

NHS North Central London ICB
Primary Care Contracting Committee Meeting
Tuesday 21 February 2023
10:00am to 11:00am
Meeting in the Clerkenwell Room, 2nd Floor,
Laycock PDC,
Laycock Street, Islington N1 1TH.

Item	Title	Lead	Action	Page	Time
<i>Pre-meet to be held for committee members between 9:30am and 10am</i>					
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	ICB PCCC Terms of Reference	Chair	Note	9	
1.4	Draft Minutes of the PCCC meeting on 13 December 2022	Chair	Approve	20	
1.5	Action log	Chair	Approve	28	
1.6	Matters Arising	All	Note	Oral	
2.	BUSINESS				
2.1	Contract Variations All Boroughs - PMS Agreement Changes <u>Camden</u> <ul style="list-style-type: none"> • Park End Surgery – Removal of a partner and the addition of two partners • Prince of Wales Group Practice – Removal of a partner <u>Haringey</u>	Vanessa Piper	Approve	29	10:10am to 10:30am

	<ul style="list-style-type: none"> Cheshire Road Surgery – Removal of a partner Barnet <ul style="list-style-type: none"> Andrews Medical Practice - Removal of a partner 				
2.2	Barnet <ul style="list-style-type: none"> The Phoenix Practice – Request for additional admin space and associated increase in rent 	Vanessa Piper / Borough Rep	Approve	39	
3.	OVERVIEW REPORTS				
3.1	Primary Care Finance Update	Sarah Rothenberg	Note	48	10:30am to 10:50am
3.2	Quality & Performance Report	Simon Wheatley	Note	59	
4.	GOVERNANCE				
4.1	Board Assurance Framework	Sarah McDonnell-Davies	Note	77	10:50am to 11:00am
5.	ITEMS FOR INFORMATION				
5.1	None				
6.	ANY OTHER BUSINESS				
6.1	AOB				11:00am
7.	DATES OF NEXT MEETINGS				
7.1	<ul style="list-style-type: none"> 2023: 11 April, 13 June, 8 August, 17 October, 19 December 2024: 20 February 				
	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.				

Report Title	Declaration of Interests Register – Primary Care Contracting Committee (PCCC)	Agenda Item: 1.2
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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	<i>Not Applicable</i>	Summary of Financial Implications	<i>Not Applicable</i>
Report Summary	<p>Members and attendees of the Primary Care Contracting Committee (PCCC) Meeting are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest or need to be considered for the first time due to the specific subject matter of the agenda item.</p> <p>A conflict of interest would arise if decisions or recommendations made by the Board, or its committees could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence.</p> <p>Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money.</p> <p>If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway.</p> <p>Members are reminded to ensure their declaration of interest form and the register recording their details are kept up to date.</p> <p>Members and attendees are also asked to note the requirement for any relevant gifts or hospitality they have received to be recorded on the ICB Gifts and Hospitality Register.</p>		
Recommendation	<p>To NOTE:</p> <ul style="list-style-type: none"> the requirement to declare any interests relating to the agenda. the Declaration of Interests Register and to inspect their entry and advise the Board Secretary of any changes. 		

	<ul style="list-style-type: none"> the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
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Identified Risks and Risk Management Actions	The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the ICB.
Conflicts of Interest	The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting.
Resource Implications	<i>Not Applicable</i>
Engagement	<i>Not Applicable</i>
Equality Impact Analysis	<i>Not Applicable</i>

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

NCL ICB PCCC Declaration of Interest Register - February 2023

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	07/09/2022		
	Chair of ICB Primary Care Contracting Committee	ModusEurope	yes	yes	yes	Direct	director	29/11/2012	current	07/09/2022		
	Chair of ICB Finance Committee	Motor Neurone Disease (Sales) Ltd	yes	yes	yes	Direct	director	27/06/2022	current	07/09/2022		
	Member of ICB Audit Committee	London Metropolitan University	yes	yes	yes	Direct	Vice Chair of Governors	01/08/2022	current	07/09/2022	09/01/2023	
	Member of ICB Remuneration Committee	Motor Neurone Disease Association	yes	yes	yes	Direct	Chair of Trustees / director	01/07/2021	current	07/09/2022		
		FIPRA, a European public affairs consultancy	yes	yes	yes	Direct	Senior Advisor for EU Health Policy	01/50/2020	current	07/09/2022		
		KU Leuven University, Belgium	yes	yes	yes	Direct	Visiting Professor in Health Management and		current	07/09/2022		
	Good Governance Institute	no	yes	No	Direct	Senior Advisor / Associate	01/02/2022	current	07/09/2022	09/01/2023		
Ms Liz Sayce OBE	Non Executive Member, Member of the ICB Board											
	Chair of ICB Remuneration Committee											
	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 Professor in Practice		current	26/08/2022	22/01/2023	
	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		
	Chair NCL People Board	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			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	

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		Greenland Passage residential association	n	y	y	direct	Board Director	07/11/2018	current	02/08/2019	05/09/2022	
		1-12 Royal Court Ltd	n	y	y	direct	Secretary & director	07/11/2018	current	02/08/2019	05/09/2022	
		Novo Nordisk pharmaceutical company.	n	n	n	Indirect	My Sister is a Medical Advisor	07/11/2018	current	02/08/2019	05/09/2022	
		St Helier Hospital in Sutton.	n	n	n	Indirect	Partner is an ITU Consultant	07/11/2018	current	02/08/2019	05/09/2022	
		BMA	y	y	n	direct	member	07/11/2018	current	02/08/2019	05/09/2022	
		City and Hackney Local Medical Committee	n	y	n	direct	member	07/11/2018	current	02/08/2019	05/09/2022	
		Homerton Paradoc GP home visiting service	y	y	n	direct	I am a GP - I do shifts for the Paradoc emergency home visiting service.	07/11/2018	current	02/08/2019	05/09/2022	
		Communitas, a private provider seeing NHS patients,	y	y	n	direct	I undertake clinical sessions in my role as a GP with a Special interest in ENT.	07/11/2018	current	02/08/2019	05/09/2022	
		Hackney VTS GP training scheme	y	y	n	direct	Programme director, employed by the London Specialty School of General Practice, Health Education England.	07/11/2018	current	02/08/2019	05/09/2022	
		I am a GP Appraiser for the London area.	y	y	n	direct	GP Appraiser	07/11/2018	current	02/08/2019	05/09/2022	
		I am a mentor for GPs under GMC sanctions.	y	y	n	direct	GP Mentor	07/11/2018	current	02/08/2019	05/09/2022	
		Lantum GP locum agency	y	y	n	direct	Registered with the agency		current	11/03/2022	05/09/2022	
Sarah Mansuralli	Chief Development and Population Health Officer Member of Executive Management Team Member of Primary Care Contracting Committee Attend ICB Board of Members Exec Lead for Strategy and Development Committee Attend Finance Committee Attend Procurement Oversight Group	No interests declared	No	No	No	No	Nil Return	07/11/2018	current	07/11/2019	04/07/2022	
Dr Jo Sauvage	Chief Medical Officer, Member of ICB Board, Member of ICB Executive Management Team Also participate in multiple work streams NHS England & Improvement and Health Education England, London Region		yes	yes	yes	direct		01/07/2022	current	10/07/2022		
		NCL Clinical representative London Clinical Executive Group	yes	yes	yes	direct	NCL Clinical Representative		current	10/07/2022		
		London People Board	yes	yes	yes	direct	CMO Representative		current	10/07/2022		
		London Primary Care School	yes	yes	yes	direct	ICS Representative		current	10/07/2022		
		London Anchors Board	yes	yes	yes	direct	GP Representative		current	10/07/2022		
		NHS London Sustainability Network/Co-Chair of the Board	yes	yes	yes	direct	Clinical Director		current	10/07/2022		
		London Region Air Quality Delivery Group	yes	yes	yes	direct	Co - Chair		current	10/07/2022		
		Membership Expert Advisory Group for Evidence based interventions. Hosted by Academy of Royal Colleges	yes	yes	yes	direct	Member		current	10/07/2022		
		Working for Islington GP Federation	yes	yes	yes	direct	Salaried GP	01/07/2022	current	10/07/2022		Appropriate mitigations to be taken as directed by ICB, to avoid my involvement in any decision making pertaining to financial transactions /or other.
		City Road Medical Centre	yes	yes	yes	direct	GP Partner	11/07/2019	current	10/07/2022		contract to novate to salaried GP - Federation
		South Islington PCN	yes	yes	yes	direct	GP Practitce 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 Member of NCL ICB PCCC – Primary Care Contracting Committee	Association of Jewish Refugees	No	No	Yes	direct	Finance Committee Member	01/07/2022 10/07/2018	current current	05/09/2022 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	

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	Attend Primary Care Contracting Committee	Lost Chord is a medical charity . It receives funds for work in dementia care homes.	No	No	Yes	Indirect	My wife is a patron	15/03/2018	current		31/08/2022	
	Lead Clinician for Autumn Polio booter campaign	The Hospital Saturday Fund awards funds to health related causes.	No	No	Yes	Indirect	My wife is a patron	15/03/2018	current		31/08/2022	
	Primary and Secondary care interface group	The Hospital Saturday Fund awards funds to health related causes.	No	No	Yes	Direct	I am a Member	15/03/2018	current		31/08/2022	
	Attend Clinical Advisory Group		No	No	No			15/03/2018	current		31/08/2022	
	Attend IFR Committee		No	No	No			15/03/2018	current		31/08/2022	
	Attend Haringey Collaborative meeting		No	No	No			15/03/2018	current		31/08/2022	
	Attend Haringey Federation meeting		No	No	No							
	Attend Haringey Borough Partnership		No	No	No							
	Attend Haringey Health & Wellbeing Board		No	No	No			15/03/2018	current		31/08/2022	
Sarah Morgan	Chief People Officer Member of the Executive Member Team											
	Attend Remuneration Committee	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022		voluntary and do not provide any services only thought leadership as a health and social care stakeholder contributor
		Fresh Visions People Ltd	no	no	yes	Direct	Trustee / Director	01/04/2022	current	04/07/2022		Ensure that any contractual arrangements that may involve Fresh Visions or the parent organisation Optivo are declared as a conflict of interest as operate out of London
Deirdre Malone	Interim Director for Quality		No	No	No	No		31/08/2022	current	31/08/2022		
	Attend Primary Care Contracting Committee	CMC HYGEA - Manufacturer of Healthcare products in the Republic of Ireland.	No	No	No	Indirect	Brother in law is the CEO of CMC HYGEA. I am not directly involved in the procurement of healthcare products in my role, therefore no mitigations are required.	03/12/2015	current	31/08/2022		
	Attend Quality and Safety Committee											
	Attend GOSH CQRG											
	Attend Quality Meeting RNOH											
	Attend extended EMT											
	Member of CAG											
	Specialist Commissioning Quality Committee hosted by NHSE											
	Partner of the 5 Local Authority Safeguarding Children Partnership Boards											
	Partner of the 5 Local Authority Safeguarding Adult Partnership Boards											
	Member of the NCL Local Maternity and Neonatal System											
Emma Whitby	Chief Executive, Healthwatch Islington		No	Yes	No	Direct	Chief Executive	09/09/2019	current		31/08/2022	
	Attend Primary Care Contracting Committee											
		London Catalysts	no	no	yes	Direct	Trustee	10/07/1905	current		31/08/2022	
		Partnership with various VCS organisations	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	
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		

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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	Chief Executive, Help on Your Doorstep		yes	yes	yes	direct	Chief Executive and Company Secretary	2009	current		25/01/2023		
		NCL VCSE Alliance				direct	Member	2022	current		25/01/2023		
		Help on Your Doorstep					Delivery of social prescribing services in Islington	2019	current		25/01/2023		
		Help on Your Doorstep					Delivery of community Wellbeing Project in Islington	2019	current		25/01/2023		
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		
Dudzile 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	attendee Primary Care Contracting Committee	yes	yes	no	direct	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		
Dr Tamara Djuretic	Director of Public Health and Prevention, Barnet Council	attendee Primary Care Contracting Committee	yes	yes	no	direct	Barnet Council		current		11/12/2022		
		Population Health and Inequalities Steering Group	no	yes	no	direct	Member		current		11/12/2022		
		Borough Partnership Executive and Delivery Board	no	yes	no	direct	member		current		11/12/2022		



North Central London
Integrated Care Board

**North Central London ICB
Primary Care Contract Committee Meeting
21 February 2023**

Report Title	PCCC Terms of Reference	Date of report	9 February 2023	Agenda Item	1.3
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Place	Email / Tel	sarah.mcdonnell1@nhs.net		
Integrated Care Board 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	<i>Not Applicable</i>	Summary of Financial Implications The Committee Terms of Reference include delegated areas of authority for commissioning and other expenditure on behalf of the Board of Members.			
Name of Authorising Estates Lead	<i>Not Applicable</i>	Summary of Estates Implications The Committee Terms of Reference include delegated areas of authority for primary care estates, as detailed in section 3.1, on behalf of the Board of Members.			
Report Summary	<p>At the ICB Board of Members meeting on 7 February 2023 the Board approved an amendment to the Primary Care Contracting Committee ('Committee') Terms of Reference to the effect that the Chief Nursing Officer was to be added as a voting member of the Committee.</p> <p>This brings additional the nursing and allied health professional experience to the Committee and strengthens the link to the Quality and Safety Committee, where the Chief Nursing Officer is a member.</p> <p>Previously, the Terms of Reference for the Committee stated that either the Chief Medical Officer or the Chief Nursing Officer was a voting member. The effect of the amendment is that both the Chief Medical Officer and the Chief Nursing Officer are voting members.</p>				
Recommendation	The Committee is asked to NOTE the amendment to its Terms of Reference.				
Identified Risks and Risk Management Actions	The Committee Terms of Reference include provisions for risk management. In addition, the Committee provides oversight and scrutiny of the ICB's key risks within the areas of its remit. The most significant risks will be reported at each meeting of the Board of Members through the Board Assurance Framework report.				
Conflicts of Interest	This paper was written in accordance with the Conflicts of Interest Policy.				

Resource Implications	This report supports the Committee to provide oversight and scrutiny of an ICB key area and in making effective and efficient use of its resources.
Engagement	The amendment to the Terms of Reference was presented to, and approved by, the Board of Members of the ICB which includes Non-Executive Members, Partner Members, the UCL Health Alliance Member and clinicians.
Equality Impact Analysis	This report has been written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The ICB Board of Members approved the amendment to the Committee's Terms of Reference on 7 February 2023.
Next Steps	The amended Committee Terms of Reference will be implemented and published within the Governance Handbook on the ICB's website.
Appendices	Amended Committee Terms of Reference

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

1. Introduction

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

2. Purpose

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

3. Role

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

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

4. Membership

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

5. Participants and Observers

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

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

6. Chair

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

7. Voting

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

8. Quorum

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

9. Secretariat

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

10. Frequency of Committee Meetings

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

11. Notice of Meetings

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

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

12. Agendas and Circulation of Papers

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

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

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

13. Minutes of Meetings

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

14. Meetings Held in Public

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

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

- a) The confidential nature of the business to be transacted;
- b) The matter is commercially sensitive or confidential;
- c) The matter being discussed is part of an on-going investigation;
- d) The matter to be discussed contains information about individual practitioners, patients or other Individuals which includes sensitive personal data;
- e) Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed;
- f) Other special reason stated in the resolution and arising from the nature of that business or of the proceedings;
- g) Any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time; or
- h) Allowing the meeting to proceed without interruption, disruption and/or general disturbance.

15. Questions from the Public and Deputations

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

16. Confidentiality

- 16.1 Members of the Committee shall respect the confidentiality requirements set out in these Terms of Reference unless separate confidentiality requirements are set out for the Committee in which event these shall be observed.
- 16.2 Committee meetings may in whole or in part be held in private as per section 14 above. Any papers relating to these agenda items will be excluded from the public domain. For any meeting or any part of a meeting held in private all members and/or attendees must treat the contents of the meeting and any relevant papers as strictly private and confidential.

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

17. Authority

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

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

18. Reporting Responsibilities

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

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

19. Delegated Authority

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

20. Virtual Meetings and Decision Making

20.1 Committee meetings may be held in person or virtually.

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

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

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

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

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

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

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

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

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

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

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

21. Sub-Committees

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

22. Conflicts of Interest

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

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

23. Gifts and Hospitality

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

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

24. Standards of Business Conduct

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

- a) The law of England and Wales;
- b) The NHS Constitution;
- c) The Nolan Principles;
- d) The standards of behaviour set out in the ICB's Constitution;

- e) The Standards of Business Conduct Policy;
- f) The Conflicts of Interest Policy
- g) The Counter Fraud, Bribery and Corruption Policy,
- h) Any additional regulations or codes of practice relevant to the Committee.

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

25. Review of Terms of Reference

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

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

Date approved by the Board of Members: 27th September 2022.

Date of next review: 26th September 2023.

**Schedule 1
List of Members**

The voting members of the Committee are:

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

Committee Chair:

Position	Name
Non-Executive Member	

The standing participants are:

Position	Name
Director of Primary Care Transformation and Programmes	
Assistant Director of Primary Care Contracts	
Clinical Director for Primary Care	
Chief People Officer	
A representative from the Quality Directorate	
A Director of Public Health	
Healthwatch Representative	
LMC Representative	
Community Participants (TBC)	
VCSE Alliance Representative	

PRIMARY CARE CONTRACTING COMMITTEE

Minutes of Meeting held on Tuesday 13 December 2022 between 10am and 11:00am

Virtual Meeting via MS Teams Live

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 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 Sarah McIlwaine	Director of Primary Care
Ms Deidre Malone	Interim Director of Quality
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)
Ms Honorine Focho	Senior Primary Care Commissioning Manager (Commissioning & Contracting)
Ms Usha Banga	Commissioning Manager (Commissioning & Contracting)
Ms Nita Naran	Senior Corporate Finance Manager/Head of Finance –Primary Care
Ms Toyin Akinyemi	Interim Head of Finance – Primary Care
Ms Diane McDonald	Interim Strategic Estates Finance Lead
Mr Mark Agathangelou	Community Participant
Rev Kostakis Christodoulou	Community Participant
Mr Dudu Sher-Arami	Public Health Representative
Ms Emma Whitby	Healthwatch Representative
Mr Ken Kanu	VCSE Alliance Representative
Mr Jamie Wright	LMC Representative
Ms Colette Wood	Director of Integration, Barnet Borough
Mr Simon Wheatley	Director of Integration, Camden Borough
Ms Clare Henderson	Director of Integration, Islington Borough
Ms Rachel Lissauer	Director of Integration, Haringey Borough
Mr Riyad Karim	Assistant Director of Primary Care, Enfield Borough (<i>deputised for Deborah McBeal</i>)
Mr Leo Grunhut	Senior Property Manager & Vacant Space Programme Lead, NHS Property Services
Mr John Pritchard	Senior Communications Lead
Mr Andrew Tillbrook	Board Secretary, Producer of MS Teams Live
Ms Vivienne Ahmad	Board Secretary (Minutes)

Apologies:	
Ms Sarah Mansuralli	Chief Development & Population Health Officer
Dr Josephine Sauvage	Chief Medical Officer
Ms Deborah McBeal	Director of Integration, Enfield Borough

1.0	INTRODUCTION
1.1	Welcome & Apologies
1.1.1	<p>The Chair welcomed everyone to the PCCC meeting including Jamie Wright, LMC Representative and Dudu Sher-Arami, Public Health Representative.</p> <p>Apologies were recorded as above. The Committee was quorate.</p> <p>The Chair reminded everyone how members of the public can attend committee meetings:</p> <ul style="list-style-type: none"> • Today’s meeting is online due to strike action and is one hour long. However, considering helpful feedback, would like to remind everyone how members of the public can attend committee meetings held in public. • It is important to note that although the Primary Care Contracting Committee is a meeting held in public, it is not a ‘public meeting’. This means that members of the public can: <ul style="list-style-type: none"> ➤ Attend meetings, in person or virtually ➤ Listen to the proceedings and observe our decision-making process ➤ Ask questions relating to items listed on the agenda in advance by email. • Where appropriate, questions will be addressed in the introduction to relevant agenda items and responses will be published on the ICB website after each meeting.
1.2	Declarations of Interests (not otherwise stated)
1.2.1	<ul style="list-style-type: none"> • 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.
	The Committee NOTED the Declarations of Interest.
1.3	Draft Minutes of the PCCC meeting of 4 October 2022
1.3.1	The minutes of the NCL Primary Care Contracting Committee Meeting on 4 October 2022 were agreed as a true record of the meeting.
	The Committee APPROVED the minutes of the meeting dated 4 October 2022.
1.4	Draft Minutes of the PCCC meeting of 18 October 2022

1.4.1	The minutes of the NCL Primary Care Contracting Committee Meeting on 18 October 2022 were agreed as a true record of the meeting.
	The Committee APPROVED the minutes of the meeting dated 18 October 2022.
1.5	Action Log
1.5.1	The Committee reviewed the action log and agreed to close the actions recommended for closure.
	The Committee APPROVED the action log.
1.6	Matters Arising
1.6.1	There were no further matters arising.
2.0	BUSINESS
2.1	Contract Variations All Boroughs – PMS Agreement Changes
2.1.1	<p>The Committee was requested to consider a series of contract variations for four practices:</p> <p>Barnet – East Barnet Health Centre – Removal of a partner</p> <p>Barnet – East Barnet Health Centre – Addition of a partner</p> <p>Enfield – Nightingale House Surgery – 24-hour retirement of a partner</p> <p>Camden – James Wigg Practice – 24-hour retirement of a partner</p> <p>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. Three practices have under-provision GP and / or nurse appointments and they have been asked to respond with their plans.</p> <p>The Committee was therefore asked to approve the changes to the four practices subject to the continued monitoring of these practices in terms of recruitment and access to patients.</p>
	The Committee APPROVED the contract changes for the four practices.
2.2	APMS Procurement Approach
2.2.1	<p>The Committee was asked to approve the process and timeline for the next round of approved APMS reprocurments and comment on the priorities to be reflected in the procurement documentation. The following was highlighted:</p> <ul style="list-style-type: none"> • The paper is a high-level overview of the ICB’s approach to the APMS contracts that needed to be reprocured in the new financial year. • The paper summarises work undertaken with and on behalf of committee to: <ul style="list-style-type: none"> ○ Review documents and the procurement processes to ensure they are reflective of the ICB’s role, responsibilities, and strategy (as opposed to CCG). ○ Consider how we optimise engagement with patients and stakeholders - looking at methods to improve processes and strengthen engagement and making sure services reflect patients and stakeholder needs.

	<ul style="list-style-type: none"> ○ Outline what we expect from NCL providers in terms of their engagement and integration with their local communities and neighbourhoods, voluntary organisations and PCNs. ○ Performance of the practice – review options to embed quality and refresh the approach to performance and KPIs over the course of the contract. The paper covers a range of possible KPIs to amend in the APMS contracts. ○ Review the financial offer – e.g., looking at approaches taken in other areas to ‘equalisation’ across contract types. Reviewing across London to see what budgets look like for APMS contracts ensuring we are in line with London. ● The approach to APMS should also reflect the emerging vision and ambitions in the ICB Population Health Strategy and People Strategy, being developed for the ICB and ICS. This includes key clinical areas that are priorities for the NCL population, key workforce and employment priorities and the Core 20+5 framework, which focuses on the 20% most deprived wards and key population groups. The strategic and clinical priorities will be included in the final documentation published and materials to support the reprocurement process.
2.2.2	<p>In considering the report, the Committee noted the following:</p> <ul style="list-style-type: none"> ● Engagement as part of the procurement and testing the bidders on engagement and community focus – the ICB will carry out an engagement process to inform the final procurement documents for each practice being reprocured. Questions will be updated also. Surveys are sent out to registered patients. The ICB will then go into these practices over several weeks & attend forums with patient groups. Discussions take place about the priorities and future plans for the practice, and engagement with the patients will draw out what changes they would like to see. Outputs are added to the Memorandum of Information, which is a key tender document for bidders. The Committee noted bidders are required to use that information to evidence how those patients needs will be met. The bidders are also expected to respond to specific questions asked as part of the procurement response ● KPIs and how feasible it is to amend them – KPIs were amended across London as part of the PMS Review. Certain areas have retained previous APMS KPIs and/or added KPIs from specifications linked to redistribution of the PMS premium. Going forward there are more opportunities in the new APMS contracts to amend the KPIs. For existing APMS providers, the contracts would need to be varied. For APMS reprocurements they can be included at the outset. An ICB review group will look at how well the existing KPIs have been working and at ICB strategies and priorities & amend accordingly. Most importantly, we would need to ensure the KPIs can be measured to ascertain the quality and performance of the APMS contracts. ● Financial context around APMS contracts – there is an increasingly tight budget and each year there is less headroom. About 10% of the contracts are APMS at present. The APMS contracts cost approximately 18% more than GMS and PMS contracts. ● Timelines and processes – the proposed start date for the contracts going out is 1 November 2023. The timelines presented are high level timelines and will need to be refined once the process is finalised with procurement teams. For contracts in caretaking, these contracts have their initial term and a provision to extend in case there is any slippage in the timelines. The mobilisation and handover process is planned to commence in August. We will ensure the practices are taking HR advice as they are responsible for any TUPE and staff transfer. ● Engagement – as part of the review process, the ICB works closely with HealthWatch and others to share best practice and to access harder-to-reach groups. Presently, use a wide range of methods for engagement, letters are sent to patients and we ask the practice to put the survey and engagement information on the website. Text messages are sent out, and posters put up in the practice. A range

	<p>of stakeholders are written to and asked to share their view - they also receive a copy of the patient letter and survey.</p> <ul style="list-style-type: none"> • PPG – before starting the procurement, work will start with the practices to make sure they have an active PPG and due process is followed. In terms of patients and stakeholders being part of the decision making, bidders will be asked to evidence their approach to patient engagement and the outputs from engagement undertaken during the reprocurement will inform the committee papers (alongside all other information). Once the procurement is completed, the decision comes to the part one committee meeting in public – less any commercially sensitive information which goes to the confidential part two meeting. There is a 30-day challenge period.
	The Committee APPROVED the recommendation.
2.3	NCL 22/23 GP Due Diligence Submissions to London Improvement Grants
2.3.1	<p>The Committee was 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.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • The improvement grants give GPs access to funding for smaller schemes. ICS has a primary care fund allocated this year of £2.7m and £1.5m has been allocated to GPIT and £1.2m allocated to improvement grants. • As part of the process that was approved by PCCC, there are two key steps. Expressions of interest are put forward by GPs. The boroughs review these to see whether they are strategic and fulfil the needs of the borough. They come back to the Committee for the first letter of support then go to the second stage which is due diligence. The practices submit all the required due diligence information for review. There the ICB also assesses any revenue consequences from these schemes. • Due to the timing (CCG-ICB transition and changes nationally), the programme's first stage came in February. In July, there were several queries as to how capital allocation would be run by NHSE. The programme was delayed and due diligence started in August. Hence there has been a tight timeline to complete the schemes by the 31 March deadline. • The Committee was being asked if those schemes put forward, could be approved to go forward for funding subject to the London Improvement Grant team completing the due diligence and the ICB to providing a letter of support for those schemes. • There were initially 17 schemes put forward of which five were withdrawn. This leaves 12 schemes with an estimated value to £1.1m of capital grant being applied for. • Three key schemes are already included in the primary care estates priorities and affordability model brought to the Committee in February, April, and June. The PCCC members were asked to review where estate schemes had revenue consequences and were being funded from the saving generated from ICB voids that have been eliminated. The affordability model will be brought back to the February meeting for an update. <p>The Committee was therefore asked to approve the accelerating access to funding by approving the 12 schemes to go forward subject to the due diligence being completed and that a letter of support was provided subject to the due diligence being sent by the ICB.</p>
2.3.2	<p>Action:</p> <ul style="list-style-type: none"> • The Affordability model will be brought back to the Committee in February 2023 (<i>Diane Macdonald</i>)

	The Committee APPROVED the recommendation.
2.4	Haringey - London Improvement Grant – Bounds Green Group Practice
	<p>The Committee was asked to approve the development of Bounds Green practice and to note the rent abatement. The following was highlighted:</p> <ul style="list-style-type: none"> • The practice has applied to convert some loft space to create a new second floor for meetings and online consultations which will free up clinical space elsewhere. This will help the practice with their provision of services. It has been approved by the London Improvement Grant team pending the tender and due diligence. • There will be no capital implications to the ICB or any immediate revenue implications. The rent will be abated for 15 years because of the Improvement Grant funding. • From 2038, the rental <i>increase</i> following the building works is estimated to be £26,000 per annum but this would be determined following a District Valuer assessment as part of the rent review process. • Given the significance of the scheme and the stage it has got with the London Improvement Grant process, the recommendation is that the plans go ahead, and the Committee notes the revenue implications from year 16.
	The Committee APPROVED the recommendation.
2.5	Barnet - Request to issue a contract variation for change in core hours for Cricklewood APMS contract
2.5.1	<p>The Committee was asked to approve the practice's request to vary the Cricklewood GP Health Centre APMS contract core hours provision following patient and staff engagement.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • This would require a contract variation to extend their hours during the working week instead of opening on Saturday. • The contract started in December 2021 following a period of caretaking for five months. During the contract commencement period, the new provider did a full review of the practice. They raised that Saturday opening (expected under the new APMS contract) had not been provided by the previous providers and staff had not been contracted to work on Saturdays. They requested hours be renegotiated with the ICB asking in February whether there was a possibility to deliver the additional hours during the week. • Commissioners asked the practice to start engagement with patients and staff. The practice did so between February and August 2022 in various ways: letters, SMS and emails etc. This included a survey in June which ran for three weeks. There were 41 responses to the survey. 65% of the respondents preferred longer working hours during the week. 95% of the patients said they wanted these hours offered across several days during the week. • The practice held a PPG meeting in August to discuss the results and the group supported the longer opening hours during the week in lieu of weekends. • The national survey results published in July also indicated that patients were satisfied with the current opening hours and were accessing appointments during the week. • The practice is currently providing longer opening hours on Monday. • In terms of access outside opening hours, the practice has the fourth lowest A & E attendance across Barnet. Unfortunately, the practice has not been accepted into a PCN and has been outside these arrangements since April 2022 and so can't access or provide the PCN enhanced access services.

	<ul style="list-style-type: none"> For this and other reasons, there has been continuous engagement with the local PCNs and are now going through the process of allocation. It is now a priority to get the practice into a PCN. <p>Based on the feedback and survey results, the Committee was asked to approve the change to weekdays.</p> <p>The Committee took a <i>decision in principle</i> to support this, if the practice was allocated into a PCN and patients were able to access the Saturday morning appointments as part of the PCN service and/or able to access the Federations hub service.</p>
2.5.2	<p>Action:</p> <ul style="list-style-type: none"> A paper on Cricklewood's access to a PCN to come to a future Committee. <i>(Vanessa Piper / Colette Wood)</i>
	<p>The Committee APPROVED the recommendation subject to the practice being allocated into a PCN as a priority and the assurance that patients can access the Saturday appointments through either the PCN Enhanced access service or the Federation Hub.</p>
3	OVERVIEW REPORTS
3.1	Primary Care Finance Update
3.3.1	<p>The Committee was requested to note the Delegated Primary Care financial Budget and the financial position as at Month 7 (October 2022).</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> £9.7m adverse variance was reported this month with no difference from last month. This relates to the way the Additional Roles Reimbursement Scheme (ARRS) is funded. There has been a change in the required presentation by NHS England. They have moved the allocation for enhanced access from non-delegated to delegated. Overall, the ICB is on target to meet its requirements.
	The Committee NOTED the report.
3.2	Quality & Performance Report
3.2.1	<p>Since the last meeting, it was noted the team had undertaken further work on the Quality and Performance report:</p> <ul style="list-style-type: none"> The supporting pack provides the changes made since October. There has been ongoing dialogue with the primary care leads around the Quality and Performance report providing a system temperature check. What is being offered is to send the raw data to boroughs monthly and for the borough leads to converse with Simon Wheatley. The aim is to have the local intelligence and practice level view with the system level perspective.
3.2.2	<p>In considering the report, the Committee noted the following:</p> <ul style="list-style-type: none"> This is part one of the PCCC meeting in public and the data used is publicly available information. Any practice level conversations will not take place in part one, but we can discuss key themes, outliers and areas where the committee might want the ICB to provide focused support.

	<ul style="list-style-type: none"> Learning Disabilities health checks - all borough leads need to be reaching out and understanding what more can be done with the practices and PCNs to increase the number of health checks completed in the next part of this financial year. Access remains a challenge for practices and an issue for patients. A lot of work is happening throughout Winter to support access to primary care with around £2m of winter funding locally. There is also a lot of work happening to support practices with the surge in respiratory illnesses amongst adults and children and a significant spike in activity following concerns around Strep A. To address two points in the next report in February: development needs in relation to indicators where there are a lot of reds - what can be done to support primary care; and how the ICB was responding to the Fuller report and any risks attached.
3.2.3	<p>Actions:</p> <ul style="list-style-type: none"> To discuss how the GP Appointments Data (GPAD) is utilised at a future PCCC seminar. To address two points in the next report in February: development needs in relation to indicators where there are a lot of reds - what can be done to support primary care; and how the ICB was responding to the Fuller report and any risks attached.
	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.
	There were no comments made.
	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 DATE OF NEXT MEETING	
7.1	<ul style="list-style-type: none"> 21 February 2023

NCL ICB Primary Care Contracting Committee Action Log – Feb 2022

PART 1

Meeting Date	Action No.	Minutes Ref	Action	Action lead	Deadline	Status update	Date closed
13.12.22	1	2.3.2	NCL 22/23 GP Due Diligence Submissions to London Improvement Grants - The Affordability model to be brought back to the Committee in February 2023.	Diane Macdonald	Feb 2023	23.01.23 – On the agenda for part two of the meeting. Recommend to close the action.	
13.12.22	2	2.5.2	Barnet - Request to issue a contract variation for change in core hours for Cricklewood APMS contract - paper on Cricklewood's access to a PCN to come to a future Committee. (Vanessa Piper / Colette Wood)	Vanessa Piper / Colette Wood	March / April 2023	23.01.23 – discussions continue with Londonwide LMC and the Barnet PCNs	
13.12.22	3	3.2.3	Quality & Performance Report – <ul style="list-style-type: none"> • Next committee to consider support for practices around indicators where there are a lot of reds • To discuss how the GP Appointments Data (GPAD) is utilised at a future PCCC seminar. • Future committee to consider how the ICB is responding to the Fuller report and any risks attached. 	Simon Wheatley	Feb 2023	23.01.23 – Report to be refined ongoing. PCCC seminars in for May and July 23. Suggest one covers data and the other covers response to Fuller. Recommend to close the action.	



**North Central London ICB
Primary Care Contracting Committee Meeting
21 February 2023**

Report Title	Commissioning Decisions on PMS Agreement Changes	Date of report	3 Feb 2023	Agenda Item	2.1
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Place	Email / Tel		Sarah.mcdonnell1@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	<i>Not Applicable</i>	Summary of Financial Implications			
		<i>Not Applicable</i>			
Name of Authorising Estates Lead	<i>Not Applicable</i>	Summary of Estates Implications			
		<i>Not Applicable</i>			
Report Summary	Detail of the request to vary PMS Agreements and any conditions to be applied				
Recommendation	The Committee is asked to NOTE one change and where indicated to APPROVE the proposed changes outlined below and any conditions.				
Identified Risks & Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	<i>Not Applicable</i>				
Resource Implications	<i>Not Applicable</i>				
Engagement	<i>Not Applicable</i>				
Equality Impact Analysis	<i>Not Applicable</i>				
Report History & Key Decisions	<i>Not Applicable</i>				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	<i>Not Applicable</i>				

Contents

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

1 Executive summary

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

2 Background

PMS practices are required to submit agreement change requests with 28 days' notice to allow the commissioner to consider the appropriateness of the request. The Commissioner should be satisfied that the arrangements for continuity of service provision to the registered population covered within the agreement are robust and may wish to seek written assurances of the post-variation 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 new Standard London APMS contracts and is described in the BMA document Safe working in general practice¹ as developed by NHS England via McKinsey but widely accepted.

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

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/10/2022	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																
F83003 Park End Surgery	Camden	7629	Practice is a member of North Camden PCN comprising: • 5 practices with 54690 patients at 01/01/22	Removal of Dr John Horton Addition of Dr Jacob Goss and Dr Kei Lizuka	<p>The practice has requested the removal of Dr Horton and the addition of Drs Goss and Lizuka increasing the total number of contractors to 5 on the PMS agreement</p> <p><u>Recommended provision</u></p> <table> <tr> <td>GP appointments</td> <td>550</td> </tr> <tr> <td>GP sessions</td> <td>29</td> </tr> <tr> <td>Nurse appointments</td> <td>245</td> </tr> <tr> <td>Nurse sessions</td> <td>13</td> </tr> </table> <p><u>Practice provision</u></p> <table> <tr> <td>GP appointments</td> <td>670</td> </tr> <tr> <td>GP sessions</td> <td>54</td> </tr> <tr> <td>Nurse appointments</td> <td>52</td> </tr> <tr> <td>Nurse sessions</td> <td>4</td> </tr> </table> <p>There is a shortfall in nursing provision and the practice have advised they will be increasing the practices nurse appointments by 7 sessions each week, in addition to the 6 sessions currently provided by the practices HCA.</p>	GP appointments	550	GP sessions	29	Nurse appointments	245	Nurse sessions	13	GP appointments	670	GP sessions	54	Nurse appointments	52	Nurse sessions	4	To Approve
GP appointments	550																					
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Nurse appointments	52																					
Nurse sessions	4																					

F83018 Prince of Wales Group Practice	Camden	8713	Practice is a member of Kentish Town Central PCN comprising: • 3 practices with 33644 patients at 01/01/22	Removal of Dr Ruairidh Taylor	<p>The practice has requested the removal of Dr Ruairidh Taylor reducing the total number of contractors to 2 on the PMS agreement</p> <p><u>Recommended provision</u></p> <table data-bbox="1301 347 1653 480"> <tr><td>GP appointments</td><td>628</td></tr> <tr><td>GP sessions</td><td>34</td></tr> <tr><td>Nurse appointments</td><td>279</td></tr> <tr><td>Nurse sessions</td><td>15</td></tr> </table> <p><u>Practice provision</u></p> <table data-bbox="1301 549 1653 681"> <tr><td>GP appointments</td><td>752</td></tr> <tr><td>GP sessions</td><td>37</td></tr> <tr><td>Nurse appointments</td><td>231</td></tr> <tr><td>Nurse sessions</td><td>11</td></tr> </table> <p>There is a shortfall in nursing provision and the practice has advised they also provide 137 appointments through ARRS staff such as physician associates, prescribing pharmacist and non-prescribing pharmacist and provide 10 HCA sessions per week.</p>	GP appointments	628	GP sessions	34	Nurse appointments	279	Nurse sessions	15	GP appointments	752	GP sessions	37	Nurse appointments	231	Nurse sessions	11	To approve
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<p>F85640 Cheshire Road Surgery</p>	<p>Haringey</p>	<p>6415</p>	<p>Practice is a member of Haringey North Central PCN comprising: • 5 practices with 46451 patients at 01/01/22</p>	<p>Removal of Dr Goran Jolic</p>	<p>The practice has requested the removal of Dr Goran Jolic reducing the total number of contractors to 2 on the PMS agreement.</p> <p><u>Recommended provision</u></p> <table data-bbox="1308 347 1653 478"> <tr> <td>GP appointments</td> <td>461</td> </tr> <tr> <td>GP sessions</td> <td>25</td> </tr> <tr> <td>Nurse appointments</td> <td>205</td> </tr> <tr> <td>Nurse sessions</td> <td>11</td> </tr> </table> <p><u>Practice provision</u></p> <table data-bbox="1308 550 1653 681"> <tr> <td>GP appointments</td> <td>320</td> </tr> <tr> <td>GP sessions</td> <td>22</td> </tr> <tr> <td>Nurse appointments</td> <td>197</td> </tr> <tr> <td>Nurse sessions</td> <td>16</td> </tr> </table> <p>There is a shortfall in both GP and nursing provision. The practice has advised they plan to advertise and hire a salaried GP with a view to partnership for 4-7 sessions per week.</p> <p>The practice advised they have two pharmacists - one from the PCN 3 days per week and one inhouse prescribing pharmacist 5 days per week, offering 180 appointments per week.</p> <p>The inhouse full time pharmacist is currently undertaking the ANP course to further support nursing provision.</p>	GP appointments	461	GP sessions	25	Nurse appointments	205	Nurse sessions	11	GP appointments	320	GP sessions	22	Nurse appointments	197	Nurse sessions	16	<p>To Approve</p>
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<p>E83039 Ravenscroft Medical Centre</p>	<p>Barnet</p>	<p>5710</p>	<p>Practice is a member of PCN 5 comprising: • 7 practices with 54132 patients at 01/01/22</p>	<p>Addition of Dr Melissa Holz</p>	<p>The practice has requested the addition of Dr Holz increasing the total number of contractors to 2 on the PMS agreement.</p> <p><u>Recommended provision</u></p> <table data-bbox="1305 347 1653 480"> <tr> <td>GP appointments</td> <td>412</td> </tr> <tr> <td>GP sessions</td> <td>22</td> </tr> <tr> <td>Nurse appointments</td> <td>183</td> </tr> <tr> <td>Nurse sessions</td> <td>10</td> </tr> </table> <p><u>Practice provision</u></p> <table data-bbox="1305 552 1653 684"> <tr> <td>GP appointments</td> <td>420</td> </tr> <tr> <td>GP sessions</td> <td>23</td> </tr> <tr> <td>Nurse appointments</td> <td>185</td> </tr> <tr> <td>Nurse sessions</td> <td>9</td> </tr> </table> <p>The practice is above the recommended guide for both GP provision and nursing provision.</p>	GP appointments	412	GP sessions	22	Nurse appointments	183	Nurse sessions	10	GP appointments	420	GP sessions	23	Nurse appointments	185	Nurse sessions	9	<p>To Approve</p>
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E83024 St Andrews Medical Practice	Barnet	8604	Practice is a member of PCN 2 comprising: • 12 practices with 103211 patients at 01/01/22	Removal of Dr Nicholas Mistry	<p>The practice has requested the removal of Dr Mistry reducing the total number of contractors to 5 on the PMS agreement.</p> <p><u>Recommended provision</u></p> <table data-bbox="1301 376 1653 512"> <tr><td>GP appointments</td><td>620</td></tr> <tr><td>GP sessions</td><td>33</td></tr> <tr><td>Nurse appointments</td><td>276</td></tr> <tr><td>Nurse sessions</td><td>15</td></tr> </table> <p><u>Practice provision</u></p> <table data-bbox="1301 584 1653 719"> <tr><td>GP appointments</td><td>864</td></tr> <tr><td>GP sessions</td><td>48</td></tr> <tr><td>Nurse appointments</td><td>315</td></tr> <tr><td>Nurse sessions</td><td>21</td></tr> </table> <p>The practice is above the recommended guide for both GP provision and nursing provision.</p>	GP appointments	620	GP sessions	33	Nurse appointments	276	Nurse sessions	15	GP appointments	864	GP sessions	48	Nurse appointments	315	Nurse sessions	21	To approve
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**North Central London ICB
Primary Care Contracting Committee Meeting
21 February 2023**

Report Title	The Phoenix Practice request for additional admin space and associated increase in rent	Date of report	13 February 2023	Agenda Item	2.2
Lead Director / Manager	Colette Wood	Email / Tel		Colette.wood1@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Su Nayee	Email / Tel		Su.nayee@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg Director of Finance, Primary Care Finance Directorate NHS North Central London ICB	Summary of Financial Implications An increase of rent to the delegated budget of £15,600 per annum for additional space subject to a District Valuer valuation. An estimated increase to business rates of approximately £1,746.29 pa. These increases may cause a cost pressure against budget but should be set against a recurrent saving of £25,248 realised in 2017 when the Boyne Avenue premises were closed following a merger with the Phoenix Practice.			
Name of Authorising Estates Lead	N/A	Summary of Estates Implications Request concerns reimbursement of PC rent only.			
Report Summary	<p>Committee members are asked to consider the request from The Phoenix Practice in Barnet for additional rent reimbursement for space which the practice has leased since October 2017.</p> <p>The practice has indicated the conversion of admin space to clinical space in its main building at 7 Brampton Grove resulted in relocating the displaced admin space to 7a Upper Flat Brampton Grove.</p> <p>PCCC members should note, the conversion of admin space into clinical space was approved through the 2017/18 London Improvement grant (LIG) scheme and was supported by the then Barnet CCG. However, the ICB is unable to ascertain whether the practice had formal approval from Barnet CCG to lease the additional rooms in 7a Brampton Grove or whether the space had been assessed as fit for purpose as admin space.</p> <p>The Phoenix Practice GMS contract is held by a partnership and has a list size of 10,270 as of 01 January 2023. The practice is operating from a leased</p>				

converted residential premises. The landlord is a private landlord. The practice has experienced a list size growth of 2811 patients a 37% increase over the past 5 years – in part due to a practice merger in 2017.

Commissioners have set out the chronology below to provide some background and context.

2016 - London Improvement Grant (LIG) application

- The Practice was granted Capital funding from NHSE to convert admin space to clinical space within their main building and was awarded £29,075 in July 2017. This approval was on the basis that it was cost neutral to Barnet CCG and there was no increase in revenue costs.
- The practice at the time of application indicated they would be seeking to convert leased space in their garage, behind the main surgery, into admin rooms. The NHSE LIG team did not approve this space as it did not meet the criteria for capital funding through the LIG scheme.
- The practice proceeded with the conversion of the clinical space in the main site and withdrew the conversion of the leased space in the garage.

2017 – Application to Merge with Boyne Avenue

- In July 2018 the practice sought approval and merged with Boyne Avenue Surgery in October 2017.
- The list size increased by 28% from 7486 to 9868 as a result of the merger
- The practice proceeded to lease the space above the garage (7a Upper Flat Brampton Grove) and convert it to admin space. This was a private arrangement with the landlord, and the practice did not apply via a project initiation document to Barnet CCG at this time

2020 - 2022 – Rent reimbursement and PID Application

- The practice has applied for rent reimbursement for the additional admin space created in the separate building above the garage (7a Brampton Grove). The partners have also requested reimbursement for the space to be backdated to 1 October 2017.
- The primary care team undertook a review of the practice files, which included a review of their merger application and chronology of the LIG funding.
- The Primary Care team advised the practice that, as there had been no evidence of formal approval for the additional admin space, the CCG could not consider the case.
- The partners and through Londonwide LMC representation have said there is a financial pressure to the partners of £97,500 from 1 October 2017 to date for the lease space not being reimbursed.
- The partners have also stated that their list has grown over the past 5 years post the merger by 2811 patients
- On this basis the primary care team advised the partners to complete a premises PID.

Space Requirements

The practice currently operates out of 6 clinical rooms which is a ratio of 1 room: 1712 patients and 182.69m². Using the DH HBN 1 space estimator the practice should be operating out of 8 clinical rooms and NIA of 530m²

Financial implications

- Current rent £47,000 (182.69 m2)
- Rent for the additional admin space £15,600 (55 m2)
- Total estimated rent for the existing and additional admin space £62,600(237.69 m2)
- Estimated increase in business rates of £1,746.29 pa associated with the additional space.

The estimated increase in the reimbursable rent to the delegated budget is £15,600 per annum if approved by PCCC members. This is subject to a DV valuation.

Should PCCC members approve the increase in rent, the ICB will request a DV valuation is completed for the new space.

The partners are seeking backdated rental funding from NCL ICB from 1 October 2017 to date and are requesting the increase in rent for the additional space going forward at £15,600 per annum (subject to DV valuation)

PCCC members should note however, regulation 7 of the Premises Cost Directions directs the commissioners to not approve retrospective reimbursement where a contract has been entered into without prior agreement with the ICB. Therefore, the primary care team does not deem there is a case to backdate as the partners leased the space privately without approval for a change in rent from Barnet CCG at that time.

As indicated above, the practice displaced their admin space to create additional clinical space and the practice continues to operate in fewer clinical rooms for their list size, therefore there is a case for the practice to be reimbursed for the admin space. It should be noted when the practices in merged in 2017, the Boyne Avenue premises were closed, which released £25,248 recurrently to the primary Care budget.

Should PCCC members approve the increase in rent for the admin space, it should be on the condition that the space assessed as fit for the purpose as admin space. Committee members should note the space is solely being used for admin purposes. Clinical records are not being stored in the space.

Access considerations

The Practice has confirmed they offer the following GP & nurse appointments per week:

- 785 GP appointments (37 Sessions) & 345 Nurse appointments (17 sessions)
- There is no shortfall of GP appointments, but there are 3 fewer sessions being provided
- There is no shortfall of nurse appointments and shortfall of one session.
- Other appointments offered by the practice: 83 HCA and clinical pharmacists

Clinical staff working at the practice include 6 GPs (4.11 WTE), 2 practice nurses (1.21 WTE), 2 HCA (0.52) 1 PCN Pharmacist 0.5 (WTE)

On review of the number of appointments being offered, commissioners can confirm there is currently no shortfall in line with guidance.

Recommendation	Commissioners are requesting committee members to APPROVE : <ol style="list-style-type: none"> 1. Increase in the rent reimbursement to the delegated budget of £15,600 per annum – subject to confirmation by the DV. 2. Approval of increase in business rates of £1,746.29 pa associated with the additional space – subject to confirmation by local authority invoices 3. Approval should be on the condition that the space meets appropriate building requirements and it fit for use as admin space. 4. Approval should be on the condition that the backdated rent does not apply, because the lease of the additional admin scheme was not approved by Barnet CCG in October 2017 and under the terms of the Premises Cost Direction 7.
Identified Risks and Risk Management Actions	<i>Not Applicable.</i>
Conflicts of Interest	<i>Not Applicable.</i>
Resource Implications	Increase in rent of £15,600 – subject to DV valuation An estimated increase to business rates of approximately £1,746.29 pa
Engagement	Engagement is not required because there is no change to services
Equality Impact Analysis	Not applicable as there is no change in service provision.
Report History and Key Decisions	This case has not been considered previously by PCCC members.
Next Steps	If approval is given, commissioners will request the DV to undertake and an assessment of the new space.
Appendices	None

Background

The Phoenix Practice GMS contract is held by a partnership and has a of list size of 10,270 as at 01 January 2023. The practice has 6 GPs, 2 practice nurses, 2 HCA and 1 PCN Pharmacist working at the practice.

The Phoenix practice had submitted a PID application to the ICB in which the contractor is requesting backdated rent reimbursement of £15,600 per annum from 1 October 2017 to date (£97,500) and ongoing rent reimbursement going forward. The practice has stated this rent is to cover additional space which the practice leased to accommodate admin space which was displaced from their main building. The practice outlined that admin space within the practice was converted to clinical space for use by the GP following a practice merger which took place in October 2017. The conversion of the admin space for clinical use was funding by London Improvement Grant funding scheme 2017-18.

In October 2017, the Phoenix Practice merged with Boyne Avenue Surgery, a single-handed practice. This resulted in an increased list size of 2100 patients, taking the list size from 7,486 to 9,586, for which there was a requirement for additional clinical space to deliver GP services for the increase in patient list.

The practice has reported that to create the additional clinical space within the main building (7 Brampton Grove), the practice, with agreement from the Commissioner, converted the existing administrative and kitchen space into clinical space to accommodate the Boyne Avenue patient list.

The practice had indicated in their PID application the creation of the clinical space in the main building resulted in relocating the administrative space. The practice identified the adjoining flat to the main practice building at 7a Brampton Grove. The practice had indicated that in December 2017, a new 9-year lease (starting 01/10/2017 to 28/09/2026) was taken out by the practice for the upper floor of 7a Brampton Grove at the cost of £15,600 pa.

However, commissioners are unable to find any correspondence from the Practice to Barnet CCG or North Central London Primary Care teams to evidence that the practice sought approval, shared details of the leased space or sought approval for increase in rent reimbursement for additional space to be leased for 7a Brampton Grove.

The practice is seeking back dated funding of £15,600 per annum from 1 October 2017 to date and request for increase in rent for the additional space going forward.

The practice has indicated in their application that should these costs not be approved for reimbursement retrospectively, there is a risk that the practice will not be able to continue with the sizeable ongoing financial loss. The Landlord is seeking a further increase in rent of the space from 2021 to new rent of £16,200. The practice has stated this will have a detrimental effect on their practice population, staff and the wider PCN5 as the Phoenix practice is the nominated practice for PCN5. Committee members should note regulation 7 of the Premises Cost Directions direct the commissioners to not approve retrospective reimbursement where a contract has been entered into without prior agreement with the ICB.

London Improvement Grant

Committee members should note the practice had submitted an expression of interest to Barnet CCG for London Improvement Grant (LIG) funding to increase clinical capacity to deliver primary medical services from its existing premises. The practice had applied for funding of £84,000. This was prior to merger discussions taking place.

In its application submitted to the Barnet CCG in September 2016, the practice application included:

- The creation of an additional consulting room on the 1st floor of its main building.
- The application also included creation of a new tea point on the second floor of the building
- Creation of a new multi-purpose office in an outbuilding (the practice's leased garage) space

The practice's application was supported in principle by Barnet CCG on the basis there was no increase in revenue costs to the CCG. *Committee members should note that all the space to be remodelled was already being leased by the practice, therefore would not have had an impact on the rent revenue.*

On 26 February 2017 the LIG team wrote to the practice, setting out

- the works to create an additional consulting room comply with Para 8(a) and was being supported for funding in principle.
- Creation of office space and the tea point was not eligible for funding. Location of office proposed is not clear and appears to be in an outbuilding.

On 28 February 2017 the practice contacted the LIG team to provide clarification on the works not supported for funding:

- The practice clarified that to create the clinical space, the practice will have to displace an administrative office and tearoom area.
- The displaced administrative office would be moved to the practice's garage, which would include a covered passageway.
- The displaced tearoom would be relocated to another part of the practice

On 28 February, following clarification from the practice, the LIG team responded to confirm:

- If the works to relocate the administrative office and tea room are required to provide the additional clinical room – this would be supported.
- However, the practice was asked to note that any building not connected to the main building by at least a covered passageway (i.e. a corridor) would not be eligible for funding.
- The LIG advised, that to construct a covered passageway is likely to require planning permission

On 1 March 2017

The practice confirmed that they were pleased to note the practice had support in principle for the practice's application, subject to a number of conditions. The practice provided

- Reassurance and confirmation the administrative office would be connected to the main practice building by a covered passageway (enclosed space that protects the user from the elements on all sides, such as a corridor).

On 17 May 2017 the practice wrote to the LIG to provide an update on the due diligence information, which stated

- The practice had obtained planning permission for the conversion of the garage into an admin room.

- However, after submission of the Due Diligence information to LIG, the practice wrote to the LIG team to state “developments between Barnet CCG and the practice had led to the procurement of facilities above the garage” – (*it is assumed these facilities are 7a Brampton Grove*).
- “If these facilities are sufficient there may not be a requirement for the conversion of the garage”.
- “Planning permission for the walkway had thus been put on hold”.

On 7 June 2017 the LIG wrote to the practice noting

- The scope of the works may have changed and asked the practice to confirm if the practice ‘may have purchased / may be purchasing’ additional space above the garage.
- The practice was informed that the LIG were unable to make a recommendation for a grant as any areas in use by the practice must be connected to the main building by at least a covered passageway. Assuming the areas above the garage are not connected to the main practice building in this way, their scheme would not be eligible for funding by means of an improvement grant.
- The practice was notified that as the scope of works no longer included the conversion of the garage, the quotes for the work would need to be revised.
- The practice was asked to confirm if the amended scheme to use space above the garage will progress and asked if their application for funding would be withdrawn as it was no longer eligible for funding.

On 7 June 2017 the practice provided a response to the LIG clarifying the only changes to the scope of works would be that

- The practice would not be converting the Garage, hence no requirement for a corridor walkway
- They would be proceeding with the creation of an additional clinical room on 1st floor,
- They would be proceeding with adaptations on the 2nd floor to rehouse the displaced kitchen and tea point.
- Therefore, the practice’s grant application would now be lower due to the removal of costs associated with creating the admin space and corridor linking the practice to the garage.

Commissioners could not see in the communication the practice’s confirmation of whether the practice had purchased the additional space above the garage.

On 14 July 2017 the LIG team wrote to the practice confirming award of funding of £29,075 for the works.

The LIG team have indicated there should be an abatement applied in accordance with the Premises Costs Directions, where NHS capital has been awarded to the practice. The ICB will need to confirm with the DV of whether an abatement had been applied.

GP practice merger with Boyne Avenue

The Boyne Avenue Surgery’s lease was due to expire in September 2017.

28 April 2017 – Commissioner and Barnet CCG colleagues held a joint meeting with Phoenix Practice and Boyne Avenue contract holders to discuss a possible merger of the two practices.

May 2017 – Commissioners shared the merger template and financial information with the practices. The practices were asked to confirm whether they wished to progress with their application and to inform commissioners by end of June 2017.

3 July 2017 – The two contract holders submitted their application for merger. Committee members should note, the practice did not include any information in their application of their plans to lease additional space or request approval for additional rent for the new space.

19 July 2018 – PCCC meeting approved the merger to take place from 1 October 2017.

New Space

Currently the practice occupies 182 m² space in the main building, which includes 6 clinical rooms. The new space at 7a Brampton Grove which the practice had leased occupies 55.03 m², which includes a Practice Manager Office, telephony Room, an open office area, kitchen space and bathroom; and WC. The practice is seeking rent reimbursement for this additional space.

The practice is not seeking any capital costs related to the additional space; the practice had indicated it refurbished the space at its own costs.

Commissioners have assessed practice space requirements using the Department of Health (DH) Health Building Notes Estimator (HBN). This tool calculates (1) 80% utilisation of the patient list, (2) 6 contacts per annum, (3) 15-minute consultations and (4) number of appointments per week, which exceeds the BMA guidance of 72 GP and 32 nursing appointments per week, which allows for a wider workforce operating in the Practice.

The Practice currently occupies 6 clinical rooms at a ratio of 1 room: 1712 patients and the DH HBN estimator calculates the Practice requires 8 clinical rooms at a ratio of 1 room: 1284 patients. The practice is operating from fewer consulting rooms than calculated by the DH calculator. It should be noted the practice have not requested additional clinical space. Committee members should note the PCCC have approved lower ratios for previous schemes at 1 room: 1000 patients.

Commissioners have been in discussions with the Local Borough Primary Care and Estates leads regarding the practice's PID application and they are in agreement if Committee were to approve the increase in rent, this can only be reimbursed from date of approval by the PCCC.

It should be noted at the time the practice submitted their PID, the practice confirmed the number of appointments they were providing. As set out below,

Number of appointments required for the list size of 10,270 BMA guidance the practice should have been providing:

Staff	Appointments	Sessions
GPs	740	39
Nurses	329	18

Number of appointments currently delivered (provided by the practice within their PID)

Staff	Appointments	Sessions
GPs	785	37
Nurses (incl. HCAs)	345	17

The practice is providing more appointments and less sessions than required for the list size of 10270 as outlined in the practice's PID.

List size changes

The current list size for the Phoenix practice is 10270 as of 01 January 2023. The practice list has grown by 37% in July 2017 (prior to merger).

Year	Apr	Jul	Oct	Jan
2017	7393	7486	9586	9671
2018	9781	9851	9925	9987
2019	10098	10147	10205	10252
2020	10309	10332	10277	10286
2021	10331	10412	10394	10378
2022	10279	10321	10297	10270

Prior to merger, the practice list size was 7486 on 01 July 2017. There has been a 37% increase over the five years.

Post-merger the practice list size was 9586 as at 01/10/2017. This is an increase of 2100 (28.05%) immediately after the merger on 01 October 2017. Post-merger the practice list size was 9586 as at 01/10/2017. This is an increase of 711 (7.4%) following the merger on 01 October 2017 to 01 January. $[(10270 - 9586)/9586] \times 100 = 7.14\%$

Commissioners deem the Practice have a need for the additional space due to the significant list size growth of 37% over the past 5 years and between July 2017– January 2023.

Financial implications

Reimbursable cost

The estimated increase in the reimbursable rent to the delegated budget is £15,600 inclusive of VAT if approved by PCCC members.

- Current rent £54,900 (182.69 m²)
- Rent for the proposed new space £15,600 (55 m²) (subject to DV valuation)
- Estimated total new rent for the existing and additional space £70,500 (237.69 m²)
- Estimated increase in business rates of £1,746.29 pa associated with the additional space.



**North Central London ICB
Primary Care Contract Committee Meeting
21 February 2023**

Report Title	Month 9 NCL ICB Delegated Primary Care Finance Report	Date of report	3 February 2023	Agenda Item	3.1
Lead Director / Manager	Sarah Rothenberg Director of Finance, Primary Care NCL ICB	Email / Tel		sarahrothenberg@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Sarah Rothenberg	Email / Tel		sarahrothenberg@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 of December 2022 (month 9).			
Name of Authorising Estates Lead	<i>Not Applicable</i>	Summary of Estates Implications			
Report Summary	<p>This report covers 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.</p> <p>The financial position as at Month 9 (December 2022):</p> <ul style="list-style-type: none"> Delegated Primary Care continues to forecast breakeven over the 9-month period however there is risk within this position. <p>The 2022/23 Delegated spend per weighted patient ranges from £118.96 in Islington to £125.89 in Haringey.</p> <p>Additional Roles and Responsibilities (ARRS) financial information has been included in the report for the first time.</p>				
Recommendation	The Committee is requested to NOTE the Delegated Primary Care financial Budget and the financial position as at Month 9 (December 2022).				

Identified Risks and Risk Management Actions	There is limited flexibility within the Delegated Primary Care budget to cover unbudgeted costs such as caretaking arrangements or legal fees.
Conflicts of Interest	This report was written in accordance with the ICB's Conflicts of Interest Policy.
Resource Implications	<i>Not Applicable</i>
Engagement	<i>Not Applicable</i>
Equality Impact Analysis	<i>Not Applicable</i>
Report History and Key Decisions	For noting by the Committee
Next Steps	<i>Not Applicable</i>
Appendices	None

Month 9 Primary Care Delegated Commissioning Finance Report

PCCC February 2023

Executive Summary

- This report presents the 2022/23 Delegated Primary Care financial position across North Central London (NCL) Integrated Care Board (ICB)
- This report also includes the position for the five areas within NCL (Barnet, Camden, Enfield, Haringey and Islington) however the Committee and ICB Board of Members is required to ensure commitments are met and the budget achieves overall balance across NCL.
- The report covers the nine month period starting 1 July 2022, the date of the formation of NCL ICB. These nine months are referred to as month 4 to month 12 and “annual budget” also refers to months 4 to 12.
- This report presents the position as at Month 9, December 2022.
- The report summarises the Month 9 expenditure against budgets and presents the position against a 9 month allocation of £205.5m that had been notified as at Month 9.
- As at Month 9 the NCL Delegated Primary Care budget, set in line with guidance, is forecasting a breakeven position for 2022/23 following the transfer of previously ringfenced funds held in Non-Delegated Primary Care.

2022/23 Month 9 Primary Care Delegated Commissioning Finance Position

Service	Weighted List Size as at 1st Jan 23	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	817,333	52,768	53,945	(1,177)	79,152	79,152	0
GMS	778,486	55,678	54,994	684	83,517	83,517	0
APMS	87,805	8,639	8,702	(63)	12,959	12,959	0
Other Medical Services	0	22,154	22,212	(58)	29,843	39,590	(9,747)
Total Primary Care Medical Services	1,683,624	139,239	139,852	(613)	205,471	215,218	(9,747)

The NCL Delegated Commissioning budget is currently forecast to overspend by £9.7m. However, the £9.7m represents the amount by which the Additional Roles Reimbursement Scheme (ARRS) allocation will be increased later in the year as £10.7m is currently being held by NHSE London. This then gives a neutral adjusted forecast position.

The Month 9 reported position shows an adverse variance of £613k against the Year to Date budget of £139.2m. 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 which have not fully materialised.

2022/23 Delegated Primary Care Budget



North Central London
Integrated Care Board

Description	Barnet £'000	Camden £'000	Enfield £'000	Haringey £'000	Islington £'000	NCL Total £'000
PMS						
PMS Additional and Essential Services	14,650	13,170	20,111	14,642	1,712	64,285
PMS Enhanced Services	131	100	263	153	10	657
PMS Quality and Outcomes Framework (QOF)	1,694	1,160	2,155	1,368	124	6,501
PMS Premises Payment	1,560	2,255	2,042	1,518	95	7,471
PMS Personally Administered Drugs	48	42	78	59	11	237
Total PMS	18,084	16,726	24,649	17,740	1,953	79,152
GMS						
GMS Global Sum & MPIG	16,565	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 (QOF)	1,778	902	601	1,062	1,704	6,047
GMS Premises Payment	2,223	1,939	928	1,569	3,364	10,024
GMS Other Administered Funds (Maternity etc)	545	372	392	362	518	2,189
GMS Personally Administered Drugs	96	51	40	27	73	287
Total GMS	21,500	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 (QOF)	22	141	129	141	137	569
APMS Premises Payment	40	410	230	398	402	1,480
APMS Personally Administered Drugs	0	1	0	1	2	5
Total APMS	376	3,657	1,984	4,256	2,685	12,959
Other Medical Services						
PCN	8,836	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
January Weighted List Size	399,856	338,692	328,156	319,154	297,765	1,683,624
Cost per PWP by Locality	122.66	125.42	124.91	125.89	118.96	123.61

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

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

The table shows a breakdown of the 2022/23 rebased budget across the 5 localities and calculates a £s per weighted patient (£PWP) cost based on the 1st January 2023 GP list sizes.

The £PWP ranges from the lowest in Islington £118.96 to £125.89 in Haringey for 2022/23. This is because historically Islington has a significantly lower number of PMS practices than the other localities and therefore receives less PMS Premium reinvestment. Estates costs cause other notable variation across the 5 localities.

Note 1:

The sum of NCL service total in Appendix 2, which is non-borough based, and this borough- based total equals the annual NCL budget on slide 3.

2022/23 Delegated Primary Care Budget *excluding Premises expenditure*



North Central London
Integrated Care Board

Description	Barnet £'000	Camden £'000	Enfield £'000	Haringey £'000	Islington £'000	NCL Total £'000
PMS						
PMS Additional and Essential Services	14,650	13,170	20,111	14,642	1,712	64,285
PMS Enhanced Services	131	100	263	153	10	657
PMS Quality and Outcomes Framework (QOF)	1,694	1,160	2,155	1,368	124	6,501
PMS Personally Administered Drugs	48	42	78	59	11	237
Total PMS	16,524	14,471	22,607	16,221	1,858	71,681
GMS						
GMS Global Sum & MPIG	16,565	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 (QOF)	1,778	902	601	1,062	1,704	6,047
GMS Other Administered Funds (Maternity etc)	545	372	392	362	518	2,189
GMS Personally Administered Drugs	96	51	40	27	73	287
Total GMS	19,277	12,822	5,974	9,472	20,780	68,325
APMS						
APMS Essential and Additional Services	313	3,095	1,614	3,708	2,135	10,865
APMS Enhanced Services	0	11	11	8	9	40
APMS Quality and Outcomes Framework (QOF)	22	141	129	141	137	569
APMS Personally Administered Drugs	0	1	0	1	2	5
Total APMS	336	3,248	1,754	3,858	2,284	11,479
Other Medical Services						
PCN	8,836	7,175	7,281	6,972	6,494	36,757
CQC & Idemity	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	45,222	37,873	37,791	36,691	31,560	189,136

January Weighted List Size	399,856	338,692	328,156	319,154	297,765	1,683,624
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Cost per PWP by Locality	113.09	111.82	115.16	114.96	105.99	112.34
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The table summaries the 2022/23 Month 4 – Month 12 Delegated Primary Care locality budget for NCL ICB *excluding the premises budget* to show a revised £PWP by borough.

The £PWP ranges from the lowest cost in Islington of £105.99 to £115.16 in Enfield for 2022/23.

Islington has just 2 PMS practices which is a significantly lower number of PMS practices than Haringey, Enfield and the other localities which leads to a substantially lower £PWP cost due to have less PMS premium reinvestment.

2022/23 M4-9 ARRS WTE and Expenditure

Service	Total WTE	Total Reimbursement £
Advanced Paramedic Practitioner	0.88	846
Advanced Pharmacist Practitioner	40.02	205,234
Advanced Physiotherapist Practitioner	8.83	51,375
Advanced Practitioner	47.68	242,657
Care Coordinator	736.21	1,758,990
Clinical Pharmacist	1,127.06	5,198,691
Dietician	10.20	48,472
Digital and Transformation Lead	12.34	57,465
First Contact Physiotherapist	75.84	371,848
General Practice Assistant	26.65	67,151
Health and Wellbeing Coach	52.40	162,023
Mental Health Practitioner Band 7	77.73	179,196
Mental Health Practitioner Band 8a	16.00	40,831
Nursing associate	31.05	80,935
Occupational therapist	11.20	55,303
Occupational therapist AP	4.00	23,068
Paramedic	57.04	234,810
Pharmacy Technician	89.00	258,627
Physician Associate	469.21	1,885,410
Social Prescribing Link Worker	396.00	1,177,512
Trainee nursing associate	18.00	47,876
Total Primary Care Medical Services	3,307.35	12,148,319

The table summaries the 2022/23 Assisted Roles Reimbursement Scheme (ARRS) total WTE and total reimbursement from the 1st July to the 31st December 2022.

The average number of ARRS WTEs over the 6 month M4-9 period is 551.2.

Since M9, further analysis has been carried on the forecast ARRS spend for the full year. It indicates NCL is unlikely to be able to fully utilise the ARRS funding available. The forecast spend is therefore likely to change in M10 although this will have a neutral affect on NCL ICB's financial position (because reimbursement will reduce accordingly).

The change in the ARRS forecast is due to a number of factors limiting NCL providers' abilities to recruit fully into these roles including:

- no advance notification from NHSE that ARRS funding would increase by £10m in from £17.1m in 2021/22 to £27.0m 2022/23;
- restrictions on the number of any given role that can be recruited linked to list size;
- changes in types and numbers of roles introduced in October into which NCL has been unable to recruit to date; and
- relatively high staff turnover due to local competition.

An underspend was not anticipated in the NHSE recruitment intentions submitted to NHSE in August 2022. If an underspend had been anticipated, a process could have been triggered to initiate an ARRS underclaim reallocation process. Our 2023/24 plans and processes will take this into consideration.

Appendix 1 - 2022/23 M9 Expenditure by Locality

	YTD Budget	YTD Actual	YTD Variance Fav/(Adv)	Annual Budget	Forecast Outturn	Forecast Variance Fav/(Adv)
Barnet CCG	£000's	£000's	£000's	£000's	£000's	£000's
PMS	12,056	12,354	(299)	18,084	18,310	(226)
GMS	14,333	14,142	192	21,500	21,424	77
APMS	250	326	(76)	376	401	(26)
Other Medical Services	5,854	5,271	583	9,085	9,189	(104)
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	32,493	32,093	400	49,045	49,325	(279)

	YTD Budget	YTD Actual	YTD Variance Fav/(Adv)	Annual Budget	Forecast Outturn	Forecast Variance Fav/(Adv)
Camden CCG	£000's	£000's	£000's	£000's	£000's	£000's
PMS	11,151	11,177	(26)	16,726	16,898	(172)
GMS	9,840	9,775	65	14,760	14,707	54
APMS	2,438	2,405	33	3,657	3,694	(37)
Other Medical Services	4,724	4,501	222	7,333	7,333	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	28,153	27,858	295	42,477	42,633	(155)

Appendix 1 - 2022/23 M9 Expenditure by Locality



North Central London
Integrated Care Board

	YTD Budget	YTD Actual	YTD Variance Fav/(Adv)	Annual Budget	Forecast Outturn	Forecast Variance Fav/(Adv)
	£000's	£000's	£000's	£000's	£000's	£000's
Enfield CCG						
PMS	16,433	16,983	(551)	24,649	24,869	(220)
GMS	4,602	4,236	366	6,903	6,801	102
APMS	1,323	1,359	(36)	1,984	2,012	(27)
Other Medical Services	4,800	4,069	731	7,455	7,455	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	27,158	26,647	511	40,991	41,136	(146)

	YTD Budget	YTD Actual	YTD Variance Fav/(Adv)	Annual Budget	Forecast Outturn	Forecast Variance Fav/(Adv)
	£000's	£000's	£000's	£000's	£000's	£000's
Haringey CCG						
PMS	11,826	12,059	(233)	17,740	17,920	(180)
GMS	7,361	7,320	41	11,041	10,968	73
APMS	2,837	2,779	59	4,256	4,295	(39)
Other Medical Services	4,589	4,284	305	7,140	7,140	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	26,614	26,442	172	40,177	40,323	(147)

	YTD Budget	YTD Actual	YTD Variance Fav/(Adv)	Annual Budget	Forecast Outturn	Forecast Variance Fav/(Adv)
	£000's	£000's	£000's	£000's	£000's	£000's
Islington CCG						
PMS	1,302	1,371	(69)	1,953	2,091	(138)
GMS	16,096	16,075	21	24,145	24,096	49
APMS	1,790	1,833	(43)	2,685	2,723	(38)
Other Medical Services	4,265	4,087	178	6,638	6,638	0
Other Committed Funds	0	0	0	0	0	0
Total Primary Care Medical Services	23,454	23,367	87	35,421	35,548	(127)

Appendix 2 - 2022/23 M9 Primary Care Delegated Commissioning Expenditure for Non Borough Services

Service	YTD Budget	YTD Actual	YTD Variance Fav/(Adv)	Annual Budget	Forecast Outturn	Forecast Variance Fav/(Adv)
	£000's	£000's	£000's			
Weight Management	133	133	0	200	200	0
ARRS Drawdown	(2,078)	0	(2,078)	(7,808)	1,939	(9,747)
Extended Hours	3,312	3,312	0	4,968	4,968	0
Total Non-Borough Related Services	1,367	3,445	(2,078)	(2,640)	7,107	(9,747)



North Central London
Integrated Care Board

**North Central London ICB
Primary Care Contracting Committee Meeting
21 February 2023**

Report Title	Primary medical services: Quality & Performance report	Date of report	10 February 2023	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 – Place				
Report Author	Simon Wheatley / Steve Fothergill	Email / Tel		Simon.wheatley2@nhs.net Steve.fothergill@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications <i>Not Applicable</i>			
Report Summary	<p>On 4th October 2022, the new Committee received its first Quality & Performance (Q&P) report related to its primary care delegated commissioning responsibilities.</p> <p>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.</p> <p>As agreed, the report is intended to inform exploration of key themes and risks or issues – at NCL, borough and PCN / neighbourhood level and at practice level (recognising confidential matters will be discussed in PCCC Part 2).</p> <p>The Committee is asked to scrutinise the information and to recognise any key issues, support needed (as well as support available / being provided) and to consider the need for a local or system response.</p> <p>The dashboard and the work to address quality and performance will continue to develop under the ICB PCCC.</p>				
Recommendation	The Committee is asked to NOTE the reporting provided and/or to discuss specific themes highlighted through analysis.				
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 underway with providers to support coding, and an ongoing approach to data quality improvement is recommended.				

Conflicts of Interest	<i>Not Applicable</i>
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 in October and December 2022 to inform current iteration of the dashboard.
Equality Impact Analysis	<i>Not Applicable</i>
Report History and Key Decisions	<p>PCCC discussion on 4 October, 18 October and 13 December 2022 informed this iteration of the dashboard.</p> <p>PCCC agreed that the dashboard would be a standing item and the dashboard and supporting information would continue to evolve.</p>
Next Steps	<p>To incorporate any further suggestions on developing the scope and focus of the dashboard.</p> <p>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.</p>
Appendices	<p>Two appendices are provided:</p> <p>Annex 1 – summary report</p> <p>Annex 2 – updated primary care quality and performance dashboard.</p>

Primary medical services: Quality & performance report

Updated – February 2023

Introduction

- This report is owned and reviewed at regularly at NCL 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.

Using this reporting to drive action

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.

Operational information

Information which primarily changes month on month

Clinical

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

Activity

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

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

Wider information

Information which primarily changes quarterly or annually

Workforce

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

Experience / quality measures

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

Practice overview

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

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

Indicators - inclusion and exclusion criteria used

Inclusion criteria:

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

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

Exclusion criteria:

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

Summary of current themes – 1 of 2

- Overall the number of *core* primary care appointments offered in NCL continued to rise (plus appointments from at-scale services and winter plans) throughout autumn i.e. September - November.
- At the same time, NCL practices continued the overall trend of increasing the proportion of appointments delivered face to face. There is no defined optimal blend of appointment type, so this should be / is tailored to the needs of local registered populations.
- This picture changed with the onset of winter (from December onwards). Trends in activity have been impacted by a highly challenging winter period with many indicators in the dashboard demonstrating a shift as measured against the autumn view. The snapshot set out in the table below shows between November and December ‘core’ appointment numbers decreased along with the proportion of f2f appointments. The proportion of appointments delivered same day increased. It should be noted that NCL practices continue to provide a high percentage of same day appointments. Number of appointments was impacted by Christmas holidays / bank holidays (practices not required to open), but should be offset by delivery of additional appointments in services such as hubs (see next slide)

	Sep '22	Oct '22	Nov '22	Dec '22
Core primary care appointments	635,734	697,242	700,259	590,561
% face to face appointments	63%	67%	65%	56%
% same day appointments	47%	45%	48%	53%

Summary of current themes – 2 of 2

- Outside core hours, a mix of urgent and planned primary care activity is provided by PCNs on weekday evenings and Saturdays. The ICB also continues to commission borough-based hubs to deliver urgent appointments on Saturday evenings, Sundays and Bank Holidays, and to ringfence appointments for NHS 111 on weekday evenings and Saturday daytimes. This was not in scope of the new national PCN DES for Enhanced Access.
- Over winter, additional funded out of hours primary care capacity, largely provided via enhanced access 'bridging' hubs, has enabled NHS 111 to redirect patients as an alternative to ED. On weekends, bank holidays and on recent strike days, additional capacity has been added to hub clinics.
- Acute respiratory capacity is also being mobilised in primary care to further ease ED and system pressures.
- Primary care winter funding has also provided targeted capacity where most needed, e.g. for children and frail adults to reduce avoidable ED attendances.
- LD healthchecks continue to be variable across boroughs, with teams working in partnership with public health and joint commissioning colleagues to promote increased coverage
- Consultant Connect usage is highly variable, and appears to have reduced since autumn. Borough teams share data on utilisation with practices for visibility, and practical support is offered to make use of the function

Future development areas

- There is a high level of variation in the way GP appointment data is currently recorded by practices. Since first released in November 2022, the nationally-published GPAD (GP appointment data) provides a valuable data source, but one that can lead to erroneous conclusions about the quality of services and patient satisfaction.
- We want to include some of this data in this report (recognising access is a major focus for patients and stakeholders). Initial reporting lines have been highlighted, though it is proposed to not include the data itself until it gives a truer reflection of activity. This will be the case when we have more assurance around data quality and explanatory factors, can set it alongside information that captures activity outside of the GPAD dataset and are therefore able to draw hypotheses or conclusions from it. The national GPAD dataset is publicly available now.
- In addition to the PCCC Q&P report, the ICB team is developing an operational 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 are in place to support an effective operational response during times of pressure, support to frontline services and ongoing development of the NCL system to optimise outcomes.

Practice			Practice Demographics					Healthchecks			Practice Survey				Workforce				Quality	
Borough	Practice Name	PCN	QOF Score (21/22)	List Size - Dec 2022	List Size - age 40+	List Size Change - Oct/Dec (Q3)	% of Patients with a Long Standing Condition	No. of Patients who have received an LD Healthcheck YTD - Apr 22-Dec22	No. of LD Healthchecks 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	550	10845	3,490	1.2%	37%	1.01	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	537	8915	3,552	0.4%	36%	1.46	5%	0.57	71%	57%	53%	62%	3.28	0.37	0.00		Good	20/10/2021
Barnet	Jai Medical Centre	BARNET 1D PCN	540	9092	4,216	0.3%	44%	2.53	32%	4.10	80%	72%	72%	78%	0.24	0.03	1.40	0.15	Good	22/06/2017
Barnet	Mulberry Medical Practice	BARNET 1D PCN	531	8852	4,401	-0.4%	44%	0.45	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	556	17612	7,490	-0.3%	33%	2.44	21%	2.53	88%	44%	62%	66%	11.27	0.64	3.08	0.17	Good	29/09/2021
Barnet	Wakemans Hill Surgery	BARNET 1D PCN	521	4381	2,025	1.2%	41%	2.74	25%	4.42	80%	69%	69%	75%	1.28	0.29	0.24	0.05	Good	30/03/2017
Barnet	Parkview Surgery	BARNET 1W PCN	531	6476	2,762	-0.1%	46%	0.00	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	538	10945	3,567	1.6%	46%	2.92	71%	1.04	74%	54%	55%	64%	6.73	0.61	1.01	0.09	Good	17/05/2017
Barnet	Watling Medical Centre	BARNET 1W PCN	539	17420	7,990	0.2%	40%	1.09	39%	1.74	85%	62%	62%	72%	13.91	0.80	4.00	0.23	Good	21/06/2018
Barnet	Brunswick Park Medical Practice	BARNET 2 PCN	559	8555	4,690	0.6%	46%	3.97	39%	2.01	63%	61%	34%	41%	7.70	0.90	1.97	0.23	Good	14/12/2016
Barnet	Colney Hatch Lane Surgery	BARNET 2 PCN	539	5139	3,627	-1.3%	47%	7.01	61%	2.65	88%	78%	72%	79%	2.16	0.42	0.72	0.14	Good	20/02/2018
Barnet	East Barnet Health Centre	BARNET 2 PCN	544	11416	5,900	-0.4%	45%	1.14	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	560	9853	4,695	0.1%	48%	2.94	36%	1.64	78%	59%	53%	66%	6.08	0.62	1.00	0.10	Good	19/01/2017
Barnet	St Andrews Medical Practice	BARNET 2 PCN	560	11325	6,028	0.2%	52%	0.62	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	542	9329	4,797	0.4%	43%	2.68	4%	0.00	82%	85%	63%	74%	7.39	0.79	0.00	0.00	Good	22/11/2017
Barnet	The Village Surgery	BARNET 2 PCN	533	5402	2,798	1.1%	39%	2.59	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	529	9615	4,972	0.8%	43%	4.99	73%	0.21	88%	74%	65%	74%	4.12	0.43	0.00	0.00	Good	12/05/2016
Barnet	Cornwall House Surgery	BARNET 3 PCN	543	5803	3,196	1.5%	39%	1.21	29%	0.87	69%	46%	45%	53%	4.80	0.83	0.29	0.05	Good	09/12/2021
Barnet	Derwent Crescent Medical Centre	BARNET 3 PCN	563	5563	2,848	-0.8%	38%	1.08	75%	1.61	88%	83%	56%	76%	2.77	0.50	0.53	0.10	Good	30/06/2021
Barnet	East Finchley Medical Centre	BARNET 3 PCN	490	7734	4,014	0.1%	40%	0.78	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	489	382	1,150	-46.5%	40%	7.85	75%	0.00	85%	85%	53%	69%	1.10	2.89	0.09	0.24	Good	06/12/2021
Barnet	Lichfield Grove Surgery	BARNET 3 PCN	555	6497	2,849	-0.9%	46%	3.08	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	555	17727	9,185	0.4%	48%	7.11	78%	1.21	78%	63%	50%	67%	9.71	0.55	2.09	0.12	Good	18/03/2022
Barnet	Rosemary Surgery	BARNET 3 PCN	544	6139	2,429	0.6%	45%	1.30	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	566	5555	2,863	-0.2%	41%	1.80	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	567	4963	2,725	0.4%	47%	0.00	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	564	8879	4,622	1.3%	44%	3.60	86%	1.51	83%	78%	71%	80%	7.81	0.88	0.96	0.11	Good	N/A
Barnet	The Speedwell Practice	BARNET 3 PCN	537	11524	5,640	0.8%	37%	3.82	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	543	12372	6,504	-0.3%	52%	2.51	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	547	13080	6,318	0.5%	42%	3.44	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	521	4846	2,238	0.7%	47%	3.51	56%	1.90	70%	52%	45%	47%	2.32	0.48	0.4	0.08	Good	13/10/2021
Barnet	Lane End Medical Group	BARNET 4 PCN	550	14508	6,177	0.6%	51%	4.48	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	545	9120	3,772	-0.1%	42%	0.99	29%	1.87	64%	39%	45%	56%	2.39	0.26	2.48	0.27	Requires Improvement	28/06/2022
Barnet	Millway Medical Practice	BARNET 4 PCN	566	20471	9,163	1.3%	41%	0.98	5%	2.10	81%	44%	48%	68%	11.93	0.58	2.63	0.13	Good	08/08/2019
Barnet	Penshurst Gardens Surgery	BARNET 4 PCN	522	6143	3,377	-0.5%	45%	4.56	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		4223	1,531	3.8%	43%	1.89	86%	0.75	78%	64%	63%	68%	2.07	0.49	0.96	0.23	Good	N/A
Barnet	Dr Azim and Partners	BARNET 5 PCN	500	8783	3,586	-0.1%	33%	0.00	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	543	7234	3,292	0.2%	48%	0.83	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	539	8484	4,005	-0.3%	44%	2.00	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	525	5732	1,994	0.4%	38%	0.52	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	567	11852	5,045	0.7%	53%	1.43	7%	1.81	86%	79%	68%	72%	5.39	0.45	1.48	0.12	Good	08/11/2017
Barnet	The Hillview Surgery	BARNET 5 PCN	542	2030	963	1.1%	39%	0.00	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	551	10291	4,471	-0.1%	48%	2.14	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	519	6732	1,651	0.8%	27%	1.04	21%	0.30	97%	95%	91%	92%	2.91	0.43	0.53	0.08	Good	02/03/2016
Barnet	Heathfield Medical Centre	BARNET 6 PCN	552	8808	4,450	-0.4%	50%	0.11	14%	1.35	82%	79%	56%	65%	2.15	0.24	1.63	0.18	Good	05/08/2021
Barnet	PHGH Doctors	BARNET 6 PCN	534	12097	5,653	0.2%	44%	2.15	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	554	4490	2,426	0.1%	40%	0.22	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	551	8699	3,637	1.2%	52%	0.92	64%	1.89	87%	75%	66%	71%	3.25	0.37	0.69	0.08	Good	22/02/2017
Barnet	The Hodford Road Practice	BARNET 6 PCN	496	4144	1,870	0.7%	36%	0.97	80%	2.67	81%	79%	66%	85%	2.04	0.49	0.53	0.13	Requires Improvement	28/02/2020
Barnet	The Practice at 188	BARNET 6 PCN	513	9099	3,961	-0.4%	49%	1.10	4%	3.39	59%	57%	42%	55%	2.05	0.23	0.00	0.00	Good	13/11/2018
Barnet	Deans Lane Medical Centre			4189	2,073	0.0%	30%	0.00	0%	2.39	82%	84%	78%	71%		0.00		0.00	Good	09/08/2018

Camden	Amphill Practice	CENTRAL CAMDEN PCN	525	7658	3,453	1.4%	43%	3.40	63%	2.92	81%	75%	68%	79%	6.72	0.88	1.00	0.13	Good	03/10/2018
Camden	Gower Street Practice	CENTRAL CAMDEN PCN	542	12640	1,032	18.2%	46%	0.40	22%	0.61	87%	98%	68%	74%	5.92	0.47	0.20	0.02	Good	28/08/2018
Camden	Kings Cross Surgery	CENTRAL CAMDEN PCN	567	9648	1,570	0.2%	47%	0.62	50%	3.46	69%	74%	53%	64%	1.82	0.19	1.00	0.10	Good	16/09/2020
Camden	Ridgmount Practice	CENTRAL CAMDEN PCN	564	20592	660	5.8%	21%	0.00	0%	0.55	81%	100%	73%	88%	8.15	0.40	3.13	0.15	Good	01/12/2016
Camden	Somers Town Medical Practice	CENTRAL CAMDEN PCN	511	6691	1,515	-11.8%	51%	1.79	44%	2.92	70%	40%	53%	57%	1.19	0.18	1.00	0.15	Good	11/09/2018
Camden	Swiss Cottage Surgery	CENTRAL CAMDEN PCN	536	16327	5,792	0.5%	37%	3.25	87%	6.15	93%	91%	76%	84%	10.32	0.63	3.09	0.19	Good	16/06/2016
Camden	The Bloomsbury Surgery	CENTRAL CAMDEN PCN	547	6951	1,839	14.0%	54%	2.16	93%	2.71	86%	90%	63%	74%	2.67	0.38	0.00	0.00	Good	N/A
Camden	The Regents Park Practice	CENTRAL CAMDEN PCN	549	6445	2,615	1.8%	40%	4.34	82%	3.19	84%	83%	62%	71%	7.32	1.14	1.00	0.16	Good	13/07/2018
Camden	Abbey Medical Centre	CENTRAL HAMPSTEAD PCN	553	13119	5,250	1.0%	48%	1.83	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	547	5097	2,070	0.9%	39%	5.89	53%	6.54	85%	88%	69%	85%	2.67	0.52	1.00	0.20	Requires Improvement	27/06/2022
Camden	Daleham Gardens Health Centre	CENTRAL HAMPSTEAD PCN	546	5241	1,784	2.9%	49%	0.19	25%	2.42	86%	91%	77%	85%	1.89	0.36	0.43	0.08	Good	20/01/2016
Camden	Grays Inn Road Medical centre	CENTRAL HAMPSTEAD PCN	557	7936	1,912	1.3%	45%	1.64	92%	6.07	92%	83%	61%	75%	3.38	0.43	0.64	0.08	Good	16/10/2018
Camden	Primrose Hill Surgery	CENTRAL HAMPSTEAD PCN	535	7378	3,673	1.0%	42%	1.08	22%	0.97	84%	70%	54%	60%	3.68	0.50	1.00	0.14	Good	02/03/2022
Camden	Caversham Group Practice	KENTISH TOWN CENTRAL PCN	539	17303	6,920	1.0%	49%	2.43	42%	0.65	90%	81%	67%	74%	18.03	1.04	3.13	0.18	Good	07/11/2019
Camden	Parliament Hill Surgery	KENTISH TOWN CENTRAL PCN	548	8033	3,311	0.2%	49%	2.12	77%	3.63	92%	78%	68%	77%	6.05	0.75	0.43	0.05	Not inspected	N/A
Camden	Prince of Wales Group Surgery	KENTISH TOWN CENTRAL PCN	539	8757	3,826	0.6%	48%	3.54	21%	4.35	77%	62%	53%	64%	5.63	0.64	1.07	0.12	Good	02/06/2016
Camden	James Wigg Practice	KENTISH TOWN SOUTH PCN	538	22202	9,523	0.4%	36%	2.75	45%	5.89	90%	70%	58%	75%	22.13	1.00	3.41	0.15	Good	22/09/2016
Camden	Queens Crescent Practice	KENTISH TOWN SOUTH PCN	538	6519	2,809	-0.1%	44%	1.99	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	565	12106	5,704	0.0%	40%	1.90	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	559	3614	1,796	0.1%	48%	2.77	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	548	18274	8,079	0.7%	39%	0.27	11%	4.27	89%	90%	65%	79%	15.12	0.83	3.27	0.18	Good	06/10/2021
Camden	Keats Group Surgery	NORTH CAMDEN PCN	548	13562	6,736	0.3%	45%	0.29	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	550	7591	4,040	-0.5%	42%	0.79	0%	1.58	94%	93%	75%	87%	6.80	0.90	0.81	0.11	Good	10/08/2016
Camden	Brunswick Medical Centre	SOUTH CAMDEN PCN	561	8746	2,330	1.3%	43%	1.94	71%	4.97	77%	73%	54%	73%	3.08	0.35	0.75	0.09	Good	29/04/2021
Camden	Holborn Medical Centre	SOUTH CAMDEN PCN	544	12336	2,863	0.9%	38%	1.46	18%	3.02	77%	87%	61%	69%	6.78	0.55	1.60	0.13	Good	10/12/2019
Camden	Museum Practice	SOUTH CAMDEN PCN	554	5359	2,258	0.8%	44%	2.43	56%	11.40	98%	99%	94%	98%	5.01	0.94	0.40	0.07	Good	26/05/2016
Camden	St Philips Medical Centre	SOUTH CAMDEN PCN	558	15932	1,102	10.5%	52%	0.00	0%	2.30	83%	46%	54%	61%	6.12	0.38	0.32	0.02	Good	25/10/2018
Camden	Brondesbury Medical Centre	WEST CAMDEN PCN	546	21886	8,312	1.2%	36%	2.15	60%	3.05	84%	79%	63%	66%	16.59	0.76	1.41	0.06	Good	08/01/2019
Camden	Cholmley Gardens Surgery	WEST CAMDEN PCN	520	7928	3,699	-0.2%	46%	1.26	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	550	3185	1,626	1.6%	45%	1.88	0%	4.17	84%	85%	68%	75%	1.98	0.62	0.52	0.16	Good	13/12/2018
Camden	West Hampstead Medical Centre	WEST CAMDEN PCN	534	21974	6,065	1.3%	40%	0.55	11%	2.27	86%	68%	54%	75%	13.25	0.60	1.36	0.06	Good	22/09/2016
Enfield	Angel Surgery	EDMONTON PCN	542	14073	5,062	1.5%	37%	2.13	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	553	5402	2,299	0.1%	44%	1.30	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	4942	2,457	-0.5%	48%	1.01	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	549	4557	2,224	-0.3%	42%	2.19	43%	5.69	65%	56%	49%	55%	0.32	0.07	0.00		Good	28/06/2022
Enfield	Boundary Court Surgery	ENFIELD CARE NETWORK PCN	537	3505	1,643	-0.8%	37%	1.14	0%	8.68	88%	70%	65%	76%	1.67	0.48	0.52	0.15	Good	N/A
Enfield	Brick Lane Surgery	ENFIELD CARE NETWORK PCN					51%			0.00	57%	40%	56%	51%					Good	27/09/2017
Enfield	Chalfont Road Surgery	ENFIELD CARE NETWORK PCN	531	3753	1,933	-0.4%	46%	2.40	0%	6.26	76%	48%	59%	65%	1.89	0.50	0.51	0.14	Good	18/01/2018
Enfield	DR ME Silver's Practice	ENFIELD CARE NETWORK PCN	527	3762	1,899	-0.4%	45%	3.46	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	563	7850	1,323	0.3%	39%	3.31	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	539	19955	7,661	-0.6%	44%	0.45	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	520	10382	5,373	-0.4%	34%	0.67	18%	3.31	74%	67%	50%	60%	2.89	0.28	1.89	0.18	Good	10/04/2017
Enfield	Rainbow Practice	ENFIELD CARE NETWORK PCN	517	6703	2,317	0.4%	43%	0.00	0%	5.50	82%	64%	68%	73%	1.71	0.25	0.71	0.11	Good	18/05/2016
Enfield	The Ordnance Unity Centre for Health	ENFIELD CARE NETWORK PCN	537	12313	3,811	0.9%	39%	0.81	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	554	13057	6,163	2.4%	54%	2.99	63%	6.21	92%	76%	68%	78%	9.08	0.70	1.39	0.11	Good	N/A
Enfield	Arnos Grove Medical Centre	ENFIELD SOUTH WEST PCN	545	7861	2,643	1.6%	40%	2.16	45%	7.21	58%	47%	51%	52%	2.27	0.29	0.59	0.07	Good	N/A
Enfield	Bincote Surgery	ENFIELD SOUTH WEST PCN	521	6600	3,534	-0.2%	48%	0.76	9%	1.96	88%	68%	78%	77%	3.23	0.49	0.69	0.11	Good	22/09/2016
Enfield	Gillan House Surgery	ENFIELD SOUTH WEST PCN	545	12501	4,884	0.2%	37%	2.24	46%	9.37	83%	70%	65%	73%	5.03	0.40	0.99	0.08	Good	24/08/2016
Enfield	Morecambe Surgery	ENFIELD SOUTH WEST PCN	559	5359	2,468	1.2%	39%	1.31	23%	6.15	67%	59%	54%	57%	1.92	0.36	0.88	0.16	Good	14/12/2018
Enfield	The North London Health Centre	ENFIELD SOUTH WEST PCN	495	8763	1,951	-0.8%	48%	0.91	22%	2.84	77%	55%	49%	58%	4.63	0.53	1.12		Good	04/05/2017
Enfield	The Woodberry Practice	ENFIELD SOUTH WEST PCN	539	9459	4,858	1.2%	48%	1.27	28%	3.13	86%	74%	75%	79%	2.39	0.25	0.67	0.07	Good	10/12/2019
Enfield	Cockfosters Medical Centre	ENFIELD UNITY PCN	535	6964	3,772	0.0%	45%	1.01	30%	1.87	80%	70%	63%	78%	3.09	0.44	1.63	0.23	Good	10/05/2017
Enfield	Eagle House Surgery	ENFIELD UNITY PCN	555	12893	6,282	-0.5%	46%	4.42	44%	7.50	67%	33%	53%	42%	7.33	0.57	3.60	0.28	Good	12/04/2022
Enfield	Green Cedars Medical Centre	ENFIELD UNITY PCN	540	5242	2,426	-1.3%	50%	2.10	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	469	11325	5,906	0.2%	47%	0.18	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	548	93013	48,453	0.3%	49%	3.01	57%	4.76	73%	56%	58%	57%	40.43		10.49		Good	08/09/2022
Enfield	Nightingale House Surgery	ENFIELD UNITY PCN	554	6765	3,162	0.0%	55%	3.40	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	555	8046	3,860	0.7%	43%	3.48	44%	6.91	75%	61%	56%	57%	3.31	0.41	0.97	0.12	Good	10/10/2018
Enfield	Southgate	ENFIELD UNITY PCN	538	9954	4,969	-0.1%	43%	1.31	19%	2.79	77%	57%	54%	65%	3.67	0.37	0.76	0.08	Good	14/12/2016
Enfield	The Bounces Road Surgery	ENFIELD UNITY PCN	533	5959	2,470	0.8%	43%	1.51	50%	4.55	76%	72%	66%	68%	8.00	1.34	1.12	0.19	Good	29/09/2016
Enfield	Abernethy House Surgery	WEST ENFIELD COLLABORATIVE PCN	562	12466	7,253	-0.4%	48%	6.10	52%	4.85	91%	80%	65%	71%	10.29	0.83	2.27	0.18	Good	12/01/2017
Enfield	Town Surgery	WEST ENFIELD COLLABORATIVE PCN	540	4375	1,908	-0.5%	41%	0.00	0%	6.56	81%	87%	68%	79%	2.57	0.59	0.08	0.02	Good	03/11/2016
Enfield	Winchmore Hill Practice	WEST ENFIELD COLLABORATIVE PCN	557	21644	9,350	-0.1%	43%	3.47	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	565	7929	4,407	-0.5%	31%	2.40	81%	1.35	88%	90%	75%	88%	3.28	0.41	1.27	0.16	Good	08/02/2016
Haringey	Queenswood Medical Practice	HARINGEY - CROUCH END PCN	567	21875	11,213	-0.4%	44%	1.23	11%	2.18	92%	73%	68%	73%	13.53	0.62	4.24	0.19	Good	11/10/2016
Haringey	The 157 Medical Practice	HARINGEY - CROUCH END PCN	561	4840	2,390	2.0%	50%	0.41	0%	3.64	72%	65%	58%	64%	0.93	0.19	0.37	0.08	Good	28/10/2021

Haringey	Hornsey Park Surgery	HARINGEY - EAST CENTRAL PCN	530	9203	2,156	2.9%	47%	3.37	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	548	12762	6,225	-0.1%	47%	4.00	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	565	2033	1,098	-1.3%	35%	2.46	27%	12.18	81%	91%	73%	74%	0.61	0.30	0.00	0.00	Good	17/01/2017
Haringey	West Green Road Surgery	HARINGEY - EAST CENTRAL PCN	527	20186	5,649	2.2%	27%	2.13	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	548	4417	1,970	-1.2%	41%	2.94	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	543	5685	2,653	0.0%	42%	2.46	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	560	12873	5,280	0.0%	40%	4.58	98%	6.32	80%	68%	70%	68%	3.47	0.27	1.41	0.11	Good	12/12/2018
Haringey	Spur Road Surgery	HARINGEY - N15/SOUTH EAST PCN	511		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	551	16470	6,164	-0.2%	44%	3.76	98%	5.30	71%	54%	62%	63%	4.59	0.28	2.40	0.15	Good	31/10/2017
Haringey	Arcadian Gardens Surgery	HARINGEY - NORTH CENTRAL PCN	544	6649	2,399	2.0%	44%	1.50	0%	7.42	79%	79%	59%	63%	2.03	0.30	1.49	0.22	Good	18/01/2017
Haringey	Bounds Green Group Practice	HARINGEY - NORTH CENTRAL PCN	542	18636	8,930	-0.3%	44%	0.91	39%	1.88	86%	58%	67%	75%	17.48	0.94	1.27	0.07	Good	24/09/2020
Haringey	Cheshire Road Surgery	HARINGEY - NORTH CENTRAL PCN	532	6496	3,151	1.3%	40%	1.69	29%	4.09	84%	63%	66%	66%	1.87	0.29	0.80	0.12	Good	26/10/2021
Haringey	Stuart Crescent Health Centre	HARINGEY - NORTH CENTRAL PCN	540	6828	2,515	1.2%	39%	1.90	42%	4.48	87%	70%	75%	80%	5.01	0.73	0.96	0.14	Good	17/05/2017
Haringey	Stuart Crescent Medical Practice	HARINGEY - NORTH CENTRAL PCN	552	3069	4,493	0.3%	49%	3.91	50%	2.93	59%	63%	55%	71%	2.40	0.78	0.72	0.23	Requires Improvement	05/02/2020
Haringey	Bruce Grove Primary Health Care Centre	HARINGEY - NORTH EAST PCN	545	7388	0	0.0%	39%	3.25	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		6419	3,375	-0.3%	51%	5.14	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	540	14196	6,041	0.2%	40%	1.27	8%	2.92	77%	41%	52%	59%	7.66	0.54	1.91	0.13	Good	19/01/2017
Haringey	Somerset Gardens Family Health Centre	HARINGEY - NORTH EAST PCN	567	13536	5,885	0.5%	42%	5.25	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	557	11132	4,895	1.3%	36%	2.61	74%	5.23	88%	76%	72%	72%	2.93	0.26	0.61	0.06	Good	28/09/2016
Haringey	Highgate Group Practice	HARINGEY - NORTH WEST PCN	530	16692	8,573	-0.1%	47%	0.84	8%	3.12	94%	77%	64%	74%	11.97	0.72	2.13	0.13	Good	02/12/2019
Haringey	Queens Avenue Practice	HARINGEY - NORTH WEST PCN					38%		0.00		94%	92%	69%	88%					N/A	N/A
Haringey	Rutland House Surgery	HARINGEY - NORTH WEST PCN		11031	3,332	-0.3%	49%	0.63	41%	0.90	82%	81%	74%	76%	7.11	0.64	1.12	0.10	Requires Improvement	11/05/2022
Haringey	The Muswell Hill Practice	HARINGEY - NORTH WEST PCN	543	15005	7,453	1.5%	52%	0.87	38%	1.51	87%	74%	64%	75%	11.82	0.79	0.91	0.06	Good	28/06/2017
Haringey	Dowsett Road Surgery	HARINGEY - WELBOURNE PCN	556	4780	2,046	0.1%	39%	0.00	0%	4.79	84%	78%	58%	71%	2.80	0.59	1.20	0.25	Good	18/07/2018
Haringey	Fernlea Surgery	HARINGEY - WELBOURNE PCN	546	11654	4,201	1.4%	39%	0.51	17%	3.01	80%	66%	61%	71%	9.35	0.80	1.87	0.16	Good	03/12/2019
Haringey	Lawrence House Surgery	HARINGEY - WELBOURNE PCN	551	17218	7,360	-0.5%	40%	0.00	0%	3.47	81%	69%	66%	80%	12.85	0.75	2.76	0.16	Good	04/10/2017
Haringey	Tottenham Hale Medical Practice	HARINGEY - WELBOURNE PCN	538	4466	818	2.7%	33%	0.00	0%	0.95	85%	92%	59%	82%	2.27	0.51	0.27	0.06	Good	10/09/2018
Haringey	Tottenham Health Centre	HARINGEY - WELBOURNE PCN	545	5614	2,387	0.5%	45%	7.13	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	548	9097	3,963	0.8%	40%	2.31	40%	5.54	72%	45%	50%	52%	6.00	0.66	4.71	0.52	Requires Improvement	11/03/2022
Haringey	Bridge House Medical Practice	HARINGEY - WEST CENTRAL PCN	524	9439	4,469	-1.2%	41%	3.28	65%	3.41	62%	43%	45%	52%	3.77	0.40	0.93	0.10	Good	03/11/2021
Haringey	Christchurch Hall Surgery	HARINGEY - WEST CENTRAL PCN	527	3077	1,877	-0.8%	41%	2.92	89%	0.00	78%	89%	52%	69%	1.81	0.59	0.43	0.14	N/A	N/A
Haringey	The Alexandra Surgery	HARINGEY - WEST CENTRAL PCN	353	5673	5,648	-0.4%	38%	1.41	20%	2.83	78%	68%	62%	63%	1.60	0.28	0.00	0.00	Good	N/A
Haringey	The Vale Practice	HARINGEY - WEST CENTRAL PCN	553	10555	4,438	0.1%	39%	1.04	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	544	9188	4,042	-0.8%	47%	2.61	53%	8.37	76%	69%	62%	68%	3.13	0.34	1.71	0.19	Good	11/03/2020
Islington	Islington Central Medical Centre	CENTRAL 1 ISLINGTON PCN	544	20507	8,059	-0.2%	42%	1.61	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	535	7118	2,698	0.8%	41%	1.83	38%	8.64	82%	81%	71%	76%	3.65	0.51	1.08	0.15	Good	01/05/2019
Islington	Roman Way Medical Centre	CENTRAL 1 ISLINGTON PCN	553	3519	1,784	0.9%	42%	1.42	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	554	4130	1,664	0.2%	41%	3.87	89%	5.55	79%	68%	60%	65%	1.07	0.26	0.00	0.00	Good	06/06/2017
Islington	The Medical Centre	CENTRAL 1 ISLINGTON PCN	555	5975	2,070	0.9%	41%	2.01	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	553	8930	2,119	2.5%	42%	1.57	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	558	7472	3,567	-0.8%	45%	4.15	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	510	1542	8,722	-0.3%	54%	0.00	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	563	10878	4,005	0.5%	41%	2.30	44%	6.89	89%	83%	60%	74%	11.01	1.01	1.49	0.14	Good	15/02/2016
Islington	St Peters Street Medical Practice	CENTRAL 2 ISLINGTON PCN	552	11820	4,856	0.0%	36%	0.59	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	564	9738	4,643	-0.4%	43%	0.92	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	540	6267	2,341	0.9%	58%	2.39	22%	9.96	80%	64%	63%	68%	5.09	0.81	1.00	0.16	Good	13/07/2016
Islington	Archway Medical Practice	NORTH ISLINGTON PCN	537	20833	3,892	1.6%	40%	0.19	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					41%		0%		86%	59%	62%	56%					Good	N/A
Islington	Hanley Primary Care Centre	NORTH ISLINGTON PCN	567	11493	2,994	0.6%	37%	2.26	77%	5.78	74%	82%	48%	66%	0.89	0.08	0.00	0.00	Good	12/07/2017
Islington	Partnership Primary Care Centre	NORTH ISLINGTON PCN	559	8969	1,706	-0.6%	52%	1.23	18%	4.05	76%	76%	59%	68%	4.09	0.46	2.00	0.22	Good	19/01/2017
Islington	St Johns Way Medical Centre	NORTH ISLINGTON PCN	550	12289	5,791	0.7%	38%	2.52	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	524			0.0%	45%		83%	0.90	96%	98%	70%	86%	0.93		0.77		Good	08/11/2018
Islington	The Beaumont Practice	NORTH ISLINGTON PCN	534	3318	1,299	0.3%	39%	0.30	8%	8.49	90%	89%	82%	85%	1.27	0.38	0.16	0.05	Requires Improvement	11/08/2021
Islington	The Goodinge Group Practice	NORTH ISLINGTON PCN	540	12475	4,953	0.8%	36%	3.53	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	533	9322	4,555	0.4%	51%	2.57	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	507	9058	3,590	-0.7%	50%	4.31	56%	8.61	83%	81%	69%	78%	4.59	0.51	1.36	0.15	Good	26/09/2019
Islington	The Rise Group Practice	NORTH ISLINGTON PCN	513	4905	2,481	0.1%	44%	6.12	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	542	10840	3,214	2.1%	35%	1.57	60%	10.11	81%	83%	58%	72%	4.67	0.43	1.43	0.13	Good	08/09/2016
Islington	Amwell Group Practice	SOUTH ISLINGTON PCN	556	10869	3,772	0.9%	38%	0.09	0%	5.04	88%	83%	65%	79%	7.65	0.70	0.93	0.09	Good	08/10/2019
Islington	Barnsbury Medical Centre	SOUTH ISLINGTON PCN		4202	1,451	4.2%	52%	1.43	29%	8.36	80%	71%	72%	78%	1.55	0.37	1.00	0.24	Requires Improvement	N/A
Islington	City Road Medical Centre	SOUTH ISLINGTON PCN	513	9522	2,832	-0.1%	38%	1.16	32%	5.57	84%	81%	74%	83%	5.91	0.62	0.00	0.00	Good	31/01/2020
Islington	Clerkenwell Medical Practice	SOUTH ISLINGTON PCN	549	16093	3,971	2.2%	39%	0.93	45%	3.02	88%	95%	72%	74%	8.69	0.54	4.07	0.25	Good	17/05/2018
Islington	Killick Street Health Centre	SOUTH ISLINGTON PCN	564	12594	4,222	0.2%	49%	3.41	51%	7.35	93%	84%	75%	83%	8.37	0.66	2.63	0.21	Good	31/03/2018
Islington	Pine Street Medical Centre	SOUTH ISLINGTON PCN	550	2309	1,310	0.0%	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	542	17751	6,666	-0.4%	41%	2.42	64%	6.18	77%	60%	69%	59%	8.48	0.48	1.85	0.10	Good	03/04/2019

Practice			Referrals	2ww	A&G	Consulant Connect	FIT	A&E Att	A&E VB11Z	Emergency Admissions	Appointments				
Borough	Practice Name	PCN	Month on Month Change - November/December	Month on Month Change - May/June	Month on Month Change - November/December	Face to Face Month on Month Change - Nov/Dec	Telephone Month on Month Change - Nov/Dec	Total Appointments Month on Month Change - Nov/Dec	eConsult Month on Month Change - Nov/Dec						
Barnet	Colindale Medical Centre	BARNET 1D PCN	↓ -18%	↓ -6%	↓ -18%	↓ -40%	↓ -22%	↓ -5%	↓ -8%	↓ -15%	↓ -31%	↑ 8%	↓ -20%	↑ 0%	
Barnet	Hendon Way Surgery	BARNET 1D PCN	↓ -17%	↑ 33%	↑ 0%	↓ -60%	↑ 56%	↓ -9%	↑ 1%	↓ -8%	↓ -28%	↓ -8%	↓ -18%	↓ -21%	
Barnet	Jai Medical Centre	BARNET 1D PCN	↓ -19%	↓ -21%	↓ -62%	↓ -43%	↑ 0%	↑ 9%	↑ 13%	↓ -8%	↓ -4%	↓ -5%	↓ -4%	↑ 1%	
Barnet	Mulberry Medical Practice	BARNET 1D PCN	↓ -4%	↑ 19%	↓ -40%	↑ 50%	↑ 0%	↑ 9%	↓ -16%	↑ 2%	↑ 2%	↓ -25%	↓ -13%	↓ -7%	
Barnet	Oak Lodge Medical Centre	BARNET 1D PCN	↓ -20%	↓ -27%	↑ 14%	↓ -46%	↑ 0%	↑ 6%	↑ 17%	↓ -3%	↓ -20%	↓ -25%	↓ -20%	↓ 0%	
Barnet	Wakemans Hill Surgery	BARNET 1D PCN	↓ -7%	↓ -33%	↑ 0%	↑ 0%	↑ 14%	↑ 25%	↑ 44%	↑ 21%	↓ -27%	↓ -17%	↓ -26%	↑ 3%	
Barnet	Parkview Surgery	BARNET 1W PCN	↓ -22%	↑ 8%	↓ -69%	↑ 0%	↑ 8%	↓ -7%	↑ 29%	↓ -52%	↓ -19%	↓ -18%	↓ -19%	↓ -5%	
Barnet	The Everglade Medical Practice	BARNET 1W PCN	↓ -27%	↓ -17%	↑ 0%	↓ -25%	↑ 0%	↓ -11%	↓ -7%	↓ -4%	↓ -24%	↓ -6%	↓ -17%	↓ -35%	
Barnet	Watling Medical Centre	BARNET 1W PCN	↓ -21%	↓ -33%	↓ -40%	↓ -47%	↑ 33%	↑ 15%	↑ 28%	↑ 3%	↓ -12%	↓ -11%	↓ -12%	↓ -43%	
Barnet	Brunswick Park Medical Practice	BARNET 2 PCN	↓ -17%	↓ -33%	↓ -50%	↓ -17%	↓ -20%	↑ 3%	↓ -9%	↑ 0%	↓ -4%	↓ -12%	↓ -6%	↑ 0%	
Barnet	Colney Hatch lane Surgery	BARNET 2 PCN	↓ -2%	↑ 0%	↑ 0%	↓ -67%	↑ 50%	↑ 13%	↑ 31%	↑ 16%	↓ -21%	↑ 1%	↓ -10%	↑ 0%	
Barnet	East Barnet Health Centre	BARNET 2 PCN	↓ -42%	↓ -22%	↑ 57%	↓ -12%	↑ 5%	↓ -12%	↑ 8%	↓ -24%	↓ -21%	↓ -26%	↓ -24%	↓ -63%	
Barnet	Friern Barnet Medical Centre	BARNET 2 PCN	↓ -25%	↓ -23%	↑ 200%	↓ -33%	↑ 3%	↑ 17%	↑ 46%	↓ -7%	↓ -20%	↓ -21%	↓ -20%	↓ -18%	
Barnet	St Andrews Medical Practice	BARNET 2 PCN	↓ -8%	↓ -18%	↓ -43%	↓ -52%	↓ -8%	↑ 3%	↑ 8%	↓ -16%	↓ -24%	↓ -16%	↓ -21%	↓ -33%	
Barnet	The Clinic (Oakleigh Rd North)	BARNET 2 PCN	↓ -11%	↓ -25%	↓ -9%	↓ -38%	↑ 0%	↓ 0%	↑ 17%	↑ 25%	↓ -15%	↓ -8%	↓ -13%	↓ -26%	
Barnet	The Village Surgery	BARNET 2 PCN	↓ -11%	↓ -20%	↓ -21%	↓ -7%	↓ -5%	↑ 17%	↓ -16%	↓ -9%	↓ -51%	↓ -9%	↓ -15%		
Barnet	Addington Medical Centre	BARNET 3 PCN	↓ -23%	↓ -33%	↑ 57%	↑ 0%	↓ -3%	↑ 8%	↑ 3%	↑ 2%	↓ -17%	↓ -56%	↓ -19%	↓ -17%	
Barnet	Cornwall House Surgery	BARNET 3 PCN	↓ -18%	↑ 22%	↓ -43%	↓ -13%	↓ -56%	↓ -8%	↓ -4%	↓ -5%	↓ -11%	↓ -9%	↓ -10%	↓ -25%	
Barnet	Derwent Crescent Medical Centre	BARNET 3 PCN	↓ -7%	↑ 3%	↓ -57%	↑ 100%	↓ -25%	↑ 7%	↓ -8%	↓ -13%	↑ 179%	↓ -41%	↑ 44%	↓ -8%	
Barnet	East Finchley Medical Centre	BARNET 3 PCN	↓ -28%	↓ -31%	↓ -100%	↑ 11%	↑ 35%	↑ 7%	↑ 36%	↑ 45%	↓ -20%	↓ -13%	↓ -15%	↓ -4%	
Barnet	Gloucester Road Surgery	BARNET 3 PCN	↓ -100%	↑ 0%	↑ 0%	↓ -64%	↑ 45%	↑ 133%	↓ -75%					↑ 0%	
Barnet	Lichfield Grove Surgery	BARNET 3 PCN	↓ -22%	↑ 23%	↑ 100%	↓ -24%	↑ 33%	↑ 24%	↑ 14%	↓ -17%	↓ -6%	↓ -10%	↓ -7%	↑ 0%	
Barnet	Longrove Surgery	BARNET 3 PCN	↓ -26%	↓ -29%	↓ -17%	↓ -18%	↑ 26%	↑ 3%	↑ 7%	↑ 10%	↓ -13%	↓ -21%	↓ -15%	↓ -20%	
Barnet	Rosemary Surgery	BARNET 3 PCN	↑ 0%	↑ 73%	↑ 150%	↓ -20%	↓ -11%	↑ 22%	↑ 19%	↑ 35%	↑ 1%	↓ -6%	↓ -3%	↓ -28%	
Barnet	Squires Lane Medical Practice	BARNET 3 PCN	↓ -35%	↓ -29%	↑ 33%	↑ 0%	↓ -58%	↑ 25%	↑ 54%	↓ -15%	↓ -26%	↑ 19%	↓ -22%	↓ -16%	
Barnet	The Old Court House Surgery	BARNET 3 PCN	↓ -29%	↓ -47%	↑ 41%	↓ -49%	↑ -52%	↑ 1%	↑ 33%	↓ -2%	↓ -17%	↓ -15%	↓ -16%	↑ 0%	
Barnet	The Speedwell Practice	BARNET 3 PCN	↓ -18%	↑ 5%	↓ -50%	↓ -46%	↑ 700%	↓ -2%	↑ 8%	↑ 29%	↓ -16%	↓ -15%	↓ -15%	↑ 0%	
Barnet	Torrington Park Group Practice	BARNET 3 PCN	↓ -28%	↓ -32%	↓ -47%	↑ 3%	↓ -36%	↑ 28%	↑ 36%	↑ 36%	↓ -18%	↓ -17%	↓ -17%	↑ 0%	
Barnet	Wentworth Medical Practice	BARNET 3 PCN	↓ -32%	↓ -36%	↓ -27%	↑ 15%	↓ -43%	↓ -10%	↑ 10%	↓ -17%	↓ -23%	↓ -15%	↓ -19%	↓ -56%	
Barnet	Woodlands Medical Practice	BARNET 3 PCN	↓ -40%	↓ -66%	↑ 0%	↑ 19%	↓ -100%	↑ 14%	↑ 44%	↓ -10%	↓ -13%	↓ -49%	↓ -17%	↑ 4%	
Barnet	Lane End Medical Group	BARNET 4 PCN	↓ -11%	↑ 16%	↓ -44%	↓ -21%	↓ -20%	↓ -1%	↑ 3%	↑ 46%	↑ 32%	↓ -36%	↓ -13%	↑ 0%	
Barnet	Langstone Way Surgery	BARNET 4 PCN	↓ -15%	↓ -18%	↑ 0%	↓ -21%	↑ 34%	↓ -5%	↑ 6%	↓ -14%	↓ -13%	↓ -46%	↓ -13%	↑ 0%	
Barnet	Millway Medical Practice	BARNET 4 PCN	↓ -13%	↓ -21%	↑ 0%	↓ -44%	↑ 47%	↓ -6%	↓ -8%	↓ -7%	↓ -12%	↓ -11%	↓ -12%	↓ -35%	
Barnet	Penshurst Gardens Surgery	BARNET 4 PCN	↓ -14%	↑ 17%	↓ -25%	↑ 43%	↑ 0%	↑ 15%	↑ 10%	↓ -19%	↑ 9%	↓ -32%	↓ -3%	↑ 42%	
Barnet	Cricklewood Health Centre	BARNET 5 PCN	↓ -42%	↓ -13%	↓ -100%	↑ 0%	↑ 20%	↓ -5%	↑ 8%	↑ 6%				↑ 0%	
Barnet	Dr Azim and Partners	BARNET 5 PCN	↑ 10%	↑ 7%	↓ -33%	↓ -41%	↑ 15%	↓ -2%	↑ 3%	↓ -3%	↑ 161%	↑ 65%	↑ 110%	↑ 0%	
Barnet	Greenfield Medical Centre	BARNET 5 PCN	↓ -4%	↓ -31%	↓ -33%	↑ 5%	↑ 42%	↑ 9%	↑ 1%	↓ -7%	↓ -29%	↓ -12%	↓ -24%	↑ 0%	
Barnet	Pennine Drive Practice	BARNET 5 PCN	↓ -30%	↓ -24%	↑ 0%	↓ -50%	↓ -15%	↓ -1%	↑ 7%	↓ -15%	↓ -15%	↑ 14%	↓ -14%	↓ -100%	
Barnet	Ravenscroft Medical Centre	BARNET 5 PCN	↓ -11%	↓ -12%	↓ -78%	↑ 83%	↓ -10%	↓ -9%	↓ -2%	↑ 22%	↓ -24%	↓ -20%	↓ -23%	↑ 0%	
Barnet	St Georges Medical Centre	BARNET 5 PCN	↓ -17%	↓ -43%	↑ 14%	↓ -47%	↓ -3%	↑ 2%	↑ 3%	↓ -13%	↓ -36%	↓ -14%	↓ -28%	↑ 0%	
Barnet	The Hillview Surgery	BARNET 5 PCN	↓ -11%	↓ -20%	↑ 0%	↑ 0%	↑ 15%	↑ 62%	↑ 56%	↓ -50%	↓ -31%	↓ -16%	↓ -21%	↑ 0%	
Barnet	The Phoenix Practice	BARNET 5 PCN	↓ -24%	↓ -38%	↓ -6%	↓ -20%	↑ 72%	↑ 2%	↑ 8%	↑ 18%	↓ -28%	↓ -5%	↓ -16%	↑ 0%	
Barnet	The Mountfield Surgery	BARNET 6 PCN	↓ -23%	↓ -16%	↑ 0%	↓ -29%	↓ -22%	↑ 1%	↑ 6%	↑ 26%	↓ -3%	↓ -31%	↓ -12%	↓ -3%	
Barnet	Adler JS-The Surgery	BARNET 6 PCN	↓ -11%	↑ 75%	↓ -33%	↓ -64%	↓ -47%	↑ 3%	↓ -9%	↓ -19%	↓ -2%	↓ -16%	↓ -3%	↑ 0%	
Barnet	Heathfield Medical Centre	BARNET 6 PCN	↓ -24%	↓ -41%	↑ 0%	↓ -83%	↓ -11%	↑ 21%	↑ 22%	↑ 41%	↓ -52%	↓ -28%	↓ -41%	↓ -29%	
Barnet	PHGH Doctors	BARNET 6 PCN	↓ -15%	↓ -36%	↓ -15%	↓ -52%	↑ 3%	↑ 2%	↑ 15%	↑ 12%	↓ -25%	↓ -18%	↓ -22%	↑ 0%	
Barnet	Supreme Medical Practice	BARNET 6 PCN	↓ -15%	↓ -59%	↓ -18%	↓ -100%	↑ 0%	↑ 2%	↓ -23%	↓ -40%	↓ -13%	↓ -16%	↓ -15%	↓ -19%	
Barnet	Temple Fortune Medical Group	BARNET 6 PCN	↓ -24%	↓ -13%	↑ 0%	↓ -7%	↑ 21%	↓ -2%	↓ -2%	↓ -5%	↓ -12%	↓ -23%	↓ -14%	↑ 0%	
Barnet	The Hodford Road Practice	BARNET 6 PCN	↓ -25%	↓ -62%	↑ 20%	↑ 0%	↑ 0%	↓ -9%	↓ -6%	↑ 6%	↓ -19%	↓ -18%	↓ -19%	↓ -31%	
Barnet	The Practice at 188	BARNET 6 PCN	↓ -20%	↓ -52%	↑ 83%	↑ 0%	↓ -17%	↑ 16%	↑ 30%	↑ 23%	↓ -9%	↓ -5%	↓ -9%	↓ -18%	
Barnet	Deans Lane Medical Centre				↓ -100%	↑ 0%	↓ -43%		↑ 0%	↑ 0%	↓ -100%	↓ -100%	↓ -100%	↓ -5%	
Camden	Amphill Practice	CENTRAL CAMDEN PCN	↓ -48%	↓ -49%	↓ -44%	↓ -100%	↑ 14%	↓ -3%	↑ 12%	↑ 7%	↓ -21%	↓ -50%	↓ -21%	↑ 0%	

Camden	Gower Street Practice	CENTRAL CAMDEN PCN	↓ -44%	↓ -66%	↓ -17%	↓ -100%	↑ 71%	↓ -14%	↑ 5%	↑ 100%	↓ -15%	↓ -52%	↓ -25%	↓ -22%
Camden	Kings Cross Surgery	CENTRAL CAMDEN PCN	↓ -31%	↓ -59%	↓ -16%	↑ 0%	↑ 0%	↑ 20%	↑ 39%	↓ -26%	↓ -16%	↓ -7%	↓ -12%	↑ 0%
Camden	Ridgmount Practice	CENTRAL CAMDEN PCN	↓ -10%	↑ 54%	↑ 20%	↑ 0%	↓ -63%	↓ -13%	↓ -32%	↓ -21%	↓ -15%	↓ -17%	↓ -16%	↑ 0%
Camden	Somers Town Medical Practice	CENTRAL CAMDEN PCN	↓ -12%	↓ -7%	↑ 0%	↓ -100%	↓ -53%	↑ 10%	↑ 5%	↓ -28%	↓ -29%	↑ 2%	↓ -16%	↑ 1%
Camden	Swiss Cottage Surgery	CENTRAL CAMDEN PCN	↓ -17%	↓ -25%	↓ -31%	↑ 20%	↑ 0%	↑ 2%	↓ -7%	↑ 37%	↓ -41%	↑ 1%	↓ -19%	↑ 0%
Camden	The Bloomsbury Surgery	CENTRAL CAMDEN PCN	↓ -49%	↓ -44%	↓ -33%	↑ 25%	↓ -67%	↓ -10%	↓ -8%	↓ -55%	↓ -23%		↓ -23%	↑ 0%
Camden	The Regents Park Practice	CENTRAL CAMDEN PCN	↓ -48%	↓ -54%	↓ -43%	↓ -100%	↓ -17%	↑ 15%	↓ -6%	↓ -14%	↓ -16%	↓ -59%	↓ -27%	↑ 0%
Camden	Abbey Medical Centre	CENTRAL HAMPSTEAD PCN	↓ -15%	↓ -6%	↑ 67%	↓ -50%	↓ -32%	↓ -3%	↓ -10%	↓ -35%	↓ -16%	↓ -10%	↓ -12%	↓ -13%
Camden	Belsize Priory Medical Practice	CENTRAL HAMPSTEAD PCN	↑ 19%	↑ 0%	↑ 300%	↑ 0%	↓ -13%	↓ -2%	↓ -14%	↑ 60%	↓ -10%	↓ -2%	↓ -7%	↓ -45%
Camden	Daleham Gardens Health Centre	CENTRAL HAMPSTEAD PCN	↓ -21%	↓ -46%	↑ 0%	↓ -100%	↓ -17%	↑ 3%	↑ 4%	↓ -21%	↓ -14%	↓ -12%	↓ -13%	↑ 4%
Camden	Grays Inn Road Medical centre	CENTRAL HAMPSTEAD PCN	↓ -14%	↑ 28%	↑ 88%	↓ -67%	↓ -43%	↓ -1%	↓ -25%	↑ 0%	↓ -5%	↓ -19%	↓ -12%	↑ 12%
Camden	Primrose Hill Surgery	CENTRAL HAMPSTEAD PCN	↓ -28%	↓ -41%	↑ 0%	↓ -45%	↓ -18%	↓ -21%	↓ -20%	↑ 9%	↓ -7%	↓ -12%	↓ -9%	↑ 0%
Camden	Caversham Group Practice	KENTISH TOWN CENTRAL PCN	↓ -31%	↓ -34%	↑ 92%	↓ -65%	↓ -20%	↓ -4%	↑ 19%	↓ -16%	↓ -21%	↓ -15%	↓ -21%	↑ 0%
Camden	Parliament Hill Surgery	KENTISH TOWN CENTRAL PCN	↓ -17%	↓ -18%	↓ -35%	↓ -12%	↑ 45%	↓ -5%	↑ 29%	↑ 19%	↓ -20%	↑ 0%	↓ -13%	↓ -23%
Camden	Prince of Wales Group Surgery	KENTISH TOWN CENTRAL PCN	↓ -30%	↓ -13%	↓ -13%	↑ 0%	↓ -41%	↑ 14%	↑ 21%	↓ -11%	↓ -5%	↓ -32%	↓ -10%	↓ -1%
Camden	James Wigg Practice	KENTISH TOWN SOUTH PCN	↓ -17%	↓ -27%	↓ -10%	↓ -59%	↑ 2%	↓ -8%	↑ 3%	↓ -4%	↓ -5%	↓ -16%	↓ -13%	↓ -23%
Camden	Queens Crescent Practice	KENTISH TOWN SOUTH PCN	↓ -21%	↓ -7%	↑ 0%	↑ 33%	↓ -33%	↑ 17%	↑ 43%	↓ -12%	↓ -16%	↓ -14%	↓ -15%	↓ -43%
Camden	Adelaide Medical Centre	NORTH CAMDEN PCN	↓ -18%	↓ -22%	↑ 38%	↑ 80%	↑ 11%	↓ -10%	↓ -7%	↓ -2%	↓ -18%	↓ -12%	↓ -17%	↑ 0%
Camden	Brookfield Park Surgery	NORTH CAMDEN PCN	↓ -28%	↑ 17%	↑ 157%	↑ 0%	↓ -49%	↑ 41%	↑ 68%	↑ 138%	↓ -22%	↓ -25%	↓ -24%	↑ 0%
Camden	Hampstead Group Practice	NORTH CAMDEN PCN	↓ -18%	↓ -14%	↓ -22%	↓ -58%	↑ 13%	↑ 1%	↑ 6%	↓ -6%	↓ -7%	↓ -24%	↓ -14%	↓ -27%
Camden	Keats Group Surgery	NORTH CAMDEN PCN	↓ -34%	↓ -6%	↓ -43%	↓ -20%	↓ -30%	↓ -3%	↓ -4%	↓ -23%	↓ -13%	↓ -50%	↓ -15%	↑ 0%
Camden	Park End Surgery	NORTH CAMDEN PCN	↓ -18%	↑ 15%	↑ 26%	↑ 0%	↑ 6%	↑ 2%	↑ 14%	↑ 9%	↓ -18%	↓ -4%	↓ -10%	↑ 0%
Camden	Brunswick Medical Centre	SOUTH CAMDEN PCN	↓ -14%	↓ -47%	↑ 1500%	↓ -75%	↓ -67%	↑ 1%	↑ 19%	↑ 16%	↓ -19%	↓ -29%	↓ -23%	↑ 0%
Camden	Holborn Medical Centre	SOUTH CAMDEN PCN	↓ -40%	↓ -29%	↓ -37%	↑ 0%	↓ -50%	↓ -18%	↑ 11%	↑ 4%	↓ -19%	↓ -12%	↓ -17%	↓ -17%
Camden	Museum Practice	SOUTH CAMDEN PCN	↓ -13%	↓ -21%	↑ 900%	↓ -100%	↓ 43%	↑ 9%	↑ 46%	↓ -31%	↓ -15%	↓ -11%	↓ -12%	↑ 0%
Camden	St Philips Medical Centre	SOUTH CAMDEN PCN	↓ -19%	↓ -92%	↓ -33%	↑ 0%	↓ -10%	↓ -35%	↑ 11%	↓ -35%	↓ -18%	↓ -31%	↓ -18%	↑ 0%
Camden	Brondesbury Medical Centre	WEST CAMDEN PCN	↓ -30%	↓ -16%	↑ 46%	↓ -16%	↓ -15%	↓ -2%	↑ 0%	↑ 1%	↓ -13%	↑ 3%	↓ -7%	↓ -100%
Camden	Cholmley Gardens Surgery	WEST CAMDEN PCN	↓ -36%	↓ -19%	↑ 75%	↑ 0%	↑ 45%	↑ 12%	↑ 10%	↓ -38%	↓ -24%	↓ -11%	↓ -19%	↑ 9%
Camden	Fortune Green Road Surgery	WEST CAMDEN PCN	↓ -12%	↑ 43%	↓ -14%	↓ -100%	↓ -6%	↓ -31%	↓ -47%	↑ 6%	↓ -27%	↓ -7%	↓ -22%	↑ 76%
Camden	West Hampstead Medical Centre	WEST CAMDEN PCN	↓ -23%	↓ -35%	↓ -3%	↓ -36%	↑ 0%	↓ -13%	↓ -29%	↑ 2%	↓ -9%	↓ -21%	↓ -13%	↓ -19%
Enfield	Angel Surgery	EDMONTON PCN	↓ -30%	↓ -19%	↑ 0%	↑ 0%	↓ -29%	↑ 8%	↑ 12%	↓ -28%	↓ -2%	↑ 3%	↓ -1%	↑ 24%
Enfield	Boundary House Surgery	EDMONTON PCN	↓ -39%	↓ -21%	↓ -20%	↑ 0%	↑ 0%	↑ 0%	↑ 9%	↓ -19%	↓ -22%	↑ 19%	↓ -7%	↓ -39%
Enfield	Keats Surgery	EDMONTON PCN	↓ -19%	↓ -20%	↑ 0%	↑ 0%	↑ 13%	↓ -20%	↓ -34%	↑ 8%	↓ -17%	↓ -1%	↓ -10%	↑ 0%
Enfield	Latymer Road Surgery	EDMONTON PCN	↓ -33%	↓ -50%	↑ 0%	↓ -50%	↓ -31%	↓ -13%	↓ -27%	↑ 57%	↑ 9%	↓ -49%	↓ -29%	↑ 0%
Enfield	Boundary Court Surgery	ENFIELD CARE NETWORK PCN	↓ -2%	↓ -19%	↑ 0%	↓ -67%	↓ -14%	↓ -12%	↓ -5%	↓ -48%	↓ -9%	↓ -24%	↓ -15%	↑ 15%
Enfield	Brick Lane Surgery	ENFIELD CARE NETWORK PCN			↑ 0%	↑ 0%	↑ 0%			↑ 0%				↑ 0%
Enfield	Chalfont Road Surgery	ENFIELD CARE NETWORK PCN	↑ 9%	↓ -10%	↑ 0%	↓ -67%	↑ 17%	↓ -4%	↓ -5%	↓ -27%	↓ -2%	↓ -23%	↓ -10%	↓ -75%
Enfield	DR ME Silver's Practice	ENFIELD CARE NETWORK PCN	↓ -21%	↓ -44%	↑ 0%	↑ 0%	↓ -57%	↓ -11%	↓ -15%	↑ 35%				↑ 0%
Enfield	East Enfield Practice	ENFIELD CARE NETWORK PCN	↓ -4%	↑ 19%	↑ 0%	↑ 0%	↓ -31%	↓ -8%	↑ 10%	↓ -2%	↓ -24%	↓ -25%	↓ -25%	↑ 0%
Enfield	Evergreen Primary Care Centre	ENFIELD CARE NETWORK PCN	↓ -11%	↓ -5%	↓ -60%	↓ -22%	↑ 0%	↓ -3%	↓ -2%	↓ -3%	↓ -6%	↑ 18%	↑ 3%	↑ 15%
Enfield	Grovelands Medical Centre	ENFIELD CARE NETWORK PCN	↓ -42%	↓ -42%	↑ 0%	↓ -50%	↑ 0%	↑ 17%	↑ 22%	↓ -10%	↓ -22%	↓ -23%	↓ -22%	↓ -30%
Enfield	Rainbow Practice	ENFIELD CARE NETWORK PCN	↓ -31%	↓ -14%	↓ -50%	↑ 0%	↑ 100%	↓ -12%	↓ -35%	↑ 33%	↓ -16%	↓ -56%	↓ -27%	↑ 69%
Enfield	The Ordnance Unity Centre for Health	ENFIELD CARE NETWORK PCN	↓ -32%	↓ -29%	↑ 0%	↓ -6%	↑ 100%	↑ 15%	↑ 16%	↓ -13%	↓ -34%	↓ -28%	↓ -31%	↓ -7%
Enfield	White Lodge Medical Practice	ENFIELD CARE NETWORK PCN	↓ -23%	↓ -24%	↓ -24%	↓ -11%	↑ 4%	↑ 6%	↑ 11%	↓ -15%	↓ -24%	↓ -4%	↓ -15%	↑ 0%
Enfield	Arnos Grove Medical Centre	ENFIELD SOUTH WEST PCN	↓ -19%	↓ -46%	↑ 0%	↓ -25%	↑ 33%	↑ 35%	↑ 46%	↓ -26%	↓ -16%	↓ -19%	↓ -18%	↓ -37%
Enfield	Bincote Surgery	ENFIELD SOUTH WEST PCN	↑ 4%	↓ -7%	↑ 33%	↑ 0%	↓ -9%	↓ -13%	↓ -13%	↑ 39%	↓ -10%	↑ 40%	↓ -9%	↓ -26%
Enfield	Gillan House Surgery	ENFIELD SOUTH WEST PCN	↓ -19%	↓ -41%	↑ 13%	↑ 38%	↑ 150%	↑ 3%	↑ 1%	↓ -12%	↑ 20%	↓ -8%	↑ 14%	↓ -1%
Enfield	Morecambe Surgery	ENFIELD SOUTH WEST PCN	↓ -7%	↑ 18%	↑ 100%	↓ -100%	↓ -13%	↑ 2%	↑ 1%	↑ 27%	↓ -28%	↓ -11%	↓ -18%	↓ -27%
Enfield	The North London Health Centre	ENFIELD SOUTH WEST PCN	↓ -41%	↓ -58%	↑ 0%	↓ -88%	↑ 18%	↑ 1%	↑ 12%	↓ -21%	↓ -32%	↑ 8%	↓ -24%	↓ -16%
Enfield	The Woodberry Practice	ENFIELD SOUTH WEST PCN	↑ 0%	↓ -29%	↑ 1000%	↓ -50%	↑ 28%	↑ 5%	↑ 27%	↑ 32%	↓ 0%	↓ -14%	↓ -9%	↑ 2%
Enfield	Cockfosters Medical Centre	ENFIELD UNITY PCN	↓ -6%	↑ 24%	↑ 0%	↓ -25%	↑ 9%	↓ -7%	↓ -27%	↓ -16%	↓ -15%	↓ -20%	↓ -15%	↑ 0%
Enfield	Eagle House Surgery	ENFIELD UNITY PCN	↓ -27%	↓ -38%	↑ 4%	↑ 0%	↑ 25%	↓ -9%	↓ -2%	↓ -16%	↓ -13%	↓ -17%	↓ -14%	↑ 0%
Enfield	Green Cedars Medical Centre	ENFIELD UNITY PCN	↓ -42%	↓ -58%	↓ -100%	↓ -100%	↑ 20%	↑ 6%	↑ 12%	↓ -17%	↓ -22%	↓ -21%	↓ -22%	↑ 0%
Enfield	Highlands Practice	ENFIELD UNITY PCN	↓ -31%	↓ -27%	↓ -41%	↑ 39%	↑ 11%	↑ 0%	↑ 3%	↑ 0%	↓ -21%	↓ -30%	↓ -24%	↑ 0%
Enfield	Medicus Health Partners	ENFIELD UNITY PCN	↓ -26%	↓ -22%	↑ 8%	↓ -30%	↑ 4%	↑ 1%	↑ 6%	↑ 2%	↓ -19%	↓ -17%	↓ -19%	↑ 0%
Enfield	Nightingale House Surgery	ENFIELD UNITY PCN	↓ -23%	↑ 0%	↑ 100%	↓ -100%	↑ 60%	↓ -6%	↑ 16%	↑ 20%	↓ 0%	↑ 11%	↑ 3%	↑ 0%
Enfield	Oakwood Medical Centre	ENFIELD UNITY PCN	↓ -14%	↓ -23%	↑ 27%	↓ -50%	↓ -23%	↑ 3%	↑ 14%	↑ 89%	↓ -9%	↓ -16%	↓ -11%	↑ 0%
Enfield	Southgate	ENFIELD UNITY PCN	↓ -24%	↓ -44%	↑ 33%	↑ 0%	↑ 0%	↓ -2%	↓ -3%	↑ 10%	↓ -10%	↓ -4%	↓ -8%	↑ 0%
Enfield	The Bounces Road Surgery	ENFIELD UNITY PCN	↓ -24%	↑ 13%	↑ 0%	↑ 100%	↑ 50%	↑ 2%	↓ -13%	↑ 50%	↓ -8%	↓ -8%	↓ -8%	↑ 0%
Enfield	Abernethy House Surgery	WEST ENFIELD COLLABORATIVE PCN	↓ -3%	↓ -15%	↓ -29%	↓ -31%	↑ 11%	↑ 7%	↑ 25%	↑ 45%	↓ -21%	↓ -10%	↓ -19%	↓ -26%
Enfield	Town Surgery	WEST ENFIELD COLLABORATIVE PCN	↓ -26%	↓ -26%	↓ -33%	↑ 0%	↑ 33%	↓ -19%	↓ -12%	↓ -35%	↓ -13%	↓ -55%	↓ -15%	↓ -2%
Enfield	Winchmore Hill Practice	WEST ENFIELD COLLABORATIVE PCN	↓ -22%	↓ -14%	↓ -9%	↓ -38%	↓ -9%	↓ -1%	↓ -3%	↓ -21%	↓ -16%	↓ -15%	↓ -16%	↓ -11%
Haringey	Crouch Hall Road Surgery	HARINGEY - CROUCH END PCN	↓ -30%	↓ -31%	↑ 183%	↑ 0%	↑ 0%	↑ 25%	↑ 43%	↑ 11%	↓ -9%	↓ -17%	↓ -13%	↑ 0%
Haringey	Queenswood Medical Practice	HARINGEY - CROUCH END PCN	↓ -24%	↓ -8%	↓ -4%	↑ 0%	↓ -2%	↑ 19%	↑ 89%	↑ 2%	↓ -19%	↓ -6%	↓ -15%	↓ -15%

Haringey	The 157 Medical Practice	HARINGEY - CROUCH END PCN	↓ -31%	↓ -5%	↓ -37%	↑ 0%	↑ 0%	↑ 22%	↑ 100%	↓ -14%	↓ -23%	↓ -13%	↓ -19%	↑ 0%
Haringey	Hornsey Park Surgery	HARINGEY - EAST CENTRAL PCN	↓ -15%	↓ -60%	↑ 60%	↓ -33%	↓ -21%	↓ -4%	↑ 28%	↑ 16%	↓ -10%		↓ -10%	↓ -26%
Haringey	Staunton Group Practice	HARINGEY - EAST CENTRAL PCN	↓ -15%	↓ -2%	↓ -7%	↑ 0%	↑ 133%	↓ -14%	↑ 14%	↑ 41%	↑ 8%	↓ -24%	↓ -11%	↑ 0%
Haringey	The Old Surgery	HARINGEY - EAST CENTRAL PCN	↓ -23%	↓ -17%	↓ -52%	↑ 0%	↑ 3%	↑ 19%	↑ 44%	↓ -33%	↑ 15%	↓ -35%	↓ -14%	↓ -67%
Haringey	West Green Road Surgery	HARINGEY - EAST CENTRAL PCN	↓ -25%	↓ -27%	↑ 53%	↓ -50%	↑ 23%	↑ 7%	↑ 42%	↑ 33%	↓ -22%		↓ -22%	↑ 0%
Haringey	Grove Road Surgery	HARINGEY - N15/SOUTH EAST PCN	↓ -24%	↑ 38%	↑ 0%	↑ 0%	↑ 0%	↑ 29%	↑ 42%	↓ -22%	↑ 4%	↑ 7%	↑ 4%	↓ -8%
Haringey	Havergal Surgery	HARINGEY - N15/SOUTH EAST PCN	↓ -22%	↑ 33%	↓ -21%	↑ 0%	↓ -9%	↑ 10%	↑ 90%	↑ 24%	↓ -12%	↑ 23%	↓ -11%	↑ 19%
Haringey	JS Medical Practice	HARINGEY - N15/SOUTH EAST PCN	↓ -50%	↓ -23%	↑ 111%	↑ 0%	↑ 0%	↑ 14%	↑ 3%	↑ 14%	↓ -22%	↓ -11%	↓ -17%	↓ -6%
Haringey	Spur Road Surgery	HARINGEY - N15/SOUTH EAST PCN			↑ 0%	↑ 0%	↓ -7%			↑ 0%				↓ -60%
Haringey	St Ann's Road Surgery	HARINGEY - N15/SOUTH EAST PCN	↓ -60%	↓ -14%	↓ -38%	↑ 50%	↓ -28%	↑ 7%	↑ 17%	↓ -19%	↓ -1%	↓ -20%	↓ -8%	↑ 0%
Haringey	Arcadian Gardens Surgery	HARINGEY - NORTH CENTRAL PCN	↓ -26%	↑ 0%	↓ -100%	↑ 100%	↓ -12%	↓ -2%	↓ -5%	↑ 63%	↓ -26%	↑ 3%	↓ -16%	↑ 0%
Haringey	Bounds Green Group Practice	HARINGEY - NORTH CENTRAL PCN	↓ -37%	↓ -40%	↓ -27%	↓ -28%	↓ -1%	↓ -2%	↑ 13%	↑ 25%	↓ -28%	↓ -23%	↓ -27%	↓ -54%
Haringey	Cheshire Road Surgery	HARINGEY - NORTH CENTRAL PCN	↓ -27%	↓ -27%	↑ 38%	↑ 0%	↑ 38%	↑ 0%	↑ 20%	↑ 32%	↓ -20%	↓ -9%	↓ -19%	↓ -17%
Haringey	Stuart Crescent Health Centre	HARINGEY - NORTH CENTRAL PCN	↓ -36%	↓ -50%	↑ 0%	↓ -100%	↓ -25%	↓ -18%	↑ 8%	↑ 31%	↓ -12%	↓ -24%	↓ -18%	↑ 12%
Haringey	Stuart Crescent Medical Practice	HARINGEY - NORTH CENTRAL PCN	↑ 7%	↑ 133%	↑ 0%	↑ 0%	↑ 0%	↑ 32%	↑ 30%	↑ 36%	↓ -14%	↓ -4%	↓ -11%	↓ -30%
Haringey	Bruce Grove Primary Health Care Centre	HARINGEY - NORTH EAST PCN	↓ -33%	↓ -45%	↓ -100%	↑ 0%	↑ 57%	↑ 12%	↑ 20%	↓ -10%	↓ -41%	↓ -18%	↓ -29%	↑ 11%
Haringey	Charlton House Medical Centre	HARINGEY - NORTH EAST PCN	↓ -29%	↓ -9%	↓ -38%	↑ 0%	↓ -33%	↑ 9%	↑ 4%	↓ -20%				↓ -34%
Haringey	Morris House Group Practice	HARINGEY - NORTH EAST PCN	↓ -33%	↓ -2%	↑ 20%	↑ 0%	↑ 12%	↓ -7%	↑ 8%	↓ -22%	↓ -12%	↓ -19%	↓ -14%	↓ -4%
Haringey	Somerset Gardens Family Health Centre	HARINGEY - NORTH EAST PCN	↓ -43%	↓ -22%	↓ -23%	↓ -100%	↓ -60%	↑ 10%	↑ 9%	↓ -2%	↓ -34%	↓ -12%	↓ -26%	↑ 0%
Haringey	Westbury Medical Centre	HARINGEY - NORTH EAST PCN	↓ -2%	↑ 12%	↑ 100%	↓ -50%	↑ 41%	↓ -6%	↑ 3%	↑ 0%	↓ -25%	↓ -20%	↓ -24%	↓ -24%
Haringey	Highgate Group Practice	HARINGEY - NORTH WEST PCN	↓ -27%	↓ -48%	↓ -21%	↑ 0%	↓ -6%	↑ 20%	↑ 69%	↓ -16%	↓ -12%	↓ -21%	↓ -16%	↑ 0%
Haringey	Queens Avenue Practice	HARINGEY - NORTH WEST PCN			↑ 0%	↑ 0%	↑ 0%			↑ 0%				↑ 0%
Haringey	Rutland House Surgery	HARINGEY - NORTH WEST PCN	↓ -34%	↓ -28%	↑ 13%	↓ -91%	↑ 0%	↑ 10%	↑ 52%	↑ 7%	↓ -29%	↓ -1%	↓ -15%	↑ 0%
Haringey	The Muswell Hill Practice	HARINGEY - NORTH WEST PCN	↓ -27%	↓ -40%	↓ -12%	↑ 5%	↑ 27%	↑ 1%	↑ 46%	↑ 9%	↓ -7%	↓ -17%	↓ -9%	↑ 0%
Haringey	Dowsett Road Surgery	HARINGEY - WELBOURNE PCN	↓ -34%	↑ 57%	↑ 100%	↑ 0%	↓ -29%	↑ 3%	↓ -8%	↑ 26%	↓ -76%	↓ -51%	↓ -66%	↑ 16%
Haringey	Fernlea Surgery	HARINGEY - WELBOURNE PCN	↓ -16%	↓ -14%	↑ 229%	↑ 200%	↓ -11%	↑ 6%	↑ 21%	↑ 4%	↓ -22%	↓ -17%	↓ -19%	↑ 11%
Haringey	Lawrence House Surgery	HARINGEY - WELBOURNE PCN	↓ -36%	↓ -14%	↓ -21%	↑ 0%	↓ -5%	↓ -5%	↓ -9%	↑ 11%	↓ -30%	↓ -17%	↓ -21%	↓ -16%
Haringey	Tottenham Hale Medical Practice	HARINGEY - WELBOURNE PCN	↓ -60%	↓ -18%	↓ -75%	↑ 0%	↓ -9%	↑ 30%	↑ 73%	↓ -27%	↓ -32%	↓ -16%	↓ -22%	↓ -24%
Haringey	Tottenham Health Centre	HARINGEY - WELBOURNE PCN	↓ -30%	↓ -47%	↑ 50%	↓ -100%	↓ -8%	↑ 4%	↑ 40%	↑ 32%	↓ -22%	↑ 33%	↓ -5%	↓ -9%
Haringey	Tynemouth Medical Practice	HARINGEY - WELBOURNE PCN	↑ 2%	↑ 27%	↓ -50%	↓ -100%	↑ 17%	↓ -5%	↓ -7%	↓ -9%	↓ -10%	↓ -4%	↓ -8%	↑ 0%
Haringey	Bridge House Medical Practice	HARINGEY - WEST CENTRAL PCN	↓ -32%	↓ -30%	↓ -48%	↓ -100%	↓ -47%	↑ 4%	↑ 94%	↓ -34%	↓ -25%	↓ -24%	↓ -24%	↓ -35%
Haringey	Christchurch Hall Surgery	HARINGEY - WEST CENTRAL PCN	↓ -28%	↑ 10%	↑ 200%	↑ 0%	↑ 67%	↑ 20%	↑ 73%	↓ -31%	↓ -3%	↓ -16%	↓ -11%	↓ -86%
Haringey	The Alexandra Surgery	HARINGEY - WEST CENTRAL PCN	↓ -21%	↓ -14%	↑ 56%	↑ 0%	↓ -59%	↑ 33%	↑ 141%	↑ 14%	↓ -6%	↓ -7%	↓ -6%	↑ 188%
Haringey	The Vale Practice	HARINGEY - WEST CENTRAL PCN	↓ -33%	↓ -34%	↑ 0%	↑ 0%	↑ 7%	↑ 4%	↑ 60%	↑ 12%	↓ -24%	↓ -13%	↓ -21%	↑ 0%
Islington	Highbury Grange Medical Practice	CENTRAL 1 ISLINGTON PCN	↓ -32%	↓ -43%	↓ -33%	↑ 0%	↓ -43%	↓ -5%	↑ 96%	↓ -13%	↓ -5%	↓ -19%	↓ -13%	↓ -8%
Islington	Islington Central Medical Centre	CENTRAL 1 ISLINGTON PCN	↓ -33%	↓ -16%	↑ 160%	↑ 0%	↑ 0%	↑ 0%	↑ 27%	↓ -7%	↓ -29%	↓ -18%	↓ -23%	↓ -14%
Islington	Mildmay Medical Practice	CENTRAL 1 ISLINGTON PCN	↓ -26%	↑ 14%	↓ -32%	↓ -25%	↑ 8%	↓ -8%	↑ 13%	↓ -12%	↓ -21%	↓ -15%	↓ -18%	↓ -18%
Islington	Roman Way Medical Centre	CENTRAL 1 ISLINGTON PCN	↓ -15%	↑ 19%	↑ 0%	↑ 0%	↑ 40%	↑ 30%	↑ 107%	↑ 0%	↓ -35%	↓ -10%	↓ -16%	↓ -14%
Islington	Sobell Medical Centre	CENTRAL 1 ISLINGTON PCN	↓ -25%	↓ -29%	↓ -50%	↑ 0%	↓ -17%	↑ 40%	↑ 143%	↓ -4%	↓ -16%	↓ -14%	↓ -15%	↑ 18%
Islington	The Medical Centre	CENTRAL 1 ISLINGTON PCN	↓ -34%	↓ -4%	↓ -87%	↓ -78%	↓ -50%		↑ 125%	↑ 17%	↓ -12%	↑ 12%	↓ -7%	↓ -17%
Islington	The Mitchison Road Surgery	CENTRAL 1 ISLINGTON PCN	↓ -30%	↓ -38%	↓ -36%	↓ -100%	↑ 175%	↓ -9%	↑ 0%	↑ 36%	↓ -25%	↓ -13%	↓ -19%	↑ 0%
Islington	Elizabeth Avenue Group Practice	CENTRAL 2 ISLINGTON PCN	↓ -38%	↓ -7%	↑ 0%	↑ 0%	↑ 28%	↓ -2%	↑ 10%	↓ -13%	↓ -15%	↓ -24%	↓ -16%	↓ -10%
Islington	New North Health Centre	CENTRAL 2 ISLINGTON PCN	↓ -15%	↑ 50%	↑ 0%	↑ 0%	↑ 0%	↓ -41%	↓ -22%	↓ -50%	↓ -34%	↓ -22%	↓ -27%	↓ -100%
Islington	River Place Health Centre	CENTRAL 2 ISLINGTON PCN	↓ -41%	↑ 3%	↑ 24%	↓ -50%	↑ 24%	↓ -12%	↑ 21%	↓ -13%	↓ -15%	↓ -25%	↓ -16%	↓ -27%
Islington	St Peters Street Medical Practice	CENTRAL 2 ISLINGTON PCN	↓ -33%	↑ 390%	↓ -24%	↓ -55%	↑ 35%	↓ -6%	↑ 23%	↓ -26%	↓ -23%	↓ -26%	↓ -24%	↑ 0%
Islington	The Miller Practice	CENTRAL 2 ISLINGTON PCN	↓ -21%	↓ -14%	↑ 133%	↓ -25%	↓ -52%	↑ 1%	↑ 37%	↓ -22%	↓ -18%	↑ 4%	↓ -5%	↓ -29%
Islington	Andover Medical Centre	NORTH ISLINGTON PCN	↓ -35%	↓ -17%	↑ 0%	↑ 0%	↑ 214%	↑ 9%	↑ 100%	↑ 35%	↓ -29%	↓ -6%	↓ -17%	↓ -23%
Islington	Archway Medical Practice	NORTH ISLINGTON PCN	↓ -19%	↓ -8%	↑ 150%	↑ 0%	↓ -26%	↑ 3%	↑ 36%	↑ 31%	↓ -14%	↓ -6%	↓ -12%	↑ 0%
Islington	Drs Bowry and Bowry's Practice	NORTH ISLINGTON PCN			↑ 0%	↑ 0%	↑ 0%			↑ 0%				↑ 0%
Islington	Hanley Primary Care Centre	NORTH ISLINGTON PCN	↓ -24%	↓ -17%	↓ -63%	↑ 0%	↑ 0%	↑ 8%	↑ 83%	↓ -13%	↓ -17%	↓ -17%	↓ -17%	↑ 0%
Islington	Partnership Primary Care Centre	NORTH ISLINGTON PCN	↓ -31%	↑ 14%	↓ -25%	↑ 0%	↑ 28%	↑ 10%	↑ 39%	↓ -17%	↓ -18%	↓ -17%	↓ -18%	↓ -12%
Islington	St Johns Way Medical Centre	NORTH ISLINGTON PCN	↓ -31%	↓ -24%	↓ -18%	↑ 50%	↓ -13%	↑ 7%	↑ 93%	↑ 2%	↓ -30%	↓ -18%	↓ -25%	↓ -16%
Islington	Stroud Green Medical Practice	NORTH ISLINGTON PCN	↓ -34%	↓ -9%	↓ -52%	↑ 0%	↓ -26%	↑ 1%	↑ 15%	↓ -41%	↓ -16%	↓ -15%	↓ -16%	↑ 0%
Islington	The Beaumont Practice	NORTH ISLINGTON PCN	↓ -49%	↓ -75%	↓ -50%	↓ -100%	↑ 18%	↑ 8%	↑ 83%	↓ -20%	↓ -34%	↓ -12%	↓ -26%	↓ -41%
Islington	The Goodinge Group Practice	NORTH ISLINGTON PCN	↓ -32%	↓ -22%	↓ -23%	↑ 9%	↑ 5%	↑ 22%	↑ 105%	↓ -5%	↓ -11%	↓ -4%	↓ -8%	↑ 0%
Islington	The Junction Medical Practice	NORTH ISLINGTON PCN	↓ -14%	↑ 15%	↓ -43%	↑ 0%	↑ 110%	↑ 1%	↑ 77%	↑ 0%	↓ -10%	↓ -10%	↓ -10%	↑ 2%
Islington	The Northern Medical Centre	NORTH ISLINGTON PCN	↓ -32%	↓ -48%	↑ 67%	↑ 0%	↑ 9%	↑ 15%	↑ 56%	↓ -5%	↓ -19%	↓ -11%	↓ -15%	↓ -15%
Islington	The Rise Group Practice	NORTH ISLINGTON PCN	↓ -32%	↓ -40%	↓ -71%	↑ 0%	↑ 0%	↑ 23%	↑ 157%	↓ -4%	↓ -12%	↓ 0%	↓ -8%	↑ 0%
Islington	The Village Practice	NORTH ISLINGTON PCN	↓ -35%	↓ -55%	↑ 0%	↓ -60%	↓ -20%	↑ 10%	↑ 70%	↑ 6%	↓ -14%	↓ -13%	↓ -14%	↓ -25%
Islington	Arnwell Group Practice	SOUTH ISLINGTON PCN	↓ -37%	↓ -26%	↓ -39%	↑ 75%	↑ 40%	↓ -1%	↑ 2%	↓ -2%	↓ -16%	↓ -4%	↓ -11%	↓ -26%
Islington	Barnsbury Medical Centre	SOUTH ISLINGTON PCN	↑ 87%	↓ -35%	↓ -7%	↑ 0%	↑ 30%	↓ -25%	↓ -46%	↓ -21%				↓ -37%
Islington	City Road Medical Centre	SOUTH ISLINGTON PCN	↓ -52%	↓ -47%	↓ -78%	↑ 50%	↑ 0%	↓ -18%	↓ -32%	↑ 21%	↓ -34%	↓ -16%	↓ -22%	↑ 12%
Islington	Clerkenwell Medical Practice	SOUTH ISLINGTON PCN	↓ -35%	↑ 9%	↑ 0%	↓ -27%	↑ 0%	↓ -14%	↓ -17%	↑ 48%	↓ -24%	↓ -9%	↓ -14%	↓ -19%
Islington	Killick Street Health Centre	SOUTH ISLINGTON PCN	↓ -28%	↓ -26%	↑ 31%	↓ -18%	↑ 9%	↓ -9%	↑ 4%	↓ -8%	↓ -19%	↓ -10%	↓ -14%	↓ -18%

Islington	Pine Street Medical Centre	SOUTH ISLINGTON PCN	↓ -43%	↓ -54%	↓ -100%	↑ 0%	↓ -6%	↑ 23%	↑ 30%	↓ -26%	↑ 2%	↓ -1%	↑ 0%	↑ 0%
Islington	Ritchie Street Group Practice	SOUTH ISLINGTON PCN	↓ -35%	↓ -29%	↑ 14%	↓ -33%	↓ -2%	↑ 4%	↑ 5%	↑ 0%	↓ -19%	↓ -11%	↓ -16%	↑ 81%

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	
Zww		Of referrals made these sit under the 2 week wait specialty	A decrease in Zww is noted by both a yellow/green rating and downward arrow, an increase is shown by an amber/red shade and an upward arrow	
A&G		Utilisation of the Advice and Guidance service whereby advice can be sought from a specialist consultant	A decrease in Advice & Guidance utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by a yellow/green shade and a green upward arrow	
CC		Utilisation of the Consultant Connect service which is a similar offer to the Advice and Guidance service	A decrease in Consultant Connect utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by a yellow/green shade and a green upward arrow	
FIT		Utilisations of the Faecal Immunochemical Test (FIT) which shows tiny traces of blood that may not normally be visible	A decrease in FIT is noted by both a yellow/green rating and red downward arrow, an increase is shown by a yellow/green shade and a 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 a 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 no treatment	A decrease in A&E VB11Z Attendance is noted by both a yellow/green rating and green spot, an increase is shown by an amber/red shade and a 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 GP, this can be from A&E	A decrease in Emergency Admissions is noted by both a greener rating and green spot, an increase is shown by an amber/red shade and a 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 NHS 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 visits 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, Zww, 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 ICB
Primary Care Contracting Committee Meeting
21 February 2023**

Report Title	Primary Care Contracting Committee Risk Register	Date of report	31 January 2023	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	Kate McFadden-Lewis, Governance and Risk Lead	Email / Tel		katemcfadden-lewis@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications This report assists the ICB in managing its most significant financial risks			
Name of Authorising Estates Lead	<i>Not Applicable</i>	Summary of Estates Implications			
Report Summary	<p>This report provides an overview of material risks falling within the remit of the Primary Care Contracting Committee ('Committee') of North Central London Integrated Care Board ('ICB').</p> <p><u>System risk management</u> The ICB has been working with key partners across the Integrated Care System ('ICS') to develop a system approach to risk management.</p> <p>To reflect the developing system approach to risk management this report highlights both system risks and ICB-only risks.</p> <p><u>The Committee Risk Register</u> There are 4 risks 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 these risks has remained the same.</p> <p>Key Highlights:</p> <p><u>System risks</u></p> <p>PERF15: <i>Failure to address variation in Primary Care Quality and Performance across NCL (Threat).</i> Current Risk Rating: 12 (unchanged).</p>				

This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it.

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 development of an NCL-wide long term conditions Locally Commissioned Service is progressing to final stages with expected mobilisation in the second half of 2023/24

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

PERF18: *Failure to effectively develop the primary care workforce (Threat).*
Current Risk Rating: 16 (unchanged).

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. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit.

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;
- Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities for 2022-23 developed by NCL Training Hub.;
- Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new entrants to the practice workforce;
- Additional GP Nursing funding received to enable workforce development schemes focussing on Reception & Admin staff, Healthcare Assistants ('HCA'), GP Nurses ('GPN'), Nursing Associates ('NAs'), Trainee Nursing Associates ('TNAs'), retention of volunteers;
- The completion of the Primary Care Flexible Staff Pool and an 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 during 2022/23;
- 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs.

Given the high demand on the Primary Care workforce, 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

	<p>programme has continued in 2022/23 with a Primary Care Wellbeing Lead recruited.</p> <p>PERF22: <i>Failure to manage impact of increased building costs on General Practice estate (Threat).</i> Current Risk Rating:12 (unchanged).</p> <p>Due to disrupted supply chains, impacted Brexit and COVID-19, construction costs in terms of both building material and labour have been inflated. Building schemes will therefore take longer, and be more expensive (by circa 20%).</p> <p>This has resulted in pressure on the ICB to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets.</p> <p>Whilst the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved.</p> <p>PERF28: <i>Failure of Primary Care patient access (Threat).</i> Current Risk Rating: 12 (unchanged).</p> <p>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.</p> <p>Further work will be required to address access as a core part of the primary care agenda locally, including:</p> <ul style="list-style-type: none"> • patient experience. • ease of access (including digital inclusion / exclusion); and, • contributing factors including workforce and patient needs and expectations.
Recommendation	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • NOTE the report and provide feedback on the risks • 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	<p>The risk register will be a standing item for each meeting of the Committee.</p>
Conflicts of Interest	<p>Conflicts of interest are managed robustly and in accordance with the ICB’s conflict of interest policy.</p>
Resource Implications	<p>This report supports the ICB in making effective and efficient use of its resources.</p>
Engagement	<p>This report is presented to each Committee meeting. The Committee includes a clinician and Non-Executive Members.</p>
Equality Impact Analysis	<p>This report was written in accordance with the provisions of the Equality Act 2010.</p>

Report History and Key Decisions	The Committee Risk Register is presented at each Committee meeting.
Next Steps	<p>The next steps are as follows:</p> <ul style="list-style-type: none"> • To continue to manage risks in a robust way; • To continue the development of the ICB's approach to system risk management.
Appendices	<p>Appendices are:</p> <ol style="list-style-type: none"> 1. Primary Care Contracting Committee Risk Register. 2. The Committee Risk Tracker; and, 3. Risk scoring key.

ID	Risk Owner	Risk Manager	Objective	Risk	Understood (Risk)	Understood (Cause)	Understood (Effect)	Controls in place	Evidence of Controls	Overall Strength of Controls in place	Understood (Control)	Understood (Control)	Controls Needed	Actions	Action Deadline	Update on Actions	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	4	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 Services (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 CN3. Mobile 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 A7. Meet phase of work 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. A8. NCL primary care team, borough directors of integration and the NCL GP provider alliance are working together to develop plans against the 2022/23 winter funding. A9. Development of consistent approach to long term conditions enhanced offer plan-NCL through LTC LCS programme A10. LTC LCS programme team and working group now in place. Aim to launch LTC LCS in 2023/24, after initial focus on Hypertension in 2022/23	A1. Draft dashboard developed and shared with clinical leads for comment. Further scoping needed on how dashboard can be used effectively and how it would be measured 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 2022/23 Specifications and any identified gaps. A3. PCN delivery of enhanced access services went live on 1 October 2022. Meet phase of work 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 2022/23 winter funding. A5. Development of consistent approach to long term conditions enhanced offer plan-NCL through LTC LCS programme A6. LTC LCS programme team and working group now in place. Aim to launch LTC LCS in 2023/24, after initial focus on Hypertension in 2022/23	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 development of an NCL-wide long term conditions Locally Commissioned Service is progressing to final stages with expected mobilisation in the second half of 2023/24 The GP Provider Alliance has been established in order to provide a unified primary care provider voice within the NCL integrated care system and further opportunities to work at scale.	15/02/2023	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	11	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 in place C3. Development funding in primary care strategy for practice managers, practice nurse and practice-based pharmacists 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. Staff recruitment 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	14	CN1. Implementation of 2022/23 GP retention funding CN2. Development of Borough-based workforce analysis - to be reviewed by ICB 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 A5. Proposal is in development for management of long term conditions, with supporting practice workforce training programme	A1. Work is ongoing to respond to recently published -SDF funding and planning guidance for 2022/23. Learning from existing schemes to date delivered by Training Hub captured. A2. Final PCN workforce plans were submitted to NHSE at the end of October. Guidance and support resources including local Training Hub support circulated to PCNs and NCL Webinar to PCNs was delivered in 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. A5. Proposal is in final stages of development.	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. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit. 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 £54m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice; - Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities for 2022-23 developed by NCL Training Hub; - Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new entrants to the 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; - The completion of the Primary Care Flexible Staff Pool and an 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 during 2022/23. - 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. Given the high demand on the Primary Care workforce, 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 has continued in 2022/23 with a Primary Care Wellbeing Lead recruited. Recent media coverage has highlighted the need for further scrutiny in relation to the support and supervision offered to the newly diversified roles in General Practice which has been picked up as a key priority by the Chief Medical Officer and Chief Nursing Officer.	12/02/2023	Open
PERF22	Sarah McDonnell-Davies - Executive Director of Places	Nicola Thomson - Director of Estates	Maintain strong financial vigilance	Failure to manage impact of increased building costs on General Practice estate (Threat) CAUSE: If the ICB does not manage the need for increased capital investment or increased rent to develop the General Practice estate, due to increased construction costs because of disrupted supply chains EFFECT: There is a risk that Primary Care development schemes will either be cancelled, or will have to be scaled down. There is a risk that when GPs retire, re-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/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	10	C1. Primary Care Commissioners and Estate teams in situ, with negotiation experience, and ensure buy in of all partners of process and immediate 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 Years 22/24-2027 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 CN4. Periodic review of proposed schemes affordability or fit-for-purpose issues CN5. 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 estates 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 or fit-for-purpose issues A4. Securing capital allocation from the overall ICS prioritisation process	A1. Update of pipeline completed and ready to incorporate in wider ICS capital pipeline. Bidding for understand and capital allocation as part of ICS Finance overall prioritisation. A2. Ongoing action, has incorporated the current findings of prioritisation process in A1. Next update will be Q3 23/24 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.	16/02/2023	Open
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	10	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, Cirs C5. System Executive briefed on the challenges and supporting local solutions C6. Writer plans to include additional resources to support access over O&A 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. 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	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, including: - patient experience; - ease of access (including digital inclusion / exclusion); and, - contributing factors including workforce and patient needs and expectations.	16/02/2023	Open

North Central London ICB PCCC Risk Register - Highlight Report				2022/23				Movement From Last Report	Target Risk Score
				Current Risk Score					
Risk ID	Risk Title	Risk Owner	Key Updates	JUN	SEPT	DEC	FEB		
PERF15	Failure to address variation in Primary Care Quality and Performance across NCL (Threat)	Sarah McDonnell-Davies - Executive Director of Places	<p>This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it.</p> <p>Work under way to support the reduction in unwarranted variation includes delivery of the Primary Care Network Direct Enhanced Service ('DES') specifications for 2022/23, the development of the Primary Care Dashboard, the implementation of national guidance on re-procurement of Extended Access services, and the development of an NCL-wide Long Term Conditions Locally Commissioned Service.</p> <p>The development of an NCL-wide long term conditions Locally Commissioned Service is progressing to final stages with expected mobilisation in the second half of 2023/24</p> <p>The GP Provider Alliance has been established in order to provide a unified primary care provider voice within the NCL integrated care system and further opportunities to work at scale.</p>	12	12	12	12	→	6
PERF18	Primary care workforce development (Threat)	Sarah McDonnell-Davies - Executive Director of Places	<p>This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention.</p> <p>A range of national and local schemes are in place to mitigate the risk. These include the national Primary Care Network ('PCN') additional roles reimbursement scheme ('ARRS'). We are currently in year 4 of the 5 year scheme which enables PCNs to access national funding to recruit into a range of 15 different roles. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit.</p> <p>Other recent key measures include:</p> <ul style="list-style-type: none"> Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice; Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities for 2022-23 developed by NCL Training Hub.; Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new entrants to the practice workforce; Additional GP Nursing funding received to enable workforce development schemes focussing on Reception & Admin staff, Healthcare Assistants ('HCA'), GP Nurses ('GPN'), Nursing Associates ('NAs'), Trainee Nursing Associates ('TNAs'), retention of volunteers; The completion of the Primary Care Flexible Staff Pool and an 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 during 2022/23; 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. <p>Given the high demand on the Primary Care workforce, 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 has continued in 2022/23 with a Primary Care Wellbeing Lead recruited.</p> <p>Recent media coverage has highlighted the need for further scrutiny in relation the support and supervision offered to the newly diversified roles in General Practice which has been picked up as a key priority by the Chief Medical Officer and Chief Nursing Officer.</p>	16	16	16	16	→	9
PERF22	Failure to manage impact of increased building costs on General Practice estate (Threat)	Sarah McDonnell-Davies - Executive Director of Places	<p>Due to disrupted supply chains, impacted Brexit and COVID-19, construction costs in terms of both building material and labour have been inflated. Building schemes will therefore take longer, and be more expensive (by c. 20%).</p> <p>This has resulted in pressure on the ICB to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets.</p> <p>Whilst the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved.</p>	12	12	12	12	→	9
PERF28	Failure of Primary Care patient access (Threat)	Sarah McDonnell-Davies - Executive Director of Places	<p>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.</p> <p>Further work will be required to address access as a core part of the primary care agenda locally, including:</p> <ul style="list-style-type: none"> patient experience; ease of access (including digital inclusion / exclusion); and, contributing factors including workforce and patient needs and expectations. 			12	12	→	9

Risk Key

Risk Improving 

Risk Worsening 

Risk neither improving nor worsening but working towards target 

Risk Scoring Key

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

1. Overall Strength of Controls in Place

There are four levels of effectiveness:

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

2. Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

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

Likelihood Scale:

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

3. Level of Risk and Priority Chart

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

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

1-3 Low Priority	4-6 Moderate Priority	8-12 High Priority	15-25 Very High Priority
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