetings.	The Lordship Lane Surgery, East Dulwich	no	no	no	direct	unpaid practice management advisor at surgery.			current	13/07/2019	29/07/2020		
Clr 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			
Clr 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			
Clr Alev Cazimoglu	Jubilee Ward Councillor Enfield Attendee NCL CCG + Governing Body + Primary Care Commissioning Committee	Camden and Islington NHS Trust	yes	yes	yes	direct direct	Daughter is employed as a doctor			current	11/08/2021			
		Health & Social Care Joint Health Overview Scrutiny Committee for North Central London Sector North Middlesex Hospital				direct direct	Cabinet member member bank staff - no paid work received to date							
Clr 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		2014	current	29/06/2021			
			yes	YES	yes	direct	Approved Mental Health Professional				29/06/2021			
Clr Lucia Das eves	TBC													
TBC	Enfield Healthwatch													

## PRIMARY CARE COMMISSIONING COMMITTEE

**Draft** Minutes of Meeting held on Thursday 17 June 2021 between 2:30pm and 4pm

Online Meeting via MS Teams Live

<b>Voting Members Present:</b>	
Mr Ian Bretman ( <b>Chair</b> )	Governing Body Lay Member, Patient & Public Engagement and Committee Chair
Mr Simon Goodwin	Chief Finance Officer
Dr Dominic Roberts	Independent GP ( <i>also deputised for Dr Subir Mukherjee</i> )
Ms Claire Johnston	Governing Body Member, Registered Nurse
Mr Arnold Palmer	Governing Lay Member, General Portfolio
Mr Paul Sinden	Chief Operating Officer
Ms Karen Trew	Governing Body Lay Member for Audit & Governance
Ms Kay Matthews	Executive Director of Quality ( <i>deputised for Jenny Goodridge</i> )
<b>In Attendance</b>	
Dr Peter Christian	Governing Body Member, Clinical Representative
Ms Tracey Lewis	Head of Finance, NCL STP Primary Care
Ms Vanessa Piper	Assistant Director of Primary Care, NCL Primary Care Commissioning & Contracting Team
Ms Su Nayee	Assistant Head of Primary Care, NCL Primary Care Commissioning & Contracting Team
Mr Anthony Marks	Senior Primary Care Commissioning Manager, NCL Primary Care Commissioning & Contracting Team
Ms Deborah McBeal	Director of Integration, Enfield Directorate
Mr Karim Riyad	Interim Head of Primary Care Commissioning, Enfield Directorate
Mr Simon Wheatley	Interim Director of Primary & Community Commissioning, Camden Directorate
Ms Cynthia Mkandawire	Senior Primary Care Commissioning Manager, Camden Directorate
Ms Colette Wood	Director of Primary Care Transformation, Barnet Directorate
Ms Rebecca Kingsnorth	Assistant Director of Primary Care, Islington Directorate
Mr Owen Sloman	Assistant Director of Primary Care, Haringey Directorate
Ms Sarah Mcilwaine	Director of Primary Care, NCL
Mr Mark Agathangelou	Community Representative, Camden
Mr Kostakis Christodoulou	Community Representative, Enfield
Mr Will Maimaris	Director of Public Health, Haringey Council
Ms Jane Betts	Deputy Director of Primary Care, London Wide LMCs
Dr Sue Dickie	Chair of Haringey LMC, London Wide LMCs
Cllr Nurullah Turan	London Borough of Islington
Cllr Lucia das Neves	London Borough of Haringey
Ms Nikki Hookins	Senior Consultant, Digital First Team, NELCSU
Vivienne Ahmad ( <b>Minutes</b> )	Board Secretary , NCL
<b>Public Attendance</b>	
Dr Milan Koya	GP at Archway Medical Centre
Ms Kalpna Parekh	Archway Medical Centre



Johnbosco Okey Nwogbo	PhD Student Sussex University & Campaign officer for WE OWN IT
Mr David Richards	Camden Patient & Public Engagement Group (CPPEG)
Mr Ryan Bentley	Practice 188 Golders Green Rd & Assistant Lead Manager, PCN 6.
Ms Anil Makwana	TEVA UK Pharmaceutical Industries Ltd
<b>Apologies:</b>	
Dr Subir Mukherjee	Governing Body Member, Secondary Care Clinician
Ms Sarah McDonnell-Davies	Executive Director of Borough Partnerships
Ms Jenny Goodridge	Director of Quality & Chief Nurse
Dr Louise Jones	Healthwatch Representative, Camden
Cllr Patricia Callaghan	London Borough of Camden
Cllr Alev Cazimoglu	London Borough of Enfield
Cllr Caroline Stock	London Borough of Barnet

<b>1.0</b>	<b>INTRODUCTION</b>
<b>1.1</b>	<b>Welcome &amp; Apologies</b>
1.1.1	The Chair welcomed everyone to the meeting. Apologies were recorded as above.
<b>1.2</b>	<b>Declarations of Interests Register</b>
1.2.1	The Declarations of Interest Register was noted by the Committee.
	<b>The Committee NOTED the Register</b>
<b>1.3</b>	<b>Declarations of Interest Relating to Items on the Agenda</b>
1.3.1	The Chair invited members of the Committee to declare any interests in respect to the items on the agenda. There were no declarations declared.
<b>1.4</b>	<b>Declarations of Gifts and Hospitality</b>
1.4.1	There were no declarations declared.
<b>1.6</b>	<b>Minutes of the NCL Primary Care Commissioning Committee Meeting on 22 April 2021</b>
1.6.1	The minutes of the NCL Primary Care Commissioning Committee on 22 April 2021 were considered and agreed as a true record of the meeting.
	<b>The Committee APPROVED the minutes of the meeting dated 22 April 2021.</b>
<b>1.6</b>	<b>Action Log</b>
1.6.1	The Action Log was reviewed and updated.
	<b>The Committee NOTED the updates to the action log</b>
<b>1.7</b>	<b>General Practice Data for Planning and Research (GPDPR)</b>
1.7.1	The Committee was asked to note that GPDPR had been added to the Committee

	<p>agenda given the local concern from both practices and residents about the proposed data sharing arrangements:</p> <ul style="list-style-type: none"> <li>• In May 2021 NHS Digital (national) announced plans to simplify and update the way data was collected from GP practices by NHS Digital to support planning and research. This would include: <ul style="list-style-type: none"> <li>➢ Managing and planning demand for services supported by information on prevalence and diagnosis for particular illnesses;</li> <li>➢ Analysing the outcomes of services to ensure the health service delivery was effective;</li> <li>➢ Recently managing the pandemic</li> </ul> </li> <li>• Extraction was originally planned for 1 July but this was moved back to 1 September 2021. The deadline for patients to opt out had also been extended, but at the time of this meeting the new deadline date had not been published;</li> <li>• For GDPR, data was pseudonymised and so not directly identifiable to individual patients, and was made to defined data sets. Data was requested from practices by Data Provision Notices (DPNs), with response to the notices being a legal requirement for practices. The CCG's role was to support patients, GPs and practices with clear information to enable patients to make an informed choice about sharing their data;</li> <li>• The pause in the national timetable provided an opportunity for communications to be developed to allow NCL residents to have the right information to make an informed choice about sharing their data. This information would need to be made available in a timely manner and in a format suitable for those without access to technology and in languages other than English. Any local communications developed would need to support and be consistent with national communications that were in development;</li> <li>• The links to more information on the website and a video on YouTube would be emailed to PCCC members and attendees.</li> </ul>
1.7.2	<p>In consideration, the Committee noted and discussed the following:</p> <ul style="list-style-type: none"> <li>• A question had been raised by a patient requesting that registered patients in NCL be fully informed about the proposed changes for GDPR, what their options were and how to exercise them. GP practices would also provide this clarity;</li> <li>• Supporting information should be made available on CCG and GP websites and on posters / information sheets to ensure all residents could access the information (not just those people with IT access);</li> <li>• Any local communications would not be published until the outcome of the national consultation on the GDPR changes were published at the end of June 2021.</li> </ul>
1.7.3	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>To send links on GDPR to PCCC members and attendees. (Sarah McIlwaine)</b></li> </ul>
	<b>The Committee NOTED the verbal report.</b>
<b>1.8</b>	<b>Matters Arising</b>
1.8.1	There were no matters arising.
<b>1.9</b>	<b>Questions from the public relating to items on the agenda received prior to the meeting</b>
1.9.1	No questions from the public had been received.
<b>2.0</b>	<b>BUSINESS</b>
<b>2.1</b>	<b>Primary Care Finance Update</b>

2.1.1	<p>The Committee was asked to note:</p> <ul style="list-style-type: none"> <li>• The draft budget presented for 2021/22 was for months 1 to 6 and was due to be presented to the NCL Governing Body on 24 June 2021 for approval, with approval limited to the first half of the year as the CCG had only received an allocation for the half-year to date;</li> <li>• The half year allocation, £123.4m, for the primary care delegated allocation had been rebased from the 2020/21 baseline to include contract uplifts negotiated nationally. The allocation was split across the five boroughs, with a small contingency (£617k) held as contribution to the NCL Operating Plan;</li> <li>• Expenditure for the first half of 2021/22 was expected to be on plan;</li> <li>• The Month 12 outturn report for 2020/21 demonstrated a £1.1m saving against an allocation of £239.9m, with the underspend accruing from list size growth being much less than anticipated due to the impact of the covid pandemic;</li> <li>• It was anticipated the primary care delegated budget for 2021/22 would increase by £6m to £7m compared to the previous year if funds for the second half year (H2) were as per the allocation for the first half of the year (H1).</li> </ul>
2.1.2	<p>In consideration, the Committee noted:</p> <ul style="list-style-type: none"> <li>• The year-end under-spend had moved from previous forecasts indicating a breakeven position on primary care delegated budgets, with the movement accruing from actual demographic growth being lower than anticipated throughout the year;</li> <li>• Some of the central default budgets held within Barnet Borough in 2020/21, would be distributed across Boroughs in 2021/22 to better match expenditure and budgets across the Boroughs. The first quarter position for 2021/22 would also be compared to the corresponding period from 2020/21 to support trend analysis.</li> </ul>
	<p><b>The Committee NOTED the report.</b></p>
2.2	<p><b>Quality &amp; Performance Report</b></p>
2.2.1	<p>The Committee was advised that the Quality and Performance Report was pulled together from multiple sources of information available in the public domain, with the following key points noted:</p> <ul style="list-style-type: none"> <li>• For Care Quality Commission (CQC) one practice in NCL had an outstanding rating and another one had an inadequate rating, with both practices located in Haringey. The number of practices in NCL with a requires improvement rating had fallen from nine to eight. All practices with an inadequate or requires improvements rating were subject to remedial notices and improvement plans;</li> <li>• The report provided an update on the Primary Care Recovery following on from review by both the Committee and CCG Governing Body Seminars held in May 2021. The plan was to focus on three key areas: (a) the interface between primary and secondary care, particularly in the context of people having to wait a long time for their outpatient appointments and procedures post pandemic; (b) reviewing access and managing demand and (c) a review of locally commissioned services with an initial focus on services set up to support people with long term conditions, with any changes on those services to be introduced from April 2022. The plan also went to the NCL System Recovery Executive to highlight some of the pressures in general practice;</li> <li>• Overall appointments in general practice continued to be higher than pre-pandemic levels, alongside a higher usage of virtual appointments;</li> <li>• Pressures had been seen throughout the NHS urgent and emergency care system and not just primary care, with Emergency Departments at Barnet and North-Middlesex Hospital also seeing higher numbers of patients than pre-Covid levels;</li> <li>• There was an increase in annual health checks year on year for people with learning disabilities. This was achieved despite the impact of the pandemic;</li> </ul>

	<ul style="list-style-type: none"> <li>• 200 roles had been recruited to in NCL through additional roles reimbursement scheme to support primary care networks;</li> <li>• Managing the interface between primary and secondary care would be supported by the creation of a team funded from the accelerated elective recovery funds that NCL had received. NCL had been made an accelerated recovery pilot site in recognition of the strong system response including mutual aid across Trusts for elective recovery to date. The Team would focus on creating new pathways to help manage long waiting times, manage test requests between secondary and primary care, and understand the downstream impact of the increase in use of virtual appointments in general practice and outpatients;</li> <li>• The report also provided an update on the Covid vaccination program, with a focus on maximising vaccination coverage following the delay of the next release of lockdown for four weeks, so that by the middle of July, all people over 18 had been offered a first vaccination and as many people as possible aged over 40 would have had their second vaccination. There would also be a need to continue the work, (alongside councils, public health, and community groups), to improve uptake with communities with low vaccination uptake to date;</li> <li>• Delivery of this would call on general practice capacity, community pharmacy capacity, and also the local vaccination centres such as the Business Design Centre in Islington, with a requirement to deliver 125,000 vaccinations per week until 19<sup>th</sup> July;</li> <li>• The enhanced vaccination capacity would also include moving forwards delivery of second doses to eight weeks, from 12 weeks, after the first dose. Wider distribution of Pfizer to vaccination centres and pharmacies would be carried out to support vaccination of people under 40.</li> </ul>
2.2.2	<p>In consideration, the Committee noted:</p> <ul style="list-style-type: none"> <li>• 100% of the care home residents needed to be vaccinated by the 19<sup>th</sup> of July 2021. The target could be met as GP practices were commissioned to go into those care homes on a weekly basis;</li> <li>• The target was to deliver offer a second dose to all over 40s and a single dose to people aged 18-39 by 19<sup>th</sup> July;</li> <li>• Primary care was delivering 40,000 vaccinations as a material contribution to the 19<sup>th</sup> July target;</li> <li>• The Winter Vaccination Programme would include a third booster covid vaccination for priority cohorts from September 2021 alongside the flu vaccination programme. The current plan was to have a third vaccination in the autumn. The covid booster and flu vaccines could be administered at the same time;</li> <li>• NCL delivery of the covid vaccination programme was in line with the rest of London, with delivery supported by staging a number of large vaccination delivery events at Spurs on Sunday 20 June 2021 and the Emirates Stadium the following weekend;</li> <li>• It was now mandatory for Care Home Staff to have the covid vaccination. In Barnet, with the highest number of care homes in NCL, this would be progressed by GPs going into care homes and meeting individually with care home staff to help overcome some of their hesitancy about having the vaccine. The CCG was working closely with local authorities and public health colleagues to increase uptake in care home staff;</li> <li>• Weekly data was being used to assess NCL progress to improve uptake in population groups where there was a lot of vaccine hesitancy. A number of actions including pop up sites were taking place in wards where the uptake of vaccinations was relatively low;</li> <li>• In conclusion, the key objectives were making sure that the most vulnerable got vaccinated quickly and everyone over 40 received their second dose.</li> </ul>
	<p><b>The Committee NOTED the report.</b></p>

<b>2.3</b>	<b>NCL Online Consultation in Primary Care</b>
2.3.1	<p>The following was highlighted to the Committee:</p> <ul style="list-style-type: none"> <li>• As NCL Digital First related to delegated primary care services the oversight of online consultation services and contracts would be delivered through the Primary Care Commissioning Committee;</li> <li>• On-line consultations had been established at speed in April 2020 in response to the covid pandemic;</li> <li>• NCL had completed a re-procurement of online/video consultation services in April 2021 which resulted in some changes to the online consultation contracts. Therefore, an EQIA (Equality Impact Assessment) and QIA (Quality Impact Assessment) had been conducted by the NCL Digital First team to form part of the Clinical Framework underpinning the recent re-procurement;</li> <li>• The assessments were undertaken for people with protected characteristics to assess the impact on access from the introduction of on-line consultations and the risk of digital exclusion. The report therefore set out the engagement undertaken in support of the assessments and re-procurement of the services.</li> <li>• An action log was being developed to mitigate the risks to access identified from the Equality Impact Assessment and Quality Impact Assessment. Work from this was being addressed through the Digital Inclusion Group;</li> <li>• The assessments were complemented by work on patient experience and digital inclusion by Healthwatch.</li> </ul>
2.3.2	<p>In Consideration, the Committee noted:</p> <ul style="list-style-type: none"> <li>• Evaluation of the new contracts should be informed by on-going engagement on patient experience including work being carried out by Healthwatch across NCL, with learning fed into subsequent procurements;</li> <li>• Engagement should continue to include people with protected characteristics with the Committee referencing people who are homeless needing to maintain registration and productive use of practices) and people with learning disabilities (benefit from support from carers and the need to maintain longer appointments for annual health checks);</li> <li>• The need to ensure safeguarding issues are picked up (and difficulty of doing so from just online consultations);</li> <li>• Access to general practice was finite and need to ensure, when looking at balance of face-to-face and virtual appointments, that patients access services in the right way and the right time;</li> <li>• Evaluation of online consultations would also need to consider the downstream impact on other services;</li> <li>• The NCL Digital First Team was supporting the accelerated elective recovery programme identifying patients on waiting lists needing support to ensure they were fit for their procedure at the time of their appointment;</li> <li>• The NCL Digital First Team was going into practices and talking to both patients and staff as part of the engagement programme, and within this identifying factors that would make in-line consultations effective.</li> </ul>
	<b>The Committee NOTED the paper.</b>
<b>3.0</b>	<b>ITEMS FOR DECISION</b>
	<b>Contract Variations</b>
<b>3.1</b>	<b>All Boroughs – Personal Medical Services (PMS) Changes</b>
3.1.1	The Committee was asked to note that all contract variations and change requests were subject to review by the NCL Primary Care Commissioning Team to ensure that all clinical staffing levels were in line with the British Medical Association (BMA) guidance, and that GP and nursing appointment levels were in line with benchmark

	<p>levels. Capacity was also monitored after agreed changes were made to contracts to ensure capacity was retained.</p> <p><u>Haringey – Alexandra Surgery</u> The Committee was asked to note the passing away of one of the GPs on 20 April 2021. This would leave one GP as a single hander on the PMS agreement. It was noted the Primary Care Commissioning Team was currently working with the practice to identify support required.</p> <p><b>The Committee NOTED the recommendation.</b></p> <p><u>Enfield – Medicus Health Partners</u> The Committee was asked to approve the removal of a GP from the PMS agreement with effect from 19 June 2021. The GP sessions would be covered by other partners and salaried GPs. It was noted that the advert for a replacement GP had already been advertised.</p> <p><b>The Committee APPROVED the recommendation.</b></p>
3.1.2	<b>The Committee NOTED and APPROVED the contract variations requested in 3.1.1 above.</b>
<b>3.2</b>	<b>Camden – Primary Care Networks (PCNs) – Proposals for Organisational and Membership Changes</b>
3.2.1	<p>The Committee was asked to consider the proposals and confirm the proposed changes to the composition of the Primary Care Networks (PCNs) in Camden.</p> <p>Under the PCN Enhanced Specification PCNs were required to notify, and seek approval from the Committee, for any changes to their composition. The four changes requested by the Camden PCNs demonstrated consistency with the national specification through geographical alignment, the new PCN alignment did not cross another CCG boundary, and allowed alignment to community services.</p>
	<b>The Committee considered the proposals and CONFIRMED the proposed changes to PCNs in Camden.</b>
<b>3.3</b>	<b>Islington – Barnsbury – Caretaking APMS contract extension decision, and case for re-procurement to note</b>
3.3.1	<p>The Committee was asked to approve the extension of the caretaking contract provided by Islington GP Group at Barnsbury Medical Practice from the current end point of 31<sup>st</sup> October 2021 until 31<sup>st</sup> January 2022. The Committee was also asked to note the projected list growth for the practice.</p> <p>Further points were mentioned:</p> <ul style="list-style-type: none"> <li>• Barnsbury, at the beginning of 2021, went into caretaking due to termination of the previous contract. The current caretaking contract expired on 31<sup>st</sup> October 2021. The Committee was asked to approve a further extension to the 31 January 2022 in order to enable time for the Commissioners to re-procure the practice;</li> <li>• The list size had remained around 3,000 patients but was slowly increasing (7% growth in last 12 months). Over the next 15 years, the population around the practice was expected to increase by an additional 12,000 residents. At the moment, there were 12 practices in the area, including Barnsbury, that were expected to see list growth once the new residential developments were completed;</li> <li>• The practice was in an area of deprivation, and the CCG would be responsible for void costs if the premises were under-utilised. The Borough Team was therefore working with the landlord to retain that building for primary care and community services.</li> </ul>

3.3.2	<p>In Consideration, the Committee noted:</p> <ul style="list-style-type: none"> <li>The procurement had a six month timeline, and if not finalised by December 2021, the Committee would need to consider a further extension of the caretaking contract.</li> </ul>
	<p><b>The Committee approved the extension of the caretaking contract provided by Islington GP Group at Barnsbury Medical Practice until 31 January 2022. The Committee also NOTED the projected list growth for the practice.</b></p>
<b>3.4</b>	<b>Haringey – Vale Practice – Landlord Improvement works and a new lease leading to an increase in rent reimbursement</b>
3.4.1	<p>The Committee was asked to approve the list of works that the landlord had approved and the associated new annual rent reimbursement value of £242,250 which the District Valuer had approved. The new 25 year lease would start when the improvement works were completed in October 2021.</p> <p>Further points were mentioned:</p> <ul style="list-style-type: none"> <li>The landlord had committed to the list of improvement works in the building which would result in an increase of circa £20k per annum to the rent. Even if the works had not been carried out, there would have still been an increase in the rent from the normal rent review process;</li> <li>The practice had a full repair and insurance (FRI) lease making them responsible for internal repairs and insurance. Typically an additional 6% is reimbursed to the practice on top of the rent to cover any internal repair costs. Other practices may hold a similar lease and it was agreed that all practices in leasehold buildings would be contacted to get assurance that the 6% or more reimbursement was being used to carry out a regular schedule of repairs and works on an annual basis;</li> <li>It was noted the lease had three year market based rent reviews.</li> </ul>
	<p><b>The Committee APPROVED the recommendation of the list of proposed works and the new rent reimbursement of £242,250 per annum.</b></p>
<b>3.5</b>	<b>Haringey – St Anne’s Road Surgery – taking void space in the laurel</b>
3.5.1	<p>The Committee was asked to approve the following:</p> <ol style="list-style-type: none"> <li>Occupation of the vacant space (1 room) at the Laurels;</li> <li>Increase in the annual rent reimbursement (£26,371)</li> </ol> <p>The approval was on the condition that commissioners would instruct the District Valuer to verify the cost per square metre and increase the rent. Further points were mentioned:</p> <ul style="list-style-type: none"> <li>The practice was requesting one additional administration room within the building for remote consultation via digital or telephone;</li> <li>The increase in the rental cost per annum would be offset by the current CCG payment for void space (the level of void costs currently paid was to be determined).</li> </ul>
3.5.2	<p>In Consideration, the Committee noted:</p> <ul style="list-style-type: none"> <li>The space requested was large as it was effectively two rooms, but was currently being paid for by the CCG as a void cost;</li> <li>If the District Valuer felt the landlord was charging too much per square meter for that space, this could then be challenged through the process of district valuation.</li> </ul>
	<p><b>The Committee APPROVED the recommendation in principal subject to the condition that the District Valuer would verify the increase in rent to the CCG.</b></p>

<b>4.0</b>	<b>ITEMS TO NOTE – URGENT DECISIONS TAKEN SINCE 22 APRIL 2021</b>
4.1	None.
<b>5.0</b>	<b>GOVERNANCE AND COMMITTEE ADMINISTRATION</b>
<b>5.1</b>	<b>PCCC Risk Register</b>
5.1.1	The Committee was asked to note: <ul style="list-style-type: none"> <li>Although the risk rating had been previously reviewed on Perf 18 (Primary Care Workforce development) with an ongoing risk rating of 12, it would be reviewed again taking into consideration the continuing workforce / nursing pressures.</li> </ul>
5.1.2	<b>Action:</b> <ul style="list-style-type: none"> <li><b>To review the risk rating again on risk Perf 18 (Primary Care Workforce development) taking into consideration the continuing workforce / nursing pressures. (Paul Sinden)</b></li> </ul>
	<b>The Committee NOTED the risk report.</b>
<b>5.2</b>	<b>PCCC Forward Planner</b>
	<b>The Committee NOTED the forward planner.</b>
<b>6.0</b>	<b>ANY OTHER BUSINESS</b>
7.1	No further business was discussed.
<b>7.0</b>	<b>DATE OF NEXT MEETING</b>
	Thursday 19 August 2021 – 2:30pm to 4pm



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

Meeting Date	Action No.	Minutes Ref	Action	Action lead	Deadline	Status update	Date closed
17.06.21	1	1.7.3	<b>GDPDR</b> – To send links on GDPDR to PCCC Members and Attendees.	Sarah Mcilwaine	July 2021	<b>5 July 21</b> - The links were emailed out on 5 July 2021. <b>Recommend to close the action.</b>	
17.06.21	2	5.1.2	<b>PCCC Risk Register</b> – To review the risk rating again on risk <i>Perf 18 – Primary Care Workforce Development</i> taking into consideration the continuing workforce / nursing pressures.	Paul Sinden	August 2021	<b>11 Aug 21</b> - Risk rating has been adjusted. <b>Recommend to close the action.</b>	
22.04.21	2	2.3.3	<b>Primary Care in Planning Guidance for 2021/22</b> – To provide an update on how the Guidance is being implemented at a future meeting.	Paul Sinden	August 2021	<b>10 Aug 21</b> - Extract for primary care from Operating Plan for 2021/22 has been included in the Quality and Performance paper for August 2021. <b>Recommend to close the action</b>	

**Closed Actions**

22.04.21	1	2.2.3	<b>Quality &amp; Performance Report</b> – To circulate a slide about the priorities in NCL around workforce, training and nursing.	Sarah Mcilwaine	June 2021	<b>17 June 21 – The Committee agreed to close the action.</b> <b>7 June 21</b> – This was circulated to the members. Recommend to close the action.	17.06.21
22.04.21	3	5.1.2	<b>PCCC Risk Register</b> – To review two risks Perf 9 (Inadequate support from Primary Care England – Capita contract) and Perf	Paul Sinden & Vanessa	June 2021	<b>17 June 21 – The Committee agreed to close the action.</b>	17.06.21

			18 (Primary Care Workforce Development) and see whether their risk ratings could be reduced.	Piper		7 June 21 - Updated in the risk register for June 2021. Recommend to close the action.	
22.10.20	4	3.5.3	<p><b>To add to a future seminar:</b></p> <ul style="list-style-type: none"> <li>A demonstration on using the Department of Health (DH) Health Building Notes Estimator (HBN), tool and how it assesses additional space for practices.</li> </ul>	Vanessa Piper	June 2021	<p><b>17 June 21 – The Committee agreed to close the action.</b></p> <p><b>6 May 21 – 2<sup>nd</sup> Seminar</b> scheduled for 15 July 2021. Recommend to close the action.</p>	17.06.21
		3.5.3	<ul style="list-style-type: none"> <li>A discussion on additional workforce in Primary Care and where practices would place the additional workforce</li> </ul>	Paul Sinden		<p><b>22 April 21 – Action noted.</b></p>	
		3.7.3	<ul style="list-style-type: none"> <li>A discussion on the pros and cons of practices merging together into a single contract as opposed to separate contracts. Also noting the risks and benefits for the CCG in allowing these contracts to go forward.</li> <li>Future of Procurement and the new white paper legislation</li> </ul>	Vanessa Piper		<p><b>17 March 21 – The 1<sup>st</sup> seminar</b> is now scheduled for 20 May between 12pm and 1pm.</p> <p><b>18 February 21 – Seminar</b> will be rescheduled, in line with reduction in covid pandemic, for May 2021.</p>	
18.02.21	4	3.7.3	<p><b>Haringey – Rutland House / Queens Avenue – Approval of relocation of practice linked to the previously agreed merger</b> – To submit a further paper to a future PCCC meeting in considering the costs for the stamp duty Land tax as well as legal and surveyor fees.</p>	Owen Sloman	TBC	<p><b>17 June 21 – They had not met the request for additional funding for staff duty and the new building.</b> Was given an action to stay in touch about their plans and set up a group with Healthwatch. Met up with PPG Reps of both Rutland House &amp; Queens Avenue. The practice was still adjusting to the merger that took place on 1 May 2021 and this would take 3 to 5 months for everyone. The building work for the new site should start in December 2021 allowing them to consolidate and come together to</p>	17.06.21

						<p>move into the new building.</p> <p><b>The Committee agreed to close the action. However, if there were any further developments, then would re-open or add a new action.</b></p> <p><b>8 June 21</b> – A meeting is taking with the practice on 9 June and an update will be provided to the Committee on 17 June 2021.</p> <p><b>22 April 21</b> – The Committee agreed to keep the action open.</p> <p><b>17 March 21</b> – Paper scheduled for the June meeting.</p>	
--	--	--	--	--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--



**North Central London CCG  
Primary Care Commissioning Committee  
Thursday 19<sup>th</sup> August 2021**

<b>Report Title</b>	M3 NCL Primary Care Delegated Commissioning Finance Report	<b>Date of report</b>	5th August 2021	<b>Agenda Item</b>	2.1
<b>Lead Director / Manager</b>	Paul Sinden, Chief Operating Officer	<b>Email / Tel</b>		<a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>	
<b>GB Member Sponsor</b>	<i>Not Applicable</i>				
<b>Report Author</b>	Tracey Lewis, Head of Finance Primary Care	<b>Email / Tel</b>		<a href="mailto:tracey.lewis9@nhs.net">tracey.lewis9@nhs.net</a>	
<b>Name of Authorising Finance Lead</b>	Anthony Browne, Director of Finance Strategic Commissioning	<b>Summary of Financial Implications</b> To inform the committee of any financial risks associated with the Primary Care Delegated Commissioning budget.			
<b>Report Summary</b>	This report presents the Primary Care Delegated Commissioning financial position as at Month 3 (June 2021).				
<b>Recommendation</b>	The Committee is requested to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Primary Care Delegated Commissioning Budget and the Month 3 position.</li> </ul>				
<b>Identified Risks and Risk Management Actions</b>	The Committee will provide oversight and scrutiny of the CCG's key risks within the area of its remit.				
<b>Conflicts of Interest</b>	This report was written in accordance with the CCG's Conflicts of Interest Policy.				
<b>Resource Implications</b>	This report supports the CCG by providing oversight and scrutiny of delegated primary care commissioning and in making effective and efficient use of its resources.				
<b>Engagement</b>	The Committee includes Lay Members and clinicians. Patient Representatives are also invited to Committee meetings as Standing Attendees.				
<b>Equality Impact Analysis</b>	The report was written in accordance with the provisions of the Equality Act 2010.				
<b>Report History and Key Decisions</b>	For noting by the Committee.				
<b>Next Steps</b>	None.				
<b>Appendices</b>	None.				



**NORTH LONDON PARTNERS**  
in health and care

North Central London's sustainability  
and transformation partnership



# Primary Care Delegated Commissioning Finance Report M3 21/22



# Executive Summary

- This report presents the 2021/22 Delegated Primary Care financial position across the five North Central London (NCL) localities (Barnet, Camden, Enfield, Haringey and Islington) as at Month 3, June 2021.
- The report summarises the Month 3 expenditure against budgets. The report presents the position against a half year allocation of £123m that had been notified as at Month 3.
- As at Month 3, the NCL Delegated Primary Care budget is forecasting a breakeven position for the period M1-6 2021/22.



# 2021/22 NCL Primary Care Delegated Commissioning as at Month 3

## Financial Summary - 3 Months to 30th June 2021

### NCL Total

Service	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	51,314	25,657	26,014	(357)	51,314	0
GMS	50,049	25,025	24,994	30	50,049	0
APMS	7,230	3,615	3,798	(183)	7,230	0
Other Medical Services	18,624	9,312	8,803	509	18,624	0
Other Committed Funds	(3,804)	(1,902)	(1,902)	0	(3,804)	0
<b>Total Primary Care Medical Services</b>	<b>123,413</b>	<b>61,707</b>	<b>61,707</b>	<b>(0)</b>	<b>123,413</b>	<b>0</b>

The NCL Delegated Commissioning budget is forecast to breakeven against the half year allocation of £123m now fully received.  
The Month 3 reported position shows a breakeven position against the M3 YTD budget of £61.7m.

# 2021/22 Primary Care Delegated Commissioning Expenditure by Locality as at Month 3

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
<b>Barnet</b>	£000's	£000's	£000's	£000's	£000's	£000's
PMS	12,003	6,002	6,043	(41)	12,003	0
GMS	13,331	6,665	6,726	(61)	13,331	0
APMS	285	142	167	(25)	285	0
Other Medical Services	6,475	3,238	3,284	(46)	6,475	0
Other Committed Funds	(3,804)	(1,902)	(1,902)	0	(3,804)	0
<b>Total Primary Care Medical Services</b>	<b>28,290</b>	<b>14,145</b>	<b>14,318</b>	<b>(173)</b>	<b>28,290</b>	<b>0</b>

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
<b>Camden</b>	£000's	£000's	£000's	£000's	£000's	£000's
PMS	10,696	5,348	5,436	(88)	10,696	0
GMS	8,661	4,331	4,391	(60)	8,661	0
APMS	1,841	920	942	(22)	1,841	0
Other Medical Services	3,094	1,547	1,417	129	3,094	0
Other Committed Funds	0	0	0	0	0	0
<b>Total Primary Care Medical Services</b>	<b>24,291</b>	<b>12,146</b>	<b>12,187</b>	<b>(41)</b>	<b>24,291</b>	<b>0</b>





# 2021/22 Primary Care Delegated Commissioning Expenditure by Locality as at Month 3

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
<b>Enfield</b>	£000's	£000's	£000's	£000's	£000's	£000's
PMS	15,824	7,912	8,011	(99)	15,824	0
GMS	4,929	2,464	2,453	11	4,929	0
APMS	1,326	663	666	(3)	1,326	0
Other Medical Services	3,110	1,555	1,589	(34)	3,110	0
Other Committed Funds	0	0	0	0	0	0
<b>Total Primary Care Medical Services</b>	<b>25,189</b>	<b>12,594</b>	<b>12,720</b>	<b>(125)</b>	<b>25,189</b>	<b>0</b>

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
<b>Haringey</b>	£000's	£000's	£000's	£000's	£000's	£000's
PMS	11,562	5,781	5,905	(124)	11,562	0
GMS	7,927	3,964	3,802	161	7,927	0
APMS	2,329	1,164	1,264	(100)	2,329	0
Other Medical Services	3,102	1,551	1,459	92	3,102	0
Other Committed Funds	0	0	0	0	0	0
<b>Total Primary Care Medical Services</b>	<b>24,920</b>	<b>12,460</b>	<b>12,430</b>	<b>30</b>	<b>24,920</b>	<b>0</b>



# 2021/22 Primary Care Delegated Commissioning Expenditure by Locality as at Month 3

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
Islington	£000's	£000's	£000's	£000's	£000's	£000's
PMS	1,229	614	619	(4)	1,229	0
GMS	15,201	7,601	7,622	(21)	15,201	0
APMS	1,450	725	758	(33)	1,450	0
Other Medical Services	2,842	1,421	1,053	368	2,842	0
Other Committed Funds	0	0	0	0	0	0
<b>Total Primary Care Medical Services</b>	<b>20,723</b>	<b>10,361</b>	<b>10,052</b>	<b>310</b>	<b>20,723</b>	<b>0</b>



**North Central London CCG  
Primary Care Commissioning Committee Meeting  
19 August 2021**

<b>Report Title</b>	Primary Care Quality and Performance Report	<b>Date of report</b>	10 August 2021	<b>Agenda Item</b>	2.2
<b>Lead Director / Manager</b>	Paul Sinden, Chief Operating Officer	<b>Email / Tel</b>		<a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>	
<b>GB Member Sponsor</b>	<i>Not Applicable</i>				
<b>Report Author</b>	Paul Sinden, Chief Operating Officer	<b>Email / Tel</b>		<a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>	
<b>Name of Authorising Finance Lead</b>	<i>Not Applicable</i>	<b>Summary of Financial Implications</b>			
<b>Report Summary</b>	<p><b>1. Introduction</b></p> <p>This report sets out:</p> <ul style="list-style-type: none"> <li>• The latest Quality and Performance Report for comment;</li> <li>• A summary of actions accruing from the quality report;</li> <li>• An update on our primary care recovery plan following the second wave of the pandemic including a review of access;</li> <li>• Extract from NCL Integrated Care System Operating Plan for 2021/22 for primary care.</li> </ul>				
<b>Recommendation</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>COMMENT ON</b> future development of the quality and performance report to support onward quality and performance improvement;</li> <li>• <b>COMMENT ON</b> the identified actions to carry forward into NCL CCG governance structures.</li> </ul>				
<b>Identified Risks and Risk Management Actions</b>	The report outlines areas where support to practices is required, and where formal action requiring remedial actions plans are required.				
<b>Conflicts of Interest</b>	Conflicts of interest are managed robustly and in accordance with the CCG's conflict of interest policy.				
<b>Resource Implications</b>	<p>The report helps to identify practices in need of resilience funding.</p> <p>Local primary care development plans, including the GP Forward View and developing primary care at scale seek to address variations in care and access described in the report.</p>				

<b>Engagement</b>	The report includes patient experience measures from the Friends and Family Test and GP Patient Survey carried out by Ipsos MORI.
<b>Equality Impact Analysis</b>	This report was written in accordance with the provisions of the Equality Act 2010.
<b>Report History and Key Decisions</b>	The Quality Report provides an overview of primary medical services contracts delegated to the CCG from NHS England.
<b>Next Steps</b>	Local reporting will be further extended through work to develop reporting to support the development of Primary Care Networks in NCL.
<b>Appendices</b>	<ol style="list-style-type: none"> <li>1. Quality and Performance Report to the NCL Primary Care Committee-in-Common;</li> <li>2. Quality dashboard for each Borough</li> <li>3. Overview of primary care recovery programme</li> </ol>

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

### 1. Introduction

This report sets out:

- The latest Quality and Performance Report for comment;
- A summary of actions accruing from the quality report;
- An update on the primary care recovery plan;
- Extract from NCL Integrated Care System Operating Plan for 2021/22 for primary care.

### 2. Quality Report

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

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

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

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

### 3. Actions accruing from the report

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

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

	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

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

The report has enabled the following actions to be undertaken:

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

#### 4. Overview of performance

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

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

##### 4.1 Demographics

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

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

	<b>Barnet</b>	<b>Camden</b>	<b>Enfield</b>	<b>Haringey</b>	<b>Islington</b>
Contract type	GMS 28/51 PMS 22/51 APMS 1/51	GMS 14/33 PMS 14/33 APMS 5/33	GMS 9/31 PMS 19/31 APMS 3/31	GMS 14/35 PMS 19/35 APMS 2/35	GMS 28/32 PMS 2/32 APMS 2/32
Deprivation:					
1 = most deprived	0	0	17	10	1
2	3	10	9	16	26
3	11	12	10	5	5
4	27	6	7	3	0
5 = least deprived	10	4	3	1	0
Null	0	1	0	0	0
Patients aged > 75 on list	7%	4%	6%	4%	4%
% list black & ethnic minority	37%	35%	40%	42%	33%
Average list size	8,772	10,104	11,424	9,453	8,727
Annual list size change	+1%	+3%	+1%	+1%	+2%

To note:

- The relatively high rates of deprivation in Enfield, Haringey and Islington;
- The higher proportion of people aged over 75 on practice lists in Barnet and Enfield;
- The April 2021 report reported the number of practices in Enfield reducing from 47 to 33 following the merger of 15 practices to create Medicus Health Partnership which was approved by the Committee in December 2020. Forest Road Group Practice is the host for the partnership with a list size of circa 90,000 for the merged practice. The number of practices has now reduced to 31 with the merger of Park Lodge Medical Centre and Winchmore Hill Practice from 1<sup>st</sup> May 2021. Average list size in Enfield has therefore increased from 7,445 to 10,526 per practice;
- Following the creation of Medicus Health Partnership for Enfield some indicators are still reported on the previous practice baseline. This includes deprivation indices, patient feedback and Quality Outcomes Framework delivery;
- The number of practices in Haringey has reduced from 36 to 35 to reflect merger of Queens Avenue Practice and Rutland House Surgery;
- List sizes, and annual changes, are based on the movement from July 2020 to July 2021, with an overall list increase of 2% year-on-year. List size growth recorded across the five Boroughs compared to the last report (based on May 2021 lists) is 0.7%

#### 4.2 Care Quality Commission

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

<b>CQC ratings</b>	<b>Barnet</b>	<b>Camden</b>	<b>Enfield</b>	<b>Haringey</b>	<b>Islington</b>
<b>Overall rating:</b>					
Outstanding	0	0	0	1	0
Good	49	33	44	31	30
Requires Improvement	2	0	2	2	2
Inadequate	0	0	0	1	0
Yet to be rated	0	0	0	0	0
Total	51	33	46	35	32

To note from the above:

- The majority of practices assessed to date have received a good rating, with this including all practices in Camden. All practices in NCL have now received a CQC inspection and rating;
- The first practice in North Central London has received an overall “outstanding” rating – West Green Road Surgery in Haringey;
- There remains a single practice in NCL with an inadequate rating from the Care Quality Commission. Staunton Group Practice remains on an inadequate rating, with the rating relating to the previous partnership and not the current caretaking arrangements;
- The number of practices with a requires improvement (RI) rating from the CQC remains at 8, with the Keats practice in Enfield moving from a RI rating to a good rating following a CQC review in July 2021,

and the Beaumont Practice in Islington moving to a RI rating from a good rating following a CQC inspection in June 2021;

- Practices with an inadequate or requires improvement rating are subject to formal remedial action through the primary care medical services contract, as well as being required to complete an action plan to address concerns raised by the CQC.

### 4.3 Quality Outcomes Framework

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

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

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

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

When cross-referenced to Care Quality Commission ratings, all the practices across the five Boroughs achieving less than 90% QOF scores currently have a Good rating from the Care Quality Commission.

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

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

### 4.4 Patient experience

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

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

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

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



## 4.5 Complaints

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

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

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

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

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

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

## 4.6 Access and Digital Access

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

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

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

## 4.7 Workforce

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

Workforce	Barnet	Camden	Enfield	Haringey	Islington
% of GPs aged over 55	30%	15%	32%	37%	28%
% locum GPs	5%	6%	12%	7%	6%
% of nurses aged 55 and over	47%	21%	56%	53%	50%
Number of patients per full-time GP	2,478	1,622	2,511	2,485	2,295
Number of patients per full-time nurse	8,772	10,014	7,739	12,558	7,871

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

## 5. Primary care recovery programme

The slides appended to this report provide a further update on the primary care recovery plan refreshed following the second wave of the covid pandemic. The plan focuses on three key areas:

- Reviewing access and managing demand;
- The interface between primary and secondary care;
- Reviewing locally commissioned services with an initial focus on those covering long term conditions (proactive care), with a view to introducing from April 2022.

The slides provide a high-level overview of the recovery programme and high-level timelines for delivery during 2021/22.

Work on access and managing demand will be supported by:

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

The focus on the interface between primary and secondary care is in recognition of the impact on patient experience from long referral-to-treatment waiting times, and the impact of an increase in virtual appointments in general practice and outpatient clinics thought to generate more GP referrals to secondary care and discharges to primary care for management, respectively.

To address this an interface team, working between primary and secondary care, will consider pathway changes in the following areas to simplify patient pathways, reduce general practice workload accruing from elective recovery and long waits, and reduce inequalities through understanding referral and waiting time differentials by demographic (age/gender/deprivation/ethnicity) and prioritising interventions to address the inequalities identified.

Workstreams established to develop interface pathways focus on:

- **Provider discharge protocols** review of provider protocols for discharge to primary care to identify opportunities for review and identify opportunities for shared care arrangements;
- **Diagnostic pathways** including exploring interface opportunities between secondary care, primary care and Community Diagnostic Hubs, and opportunities for secondary care referral into community services without prior referral back to general practice;
- **Prescribing policies** including IT developments that will facilitate pathway changes e.g. electronic prescribing from Trusts into community pharmacies / EMIS community in hospital settings;
- **Role of NCL referral support service** in supporting patient journeys from secondary care into primary care as well as the existing role of supporting patient journeys from primary care into secondary care and helping maintain patients
- **Data flows** including embedding the use of HealthIntent in primary and secondary care, and understanding the impact of virtual appointments on patient pathways.

The development of Locally Commissioned Services (LCS) for people with long-term conditions (LTC) across NCL will start with metabolic conditions such as cardiovascular disease, hypertension, diabetes and chronic kidney disease, as aligning support for people with these conditions will have the biggest beneficial impact on inequalities and outcomes. The work is in recognition that currently in NCL there is variation in the commissioning and delivery of services, from a universal offer designed around outcomes to multiple individual specifications. The proposed approach is to commission a service that seeks to identify people who are at risk of developing a LTC through active case finding and delivering care to people who are already diagnosed with a LTC. The CCG is considering supporting any service developments through reinvestment of the Personal Medical Services (PMS) premium

### Context for the recovery programme

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

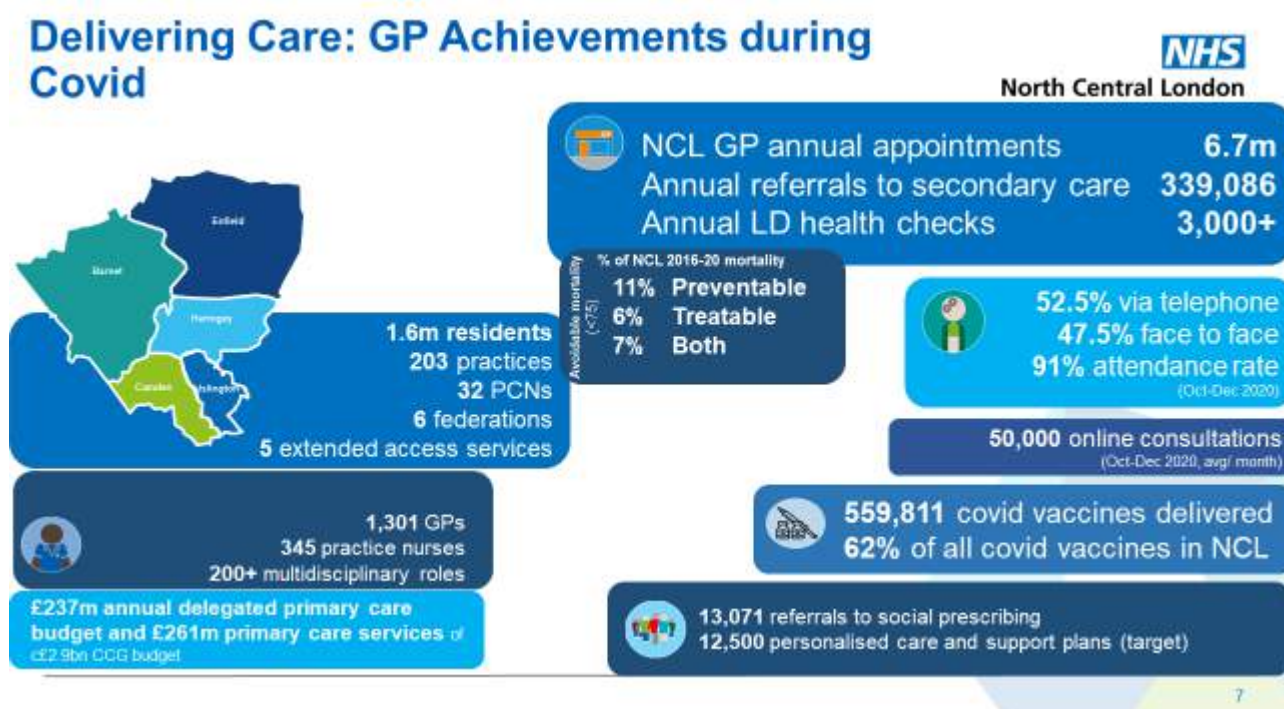
The increase in demand has occurred because of a number of factors including longer waiting times across the system, the need to continue to monitor those with complex and long term conditions, and in the significant efforts of primary care in supporting the vaccination programme.

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

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

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

The plan also includes a snapshot of primary care achievements during the pandemic, during which the majority of NCL practices have continued to offer face to face appointments for those patients who needed them, and where it has been clinically necessary.



## 6. Primary Care Planning Priorities for 2021/22

In May 2021 NCL Integrated Care System submitted an operating plan from the first half of 2021/22, with the submission limited to the first half of the year in line with CCG allocations distributed. A plan for the full year will be submitted on receipt of our allocation as a system for the second half of the year.

Our operating plan submission focused on the following areas:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention;
- Continuing to meet the needs of patients with Covid-19;
- Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services;
- Restore full operation of all cancer services;
- Expand and improve mental health services;
- Expand and improve services for people with a learning disability and/or autism;
- Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review;
- Restoring and increasing access to primary care services;

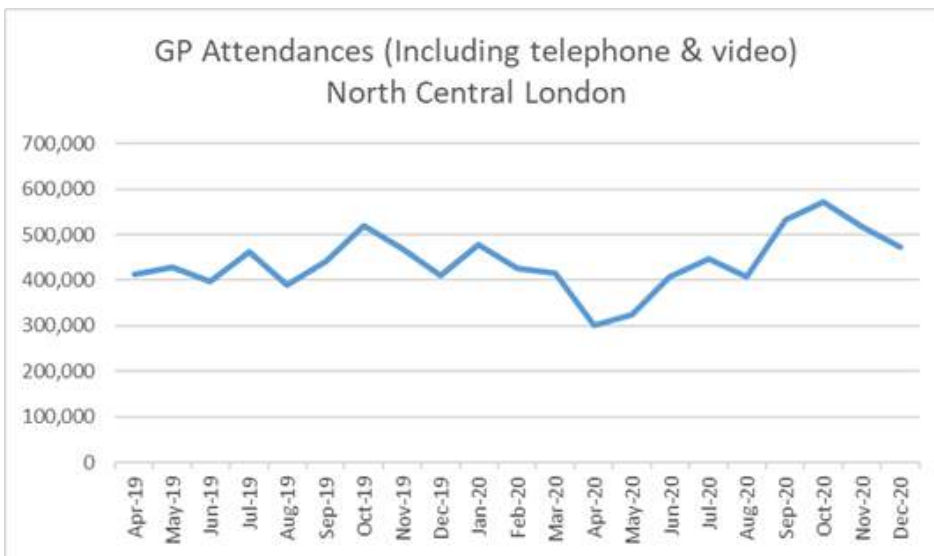
- Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities;
- Transforming community services and improve discharge;
- Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments;
- Working collaboratively across systems to deliver on these priorities.

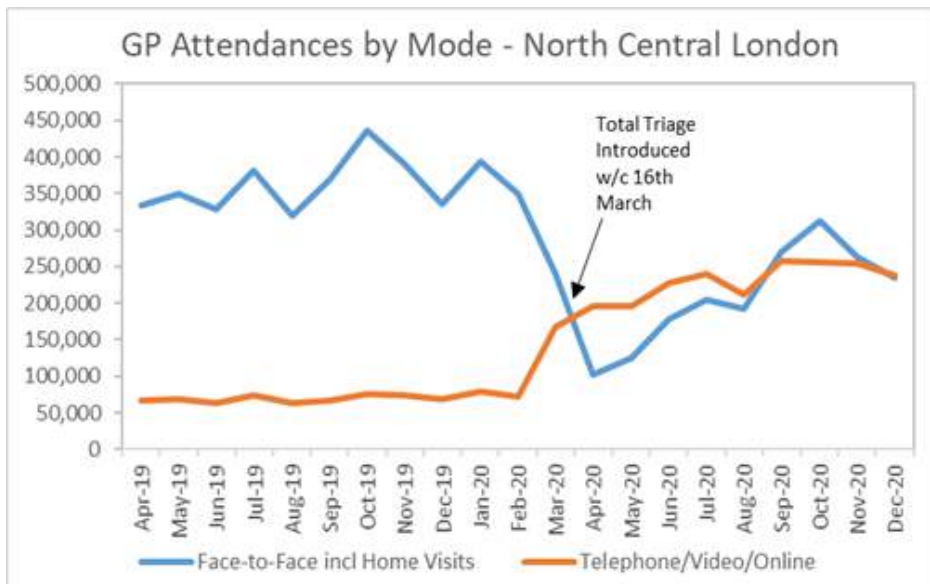
The area of the operating plan falling within the remit of the Committee focuses on restoring and increasing access to primary care services, with Integrated Care Systems being asked how they will be getting practice appointment levels to appropriate pre-pandemic levels.

Our operating response is set out below and picks out many of the themes included in our primary care recovery programme including managing demand and access, digital inclusion and remote monitoring, reducing inequalities and the switch to a total triage operating model at the outset of the pandemic.

**Operating Plan for 2021/22 - Restoring and increasing access to primary care services**

National GP appointment data shows that across NCL, GP appointment levels are already exceeding pre-pandemic levels. We note the shift in appointment modalities: pre-Covid approximately 16% of GP appointments were conducted via telephone/video/online. Following the introduction of the Total Triage model in mid-March 2020, the proportion of non-face-to-face appointments increased to 66% in April. The proportion has decreased since but remains at least 45% of total appointments as of December 2020. During the pandemic the CCG monitored access using weekly practice sitreps to ensure that demand and capacity issues were flagged early, and any disruption in practice continuity due to COVID-19 outbreaks was managed in line with local BCPs and NCL’s outbreak protocols for COVID-19. The charts below show rolling appointment capacity (overall and split by modality).





NCL CCG is currently engaging with member practices to determine its strategic priorities for primary care recovery, and with other stakeholders to ensure this is integrated into system recovery and not undertaken in isolation. Practice/workforce resilience and improving access have both been identified as early themes, and short, medium and long term priorities, outcome measures and interdependencies have begun to be outlined for these areas.

Our recovery work will also focus on health inequalities, and ensure equitable provision of core areas of primary care e.g. vacs and imms, LD health checks, referrals into secondary care and use of clinical advice and guidance, acknowledging that many of these areas of delivery did not stop during the pandemic and some (e.g. flu vaccination), have improved.

We are also working with practices to identify how best to support them to manage online consultation demand and capacity which is an emerging issue as UK lockdown eases, with a focus on supporting practices over upcoming bank holiday weekends. This work will be driven by practice and PCN level data and dashboards to monitor progress and allow targeted support where required. All of this work supports initiatives started last year to support practices during the height of the COVID-19 pandemic and is supported by both income protection on locally commissioned services and the General Practice Covid Capacity funding.

Whilst this work develops, we continue to work on reducing unwarranted variation in access to primary care and support to manage new forms of demand emerging after the pandemic. This includes participation in the national improving access offer, as well piloting NHS England's Blood Pressure at home programme which will increase the number of patients who are able to self-manage their long-term conditions (LTCs) at home.

Our Digital First programme team are working with practices on reviewing telephony and practice websites to support patients with accessing care when needed. This builds on existing work to support digital working undertaken during the pandemic including the support given to practices to mobilised the Total Triage approach, and provision of additional laptops for primary care to ensure that new staff recruited via the Additional Roles Reimbursement Scheme (ARRS) are able to work remotely. We also have a partnership in place with Redmoor Health which specialises in supporting staff across health and social care to deploy technology, to support practices with digital integration. This builds on successful work by the Haringey primary care team working with practices and other stakeholders on digital inclusion, ensuring that the increased focus on virtual working does not create or exacerbate health inequalities. Learning from this work is already being shared across NCL boroughs.

Barnet Directorate		Practice	Practice Demographics			Quality						Workforce				Efficiency				Patient Experience				Finance	Patients Online				Extended Access															
AUGUST 2021			Practice Name	Practice United IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Well led	Written complaints (Total) 2018/19	Written complaints (via NHSE) 2018/19	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QOF Achievement 19/20 (%)	QOF Personalised Care Adjustment Rate 19/20	List size - July 21		Annual List Size Change July 20 - July 21	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos <=6, no data = zero return)	GPPS - Good overall experience of GP practice	GPPS - Easy to get through by phone (* = nos <10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (* = nos <10; * = < 0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 21)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)					
1	E83003	Oakleigh Road Health Centre																						Del																GMS	✗	4	7.4%	70%
2	E83005	Lichfield Grove Surgery	Del	PMS	✗	5 - Least Deprived	4.8%	64%	●	●	●	●	●	●	●	●	●	●	8	1	Small-medium	15%	3%	100%	2,315	19,778	98.5	7.6	6388	0.8%	no data	93%	72%	90%	£135	✓	58%	115	✓	58%	228	FULL	7	✓
3	E83006	Greenfield Medical Centre	Del	PMS	✗	3	5.6%	58%	●	●	●	●	●	●	●	●	●	●	5	0	Medium-large	17%	0%	58%	2,857	ND	97.5	4.4	7072	4.1%	no data	85%	78%	81%	£153	✓	38%	0	✓	38%	267	FULL	7	✓
4	E83007	Squires Lane Medical Practice	Del	GMS	✗	3	6.6%	59%	●	●	●	●	●	●	●	●	●	●	7	2	Single-handed	0%	100%		6,050	17,800	99.0	6.2	5631	-3.7%	71%	66%	37%	65%	£129	✓	37%	0	✓	37%	148	FULL	7	✓
5	E83008	Heathfield Medical Centre	Del	PMS	✗	5 - Least Deprived	7.6%	78%	●	●	●	●	●	●	●	●	●	●	9	0	Medium-large	50%	4%	15%	3,659	5,449	95.0	2.8	8909	2.5%	no data	82%	79%	75%	£142	✓	49%	0	✓	49%	407	FULL	7	✓
6	E83009	PHGH Doctors	Del	PMS	✗	5 - Least Deprived	8.4%	75%	●	●	●	●	●	●	●	●	●	●	24	2	Medium-large	25%	4%	100%	3,280	11,474	95.6	5.2	11571	3.2%	87%	85%	71%	81%	£146	✓	43%	0	✓	43%	820	FULL	7	✓
7	E83010	The Speedwell Practice	Del	PMS	✗	4	6.7%	63%	●	●	●	●	●	●	●	●	●	●	38	0	Medium-large	13%	0%	36%	2,096	4,539	97.3	4.4	11000	-2.4%	77%	66%	47%	68%	£144	✓	39%	149	✓	39%	470	FULL	7	✓
8	E83011	The Everglade Medical Practice	Del	GMS	✗	2	2.9%	42%	●	●	●	●	●	●	●	●	●	●	1	1	Medium-large	21%	0%	0%	2,170	8,080	96.9	9.2	9397	6.9%	74%	74%	54%	64%	£129	✓	19%	0	✓	19%	228	FULL	7	✓
9	E83012	The Old Courthouse Surgery	Del	GMS	✗	4	8.7%	77%	●	●	●	●	●	●	●	●	●	●	0	0	Medium-large	0%	0%	0%	1,478	8,624	99.7	7.0	8434	0.3%	85%	83%	78%	83%	£130	✓	no data	0	✓	33%	178	PARTIAL	6	✓
10	E83013	Cornwall House Surgery	Del	GMS	✗	5 - Least Deprived	8.2%	63%	●	●	●	●	●	●	●	●	●	●	0	0	Medium-large	33%	0%	0%	1,215	19,885	94.7	6.2	5820	-3.0%	86%	69%	46%	69%	£133	✓	30%	0	✓	29%	168	FULL	7	✓
11	E83016	Millway Medical Practice	Del	PMS	✗	4	7.3%	65%	●	●	●	●	●	●	●	●	●	●	64	0	Large	2%	1%	12%	1,851	6,026	99.9	6.7	18991	2.9%	no data	81%	44%	84%	£159	✓	94%	44	✓	94%	1001	FULL	7	✓
12	E83017	Longrove Surgery	Del	PMS	✗	4	8.6%	79%	●	●	●	●	●	●	●	●	●	●	17	2	Large	29%	0%	53%	1,992	9,886	96.0	4.3	17381	51.9%	no data	78%	63%	74%	£145	✓	32%	0	✓	32%	1119	FULL	7	✓
13	E83018	Watling Medical Centre	Del	GMS	✗	3	6.1%	51%	●	●	●	●	●	●	●	●	●	●	20	0	Large	7%	0%	0%	1,362	7,535	97.7	7.3	16787	1.8%	85%	62%	78%	£128	✓	35%	1	✓	34%	943	FULL	7	✓	
14	E83020	St George's Medical Centre	Del	PMS	✗	4	5.9%	60%	●	●	●	●	●	●	●	●	●	●	1	1	Medium-large	0%	13%	0%	1,872	5,942	97.1	4.7	11664	-1.3%	no data	83%	46%	73%	£142	✓	22%	0	✓	47%	832	FULL	7	✓
15	E83021	Torrington Park Group Practice	Del	PMS	✗	4	9.1%	63%	●	●	●	●	●	●	●	●	●	●	9	0	Medium-large	27%	0%	55%	2,210	10,497	93.7	8.6	12358	0.4%	100%	85%	56%	81%	£133	✓	no data	0	✓	45%	509	FULL	7	✓
16	E83024	St Andrews Medical Practice	Del	PMS	✗	5 - Least Deprived	9.4%	72%	●	●	●	●	●	●	●	●	●	●	2	2	Large	15%	0%	48%	1,312	4,269	98.4	4.8	11299	1.1%	no data	79%	56%	79%	£160	✓	57%	10	✓	56%	763	FULL	7	✓
17	E83025	Pennine Drive Practice	Del	GMS	✗	3	5.8%	55%	●	●	●	●	●	●	●	●	●	●	9	2	Small-medium	24%	0%	0%	2,283	7,742	94.7	6.7	8647	-2.8%	no data	68%	56%	68%	£136	✓	13%	0	✓	13%	217	FULL	7	✓
18	E83026	Supreme Medical Centre	Del	GMS	✗	5 - Least Deprived	8.3%	65%	●	●	●	●	●	●	●	●	●	●	2	0	Small-medium	76%	0%	0%	2,184	5,533	92.0	4.4	4419	0.7%	no data	83%	67%	77%	£136	✓	36%	0	✓	36%	178	FULL	7	✓
19	E83027	The Practice @ 188	Del	PMS	✗	4	8.9%	69%	●	●	●	●	●	●	●	●	●	●	10	1	Small-medium	7%	39%	0%	3,503	ND	96.7	6.2	8833	6.8%	no data	59%	57%	59%	£135	✓	24%	62	✓	24%	227	FULL	7	✓
20	E83028	Parkview Surgery	Del	PMS	✗	2	3.1%	47%	●	●	●	●	●	●	●	●	●	●	6	0	Small-medium	40%	17%	100%	2,744	11,038	87.2	4.1	6602	-1.0%	no data	85%	83%	79%	£135	✓	22%	20	✓	22%	145	FULL	7	✓
21	E83030	Penshurst Gardens Surgery	Del	GMS	✗	4	9.9%	61%	●	●	●	●	●	●	●	●	●	●	33	0	Medium-large	0%	0%	0%	1,684	7,455	97.4	5.6	6579	-2.6%	no data	66%	23%	64%	£131	✓	67%	14	✓	66%	495	no data	-	✓
22	E83031	The Village Surgery	Del	PMS	✗	4	8.9%	76%	●	●	●	●	●	●	●	●	●	●	1	0	Small-medium	42%	3%	100%	2,972	7,633	94.6	3.7	5302	0.5%	no data	85%	81%	78%	£133	✓	no data	0	✓	24%	246	FULL	7	✓
23	E83032	Oak Lodge Medical Centre	Del	GMS	✗	3	4.1%	43%	●	●	●	●	●	●	●	●	●	●	32	0	Large	0%	0%	11%	1,504	5,819	99.3	10.4	17916	-1.0%	no data	88%	44%	76%	£137	✓	52%	0	✓	52%	456	FULL	7	✓
24	E83034	Mulkis Hb-The Surgery	Del	GMS	✗	3	6.5%	69%	●	●	●	●	●	●	●	●	●	●	0	0	Single-handed	100%	0%	100%	5,272	7,322	96.6	4.5	5302	-0.7%	no data	88%	78%	78%	£127	✓	36%	146	✓	36%	275	FULL	7	✓
25	E83035	Wentworth Medical Practice	Del	PMS	✗	4	6.8%	59%	●	●	●	●	●	●	●	●	●	●	24	2	Medium-large		0%	0%	2,018	5,168	94.2	2.6	12753	6.4%	86%	71%	44%	81%	£150	✓	35%	0	✓	35%	393	FULL	7	✓
26	E83037	Derwent Crescent Medical Centre	Del	PMS	✗	5 - Least Deprived	8.6%	68%	●	●	●	●	●	●	●	●	●	●	4	0	Small-medium	41%	15%	52%	1,744	4,996	99.8	5.3	5596	0.9%	no data	88%	83%	82%	£133	✓	87%	0	✓	87%	326	FULL	7	✓
27	E83038	Jai Medical Centre	Del	GMS	✗	3	8.1%	50%	●	●	●	●	●	●	●	●	●	●	8	0	Small-medium	31%	0%	76%	4,902	3,327	94.9	5.0	8817	4.2%	no data	80%	72%	82%	£128	✓	20%	0	✓	20%	122	FULL	7	✓
28	E83039	Ravenscroft Medical Centre	Del	PMS	✗	4	4.4%	62%	●	●	●	●	●	●	●	●	●	●	2	0	Small-medium		0%	100%	2,321	4,748	92.3	2.9	5539	-3.0%	no data	82%	81%	75%	£161	✓	no data	0	✓	12%	84	FULL	7	✓
29	E83041	Wakeman's Hill Surgery	Del	GMS	✗	3	5.3%	40%	●	●	●	●	●	●	●	●	●	●	8	1	Small-medium	0%	34%	0%	3,661	7,029	93.7	5.8	4361	-2.9%	no data	80%	69%	82%	£131	✓	17%	20	✓	17%	34	FULL	7	✓
30	E83044	Addington Medical Centre	Del	GMS	✗	4	8.2%	76%	●	●	●	●	●	●	●	●	●	●	8	0	Medium-large	50%	0%	76%	2,693	ND	96.8	4.2	9457	-0.5%	90%	88%	74%	77%	£120	✓	33%	151	✓	33%	87	FULL	7	✓
31	E83045	Friern Barnet Medical Centre	Del	GMS	✗	4	6.0%	63%	●	●	●	●	●	●	●	●	●	●	2	2	Medium-large	42%	0%	100%	2,175	6,584	98.6	5.8	9609	1.2%	no data	78%	59%	72%	£129	✓	27%	0	✓	27%	302	PARTIAL	5	✓
32	E83046	Mulberry Medical Practice	Del	GMS	✗	3	5.2%	53%	●	●	●	●	●	●	●	●	●	●	31	1	Medium-large	23%	0%	26%	2,462	6,232	93.2	11.2	9359	-3.0%	no data	54%	37%	56%	£131	✓	26%	0	✓	26%	278	no data	-	✓
33	E83049	Langstone Way Surgery	Del	PMS	✗	4	5.4%	59%	●	●	●	●	●	●	●	●	●	●	48	2	Medium-large	30%	0%	34%	2,315	2,197	93.3	8.2	8700	3.3%	no data	64%	39%	73%	£157	✓	no data	0	✓	23%	312	FULL	7	✓
34	E83050	East Finchley Medical Centre	Del	GMS	✗	5 - Least Deprived	6.4%	77%	●	●	●	●	●	●	●	●	●	●	12	0	Medium-large	0%	0%	0%	2,586	9,375	88.3	3.0	7933	-1.2%	no data	74%	60%	85%	£118	✓	24%	0	✓	25%	285	no data	-	✓
35	E83053	Lane End Medical Group	Del	GMS	✗	4	7.7%	60%	●	●	●	●	●	●	●	●	●	●	15	1	Large	18%	0%		1,352	9,373	96.5	6.8	13626	2.2%	93%	80%	65%	83%	£146	✓	49%	0	✓	42%	651	FULL	7	✓
36	E83600	Adler Js-The Surgery	Del	GMS	✗	4	4.4%	73%	●	●	●	●	●	●	●	●	●	●			Small-medium	50%	24%	0%	2,296	6,051	78.7	1.7	6469	2.4%	100%	97%	95%	90%	£135	✓	no data	0	✓	26%	232	FULL		

Camden Directorate AUGUST 2021		Practice			Practice Demographics			Quality					Workforce				Efficiency				Patient Experience				Finance		Patients Online				Extended Access										
Practice Code	Practice Name	Co-commissioning model	Contract Type	Dispensing Practice	Practice Linked (NPD 9319 National Quinlity)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Well led	Written complaints (Total) 2018/19		Written complaints (via NHS) 2018/19	Practice Size (based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QoF Achievement 19/20 (%)	QoF Personalised Care Adjustment (Feb 19/20)	Let size - July 21	Annual List Size Change July 20 - July 21	FFI - % 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 by practice ( = nos < 10; = < 0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Pop with online appointment enabled	Total no. of transactions using online appointments service (Mar 21)	Order Request Prescriptions Online Enabled	% of Pop with order request prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)	
														5 - Least Deprived	3																										1
1	F83003	Park End Surgery	Del	PMS	X	5 - Least Deprived	9.3%	79%						5	0	Large	14%	0%	0%	884	14,627	98.1	3.1	7,332	3.2%	no data	94%	93%	91%	£146		68%	0		68%	359	FULL	7	✓		
2	F83005	Gower Street Practice	Del	GMS	X	3	1.3%	61%						7	2	Medium-large	55%	0%	0%	2,439	ND	94.1	4.3	7,540	-11.0%	*	87%	98%	79%	£122		22%	81		22%	87	FULL	7	✓		
3	F83006	Amphill Practice	Del	GMS	X	2	4.5%	55%						1	1	Medium-large	25%	0%	0%	1,200	7,573	94.8	3.1	7,537	-3.0%	no data	81%	75%	90%	£151		22%	11		19%	340	FULL	7	✓		
4	F83011	Primrose Hill Surgery	Del	GMS	X	4	6.6%	79%						14	1	Medium-large	0%	7%		1,575	ND	95.5	2.3	7,040	4.8%	NA	84%	70%	84%	£130		31%	1		31%	292	FULL	7	✓		
5	F83017	Hampstead Group Practice	Del	PMS	X	7	5.3%	73%						27	0	Large	7%	0%	0%	1,040	6,830	92.7	3.0	17,693	11.5%	96%	89%	90%	£164		34%	0		34%	521	FULL	7	✓			
6	F83018	Prince Of Wales Group Surgery	Del	PMS	X	2	5.0%	63%						19	0	Large	22%	10%	55%	981	4,729	93.6	5.5	9,027	1.8%	no data	77%	62%	68%	£166		33%	0		33%	151	FULL	7	✓		
7	F83019	Abbey Medical Centre	Del	GMS	X	3	5.2%	62%						19	0	Large	11%	0%	0%	1,423	ND	98.6	3.3	12,253	2.2%	88%	82%	60%	£147		34%	0		34%	245	PARTIAL	1	✓			
8	F83020	Adelaide Medical Centre	Del	GMS	X	4	6.8%	71%						14	0	Large	12%	1%	60%	1,529	6,831	99.5	8.2	11,938	1.0%	*	94%	91%	92%	£137		no data	0		50%	268	FULL	7	✓		
9	F83022	Caversham Group Practice	Del	GMS	X	3	4.8%	70%						38	0	Large	46%	0%	0%	1,001	5,905	94.5	3.1	16,234	2.9%	no data	90%	81%	82%	£145		27%	5		27%	555	PARTIAL	2	✓		
10	F83023	James Wigg Practice	Del	PMS	X	2	4.0%	67%						91	3	Large	13%	3%	17%	1,151	5,350	91.9	5.0	21,960	0.2%	100%	90%	70%	£196		no data	0		27%	610	FULL	7	✓			
11	F83025	The Regents Park Practice	Del	PMS	X	2	4.9%	52%						8	0	Medium-large	0%	0%	35%	854	6,069	92.9	3.4	6,123	1.3%	no data	84%	83%	74%	£160		17%	9		16%	276	FULL	7	✓		
12	F83042	Grays Inn Road Medical Centre	Del	PMS	X	3	2.1%	58%						13	0	Medium-large	30%	0%	100%	1,294	ND	98.4	10.3	7,152	-0.9%	86%	92%	83%	£136		23%	31		23%	80	FULL	7	✓			
13	F83043	Ridgmount Practice	Del	GMS	X	3	0.4%	59%						8	0	Large	29%	0%		2,128	5,675	99.4	9.3	17,239	-6.7%	76%	81%	100%	£144		49%	106		49%	37	FULL	7	✓			
14	F83044	The Bloomsbury Surgery	Del	GMS	X	2	3.8%	52%						1	1	Medium-large	0%	3%	0%	1,093	ND	94.6	3.2	4,894	14.9%	100%	86%	90%	£131		no data	0		43%	73	PARTIAL	6	✓			
15	F83048	Brunswick Medical Centre Uhpcc	Del	APMS	X	3	2.9%	56%						6	0	Medium-large	0%	43%	0%	4,542	ND	98.9	11.3	7,139	4.1%	87%	77%	73%	£161		40%	0		40%	86	FULL	7	✓			
16	F83050	Fortune Green Road Surgery	Del	GMS	X	4	6.1%	69%						1	0	Small-medium	0%	31%	0%	2,092	24,383	98.0	7.7	2,983	3.9%	*	84%	85%	80%	£136		24%	0		24%	66	FULL	7	✓		
17	F83052	Brookfield Park Surgery	Del	GMS	X	3	5.8%	77%						8	2	Small-medium	35%	0%	0%	1,301	ND	99.3	4.7	3,627	1.1%	no data	83%	84%	79%	£138		33%	0		33%	96	FULL	7	✓		
18	F83055	West Hampstead Medical Centre	Del	PMS	X	4	2.9%	72%						30	1	Large	13%	0%	53%	2,022	14,274	96.4	4.8	19,308	10.2%	100%	86%	68%	£145		88%	4		84%	527	FULL	7	✓			
19	F83057	Parliament Hill Surgery	Del	PMS	X	3	4.3%	78%						7	1	Large	3%	0%	100%	934	20,279	98.7	3.0	7,796	1.1%	no data	92%	78%	83%	£141		50%	0		50%	208	FULL	7	✓		
20	F83058	Holborn Medical Centre	Del	PMS	X	3	2.1%	57%						14	0	Large	24%	12%	0%	1,256	19,813	97.3	3.8	11,970	-1.9%	89%	77%	87%	£154		24%	71		24%	126	FULL	7	✓			
21	F83059	Brondesbury Medical Centre	Del	PMS	X	2	3.0%	63%						35	0	Large	10%	0%	31%	1,764	ND	93.5	7.0	20,111	6.3%	no data	84%	79%	84%	£154		41%	0		38%	411	FULL	7	✓		
22	F83061	Museum Practice	Del	PMS	X	3	4.2%	63%						1	1	Medium-large	0%	10%		962	12,825	97.1	3.3	5,166	-1.6%	*	98%	99%	98%	£133		41%	131		41%	63	FULL	7	✓		
23	F83615	Cholmeley Gardens Surgery	Del	PMS	X	5 - Least Deprived	4.5%	73%						3	0	Medium-large	40%	0%	0%	1,735	18,640	95.8	2.2	7,968	-0.2%	*	88%	79%	72%	£134		21%	0		21%	169	FULL	7	✓		
24	F83623	Keats Group Practice	Del	PMS	X	5 - Least Deprived	5.9%	79%						9	1	Large	12%	0%	0%	1,414	10,677	96.7	2.1	13,431	6.3%	no data	89%	73%	89%	£165		44%	72		44%	555	FULL	7	✓		
25	F83632	Queens Crescent Practice	Del	GMS	X	5 - Least Deprived	2	4.1%	61%					3	0	Medium-large	5%	0%	0%	1,494	6,443	94.8	6.6	6,743	-6.7%	83%	78%	59%	£137		no data	0		14%	158	FULL	7	✓			
26	F83633	Daleham Gardens Health Centre	Del	PMS	X	5 - Least Deprived	4.8%	73%						3	0	Small-medium	0%	0%	0%	1,381	ND	96.1	4.8	4,353	22.3%	*	86%	91%	89%	£131		33%	66		33%	58	FULL	7	✓		
27	F83635	Kings Cross Surgery	Del	APMS	X	2	1.2%	51%						7	1	Small-medium	6%	15%	0%	3,183	ND	100.0	7.6	8,552	27.0%	78%	69%	74%	£118		33%	0		33%	161	FULL	7	✓			
28	F83658	Belsize Priory Medical Practice (Group)	Del	GMS	X	3	4.6%	62%						1	1	Small-medium	76%	19%		1,704	ND	97.7	4.5	4,588	5.1%	no data	85%	88%	81%	£130		33%	46		33%	55	FULL	7	✓		
29	F83665	Swiss Cottage Surgery	Del	GMS	X	4	2.7%	66%						21	2	Large	0%	0%	40%	1,479	4,865	98.3	2.8	15,366	4.9%	*	93%	91%	90%	£164		52%	438		52%	215	FULL	7	✓		
30	F83672	St Philips Medical Centre	Del	GMS	X	3	0.4%	63%						3	0	Large	0%	9%		1,593	7,008	97.8	4.8	12,730	7.4%	no data	71%	96%	96%	£106		45%	0		45%	165	PARTIAL	6	✓		
31	F83683	Somers Town Medical Centre	Del	APMS	X	2	2.4%	48%						6	1	Single-handed	0%	33%		4,114	6,748	100.0	7.2	5729	18%	83%	79%	68%	£153		20%	0		20%	67	FULL	7	✓			
32	Y02674	Camden Health Improvement Practice	Del	APMS	X	2	0.7%							5	0	Small-medium	0%	4%	50%	353	757	84.4	10.1	552	-22%	no data	--	--	--	£1,052		3%	0		3%	0	NO	0	no data	-	-
33	Y03103	Medicus Select Care (SAS)	Del	APMS	X	0.0%																								£3,121		0%	0		0%	0	NO	0	-	-	

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

Enfield Directorate AUGUST 2021		Practice			Practice Demographics			Quality						Workforce				Efficiency				Patient Experience				Finance	Patients Online				Extended Access								
Practice Code	Practice Name	Co-commissioning model	Contract Type	Dispensing Practice	Practice Linked IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Well led	Written complaints (Total) 2018/19	Written complaints (via NHSE) 2018/19	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE nurse	QOF Achievement 19/20 (%)	QOF Personalised Care Adjustment Rate 19/20	List size - July 21	Annual List Size Change July 20 - July 21	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos <6; no data = zero return)	GPPS - Good overall experience of GP practice	GPPS - Easy to get through by phone (* = nos <10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (* = nos <10; * = < 0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 21)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)
1	F85002	Forest Rd Group Practice	Del	PMS	X	1 - Most deprived	5.1%	44%	●	●	●	●	●	27	0	Large	21%	0%	23%	2,053	7,413	97.7	3.8	91,359	579.6%	83%	72%	55%	71%	£183	✓	14%	0	✓	14%	1272	FULL	7	✓
2	F85003	Riley House Surgery	Del	PMS	X	1 - Most deprived	6.5%	60%	●	●	●	●	●	34	1	Medium-large	55%	#N/A	27%	#N/A	#N/A	96.4	0.0	#N/A	#N/A	no data	73%	38%	55%	£150	✓			✓			PARTIAL	1	✓
3	F85004	Eagle House Surgery	Del	PMS	X	1 - Most deprived	6.0%	53%	●	●	●	●	●	3	3	Medium-large	29%	0%	100%	1,979	3,651	94.9	4.3	13,117	-1.4%	79%	67%	33%	73%	£148	✓	28%	0	✓	28%	383	PARTIAL	4	✓
4	F85010	Keats Surgery	Del	GMS	X	2	6.7%	52%	●	●	●	●	●	1	1	Small-medium	100%	0%	100%	2,584	3,864	93.4	4.1	5,086	-1.5%	93%	71%	74%	77%	£107	✓	18%	0	✓	18%	102	PARTIAL	6	✓
5	F85016	Cockfosters Medical Centre	Del	GMS	X	5 - Least Deprived	10.8%	76%	●	●	●	●	●	10	0	Medium-large	67%	6%	100%	1,797	10,782	91.5	1.6	6,846	1.4%	no data	80%	70%	82%	£123	✓	19%	4	✓	19%	109	FULL	7	✓
6	F85020	The Woodberry Practice	Del	PMS	X	4	7.7%	74%	●	●	●	●	●	13	1	Medium-large	3%	0%	50%	2,633	6,811	98.0	6.1	9,120	1.2%	no data	86%	74%	88%	£145	✓	31%	0	✓	31%	351	FULL	7	✓
7	F85023	The Ordnance Unity Centre For Health	Del	APMS	X	1 - Most deprived	2.8%	57%	●	●	●	●	●	45	3	Small-medium	0%	ND	0%	ND	ND	100.0	8.9	11,352	8.4%	98%	74%	59%	63%	£177	✓	21%	197	✓	21%	179	no data	-	✓
8	F85024	Dean House Surgery	Del	PMS	X	2	5.8%	51%	●	●	●	●	●	5	1	Single-handed	100%	#N/A		#N/A	#N/A	98.2	7.0	#N/A	#N/A	no data	82%	84%	83%	£152	✓						NO	0	✓
9	F85025	White Lodge Medical Practice	Del	PMS	X	4	8.4%	78%	●	●	●	●	●	18	1	Large	18%	0%	13%	1,318	8,223	97.2	3.3	11,567	2.3%	90%	92%	76%	85%	£150	✓	40%	0	✓	40%	752	FULL	7	✓
10	F85027	Carlton House Surgery	Del	GMS	X	3	8.5%	80%	●	●	●	●	●	34	0	Large	11%	#N/A	0%	#N/A	#N/A	99.0	0.0	#N/A	#N/A	no data	86%	45%	75%	£144	✓						PARTIAL	4	✓
11	F85029	Abernethy House Surgery	Del	PMS	X	4	10.1%	79%	●	●	●	●	●	10	0	Large	27%	0%	51%	1,477	5,068	99.6	4.8	12,899	-1.8%	94%	91%	80%	88%	£143	✓	36%	32	✓	35%	1000	FULL	7	✓
12	F85032	Southgate Surgery	Del	PMS	X	4	7.6%	69%	●	●	●	●	●	19	0	Large	44%	0%	0%	2,182	13,247	83.3	3.8	10,211	1.7%	87%	77%	57%	75%	£133	✓	23%	146	✓	23%	405	no data	-	✓
13	F85033	Winchmore Hill Practice	Del	PMS	X	5 - Least Deprived	9.2%	76%	●	●	●	●	●	47	3	Large	0%	0%	58%	2,179	9,778	94.4	:	22,114	30.0%	79%	78%	62%	76%	£158	✓	55%	321	✓	54%	1096	FULL	7	✓
14	F85035	Highlands Practice	Del	GMS	X	5 - Least Deprived	9.4%	73%	●	●	●	●	●	1	1	Large	0%	0%		1,421	7,583	83.6	2.4	11,168	2.2%	no data	81%	46%	84%	£131	✓	10%	131	✓	10%	313	PARTIAL	5	✓
15	F85036	Willow House Surgery	Del	GMS	X	3	6.0%	74%	●	●	●	●	●	6	1	Small-medium	38%	#N/A	0%	#N/A	#N/A	98.1	0.0	#N/A	#N/A	100%	95%	94%	91%	£124	✓						FULL	7	✓
16	F85039	Rainbow Practice	Del	PMS	X	1 - Most deprived	4.1%	43%	●	●	●	●	●	2	0	Small-medium	29%	29%	0%	3,529	8,522	97.1	6.1	6,131	5.2%	82%	82%	64%	80%	£180	✓	23%	28	✓	23%	127	PARTIAL	6	✓
17	F85043	Boundary Court Surgery	Del	APMS	X	1 - Most deprived	3.4%	42%	●	●	●	●	●	2	0	Small-medium	0%	30%	0%	2,781	7,679	97.3	3.4	3,928	-5.0%	no data	88%	70%	75%	£148	✓	20%	145	✓	19%	67	FULL	7	✓
18	F85044	The Bounces Road Surgery	Del	GMS	X	1 - Most deprived	4.4%	44%	●	●	●	●	●	4	0	Medium-large	0%	0%	0%	2,875	5,258	96.9	3.0	5,818	3.0%	100%	76%	72%	80%	£145	✓	21%	2	✓	21%	45	FULL	7	✓
19	F85048	Moorfield Road Health Centre	Del	GMS	X	1 - Most deprived	4.7%	59%	●	●	●	●	●	0	0	Small-medium	70%	#N/A	0%	#N/A	#N/A	90.3	0.0	#N/A	#N/A	no data	79%	62%	79%	£125	✓						PARTIAL	2	✓
20	F85055	Connaught Surgery	Del	GMS	X	3	8.8%	63%	●	●	●	●	●	11	0	Small-medium	0%	#N/A	0%	#N/A	#N/A	96.1	0.0	#N/A	#N/A	no data	70%	82%	83%	£124	✓						PARTIAL	6	✓
21	F85058	Nightingale House Surgery	Del	PMS	X	2	5.7%	49%	●	●	●	●	●	25	0	Small-medium	20%	0%	100%	2,257	3,082	97.1	4.3	6,768	0.8%	83%	86%	82%	79%	£143	✓	19%	36	✓	18%	91	PARTIAL	4	✓
22	F85072	Grovelands Medical Centre	Del	PMS	X	3	7.3%	64%	●	●	●	●	●	2	0	Small-medium	40%	41%	100%	3,677	10,067	88.8	4.2	10,760	0.6%	no data	74%	67%	67%	£138	✓	15%	0	✓	15%	165	FULL	7	✓
23	F85076	Freezywater Primary Care Centre	Del	PMS	X	2	5.7%	62%	●	●	●	●	●	20	8	Medium-large	16%	#N/A	58%	#N/A	#N/A	92.9	0.0	#N/A	#N/A	80%	41%	12%	51%	£136	✓						PARTIAL	2	✓
24	F85625	Bincote Surgery	Del	PMS	X	4	8.2%	77%	●	●	●	●	●	0	0	Medium-large	69%	8%	0%	2,076	12,248	88.3	3.2	6,559	1.8%	93%	88%	68%	82%	£133	✓	38%	0	✓	37%	365	PARTIAL	2	✓
25	F85634	East Enfield Practice	Del	PMS	X	1 - Most deprived	2.3%	51%	●	●	●	●	●	3	1	Small-medium	0%	0%	100%	2,205	6,285	99.4	4.8	7,694	137.6%	no data	77%	65%	76%	£145	✓	32%	0	✓	33%	70	PARTIAL	1	✓
26	F85642	The North London Health Centre	Del	GMS	X	4	7.0%	67%	●	●	●	●	●	6	0	Medium-large	0%	0%	35%	2,275	6,756	95.9	3.9	8,834	0.4%	90%	77%	55%	81%	£121	✓	28%	9	✓	28%	425	no data	-	✓
27	F85650	Morecambe Surgery	Del	GMS	X	2	6.3%	51%	●	●	●	●	●	8	0	Small-medium		10%	100%	2,424	7,182	98.6	4.9	5,200	2.6%	96%	67%	59%	67%	£124	✓	25%	1	✓	25%	215	FULL	7	✓
28	F85652	Southbury Surgery	Del	PMS	X	3	5.5%	73%	●	●	●	●	●	5	0	Small-medium	100%	#N/A	100%	#N/A	#N/A	99.7	0.0	#N/A	#N/A	no data	74%	69%	89%	£140	✓						FULL	7	✓
29	F85656	Bush Hill Park Med Centre	Del	GMS	X	3	6.3%	68%	●	●	●	●	●	3	0	Small-medium	50%	#N/A		#N/A	#N/A	99.8	0.0	#N/A	#N/A	no data	78%	81%	87%	£127	✓						FULL	7	✓
30	F85663	Latimer Road Surgery	Del	GMS	X	2	7.3%	47%	●	●	●	●	●	2	2	Small-medium	34%	0%	0%	2,029	4,261	95.7	2.4	4,568	0.9%	no data	65%	56%	72%	£134	✓	20%	0	✓	20%	182	FULL	7	✓
31	F85666	Edmonton Medical Centre	Del	PMS	X	1 - Most deprived	5.6%	43%	●	●	●	●	●	4	0	Small-medium	0%	47%	100%	1,623	5,814	98.5	6.4	3,713	-0.7%	93%	83%	67%	79%	£149	✓	21%	33	✓	21%	54	FULL	7	✓
32	F85676	Boundary House Surgery	Del	PMS	X	1 - Most deprived	4.7%	46%	●	●	●	●	●	7	0	Small-medium	19%	0%	100%	6,606	1,312	98.1	3.8	5,334	3.6%	91%	74%	62%	75%	£162	✓	21%	0	✓	20%	55	PARTIAL	2	✓
33	F85678	Town Surgery	Del	PMS	X	3	3.1%	71%	●	●	●	●	●	4	0	Small-medium	31%	0%	100%	1,726	20,822	95.4	5.3	4,486	1.6%	no data	81%	87%	76%	£138	✓	25%	0	✓	24%	98	FULL	7	✓
34	F85681	Green Street Surgery	Del	PMS	X	1 - Most deprived	6.1%	57%	●	●	●	●	●	2	0	Single-handed	100%	#N/A	100%	#N/A	#N/A	97.4	0.0	#N/A	#N/A	50%	85%	57%	77%	£136	✓						PARTIAL	1	✓
35	F85682	Chalfont Road Surgery	Del	APMS	X	1 - Most deprived	3.6%	46%	●	●	●	●	●	9	1	Small-medium	0%	100%	100%	2,206	8,633	97.8	5.5	4,277	-6.4%	no data	76%	48%	67%	£160	✓	24%	108	✓	23%	86	FULL	7	✓
36	F85684	Curzon Avenue Surgery	Del	GMS	X	1 - Most deprived	3.9%	50%	●	●	●	●	●	14	1	Medium-large	40%	#N/A	0%	#N/A	#N/A	96.2	0.0	#N/A	#N/A	no data	85%	39%	89%	£126	✓						PARTIAL	3	✓
37	F85686	Trinity Avenue Surgery	Del	PMS	X	3	6.7%	66%	●	●	●	●	●	3	0	Small-medium	0%	#N/A		#N/A	#N/A	94.2	3.7	#N/A	#N/A	71%	68%	55%	68%	£128	✓						PARTIAL	4	✓
38	F85687	Oakwood Medical Centre	Del	PMS	X	4	7.3%	71%	●	●	●	●	●	19	1	Medium-large	19%	0%	0%	1,864	6,632	94.7	3.7	7,767	3.7%	83%	75%	61%	66%	£147	✓	18%	0	✓	18%	193	FULL	7	✓
39	F85700	Amos Grove Medical Centre	Del	PMS	X	3	3.9%	61%	●	●	●	●	●	4	1	Small-medium	43%	50%	100%	4,061	5,529	96.7	12.5	7,072	8.4%	no data	58%	47%	67%	£123	✓	no data	0	✓	21%	108	FULL	7	✓
40	F85701	Gillan House Surgery	Del	GMS	X	3	4.9%	66%	●	●	●	●	●	5	1	Medium-large	41%	0%	100%	2,291	11,703	97.6	3.1	11,747	3.8%	84%	83%	70%	82%	£128	✓	26%	0	✓	26%	329	FULL	7	✓
41	F85703	Lincoln Road Med Practice	Del	PMS	X	2	3.2%	61%	●	●	●	●	●	2	2	Medium-large	23%	#N/A	100%	#N/A	#N/A	98.9	0.0	#N/A	#N/A	88%	57%	41%	76%	£138	✓						PARTIAL	2	✓
42	F8																																						



Haringey Directorate AUGUST 2021				Practice		Practice Demographics				Quality						Workforce				Efficiency				Patient Experience				Finance		Patients Online				Extended Access					
Practice Code	Practice Name	Co-commissioning model	Contract Type	Dispensing Practice	Practice Linked IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	COC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Well led	Written complaints (Total) 2018/19	Written complaints (via NHSE) 2018/19	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QOF Achievement 19/20 (%)	QOF Personalised Care Adjustment Rate 19/20	List size - July 21	Annual List Size Change July 20 - July 21	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos <6; no data = zero return)	GPPS - Good overall experience of GP practice	GPPS - Easy to get through by phone (* = nos <10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (* = nos <10; * = < 0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 21)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full / Partial / No	No. of extended access days	Directed Enhanced Services (Extended Access payment)
1	F85007	Lawrence House Surgery	Del	PMS	X	1- Most deprived	3.4%	49%	●	●	●	●	●	34	1	Large	25%	6%	82%	1,215	6,404	95.6	6.0	15,779	-3.6%	82%	81%	69%	84%	£135	✓	no data	0	✓	57%	465	FULL	7	✓
2	F85008	Staunton Group Practice	Del	GMS	X	2	4.1%	57%	●	●	●	●	●	82	6	Medium-large	39%	59%	27%	3,040	6,580	97.1	5.2	13,185	-5.5%	70%	75%	57%	77%	No data	✓	no data	0	✓	15%	378	no data	-	✓
3	F85013	Tynemouth Medical Practice	Del	PMS	X	1- Most deprived	3.7%	44%	●	●	●	●	●	16	1	Medium-large	8%	0%	26%	1,642	2,655	97.1	5.7	9,085	-3.7%	75%	72%	45%	75%	£140	✓	no data	0	✓	no data	-	✓		
4	F85014	Highgate Group Practice	Del	PMS	X	4	7.4%	81%	●	●	●	●	●	13	1	Large	0%	0%	0%	1,704	6,632	92.8	4.2	16,662	3.2%	78%	94%	77%	87%	£136	✓	75%	9	✓	75%	937	FULL	7	✓
5	F85017	Charlton House Medical Centre	Del	GMS	X	1- Most deprived	4.5%	43%	●	●	●	●	●	1	1	Small-medium	50%	0%	76%	4,042	8,212	89.4	5.5	6,844	-3.7%	no data	74%	57%	76%	£115	✓	38%	0	✓	38%	200	PARTIAL	1	✓
6	F85019	Morris House Group Practice	Del	GMS	X	1- Most deprived	4.1%	47%	●	●	●	●	●	15	2	Large	15%	0%	0%	1,380	15,685	97.8	13.7	13,339	0.3%	78%	77%	41%	74%	£140	✓	no data	0	✓	39%	496	FULL	7	✓
7	F85028	Bruce Grove Primary Health Care Ctr	Del	GMS	X	1- Most deprived	4.8%		●	●	●	●	●	0	0	Small-medium	65%	0%	100%	2,677	14,458	96.9	5.1	7,620	-3.0%	no data	73%	71%	81%	£106	✓	11%	0	✓	11%	82	no data	-	✓
8	F85030	Somerset Gardens Family Health Centre	Del	PMS	X	1- Most deprived	5.0%	42%	●	●	●	●	●	5	5	Medium-large	0%	42%	2,254	32,850	94.9	8.0	13,259	-1.3%	no data	70%	40%	81%	£137	✓	14%	22	✓	14%	273	FULL	7	✓	
9	F85031	Westbury Medical Centre	Del	PMS	X	2	4.1%	54%	●	●	●	●	●	25	1	Small-medium	0%	100%	3,668	12,083	100.0	9.1	10,922	-1.9%	92%	88%	76%	81%	£148	✓	38%	0	✓	38%	266	FULL	7	✓	
10	F85034	Arcadian Gardens Surgery	Del	GMS	X	2	5.2%	60%	●	●	●	●	●	5	1	Small-medium	7%	0%	100%	2,632	5,001	93.1	4.2	5,560	16.6%	no data	79%	79%	65%	£124	✓	27%	3	✓	27%	167	FULL	7	✓
11	F85046	Hornsey Park Surgery	Del	GMS	X	2	2.9%	59%	●	●	●	●	●			Small-medium	100%	44%	0%	3,102	5,584	97.3	3.1	6,705	52.6%	no data	79%	95%	81%	£131	✓	17%	0	✓	17%	78	FULL	7	✓
12	F85052	Spur Road Surgery	Del	GMS	X	2	6.4%	50%	●	●	●	●	●	2	0	Small-medium	87%	0%	100%	1,073	12,694	99.4	7.8	2,090	8.4%	77%	76%	93%	79%	£148	✓	30%	2	✓	30%	34	FULL	7	✓
13	F85060	Haverhal Surgery	Del	PMS	X	2	5.0%	58%	●	●	●	●	●	18	0	Small-medium	10%	24%	90%	2,241	5,467	97.5	4.3	5,880	-5.3%	no data	81%	63%	72%	£140	✓	39%	0	✓	36%	124	FULL	7	✓
14	F85061	Christchurch Hall Surgery	Del	GMS	X	3	4.6%	73%	●	●	●	●	●	6	1	Small-medium	92%	30%	0%	1,802	7,795			3,259	-6.5%	98%	78%	89%	75%	£127	✓	7%	4	✓	7%	20	FULL	7	✓
15	F85063	The Muswell Hill Practice	Del	PMS	X	5- Least Deprived	5.5%	82%	●	●	●	●	●	5	0	Large	21%	0%	0%	1,683	9,137	90.4	3.3	14,669	1.1%	no data	87%	74%	85%	£130	✓	51%	0	✓	51%	655	FULL	7	✓
16	F85064	Stuart Crescent Health Centre	Del	PMS	X	2	5.1%	57%	●	●	●	●	●	4	1	Small-medium	0%	0%		4,238	10,317	98.2	5.2	6,597	16.1%	100%	87%	70%	85%	£131	✓	26%	123	✓	26%	89	FULL	7	✓
17	F85065	Stuart Crescent Medical Practice	Del	GMS	X	2	5.2%	56%	●	●	●	●	●	8	1	Small-medium	50%	0%	0%	1,319	7,913	98.0	5.8	3,139	-3.4%	84%	59%	63%	68%	£124	✓	24%	0	✓	24%	34	FULL	7	✓
18	F85066	Bounds Green Group Practice	Del	PMS	X	3	4.4%	65%	●	●	●	●	●	22	3	Large	12%	13%	37%	1,245	9,347	95.3	3.7	18,668	2.4%	96%	86%	58%	87%	£140	✓	48%	573	✓	49%	1143	PARTIAL	6	✓
19	F85067	The 157 Medical Practice	Del	PMS	X	2	6.5%	65%	●	●	●	●	●	1	1	Small-medium	60%	19%	100%	3,212	5,675	92.1	7.9	4,538	2.9%	no data	72%	65%	65%	£45	✓	no data	0	✓	14%	99	NO	0	✓
20	F85069	Crouch Hall Road Surgery	Del	PMS	X	4	4.4%	77%	●	●	●	●	●	8	0	Medium-large	73%	8%	54%	3,027	5,735	99.9	4.0	8,401	-0.8%	94%	88%	90%	91%	£140	✓	96%	0	✓	96%	296	FULL	7	✓
21	F85071	Fernlea Surgery	Del	PMS	X	2	3.0%	57%	●	●	●	●	●	19	0	Medium-large	32%	0%	100%	3,577	50,081	95.8	5.0	10,822	3.2%	81%	80%	66%	78%	£137	✓	24%	33	✓	24%	134	FULL	7	✓
22	F85615	Tottenham Health Centre	Del	PMS	X	1- Most deprived	3.4%	43%	●	●	●	●	●	2	0	Small-medium	98%	4%	0%	2,082	10,305	95.9	2.9	5,548	1.1%	no data	67%	66%	71%	£147	✓	27%	10	✓	26%	66	FULL	7	✓
23	F85623	Grove Road Surgery	Del	PMS	X	1- Most deprived	3.3%	48%	●	●	●	●	●	0	0	Small-medium	44%	0%	100%	1,910	21,488	94.3	5.4	4,551	-3.5%	100%	84%	77%	77%	£131	✓	14%	0	✓	14%	36	FULL	7	✓
24	F85628	Dowsett Road Surgery	Del	GMS	X	1- Most deprived	4.3%	44%	●	●	●	●	●	4	0	Medium-large	0%	0%	100%	1,794	4,026	98.2	5.8	4,906	1.3%	82%	84%	78%	81%	£115	✓	no data	0	✓	25%	78	FULL	7	✓
25	F85640	Cheshire Road Surgery	Del	PMS	X	2	4.4%	61%	●	●	●	●	●	1	0	Small-medium	0%	0%	0%	2,226	8,125	90.8	2.8	6,435	-4.2%	no data	84%	63%	65%	£133	✓	50%	63	✓	49%	102	FULL	7	✓
26	F85669	West Green Road Surgery	Del	GMS	X	2	1.1%	54%	●	●	●	●	●	17	3	Large	19%	13%	100%	2,146	62,420	96.5	5.1	18,807	11.5%	99%	83%	90%	74%	£113	✓	8%	0	✓	8%	93	FULL	7	✓
27	F85675	The Alexandra Surgery	Del	PMS	X	3	6.8%	70%	●	●	●	●	●			Small-medium	58%	39%		2,151	8,539	87.5	3.5	5,626	0.4%	95%	78%	68%	77%	£137	✓	49%	0	✓	49%	322	no data	-	✓
28	F85688	Rutland House Surgery	Del	PMS	X	4	4.5%	74%	●	●	●	●	●	10	1	Medium-large	24%	0%	100%	2,277	8,804	98.6	5.5	11,154	57.8%	no data	92%	88%	84%	£135	✓	33%	39	✓	31%	217	FULL	7	✓
29	F85697	The Old Surgery	Del	GMS	X	2	6.9%	61%	●	●	●	●	●	0	0	Small-medium	43%	0%	100%	1,607	9,966	95.0	6.7	2,099	0.5%	no data	81%	91%	87%	£121	✓	8%	0	✓	8%	7	FULL	7	✓
30	F85705	JS Medical Practice	Del	PMS	X	1- Most deprived	3.4%	49%	●	●	●	●	●	3	0	Small-medium	50%	0%	40%	3,323	8,678	99.0	5.3	12,546	-1.8%	no data	80%	68%	76%	£136	✓	55%	2	✓	55%	252	FULL	7	✓
31	Y01655	The Vale Practice	Del	GMS	X	3	1.6%	74%	●	●	●	●	●	0	0	Large	55%	3%	66%	1,331	7,494	96.6	3.1	10,850	-2.7%	100%	83%	80%	85%	£135	✓	no data	0	✓	42%	247	FULL	7	✓
32	Y02117	The Laurels Medical Practice	Del	APMS	X	2	3.3%	50%	●	●	●	●	●	2	2	Small-medium	19%	0%	0%	6,585	10,092	100.0	6.1	15,705	10.3%	96%	71%	54%	70%	£146	✓	no data	0	✓	no data	0	FULL	7	✓
33	Y03035	Queenswood Medical Practice	Del	GMS	X	3	4.4%	75%	●	●	●	●	●	39	0	Large	6%	0%	0%	1,495	17,103	100.0	5.6	22,361	-0.8%	54%	92%	73%	83%	£145	✓	46%	713	✓	46%	711	FULL	7	✓
34	Y03135	Bridge House Medical Practice	Del	PMS	X	2	4.1%	64%	●	●	●	●	●	16	1	Small-medium	50%	0%	0%	4,142	9,720	92.6	4.7	9,835	-4.3%	no data	62%	43%	58%	£145	✓	20%	188	✓	20%	275	FULL	7	✓
35	Y05330	Tottenham Hale Medical Practice	Del	APMS	X	2	0.5%	0%	●	●	●	●	●	6	0	Small-medium	40%	0%	100%	3,118	12,472	91.6	7.4	3,420	0.3%	89%	85%	92%	88%	£141	✓	no data	0	✓	27%	79	FULL	7	✓

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

Islington Directorate AUGUST 2021		Practice			Practice Demographics			Quality						Workforce				Efficiency				Patient Experience			Finance	Patients Online				Extended Access									
Practice Code	Practice Name	Co-commissioning model	Contract type	Dispensing Practice	Practice Linked IMD 2019 (National Quintiles)	% Patients Aged 75+	% Patients Non-BME	CQC Rating - Overall	CQC - Caring	CQC - Effective	CQC - Responsive	CQC - Safe	CQC - Well led	Written complaints (Total) 2018/19	Written complaints (via NHSE) 2018/19	Practice Size (Based on FTE GPs)	% GPs aged 55 years and over	% Locum GPs	% Nurses aged 55 years and over	Number of patients per FTE GP	Number of patients per FTE Nurse	QOF Achievement 19/20 (%)	QOF Personalised Care Adjustment Rate 19/20	List size - July 21	Annual List Size Change July 20 - July 21	FFT: % likely to recommend GP service to friends & family (Feb 2020) (* = nos <5; no data = zero return)	GPPS - Good overall experience of GP practice	GPPS - Easy to get through by phone (* = nos <10; * = < 0.5%)	GPPS - Satisfied with the type of appointment offered (* = nos <10; * = < 0.5%)	Average payment per weighted patient 2019/20	Online Appointments Enabled	% Of Reg Pop with online appointment enabled	Total no. pt transactions using online appointments service (Mar 21)	Order Repeat Prescriptions Online Enabled	% Of Reg Pop with order repeat prescriptions online enabled	Total no. prescriptions ordered via online pt transaction service (Mar 21)	Category Full/Partial/No	No. of extended access days	Directed Enhanced Services (Extended Access payment)
1	F83002 River Place Health Centre	Del	GMS	✗	2	3.9%	72%	●	●	●	●	●	●	8	0	Large	0%	4%	83%	1,067	6,688	99.7	7.6	10,197	2.0%	92%	89%	83%	78%	£147	✓	25%	0	✓	24%	325	FULL	7	✓
2	F83004 Archway Medical Centre	Del	PMS	✗	2	2.9%	66%	●	●	●	●	●	●	6	0	Small-medium	44%	0%	73%	6,607	10,969	95.1	10.6	16,439	43.4%	87%	78%	78%	72%	£148	✓	no data	0	✓	17%	136	FULL	7	✓
3	F83007 Roman Way Medical Centre	Del	GMS	✗	2	6.3%	66%	●	●	●	●	●	●			Small-medium	35%	47%	0%	1,724	8,618	98.6	3.5	3,484	1.8%	no data	89%	82%	80%	£131	✓	22%	0	✓	21%	38	FULL	7	✓
4	F83008 The Goodinge Group Practice	Del	GMS	✗	2	4.1%	66%	●	●	●	●	●	●	8	4	Large	21%	0%	0%	1,296	18,313	91.0	4.7	11,951	-2.2%	no data	88%	83%	89%	£134	✓	39%	351	✓	39%	490	FULL	7	✓
5	F83010 Islington Central Medical Centre	Del	GMS	✗	3	3.3%	73%	●	●	●	●	●	●			Large	41%	0%	100%	3,775	24,537	96.4	3.7	20,534	4.4%	no data	86%	56%	81%	£144	✓	57%	0	✓	57%	421	FULL	7	✓
6	F83012 Elizabeth Avenue Group Practice	Del	GMS	✗	2	5.5%	73%	●	●	●	●	●	●	11	1	Large	0%	0%	0%	1,102	7,466	98.8	7.9	7,475	-2.0%	100%	87%	72%	92%	£159	✓	41%	0	✓	41%	242	FULL	7	✓
7	F83015 St Johns Way Medical Centre	Del	GMS	✗	2	4.9%	67%	●	●	●	●	●	●	16	1	Large	22%	0%	27%	1,152	4,916	98.5	10.2	12,250	-2.4%	80%	86%	79%	80%	£140	✓	no data	0	✓	29%	441	FULL	7	✓
8	F83021 Ritchie Street Group Practice	Del	GMS	✗	2	3.1%	73%	●	●	●	●	●	●	33	0	Large	25%	11%	31%	1,906	9,190	98.2	8.3	18,360	-0.7%	no data	77%	60%	82%	£135	✓	45%	0	✓	43%	498	FULL	7	✓
9	F83027 Drs Bowry & Bowry's Practice	Del	GMS	✗	2	4.9%	66%	●	●	●	●	●	●	3	0	Small-medium	47%	0%		2,286	ND	97.0	8.9	5,150	-2.8%	no data	86%	59%	71%	£136	✓	14%	0	✓	14%	66	FULL	7	✓
10	F83032 St Peter's Street Medical Practice	Del	GMS	✗	2	3.2%	74%	●	●	●	●	●	●	17	0	Large	49%	6%	0%	1,243	14,079	98.7	5.2	12,156	1.1%	70%	82%	83%	88%	£135	✓	23%	1	✓	9%	91	FULL	7	✓
11	F83033 Dr Haffiz	Del	GMS	✗	2	6.5%	61%	●	●	●	●	●	●	3	0	Small-medium	0%	23%	100%	2,513	4,506	97.0	13.7	3,592	9.9%	no data	80%	71%	79%	£167	✓	10%	0	✓	10%	45	no data	-	
12	F83034 New North Health Centre	Del	GMS	✗	2	9.1%	70%	●	●	●	●	●	●	0	0	Single-handed	100%	0%		1,627	ND	83.5	2.1	1,599	-2.2%	no data	88%	98%	92%	£156	✓	14%	0	✓	14%	12	FULL	7	✓
13	F83039 The Rise Group Practice	Del	GMS	✗	2	5.2%	64%	●	●	●	●	●	●	5	0	Small-medium	54%	0%	100%	1,887	5,231	94.8	5.1	4,810	-5.1%	70%	80%	66%	69%	£149	✓	23%	0	✓	23%	120	FULL	7	✓
14	F83045 The Miller Practice	Del	GMS	✗	3	4.1%	73%	●	●	●	●	●	●	14	1	Medium-large	33%	0%	100%	1,968	7,995	98.7	4.7	10,210	-3.7%	100%	90%	83%	87%	£137	✓	46%	0	✓	46%	429	FULL	7	✓
15	F83053 Mildmay Medical Practice	Del	GMS	✗	2	3.8%	65%	●	●	●	●	●	●	15	0	Medium-large	32%	15%	100%	1,492	3,929	97.4	5.0	6,372	1.4%	90%	82%	81%	75%	£179	✓	31%	0	✓	31%	118	FULL	7	✓
16	F83056 The Mitchison Road Surgery	Del	APMS	✗	2	2.5%	67%	●	●	●	●	●	●	3	0	Small-medium	44%	0%	0%	4,643	8,744	100.0	6.4	7,389	22.1%	*	87%	86%	90%	£154	✓	no data	0	✓	36%	131	FULL	7	✓
17	F83060 The Northern Medical Centre	Del	GMS	✗	2	4.1%	67%	●	●	●	●	●	●	1	1	Medium-large	17%	0%	59%	1,975	6,662	98.9	6.2	9,112	0.2%	no data	83%	81%	76%	£143	✓	28%	0	✓	28%	79	FULL	7	✓
18	F83063 Killick Street Health Centre	Del	GMS	✗	2	2.8%	62%	●	●	●	●	●	●	22	1	Large	20%	0%	21%	1,269	4,611	99.5	5.3	12,077	-1.7%	97%	93%	84%	87%	£164	✓	24%	0	✓	24%	290	FULL	7	✓
19	F83064 City Road Medical Centre	Del	GMS	✗	2	4.1%	64%	●	●	●	●	●	●	9	0	Medium-large	0%	0%		1,347	ND	90.8	6.6	8,540	6.9%	90%	84%	81%	92%	£164	✓	34%	116	✓	34%	125	FULL	7	✓
20	F83624 Clerkenwell Medical Practice	Del	GMS	✗	3	1.3%	68%	●	●	●	●	●	●	20	0	Large	13%	13%	7%	1,927	5,368	98.0	6.1	15,619	11.2%	95%	88%	95%	78%	£136	✓	37%	0	✓	37%	267	FULL	7	✓
21	F83652 Amwell Group Practice	Del	GMS	✗	2	2.2%	69%	●	●	●	●	●	●	10	0	Large	0%	0%	52%	1,064	10,928	98.4	7.5	10,292	-0.4%	NA	88%	83%	87%	£178	✓	37%	0	✓	37%	237	FULL	7	✓
22	F83660 Highbury Grange Medical Practice	Del	GMS	✗	3	3.8%	72%	●	●	●	●	●	●	8	0	Medium-large	59%	4%	0%	2,997	5,503	93.1	4.1	9,369	0.5%	no data	76%	69%	70%	£128	✓	23%	8	✓	23%	185	FULL	7	✓
23	F83664 The Village Practice	Del	GMS	✗	1 - Most deprived	1.8%	57%	●	●	●	●	●	●	9	1	Medium-large	0%	0%	0%	2,060	6,737	94.7	4.2	10,010	9.0%	no data	81%	83%	80%	£159	✓	40%	0	✓	40%	207	FULL	7	✓
24	F83666 Andover Medical Centre	Del	GMS	✗	2	4.9%	58%	●	●	●	●	●	●	8	1	Medium-large	0%	0%	30%	1,088	4,853	94.6	8.2	5,927	-8.2%	no data	80%	64%	76%	£161	✓	no data	0	✓	26%	161	FULL	7	✓
25	F83671 The Beaumont Practice	Del	GMS	✗	2	3.3%	63%	●	●	●	●	●	●			Small-medium	80%	0%	100%	1,520	ND	95.5	6.4	3,239	7.4%	no data	90%	89%	90%	£149	✓	34%	0	✓	35%	62	FULL	7	✓
26	F83673 The Medical Centre	Del	PMS	✗	2	3.2%	65%	●	●	●	●	●	●	8	0	Small-medium	100%	0%	16%	2,168	4,950	99.5	4.1	5,760	1.4%	no data	86%	88%	96%	£161	✓	29%	0	✓	29%	108	FULL	7	✓
27	F83674 The Junction Medical Practice	Del	GMS	✗	3	5.0%	71%	●	●	●	●	●	●	16	0	Medium-large	0%	57%	100%	2,124	5,242	98.9	4.4	9,559	-0.5%	no data	79%	66%	69%	£162	✓	24%	99	✓	24%	285	FULL	7	✓
28	F83678 The Pine Street Medical Practice	Del	GMS	✗	2	6.8%	67%	●	●	●	●	●	●			Small-medium	0%	0%	0%	995	4,774	95.1	10.4	2,356	-3.2%	no data	85%	84%	78%	£121	✓	21%	28	✓	21%	27	no data	-	✓
29	F83680 Sobell Medical Centre	Del	GMS	✗	2	3.5%	63%	●	●	●	●	●	●	4	0	Small-medium	57%	11%	100%	2,859	5,250	76.8	5.2	4,293	-0.8%	87%	82%	81%	73%	£127	✓	20%	0	✓	20%	49	FULL	7	✓
30	F83681 Partnership Primary Care Centre	Del	GMS	✗	2	4.4%	68%	●	●	●	●	●	●	6	1	Small-medium	10%	0%	100%	2,576	3,978	99.0	10.6	3,971	-1.4%	100%	76%	76%	65%	£151	✓	16%	1	✓	16%	107	FULL	7	✓
31	F83686 Stroud Green Medical Centre	Del	GMS	✗	2	2.2%	67%	●	●	●	●	●	●	3	0	Single-handed	0%	0%	100%	7,020	8,472	97.5	5.8	6,517	-4.5%	88%	96%	98%	84%	£127	✓	34%	106	✓	34%	129	FULL	7	✓
32	Y01066 Hanley Primary Care Centre	Del	APMS	✗	2	2.1%	61%	●	●	●	●	●	●	14	3	Small-medium	0%	0%		4,168	ND	100.0	6.5	10,711	20.3%	96%	74%	82%	78%	£172	✓	34%	0	✓	33%	214	FULL	7	✓

Comments:

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

General Practice Sustainability and Resilience  
References



Purpose of document, and source data

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

		Brief Description	Source	Time period	Published
Summary	Total Practices	Main practices Data for GPs and GP Surgeries is supplied by the NHS Prescription Service of the NHS Business Services Authority. Medical Practices classed as Active and with a GP Practice prescribing setting are included.	NHS Digital	Jan-19	✓ Feb-19
	Registered Population	Number of Patients Registered at a GP Practice Data extracted as a quarterly snapshot in time from the GP Payments system maintained by NHS Digital.	NHS Digital	Feb-19	✓ Feb-19
Primary Care Co-Commissioning	Delegated commissioning	Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning aims to support the development of integrated out-of-hospital services based around the needs of local people. It is part of a wider strategy to join up care in and out of hospital.	NHS England	Apr-18	✓ Apr-18
	Greater involvement	<b>Delegated commissioning:</b> CCGs assume full responsibility for the commissioning of general practice services.			
	Joint commissioning	<b>Greater involvement:</b> an invitation to CCGs to collaborate more closely with their local NHS England teams in decisions about primary care services. <b>Joint commissioning:</b> enables one or more CCGs to jointly commission general practice services with NHS England through a joint committee.			
Practice Information & Demographics	Contract Type	Displays the contract type and if the practice is authorised to dispense drugs. Sourced from NHS Payments to General Practices in England for 2017/18 by individual General Practice	NHS Digital	2017-18	✓ Dec-18
	Dispensing Practice				
	Deprivation	Practice patient level deprivation Patient level IMD has been calculated from IMD 2015 data. For each practice, NHS Digital gives the number of registered patients in each LSOA (based on their registered address). Kings College London then calculate a weighted mean based on the mean IMD-2015 scores for all patients (in turn, based on LSOA residency) registered at the practice.	Kings College London, Department for Communities and Local Government	2015	✓ Sep-16
	% Aged 75+	Data extracted from the NHS Digital's GP Payments system.	NHS Digital	Feb-19	✓ Feb-19
Quality	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.	NHS Digital	Mar-18	✓ Sep-18
	% FTE GPs aged 55 and over	Note that all indicators are based on Full Time Equivalent (FTE) staffing and not numbers of staff.			
	% FTE Locum GPs				
	% 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	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: - Good overall experience of GP practice (% very or fairly good) - Ease of getting through by phone (% very or fairly easy) - Satisfied with the type of appointment offered (% yes)	NHS England	Jan - Mar 18	✓ Aug-18
	Easy to get through on the phone				
	Satisfied with the type of appointment offered				
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	Total no. prescriptions ordered via online pt transaction service	Total number of prescriptions ordered using an Online Patient Transaction Service. (Note that ordering several items at once to be counted as one prescription).			
	Category Full/Partial/No extended access	Bi-annual data collection monitors availability of pre-bookable appointments in practices at evenings and weekends. Launched in Oct 2016 in response to the government's mandate to NHS England "to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends", data are published as experimental statistics as they are new and undergoing evaluation.	NHS England	Sep-18	✓ Nov-18
	Directed Enhanced Services (Extended Access payment)	Whether or not a practice received a Directed Enhanced Services payment for Extended Hours Access in 2016/17	NHS Digital	2016-17	✓ Sep-17

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

Feb-19 References  
\* National criteria has been created to be used as a screening tool by local commissioners to guide their assessment with local stakeholders on offers of support to improve sustainability and resilience. This criteria includes 9 data indicators out of the 16 identified examining areas such as Safety, Workforce, Efficiency and Patient Experience/Access.

**Sustainability and Resilience Reports - Conditions on Forward Use**

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

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

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



# Primary Care Programme Plan

PCCC Overview  
August 2021

# Primary Care Recovery

The **three recovery priorities for General Practice in NCL in 2021/22** are:

1. Address identified challenges in **primary / secondary care interface**
2. **Access and demand management**
3. Review of **Locally Commissioned Services** and develop an LTC LCS

These priorities were discussed at various fora (including primary care silver and the governing body) and were informed from engagement through partner organisations, including HealthWatch.

As an enabling function for the programme, **governance will also form a crucial part of this plan**, advising and influencing where and how it may be improved and be utilised to support delivery and achieve outcomes.

Additionally, whilst the PMS transition funding remains a priority, it does not have a separate section in this programme plan as the intention is to review the existing specification for 2021/22 only.

For each of the priorities listed above, this slidepack will provide context and plans, with associated timelines and milestones. Prior to the detail for each project, the project plans have been combined to form an overarching programme plan for 2021/22.

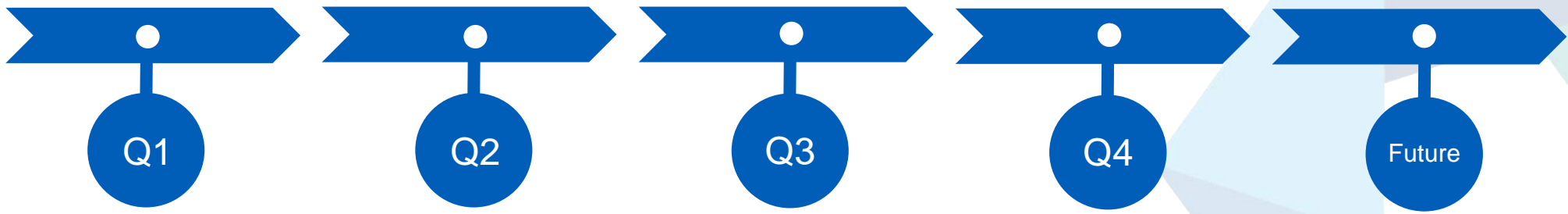
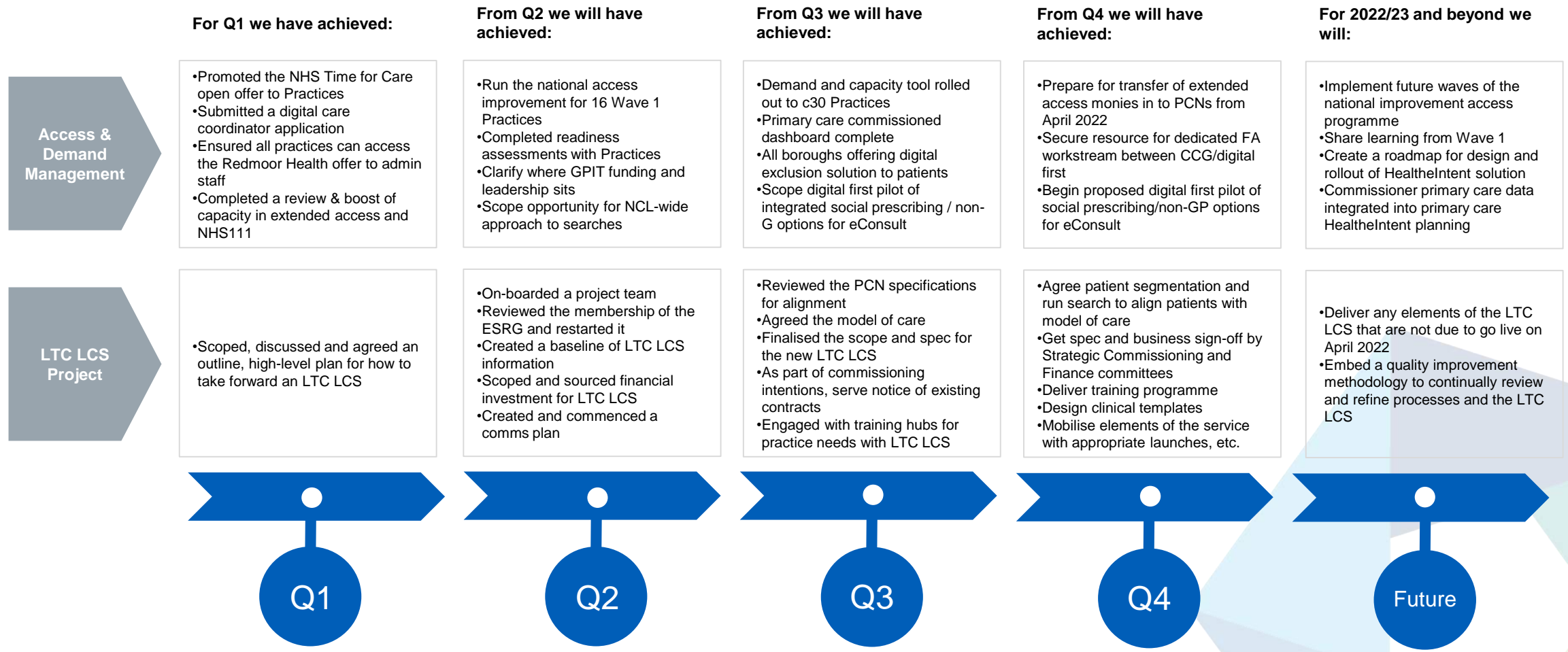
# Overarching Programme Plan



**North Central London**  
Clinical Commissioning Group

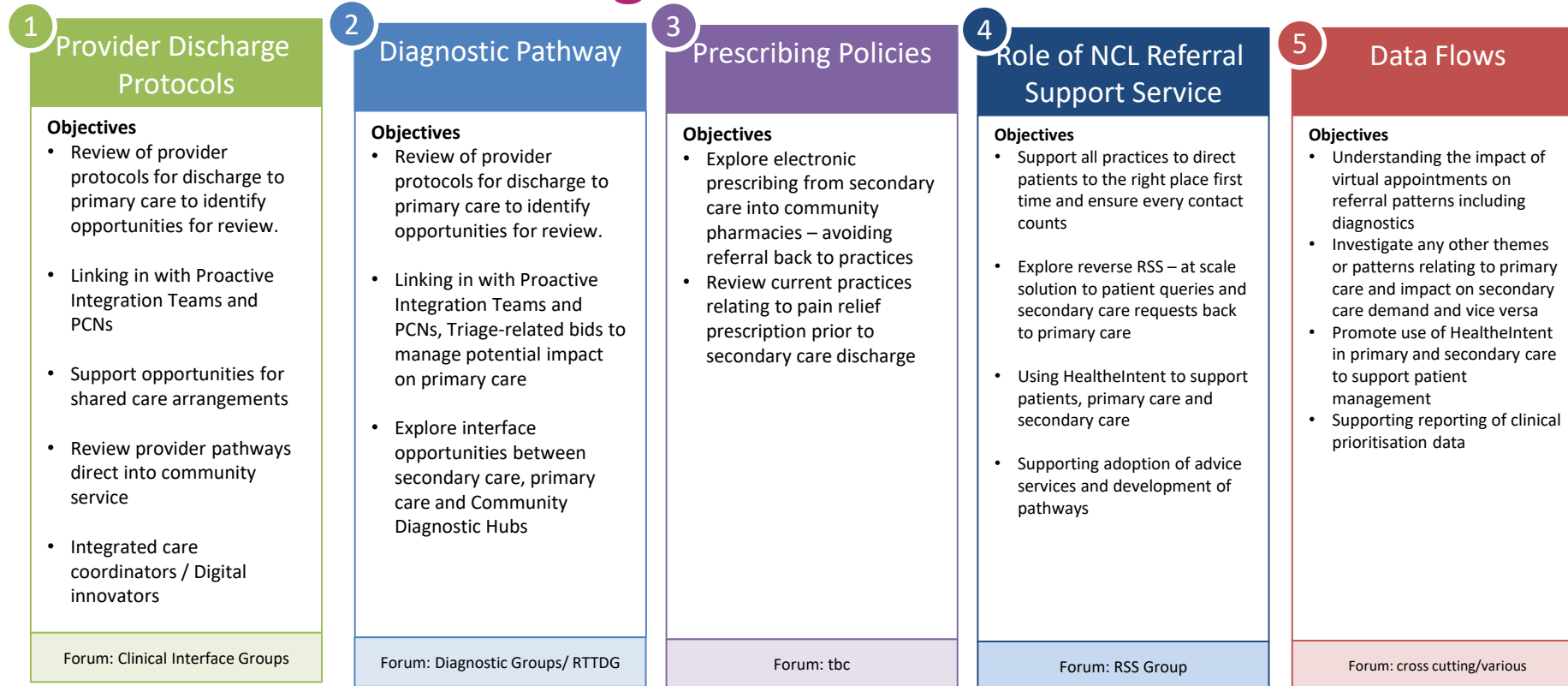
Programme	Definition / Context	Priority / Outcome	Next Steps
<b>Primary / Secondary Care Interface</b>	<ul style="list-style-type: none"> <li>Primary care is currently experiencing significant levels of pent-up demand.</li> <li>Primary / secondary interface groups are in place for each acute Trust, but they manage strategic issues.</li> </ul>	<ul style="list-style-type: none"> <li>The creation of a responsive &amp; agile way to rapidly work through issues as they arise.</li> <li>As such outputs could include project areas such as: interface working groups; a reverse referral support service; integrated care coordinators.</li> </ul>	<ul style="list-style-type: none"> <li>The workstream will dock in to the NCL Elective Accelerator programme. As such, primary care will operate in a participative rather than leadership capacity.</li> <li>An initial set of exploratory questions has been created to support the workstream and project areas, which is on the next slide.</li> </ul>
<b>Access and Demand Management</b>	<ul style="list-style-type: none"> <li>The pandemic has been a catalyst for change with general practice moving to total triage. As we emerge from lockdown, we have seen a shift to more face to face appointments in response to patient need. However, practices have indicated they are unlikely to return to pre-pandemic levels.</li> </ul>	<ul style="list-style-type: none"> <li>Following a robust engagement process including HealthWatch, the CCG will develop an access programme to: 1) improve direct access and staff satisfaction and wellbeing 2) deliver an access programme focused on 6 core enablers 3) embed primary care access in other CCG/ICS programmes</li> </ul>	<ul style="list-style-type: none"> <li>Continue to prioritise the workstream as part of the recovery plan</li> <li>Deliver on the actions, milestones and priorities for the 6 key enablers: 1) Data 2) Digital inclusion 3) Infrastructure 4) Extended access 5) Comms 6) Frequent attenders)</li> </ul>
<b>LCS LTC Project</b>	<ul style="list-style-type: none"> <li>LCSs were largely commissioned by borough-based CCGs prior to the CCGs merging.</li> <li>There is variation in the commissioning and delivery of services, from a universal offer designed around outcomes to multiple individual specifications.</li> </ul>	<ul style="list-style-type: none"> <li>The proposed approach is to commission a service that seeks to identify people who are at risk of developing a LTC through active case finding and delivering care to people who are already diagnosed with a LTC.</li> </ul>	<ul style="list-style-type: none"> <li>Restart the ESG and review the membership</li> <li>Finalise identification of a core-programme team</li> <li>Identify the source(s) of investment for the LTC LCS</li> <li>Communicate with practices and stakeholders</li> <li>Gather all existing data on LTC LCSs</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>Prior to the CCGs merging, NCL consisted of borough-based teams with localised primary care structures to enable decision-making.</li> <li>Due to the impact of Covid-19, borough-based team and new ways of working have continued, with a mixture of local meetings being paused and continued.</li> </ul>	<ul style="list-style-type: none"> <li>The purpose of the governance review is to understand what is currently in place, what can be learnt from borough-based approaches and how can duplication be reduced to improve efficiency.</li> </ul>	<ul style="list-style-type: none"> <li>Review existing structures to establish the 'as-is'</li> <li>Defined strategic and delivery relationships between NCL and IC-based primary care teams</li> <li>Ensure there is key alignment with enablers, e.g. digital, workforce</li> <li>Create a 'to-be' governance structure and move toward this</li> </ul>

# Proposed Programme Timeline





# Interface PMO Programme Structure



**Ensuring Equity | Reducing Inequalities | Meaningful Communication & Engagement**





North Central London  
Clinical Commissioning Group

**North Central London CCG  
Primary Care Commissioning Committee  
19 August 2021**

<b>Report Title</b>	Commissioning Decisions on PMS Agreement Changes	<b>Date of report</b>	10 August 2021	<b>Agenda Item</b>	3.1
<b>Lead Director / Manager</b>	Paul Sinden, NCL Chief Operating Officer	<b>Email / Tel</b>		<a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>	
<b>GB Member Sponsor</b>	<i>Not Applicable</i>				
<b>Report Author</b>	GP Commissioning & Contracting Team	<b>Email / Tel</b>		<a href="mailto:nlphc.lon-nc-pcc@nhs.net">nlphc.lon-nc-pcc@nhs.net</a>	
<b>Name of Authorising Finance Lead</b>	<i>Not Applicable</i>	<b>Summary of Financial Implications</b>			
		<i>Not Applicable</i>			
<b>Report Summary</b>	Detail of the request to vary PMS Agreements and any conditions to be applied				
<b>Recommendation</b>	The Committee is asked to <b>NOTE</b> one change and where indicated to <b>APPROVE</b> the proposed changes outlined below and any conditions				
<b>Identified Risks and Risk Management Actions</b>	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
<b>Conflicts of Interest</b>	<i>Not Applicable</i>				
<b>Resource Implications</b>	<i>Not Applicable</i>				
<b>Engagement</b>	<i>Not Applicable</i>				
<b>Equality Impact Analysis</b>	<i>Not Applicable</i>				
<b>Report History and Key Decisions</b>	<i>Not Applicable</i>				
<b>Next Steps</b>	Issue appropriate variations with conditions where applicable				
<b>Appendices</b>	<i>Not Applicable</i>				

## Contents

Contents .....	2
1 Executive summary .....	3
2 Background .....	3
3 Appointment benchmarking .....	3
4 Table of requested PMS Agreement Changes .....	4

## 1 Executive summary

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

## 2 Background

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

## 3 Appointment benchmarking

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

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

---

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

## 4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/04/21	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
F83023 James Wigg Practice	Camden	21957 as of 01/07/21	Practice is a member of Kentish Town South PCN comprising of: 2 practices with a list size of 28694 as of 01/07/21	Addition of Dr Sarah Worboys effective 01 April 2021 and Dr Zuhaib Keekeebhai effective 01 July 2021	<p>The practice has requested approval for the addition of Dr Sarah Worboys and Dr Zuhaib Keekeebhai to the James Wigg PMS agreement increasing the total amount of individuals on the Agreement to 6.</p> <p><b>Clinical sessions/appointments</b></p> <ul style="list-style-type: none"> <li>• 1781 GP appointments per week</li> <li>• 106 GP sessions per week</li> <li>• 761 nurse appointments per week</li> <li>• 60 nurse sessions per week</li> </ul> <p><b>Recommended Guide</b></p> <ul style="list-style-type: none"> <li>• 1585 GP appointments per week</li> <li>• 89 GP sessions per week</li> <li>• 727 nurse appointments per week</li> <li>• 41 nurse sessions per week</li> </ul> <p>The practice clinical provision is above the recommended guide for both GP and nursing provision.</p>	To approve
F85069 Crouch Hall Road Surgery	Haringey	8392 as of 01/07/21	Practice is a member of Haringey – South West PCN 3 practices with a list size of 35281 as of 01/07/21	Removal of Dr Karen Benson effective from 31 December 2021	<p>The practice has requested approval for the removal of Dr Karen Benson from the Crouch Hall Road PMS agreement leaving Dr Mayur Gor as a single handed GP.</p> <p><b>Clinical sessions/appointments</b></p> <ul style="list-style-type: none"> <li>• 708 GP appointments per week</li> <li>• 35 GP sessions per week</li> <li>• 366 nurse appointments per week</li> <li>• 17 nurse sessions per week</li> </ul>	To approve

OFFICIAL

Practice	Borough location	List Size 01/04/21	PCN membership	Agreement Change	<b>Comment</b> Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
					<p><b>Recommended Guide</b></p> <ul style="list-style-type: none"> <li>• 606 GP appointments per week</li> <li>• 34 GP sessions per week</li> <li>• 278 nurse appointments per week</li> <li>• 16 nurse sessions per week</li> </ul> <p>The practice clinical provision is above the recommended guide for both GP and nursing provision.</p> <p>The practice has advised they are currently in the process of hiring a new salaried GP or Partner for 6 sessions to start by the time Dr Benson would be departing.</p>	

**North Central London CCG  
Primary Care Commissioning Committee  
19 August 2021**

<b>Report Title</b>	QOF Indicators Protected Income Corrections	<b>Date of report</b>	10 August 2021	<b>Agenda Item</b>	3.2								
<b>Lead Director / Manager</b>	Rachel Lissauer / Simon Wheatley	<b>Email / Tel</b>		<a href="mailto:r.lissauer2@nhs.net">r.lissauer2@nhs.net</a> <a href="mailto:simon.wheatley2@nhs.net">simon.wheatley2@nhs.net</a>									
<b>GB Member Sponsor</b>													
<b>Report Author</b>	Anthony Marks	<b>Email / Tel</b>		<a href="mailto:anthony.marks@nhs.net">anthony.marks@nhs.net</a>									
<b>Name of Authorising Finance Lead</b>	Tracey Lewis, Head of Finance Beck Booker, Director of Finance	<b>Summary of Financial Implications</b> Total cost to correct the indicators £2,145.27											
<b>Report Summary</b>	<p>The report sets out the case for corrective payment to be made to NCL Practices who had erroneous income protection applied to a number of Quality Outcomes Framework (QOF) indicators.</p> <p>In 2020/21 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 two practices in NCL the 2018/19 achievement was lower than the actual achievement in 2020/21. 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 effected Practice's clinical systems and calculated the correct achievement payment incorporating the prevalence and Contractor Registered Population (list size adjustment) calculations that apply to QOF achievement.</p> <p>A Camden Practice had one affected disease domain:</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>Diabetes</td> <td>£8,241.70</td> <td>£8,329.40</td> <td>£87.70 x 2.008296 (list size adjustment) = £176.13</td> </tr> </tbody> </table>					Domain	Achievement protected to	Actual achievement	Correction required	Diabetes	£8,241.70	£8,329.40	£87.70 x 2.008296 (list size adjustment) = £176.13
Domain	Achievement protected to	Actual achievement	Correction required										
Diabetes	£8,241.70	£8,329.40	£87.70 x 2.008296 (list size adjustment) = £176.13										

	A Haringey Practice had four affected disease domains:			
	Domain	Achievement protected to	Actual achievement	Correction required
	Atrial Fibrillation	£1,518.77	£2,590.82	£1,072.05 x 0.512786 (list size adjustment) = £549.73
	Depression	£0.00	£134.02	£134.02 x 0.512786 = £68.73
	Chronic Obstructive Pulmonary Disease	£2,078.69	£3,007.86	£929.17 x 0.512786 = £476.47
	Coronary Heart Disease	£2,608.63	£4,313.46	£1,704.83 x 0.512786 = £874.21
	Total			£1,969.14
	QOF achievement for 2021/22 is based on actual achievement and will not be subject to protection.			
<b>Recommendation</b>	The committee is asked to <b>APPROVE</b> the <ul style="list-style-type: none"> <li>1. Payment to the Camden practice of £176.13</li> <li>2. Payment to the Haringey practice of £1,969.14</li> </ul>			
<b>Identified Risks and Risk Management Actions</b>	<i>Not Applicable</i>			
<b>Conflicts of Interest</b>	<i>Not Applicable</i>			
<b>Resource Implications</b>	Total cost to correct the indicators £2,145.27			
<b>Engagement</b>	<i>Not Applicable</i>			
<b>Equality Impact Analysis</b>	<i>Not Applicable</i>			
<b>Report History and Key Decisions</b>	<i>Not Applicable</i>			
<b>Next Steps</b>	Make the payment corrections			
<b>Appendices</b>	n/a			

## 1.0 Recommendation

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

1. Payment to the Camden practice of £176.13
2. Payment to the Haringey practice of £1,969.14

## 2.0 Background

In 2020/21 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.

Two practices in NCL achieved lower results in 2018/19 for certain indicators than their actual achievement in 2020/21. The 2020/21 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 Practices 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 2021 is divided by the average Practice list size as at 1 January 2020 to give a factor to multiple the £ achievement by

## 3.0 Impact to the Practices

Camden Practice:

Domain	Achievement protected to	Actual achievement	Correction required
Diabetes	£8,241.70	£8,329.40	£87.70 x 2.008296 (list size adjustment) = £176.13

Haringey Practice:

Domain	Achievement protected to	Actual achievement	Correction required
Atrial Fibrillation	£1,518.77	£2,590.82	£1,072.05 x 0.512786 (list size adjustment) = £549.73



Depression	£0.00	£134.02	£134.02 x 0.512786 = £68.73
Chronic Obstructive Pulmonary Disease	£2,078.69	£3,007.86	£929.17 x 0.512786 = £476.47
Coronary Heart Disease	£2,608.63	£4,313.46	£1,704.83 x 0.512786 = £874.21
Total			£1,969.14

#### 4.0 Next steps

Issue make corrective payments to the two NCL Practices.



**North Central London CCG  
Primary Care Commissioning Committee  
19 August 2021**

<b>Report Title</b>	Request to seek approval of reimbursement for COVID-19 Vaccination (non-staff) costs not covered by NHSE	<b>Date of report</b>	11 August 2021	<b>Agenda Item</b>	3.3
<b>Lead Director / Manager</b>	Carol Kumar, Deputy Director of Integration, Barnet	<b>Email / Tel</b>		<a href="mailto:carol.kumar@nhs.net">carol.kumar@nhs.net</a>	
<b>GB Member Sponsor</b>					
<b>Report Author</b>	Katrina Watson Head of Primary Care	<b>Email / Tel</b>		<a href="mailto:Katrina.watson5@nhs.net">Katrina.watson5@nhs.net</a>	
<b>Name of Authorising Finance Lead</b>	<p><b>Summary of Financial Implications</b></p> <p>Below sets out the financial implications to NCL CCG related to Covid 19 vaccine programme delivery that have not been reimbursable via NHSE.</p> <ol style="list-style-type: none"> <li>1. 13,096.68 – installation of automatic doors (PCN5 Hub)</li> <li>2. £30,000 – notional rent for premises occupied by vaccine delivery work at £5,000pcm x 6 months (PCN5 Hub)</li> </ol> <p>Total value of implications: £43,096.68</p>				
<b>Report Summary</b>	<ul style="list-style-type: none"> <li>• Two PCN Hubs (Dr Azim &amp; Partners in PCN5) have incurred mobilisation and delivery costs pertaining to rental/premises use and adaptations, which have not been reimbursable under the NHSE vaccination funding nor via the staff costs covered by the CCG.</li> <li>• The PCN Hubs sought agreement and approval from central programme executives prior to embarking on vaccine delivery at which point the principle of covering any costs incurred was agreed. The PCN hub agreed to embark on the programme on this basis.</li> <li>• As the programme has developed and the funding mechanisms have been structured, NHSE subsequently made stipulations on what could be considered reasonable mobilisation costs and therefore reimbursable via that means. Additionally the CCG have reimbursed a level of staffing costs associated with mobilisation.</li> <li>• However, some costs have not been recognised as reimbursable through either scheme.</li> <li>• This paper seeks to ask for these costs to be recovered via the Primary Care Committee funds</li> <li>• The detail for the PCN Hub costs are as follows:</li> </ul>				

	<p><b>PCN5 - Dr Azim &amp; Partners</b></p> <ul style="list-style-type: none"> <li>• The practice needed to install automatic doors to the entrance and exit of their premises due to the significantly large expected footfall for the programme. The existing manual doors could not be propped open due to fire safety as well as being the middle of the winter period (December 2020). There were additional concerns regarding the constant touching of door handles with regard to keeping the premises sanitary. It was deemed that the cost of doors would be significantly less than installing a long term marquee on the grounds. The total cost for this has been £13096.68</li> <li>• In addition, the Grovemead Practice (Dr Azim &amp; partners Hub premises) is only partially NHS funded, historically the remainder of the premises is usually paid for by the practice itself. This allows part of the premises (3 clinic rooms of approx. 140sqm) to be used for non-NHS work where required. At present the entirety of the premises is being used to deliver the vaccination programme including the non NHS funded areas. The practice has valued this at £5000pcm for 6 months – totalling £30,000.</li> </ul>
<b>Recommendation</b>	<p>To <b>APPROVE</b> the above amount to be reimbursed to PCN5 respectively</p> <p>To <b>NOTE</b> that the programme executives agreed these costs in principle at the start of the vaccine programme and the PCNs continued to deliver in good faith that these would be reimbursed.</p>
<b>Identified Risks and Risk Management Actions</b>	Should the costs not be reimbursed there is the risk that the CCG would lose the trust and future cooperation of these PCNs for any future programmes of work associated with the pandemic or any other programme of national importance.
<b>Conflicts of Interest</b>	<i>Not Applicable</i>
<b>Resource Implications</b>	<i>Not Applicable</i>
<b>Engagement</b>	<i>Not Applicable</i>
<b>Equality Impact Analysis</b>	<i>Not Applicable</i>
<b>Report History and Key Decisions</b>	<i>Not Applicable</i>
<b>Next Steps</b>	<i>Not Applicable</i>
<b>Appendices</b>	Applicable evidencing invoices

# Rite Industrial Doors Ltd

Unit 6H Longbrooks , Knowle Road, Brenchley  
Tonbridge  
TN12 7DJ  
VAT Reg No: 765534605



## Company Address:

NCL Healthcare  
67 Elliot Road  
London  
NW4 3EB

## Site Address:

Dr Azim and Partners  
67 Elliot Road  
London  
NW4 3EB

## INVOICE

Reference	1105
Date	06/01/2021
Job reference	AD-INS/169
Order number	Donna Naran Email
Account reference	NCL4

Quantity	Description	Selling price	VAT %	VAT	Gross amount
1.000	Supply and fit: Main entrance door: convert existing doors and automate Inner Entrance Door: replace existing doors and automate Rear Entrance Door: automate existing doors which includes electric lock <b>Pro Forma Invoice: 50% payable now</b> <b>£6,548.34 incl of VAT</b> <b>50% Balance payable on completion</b> <b>£6548.34 incl of VAT</b>	5456.95	20.00	1091.39	6548.34

Bank details  
Sort Code - 55-70-13  
Account Number - 16382684

**Payment terms: Immediate**

Total ex VAT	£5,456.95
Total Tax	£1,091.39
Total	£6,548.34



**North Central London CCG  
Primary Care Commissioning Committee Meeting  
19 August 2021**

<b>Report Title</b>	Primary Care Commissioning Committee Risk Register	<b>Date of report</b>	11 <sup>th</sup> August 2021	<b>Agenda Item</b>	5.1
<b>Lead Director / Manager</b>	Paul Sinden, Executive Director of Performance & Assurance	<b>Email / Tel</b>		<a href="mailto:p.sinden@nhs.net">p.sinden@nhs.net</a>	
<b>GB Member Sponsor</b>	<i>Not Applicable</i>				
<b>Report Author</b>	Chris Hanson Governance and Risk Lead	<b>Email / Tel</b>		<a href="mailto:christopher.hanson1@nhs.net">christopher.hanson1@nhs.net</a>	
<b>Name of Authorising Finance Lead</b>	<i>Not Applicable</i>	<b>Summary of Financial Implications</b>  This report assists the CCG in managing its most significant financial risks.			
<b>Report Summary</b>	<p>This report provides an overview of material risks falling within the remit of the Primary Care Commissioning Committee ('Committee') of North Central London CCG.</p> <p>There are 5 risks on the Committee Risk Register. Since the last meeting 1 risk rating has increased. 1 risk is below the threshold but, due to its significance to the COVID-19 pandemic response, it is included in the Risk Register for information purposes.</p> <p><b>Key Highlights:</b></p> <p><b>PERF4:</b> <i>Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat):</i> This risk is a response to regulatory action that has been taken with a series of practices recently following "inadequate" or "requires improvement" ratings following Care Quality Commission (CQC) inspections. Action in some cases has included having to put in place caretaking arrangements at practices at very short notice.</p> <p>The aim of the risk mitigation is to promote earlier recognition of struggling practices, and ensure that support is provided before regulatory action is required. The workforce and resilience workstream for primary care recovery has a focus on supporting, and early identification of, struggling practices.</p> <p>The NCL financial resilience package for practices to cover the impact of the COVID-19 pandemic, in place since April 2020, is in line with national guidance published in August 2020. The resilience package aims to mitigate the impact of</p>				

the COVID-19 pandemic, and had been extended to cover all of 2020/21. Support is based on income protection where practices are unable to complete income generating work due to the pandemic (Quality Outcomes Framework, Locally Commissioned Services) and to offset additional costs incurred including cover for staff absence and personal protective equipment.

The financial resilience package forms part of the local support offer to practices with other aspects including a central clinical triage and home visiting service to treat COVID-19 positive patients separately, training for infection prevention control, and weekly practice webinars.

The package for 2021/22 has been developed in line with planning guidance, and initially will be in place for quarters one and two.

The Primary Care SITREP reporting, in place since November 2020, had been paused based on a low level of reporting of concerns from practices. It is currently being reviewed with a view to commencing it again. Practices will be asked to report any concerns on a regular basis to enable the CCG to respond and provide support where required.

Practices are still being supported with funding via the Capacity Expansion Fund. The North Central London allocation of the funding is £4.11million. This equates to £2.58 per patient across NCL. NCL CCG will release this funding to practices in two tranches, with the first having being released in January 2021.

This risk is rated 12.

**PERF15:** *Failure to address variation in Primary Care Quality and Performance across NCL (Threat):* Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include:

- Plans to further develop Primary Care Networks (PCNs) through the introduction of the service specifications in the Direct Enhanced Service (DES) for 2020/21 and 2021/22 are available to provide development support for Clinical Directors;
- The use of GP Forward View monies from NHS England to support the development of primary care networks and GP Federations, and to develop a resilience programme for general practice;
- The introduction, via the new GP contract, of a greater quality improvement focus in the practice level Quality Outcomes Framework incentive scheme and under the new Investment and Impact Fund incentive scheme - introduced to reward PCNs for delivering against the NHS Long Term Plan;
- The establishment of models for mutual aid across practices during COVID-19, including NCL-wide Acute COVID service and training for practices in managing COVID-19 patients;
- Ongoing work to develop the GP Provider Alliance and a unified primary care provider voice within the NCL integrated care system.

This risk is rated 12.

**COVID11:** *Trust and Confidence of Member Practices (Threat):* This risk has been mitigated to date through the use of weekly webinars with practices, the use of twice weekly GP Bulletins to distil national guidance, and updates to the GP Website. A Primary Care COVID-19 meeting has also been established with clinical commissioning leads to agree service models and resilience support to address the COVID-19 pandemic.

A primary care vaccination steering group has been established with providers as part of the general practice COVID-19 vaccination programme, and a weekly call is held with commissioning leads.

A new single GP website has been launched to replace the individual borough websites. This provides information to practices, such as clinical guidelines/pathways, education and training events etc.

This risk is rated 8.

**COVID12: Capacity in General Practice (Threat):** Actions to ensure that there is sufficient capacity in general practice to manage demand include:

- Increasing availability of staff testing for General Practice in order to reduce absences due to suspected COVID-19;
- GP practices using the "telephone first" model where the majority of consultations will be carried out on the phone – with face to face being offered where it is clinically appropriate. GP Federations leading in providing GPs with equipment and remote access to the Egton Medical Information Systems (EMIS) in order to allow them to work remotely to provide these consultations;
- The returning of staff (retirees) to General Practice;
- NCL-wide acute Covid support service is in place - provided by the 6 NCL GP federations. The offering of senior clinician triage, advice and guidance on management of Covid patients and supporting step down of patients who are on the oximetry at home pathway;
- The development of service triggers to scale COVID-19 services up and down in line with symptom levels;
- Practice 'buddying' arrangements via their Primary Care Networks;
- The receipt of the £4.1m capacity fund for general practice to maintain capacity during delivery of the COVID-19 vaccination programme, with all funds to go to general practice to support service priorities, including:
  - supporting patients with Long COVID-19;
  - establishment of systems for remote monitoring of patients, including pulse oximetry;
  - supporting clinically extremely vulnerable patients and maintaining the shielding list;
  - addressing the backlog of appointments, including those for chronic disease management and routine vaccinations and immunisations;
  - making progress (in addressing inequalities) on learning disability health checks and actions to improve ethnicity data recording in GP records; and,
  - potentially offering backfill for staff absences where this is agreed by the CCG, is required to meet demand, and the individuals concerned are not able to work remotely.
- The national announcement that the GP Covid capacity fund will be extended up to September 2021.

However, GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services, and due to demands of system recovery.

This risk is rated 12.

Increasing Risk:

The following risk has increased since the last Committee meeting.

	<p><b>PERF18: Primary care workforce development (Threat):</b> The updated GP contract for 2021/22 continues to emphasise the importance of funding and flexibility for workforce development and includes:</p> <ul style="list-style-type: none"> <li>• An increase in the national funding for the Additional Roles Reimbursement Scheme to help secure 15,500 Whole Time Equivalent ('WTE') roles to be deployed by end of 2021/22;</li> <li>• More roles added to the Scheme (which now includes paramedics, and mental health practitioners as well as pharmacy technicians, dieticians, care coordinators, health coaches, podiatrists, occupational therapists and nursing associates/trainee nursing associates);</li> <li>• Every PCN becoming entitled to a fully embedded WTE mental health practitioner, employed and provided as a service by the PCN's local provider of community mental health services;</li> <li>• Introduction of an inner and outer London maximum reimbursement rate;</li> <li>• Further flexibility in the Scheme's rules, including the ability to employ staff at an advanced practitioner designation (clinical pharmacist, physio, occupational therapist, dietician, podiatrist and paramedic);</li> <li>• The extension of the window to transfer any clinical pharmacists funded under the previous NHSE scheme to move to the PCN scheme;</li> <li>• The expectation that CCGs and systems will explore different ways of supporting PCNs to recruit;</li> <li>• PCNs' continuing to recruit to these roles and supported by Training Hubs with induction and professional development;</li> <li>• Further funding for the PCN Clinical Director support up to June 2021 in addition to the COVID capacity expansion fund;</li> <li>• Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice;</li> <li>• NCL Training Hub is developing a Primary care nursing strategy and have engaged with relevant stakeholders as part of this.</li> </ul> <p>Given the high demand on the Primary Care workforce during the pandemic, the CCG will have to monitor the impact on wellbeing and fatigue.</p> <p>Due to the high ratios of patients per GP and nurses in NCL compared to national ratios and the pressure on primary care staff capacity from recovery from COVID-19, the vaccination programme, elective recovery, and responding to pressures in urgent and emergency care system the risk has increased from 12 to 16.</p> <p>This risk has increased from 12 to 16.</p>
<b>Recommendation</b>	The Committee is asked to <b>NOTE</b> the report and the risk register, provide feedback on the risks included, and, identify if there are any new or additional strategic risks.
<b>Identified Risks and Risk Management Actions</b>	The risk register will be a standing item for each meeting of the Committee.
<b>Conflicts of Interest</b>	Conflicts of interest are managed robustly and in accordance with the CCG's conflict of interest policy.
<b>Resource Implications</b>	This report supports the CCG in making effective and efficient use of its resources.



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

Category	Risk Owner	Risk Manager	Objective	Risk	Consequence (Initial)	Rating (Initial)	Controls in place	Evidence of Controls	Overall Strength of Controls in place	Consequence (Current)	Rating (Current)	Controls Needed	Actions	Action Deadline	Update on Actions	Strategic Update for Committee	Date of Last Update	Status		
PERF 4	Paul Sinden, Chief Operating Officer	Vanessa Piper, Head Primary Care	Support system recovery and strengthen both Urgent Care & Integrated Urgent Care	<b>Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat)</b>  <b>CAUSE:</b> If there are delays in identifying struggling practices  <b>EFFECT:</b> There is a risk that greater number of practices will go through regulatory processes and receive poor Care Quality Commission ratings  <b>IMPACT:</b> This may result in more practices receiving formal contract remedies for completion, more caretaking arrangements being in place, more list dispersals / procurements being undertaken, and practices not being aligned with primary care networks	5	4	20	C1. Committee performance and quality report C2. Established NCL early Warning System working group C3. Resilience programme and supporting funding C4. Primary care at scale developed through GP Federations C5. Establishing Primary Care Networks C6. Development of Quality Improvement Support Teams (QISTs) through health and care closer to home STP workstream C7. Primary Care Covid recovery workstream for workforce and resilience established C8. Practice finance resilience support package established to project practice income and support additional costs incurred due to covered C9. General practice capacity fund distributed for 2021/21 (£4.1m) with further £1.2m to be distributed in 2021/22 (Quarters 1 & 2)	C1. Committee reports C2. Meeting notes C3. Meeting notes and practice correspondence C4. CCG Committee papers C5. Committee in Common papers C6. Meeting notes and practice correspondence C7. Meeting notes and recovery plan C8. Meeting notes and support package C9. Planning guidance for 2021/22 and PCCC papers for 2020/21	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	3	4	12	CN1. Development of NCL framework for early warning system CN2. Further development of performance and quality report to provide triangulated view of practice performance CN3. Development of practice resilience programme through the primary care recovery programme CN4. Determination of financial support package for covered for 2021/22 in line with planning guidance CN5. Redevelop recovery plan for primary care in light of wave 2 of the pandemic and planning guidance A1. Development of framework through the workforce and resilience workstream in primary care recovery programme A2. Update the quality and performance report in line with July 2020 committee requests and stocktake of Borough reports A3. Finalise action plan from workforce and resilience workstream A4. Agree CCG support programme for practices for 2021/22, including any ongoing covered support A5. Update recovery plan for primary care	A1. 31.08.2020 A2. 31.03.2021 A3. 31.07.2020 A4. 31.04.2021 A5. 31.03.2022	A1. Action plan completed A2. Draft PCN report developed. A3. Action plan completed. PCNs have submitted additional roles recruitment plans for 2020/21 and 2021/22 A4. Complete. Planning guidance for 2021/22 published in March 2022. Support plan will be built up from this. A5. Recovery priorities have been identified. Implementation is now being mobilised.	Primary Care Commissioning Committee	This risk is a response to regulatory action that has been taken with a series of practices recently following "inadequate" or "requires improvement" ratings following Care Quality Commission (CQC) inspections. Action in some cases has included having to put in place caretaking arrangements at practices at very short notice.  The aim of the risk mitigation is to promote earlier recognition of struggling practices, and ensure that support is provided before regulatory action is required. The workforce and resilience workstream for primary care recovery has a focus on supporting, and early identification of, struggling practices.  The NCL financial resilience package for practices to cover the impact of the COVID-19 pandemic, in place since April 2020, is in line with national guidance published in August 2020. The resilience package aims to mitigate the impact of the COVID-19 pandemic, and had been extended to cover all of 2020/21. Support is based on income protection where practices are unable to complete income generating work due to the pandemic (Quality Outcomes Framework, Locally Commissioned Services) and to offset additional costs incurred including cover for staff absence and personal protective equipment.  The financial resilience package forms part of the local support offer to practices with other aspects including a central clinical triage and home visiting service to treat COVID-19 positive patients separately, training for infection prevention control, and weekly practice webinars.  The package for 2021/22 has been developed in line with planning guidance, and initially will be in place for quarters one and two.  The Primary Care SITREP reporting, in place since November 2020, had been paused based on a low level of reporting of concerns from practices. It is currently being reviewed with a view to commencing it again. Practices will be asked to report any concerns on a regular basis to enable the CCG to respond and provide support where required.  Practices are still being supported with funding via the Capacity Expansion Fund. The North Central London allocation of the funding is £4.1 million. This equates to £2.58 per patient across NCL. NCL CCG will release this funding to practices in two tranches, with the first having been released in January 2021.	12.08.2021	Open
PERF15	Paul Sinden, Chief Operating Officer	Sarah McIlwaine, Director of Transformation - Primary Care	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	<b>Failure to address variation in Primary Care Quality and Performance across NCL (Threat)</b>  <b>CAUSE:</b> If NCL CCG fails to identify and address variations in Performance and Quality  <b>EFFECT:</b> There is a risk that practices across NCL will offer differential access and services for NCL residents  <b>IMPACT:</b> This may result in plans to reduce health inequalities and move more care closer to home to be less effective than planned risking inferior patient experience and poor cost effectiveness	4	4	16	C1. Primary Care Committee supported by Practice and Primary Care Network (PCN) based Quality and Performance Report C2. Establishment of Primary Care Networks C3. CCG work on resilience, sustainability and delivering primary care-at-scale through GP Forward View C4. NCL CCG Strategy for General Practice in place with a focus on at-scale provision and support C5. Establishment of CCG Quality Improvement Support Teams (QISTs) in each Borough C6. Primary Care Recovery Plan has a workstream focusing on workforce and resilience C7. Development of inequalities workplan to address differential access to primary care and NHS services	C1. Report C2. Committee papers C3. CCG papers C4. CCG Strategy C5. CCG papers and STP workstream papers C6. Primary Care Covid papers and minutes C7. CCG papers	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	3	4	12	CN1. Development of early warning system through primary care Covid workforce and resilience workstream CN2. Implement Directed Enhanced Service (DES) for PCNs CN3. Further development of performance and quality report CN4. Reflect national guidance for 2021/22 on addressing inequalities laid bare by Covid in local plans CN5. Develop patient experience and access workstream in updated recovery plan to include learning on differential access from covid vaccination programme A1. Develop action plan for workforce and resilience workstream A2. PCNs enacting DES as they can through COVID-19 A3. Revised report for Primary Care Committee and stocktake of Borough reports underway A4. Respond to requirements from national guidance A5. Implement access review as part of primary care recovery workstream	A1. 31.08.2020 A2. 31.07.2020 A3. 31.08.2021 A4. 30.07.2021 A5. 31.03.2022	A1. Action plan completed A2. Network DES included in practice financial resilience support package. Completed. A3. Quality and Performance report established. Draft PCN report developed and update to be presented at August 2021 PCCC meeting. A4. National guidance for 2021/22 published in March 2021. Recovery priorities have been identified. A5. Re-establishing recovery planning and reset work in primary care with removing variation in access as a key priority. Mobilisation has begun for implementation of access review.	Primary Care Commissioning Committee	Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include: • Plans to further develop Primary Care Networks (PCNs) through the introduction of the service specifications in the Direct Enhanced Service (DES) for 2020/21 and 2021/22 are available to provide development support for Clinical Directors; • The use of GP Forward View monies from NHS England to support the development of primary care networks and GP Federations, and to develop a resilience programme for general practice; • The introduction, via the new GP contract, of a greater quality improvement focus in the practice level Quality Outcomes Framework incentive scheme and under the new Investment and Impact Fund incentive scheme - introduced to reward PCNs for delivering against the NHS Long Term Plan; • The establishment of models for mutual aid across practices during COVID-19, including NCL-wide Acute COVID service and training for practices in managing COVID-19 patients; • Ongoing work to develop the GP Provider Alliance and a unified primary care provider voice within the NCL integrated care system.	30.07.2021	Open
PERF18	Paul Sinden, Chief Operating Officer	Keziah Insaaloo, Director of Transformation - Primary Care Programme Manager	Provide robust support to, and development of, our workforce - including through change	<b>Primary care workforce development (Threat)</b>  <b>CAUSE:</b> If the CCG is ineffective in developing the primary care workforce  <b>EFFECT:</b> There is a risk that it will not deliver the primary care strategy  <b>IMPACT:</b> This could mean that, for example, patients with long term conditions are not fully supported in primary care and require more frequent hospital care.	4	3	12	C1. Establishment of primary care networks. These will attract further investment in staffing C2. The education programme for GPs, practice nurses and other staff is in place C3. Development funding in primary care strategy for practice managers, practice nurse and practice-based pharmacists is in place C4. Blended roles for urgent care have been developed through the Community Education Provider Network (CEPN) C5. Primary Care funds have been used to establish practice based pharmacists C6. Workforce development team in place in the CCG C7. New GP contract (February 2020) allows use of core funding across a broader skill mix and in some cases full reimbursement to practices C8. The Workforce Action Plan is in draft and will be shared with stakeholders for comment imminently	C1. Committee papers C2. Programme papers C3. CCG papers and GPFV funding C4. CEPN papers and workforce summaries C5. PCN DES guidance, CCG papers C6. Strategy Directorate structures include workforce development C7. GP contract C8. Plan	STRONG: The controls have a 80+% chance or higher of successfully controlling the risk	4	4	16	CN1. PCN recruitment in line with DES requirements CN2. Supporting the development of the PCNs so they are able to develop new roles, e.g. Clinical Directors, social prescribers, building on the baseline of current workforce A1. PCN recruitment supported by CCG A2. Ongoing work to ensure that proposals for supporting primary care workforce are developed and approved.	A1. 31.03.2022 A2. 31.03.2022	A1. Recruitment of ARRS ongoing in line with workforce planning submissions and subject to supply A2. Work ongoing - CCG staff, GP federations and training hubs working together to support practices and PCNs	Primary Care Commissioning Committee	The updated GP contract for 2021/22 continues to emphasise the importance of funding and flexibility for workforce development and includes: • An increase in the national funding for the Additional Roles Reimbursement Scheme to help secure 15,500 Whole Time Equivalent (WTE) roles to be deployed by end of 2021/22; • More roles added to the Scheme (which now includes paramedics, and mental health practitioners as well as pharmacy technicians, dieticians, care coordinators, health coaches, podiatrists, occupational therapists and nursing associates/trainee nursing associates); • Every PCN becoming entitled to a fully embedded WTE mental health practitioner, employed and provided as a service by the PCN's local provider of community mental health services; • Introduction of an inner and outer London maximum reimbursement rate; • Further flexibility in the Scheme's rules, including the ability to employ staff at an advanced practitioner designation (clinical pharmacist, physio, occupational therapist, dietitian, podiatrist and paramedic); • The extension of the window to transfer any clinical pharmacists funded under the previous NHSE scheme to move to the PCN scheme; • The expectation that CCGs and systems will explore different ways of supporting PCNs to recruit; • PCNs' continuing to recruit to these roles and supported by Training Hubs with induction and professional development; • Further funding for the PCN Clinical Director support up to June 2021 in addition to the COVID capacity expansion fund; • Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice; • NCL Training Hub is developing a Primary care nursing strategy and have engaged with relevant stakeholders as part of this.  Given the high demand on the Primary Care workforce during the pandemic, the CCG will have to monitor the impact on wellbeing and fatigue.  Due to the high ratios of patients per GP and nurses in NCL compared to national ratios and the pressure on primary care staff capacity from recovery from COVID-19, the vaccination programme, elective recovery, and responding to pressures in urgent and emergency care system the risk has increased from 12 to 16.	30.07.2021	Open
COVID 11	Paul Sinden, Chief Operating Officer	Sarah McIlwaine, Director of Transformation - Primary Care	Support the ongoing response to Covid-19 pandemic and vaccination programme	<b>Trust and Confidence of Member Practices (Threat)</b>  <b>CAUSE:</b> If the CCG's member practices do not feel the CCG has properly engaged and supported them through the COVID-19 pandemic  <b>EFFECT:</b> There is a risk that the member practices lose trust and confidence in the leadership of the Governing Body and directors  <b>IMPACT:</b> This may result in member practices become disengaged, less co-operative and a potential challenge to the CCG's leadership.	4	2	8	C1. The Governing Body Chair holds regular webinars with key representatives from member practices to support them through the COVID-19 pandemic C2. Regular bulletins are sent to member practices C3. Regular updates through the GP website C4. Mechanism in place to gauge any changes in opinion C5. Training provision in place	C1. Weekly webinar is recorded C2. GP bulletin is circulated weekly C3. GP website updated weekly by comms team C4. Bi-weekly GP leadership webinars by Jo Sauvage, bulletins and GP microsite. C5. Ad hoc training and education webinars, or focus on specific topics within existing webinars	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	4	2	8	There are no further Controls identified to be implemented at the current time A1. Continue as per Controls in Place	A1. 31.03.2022	A1. Actions are continuing as per the controls in place.	Primary Care Commissioning Committee	This risk has been mitigated to date through the use of weekly webinars with practices, the use of twice weekly GP Bulletins to distil national guidance, and updates to the GP Website. A Primary Care COVID-19 meeting has also been established with clinical commissioning leads to agree service models and resilience support to address the COVID-19 pandemic.  A primary care vaccination steering group has been established with providers as part of the general practice COVID-19 vaccination programme, and a weekly call is held with commissioning leads.  A new single GP website has been launched to replace the individual borough websites. This provides information to practices, such as clinical guidelines/ pathways, education and training events etc.	30.07.2021	Open
COVID 12	Paul Sinden, Chief Operating Officer	Sarah McIlwaine, Director of Transformation - Primary Care	Support the ongoing response to Covid-19 pandemic and vaccination programme	<b>Capacity in General Practice (Threat)</b>  <b>CAUSE:</b> If GP practices experience an increase in the number of staff who are unwell or are self-isolating with suspected covid-19  <b>EFFECT:</b> There is a risk that practices will be forced to close  <b>IMPACT:</b> This may result in greater pressure being put onto practices which remain open, which may also be short-staffed, to manage increased demand.	4	4	16	C1. Increasing availability of staff testing for General Practice C2. GP practices moving to "telephone first" model where majority of consultations will be carried out on the phone, GP Federations leading on providing GPs with equipment and remote access to Egton Medical Information Systems (EMIS) C3. Returning staff to General Practice C4. Creation of COVID-19 Support Service, with senior clinical triage and ability to refer for home visit has been mobilised pan-NCL to ensure that covid-19 positive patients who need to see a GP in person, where the home practice is unable to provide this C5. Practice 'buddying' arrangements via business continuity plans C6. Primary care site reps to support early warning system C7. NCL COVID-19 Service is now live (launched 19/10/2020) and now includes weekend cover (from Dec 2020) C8. Review of GP workload in line with RCGP BMA guidance, NCL-tailored approach	C1. Primary care COVID action plan C2. Primary care COVID action plan C3. Primary care COVID action plan C4. Primary care COVID action plan C5. Primary care COVID plans C6. Primary care COVID action plan C7. Primary care COVID action plan C8. Implemented regular review of practice prioritisation advice - reviewing on fortnightly basis	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	4	3	12	CN1. Bi-weekly calls with Primary Care Covid Leads and clinician and associated action plan will identify the need to plan further controls CN2. Need to prevent fatigue and burn-out in primary care staff A1. NCL COVID-19 Support Service now live A2. Confirm practice buddying arrangements - via practice business continuity plans A3. Develop new model for general practice through the NCL general practice recovery group A4. Secure funding for programmes to ensure staff wellbeing	A1. 30.04.2020 A2. 31.08.2020 A3. 01.06.2021 A4. 31.03.2022	A1. Completed A2. Completed. Buddy arrangements in place A3. Pan-NCL Acute COVID-19 service is in place, and is responsive to changes in GP practice and patient need as the pandemic develops ; A4. Pan-NCL bid for Primary Care and wellbeing and resilience funding submitted June 2021 and was successful. Funding now in place.	Primary Care Commissioning Committee	Actions to ensure that there is sufficient capacity in general practice to manage demand include: • Increasing availability of staff testing for General Practice in order to reduce absences due to suspected COVID-19; • GP practices using the "telephone first" model where the majority of consultations will be carried out on the phone - with face to face being offered where it is clinically appropriate. GP Federations leading in providing GPs with equipment and remote access to the Egton Medical Information Systems (EMIS) in order to allow them to work remotely to provide these consultations; • The returning of staff (retirees) to General Practice; • NCL-wide acute Covid support service is in place - provided by the 6 NCL GP federations. The offering of senior clinician triage, advice and guidance on management of Covid patients and supporting step down of patients who are on the oximetry at home pathway; • The development of service triggers to scale COVID-19 services up and down in line with symptom levels; • Practice 'buddying' arrangements via their Primary Care Networks; • The receipt of the £4.1m capacity fund for general practice to maintain capacity during delivery of the COVID-19 vaccination programme, with all funds to go to general practice to support service priorities, including: o supporting patients with Long COVID-19; o establishment of systems for remote monitoring of patients, including pulse oximetry; o supporting clinically extremely vulnerable patients and maintaining the shielding list; • Addressing the backlog of appointments, including those for chronic disease management and routine vaccinations and immunisations; • Making progress (in addressing inequalities) on learning disability health checks and actions to improve ethnicity data recording in GP records; and, o potentially offering backfill for staff absences where this is agreed by the CCG, is required to meet demand, and the individuals concerned are not able to work remotely. • The national announcement that the GP Covid capacity fund will be extended up to September 2021.  However, GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services, and due to demands of system recovery.	30.07.2021	Open

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	FEB	APR	JUN	AUG		
PERF4	Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat)	Paul Sinden Chief Operating Officer	<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 has been developed in line with planning guidance, and initially will be in place for quarters one and two.</p> <p>The Primary Care SITREP reporting, in place since November 2020, had been paused based on a low level of reporting of concerns from practices. It is currently being reviewed with a view to commencing it again. Practices will be asked to report any concerns on a regular basis to enable the CCG to respond and provide support where required.</p> <p>Practices are still being supported with funding via the Capacity Expansion Fund. The North Central London allocation of the funding is £4.11million. This equates to £2.58 per patient across NCL. NCL CCG will release this funding to practices in two tranches, with the first having being released in 2021/22.</p>		12	12	12	→	6
PERF15	Failure to address variation in Primary Care Quality and Performance across NCL (Threat)	Paul Sinden Chief Operating Officer	<p>Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include:</p> <ul style="list-style-type: none"> <li>Plans to further develop Primary Care Networks (PCNs) through the introduction of the service specifications in the Direct Enhanced Service (DES) for 2020/21 and 2021/22 are available to provide development support for Clinical Directors;</li> <li>The use of GP Forward View monies from NHS England to support the development of primary care networks and GP Federations, and to develop a resilience programme for general practice;</li> <li>The introduction, via the new GP contract, of a greater quality improvement focus in the practice level Quality Outcomes Framework incentive scheme and under the new Investment and Impact Fund incentive scheme - introduced to reward PCNs for delivering against the NHS Long Term Plan;</li> <li>The establishment of models for mutual aid across practices during COVID-19, including NCL-wide Acute COVID service and training for practices in managing COVID-19 patients;</li> <li>Ongoing work to develop the GP Provider Alliance and a unified primary care provider voice within the NCL integrated care system.</li> </ul>		12	12	12	→	6
PERF18	Primary care workforce development (Threat)	Paul Sinden Chief Operating Officer	<p>The updated GP contract for 2021/22 continues to emphasise the importance of funding and flexibility for workforce development and includes:</p> <ul style="list-style-type: none"> <li>An increase in the national funding for the Additional Roles Reimbursement Scheme to help secure 15,500 Whole Time Equivalent ('WTE') roles to be deployed by end of 2021/22;</li> <li>More roles added to the Scheme (which now includes paramedics, and mental health practitioners as well as pharmacy technicians, dieticians, care coordinators, health coaches, podiatrists, occupational therapists and nursing associates/trainee nursing associates);</li> <li>Every PCN becoming entitled to a fully embedded WTE mental health practitioner, employed and provided as a service by the PCN's local provider of community mental health services;</li> <li>Introduction of an inner and outer London maximum reimbursement rate;</li> <li>Further flexibility in the Scheme's rules, including the ability to employ staff at an advanced practitioner designation (clinical pharmacist, physio, occupational therapist, dietician, podiatrist and paramedic);</li> <li>The extension of the window to transfer any clinical pharmacists funded under the previous NHSE scheme to move to the PCN scheme;</li> <li>The expectation that CCGs and systems will explore different ways of supporting PCNs to recruit;</li> <li>PCNs' continuing to recruit to these roles and supported by Training Hubs with induction and professional development;</li> <li>Further funding for the PCN Clinical Director support up to June 2021 in addition to the COVID capacity expansion fund;</li> <li>Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice;</li> <li>NCL Training Hub is developing a Primary care nursing strategy and have engaged with relevant stakeholders as part of this.</li> </ul> <p>Given the high demand on the Primary Care workforce during the pandemic, the CCG will have to monitor the impact on wellbeing and fatigue.</p> <p>Due to the high ratios of patients per GP and nurses in NCL compared to national ratios and the pressure on primary care staff capacity from recovery from COVID-19, the vaccination programme, elective recovery, and responding to pressures in urgent and emergency care system the risk has increased from 12 to 16.</p>		12	12	16	↑	9

COVID11	<b>Trust and Confidence of Member Practices (Threat)</b>	Paul Sinden Chief Operating Officer	<p>This risk has been mitigated to date through the use of weekly webinars with practices, the use of twice weekly GP Bulletins to distil national guidance, and updates to the GP Website. A Primary Care COVID-19 meeting has also been established with clinical commissioning leads to agree service models and resilience support to address the COVID-19 pandemic.</p> <p>A primary care vaccination steering group has been established with providers as part of the general practice COVID-19 vaccination programme, and a weekly call is held with commissioning leads.</p> <p>A new single GP website has been launched to replace the individual borough websites. This provides information to practices, such as clinical guidelines/ pathways, education and training events etc.</p>	8	8	8	8	➔	6
COVID12	<b>Capacity in General Practice (Threat)</b>	Paul Sinden Chief Operating Officer	<p>Actions to ensure that there is sufficient capacity in general practice to manage demand include:</p> <ul style="list-style-type: none"> <li>Increasing availability of staff testing for General Practice in order to reduce absences due to suspected COVID-19;</li> <li>GP practices using the "telephone first" model where the majority of consultations will be carried out on the phone – with face to face being offered where it is clinically appropriate. GP Federations leading in providing GPs with equipment and remote access to the Egton Medical Information Systems (EMIS) in order to allow them to work remotely to provide these consultations;</li> <li>The returning of staff (retirees) to General Practice;</li> <li>NCL-wide acute Covid support service is in place - provided by the 6 NCL GP federations. The offering of senior clinician triage, advice and guidance on management of Covid patients and supporting step down of patients who are on the oximetry at home pathway;</li> <li>The development of service triggers to scale COVID-19 services up and down in line with symptom levels;</li> <li>Practice 'buddying' arrangements via their Primary Care Networks;</li> <li>The receipt of the £4.1m capacity fund for general practice to maintain capacity during delivery of the COVID-19 vaccination programme, with all funds to go to general practice to support service priorities, including: <ul style="list-style-type: none"> <li>o supporting patients with Long COVID-19;</li> <li>o establishment of systems for remote monitoring of patients, including pulse oximetry;</li> <li>o supporting clinically extremely vulnerable patients and maintaining the shielding list;</li> <li>o addressing the backlog of appointments, including those for chronic disease management and routine vaccinations and immunisations;</li> <li>o making progress (in addressing inequalities) on learning disability health checks and actions to improve ethnicity data recording in GP records; and,</li> <li>o potentially offering backfill for staff absences where this is agreed by the CCG, is required to meet demand, and the individuals concerned are not able to work remotely.</li> </ul> </li> <li>The national announcement that the GP Covid capacity fund will be extended up to September 2021.</li> </ul> <p>However, GP capacity is being impacted by workforce burnout / tiredness, pent up demand for general practice services, and due to demands of system recovery.</p>	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

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

## 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
<b>Governance</b>								
Review of Risk Register	X		X		X	X	X	X
Review of Terms of Reference (TOR)								X
Review of Committee Effectiveness	X							X
<b>Contracting</b>								
Decisions relating to GMS, PMS and APMS contracts eg: practice mergers	X		X		X	X	X	X
Local Commissioned Services						X		
Procurements	As and when required							
Demonstration of DH Health Building Notes Estimator (HBN)		X						
Pros & Cons of practices merging together		X						
<b>Quality &amp; Performance</b>								

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