

NHS North Central London ICB
Primary Care Contracting Committee Meeting
Tuesday 4 October 2022
10am to 11:30am
Meeting in the Arlington Room, Ground Floor,
Laycock PDC,
Laycock Street, Islington N1 1TH.

Item	Title	Lead	Action	Page	Time
Pre-meet to be held for committee members between 9:30am and 10am					
AGENDA Part 1					
1. INTRODUCTION					
1.1	Welcome, introductions and Apologies	Chair	Note	Oral	10:00am to 10:25am
1.2	Declarations of Interest (not otherwise stated)	All	Note	3	
1.3	ICB PCCC Terms of Reference	Chair	Note	9	
1.4	Action Log	Chair	Approve	20	
1.5	Matters Arising	All	Note	Oral	
1.6	Questions from the public relating to items on the agenda received prior to the meeting Members of the public have the opportunity to ask questions. These must relate to items that are on the agenda for this meeting and should take no longer than three minutes per person.				
2. BUSINESS					
2.1	Contract Variations All Boroughs - PMS Agreement Changes <u>Enfield</u> <ul style="list-style-type: none"> • Medicus Health Partners – 24 hour retirement of a partner <u>Haringey</u>	Vanessa Piper	Approve	23	10:25am to 10:45am

	<ul style="list-style-type: none"> The 157 Practice – name change of provider, addition of a partner and removal of a partner <p><u>Camden</u></p> <ul style="list-style-type: none"> James Wigg Practice – addition of a partner and a removal of a partner. 				
2.2	<p>Islington</p> <ul style="list-style-type: none"> Barnsbury Medical Practice – Extension of Caretaking Contract 	Vanessa Piper / Borough Rep	Approve	29	
3.	OVERVIEW REPORTS				
3.1	Primary Care Finance Update	Sarah Rothenberg	Note	35	10:45am to 11:10am
3.2	Quality & Performance Report	Simon Wheatley	Note	46	
4.	GOVERNANCE				
4.1	Board Assurance Framework	Chris Hanson	Note	59	11:10am to 11:20am
4.2	PCCC Forward Plan	Chair	Note	68	
5.	ITEMS FOR INFORMATION				
5.1	<p>Urgent decision taken on 20 September 2022</p> <ul style="list-style-type: none"> PMS Agreement changes – 24-hour retirement request 	Vanessa Piper / Borough Rep	Note	70	11:20am to 11:25am
5.2	<p>Urgent decision taken on 20 September 2022</p> <ul style="list-style-type: none"> Barnet – Primary Care Network Membership Changes 	Vanessa Piper / Borough Rep	Note	76	
6.	ANY OTHER BUSINESS				
6.1	Any Other Business				11:25am
7.	DATES OF NEXT MEETINGS (all between 10am and 11:30am)				
7.1	<ul style="list-style-type: none"> 18 October 2022 13 December 2022 21 February 2023 				
	PART 2 MEETINGS				
	To resolve that as publicity on items contained in Part 2 of the agenda would be prejudicial to public interest by reason of their confidential nature, representatives of the press and members of the public should be excluded from the remainder of the meeting. Section 1 (2) Public Bodies (Admission to meetings) Act 1960.				



**North Central London ICB
Primary Care Contracting Committee
Meeting
4 October 2022**

North Central London
Integrated Care Board

Report Title	Declaration of Interests Register – Primary Care Contracting Committee Meeting	Agenda Item: 1.2
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Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Places	Tel/Email	sarah.mcdonnell1@nhs.net
Lead Director / Manager	Mr Ian Porter, Executive Director of Corporate Affairs	Tel/Email	ian.porter3@nhs.net
Report Author	Vivienne Ahmad, Board Secretary	Tel/Email	v.ahmad@nhs.net
Name of Authorising Public and Patient Engagement and Equalities Lead	<i>Not Applicable</i>	Summary of Financial Implications	<i>Not Applicable</i>

Report Summary	<p>Members and attendees of the Primary Care Contracting Committee (PCCC) 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 Board or its Committees could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence.</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 ICB 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> <p>Members are reminded to ensure their declaration of interest form and the register recording their details are kept up to date.</p> <p>Members and attendees are also asked to note the requirement for any relevant gifts or hospitality they have received to be recorded on the ICB Gifts and Hospitality Register.</p>
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Recommendation	<p>To NOTE:</p> <ul style="list-style-type: none"> • the requirement to declare any interests relating to the agenda; • the Declaration of Interests Register and to inspect their entry and advise the Board Secretary of any changes; • the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.

Identified Risks and Risk Management Actions	The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the ICB.
Conflicts of Interest	The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting.
Resource Implications	<i>Not Applicable</i>
Engagement	<i>Not Applicable</i>
Equality Impact Analysis	<i>Not Applicable</i>

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

NCL ICB Board of Members Declaration of Interest Register - September 2022

Name	Current Position (s) held- i.e. ICB Board, Trust, Member practice, Employee or other	Declared Interest - (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest				Actions to be taken to mitigate risk (to be agreed with line a manager of a senior CCG manager)
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	Date declared	Updated	
Members												
Dr Usman Khan	Board Member ICB		no	yes	no	Direct	Member		current			
	Chair of ICB Primary Care Contracting Committee	ModusEurope	yes	yes	yes	Direct	director	29/11/2012	current			
	Chair of ICB Finance Committee	Motor Neurone Disease (Sales) Ltd	yes	yes	yes	Direct	director	27/06/2022	current			
	Member of ICB Audit Committee	London Metropolitan University	yes	yes	yes	Direct	director	01/08/2022	current			
	Member of ICB Remuneration Committee	Motor Neurone Disease Association	yes	yes	yes	Direct	Chair of Trustees / director	01/07/2021	current			
		FIPRA, a European public affairs consultancy	yes	yes	yes	Direct	Senior Advisor for EU Health Policy	01/50/2020	current			
		KU Leuven University, Belgium	yes	yes	yes	Direct	Visiting Professor in Health Management and		current			
	Good Governance Institute	no	yes	No	Direct	Managing Director	01/02/2022	current				
Ms Liz Sayce OBE	Non Executive Member, Member of the ICB Board											
	Chair of ICB Remuneration Committee	Commission for Equality at Centre for Mental Health	yes	yes		direct	chair	2018	2021	26/08/2022		
	Chair of ICB Quality and Safety Committee	Action on Disability and Development International	yes	yes		direct	vice chair	26/01/2021	current	26/08/2022		
	Member of ICB Audit Committee	London School of Economics	yes	yes		direct	Visiting Senior Fellow		current	26/08/2022		
	Vice-Chair of ICB Integrated Medicines Optimisation Committee	Social Security Advisory Committee	yes	yes		direct	Member and Vice-Chair	2016	current	26/08/2022		
	Member of ICB Primary Care Contracting Committee	Fabian Society Commission on Poverty and Regional Inequality	yes	yes		direct	Commissioner	2021	current	26/08/2022		
		Royal Society of Arts	no	no	no	direct	Fellow		current	26/08/2022		
		Institute for Employment Studies Commission on the Future of Employment Support	yes	yes	no	direct	Commissioner	2022	2024	26/08/2022		
		Recovery Focus (a national voluntary organisation)	no	no	no	indirect	Partner is a Trustee		current	26/08/2022		
		Consultancy roles	no	no	no	indirect	My partner offers consultancy across the UK to mental health services, sometimes working with NHS Trusts, local authorities or voluntary sector organisations		current	26/08/2022		I would declare a specific interest if my partner at any point worked with an organisation in North Central London, and recuse myself from any discussions relating to that organisation as needed
Dominic Roberts	Primary Care Clinical Director inc Primary Care Clinical Lead for Sustainability		n	n	n	none		07/11/2018	current	02/08/2019	05/09/2022	
	Independent GP Clinical Lead, Primary Care Sustainability, Strategic Commissioning, NCL ICB	Clinical Director, Islington Borough, NCL ICB which has the following roles:	y	y	n	direct	member	07/11/2018	current	02/08/2019	05/09/2022	
	Caldicott Guardian for NCL ICB	1. Support conflict of interest issues for the borough	n	y	n	direct	Lead	07/11/2018	current	02/08/2019	05/09/2022	
	Clinical Director, Islington Borough, NCL ICB	2. Freedom to Speak up Guardian for NCL GP practices	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	05/09/2022	
	Member of Primary Care Contracting Committee	3. Freedom to Speak up Guardian for Islington Federation	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	05/09/2022	
	Member of Procurement Oversight Group	4. Voting member of the Individual Funding Request Panel	n	y	n	direct	Member	07/11/2018	current	02/08/2019	05/09/2022	
		1. Islington Locally Commissioned Services Working Group				direct	Chair	07/11/2018	current	02/08/2019	05/09/2022	
		6. Clinical representative for NCL Primary Care Joint Committee				direct	Clinical representative	07/11/2018	current	02/08/2019	05/09/2022	
		Medicines and devices Safety Officer (MSO & MDSO)				direct	Safety Officer	07/11/2018	current	02/08/2019	05/09/2022	
		8. Co-founder & Chair of the MSO/MDSO network for NCL				direct	Chair	07/11/2018	current	02/08/2019	05/09/2022	
		9. Controlled drugs safety lead and Antimicrobial stewardship lead.				direct	Lead	07/11/2018	current	02/08/2019	05/09/2022	
		10. Clinical leadership for serious incident reviews & patient safety				direct	Lead	07/11/2018	current	02/08/2019	05/09/2022	
		11. Clinical leadership for GP Practice Quality				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	05/09/2022	
		12. Clinical leadership for Federation Working Group				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	05/09/2022	
	13. Co-chair Federation Contracts and Quality Group				direct	Co Chair	07/11/2018	current	02/08/2019	05/09/2022		
	NLP IG Working Group				direct	Chair	10/05/2020	current	10/05/2020	05/09/2022		

NCL ICB Board of Members Declaration of Interest Register - September 2022

	Locum GP	y	y	n	direct	Homerton Hospital that provides out of hours care for City & Hack-ney CCG. As part of this role I do shifts for the Paradoc emergency home visiting service. · Tower Hamlets and SELDOC (Southwark) GP Out of hours services. · Long term GP locum in Croydon. · Lantum GP Locums	07/11/2018	current	02/08/2019	05/09/2022		
	Greenland Passage residential association	n	y	y	direct	Board Director	07/11/2018	current	02/08/2019	05/09/2022		
	1-12 Royal Court Ltd	n	y	y	direct	Secretary & director	07/11/2018	current	02/08/2019	05/09/2022		
	Novo Nordisk pharmaceutical company.	n	n	n	Indirect	My Sister is a Medical Advisor	07/11/2018	current	02/08/2019	05/09/2022		
	St Helier Hospital in Sutton.	n	n	n	Indirect	Partner is an ITU Consultant	07/11/2018	current	02/08/2019	05/09/2022		
	BMA	y	y	n	direct	member	07/11/2018	current	02/08/2019	05/09/2022		
	City and Hackney Local Medical Committee	n	y	n	direct	member	07/11/2018	current	02/08/2019	05/09/2022		
	Homerton Paradoc GP home visiting service	y	y	n	direct	I am a GP - I do shifts for the Paradoc emergency home visiting service.	07/11/2018	current	02/08/2019	05/09/2022		
	Communitas, a private provider seeing NHS patients,	y	y	n	direct	I undertake clinical sessions in my role as a GP with a Special interest in ENT.	07/11/2018	current	02/08/2019	05/09/2022		
	Hackney VTS GP training scheme	y	y	n	direct	Programme director, employed by the London Specialty School of General Practice, Health Education England.	07/11/2018	current	02/08/2019	05/09/2022		
	I am a GP Appraiser for the London area.	y	y	n	direct	GP Appraiser	07/11/2018	current	02/08/2019	05/09/2022		
	I am a mentor for GPs under GMC sanctions.	y	y	n	direct	GP Mentor	07/11/2018	current	02/08/2019	05/09/2022		
	Lantum GP locum agency	y	y	n	direct	Registered with the agency		current	11/03/2022	05/09/2022		
Sarah Mansuralli	Chief Development and Population Health Officer Member of Executive Management Team Member of Primary Care Contracting Committee Attend ICB Board of Members Exec Lead for Strategy and Development Committee Attend Finance Committee Attend Procurement Oversight Group	No interests declared	No	No	No	No	Nil Return	07/11/2018	current	07/11/2019	04/07/2022	
Dr Jo Sauvage	Chief Medical Officer, Member of ICB Board, Member of ICB Executive Management Team Also participate in multiple work streams NHS England & Improvement and Health Education England, London Region		yes	yes	yes	direct		01/07/2022	current	10/07/2022		
	NCL Clinical representative London Clinical Executive Group	yes	yes	yes	direct	NCL Clinical Representative		current	10/07/2022			
	London People Board	yes	yes	yes	direct	CMO Representative		current	10/07/2022			
	London Primary Care School	yes	yes	yes	direct	ICS Representative		current	10/07/2022			
	London Anchors Board	yes	yes	yes	direct	GP Representative		current	10/07/2022			
	NHS London Sustainability Network/Co-Chair of the Board	yes	yes	yes	direct	Clinical Director		current	10/07/2022			
	London Region Air Quality Delivery Group	yes	yes	yes	direct	Co - Chair		current	10/07/2022			
	Membership Expert Advisory Group for Evidence based interventions. Hosted by Academy of Royal Colleges	yes	yes	yes	direct	Member		current	10/07/2022			
	Working for Islington GP Federation	yes	yes	yes	direct	Salaried GP	01/07/2022	current	10/07/2022		Appropriate mitigations to be taken as directed by ICB, to avoid my involvement in any decision making pertaining to financial transactions /or other.	
	City Road Medical Centre	yes	yes	yes	direct	GP Partner	11/07/2019	current	10/07/2022		contract to novate to salaried GP - Federation	
	South Islington PCN	yes	yes	yes	direct	GP Practice is a member		current	01/07/2022			
Sarah McDonnell-Davies	Executive Director of Places member of Executive Management Team Attend ICB Board of Members Attend NCL Committee Meetings as required e.g. Strategy and Development Committee Primary Care Contracting Committee Borough Commissioning Committee	None	No	No	No	No	Nil Return			20/06/2018	09/09/2021	
Sarah Rothenberg	Director of Finance, Primary Care - NCL ICB							01/07/2022	current	05/09/2022		
	Member of NCL ICB PCCC – Primary Care Contracting Committee	Association of Jewish Refugees	No	No	Yes	direct	Finance Committee Member	10/07/2018	current	05/09/2022		

NCL ICB Board of Members Declaration of Interest Register - September 2022

Non- Voting Participants and Observers												
Sarah Mcilwaine	Director of Primary Care	None	No	No	No	No	Nil Return	09/10/2018	current	21/07/2021		
Vanessa Piper	Assistant Director of Primary Care (Commissioning & Contracting)	None	No	No	No	No	Nil Return	13/09/2020	current	23/08/2021		
Dr Peter Christian	Interim Clinical Director for Primary Care	I was a partner at the Muswell Hill Practice for thirty four years and left in December 2020.	No	No	No	Indirect	I have no financial involvement anymore in the business.	15/03/2018	current		31/08/2022	
	Attend Primary Care Contracting Committee	Lost Chord is a medical charity . It receives funds for work in dementia care homes.	No	No	Yes	Indirect	My wife is a patron	15/03/2018	current		31/08/2022	
	Lead Clinician for Autumn Polio booter campaign	The Hospital Saturday Fund awards funds to health related causes.	No	No	Yes	Indirect	My wife is a patron	15/03/2018	current		31/08/2022	
	Primary and Secondary care interface group	The Hospital Saturday Fund awards funds to health related causes.	No	No	Yes	Direct	I am a Member	15/03/2018	current		31/08/2022	
	Attend Clinical Advisory Group		No	No	No			15/03/2018	current		31/08/2022	
	Attend IFR Committee		No	No	No			15/03/2018	current		31/08/2022	
	Attend Haringey Collaborative meeting		No	No	No			15/03/2018	current		31/08/2022	
	Attend Haringey Federation meeting		No	No	No							
	Attend Haringey Borough Partnership		No	No	No							
Attend Haringey Health & Wellbeing Board		No	No	No			15/03/2018	current		31/08/2022		
Sarah Morgan	Chief People Officer Member of the Executive Member Team											
	Attend Remuneration Committee	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022		voluntary and do not provide any services only thought leadership as a health and social care stakeholder contributor
		Fresh Visions People Ltd	no	no	yes	Direct	Trustee / Director	01/04/2022	current	04/07/2022		Ensure that any contractual arrangements that may involve Fresh Visions or the parent organisation Optivo are declared as a conflict of interest as operate out of London
Deirdre Malone	Interim Director for Quality		No	No	No	No		31/08/2022	current	31/08/2022		
	Attend Primary Care Contracting Committee	CMC HYGEA - Manufacturer of Healthcare products in the Republic of Ireland.	No	No	No	Indirect	Brother in law is the CEO of CMC HYGEA. I am not directly involved in the procurement of healthcare products in my role, therefore no mitigations are required.	03/12/2015	current	31/08/2022		
	Attend Quality and Safety Committee											
	Attend GOSH CQRG											
	Attend Quality Meeting RNOH											
	Attend extended EMT											
	Member of CAG											
	Specialist Commissioning Quality Committee hosted by NHSE											
	Partner of the 5 Local Authority Safeguarding Children Partnership Boards											
Partner of the 5 Local Authority Safeguarding Adult Partnership Boards												
Member of the NCL Local Maternity and Neonatal System												
Emma Whitby	Chief Executive, Healthwatch Islington		No	Yes	No	Direct	Chief Executive	09/09/2019	current		31/08/2022	
	Attend Primary Care Contracting Committee	London Catalysts	no	no	yes	Direct	Trustee	10/07/1905	current		31/08/2022	
		Partnership with various VCS organisations Cloudesley Clarion Housing and Awards for all grants for digital inclusion	no	no	yes	Direct		01/04/2022	current		31/08/2022	
Vicky Weeks	Medical Director, LMC, NCL	None	No	No	No	No	Nil Return	30/11/2020	current			
	Attend Primary Care Contracting Committee											
John Pritchard	Senior Communication Lead, ICB	No interests declared	No	No	No	No		15/07/2020	current		31/08/2022	
Rev Kostakis Christodoulou	Community Member	Church of England	yes	yes	yes	Direct	Priest, accountable to Robert Wickham, Bishop of Edmonton, responsible for four NCL boroughs of Barnet, Camden, Enfield & Haringey.	13/10/2020	current	16/10/2021		

NCL ICB Board of Members Declaration of Interest Register - September
2022

Mark Agathangelou	Community Member	No interests declared	No	No	No	No	Nil Return	13/10/2020	current	16/10/2021		
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North Central London
Integrated Care Board

**North Central London ICB
Primary Care Contract Committee Meeting
4 October 2022**

Report Title	PCCC Terms of Reference	Date of report	30 August 2022	Agenda Item	1.3
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Places	Email / Tel	sarah.mcdonnell1@nhs.net		
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Places				
Report Author	Sue Battams, Corporate Programmes Manager	Email / Tel	s.battams@nhs.net		
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications The Committee Terms of Reference include delegated areas of authority for commissioning and other expenditure on behalf of the Board of Members.			
Name of Authorising Estates Lead	<i>Not Applicable</i>	Summary of Estates Implications The Committee Terms of Reference include delegated areas of authority for primary care estates, as detailed in section 3.1, on behalf of the Board of Members.			
Report Summary	<p>1. PCCC are asked to NOTE its Terms of Reference; the purpose and role of the Committee, and to confirm their responsibilities as Voting Members or Participants and Observers are understood.</p> <p>2. PCCC are requested to NOTE the update in respect of Participants and Observers.</p> <p>NHS North Central London Integrated Care Board (ICB) is a statutory organisation that was formally established on 1 July 2022. Under its Constitution the Board of Members is required to establish an Audit Committee and a Remuneration Committee. It may also establish other committees and sub-committees to assist in discharging its statutory functions.</p> <p>At the ICB's inaugural meeting on the 4 July 2022, the Board approved the establishment of 5 committees and 4 sub-committees. The Primary Care Contracting Committee (PCCC) was one of the sub-committees approved by the Board.</p> <p>PCCC is a sub-committee of the Strategy and Development Committee. Its purpose is to:</p> <ol style="list-style-type: none"> Provide oversight, scrutiny and decision making for primary medical services; Make decisions in relation to the commissioning and management of primary medical services contracts; Have oversight of GP practice quality and performance; and Provide oversight and assurance of the primary care budget delegated from NHS England. 				

	<p><i>Membership</i> - The Committee comprises of Voting Members (as detailed in section 4) and Participants and Observers (as detailed in section 5).</p> <p>In line with 5.4 of the Terms of Reference, Schedule 1 has now been updated to reflect the ICB's 5 Directors of Integration as Participants and Observers, with their respective Assistant Directors - Primary Care deputising and attending the Committee as required.</p> <p>Work continues to confirm the named Community Participants and VCSE Alliance Representative. The Community Participants will be sourced from the Community Partnership Forum (CPF). The CPF is undergoing a refresh through September so we await confirmation of which member(s) will represent at PCCC. Similarly the VCSE Alliance is continuing to work through the identification and allocation of its representatives to align with the ICB's governance requirements and requests.</p> <p>The engagement and involvement of Community Participants and a VCSE Alliance Representative as Participants and Observers at the Committee is essential. All efforts will be made to have any outstanding Participants and Observers in place by the October PCCC, at the very latest.</p>
Recommendation	<p>PCCC are asked to NOTE its Terms of Reference; the purpose and role of the Committee, and to confirm their responsibilities as Voting Members, or Participants and Observers are understood.</p> <p>PCCC are requested to NOTE the update in respect of Participants and Observers.</p>
Identified Risks and Risk Management Actions	<p>The Committee Terms of Reference include provisions for risk management. In addition, the Committee provides oversight and scrutiny of the ICB's key risks within the areas of its remit. The most significant risks will be reported at each meeting of the Board of Members through the Board Assurance Framework report.</p>
Conflicts of Interest	<p>This paper was written in accordance with the Conflicts of Interest Policy.</p>
Resource Implications	<p>This report supports the ICB by providing oversight and scrutiny of an ICB key area and in making effective and efficient use of its resources.</p>
Engagement	<p>The Terms of Reference were developed through engagement with the membership of the CCG PCCC (before July 2022), the ICB Executive Management Team and other key ICB members of staff who are subject matter experts.</p> <p>The Terms of Reference were presented to, and approved by, the Board of Members of the ICB which includes Non-Executive Members, Partner Members, the UCL Health Alliance Member and clinicians.</p>
Equality Impact Analysis	<p>This report has been written in accordance with the provisions of the Equality Act 2010.</p>
Report History and Key Decisions	<p>The ICB Board of Members approved the PCCC Terms of Reference on 4 July 2022.</p>
Next Steps	<p>Final list of members and attendees will be confirmed and the Declaration of Interests log completed accordingly.</p>
Appendices	<p>PCCC Terms of Reference (with updated Schedule 1, including Participants and Observers to reflect the 5 Borough Directors of Integration, and their respective Assistant Directors - Primary Care deputising and attending the Committee as required.)</p>

**NHS North Central London
Integrated Care Board
Primary Care Contracting Committee
Terms of Reference**

1. Introduction

- 1.1 The Primary Care Contracting Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Integrated Care Board ('ICB'). It is a sub-committee of the ICB Strategy and Development Committee.
- 1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Purpose

- 2.1 The purpose of the Committee is to:
- a) Provide oversight, scrutiny and decision making for primary medical services;
 - b) Make decisions in relation to the commissioning and management of primary medical services contracts;
 - c) Have oversight of quality and performance in primary medical services; and,
 - d) Provide oversight and assurance of the primary care budget delegated from NHS England.

3. Role

- 3.1 The Committee will:
- a) Make decisions for the commissioning and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - Decisions in relation to GP core contracts and directed enhanced services;
 - Making recommendations in relation to Local Enhanced Services;
 - Decisions in relation to the establishment of GP practices (including branch surgeries) and closure of GP practices;
 - Decisions about 'discretionary' payments permissible under Guidelines;
 - Management of delegated primary care funds;
 - Decisions about commissioning for out of area registered patients;
 - Approval of practice mergers;
 - Planning primary medical care services in the area, including carrying out needs assessments and monitoring of list size changes;
 - Ensuring the ICB and providers of primary medical services uphold the duty to engage Undertaking reviews of primary medical care services;
 - Ensure there is appropriate oversight of primary care procurements;
 - Decisions in relation to the management of poor performance, which –without limitation – include, use of remedial and breach notices and application of wider contract terms and , decisions and liaison with NHSE and the CQC where the CQC has reported non-compliance with standards (excluding any decisions in relation to the performers list which remains with NHSE);
 - Application of the Premises Cost Directions in the planning, approval and funding of primary care estate;
 - Approve the elements of ICB estates schemes that pertain to primary care rent, rates or patient access;

- Coordinating a consistent approach to the commissioning of primary care services aligned to the primary care strategy and ICB Population Health and Inequalities Improvement Strategy; and
 - Such other ancillary activities that are necessary in order to exercise the Delegated Functions.
- b) Give due regard to the Primary Medical Care Policy and Guidance Manual, Delegation Agreements with NHS England and ICB commissioning policies and frameworks;
 - c) Shape and set ICB commissioning policies and frameworks for primary care contracts;
 - e) Oversee and approve primary care workforce plans that pertain to national primary care contracts including but not limited to minimum staffing numbers and the Additional Roles Reimbursement Scheme ('ARRS'); and,
 - f) Oversee and approve Digital plans that pertain or have implications for primary care access service models. This may include but is not limited to online consultation models.
 - g) Receive information on and give due regard to Primary Care strategy and policy set at a national and local level.

4. Membership

- 4.1 The Committee shall comprise of the following voting members:
 - a) Two Non-Executive Members;
 - b) A non-conflicted independent primary care clinician;
 - c) Chief Development and Population Health Officer;
 - d) Chief Medical Officer;
 - e) Executive Director of Place;
 - f) Director of Finance.
- 4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.
- 4.3 In accordance with the ICB's Constitution all voting members of the Committee must be approved by the ICB's Chair.
- 4.4 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.
- 4.5 Voting members may nominate deputies to represent them in their absence.

5. Participants and Observers

- 5.1 The following people shall attend Committee meetings as standing participants:
 - a) Director of Primary Care;
 - b) Assistant Director of Primary Care (Commissioning and Contracting);
 - c) Clinical Director for Primary Care;
 - d) Chief People Officer;
 - e) A representative from the Quality Directorate;
 - f) A Director of Public Health;
 - g) Healthwatch Representative;
 - h) LMC Representative;
 - i) **Community Participants (TBC);**
 - j) VCSE Alliance Representative.

- 5.2 Participants at Committee meetings are non-voting.
- 5.3 The roles referred to in the list of standing participants above describe the substantive roles and any equivalent successor roles and not the individual title or titles.
- 5.4 The list of standing participants is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.
- 5.5 Standing participants may nominate deputies to represent them in their absence.
- 5.6 The Committee may invite or allow additional people to attend meetings as participants. Participants may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.
- 5.7 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.
- 5.8 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair

- 6.1 The Committee Chair shall be a Non-Executive Member. The Chair may nominate a deputy to represent them in their absence.

7. Voting

- 7.1 The ICB has agreed to use a collective model of decision making that seeks to find consensus between system partners and make decisions based on unanimity as the norm. This includes working through difficult issues where appropriate. If it is not possible to achieve unanimity a vote will be required. Voting shall be as per clause 7.2 below.
- 7.2 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

8. Quorum

- 8.1 The Committee will be considered quorate when at least the following voting members are present:
 - a) The Chair;
 - b) A Clinician; and
 - c) An Executive Director.
- 8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements.
- 8.3 If a meeting is not quorate the Committee Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

9. Secretariat

9.1 The Secretariat to the Committee shall be provided by the Corporate Affairs Directorate.

10. Frequency of Committee Meetings

10.1 Committee meetings will be held bi-monthly but may hold additional meetings as and when necessary. The Committee Chair may call additional meetings or cancel meetings as necessary.

11. Notice of Meetings

11.1 Notice of a Committee meeting shall be sent to all Committee members no less than 7 days in advance of the meeting.

11.2 The meeting shall contain the date, time and location of the meeting.

12. Agendas and Circulation of Papers

12.1 Before each Committee meeting an agenda setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

13. Minutes of Meetings

13.1 The minutes of the proceedings of a meeting shall be prepared by the Secretariat and submitted for agreement at the following meeting.

14. Meetings Held in Public

14.1 Meetings of the Committee shall be held in public unless the Committee resolves to exclude the public from a meeting. In which case the meeting, in whole or in part, may be held in private. The Committee may also exclude non-voting attendees and observers. Meetings or parts of meetings held in public will be referred to as 'Meeting Part 1'. Meetings or parts of meetings held in private will be referred to as 'Meeting Part 2.'

14.2 Attendees, observers and the public may be excluded from all or part of a meeting at the Committee's absolute discretion whenever publicity would be prejudicial to the public interest by reason of:

- a) The confidential nature of the business to be transacted;
- b) The matter is commercially sensitive or confidential;
- c) The matter being discussed is part of an on-going investigation;
- d) The matter to be discussed contains information about individual practitioners, patients or other Individuals which includes sensitive personal data;
- e) Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed;
- f) Other special reason stated in the resolution and arising from the nature of that business or of the proceedings;
- g) Any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time; or

- h) Allowing the meeting to proceed without interruption, disruption and/or general disturbance.

15. Questions from the Public and Deputations

- 15.1 The Committee may receive questions from the public at its absolute discretion in line with the ICB's protocol for public questions which is available on the ICB's website.
- 15.2 The Committee may receive, at its absolute discretion, Deputations from members of the public or interested parties to make the Committee aware of a particular concern or concerns they have.
- 15.3 Any Deputations should be sent to the Committee secretariat who will pass it to the Chair for consideration.
- 15.4 Any Deputations must be received by the Committee secretariat at least three working days before a Committee meeting is due to take place to be eligible to be heard at that Committee meeting. However, where it is not possible to comply with this deadline due to the papers of the meeting being published later or due to a public holiday the Deputations must be submitted within a reasonable time.
- 15.5 Any Deputations not received within this time will not be eligible to be heard at that Committee meeting. However, on a strictly case by case basis there may be times where it would be highly beneficial to the Committee's business to waive this requirement due to the relevance or content of the Deputations. In these circumstances the Chair may do so on a case by case basis and without setting any precedents of future or further waivers.
- 15.6 Any Deputations must take the form of a written request together with a statement setting out what the Deputation is about. If any Deputation fails to set out this information it will be rejected.
- 15.7 Any Deputations which are not relevant to the Committee's business will be rejected
- 15.8 The Chair may accept or reject any relevant and properly completed Deputations on a strictly case by case basis at his/her absolute discretion and without setting any precedents for future or further decisions.
- 15.9 If a request is agreed the interested party and/or parties will be invited to a Committee meeting where the Committee will consider the Deputation.
- 15.10 The Chair may decide how much time to allocate to any Deputations at his/her absolute discretion on a case by case basis and without setting any precedents for future or further decisions on time allocated for Deputations.
- 15.11 Nothing in this section 15 shall limit, prohibit or otherwise restrict the Committee's powers contained in sections 4, 5, 14 or 16 of these Terms of Reference.

16. Confidentiality

- 16.1 Members of the Committee shall respect the confidentiality requirements set out in these Terms of Reference unless separate confidentiality requirements are set out for the Committee in which event these shall be observed.
- 16.2 Committee meetings may in whole or in part be held in private as per section 14 above. Any papers relating to these agenda items will be excluded from the public domain. For any

meeting or any part of a meeting held in private all members and/or attendees must treat the contents of the meeting and any relevant papers as strictly private and confidential.

- 16.3 Decisions of the Committee will be published by Committee members except where matters under consideration or when decisions have been made in private and so excluded from the public domain in accordance with section 14 above.

17. Authority

17.1 The Committee is accountable to the ICB Strategy and Development Committee and will operate as one of its sub-committees. The Committee must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

17.2 The Committee is authorised by the Board of Members to obtain at the ICB's expense outside legal or other professional advice on any matters within the Committee's Terms of Reference.

18. Reporting Responsibilities

18.1 The Committee will report to ICB Strategy and Development Committee on all matters within its duties and responsibilities.

18.2 The Committee may make recommendations to the ICB Board of Members, the Strategy and Development Committee and/or any other committee it considers appropriate on any area within its remit.

19. Delegated Authority

19.1 The Committee may agree to delegate its authority to a Committee member or members to make decisions on the Committee's behalf outside of a Committee meeting at its absolute discretion on a case by case basis.

20. Virtual Meetings and Decision Making

20.1 Committee meetings may be held in person or virtually.

20.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting (either in person or virtually) in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

20.3 In addition to the general authority set out in clause 20.2 above, due to the nature of primary care commissioning the Committee recognises that some urgent and immediate decisions may need to be made outside of Committee meetings and that the use of the protocol for virtual decision making is not appropriate. The Committee may therefore delegate urgent and immediate decisions that need to be made outside of Committee timescales in accordance with clauses 20.4 – 20.5 and 20.8 below.

20.4 Urgent decisions requiring a response within 24 hours will be made collectively by the following people or their nominated deputies:

- a) The Committee Chair;
- b) A non-conflicted clinician;
- c) Executive Director of Place.

20.5 Immediate decisions requiring a response within 2 weeks will be made at a Committee meeting where practicable or by the protocol for virtual decision making. Where this is not practicable the following people or their nominated deputies will collectively make the decision:

- a) The Committee Chair;
- b) A non-conflicted clinician;
- c) Executive Director of Place.

20.6 Due to the nature of primary care commissioning the Committee recognises that the following non-contentious, low risk, decisions may be made outside of Committee meetings by those listed in clause 20.7 below:

- Requests to add or remove a partner;
- Retirement of a partner and adding of a new partner;
- Partnership changes- 24 hour retirement;
- Increases in practice boundaries.

20.7 The following people or their nominated deputies may collectively make the non-contentious, low risk decisions set out in clause 20.6 above:

- a) The Committee Chair;
- b) A non-conflicted clinician;
- c) Executive Director of Place.

20.8 Decisions made outside of Committee meetings will be reported to the Committee at the next Committee meeting. This may be in a public or private part of the meeting depending on the nature of the business and the decision(s) made.

21. Sub-Committees

21.1 The Committee may not appoint sub-committees but may appoint working groups to advise the Committee and assist it in carrying out its duties. The Committee may not delegate any of its functions, powers or decision making authority to a sub-committee.

22. Conflicts of Interest

22.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

22.2 The Committee shall have a Conflicts of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda

23. Gifts and Hospitality

23.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

23.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the Committee's agenda

24. Standards of Business Conduct

24.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:

- a) The law of England and Wales;
- b) The NHS Constitution;
- c) The Nolan Principles;
- d) The standards of behaviour set out in the ICB's Constitution;
- e) The Standards of Business Conduct Policy;
- f) The Conflicts of Interest Policy
- g) The Counter Fraud, Bribery and Corruption Policy,
- h) Any additional regulations or codes of practice relevant to the Committee.

24.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timely training.

25. Review of Terms of Reference

25.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Committee in fulfilling its functions and the wider experience of the ICB.

25.2 These Terms of Reference will be formally reviewed annually. These Terms of Reference may be varied or amended by the ICB's Board of Members.

Date Approved by the Board of Members: [insert date]

Date of Next Review: [insert date]

**Schedule 1
List of Members**

The voting members of the Committee are:

Position	Name
Non-Executive Member	
Non-Executive Member	
Non-conflicted independent primary care clinician	
Chief Development and Population Health Officer	
Chief Medical Officer or Chief Nursing Officer	
Executive Director of Place	
Director of finance	

Committee Chair:

Position	Name
Non-Executive Member	

The standing participants are:

Position	Name
Director of Primary Care Transformation and Programmes	
Assistant Director of Primary Care Contracts	
Clinical Director for Primary Care	
Chief People Officer	
A representative from the Quality Directorate	
A Director of Public Health	
Healthwatch Representative	
LMC Representative	
Community Participants (TBC)	
VCSE Alliance Representative	
ICB Primary Care Borough Representatives (Borough Directors of Integration, and their respective Assistant Directors of Primary Care deputising and attending the Committee as required)	

NCL ICB Primary Care Contracting Committee – 4 October 2022

Actions brought forward from NCL CCG PCCC

PART 1

Meeting Date	Action No.	Minutes Ref	Action	Action lead	Deadline	Status update	Date closed
16.06.22	1	1.5.3	Minutes of the NCL Primary Care Commissioning Committee Meeting on 21 April 2022 - Procurement arrangements for primary care to positively promote patient care and experience.	Vanessa Piper	Oct 2022	23.08.22 – A review of the NCL ICB procurement processes for primary care contracts will be carried out once the Primary Care National Regulations have been amended with the Provider Selection Regime (PSR) changes.	
16.06.22	2	1.7.2	Matters Arising - The four APMS contracts to come back to the next meeting.	Vanessa Piper	Oct 2022	23.08.22 – The outcome of the Strategic and Performance review of the four contracts will be referred to the 18 October 2022 meeting	
16.06.22	3	3.2.3	Islington GP Group – caretaking contract extension - To bring back to the next meeting the caretaking contract provided by Islington GP Group at Barnsbury Medical Practice.	Vanessa Piper	Oct 2022	23.08.22 – An update is scheduled for the 4 October 2022 meeting Recommended to close the action.	
16.12.21	4	2.1.1	Finance Report – for the next report to include: <ul style="list-style-type: none"> • Prior year position to help compare current and previous years' costs. • Clarify the deficit position in Barnet against 'other committed funds' and provide information of what constituted 'other medical services' for all boroughs. <i>(this had been answered in the June minutes)</i> • To clarify the difference in financial figures of the annual budget and the 	Sarah Rothenberg	Oct 2022	16.06.22 - The Committee requested that due to the Finance Reports for both April and June were verbal reports, the action would be forwarded to the new ICB PCCC. Will also bring back a summary of the final approved 2022/23 plan for primary care. Recommended to close the action.	

Meeting Date	Action No.	Minutes Ref	Action	Action lead	Deadline	Status update	Date closed
			<p>allocation transfer to boroughs. <i>(this had been answered in the June minutes)</i></p> <ul style="list-style-type: none"> Bring back a summary of the final approved 2022/23 plan for primary care. 			<p>16.04.22 – An update will be provided at the next meeting.</p> <p>17.02.22 – The Committee agreed to keep this action open.</p> <p>31.01.22 – This is included in the finance report. Recommend to close the action</p>	

CLOSED ITEMS

21.04.22	1	3.6.3	Haringey – Lawrence House Practice & Spur Road Surgery Merger - To bring the Patient Engagement and the Quality Impact Assessment data for noting to the Committee in June.	Vanessa Piper	June 2022	<p>16.06.22 – The Committee agreed to close the action.</p> <p>23.05.22 – This is on the agenda for June 2022.</p> <p>Recommend to close the action.</p>	16.06.22
17.02.22	4	3.8.3	PCCC Assurance Paper – Premises Capital and Revenue Financial Implication – Progress Report – To bring back a further assurance paper to the April meeting to approve detailed implications at a System and Borough Level.	Nicola Theron	June 2022	<p>16.06.22 – The Committee agreed to close the action.</p> <p>16.04.22 – This is on the agenda for June 2022.</p> <p>Recommend to close the action.</p> <p>8.04.22 - A report will come back to Part 1 of the Committee in June 2022.</p>	16.06.22
21.10.21	3	3.9.2	London Operating Model 2021/22 for the Collaborative Commissioning of Primary Care Services (General Practice) - Proposed changes, effective from 1st April 2021, would need further review with ICS being established.	Vanessa Piper	June 2022	<p>16.06.22 – The Committee agreed to close the action.</p> <p>23.05.22 – Recommend to close the action.</p> <p>17.02.22 - The Committee agreed to keep the action open.</p> <p>8.02.22 – Required to wait for NHSEI guidance on whether there will be</p>	16.06.22

						further changes to the document with the ICS's being established.	
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North Central London
Integrated Care Board

**North Central London ICB
Primary Care Contracting Committee Meeting
4 October 2022**

Report Title	Commissioning Decisions on PMS Agreement Changes	Date of report	30 August 2022	Agenda Item	2.1
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Places	Email / Tel		Sarah.mcdonnell1@nhs.net	
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Places				
Report Author	GP Commissioning & Contracting Team	Email / Tel		nlphc.lon-nc-pcc@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications			
		<i>Not Applicable</i>			
Report Summary	Detail of the request to vary PMS Agreements and any conditions to be applied				
Recommendation	The Committee is asked to NOTE one change and where indicated to APPROVE the proposed changes outlined below and any conditions				
Identified Risks and Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	<i>Not Applicable</i>				
Resource Implications	<i>Not Applicable</i>				
Engagement	<i>Not Applicable</i>				
Equality Impact Analysis	<i>Not Applicable</i>				
Report History and Key Decisions	<i>Not Applicable</i>				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	<i>Not Applicable</i>				

Contents

Contents	2
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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 practice¹ as developed by NHS England via McKinsey but widely accepted.

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

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/07/2022	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee												
F85002 Medicus Health Partners (MHP)	Enfield	92334 (13 sites)	Practice is a member of Enfield Unity PCN, comprising: <ul style="list-style-type: none"> 10 Practices 159738 patients at 01/07/22	24 hour retirement of Dr Sylvester Mbagwu	<p>Application from Dr Mbagwu who wishes to take 24 hour retirement on 01/10/22. There will be 34 individuals remaining on the agreement during the 24 hour retirement.</p> <p><u>Practice provision (per week – all sites)</u></p> <table> <tr> <td>GP appointments</td> <td>6879</td> </tr> <tr> <td>Nurse appointments</td> <td>3193</td> </tr> </table> <p><u>Recommended provision (per week – all sites)</u></p> <table> <tr> <td>GP appointments</td> <td>6649</td> </tr> <tr> <td>GP sessions</td> <td>350</td> </tr> <tr> <td>Nurse appointments</td> <td>2955</td> </tr> <tr> <td>Nurse sessions</td> <td>156</td> </tr> </table> <p>GP and nurse sessions not listed but the practice have stated the following:</p> <p><i>Dr Mbagwu predominately works at the MHP- Forest Road, his period of retirement will not require any sessions to be covered.</i></p> <p><i>There are 4 other GP Partners at this location and they will assume responsibility for the cover of any sessions required during the retirement period. Salaried GPs can also be offered additional sessions to support the service delivery if required.</i></p> <p><i>Access to appointments will not be affected; Partners and Salaried GPs within Medicus Health Partners will support the site during the period. This will ensure continuity of care for patients, staff</i></p>	GP appointments	6879	Nurse appointments	3193	GP appointments	6649	GP sessions	350	Nurse appointments	2955	Nurse sessions	156	To approve
GP appointments	6879																	
Nurse appointments	3193																	
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OFFICIAL

Practice	Borough location	List Size 01/07/2022	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee																
					<p><i>will be fully briefed and supported by Medicus Central Services Team.</i></p> <p>Provision of GP and nurse appointments meets requirements.</p>																	
F85067 157 Medical Practice	Haringey	4697	Practice is a member of Haringey – South West, comprising: • 4 Practices 38071 patients at 01/07/22	Change of provider name Addition of Dr Sheena Patel Removal of Dr William Zermansky	<p>The practice provider have requested a change of name from Federated4Health to Haringey GP Group Ltd. The practice have also requested the addition of Dr Sheena Patel and removal of Dr William Zermansky leaving 3 signatories on the PMS agreement.</p> <p>Recommended provision</p> <table> <tr> <td>GP appointments</td> <td>339</td> </tr> <tr> <td>GP sessions</td> <td>18</td> </tr> <tr> <td>Nurse appointments</td> <td>151</td> </tr> <tr> <td>Nurse sessions</td> <td>8</td> </tr> </table> <p>Practice provision</p> <table> <tr> <td>GP appointments</td> <td>359</td> </tr> <tr> <td>GP sessions</td> <td>21</td> </tr> <tr> <td>Nurse appointments</td> <td>245</td> </tr> <tr> <td>Nurse sessions</td> <td>31</td> </tr> </table> <p>The GP and nursing provision is above the recommended guide.</p>	GP appointments	339	GP sessions	18	Nurse appointments	151	Nurse sessions	8	GP appointments	359	GP sessions	21	Nurse appointments	245	Nurse sessions	31	To approve
GP appointments	339																					
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Nurse sessions	31																					
F83023 James Wigg Practice	Camden	22088	Kentish Town South comprising of 2 practices with a combined list of 28647 at 01/07/22	Addition of Mr Prithipal Bhambra Removal of Dr Z Keekeebhai	<p>The practice have requested the addition of Mr Prithipal Bhambra and the removal of Dr Z Keekeebhai keeping 6 contactors on the PMS agreement.</p> <p>Recommended provision</p> <table> <tr> <td>GP appointments</td> <td>1591</td> </tr> <tr> <td>GP sessions</td> <td>84</td> </tr> <tr> <td>Nurse appointments</td> <td>707</td> </tr> </table>	GP appointments	1591	GP sessions	84	Nurse appointments	707	To approve										
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OFFICIAL

Practice	Borough location	List Size 01/07/2022	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
					<p>Nurse sessions 38</p> <p><u>Practice provision</u></p> <p>GP appointments 2127 GP sessions 111 Nurse appointments 442 Nurse sessions 34</p> <p>The practice is above the recommended guide for GP provision but there is a shortfall in nursing provision.</p> <p>The practice has employed GPs, Physician Associates and Pharmacist to maintain clinical capacity and will be no loss in clinical sessions nor access in appointments.</p>	



North Central London
Integrated Care Board

**North Central London ICB
Primary Care Contract Committee Meeting
4 October 2022**

Report Title	Issue of an APMS caretaking contract for Barnsbury Medical Centre	Date of report	30 August 2022	Agenda Item	2.2
Lead Director / Manager	Vanessa Piper with Clare Henderson	Email / Tel		clare.henderson4@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Executive Director of Places				
Report Author	Anthony Marks	Email / Tel		anthony.marks@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, Primary Care	Summary of Financial Implications The 12 month contract would be funded at the current rate: <ul style="list-style-type: none">• AMPS price £109.40 per weighted patient• Enhanced price £20 per weighted patient• Caretaking clinical leadership fee £5,000 per month• Other funding as per National Directions (DES, QOF, Premises)• Locally Commissioned Services as per specification Caretaking arrangements must be funded from the ICB primary care delegated commissioning budget.			
Name of Authorising Estates Lead	<i>Not Applicable</i>	Summary of Estates Implications The contract will continue to be provided from the existing space in Bingfield Primary Care Centre			
Report Summary	In October 2019, the termination of the previous Barnsbury GMS contract was approved by PCCC following the failure to satisfy three remedial notices issued on patient safety grounds including but not limited to: <ul style="list-style-type: none">• Personalised Care Adjustment levels 20% higher than ICS average in some indicators meaning patients were removed from cohorts to receive healthcare interventions without adequate assurance• Staff Training and Performance lacked assurance that it was adequate to meet the needs of patients• Insufficient staff capacity to meet patient demand and need• Clinical peer review and clinical meetings were not evidenced sufficiently• Clinical governance concerns				

	<ul style="list-style-type: none"> • Lack of robust systems around recording and learning from significant events • Infection prevention and control in relation to cleaning at the practice and the use of appropriate sharps bins in the practice <p>October 2019 PCCC also approved the procurement of an APMS contract.</p> <p>PCCC agree use of a caretaking contract whilst a full APMS procurement was undertaken. This was initially agreed until 30 June 2020. Given the pandemic and suspension of normal processes, this was initially extended until 31 October 2021. Additionally the use of two additional rooms by the caretaker to increase clinical capacity was approved by PCCC. Three further extensions followed to 31 January 2022, to 31 July 2022, then to 31 October 2022.</p> <p>The ICB is now in a position to enact the decision of the CCG PCCC and commence reprocurement. This report sets out the case to issue a new 12 month APMS caretaking contract, with a provision to extend for a further 3 months, whilst this is undertaken. This will be issued to the caretaking provider of services at Barnsbury Medical Centre – Islington GP Group Limited.</p> <p>This will cover the duration of a full procurement of GP services for the 3,979 patients. It is expected that a procurement will take 12 months to conclude (including stakeholder engagement and contract mobilisation).</p> <p>Commissioners are recommending that the contract include provision for a 3 month extension (with one months’ notice) should there be a delay during the procurement process.</p> <p>Prior to the procurement commencing, work will be undertaken to set the procurement process, draft the invitation to tender and bidder questions, review the financial envelope, draft the scoring and weighting criteria and set presentation topics. This will be in line with primary care contracting guidelines, the London and NCL approach to APMS re-procurements and relevant procurement frameworks.</p> <p>It is anticipated this preparation work will be completed by the end of 2022, with the opportunity being advertised in January 2023. A paper outlining the process in full will be brought back to Committee in October.</p>
Recommendation	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • APPROVE the issue of a 12 month caretaking APMS contract to Islington GP Group Limited for Barnsbury Medical Practice (commencing 1 November 2022 when the current agreement ends) • NOTE pre-procurement preparation.
Identified Risks and Risk Management Actions	<p>Failure to secure the contract will result in lack of Primary Care access for 3,979 patients which would have a significant impact on local practices if patients re-registered. Risk can be avoided issuing a new caretaking contract for the duration of a procurement for a full APMS contract</p>
Conflicts of Interest	<p><i>Not Applicable</i></p>
Resource Implications	<p>The 12 month contract will continue to be funded at the current caretaking rate.</p>
Engagement	<p>Full patient and stakeholder engagement will be undertaken as part of the procurement</p>

Equality Impact Analysis	A full equality impact assessment will be undertaken as part of the procurement
Report History and Key Decisions	<p>October 2019 Termination of the GMS contract approved by PCCC Procurement of an APMS contract approved by PCCC</p> <p>December 2019 Approval by PCCC to procure a caretaking contract until 30 June 2020 whilst a full APMS procurement is undertaken</p> <p>February 2021 Extension of the caretaking contract until 31 October 2021. Use of two additional rooms to increase clinical capacity</p> <p>June 2021 Extension of caretaking contract until 31 January 2022.</p> <p>December 2021 Extension of caretaking contract until 31 July 2022.</p> <p>June 2022 Extension of caretaking contract until 31 October 2022.</p>
Next Steps	<p>Issue APMS contract.</p> <p>Commence pre-procurement preparation</p>
Appendices	<i>Not Applicable</i>

1.0 Recommendation

Committee members are asked to:

- Approve the issue of a 12 month caretaking APMS contract to Islington GP Group Limited at Barnsbury Medical Practice (commencing 1 November 2022), with maximum of 6 month extension with 1 months' notice.
- Note commencement of pre-procurement preparation

2.0 Background

Following enactment of the termination of the GMS contract at Barnsbury Medical Practice, Islington GP Group limited commenced a caretaking APMS contract at the practice on 19 January 2021. The initial term of 6 months was extended a number of times due to the pandemic and period required to resume normal business. The current caretaking agreement is due to end 31 October 2022.

It was anticipated that a full procurement would begin once the caretaker had completed outstanding remedial actions from the previous GMS contract holder. Issues have been addressed however the procurement was delayed by the COVID-19 pandemic and response. It is deemed that a procurement can now be successfully undertaken.

In order to ensure the best outcome from the procurement for patients and commissioners, work to review and shape the procurement process, invitation to tender bidder questions, scoring and weighting of bidder answers and presentations will be undertaken prior to the procurement commencement. It is expected that a procurement will likely take 12 months to conclude (including full stakeholder engagement and contract mobilisation).

3.0 Chronology of the Practice

December 2017

The practice under the previous GMS contract holder was placed in special measures by the CQC in a report published in December 2017. It remained in special measures in the report published August 2018. The practice was subsequently rated Requires Improvement by the CQC in April 2019 however the 'effective' rating remained inadequate.

March 2018

PCCC approval to issue a first remedial notice to the GMS contract holder

December 2018

PCCC approval to issue a second remedial notice

June 2019

PCCC approval to issue a third remedial notice

October 2019

Following the failure to remediate three remedial notices, termination of the GMS contract was approved by PCCC and procurement of an APMS contract approved by PCCC

December 2019

Approval by PCCC to procure a caretaking contract until 30 June 2020 whilst a full APMS procurement is undertaken. Legal challenge from the GMS provider prevented implementation of the caretaking contract.

December 2020

Commissioners awaited the outcome of the legal challenge.

PCCC approved the recommendation to re-procure a new full APMS contract: given the small list size the PCCC considered the option of list dispersal as standard, however the Committee members agreed that due to local housing developments in the Kings Cross and Caledonian Road areas, the dispersal of a co-located list in 2015, and the relocation of a nearby practice, it was important to keep a practice in this area and allow for growth.

18 January 2021

Following conclusion of legal challenge from the GMS contract holder the contract was terminated on 18 January 2021. A caretaking contract was put in place (6 months duration with 3 month extension clause) to allow a full procurement to be undertaken.

19 January 2021

Islington GP Group commenced caretaking at the practice.

February 2021

Extension of the caretaking contract until 31 October 2021. Due to the volume of remedial actions required, Committee approved the use of two additional rooms to increase clinical capacity. A longer extension was also agreed due to the Covid 19 Pandemic and recovery phase.

June 2021

Extension of caretaking contract until 31 January 2022.

December 2021

Extension of caretaking contract until 31 July 2022.

June 2022

Extension of caretaking contract until 31 October 2022.

4.0 List growth at the Practice

The patient list at Barnsbury Medical Practice has grown by approximately 25% over the past five years and currently is at its highest point.

Table 1 Barnsbury Medical Practice List Size

Year	Apr	Jul	Oct	Jan
2017	3083	3076	3082	3073
2018	3041	3050	3040	3070
2019	3109	3124	3188	3195
2020	3242	3267	3352	3414
2021	3488	3628	3688	3878
2022	3926	3979		

It is anticipated that by the end of the first 5 years of a new APMS contract, the registered list size will have increased beyond 6,000 patients. This will remove the need for a price support supplement in the contract payment terms.

5.0 Next steps

- Issue a new APMS caretaking contract
- Commence pre-procurement steps



North Central London
Integrated Care Board

**North Central London ICB
Primary Care Contract Committee Meeting
4 October 2022**

Report Title	Month 4 NCL ICB Delegated Primary Care Finance Report	Date of report	26 August 2022	Agenda Item	3.1
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Places	Email / Tel	sarah.mcdonnell1@nhs.net		
Integrated Care Board Sponsor	Phill Wells – Chief Finance Officer				
Report Author	Abdi Haji	Email / Tel	abdi.haji1@nhs.net		
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, Primary Care NCL ICB	Summary of Financial Implications To present to the Committee the Delegated Primary Care 2022/23 budget plus financial performance and any financial risks as at July 2022.			
Name of Authorising Estates Lead	<i>Not Applicable</i>	Summary of Estates Implications <i>Not Applicable</i>			
Report Summary	<p>This report presents the Delegated Primary Care budget for North Central London Integrated Care Board (NCL ICB) for the period July 2022 to March 2023.</p> <p>The ICB will operate with Month 4-12 budgets in its first financial year in line with national policy and as is appropriate given the new statutory organisation was established 1st July 2022. The budget for M1-3 of this financial year was included in the CCG accounts for Q1 of 22/23.</p> <p>The financial position as at Month 4 (July) 2022.</p> <ul style="list-style-type: none">• The budget has been set in line with guidance.• As at Month 4, Delegated Primary Care is forecast to break even over the 9 month period once funding for out of hours enhanced access is included in the position; however there is risk within this position.• After excluding estates costs, the 2022/23 £s per weighted patient range from £105.89 in Islington to £116.59 in Enfield.				
Recommendation	The Committee is requested to NOTE the Delegated Primary Care financial Budget and the financial position as at Month 4 (July 2022).				
Identified Risks and Risk	There is limited flexibility within the Delegated Primary Care budget to cover unbudgeted costs.				

Management Actions	The ICB is proactively seeking additional Primary Care funding and is being supported by NHSE London Region.
Conflicts of Interest	This report was written in accordance with the ICB's Conflicts of Interest Policy.
Resource Implications	<i>Not Applicable</i>
Engagement	<i>Not Applicable</i>
Equality Impact Analysis	<i>Not Applicable</i>
Report History and Key Decisions	For noting by the Committee
Next Steps	<i>Not Applicable</i>
Appendices	None



North Central London
Integrated Care Board

Primary Care Delegated Commissioning Finance Report

M4

PCCC September 2022

Executive Summary



North Central London
Integrated Care Board

- This report presents the 22/23 Delegated Primary Care financial position for the North Central London (NCL) Integrated Care Board (ICB)
- This report also includes the position for the five areas within NCL (Barnet, Camden, Enfield, Haringey and Islington), however the Committee and ICB Board of Members is required to ensure commitments are met and the budget achieves overall balance across NCL.
- The report covers the nine month period starting 1 July 2022, the date of the formation of NCL ICB. These nine months are referred to as month 4 to month 12.
- This report presents the current position as at Month 4 (July) 2022.
- The report summarises expenditure against budgets and presents the position against a 9 month allocation of £197m as at Month 4.
- As at Month 4, the NCL Delegated Primary Care budget, set in line with guidance, is forecasting a breakeven position for 2022/23; however this relies on an adjustment for enhanced access funds held in Non-Delegated Primary Care.

2022/23 NCL Primary Care Delegated Commissioning as at Month 4



North Central London
Integrated Care Board

Service	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
	£000's	£000's	£000's	£000's	£000's	£000's
PMS	78,914	8,768	8,950	(181)	78,914	0
GMS	75,822	8,425	8,902	(477)	80,261	(4,439)
APMS	12,954	1,439	778	661	12,954	0
Other Medical Services	32,562	3,039	3,429	(390)	32,562	0
Other Committed Funds	(2,928)	(325)	(325)	0	(2,928)	0
Total Primary Care Medical Services - underlying position	197,324	21,346	21,733	(387)	201,763	(4,439)
Enhanced Access funding within Non-Delegated PC						4,439
Primary Care Medical Services - adjusted position						0

The NCL Delegated Commissioning budget is currently forecast to overspend by £4.4m against the 9 month allocation of £197m. However, £4.4m is included within the Non-Delegated Primary Care budget earmarked for enhanced access. This gives a neutral adjusted forecast position.

The Month 4 reported position shows an overspend position of £387k against the M4 Year to Date budget of £21.3m. This will be offset by further drawdown of ARRS (Additional Roles Reimbursement Scheme) funding allocation which is held by NHSE and issued against evidence for claims.

Other Medical Services primarily comprises Primary Care Network (PCN) funding but also includes Other/ Personally Administered Funds and CQC funding.

Other Committed Funds includes the expected £2.9m allocation to be received within the financial year to cover PCN Leadership and Management, additional Investment and Impact Fund (IIF) funding, Subject Access Requests and Weight Management.

2022/23 Primary Care Delegated Commissioning Expenditure by Locality as at Month 4

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
Barnet	£000's	£000's	£000's	£000's	£000's	£000's
PMS	18,036	2,004	2,063	(59)	18,036	0
GMS	20,609	2,290	2,342	(52)	20,609	0
APMS	376	42	57	(15)	376	0
Other Medical Services	9,763	951	827	124	9,763	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	48,784	5,286	5,288	(2)	48,784	0

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
Camden	£000's	£000's	£000's	£000's	£000's	£000's
PMS	16,685	1,854	1,856	(2)	16,685	0
GMS	14,337	1,593	1,553	40	14,337	0
APMS	3,656	406	371	35	3,656	0
Other Medical Services	7,800	756	637	120	7,800	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	42,477	4,610	4,416	193	42,477	0

2022/23 Primary Care Delegated Commissioning Expenditure by Locality as at Month 4



North Central London
Integrated Care Board

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)
Enfield	£000's	£000's	£000's	£000's
PMS	24,571	2,730	2,759	(29)
GMS	6,471	719	655	64
APMS	1,984	220	221	(0)
Other Medical Services	8,092	772	536	236
Other Committed Funds	0	0	0	0
Total Primary Care Medical Services	41,118	4,442	4,171	271

Forecast Outturn	Forecast Variance Fav/(Adv)
£000's	£000's
24,571	0
6,471	0
1,984	0
8,092	0
0	0
41,118	0

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)
Haringey	£000's	£000's	£000's	£000's
PMS	17,681	1,965	1,857	107
GMS	10,652	1,184	1,777	(593)
APMS	4,255	473	44	429
Other Medical Services	7,477	729	770	(40)
Other Committed Funds	0	0	0	0
Total Primary Care Medical Services	40,065	4,350	4,448	(98)

Forecast Outturn	Forecast Variance Fav/(Adv)
£000's	£000's
17,681	0
10,652	0
4,255	0
7,477	0
0	0
40,065	0

2022/23 Primary Care Delegated Commissioning Expenditure by Locality as at Month 4



North Central London
Integrated Care Board

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
	£000's	£000's	£000's	£000's	£000's	£000's
Islington						
PMS	1,942	216	414	(198)	1,942	0
GMS	23,553	2,617	2,575	42	23,553	0
APMS	2,683	298	85	213	2,683	0
Other Medical Services	7,237	698	661	37	7,237	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	35,416	3,829	3,735	93	35,416	0

	Annual Budget	YTD Budget	YTD Actual Expenditure	YTD Variance Fav/(Adv)	Forecast Outturn	Forecast Variance Fav/(Adv)
	£000's	£000's	£000's	£000's	£000's	£000's
Non-Borough Related Services						
Weight Management	200	22	0	22	200	0
ARRS Drawdown	(7,808)	(868)	0	(868)	(7,808)	0
Confirmed Non-SDF Funding	(2,928)	(325)	(325)	0	(2,928)	0
Total Non-Borough Related Services	(10,536)	(1,171)	(325)	(845)	(10,536)	0

Delegated Primary Care Budget 22/23



North Central London
Integrated Care Board

Description	Barnet £'000	Camden £'000	Enfield £'000	Haringey £'000	Islington £'000	NCL Total £'000
PMS						
PMS Additional and Essential Services	14,650	13,170	20,111	14,642	1,712	64,285
PMS Enhanced Services	131	100	263	153	10	657
PMS Quality and Outcomes Framework (QOF)	1,694	1,160	2,155	1,368	124	6,501
PMS Premises Payment	1,560	2,255	2,042	1,518	95	7,471
PMS Personally Administered Drugs	48	42	78	59	11	237
Total PMS	18,084	16,726	24,649	17,740	1,953	79,152
GMS						
GMS Global Sum & MPIG	16,314	11,297	4,777	7,899	18,199	58,487
GMS Enhanced Services	293	199	164	121	286	1,064
GMS Quality and Outcomes Framework (QOF)	1,778	902	601	1,062	1,704	6,047
GMS Premises Payment	2,223	1,939	928	1,569	3,364	10,024
GMS Other Administered Funds (Maternity etc)	545	372	392	362	518	2,189
GMS Personally Administered Drugs	96	51	40	27	73	287
Total GMS	21,249	14,760	6,903	11,041	24,145	78,098
APMS						
APMS Essential and Additional Services	313	3,095	1,614	3,708	2,135	10,865
APMS Enhanced Services	0	11	11	8	9	40
APMS Quality and Outcomes Framework (QOF)	22	141	129	141	137	569
APMS Premises Payment	40	410	230	398	402	1,480
APMS Personally Administered Drugs	0	1	0	1	2	5
Total APMS	376	3,657	1,984	4,256	2,685	12,959
Other Medical Services						
PCN	8,825	7,175	7,408	6,860	6,489	36,757
CQC & Idemnity	250	158	174	168	144	894
Total Other Medical Services	9,075	7,333	7,582	7,028	6,633	37,651
Total Primary Care Medical Services	48,784	42,477	41,118	40,065	35,416	207,860
April Weighted List Size	396,509	332,994	325,227	316,683	298,010	1,669,421
Cost per PWP by Locality	123.03	127.56	126.43	126.52	118.84	124.51

The table summarises the 2022/23 Month 4 – Month 12 Delegated Primary Care locality budget for NCL ICB.

For 2022/2023 the NCL ICB Delegated Primary Care allocation has been uplifted to fund the national GP contractual uplifts between 2021/2022 and 2022/2023 and the budgets have been rebased accordingly in line with the allocation received.

The table shows a breakdown of the 2022/23 rebased budget across the 5 localities and calculated a £PWP cost (£s per weighted patient) based on the 1st April 2022 GP list sizes.

The £PWP ranged from the lowest cost in Islington £118.84 to £126.52 in Haringey for 2022/23. Islington has a significantly lower number of PMS practices than Haringey and the other localities and therefore receives less PMS Premium reinvestment. Estates costs cause other notable variation across the 5 localities.

Delegated Primary Care Budget 22/23 (excluding Premises Budget)



North Central London
Integrated Care Board

Description	Barnet	Camden	Enfield	Haringey	Islington	NCL Total
	£'000	£'000	£'000	£'000	£'000	£'000
PMS						
PMS Additional and Essential Services	14,650	13,170	20,111	14,642	1,712	64,285
PMS Enhanced Services	131	100	263	153	10	657
PMS Quality and Outcomes Framework (QOF)	1,694	1,160	2,155	1,368	124	6,501
PMS Personally Administered Drugs	48	42	78	59	11	237
Total PMS	16,524	14,471	22,607	16,221	1,858	71,681
GMS						
GMS Global Sum & MPIG	16,314	11,297	4,777	7,899	18,199	58,487
GMS Enhanced Services	293	199	164	121	286	1,064
GMS Quality and Outcomes Framework (QOF)	1,778	902	601	1,062	1,704	6,047
GMS Other Administered Funds (Maternity etc)	545	372	392	362	518	2,189
GMS Personally Administered Drugs	96	51	40	27	73	287
Total GMS	19,026	12,822	5,974	9,472	20,780	68,074
APMS						
APMS Essential and Additional Services	313	3,095	1,614	3,708	2,135	10,865
APMS Enhanced Services	0	11	11	8	9	40
APMS Quality and Outcomes Framework (QOF)	22	141	129	141	137	569
APMS Personally Administered Drugs	0	1	0	1	2	5
Total APMS	336	3,248	1,754	3,858	2,284	11,479
Other Medical Services						
PCN	8,825	7,175	7,408	6,860	6,489	36,757
CQC & Idemnity	250	158	174	168	144	894
Total Other Medical Services	9,075	7,333	7,582	7,028	6,633	37,651
Total Primary Care Medical Services	44,960	37,873	37,918	36,579	31,555	188,885
April Weighted List Size	396,509	332,994	325,227	316,683	298,010	1,669,421
Cost per PWP by Locality	113.39	113.74	116.59	115.51	105.89	113.14

The table summarises the 2022/23 M4 -M12 Delegated Primary Care budget for NCL ICB excluding the premises budget which has a significant bearing on average cost per weighted patient given differing rental costs for space across NCL boroughs.

It shows a current spend per weighted patient (£PWP) on primary medical services. The £PWP ranges from £105.89 pwp in Islington, to £116.59 pwp in Enfield.

Islington has just 2 PMS practices - a significantly lower number than other boroughs. This drives the lower £PWP as PMS practices attracted a historic premium (currently being smoothed and reinvested across all practices in each borough).

These figures do not take account of non-delegated primary care investment (investment made at the CCG / ICBs discretion in locally commissioned services), which is not in scope of PCCC.

Delegated Primary Care 2022/23 budget compared to 2021/22 Outturn



Service	2022/23 Annual Budget	2021/22 Outturn	Change
	£000's	£000's	£000's
PMS	78,914	78,777	
GMS	75,822	74,251	1,571
APMS	12,954	12,420	534
Other Medical Services	32,562	24,422	8,140
Other Committed Funds	(2,928)		(2,928)
Total Primary Care Medical Services	197,324	189,869	7,317

This table compares 9 months budget 1st July 2022 to 31st March 2023 to 9 months results for 2021/22 outturn.

The increase is £7,317k (3.9%) however 2021/22 included high value non-recurrent funding for example for Long COVID and Winter Access Funding.



North Central London
Integrated Care Board

**North Central London ICB
Primary Care Contracting Committee Meeting
4 October 2022**

Report Title	Updated Primary Care Quality and Performance Dashboard	Date of report	30 August 2022	Agenda Item	3.2
Lead Director / Manager	Simon Wheatley	Email / Tel		Simon.wheatley2@nhs.net	
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Places				
Report Author	Simon Wheatley / Steve Fothergill	Email / Tel		Simon.wheatley2@nhs.net Steve.fothergill@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable.</i>	Summary of Financial Implications <i>Not Applicable.</i>			
Report Summary	<p>The establishment of the ICB PCCC provides the opportunity to review and refresh the primary care quality and performance report. This was a standing item at CCG PCCC, but has been refreshed to help the committee focus on contemporary and meaningful data relevant to its role overseeing primary medical services and core contracts.</p> <p>The attached report overview and dashboard outline the approach we are proposing and indicators we are planning to use. They include information about current performance and should ensure PCCC members have both the headline messages and detail required to inform decision making and action.</p> <p>For this first report, the following datasets are still to be received, quality checked and added:</p> <ul style="list-style-type: none">• 111 data• Complaints data• Clinical - % patients with an LTC care plan• Friends and Family Test <p>Most other datasets run to either June or July. August data will be available from the middle of September.</p> <p>Conditional formatting has been used across the bulk of the report (not used where not relevant or appropriate) and works on a sliding RAG status linked to key objectives. Directional arrows are also included for some datasets.</p>				

	The first tab covers information on the practices and the second tab covers activity, utilisation rates. Subject to comments at committee, we intend the next report to be mostly complete subject to receipt of data and data quality checks.
Recommendation	The Committee is asked to NOTE on the report provided. The Committee is asked to COMMENT on the summary and dashboard so it may be finalised as the approach to PCCC quality and performance reporting.
Identified Risks and Risk Management Actions	There is a risk that data quality is variable or inconsistent. To mitigate this it is proposed to caveat the dashboard appropriately around any specific data issues to support an informed discussion. Data quality improvement is an ongoing objective.
Conflicts of Interest	<i>Not Applicable.</i>
Resource Implications	<i>Not Applicable.</i>
Engagement	ICB clinicians and officers have been engaged in developing this draft report. The input of committee members is now sought in refining this ICB report that monitors primary medical services performance on an ICS footprint.
Equality Impact Analysis	<i>Not Applicable.</i>
Report History and Key Decisions	Prior to the establishment of the ICB, a primary care quality and performance report was brought to the NCL CCG primary care commissioning committee on a regular basis for consideration and noting. Confirmation of the scope and detail of a refreshed approach and supporting report is now sought for the newly-established primary care committee.
Next Steps	As set out in the summary report, and subject to committee comment and approval, it is proposed that: <ul style="list-style-type: none"> - The core primary care quality and performance report is brought to and considered by the committee ongoing - Specific analyses (to be agreed by committee) are scheduled, produced and considered by PCCC on a regular basis.
Appendices	Two appendices are provided: Annex 1 – summary of updated primary care quality and performance report Annex 2 – updated primary care quality and performance dashboard.



North Central London
Integrated Care Board

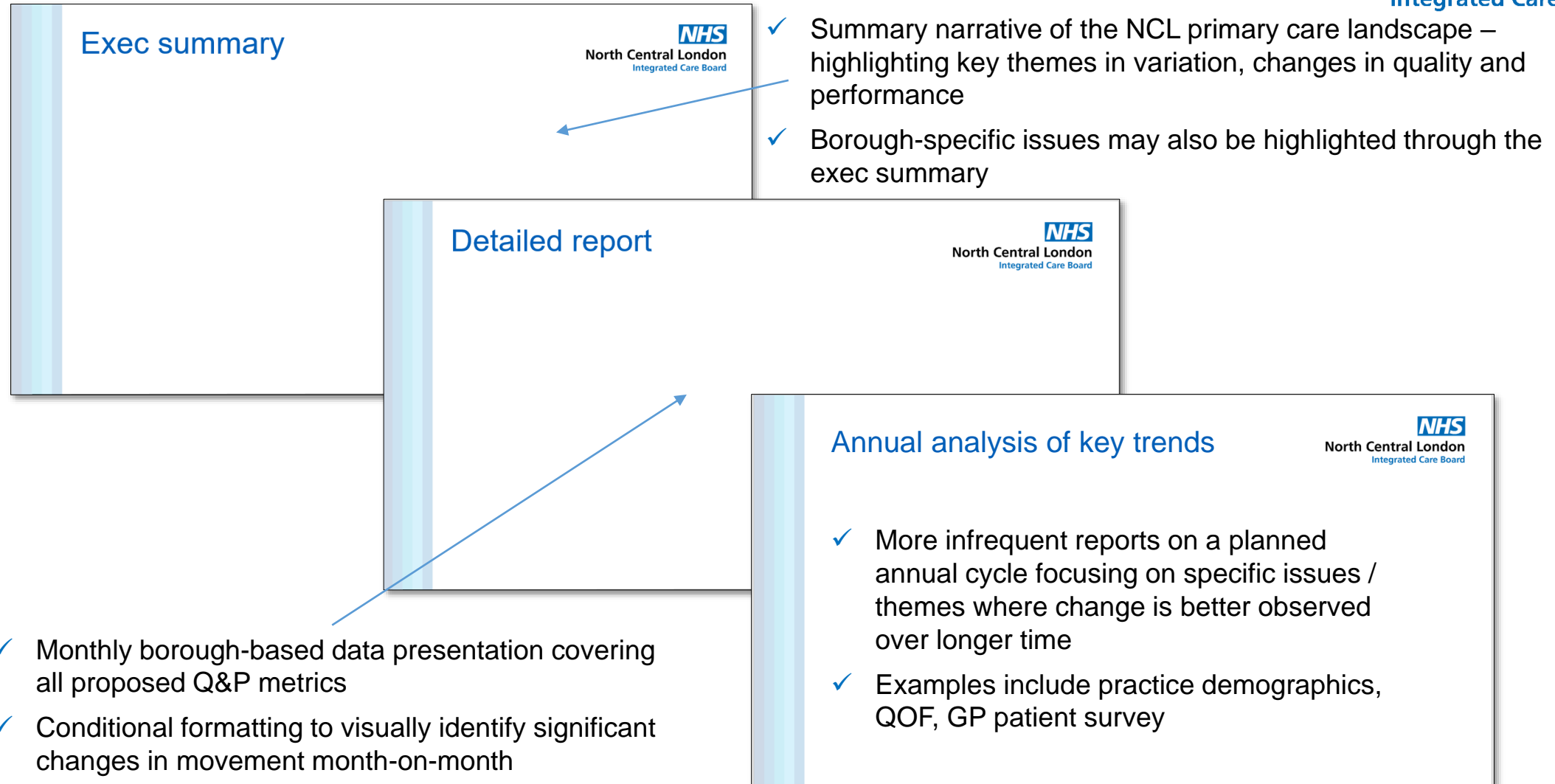
Primary medical services: quality & performance report

August 2022

Introduction

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

Outputs proposed for PCCC



Proposed indicators

Operational information

Information which primarily changes month on month

Clinical

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

Activity

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

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

Wider information

Information which primarily changes quarterly or annually

Workforce

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

Experience / quality measures

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

Practice overview

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

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

Indicators- inclusion and exclusion criteria used

Inclusion criteria:

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

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

Exclusion criteria:

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

Future development areas

- There is a high level of variation in the way GP appointment data is currently recorded by practices. So reporting is on proposed at an NCL footprint until data quality improves. GP practices will begin submitted appointment data in Q2 2022/23. Work has been undertaken to improve the quality of coding, but it is anticipated it will take time for the accuracy and consistency of this data to improve.
- In addition to the PCCC Q&P report, the ICB team is considering a wider dashboard to help the ICB and ICS understand and monitor major trends & pressures in primary care. This will help ensure primary care forms part of ICS system management arrangements, which support an effective operational response during times of pressure, support to frontline services and ongoing development of the NCL system to optimise outcomes. The team will first articulate the key lines of enquiry / core questions around which reporting and data management can be built. This will commence in October.

Practice			Practice Demographics					Healthchecks		Practice Survey					Workforce				Quality	
Borough	Practice Name	PCN	QOF Score (2019)	List Size	List Size - age 40+	List Size Change - April/June (Q1)	% of Patients with a Long Standing Condition	No. of Patients who have received an LD Healthcheck - May 21-Jun 22	No. Patients that have had an SMI Healthcheck - Oct 20-Sept 21	% who have a positive experience of their GP practice	% satisfied with phone access	% satisfied with practice appointment times	% reporting good overall experience of making an appointment	FTE GPs	FTE GPs Rate Per 1000 (UK Average - 0.45)	FTE GP Nurses	FTE GP Nurse Rate Per 1000	CQC Overall Rating	Date of Last Inspection	
Camden	Abbey Medical Centre	CENTRAL HAMPSTEAD PCN	551	12756	5,250	0.9%	48%	2.58	6.09	82%	60%	64%	66%	6.67	1.02	0.00	0.00	Good	19/01/2017	
Enfield	Abernethy House Surgery	WEST ENFIELD COLLABORATIVE PCN	557	12599	7,253	-0.4%	48%	7.15	4.85	91%	80%	65%	71%	12.80	1.02	2.27	0.18	Good	12/01/2017	
Barnet	Addington Medical Centre	BARNET 3 PCN	541	9367	4,972	-0.1%	43%	5.45	0.21	88%	74%	65%	74%	3.50	0.37	ND	0.00	Good	12/05/2016	
Camden	Adelaide Medical Centre	NORTH CAMDEN PCN	556	12025	5,704	0.8%	40%	2.57	2.23	94%	91%	74%	89%	8.32	0.69	1.51	0.13	Good	20/05/2019	
Barnet	Adler JS-The Surgery	BARNET 6 PCN	440	6597	1,651	0.9%	27%	2.72	0.30	97%	95%	91%	92%	2.91	0.44	0.29	0.04	Good	02/03/2016	
Camden	Amphill Practice	CENTRAL CAMDEN PCN	530	7532	3,453	0.0%	43%	5.58	2.92	81%	75%	68%	79%	5.65	0.75	1.00	0.13	Good	03/10/2018	
Islington	Amwell Group Practice	SOUTH ISLINGTON PCN	550	10692	3,772	-0.3%	38%	1.96	5.04	88%	83%	65%	79%	8.85	0.83	0.93	0.09	Good	08/10/2019	
Islington	Andover Medical Centre	NORTH ISLINGTON PCN	529	6105	2,341	1.0%	58%	4.41	9.96	80%	64%	63%	68%	4.35	0.71	1.00	0.16	Good	13/07/2016	
Enfield	Angel Surgery	EDMONTON PCN	550	13700	5,062	1.3%	37%	2.84	2.91	67%	60%	56%	62%	3.49	0.25	0.00	0.00	Good	01/07/2022	
Haringey	Arcadian Gardens Surgery	HARINGEY - NORTH CENTRAL PCN	521	6321	2,399	3.4%	44%	5.68	7.42	79%	79%	59%	63%	2.03	0.32	0.43	0.07	Good	18/01/2017	
Islington	Archway Medical Practice	NORTH ISLINGTON PCN	531	18823	3,892	5.6%	40%	1.09	0.93	78%	78%	61%	68%	3.35	0.18	1.37	0.07	Good	22/02/2018	
Enfield	Arnos Grove Medical Centre	ENFIELD SOUTH WEST PCN	541	7612	2,643	1.2%	40%	3.28	7.21	58%	47%	51%	52%	2.27	0.30	0.59	0.08	Good	N/A	
Islington	Barnsbury Medical Centre	SOUTH ISLINGTON PCN	542	3948	1,451	1.6%	52%	2.53	8.36	80%	71%	72%	78%	1.39	0.35	0.77	0.20	Requires Improvement	N/A	
Camden	Belsize Priory Medical Practice	CENTRAL HAMPSTEAD PCN	546	5017	2,070	1.6%	39%	6.34	6.54	85%	88%	69%	85%	2.45	0.49	0.29	0.06	Requires Improvement	27/06/2022	
Enfield	Bincote Surgery	ENFIELD SOUTH WEST PCN	493	6608	3,534	0.5%	48%	2.72	1.96	88%	68%	78%	77%	3.23	0.49	0.69	0.10	Good	22/09/2016	
Enfield	Boundary Court Surgery	ENFIELD CARE NETWORK PCN	544	3606	1,643	-2.5%	37%	3.92	8.68	88%	70%	65%	76%	1.67	0.46	0.52	0.14	Good	N/A	
Enfield	Boundary House Surgery	EDMONTON PCN	548	5376	2,299	0.6%	44%	6.12	7.23	74%	62%	65%	63%	1.31	0.24	1.47	0.27	Not inspected	29/11/2018	
Haringey	Bounds Green Group Practice	HARINGEY - NORTH CENTRAL PCN	533	18581	8,930	0.1%	44%	0.75	1.88	86%	58%	67%	75%	16.37	0.88	0.37	0.02	Good	24/09/2020	
Enfield	Brick Lane Surgery	ENFIELD CARE NETWORK PCN	555	4281	1,883	0.0%	51%		0.00	57%	40%	56%	51%	4.41	1.03	1.00	0.23	Good	27/09/2017	
Haringey	Bridge House Medical Practice	HARINGEY - WEST CENTRAL PCN	518	9703	4,469	-56.3%	41%	5.79	3.41	62%	43%	45%	52%	11.92	1.23	0.00	0.00	Good	03/11/2021	
Camden	Brondesbury Medical Centre	WEST CAMDEN PCN	522	21279	8,312	0.9%	36%	3.94	3.05	84%	79%	63%	66%	2.78	0.13	0.00	0.00	Good	08/01/2019	
Camden	Brookfield Park Surgery	NORTH CAMDEN PCN	555	3633	1,796	-0.8%	48%	4.42	3.59	83%	84%	78%	75%	2.88	0.79	0.53	0.15	Good	24/08/2016	
Haringey	Bruce Grove Primary Health Care Centre	HARINGEY - NORTH EAST PCN	541	7428	0	-0.9%	39%	2.03	7.70	73%	71%	72%	67%	1.53	0.21	0.00	0.00	Requires Improvement	26/04/2022	
Camden	Brunswick Medical Centre	SOUTH CAMDEN PCN	553	8431	2,330	0.9%	43%	3.55	4.97	77%	73%	54%	73%	7.17	0.85	1.57	0.19	Good	29/04/2021	
Barnet	Brunswick Park Medical Practice	BARNET 2 PCN	552	8428	4,690	0.4%	46%	6.85	2.01	63%	61%	34%	41%	1.49	0.18	0.56	0.07	Good	14/12/2016	
Camden	Caversham Group Practice	KENTISH TOWN CENTRAL PCN	528	16925	6,920	0.6%	49%	3.01	0.65	90%	81%	67%	74%	15.49	0.92	1.66	0.10	Good	07/11/2019	
Enfield	Chalfont Road Surgery	ENFIELD CARE NETWORK PCN	547	3856	1,933	-2.1%	46%	6.52	6.26	76%	48%	59%	65%	1.89	0.49	0.51	0.13	Good	18/01/2018	
Haringey	Charlton House Medical Centre	HARINGEY - NORTH EAST PCN	500	6462	3,375	0.4%	51%	4.79	5.56	74%	57%	56%	63%	1.71	0.26	0.84	0.13	Inadequate	23/03/2022	
Haringey	Cheshire Road Surgery	HARINGEY - NORTH CENTRAL PCN	507	6335	3,151	0.4%	40%	3.46	4.09	84%	63%	66%	66%	2.92	0.46	0.80	0.13	Good	26/10/2021	
Camden	Cholmeley Gardens Surgery	WEST CAMDEN PCN	536	7934	3,699	-0.3%	46%	2.52	1.89	88%	79%	61%	73%	4.58	0.58	0.43	0.05	Requires Improvement	28/07/2022	
Haringey	Christchurch Hall Surgery	HARINGEY - WEST CENTRAL PCN	-	3132	1,877	-0.8%	41%	1.92	0.00	78%	89%	52%	69%	1.93	0.61	0.85	0.27	N/A	N/A	
Islington	City Road Medical Centre	SOUTH ISLINGTON PCN	508	9487	2,832	0.7%	38%	1.68	5.57	84%	81%	74%	83%	6.89	0.73	0.00	0.00	Good	31/01/2020	
Islington	Clerkenwell Medical Practice	SOUTH ISLINGTON PCN	548	16610	3,971	-0.6%	39%	1.39	3.02	88%	95%	72%	74%	8.11	0.49	3.06	0.18	Good	17/05/2018	
Enfield	Cockfosters Medical Centre	ENFIELD UNITY PCN	512	6955	3,772	0.4%	45%	1.73	1.87	80%	70%	63%	78%	3.52	0.51	0.63	0.09	Good	10/05/2017	
Barnet	Colindale Medical Centre	BARNET 1D PCN	543	10651	3,490	0.9%	37%	1.69	1.22	81%	61%	55%	71%	3.09	0.29	0.53	0.05	Good	12/06/2018	
Barnet	Colney Hatch Lane Surgery	BARNET 2 PCN	540	5296	3,627	-0.4%	47%	6.25	2.65	88%	78%	72%	79%	2.16	0.41	0.72	0.14	Good	20/02/2018	
Barnet	Cornwall House Surgery	BARNET 3 PCN	529	5759	3,196	-0.6%	39%	4.20	0.87	69%	46%	45%	53%	4.80	0.83	0.29	0.05	Good	09/12/2021	
Barnet	Cricklewood Health Centre	BARNET 5 PCN	481	3950	1,531	0.9%	43%	1.00	0.75	78%	64%	63%	68%	2.07	0.52	0.96	0.24	Good	N/A	
Haringey	Crouch Hall Road Surgery	HARINGEY - CROUCH END PCN	558	8148	4,407	-0.9%	31%	0.25	1.35	88%	90%	75%	88%	2.61	0.32	1.47	0.18	Good	08/02/2016	
Camden	Daleham Gardens Health Centre	CENTRAL HAMPSTEAD PCN	537	4924	1,784	1.1%	49%	0.61	2.42	86%	91%	77%	85%	1.99	0.40	0.43	0.09	Good	20/01/2016	
Barnet	Deans Lane Medical Centre		555	4198	2,073	-0.5%	30%	0.24	2.39	82%	84%	78%	71%	3.43	0.82	0.53	0.13	Good	09/08/2018	
Barnet	Derwent Crescent Medical Centre	BARNET 3 PCN	558	5597	2,848	0.7%	38%	1.79	1.61	88%	83%	56%	76%	2.27	0.40	0.93	0.17	Good	30/06/2021	
Haringey	Dowsett Road Surgery	HARINGEY - WELBOURNE PCN	549	4823	2,046	-0.9%	39%	3.75	4.79	84%	78%	58%	71%	3.59	0.74	0.81	0.17	Good	18/07/2018	
Barnet	Dr Azim and Partners	BARNET 5 PCN	469	8829	3,586	-0.9%	33%	3.41	2.05	56%	36%	41%	42%	2.29	0.26	0.64	0.07	Good	22/06/2017	
Enfield	DR ME Silver's Practice	ENFIELD CARE NETWORK PCN	550	3754	1,899	-0.6%	45%	6.65	2.66	83%	67%	66%	70%	2.40	0.64	0.71	0.19	Good	N/A	
Islington	Drs Bowry and Bowry's Practice	NORTH ISLINGTON PCN	542	5121	2,215	0.0%	41%			86%	59%	62%	56%	0.93	0.18	0.53	0.10	Good	N/A	
Enfield	Eagle House Surgery	ENFIELD UNITY PCN	531	12973	6,282	-0.3%	46%	7.58	7.50	67%	33%	53%	42%	5.69	0.44	2.80	0.22	Good	12/04/2022	
Barnet	East Barnet Health Centre	BARNET 2 PCN	540	11411	5,900	-0.4%	45%	3.43	0.97	81%	59%	55%	65%	7.15	0.63	1.28	0.11	Good	05/07/2002	
Enfield	East Enfield Practice	ENFIELD CARE NETWORK PCN	556	7869	1,323	0.2%	39%	3.17	7.11	77%	65%	63%	71%	1.52	0.19	0.53	0.07	Good	N/A	
Barnet	East Finchley Medical Centre	BARNET 3 PCN	494	7733	4,014	0.2%	40%	2.07	0.00	74%	60%	46%	65%	2.53	0.33	0.85	0.11	Good	23/05/2017	
Islington	Elizabeth Avenue Group Practice	CENTRAL 2 ISLINGTON PCN	552	7604	3,567	0.4%	45%	6.33	5.14	87%	72%	60%	78%	5.05	0.66	1.00	0.13	Good	29/09/2016	
Enfield	Evergreen Primary Care Centre	ENFIELD CARE NETWORK PCN	550	20034	7,661	0.2%	44%	2.25	4.74	72%	46%	62%	62%	8.40	0.42	3.00	0.15	Good	N/A	
Haringey	Fernlea Surgery	HARINGEY - WELBOURNE PCN	536	11255	4,201	1.6%	39%	0.53	3.01	80%	66%	61%	71%	8.00	0.71	1.88	0.17	Good	03/12/2019	
Camden	Fortune Green Road Surgery	WEST CAMDEN PCN	548	3113	1,626	1.1%	45%	2.89	4.17	84%	85%	68%	75%	1.98	0.64	0.52	0.17	Good	13/12/2018	
Barnet	Friern Barnet Medical Centre	BARNET 2 PCN	551	9753	4,695	0.2%	48%	4.61	1.64	78%	59%	53%	66%	5.87	0.60	1.00	0.10	Good	19/01/2017	
Enfield	Gillan House Surgery	ENFIELD SOUTH WEST PCN	546	12339	4,884	1.1%	37%	3.23	9.37	83%	70%	65%	73%	5.26	0.43	0.99	0.08	Good	24/08/2016	
Barnet	Gloucester Road Surgery	BARNET 3 PCN	487	1757	1,150	-2.0%	40%	2.88	0.00	85%	85%	53%	69%	1.10	0.63	0.40	0.23	Good	06/12/2021	
Camden	Gower Street Practice	CENTRAL CAMDEN PCN	526	9892	1,032	0.4%	46%	0.50	0.61	87%	98%	68%	74%	3.10	0.31	0.00	0.00	Good	28/08/2018	
Camden	Grays Inn Road Medical centre	CENTRAL HAMPSTEAD PCN	550	7697	1,912	3.0%	45%	2.07	6.07	92%	83%	61%	75%	3.81	0.49	0.64	0.08	Good	16/10/2018	
Enfield	Green Cedars Medical Centre	ENFIELD UNITY PCN	540	5393	2,426	-1.8%	50%	3.36	1.12	76%	69%	65%	66%	2.21	0.41	0.40	0.07	Good	03/08/2017	
Barnet	Greenfield Medical Centre	BARNET 5 PCN	545	7153	3,292	0.2%	48%	3.48	1.11	85%	78%	54%	73%	3.76	0.53	0.00	0.00	Good	26/07/2018	
Haringey	Grove Road Surgery	HARINGEY - N15/SOUTH EAST PCN	527	4483	1,970	-1.2%	41%	3.35	2.90	84%	77%	69%	79%	2.40	0.54	0.21	0.05	Inadequate	14/03/2022	
Enfield	Grovelands Medical Centre	ENFIELD CARE NETWORK PCN	496	10595	5,373	-0.2%	34%	1.51	3.31	74%	67%	50%	60%	3.21	0.30	0.75	0.07	Good	10/04/2017	
Camden	Hampstead Group Practice	NORTH CAMDEN PCN	518	17987	8,079	0.5%	39%	1.05	4.27	89%	90%	65%	79%	16.21	0.90	2.47	0.14	Good	06/10/2021	
Islington	Hanley Primary Care Centre	NORTH ISLINGTON PCN	559	11419	2,994	0.1%	37%	4.55	5.78	74%	82%	48%	66%	2.42	0.21	0.00	0.00	Good	12/07/2017	
Haringey	Haverall Surgery	HARINGEY - N15/SOUTH EAST PCN	545	5637	2,653	0.1%	42%	4.61	5.67	81%	63%	55%	59%	2.67	0.47	0.11	0.02	Good	14/08/2018	
Barnet	Heathfield Medical Centre	BARNET 6 PCN	531	8893	4,450	0.3%	50%	0.90	1.35	82%	79%	56%	65%	2.81	0.32	0.64	0.07	Good	05/08/2021	
Barnet	Hendon Way Surgery	BARNET 1D PCN	545	8819	3,552	0.0%	36%	2.04	0.57	71%	57%	53%	62%	3.28	0.37</					

Haringey	Queenswood Medical Practice	HARINGEY - CROUCH END PCN	559	22091	11,213	↓ -0.3%	44%	0.68	2.18	92%	73%	68%	73%	1.71	0.08	0.71	0.03	Good	11/10/2016
Enfield	Rainbow Practice	ENFIELD CARE NETWORK PCN	543	6542	2,317	↑ 0.8%	43%	0.00	5.50	82%	64%	68%	73%	2.37	0.36	0.40	0.06	Good	18/05/2016
Barnet	Ravenscroft Medical Centre	BARNET 5 PCN	516	5680	1,994	↓ -0.1%	38%	0.00	0.53	82%	81%	73%	71%	7.93	1.40	0.40	0.07	Good	16/03/2022
Camden	Ridgmount Practice	CENTRAL CAMDEN PCN	556	20087	660	↓ -1.1%	21%	0.05	0.55	81%	100%	73%	88%	9.66	0.48	1.57	0.08	Good	01/12/2016
Islington	Ritchie Street Group Practice	SOUTH ISLINGTON PCN	549	18037	6,666	↓ -1.1%	41%	0.00	6.18	77%	60%	69%	59%	8.93	0.50	1.49	0.08	Good	03/04/2019
Islington	River Place Health Centre	CENTRAL 2 ISLINGTON PCN	557	10679	4,005	↑ 1.4%	41%	0.74	6.89	89%	83%	60%	74%	2.00	0.19	0.40	0.04	Good	15/02/2016
Islington	Roman Way Medical Centre	CENTRAL 1 ISLINGTON PCN	551	3473	1,784	↓ -0.8%	42%	0.00	9.24	89%	82%	65%	76%	4.16	1.20	0.00	0.00	Good	26/09/2017
Barnet	Rosemary Surgery	BARNET 3 PCN	552	6141	2,429	↓ -0.2%	45%	0.33	1.14	86%	84%	70%	74%	5.82	0.95	1.12	0.18	Good	27/07/2016
Camden	Rosslyn Hill Surgery	NORTH CAMDEN PCN	555	7487	0	↓ -100.0%	33%	0.00	0.00	92%	88%	72%	81%	1.23		0.27		N/A	N/A
Haringey	Rutland House Surgery	HARINGEY - NORTH WEST PCN	551	11075	3,332	↓ -1.5%	49%	0.09	0.90	82%	81%	74%	76%	1.31	0.12	0.80	0.07	Requires Improvement	11/05/2022
Islington	Sobell Medical Centre	CENTRAL 1 ISLINGTON PCN	429	4158	1,664	↓ -2.2%	41%	2.90	5.55	79%	68%	60%	65%	5.60	1.35	0.40	0.10	Good	06/06/2017
Camden	Somers Town Medical Practice	CENTRAL CAMDEN PCN	559	7526	1,515	↓ -14.5%	51%	1.33	2.92	70%	40%	53%	57%	4.13	0.55	0.76	0.10	Good	11/09/2018
Haringey	Somerset Gardens Family Health Centre	HARINGEY - NORTH EAST PCN	530	13399	5,885	↑ 0.3%	42%	1.49	8.41	74%	69%	61%	59%	1.89	0.14	0.16	0.01	Good	23/11/2017
Enfield	Southgate	ENFIELD UNITY PCN	466	10045	4,969	↓ -0.6%	43%	0.00	2.79	77%	57%	54%	65%	2.63	0.26	0.21	0.02	Good	14/12/2016
Haringey	Spur Road Surgery	HARINGEY - N15/SOUTH EAST PCN	556	2140	1,015	↑ 0.6%	49%	0.00	4.68	76%	93%	69%	75%	7.32	3.42	2.24	1.05	Good	27/09/2017
Barnet	Squires Lane Medical Practice	BARNET 3 PCN	553	5589	2,863	↑ 0.3%	41%	0.00	1.61	66%	37%	39%	51%	2.31	0.41	1.51	0.27	Good	17/05/2016
Barnet	St Andrews Medical Practice	BARNET 2 PCN	550	11381	6,028	↑ 0.1%	52%	0.18	0.88	79%	56%	52%	63%	10.84	0.95	1.64	0.14	Good	23/06/2016
Haringey	St Ann's Road Surgery	HARINGEY - N15/SOUTH EAST PCN	559	16389	6,164	↑ 0.8%	44%	0.24	5.30	71%	54%	62%	63%	10.52	0.64	0.85	0.05	Good	31/10/2017
Barnet	St Georges Medical Centre	BARNET 5 PCN	543	11591	5,045	↑ 1.0%	53%	0.00	1.81	86%	79%	68%	72%	8.69	0.75	0.32	0.03	Good	08/11/2019
Islington	St Johns Way Medical Centre	NORTH ISLINGTON PCN	551	12073	5,791	↑ 0.3%	38%	3.14	10.00	82%	83%	64%	75%	4.93	0.41	0.99	0.08	Good	06/12/2016
Islington	St Peters Street Medical Practice	CENTRAL 2 ISLINGTON PCN	551	11963	4,856	↓ -0.6%	36%	0.08	4.86	71%	96%	47%	71%	0.64	0.05	1.59	0.13	Good	14/07/2016
Camden	St Philips Medical Centre	SOUTH CAMDEN PCN	546	14362	1,102	↓ -0.5%	52%	0.00	2.30	83%	46%	54%	61%	0.93	0.06	0.77	0.05	Good	27/07/2016
Haringey	Staunton Group Practice	HARINGEY - EAST CENTRAL PCN	543	12916	6,225	↓ -0.7%	47%	1.32	9.31	75%	57%	54%	61%	4.16	0.32	0.00	0.00	Not inspected	N/A
Islington	Stroud Green Medical Practice	NORTH ISLINGTON PCN	545	6598	2,375	↑ 0.0%	45%	0.90	0.90	96%	98%	70%	86%	2.40	0.36	0.72	0.11	Good	08/11/2018
Haringey	Stuart Crescent Health Centre	HARINGEY - NORTH CENTRAL PCN	549	6917	2,515	↑ 0.1%	39%	0.00	4.48	87%	70%	75%	80%	1.79	0.26	0.80	0.12	Good	17/05/2017
Haringey	Stuart Crescent Medical Practice	HARINGEY - NORTH CENTRAL PCN	548	3073	4,493	↓ -0.5%	49%	0.00	2.93	59%	63%	55%	71%	9.47	3.08	2.09	0.68	Requires Improvement	05/02/2020
Barnet	Supreme Medical Practice	BARNET 6 PCN	515	4460	2,426	↓ -0.2%	40%	0.00	1.34	83%	67%	69%	70%	3.36	0.75	0.69	0.16	Good	29/11/2016
Camden	Swiss Cottage Surgery	CENTRAL CAMDEN PCN	549	16086	5,792	↑ 0.2%	37%	0.68	6.15	93%	91%	76%	84%	1.20	0.07	0.00	0.00	Good	16/06/2016
Barnet	Temple Fortune Medical Group	BARNET 6 PCN	549	8391	3,637	↑ 1.1%	52%	0.00	1.89	87%	75%	66%	71%	1.48	0.18	0.66	0.08	Good	22/02/2017
Haringey	The 157 Medical Practice	HARINGEY - CROUCH END PCN	515	4634	2,390	↑ 1.4%	50%	0.43	3.64	72%	65%	58%	64%	1.85	0.40	0.16	0.03	Good	28/10/2021
Haringey	The Alexandra Surgery	HARINGEY - WEST CENTRAL PCN	489	5649	5,648	↓ -0.5%	38%	1.59	2.83	78%	68%	62%	63%	3.41	0.60	0.00	0.00	Good	N/A
Islington	The Beaumont Practice	NORTH ISLINGTON PCN	534	3299	1,299	↑ 0.1%	39%	0.00	8.49	90%	89%	82%	85%	3.07	0.93	1.09	0.33	Requires Improvement	11/08/2021
Camden	The Bloombury Surgery	CENTRAL CAMDEN PCN	529	5909	1,839	↑ 1.7%	54%	0.17	2.71	86%	90%	63%	74%	5.29	0.89	1.13	0.19	Good	N/A
Enfield	The Bounces Road Surgery	ENFIELD UNITY PCN	542	5940	2,470	↓ -0.8%	43%	0.84	4.55	76%	72%	66%	68%	7.36	1.24	0.40	0.07	Good	29/09/2016
Barnet	The Clinic (Oakleigh Rd North)	BARNET 2 PCN	488	6528	4,797	↑ 0.0%	43%		0.00	82%	85%	63%	74%	1.01	0.16	0.24	0.04	Good	22/11/2017
Barnet	The Everglade Medical Practice	BARNET 1W PCN	541	10508	3,567	↑ 1.6%	46%	4.25	1.04	74%	54%	55%	64%	1.92	0.18	0.53	0.05	Good	17/05/2017
Islington	The Goodinge Group Practice	NORTH ISLINGTON PCN	509	12498	4,953	↓ -0.2%	36%	1.36	10.68	88%	83%	72%	84%	3.35	0.27	1.84	0.15	Good	14/09/2017
Barnet	The Hillview Surgery	BARNET 5 PCN	457	1988	963	↑ 1.5%	39%	1.51	2.01	79%	89%	75%	77%	2.62	1.32	0.96	0.48	Good	N/A
Barnet	The Hodford Road Practice	BARNET 6 PCN	512	4113	1,870	↓ -0.3%	36%	0.97	2.67	81%	79%	66%	85%	10.04	2.44	1.28	0.31	Requires Improvement	28/02/2020
Islington	The Junction Medical Practice	NORTH ISLINGTON PCN	553	9335	4,555	↓ -1.4%	51%	0.86	4.52	79%	66%	46%	59%	2.57	0.28	0.80	0.09	Good	30/05/2017
Islington	The Medical Centre	CENTRAL 1 ISLINGTON PCN	556	5916	2,070	↑ 0.5%	41%	0.68	10.31	86%	88%	76%	89%	1.12	0.19	1.20	0.20	Good	13/11/2018
Islington	The Miller Practice	CENTRAL 2 ISLINGTON PCN	552	9854	4,643	↓ -0.9%	43%	0.10	5.69	90%	83%	71%	74%	11.03	1.12	0.80	0.08	Good	12/07/2017
Islington	The Mitchison Road Surgery	CENTRAL 1 ISLINGTON PCN	559	8526	2,119	↑ 0.7%	42%	1.75	4.79	87%	86%	69%	89%	4.63	0.54	1.12	0.13	Good	20/10/2016
Barnet	The Mountfield Surgery	BARNET 3 PCN	536	4934	2,725	↑ 0.2%	47%	0.20	0.20	87%	85%	82%	78%	4.59	0.93	1.36	0.28	Good	08/11/2018
Haringey	The Muswell Hill Practice	HARINGEY - NORTH WEST PCN	505	14526	7,453	↑ 0.0%	52%	0.07	1.51	87%	74%	64%	75%	6.53	0.45	0.96	0.07	Good	28/05/2017
Enfield	The North London Health Centre	ENFIELD SOUTH WEST PCN	536	8828	1,951	↓ -0.2%	48%	0.34	2.84	77%	55%	49%	58%	1.32	0.15	ND		Good	04/05/2017
Islington	The Northern Medical Centre	NORTH ISLINGTON PCN	553	9184	3,590	↑ 0.2%	50%	3.16	8.61	83%	81%	69%	78%	5.11	0.56	1.40	0.15	Good	26/09/2019
Barnet	The Old Court House Surgery	BARNET 3 PCN	557	8605	4,622	↑ 0.3%	44%	1.63	1.51	83%	78%	71%	80%	4.12	0.48	1.21	0.14	Good	N/A
Haringey	The Old Surgery	HARINGEY - EAST CENTRAL PCN	531	2046	1,098	↑ 0.0%	35%	0.00	12.18	81%	91%	73%	74%	2.05	1.00	0.00	0.00	Good	17/01/2017
Enfield	The Ordnance Unity Centre for Health	ENFIELD CARE NETWORK PCN	559	11857	3,811	↑ 1.1%	39%	0.17	5.03	74%	59%	46%	56%	7.32	0.62	1.00	0.08	Good	N/A
Barnet	The Phoenix Practice	BARNET 5 PCN	441	10293	4,471	↑ 0.4%	48%	0.68	1.94	91%	74%	66%	72%	2.59	0.25	0.93	0.09	Good	02/08/2017
Barnet	The Practice at 188	BARNET 6 PCN	540	9084	3,961	↑ 1.5%	49%	1.20	3.39	59%	57%	42%	55%	5.31	0.58	1.77	0.20	Good	13/11/2018
Camden	The Regents Park Practice	CENTRAL CAMDEN PCN	519	6277	2,615	↑ 0.5%	40%	1.91	3.19	84%	83%	62%	71%	4.02	0.64	0.96	0.15	Good	13/07/2018
Islington	The Rise Group Practice	NORTH ISLINGTON PCN	530	4844	2,481	↑ 0.6%	44%	3.50	12.95	80%	66%	63%	56%	3.60	0.74	1.43	0.29	Good	06/05/2021
Barnet	The Speedwell Practice	BARNET 3 PCN	544	11306	5,640	↑ 0.7%	37%	0.53	5.39	66%	47%	46%	54%	2.81	0.25	0.69	0.06	Good	15/03/2018
Haringey	The Vale Practice	HARINGEY - WEST CENTRAL PCN	540	10558	4,438	↑ 0.0%	39%	0.38	1.99	83%	80%	63%	72%	2.39	0.23	0.67	0.06	Good	12/10/2017
Islington	The Village Practice	NORTH ISLINGTON PCN	529	10541	3,214	↑ 0.5%	35%	0.38	10.11	81%	83%	58%	72%	7.21	0.68	1.44	0.14	Good	08/09/2016
Barnet	The Village Surgery	BARNET 2 PCN	529	5217	2,798	↑ 0.7%	39%	1.52	0.57	85%	81%	66%	71%	1.07	0.20	0.00	0.00	Good	13/09/2018
Enfield	The Woodberry Practice	ENFIELD SOUTH WEST PCN	548	9233	4,858	↑ 0.9%	48%	0.11	3.13	86%	74%	75%	79%	2.64	0.29	0.53	0.06	Good	10/12/2019
Barnet	Torrington Park Group Practice	BARNET 3 PCN	524	12430	6,504	↑ 0.5%	52%	0.40	2.01	85%	56%	57%	66%	2.57	0.21	0.21	0.02	Good	01/09/2015
Haringey	Tottenham Hale Medical Practice	HARINGEY - WELBOURNE PCN	510	4200	818	↑ 2.5%	33%	0.24	0.95	85%	92%	59%	82%	6.61	1.57	3.43	0.82	Good	10/09/2018
Haringey	Tottenham Health Centre	HARINGEY - WELBOURNE PCN	536	5554	2,387	↑ 0.5%	45%	6.64	6.10	67%	66%	52%	65%	1.20	0.22	0.24	0.04	Good	29/01/2019
Enfield	Town Surgery	WEST ENFIELD COLLABORATIVE PCN	533	4436	1,908	↓ -0.9%	41%	0.00	6.56	81%	87%	68%	79%	14.49	3.27	2.99	0.67	Good	03/11/2016
Haringey	Tynemouth Medical Practice	HARINGEY - WELBOURNE PCN	543	9042	3,963	↓ -0.4%	40%	0.44	5.54	72%	45%	50%	52%	7.07	0.78	1.01	0.11	Requires Improvement	11/03/2022
Barnet	Vale Drive Medical Practice	BARNET 3 PCN	538		6,266	↑ 0.0%	38%	0.00	0.00	68%	45%	38%	49%	7.97		0.00		Good	N/A
Barnet	Wakemans Hill Surgery	BARNET 1D PCN	524	4300	2,025	↓ -0.6%	41%	0.70	4.42	80%	69%	69%	75%	10.69	2.49	1.39	0.32	Good	30/03/2017
Barnet	Watling Medical Centre	BARNET 1W PCN	546	17291	7,990	↑ 0.3%	40%	0.00	1.74	85%	62%	62%	72%	2.99	0.17	0.61	0.04	Good	21/06/2018
Barnet	Wentworth Medical Practice	BARNET 3 PCN	527	12928	6,318	↓ -0.2%	42%	0.70	2.24	71%	44%	57%	52%	9.08	0.70	0.99	0.08	Good	17/10/2017
Haringey	West Green Road Surgery	HARINGEY - EAST CENTRAL PCN	540	19424	5,649	↑ 1.2%	27%	0.36	2.36	83%	90%	67%	80%	12.67	0.65	0.72	0.04	Outstanding	

Practice			Referrals	2ww	A&G	CC	FIT	A&E Att	A&E VB11Z	Emergency Admission	Complaints	% Patients Care Plan LTC	FFT	111	
Borough	Practice Name	PCN	Month on Month Change - June/July	Month on Month Change - June/July	Month on Month Change - June/July	Month on Month Change - June/July	Month on Month Change - June/July	Month on Month Change - June/July	Month on Month Change - June/July	Month on Month Change - June/July	Month on Month Change - June/July	Month on Month Change - June/July	Month on Month Change - May/June		
Camden	Abbey Medical Centre	CENTRAL HAMPSTEAD PCN	↓ -7%	↓ -31%	↓ -33%	↑ 60%	↓ -32%	↓ -29%	↓ -31%	↓ -12%					
Enfield	Abernethy House Surgery	WEST ENFIELD COLLABORATIVE PCN	↑ 6%	↑ 12%	↓ -7%	↑ 3%	↑ 11%	↓ 5%	↓ 9%	↓ 1%					
Barnet	Addington Medical Centre	BARNET 3 PCN	↑ 13%	↑ 63%	↓ -7%	↓ -78%	↓ -3%	↓ -7%	↓ 21%	↓ -6%					
Camden	Adelaide Medical Centre	NORTH CAMDEN PCN	↑ 10%	↑ 8%	↓ -10%	↑ 50%	↑ 11%	↓ -9%	↓ 21%	↓ 8%					
Barnet	Adler JS-The Surgery	BARNET 6 PCN	↓ -37%	↓ -38%	↑ 62%	↓ -56%	↓ -47%	↑ 29%	↓ 24%	↓ -3%					
Camden	Amphill Practice	CENTRAL CAMDEN PCN	↓ -18%	↓ -7%	↓ -7%	↓ -100%	↑ 14%	↓ 8%	↓ 41%	↓ 33%					
Islington	Amwell Group Practice	SOUTH ISLINGTON PCN	↑ 11%	↑ 37%	↓ -16%	↑ 0%	↑ 40%	↓ 4%	↓ 41%	↓ -3%					
Islington	Andover Medical Centre	NORTH ISLINGTON PCN	↓ -19%	↓ -40%	↓ -38%	↑ 0%	↑ 214%	↓ -5%	↓ -15%	↓ -16%					
Enfield	Angel Surgery	EDMONTON PCN	↑ 0%	↑ 11%	↑ 0%	↑ 0%	↓ -29%	↓ -6%	↓ -29%	↓ 35%					
Haringey	Arcadian Gardens Surgery	HARINGEY - NORTH CENTRAL PCN	↑ 38%	↑ 25%	↑ 0%	↓ -67%	↓ -12%	↓ -5%	↓ -31%	↓ -39%					
Islington	Archway Medical Practice	NORTH ISLINGTON PCN	↓ -7%	↓ -14%	↑ 17%	↓ -60%	↓ -26%	↓ -7%	↓ 1%	↓ -12%					
Enfield	Arnos Grove Medical Centre	ENFIELD SOUTH WEST PCN	↓ -5%	↓ -38%	↓ -100%	↓ -38%	↑ 33%	↓ -14%	↓ -33%	↓ -5%					
Islington	Barnsbury Medical Centre	SOUTH ISLINGTON PCN	↑ 21%	↑ 10%	↑ 60%	↓ -100%	↑ 30%	↓ 3%	↓ 8%	↓ -15%					
Camden	Belsize Priory Medical Practice	CENTRAL HAMPSTEAD PCN	↑ 21%	↓ -12%	↑ 14%	↑ 0%	↓ -13%	↓ -23%	↓ -29%	↓ -11%					
Enfield	Bincote Surgery	ENFIELD SOUTH WEST PCN	↓ -6%	↑ 3%	↑ 50%	↑ 0%	↓ -9%	↓ 5%	↓ 0%	↓ 0%					
Enfield	Boundary Court Surgery	ENFIELD CARE NETWORK PCN	↑ 29%	↑ 138%	↑ 10%	↑ 100%	↓ -14%	↓ 1%	↓ 7%	↓ 69%					
Enfield	Boundary House Surgery	EDMONTON PCN	↓ -11%	↑ 12%	↑ 0%	↓ -20%	↑ 0%	↓ -15%	↓ -13%	↓ -25%					
Haringey	Bounds Green Group Practice	HARINGEY - NORTH CENTRAL PCN	↓ -1%	↓ -19%	↓ -8%	↓ -7%	↓ -1%	↓ 4%	↓ -3%	↓ 40%					
Enfield	Brick Lane Surgery	ENFIELD CARE NETWORK PCN	↑ 0%	↑ 0%	↑ 0%	↓ -100%	↑ 0%	↑ 100%	↑ 100%	↓ 71%					
Haringey	Bridge House Medical Practice	HARINGEY - WEST CENTRAL PCN	↑ 111%	↑ 83%	↓ -41%	↑ 0%	↓ -47%	↓ -17%	↓ -14%	↓ 0%					
Camden	Brondesbury Medical Centre	WEST CAMDEN PCN	↓ -55%	↓ -81%	↑ 46%	↑ 27%	↓ -15%	↓ -3%	↓ 15%	↓ -41%					
Camden	Brookfield Park Surgery	NORTH CAMDEN PCN	↓ -54%	↓ -76%	↓ -20%	↑ 0%	↓ -49%	↓ -19%	↓ -37%	↓ 60%					
Haringey	Bruce Grove Primary Health Care Centre	HARINGEY - NORTH EAST PCN	↑ 91%	↑ 357%	↓ -100%	↑ 0%	↑ 57%	↓ -16%	↓ -29%	↓ 2%					
Camden	Brunswick Medical Centre	SOUTH CAMDEN PCN	↑ 18%	↑ 167%	↑ 57%	↑ 38%	↓ -67%	↓ -18%	↓ -28%	↓ 15%					
Barnet	Brunswick Park Medical Practice	BARNET 2 PCN	↓ -61%	↓ -34%	↑ 64%	↑ 39%	↓ -20%	↓ 9%	↓ 33%	↓ -18%					
Camden	Caversham Group Practice	KENTISH TOWN CENTRAL PCN	↓ -2%	↑ 3%	↑ 20%	↓ -45%	↓ -20%	↓ 7%	↓ 3%	↓ 13%					
Enfield	Chalfont Road Surgery	ENFIELD CARE NETWORK PCN	↓ -14%	↑ 67%	↑ 0%	↑ 0%	↑ 17%	↓ 1%	↓ -2%	↓ 4%					
Haringey	Charlton House Medical Centre	HARINGEY - NORTH EAST PCN	↑ 23%	↑ 67%	↓ -42%	↑ 0%	↓ -33%	↓ -2%	↓ -26%	↓ -15%					
Haringey	Cheshire Road Surgery	HARINGEY - NORTH CENTRAL PCN	↓ -26%	↓ -9%	↓ -6%	↑ 0%	↑ 38%	↓ -13%	↓ -27%	↓ -35%					
Camden	Cholmley Gardens Surgery	WEST CAMDEN PCN	↓ -21%	↓ -10%	↓ -29%	↑ 0%	↑ 45%	↓ -24%	↓ -41%	↓ -15%					
Haringey	Christchurch Hall Surgery	HARINGEY - WEST CENTRAL PCN	↑ 6%	↓ -25%	↑ 50%	↑ 0%	↑ 67%	↓ 5%	↓ -97%	↓ 8%					
Islington	City Road Medical Centre	SOUTH ISLINGTON PCN	↓ -21%	↓ -47%	↓ -20%	↑ 0%	↑ 0%	↓ -11%	↓ -21%	↓ 27%					
Islington	Clerkenwell Medical Practice	SOUTH ISLINGTON PCN	↑ 8%	↑ 40%	↑ 85%	↑ 0%	↑ 0%	↓ -22%	↓ -11%	↓ -34%					
Enfield	Cockfosters Medical Centre	ENFIELD UNITY PCN	↓ -4%	↑ 10%	↑ 0%	↓ -75%	↑ 9%	↓ 7%	↓ 22%	↓ 36%					
Barnet	Colindale Medical Centre	BARNET 1D PCN	↓ -2%	↓ -41%	↓ -69%	↓ -25%	↓ -22%	↓ 20%	↓ 35%	↓ -7%					
Barnet	Colney Hatch Lane Surgery	BARNET 2 PCN	↑ 0%	↑ 125%	↑ 0%	↑ 0%	↑ 50%	↓ -18%	↓ -13%	↓ 4%					
Barnet	Cornwall House Surgery	BARNET 3 PCN	↓ -15%	↓ -11%	↑ 300%	↓ -10%	↓ -56%	↓ 15%	↓ 18%	↓ -4%					
Barnet	Cricklewood Health Centre	BARNET 5 PCN	↓ -12%	↓ -47%	↓ -67%	↑ 0%	↑ 20%	↓ -18%	↓ -9%	↓ -19%					
Haringey	Crouch Hall Road Surgery	HARINGEY - CROUCH END PCN	↓ -15%	↓ -45%	↑ 20%	↑ 0%	↑ 0%	↓ -26%	↓ -31%	↓ 0%					
Camden	Daleham Gardens Health Centre	CENTRAL HAMPSTEAD PCN	↓ -4%	↑ 25%	↑ 29%	↑ 0%	↓ -17%	↓ -4%	↓ -3%	↓ -4%					
Barnet	Deans Lane Medical Centre	BARNET 3 PCN	↑ 0%	↑ 0%	↑ 0%	↑ 0%	↓ -43%	↓ 0%	↓ 0%	↓ -6%					
Barnet	Derwent Crescent Medical Centre	BARNET 3 PCN	↓ -2%	↑ 14%	↑ 47%	↑ 100%	↓ -25%	↓ -13%	↓ 15%	↓ -4%					
Haringey	Dowsett Road Surgery	HARINGEY - WELBOURNE PCN	↑ 3%	↓ -47%	↑ 0%	↑ 0%	↓ -29%	↓ -20%	↓ -28%	↓ -11%					
Barnet	Dr Azim and Partners	BARNET 5 PCN	↓ -4%	↓ -54%	↓ -100%	↑ 100%	↑ 15%	↓ -4%	↓ -1%	↓ -10%					
Enfield	DR ME Silver's Practice	ENFIELD CARE NETWORK PCN	↑ 2%	↓ -38%	↑ 0%	↑ 0%	↓ -57%	↓ -10%	↓ -39%	↓ 21%					
Islington	Drs Bowry and Bowry's Practice	NORTH ISLINGTON PCN	↑ 0%	↑ 0%	↑ 0%	↑ 0%	↑ 0%	↓ 0%	↓ 0%	↓ -35%					
Enfield	Eagle House Surgery	ENFIELD UNITY PCN	↓ -21%	↓ -4%	↓ -8%	↓ -33%	↑ 25%	↓ -7%	↓ -6%	↓ -50%					
Barnet	East Barnet Health Centre	BARNET 2 PCN	↑ 4%	↑ 10%	↑ 13%	↓ -36%	↑ 5%	↓ 0%	↓ 14%	↓ 12%					
Enfield	East Enfield Practice	ENFIELD CARE NETWORK PCN	↓ -4%	↓ -11%	↑ 0%	↓ -33%	↓ -31%	↓ -12%	↓ -4%	↓ 28%					
Barnet	East Finchley Medical Centre	BARNET 3 PCN	↓ -4%	↓ -14%	↓ -75%	↑ 80%	↑ 35%	↓ -1%	↓ 15%	↓ 5%					
Islington	Elizabeth Avenue Group Practice	CENTRAL 2 ISLINGTON PCN	↑ 23%	↑ 0%	↑ 50%	↑ 25%	↑ 28%	↓ 16%	↓ -13%	↓ -32%					
Enfield	Evergreen Primary Care Centre	ENFIELD CARE NETWORK PCN	↓ -17%	↓ -19%	↑ 0%	↑ 36%	↑ 0%	↓ -14%	↓ -29%	↓ -15%					
Haringey	Fernlea Surgery	HARINGEY - WELBOURNE PCN	↓ -12%	↓ -21%	↑ 100%	↓ -100%	↓ -11%	↓ 20%	↓ 11%	↓ -39%					
Camden	Fortune Green Road Surgery	WEST CAMDEN PCN	↑ 7%	↑ 38%	↑ 0%	↑ 0%	↓ -6%	↓ -4%	↓ 22%	↓ -4%					
Barnet	Friern Barnet Medical Centre	BARNET 2 PCN	↓ -15%	↓ -9%	↓ -25%	↓ -38%	↑ 3%	↓ -12%	↓ -13%	↓ -23%					
Enfield	Gillan House Surgery	ENFIELD SOUTH WEST PCN	↓ -17%	↓ -25%	↓ -45%	↑ 36%	↑ 150%	↓ -19%	↓ -22%	↓ 10%					
Barnet	Gloucester Road Surgery	BARNET 3 PCN	↓ -64%	↓ -47%	↑ 0%	↑ 0%	↓ -64%	↓ 5%	↓ 82%	↓ -21%					
Camden	Gower Street Practice	CENTRAL CAMDEN PCN	↓ -15%	↓ -5%	↓ -17%	↓ -100%	↑ 71%	↓ 3%	↓ -22%	↓ -19%					
Camden	Grays Inn Road Medical Centre	CENTRAL HAMPSTEAD PCN	↑ 3%	↓ -35%	↑ 79%	↑ 0%	↓ -43%	↓ -16%	↓ -15%	↓ -30%					
Enfield	Green Cedars Medical Centre	ENFIELD UNITY PCN	↓ -8%	↑ 40%	↑ 0%	↑ 0%	↑ 20%	↓ -11%	↓ -14%	↓ -8%					
Barnet	Greenfield Medical Centre	BARNET 5 PCN	↑ 6%	↑ 11%	↓ -33%	↑ 33%	↑ 42%	↓ -6%	↓ 1%	↓ 8%					
Haringey	Grove Road Surgery	HARINGEY - N15/SOUTH EAST PCN	↑ 44%	↑ 69%	↑ 0%	↑ 0%	↑ 0%	↓ -21%	↓ -37%	↓ 1%					
Enfield	Grovelands Medical Centre	ENFIELD CARE NETWORK PCN	↓ -11%	↓ -18%	↑ 0%	↓ -13%	↑ 0%	↓ -2%	↓ -6%	↓ 12%					
Camden	Hampstead Group Practice	NORTH CAMDEN PCN	↑ 2%	↑ 2%	↓ -2%	↓ -57%	↑ 13%	↓ -14%	↓ -21%	↓ -36%					
Islington	Hanley Primary Care Centre	NORTH ISLINGTON PCN	↓ -7%	↓ -32%	↑ 13%	↑ 0%	↑ 0%	↓ -19%	↓ -17%	↓ -36%					
Haringey	Haverall Surgery	HARINGEY - N15/SOUTH EAST PCN	↓ -5%	↓ -10%	↓ -8%	↓ -100%	↓ -9%	↓ -6%	↓ -24%	↓ 34%					
Barnet	Heathfield Medical Centre	BARNET 6 PCN	↓ -19%	↓ -6%	↓ -100%	↓ -33%	↓ -11%	↓ 1%	↓ 7%	↓ -29%					
Barnet	Hendon Way Surgery	BARNET 1D PCN	↑ 14%	↑ 0%	↑ 0%	↓ -33%	↑ 56%	↓ 29%	↓ 38%	↓ 13%					
Islington	Highbury Grange Medical Practice	CENTRAL 1 ISLINGTON PCN	↑ 5%	↑ 17%	↓ -43%	↑ 0%	↓ -43%	↓ 1%	↓ -6%	↓ -1%					
Haringey	Highgate Group Practice	HARINGEY - NORTH WEST PCN	↓ -5%	↓ -7%	↓ -18%	↑ 67%	↓ -6%	↓ 3%	↓ 14%	↓ -16%					
Enfield	Highlands Practice	ENFIELD UNITY PCN	↓ -7%	↓ -19%	↑ 5%	↑ 19%	↑ 11%	↓ -6%	↓ -20%	↓ 19%					
Camden	Holborn Medical Centre	SOUTH CAMDEN PCN	↑ 24%	↑ 27%	↑ 106%	↑ 0%	↓ -50%	↓ -25%	↓ -23%	↓ -16%					
Haringey	Hornsey Park Surgery	HARINGEY - EAST CENTRAL PCN	↑ 9%	↑ 39%	↑ 20%	↑ 100%	↓ -21%	↓ -9%	↓ -10%	↓ 8%					
Islington	Islington Central Medical Centre	CENTRAL 1 ISLINGTON PCN	↓ -1%	↓ -5%	↑ 50%	↓ -67%	↑ 0%	↓ 2%	↓ 0%	↓ 38%					
Barnet	Jai Medical Centre	BARNET 1D PCN	↓ -11%	↓ -42%	↑ 24%	↑ 100%	↑ 0%	↓ -11%	↓ 17%	↓ 16%					
Camden	James Wigg Practice	KENTISH TOWN SOUTH PCN	↑ 9%	↓ -2%	↑ 16%	↑ 144%	↑ 2%	↓ -9%	↓ -8%	↓ 11%					
Haringey	JS Medical Practice	HARINGEY - N15/SOUTH EAST PCN	↑ 1%	↓ -21%	↑ 9%	↑ 100%	↑ 0%	↓ -2%	↓ -3%	↓ -28%					
Camden	Keats Group Surgery	NORTH CAMDEN PCN	↑ 7%	↑ 9%	↑ 7%	↑ 0%	↓ -30%	↓ -5%	↓ -10%	↓ -5%					
Enfield	Keats Surgery	EDMONTON PCN	↓ -17%	↓ -5%	↑ 0%	↑ 0%	↑ 13%	↓ -11%	↓ -21%	↓ -29%					
Islington	Killick Street Health Centre	SOUTH ISLINGTON PCN	↑ 12%	↑ 41%	↑ 0%	↑ 100%	↑ 9%	↓ 3%	↓ 16%	↓ -43%					
Camden	Kings Cross Surgery	CENTRAL CAMDEN PCN	↓ -22%	↓ -6%	↓ -29%	↑ 0%	↑ 0%	↓ -2%	↓ 14%	↓ -5%					
Barnet	Lane End Medical Group	BARNET 4 PCN	↑ 26%	↑ 60%	↓ -63%	↑ 0%	↓ -20%	↓ -11%	↓ 11%	↓ 0%					
Barnet	Langstone Way Surgery	BARNET 4 PCN	↑ 13%	↓ -3%	↓ -16%	↓ -22%	↑ 34%	↓ -8%	↓ 21%	↓ -10%					
Enfield	Latymer Road Surgery	EDMONTON PCN	↓ -10%	↓ -16%	↑ 0%	↑ 56%	↓ -31%	↓ 0%	↓ -14%	↓ -42%					
Haringey	Lawrence House Surgery	HARINGEY - WELBOURNE PCN	↑ 4%	↓ -3%	↑ 92%	↑ 50%	↓ -5%	↓ 5%	↓ -9%	↓ -14%					
Barnet	Lichfield Grove Surgery	BARNET 3 PCN	↑ 5%	↑ 10%	↑ 33%	↑ 33%	↑ 33%	↓ -12%	↓ 5%	↓ 8%					
Barnet	Longrove Surgery	BARNET 3 PCN	↑ 4%	↑ 41%	↑ 29%	↑ 75%	↑ 26%	↓ -11%	↓ 6%	↓ 38%					
Enfield	Medicus Health Partners	ENFIELD UNITY PCN	↓ -3%	↓ -1%	↑ 21%	↑ 1%	↑ 4%	↓ -11%	↓ -19%	↓ 3%					
Islington	Mildmay Medical Practice	CENTRAL 1 ISLINGTON PCN	↑ 5%	↑ 21%	↓ -24%	↓ -100%	↑ 8%	↓ 15%	↓ 53%	↓ -20%					
Barnet	Millway Medical Practice	BARNET 4 PCN	↓ -14%	↓ -25%	↓ -39%	↓ -21%	↑ 47%	↓ 14%	↓ 40%	↓ 21%					
Enfield	Morecambe Surgery	ENFIELD SOUTH WEST PCN	↓ -30%	↑ 7%	↓ -33%	↑ 0%	↓ -13%	↓ -2%	↓ -5%	↓ 15%					
Haringey	Morris House Group Practice	HARINGEY - NORTH EAST PCN	↓ -23%	↓ -6%	↑ 33%	↑ 0%	↑ 12%	↓ -12%	↓ -27%	↓ -19%					
Barnet	Mulberry Medical Practice	BARNET 1D PCN	↑ 16%	↑ 15%	↑ 0%	↓ -13%	↑ 0%	↓ 5%	↓ -4%	↓ 38%					
Camden	Museum Practice	SOUTH CAMDEN PCN	↓ -11%	↓ -14%	↓ -14%	↑ 20%	↑ 43%	↓ -12%	↓ 7%	↓ 2%					
Islington	New North Health Centre	CENTRAL 2 ISLINGTON PCN	↑ 25%	↑ 133%	↑ 0%	↑ 0%	↑ 0%	↓ -31%	↓ -29%	↓ 30%					
Enfield	Nightingale House Surgery	ENFIELD UNITY PCN	↓ -13%	↑ 5%	↑ 200%	↑ 0%	↑ 60%	↓ -4%	↓ -19%	↓ -5%					
Barnet	Oak Lodge Medical Centre	BARNET 1D PCN	↑ 7%	↑ 24%	↓ -7%	↑ 6%	↑ 0%	↓ -18%	↓ -9%	↓ 16%					
Enfield	Oakwood Medical Centre	ENFIELD UNITY PCN	↑ 3%	↑ 44%	↑ 15%	↑ 10%	↓ -23%	↓ -19%	↓ -9%	↓ -25%					
Camden	Park End Surgery	NORTH CAMDEN PC													

Measure	Description	Rating
Referrals	Referral rates from primary care to secondary care by practice	A decrease in referrals is noted by both a yellow/green rating and downward arrow, an increase is shown by an amber/red shade and an upward arrow
Zww	Of referrals made these sit under the 2 week wait specialty	A decrease in Zww is noted by both a yellow/green rating and downward arrow, an increase is shown by an amber/red shade and an upward arrow
A&G	Utilisation of the Advice and Guidance service whereby advice can be sought from a specialist consultant	A decrease in Advice & Guidance utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by a yellow/green shade and an green upward arrow
CC	Utilisation of the Consultant Connect service which is a similar offerig to the Advice and Guidance service	A decrease in Consultant Connect utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by a yellow/green shade and an green upward arrow
FIT	Utilisations of the Faecal Immunochemical Test (FIT) which shows tiny traces of blood that may not normally be visible	A decrease in FIT is noted by both a amber/red rating and red downward arrow, an increase is shown by a yellow/green shade and an green upward arrow
A&E Att	Month on month Accident & Emergency attendance by practice	A decrease in A&E Attendance is noted by both a yellow/green rating and green spot, an increase is shown by an amber/red shade and an red spot
A&E VB11Z	Of those that have attended A&E these required no investigation and no treatment	A decrease in A&E VB11Z Attendance is noted by both a yellow/green rating and green spot, an increase is shown by an amber/red shade and an red spot
Emergency Admissions	Emergency Admissions are admission as soon as possible after seeing a GP, this can be from A&E	A decrease in Emergency Admissions is noted by both a greener rating and green spot, an increase is shown by an amber/red shade and an red spot



North Central London ICB
Primary Care Contracting Committee Meeting
4 October 2022

Report Title	Primary Care Contracting Committee Risk Register	Date of report	30 August 2022	Agenda Item	4.1
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Places	Email / Tel		sarah.mcdonnell1@nhs.net	
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Places				
Report Author	Chris Hanson, Governance and Risk Lead	Email / Tel		christopher.hanson1@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications This report assists the ICB in managing its most significant financial risks			
Name of Authorising Estates Lead	<i>Not Applicable</i>	Summary of Estates Implications			
Report Summary	<p>This report provides an overview of material risks falling within the remit of the Primary Care Contracting Committee ('Committee') of North Central London Integrated Care Board ('ICB').</p> <p><u>Risk transfer</u> The risks of the North Central London Clinical Commissioning Group ('CCG') were transferred to the ICB on 1st July 2022. Since that time the risks have either been:</p> <ul style="list-style-type: none">• Amended to reflect the ICB's function and structure;• Closed as no longer applicable, or having been mitigated;• Closed due to duplication or amalgamation with another risk or risks, or for a new risk to be identified and added to the Corporate Risk Register. <p><u>The Committee Risk Register</u> There are 3 risks on the Committee Risk Register. The threshold for escalation to the Committee is a risk score of 12 or higher.</p> <p>Since the last meeting of the CCG's Primary Care Commissioning Committee, three risks within the Committee's remit have closed. The risk rating of the remaining three risks have remained the same.</p>				

Key Highlights:

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

Work under way to support the reduction in unwarranted variation includes:

- Refresh of the PCCC Quality & Performance report with further development of approach and information by the new Committee
- Development of a wider Primary Care Dashboard
- Work to approve an NCL-wide Long Term Conditions Locally Commissioned Service
- Work with practices via the borough teams focused on access, workforce and medicines management / prescribing
- An NCL wide Training Hub contract for 22/23 onwards, supporting consistent access to education, training and development across the practices
- Management of the contracts via PCCC

The GP Provider Alliance has been appointed to provide a unified primary care provider voice within the NCL integrated care system and further opportunities to work at scale.

This risk is rated 12

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

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

Other recent key measures include:

- Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice;
- NCL Training Hub developed Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities 22-23. Discussed at the CCG's Primary Care Commissioning Committee in February to identify further opportunities to strengthen this work within the ICS;
- Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new to practice workforce;
- Winter Access funding and additional GP Nursing funding received to enable workforce development schemes focusing on Reception & Admin staff, Healthcare Assistants (HCA), GP Nurses (GPN), Nursing Associates (NAs), Trainee Nursing Associates (TNAs), retention of volunteers;
- Primary Care Flexible Staff Pool procurement completed and new offer to strengthen links between practices and GPs and GPNs wishing to work flexibly live from late March 2022;

- Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce in 2022/23;
- 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs.

Given the high demand on the Primary Care workforce during and since the pandemic, the ICB will have to monitor the impact on wellbeing and fatigue. The ICB and NCL training hub have been implementing a wellbeing programme targeting Primary Care staff. This programme will continue into 22/23 with a Primary Care Wellbeing Lead recruited.

This risk is rated 16

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

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

Whilst the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved.

This risk is rated 12

Closed risks

Since the last meeting of the CCG's Primary Care Commissioning Committee, the following risks have been closed. We expect to open two new risks related to the matters covered in PERF4 and PERF21 and welcome comments from the PCCC.

PERF4: *Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat):* This risk was closed as the COVID-19 resilience packages ceased and the SITREP data is no longer being collected. A new risk is under development to capture the risk to managing existing Primary Care case log. This will be ready in advance of the next Committee meeting.

PERF21: *Failure of Primary Care patient access (Threat):* This risk was identified as part of the system recovery further to the COVID-19 pandemic where practices had been asked to revert to a Total Triage model. Controls and actions have now been completed and risk no longer remains live. A new risk is under development to capture the broader challenges of Patient GP access and experience. This will be ready in advance of the next Committee meeting.

COVID12: *Capacity in General Practice (Threat):* This risk is closed due to duplication. Workforce elements are merged with risk PERF18 and Patient Access elements will be captured within the new Patient Access risk referenced above.

Recommendation

The Committee is asked to **NOTE** the report and the risk register, provide feedback on the risks included, and, comment on proposed additional strategic risk areas.

Identified Risks and Risk Management Actions	The risk register will be a standing item for each meeting of the Committee.
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the ICB's conflict of interest policy.
Resource Implications	This report supports the ICB in making effective and efficient use of its resources.
Engagement	This report is presented to each Committee meeting. The Committee includes a clinician and Non-Executive Members.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Committee Risk Register is presented at each Committee meeting, this is the first meeting of the Committee.
Next Steps	To continue to manage risk in a robust way.
Appendices	<p>Appendices are:</p> <ol style="list-style-type: none"> 1. Primary Care Contracting Committee Risk Register; 2. The Committee Risk Tracker; and, 3. Risk scoring key.

NCL ICB Primary Care Contracting Committee Risk Register - September 2022

ID	Risk Owner	Risk Manager	Objective	Risk	Consequence (Initial)	Likelihood (Initial)	Rating (Initial)	Controls in place	Evidence of Controls	Overall Strength of Controls in place	Consequence (Current)	Likelihood (Current)	Rating (Current)	Controls Needed	Actions	Action Deadline	Update on Actions	Consequence (Target)	Likelihood (Target)	Rating (Target)	Committee	Strategic Update for Committee	Date of Last Update	Status
PERF15	Sarah McDonnell-Davies - Executive Director of Places	Sarah McIlwaine, Director of Transformation - Primary Care	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	Failure to address variation in Primary Care Quality and Performance across NCL (Threat) CAUSE: If NCL ICB fails to identify and address variations in Performance and Quality EFFECT: There is a risk that practices across NCL will offer differential access and services for NCL residents IMPACT: This may result in plans to reduce health inequalities and move more care closer to home to be less effective than planned risking inferior patient experience and poor cost effectiveness	4	16	16	C1. ICB Primary Care Contracting Committee supported by Practice and Primary Care Network (PCN) based Quality and Performance Report C2. Establishment of Primary Care Networks and working at scale C3. ICB work on resilience, sustainability and delivering primary care-at-scale C4. Development of borough plans and inequalities workplan to address differential access to primary care and NHS services C5. Implemented Directed Enhanced Service (DES) for PCNs C6. Development of a Long Term Conditions LCS for NCL C7. Work with practices via the borough teams focused on access, workforce and medicines management / prescribing C8. An NCL wide Training Hub contract for 22/23 onwards, supporting consistent access to education, training and development across the practices	C1. Report C2. Committee papers C3. CCG papers C4. CCG papers C5. DES documentation C6. Report	AVERAGE: The controls have a 61 – 70% chance of successfully controlling the risk	3	12	12	CN1. Development of Primary Care Dashboard CN2. Support national guidance to PCNs on delivering health inequalities specification CN3. Mobilise workstream to oversee national requirement for new extended access and extended hours procurement and include learning on differential access from covid vaccination programme CN4. Development of winter access plan against newly launched national winter access fund. CNS. Development of a long term conditions Locally Commissioned Service (LTC LCS)	A1. Develop dashboard A2. Respond to requirements from national guidance A3. Implement national guidance on extended access procurement A4. Finalise winter access plan A5. Consistency of enhanced offer - long term conditions A6. Finalise the LTC LCS specification and support package A1- 30.09.2022 A2. 31.03.2023 A3. 31.10.2022 A4. 28.10.2022 A5. 30.10.2022 A6. 31.12.2022	A1. Draft dashboard developed and shared with clinical leads for comment. Further scoping needed on how dashboard can be used effectively and how it would be resourced in a sustainable way. Due to resourcing issues the deadline has been pushed back. A2. Borough Primary Care teams working with PCNs to deliver health inequalities specification. Engagement has commenced across ICB teams to support with Cancer Specification & Personalisation Specification. Mapping underway as to borough level support across the 22/23 Specifications and any identified gaps. A3. All 32 PCNs submitted plans by end of July 2022 deadline for initial PCN extended access plans. Assurance undertaken during August with final plans to be agreed by end of August with mobilisation to begin service delivery 1st October 2022. A4. Completed. Evaluation of winter access programme undertaken and key learning captured for 22/23 winter planning A5. Development of consistent approach to long term conditions enhanced offer pan-NCL through LTC LCS programme A6. LTC LCS programme team and working group now in place. Aim to launch LTC LCS in 23/24, after initial focus on Hypertension in 22/23	3	2	6	Primary Care Contracting Committee	This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it. Work under way to support the reduction in unwarranted variation includes delivery of the Primary Care Network Direct Enhanced Service (DES) specifications for 2022/23, the development of the Primary Care Dashboard, the implementation of national guidance on re-procurement of Extended Access services, and the development of an NCL-wide Long Term Conditions Locally Commissioned Service. The GP Provider Alliance has been appointed to provide a unified primary care provider voice within the NCL integrated care system and further opportunities to work at scale.	31.08.2022	Open	
PERF18	Sarah McDonnell-Davies - Executive Director of Places	Tessa Newton Primary Care Programme Manager	Provide robust support to, and development of, our workforce - including through change	Failure to effectively develop the primary care workforce (Threat) CAUSE: If the ICB is ineffective in developing the primary care workforce EFFECT: There is a risk that it will not deliver the primary care strategy IMPACT: This could mean that, for example, patients with long term conditions are not fully supported in primary care and require more frequent hospital care.	4	12	12	C1. Establishment of primary care networks. Primary Care Networks recruiting new roles through national Additional Roles Reimbursement Scheme (ARRS) programme. C2. The education programme for GPs, practice nurses and practice staff is in place C3. Development funding in primary care strategy for practice managers, practice nurse and practice-based pharmacists is in place C4. Workforce development team in place in the ICB C5. The Workforce Action Plan is in draft and will be shared with stakeholders for comment imminently C6. Ongoing CCG support of PCNs in relation to ARRS role development and recruitment	C1. Committee papers C2. Programme papers C3. ICB papers and General Practice Forward View (GPFV) funding C4. Strategy Directorate structures include workforce development C5. Plan C6. Staff in place, annual PCN workforce planning submission to NHSE	STRONG: The controls have a 80%+ chance or higher of successfully controlling the risk	4	16	16	CN1. Implementation of 2022/23 GP retention funding CN2. Development of Borough-based workforce analysis - to be reviewed by ICB PCCC CN3. Development of robust support and supervision standards for ARRS and Direct Patient Care roles (non GP and GPN). CN4. Need to prevent fatigue and burn-out in primary care staff	A1. SDF Local GP Retention Funding to support delivery of workforce actions in Fuller Report A2. Borough Primary Care teams and NCL training hub to work with PCNs to support annual workforce planning A3. CMO & CNO scoping of gaps in supervision & support of ARRS and Direct Patient Care roles A4. Secure funding for programmes to ensure staff wellbeing A1- 31.03.2023 A2. 31.10.2023 A3. 31.10.2023 A4. 31.08.2022	A1. Work ongoing Awaiting SDF funding confirmation and planning guidance for 22/23 expected early September. Learning from existing schemes to date delivered by Training Hub captured. A2. End of August and end of October deadline for PCN workforce plans to be submitted to NHSE. Guidance and support resources including local Training Hub support circulated to PCNs and NCL Webinar to PCNs delivered August 22. A3. Review of ARRS and DPC recruited to date and commissioner guidance underway. A4. Evaluation of 21/22 Wellbeing pilot undertaken. Primary Care Wellbeing Lead recruitment underway to continue key elements of the programme into 22/23.	3	9	9	Primary Care Contracting Committee	This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention. A range of national and local schemes are in place to mitigate the risk. These include the national Primary Care Network (PCN) additional roles reimbursement scheme (ARRS). We are currently in year 4 of the 5 year scheme which enables PCNs to access national funding to recruit into a range of 15 different roles. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development. Other recent key measures include: • Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £34m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice • NCL Training Hub developed Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities 22-23. Discussed at the CCG's Primary Care Commissioning Committee in February to identify further opportunities to strengthen this work within the ICS; • Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new to practice workforce; • Winter Access funding and additional GP Nursing funding received to enable workforce development schemes focusing on Reception & Admin staff, Healthcare Assistants (HCA), GP Nurses (GPN), Nursing Associates (NAs), Trainee Nursing Associates (TNAs), retention of volunteers; • Primary Care Flexible Staff Pool procurement completed and new offer to strengthen links between practices and GPs and GPNs wishing to work flexibly live from late March 2022; • Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce in 2022/23; • 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. Given the high demand on the Primary Care workforce during the pandemic, the ICB will have to monitor the impact on wellbeing and fatigue. The ICB and NCL training hub have been implementing a wellbeing programme targeting Primary Care staff. This programme will continue into 22/23 with a Primary Care Wellbeing Lead recruited. Recent media coverage has highlighted the need for further scrutiny in relation to the support and supervision offered to the newly diversified roles in General Practice which has been picked up as a key priority by the newly appointed Chief Medical Officer and Chief Nursing Officer.	30.08.2022	Open	
PERF22	Sarah McDonnell-Davies - Executive Director of Places	Nicola Theron - Director of Estates	Maintain strong financial vigilance	Failure to manage impact of increased building costs on General Practice estate (Threat) CAUSE: If the ICB does not manage the need for increased capital investment or increased rent to develop the General Practice estate, due to increased construction costs because of disrupted supply chains EFFECT: There is a risk that Primary Care development schemes will either be cancelled, or will have to be scaled down. There is a risk that when GPs retire, re-provisioning premises is unaffordable. Additional capital will need to be found for existing schemes already under contract. IMPACT: This may result in the ICB being unable to deliver improvement to Primary Care services and negative patient experience. This may result in an inability to re-provide Primary Care services where needed. This may also result in an inability to invest as desired to improve patient care and support existing services.	3	12	12	C1. Primary Care Commissioners and Estate teams in situ, with negotiation experience, and ensure buy in of all partners of process and immetable C2. Robust governance of Rent Budgets, the voids elimination plan and contingency budgets, to identify potential budgets (potential external) to increase contingency C3. Primary Care Contracting Committee (PCCC) established to manage Primary Care strategy and commissioning	C1. Employment contracts, Structure charts, previous negotiated investment agreements, agreed delivery toolkit between all partners C2. Budgets, Financial reports, SFIs, Agreed process to resolve major voids in the estate over Financial Year 22/24-26/27 C3. PCCC Terms of Reference.	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	12	12	CN1. Monitoring of increased costs, currently c. 20%, and impact on Rent and Contingency Budgets CN2. Prioritisation of Primary Care development schemes and identify those practices most at risk / nearing retirement CN3. Support critical negotiations with Landlords and Developers CN4. PCN Infrastructure Plans will identify estate quality, sufficiency or fit-for-purpose issues	A1. Pipeline of potential work via primary and community care estates group and buy in by finance, primary care, contracting and estate to these projects. A2. Exploration of ability to increase flexibility of use in NHS-owned estate within NCL A1- 30.09.2022 A2- 31.03.2023	A1. Review underway. Stage 1 findings due in June 2022 and target to bring to PCCC in Sep/Oct 22 A2. Ongoing action and needs to incorporate the findings of prioritisation process in A1	3	9	9	Primary Care Contracting Committee	Due to disrupted supply chains, impacted Brexit and COVID-19, construction costs in terms of both building material and labour have been inflated. Building schemes will therefore take longer, and be more expensive (by c. 20%). This has resulted in pressure on the ICB to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets. Whilst the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved.	30.08.2022	Open	

North Central London ICB PCCC Risk Register - Highlight Report

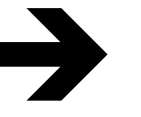
2022/23

Movement From Last Report

Current Risk Score

Risk ID	Risk Title	Risk Owner	Key Updates	FEB	APRIL	JUN	SEPT	
PERF15	Failure to address variation in Primary Care Quality and Performance across NCL (Threat)	Sarah McDonnell-Davies Executive Director of Borough Partnerships	<p>This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it.</p> <p>Work under way to support the reduction in unwarranted variation includes delivery of the Primary Care Network Direct Enhanced Service (DES) specifications for 2022/23, the development of the Primary Care Dashboard, the implementation of national guidance on re-procurement of Extended Access services, and the development of an NCL-wide Long Term Conditions Locally Commissioned Service.</p> <p>The GP Provider Alliance has been appointed to provide a unified primary care provider voice within the NCL integrated care system and further opportunities to work at scale.</p>	12	12	12	12	→
PERF18	Primary care workforce development (Threat)	Sarah McDonnell-Davies Executive Director of Borough Partnerships	<p>This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention.</p> <p>A range of national and local schemes are in place to mitigate the risk. These include the national Primary Care Network ('PCN') additional roles reimbursement scheme ('ARRS'). We are currently in year 4 of the 5 year scheme which enables PCNs to access national funding to recruit into a range of 15 different roles. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development.</p> <p>Other recent key measures include:</p> <ul style="list-style-type: none"> Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice; NCL Training Hub developed Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities 22-23. Discussed at the CCG's Primary Care Commissioning Committee in February to identify further opportunities to strengthen this work within the ICS; Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new to practice workforce; Winter Access funding and additional GP Nursing funding received to enable workforce development schemes focusing on Reception & Admin staff, Healthcare Assistants (HCA), GP Nurses (GPN), Nursing Associates (NAs), Trainee Nursing Associates (TNAs), retention of volunteers; Primary Care Flexible Staff Pool procurement completed and new offer to strengthen links between practices and GPs and GPNs wishing to work flexibly live from late March 2022; Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce in 2022/23; 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. <p>Given the high demand on the Primary Care workforce during the pandemic, the ICB will have to monitor the impact on wellbeing and fatigue. The ICB and NCL training hub have been implementing a wellbeing programme targeting Primary Care staff. This programme will continue into 22/23 with a Primary Care Wellbeing Lead recruited.</p> <p>Recent media coverage has highlighted the need for further scrutiny in relation the support and supervision offered to the newly diversified roles in General Practice which has been picked up as a key priority by the newly appointed Chief Medical Officer and Chief Nursing Officer.</p>	16	16	16	16	→

PERF22	Failure to manage impact of increased building costs on General Practice estate (Threat)	Sarah McDonnell-Davies Executive Director of Borough Partnerships	<p>Due to disrupted supply chains, impacted Brexit and COVID-19, construction costs in terms of both building material and labour have been inflated. Building schemes will therefore take longer, and be more expensive (by c. 20%).</p> <p>This has resulted in pressure on the ICB to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets.</p> <p>Whilst the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved.</p>	12	12	12	12	
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Risk Key

Risk Improving ↓

Risk Worsening ↑

Risk neither improving nor worsening but working towards target →

Risk Scoring Key

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

1. Overall Strength of Controls in Place

There are four levels of effectiveness:

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

2. Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

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

Likelihood Scale:

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

3. Level of Risk and Priority Chart

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

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

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

FORWARD PLANNER 2022 / 23

Area	4 Oct 2022	18 Oct 2022	13 Dec 2022	21 Feb 2023
Governance				
Review of Risk Register	X	X	X	X
Review of Terms of Reference (TOR)	X			
Review of Committee Effectiveness				X
Contracting				
Decisions relating to GMS, PMS and APMS contracts eg: practice mergers	X	X	X	X
Local Commissioned Services				
Procurements		X (Barnsbury)		
Quality & Performance				
Quality and Performance Report	X	X	X	X
Finance Report				
Finance Report	X	X	X	X
Other papers				
Primary Care Estates	X			

Long Term Conditions Locally Commissioned Service for NCL		X		



**North Central London ICB
Primary Care Contracting Committee Meeting
4 October 2022**

Report Title	To Note Commissioning Decisions on PMS Agreement Changes	Date of report	27 Sept 2022	Agenda Item	5.1
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Places	Email / Tel		Sarah.mcdonnell1@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Executive Director of Places				
Report Author	GP Commissioning & Contracting Team	Email / Tel		nlphc.lon-nc-pcc@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications			
		<i>Not Applicable</i>			
Report Summary	<p>Committee members are asked to note the urgent decision taken on 20 September 2022, to approve requests to vary PMS Agreements and any conditions to be applied. This was about two 24 hour retirement requests.</p> <p>The full urgent decision paper is appended to this document.</p>				
Recommendation	The Committee is asked to NOTE the urgent decision made.				
Identified Risks and Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	<i>Not Applicable</i>				
Resource Implications	<i>Not Applicable</i>				
Engagement	<i>Not Applicable</i>				
Equality Impact Analysis	<i>Not Applicable</i>				
Report History and Key Decisions	<i>Not Applicable</i>				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	Urgent Decision paper: Commissioning Decisions on PMS Agreement Changes				



North Central London
Integrated Care Board

**North Central London ICB
Primary Care Contracting Committee
Urgent Decision**

Report Title	Commissioning Decisions on PMS Agreement Changes	Date of report	30 August 2022	Agenda Item	Urgent Decision
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Places	Email / Tel		Sarah.mcdonnell1@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Executive Director of Places				
Report Author	GP Commissioning & Contracting Team	Email / Tel		nlphc.lon-nc-pcc@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications			
		<i>Not Applicable</i>			
Report Summary	Detail of the request to vary PMS Agreements and any conditions to be applied				
Recommendation	The Committee is asked to NOTE one change and where indicated to APPROVE the proposed changes outlined below and any conditions				
Identified Risks and Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	<i>Not Applicable</i>				
Resource Implications	<i>Not Applicable</i>				
Engagement	<i>Not Applicable</i>				
Equality Impact Analysis	<i>Not Applicable</i>				
Report History and Key Decisions	<i>Not Applicable</i>				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	<i>Not Applicable</i>				

Contents

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2 Background	4
3 Appointment benchmarking	4
4 Table of requested PMS Agreement Changes	5

1 Executive summary

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

2 Background

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

3 Appointment benchmarking

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

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

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/07/2022	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee																
E83649 The Hodford Road Practice	Barnet	4116	Barnet PCN 6 comprising of 7 practices with a combined list of 53695 at 01/07/22	Dr Cavendish 24 hour retirement	<p>The practice have requested the 24 hour retirement of Dr Michael Cavendish keeping 2 contractors on the PMS agreement.</p> <p><u>Recommended provision</u></p> <table> <tr> <td>GP appointments</td> <td>298</td> </tr> <tr> <td>GP sessions</td> <td>16</td> </tr> <tr> <td>Nurse appointments</td> <td>133</td> </tr> <tr> <td>Nurse sessions</td> <td>7</td> </tr> </table> <p><u>Practice provision</u></p> <table> <tr> <td>GP appointments</td> <td>288</td> </tr> <tr> <td>GP sessions</td> <td>18</td> </tr> <tr> <td>Nurse appointments</td> <td>84</td> </tr> <tr> <td>Nurse sessions</td> <td>5</td> </tr> </table> <p>There is a shortfall in both GP and Nursing provision against the recommended amount.</p> <p>The practice have advised they are aware of the shortfall due to staff sickness, leavers and recruitment difficulties and they are currently looking at ways to increase provision such as increasing the current nurse sessions and appointment times, reviewing triage process, offering a number of appointments through FCP, Clinical Pharmacist, Social Prescribers, CPCS and PA.</p>	GP appointments	298	GP sessions	16	Nurse appointments	133	Nurse sessions	7	GP appointments	288	GP sessions	18	Nurse appointments	84	Nurse sessions	5	To Approve
GP appointments	298																					
GP sessions	16																					
Nurse appointments	133																					
Nurse sessions	7																					
GP appointments	288																					
GP sessions	18																					
Nurse appointments	84																					
Nurse sessions	5																					
E83637 Colindale Medical Centre	Barnet	10559	Barnet PCN 1D comprising of 6 practices with a combined list of	Ms Pushpa Lamba 24 hour retirement	<p>The practice have requested the 24 hour retirement of Ms Pushpa Lamba keeping 3 contactors on the PMS agreement</p>	To approve																

OFFICIAL

Practice	Borough location	List Size 01/07/2022	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
			59603 at 01/07/22		<p>Recommended provision</p> <p>GP appointments 761 GP sessions 41 Nurse appointments 338 Nurse sessions 18</p> <p>Practice provision</p> <p>GP appointments 768 GP sessions 51 Nurse appointments 226 Nurse sessions 12</p> <p>The practice is above the recommended guide for GP provision but has a shortfall in nursing provision.</p> <p>The practice is aware of the shortfall in nursing provision and advised due to the practices rapidly growing list size they are always looking to increase capacity.</p>	



**North Central London ICB
Primary Care Contract Committee Meeting
4 October 2022**

Report Title	Changes to Barnet Primary Care Networks Composition	Date of report	27 Sept 2022	Agenda Item	5.2
Lead Director / Manager	Colette Wood, Director of Integration, Barnet	Email / Tel		colette.wood1@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Executive Director of Places				
Report Author	Su Nayee	Email / Tel		su.nayee@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, Primary Care	Summary of Financial Implications The change does not have a financial impact on PCN payments			
Name of Authorising Estates Lead	Not Applicable	Summary of Estates Implications The proposal has no impact on current estates			
Report Summary	<p>The urgent decision panel met on 20 September 2022 to consider the new structure of PCN changes in Barnet (attached paper in appendix 1). They were asked to confirm the proposed changes to Barnet PCN2, Barnet PCN3, and Barnet PCN6, with the changes to take effect from 1st October 2022. The practices and PCNs have been support from LMC colleagues, who have helped with negotiating the changes to ensure there are no orphan practices.</p> <p>In summary, these PCN membership changes are:</p> <p>Five practices currently in PCN3 requested to move to PCN2:</p> <ol style="list-style-type: none">1 Torrington Park Group Practice2 The Speedwell Practice3 East Finchley Medical Centre4 Woodlands Medical Practice5 Rosemary Surgery <p>On practice from PCN 3 requested to move to PCN6:</p> <ol style="list-style-type: none">1 Mountfield Surgery <p>The remaining nine practices in PCN3 will be:</p>				

	<ol style="list-style-type: none"> 1 Lichfield Grove Surgery 2 Squires Lane Medical Practice 3 The Old Courthouse Surgery 4 Cornwall House Surgery 5 Longrove Surgery 6 Wentworth Medical Practice 7 Derwent Crescent Medical Centre 8 Addington Medical Centre 9 Gloucester Road Surgery (contract due to expire on 30 September) <p>The urgent decision panel confirmed approval of the new PCN structures.</p> <p>The full urgent decision paper is appended to this document</p>
Recommendation	The Committee is asked to NOTE the decision taken by the urgent decision panel to confirm approval of the PCN changes, which will take effect from 1 st October 2022.
Identified Risks and Risk Management Actions	Proposed network membership changes have been incorporated into each PCN's Enhanced Access Service plan
Conflicts of Interest	Not Applicable
Resource Implications	ARRS staff and resources implications have been considered and were detailed in the business case
Engagement	<p>Barnet PCN2, Barnet PCN3 and Barnet PCN6 Clinical Directors have engaged with network practice membership to discuss and agree proposed changes.</p> <p>London-wide LMC has also facilitated the process amongst each network membership.</p>
Equality Impact Analysis	Not Applicable
Report History and Key Decisions	
Next Steps	Organisation Data Service team have been notified of the changes.
Appendices	Urgent Decision paper - Barnet Primary Care Network (PCN) Membership Changes.



**North Central London ICB
Primary Care Contract Committee Meeting
Urgent Decision**

Report Title	Barnet Primary Care Network (PCN) Membership Changes	Date of report	26 th August 2022	Agenda Item	Urgent Decision
Lead Director / Manager	Colette Wood, Director of Integration, Barnet	Email / Tel		Colette.wood1@nhs.net	
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Places				
Report Author	Conan Cowley, Senior Primary Care Transformation Manager, Barnet	Email / Tel		Conan.cowley1@nhs.net	
Name of Authorising Finance Lead		Summary of Financial Implications Third-party supplier, commissioned directly by PCN3, has provided financial support in relation to proposed PCN membership changes. This is covered within section 10 of the business case.			
Name of Authorising Estates Lead	<i>Not Applicable</i>	Summary of Estates Implications <i>Not Applicable</i>			
Report Summary	<p>The report sets out the context, considerations, and engagement of proposed PCN membership's changes to Barnet PCN2, Barnet PCN3, and Barnet PCN6, recommended to take effect as of 1st October 2022.</p> <p>In summary, these PCN membership changes are:</p> <ul style="list-style-type: none">• Five PCN3 practices moving to PCN2:<ol style="list-style-type: none">1 Torrington Park Group Practice2 The Speedwell Practice3 East Finchley Medical Centre4 Woodlands Medical Practice5 Rosemary Surgery• One practice moving to PCN6:<ol style="list-style-type: none">1 Mountfield Surgery• Nine practices remaining as part of PCN3 membership:<ol style="list-style-type: none">1 Lichfield Grove Surgery2 Squires Lane Medical Practice				

	<ul style="list-style-type: none"> 3 The Old Courthouse Surgery 4 Cornwall House Surgery 5 Longrove Surgery 6 Wentworth Medical Practice 7 Derwent Crescent Medical Centre 8 Addington Medical Centre 9 Gloucester Road Surgery
Recommendation	The Committee members are asked to APPROVE the proposed Barnet PCN membership changes which specifically relate to Barnet PCN2, Barnet PCN3 and Barnet PCN6, and for these to take effect as of 1 st October 2022.
Identified Risks and Risk Management Actions	Proposed network membership changes have been incorporated into each PCN's Enhanced Access Service plan
Conflicts of Interest	<i>Not Applicable</i>
Resource Implications	ARRS staff and resources implications have been considered and are detailed in the business case
Engagement	<p>Barnet PCN2, Barnet PCN3 and Barnet PCN6 Clinical Directors have engaged with network practice membership to discuss and agree proposed changes.</p> <p>London-wide LMC has also facilitated the process amongst each network membership.</p>
Equality Impact Analysis	<i>Not Applicable</i>
Report History and Key Decisions	<i>Not Applicable</i>
Next Steps	<i>Not Applicable</i>
Appendices	<i>Not Applicable</i>

Proposed Practice Membership Changes and Reconfiguration of Barnet PCN3, Barnet PCN2 and Barnet PCN6

1.0 Background and context

- 1.1 At the beginning of 2022, two joint Clinical Directors (CDs) of PCN3, namely Dr Nufar Wetterhahn and Dr Alexis Ingram, decided to step down from their CD roles and notified the 15 member practices of their intention to do so by the end of June 2022. The reasons behind this decision were primarily around the great demands of the CD role given the size of PCN3, which exceeded ~120,000 registered patients, and the fact that engagement with all member practices in such a large PCN was difficult and could start impacting service delivery.
- 1.2 This decision was going to create a leadership gap in PCN3 as there were no other clinicians in the PCN who were prepared to step forward as CD.
- 1.3 Circa February 2022, 6 member practices decided that they no longer wished to be part of PCN3 and announced their decision to the other 9 member practices. As a result of this announcement, the rest of the PCN3 practices, Dr Alexis Ingram resigned as co-CD with immediate effect. This resulted in Dr Wetterhahn becoming sole Clinical Director for PCN3, with only the support of Sandra Anderson, the PCN's Business Manager, at leadership level.
- 1.4 There was a concern from the 9 remaining practices, whom identified a capacity gap to form a PCN of their own and felt that the decision of the 6 to split was going to be detrimental to them. Further concerns regarding the split was raised and a request to delay the change between 6 months and 2 years.
- 1.5 This was not something the 6 practices were prepared to accept, as they felt that continuing with such a large PCN would impact their ability to deliver on the new Network DES specifications and IIF targets going forward. The PCN were also becoming aware that Dr Wetterhahn as the sole CD would be difficult and a solution had to be found.

2.0 Engagement with the LMC and ICB Commissioners

- 2.1 PCN3 reached out to the GP Support team at Londonwide LMCs around March 2022 with a request for assistance and advice on the above situation.
- 2.2 A very involved engagement and facilitation process started with meetings with the different groups within the PCN, exploration of the different options and the potential impact of those, and also engagement with the local commissioners who were asked to attend a meeting with the PCN and the LMC on 28th April 2022.
- 2.3 The LMC was clear from the beginning that any solution would have to ensure that every single practice in PCN3 would have a PCN to go to, or would be able to function effectively in a new PCN of their own, that everyone was safe and supported in the new proposed arrangements and that any solution would ideally have to be implemented at the same time for all member practices to ensure consistency and equity. They also emphasised that the creation of "orphan" practices and the allocation of any such practices to other local PCNs by the commissioners should ideally be avoided, and that the optimum outcome would be one where a negotiated agreement is reached between the different parties.
- 2.4 NCL ICB Commissioners echoed the above advice and explained the technical steps of the decision-making process for practices leaving/joining other PCNs/new PCNs being formed etc. They advised that timescales could not be as long as two years as had been suggested by certain practices, but also emphasised that practices should be supported in their new PCN arrangements.

3.0 Practices Engaging with Neighbouring PCNs

- 3.1 It became apparent that the 9 remaining practices were not keen to set up a new PCN of their own within the timescales suggested by the leaving 6, therefore this option was not gaining the required support. As a result, around May-June 2022, 5 out of the 9 remaining PCN3 practices approached PCN2 and asked to join them.
- 3.2 PCN2 engaged with PCN3 and the LMC on the matter and a separate engagement process commenced between the two PCNs supported by the LMC, looking at this request and considering its implications for everyone involved. The leadership of PCN3 and PCN2 worked very effectively together on coming up with solution for these 5 practices, while also considering the options for securing the future of the remaining 4.
- 3.3 At the same time, another practice from the initial 9 remaining practices approached PCN6 and asked to join them. The LMC again supported those discussions and PCN6 agreed to take this practice.
- 3.4 Conclusion of the negotiations and final position:

Following the above intense negotiation process, the agreement that has been reached between PCN3, PCN2 and PCN6 is as follows:

The five PCN3 practices moving to PCN2 are:

- 6 Torrington Park Group Practice
- 7 The Speedwell Practice
- 8 East Finchley Medical Centre
- 9 Woodlands Medical Practice
- 10 Rosemary Surgery

The one practice moving to PCN6 is:

- 2 Mountfield Surgery

The nine practices remaining as part of PCN3 membership are:

- 10 Lichfield Grove Surgery
- 11 Squires Lane Medical Practice
- 12 The Old Courthouse Surgery
- 13 Cornwall House Surgery
- 14 Longrove Surgery
- 15 Wentworth Medical Practice
- 16 Derwent Crescent Medical Centre
- 17 Addington Medical Centre
- 18 Gloucester Road Surgery (**Please note that Gloucester Road Surgery has now closed after the contract holder Dr Patrick Lai resigned his GMS contract in July 2022. The patient list is currently being caretaken by Longrove Surgery and therefore it has been calculated as part of the 'new' PCN3 and also included in PCN3's EAS plans*).

4.0 Timeline of Proposed Changes

- 4.1 In light of the new Enhanced Access Specification (EAS) being launched on 1st October 2022, it was deemed appropriate that the proposed changes take effect from **1st October 2022**.
- 4.2 Commissioner colleagues both at NCL and local borough level have been informed of this and have advised that in order for this implementation date to be possible, a Business Case was required to be submitted to the PCCC meeting scheduled to take place on 13th September.

5.0 Confirmation of CD and Nominated Payee arrangements

10.1 Practice transfers detailed above have no effect on the current CD arrangements of any of the three PCNs involved:

- Dr Nufar Wetterhahn will continue to be the CD for the remaining practices in PCN3 (they have all voted on this unanimously)
- Dr Claire Hassan remains the CD in PCN2
- Dr Will Meyer remains the CD in PCN6

10.2 At the request of commissioner colleagues, we also wish to confirm that none of the three PCNs involved will change their Nominated Payee arrangements.

10.3 To that effect, and to make sure that the Nominated Payee details held by NCL for all three PCNs are correct, we have asked the PCNs to include these details in their Change Notification Forms that will be submitted to NCL ICB confirming the respective practice transfers.

5.4 These Change Notification Forms will be with NCL as soon as practicably possible.

6.0 Practice and PCN List sizes – Current and Post-transfer

PCN2

Currently PCN2 has 7 member practices with a total registered population of 60,926 patients (list sizes as recorded at 01.01.22).

Following the transfer of the 5 PCN3 practices on 1st October, they will have a total of 13 member practices and will gain 42,285 additional patients. This will raise their new total population size to 103,211 patients.

PCN6

Currently PCN6 also has 7 member practices with a total registered population of 53,031 patients.

Following the transfer of Mountfield Surgery with a list size of 4,916 patients on 1st October 2022, they will have a total of 8 practices and a new total population of 57,947 patients.

PCN3

Currently PCN3 has 14 member practices (NB Gloucester Road practice has now closed but is temporarily being caretaken by Longrove Surgery until the practice list is dispersed, as noted above). PCN3's current registered population is 120,753 patients.

Following the transfer of the 5 practices to PCN2 and Mountfield Surgery transfer to PCN6 on 1st October, they will have 8 remaining member practices with a total combined population of 73,462 patients.

For added contextual commentary on the meaning of these changes locally for Barnet, please see section 14 - Benefits of the Proposed Changes.

7.0 Geographical contiguity

7.1 We can confirm that according to Barnet's PCN map, the proposed changes ensure that all three PCNs remain geographically contiguous without leaving any uncovered areas in-between PCN boundaries.

8.0 Enhanced Access Service (EAS) Plans

8.1 Following agreement between the three PCNs on the proposed practice transfers, and

having discussed this with local commissioners, all three PCNs involved revised their EAS final plans including in their calculations the practices leaving and joining respectively.

9.0 Care Homes Cover Arrangements

- 18.1 There are no Care Homes being looked after by Mountfield Surgery. PCN6 has confirmed that arrangements they have for the Care Homes they are responsible for will remain unchanged.
- 18.2 The PCN3 practices with responsibility for Care Homes (i.e., Torrington Park Group Practice and The Speedwell Practice) are already aligned to specific practices. One Care Home receives joint care from Torrington Practice and Speedwell.
- 9.3 As all Care Homes in Barnet are signed up to the LCS, there will be no anticipated change to any Care Home provision as a result of the change of PCN membership following the described practice transfers.
- 9.4 PCN2 and PCN3 are still a Covid Vaccination grouping with the required Collaboration Agreement in place and will ensure the Care Homes that are aligned to them are offered vaccinations according to our ongoing vaccination hub arrangements.

10.0 Assurance of equitable split of funding, ARRS staff and resources, hardware and ongoing support

- 10.1 As part of the negotiations between PCN3 and PCN2/6, PCN3 instructed their accountants, to produce an in-year financial statement outlining the PCN's financial position in terms of income and expenditure and retrospective and prospective funding allocation at practice level. This was to ensure that the practices leaving PCN3 would receive their rightfully allocated funding from PCN3 at the point of transfer to their new PCN. This agreement will be honoured equitably for the 5 practices moving to PCN2, as well as Mountfield Surgery moving to PCN6.
- 10.2 This financial information has been shared openly with the Clinical Directors of PCN2 and PCN6 and an agreement has been reached on an equitable split, based on the list size proportion of practices moving to PCN2 and PCN6.
- 10.3 In terms of ARRS staff, there has been a thorough review of all PCN3's ARRS roles, WTE's, actual staff numbers and vacancies and this has been shared with PCN2. An agreement about an equitable and pragmatic split is close to being achieved, pending consultation with the relevant staff members.
- 10.4 As the split of the ARRS staff was again based on the list size proportion of the practices leaving PCN3, it was deemed that Mountfield Surgery's list size did not warrant any pro rata ARRS staff transfer. PCN6 has assured the practice that they will redeploy and reconfigure their ARRS staff to accommodate and support Mountfield Surgery following the transfer to PCN6.
- 10.5 In terms of hardware, it was agreed that PCN3 will divide the hardware pro rata.
- 10.6 Finally, through this process it was also acknowledged that this is a great opportunity for the PCNs to learn from each other and support each other as part of facilitating these practice transfers. To this effect, conversations are already taking place between PCN2 and PCN3 regarding management support going forward, as well as staff training on PCN3's appointment system etc. This will ensure that PCN2, which is becoming a more sizeable PCN and will need to invest more in an enhanced management structure, will be able to do so by using some of PCN3's already tried and tested systems.

11.0 Assurance of PCN3's engagement with professional advisors

- 11.1 As described earlier in the document, PCN3 as well as PCN2 and PCN6 have engaged

with the LMC for a period of over 6 months to achieve this agreement and put all the above arrangements in place.

11.2 PCN3 has also engaged with their accountants to assist them in the financial arrangements that are being put in place to support the transfer of the 6 practices in total from PCN3 to PCN2 and PCN6 respectively.

11.3 Finally, PCN3 has engaged with a specialist HR organisation, who is advising them on the staff consultation process that needs to be undertaken to enable the transfer of the leaving practices. This is to ensure that both the consultation and the transfer process of ARRS staff are conducted in line with employment law and best HR practice and these processes are carried out sensitively and appropriately to avoid destabilising the existing PCN3 ARRS team, while enabling a smooth transition of ARRS staff to PCN2. As previously stated, there will be no ARRS staff transferring to PCN6 along with Mountfield Surgery.

12.0 Assurance of Data Sharing Agreement

12.1 We can confirm that all three PCNs involved are covered by the pan-Barnet Federation Data Sharing Agreement, which is in place for all Barnet practices already.

13.0 Assurance that PCN Network Agreements will be updated as required by end of September

13.1 All three PCNs have confirmed that they intend to update their respective Network Agreements reflecting the changes in practice membership as well as any other arrangements that require updating, in time for the practice transfers to be implemented on 1st October.

13.2 Two of the three PCNs have requested LMC assistance in getting their Network Agreement schedules updated to also include more robust engagement, responsiveness, conduct and decision-making arrangements.

14.0 Benefits of the proposed changes (*and potential impact if Mountfield don't agree*)

14.1 As this PCN reconfiguration plan is the result of a negotiated agreement reached between all parties involved following an inclusive engagement and consultation process, the outcome is that there is no practice left unnetworked or orphaned and there is no new PCN being formed in Barnet.

14.2 The transfer of the 6 PCN3 practices to PCN2 and PCN6 respectively means that these proposed changes will result in a more equal patient distribution across the 3 PCNs in Barnet. All three PCNs remain fully viable in terms of population sizes and geographically contiguous as required by the Network Contract DES and the new largest PCN in Barnet (PCN2) will now stand at just over 100,000 patients, which is a more manageable level than the ~120,000-patient list size PCN3 previously had. As PCN2 now crosses the ~100,000-population threshold, they will be eligible for double the PCN funding, which will of course be helpful in enabling them to invest in a larger and stronger management team structure and updated systems.

14.3 In terms of the practices moving, they are all joining well established PCNs, so they can bring their own expertise, resources, premises, and funding with them, while they are benefitting from the existing set up and infrastructure of their new PCNs.

14.4 As alluded to earlier, the support at management and leadership level will continue between the PCNs going forward, which is a significant developmental gain across PCNs in Barnet.

15.0 Conclusion

15.1 We trust that the NCL PCCC members are satisfied with the factual information and assurances provided in this Business Case and are therefore able and willing to approve the request of the 6 practices to transfer from PCN3 to PCN2 and PCN6 respectively on 1st October 2022, on the terms outlined in this paper.