North Central London
Integrated Care Board

NHS North Central London ICB
Primary Care Contracting Committee Meeting
Tuesday 13 December 2022
10:00am to 11:00am
Online Meeting via MS Team Live (*due to strike action / travel disruption)*

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 10:10am
1.2	Declarations of Interest (Not otherwise stated)	All	Note	3	
1.3	Draft Minutes of the PCCC meeting of 4 October 2022	Chair	Approve	9	
1.4	Draft Minutes of the PCCC meeting of 18 October 2022	Chair	Approve	17	
1.5	Action log	Chair	Approve	25	
1.6	Matters Arising	All	Note	Oral	
2.	**BUSINESS**				
2.1	**Contract Variations** **All Boroughs - PMS Agreement Changes** <u>Barnet</u> • East Barnet Health Centre – Removal of a partner • East Barnet Health Centre – Addition of a partner <u>Enfield</u> • Nightingale House Surgery – 24-hour retirement of a partner	Vanessa Piper	Approve	26	

	• Oakwood Medical Centre – Addition of a partner <u>Camden</u> • James Wigg Practice – 24-hour retirement of a partner				
2.2	APMS Procurement Approach	Vanessa Piper	Approve	35	10:10am to 10:30am
2.3	NCL 22/23 GP Due Diligence Submissions to London Improvement Grants	Diane Macdonald	Approve	42	
2.4	**Haringey** • London Improvement Grant – Bounds Green Group Practice	Vanessa Piper / Borough Rep	Approve	45	
2.5	**Barnet** • Request to issue a contract variation for change in core hours for Cricklewood APMS contract.	Vanessa Piper / Borough Rep	Approve	49	
3.	**OVERVIEW REPORTS**				
3.1	Primary Care Finance Update	Sarah Rothenberg	Note	64	10:30am to 10:50am
3.2	Quality & Performance Report	Simon Wheatley	Note	73	
4.	**GOVERNANCE**				
4.1	Board Assurance Framework	Sarah McDonnell-Davies	Note	89	10:50am to 11:00am
4.2	PCCC Forward Plan	Chair	Note	96	
5.	**ITEMS FOR INFORMATION**				
5.1	None				
6.	**ANY OTHER BUSINESS**				
6.1	AOB				11:00am
7.	**DATE OF NEXT MEETING**				
7.1	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
13 December 2022

NHS
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Report Title	Declaration of Interests Register – Primary Care Contracting Committee (PCCC)	**Agenda Item:** 1.2

Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Place	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	*Not Applicable*	**Summary of Financial Implications**	*Not Applicable*
Report Summary	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. 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. 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, taxpayers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money. If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway. Members are reminded to ensure their declaration of interest form and the register recording their details are kept up to date. 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.		
Recommendation	To **NOTE:** • 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	*Not Applicable*
Engagement	*Not Applicable*
Equality Impact Analysis	*Not Applicable*

Report History and Key Decisions	The Declaration of Interests Register is a standing item presented to every meeting of the Primary Care 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 PCCC Declaration of Interest Register - December 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		
		Furzedown Project, Wandsworth, Charity no 1076087	no	yes	no	direct	Trustee	24/11/2022	current	24/11/2022		
		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	

		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		yes	yes	yes	direct		01/07/2022	current	10/07/2022		
	Also participate in multiple work streams NHS England & Improvement and Health Education England, London Region		yes	yes	yes	direct			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 Pracitce is a member		current	01/07/2022		
Sarah **McDonnell-Davies**	Executive Director of Place 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	06/10/2022	
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		
Non- Voting Participants and Observers												

Sarah **Mcilwaine**	Director of Primary Care Participant Primary Care Contracting Committee	None	No	No	No	No	Nil Return	09/10/2018	current	21/07/2021	06/10/2022	
Vanessa **Piper**	Assistant Director of Primary Care (Commissioning & Contracting)	None	No	No	No	No	Nil Return	13/09/2020	current	23/08/2021	14/11/2022	
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 Advistory 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 - Manfacturer 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 Safeguarduing Children Partnership Boards											
	Partner of the 5 Local Authority Safeguarduing 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 orgnisations	no	no	yes	Direct						
		Cloudesley Clarion Housing and Awards for all grants for digital inclusion						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 Communications Lead, ICB	No interests declared	No	No	No	No	Nil Return	15/07/2020	current	12/10/2018	31/08/2022	
Rev Kostakis **Christodoulou**	Community Participant	No interests declared	No	No	No	No	Nil Return	13/10/2020	current	16/10/2021	12/09/2022	
Mark **Agathangelou**	Community Participant	No interests declared	No	No	No	No	Nil Return	13/10/2020	current	16/10/2021	08/09/2022	
Clare **Henderson**	Director of Integration, Islington Borough	No interests declared	No	No	No	No	Nil Return				08/09/2022	
Liam **Beadman**	Assistant Director of Primary Care, Islington Borough	No interests declared	No	No	No	No	Nil Return				06/09/2022	

NCL ICB PCCC Declaration of Interest Register - December 2022

Deborah **McBeal**	Director of Integration, Enfield Borough	No interests declared	No	No	No	No	Nil Return				06/09/2022	
Karim **Riyad**	Assistant Director of Primary Care, Enfield Borough	Unpaid practice management advisor at The Lordship Lane Surgery, East Dulwich (out of area) which is part of South Southwark GP Federation (Improving Health Limited)	No	Yes	No	Indirect	No actions required. Discussed and agreed with line manager.			13/09/2019	07/09/2022	
		Spouse works for London Care Rochester, Kent (City and County Healthcare Group) since 2013 as a Field Care Supervisor	No	No	No	Indirect	No actions required. Discussed and agreed with line manager.			07/09/2022		
Colette **Wood**	Director of Integration, Barnet Borough	No interests declared	No	No	No	No	Nil Return				06/09/2022	
Carol **Kumar**	Assistant Director of Primary Care, Barnet Borough	Director LLP (planning consultancy) - No NHS business	No	No	No	Indirect	Spouse has been a director since 2014				07/09/2022	
Kelly **Poole**	Deputy Director of Primary Care, Barnet Borough	No interests declared	No	No	No	No	Nil Return				07/09/2022	
Kamran **Bhatti**	Assistant Director for Primary Care Development and Population Health Directorate	No interests declared	No	No	No	No	Nil return			21/12/2021	06/09/2022	
Anthony **Marks**	Assistant Head of Primary Care (Commissioning & Contracting)	No interests declared	No	No	No	No	Nil return			30/10/2018	10/10/2022	
Rachel **Lissauer**	Director of Integration Haringey Borough	No interests declared	N/A	N/A	N/A	N/A	nil return			6.11.18	30/10/2022	
Aklasur **Ahmed**	Head of Primary Care (Haringey)	AKLAS A CONSULTING Ltd Company number 14295946	yes	yes	yes	direct	Director and Shareholder	09/08/2022	current	10/10/2022		for payment arrangements with the ICB working only for ICB
Simon **Wheatley**	Director of Integration Camden Borough Attendee at primary care contracting committee	no interests declared	No	No	No	No	Nil return			28/05/2019	10/10/2022	
Su **Nayee**	Assistant Head of Primary Care (Commissioning & Contracting)	No interests declared	No	No	No	No	Nil return			20.10.2018	10/10/2022	
Rebecca **Kingsnorth**	Assistant Director for Primary Care Programmes and Transformation Will occasionally deputise for the Director of Primary Care at the Primary Care Contracting Committee. Attendee of Primary Care Operations Group, Primary Care Strategy Group and other primary care related meetings.	Yes	No	No	Yes	Indirect	My sister-in-law is a salaried GP at one practice in North Central London	Dec-17	current	18/10/2018	11/10/2022	I will ensure I am not involved in any commissioning decisions related specifically and solely to this practice.
Kirsten **Watters**	Director of Public Health - Camden Council	Yes	No	No	Yes	Indirect	Husband is partner and shareholder at DWF LLP which is on the NHS legal resuolution panel lot 1.			11/10/2022		
Ken Kanu	VSCE Sector Representative											
Jamie (James)**Wright**	Director of Primary Care (NWL & NCL)- LMC	Local Medical Committee (Londonwide)	yes	yes	no	direct	employee of LMC		current	14/11/2022		
Duduzile **Sher Arami**	Director of Public Health, London Borough of Enfield	attendee Primary Care Contracting Committee	yes	yes	no	direct	Enfield Council			16/11/2022		
		Co Chair of Enfield Inequalities Delivery Board	no	yes	no	direct	co-chair			16/11/2022		
		Member of Enfield Borough Partnership	no	yes	no	direct	member			16/11/2022		
		Co Chair of Enfield Screening and Immunisation Delivery Board	no	yes	no	direct	co-chair			16/11/2022		
Jonathan **O'Sullivan**	Acting Director of Public Health, Islington Council	Sexual Health for London – City of London Corporation	no	yes	no	direct	Director		current	28/11/2022		
		Health Determinants Research Collaborative, NIHR (lead, award to Islington Council)	no	yes	no	direct	Lead	01/10/2020	current	28/11/2022		

North Central London
Integrated Care Board

PRIMARY CARE CONTRACTING COMMITTEE

Minutes of Meeting held on Tuesday 4 October 2022 between 10am and 11:30am

NCL ICB – Arlington Rm, Ground Floor, Laycock Centre, Laycock St, London N1 1TH.

Voting Members	
Mr Usman Khan	Non - Executive Member & **Committee Chair**
Ms Liz Sayce	Non - Executive Member
Dr Dominic Roberts	Non - Conflicted Independent Primary Care Clinician
Ms Sarah Mansuralli	Chief Development & Population Health Officer
Dr Josephine Sauvage	Chief Medical Officer
Ms Sarah McDonnell-Davies	Executive Director of Place & **Executive lead for the Committee**
Ms Sarah Rothenberg	Director of Finance
Non – Voting Participants & Observers	
Ms Sarah Mcilwaine	Director of Primary Care
Dr Peter Christian	Clinical Director for Primary Care
Mr David Pennington	Assistant Director of Quality & Nursing *(deputised for Deidre Malone)*
Ms Vanessa Piper	Assistant Director of Primary Care (Commissioning & Contracting)
Mr Anthony Marks	Assistant Head of Primary Care (Commissioning & Contracting)
Ms Su Nayee	Assistant Head of Primary Care (Commissioning & Contracting)
Mr Mark Agathangelou	Community Participant
Rev Kostakis Christodoulou	Community Participant
Ms Emma Whitby	Healthwatch Representative
Ms Colette Wood	Director of Integration, Barnet Borough
Mr Riyad Karim	Assistant Director of Primary Care, Enfield Borough
Ms Clare Henderson	Director of Integration, Islington Borough
Mr Liam Beadman	Assistant Director of Primary Care, Islington Borough
Mr Aklasur Ahmed	Interim Head of Primary Care, Haringey Council *(deputised for Rachel Lissauer)*
Mr Simon Wheatley	Director of Integration, Camden Borough
Mr Kamran Bhatti	Assistant Director of Primary Care, Camden Borough
Ms Diane Macdonald	Interim Strategic Estates Finance Lead
Mr John Pritchard	Senior Communications Lead
Mr Chris Hanson	Deputy Head of Governance & Risk
Ms Brenda Allan	NCL NHS Watch
Mr Phillip Richards	Member of the Public
Ms Vivienne Ahmad	Board Secretary **(Minutes)**
Apologies:	
Ms Sarah Louise Morgan	Chief People Officer
Ms Deidre Malone	Quality Directorate Representative
Ms Deborah McBeal	Director of Integration, Enfield Borough
Ms Rachel Lissauer	Director of Integration, Haringey Borough

Ms Vicky Weeks	LMC Representative
Director Public Health	Public Health Representative TBC

1.0	**INTRODUCTION**
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed everyone to the first PCCC meeting of the ICB. Members were reminded that the meeting on 13 September 2022 was postponed until 4 October due to Her Majesty the Queen passing away and the subsequent mourning period. The next planned meeting is 18 October 2022. Therefore, due to the closeness of the October meetings, minutes for both will come back to the 13 December 2022 meeting for approval. Apologies were recorded as above. The Committee noted that Dominic Roberts would be delayed in joining the meeting and the Committee would not be quorate & able to take a decision until he arrived.
1.2	**Declarations of Interests (not otherwise stated)**
1.2.1	• Committee Members were invited to note their entries on the Register of Declarations of Interest. No additions were made. • The Chair also invited members of the Committee to declare any interests in respect to the items on the agenda. ➢ Dr Josephine Sauvage, who works as a GP at the City Road Medical Centre, declared an interest. The practice is working with Islington GP Federation, which is the caretaking organisation pertaining to an agenda item on Barnsbury Medical Practice (agenda item 2.2). It does not constitute an immediate conflict but may do if she subsequently becomes a salaried doctor for IGPF. • The Chair invited members of the Committee to declare any gifts and hospitality received. No gifts and hospitality items were declared.
	The Committee NOTED the Register.
1.3	**ICB PCCC Terms of Reference**
1.3.1	The Chair stated the Terms of Reference had been agreed by the ICB Board back on 4 July 2022. It was here so the PCCC might formally note and accept it's role. The PCCC was also asked to note that the schedule had been updated to include the Directors of Integration or their deputies from each of the five boroughs as Participants of the Committee. The Committee was reminded: • the PCCC is a subcommittee of the Strategy and Development Committee. • to understand their responsibilities as voting members, non-voting participants or observers.

	• the PCCC is the only meeting in public other than the ICB Board and therefore the meeting will run in a formal way. • PCCC will have responsibility for the discharging of duties around GP practice core contracts, nationally delegated responsibilities, national enhanced services; and the management of the finance and risk associated with this brief. • the Committee will have the opportunity to shape its role and the pipeline of items of items to be considered.
1.3.2	With regards to Questions from the public, Mr Richards was invited by the Chair to ask the first of his two questions. **Question** Agenda item 1.3, ICB PCCC Terms of Reference, pg.9 Does having "oversight of GP practice quality and performance" include ensuring functioning Patient Participation Groups and Complaints Procedures? **Response** The Integrated Care Board Primary Care Contracting team review practice Patient Participation Group arrangements and complaints procedures as part of the contract and performance review process, or in response to concerns raised (for example following a Care Quality Commission inspection or patient complaint). As part of the GP contract, practices are supposed to have a process in place to receive, respond to and monitor complaints that come into the practice.
	The Committee NOTED the updated schedule of the Terms of Reference and the question from the public.
1.4	**Action Log**
1.4.1	The historical action log was reviewed.
	The Committee REVIEWED the historical action log.
1.5	**Matters Arising**
1.5.1	There were no matters arising.
1.6	**Questions from the public relating to items on the agenda received prior to the meeting**
1.6.1	The Chair took the opportunity to inform the meeting how the ICB was putting in place the future approach to answering questions from the public: • Members of the public can ask questions relating to the agenda and meeting papers in advance by email or by contacting the Board Secretary. • All questions must relate to items listed on the agenda and responses will be provided by email either prior to the meeting or shortly afterwards. • Where appropriate, and at the discretion of the Chair, questions which relate to the substance of the papers will also be addressed at the meeting at the relevant point on the agenda. These questions and answers will also be published on the website after each meeting. • Two questions had been received in advance from Mr Richards. These would be answered under the relevant items. It was noted the responses to his questions, had already been emailed to him.

	The Committee NOTED the future approach to answering questions from the public.
2.0 BUSINESS	
2.1	**Contract Variations** **All Boroughs – PMS Agreement Changes**
2.1.1	The Committee was requested to consider a series of contract variations. **Enfield – Medicus Health Partners – 24-hour retirement of a partner** **Haringey - The 157 Practice – name change of provider, addition of a partner and removal of a partner** **Camden – James Wigg Practice – addition of a partner and a removal of a partner.** The paper sets out changes and variations for the three practices. Under the PMS contract, when partners need to be added or removed from the contract approval is sought through the Primary Care Contracting Committee. As part of this contractual change practices are required to provide assurances around clinical appointments and capacity. For these three practices there are no significant issues. The Committee was asked to approve the changes noting that for one practice, 157 practice, there was also a name change.
2.2	**Islington – Barnsbury Medical Practice – Extension of Caretaking Contract**
2.2.2	The Committee was asked to: • Approve the issuance of a 12-month caretaking contract to Islington GP Group Limited for Barnsbury Medical Practice (commencing 1 November 2022 when the current agreement ends) • Note pre-procurement preparations. The following was highlighted: • The practice had been caretaking since January 2021. It initially went into caretaking following termination of the GMS contract. • There had been extraordinary circumstances around Barnsbury Practice with a series of short extensions to the contract for caretaking. • The caretaking had been extended due to the provider having undertaken significant review and service improvement work within the practice and the COVID 19 pandemic. • The Committee was asked to approve a further 12-month extension whilst the ICB approach to procurement for APMS is developed • The process and timeline for this and any other contracts will come back to the December meeting.
2.2.3	In considering the report, the Committee noted: • Consideration needs to be given in how long caretaking contracts are put in place for, to minimise the need for multiple extension decisions • At the same time, exit criteria and notice periods need to be clear, as these are more expensive arrangements.
	Dr Dominic Roberts joined the meeting. **Following further consideration, the Committee formally APPROVED items 2.1 and 2.2 above.**
3	**OVERVIEW REPORTS**

3.1	**Primary Care Finance Update**
3.1.1	The Committee was asked to note the Delegated Primary Care budget and the financial position. The following was highlighted: • The Finance report covers a nine-month period from July 2022 (when the ICB formed) to March 2023. The first month is 'month four' of the financial year. • At month four the forecast is a break-even position. There is an adjustment to be made to cover enhanced access services. Overall, there is pressure expected this year and into next on these budgets. • The delegated budget does not reflect all investment into general practice or primary care. Wider ICB budgets (in particular the 'non-delegated' primary care budget) and transformation monies are also issued locally. • The delegated primary care budget is calculated in line with national allocations and contract costs. • There are a range of costs that arise in year – caretaking, payments to practices (maternity cover etc), legal advice and so on – which need to be managed as part of our delivery of delegated responsibilities. • We need to have a strong focus on strategic estate planning for our practices – rent, rates and other costs are also reimbursed and as costs rise there are pressures on the revenue budget overseen by PCCC. • In November 2021 an exercise was completed to look at the investment per head excluding estate costs (which are fixed costs that impact the averages). The funding per patient ranged from £151 in Barnet to £164 in Enfield.
3.1.2	In considering the report, the Committee noted: • A written financial report had not been received by the Committee under the CCG for quite some time due to the pandemic and suspension of usual reporting. • It's recognised that primary care needs to ensure locally it makes use of every bit of resource to get maximum improvement in outcomes and in an equitable way. • The Committee noted its desire to understand how spend correlates with need across different boroughs. • The Committee noted its desire to understand the totality of investment, even if its responsibilities only speak to one element of it. • The Committee noted the *Carrhill* formula generates a weighted funding allocation, taking into account factors such as age, deprivation, disease prevalence, care home populations etc. • Contracts – core and directed enhanced - are negotiated nationally and national set the rate for each of those services. There is a five-year GP contract framework. Whether practices get uplifts for things like cost of living or overheads is for national determination. • The analysis provided in the report helps to understand the position across the five boroughs. There is not as much disparity as first thought. • There are variables that impact the delegated budget by borough, including the number of PMS contracts. The PMS review is the levelling out of the premium that was given to some practices. The ICB will need to refresh the specifications attached to that premium and align them with NCL priorities in particular long term condition management and proactive care which is a risk post pandemic. • APMS Contracts also attract a higher price per weighted patient as they include a risk premium. As a committee we need to focus on value from the APMS contracts. • Quality of Outcomes Framework (QOF) – underpins the prevention agenda in general practice. There is also the indicators under the Investment and Impact Fund (IIF). The ICB's key partner in this is Public Health who also commission a

	lot of preventative services from primary care. The ICB may use non-delegated monies locally to prioritise areas and set 'stretch targets'. • With primary care being a capitated budget, practices are working extremely hard to deliver what they are required to deliver. What patients expect them to deliver is changing all time. People expect more and expect it faster. We do need to get that balance right. • Going forward, the Committee needs to understand what resources are at the practices disposal, what is required of them, are they doing that and are they going above and beyond that, and how does that match with patient expectations.
	The Committee NOTED the report.
3.2	**Quality & Performance Report**
3.2.1	Mr Richards second question was addressed under this item. **Question** <u>Agenda item 3.2, Updated Primary Care Quality and Performance Dashboard, pg.35</u> Quality and Performance Report, pages 54-57. How have the 4 statistics for "Practice Survey" been obtained? Do they include patients who do not have technological facilities e.g., laptops etc.? **Response** These statistics are obtained through the GP-Patient Survey, an independent survey run by Ipsos on behalf of NHS England. Sent out every year in January to over two million people across the UK, the results show how people feel about their GP practice. Patients can take part online or by using the paper survey they are also sent by post.
3.2.2	The Committee was asked to note the report provided, discuss the specific themes highlighted through analysis and to provide feedback on the report. The following was highlighted: • The CCG Primary Care Commissioning Committee received a quality and performance report. Indicators were sometimes 12 months old or updated infrequently. • We have taken the opportunity to review what we include and monitor and how we use the data to support action locally. • The work kicked off in the summer with commissioners, contracting team, business intelligence and analysts. Design principles were developed, building on what worked with the previous report. Existing data is being used. The focus is on the metrics that really help and presentations that help the PCCC understand the data and trends. • The paper presented today is the core report but we will also want to do deep dives e.g. patient satisfaction, practice demographics and so on. • The template is divided into two sections. On the left side is a list of practices and the first set of metrics focus on practice indicators. The second set looks at general practice in the context of the wider system. • Conditional formatting has been applied to amplify key messages. • The next report will be sectioned by borough and in more detail.
3.2.3	In considering the report, the Committee provided the following feedback: • It has a lot of proposed indicators that are quantitative, and it would be good to bring in some qualitative information. • Good to have the information by borough & PCN would also be useful. • It would be useful to overlay socio-economic indicators to know what a practice might need to manage.

	• To get an indication on waiting times in getting an appointment across NCL. • To add more on quality. • It would be good to capture how well practices are doing regarding engagement and whether they have a functioning patient participation group. • More information needed on how we respond to individual practices if there are operational or clinical indicators that look like they require review.
3.2.4	Members were thanked for their comments. The next meeting would be in two weeks' time so changes would be made where possible with further development for the December meeting.
3.2.5	**Action:** • **Indicators to be summarised by borough** • **Pack to be enhanced to include contextual information (deprivation data for example) and wider indicators or analysis in line with Committee feedback.** • **Report to be further refined for the December meeting. *(Simon Wheatley)***
	The Committee NOTED the report
4.0 GOVERNANCE	
4.1	**Board Assurance Framework**
4.1.1	The Committee was asked to note the report and risk register, provide feedback on the risks included, and comment on proposed additional strategic risk areas.
4.1.2	The following was highlighted: • The Risk Register has largely taken the same approach so far as taken by the CCG. • The Corporate risk register is updated monthly and from that committee level risks are extracted which are rated 12 or higher. • Executive Directors are risk owners. Both the risk owners and risk managers have a role in identifying emerging risks. • Work is being done across the system to identify system risks that will be captured from the ICB perspective. • It is noted three risks have closed and there is a plan to refresh one. New risks are in the process of being developed on: (a) patient access (b) management of the Committee cases and (c) supporting PCN Development.
4.1.3	In considering the report, the Committee noted: • Regarding the access, the risk is that the population of North Central London is growing but we are facing a diminishing workforce.
4.1.4	**Action:** • **Deputy Head of Governance and Risk and Executive Lead for PCCC to consider the need for any additional primary care risks. *(Chris Hanson & Sarah McDonnell-Davies).***
	The Committee NOTED the risk register.
4.2	**PCCC Forward Planner**
	The Committee **NOTED** the forward planner.
5.0	**ITEMS FOR INFORMATION**

5.1	**Urgent decision taken on 25 September 2022 – PMS Agreement changes; PMS Agreement changes – 24-hour retirement request**
5.2	**Urgent decision taken on 25 September 2022 – Barnet – Primary Care Network Membership Changes**
5.2.1	Two decisions were due to be discussed at the meeting on 13 September which was subsequently postponed. So, an urgent decision was taken on 25 September 2022. The first paper is about PMS changes: 24-hour retirement. The second change is a movement of practices between PCNs in Barnet effective from 1 October 2022.
	The Committee **NOTED** the papers.
6.0	**ANY OTHER BUSINESS**
6.1	A further two questions were asked from the public: • The first question concerned PCCC reports / information going to the public. Information needs to be made available early and signposted clearly on the website. What can the ICB do to improve access to information on any of the Committees? • The second question was regarding the Barnsbury practice and what the procurement process was going to be. Attempts to improve the situation appear not to be working…Is there more support that PCNs or others can give to practices that are struggling? What is the support regime? Regarding procurement, are there avenues that might deliver better value for money, better patient satisfaction and lower risk? The Chair thanked the members of the public for their questions and informed them these would be responded to after the meeting.
7.0	**DATES OF NEXT MEETINGS**
7.1	• 18 October 2022 • 13 December 2022 • 21 February 2023

NHS
North Central London
Integrated Care Board

PRIMARY CARE CONTRACTING COMMITTEE

Minutes of Meeting held on Tuesday 18 October 2022 between 10am and 11:00am

NCL ICB – Clerkenwell Rm, 2nd Floor, Laycock Centre, Laycock St, London N1 1TH.

Voting Members	
Mr Usman Khan	Non - Executive Member & **Committee Chair**
Ms Liz Sayce	Non - Executive Member
Dr Dominic Roberts	Non - Conflicted Independent Primary Care Clinician
Mr Mark Eaton	Director of Strategic Commissioning & Procurement *(deputised for Sarah Mansuralli)*
Dr Josephine Sauvage	Chief Medical Officer
Ms Sarah McDonnell-Davies	Executive Director of Place & **Executive lead for the Committee**
Ms Sarah Rothenberg	Director of Finance
Non – Voting Participants & Observers	
Dr Peter Christian	Clinical Director for Primary Care
Ms Sarah Louise Morgan	Chief People Officer
Ms Deidre Malone	Quality Directorate Representative
Ms Vanessa Piper	Assistant Director of Primary Care (Commissioning & Contracting)
Mr Anthony Marks	Assistant Head of Primary Care (Commissioning & Contracting)
Ms Su Nayee	Assistant Head of Primary Care (Commissioning & Contracting)
Mr Mark Agathangelou	Community Participant
Rev Kostakis Christodoulou	Community Participant
Ms Kirsten Watters	Public Health Representative
Ms Emma Whitby	Healthwatch Representative
Mr Ken Kanu	VCSE Alliance Representative
Ms Colette Wood	Director of Integration, Barnet Borough
Ms Deborah McBeal	Director of Integration, Enfield Borough
Ms Clare Henderson	Director of Integration, Islington Borough
Ms Rachel Lissauer	Director of Integration, Haringey Borough
Mr Kamran Bhatti	Assistant Director of Primary Care, Camden Borough *(deputised for Simon Wheatley)*
Mr John Pritchard	Senior Communications Lead
Ms Kate McFadden-Lewis	Governance & Risk Lead *(deputised for Andrew Spicer)*
Ms Vivienne Ahmad	Board Secretary **(Minutes)**
Cllr Nurullah Turan	London Borough of Islington
Ms Anna Lamche	Islington Tribune
Dr Ashwin Balabhadra	GP Clinical Lead at Hanley Primary Care Centre
Dr Daniel Sherlock	GP Clinical Lead at Mitchison Road Surgery
Mr Shane Munro	Operations Director, Primary Care, AT Medics
Apologies:	

Ms Sarah Mansuralli	Chief Development & Population Health Officer
Mr Simon Wheatley	Director of Integration, Camden Borough
Ms Sarah Mcilwaine	Director of Primary Care
Ms Vicky Weeks	LMC Representative
Mr Andrew Spicer	Head of Governance & Risk
Mr Chris Hanson	Deputy Head of Governance & Risk

1.0	**INTRODUCTION**
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed everyone to the second PCCC meeting in October. The Chair welcomed Ken Kanu, as the VCSE Alliance Representative and Kirsten Watters, as the Director of Public Health Representative (online). Apologies were recorded as above. The Committee was reminded this was a meeting in public rather than a public meeting. Questions from the public had been received in advance and would be addressed during the introduction to the relevant agenda items. The Questions and Answers would also be published on the website after each meeting.
1.2	**Declarations of Interests (not otherwise stated)**
1.2.1	• Committee Members were invited to note their entries on the Register of Declarations of Interest. No additions were made. • The Chair also invited members of the Committee to declare any interests in respect to the items on the agenda. No interests were declared. • The Chair invited members of the Committee to declare any gifts and hospitality received. No gifts and hospitality items were declared.
1.2.2	With regards to Questions from the public, Mr Richards asked his first of three questions. **Question** Agenda item 1.2, Declarations of Interest, pg.3 How do the public view the ICB Gifts and Hospitality Register? **Response** Any declarations of gifts and hospitality are recorded on a register reviewed by the Audit Committee and published annually on our website, in accordance with our Conflicts of Interest Policy. This register is available here: https://nclhealthandcare.org.uk/icb/north-central-london-integrated-care-board/declarations-of-interest/
	The Committee NOTED the Declarations of Interest.
1.3	**Action Log**
1.3.1	The action log was reviewed.
	The Committee REVIEWED the action log.

1.4	**Matters Arising**
1.4.1	Mr Richards second question was a request for the following to be addressed under matters arising. **Question** As a result of questions from the public about the inadequacies of the ICB website, particularly relating to the ease of access to PCCC papers, the had Chair felt that the comments should be referred to the ICB communications team. Therefore, this should be noted in both 1.3 and 1.4. **Response** Information on the Integrated Care Board's different meetings, meeting papers and a meeting schedule can be accessed from a dedicated link on our website homepage. For ICB committee meetings held in public, our website also includes information on how members of the public can submit written questions and how they can attend. We use our social media channels to share information on upcoming Primary Care Contracting Committee meetings both a month in advance and a week prior to the meeting in tandem with the publication of meeting papers. We capture questions submitted to the Committee and ensure any that are not answered at the meeting, are responded to in writing. Taking into account of helpful feedback from members of the public on the importance of a clear and accessible website, we will keep this under review and consider how we might draw attention to items within the papers that may be of particular interest for example, the Quality & Performance report.
2.0 BUSINESS	
2.1	**Contract Variations** **All Boroughs – PMS Agreement Changes**
2.1.1	The Committee was requested to consider a series of contract variations.
2.1.2	**Barnet – Ravenscroft Medical Centre – Removal of a partner**
2.1.3	**Barnet – PHGH Doctors – 24-hour retirement of a partner.**
2.1.4	The paper sets out changes and variations for two practices. The paper sets out changes and variations for the three practices. Under the PMS contract, when partners need to be added or removed from the contract approval is sought through the Primary Care Contracting Committee. As part of this contractual change practices are required to provide assurances around clinical appointments and capacity. For these two practices there are no significant issues. The Committee was asked to approve the changes to the two practices.
	The Committee APPROVED the contract changes for the two practices.
2.2	**Commissioning decisions for 4 expiring APMS Contracts** **Enfield**

	• **Boundary Court Surgery** • **Chalfont Road Surgery** **Islington** • **Mitchison Road Surgery** • **Hanley Primary Care Centre**
2.2.1	Prior to introducing this paper, the Chair noted written deputations had been received from Hanley Primary Care Centre and Mitchison Road Surgery for this item. These had been included in the papers and shared with voting members. The Chair had also agreed that a short verbal presentation could be made by the clinical leads attending the meeting. **Deputation from Dr Ashwin Balabhadra – Clinical Lead at Hanley Primary Care Centre** Note: the deputation was published in full on the ICB PCCC webpage and for the purpose of the minutes is summarised below: • The practice has delivered outstanding care to the registered growing population. • The registered list has doubled from 6300 to almost 11500. It is higher than the Islington average of 9500 patients. • We have served the population with high level of service and improved their care, safety and quality of life. • Our concern is that if there is a change in provider then we may not have the capability and experience to deliver care as we have been doing so far. This would lead to loss of quality of life which would impact the patients. **Deputation from Dr Daniel Sherlock – Clinical Lead at Mitchison Road Surgery** Note: the deputation was published in full on the ICB PCCC webpage and for the purpose of the minutes is summarised below: • It has been a privilege to serve the community, get to know the patients and understand their needs. • The feedback received from patients is that they have appreciated the stability and valued the improved care the practice has provided. • The team is now more stable, but the practice does need a few more doctors. • Going forward we will work jointly with the senior management team to focus on areas that need improvement and to get traction on those and just continue to grow and develop.
2.2.2	A further written question was received in advance from Councillor Turan of Islington Council regarding the Hanley Primary Care Centre. Note: the question was not read out in the meeting by the Chair as intended but was published in full on the ICB PCCC webpage. The response from the ICB covered the following points: • Four Alternative Provider of Medical Services contracts - two in Enfield and two in Islington – are due for review. The contracts are held by Enfield Healthcare Alliance (Boundary Court Surgery and Chalfont Road Surgery) and AT Medics (Hanley Primary Care Centre and Mitchison Road Surgery). • The Panorama investigation was not about any practice in NCL. The practice the programme covered is rated Inadequate by CQC. *[*we have been informed since the meeting the practice is rated 'Good' in all domains*]

	• PCCC is reviewing the outcome of four performance and quality reviews and must make a decision based on the evidence, and with due regard to the legal framework, contractual framework and procurement regulations. • For the contracts held in Islington, the following has been recommended to the committee: ➢ Hanley Primary Care Centre – Option 3 - Put the contract out to procurement, this will require an extension of 9 months to ensure continuity of services while the procurement process is completed. ➢ Mitchison Road Surgery – Option 1 - Extend for one year or more with conditions. • Further information and detail on the grounds for these recommendations is shared under agenda item 2.2. • The ICB engaged registered patients (or family, friends and carers on behalf of a patient) and key local stakeholders to ensure their experience and feedback is reflected.
2.2.3	A summary of APMS contracts was provided: • APMS (alternative providers of medical services) contracts are one of three contract types used for primary medical services. • The key differences are APMS are time limited (5+5 or 5+5+5 years) and available to a wider range of providers. • After each initial contract period, the committee reviews a range of key performance indicators (KPIs) plus patient and stakeholder feedback to understand how these contracts are progressing. • When contracts are reviewed, each contract is looked at individually against its requirements and KPIs. • Patient and stakeholder feedback is part of this process. • There are APMS contracts in every borough. Enfield and Islington are the two with items on the agenda today.
2.2.4	An overview of the review process was provided: • The two practices in Enfield and two in Islington have held the contracts for now for six years. • Over the six-year period, all providers have responded well in terms of providing their quarterly and annual KPI data. KPIs cover screening and immunisation, access, capacity, and patient experience amongst others. • In April, improvement action plans were issued, and the four practices did respond to these. The part two meeting has access to this information as it contains some KPI data not published in the public domain nationally. • The Committee must carefully consider factors that could affect practice performance over the six-year term and the financial year of 2021 with the Covid pandemic. • In terms of the recommendations, the team have reviewed performance over a long-period, looking back to 2016/17 when the contracts commenced. • The team also looked at performance since the decision made by CCG PCCC last June to extend the contracts for one year. • It was noted there had been restrictions on data for 2021 due to the pandemic and some of those indicators were income protected during this time. • Personalised care adjustment rates have been looked at from 2016 and set against prevalence.

	• The patient survey was carefully looked at including the GP national patient survey published in July 2022. The ICB also carried out a local patient survey across the four practices between August and September 2022. • All four practices are rated 'Good' by the CQC. The two Islington practices were inspected recently (August 2022) with no change to ratings. • If recommendations are approved by PCCC communications would be developed to make sure staff and patients are clear on the implications.
2.2.5	In considering the report, the Committee noted the following: • Patient involvement – if one or more of these contracts is reprocured, the local patient survey feedback should be used to help shape what is required from a provider, alongside engagement as part of this process. • The APMS contracts receive a premium that practices not on APMS contracts but looking after similar populations do not. They carry a risk given they are short term, reflected in the additional payment. • Staffing levels - in the APMS contracts themselves, the KPIs for GPs and Nursing should take account of other staff groups. • Whilst there is a recommendation to extend to term, list sizes at Boundary & Chalfont are a concern. These are in areas of high demand and near the North Middlesex Hospital. The list sizes must be addressed if the Committee supports extension. There must be outreach and communication of the open list to ensure local patients are registered. There should also be work to strengthen the PPGs.
2.2.6	Based on the outcome of the Strategic & Performance Reviews and the wider evidence appended to the report, the Committee was requested to approve the following recommendations: **Boundary Court Surgery - *Option 2 Extend for the remainder of the maximum contract duration (until 31 July 2026)*** **The Committee APPROVED the recommendation.** **Chalfont Road Surgery - *Option 2 Extend for the remainder of the maximum contract duration (until 31 July 2026)*** **The Committee APPROVED the recommendation.** **Mitchison Road Surgery - *Option 1 - Extend for 1 year or more with conditions.*** **The Committee APPROVED the recommendation.** **Hanley Primary Care Centre - *Option 3 - Put the contract out to procurement, this will require an extension of 9 months to ensure continuity of services while the procurement process is completed*** **The Committee APPROVED the recommendation.** The Committee asked that the procurement timelines are presented and there is further assurance on transition to ensure patient care is maintained.

	The Committee noted extension may be needed for a twelve-month period to ensure procurement can be completed. It was noted this would be considered when timelines are presented in December.
2.2.7	**Action:** • **To bring back an update on the next steps to the December meeting.** ***(Vanessa Piper)***
3	**OVERVIEW REPORTS**
3.1	**Primary Care Finance Update**
3.3.1	The Committee was requested to note the Delegated Primary Care financial Budget and the financial position as at Month 5 (August 2022). The following was highlighted: • The financial position continues to be a break-even position for the year. • Additional funding has been provided for hub wraparound services. • It was noted there was a risk from rising costs of estates development and revenue costs increasing from rent etc. also rising legal costs. • A further update will be provided in December.
	The Committee NOTED the report.
3.2	**Quality & Performance Report**
3.2.1	Prior to introducing the report, the Committee noted Mr Richards third question in relation to the Quality and Performance report. **Question** Agenda item 3.2, Quality and Performance Report, pg.131 How systematically & how often do the PCCC discuss with PCNs/practices their Complaints Procedure(s) and complaints and also the functioning of their Patient Participation Group(s)? **Response** The Integrated Care Board will review and discuss with a practice their complaints procedure in response to a range of factors such as a patient complaint, a particularly high volume of complaints, following a Care Quality Commissioning inspection and in response to relevant GP Patient survey results. As part of this process, we will also assess how the practice engages with their Patient Participation Group using relevant survey results to inform this, or if they carry out wider patient surveys to discuss any changes in the practice.
3.2.2	Since the last meeting, it was noted the team had undertaken the following work on the Quality and Performance report: • Further work had been done on the dataset and how it was presented. • There was now a breakdown by Borough and by PCN which makes it easier to review and respond in practice. • There had been a change to the formatting to use of the traditional red/amber/green which would easily highlight important areas. • There had also been continued work looking at the range of different data that can be looked at in this Committee. Thereafter each borough lead provided a brief of what was happening in their borough.

3.2.3	In considering the report, the Committee made the following comments: • The format of the report is good, but it would be useful to see some narrative around the quality indicators and outcomes, with the support from the Quality Team, so we can share learning. • Staff survey for primary care - can information from that be incorporated into this report. The data will need to demonstrate how equality, diversity, and inclusion is being addressed in our practices.
	The Committee NOTED the report.
4.0	**GOVERNANCE**
4.1	**Board Assurance Framework**
4.1.1	The Committee was asked to note the report and risk register, provide feedback on the risks included, and comment on proposed additional strategic risk areas. The following was highlighted: • There were still three key risks as discussed at the last meeting. The risk rating had not changed, and they were still currently under review.
4.1.2	In considering the report, the Committee made the following comments: • It would be useful to undertake a deep dive at a future meeting on how these three risks were being managed. • There seemed to be one risk not identified which is the proposed strike action amongst staff. It was thought this would bring a significant risk of disruption in the future and it needs to be clear how this can be mitigated at a local level. It was noted this was a system wide risk and a brief update would be provided at the next meeting.
4.1.3	**Action:** • **To provide a brief update on the risk posed from strike action at the next meeting.** ***(Sarah McDonnell-Davies & Sarah Morgan).***
	The Committee **NOTED** the risk register.
4.2	**PCCC Forward Planner**
	The Committee **NOTED** the forward planner.
5.0	**ITEMS FOR INFORMATION**
5.1	There were no items for information.
6.0	**ANY OTHER BUSINESS**
6.1	No further business was discussed.
7.0	**DATES OF NEXT MEETINGS**
7.1	• 13 December 2022 • 21 February 2023

NCL ICB Primary Care Contracting Committee Action Log – Dec 2022

PART 1

Meeting Date	Action No.	Minutes Ref	Action	Action lead	Deadline	Status update	Date closed
18.10.22	1	2.2.7	**Commissioning decision for 4 expiring APMS Contracts -** To bring back an update on the next steps to the December meeting.	Vanessa Piper	**Dec 22**	**25.11.22** – On the agenda. **Recommend to close the action.**	
18.10.22	2	4.1.3	**Board Assurance Framework (BAF) -** To provide a brief update on the risk posed from strike action at the next meeting.	Sarah McDonnell-Davies /Sarah Morgan	**Dec 22**	**25.11.22 –** Will be taken under matters arising. **Recommend to close the action.**	
04.10.22	1	3.2.5	**Quality & Performance Report –** Indicators to be summarised by borough and enhanced to include contextual information (deprivation data for example) and wider Committee feedback.	Simon Wheatley	**Dec 22**	**07.10.22 –** Breakdown by borough provided. Report to be refined ongoing. **Recommend to close the action.**	
04.10.22	2	4.1.4	**Board Assurance Framework (BAF) –** Additional risks for PCCC under ICB to be included as needed.	Chris Hanson & Sarah McDonnell-Davies	**Dec 22**	**07.10.22 –** Corporate Governance and Executive Lead considered need for any additional Primary Care risks. 3 new risks included. **Recommend to close the action.**	
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	**Dec 22**	**25.11.22 –** Always promoted. Additional focus given to recent reviews and in procurement process and arrangements to be discussed in the APMS paper on the agenda 13 December 2022. **Recommend to close the action.**	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 December 2022

Report Title	Commissioning Decisions on PMS Agreement Changes	**Date of report**	28 Nov 2022	**Agenda Item**	2.1
Lead Director / Manager	Vanessa Piper	**Email / Tel**		nlphc.lon-nc-pcc@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	GP Commissioning & Contracting Team	**Email / Tel**		nlphc.lon-nc-pcc@nhs.net	
Name of Authorising Finance Lead	*Not Applicable*	**Summary of Financial Implications** *Not Applicable*			
Name of Authorising Estates Lead	*Not Applicable*	**Summary of Estates Implications** *Not Applicable*			
Report Summary	Detail of the request to vary PMS Agreements and any conditions to be applied				
Recommendation	The Committee is asked to **NOTE** one change and where indicated to **APPROVE** the proposed changes outlined below and any conditions.				
Identified Risks & Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	*Not Applicable*				
Resource Implications	*Not Applicable*				
Engagement	*Not Applicable*				
Equality Impact Analysis	*Not Applicable*				
Report History & Key Decisions	*Not Applicable*				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	*Not Applicable*				

Contents

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 individual's 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 Standard London APMS contracts and is described in the BMA document Safe working in general practice[1] as developed by NHS England via McKinsey but widely accepted. Where Practices do not meet the 72 GP appointments per 1000 patients Commissioners will seek to work with the provider to increase access.

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/10/2022	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
E83613 East Barnet Health Centre	Barnet	11452	Practice is a member of Barnet PCN 2 comprising 12 practices with 103,652 patients at 01/10/22	1. Removal of Dr Tal Helbitz 2. Addition of Dr Shivani Dattani	Request to remove Dr Tal Helbitz from the PMS Agreement effective from 01/12/22. Request to add Dr Shivani Dattani to the PMS Agreement effective from 01/12/22. The changes will leave three contractors on the PMS Agreement. **Practice provision (per week)** GP appointments 940 GP sessions 35 Nurse appointments 213 Nurse sessions 12 **Recommended provision (per week)** GP appointments 825 GP sessions 44 Nurse appointments 367 Nurse sessions 20 There is a shortfall of GP sessions but not GP appointments. There is a shortfall of 154 nurse appointments and 8 nurse sessions per week. Practice have stated the following: Practice get locum cover where needed to ensure that capacity is met. They have also advertised for two salaried positions and hope to fill them soon. Currently they have one salaried GP and a practice nurse on maternity leave, and both are being filled with locum cover.	To approve

F85058 Nightingale House Surgery	Enfield	6771	Practice is a member of Enfield Unity PCN, which comprises 10 practices with 160,075 patients at 01/10/22	24 hour retirement of Dr Oladapo Abidoye	Application from Dr Abidoye who wishes to take 24 hour retirement on 23/05/23. There will be 1 individual remaining on the agreement during the 24 hour retirement. **Practice provision (per week)** GP appointments 402 GP sessions 24 Nurse appointments 272 Nurse sessions 14 **Recommended provision (per week)** GP appointments 488 GP sessions 26 Nurse appointments 217 Nurse sessions 12 There is a shortfall of 86 GP appointments and 2 GP sessions per week. There is no shortage of Nurse appointments. Practice have stated the following: They are aware of the shortfall in GP appointments. Despite several attempts, they have been unable to recruit but are still looking. The three doctors see extra patients where required and cover the extra work generated. Physician Associates also offer 106 appointments per week supervised by the GPs.	To approve

F85687 Oakwood Medical Centre	Enfield	7990	Practice is a member of Enfield Unity PCN comprising 10 practices with 160,075 patients at 01/10/22	Addition of Dr Bhumika Gupta	Request from Practice to add Dr Bhumika Gupta to the PMS Agreement effective from 01/01/23. The changes will leave two contractors on the PMS Agreement. **Practice provision (per week)** GP appointments 425 GP sessions 31 Nurse appointments 140 Nurse sessions 13 **Recommended provision (per week)** GP appointments 574 GP sessions 31 Nurse appointments 255 Nurse sessions 14 There is a shortfall of 149 GP appointments and 115 nurse appointments and 1 nurse session. Practice have stated the following: They continue to advertise for a salaried GP and in the meantime employ Locum GPs to increase the number of GP sessions. Their PCN has agreed to allocate a Physician Associate in Dec/Jan for 2 at least days per week. They are expecting the nurse capacity to increase once their nurse returns from maternity leave in February 2023 and meanwhile, a locum nurse will cover 2 sessions per week. They are also looking for a permanent nurse.	To approve
F83023 James Wigg Practice	Camden	22131	Practice is a member of Kentish Town South PCN	24 hour retirement of	Request from the practice for the 24-hour retirement of Dr Philip Posner effective 03/03/2023.	To approve

			comprising 2 practices with 28,641 patients at 01/10/22	Dr Philip Posner	There will be 5 individuals on the agreement during the 24 hour retirement **Recommended provision** GP appointments 1591 GP sessions 84 Nurse appointments 707 Nurse sessions 38 **Practice provision** GP appointments 2127 GP sessions 111 Nurse appointments 778 Nurse sessions 65 The practice is both above the recommended guide for GP provision and nursing provision.	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 December 2022

Report Title	APMS Procurement Approach	**Date of report**	30 Nov 2022	**Agenda Item**	2.2
Lead Director / Manager	Clare Henderson, Director of Integration Islington & Rachel Lissauer, Director of Integration Haringey	**Email / Tel**		r.lissauer2@nhs.net clare.henderson4@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Vanessa Piper & Anthony Marks	**Email / Tel**		Vanessa.piper@nhs.net anthony.marks@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, NCL ICB	**Summary of Financial Implications** NCL APMS contracts will be funded at the London APMS standard price per weighted patient. This will be an increase in price from current GMS/PMS price of £17.92 per weighted patient. There is a risk premium and option of KPIs. Any contract below 6,000 patients will also attract a price support supplement. A full financial breakdown will be included in the business case for each contract procured			
Name of Authorising Estates Lead	*Not Applicable*	**Summary of Estates Implications** Any contracts procured will continue to be provided from their existing estates			
Report Summary	At the October PCCC the decision was taken to reprocure Hanley Road APMS contract. This is one of a number of APMS contracts the ICB holds. Contracts may also move from GMS/PMS into the APMS form, if handed back or removed from contract holders following contractual action. Following the decision at the last Committee – and previous Committees – this paper presents an approach to procurement of these contracts for NCL ICB. It sets out the timeline and procedural steps. The Committee is asked to note and comment on the process, timeline and actions that will be taken. This paper offers an overview. The business case with full rationale and financial breakdown for each the contracts to be reprocured will be brought to Committee in February.				

Recommendation	The Committee is asked to **APPROVE** the process and timeline for the next round of APMS procurements and **COMMENT** on the priorities to be reflected in the procurement process.
Identified Risks and Risk Management Actions	Failure to conduct a robust and transparent procurement process may lead to legal challenge. Risk can be mitigated by ensuring the procurement process is clearly outlined and followed and in line with relevant guidance and legal and regulatory frameworks.
Conflicts of Interest	*Not Applicable*
Resource Implications	The Contracts will be funded at the London APMS standard price. This will be an increase in price from current GMS/PMS price of £17.92 per weighted patient. Any contract below 6,000 patients will also attract a price support supplement. A full financial breakdown will be included in the business case for each contract procured
Engagement	Full patient and stakeholder engagement will be conducted as part of the procurement of each contract.
Equality Impact Analysis	An Equality Impact Assessment will be conducted as part of the procurement of each contract
Report History and Key Decisions	Individual APMS contracts are reviewed at standard intervals, the most recent being October 2022. Any contractual or regulatory action leading to a procurement is brought to PCCC. Any action by partnerships / contract holders that may lead to a procurement is brought to PCCC.
Next Steps	Begin procurement actions for the contracts currently confirmed as requiring re-procurement
Appendices	*Not Applicable*

1.0 Background

Most GP Practice contracts are GMS or PMS, held in perpetuity by Partnerships / individuals (one of whom must be a GP). APMS contracts are time limited (up to 15 years) and can be provided by any qualified provider. All new core GP contracts should be procured under an APMS contract.

Contracts are set nationally. Statutory variations are applied annually following agreement between GPC / BMA and NHSE. Contracts are procured within a nationally agreed legal and regulatory framework and in line with National Guidance. Local commissioners have the latitude to localise the services required (whilst ensuring all standard primary medical service contract activities are covered). The ICB can develop service requirements within the service specification or via KPIs.

ICBs are required to implement the procurement processes in accordance with the Public Contracts Regulations (2015). The previously heralded Provider Selection Regime is still tbc. ICBs must ensure procurements are undertaken robustly and lawfully. The outcome of the procurement must be accepted. Commissioners must therefore work ensure the commissioning framework and procurement process are well considered before launch.

In the procurement process the ICB must ensure procedural steps are followed, the commissioner and its stakeholders focus on responses to questions covered in the bid and evaluation process, management of conflicts of interest, effective communication with providers and bidders, confidentiality is to be maintained at all times and expertise to support the procurement (clinical, quality, IT & digital, estates, finance etc) must be in place. In particular, PCCC processes for engagement must be lawful and sufficient but the Committee should also consider stakeholder expectations of early and direct engagement, recognisng the value of obtaining and considering these views as part of decisions.

Whilst we must stay within the bounds of the requirements upon us, we must also ensure we are commissioning services in line with local population need, our vision as an ICS, our priorities as an ICB. We will continue to maintain focus on opportunities for commissioning and contracting processes to improve quality, safety, value for public money and outcomes for local patients.

2.0 PCCC role

The ICB teams have taken stock of the opportunity to shape the approach to APMS procurements. This is evolving, linked also to the changing role of NHSE & NHSE London in primary care commissioning and contracting.

There are a number of outputs generated during the procurement process that can be shaped by the ICB. These include:

- The patient and stakeholder engagement approach and focus – to inform the process and outputs used for procurement
- The APMS Specification – to ensure this reflects local priorities and needs
- Use (or not) and focus of any additional Key Performance Indicators or incentives
- The Memorandum of Information provided to possible bidders – sharing ICB priorities, information on our population and specific contract requirements
- Market engagement – optional, but can help inform bidder expectations and decisions
- The criteria bidders are asked respond to and evidence: bidders questions for the initial tender submission (Generic and Lot-specific), interview approach, weighting for questions and parts of the process

At this stage in the process these documents have not yet been drafted - the Committee is being asked now to confirm what it would like to see reflected in the ICB approach and next round of procurements, so the detailed work to develop process and outputs can progress with this steer.

3.0 Considerations

To inform this paper, voting members and officer leads met in November 2022. Colleagues were asked to:

1. Identify strategic or clinical priorities that we might want to give prominence to in procurement documentation.
2. Identify values and approaches we might want a provider to demonstrate.
3. Give their views on the use of additional KPIs and incentive payments.
4. Consider the patient and stakeholder engagement process

Work to date is summarised below for Committee consideration and feedback.

3.1 Strategic or clinical priorities that we might want to give prominence to

- We will want potential providers to be given information on our emerging ICS *Population Health Improvement Strategy* and demonstrate their understanding of population health improvement in practice and how this will impact the way practice teams work and their ability to improve access, experience and outcomes
- We will want potential providers to be given information on our emerging ICS *People Strategy* and demonstrate their commitment to current and future workforce. This should include commitment to training and development, effective supervision, line management, support for individuals and teams including wellbeing support, a clear focus on recruitment and retention and zero tolerance of abuse.
- Priorities in practice continue to include:
    - Access – ease of access, equity of access, balance of appt types
    - Long term condition management and continuity of care more broadly
    - Vaccinations and screening and prevention more broadly
    - Understanding of the patient population and their needs, including through engagement via a functioning PPG, an effective website and communication materials, use of feedback and learning from complaints (& compliments)
    - Workforce plans – supporting development of the practice team – including new of new roles in general practice. Recruitment and retention. An effective approach to clinical governance, management and supervision.

3.2 Values and approaches we might want a provider to demonstrate

As we progress as an ICB and ICS, we should also place value on providers ability to:

- Integrate and collaborate to achieve the best outcomes for patients – including via engagement in PCN and Neighbourhood models
- Understand and address inequalities in access, experience and outcomes
- Understanding of what it means to be an anchor organisation and how this can be delivered in general practice:
    - Particular benefit to a potential provider being able to clearly articulate what the local community looks like and understand the communities reflected in the patient list and their needs, barriers to access, views of NHS services etc
    - Clear articulation of how they do / would play a role as a local ‘anchor’ organisation that generates value by contributing to improvements in social, economic and environmental priorities (for example, local employment, support to deliver NHS carbon net zero)
- Maintain stability and sustainability of services - understanding and demonstrating how their approach to running a practice supports this

3.3 Use of additional KPIs and incentive payments

Current KPIs are based on *London Standard APMS Contract KPIs*. The value is approx £5-7 per weighted patient, but there is no payment for under-delivery & payments are clawed back for underperformance.

Current KPIs focus on screening, access, vacs & imms and patient feedback. Data is collected quarterly / annually and evaluated at the contract anniversary. Where underperformance against these KPIs is identified *Improvement Plans* are set and prior to contract expiry a full *Strategic and Performance Review* is undertaken using all available performance data & stakeholder feedback. The outcome of the review informs a recommendation to PCCC re the future of the contract.

Whilst this process is particular to an APMS contract, commissioners can undertake a full performance report for any practice looking at performance in key areas for example QOF, Vacs & Imms, Patient feedback, Complaints, indicators around and satisfaction with access etc. If additional APMS KPIs were dropped, *Strategic and Performance Reviews* would still be undertaken at break points in the contracts.

Other ICB areas in London have removed London Standard KPIs and Saturday morning opening (given wider access schemes). This reduces the contract value to global sum payment plus risk premium (given the time limited nature of the contract).

As there is no link that can be made between contract type and factors such as existing performance or deprivation, this would represent a more equitable approach to commissioning and to performance management across all contract types. The time limited nature of APMS contracts, continues to offer a further lever to commissioners.

Three options exist: keep the KPI value as is and refresh the KPIs, revise the KPI value and refresh the KPIs (must be a reasonable ask for the reimbursement offered), or remove the KPI payment.

KPIs and performance monitoring for APMS practices will be maintained either way, linked to core responsibilities, the requirements on all practices as part of national directed enhanced and local enhanced services and other investments made locally for example Winter monies. As such, the preference on balance is to significantly revise down or remove the KPI payment in the next round of procurements.

3.4 Patient and stakeholder engagement process

Once a contract is on the list for reprocurement there is an expectation that patient and local stakeholder engagement will inform the tender documentation, the bidding process and the outcome. This must be undertaken in line with the process outlined.

The ICB will ensure that commissioning intentions, desired outcomes, and key documents are informed by patients and stakeholders linked to the practice. We should ensure a minimum of 6 weeks engagement and consider a mixed methodology for example events at practices, surveys, awareness raising via websites, use of text messaging and other approaches that will help ensure engagement is high quality & fit for purpose.

We propose local engagement is focused on questions not covered in wider engagement, for example, there are a large number of questions in national survey regarding ease of access, but less on the balance patients think should be struck in delivering services for example the balance between same day episodic access and proactive, planned care.

During the procurement process it will be important to draw out bidders understanding of Nationally collected GP-Patient survey results for each practice. Also to understand how the providers take account of views from PPGs engaging with and staff working with the provider.

Finally, we propose evidence is sought from bidders on where commitments made during procurement processes have / haven’t been delivered upon and why. The ICB should triangulate this information.

4.0 Indicative process and timeline
January 2023

- Business cases drafted for all contracts proceeding to procurement.
- Submission of procurement plans to ICB Procurement Oversight Group.
- Procurement support identified.
- Procurement documentation – drafting commences
- Patient & stakeholder engagement commences - min 6 weeks

February 2023

- Business cases for all contracts proceeding to procurement reviewed and approved by PCCC
- Submission of business case to NHSE (required step under delegation arrangements). Approval to proceed granted/(not).
- Shaping approach to market engagement

March 2023

- Patient & stakeholder engagement concludes, engagement report completed.
- Draft-final documents to support the procurement:
    - Memorandum of Information (MOI) and Invitation to Tender (ITT) including questions (generic and lot specific).
    - Commercial and Estates information (including running costs)
    - Staffing and TUPE information
    - Criteria and weightings
- ICB Procurement Oversight Group review

April 2023

- Publication of MOI and ITT through e-procurement portal (ProContract).
- Local providers notified directly by ICB (via NCL Primary Care Contracts team).
- Tender is open for 28 days minimum.
- Bidders may submit clarification questions and answers are published.

May 2023

- Tendering closes
- Scoring, evaluation and moderation of bids (expert review panel, includes patient input)

June 2023

- Interviews take place with the top scoring bidders.
- Interview scoring is moderated.
- Outcome of the full evaluation is referred to and ratified by the PCCC
- Announce to Market - bidders are notified in writing of their scores and the successful bidders scores.
- 10-day standstill period commences alongside 30 day challenge window.

July 2023

- Procurement publishes a formal contract award notice to inform the market of the outcome of the procurement

- Stakeholder notification of outcome

August – October 2023

- 12-week mobilisation - handover from the incumbent to the new provider or mobilisation of the new contract with the incumbent provider (Mobilisation of the new contract is required even when incumbent provider is successful:
    - Overseen by the ICB Contracting and Borough teams.
    - Mobilisation tasks include TUPE transfer of staff (*provider responsibility minimum 8 weeks*); premises & lease arrangements; clinical handover (safeguarding, prescribing, 2ww etc); admin handover (e.g. policies, complaints); supplier and healthcare partner comms; GP IT.
    - Weekly task and finish group meetings organised to ensure smooth transition.

November 2023

- Contract commencement

5.0 Next steps

The Committee is asked to **APPROVE** the process and timeline for the next round of APMS procurements and **COMMENT** on the priorities to be reflected in the procurement process.

If PCCC supports this approach, during December and January an NCL working group will be formed to ensure detailed plans and timelines are in place, capacity is in place, and to review and update the key procurement documentation.

The contracts team will also review the implications for current caretaking agreements and extensions, to ensure there is enough time available to complete the procurement process.

Governance of the process will include the NCL Procurement Committee who have a key role in overseeing procurement processes across all areas of ICB commissioning.

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Report Title	NCL 22/23 GP Due Diligence Submissions to London Improvement Grants	**Date of report**	16 Nov 2022	**Agenda Item**	2.3
Lead Director / Manager	Phill Wells, Chief Finance Officer, NCL ICB	**Email / Tel**		phill.wells@nhs.net	
Board Member Sponsor	*Not Applicable*				
Report Author	Diane Macdonald Interim NCL Estates Finance Lead, Performance and Transformation Directorate	**Email / Tel**		diane.macdonald3@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, Primary Care	**Summary of Financial Implications** Once completed the premises will remain in use for the delivery of NHS services for the applicable period set out in the NHS (General Medical Services – Premises Costs) Directions 2013 based on the total value of the works subject to funding. The period is not less than 5, 10 or 15 years after the completion of the works. Rent abatement for Owner-Occupier Practices is applicable for the same period.			
Name of Authorising Estates Lead	Nicola Theron, Director of Estates	**Summary of Estates Implications** Successful 22/23 GP schemes (12 schemes with an estimated investment from NHSE London of £1,127k) to go forward into the LIG Programme, subject to the approval of all due diligence by the LIG Team, accelerating access to grant funding and maximise time to complete by 31 March 2023.			
Report Summary	The London Improvement Grant (LIG) process offers a source of funding for practices with each ICB area seeking to develop their premises. It allows for small and larger works. There is detailed guidance surrounding the scheme. The ICB estates team provide the leadership to this process and coordinate and optimise applications from across NCL practices. There is an approval process which Practices must follow & is applicable for any proposed building work/project to improve GP Practice premises. It is applicable to all schemes - from a simple reconfiguration (e.g division of a large room into two small rooms) through to a major project (e.g extension).				

	PCCC noted the 22/23 GP Expressions of Interest submissions to the London Improvement Grant programme on 17 February 2022 NCL GP practices who submitted expressions of interest to the 22/23 London Improvement Grant (LIG) Programme have been informed by the LIG Team whether or not they were successful and are being asked to go to the next stage & submit due diligence information. In total 17 schemes from NCL, worth £1,252k, were approved to go forward. Due Diligence was required to be submitted by 28 October 2022. Practices are given three opportunities to submit their information, after which the scheme will be withdrawn from this year's programme A list of schemes and status of due diligence submissions is appended. Five Practices have withdrawn from the Programme with schemes totalling £125k. This leaves 12 schemes with an investment value of £1,127k going forward. The London Improvement Grant team will carry out the due diligence process, resulting in the final confirmation of schemes funded through this years Programme. **This final list is subject also to an NCL ICB final letter of support.** Guidance states that to receive funding, schemes must be completed by 31 March 2023. Given the tight timescales, London has looked at ways to expedite the regional governance and the London Primary Care Capital Panel, at its October 2022 meeting, recommended that LIG schemes that have passed due diligence seek virtual approval from the Capital Investment Committee via Chairs Action. To dovetail with this process and accelerate access to funding for NCL practices, the PCCC is therefore asked to approve schemes to go forward to the LIG Programme maximising the time available for works to completed by the 31 March 2023 deadline.
Recommendation	The Committee is asked to **APPROVE** a letter of support being issued to accelerate access to grant funding and maximise time to complete works by 31 March 2023.
Identified Risks and Risk Management Actions	Schemes not compliant with Premises Cost Directions will not be approved. The schemes have been reviewed against a list of eligible and ineligible items provided by the London Improvement Grant Team. This team are carrying out further review as part of the due diligence process.
Conflicts of Interest	*Not Applicable.*
Resource Implications	Estates team time plus revenue implications from year 5 onwards, assessed on a scheme-by-scheme basis.
Engagement	on a scheme-by-scheme basis.
Equality Impact Analysis	on a scheme-by-scheme basis.
Report History and Key Decisions	PCCC noted the 22/23 GP Expressions of Interest submissions to the London Improvement Grant programme on 17 February 2022
Next Steps	Progress, subject to the approval of the GP due diligence by the LIG Team.
Appendices	Status of 22/23 NCL GP due diligence submissions

Appendix One: Status of 22/23 NCL GP due diligence submissions - 22/23 London Improvement Grant Programme

Project Name	Lead Borough	Estimated Grant at 66%	ICS Priorit	Update - 16 Nov 22
E83035 Wentworth Medical Practice	Barnet	£ 15,191	1	DD not submitted - 2 more chances to submitt before withdrawn from 22/23
E83020 St. George's Medical Centre	Barnet	£ 20,427	1	DD not submitted - asked for an extension - 2 more chances to submitt before withdrawn from 22/23 programme
E83016 Millway Medical Practice	Barnet	£ 26,789	1	DD not submitted - 2 more chances to submitt before withdrawn from 22/23
E83018 Watling Medical Centre	Barnet	£ 132,000	1	DD Submitted
E83034 Colney Hatch Lane Surgery	Barnet	£ 60,919	1	DD not submitted - 2 more chances to submitt before withdrawn from 22/23
F85020 The Woodberry Practice	Enfield	£ 12,210	1	Withdrawn
F85663 Latymer Road Surgery	Enfield	£ 12,144	1	DD Submitted
F83002 Group Practice	Islington	£ 5,082	1	Withdrawn
F83012 Elizabeth Avenue Group Practice	Islington	£ 4,950	1	Withdrawn
F83680 Sobell Medical Centre	Islington	£ 16,500	1	Withdrawn
F83053 The Mildmay Medical Practice	Islington	198,734	1	Agreed DD submission in Dec 22 - scheme phased over 2 years
F85067 The 157 Medical Practice	Haringey	£ 5,291	1	DD Submitted
F85030 Somerset Gardens Family Health	Haringey	£ 237,600	1	DD Submitted
F85066 Bounds Green Group Practice	Haringey	£ 315,853	1	Agreed DD submission in Dec 22 - scheme phased over 2 years
F83044 Bloomsbury Surgery	Camden	£ 13,200	1	DD Submitted
F83059 Brondesbury Medical Centre	Camden	£ 86,353	1	Withdrawn
F83005 Gower Street Practice	Camden	£ 88,437	1	DD Submitted
	Total	£ 1,251,679		

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Report Title	London Improvement Grant – Bounds Green Group Practice	**Date of report**	22 Nov 2022	**Agenda Item**	2.4
Lead Director / Manager	Rachel Lissauer, Director of Integration, Haringey	**Email / Tel**		r.lissauer2@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Aklasur Ahmed, Interim Head of Primary Care	**Email / Tel**		Aklasur.Ahmed@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, NCL ICB	**Summary of Financial Implications** Currently, funding for the estimated cost of works to convert unused loft space at Bounds Green Group practice is split as follows: • London Improvement Grant (LIG) £315,853 (66%) • Practice contribution £157,926.5 (34%). The exact cost to each party will vary once tendered prices are received, reviewed and approved by the LIG team. The net annual ICB revenue impact is zero for 15 years due to a rent abatement. Based on current rent, it is understood the indicative rental increase will be in the order of £26,000 plus VAT from year 16. The Digital team will confirm costs, but additional IT equipment costs are expected to be in the order of £40,000 plus VAT. It is proposed that LIG 22/23 funding is repurposed from withdrawn schemes to pay for new infrastructure and equipment.				
Name of Authorising Estates Lead	Mike Stone, MRICS - SEA - Haringey	**Summary of Estates Implications** Bounds Green Group Practice is a key training practice in the north central area of the Borough. It occupies a 1990's purpose-built health care building. The site is very constrained with the building and a small car parking area. Extending the building upwards into the roof			

		space is a sensible way to increase capacity and ensures sufficient supervision space for registrars (normally 5 but currently 7). The proposed solution is operationally efficient as it keeps all the staff in one place, rather than fragmenting across multiple sites. The practice currently has 18 clinical and treatment rooms and is proposing the creation of 2 further clinical rooms and 2 telephone/online consultation rooms. The additional admin and virtual consulting space gives the practice greater flexibility in the way it operates and uses its building. As the per the finance section, this requires no capital from the ICS and there is no rent increase for 15 years, so no revenue impact on the ICB until year 16. The practice has engaged an architect. Planning approval for the works has been granted by the Council and the works are being tendered to contractors. The London Improvement Grant team has agreed this scheme subject to submission of these tenders and due diligence and confirmation that the programme can run over 22/23 and 23/24 financial years. This is an important scheme that is supported by the ICB Estates and borough primary care teams. It would go someway towards closing the gap in the space requirement in the borough. The recommendation from the report is that Bounds green Group Practice is developed, to add another storey to the building to help with the space needs in the PCN.
Report Summary	**Summary of proposal** This proposal is to convert unused loft space above the North Eastern wing of the Bounds Green health centre to create a new part second floor. Access to be gained by extending the lift and stairs to the 2nd floor. Administrative functions would then move to the 2nd floor, allowing part of the first floor to be reconfigured to create two additional clinical rooms and a video/phone consultation space. The new second floor will provide a modern multimedia meeting space for MDT assessments, offices, and further video/phone consultation space. **Primary Care Network – Estates Report (April 2022)** A report was commissioned across NCL to assess overall clinical capacity and individual sites. It looked at the number of consulting rooms required to service current future and demand. The clinical capacity model has been developed this has been developed in-line with NHS Healthcare Building Notes Guidance. The analysis identifies the current number of consulting rooms in primary care estate on a site by site basis. Capacity modelling has then been undertaken to assess the predicted number of consulting rooms that each PCN should have overall, based on current and projected list sizes for each five-year interval to 2050. The analysis suggests that the sites within the PCN Bounds Green is a member of have too little space now and moving towards 2050, both including and excluding the space required for ARRS roles. The shortage of space rises to 22	

rooms by 2050 including ARRS roles if no changes are made. Teams are therefore exploring opportunities to deliver viable and affordable schemes for each practice and PCN.

Bounds Green

Utilisation

- Currently, the Practice is operating from 17 clinical rooms and utilised 100% of the time.
- Due to lack of space, the clinical rooms are often used for administrative tasks including remote consultation (telephone/video).
- Based on their current registered patient population of 18,705 patients as of 1 October 2022, the practice is operating on a 1,088 patient per clinical room
- The proposed new scheme will add two additional clinical rooms – bringing the ratio 974 patient per clinical room (based on current list).
- The proposal will also include two multi-purpose admin rooms – which will enable the practice to undertake administrative work including remote consultations

Appointments

- Currently the practice delivers 6,289 (Oct 22) appointments pcm. With the proposed work to add two additional clinical rooms, the practice is expecting this to increase to 7,028 per month with additional remote consultation undertaken in the new admin space – approx 12% increase in the number of appointments delivered.
- The additional admin space will also help practice to deliver more remote consultation.

Associated costs of scheme

- Currently, the works estimate is split LIG grant £315,853 (66%) and practice contribution £157,926.5 (33%). This will vary once tendered prices are received, reviewed and approved by the LIG team.
- Under the NHS Premises Cost Directions 2013 there is to be a rent abatement for 15 years for the areas affected by these proposed works.
- The net annual ICB revenue impact is zero, as there is to be a rent abatement for 15 years. Based on current rent, its believed the indicative rental increase will be in the order of £26,000 plus VAT from year 16.

Recommendation

The Committee is asked to **APPROVE** the development of Bounds Green practice and to **NOTE** the rent abatement.

Identified Risks and Risk Management Actions

Risk Category	Risk Description	Counter Measures
Select the risks that best apply to your project – select small number of strong risks – don't select them all		
Approvals	Failure to secure the relevant approvals.	• The Practice's Expression of Interest has been approved by the LIG team. • Planning consent for the works has been obtained on 28/10/2022. • The Practice is now tendering the works for LIG final approval in January 2023.

			• Building control approval and IPC sign off will be obtained for the works. • Regular engagement with approvers (ICB/ICS/ planning) to be clear on requirements and address queries/issues.
	Design	Facilities do not meet stakeholder's expectations. Functional requirements not met. Facilities do not comply with regulatory standards.	• The design team is appointed by the Practice and there has been and will be close engagement over the design of the scheme to ensure compliance with NHS HBNs and HTMs. • ICB will oversee the process. • IPC support will be sort to ensure compliance. • Works are to be tendered and a contingency sum will be included in the budget.

Conflicts of Interest	*Not Applicable*
Resource Implications	Outlined above
Engagement	Will be undertaken by the practice as required
Equality Impact Analysis	The development will meet all current regulations
Report History and Key Decisions	Supported by the practice team and London IG team
Next Steps	Submit final application to London IG team including outcome of tender process and due diligence and confirmation that the programme can run over 22/23 and 23/24 financial years.
Appendices	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 December 2022

Report Title	Request to issue a contract variation for change in core hours for Cricklewood APMS contract	**Date of report**	13 Sept 2022	**Agenda Item**	2.5
Lead Director / Manager	Colette Wood, Director of Integration, Barnet	**Email / Tel**		colette.wood1@nhs.net	
GB Member Sponsor	Sarah McDonnell Davies, Executive Director of Place				
Report Author	Su Nayee, Assistant Head of Primary Care, NCL ICB	**Email / Tel**		Su.nayee@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, Primary Care	**Summary of Financial Implications** The change will have no financial impact on the contract			
Name of Authorising Estates Lead	*Not Applicable*	**Summary of Estates Implications** The proposal has no impact on current estates			
Report Summary	This paper sets out the case for change in core opening hours for the Cricklewood GP Health Centre contract.				
Recommendation	Commissioners are requesting **APPROVAL** from the PCCC of the practice request to vary the Cricklewood GP Health Centre APMS contract core hours provision. This would require a contract variation to Penceat Medical Limited to remove their core hours provision on Saturday 9 am – 1 pm with those 4 hours to be provided instead from 6:30 pm – 7:30 pm each day from Monday – Thursday.				
Identified Risks and Risk Management Actions	Some patients' preference was access on a Saturday. This will be mitigated by access via the Enhanced Access service effect from 1st October 2022.				
Conflicts of Interest	*Not Applicable*				
Resource Implications	*Not Applicable* – the variation will not have a financial impact to the contractor or the ICB				
Engagement	The practice undertook patient surveys in June 2022 and PPG meetings in June and August to discuss their opening hours.				

Equality Impact Analysis	A full EIA has not been undertaken; however, equality of access has been considered in the engagement and the proposal.
Report History and Key Decisions	*Not Applicable*
Next Steps	If approval is given, commissioners to issue contract variation to the contract holders.
Appendices	Appendix 1 Cricklewood GP Health Centre – patient survey results

1.0 Recommendation

Committee members are asked to approve the variation Cricklewood GP Health Centre contract to open for longer hours during Monday to Thursday to replace their Saturday opening as set out below:

From

Monday		Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am-6.30pm		8am-6.30pm	8am-6.30pm	8am-6.30pm	8am-6.30pm	*9am-1pm	closed

To

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am-7.30pm	8am-7.30pm	8am-7.30pm	8am-7.30pm	8am-6.30pm	Closed	Closed

The practice has requested this change following engagement with patients and their Patient Participation Group (PPG)

2.0 Background

Cricklewood APMS contract was procured by North Central London CCG in 2020/21 on the London Standard APMS contract which includes London Key Performance Indicators and the provision of four hours opening on Saturday (0900 – 1300) as core hours.

The contractor has approached Commissioners to discuss options around the delivery of core hours on a Saturday. Commissioners noted the provider's concerns about the provision of Saturday opening which has not previously been included or delivered in the core hours for this contract.

Commissioners requested that the contract holder begin engagement with patients and staff about the Saturday opening and return with proposals.

3.0 Cricklewood Health Centre

The APMS contract was awarded to Penceat Medical Limited to commence 1 December 2021. The practice is in Barnet has a current patient list size of 4,045 as of 1 July 2022. A review of the practice's demographics indicates the highest proportion of patients (89%) are aged between 15 – 64, 3% of the practice population is over the age of 65.

The contract was previously held by Barndoc Healthcare Limited from 2010 until June 2021, then in caretaking by Barnet Federation Limited from July 2021 until November 2021 whilst the procurement of the permanent contract was concluded.

The previous providers were not delivering Saturday opening as part of their contract. During mobilisation meetings at the commencement of the contract, Penceat Medical Limited asked that

commissioners consider whether the provision that should be delivered on Saturdays, could be re-provided during the week.

The practice was asked to commence engagement with staff and patients. In their newsletter in February, the contract holders informed patients they will be conducting a survey of patient preferences and expectations to establish best timings for clinical provision.

In June 2022, the practice conducted a patient survey. The patient survey was conducted over a period of 3 weeks. It was available through the practice website. In addition, the practice sent the survey link via text and email to patients registered with the practice with a mobile or email account, which accounts for approximately 35% of practice patient population. Paper copies of the survey were available at the practice reception for patients who attended the surgery. The practice received 41 responses. The survey report is also attached. Key points include:

- 70% of patients reported work commitments as the reason to attend outside core hours
- 65% of patients expressed they would wish to have a weekday evening appointment.
- 28% preferred a weekend but no patients said they could only get to the practice on weekends.
- 81% of patients reported their preferred time was after 6:00 pm. 16% reporting it would be better to have access before 8:00 am. 21% between 12:00 and 1 pm.
- Nearly 93% of patients expressed they would wish to see the extended hours being offered in a consistent pattern every week
- 95% of patients would want to see these hours offered across several days.

The practice planned to discuss their appointment provision at the PPG meeting on 23 June however no representatives attended the meeting. A further meeting was held on 25 August 2022. At the meeting, patient representatives considered the survey results and were happy with the practices proposal to provide access during the week instead.

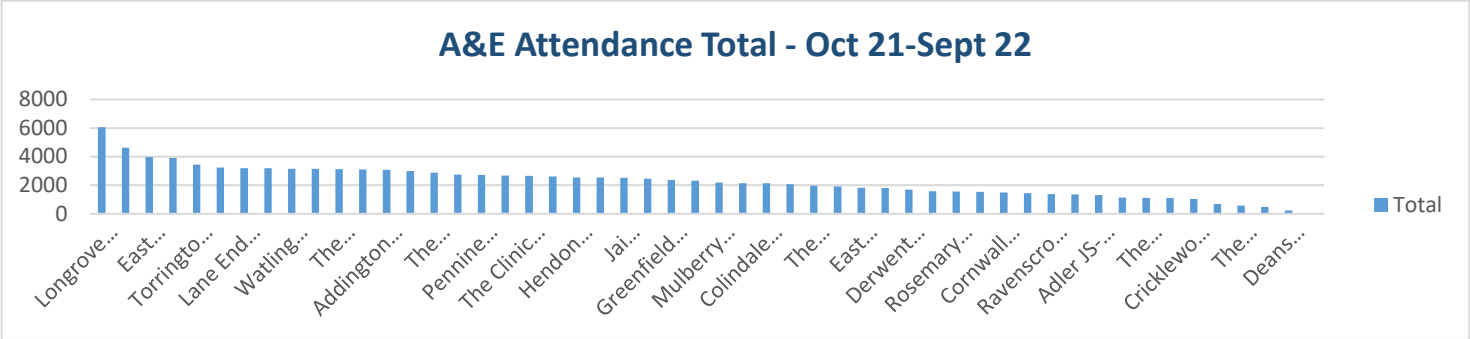
The 2022 National GP-Patient survey saw 661 surveys sent for this practice with a return rate of 14%, which is comparable to the survey conducted by the practice.

- 62% of patients are satisfied with appointment times available [55% national / 55% ICS]
- 68% of patients have a good experience of making an appointment [56% National / 54% ICS]
- 78% of patients are satisfied with the appointments offered [72% national / 68% ICS]
- 66% of patients find it easy to get through on the phone [53% national / 55% ICS]
- 78% of patients rate that practice as good overall [72% national / 70% ICS]
- 95% of patients needs were met [91% national / 89% ICS]

The practice has been providing extended hours on Monday from 6:30 until 8:00 pm.

The practice is not part of a PCN at present. The ICB is in the process of allocation and have commenced engagement with the PCNs in Barnet and the Londonwide LMC. A separate paper outlining the process and allocation will be presented to Committee.

The chart below indicated total A&E attendances for the past 12 months, Cricklewood GP Health Centre has had the 4th lowest A&E attendances.



Based on the results of the survey, PPG feedback, and National survey results, the practice has indicated their preference to offer the 4 hours across the week. Commissioners have considered this and other information above to inform the recommendation to Committee.

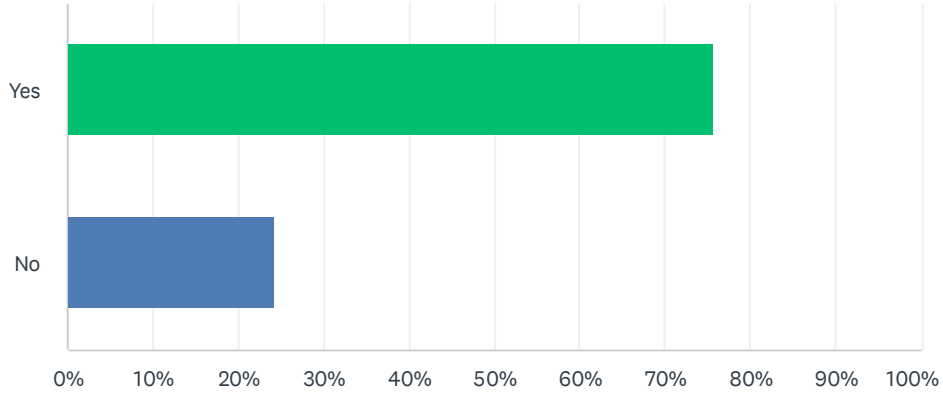
The practice has requested the PCCC vary their contract to remove Saturday opening and increase their core hours provision during the week by 4 hours to be covered throughout the week 6:30 – 7:30 Monday to Thursday.

4. Next steps

Commissioners are requesting approval of the request to vary the Cricklewood GP Health Centre APMS contract core hours to remove core hours provision on Saturday 9:00 am – 1 pm and include those 4 hours to be provided from 6:30 pm – 7:30 pm each day from Monday – Thursday.

Q1 Have you visited the practice in the last 6 months?

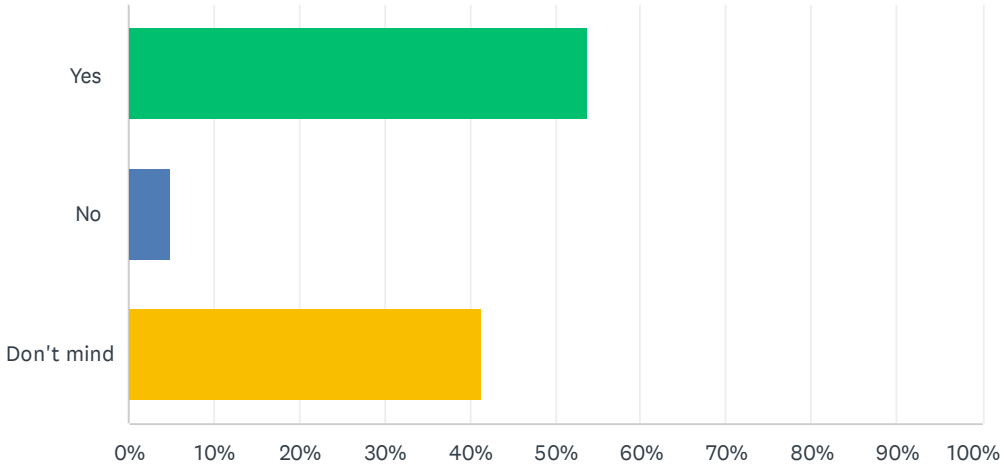
Answered: 41 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	75.61%	31
No	24.39%	10
TOTAL		41

Q2 We are considering changing the name of our practice to Cricklewood General Practice. Are you happy with this name?

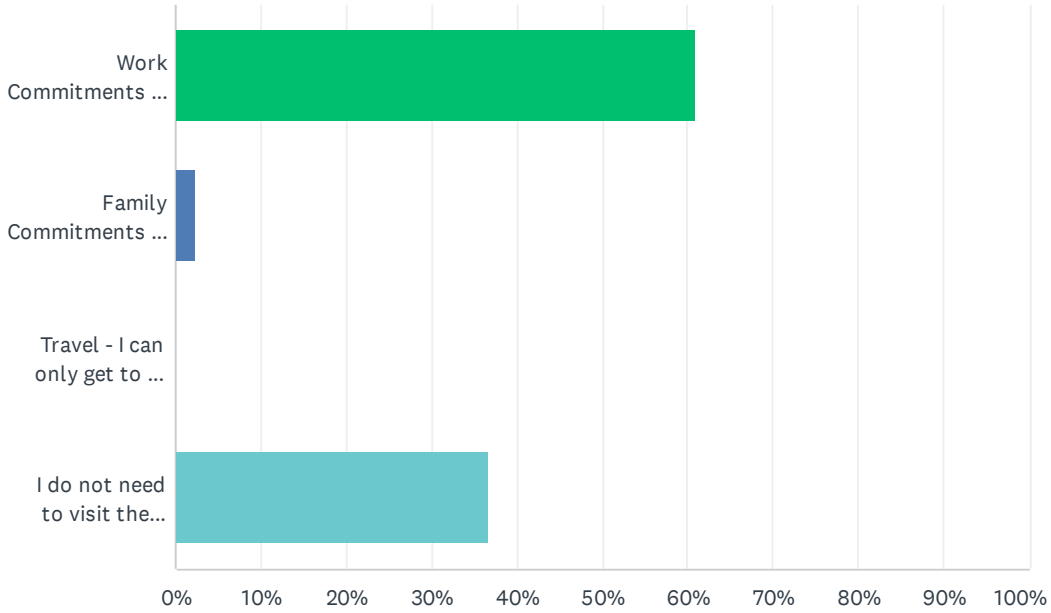
Answered: 41 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	53.66%	22
No	4.88%	2
Don't mind	41.46%	17
Total Respondents: 41		

Q3 What would be the main reason you need to visit the practice outside of our core hours?

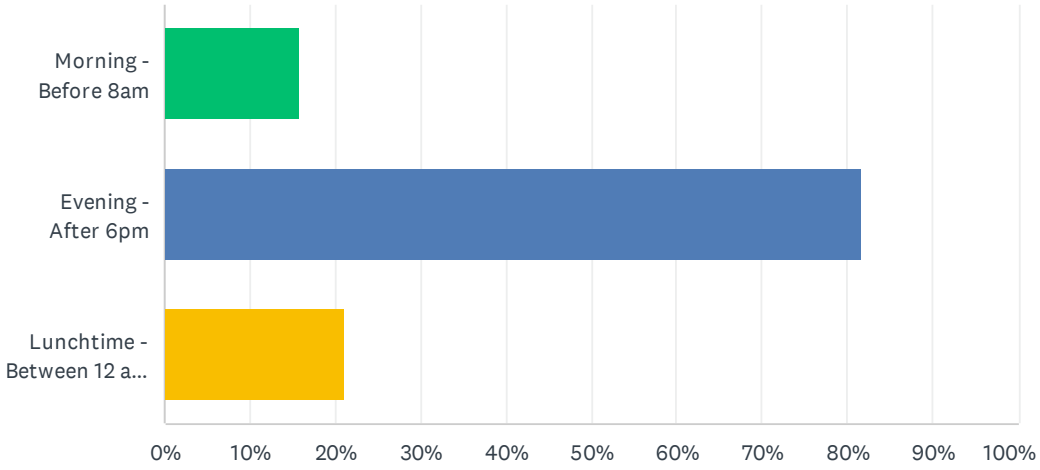
Answered: 41 Skipped: 0



ANSWER CHOICES	RESPONSES	
Work Commitments - would prefer to visit before or after work	60.98%	25
Family Commitments - I am a carer during core hours	2.44%	1
Travel - I can only get to the practice on weekends	0.00%	0
I do not need to visit the practice outside of core hours	36.59%	15
TOTAL		41

Q4 Thinking about those commitments, what time of day is best for us to offer extended hours?

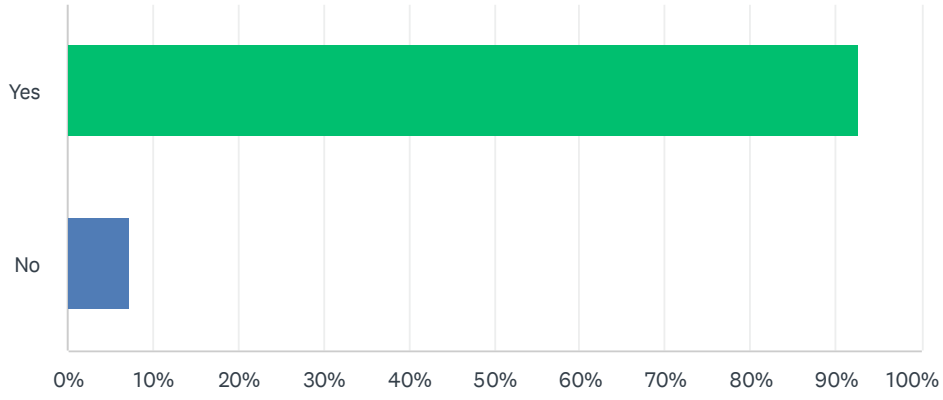
Answered: 38 Skipped: 3



ANSWER CHOICES	RESPONSES	
Morning - Before 8am	15.79%	6
Evening - After 6pm	81.58%	31
Lunchtime - Between 12 and 1	21.05%	8
Total Respondents: 38		

Q5 Do you want our extended hours to follow a consistent pattern every week?

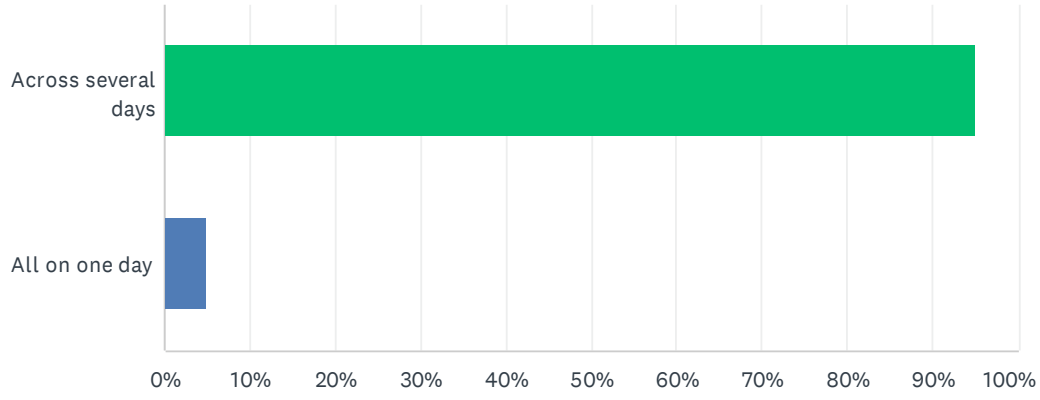
Answered: 41 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	92.68%	38
No	7.32%	3
TOTAL		41

Q6 Would you rather have the choice of extended hours across several days or all on one day

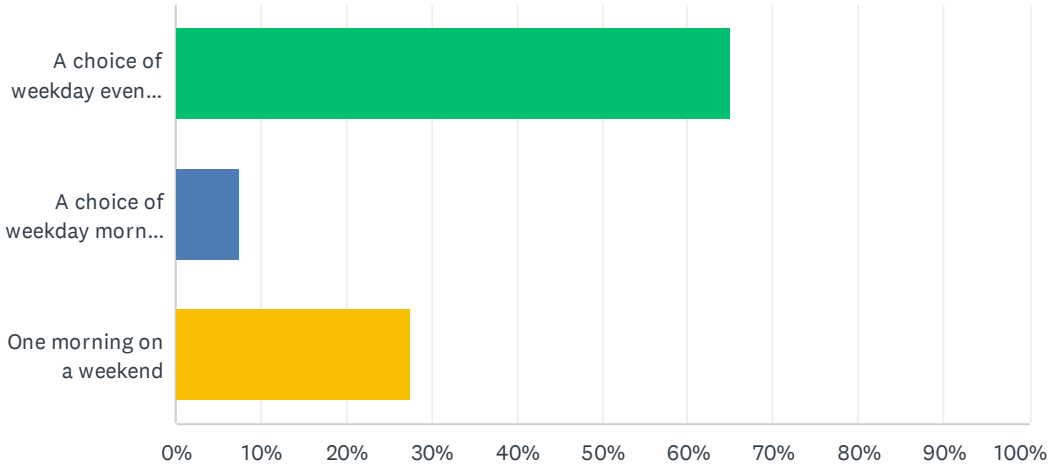
Answered: 40 Skipped: 1



ANSWER CHOICES	RESPONSES	
Across several days	95.00%	38
All on one day	5.00%	2
TOTAL		40

Q7 Thinking about your previous what pattern of extended hours would you like us to provide

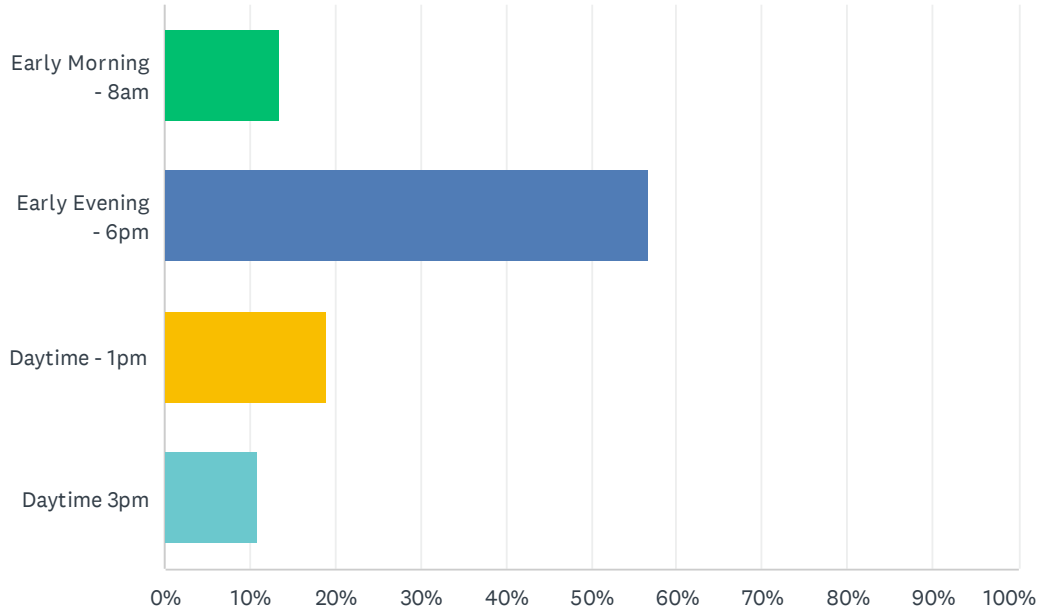
Answered: 40 Skipped: 1



ANSWER CHOICES	RESPONSES	
A choice of weekday evening appointments	65.00%	26
A choice of weekday morning appointments	7.50%	3
One morning on a weekend	27.50%	11
TOTAL		40

Q8 We would like all patients to be able to give their opinions on how our practice is run, can you indicate the best time for you to attend a patient meeting?

Answered: 37 Skipped: 4



ANSWER CHOICES	RESPONSES	
Early Morning - 8am	13.51%	5
Early Evening - 6pm	56.76%	21
Daytime - 1pm	18.92%	7
Daytime 3pm	10.81%	4
TOTAL		37

Q9 If you would like to attend a patient meeting, please can you confirm your email address for this mailing list

Answered: 16 Skipped: 25

Q10 Please provide any other feedback you have regarding our practice?

Answered: 15 Skipped: 26

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 December 2022

Report Title	Month 7 NCL ICB Delegated Primary Care Finance Report	**Date of report**	23 November 2022	**Agenda Item**	3.1
Lead Director / Manager	Sarah Rothenberg, Director of Finance, Primary Care	**Email / Tel**		sarahrothenberg@nhs.net	
GB Member Sponsor	Sarah McDonnell Davies, Executive Director of Place				
Report Author	Toyin Akinyemi	**Email / Tel**		toyin.akinyemi@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 October 2022 (month 7).			
Name of Authorising Estates Lead	*Not Applicable*	**Summary of Estates Implications** *Not Applicable*			
Report Summary	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. 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. The financial position as at Month 7 (October) 2022. • The budget has been set in line with guidance. • As at Month 7, Delegated Primary Care continues to forecast breakeven over the 9 month period, however there is risk within this position. • After excluding estates costs, the 2022/23 delegated £s per weighted patient ranges from £107.04 in Islington to £116.00 in Haringey.				
Recommendation	The Committee is requested to **NOTE** the Delegated Primary Care financial Budget and the financial position as at Month 7 (October 2022).				
Identified Risks and Risk Management Actions	There is limited flexibility within the Delegated Primary Care budget to cover unbudgeted costs.				

Conflicts of Interest	This report is written in accordance with the ICB's Conflicts of Interest Policy.
Resource Implications	*Not Applicable*
Engagement	*Not Applicable*
Equality Impact Analysis	*Not Applicable*
Report History and Key Decisions	For noting by the Committee
Next Steps	*Not Applicable*
Appendices	None

NHS
North Central London
Integrated Care Board

Primary Care Delegated Commissioning Finance Report M7

PCCC November 2022

Executive Summary

NHS
North Central London
Integrated Care Board

- This report presents the 2022/23 Delegated Primary Care financial position across North Central London (NCL) Integrated Care Board (ICB) as at Month 7.
- 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 and "annual budget" also refers to months 4 to 12. This report presents the position as at Month 7, October 2022.
- The report summarises the Month 7 expenditure against budgets and presents the position against a 9 month allocation of £205.5m that had been notified as at Month 7.
- As at Month 7 the NCL Delegated Primary Care budget, set in line with guidance, is forecasting a breakeven position for 2022/23 following the transfer of funds held in Non-Delegated Primary Care.

2022/23 NCL Primary Care Delegated Commissioning as at Month 7

North Central London
Integrated Care Board

Service	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	78,914	35,073	35,561	(488)	78,914	0
GMS	81,041	36,018	35,837	181	81,041	(0)
APMS	12,954	5,757	5,822	(64)	12,954	0
Other Medical Services	32,562	14,904	14,978	(74)	42,309	(9,747)
Total Primary Care Medical Services	**205,471**	**91,752**	**92,197**	**(446)**	**215,218**	**(9,747)**

An allocation of £4.9m was received into the Delegated budget at month 7. This was transferred from the ICB Non-Delegated budget to Delegated in relation to Extended Hours.

The NCL Delegated Commissioning budget is currently forecast to overspend by £9.7m against the 9 month allocation of £205.5m; however, the £9.7m represents the amount expected from the Additional Roles Reimbursement Scheme (ARRS) allocation later in the year (up to £10.7m is currently being held centrally at the region for NCL to claim against as roles are recruited). This then gives a neutral adjusted forecast position.

The Month 7 reported position shows an adverse variance of £446k against the M7 Year to Date budget of £91.7m. This is largely due to the impact of £2.18 per patient London Allowance which was underbudgeted, offset by list size growth funds built into the budget.

2022/23 Primary Care Delegated Commissioning Expenditure by Locality as at Month 7

North Central London Integrated Care Board

Barnet CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	18,036	8,016	8,192	(176)	18,036	0
GMS	20,860	9,271	9,175	95	20,860	0
APMS	376	167	217	(50)	376	0
Other Medical Services	9,774	4,006	3,724	281	9,774	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	**49,045**	**21,459**	**21,308**	**151**	**49,045**	**0**

Camden CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	16,685	7,415	7,411	5	16,685	0
GMS	14,337	6,372	6,343	29	14,337	0
APMS	3,656	1,625	1,595	29	3,656	0
Other Medical Services	7,800	3,191	2,855	336	7,800	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	**42,477**	**18,603**	**18,205**	**399**	**42,477**	**0**

2022/23 Primary Care Delegated Commissioning Expenditure by Locality as at Month 7

North Central London
Integrated Care Board

Enfield CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	24,571	10,920	11,069	(149)	24,571	0
GMS	6,471	2,876	2,872	4	6,471	0
APMS	1,984	882	880	1	1,984	0
Other Medical Services	7,965	3,258	2,677	580	7,965	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	**40,991**	**17,936**	**17,499**	**437**	**40,991**	**0**

Haringey CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	17,681	7,858	7,959	(101)	17,681	0
GMS	10,652	4,734	4,671	63	10,652	0
APMS	4,255	1,891	1,935	(44)	4,255	0
Other Medical Services	7,589	3,088	2,913	175	7,589	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	**40,177**	**17,572**	**17,479**	**93**	**40,177**	**0**

2022/23 Primary Care Delegated Commissioning Expenditure by Locality as at Month 7

North Central London
Integrated Care Board

Islington CCG	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	1,942	863	930	(67)	1,942	0
GMS	23,553	10,468	10,478	(10)	23,553	0
APMS	2,683	1,193	1,194	(2)	2,683	0
Other Medical Services	7,243	2,952	2,807	145	7,243	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	**35,421**	**15,476**	**15,410**	**66**	**35,421**	**0**

Service	Annual Budget £000's	YTD Budget £000's	YTD Actual Expenditure £000's	YTD Variance Fav/(Adv) £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
Weight Management	200	89	89	0	200	0
ARRS Drawdown	(7,808)	(1,591)	0	(1,591)	1,939	(9,747)
Extended Hours	4,968	2,208	2,208	0	4,968	(0)
Total Non-Borough Related Services *note 1	**(2,640)**	**706**	**2,297**	**(1,591)**	**7,108**	**(9,747)**

Delegated Primary Care Budget 22/23

North Central London
Integrated Care Board

North Central London CCG

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 (Q	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	16,565	11,297	4,777	7,899	18,199	58,738
GMS Enhanced Services	293	199	164	121	286	1,064
GMS Quality and Outcomes Framework (Q	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 (Maternit	545	372	392	362	518	2,189
GMS Personally Administered Drugs	96	51	40	27	73	287
Total GMS	**21,500**	**14,760**	**6,903**	**11,041**	**24,145**	**78,349**
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 (	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	8,836	7,175	7,281	6,972	6,494	36,757
CQC & Idemnity	250	158	174	168	144	894
Total Other Medical Services	**9,085**	**7,333**	**7,455**	**7,140**	**6,638**	**37,651**
Total Primary Care Medical Services	**49,045**	**42,477**	**40,991**	**40,177**	**35,421**	**208,111** *note 1
October Weighted List Size	**396,958**	**332,409**	**325,995**	**316,293**	**294,846**	**1,666,502**
Cost per PWP by Locality	**123.55**	**127.79**	**125.74**	**127.02**	**120.13**	**124.88**

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

The 2022/2023 Delegated allocation was uplifted to fund the national GP contract uplifts between 2021/2022 and 2022/2023 and the budgets have been rebased accordingly.

The table shows a breakdown of the 2022/23 rebased budget across the 5 boroughs and calculates a £s per weighted patient based on the 1st October 2022 GP list sizes.

The £PWP ranges from Islington £120.13 to £127.79 Camden for 2022/23. This is because historically Islington has a lower number of PMS practices and less PMS Premium therefore reflected within its allocation.

Premises payments / estates costs are another significant cause of variation across the 5 localities as these are reimbursed based on market rents as assessed by the District Valuer. When excluded the £PWP ranges from spend in Islington of £107.04 to £116.00 in Haringey for 2022/23.

Note 1:
The sum of NCL service total on slide 6, which is non-borough based, and this borough- based total equals total NCL allocation on slide 3.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 December 2022

Report Title	Primary medical services: Quality & Performance report	**Date of report**	30 Nov 2022	**Agenda Item**	3.2
Lead Director / Manager	Simon Wheatley, Director of Integration, Camden	**Email / Tel**		Simon.wheatley2@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Simon Wheatley / Steve Fothergill	**Email / Tel**		Simon.wheatley2@nhs.net Steve.fothergill@nhs.net	
Name of Authorising Finance Lead	*Not Applicable*	**Summary of Financial Implications** *Not Applicable*			
Report Summary	On 4th October 2022, the new Committee received its first Quality & Performance (Q&P) report related to its primary care delegated commissioning responsibilities. The Committee confirmed this dashboard would be a standing item, to inform discussion about quality and performance issues requiring ICB identification, action and support to resolve. There will also be opportunities for scheduled analyses and 'deep dives' in key domains for example GP: Patient surveys and feedback, Practice demographics and population health analysis etc. The report features several updates informed by the PCCC discussion on 18 October. As agreed, the report is intended to inform exploration of highlighted themes – at NCL, borough and PCN / neighbourhood level – to confirm these are recognised, support is available / being provided, and to consider the need for a system response. The dashboard and the work to address quality and performance will continue to develop under the ICB PCCC.				
Recommendation	The Committee is asked to **NOTE** the report provided.				
Identified Risks and Risk Management Actions	Data quality is variable and data definitions, coding and outputs are often inconsistent across practices and providers. This is the case Nationally. To mitigate this, it is proposed to caveat the dashboard appropriately to ensure any known data issues or inconsistencies are flagged. Work is also underway with providers to support coding and an ongoing approach to data quality improvement.				

Conflicts of Interest	*Not Applicable*
Resource Implications	Provider capacity and ICB Borough and NCL Primary Care team capacity is required to act on the analysis and support continuous improvement.
Engagement	PCCC discussion on 4 October and 18 October to inform current iteration of the dashboard.
Equality Impact Analysis	*Not Applicable*
Report History and Key Decisions	PCCC discussion on 4 October and 18 October 2022 informed this iteration of the dashboard. PCCC agreed that the dashboard would be a standing item and the dashboard and supporting information would continue to evolve.
Next Steps	To incorporate any further suggestions on developing the scope and focus of the dashboard. To further analyse and respond as required to any quality and performance issues (on a PCN, borough or system footprint) identified through the Q&P dashboard.
Appendices	Annex 1 – summary of updated primary care quality and performance report Annex 2 - updated primary care quality and performance dashboard.

NHS
North Central London
Integrated Care Board

Primary medical services: quality & performance report

Updated - December 2022

Introduction

North Central London
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- 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.

Proposed approach to using this reporting to drive action

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The Q&P report harness existing data and builds on processes already established at place and system level to identify and respond to issues:

- **Borough-based primary care teams** use the monthly primary care dashboard, as well as local intelligence, to engage practices, to support primary care development, and to promote resilience and sustainability. Locally-embedded clinical leads provide a link for clinician-to-clinician conversations with individual practices
- **Primary Care leads : monthly focus meetings** - borough-based review of practice information takes place via a monthly 'hotspots' meeting in each Borough. This ensures a continuous review of practice data and is supported by a case log for each borough capturing quality, performance or operational challenges. This is an opportunity to use data and local/NCL insights to identify any additional practices in need of support. This includes as standard local Primary Care leads, NCL primary care contracts leads, Quality leads, Clinical Leads as appropriate and support from teams such as Estates, IT & Digital and Finance as required. These meetings inform the Committee pipeline and recommendations.

Transformation and development of primary care as a sector is also supported by Primary Care Strategy and Operational groups hosted by the ICB. If matters need escalating outside of PCCC the Committee can use its reporting line into the Strategy and Development Committee and up to ICB Board. It can also refer matters as needed to the Quality Committee. Finally, specific concerns relevant to the roles reserved for NHSE (Performers list for example) are escalated to the NHSE London Medical Directorate via the PC Contracts team.

Outputs proposed for PCCC

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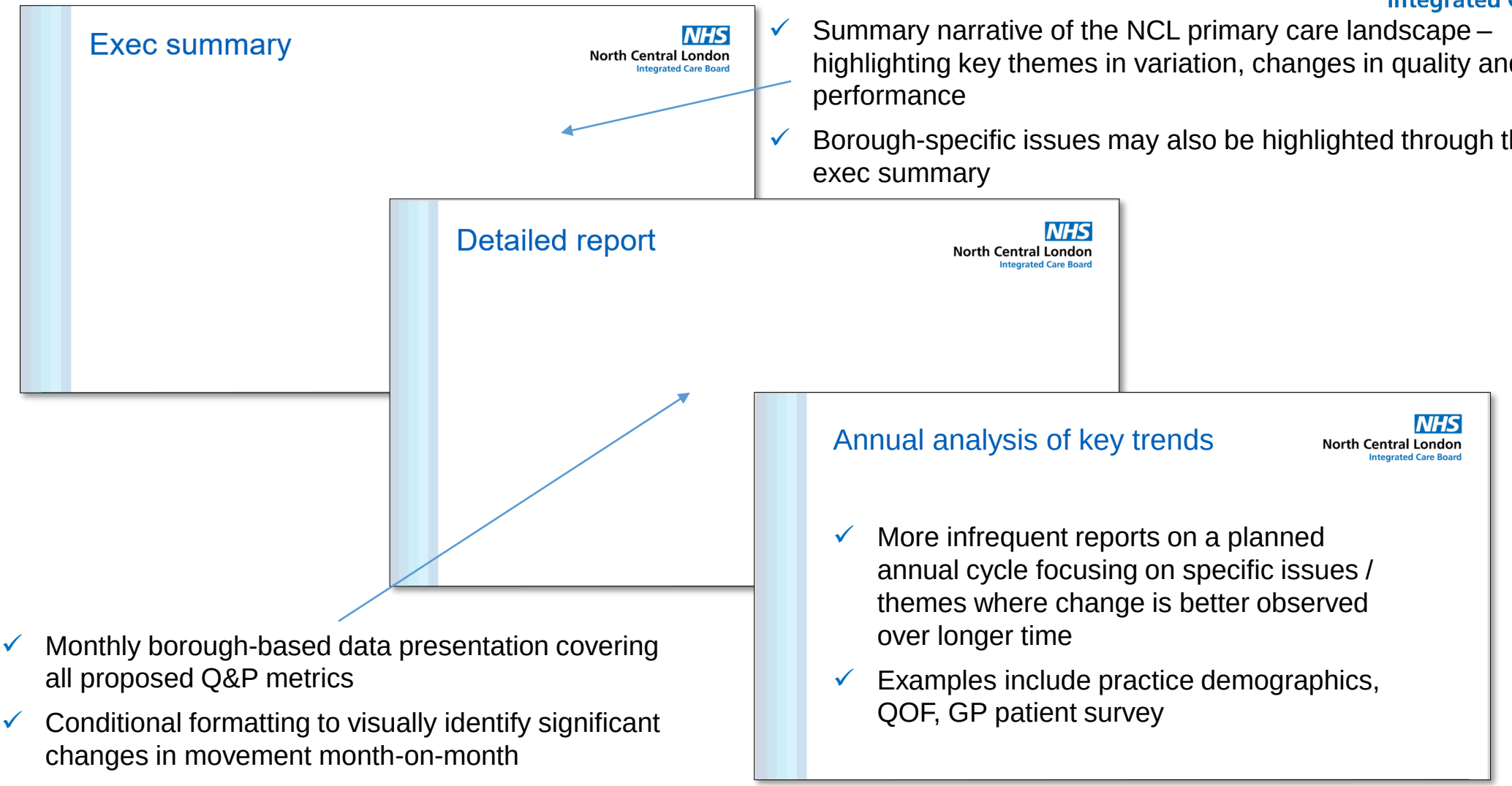

- ✓ Summary narrative of the NCL primary care landscape – highlighting key themes in variation, changes in quality and performance
- ✓ Borough-specific issues may also be highlighted through the exec summary

- ✓ Monthly borough-based data presentation covering all proposed Q&P metrics
- ✓ Conditional formatting to visually identify significant changes in movement month-on-month

- ✓ More infrequent reports on a planned annual cycle focusing on specific issues / themes where change is better observed over longer time
- ✓ Examples include practice demographics, QOF, GP patient survey

Proposed indicators

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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

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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

Updates since previous PCCC

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Since the previous PCCC discussion in October, the following changes have been applied to the dashboard:

Practice analysis tab

- LD healthchecks – included cumulative YTD % of checks undertaken for the eligible population

Operational analysis tab

- Consideration of appointment information based on published GPAD. We continue to explore as an ICB how GPAD information can be effectively understood and used. Data queries remain around how home visits and online consultations are currently being recorded. There is not yet sufficient information to extrapolate trend, or to benchmark

Key tab

- Updated the key to identify which information has been refreshed, and other material updates where this is not the case
- Added a summary of conditional formatting rules applied (note that rules are consistent but that increases in data may indicate improved performance in some domains, and impacted performance in others)

Summary of current themes - activity

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- Overall secondary care referrals increased by 10% between September and October. Referrals have been increasing since July following a few months of falling numbers
- In the same time 2ww referrals increased by 1%. 2ww numbers have levelled off in recent months following a decrease in June
- eRS Advice and Guidance and Consultant Connect increased by 5% and 16% respectively between September and October following engagement primary care providers. This work continues (including support with both features) but primarily around response times against targets
- There was an 8% increase in A&E attendances across NCL between August and September (September/October data not available as yet). 8% of those attendances were coded as VB11Z (no investigation, no treatment)
- Initial analysis of GPAD at NCL system level (face-to-face and telephone consultations only) indicates there was an overall increase of 9% in GP appointments between September and October
- Using the same data, face-to-face and telephone consultations increased by 15% and 2% respectively. eConsults also increased by 5%

Future development areas

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- There is a high level of variation in the way GP appointment data is currently recorded by practices. The nationally-published GPAD (GP appointment data) provides a valuable data source but one that will continue to evolve. Initial reporting lines have been highlighted, though it is proposed to not yet include the data until it gives a truer reflection of activity. This will be the case when data quality is better assured and available over longer time
- 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 - Oct 2022	List Size - age 40+	List Size Change - July/Sept (Q2)	% of Patients with a Long Standing Condition	No. of Patients who have received an LD Healthcheck - Jun 21-Aug 22	No. of LD Healthchcecks completed Vs eligible - Cumulative YTD	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
Barnet	Colindale Medical Centre	BARNET 1D PCN	543	10716	3,490	0.0%	37%	2.06	53%	1.22	81%	61%	55%	71%	3.09	0.29	0.53	0.05	Good	12/06/2018
Barnet	Hendon Way Surgery	BARNET 1D PCN	545	8882	3,552	0.4%	36%	2.03	5%	0.57	71%	57%	53%	62%	3.28	0.37	ND		Good	20/10/2021
Barnet	Jai Medical Centre	BARNET 1D PCN	530	9066	4,216	-0.2%	44%	4.32	32%	4.10	80%	72%	72%	78%	1.32	0.15	2.80	0.31	Good	22/06/2017
Barnet	Mulberry Medical Practice	BARNET 1D PCN	521	8886	4,401	-0.6%	44%	2.02	0%	1.90	54%	37%	36%	37%	5.57	0.63	1.52	0.17	Good	26/10/2016
Barnet	Oak Lodge Medical Centre	BARNET 1D PCN	555	17668	7,490	-0.2%	33%	4.00	21%	2.53	88%	44%	62%	66%	12.34	0.70	3.08	0.17	Good	29/09/2021
Barnet	Wakemans Hill Surgery	BARNET 1D PCN	524	4331	2,025	0.5%	41%	1.16	25%	4.42	80%	69%	69%	75%	1.28	0.30	0.24	0.06	Good	30/03/2017
Barnet	Parkview Surgery	BARNET 1W PCN		6484	2,762	-0.4%	46%		0%	1.53	85%	83%	77%	81%	2.00	0.31	0.60	0.09	Good	13/07/2017
Barnet	The Everglade Medical Practice	BARNET 1W PCN	541	10771	3,567	1.2%	46%	4.48	71%	1.04	74%	54%	55%	64%	6.73	0.62	1.01	0.09	Good	17/05/2017
Barnet	Watling Medical Centre	BARNET 1W PCN	546	17379	7,990	0.5%	40%	0.17	39%	1.74	85%	62%	62%	72%	16.04	0.92	4.00	0.23	Good	21/06/2018
Barnet	Brunswick Park Medical Practice	BARNET 2 PCN	552	8503	4,690	0.5%	46%	7.17	39%	2.01	63%	61%	34%	41%	8.24	0.97	1.97	0.23	Good	14/12/2016
Barnet	Colney Hatch lane Surgery	BARNET 2 PCN	540	5205	3,627	-0.9%	47%	7.27	61%	2.65	88%	78%	72%	79%	2.16	0.41	0.72	0.14	Good	20/02/2018
Barnet	East Barnet Health Centre	BARNET 2 PCN	540	11463	5,900	0.0%	45%	3.69	24%	0.97	81%	59%	55%	65%	7.01	0.61	1.28	0.11	Good	05/07/2002
Barnet	Friern Barnet Medical Centre	BARNET 2 PCN	551	9845	4,695	0.9%	48%	4.47	36%	1.64	78%	59%	53%	66%	6.61	0.67	1.00	0.10	Good	19/01/2017
Barnet	St Andrews Medical Practice	BARNET 2 PCN	550	11302	6,028	-0.3%	52%	0.26	21%	0.88	79%	56%	52%	63%	8.39	0.74	2.64	0.23	Good	23/06/2016
Barnet	The Clinic (Oakleigh Rd North)	BARNET 2 PCN	488	9288	4,797		43%		4%	0.00	82%	85%	63%	74%	7.07	0.76		0.00	Good	22/11/2017
Barnet	The Village Surgery	BARNET 2 PCN	529	5345	2,798	1.3%	39%	1.50	41%	0.57	85%	81%	66%	71%	2.63	0.49	0.69	0.13	Good	13/09/2018
Barnet	Addington Medical Centre	BARNET 3 PCN	541	9542	4,972	1.1%	43%	8.88	73%	0.21	88%	74%	65%	74%	3.88	0.41		0.00	Good	12/05/2016
Barnet	Cornwall House Surgery	BARNET 3 PCN	529	5717	3,196	0.6%	39%	4.34	29%	0.87	69%	46%	45%	53%	4.80	0.84	0.29	0.05	Good	09/12/2021
Barnet	Derwent Crescent Medical Centre	BARNET 3 PCN	558	5608	2,848	0.5%	38%	2.50	75%	1.61	88%	83%	56%	76%	3.43	0.61	0.53	0.10	Good	30/06/2021
Barnet	East Finchley Medical Centre	BARNET 3 PCN	494	7728	4,014	0.1%	40%	2.45	40%	0.00	74%	60%	46%	65%	2.53	0.33	0.85	0.11	Good	23/05/2017
Barnet	Gloucester Road Surgery	BARNET 3 PCN	487	714	1,150	-29.6%	40%	4.91	75%	0.00	85%	85%	53%	69%	1.10	1.55	0.09	0.13	Good	06/12/2021
Barnet	Lichfield Grove Surgery	BARNET 3 PCN	551	6557	2,849	0.1%	46%	4.86	95%	2.28	93%	72%	65%	87%	2.24	0.34	0.32	0.05	Good	04/10/2017
Barnet	Longrove Surgery	BARNET 3 PCN	537	17652	9,185	0.3%	48%	8.48	78%	1.21	78%	63%	50%	67%	10.77	0.61	2.09	0.12	Good	18/03/2022
Barnet	Rosemary Surgery	BARNET 3 PCN	552	6100	2,429	-0.7%	45%	0.66	53%	1.14	86%	84%	70%	74%	4.16	0.68	0.00	0.00	Good	27/07/2016
Barnet	Squires Lane Medical Practice	BARNET 3 PCN	553	5565	2,863	-0.6%	41%	0.00	75%	1.61	66%	37%	39%	51%	2.63	0.47	0.21	0.04	Good	12/05/2017
Barnet	The Mountfield Surgery	BARNET 3 PCN	536	4943	2,725	0.2%	47%	0.40	0%	0.20	87%	85%	82%	78%	2.03	0.41	1.20	0.24	Good	08/11/2018
Barnet	The Old Court House Surgery	BARNET 3 PCN	557	8765	4,622	1.4%	44%	1.60	86%	1.51	83%	78%	71%	80%	7.81	0.89	0.96	0.11	Good	N/A
Barnet	The Speedwell Practice	BARNET 3 PCN	544	11438	5,640	0.8%	37%	1.49	69%	5.39	66%	47%	46%	54%	6.33	0.55	1.65	0.14	Good	15/03/2018
Barnet	Torrington Park Group Practice	BARNET 3 PCN	524	12405	6,504	-0.2%	52%	0.64	41%	2.01	85%	56%	57%	66%	7.64	0.62	1.97	0.16	Good	01/09/2015
Barnet	Wentworth Medical Practice	BARNET 3 PCN	527	13013	6,318	0.4%	42%	2.16	83%	2.24	71%	44%	57%	52%	5.71	0.44	4.81	0.37	Good	17/10/2017
Barnet	Woodlands Medical Practice	BARNET 3 PCN	550	4811	2,238	0.5%	47%	3.57	56%	1.90	70%	52%	45%	47%	2.11	0.44	0.40	0.08	Good	13/10/2021
Barnet	Lane End Medical Group	BARNET 4 PCN	540	14420	6,177	0.7%	51%	8.54	63%	2.80	80%	65%	54%	57%	9.68	0.67	1.00	0.07	Good	21/03/2019
Barnet	Langstone Way Surgery	BARNET 4 PCN	521	9131	3,772	0.5%	42%	1.64	29%	1.87	64%	39%	45%	56%	4.13	0.45	3.91	0.43	Requires Improvement	28/06/2022
Barnet	Millway Medical Practice	BARNET 4 PCN	558	20202	9,163	0.8%	41%	3.08	5%	2.10	81%	44%	48%	68%	11.93	0.59	2.63	0.13	Good	08/08/2019
Barnet	Penshurst Gardens Surgery	BARNET 4 PCN	544	6175	3,377	-0.6%	45%	2.91	87%	1.77	66%	23%	37%	36%	4.01	0.65	0.91	0.15	Good	20/07/2021
Barnet	Cricklewood Health Centre	BARNET 5 PCN	481	4069	1,531	1.6%	43%	1.73	86%	0.75	78%	64%	63%	68%	2.07	0.51	0.96	0.24	Good	N/A
Barnet	Dr Azim and Partners	BARNET 5 PCN	469	8790	3,586	0.2%	33%	3.40	0%	2.05	56%	36%	41%	42%	3.59	0.41	0.81	0.09	Good	22/06/2017
Barnet	Greenfield Medical Centre	BARNET 5 PCN	545	7221	3,292	0.6%	48%	3.87	15%	1.11	85%	78%	54%	73%	4.40	0.61	0.99	0.14	Good	26/07/2018
Barnet	Pennine Drive Practice	BARNET 5 PCN	529	8511	4,005	0.0%	44%	0.24	38%	0.35	68%	56%	53%	50%	2.78	0.33	1.13	0.13	Good	10/05/2017
Barnet	Ravenscroft Medical Centre	BARNET 5 PCN	516	5708	1,994	0.7%	38%	0.00	33%	0.53	82%	81%	73%	71%	2.93	0.51	0.40	0.07	Good	16/03/2022
Barnet	St Georges Medical Centre	BARNET 5 PCN	543	11764	5,045	0.9%	53%	0.00	7%	1.81	86%	79%	68%	72%	5.39	0.46	1.48	0.13	Good	08/11/2017
Barnet	The Hillview Surgery	BARNET 5 PCN	457	2008	963	0.0%	39%	2.51	0%	2.01	79%	89%	75%	77%	1.01	0.50	0.24	0.12	Good	N/A
Barnet	The Phoenix Practice	BARNET 5 PCN	441	10305	4,471	-0.1%	48%	1.94	26%	1.94	91%	74%	66%	72%	3.45	0.34	1.21	0.12	Good	02/08/2017
Barnet	Adler JS-The Surgery	BARNET 6 PCN	440	6681	1,651	0.5%	27%	3.01	21%	0.30	97%	95%	91%	92%	2.91	0.44	0.53	0.08	Good	02/03/2016
Barnet	Heathfield Medical Centre	BARNET 6 PCN	531	8847	4,450	-0.1%	50%	1.01	14%	1.35	82%	79%	56%	65%	2.81	0.32	1.63	0.18	Good	05/08/2021
Barnet	PHGH Doctors	BARNET 6 PCN	534	12067	5,653	0.4%	44%	1.66	89%	2.09	85%	71%	58%	63%	3.50	0.29	1.00	0.08	Good	19/12/2019
Barnet	Supreme Medical Practice	BARNET 6 PCN	515	4485	2,426	0.3%	40%	0.00	20%	1.34	83%	67%	69%	70%	1.47	0.33	0.80	0.18	Good	29/11/2016
Barnet	Temple Fortune Medical Group	BARNET 6 PCN	549	8597	3,637	1.4%	52%	0.00	64%	1.89	87%	75%	66%	71%	3.25	0.38	0.69	0.08	Good	22/02/2017
Barnet	The Hodford Road Practice	BARNET 6 PCN	512	4116	1,870	-0.2%	36%	0.97	80%	2.67	81%	79%	66%	85%	2.04	0.50	0.53	0.13	Requires Improvement	28/02/2020
Barnet	The Practice at 188	BARNET 6 PCN	540	9133	3,961	0.2%	49%	1.97	4%	3.39	59%	57%	42%	55%	2.05	0.22	0.00	0.00	Good	13/11/2018
Barnet	Deans Lane Medical Centre		555	4188	2,073	-0.1%	30%	0.00	0%	2.39	82%	84%	78%	71%		0.00		0.00	Good	09/08/2018
Camden	Ampthill Practice	CENTRAL CAMDEN PCN	530	7551	3,453	0.2%	43%	6.63	63%	2.92	81%	75%	68%	79%	6.72	0.89	1.00	0.13	Good	03/10/2018
Camden	Gower Street Practice	CENTRAL CAMDEN PCN	526	10695	1,032	-0.7%	46%	0.51	22%	0.61	87%	98%	68%	74%	5.92	0.55	0.20	0.02	Good	28/08/2018
Camden	Kings Cross Surgery	CENTRAL CAMDEN PCN	559	9627	1,570	-1.1%	47%	1.23	50%	3.46	69%	74%	53%	64%	2.47	0.26	0.00	0.00	Good	16/09/2020
Camden	Ridgmount Practice	CENTRAL CAMDEN PCN	556	19457	660	-3.0%	21%	0.00	0%	0.55	81%	100%	73%	88%	8.15	0.42	3.13	0.16	Good	01/12/2016
Camden	Somers Town Medical Practice	CENTRAL CAMDEN PCN	559	7583	1,515	0.1%	51%	1.32	44%	2.92	70%	40%	53%	57%	0.87	0.12	1.00	0.13	Good	11/09/2018
Camden	Swiss Cottage Surgery	CENTRAL CAMDEN PCN	549	16239	5,792	0.4%	37%	1.18	87%	6.15	93%	91%	76%	84%	9.47	0.58	3.09	0.19	Good	16/06/2016
Camden	The Bloomsbury Surgery	CENTRAL CAMDEN PCN	529	6097	1,839	3.7%	54%	0.16	93%	2.71	86%	90%	63%	74%	3.41	0.56	0.00	0.00	Good	N/A
Camden	The Regents Park Practice	CENTRAL CAMDEN PCN	519	6331	2,615	0.6%	40%	2.38	82%	3.19	84%	83%	62%	71%	7.32	1.16	1.00	0.16	Good	13/07/2018
Camden	Abbey Medical Centre	CENTRAL HAMPSTEAD PCN	551	12986	5,250	1.0%	48%	2.86	46%	6.09	82%	60%	64%	66%	6.67	0.51	0.00	0.00	Good	19/01/2017
Camden	Belsize Priory Medical Practice	CENTRAL HAMPSTEAD PCN	546	5053	2,070	0.4%	39%	6.52	53%	6.54	85%	88%	69%	85%	3.20	0.63	1.00	0.20	Requires Improvement	27/06/2022
Camden	Daleham Gardens Health Centre	CENTRAL HAMPSTEAD PCN	537	5092	1,784	1.9%	49%	0.60	25%	2.42	86%	91%	77%	85%	1.35	0.27	0.43	0.08	Good	20/01/2016
Camden	Grays Inn Road Medical centre	CENTRAL HAMPSTEAD PCN	550	7832	1,912	-0.3%	45%	2.59	92%	6.07	92%	83%	61%	75%	3.81	0.49	0.64	0.08	Good	16/10/2018
Camden	Primrose Hill Surgery	CENTRAL HAMPSTEAD PCN	534	7305	3,673	0.9%	42%	1.24	22%	0.97	84%	70%	54%	60%	4.68	0.64	1.00	0.14	Good	02/03/2022
Camden	Caversham Group Practice	KENTISH TOWN CENTRAL PCN	528	17124	6,920	0.4%	49%	3.17	42%	0.65	90%	81%	67%	74%	17.41	1.02	3.13	0.18	Good	07/11/2019
Camden	Parliament Hill Surgery	KENTISH TOWN CENTRAL PCN	552	8013	3,311	-0.1%	49%	2.00	77%	3.63	92%	78%	68%	77%	6.05	0.76	0.43	0.05	Not inspected	N/A
Camden	Prince of Wales Group Surgery	KENTISH TOWN CENTRAL PCN	523	8705	3,826	-0.6%	48%	1.96	21%	4.35	77%	62%	53%	64%	6.63	0.76	1.07	0.12	Good	02/06/2016
Camden	James Wigg Practice	KENTISH TOWN SOUTH PCN	514	22104	9,523	0.2%	36%	1.85	45%	5.89	90%	70%	58%	75%	23.63	1.07	3.41	0.15	Good	22/09/2016
Camden	Queens Crescent Practice	KENTISH TOWN SOUTH PCN	530	6526	2,809	-0.4%	44%	2.29	36%	6.54	78%	59%	68%	65%	4.09	0.63	0.85	0.13	Good	26/10/2016
Camden	Adelaide Medical Centre	NORTH CAMDEN PCN	556	12102	5,704	0.2%	40%	3.39	47%	2.23	94%	91%	74%	89%	7.79	0.64	1.00	0.08	Good	20/05/2019
Camden	Brookfield Park Surgery	NORTH CAMDEN PCN	555	3612	1,796	-0.2%	48%	4.43	25%	3.59	83%	84%	78%	75%	2.78	0.77	0.00	0.00	Good	24/08/2016
Camden	Hampstead Group Practice	NORTH CAMDEN PCN	518	18145	8,079	0.3%	39%	0.94	11%	4.27	89%	90%	65%	79%	16.56	0.91	3.27	0.18	Good	06/10/2021
Camden	Keats Group Surgery	NORTH CAMDEN PCN	540	13516	6,736	0.2%	45%	0.44	29%	3.19	89%	73%	71%	75%	10.57	0.78	1.24	0.09	Good	10/05/2016
Camden	Park End Surgery	NORTH CAMDEN PCN	548	7626	4,040	0.4%	42%	0.00	0%	1.58	94%	93%	75%	87%	6.80	0.89	0.81	0.11	Good	10/08/2016
Camden	Brunswick Medical Centre	SOUTH CAMDEN PCN	553	8637	2,330	1.1%	43%	3.39	71%	4.97	77%	73%	54%	73%	3.08	0.36	0.75	0.09	Good	29/04/2021
Camden	Holborn Medical Centre	SOUTH CAMDEN PCN	544	12231	2,863	-0.8%	38%	1.32	18%	3.02	77%	87%	61%	69%	6.78	0.55	0.60	0.05	Good	10/12/2019
Camden	Museum Practice	SOUTH CAMDEN PCN	543	5317	2,258	-0.4%	44%	5.34	56%	11.40	98%	99%	94%	98%	5.55	1.04	0.40	0.08	Good	26/05/2016
Camden	St Philips Medical Centre	SOUTH CAMDEN PCN	546	14417	1,102	-0.6%	52%	0.00	0%	2.30	83%	46%	54%	61%	6.55	0.45	0.32	0.02	Good	25/10/2018
Camden	Brondesbury Medical Centre	WEST CAMDEN PCN	522	21618	8,312	0.9%	36%	4.56	60%	3.05	84%	79%	63%	66%	16.48	0.76	1.41	0.07	Good	08/01/2019
Camden	Cholmley Gardens Surgery	WEST CAMDEN PCN	536	7947	3,699	0.1%	46%	2.90	62%	1.89	88%	79%	61%	73%	4.58	0.58	0.43	0.05	Requires Improvement	28/07/2022
Camden	Fortune Green Road Surgery	WEST CAMDEN PCN	548	3135	1,626	0.4%	45%	2.88	0%	4.17	84%	85%	68%	75%	1.98	0.63	0.52	0.17	Good	13/12/2018
Camden	West Hampstead Medical Centre	WEST CAMDEN PCN	539	21691	6,065	1.4%	40%	0.28	11%	2.27	86%	68%	54%	75%	13.25	0.61	0.69	0.03	Good	22/09/2016
Enfield	Angel Surgery	EDMONTON PCN	550	13867	5,062	0.7%	37%	4.26	88%	2.91	67%	60%	56%	62%	3.49	0.25	1.15	0.08	Good	01/07/2022
Enfield	Boundary House Surgery	EDMONTON PCN	548	5399	2,299	0.3%	44%	6.47	21%	7.23	74%	62%	65%	63%	1.31	0.24	1.47	0.27	Not inspected	29/11/2018
Enfield	Keats Surgery	EDMONTON PCN	522	4965	2,457	-1.1%	48%	2.42	19%	3.19	71%	74%	71%	66%	1.97	0.40	1.32	0.27	Good	27/05/2021
Enfield	Latymer Road Surgery	EDMONTON PCN	535	4572	2,224	0.3%	42%	4.36	43%	5.69	65%	56%	49%	55%	0.32	0.07			Good	28/06/2022
Enfield	Boundary Court Surgery	ENFIELD CARE NETWORK PCN	544	3533	1,643	-0.5%	37%	3.94	0%	8.68	88%	70%	65%	76%	1.67	0.47	0.52	0.15	Good	N/A
Enfield	Brick Lane Surgery	ENFIELD CARE NETWORK PCN	555		1,883		51%			0.00	57%	40%	56%	51%					Good	27/09/2017
Enfield	Chalfont Road Surgery	ENFIELD CARE NETWORK PCN	547	3767	1,933	-0.9%	46%	5.27	0%	6.26	76%	48%	59%	65%	1.89	0.50	0.51	0.13	Good	18/01/2018
Enfield	DR ME Silver's Practice	ENFIELD CARE NETWORK PCN	550	3777	1,899	0.7%	45%	8.18	48%	2.66	83%	67%	66%	70%	2.29	0.61	0.64	0.17	Good	N/A
Enfield	East Enfield Practice	ENFIELD CARE NETWORK PCN	556	7827	1,323	-0.3%	39%	3.82	93%	7.11	77%	65%	63%	71%	1.52	0.19	0.53	0.07	Good	N/A
Enfield	Evergreen Primary Care Centre	ENFIELD CARE NETWORK PCN	550	20077	7,661	0.5%	44%	2.24	20%	4.74	72%	46%	62%	62%	9.26	0.46	3.00	0.15	Good	N/A
Enfield	Grovelands Medical Centre	ENFIELD CARE NETWORK PCN	496	10427	5,373	-1.1%	34%	1.53	18%	3.31	74%	67%	50%	60%	3.29	0.32	1.65	0.16	Good	10/04/2017
Enfield	Rainbow Practice	ENFIELD CARE NETWORK PCN	543	6678	2,317	1.5%	43%	0.15	0%	5.50	82%	64%	68%	73%	1.71	0.26	0.71	0.11	Good	18/05/2016
Enfield	The Ordnance Unity Centre for Health	ENFIELD CARE NETWORK PCN	559	12206	3,811	1.6%	39%	0.66	38%	5.03	74%	59%	46%	56%	5.11	0.42	1.40	0.11	Good	N/A
Enfield	White Lodge Medical Practice	ENFIELD CARE NETWORK PCN	543	12754	6,163	1.9%	54%	1.03	63%	6.21	92%	76%	68%	78%	8.01	0.63	1.39	0.11	Good	N/A
Enfield	Arnos Grove Medical Centre	ENFIELD SOUTH WEST PCN	541	7740	2,643	0.7%	40%	3.78	45%	7.21	58%	47%	51%	52%	2.27	0.29	0.59	0.08	Good	N/A
Enfield	Bincote Surgery	ENFIELD SOUTH WEST PCN	493	6615	3,534	0.0%	48%	2.42	9%	1.96	88%	68%	78%	77%	3.23	0.49	0.69	0.10	Good	22/09/2016
Enfield	Gillan House Surgery	ENFIELD SOUTH WEST PCN	546	12476	4,884	0.6%	37%	5.22	46%	9.37	83%	70%	65%	73%	5.26	0.42	0.99	0.08	Good	24/08/2016
Enfield	Morecambe Surgery	ENFIELD SOUTH WEST PCN	551	5294	2,468	0.7%	39%	2.67	23%	6.15	67%	59%	54%	57%	1.92	0.36	0.88	0.17	Good	14/12/2018
Enfield	The North London Health Centre	ENFIELD SOUTH WEST PCN	536	8835	1,951	0.0%	48%	0.34	22%	2.84	77%	55%	49%	58%	5.48	0.62	1.12		Good	04/05/2017
Enfield	The Woodberry Practice	ENFIELD SOUTH WEST PCN	548	9343	4,858	0.4%	48%	0.86	28%	3.13	86%	74%	75%	79%	2.39	0.26	0.67	0.07	Good	10/12/2019
Enfield	Cockfosters Medical Centre	ENFIELD UNITY PCN	512	6963	3,772	0.2%	45%	1.73	30%	1.87	80%	70%	63%	78%	3.52	0.51	0.63	0.09	Good	10/05/2017
Enfield	Eagle House Surgery	ENFIELD UNITY PCN	531	12952	6,282	0.1%	46%	9.19	44%	7.50	67%	33%	53%	42%		0.00		0.00	Good	12/04/2022
Enfield	Green Cedars Medical Centre	ENFIELD UNITY PCN	540	5309	2,426	-0.7%	50%	3.57	58%	1.12	76%	69%	65%	66%	2.21	0.42	0.27	0.05	Good	03/08/2017
Enfield	Highlands Practice	ENFIELD UNITY PCN	467	11302	5,906	0.4%	47%	0.98	7%	3.29	81%	46%	58%	60%	7.51	0.66	1.47	0.13	Good	14/08/2017
Enfield	Medicus Health Partners	ENFIELD UNITY PCN	537	92691	48,453	0.4%	49%	6.57	57%	4.76	73%	56%	58%	57%	40.43		10.49		Good	08/09/2022
Enfield	Nightingale House Surgery	ENFIELD UNITY PCN	543	6767	3,162	-0.5%	55%	7.53	53%	6.18	86%	82%	76%	83%	2.56	0.38	1.53	0.23	Good	13/07/2016
Enfield	Oakwood Medical Centre	ENFIELD UNITY PCN	538	7990	3,860	0.6%	43%	5.63	44%	6.91	75%	61%	56%	57%	3.55	0.44	0.97	0.12	Good	10/10/2018
Enfield	Southgate	ENFIELD UNITY PCN	466	9967	4,969	-0.6%	43%	0.00	19%	2.79	77%	57%	54%	65%	4.13	0.41	0.76	0.08	Good	14/12/2016
Enfield	The Bounces Road Surgery	ENFIELD UNITY PCN	542	5910	2,470	0.1%	43%	0.67	50%	4.55	76%	72%	66%	68%	8.00	1.35	1.12	0.19	Good	29/09/2016
Enfield	Abernethy House Surgery	WEST ENFIELD COLLABORATIVE PCN	557	12520	7,253	-0.3%	48%	7.89	52%	4.85	91%	80%	65%	71%	11.57	0.92	2.27	0.18	Good	12/01/2017
Enfield	Town Surgery	WEST ENFIELD COLLABORATIVE PCN	533	4399	1,908	-0.2%	41%	0.23	0%	6.56	81%	87%	68%	79%	2.81	0.64	0.08	0.02	Good	03/11/2016
Enfield	Winchmore Hill Practice	WEST ENFIELD COLLABORATIVE PCN	527	21668	9,350	0.0%	43%	0.00	72%	6.96	78%	62%	72%	71%	13.31	0.61	1.72	0.08	Requires Improvement	18/05/2021
Haringey	Crouch Hall Road Surgery	HARINGEY - CROUCH END PCN	558	7967	4,407	-1.3%	31%	1.25	81%	1.35	88%	90%	75%	88%	2.61	0.33	1.27	0.16	Good	08/02/2016
Haringey	Queenswood Medical Practice	HARINGEY - CROUCH END PCN	559	21961	11,213	0.0%	44%	1.04	11%	2.18	92%	73%	68%	73%	14.88	0.68	1.60	0.07	Good	11/10/2016
Haringey	The 157 Medical Practice	HARINGEY - CROUCH END PCN	515	4747	2,390	1.0%	50%	1.27	0%	3.64	72%	65%	58%	64%	1.20	0.25	0.80	0.17	Good	28/10/2021
Haringey	Hornsey Park Surgery	HARINGEY - EAST CENTRAL PCN	544	8947	2,156	3.2%	47%	2.05	81%	4.12	79%	95%	75%	79%	1.53	0.17	0.43	0.05	Good	10/11/2021
Haringey	Staunton Group Practice	HARINGEY - EAST CENTRAL PCN	543	12781	6,225	-0.5%	47%	0.86	32%	9.31	75%	57%	54%	61%	1.39	0.11	1.00	0.08	Not inspected	N/A
Haringey	The Old Surgery	HARINGEY - EAST CENTRAL PCN	531	2059	1,098	0.9%	35%	0.48	27%	12.18	81%	91%	73%	74%	1.32	0.64		0.00	Good	17/01/2017
Haringey	West Green Road Surgery	HARINGEY - EAST CENTRAL PCN	540	19757	5,649	0.2%	27%	0.36	52%	2.36	83%	90%	67%	80%	5.57	0.28	0.00	0.00	Outstanding	28/03/2019
Haringey	Grove Road Surgery	HARINGEY - N15/SOUTH EAST PCN	527	4470	1,970	-0.2%	41%	5.37	75%	2.90	84%	77%	69%	79%	2.40	0.54	0.21	0.05	Inadequate	14/03/2022
Haringey	Havergal Surgery	HARINGEY - N15/SOUTH EAST PCN	545	5687	2,653	0.2%	42%	4.25	21%	5.67	81%	63%	55%	59%	2.00	0.35	0.67	0.12	Good	14/08/2018
Haringey	JS Medical Practice	HARINGEY - N15/SOUTH EAST PCN	554	12869	5,280	0.4%	40%	6.14	98%	6.32	80%	68%	70%	68%	4.08	0.32	1.44	0.11	Good	12/12/2018
Haringey	Spur Road Surgery	HARINGEY - N15/SOUTH EAST PCN	556		1,015		49%		0%	4.68	76%	93%	69%	75%					Good	27/09/2017
Haringey	St Ann's Road Surgery	HARINGEY - N15/SOUTH EAST PCN	559	16510	6,164	0.4%	44%	2.43	98%	5.30	71%	54%	62%	63%	2.40	0.15	1.40	0.08	Good	31/10/2017
Haringey	Arcadian Gardens Surgery	HARINGEY - NORTH CENTRAL PCN	521	6518	2,399	2.1%	44%	4.95	0%	7.42	79%	79%	59%	63%	2.03	0.31	1.49	0.23	Good	18/01/2017
Haringey	Bounds Green Group Practice	HARINGEY - NORTH CENTRAL PCN	533	18690	8,930	0.5%	44%	1.07	39%	1.88	86%	58%	67%	75%	18.33	0.98	1.27	0.07	Good	24/09/2020

Haringey	Cheshire Road Surgery	HARINGEY - NORTH CENTRAL PCN	507	6413	3,151	0.6%	40%	3.75	29%	4.09	84%	63%	66%	66%	2.92	0.46	0.80	0.12	Good	26/10/2021
Haringey	Stuart Crescent Health Centre	HARINGEY - NORTH CENTRAL PCN	549	6749	2,515	-2.7%	39%	1.49	42%	4.48	87%	70%	75%	80%	5.01	0.74	0.96	0.14	Good	17/05/2017
Haringey	Stuart Crescent Medical Practice	HARINGEY - NORTH CENTRAL PCN	548	3061	4,493	-0.1%	49%	1.96	50%	2.93	59%	63%	55%	71%	2.40	0.78	0.72	0.24	Requires Improvement	05/02/2020
Haringey	Bruce Grove Primary Health Care Centre	HARINGEY - NORTH EAST PCN	541	7390	0	0.2%	39%	3.78	53%	7.70	73%	71%	72%	67%	2.88	0.39	0.53	0.07	Requires Improvement	26/04/2022
Haringey	Charlton House Medical Centre	HARINGEY - NORTH EAST PCN	500	6440	3,375	-0.3%	51%	6.04	60%	5.56	74%	57%	56%	63%	1.71	0.27	0.84	0.13	Inadequate	23/03/2022
Haringey	Morris House Group Practice	HARINGEY - NORTH EAST PCN	547	14162	6,041	0.6%	40%	5.10	8%	2.92	77%	41%	52%	59%	6.86	0.48	1.60	0.11	Good	19/01/2017
Haringey	Somerset Gardens Family Health Centre	HARINGEY - NORTH EAST PCN	530	13472	5,885	0.4%	42%	1.33	28%	8.41	74%	69%	61%	59%	5.81	0.43	0.40	0.03	Good	23/11/2017
Haringey	Westbury Medical Centre	HARINGEY - NORTH EAST PCN	559	10993	4,895	0.3%	36%	0.73	74%	5.23	88%	76%	72%	72%	2.93	0.27	0.61	0.06	Good	28/09/2016
Haringey	Highgate Group Practice	HARINGEY - NORTH WEST PCN	519	16711	8,573	0.0%	47%	1.20	8%	3.12	94%	77%	64%	74%	10.83	0.65	2.47	0.15	Good	02/12/2019
Haringey	Queens Avenue Practice	HARINGEY - NORTH WEST PCN	538		2,402		38%			0.00	94%	92%	69%	88%					N/A	N/A
Haringey	Rutland House Surgery	HARINGEY - NORTH WEST PCN	551	11067	3,332	0.1%	49%	0.09	41%	0.90	82%	81%	74%	76%	7.07	0.64	1.12	0.10	Requires Improvement	11/05/2022
Haringey	The Muswell Hill Practice	HARINGEY - NORTH WEST PCN	505	14787	7,453	0.7%	52%	0.41	38%	1.51	87%	74%	64%	75%	12.56	0.85	0.91	0.06	Good	28/06/2017
Haringey	Dowsett Road Surgery	HARINGEY - WELBOURNE PCN	549	4776	2,046	-0.5%	39%	3.56	0%	4.79	84%	78%	58%	71%	2.27	0.47	1.20	0.25	Good	18/07/2018
Haringey	Fernlea Surgery	HARINGEY - WELBOURNE PCN	536	11489	4,201	1.1%	39%	0.35	17%	3.01	80%	66%	61%	71%	8.60	0.75	1.87	0.16	Good	03/12/2019
Haringey	Lawrence House Surgery	HARINGEY - WELBOURNE PCN	534	17312	7,360	13.7%	40%	1.21	0%	3.47	81%	69%	66%	80%	11.65	0.67	2.76	0.16	Good	04/10/2017
Haringey	Tottenham Hale Medical Practice	HARINGEY - WELBOURNE PCN	510	4349	818	2.0%	33%	0.47	0%	0.95	85%	92%	59%	82%	1.07	0.25	0.27	0.06	Good	10/09/2018
Haringey	Tottenham Health Centre	HARINGEY - WELBOURNE PCN	536	5584	2,387	0.3%	45%	5.73	97%	6.10	67%	66%	52%	65%	2.64	0.47	0.53	0.10	Good	29/01/2019
Haringey	Tynemouth Medical Practice	HARINGEY - WELBOURNE PCN	543	9023	3,963	-0.1%	40%	1.00	40%	5.54	72%	45%	50%	52%	6.00	0.67	4.71	0.52	Requires Improvement	11/03/2022
Haringey	Bridge House Medical Practice	HARINGEY - WEST CENTRAL PCN	518	9551	4,469	-0.5%	41%	6.86	65%	3.41	62%	43%	45%	52%	4.73	0.50		0.00	Good	03/11/2021
Haringey	Christchurch Hall Surgery	HARINGEY - WEST CENTRAL PCN	-	3101	1,877	-0.9%	41%	2.58	89%	0.00	78%	89%	52%	69%	1.81	0.58	0.85	0.28	N/A	N/A
Haringey	The Alexandra Surgery	HARINGEY - WEST CENTRAL PCN	489	5697	5,648	0.4%	38%	1.76	20%	2.83	78%	68%	62%	63%	1.48	0.26	0.67	0.12	Good	N/A
Haringey	The Vale Practice	HARINGEY - WEST CENTRAL PCN	540	10549	4,438	0.0%	39%	0.19	13%	1.99	83%	80%	63%	72%	4.02	0.38	0.96	0.09	Good	12/10/2017
Islington	Highbury Grange Medical Practice	CENTRAL 1 ISLINGTON PCN	520	9265	4,042	-0.5%	47%	4.42	53%	8.37	76%	69%	62%	68%	3.13	0.34	1.71	0.18	Good	11/03/2020
Islington	Islington Central Medical Centre	CENTRAL 1 ISLINGTON PCN	539	20551	8,059	0.1%	42%	1.94	48%	5.54	86%	56%	62%	58%	5.37	0.26	0.83	0.04	Good	18/06/2019
Islington	Mildmay Medical Practice	CENTRAL 1 ISLINGTON PCN	544	7064	2,698	1.0%	41%	4.99	38%	8.64	82%	81%	71%	76%	3.65	0.52	1.08	0.15	Good	01/05/2019
Islington	Roman Way Medical Centre	CENTRAL 1 ISLINGTON PCN	551	3488	1,784	0.4%	42%	0.29	25%	9.24	89%	82%	65%	76%	2.00	0.57	0.40	0.11	Good	26/09/2017
Islington	Sobell Medical Centre	CENTRAL 1 ISLINGTON PCN	429	4122	1,664	-0.6%	41%	3.88	89%	5.55	79%	68%	60%	65%	1.07	0.26		0.00	Good	06/06/2017
Islington	The Medical Centre	CENTRAL 1 ISLINGTON PCN	556	5920	2,070	0.3%	41%	0.34	44%	10.31	86%	88%	76%	89%	2.40	0.40	0.96	0.16	Good	13/11/2018
Islington	The Mitchison Road Surgery	CENTRAL 1 ISLINGTON PCN	559	8712	2,119	0.7%	42%	1.28	64%	4.79	87%	86%	69%	89%	2.72	0.31	0.80	0.09	Good	20/10/2016
Islington	Elizabeth Avenue Group Practice	CENTRAL 2 ISLINGTON PCN	552	7535	3,567	-0.1%	45%	7.00	63%	5.14	87%	72%	60%	78%	6.16	0.82	1.80	0.24	Good	29/09/2016
Islington	New North Health Centre	CENTRAL 2 ISLINGTON PCN	467	1546	8,722	-1.1%	54%	3.23	0%	4.47	88%	98%	92%	94%	0.99	0.64	0.00	0.00	Good	02/08/2017
Islington	River Place Health Centre	CENTRAL 2 ISLINGTON PCN	557	10825	4,005	0.4%	41%	2.13	44%	6.89	89%	83%	60%	74%	11.01	1.02	1.49	0.14	Good	15/02/2016
Islington	St Peters Street Medical Practice	CENTRAL 2 ISLINGTON PCN	551	11824	4,856	-0.5%	36%	0.08	22%	4.86	71%	96%	47%	71%	10.52	0.89	0.85	0.07	Good	14/07/2016
Islington	The Miller Practice	CENTRAL 2 ISLINGTON PCN	552	9779	4,643	-0.3%	43%	1.22	11%	5.69	90%	83%	71%	74%	9.77	1.00	1.28	0.13	Good	12/07/2017
Islington	Andover Medical Centre	NORTH ISLINGTON PCN	529	6212	2,341	0.7%	58%	5.68	22%	9.96	80%	64%	63%	68%	6.16	0.99	1.00	0.16	Good	13/07/2016
Islington	Archway Medical Practice	NORTH ISLINGTON PCN	531	20495	3,892	3.9%	40%	1.05	7%	0.93	78%	78%	61%	68%	2.75	0.13	2.69	0.13	Good	22/02/2018
Islington	Drs Bowry and Bowry's Practice	NORTH ISLINGTON PCN	542		2,215		41%		0%		86%	59%	62%	56%	8.40		3.60		Good	N/A
Islington	Hanley Primary Care Centre	NORTH ISLINGTON PCN	559	11424	2,994	0.1%	37%	4.55	77%	5.78	74%	82%	48%	66%	2.42	0.21	0.00	0.00	Good	12/07/2017
Islington	Partnership Primary Care Centre	NORTH ISLINGTON PCN	553	9021	1,706	-0.8%	52%	0.00	18%	4.05	76%	76%	59%	68%	4.09	0.45	2.00	0.22	Good	19/01/2017
Islington	St Johns Way Medical Centre	NORTH ISLINGTON PCN	551	12199	5,791	0.4%	38%	2.80	33%	10.00	82%	83%	64%	75%	11.04	0.90	1.64	0.13	Good	06/12/2016
Islington	Stroud Green Medical Practice	NORTH ISLINGTON PCN	545	6647	2,375	0.0%	45%	0.90	83%	0.90	96%	98%	70%	86%	0.93	0.14	0.77	0.12	Good	08/11/2018
Islington	The Beaumont Practice	NORTH ISLINGTON PCN	534	3308	1,299	0.0%	39%	0.61	8%	8.49	90%	89%	82%	85%	1.85	0.56	0.16	0.05	Requires Improvement	11/08/2021
Islington	The Goodinge Group Practice	NORTH ISLINGTON PCN	509	12379	4,953	-0.4%	36%	1.13	36%	10.68	88%	83%	72%	84%	8.43	0.68	0.40	0.03	Good	14/09/2017
Islington	The Junction Medical Practice	NORTH ISLINGTON PCN	553	9287	4,555	-0.2%	51%	1.19	53%	4.52	79%	66%	46%	59%	3.35	0.36	1.84	0.20	Good	30/05/2017
Islington	The Northern Medical Centre	NORTH ISLINGTON PCN	553	9125	3,590	-0.5%	50%	4.38	56%	8.61	83%	81%	69%	78%	4.59	0.50	1.36	0.15	Good	26/09/2019
Islington	The Rise Group Practice	NORTH ISLINGTON PCN	530	4900	2,481	0.3%	44%	3.28	76%	12.95	80%	66%	63%	56%	2.59	0.53	0.93	0.19	Good	06/05/2021
Islington	The Village Practice	NORTH ISLINGTON PCN	529	10612	3,214	-0.1%	35%	0.57	60%	10.11	81%	83%	58%	72%	4.67	0.44	1.43	0.13	Good	08/09/2016
Islington	Amwell Group Practice	SOUTH ISLINGTON PCN	550	10774	3,772	-0.2%	38%	1.96	0%	5.04	88%	83%	65%	79%	7.65	0.71	0.93	0.09	Good	08/10/2019
Islington	Barnsbury Medical Centre	SOUTH ISLINGTON PCN	542	4032	1,451	0.5%	52%	3.02	29%	8.36	80%	71%	72%	78%	2.44	0.61	1.00	0.25	Requires Improvement	N/A
Islington	City Road Medical Centre	SOUTH ISLINGTON PCN	508	9527	2,832	0.1%	38%	1.68	32%	5.57	84%	81%	74%	83%	7.21	0.76	0.00	0.00	Good	31/01/2020
Islington	Clerkenwell Medical Practice	SOUTH ISLINGTON PCN	548	15739	3,971	-5.2%	39%	1.47	45%	3.02	88%	95%	72%	74%	8.69	0.55	4.07	0.26	Good	17/05/2018
Islington	Killick Street Health Centre	SOUTH ISLINGTON PCN	556	12566	4,222	0.3%	49%	2.79	51%	7.35	93%	84%	75%	83%	8.59	0.68	2.63	0.21	Good	31/03/2018
Islington	Pine Street Medical Centre	SOUTH ISLINGTON PCN	532	2308	1,310	-0.3%	54%	0.00	0%	6.90	85%	84%	72%	79%	2.40	1.04	0.71	0.31	Good	02/12/2015
Islington	Ritchie Street Group Practice	SOUTH ISLINGTON PCN	549	17830	6,666	-0.5%	41%	0.06	64%	6.18	77%	60%	69%	59%	9.02	0.51	1.57	0.09	Good	03/04/2019

Practice			Referrals	2ww	A&G	Consultant Connect	FIT	A&E Att	A&E VB11Z	Emergency Admission	Appointments			
Borough	Practice Name	PCN	Month on Month Change - August/September	Month on Month Change - August/September	Month on Month Change - August/September	Month on Month Change - August/September	Month on Month Change - May/June	Month on Month Change - August/September	Month on Month Change - August/September	Month on Month Change - August/September	Face to Face Month on Month Change - Sept/Oct	Telephone Month on Month Change - Sept/Oct	Total Appointments Month on Month Change - Sept/Oct	eConsult Month on Month Change - Sept/Oct
Barnet	Colindale Medical Centre	BARNET 1D PCN	40%	-10%	0%	-14%	-22%	-8%	-10%	20%				
Barnet	Hendon Way Surgery	BARNET 1D PCN	38%	6%	0%	200%	56%	-14%	-20%	-23%				
Barnet	Jai Medical Centre	BARNET 1D PCN	11%	-15%	67%	-20%	0%	-2%	0%	0%				
Barnet	Mulberry Medical Practice	BARNET 1D PCN	61%	82%	-25%	-33%	0%	2%	-3%	4%				
Barnet	Oak Lodge Medical Centre	BARNET 1D PCN	40%	16%	-12%	31%	0%	6%	13%	-4%				
Barnet	Wakemans Hill Surgery	BARNET 1D PCN	-100%	-100%	0%	-100%	33%	-2%	-5%	33%				
Barnet	Parkview Surgery	BARNET 1W PCN	20%	-41%	0%	-100%	8%	25%	36%	6%				
Barnet	The Everglade Medical Practice	BARNET 1W PCN	9%	19%	0%	9%	5%	21%	28%	-2%				
Barnet	Watling Medical Centre	BARNET 1W PCN	-70%	-79%	-100%	-90%	-43%	13%	12%	23%				
Barnet	Brunswick Park Medical Practice	BARNET 2 PCN	14%	-43%	-6%	4%	-20%	-7%	-9%	3%				
Barnet	Colney Hatch lane Surgery	BARNET 2 PCN	20%	-41%	0%	-67%	50%	-11%	-17%	-3%				
Barnet	East Barnet Health Centre	BARNET 2 PCN	39%	-11%	30%	32%	5%	-13%	9%	-26%				
Barnet	Friern Barnet Medical Centre	BARNET 2 PCN	15%	-46%	-75%	-14%	3%	18%	-1%	-9%				
Barnet	St Andrews Medical Practice	BARNET 2 PCN	20%	-26%	58%	-5%	-28%	-4%	-5%	27%				
Barnet	The Clinic (Oakleigh Rd North)	BARNET 2 PCN	64%	-9%	140%	-22%	0%			-12%				
Barnet	The Village Surgery	BARNET 2 PCN	21%	-3%	-12%	-7%	28%	12%	8%	-18%				
Barnet	Addington Medical Centre	BARNET 3 PCN	13%	-6%	-10%	0%	-3%	5%	10%	-11%				
Barnet	Cornwall House Surgery	BARNET 3 PCN	42%	-37%	-67%	100%	-56%	-11%	0%	32%				
Barnet	Derwent Crescent Medical Centre	BARNET 3 PCN	32%	5%	0%	-17%	-25%	29%	54%	19%				
Barnet	East Finchley Medical Centre	BARNET 3 PCN	-7%	-5%	33%	50%	35%	38%	0%	48%				
Barnet	Gloucester Road Surgery	BARNET 3 PCN	-83%	-100%	-100%	0%	-64%	-22%	-30%	50%				
Barnet	Lichfield Grove Surgery	BARNET 3 PCN	23%	0%	-39%	-13%	33%	7%	6%	4%				
Barnet	Longrove Surgery	BARNET 3 PCN	31%	15%	4%	-39%	26%	14%	3%	-21%				
Barnet	Rosemary Surgery	BARNET 3 PCN	29%	-28%	0%	200%	-11%	14%	-5%	-26%				
Barnet	Squires Lane Medical Practice	BARNET 3 PCN	108%	456%	100%	0%	-8%	44%	54%	-12%				
Barnet	The Mountfield Surgery	BARNET 3 PCN	56%	-7%	0%	-22%	27%	4%	-38%	-17%				
Barnet	The Old Court House Surgery	BARNET 3 PCN	-1%	-23%	-5%	-36%	3%	31%	20%	41%				
Barnet	The Speedwell Practice	BARNET 3 PCN	47%	4%	-50%	100%	7%	13%	31%	12%				
Barnet	Torrington Park Group Practice	BARNET 3 PCN	-2%	-11%	-8%	43%	-9%	7%	52%	-3%				
Barnet	Wentworth Medical Practice	BARNET 3 PCN	51%	7%	233%	478%	23%	-5%	4%	-3%				
Barnet	Woodlands Medical Practice	BARNET 3 PCN	429%	474%	0%	173%	160%	6%	-29%	59%				
Barnet	Lane End Medical Group	BARNET 4 PCN	24%	-3%	167%	18%	-20%	3%	-4%	-1%				
Barnet	Langstone Way Surgery	BARNET 4 PCN	30%	-36%	23%	43%	34%	-5%	-3%	-2%				
Barnet	Millway Medical Practice	BARNET 4 PCN	34%	22%	43%	0%	47%	-1%	-4%	0%				
Barnet	Penshurst Gardens Surgery	BARNET 4 PCN	5%	-3%	-83%	33%	0%	6%	13%	0%				
Barnet	Cricklewood Health Centre	BARNET 5 PCN	60%	122%	0%	0%	20%	4%	-3%	-28%				
Barnet	Dr Azim and Partners	BARNET 5 PCN	-11%	-28%	100%	-50%	15%	16%	56%	-10%				
Barnet	Greenfield Medical Centre	BARNET 5 PCN	22%	-3%	25%	93%	42%	15%	-4%	11%				
Barnet	Pennine Drive Practice	BARNET 5 PCN	30%	-35%	-100%	17%	-15%	3%	-13%	-17%				
Barnet	Ravenscroft Medical Centre	BARNET 5 PCN	-2%	-70%	25%	129%	-10%	-13%	-32%	33%				
Barnet	St Georges Medical Centre	BARNET 5 PCN	61%	2%	-38%	-22%	-13%	1%	-1%	0%				
Barnet	The Hillview Surgery	BARNET 5 PCN	22%	17%	0%	0%	0%	66%	110%	13%				
Barnet	The Phoenix Practice	BARNET 5 PCN	18%	-13%	-33%	267%	-17%	2%	-6%	-2%				
Barnet	Adler JS-The Surgery	BARNET 6 PCN	-1%	-17%	-57%	-56%	-47%	4%	-8%	-40%				
Barnet	Heathfield Medical Centre	BARNET 6 PCN	84%	-17%	100%	-20%	-11%	11%	-4%	21%				
Barnet	PHGH Doctors	BARNET 6 PCN	42%	-20%	29%	29%	3%	17%	18%	34%				
Barnet	Supreme Medical Practice	BARNET 6 PCN	26%	56%	0%	-100%	0%	-35%	-53%	-53%				
Barnet	Temple Fortune Medical Group	BARNET 6 PCN	16%	-24%	0%	69%	0%	27%	21%	34%				
Barnet	The Hodford Road Practice	BARNET 6 PCN	21%	24%	-33%	300%	110%	24%	7%	45%				
Barnet	The Practice at 188	BARNET 6 PCN	7%	-51%	200%	0%	-17%	-3%	-13%	-20%				
Barnet	Deans Lane Medical Centre		0%	-100%	0%	0%	-43%	0%	0%	0%				
Camden	Ampthill Practice	CENTRAL CAMDEN PCN	-10%	16%	-11%	300%	14%	14%	0%	23%				
Camden	Gower Street Practice	CENTRAL CAMDEN PCN	43%	-18%	-60%	0%	71%	36%	77%	12%				
Camden	Kings Cross Surgery	CENTRAL CAMDEN PCN	29%	41%	-24%	0%	0%	18%	13%	-13%				
Camden	Ridgmount Practice	CENTRAL CAMDEN PCN	1%	7%	-60%	100%	-63%	16%	18%	-6%				
Camden	Somers Town Medical Practice	CENTRAL CAMDEN PCN	14%	32%	-33%	-100%	-60%	-2%	-18%	93%				
Camden	Swiss Cottage Surgery	CENTRAL CAMDEN PCN	-19%	-3%	-3%	467%	21%	9%	-6%	23%				
Camden	The Bloombsury Surgery	CENTRAL CAMDEN PCN	11%	100%	125%	-25%	50%	12%	18%	14%				
Camden	The Regents Park Practice	CENTRAL CAMDEN PCN	1%	-5%	44%	300%	0%	-8%	-6%	-17%				
Camden	Abbey Medical Centre	CENTRAL HAMPSTEAD PCN	-1%	-9%	83%	150%	-32%	26%	2%	37%				
Camden	Belsize Priory Medical Practice	CENTRAL HAMPSTEAD PCN	-20%	-15%	-14%	0%	-13%	16%	18%	39%				
Camden	Daleham Gardens Health Centre	CENTRAL HAMPSTEAD PCN	35%	33%	-11%	0%	-17%	5%	-33%	-50%				
Camden	Grays Inn Road Medical centre	CENTRAL HAMPSTEAD PCN	11%	39%	-60%	250%	-43%	40%	95%	35%				
Camden	Primrose Hill Surgery	CENTRAL HAMPSTEAD PCN	-22%	-42%	15%	-25%	-18%	0%	18%	43%				
Camden	Caversham Group Practice	KENTISH TOWN CENTRAL PCN	4%	-9%	5%	60%	-20%	10%	2%	19%				
Camden	Parliament Hill Surgery	KENTISH TOWN CENTRAL PCN	16%	28%	19%	267%	45%	8%	-14%	0%				
Camden	Prince of Wales Group Surgery	KENTISH TOWN CENTRAL PCN	9%	26%	5%	-75%	-41%	13%	11%	-23%				
Camden	James Wigg Practice	KENTISH TOWN SOUTH PCN	10%	-6%	139%	-29%	2%	14%	11%	-8%				
Camden	Queens Crescent Practice	KENTISH TOWN SOUTH PCN	0%	61%	375%	-33%	-33%	55%	19%	10%				
Camden	Adelaide Medical Centre	NORTH CAMDEN PCN	5%	5%	14%	133%	11%	1%	-16%	-37%				
Camden	Brookfield Park Surgery	NORTH CAMDEN PCN	8%	27%	-60%	200%	-49%	56%	32%	56%				
Camden	Hampstead Group Practice	NORTH CAMDEN PCN	3%	10%	45%	80%	13%	11%	9%	-6%				
Camden	Keats Group Surgery	NORTH CAMDEN PCN	-11%	-21%	25%	58%	-30%	27%	17%	19%				
Camden	Park End Surgery	NORTH CAMDEN PCN	-1%	-19%	7%	-25%	6%	10%	15%	9%				
Camden	Brunswick Medical Centre	SOUTH CAMDEN PCN	20%	-22%	0%	-40%	-67%	-18%	-21%	-19%				
Camden	Holborn Medical Centre	SOUTH CAMDEN PCN	9%	-26%	37%	0%	-50%	-6%	-9%	-33%				
Camden	Museum Practice	SOUTH CAMDEN PCN	13%	43%	-33%	-54%	43%	-3%	40%	-22%				
Camden	St Philips Medical Centre	SOUTH CAMDEN PCN	0%	-31%	-18%	-33%	133%	-11%	-13%	60%				
Camden	Brondesbury Medical Centre	WEST CAMDEN PCN	3%	3%	38%	133%	-15%	8%	-5%	11%				
Camden	Cholmley Gardens Surgery	WEST CAMDEN PCN	17%	-22%	175%	50%	45%	17%	17%	38%				
Camden	Fortune Green Road Surgery	WEST CAMDEN PCN	-21%	100%	-45%	0%	-6%	15%	21%	-10%				
Camden	West Hampstead Medical Centre	WEST CAMDEN PCN	-33%	-64%	-75%	-83%	41%	13%	18%	12%				
Enfield	Angel Surgery	EDMONTON PCN	56%	59%	0%	0%	-29%	22%	34%	-2%				
Enfield	Boundary House Surgery	EDMONTON PCN	65%	46%	-100%	133%	0%	17%	13%	-23%				
Enfield	Keats Surgery	EDMONTON PCN	4%	-43%	0%	0%	13%	11%	16%	-35%				
Enfield	Latymer Road Surgery	EDMONTON PCN	14%	-17%	0%	-8%	-31%	35%	23%	42%				
Enfield	Boundary Court Surgery	ENFIELD CARE NETWORK PCN	13%	-53%	0%	-50%	-14%	18%	22%	83%				
Enfield	Brick Lane Surgery	ENFIELD CARE NETWORK PCN	0%	0%	0%	0%	0%	0%	0%	0%				
Enfield	Chalfont Road Surgery	ENFIELD CARE NETWORK PCN	31%	0%	0%	400%	17%	16%	4%	54%				
Enfield	DR ME Silver's Practice	ENFIELD CARE NETWORK PCN	51%	22%	0%	0%	-57%	41%	-7%	60%				
Enfield	East Enfield Practice	ENFIELD CARE NETWORK PCN	33%	16%	-100%	0%	-31%	3%	5%	26%				
Enfield	Evergreen Primary Care Centre	ENFIELD CARE NETWORK PCN	30%	8%	1000%	-17%	0%	6%	18%	7%				
Enfield	Grovelands Medical Centre	ENFIELD CARE NETWORK PCN	60%	30%	0%	600%	0%	24%	31%	-3%				
Enfield	Rainbow Practice	ENFIELD CARE NETWORK PCN	32%	-6%	200%	100%	100%	28%	51%	96%				
Enfield	The Ordnance Unity Centre for Health	ENFIELD CARE NETWORK PCN	41%	0%	0%	-19%	72%	29%	51%	4%				
Enfield	White Lodge Medical Practice	ENFIELD CARE NETWORK PCN	-33%	-51%	-44%	-84%	-9%	0%	13%	-20%				
Enfield	Arnos Grove Medical Centre	ENFIELD SOUTH WEST PCN	-35%	-5%	0%	0%	33%	13%	0%	0%				
Enfield	Bincote Surgery	ENFIELD SOUTH WEST PCN	58%	35%	0%	-100%	-9%	17%	3%	11%				
Enfield	Gillan House Surgery	ENFIELD SOUTH WEST PCN	24%	39%	-13%	0%	150%	13%	47%	-2%				
Enfield	Morecambe Surgery	ENFIELD SOUTH WEST PCN	62%	143%	-50%	100%	-13%	33%	85%	45%				
Enfield	The North London Health Centre	ENFIELD SOUTH WEST PCN	30%	25%	0%	-38%	9%	0%	-14%	25%				
Enfield	The Woodberry Practice	ENFIELD SOUTH WEST PCN	-11%	-25%	-100%	7%	-36%	24%	40%	14%				
Enfield	Cockfosters Medical Centre	ENFIELD UNITY PCN	9%	10%	67%	0%	9%	6%	1%	34%				
Enfield	Eagle House Surgery	ENFIELD UNITY PCN	35%	27%	-39%	125%	25%	13%	28%	25%				
Enfield	Green Cedars Medical Centre	ENFIELD UNITY PCN	129%	1300%	0%	0%	20%	1%	0%	-20%				
Enfield	Highlands Practice	ENFIELD UNITY PCN	14%	-6%	94%	13%	11%	38%	25%	0%				
Enfield	Medicus Health Partners	ENFIELD UNITY PCN	20%	1%	-4%	3%	4%	12%	13%	19%				
Enfield	Nightingale House Surgery	ENFIELD UNITY PCN	60%	-23%	0%	0%	60%	1%	-8%	19%				
Enfield	Oakwood Medical Centre	ENFIELD UNITY PCN	28%	-20%	-43%	11%	-23%	7%	19%	16%				
Enfield	Southgate	ENFIELD UNITY PCN	25%	-35%	-25%	-100%	-7%	-2%	6%	-23%				
Enfield	The Bounces Road Surgery	ENFIELD UNITY PCN	41%	-18%	0%	50%	0%	24%	47%	16%				
Enfield	Abernethy House Surgery	WEST ENFIELD COLLABORATIVE PCN	9%	5%	-20%	-20%	11%	5%	-4%	13%				
Enfield	Town Surgery	WEST ENFIELD COLLABORATIVE PCN	14%	38%	233%	67%	17%	-19%	-16%	11%				
Enfield	Winchmore Hill Practice	WEST ENFIELD COLLABORATIVE PCN	-22%	-36%	60%	-62%	-100%	4%	4%	-15%				
Haringey	Crouch Hall Road Surgery	HARINGEY - CROUCH END PCN	27%	-5%	150%	-100%	0%	-1%	-21%	15%				
Haringey	Queenswood Medical Practice	HARINGEY - CROUCH END PCN	12%	-11%	15%	-50%	-2%	11%	-5%	22%				
Haringey	The 157 Medical Practice	HARINGEY - CROUCH END PCN	-8%	5%	0%	0%	-59%	6%	0%	13%				
Haringey	Hornsey Park Surgery	HARINGEY - EAST CENTRAL PCN	-13%	-25%	20%	0%	-21%	-8%	0%	29%				
Haringey	Staunton Group Practice	HARINGEY - EAST CENTRAL PCN	-22%	-14%	47%	0%	-26%	3%	32%	8%				

Haringey	The Old Surgery	HARINGEY - EAST CENTRAL PCN	24%	140%	120%	0%	100%	9%	80%	50%					
Haringey	West Green Road Surgery	HARINGEY - EAST CENTRAL PCN	-16%	-25%	-44%	-10%	0%	11%	37%	-28%					
Haringey	Grove Road Surgery	HARINGEY - N15/SOUTH EAST PCN	6%	-29%	0%	0%	0%	11%	20%	-5%					
Haringey	Havergal Surgery	HARINGEY - N15/SOUTH EAST PCN	30%	-19%	-50%	0%	-9%	11%	15%	25%					
Haringey	JS Medical Practice	HARINGEY - N15/SOUTH EAST PCN	-6%	-10%	14%	-100%	0%	-7%	-5%	28%					
Haringey	Spur Road Surgery	HARINGEY - N15/SOUTH EAST PCN	0%	0%	0%	0%	-58%	0%	0%	0%					
Haringey	St Ann's Road Surgery	HARINGEY - N15/SOUTH EAST PCN	-18%	-8%	-44%	0%	-3%	9%	-2%	22%					
Haringey	Arcadian Gardens Surgery	HARINGEY - NORTH CENTRAL PCN	16%	22%	-100%	0%	-12%	-3%	-25%	-23%					
Haringey	Bounds Green Group Practice	HARINGEY - NORTH CENTRAL PCN	10%	-9%	-18%	6%	-1%	13%	10%	20%					
Haringey	Cheshire Road Surgery	HARINGEY - NORTH CENTRAL PCN	28%	-14%	-6%	-100%	38%	15%	6%	0%					
Haringey	Stuart Crescent Health Centre	HARINGEY - NORTH CENTRAL PCN	-22%	-27%	-17%	-25%	0%	-12%	-6%	-16%					
Haringey	Stuart Crescent Medical Practice	HARINGEY - NORTH CENTRAL PCN	-5%	-50%	0%	0%	0%	-5%	12%	60%					
Haringey	Bruce Grove Primary Health Care Centre	HARINGEY - NORTH EAST PCN	-18%	-75%	-100%	0%	57%	-13%	-1%	-27%					
Haringey	Charlton House Medical Centre	HARINGEY - NORTH EAST PCN	-31%	-58%	-40%	0%	-33%	8%	12%	37%					
Haringey	Morris House Group Practice	HARINGEY - NORTH EAST PCN	-16%	11%	-20%	0%	12%	19%	35%	18%					
Haringey	Somerset Gardens Family Health Centre	HARINGEY - NORTH EAST PCN	20%	24%	467%	0%	0%	15%	12%	3%					
Haringey	Westbury Medical Centre	HARINGEY - NORTH EAST PCN	246%	156%	3800%	333%	4%	8%	41%	-5%					
Haringey	Highgate Group Practice	HARINGEY - NORTH WEST PCN	9%	0%	28%	-100%	-6%	2%	-19%	-18%					
Haringey	Queens Avenue Practice	HARINGEY - NORTH WEST PCN	0%	0%	0%	0%	0%	0%	0%	0%					
Haringey	Rutland House Surgery	HARINGEY - NORTH WEST PCN	0%	-16%	28%	0%	-17%	-3%	16%	-2%					
Haringey	The Muswell Hill Practice	HARINGEY - NORTH WEST PCN	3%	-31%	20%	5%	18%	7%	9%	-17%					
Haringey	Dowsett Road Surgery	HARINGEY - WELBOURNE PCN	19%	-5%	-40%	0%	-29%	-4%	-6%	-5%					
Haringey	Fernlea Surgery	HARINGEY - WELBOURNE PCN	1%	-8%	-54%	-67%	-11%	-10%	19%	-14%					
Haringey	Lawrence House Surgery	HARINGEY - WELBOURNE PCN	-9%	-31%	-63%	-18%	-5%	6%	9%	3%					
Haringey	Tottenham Hale Medical Practice	HARINGEY - WELBOURNE PCN	-10%	17%	-33%	0%	-8%	24%	71%	-33%					
Haringey	Tottenham Health Centre	HARINGEY - WELBOURNE PCN	16%	150%	0%	-100%	33%	19%	32%	25%					
Haringey	Tynemouth Medical Practice	HARINGEY - WELBOURNE PCN	-5%	0%	100%	-100%	14%	6%	25%	-3%					
Haringey	Bridge House Medical Practice	HARINGEY - WEST CENTRAL PCN	-14%	-22%	0%	0%	-47%	-6%	11%	3%					
Haringey	Christchurch Hall Surgery	HARINGEY - WEST CENTRAL PCN	17%	13%	-67%	0%	67%	-17%	-50%	-40%					
Haringey	The Alexandra Surgery	HARINGEY - WEST CENTRAL PCN	-10%	4%	-57%	0%	18%	-5%	-44%	-17%					
Haringey	The Vale Practice	HARINGEY - WEST CENTRAL PCN	-7%	-18%	8%	0%	-20%	5%	12%	-15%					
Islington	Highbury Grange Medical Practice	CENTRAL 1 ISLINGTON PCN	-6%	10%	-75%	0%	-43%	31%	33%	-2%					
Islington	Islington Central Medical Centre	CENTRAL 1 ISLINGTON PCN	4%	-6%	-42%	0%	0%	-1%	-7%	-15%					
Islington	Mildmay Medical Practice	CENTRAL 1 ISLINGTON PCN	-27%	-46%	-6%	0%	8%	-6%	-13%	6%					
Islington	Roman Way Medical Centre	CENTRAL 1 ISLINGTON PCN	44%	-23%	700%	0%	40%	18%	71%	6%					
Islington	Sobell Medical Centre	CENTRAL 1 ISLINGTON PCN	-1%	50%	-67%	0%	-53%	-5%	-11%	76%					
Islington	The Medical Centre	CENTRAL 1 ISLINGTON PCN	-16%	-13%	-56%	-17%	-52%	-4%	-44%	7%					
Islington	The Mitchison Road Surgery	CENTRAL 1 ISLINGTON PCN	-20%	-5%	41%	100%	-22%	9%	8%	-7%					
Islington	Elizabeth Avenue Group Practice	CENTRAL 2 ISLINGTON PCN	-7%	30%	200%	24%	28%	15%	8%	2%					
Islington	New North Health Centre	CENTRAL 2 ISLINGTON PCN	-18%	-20%	0%	0%	0%	-4%	0%	0%					
Islington	River Place Health Centre	CENTRAL 2 ISLINGTON PCN	11%	5%	54%	33%	24%	6%	15%	-40%					
Islington	St Peters Street Medical Practice	CENTRAL 2 ISLINGTON PCN	7%	-100%	0%	80%	-10%	-12%	0%	-31%					
Islington	The Miller Practice	CENTRAL 2 ISLINGTON PCN	-1%	8%	38%	0%	175%	15%	33%	-15%					
Islington	Andover Medical Centre	NORTH ISLINGTON PCN	7%	75%	-7%	0%	214%	0%	-16%	0%					
Islington	Archway Medical Practice	NORTH ISLINGTON PCN	2%	-31%	-75%	133%	-26%	-11%	-4%	-19%					
Islington	Drs Bowry and Bowry's Practice	NORTH ISLINGTON PCN	0%	0%	0%	0%	0%	0%	0%	0%					
Islington	Hanley Primary Care Centre	NORTH ISLINGTON PCN	10%	-2%	-54%	0%	0%	27%	11%	-9%					
Islington	Partnership Primary Care Centre	NORTH ISLINGTON PCN	3%	22%	29%	0%	28%	5%	0%	0%					
Islington	St Johns Way Medical Centre	NORTH ISLINGTON PCN	-6%	0%	46%	-20%	35%	7%	11%	-20%					
Islington	Stroud Green Medical Practice	NORTH ISLINGTON PCN	-6%	0%	-17%	0%	-25%	31%	33%	20%					
Islington	The Beaumont Practice	NORTH ISLINGTON PCN	20%	160%	0%	-100%	-67%	2%	-13%	17%					
Islington	The Goodinge Group Practice	NORTH ISLINGTON PCN	27%	-19%	107%	13%	15%	9%	-3%	0%					
Islington	The Junction Medical Practice	NORTH ISLINGTON PCN	16%	17%	200%	0%	-50%	1%	10%	-12%					
Islington	The Northern Medical Centre	NORTH ISLINGTON PCN	0%	24%	-42%	0%	-52%	-5%	-14%	31%					
Islington	The Rise Group Practice	NORTH ISLINGTON PCN	3%	0%	125%	0%	700%	8%	6%	4%					
Islington	The Village Practice	NORTH ISLINGTON PCN	8%	-52%	0%	40%	-5%	4%	-30%	-40%					
Islington	Amwell Group Practice	SOUTH ISLINGTON PCN	-17%	-27%	47%	0%	40%	-13%	-24%	68%					
Islington	Barnsbury Medical Centre	SOUTH ISLINGTON PCN	-6%	5%	41%	0%	30%	7%	14%	-38%					
Islington	City Road Medical Centre	SOUTH ISLINGTON PCN	6%	-5%	90%	50%	0%	-3%	-33%	6%					
Islington	Clerkenwell Medical Practice	SOUTH ISLINGTON PCN	10%	-10%	-24%	67%	0%	-8%	-14%	3%					
Islington	Killick Street Health Centre	SOUTH ISLINGTON PCN	-22%	12%	-27%	500%	9%	-8%	8%	2%					
Islington	Pine Street Medical Centre	SOUTH ISLINGTON PCN	-29%	-41%	0%	0%	-6%	-11%	25%	-10%					
Islington	Ritchie Street Group Practice	SOUTH ISLINGTON PCN	-18%	-18%	114%	350%	-2%	7%	4%	19%					

Measure	Updated Since Last Report	Description	Rating	Comments
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	
2ww		Of referrals made these sit under the 2 week wait specialty	A decrease in 2ww 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	A decrease in Advice & Guidance utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by an yellow/green shade and an green upward arrow	
CC		Utilisation of the Consulant Connect service which is a similar offerig t	A decrease in Consulant Connect utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by an yellow/green shade and an green upward arrow	
FIT		Utiliations of the Faecal Immunochemical Test (FIT) which shows tiny	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	Ongoing issues with obtaining data from the Whittington which have now been impacted further by staff changes
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	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
A&E VB11Z		Of those that have attended A&E these required no investigation and	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	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
Emergency Admissions		Emergency Admissions are admission as soon as possible after seeing	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	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
GP Appointments Data		Appointments data from the NHSD GPAD data provision	Low numbers of appointments across face to face and telephone are towards the red end of the RAG and high numbers towards green	Home viists and online consultations have been removed because of concerns around data quality, the hope is to include these at some points in the future

Measure	Range	Rating
Referrals, 2ww, A&E Attendance, A&E Attendance (VB11Z), Emergency Admissions	Range of -25 to -100	
	Range of 0 to -15	
	Range of 0 to 25	
	Range of 25 to 100	
A&G, Consultant Connect, Face-to Face/Telephone Consultations	Range of 25 to 100	
	Range of 0 to 25	
	Range of 0 to -15	
	Range of -25 to -100	
Healthchecks	Range 0	
	Range 0.01 to 5	
	Range 5 to 10	
Workforce GP (Based around the national average of 0.45 GPs per 1000 patient list size)	Range 0 to 0.25	
	Range 0.25 to 0.45	
	Range 0.45 to 10	
Workforce Nurse	Range 0 to 0.05	
	Range 0.05 to 0.1	
	Range 0.1 to 1	
Patient Survey	Range 0 to 50	
	Range 50 to 80	
	Range 80 to 100	
List Size	Range -	
	Range +	
% Patients with an LTC	Graded Colour Scale	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 December 2022

Report Title	Primary Care Contracting Committee Risk Register	**Date of report**	1 Dec 2022	**Agenda Item**	4.1
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Place	**Email / Tel**		sarah.mcdonnell1@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Chris Hanson, Deputy Head of Governance and Risk	**Email / Tel**		christopher.hanson1@nhs.net	
Name of Authorising Finance Lead	*Not Applicable*	**Summary of Financial Implications** This report assists the ICB in managing its most significant financial risks			
Name of Authorising Estates Lead	*Not Applicable*	**Summary of Estates Implications**			

Report Summary

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').

System risk management

The introduction of Integrated Care Systems and the move to Integrated Care Boards introduced a system leadership requirement on ICBs when compared to CCGs. ICBs have a greater focus on system risks. Therefore, the ICB's risk management approach needs to develop and change so that it supports both the ICB's wider system leadership role and system partners working together to manage key system risks.

There are a number of developments taking place to strengthen the ICB's approach to system risk management, including the ICB working with key partners across the Integrated Care System ('ICS') to develop a system approach to risk management.

To reflect the developing system approach to risk management, Committee risk reports will highlight which of the risks on the Committee risk register are system risks and which are ICB-only risks.

The Committee Risk Register

There are 6 risks now on the Committee Risk Register. The threshold for escalation to the Committee is a risk score of 12 or higher. Since the last meeting of the Committee, the risk rating of the three existing risks has remained the same. 3 new risks have been added, 1 above the Committee threshold, and 2 below but included in this report for Committee information and review.

Key Highlights:

System risks

PERF15: *Failure to address variation in Primary Care Quality and Performance across NCL (Threat)*
Current Risk Rating: 12

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 underway to support the reduction in unwarranted variation includes the development of the Primary Care Q&P report for PCCC and wider operational dashboards that will be used by officers and clinical leads once developed. Particular areas of work include delivery of the Primary Care Network Direct Enhanced Service (DES) specifications for 2022/23, the wraparound Extended Access service maintained by the ICB and proposed 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 to identify further opportunities for mutual aid, sharing and learning and working at scale.

PERF18: *Primary care workforce development (Threat)*
Current Risk Rating: 16

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. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development.

Other recent key measures include:

- National 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 PCCC in February 2022 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;

	• 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 demands 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. **PERF22:** *Failure to manage impact of increased building costs on General Practice estate (Threat)* **Current Risk Rating:**12 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. <u>New risks</u> Since the last Committee meeting, the following risks have been developed for and added to the Committee risk register: **PERF26:** *Failure to manage Primary Care Contracting Committee cases effectively (Threat)* **Current Risk Rating:** 9 This is a new risk. As part of the ICB's role to support Primary Care provision, the Primary Care team holds a case log of work with contract holders. This includes work on practice and contract changes, formal reviews, procurements and contract changes, estates matters and approvals, partnership changes and disputes, legal challenges, remedial and breach notices, regulatory action and more. The resources (human and financial) are needed to maintain this effectively. It is recommended the case log should be reviewed in full in the confidential Part 2 meeting of the PCCC. This will be scheduled for February 2023. **PERF27:** *Failure to support the development of Primary Care Networks ('PCN') (Threat)*

	Current Risk Rating: 9 Primary Care Networks and delivery of Directed Enhanced Services ('DES') via PCNs are a central part of Primary Care provision. The ICB has a key role in supporting their success. Primary Care Contracting Committee should scrutinise PCN performance through the Q&P and other regular reports to the committee. Reports need to be developed to take account of PCN contracting as a part of the national contracting landscape and delegated responsibilities. **PERF28:** *Failure of Primary Care patient access (Threat)* **Current Risk Rating:** 12 This risk has been refreshed. Access remains a key challenge and risk. Demand has increased significantly during and since the COVID-19 pandemic exacerbating access challenges. This is under discussion at the London Primary Care Board with NCL input. Further work will be required to address access as a core part of the primary care agenda locally – patient experience, ease of access (including digital inclusion / exclusion) and contributing factors including workforce and patient needs and expectations.
Recommendation	The Committee is asked to**:** • **NOTE** the report and provide feedback on the risks and • **IDENTIFY** any strategic gaps within the Committee's remit and propose any areas where further investigative work may support further risk mitigation.
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.
Next Steps	The next steps are as follows: • To continue to manage risks in a robust way. • To continue the development of the ICB's approach to system risk management.
Appendices	Appendices are: 1. Primary Care Contracting Committee Risk Register 2. Risk scoring key

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
System Risks																								
PERF15	Sarah McDonnell-Davies - Executive Director of Places	Sarah McIlwaine, Director of 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	4	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 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. Enhanced performance and quality report	C1. Report C2. Committee papers C3. CCG papers C4. CCG papers C5. DES documentation C6. Report	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	3	4	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. CN5. 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. 30.12.2022 A2. 31.03.2023 A3. 31.10.2022 A4. 31.12.2022 A5. 31.12.2022 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 can 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. PCN delivery of enhanced access services went live on 1st October 2022. Next phase of work is to ensure mechanism in place for regular data collation to assess how the new services are progressing and whether there needs to be further changes to the delivery model. A4. NCL primary care team, borough directors of integration and the NCL GP provider alliance are working together to develop plans against the 22/23 winter funding. 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.	29.11.2022	Open
PERF18	Sarah McDonnell-Davies - Executive Director of Places	Sarah McIlwaine, Director of Primary Care	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	3	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 ICB support of PCNs in relation to ARRS role development and recruitment C7. Development of NCL-wide People Strategy	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	4	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. System Development Funding ('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 to respond to recently published -SDF funding and planning guidance for 22/23. Learning from existing schemes to date delivered by Training Hub captured. A2. Draft PCN plans submitted to NHSE at end of August. End of October deadline for final 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. Complete NCL Training Hub are leading wellbeing programme for primary care staff with a focus on managing through the winter period. We have also received national practice resilience funding which will be managed by borough primary care teams in connection with local stakeholders, using a data-driven approach to understanding where support is most needed.	3	3	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 £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 2022 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; •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; •T2 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 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.	29.11.2022	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 be to be scaled down. There is a risk that when GPs retire, re-providing 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 provide/re-provide sufficient Primary Care accommodation where needed. This may also result in an inability to invest as desired to improve patient care and support existing services.	3	4	12	C1. Primary Care Commissioners and Estate teams in situ, with negotiation experience, and ensure buy in of all partners of process and timetable 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 C4. Primary Care capital bids are now part of the overall ICS capital allocation prioritisation	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 22/24-25/27 C3. PCCC Terms of Reference C4. Finance templates, funding pipelines and Finance Committee sign-offs.	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	4	12	CN1. Monitoring of increased costs, currently c. 20%, and impact on Rent and Contingency Budgets CN2. Prioritisation of Primary Care development schemes and identify those practices most at risk / nearing retirement CN3. Support critical negotiations with Landlords and Developers C4. PCN Infrastructure Plans will identify estate quality, sufficiency or fit-for-purpose issues C5. Securing capital allocation from the overall ICS prioritisation process	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 A3. Periodic review of proposed schemes affordability to identify additional capital/revenue required, with updates to PCCC	A1. 31.12.2022 A2. 31.03.2023 A3. 28.11.2022	A1. Update of pipeline underway. Bidding for underspend and capital allocation as part of ICS Finance overall prioritisation. A2. Ongoing action and needs to incorporate the findings of prioritisation process in A1 A3. PCCC being updated on review.	3	3	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.	24.11.2022	Open
PERF26	Sarah McDonnell-Davies - Executive Director of Places	Vanessa Piper - Head of Primary Care	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	**Failure to manage Primary Care Contracting Committee cases effectively (Threat)** **CAUSE:** If the ICB fails to ensure there is sufficient capacity and expertise to contract manage appropriately and provide support as needed to Practices identified on the Contracting team case log and brought via PCCC **EFFECT:** There is a risk that contracts, quality and performance are not effectively managed. There is a risk of legal challenge to the ICB. **IMPACT:** This may result in liability for the ICB, disruption to local contracts and impact the budget overseen by PCCC as a result of additional costs for legal, caretaking, list dispensals, procurements and other. It may also negatively impact patient and staff experience and the reputation of the ICB.	4	3	12	C1. Primary Care Contracting Committee ('PCCC') performance and quality report to ensure key indicators C2. Borough teams to ensure sufficient connectivity to practices locally to identify issues early and support practices to raise these formally with the ICB where needed. C3. Primary Care Contracts team to ensure caselogs are robust and maintain a clear audit trail of work with local practices C4. NCL Director Primary Care to work with Exec Director Place to ensure Primary Care Contracting team has sufficient capacity and expertise to manage cases effectively and in a timely way and to minimise risk to the ICB C5. Resilience programme and funding and wider primary care transformation programme is designed to support the sustainability and quality of local practices	C1. Meeting papers and notes C2. Via Directors of Integration C3. Team caselog and audit trail C4. Via Director of Primary Care, with evidence also based on number challenges, complaints, legal costs C5. Funding issued in financial year and evidence of schemes in place	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	3	3	9	CN1. Caselog to be reviewed at a future part 2 meetings. CN2. Recruitment to team to be completed	A1. Caselog to be added to agenda for Q4/Q1 2022/23 A2. Underway and will remain under review.	A1. 21.02.2023 A2. 31.12.2022	A1. The caselog will be added to the PCCC agenda A2 Underway and will remain under review	3	3	9	Primary Care Contracting Committee	This is a new risk. As part of the ICB's role to support Primary Care provision, the Primary Care team holds a caselog of practices. The ICB is then able to focus its support to these practices through contracts, quality and performance management. ICB teams are in place to support this work, however, further workforce or resources may be needed to maintain the support and manage all risks. The caselog is to be brought to the Primary Care Contracting Committee meeting in confidence / part 2 February 2023	02.12.2022	New
PERF27	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 support the development of Primary Care Networks ('PCN') (Threat)** **CAUSE:** If the ICB fails to support PCN development and delivery of the Directed Enhanced Services ('DES') and other requirements, by failing to offer support to PCNs and PCN Clinical Directors and failing to monitor progress **EFFECT:** There is a risk that the ICB and PCNs will fail to achieve the mandated standards/impacts on improving health outcomes. There is also a risk that the NCL PCNs will be undermined and resources wasted. **IMPACT:** This may result in a negative impact on the local health economy, access or quality. It may also have a negative impact on practice sustainability.	4	3	12	C1. PCCC Quality & Performance report to include reporting on DES C2. Clinical Director engagement in each borough and establishment of support & training C3. NCL Primary Care teams to understand needs of PCNs and additional support required on top of that provided for via national contracts or transformation programmes C4.NCL Primary Care Strategy Group established with ICB-LMC-GPPA and others to have collaborative provider / commissioner discussions and ensure the needs of PCNs are reflected in local strategy and priorities	C1. PCCC meeting pack and minutes C2. Evidence of Training Hub and wider support C3 & C4. Evidence of PCN support within NCL Primary Care transformation programmes	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	3	3	9	CN1. PCCC to maintain overview of PCN boundaries and membership	A1. Ongoing PCN and Clinical Director engagement	A1. 31.03.2023	A1. Work ongoing to ensure the ICB is aware of relevant changes to PCNs operations, and identify any challenges that arise.	2	2	4	Primary Care Contracting Committee	This is a new risk. Primary Care Networks, through the delivery of Directed Enhanced Services ('DES'), are a central building block of Primary Care provision. The ICB has a key role in ensuring their success as part of NCL Integrated Care System. Support is directly provided through the ICB's Primary Care teams and the Primary Care Strategy Group. Primary Care Contracting Committee scrutinise PCN quality and performance through regular reports to the committee.	02.12.2022	New
PERF28	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 of Primary Care patient access (Threat)** **CAUSE:** If the ICB fails to address patient and stakeholder concerns around timely and appropriate access to general practice **EFFECT:** There is a risk that patients do not present to the right place at the right time. There is a risk to the reputation of provision and commissioning. There is a risk to NHS staff of negativity and abuse. **IMPACT:** This may result in pressures elsewhere in the system. There may be a negative impact on the workforce and providers.	3	4	12	C1. ICB Primary Care, Analytics and Comms teams developing insights into access in general practice C2. Primary Care Silver meetings with stakeholders including Local Medical Committees (LMC) to maintain visibility on pressures and support any escalations C3. Communication campaign with local residents to ensure the services offered by and approach to accessing general practice and wider primary care is clear C4. Engagement of key stakeholders including staff, NHSE, LMC, Cllrs C5 System Executive briefed on the challenges and supporting local solutions C6 Winter plans to include additional resources to support access over Q4. C7. Support for General Practice staff - recruitment, retention, wellbeing, zero tolerance of abuse	C1. Data and insights including Q&P report for PCCC C2. Reports, meeting notes, minutes C3. Communications materials C4. Reports, meeting notes and minutes, ICS communications C5. Reports, meeting notes, minutes C6. Reports, meeting notes, minutes C7. Workforce plans including People Strategy and Training Hub programme	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	4	12	CN1. Post-COVID-19 access and demand plan for London region and NCL ICS footprint is needed	A1. Development of plan through London Primary Care Board and local strategy and transformation plans	A1. 31.03.2023	A1. NCL ICB is promoting the development of a coherent pan-London approach through the London Primary Care Board.	3	3	9	Primary Care Contracting Committee	This is a new risk. This risk has been refreshed. Access remains a key challenge and risk. Demand has increased significantly during and since the COVID-19 pandemic exacerbating access challenges. This is under discussion at the London Primary Care Board with NCL input. Further work will be required to address access as a core part of the primary care agenda locally – patient experience, ease of access (including digital inclusion / exclusion) and contributing factors including workforce and patient needs and expectations.	02.12.2022	New

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**

NCL ICB PRIMARY CARE CONTRACTING COMMITTEE

FORWARD PLANNER 2022 / 23

Area	13 Dec 2022	21 Feb 2023
Governance		
Review of Risk Register	X	X
Review of Terms of Reference (TOR)		
Review of Committee Effectiveness		X
Contracting		
Decisions relating to GMS, PMS and APMS contracts	X	X
Locally Commissioned Services		X (LTC LCS)
Procurements	X	X
Quality & Performance		
Quality and Performance Report	X	X
Finance Report		
Finance Report	X	X
Other papers		
Primary Care Estates		X (Revenue pipeline - *TBC*)