North Central London
Integrated Care Board

NHS North Central London ICB
Primary Care Contracting Committee Meeting

Tuesday 13 June 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
Pre-meet to be held for committee members between 9:30am and 10am					
	AGENDA Part 1				
1.	**INTRODUCTION**				
1.1	Welcome, introductions and Apologies.	Chair	Note	Oral	10:00am to 10:10am
1.2	Declarations of Interest (Not otherwise stated)	All	Note	3	
1.3	Draft Minutes of the PCCC meeting on 11 April 2023	Chair	Approve	9	
1.4	Action log	Chair	Approve	20	
1.5	Matters Arising	All	Note	Oral	
2.	**BUSINESS**				
2.1	**Contract Variations** **All Boroughs - PMS Agreement Changes** <u>Enfield</u> • Medicus Health Partners – Removal of partner • Winchmore Hill Practice – 24-hour retirement of a partner <u>Barnet</u> • Wentworth Medical Practice – removal of a partner	Vanessa Piper	Approve	23	10:10am to 10:20am

	<u>Haringey</u> • Somerset Gardens Family Health Centre – Removal of a partner <u>Camden</u> • Keats Group Practice – 24-hour retirement of a partner				
3.	**OVERVIEW REPORTS**				
3.1	Quality & Performance Report	Simon Wheatley	Note	29	10:20am to 10:50am
3.2	Primary Care Finance Update	Sarah Rothenberg	Note	44	
3.3	Changes to the National GP Contract 2023/24	Sarah Mcilwaine	Note	58	
4.	**GOVERNANCE**				
4.1	Board Assurance Framework	Sarah McDonnell-Davies	Note	72	10:50am to 11.00am
5.	**ANY OTHER BUSINESS**				
5.1	AOB				
6.	**DATES OF NEXT MEETINGS**				
	• 2023: 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.				

North Central London ICB
Primary Care Contracting Committee
13 June 2023

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

Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Place	Tel/Email	sarah.mcdonnell1@nhs.net
Lead Director / Manager	Mr Ian Porter, Executive Director of Corporate Affairs	Tel/Email	Ian.porter3@nhs.net
Report Author	Vivienne Ahmad, Board Secretary	Tel/Email	v.ahmad@nhs.net
Name of Authorising Public and Patient Engagement and Equalities Lead	*Not Applicable*	**Summary of Financial Implications**	*Not Applicable*
Report Summary	Members and attendees of the Primary Care Contracting Committee (PCCC) Meeting are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest or need to be considered for the first time due to the specific subject matter of the agenda item. A conflict of interest would arise if decisions or recommendations made by the Board, or its committees could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence. Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money. If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway. Members are reminded to ensure their declaration of interest form and the register recording their details are kept up to date. Members and attendees are also asked to note the requirement for any relevant gifts or hospitality they have received to be recorded on the ICB Gifts and Hospitality Register.		
Recommendation	To **NOTE:** • the requirement to declare any interests relating to the agenda. • the Declaration of Interests Register and to inspect their entry and advise the Board Secretary of any changes.		

	• the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.

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

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

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 Commit-tee				direct	Clinical representative	07/11/2018	current	02/08/2019	05/09/2022	
		Medicines and devices Safety Officer (MSO & MDSO)				direct	Safety Officer	07/11/2018	current	02/08/2019	05/09/2022	
		8. Co-founder & Chair of the MSO/MDSO network for NCL				direct	Chair	07/11/2018	current	02/08/2019	05/09/2022	
		9. Controlled drugs safety lead and Antimicrobial stewardship lead.				direct	Lead	07/11/2018	current	02/08/2019	05/09/2022	
		10. Clinical leadership for serious incident reviews & patient safety				direct	Lead	07/11/2018	current	02/08/2019	05/09/2022	
		11. Clinical leadership for GP Practice Quality				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	05/09/2022	
		12. Clinical leadership for Federation Working Group				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	05/09/2022	
		13. Co-chair Federation Contracts and Quality Group				direct	Co Chair	07/11/2018	current	02/08/2019	05/09/2022	
		NLP IG Working Group				direct	Chair	10/05/2020	current	10/05/2020	05/09/2022	
		Locum GP	y	y	n	direct	Homerton Hospital that provides out of hours care for City & Hack-ney CCG. As part of this role I do shifts for the Paradoc emergency home visiting service. · Tower Hamlets and SELDOC (Southwark) GP Out of hours services. · Long term GP locum in Croydon. · Lantum GP Locums	07/11/2018	current	02/08/2019	05/09/2022	

		Greenland Passage residential association	n	y	y	direct	Board Director	07/11/2018	current	02/08/2019	05/09/2022	
		1-12 Royal Court Ltd	n	y	y	direct	Secretary & director	07/11/2018	current	02/08/2019	05/09/2022	
		Novo Nordisk pharmaceutical company.	n	n	n	Indirect	My Sister is a Medical Advisor	07/11/2018	current	02/08/2019	05/09/2022	
		St Helier Hospital in Sutton.	n	n	n	Indirect	Partner is an ITU Consultant	07/11/2018	current	02/08/2019	05/09/2022	
		BMA	y	y	n	direct	member	07/11/2018	current	02/08/2019	05/09/2022	
		City and Hackney Local Medical Committee	n	y	n	direct	member	07/11/2018	current	02/08/2019	05/09/2022	
		Homerton Paradoc GP home visiting service	y	y	n	direct	I am a GP - I do shifts for the Paradoc emergency home visiting service.	07/11/2018	current	02/08/2019	05/09/2022	
		Communitas, a private provider seeing NHS patients,	y	y	n	direct	I undertake clinical sessions in my role as a GP with a Special interest in ENT.	07/11/2018	current	02/08/2019	05/09/2022	
		Hackney VTS GP training scheme	y	y	n	direct	Programme director, employed by the London Specialty School of General Practice, Health Education England.	07/11/2018	current	02/08/2019	05/09/2022	
		I am a GP Appraiser for the London area.	y	y	n	direct	GP Appraiser	07/11/2018	current	02/08/2019	05/09/2022	
		I am a mentor for GPs under GMC sanctions.	y	y	n	direct	GP Mentor	07/11/2018	current	02/08/2019	05/09/2022	
		Lantum GP locum agency	y	y	n	direct	Registered with the agency		current	11/03/2022	05/09/2022	
Sarah **Mansuralli**	Chief Development and Population Health Officer Member of Executive Management Team Member of Primary Care Contracting Committee Attend ICB Board of Members Exec Lead for Strategy and Development Committee Attend Finance Committee Attend Procurement Oversight Group	No interests declared	No	No	No	No	Nil Return	07/11/2018	current	07/11/2019	04/07/2022	
Dr Jo **Sauvage**	Chief Medical Officer, Member of ICB Board, Member of ICB Executive Management Team		yes	yes	yes	direct		01/07/2022	current	10/07/2022		
	Also participate in multiple work streams NHS England & Improvement and Health Education England, London Region		yes	yes	yes	direct			current	10/07/2022		
		NCL Clinical representative London Clinical Executive Group	yes	yes	yes	direct	NCL Clinical Representative		current	10/07/2022		
		London People Board	yes	yes	yes	direct	CMO Representative		current	10/07/2022		
		London Primary Care School	yes	yes	yes	direct	ICS Representative		current	10/07/2022		
		London Anchors Board	yes	yes	yes	direct	GP Representative		current	10/07/2022		
		NHS London Sustainability Network/Co-Chair of the Board	yes	yes	yes	direct	Clinical Director		current	10/07/2022		
		London Region Air Quality Delivery Group	yes	yes	yes	direct	Co - Chair		current	10/07/2022		
		Membership Expert Advisory Group for Evidence based interventions. Hosted by Academy of Royal Colleges	yes	yes	yes	direct	Member		current	10/07/2022		
		Working for Islington GP Federation	yes	yes	yes	direct	Salaried GP	01/07/2022	current	10/07/2022		Appropriate mitigations to be taken as directed by ICB, to avoid my involvement in any decision making pertaining to financial transactions /or other.
		City Road Medical Centre	yes	yes	yes	direct	GP Partner	11/07/2019	current	10/07/2022		contract to novate to salaried GP - Federation
		South Islington PCN	yes	yes	yes	direct	GP Pracitce is a member		current	01/07/2022		
Sarah **McDonnell-Davies**	Executive Director of Place member of Executive Management Team Attend ICB Board of Members Attend NCL Committee Meetings as required e.g. Strategy and Development Committee Primary Care Contracting Committee Borough Commissioning Committee	None	No	No	No	No	Nil Return			20/06/2018	06/10/2022	
Sarah **Rothenberg**	Director of Finance, Primary Care - NCL ICB							01/07/2022	current	05/09/2022		
	Member of NCL ICB PCCC – Primary Care Contracting Committee	Association of Jewish Refugees	No	No	Yes	direct	Finance Committee Member	10/07/2018	current	05/09/2022		
Non- Voting Participants and Observers												
Sarah **Mcilwaine**	Director of Primary Care Participant Primary Care Contracting Committee	None	No	No	No	No	Nil Return	09/10/2018	current	21/07/2021	06/10/2022	
Vanessa **Piper**	Assistant Director of Primary Care (Commissioning & Contracting)	None	No	No	No	No	Nil Return	13/09/2020	current	23/08/2021	14/11/2022	
Dr Chris **Caldwell**	Chief Nursing Officer, Member of Executive Management Team	none	N/A	N/A	N/A	N/A	N/A			04/07/2022	31/08/2022	
	Member of ICB Board										31/08/2022	
	Member of Quality and Safety Committee										31/08/2022	
	Member of Strategy and Development Committee										31/08/2022	

	Member of Primary Care Contracting Committee										31/08/2022	
		Middlesex University	N/A	YES	N/A	Direct	visiting honorary Professor	30/03/2023	current	30/03/2023	31/08/2022	
Sarah **Morgan**	Chief People Officer Member of the Executive Member Team											
	Attend Remuneration Committee Attend Primary Care Contracting Committee Member of People Board and People and Culture Oversight Group Attend other Committee meetings as appropriate	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	16/02/2023	Ensure that any contractual arrangements that may involve Fresh Visions or the parent organisation Southern Housing are declared as a conflict of interest as operate out of London
Deirdre **Malone**	Interim Director for Quality		No	No	No	No		31/08/2022	current	31/08/2022		
	Attend Primary Care Contracting Committee	CMC HYGEA - Manfacturer of Healthcare products in the Republic of Ireland.	No	No	No	Indirect	Brother in law is the CEO of CMC HYGEA. I am not directly involved in the procurement of healthcare products in my role, therefore no mitigations are required.	03/12/2015	current	31/08/2022		
	Attend Quality and Safety Committee											
	Attend GOSH CQRG											
	Attend Quality Meeting RNOH											
	Attend extended EMT											
	Member of CAG											
	Specialist Commissioning Quality Committee hosted by NHSE											
	Partner of the 5 Local Authority Safeguarduing Children Partnership Boards											
	Partner of the 5 Local Authority Safeguarduing Adult Partnership Boards											
	Member of the NCL Local Maternity and Neonatal System											
Emma **Whitby**	Chief Executive, Healthwatch Islington		No	Yes	No	Direct	Chief Executive	09/09/2019	current		31/08/2022	
	Attend Primary Care Contracting Committee											
		London Catalysts	no	no	yes	Direct	Trustee	10/07/1905	current		31/08/2022	
		Partnership with various VCS orgnisations	no	no	yes	Direct						
		Cloudesley Clarion Housing and Awards for all grants for digital inclusion						01/04/2022	current		31/08/2022	
Vicky **Weeks**	Medical Director, LMC, NCL	None	No	No	No	No	Nil Return	30/11/2020	current			
	Attend Primary Care Contracting Committee											
John **Pritchard**	Senior Communications Lead, ICB	No interests declared	No	No	No	No	Nil Return	15/07/2020	current	12/10/2018	31/08/2022	
Rev Kostakis **Christodoulou**	Community Participant	No interests declared	No	No	No	No	Nil Return	13/10/2020	current	16/10/2021	12/09/2022	
Mark **Agathangelou**	Community Participant	No interests declared	No	No	No	No	Nil Return	13/10/2020	current	16/10/2021	08/09/2022	
Clare **Henderson**	Director of Integration, Islington Borough	No interests declared	No	No	No	No	Nil Return				08/09/2022	
Liam **Beadman**	Assistant Director of Primary Care, Islington Borough	No interests declared	No	No	No	No	Nil Return				06/09/2022	
Deborah **McBeal**	Director of Integration, Enfield Borough	No interests declared	No	No	No	No	Nil Return				06/09/2022	
Karim **Riyad**	Assistant Director of Primary Care, Enfield Borough	Unpaid practice management advisor at The Lordship Lane Surgery, East Dulwich (out of area) which is part of South Southwark GP Federation (Improving Health Limited)	No	Yes	No	Indirect	No actions required. Discussed and agreed with line manager.			13/09/2019	07/09/2022	
		Spouse works for London Care Rochester, Kent (City and County Healthcare Group) since 2013 as a Field Care Supervisor	No	No	No	Indirect	No actions required. Discussed and agreed with line manager.			07/09/2022		
Colette **Wood**	Director of Integration, Barnet Borough	No interests declared	No	No	No	No	Nil Return				06/09/2022	
Carol **Kumar**	Assistant Director of Primary Care, Barnet Borough	Director LLP (planning consultancy) - No NHS business	No	No	No	Indirect	Spouse has been a director since 2014				07/09/2022	
Kelly **Poole**	Deputy Director of Primary Care, Barnet Borough	No interests declared	No	No	No	No	Nil Return				07/09/2022	
Kamran **Bhatti**	Assistant Director for Primary Care Development and Population Health Directorate	No interests declared	No	No	No	No	Nil return			21/12/2021	06/09/2022	
Anthony **Marks**	Assistant Head of Primary Care (Commissioning & Contracting)	No interests declared	No	No	No	No	Nil return			30/10/2018	10/10/2022	
Rachel **Lissauer**	Director of Integration Haringey Borough	No interests declared	N/A	N/A	N/A	N/A	nil return			6.11.18	30/10/2022	

Aklasur **Ahmed**	Head of Primary Care (Haringey)	AKLAS A CONSULTING Ltd Company number 14295946	yes	yes	yes	direct	Director and Shareholder	09/08/2022	current	10/10/2022		for payment arrangements with the ICB working only for ICB
Simon **Wheatley**	Director of Integration Camden Borough Attendee at primary care contracting committee	no interests declared	No	No	No	No	Nil return			28/05/2019	10/10/2022	
Su **Nayee**	Assistant Head of Primary Care (Commissioning & Contracting)	No interests declared	No	No	No	No	Nil return			20.10.2018	10/10/2022	
Rebecca **Kingsnorth**	Assistant Director for Primary Care Programmes and Transformation Will occasionally deputise for the Director of Primary Care at the Primary Care Contracting Committee. Attendee of Primary Care Operations Group, Primary Care Strategy Group and other primary care related meetings.	Yes	No	No	Yes	Indirect	My sister-in-law is a salaried GP at one practice in North Central London	Dec-17	current	18/10/2018	11/10/2022	I will ensure I am not involved in any commissioning decisions related specifically and solely to this practice.
Kirsten **Watters**	Director of Public Health - Camden Council	Yes	No	No	Yes	Indirect	Husband is partner and shareholder at DWF LLP which is on the NHS legal resuolution panel lot 1.			11/10/2022		
Ken **Kanu**	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		
Duduzile **Sher Arami**	Director of Public Health, London Borough of Enfield	attendee Primary Care Contracting Committee	yes	yes	no	direct	Enfield Council			16/11/2022		
		Co Chair of Enfield Inequalities Delivery Board	no	yes	no	direct	co-chair			16/11/2022		
		Member of Enfield Borough Partnership	no	yes	no	direct	member			16/11/2022		
		Co Chair of Enfield Screening and Immunisation Delivery Board	no	yes	no	direct	co-chair			16/11/2022		
Jonathan **O'Sullivan**	Acting Director of Public Health, Islington Council	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		

NHS
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Integrated Care Board

PRIMARY CARE CONTRACTING COMMITTEE

Minutes of the meeting held on Tuesday 11 April 2023 between 10:00am and 12:00pm

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

Voting Members	
Mr Usman Khan	Non-Executive Member & **Committee Chair**
Dr Dominic Roberts	Non - Conflicted Independent Primary Care Clinician
Ms Sarah Mansuralli	Chief Development & Population Health Officer
Dr Jo Sauvage	Chief Medical Officer
Dr Chris Caldwell	Chief Nursing Officer
Ms Sarah Rothenberg	Director of Finance
Non – Voting Participants & Observers	
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)
Mr Mark Agathangelou	Community Participant (item 1 to 2.3)
Rev Kostakis Christodoulou	Community Participant
Mr Jonathan O' Sullivan	Public Health Representative
Ms Emma Whitby	Healthwatch Representative
Mr Ken Kanu	VCSE Alliance Representative
Mr Jamie Wright	LMC Representative
Ms Deborah McBeal	Director of Integration, Enfield Borough *(also covering for Colette Wood)*
Mr Simon Wheatley	Director of Integration, Camden Borough
Ms Clare Henderson	Director of Integration, Islington Borough
Ms Rachel Lissauer	Director of Integration, Haringey Borough
Ms Diane McDonald	Interim Strategic Estates Finance Lead
Mr John Pritchard	Senior Communications Lead
Mr Bipin Antony	Primary Care Contract Manager
Ms Usha Banga	Commissioning Manager (Commissioning and Contracting)
Ms Honorine Focho	Senior Primary Care Commissioning Manager.
Ms Brenda Allan	NCL NHS Watch
Mr Rod Wells	Keep our NHS Public, Haringey
Cllr Tammy Hymas	Councillor, St Ann's Ward, Haringey
Mr Shane Munro	Operations Director, Primary Care, AT Medics
Mr Stephen Webb	Director of Communications, Operose Health
Ms Sally Pennycate	Regional Manager for NCL, AT Medics
Mr Andrew Tillbrook	Board Secretary, Producer of MS Teams Live
Ms Janet Adeyemi	Board Secretary **(Minutes)**

Apologies:	
Ms Liz Sayce	Non-Executive Member
Ms Sarah McDonnell – Davies	Executive Director of Place & Executive Lead for the Committee
Ms Colette Wood	Director of Integration, Barnet
Vivienne Ahmad	Board Secretary

1.0	**INTRODUCTION**
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed everyone to the PCCC meeting. Apologies were recorded as above. The Committee was quorate. The Chair reminded everyone how members of the public can attend committee meetings: • 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: ➢ 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	• 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 21 February 2023**
1.3.1	The minutes of the NCL Primary Care Contracting Committee Meeting on 21 February 2023 were agreed upon as a true record of the meeting.
	The Committee APPROVED the minutes of the meeting dated 21 February 2023.
1.4	**Action Log**
1.5.1	The Committee reviewed the action log and noted these will be reported back to a future meeting.
	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	The Committee was requested to consider a series of contract variations for three practices: • **Enfield – Eagle House Surgery – Removal of a partner** • **Enfield – Eagle House Surgery – Addition of a partner** • **Haringey – Bounds Green Group – Removal of a partner** Under the PMS contract, when partners need to be added or removed from the contract, approval is sought from the Primary Care Contracting Committee. As part of this contractual change, practices are required to provide assurances about clinical appointments and capacity. It was noted that these practices have a shortfall in provision for GP and nursing capacity and plans to recruit appropriate clinical staff were considered by the Committee, appreciating the challenges that many practices had in securing GP and clinical workforce. The Committee was assured that the Primary Care Team would be monitoring these three practices regarding recruitment and providing support where required.
	The Committee APPROVED • **The removal of a partner at Eagle House Surgery, Enfield** • **The addition of a partner at Eagle House Surgery, Enfield** • **The removal of a partner at Bounds Green Group, Haringey** • **Noted the assurance and monitoring work by the Primary Care Team to support recruitment a GP at Bounds Green Group.**
2.2	**Somers Town Medical Centre – APMS Contract Expiry**
2.2.1	The Committee was asked to consider and approve an extension of the APMS contract for four years from 1 July 2023 to 30 June 2027. Members noted: • The initial APMS contract started on 1 July 2017 for a 5-year term with a provision to extend for a further 5 years. • In December 2021, following a strategic and performance review NCL CCG's Primary Care Commissioning Committee approved a 1-year extension from 1 July 2022 to 30 June 2023. This extension was on the condition that further improvements in performance were made where there was evidence of underperformance against targets over the 5-year term. • The review embraced a wide range of factors, from list size, population growth, demographics, impact on primary care services from the pandemic, polio outbreak, winter pressures as well as performance against national targets on matters such as screening and immunisation. • The key results from the review indicated the following: o There were no concerns with regard to long term conditions management, the CQC had inspected the practice twice over the 5-year term of the contract with no adverse rating, no Contract Breach or Remedial Notices issued by the ICB, nor were any known complaints or incidents reported to the ICB. o Concern remained for areas such as Vaccination and Immunisation achievement below the national targets and under provision of appointment numbers.

	• The request to extend the current contract was subject to continued monitoring, confirmation of its GP workforce and that appointments are being offered and delivered. Any further deterioration of the key performance indicators (KPIs) could be referred back to this Committee and for the practice to produce an action plan to address the areas that patients were least satisfied with and monitored by the ICB. This would be followed up by a further patient survey to help assess where changes have been implemented. • The Primary Care Team had requested an improvement plan from the Medical Centre, to be provided within 28 days.
2.2.2	In considering the report, the Committee made the following comments: • To clarify and understand the barriers to the uptake of vaccination and immunisation programmes, the findings of which should feed into the work that each borough is doing with regard to improving take up across NCL. • There did not appear to have been any adverse impact on the relocation of the Somers Town Medical Centre in relation to appointment systems and any requests to merge would have to come from one of the providers. Such a request would trigger an evaluation of the impact of the merger, patient and stakeholder engagement exercise and an equality impact assessment. • Improvement Plans should take account of the demography the practice serves to help advance engagement with its patients and designed to show measurable change, balanced by being proportionate, fair, and equitable. It was noted that the data findings are comparable to NCL performance averages and where patients are least satisfied, reflects a national trend. It was expected that these common concerns would be addressed via the 23/24 GP contract changes, National Primary Care Recovery Plan (published by NHSE 9 May 2023). • The practice's list size increased significantly in 2021 with the arrival of 2,000 evacuees from Afghanistan who became resident in hotels in Camden, and to which the practice had responded positively in helping to provide medical assessment. This event will have had an impact on the demography of its patient list and their needs. • To consider bolstering the practice's Patient Participation Group with support from Mark Agathangelou (as Chair of a neighbouring PPG). • Support from NCL's Camden Primary Care Quality Improvement Support Team was offered, and working with peers was offered.
2.2.3	The Committee considered the possible options available regarding extension of the contract, noting that it could recommend a shorter extension or to reprocure. With the latter option, the APMS contract requires the ICB to provide a 9 months' notice period, which would be required to allow the full length of time a procurement exercise would take, during which time the existing provider would be asked to adhere to the range of conditions and would also be eligible to bid for the new contract, during the procurement process. If a full extension was granted, the Committee retained the option to recommend that notice be served to end the contract if the conditions for improvement were not met within the mutually agreed timeframe. The shortening of the contract extension was discussed in the context of the general workforce challenges that is prevalent in primary care and time to implement plans to improve performance. It was suggested that in offering the full-term extension of four years, it would provide the opportunity for the practice to respond to the areas for improvement outlined in the report and including the adoption of national access standards. The Primary Care Team and this Committee would still retain their scrutiny function and exercise its authority to review performance if targets were not being met in a timely manner.

2.2.4	**Action:** • **Clarify and understand the barriers to the uptake of vaccination and immunisation programmes, the findings of which should feed into the work that each borough is doing with regard to improving take up across NCL.** ***(Vanessa Piper)***
	The Committee APPROVED the extension of the APMS contract for the remainder of its full term up to 30 June 2027 subject to the following: • **The practice to respond to the Primary Care Team within 28 days with an Improvement Plan** • **To monitor the Improvement Plan (which would include the supervising of GP and clinical workforce recruitment and immunisation and vaccination uptake) on a quarterly basis for the next 12 months.** • **Monitoring reports to be brought to this committee as a standing item until assurance is reached that satisfactory improvements have been made.** • **Patient engagement to be carried out within 12 months to seek their views on service provision.**
2.3	**St Ann's Road Surgery – APMS Contract Expiry**
2.3.1	Prior to the item being discussed, the Committee noted the deputation received in relation to this item of business. Whilst the report was taken as read, the following highlights were brought to the Committee's attention: • The contract was due to expire on 30 June 2023 • The Primary Care Team had conducted a strategic and performance review, which comprised the following: o Screening and Immunisation - Performance against the eight National Targets for which one indicator was achieved and the other seven had performed 0-30% below the National Target; those below included: ▪ Bowel Cancer Screening had seen an 18% increase in achievement over the last financial year. ▪ Childhood Immunisations had seen 17% increase in the immunisation rates over 5 years. o Four areas which had achieved against NCL ICB averages included, breast screening, cervical screening, childhood immunisations and flu immunisations. o No concerns were identified regarding long term conditions management and there were no adverse ratings by the CQC over the 5-year term of the contract, nor had any contract breaches or remedial notices been issued by the ICB (and former CCG) o Patient experience was generally favourable in terms of clinician seen and waiting times for appointments.
2.3.2	However, there remained a series of shortfalls where the surgery was not meeting national targets / ICB averages for screening, vaccination, and immunisations. The outcome of the survey showed that patients had difficulties in getting an appointment by phone, a below average provision of GPs and nurses and lack of the awareness of the PPG. Clarification was sought over the e-consultation system for patients (using Dr IQ) and how these referrals were triaged and converted to appointments via the EMIS patient booking system used by the practice.
2.3.3	Due to the number of concerns and areas of clarification sought, the recommendation in the report was to extend the contract for one year. This was due to: • the concerns about the low immunisation and vaccination rates compared to ICB averages and national targets.

	• GP and clinical workforce (recruitment and retention), which requires a demonstratable improvement in 6 months. • Shortfall of appointments • areas of patient dissatisfaction, which will be monitored by a follow up patient survey in 6 to 9 months. • the need to improve against clinical KPIs.
2.3.4	The Committee noted that if the practice failed to meet improvement targets set out in the report, this would be escalated back to the Committee. The Committee could then recommend serving notice on the contract and request that a procurement is commenced to secure a new provider of the service. Conversely, if the practice performs well, the Committee could consider extending the contract for a further period up to three-years.
2.3.5	A deputation of residents and patients from the St Ann's Road Surgery was welcomed by the Chair, noting that their submission paper had been circulated to the Committee and taken as read. Mr Rod Wells was invited to represent the group from which the Committee noted a range of evidence gathered from registered patients between 23 to 30 March 2023 to support the deputation about the service provided by the surgery. Evidence included: • difficulty for patients securing appointments, which involved a patient calling emergency services as a result. • complaints made did not appear to be dealt with • test results were hard to obtain. • difficulties in obtaining urgent appointments. • concerns regarding poor communication by reception staff • staff recruited in another ICB not in NCL appeared to be physician associates rather than GPs, raising the concern whether there was adequate clinical breadth and depth to support patient care.
2.3.6	The Chair thanked Mr Wells and Cllr Hymas' presentations, noting the importance of the patient stories as well as the Healthwatch report which also contained patient feedback about the practice.
2.3.7	In considering the report and views of the deputation, the Committee raised a range of views: • The current patient survey indicated less than 2% of patients responded, questioning the validity of the survey when such a small proportion of patients took part. Although the approach had adopted a variety of ways for patients to respond it was apparent that more creative methods of engagement were needed, including a community focussed approach, acknowledging the extra resource required but balanced with a richer outcome. • Concerns raised by members of the deputation were echoed by Healthwatch Haringey (relayed via Ms Whitby, Islington Healthwatch) • The effectiveness of PPGs should be measured by their impact and benefit to the practice. • Patient difficulties in accessing the appointment system was potentially discriminating to some patient groups.
2.3.8	The Committee noted the recommendation was to extend the contract for 12 months with the following conditions: • The request for quarterly and annual returns would continue, as well as the specific call for an improvement plan with a 28-day deadline in which their performance plans should be set out for the year ahead.

	• Contract meetings to be quarterly, or more frequently held if required, a new patient survey to be set up in 6 to 9 months' time. It was noted that: • If notice was served at this meeting to commence a procurement exercise; the practice would be given 12 months' notice with the same contract monitoring process, which would run in parallel with this committee continuing to review. • Offer an extension of two years; the same contractual monitoring process, which would run in parallel with this committee continuing to review. • The efficacy of the Dr iQ patient referral tool could be reviewed in more depth with the support of the ICB's GPIT team and the practice's IT team. • In reviewing and monitoring this contract, as with all practice contracts, support and measures should be proportionate, noting that there was widespread issue with recruiting clinical staff and the residual effect of the pandemic. The option of immediate re-procurement risked destabilising the current service in what is an already challenging time for primary care and a finite market of other providers. • Note of the CQC practice inspection in December 2022 was made, which explored the concerns previously raised about staffing levels and appointment systems, from which a range of recommendations were published by the regulator. These recommendations were being built into the Improvement Plan. • Support would be provided by the Primary Care Team and the borough's Primary Care Network to embed the PPG's role.
2.3.9	In summary, re-procurement would not necessarily provide an instant solution to the current shortcomings. The strength of feeling from the deputation and the Haringey Healthwatch report needed to be addressed, together with a prompt review of the Dr iQ patient referral portal and supporting the idea of a community approach to a future patient survey to gather information about patient experience and satisfaction of service.
2.3.10	**Actions:** • **To review options for a future survey, eg through focus groups and very brief questionnaires.** ***(Vanessa Piper)*** • **To work with local primary care partners to ensure that the PPG is visible.** ***(Vanessa Piper)*** • **To provide a report on the Dr iQ to the next meeting.** ***(Vanessa Piper)***
	The Committee APPROVED the one-year extension of the APMS contract for St Ann's Road Surgery, subject to the following conditions: • **The practice embarks to recruit, rapidly, the required GP and clinical workforce as well as increase access to deliver the required appointment numbers.** • **A further patient survey is carried out by the ICB in 6-9 months' time to seek patients views on any service changes implemented by the provider** • **Wider performance – including against clinical KPIs - will continue to be monitored through a KPI quarterly and annual review process and any deterioration in performance could be referred back to this committee for consideration and response.** • **The actions listed above are progressed and there is an early report back to the Committee.**
2.4	**Haringey – GP Federation- caretaking contract extension**
2.4.1	The Committee was asked to approve a 3-month caretaking contract extension for Haringey GP Federation to 30 June 2023 whilst the GMS contract remains under dispute.
	The Committee APPROVED the recommendation.

2.5	**Boundary Road Surgery & Chalfont Road Surgery – Request for approval to merge their contracts**
2.5.1	The Committee was asked to agree the recommendation to merge Alternative Provider Medical Services (APMS) contracts, Boundary Court Surgery and Chalfont Road Surgery. The following key points were highlighted: • The contract holders stated this would make the merged contract more sustainable, resilient and attract more staff. The merged budgets were shared with the provider, and they have confirmed the merged contracts would continue to be financially viable. • Legal advice was sought to confirm whether the two APMS contracts could be merged and whether the ICB was required to notify the market, as this was a change to what was originally advertised when the contracts were procured. The response has been that if the contract terms are the same, including the price per weighted patient, contract length, commencement date and the provider is the same, there is no reason why the contracts cannot be merged, and the market does not need to be notified. The ICB has confirmed that all the terms are the same and that an engagement had been carried out with patients and local stakeholders, notifying them of the application to merge and seeking their views. • The contract holders have engaged with their PPGs, patients, and vulnerable groups to seek their views regarding the merger. The practices have shared the outcome from the patient survey, EIA, and PPG forum indicating 58.5% of patients are supportive of the merger, 12.5% are unsupportive and 29% don't know. The practices also published the survey outcomes on their respective websites on 15 March 2023 including their response to comments. • For patients that were not supportive, the practice has been requested to review their concerns and set out what steps they will take to address them. • Following the merger, the projected savings to the ICB would be £41,000 due to the merged list size exceeding 6000 patients, resulting in the price support supplement (PSS) not being required. • The expected benefits of the merger would be to extend access to patients and the unified surgery would enable recruitment of permanent staff (and so reduce reliance on locum staff). • The combined list size for the two practices was falling, recommending that action was needed to support them to grow their list size to prevent it from dropping below 6,000 patients (it was currently 7,000) as this would affect their financial viability.
	The Committee: • **APPROVED the Merger of Chalfont Road Surgery (APMS) contract and Boundary Road Surgery (APMS) contract subject to:** • **AGREED to vary the Chalfont Road Surgery APMS contract and terminate the Boundary Road Surgery APMS contract.** • **AGREED that the merged practice will develop a plan with the support of the Primary Care Team to find ways to increase the patient list size, which would assure that financial viability is maintained.**
2.6	**Derwent and Wentworth Medical Practices - request for approval to merge their contracts**
2.6.1	The Committee was asked to approve the merger of two Primary Medical Service (PMS) Agreements for Derwent Medical Practice and Wentworth Medical Practice, noting that the proposed merger would take effect from 1 July 2023 The following was highlighted:

	• The Wentworth Medical Practice Agreement will be varied while the Derwent Medical Practice contract will terminate. The merged practices will continue to operate from two separate sites as there is insufficient space within either practice to co-locate the list. The contract holders are exploring options to co-locate their list. • The practices have indicated that in response to the patient concerns raised, the practice is currently seeking to recruit additional GPs and existing GPs will be increasing the number of clinical sessions, this will enable the practice to deliver an additional 10 clinical sessions. In considering the recommendation: • It was noted there is a need to assess the patient feedback and develop an improvement plan that addresses the feedback.
	The Committee: • **APPROVED the merger of Wentworth Medical Practice and Derwent Crescent Medical Centre PMS contracts.** • **AGREED to vary the Wentworth Medical Practice contract and terminate the Derwent Crescent Medical Centre contract.** • **AGREED that the merged practice will develop a plan with the support of the Primary Care Team to review the patient feedback and assess the practices improvement plan to address the patient concerns.**
2.7	**Dr Samuel Resignation and closure of the Hillview Practice**
2.7.1	The Committee noted the above report, which was taken as read, with the following points noted: • Dr Samuels request to resign and terminate her GMS contract, following her retirement. • Notice of 3 months provided by Dr Samuel to terminate the contract by 31 May 2023. • Dr Samuel's confirmation that the premises would be closed and not available for NHS work after this date (noting that significant investment would be required to bring the premises to an adequate standard as a clinical setting if the practice was to continue) • Dr Samuel's reluctance to consider merger of the practice. • Due to the size of the list (200 patients) and the premises not being available, procurement of a new contract would not be a viable option. • All patients had been contacted about the proposed closure and had been engaged with via a survey. Some patients have advised difficulty in registering with other practices. • If closure of the practice and dispersal of the list was accepted, the Primary Care Team would support vulnerable patients to find alternative practices to register with. The Team had also contacted other practices within a 3-mile radius as part of an equality impact assessment to establish their capacity to absorb the list over a short period of time during the dispersal. • The practice's PPG is holding weekly meetings to support patients.
	The Committee APPROVED the recommendation to close the surgery on the 31 May 2023 in line with Dr Samuel's request and support the dispersal of the patient list.
2.8	**Archway Medical Centre – Request to relocate**
2.8.1	The Committee was referred to the above report which was taken as read. The report set out a detailed appraisal of the practice's request to relocate from its current premises to 580 Holloway Road, N7 6LB.

	The appraisal took account of list size, current and proposed room spaces and that 47% (10,582) of the patients reside outside of the NCL Boroughs, indicating that the potential demand on face-to-face consultations at the surgery was lower than the ICB and national averages. It was also noted there was a significant under provision of GP appointments. The total space available in the new site, was insufficient to meet the current list size and the practice had previously been approved by PCCC members to relocate to the new Vorley Road Development in 2026.
	The Committee agreed NOT to APPROVE the practice's request to relocate to new premises on 580 Holloway Road, N7 6LB. **The practice will be written to under their PMS contract regarding the insufficient number of appointments offered per week compared to the total registered list size not requiring additional premises capacity.**
3	**OVERVIEW REPORTS**
3.1	**Primary Care Finance Update**
3.3.1	Due to time constraints, the Committee noted the Delegated Primary Care Financial Budget and the financial position as at Month 10 (January 2023). It was confirmed that the planning and position was on track.
	The Committee NOTED the Finance report
3.2	**Quality & Performance Report**
3.2.1	The Committed noted the Quality and Performance report and the work undertaken related to its primary care delegated commissioning responsibilities. Due to time constraints, the Chair suggested that a future discussion come earlier on the agenda and should focus on how this data is being used to improve outcomes as well as how we might share learning. Congratulations were extended to the West Green Road Surgery for their Outstanding CQC rating, consideration was given to whether their best practice could be shared to support other surgeries.
3.2.2	**Actions:** • **To reposition the Q&P report earlier in future agendas to help provide context. *(Sarah McDonnell - Davies & Vivienne Ahmad)*** • **Practices that had been rated Outstanding overall or within a CQC domain, areas of good practice will be extracted out of the CQC report, so that it could be added to the Quality & Performance Report. *(Vanessa Piper)***
	The Committee NOTED the Quality & Performance 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	The Rev Christodoulou referred a request to the Chair whether the ICB should join the International Network; it was agreed to consider and perhaps review with other health partners.
5.2	**Action:** • **To consider and review with other health partners on whether the ICB should join the international network.** ***(Sarah Mansuralli)***
6.0	**ANY OTHER BUSINESS**
6.1	No further business was discussed.
7.0	**DATE OF NEXT MEETING**
7.1	• 13 June 2023

NHS
North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
June 2023 - Action Log

On Agenda	
Needs Urgent Update	
In Progress	
Completed	

Meeting Date	Action Number	Minutes Reference	Action	Lead	Deadline	Update
11.04.23	1	2.2.4	**Somers Town Medical Centre – APMS Contract Expiry -** clarify and understand the barriers to the uptake of vaccination and immunisation. Findings to feed into the work each borough is doing to improve take up across NCL	Vanessa Piper	**June 2023**	**24.05.23** – Work will commence with the Borough teams and will be reflected in the quality and annual KPI reviews and improvement plan for Somers Town.
11.04.23	2	2.3.10	**St Ann's Road Surgery – APMS Contract Expiry -** To review options for future patient engagement eg through focus groups and very brief questionnaires.	Vanessa Piper	**June 2023**	**24.05.23** –Patient and stakeholder engagement, including focus groups, will be conducted within 6 to 9 months.
11.04.23	3	2.3.10	**St Ann's Road Surgery – APMS Contract Expiry –** To work with local primary care partners to ensure that the PPG is visible.	Vanessa Piper	**June 2023**	**24.05.23** – This will be discussed with the practice and will be monitored as part of the quarterly and annual KPI process.
11.04.23	4	2.3.10	**St Ann's Road Surgery – APMS Contract Expiry -** To provide a report on the Dr iQ to the next meeting.	Vanessa Piper	**June 2023**	**24.05.23** – A meeting with the practice has been arranged for 25 May which will include how to address the concerns

						raised regarding Dr IQ. Verbal update to be provided at PCCC.
11.04.23	5	3.2.2	**Quality & Performance Report -** To reposition the Q&P report earlier in future agendas to help provide context.	Sarah McDonnell-Davies & Vivienne Ahmad	**June 2023**	**24.05.23** – The Q&P report has been repositioned on the agenda.
11.04.23	5	3.2.2	**Quality & Performance Report –** for practices that had been rated *Outstanding* overall or within a CQC domain, areas of good practice to be extracted from CQC reports and added to the Quality & Performance Report.	Vanessa Piper	**June 2023**	**26.05.23** – Areas of best practice will be drawn from the CQC report.
21.02.23	1	4.1.3	**Board Assurance Framework -** To look into risk *PERF18: Failure to effectively develop the primary care workforce* - to see how local NHS employer Health and Wellbeing offers can support general practice staff back to work after periods of absence.	Sarah Mcilwaine / Sarah Morgan	**August 2023**	**27.03.23 -**Training Hub will are doing a piece of work on supporting the primary care workforce in Q1 of 23/24. There is a wider London-wide piece of work on primary care workforce that NCL will link into to ensure a consistent approach.
21.02.23	2	4.1.3	**Board Assurance Framework -** To look into risk *PERF22: Failure to manage impact of increased building costs on General Practice estate.*	Nicola Theron / Sarah Rothenburg	**Autumn**	**12.05.23 -** The investment pipeline will next be reviewed and prioritised at the end of the year. The Estates team is working with Finance and Contracts to identify risks within PC estates – revenue and capital. This facilitates bidding for both underspend and capital allocation as part of ICS processes, which has the potential to improve premises and manage risk including revenue pressures. In parallel, the team monitors affordability of current and future schemes to inform the timing of scheme delivery. PCCC is

						being updated periodically on the investment pipeline and affordability. We expect to bring a paper in late Summer / early Autumn on risks in the PC estate.
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	**June 2023**	**26.05.23 –** A further letter is due to be sent to the LMC and a meeting will be arranged with the LMC and PCN identified suitable for the allocation.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 June 2023

Report Title	Commissioning Decisions on PMS Agreement Changes	**Date of report**	26 May 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	*Not Applicable*	**Summary of Financial Implications** *Not Applicable*			
Name of Authorising Estates Lead	*Not Applicable*	**Summary of Estates Implications** *Not applicable*			
Report Summary	Detail of the request to vary PMS Agreements and any conditions to be applied				
Recommendation	The Committee is asked to **NOTE** one change and where indicated to **APPROVE** the proposed changes outlined below and any conditions.				
Identified Risks & Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	*Not Applicable*				
Resource Implications	*Not Applicable*				
Engagement	*Not Applicable*				
Equality Impact Analysis	*Not Applicable*				
Report History & Key Decisions	*Not Applicable*				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	*Not Applicable*				

1 Executive summary

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

2 Background

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

3 Appointment benchmarking

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

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

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/04/2023	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
F85002 Medicus Health Partners	Enfield	93336	Practice is a member of Enfield Unity PCN comprising: - 10 practices with 161022 patients at 01/04/23	Removal of Dr Suvraneil Datta	Request to remove Dr Suvraneil Datta from the PMS Agreement effective from 31/07/23. The changes will leave thirty-three contractors on the PMS Agreement. **Practice provision (per week – all sites)** GP appointments 7053 GP sessions 440 Nurse appointments 1997 Nurse sessions 133 **Recommended provision (per week – all sites)** GP appointments 6721 GP sessions 354 Nurse appointments 2987 Nurse sessions 158 There is a shortfall of 990 nurse appointments and 25 nurse sessions per week. Practice have stated the following: *MHP are actively recruiting nurses. We have included some of the PA/Pharmacist/ECPs in separate data as they are seeing LTC patients to support service delivery.* *We also have ANPs who are not included in the data and are delivering 132 appts/8 sessions per week now and TNA - who are seeing patients under supervision - offering 133 appts per week/8 sessions.*	To approve

					MHP hope that this offers some comfort, recruitment is very difficult at the moment, and we are using all resources to ensure patient care is not compromised. *Medicus Health Partners are still using the digital first model and PATCHS is flexed to manage demand across all locations. When patients need to be phoned or seen F2F, appointments are booked into GP/Nurse/Pharmacist/HCA slots as appropriate. MHP have also adopted a formula for appointment schedules related to list size, the cluster formation also spreads appointments across sites. Appointment slots are flexed to meet demand during the week and to accommodate PATCHS responses in terms of timescales.* *Please note that patients can attend any MHP site, and telephone appointments are offered across MHP for all patients.*	
F85033 Winchmore Hill Practice	Enfield	21541	Practice is a member of West Enfield Collaborative PCN comprising: - 3 practices with 38185 patients at 01/04/23	24-hour retirement of Dr Rizwana Noor	Application from Dr Rizwana Noor who wishes to take 24-hour retirement on 19/06/23. There will be 3 individuals remaining on the Agreement during the 24-hour retirement period. **Practice provision (per week)** GP appointments 1458 GP sessions 81 Nurse appointments 570 Nurse sessions 30 **Recommended provision (per week)** GP appointments 1551 GP sessions 82 Nurse appointments 690 Nurse sessions 37	To approve

					There is a shortfall of 93 GP appointments, 1 GP session, 120 nurse appointments and 7 nurse sessions per week. <u>Practice have stated the following</u>: *We are currently recruiting for more nursing capacity with an advert out at present for an advanced nurse practitioner.* *We are also actively recruiting for more salaried doctors to reduce the reliance on locums.*	
E83035 Wentworth Medical Practice	Barnet	13405	Practice is a member of Barnet, PCN 3 comprising of 8 practices with a combined list size of 73031 at 01/04/2023.	Removal of Dr Surendra Patel	Request to remove Dr Surendra Patel from the PMS Agreement effective from 30/06/2023, reducing the total number of contractors to 3 on the PMS agreement. **<u>Practice provision (per week)</u>** GP appointments 1305 GP sessions 87 Nurse appointments 792 Nurse sessions 50 **<u>Recommended provision (per week)</u>** GP appointments 966 GP sessions 51 Nurse appointments 429 Nurse sessions 23 The practice is above the recommended guide for both GP and nursing provisions.	To approve
F85030 Somerset Gardens Family Health Centre	Haringey	13544	Practice is a member of Haringey – North East comprising of 5 practices with a combined list size	Removal of Dr Shakil Alam	The practice have requested the removal of Dr Shakil Alam from the PMS agreement leaving 6 contractors remaining. **<u>Practice provision (per week)</u>** GP appointments 900 GP sessions 49	To approve

			of 52948 at 01/01/2023.		Nurse appointments 356 Nurse sessions 42 **Recommended provision (per week)** GP appointments 972 GP sessions 52 Nurse appointments 432 Nurse sessions 23 There is a small shortfall in GP and slightly larger shortfall in nursing provision. The practice have advised they are currently advertising for a salaried GP and partners are also covering sessions.	
F83623 Keats Group Practice	Camden	13452	Practice is a member of North Camden comprising of 5 practices with a combined list size of 55181 at 01/01/2023.	24 hour retirement of Dr Jonathan Sheldon	The practice have requested the 24 hour retirement of Dr Jonathan Sheldon from the PMS agreement leaving 3 contractors remaining. **Practice provision (per week)** GP appointments 1006 GP sessions 29.75 Nurse appointments 108 Nurse sessions 14 **Recommended provision (per week)** GP appointments 972 GP sessions 52 Nurse appointments 432 Nurse sessions 23 There is a signifcant shortfall in nursing provision. The practice have advised that this is as a result of challenges in recruiting and retaining sufficient nursing resource. The practice are discussing and working with PCN colleagues to provide additional nursing support, if and when needed.	To approve

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 June 2023

Report Title	Primary medical services: Quality & Performance report	**Date of report**	24 May 2023	**Agenda Item**	3.1
Lead Director / Manager	Simon Wheatley, Director of Integration, Camden	**Email / Tel**		sarah.mcdonnell1@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Clare Henderson / Steve Fothergill	**Email / Tel**		Clare.Henderson4@nhs.net Steve.fothergill@nhs.net	
Name of Authorising Finance Lead	*Not Applicable*	**Summary of Financial Implications** *Not Applicable*			
Report Summary	The report is intended to inform exploration of activity, performance, experience and key themes relevant to the quality of GP services locally. It helps the Committee understand key trends and variation– at NCL, Borough, PCN / neighbourhood and practice level (recognising confidential matters related to individual practices will be discussed in PCCC Part 2). The Committee is asked to scrutinise the information and to note any key issues, themes for further exploration and to consider the need for a local or system response to the data presented. The dashboard and the work to promote and address primary care quality and performance will continue to develop. Primary Care officers are actively engaging with this data via borough based meetings with the contracts team and outreach to practices with the support of clinical leads as needed. Of particular note this quarter - NCL data (extracted from local systems via GP IT) shows NCL practices met or exceeded national targets for both Learning Disability and Severe Mental Illness health checks by the end of 22/23. We believe this is the case after considerable work from local practices and partners supported by the ICB, and the PCCC should feel confident to recognise this achievement; however, there is a discrepancy between data received from NHS Digital and our internal data. We will continue to work on these data flows and data quality issues to ensure our data aligns.				
Recommendation	The Committee is asked to scrutinise the data provided and to **NOTE** the report.				
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	*Not Applicable*
Resource Implications	Provider capacity and ICB Borough and NCL Primary Care team capacity is required to act on the analysis and support continuous improvement.
Engagement	PCCC discussion in October and December to inform current iteration of the dashboard.
Equality Impact Analysis	*Not Applicable*
Report History and Key Decisions	PCCC discussion on 04 October and 18 October informed this iteration of the dashboard. PCCC agreed that the dashboard would be a standing item and the dashboard and supporting information would continue to evolve.
Next Steps	To incorporate any further suggestions on developing the scope and focus of the dashboard. To further analyse and respond as required to any quality and performance issues (on a PCN, borough or system footprint) identified through the Q&P dashboard.
Appendices	Two appendices are provided: Annex 1 – summary report Annex 2 – updated primary care quality and performance dashboard.

NHS
North Central London
Integrated Care Board

Primary medical services: Quality & performance report

Updated – June 2023

Introduction

North Central London
Integrated Care Board

- This report is owned and reviewed at regularly at NCL PCCC. PCCC will support upwards reporting to the Strategy & Development Committee and ICB Board. Primary Care performance forms part of the overall ICB Board Performance report, helping ensure primary care oversight forms part of wider NCL ICB reporting and assurance
- The document will be publicly-available (as part of PCCC papers) and is largely based on information available in the public domain e.g. NHS Digital.
- This report is not shared routinely with provider colleagues however it is available to all as part of the Committee papers. A dataset that captures key performance trends and metrics at practice level is shared directly (practice dashboard) supporting benchmarking with other practices and enabling practices to see how their patients are accessing services such as ED or 111.
- ICB teams use the report to support local discussions relevant to operational performance, care quality, and patient access with Practices, PCNs and Federations.
- The 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 tracks trends and shifts in data over time and highlights 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 system-wide 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

North Central London
Integrated Care Board

The Q&P report harness existing data and builds on processes already established at place and system level to identify and respond to emerging 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 and operational challenges. This is an opportunity to use data and local/NCL insights to identify any additional practices in need of support. This conversation 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 Primary Care Contracting 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.

Indicators

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Operational information
Information which primarily changes month on month

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

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

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

Wider information
Information which primarily changes quarterly or annually

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

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

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

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

Indicators - inclusion and exclusion criteria used

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Inclusion criteria:

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

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

Exclusion criteria:

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

June –summary of current themes [1/3]

North Central London Integrated Care Board

- The number of 'core' primary care appointments offered in NCL has continued to increase since Jan 23 returning to the Nov 22 position by March 23 with a consistently even split of face to face and telephone appointments.
- NCL looks to have settled at around 65% of appointments being delivered face to face – the proportion being delivered face to face has been consistent for 6 months plus. There is no defined optimal blend of appointment type, this should be/is tailored to the needs of local registered populations. The new Access Recovery Plan does not set any new targets or guidelines for the proportion of appointments that are face to face.
- The overall proportion of same day (as opposed to planned) appointments returned to levels seen up to November. Same day appointments are continuing to increase in number but not as a proportion of all appointments given the continued increase in total appointment numbers as practices seek to balance reactive and proactive care.

	Jan-23	Feb-23	Mar-23
Core Primary Care Appointments	653,638	616,710	702,266
% Face to Face Appointments	64%	65%	65%
% Telephone Appointments	36%	35%	35%

June summary of current themes [2/3]

North Central London
Integrated Care Board

- In Q4 LD & SMI health check activity continued. Post pandemic recovery & work to address health inequalities is reflected in the end of year position. By end March NCL practices across all boroughs had delivered:
    - ~13,500 SMI healthchecks (target ~12,500)
    - Over 90% of those eligible had received an LD Healthcheck (against a target & previous year performance of 75%)
- There are known data quality issues around eConsult information, though the aggregate trend has remained consistent over recent months.
- Workforce indicators continue to suggest that the numbers of GPs per 1,000 registered patients in NCL is around, or exceeds, the UK average. For practice nurses, there are a number of PCNs (e.g. Barnet, Haringey and Islington) where numbers of nurses per 1,000 registered patients is below the UK average. Practices are flagging the use of HCA and ARRS roles to meet patient needs and the sharing of nursing and other clinical capacity at PCN level. It should be noted that workforce figures for some practices have not been submitted and automatically flag as “0” entry.

June summary of current themes [3/3]

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- Secondary care referrals and 2 week wait referrals (for suspected cancer) are mostly increasing after a dip in December. This is likely a reflection of the overall increase in appointments provided between December and April as activity recovers
- A&E attendance and hospital attendance with no investigation and/or significant treatment saw a significant increase in March / April across almost all of NCL.
- The picture for use of Advice & Guidance and Consultant Connect has continued to improve in the new year with numbers increasing significantly in March. We did however see a slight drop in April which is reflected in previous years and is expected to recover again over the coming months in line with our plan. Practices and PCNs are moving away from A&G towards Consultant Connect. Borough teams continues to share data on utilisation and comparators with linked measures (such as referrals) with practices for visibility, and practical support is offered to make use of the function.

Future development areas

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- There is a high level of variation in the way GP appointment data is currently recorded by practices. Since first publicly 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 have included some of this data in this report (recognising access is a major focus for patients and stakeholders) though continue to seek more assurance around data quality and explanatory factors. With the release of the Access Recovery Plan there will be further work to understand appointment data and utilisation by different patient groups. Conclusions by PCCC should be drawn in the context of other data lines.
- Once commissioned and embedded, there is the opportunity to report on PCN delivery of national schemes (including new network DES services, and the IIF), as well as the incoming NCL LTC LCS. This would expand the scope of the Q&P report to consider *enhanced* as well as *core* primary care delivery.
- In addition to the PCCC Q&P report, the ICB team is developing a quality and safety-focussed 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	Patients who have received an LD Healthcheck YTD - Rate Per 1000 - Apr 22-Mar 23	No. of LD Healthchecks completed Vs eligible - Cumulative YTD	Patients that have had an SMI Healthcheck - Rate Per 1000 - Oct 20-Sept 21	% of patients who responded 'Easy' to ease of getting through to someone at GP practice on the phone	% of patients who responded 'Easy' to ease of using your GP practice's website to look for information or access	% of patients who responded 'Satisfied' with appointment offered	% of patients who responded 'Good' to overall experience of making an appointment	% of patients who responded 'Good' to overall experience of GP practice	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 Publication
Barnet	Colindale Medical Centre	BARNET 1D PCN	550	10845	3,490	1.2%	37%	7.19	107%	1.22	30%	65%	45%	60%	59%	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%	4.37	74%	0.57	41%	69%	47%	64%	51%	3.28	0.37	0.00		Good	20/10/2021
Barnet	Jai Medical Centre	BARNET 1D PCN	540	9092	4,216	0.3%	44%	14.08	102%	4.10	53%	61%	51%	64%	51%	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%	3.84	61%	1.90	28%	59%	34%	49%	36%	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%	7.95	68%	2.53	44%	61%	42%	63%	67%	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%	7.99	85%	4.42	53%	73%	53%	60%	60%	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%	4.63	81%	1.53	76%	67%	69%	73%	58%	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%	10.42	84%	1.04	33%	57%	43%	59%	51%	6.73	0.61	1.01	0.09	Requires improvement	17/05/2017
Barnet	Watling Medical Centre	BARNET 1W PCN	539	17420	7,990	0.2%	40%	6.20	78%	1.74	42%	71%	50%	77%	66%	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%	16.83	101%	2.01	54%	70%	41%	71%	59%	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%	21.99	90%	2.65	53%	69%	58%	71%	61%	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%	9.02	93%	0.97	48%	80%	61%	77%	58%	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%	15.12	84%	1.64	25%	57%	39%	66%	43%	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%	6.45	84%	0.88	31%	75%	41%	59%	55%	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%	7.29	86%	0.00	70%	63%	51%	73%	63%	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%	11.85	86%	0.57	72%	57%	47%	68%	56%	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%	13.00	98%	0.21	63%	55%	59%	73%	71%	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%	9.65	97%	0.87	39%	63%	41%	69%	64%	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%	0.00		1.61	62%	70%	53%	69%	59%	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%	4.53	95%	0.00	38%	55%	47%	50%	55%	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%	0.00		0.00						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%	7.08	98%	2.28	65%	62%	67%	76%	82%	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%	13.54	93%	1.21	40%	61%	36%	60%	64%	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%	5.86	100%	1.14	60%	55%	54%	66%	59%	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%	6.12	103%	1.61	19%	60%	25%	45%	43%	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%	3.43	121%	0.20	75%	74%	69%	83%	67%	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%	9.80	95%	1.51	64%	65%	62%	77%	77%	7.81	0.88	0.96	0.11	Good	18/05/2022
Barnet	The Speedwell Practice	BARNET 3 PCN	537	11524	5,640	0.8%	37%	11.63	94%	5.39	59%	76%	56%	78%	60%	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%	8.49	97%	2.01	39%	68%	44%	65%	47%	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%	9.94	102%	2.24	26%	68%	31%	62%	56%	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%	9.08	79%	1.90	53%	63%	40%	62%	59%	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%	14.82	100%	2.80	38%	65%	42%	72%	59%	9.68	0.67	1.00	0.07	Requires improvement	21/03/2019
Barnet	Langstone Way Surgery	BARNET 4 PCN	545	9120	3,772	-0.1%	42%	6.36	107%	1.87	18%	46%	31%	42%	46%	2.39	0.26	2.48	0.27	Good	28/06/2022
Barnet	Millway Medical Practice	BARNET 4 PCN	566	20471	9,163	1.3%	41%	6.79	105%	2.10	41%	75%	55%	74%	69%	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%	11.56	101%	1.77	12%	45%	24%	42%	43%	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%	0.00		0.75	66%	78%	68%	78%	72%	2.07	0.49	0.96	0.23	Good	16/02/2023
Barnet	Dr Azim and Partners	BARNET 5 PCN	500	8783	3,586	-0.1%	33%	8.65	73%	2.05	35%	59%	41%	49%	48%	3.59	0.41	0.81	0.09	Inadequate	22/06/2017
Barnet	Greenfield Medical Centre	BARNET 5 PCN	543	7234	3,292	0.2%	48%	9.26	83%	1.11	64%	78%	66%	78%	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%	15.68	120%	0.35	40%	69%	56%	70%	59%	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%	5.58	114%	0.53	72%	65%	65%	72%	69%	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%	4.81	80%	1.81	49%	78%	60%	79%	83%	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%	8.37	100%	2.01	86%	64%	79%	86%	50%	1.01	0.50	0.24	0.12	Good	06/10/2017
Barnet	The Phoenix Practice	BARNET 5 PCN	551	10291	4,471	-0.1%	48%	10.88	90%	1.94	62%	71%	59%	79%	71%	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%	7.13	81%	0.30	91%	95%	96%	98%	95%	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%	2.50	96%	1.35	43%	53%	41%	57%	46%	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%	5.46	94%	2.09	47%	71%	53%	78%	77%	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%	2.90	87%	1.34	73%	73%	67%	76%	65%	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%	5.06	119%	1.89	41%	52%	42%	57%	47%	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%	3.14	87%	2.67	69%	77%	72%	71%	60%	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%	6.92	68%	3.39	38%	60%	38%	50%	58%	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		2.39							0.00		0.00	Good	09/08/2018
Camden	Ampthill Practice	CENTRAL CAMDEN PCN	525	7658	3,453	1.4%	43%	8.49	65%	2.92	70%	66%	65%	70%	64%	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%	2.61	183%	0.61	82%	74%	57%	75%	65%	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%	2.07	69%	3.46	31%	56%	32%	53%	38%	1.82	0.19	1.00	0.10	Good	16/09/2020
Camden	Ridgmount Practice	CENTRAL CAMDEN PCN	564	20592	660	5.8%	21%	0.19	57%	0.55	92%	62%	70%	68%	75%	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%	7.47	102%	2.92	52%	56%	48%	60%	46%	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%	10.90	112%	6.15	60%	85%	67%	78%	73%	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%	6.04	114%	2.71	66%	77%	62%	68%	68%	2.67	0.38	0.00	0.00	Good	31/08/2016
Camden	The Regents Park Practice	CENTRAL CAMDEN PCN	549	6445	2,615	1.8%	40%	13.34	112%	3.19	76%	57%	47%	59%	61%	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%	7.70	87%	6.09	48%	72%	51%	69%	59%	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%	13.54	95%	6.54	80%	63%	70%	78%	68%	2.67	0.52	1.00	0.20	Good	27/06/2022
Camden	Daleham Gardens Health Centre	CENTRAL HAMPSTEAD PCN	546	5241	1,784	2.9%	49%	1.14	50%	2.42	78%	76%	60%	86%	68%	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%	4.41	90%	6.07	75%	65%	68%	66%	64%	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%	3.52	67%	0.97	50%	70%	58%	73%	49%	3.68	0.50	1.00	0.14	Good	02/03/2022
Camden	Brunswick Medical Centre	CENTRAL HAMPSTEAD PCN	561	8746	2,330	1.3%	43%	5.37	87%	4.97	54%	61%	51%	56%	51%	3.08	0.35	0.75	0.09	Inadequate	29/04/2021
Camden	Caversham Group Practice	KENTISH TOWN CENTRAL PCN	539	17303	6,920	1.0%	49%	9.48	97%	0.65	63%	78%	69%	82%	70%	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%	6.10	104%	3.63	77%	83%	65%	88%	66%	6.05	0.75	0.43	0.05	Good	08/09/2022
Camden	Prince of Wales Group Surgery	KENTISH TOWN CENTRAL PCN	539	8757	3,826	0.6%	48%	9.14	70%	4.35	56%	54%	40%	63%	50%	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%	8.42	84%	5.89	47%	65%	48%	67%	63%	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%	12.43	84%	6.54	48%	74%	53%	62%	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%	4.46	73%	2.23	74%	83%	78%	88%	78%	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%	7.75	82%	3.59	71%	66%	59%	75%	65%	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%	5.58	74%	4.27	92%	81%	77%	88%	73%	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%	2.29	67%	3.19	65%	80%	52%	89%	71%	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%	1.98	58%	1.58	96%	86%	78%	89%	84%	6.80	0.90	0.81	0.11	Good	10/08/2016
Camden	Holborn Medical Centre	SOUTH CAMDEN PCN	544	12336	2,863	0.9%	38%	4.38	90%	3.02	88%	79%	75%	81%	65%	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%	8.77	115%	11.40	96%	84%	88%	89%	78%	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%	0.13	100%	2.30	83%	83%	65%	67%	40%	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%	16.72	155%	3.05	60%	69%	54%	80%	74%	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%	3.15	83%	1.89	62%	80%	62%	72%	52%	4.58	0.58	0.43	0.05	Good	28/07/2022
Camden	Fortune Green Road Surgery	WEST CAMDEN PCN	550	3185	1,626	1.6%	45%	7.85	109%	4.17	86%	68%	61%	80%	68%	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%	4.46	82%	2.27	63%	79%	63%	69%	61%	13.25	0.60	1.36	0.06	Good	22/09/2016
Enfield	Angel Surgery	EDMONTON PCN	542	14073	5,062	1.5%	37%	5.54	83%	2.91	55%	65%	46%	65%	63%	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%	14.81	98%	7.23	56%	75%	54%	65%	65%	1.31	0.24	1.47	0.27	Good	29/11/2018
Enfield	Keats Surgery	EDMONTON PCN	522	4942	2,457	-0.5%	48%	10.72	66%	3.19	59%	54%	50%	61%	54%	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%	7.68	67%	5.69	25%	50%	29%	49%	36%	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%	10.56	77%	8.68	57%	77%	76%	83%	75%	1.67	0.48	0.52	0.15	Good	12/03/2018
Enfield	Brick Lane Surgery	ENFIELD CARE NETWORK PCN					51%			0.00										Good	27/09/2017
Enfield	Chalfont Road Surgery	ENFIELD CARE NETWORK PCN	531	3753	1,933	-0.4%	46%	9.59	90%	6.26	36%	57%	41%	64%	66%	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%	12.23	74%	2.66	52%	61%	48%	67%	64%	2.29	0.61	0.64	0.17	Good	04/08/2016
Enfield	East Enfield Practice	ENFIELD CARE NETWORK PCN	563	7850	1,323	0.3%	39%	9.43	96%	7.11	54%	71%	60%	71%	60%	1.52	0.19	0.53	0.07	Good	09/12/2022
Enfield	Evergreen Primary Care Centre	ENFIELD CARE NETWORK PCN	539	19955	7,661	-0.6%	44%	5.61	80%	4.74	23%	53%	37%	56%	60%	9.26	0.46	3.00	0.15	Good	02/11/2022
Enfield	Grovelands Medical Centre	ENFIELD CARE NETWORK PCN	520	10382	5,373	-0.4%	34%	2.79	81%	3.31	50%	47%	39%	68%	65%	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%	5.22	65%	5.50	54%	55%	53%	72%	72%	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%	7.39	80%	5.03	35%	54%	43%	55%	63%	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%	11.26	90%	6.21	65%	73%	67%	75%	82%	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%	6.11	55%	7.21	42%	59%	41%	63%	59%	2.27	0.29	0.59	0.07	Good	09/12/2016
Enfield	Bincote Surgery	ENFIELD SOUTH WEST PCN	521	6600	3,534	-0.2%	48%	8.64	81%	1.96	66%	77%	62%	70%	57%	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%	8.00	67%	9.37	63%	74%	65%	83%	67%	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%	8.77	81%	6.15	40%	58%	38%	53%	52%	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%	9.70	100%	2.84	37%	56%	38%	57%	48%	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%	8.88	94%	3.13	63%	83%	65%	74%	64%	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%	7.61	85%	1.87	63%	55%	55%	71%	46%	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%	18.77	95%	7.50	21%	66%	29%	56%	38%	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%	6.10	94%	1.12	48%	77%	58%	70%	65%	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%	3.89	90%	3.29	39%	64%	45%	66%	47%	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%	13.13	98%	4.76	45%	55%	46%	63%	36%	40.43		10.49		Good	08/09/2022
Enfield	Nightingale House Surgery	ENFIELD UNITY PCN	554	6765	3,162	0.0%	55%	10.05	64%	6.18	70%	64%	66%	75%	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%	15.16	88%	6.91	63%	64%	55%	79%	66%	3.31	0.41	0.97	0.12	Good	10/10/2018
Enfield	Southgate	ENFIELD UNITY PCN	538	9954	4,969	-0.1%	43%	9.85	144%	2.79	26%	37%	30%	55%	37%	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%	7.72	82%	4.55	72%	67%	57%	62%	67%	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%	15.96	98%	4.85	54%	66%	47%	72%	49%	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%	7.31	100%	6.56	73%	70%	57%	69%	71%	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%	11.09	103%	6.96	38%	64%	49%	67%	44%	13.31	0.61	1.72	0.08	Good	18/05/2021
Haringey	Crouch Hall Road Surgery	HARINGEY - CROUCH END PCN	565	7929	4,407	-0.5%	31%	6.43	96%	1.35	67%	77%	60%	73%	57%	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%	7.09	69%	2.18	45%	73%	50%	73%	61%	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%	2.48	19%	3.64	57%	51%	39%	63%	38%	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%	7.61	106%	4.12	73%	54%	57%	67%	72%	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%	12.46	71%	9.31	24%	56%	30%	47%	43%	1.39	0.11	1.00	0.08	Requires improvement	30/11/2021
Haringey	The Old Surgery	HARINGEY - EAST CENTRAL PCN	565	2033	1,098	-1.3%	35%	14.76	111%	12.18	83%	79%	72%	79%	72%	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%	5.40	96%	2.36	93%	76%	74%	78%	75%	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%	7.92	90%	2.90	65%	71%	68%	76%	79%	2.40	0.54	0.21	0.05	Good	14/03/2022
Haringey	Havergal Surgery	HARINGEY - N15/SOUTH EAST PCN	543	5685	2,653	0.0%	42%	10.73	86%	5.67	48%	69%	54%	70%	63%	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%	13.05	109%	6.32	59%	72%	66%	72%	63%	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%			4.68										Good	27/09/2017
Haringey	St Ann's Road Surgery	HARINGEY - N15/SOUTH EAST PCN	551	16470	6,164	-0.2%	44%	9.96	85%	5.30	46%	66%	51%	70%	53%	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%	15.79	106%	7.42	58%	68%	51%	67%	70%	2.03	0.30	1.49	0.22	Requires improvement	18/01/2017
Haringey	Bounds Green Group Practice	HARINGEY - NORTH CENTRAL PCN	542	18636	8,930	-0.3%	44%	4.29	85%	1.88	44%	76%	51%	65%	64%	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%	8.31	102%	4.09	73%	75%	72%	88%	78%	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%	6.59	71%	4.48	54%	70%	60%	60%	52%	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%	13.36	103%	2.93	51%	70%	55%	70%	58%	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%	16.51	99%	7.70	65%	69%	61%	67%	73%	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%	19.16	86%	5.56	39%	62%	42%	58%	55%	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%	11.48	93%	2.92	29%	62%	38%	59%	46%	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%	21.72	96%	8.41	39%	77%	49%	66%	67%	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%	7.64	89%	5.23	49%	62%	50%	70%	61%	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%	3.06	82%	3.12	70%	68%	62%	70%	57%	11.97	0.72	2.13	0.13	Good	02/12/2019
Haringey	Queens Avenue Practice	HARINGEY - NORTH WEST PCN					38%			0.00										Good	28/12/2016
Haringey	Rutland House Surgery	HARINGEY - NORTH WEST PCN		11031	3,332	-0.3%	49%	2.81	58%	0.90	69%	73%	63%	83%	65%	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%	3.00	87%	1.51	65%	90%	65%	91%	74%	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%	8.16	76%	4.79	47%	60%	45%	67%	62%	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%	7.38	90%	3.01	32%	62%	44%	62%	57%	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%	10.40	73%	3.47	59%	74%	59%	74%	54%	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%	8.73	89%	0.95	78%	73%	65%	77%	68%	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%	19.24	83%	6.10	74%	72%	65%	73%	76%	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%	11.76	85%	5.54	53%	65%	50%	61%	67%	6.00	0.66	4.71	0.52	Good	11/03/2022
Haringey	Bridge House Medical Practice	HARINGEY - WEST CENTRAL PCN	524	9439	4,469	-1.2%	41%	15.57	105%	3.41	49%	60%	44%	51%	53%	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%	0.00		0.00	85%	62%	59%	72%	55%	1.81	0.59	0.43	0.14	Good	15/11/2018
Haringey	The Alexandra Surgery	HARINGEY - WEST CENTRAL PCN	353	5673	5,648	-0.4%	38%	8.28	89%	2.83	68%	69%	65%	74%	67%	1.60	0.28	0.00	0.00	Good	28/10/2022
Haringey	The Vale Practice	HARINGEY - WEST CENTRAL PCN	553	10555	4,438	0.1%	39%	3.03	62%	1.99	64%	84%	67%	85%	74%	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%	7.40	85%	8.37	37%	65%	45%	65%	54%	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%	6.63	86%	5.54	39%	78%	47%	72%	49%	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%	9.97	109%	8.64	64%	65%	58%	71%	53%	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%	7.96	82%	9.24	57%	79%	57%	77%	56%	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%	11.86	83%	5.55	78%	75%	59%	65%	60%	1.07	0.26	0.00	0.00	Requires improvement	06/06/2017
Islington	The Medical Centre	CENTRAL 1 ISLINGTON PCN	555	5975	2,070	0.9%	41%	9.87	86%	10.31	72%	77%	77%	83%	70%	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%	3.92	67%	4.79	78%	76%	72%	75%	65%	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%	12.31	92%	5.14	66%	70%	62%	85%	63%	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%	7.78	86%	4.47	91%	75%	77%	74%	62%	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%	11.58	115%	6.89	77%	70%	62%	90%	65%	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%	4.06	79%	4.86	40%	67%	44%	66%	54%	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%	6.16	88%	5.69	65%	75%	65%	77%	61%	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%	7.98	72%	9.96	65%	79%	71%	86%	61%	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%	0.00		0.93	65%	72%	58%	65%	75%	2.75	0.13	2.69	0.13	Good	22/02/2018
Islington	Hanley Primary Care Centre	NORTH ISLINGTON PCN	567	11493	2,994	0.6%	37%	5.66	93%	5.78	65%	66%	50%	62%	64%	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%	10.70	91%	4.05	50%	62%	46%	71%	56%	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%	10.01	85%	10.00	80%	77%	75%	85%	59%	11.04	0.90	1.64	0.13	Good	06/12/2016
Islington	Stroud Green Medical Practice	NORTH ISLINGTON PCN	524			0.0%	45%		102%	0.90	79%	71%	62%	69%	64%	0.93		0.77		Good	08/11/2018
Islington	The Beaumont Practice	NORTH ISLINGTON PCN	534	3318	1,299	0.3%	39%	6.33	66%	8.49	65%	75%	53%	69%	59%	1.27	0.38	0.16	0.05	Good	11/08/2021
Islington	The Goodinge Group Practice	NORTH ISLINGTON PCN	540	12475	4,953	0.8%	36%	12.02	69%	10.68	66%	77%	67%	76%	58%	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%	8.26	90%	4.52	62%	63%	50%	67%	65%	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%	13.91	88%	8.61	76%	82%	69%	83%	65%	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%	15.29	88%	12.95	71%	69%	58%	70%	80%	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%	4.24	77%	10.11	79%	78%	71%	79%	67%	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%	3.22	51%	5.04	71%	74%	65%	83%	52%	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%	9.28	83%	8.36	78%	84%	76%	82%	59%	1.55	0.37	1.00	0.24	Good	17/02/2023
Islington	City Road Medical Centre	SOUTH ISLINGTON PCN	513	9522	2,832	-0.1%	38%	4.83	68%	5.57	73%	83%	70%	88%	61%	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%	3.04	79%	3.02	72%	78%	74%	86%	71%	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%	10.40	114%	7.35	77%	85%	77%	85%	66%	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%	13.86	152%	6.90	75%	77%	74%	77%	73%	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%	11.21	153%	6.18	34%	61%	42%	58%	49%	8.48	0.48	1.85	0.10	Good	03/04/2019

Practice			Referrals				2ww				A&G				Consultant Connect				A&E At		
Borough	Practice Name	PCN	Month on Month Change - Jan/Feb	Month on Month Change - Feb/Mar	Month on Month Change - Mar/Apr	3 Month Change - February/April	Month on Month Change - Jan/Feb	Month on Month Change - Feb/Mar	Month on Month Change - Mar/Apr	3 Month Change - February/April	Month on Month Change - Jan/Feb	Month on Month Change - Feb/Mar	Month on Month Change - Mar/Apr	3 Month Change - February/April	Month on Month Change - Jan/Feb	Month on Month Change - Feb/Mar	Month on Month Change - Mar/Apr	3 Month Change - February/April	Month on Month Change - Jan/Feb	Month on Month Change - Feb/Mar	Month on Month Change - Mar/Apr
Barnet	Colindale Medical Centre	BARNET 1D PCN	-18%	-16%	20%	-31%	-6%	-48%	53%	-51%	-18%	33%	-3%	9%	-40%	33%	-50%	-20%	-5%	-22%	-17%
Barnet	Hendon Way Surgery	BARNET 1D PCN	-17%	21%	0%	1%	33%	-10%	0%	20%	0%	-50%	4461%	-50%			400%		-5%	-6%	-20%
Barnet	Jai Medical Centre	BARNET 1D PCN	-19%	2%	18%	-18%	-21%	-5%	72%	-25%	-62%	82%	-58%	-31%	-59%	80%	50%	-27%	-8%	-7%	-26%
Barnet	Mulberry Medical Practice	BARNET 1D PCN	-4%	-1%	37%	-5%	19%	-22%	24%	-7%	-40%	33%	684%	-20%	-100%		-23%	-18%	9%	-25%	-44%
Barnet	Oak Lodge Medical Centre	BARNET 1D PCN	-20%	15%	14%	-8%	-27%	-15%	56%	-38%	14%	-12%	79%	0%	-50%	67%	-23%	-17%	3%	-13%	-26%
Barnet	Wakemans Hill Surgery	BARNET 1D PCN	-7%	-34%	4%	-38%	-33%	0%	-10%	-33%			243%			500%	-83%		25%	-23%	-27%
Barnet	Parkview Surgery	BARNET 1W PCN	-22%	6%	-4%	-18%	8%	14%	-31%	23%	-69%	0%	391%	-69%	-12%	0%		-12%	-5%	-24%	-39%
Barnet	The Everglade Medical Practice	BARNET 1W PCN	-27%	12%	66%	-18%	-17%	19%	-10%	-2%	0%	-33%	597%	-33%	-25%	18%	13%	-11%	-11%	-9%	-45%
Barnet	Watling Medical Centre	BARNET 1W PCN	-21%	-13%	16%	-31%	-33%	-30%	19%	-53%	-40%	0%	-100%	-40%	-47%	-16%	4%	-56%	15%	-28%	-32%
Barnet	Brunswick Park Medical Practice	BARNET 2 PCN	-17%	-8%	27%	-24%	-33%	-14%	72%	-42%	-50%	133%	-100%	17%	-17%	60%	-29%	33%	3%	-14%	-45%
Barnet	Colney Hatch lane Surgery	BARNET 2 PCN	-2%	-25%	-12%	-27%	0%	21%	-4%	21%					-67%	200%	-67%	0%	13%	-26%	-46%
Barnet	East Barnet Health Centre	BARNET 2 PCN	-42%	33%	-9%	-23%	-22%	-9%	41%	-29%	57%	-36%	-100%	0%		200%	-31%		-8%	-18%	-5%
Barnet	East Finchley Medical Centre	BARNET 2 PCN	-28%	23%	20%	-11%	-31%	13%	25%	-22%	-100%		1238%	200%	0%	83%	-25%	83%	-2%	-8%	-34%
Barnet	Friern Barnet Medical Centre	BARNET 2 PCN	-25%	-10%	2%	-33%	-23%	-15%	44%	-35%	200%	-33%	285%	100%	38%	-27%	-33%	0%	3%	-28%	-46%
Barnet	Rosemary Surgery	BARNET 2 PCN	0%	19%	-36%	19%	73%	12%	-21%	93%	150%	-60%	-54%	0%			0%				-45%
Barnet	St Andrews Medical Practice	BARNET 2 PCN	-8%	-12%	2%	-18%	-18%	9%	-15%	-10%	-43%	60%	-100%	-9%	-52%	-31%	33%	-67%	3%	-15%	-48%
Barnet	The Clinic (Oakleigh Rd North)	BARNET 2 PCN	-11%	-30%	56%	-38%	-25%	-5%	62%	-29%	-9%	-50%	-24%	-54%	-38%	-8%	67%	-43%	0%	-18%	-46%
Barnet	The Speedwell Practice	BARNET 2 PCN	-18%	-3%	16%	-21%	5%	-23%	55%	-18%	-50%	-25%	353%	-63%	-46%	62%	24%	-13%	-2%	-21%	-43%
Barnet	The Village Surgery	BARNET 2 PCN	-11%	31%	-11%	17%	-20%	63%	-26%	30%	-21%	82%	-100%	43%	-7%	-31%	44%	-36%			
Barnet	Torrington Park Group Practice	BARNET 2 PCN	-28%	7%	21%	-24%	-32%	46%	7%	0%	-47%	24%	-61%	-35%	3%	30%	-35%	33%	28%	-21%	-41%
Barnet	Woodlands Medical Practice	BARNET 2 PCN	-40%	14%	19%	-32%	-66%	130%	-4%	-21%	0%	100%	376%	100%	19%	28%	-41%	52%	14%	-18%	-100%
Barnet	Addington Medical Centre	BARNET 3 PCN	-23%	38%	-13%	7%	-33%	54%	-25%	3%	57%	0%	94%	57%	0%	0%	-33%	0%	8%	-17%	-38%
Barnet	Cornwall House Surgery	BARNET 3 PCN	-18%	48%	-40%	22%	22%	109%	-48%	156%	-43%	75%	-78%	0%	-13%	50%	-24%	31%	-8%	-19%	-40%
Barnet	Derwent Crescent Medical Centre	BARNET 3 PCN	-7%	-12%	-16%	-18%	3%	-45%	-57%	-43%	-57%	633%	-68%	214%	100%	0%	-25%	100%	7%	-16%	-42%
Barnet	Gloucester Road Surgery	BARNET 3 PCN	-100%			-100%									-100%			-100%	-14%	-8%	
Barnet	Lichfield Grove Surgery	BARNET 3 PCN	-22%	-23%	43%	-40%	23%	-11%	-17%	9%	100%	0%	-33%	100%	-18%	-9%	-60%	-25%	3%	-20%	-34%
Barnet	Longrove Surgery	BARNET 3 PCN	-26%	28%	2%	-5%	-29%	28%	19%	-9%	-17%	6%	-100%	-12%	-30%	5%	-19%	-27%	1%	-16%	-41%
Barnet	Squires Lane Medical Practice	BARNET 3 PCN	-35%	50%	1%	-3%	-29%	20%	-11%	-14%	33%	275%	3%	400%					25%	-27%	-42%
Barnet	The Old Court House Surgery	BARNET 3 PCN	-29%	10%	31%	-21%	-47%	32%	42%	-30%	41%	-8%	-32%	29%	-49%	100%	25%	2%	1%	-23%	-21%
Barnet	Wentworth Medical Practice	BARNET 3 PCN	-32%	7%	-13%	-27%	-36%	0%	32%	-36%	-27%	-5%	-54%	-31%	15%	-47%	50%	-38%	-10%	-5%	-43%
Barnet	Lane End Medical Group	BARNET 4 PCN	-11%	3%	11%	-8%	16%	-14%	2%	0%	-44%	0%	42%	-44%	-21%	4%	-4%	-17%	-5%	-18%	-31%
Barnet	Langstone Way Surgery	BARNET 4 PCN	-15%	2%	3%	-14%	-18%	83%	-6%	50%	0%	-13%	-5%	-13%	-50%	-100%	-4%	-100%	-13%	-11%	-38%
Barnet	Millway Medical Practice	BARNET 4 PCN	-13%	14%	-7%	-1%	-21%	7%	-4%	-15%	0%	-31%	14%	-31%	-100%		-14%	0%	2%	-20%	-27%
Barnet	Penshurst Gardens Surgery	BARNET 4 PCN	-14%	-4%	28%	-17%	17%	52%	3%	78%	-25%	100%	-71%	50%	-52%	17%	-54%	-43%	2%	-18%	-32%
Barnet	Cricklewood Health Centre	BARNET 5 PCN	-42%	-23%	80%	-56%	-13%	100%	29%	75%	-100%		738%	-50%					-5%	-19%	-29%
Barnet	Dr Azim and Partners	BARNET 5 PCN	10%	-73%	253%	-70%	7%	-17%	-63%	-11%	-33%	0%	-100%	-33%	-41%	10%	45%	-35%	-2%	-18%	-39%
Barnet	Greenfield Medical Centre	BARNET 5 PCN	-4%	-19%	12%	-22%	-31%	0%	18%	-31%	-33%	50%	-86%	0%			32%		29%	-33%	-23%
Barnet	Pennine Drive Practice	BARNET 5 PCN	-30%	6%	-2%	-25%	-24%	-8%	-39%	-30%			286%		43%	30%	-17%	86%	15%	-25%	-29%
Barnet	Ravenscroft Medical Centre	BARNET 5 PCN	-11%	-15%	67%	-25%	-12%	-33%	190%	-41%	-78%	500%	-34%	33%	0%	0%	-63%	0%	-13%	6%	-36%
Barnet	St Georges Medical Centre	BARNET 5 PCN	-17%	5%	6%	-13%	-43%	-5%	-14%	-46%	14%	-50%	1535%	-43%	-47%	-11%	125%	-53%	2%	-14%	-30%
Barnet	The Hillview Surgery	BARNET 5 PCN	-11%	12%	111%	0%	-20%	0%	150%	-20%					0%	0%	-100%	0%	62%	-18%	-40%
Barnet	The Phoenix Practice	BARNET 5 PCN	-24%	-11%	5%	-33%	-38%	-13%	20%	-46%	-6%	-7%	97%	-13%	-20%	-75%	200%	-80%	2%	-28%	-30%
Barnet	Adler JS-The Surgery	BARNET 6 PCN	-11%	6%	1%	-6%	75%	-62%	125%	-33%	-33%	20%	-100%	-20%	-64%	275%	-73%	36%	3%	-21%	-48%
Barnet	Heathfield Medical Centre	BARNET 6 PCN	-24%	-4%	2%	-28%	-41%	16%	32%	-31%					-60%	-50%	100%	-80%	-9%	-22%	-44%
Barnet	PHGH Doctors	BARNET 6 PCN	-15%	-1%	31%	-16%	-36%	33%	5%	-15%	-15%	-14%	-83%	-27%			15%		23%	-33%	-38%
Barnet	Supreme Medical Practice	BARNET 6 PCN	-15%	-24%	27%	-35%	-59%	57%	9%	-35%	-18%	-44%	211%	-55%	-100%		-57%	75%	2%	-20%	-44%
Barnet	Temple Fortune Medical Group	BARNET 6 PCN	-24%	15%	25%	-12%	-13%	42%	-22%	23%					-7%	-28%	-61%	-33%	-2%	-26%	-19%
Barnet	The Hodford Road Practice	BARNET 6 PCN	-25%	-3%	-5%	-27%	-62%	125%	-56%	-14%	20%	17%	-100%	40%		200%	-33%		-9%	-19%	-28%
Barnet	The Mountfield Surgery	BARNET 6 PCN	-23%	21%	-16%	-6%	-16%	27%	3%	6%					-29%	20%	17%	-14%	1%	-17%	-27%
Barnet	The Practice at 188	BARNET 6 PCN	-20%	-3%	10%	-22%	-52%	40%	24%	-32%	83%	-36%	-48%	17%					16%	-13%	-45%
Barnet	Deans Lane Medical Centre			3367%	-42%			1400%	-27%		-100%						-100%				
Camden	Ampthill Practice	CENTRAL CAMDEN PCN	-48%	37%	-6%	-29%	-49%	43%	-20%	-27%	-44%	60%	-71%	-11%	-100%		-100%	-83%	-3%	-16%	-21%
Camden	Brunswick Medical Centre	CENTRAL CAMDEN PCN	-14%	-100%		-100%	-47%	58%	-27%	-17%	1500%	-31%	25%	1000%	-75%	400%	-40%	25%	1%	-7%	-36%
Camden	Kings Cross Surgery	CENTRAL CAMDEN PCN	-31%	67%	-1%	16%	-59%	100%	6%	-18%	-16%	7%	-97%	-9%	-21%	-4%		-24%	-1%	-32%	-32%
Camden	Ridgmount Practice	CENTRAL CAMDEN PCN	-10%	7%	44%	-3%	54%	-40%	17%	-8%	20%	33%	208%	60%	-33%	-33%	-75%	-56%	4%	-7%	-24%
Camden	Somers Town Medical Practice	CENTRAL CAMDEN PCN	-12%	20%	8%	6%	-7%	71%	-13%	60%	0%	20%	-100%	20%	-100%		300%	-67%	10%	-21%	-21%
Camden	Swiss Cottage Surgery	CENTRAL CAMDEN PCN	-17%	-6%	33%	-22%	-25%	4%	16%	-22%	-31%	26%	-14%	-13%	20%	-17%	-20%	0%	2%	-17%	-26%
Camden	The Bloomsbury Surgery	CENTRAL CAMDEN PCN	-49%	46%	25%	-26%	-44%	29%	-17%	-28%	-33%	25%	214%	-17%	25%	40%	-43%	75%	-10%	11%	-26%
Camden	The Regents Park Practice	CENTRAL CAMDEN PCN	-48%	-7%	19%	-51%	-54%	21%	3%	-44%	-43%	17%	-100%	-33%	-100%			-100%	15%	-17%	-30%
Camden	Belsize Priory Medical Practice	CENTRAL HAMPSTEAD PCN	19%	-21%	38%	-6%	0%	-45%	150%	-45%	300%	-25%	-41%	200%			-100%		-2%	-31%	-26%
Camden	Cholmley Gardens Surgery	CENTRAL HAMPSTEAD PCN	-36%	2%	24%	-35%	-19%	7%	-10%	-14%	75%	-29%	-100%	25%	0%	-100%		-100%	12%	-15%	-31%
Camden	Daleham Gardens Health Centre	CENTRAL HAMPSTEAD PCN	-21%	-6%	56%	-26%	-46%	162%	-15%	42%	0%	-6%	-100%	-6%	-100%			-100%	3%	-50%	-8%
Camden	Fortune Green Road Surgery	CENTRAL HAMPSTEAD PCN	-12%	-4%	23%	-16%	43%	-10%	11%	29%	-14%	-67%	597%	-71%	-33%	75%		17%	17%	-16%	-38%
Camden	Grays Inn Road Medical centre	CENTRAL HAMPSTEAD PCN	-14%	-24%	29%	-35%	28%	-24%	-21%	-3%	88%	27%	25%	138%			-67%	-100%	6%	-24%	-39%
Camden	Primrose Hill Surgery	CENTRAL HAMPSTEAD PCN	-28%	26%	-6%	-9%	-41%	50%	4%	-11%	0%	20%	-35%	20%	0%	0%	-39%	0%	14%	-27%	-42%
Camden	Caversham Group Practice	KENTISH TOWN CENTRAL PCN	-31%	19%	1%	-18%	-34%	-81%	527%	-87%	92%	-28%	-89%	38%	-65%	157%	-61%	-10%	-4%	-18%	-25%
Camden	Parliament Hill Surgery	KENTISH TOWN CENTRAL PCN	-17%	-16%	12%	-30%	-18%	10%	-12%	-11%	-35%	-33%	-91%	-57%			-20%		10%	-28%	-31%
Camden	Prince of Wales Group Surgery	KENTISH TOWN CENTRAL PCN	-30%	23%	2%	-13%	-13%	59%	-48%	38%	-13%	24%	-52%	8%			-75%				-27%
Camden	James Wigg Practice	KENTISH TOWN SOUTH PCN	-17%	-6%	12%	-21%	-27%	0%	14%	-27%	-10%	37%	-62%	24%		0%	-33%		14%	-33%	-35%
Camden	Queens Crescent Practice	KENTISH TOWN SOUTH PCN	-21%	-100%		-100%	-7%	-100%		-100%	0%	8%	-38%	8%		-50%	-100%		19%	-20%	-36%
Camden	Adelaide Medical Centre	NORTH CAMDEN PCN	-18%	-8%	17%	-25%	-22%	-8%	2%	-28%	38%	-31%	6%	-5%	80%	11%	-50%	100%	-10%	-9%	-36%
Camden	Brookfield Park Surgery	NORTH CAMDEN PCN	-28%	-44%	121%	-60%	17%	-57%	222%	-50%	157%	-17%	-64%	114%	0%	25%	-40%	25%	41%	-33%	-21%
Camden	Hampstead Group Practice	NORTH CAMDEN PCN	-18%	-7%	48%	-23%	-14%	-16%	60%	-28%	-22%	1%	-89%	-21%			-50%		8%	-17%	-27%
Camden	Keats Group Surgery	NORTH CAMDEN PCN	-34%	-8%	34%	-39%	-6%	-33%	12%	-37%	-43%	6%	-9%	-40%			-42%		-20%	16%	-19%
Camden	Park End Surgery	NORTH CAMDEN PCN	-18%	-12%	57%	-28%	15%	-24%	72%	-12%	26%	-25%	-7%	-5%					-7%	-11%	-29%
Camden	Holborn Medical Centre	SOUTH CAMDEN PCN	-40%	32%	18%	-20%	-29%	107%	-10%	48%	-37%	73%	-60%	9%	-33%	-50%	200%	-67%	-4%	-13%	-21%
Camden	Museum Practice	SOUTH CAMDEN PCN	-13%	26%	3%	9%	-21%	0%	-42%	-21%	900%	-20%	-21%	700%			0%		-41%	9%	-36%
Camden	St Philips Medical Centre	SOUTH CAMDEN PCN	-19%	32%	11%	7%	-92%	225%	54%	-73%	-33%	113%	-100%	42%		0%	100%		-35%	21%	-17%
Camden	Brondesbury Medical Centre	WEST AND CENTRAL	-30%	-50%	156%	-65%	-16%	2%	-5%	-14%	46%	-12%	-18%	29%	-16%	0%	-6%	-16%	-2%	1%	-31%
Camden	Gower Street Practice	WEST AND CENTRAL	-44%	-1%	33%	-44%	-66%	67%	-16%	-43%	-17%	27%	129%	6%	-67%	-25%		-75%	-1%	-3%	-15%
Camden	Abbey Medical Centre	WEST CAMDEN PCN	-15%	-2%	23%	-16%	-6%	-27%	37%	-31%	67%	-24%	-57%	27%	-50%	100%	100%	0%	-3%	-20%	-15%
Camden	West Hampstead Medical Centre	WEST CAMDEN PCN	-23%	24%	-5%	-4%	-35%	60%	-8%	4%	-3%	8%	-65%	5%	-36%	-17%	67%	-46%	-13%	-6%	-20%
Enfield	Angel Surgery	EDMONTON PCN	-30%	36%	11%	-5%	-19%	-4%	58%	-23%									8%	-13%	-33%
Enfield	Boundary House Surgery	EDMONTON PCN	-39%	22%	18%	-25%	-21%	0%	64%	-21%	-20%	50%	-11%	20%	0%	150%	-40%	150%	0%	-10%	-23%
Enfield	Keats Surgery	EDMONTON PCN	-19%	24%	4%	0%	-20%	-13%	129%	-30%					-18%	-33%		-45%	-9%	-7%	-36%
Enfield	Latymer Road Surgery	EDMONTON PCN	-33%	22%	109%	-18%	-50%	75%	79%	-13%					0%	50%		50%	-5%	-16%	-42%
Enfield	Boundary Court Surgery	ENFIELD CARE NETWORK PCN	-2%	16%	-29%	14%	-19%	-15%	18%	-31%					-67%	0%	0%	-67%	-12%	-2%	-25%
Enfield	Brick Lane Surgery	ENFIELD CARE NETWORK PCN																			
Enfield	Chalfont Road Surgery	ENFIELD CARE NETWORK PCN	9%	-27%	5%	-20%	-10%	300%	-85%	260%					-67%	50%	433%	-50%	-4%	-22%	-18%
Enfield	DR ME Silver's Practice	ENFIELD CARE NETWORK PCN	-21%	-100%		-100%	-44%	-60%	-100%	-78%		-100%				300%	-92%		-11%	-12%	-34%
Enfield	East Enfield Practice	ENFIELD CARE NETWORK PCN	-4%	28%	-24%	23%	19%	23%	-39%	46%		-100%			11%	60%	-56%	78%	7%	-11%	-30%
Enfield	Evergreen Primary Care Centre	ENFIELD CARE NETWORK PCN	-11%	29%	-13%	14%	-5%	-26%	87%	-30%	-60%	0%	-43%	-60%	200%	-67%	5%	0%	6%	-20%	-17%
Enfield	Grovelands Medical Centre	ENFIELD CARE NETWORK PCN	-42%	53%	-27%	-11%	-42%	3%	13%	-40%					-58%	-20%	300%	-67%	1%	-21%	-20%
Enfield	Rainbow Practice	ENFIELD CARE NETWORK PCN	-31%	11%	-30%	-24%	-14%	-13%	-48%	-25%	-50%	67%	-100%	-17%	83%	-27%	500%	33%	-9%	-15%	-15%
Enfield	The Ordnance Unity Centre for Health	ENFIELD CARE NETWORK PCN	-32%	60%	-13%	9%	-29%	-13%	69%	-38%					-6%	-27%	36%	-31%	15%	-24%	-32%
Enfield	White Lodge Medical Practice	ENFIELD CARE NETWORK PCN	-23%	22%	9%	-6%	-24%	-17%	39%	-37%	-24%	15%	74%	-12%	-11%	29%	-6%	15%	6%	-21%	-30%
Enfield	Arnos Grove Medical Centre	ENFIELD SOUTH WEST PCN	-19%	37%	-6%	10%	-46%	31%	47%	-29%					-25%	-33%	100%	-50%	35%	-18%	-43%
Enfield	Bincote Surgery	ENFIELD SOUTH WEST PCN	4%	-5%	-1%	-1%	-7%	-24%	45%	-29%	33%	-50%	1246%	-33%		-100%			-13%	-6%	-43%
Enfield	Gillan House Surgery	ENFIELD SOUTH WEST PCN	-19%	8%	7%	-13%	-41%	26%	19%	-25%	13%	-15%	-58%	-4%			-25%		45%	-100%	-37%
Enfield	Morecambe Surgery	ENFIELD SOUTH WEST PCN	-7%	30%	-38%	22%	18%	0%	-15%	18%	100%	-100%		-100%			100%		-7%	-1%	-99%
Enfield	The North London Health Centre	ENFIELD SOUTH WEST PCN	-41%	19%	36%	-30%	-58%	58%	27%	-33%		0%	389%		-88%	1350%	-66%	71%	1%	-23%	-38%
Enfield	The Woodberry Practice	ENFIELD SOUTH WEST PCN	0%	1%	27%	2%	-29%	-11%	22%	-37%	1000%	-73%	-25%	200%	-50%	19%	-20%	-40%	5%	-26%	-33%
Enfield	Cockfosters Medical Centre	ENFIELD UNITY PCN	-6%	7%	-3%	0%	24%	114%	-71%	165%		300%	70%		-25%	0%	0%	-25%	-7%	-16%	-39%
Enfield	Eagle House Surgery	ENFIELD UNITY PCN	-27%	41%	13%	3%	-38%	61%	33%	0%	4%	-41%	32%	-39%	-12%	7%	15%	-6%	-12%	-11%	-20%
Enfield	Green Cedars Medical Centre	ENFIELD UNITY PCN	-42%	16%	11%	-32%	-58%	-20%	200%	-67%	-100%			-100%	5%	10%		16%	9%	-27%	-27%
Enfield	Highlands Practice	ENFIELD UNITY PCN	-31%	30%	2%	-10%	-27%	19%	5%	-14%	-41%	-13%	75%	-48%	0%	-75%	4%	-75%	-18%	1%	-25%
Enfield	Medicus Health Partners	ENFIELD UNITY PCN	-26%	20%	-2%	-10%	-22%	-7%	31%	-27%	8%	62%	128%	75%	-25%	0%	-3%	-25%	-8%	-4%	-34%
Enfield	Nightingale House Surgery	ENFIELD UNITY PCN	-23%	25%	9%	-4%	0%	-18%	57%	-18%	100%	150%	-100%	400%	-46%	43%		-23%	6%	-20%	-16%
Enfield	Oakwood Medical Centre	ENFIELD UNITY PCN	-14%	17%	-12%	1%	-23%	-20%	33%	-38%	27%	-11%	-78%	13%	0%	-100%	20%	-100%	2%	-16%	-32%
Enfield	Southgate	ENFIELD UNITY PCN	-24%	16%	-13%	-12%	-44%	52%	-9%	-15%	33%	50%	181%	100%				100%	-2%	-23%	-30%
Enfield	The Bounces Road Surgery	ENFIELD UNITY PCN	-24%	63%	-2%	24%	13%	11%	5%	25%					100%	7%	-33%	114%	2%	-17%	-26%
Enfield	Abernethy House Surgery	WEST ENFIELD COLLABORATIVE PCN	-3%	3%	-4%	0%	-15%	-5%	-2%	-19%	-29%	19%	-81%	-15%	-31%	-2%	15%	-32%	7%	-26%	-32%
Enfield	Town Surgery	WEST ENFIELD COLLABORATIVE PCN	-26%	16%	-1%	-15%	-26%	-25%	47%	-44%	-33%	-38%	-70%	-58%	0%	-75%	500%	-75%	-19%	-3%	-39%
Enfield	Winchmore Hill Practice	WEST ENFIELD COLLABORATIVE PCN	-22%	9%	-10%	-14%	-14%	5%	-23%	-10%	-9%	30%	-72%	18%	-38%	61%	-41%	0%	-1%	-22%	-32%
Haringey	Crouch Hall Road Surgery	HARINGEY - CROUCH END PCN	-30%	18%	-1%	-17%	-31%	-58%	210%	-71%	183%	-53%	82%	33%			-100%		25%	-19%	-29%
Haringey	Queenswood Medical Practice	HARINGEY - CROUCH END PCN	-24%	15%	1%	-13%	-8%	6%	19%	-2%	-4%	28%	-90%	22%		0%	0%		-12%	-30%	-34%
Haringey	The 157 Medical Practice	HARINGEY - CROUCH END PCN	-31%	-10%	44%	-38%	-5%	-35%	-8%	-38%	-37%	50%	-100%	-5%	0%	500%	-50%	500%	22%	-32%	-20%
Haringey	Bridge House Medical Practice	HARINGEY - EAST CENTRAL PCN	-32%	144%	-42%	65%	-30%	14%	25%	-20%	60%	-13%	-100%	-33%	-100%		-67%	50%	4%	1%	-32%
Haringey	Hornsey Park Surgery	HARINGEY - EAST CENTRAL PCN	-15%	54%	-29%	31%	-60%	67%	35%	-33%	-7%	11%	-11%	40%	0%	-50%	200%	-50%	0%	-16%	-18%
Haringey	Staunton Group Practice	HARINGEY - EAST CENTRAL PCN	-15%	-6%	41%	-20%	-2%	26%	4%	24%	-52%	0%	-78%	3%	0%	400%	60%	400%	-14%	-22%	-22%
Haringey	The Old Surgery	HARINGEY - EAST CENTRAL PCN	-23%	40%	0%	7%	-17%	60%	-19%	33%	53%	52%	-69%	-52%					19%	-20%	-27%
Haringey	West Green Road Surgery	HARINGEY - EAST CENTRAL PCN	-25%	18%	2%	-11%	-27%	24%	34%	-10%			292%	133%	-50%	800%	-22%	350%	7%	-12%	-32%
Haringey	Grove Road Surgery	HARINGEY - N15/SOUTH EAST PCN	-24%	57%	14%	20%	38%	36%	-7%	88%	-21%	-27%	-64%		-50%	-67%		-83%	17%	-34%	-22%
Haringey	Havergal Surgery	HARINGEY - N15/SOUTH EAST PCN	-22%	-5%	-9%	-26%	33%	-13%	43%	17%	111%	-37%	-100%	-43%	-83%	50%		-75%	21%	-23%	-24%
Haringey	JS Medical Practice	HARINGEY - N15/SOUTH EAST PCN	-50%	53%	5%	-24%	-23%	10%	26%	-15%				33%	-20%	138%	-100%	90%	-3%	-12%	-24%
Haringey	Spur Road Surgery	HARINGEY - N15/SOUTH EAST PCN									-38%	20%	700%								
Haringey	St Ann's Road Surgery	HARINGEY - N15/SOUTH EAST PCN	-60%	91%	-21%	-24%	-14%	22%	-20%	5%	-100%			-25%	50%	400%	-40%	650%	7%	-18%	-19%
Haringey	Arcadian Gardens Surgery	HARINGEY - NORTH CENTRAL PCN	-26%	50%	-1%	10%	0%	21%	-35%	21%	-27%	67%	-69%	-100%	100%	-50%	-67%	0%	-2%	-22%	-8%
Haringey	Bounds Green Group Practice	HARINGEY - NORTH CENTRAL PCN	-37%	30%	7%	-18%	-40%	43%	-1%	-14%	38%	-32%	48%	21%	-28%	54%	-70%	11%	-2%	-20%	-37%
Haringey	Cheshire Road Surgery	HARINGEY - NORTH CENTRAL PCN	-27%	54%	-8%	13%	-27%	50%	-18%	10%	0%	0%	176%	-6%		200%	-17%		0%	-19%	-37%
Haringey	Stuart Crescent Health Centre	HARINGEY - NORTH CENTRAL PCN	-36%	39%	21%	-10%	-50%	73%	16%	-14%		-100%		0%	-100%		-50%	33%	-18%	4%	-24%
Haringey	Stuart Crescent Medical Practice	HARINGEY - NORTH CENTRAL PCN	7%	22%	-3%	31%	133%	157%	-67%	500%	-100%		2220%						32%	-5%	-30%
Haringey	The Alexandra Surgery	HARINGEY - NORTH CENTRAL PCN	-21%	56%	-19%	23%	-14%	24%	19%	7%	-38%	50%	15%	-78%		-11%	-100%		33%	-44%	-23%
Haringey	Bruce Grove Primary Health Care Centre	HARINGEY - NORTH EAST PCN	-33%	131%	-47%	54%	-45%	133%	-21%	27%	20%	33%	-56%	0%		-100%			12%	-14%	-26%
Haringey	Charlton House Medical Centre	HARINGEY - NORTH EAST PCN	-29%	63%	-10%	15%	-9%	-67%	371%	-70%	-23%	70%	29%	-6%		-100%			9%	-20%	-36%
Haringey	Morris House Group Practice	HARINGEY - NORTH EAST PCN	-33%	47%	10%	-1%	-2%	46%	5%	43%	100%	25%	349%	60%	50%	-28%	0%	8%	9%	-13%	-30%
Haringey	Somerset Gardens Family Health Centre	HARINGEY - NORTH EAST PCN	-43%	45%	21%	-17%	-22%	43%	2%	11%	-21%	-26%	68%	31%	-100%		-100%	0%	10%	-21%	-20%
Haringey	Westbury Medical Centre	HARINGEY - NORTH EAST PCN	-2%	22%	-1%	20%	12%	2%	10%	14%				150%	-50%	250%	-71%	75%	-6%	-15%	-35%
Haringey	Christchurch Hall Surgery	HARINGEY - NORTH WEST PCN	-28%	29%	17%	-7%	10%	155%	-68%	180%	13%	-23%	93%	100%					20%	-43%	0%
Haringey	Highgate Group Practice	HARINGEY - NORTH WEST PCN	-27%	17%	2%	-14%	-48%	23%	-5%	-36%	-12%	76%	-74%	-41%	39%	-19%	0%	13%	0%	-28%	-26%
Haringey	Queens Avenue Practice	HARINGEY - NORTH WEST PCN									100%	50%	-100%		33%	75%		133%	17%	-11%	
Haringey	The Muswell Hill Practice	HARINGEY - NORTH WEST PCN	-27%	19%	18%	-13%	-40%	0%	64%	-40%	229%	-57%	-66%	55%	5%	13%	-23%	19%	1%	-24%	-39%
Haringey	The Vale Practice	HARINGEY - NORTH WEST PCN	-33%	42%	-4%	-4%	-34%	4%	-2%	-32%	-21%	5%	-100%	4%		-100%			4%	-32%	-22%
Haringey	Dowsett Road Surgery	HARINGEY - WELBOURNE PCN	-34%	119%	-23%	45%	57%	55%	82%	143%	-75%	-100%		200%					3%	-25%	-21%
Haringey	Fernlea Surgery	HARINGEY - WELBOURNE PCN	-16%	22%	14%	2%	-14%	6%	3%	-8%	50%	100%	-40%	43%	-100%		-100%	-100%	-31%	-1%	-13%
Haringey	Lawrence House Surgery	HARINGEY - WELBOURNE PCN	-36%	10%	26%	-29%	-14%	8%	2%	-7%	-50%	600%	99%	-18%	-24%	56%	-50%	19%	24%	-20%	-29%
Haringey	Rutland House Surgery	HARINGEY - WELBOURNE PCN	-34%	18%	9%	-22%	-28%	-3%	26%	-30%	-48%	27%	-100%	-13%	-91%	700%	-13%	-27%	10%	-26%	-36%
Haringey	Tottenham Hale Medical Practice	HARINGEY - WELBOURNE PCN	-60%	5%	103%	-58%	-18%	56%	-36%	27%	200%	-33%	159%	-100%					30%	-18%	-25%
Haringey	Tottenham Health Centre	HARINGEY - WELBOURNE PCN	-30%	21%	5%	-16%	-47%	0%	0%	-47%	56%	-86%	143%	200%	-100%			-100%	4%	-28%	-3%
Haringey	Tynemouth Medical Practice	HARINGEY - WELBOURNE PCN	2%	-3%	23%	-1%	27%	-18%	74%	5%	0%	4%	-81%	250%	-100%		-20%	400%	-5%	-4%	-29%
Islington	Highbury Grange Medical Practice	CENTRAL 1 ISLINGTON PCN	-32%	6%	15%	-28%	-43%	48%	6%	-16%	-33%	50%	89%	0%		-50%			20%	-24%	-23%
Islington	Islington Central Medical Centre	CENTRAL 1 ISLINGTON PCN	-33%	39%	-12%	-7%	-16%	-17%	36%	-30%	160%	-23%	651%	100%	-43%	-50%	200%	-71%	9%	-20%	-34%
Islington	Mildmay Medical Practice	CENTRAL 1 ISLINGTON PCN	-26%	31%	-5%	-4%	14%	-4%	-22%	10%	-32%	-38%	-46%	-58%	-44%	133%	-100%	31%	-6%	-26%	-31%
Islington	Roman Way Medical Centre	CENTRAL 1 ISLINGTON PCN	-15%	13%	6%	-4%	19%	-48%	69%	-38%			273%		-20%	-25%		-40%	22%	-11%	1%
Islington	Sobell Medical Centre	CENTRAL 1 ISLINGTON PCN	-25%	36%	24%	2%	-29%	100%	-15%	43%	-50%	50%	-84%	-25%					40%	-44%	-32%
Islington	The Medical Centre	CENTRAL 1 ISLINGTON PCN	-34%	36%	-7%	-10%	-4%	39%	-28%	33%	-87%	300%	-50%	-47%	-78%	250%	-71%	-22%			
Islington	The Mitchison Road Surgery	CENTRAL 1 ISLINGTON PCN	-30%	36%	19%	-5%	-38%	50%	-11%	-7%	-36%	-25%	119%	-52%	-100%		-100%	-50%	-9%	-5%	-39%
Islington	Elizabeth Avenue Group Practice	CENTRAL 2 ISLINGTON PCN	-38%	41%	-24%	-13%	-8%	54%	-56%	43%		-50%	3935%		-22%	2%	-61%	-21%	-3%	-19%	-29%
Islington	New North Health Centre	CENTRAL 2 ISLINGTON PCN	-15%	45%	-13%	23%	50%	33%	0%	100%					-100%			-100%	-6%	-28%	-8%
Islington	River Place Health Centre	CENTRAL 2 ISLINGTON PCN	-41%	17%	13%	-31%	3%	9%	-5%	12%	24%	0%	-19%	24%			100%		30%	-38%	-27%
Islington	St Peters Street Medical Practice	CENTRAL 2 ISLINGTON PCN	-33%	-1%	22%	-34%	390%	-27%	28%	260%	-24%	87%	-87%	41%	-55%	-40%	0%	-73%	-6%	0%	-30%
Islington	The Miller Practice	CENTRAL 2 ISLINGTON PCN	-21%	4%	-7%	-18%	-14%	-3%	14%	-16%	133%	-10%	-5%	111%	-25%	-100%		-100%	1%	-19%	-27%
Islington	Partnership Primary Care Centre	NORTH 1 PCN	-31%	27%	-5%	-12%	14%	25%	-17%	43%	-25%	50%	-83%	13%	-50%	100%		0%	-1%	-21%	-17%
Islington	St Johns Way Medical Centre	NORTH 1 PCN	-31%	18%	30%	-19%	-24%	28%	17%	-3%	-18%	12%	-38%	-8%	50%	17%	-14%	75%	7%	-24%	-23%
Islington	The Goodinge Group Practice	NORTH 1 PCN	-32%	-2%	26%	-33%	-22%	4%	29%	-19%	-23%	-10%	-43%	-31%	9%	50%	-56%	64%	22%	-29%	-25%
Islington	The Northern Medical Centre	NORTH 1 PCN	-32%	135%	-38%	61%	-48%	0%	81%	-48%	67%	0%	434%	67%		-100%			15%	-25%	-17%
Islington	The Village Practice	NORTH 1 PCN	-35%	26%	-5%	-18%	-55%	90%	-23%	-15%	0%	0%	2%	0%	-60%	0%	50%	-60%	10%	-24%	-35%
Islington	Andover Medical Centre	NORTH 2 PCN	-35%	6%	15%	-31%	-17%	0%	-20%	-17%	0%	33%	40%	33%					9%	-2%	-38%
Islington	Archway Medical Practice	NORTH 2 PCN	-19%	8%	23%	-12%	-8%	6%	14%	-3%	150%	-80%	866%	-50%	0%	17%	43%	17%	3%	-7%	-29%
Islington	Hanley Primary Care Centre	NORTH 2 PCN	-24%	13%	0%	-14%	-17%	-8%	35%	-23%	-63%	8%	-27%	-60%		-100%			10%	-26%	-31%
Islington	Stroud Green Medical Practice	NORTH 2 PCN	-34%	3%	24%	-33%	-9%	24%	42%	13%	-52%	127%	-20%	9%					1%	1%	-26%
Islington	The Beaumont Practice	NORTH 2 PCN	-49%	66%	-5%	-16%	-75%	0%	100%	-75%	-50%	-100%		-100%	-100%			-100%	8%	-16%	-43%
Islington	The Junction Medical Practice	NORTH 2 PCN	-14%	-23%	15%	-34%	15%	-13%	8%	0%	-43%	-75%	112%	-86%			-100%		1%	-20%	-33%
Islington	The Rise Group Practice	NORTH 2 PCN	-32%	46%	10%	-1%	-40%	0%	33%	-40%	-71%	100%	27%	-43%					23%	-24%	-34%
Islington	Amwell Group Practice	SOUTH ISLINGTON PCN	-37%	25%	18%	-22%	-26%	-17%	28%	-38%	-39%	-4%	-39%	-41%	75%	57%	45%	175%	-1%	-14%	-12%
Islington	Barnsbury Medical Centre	SOUTH ISLINGTON PCN	87%	-6%	35%	77%	-35%	0%	47%	-35%	-7%	77%	-83%	64%		0%	-100%		-25%	11%	-3%
Islington	City Road Medical Centre	SOUTH ISLINGTON PCN	-52%	67%	3%	-20%	-47%	-70%	357%	-84%	-78%	250%	39%	-22%	50%	0%	133%	50%	-18%	-2%	-23%
Islington	Clerkenwell Medical Practice	SOUTH ISLINGTON PCN	-35%	46%	10%	-5%	9%	-31%	76%	-24%	0%	0%	-59%	0%	-27%	73%	0%	27%	-14%	1%	-24%
Islington	Killick Street Health Centre	SOUTH ISLINGTON PCN	-28%	41%	23%	1%	-26%	0%	40%	-26%	31%	47%	-42%	92%			133%		20%	-15%	-31%
Islington	Pine Street Medical Centre	SOUTH ISLINGTON PCN	-43%	17%	71%	-33%	-54%	0%	0%	-54%	-100%			-100%	-45%	64%		-10%	-21%	20%	-33%
Islington	Ritchie Street Group Practice	SOUTH ISLINGTON PCN	-35%	34%	39%	-13%	-29%	16%	14%	-18%	14%	-25%	204%	-14%	-50%	-50%	150%	-75%	-12%	-3%	-28%

t: 3 Month Change - February/April	A&E VB11Z: Month on Month Change - Jan/Feb	A&E VB11Z: Month on Month Change - Feb/Mar	A&E VB11Z: Month on Month Change - Mar/Apr	A&E VB11Z: 3 Month Change - February/April	Emergency Admissions: Month on Month Change - Jan/Feb	Emergency Admissions: Month on Month Change - Feb/Mar	Emergency Admissions: Month on Month Change - Mar/Apr	Emergency Admissions: 3 Month Change - February/April	Appointments: Face to Face Month on Month Change - Jan/Feb	Appointments: Face to Face Month on Month Change - Feb/March	Appointments: Face to Face Month on Month Change - Mar/Apr	Appointments: 3 Month Change - February/April	Appointments: Telephone Month on Month Change - Jan/Feb	Appointments: Telephone Month on Month Change - Feb/Mar	Appointments: Telephone Month on Month Change - Mar/Apr	Appointments: 3 Month Change - February/April	Appointments: Total Appointments Month on Month Change - Jan/Feb	Appointments: Total Appointments Month on Month Change - Feb/Mar	Appointments: Total Appointments Month on Month Change - Mar/Apr	Appointments: 3 Month Change - February/April	eConsult: Month on Month Change - Jan/Feb	eConsult: Month on Month Change - Feb/Mar	eConsult: Month on Month Change - Mar/Apr	eConsult: 3 Month Change - February/April
-26%	-8%	-39%	12%	-44%	-16%	-19%	-17%	-31%	-17%	24%	-31%	-14%	2%	9%	-20%	-13%	-2%	-20%	15%	-8%				
-11%	96%	-21%	8%	55%	-3%	-31%	31%	-33%	-2%	33%	-32%	-10%	-13%	31%	-28%	-6%	5%	-13%	4%	-10%	-8%	12%	-26%	3%
-14%	3%	-12%	-20%	-9%	-11%	6%	23%	-5%	7%	5%	-24%	-19%	13%	25%	-5%	18%	-1%	-13%	7%	-6%	-23%	-17%	-19%	-36%
-19%	46%	-40%	-42%	-13%	55%	6%	-16%	64%	-10%	22%	-25%	-9%	-18%	21%	-22%	-6%	-7%	-12%	1%	-11%			-20%	
-10%	14%	-33%	-27%	-23%	-18%	-14%	14%	-29%	-4%	5%	-23%	-19%	-2%	24%	-30%	-13%	1%	-11%	6%	-6%			-100%	
-4%	44%	-26%	3%	7%	0%	-17%	-40%	-17%	-19%	24%	-32%	-15%	-17%	31%	-15%	11%	-3%	-26%	13%	-16%	3%	-7%	17%	-4%
-28%	29%	-39%	-55%	-22%	-6%	-7%	-17%	-13%	-7%	28%	-37%	-19%	0%	15%	-24%	-13%	7%	-13%	-2%	-14%	-23%	40%	-18%	8%
-19%	-7%	-21%	-44%	-26%	13%	-5%	-15%	7%	-17%	27%	-26%	-6%	-6%	9%	-20%	-13%	-8%	-17%	14%	-5%	-35%	7%	-3%	-31%
-17%	28%	-35%	-37%	-17%	-14%	-30%	0%	-40%	-13%	13%	-22%	-12%	-13%	20%	-27%	-13%	-18%	-12%	9%	-3%	-43%	5%	-28%	-40%
-11%	-9%	-11%	-47%	-19%	8%	-14%	-39%	-8%	-8%	4%	-14%	-10%	1%	-9%	-9%	-17%	1%	-6%	10%	3%			-12%	
-16%	31%	-27%	-52%	-4%	0%	-11%	-6%	-11%	-13%	34%	-25%	1%	-9%	11%	-20%	-11%	12%	-10%	30%	17%				
-25%	10%	-27%	8%	-20%	-7%	3%	93%	-5%	-13%	12%	-34%	-26%	-6%	4%	-28%	-24%	-8%	-25%	24%	-6%			48%	
-10%	-2%	-20%	-26%	-21%	-17%	-6%	0%	-21%	-9%	-6%	-36%	-40%	1%	27%	-32%	-13%	7%	-16%	16%	-3%	-10%	20%	-15%	8%
-26%	1%	-32%	-36%	-31%	20%	-10%	-20%	8%	-11%	15%	-20%	-8%	-22%	17%	-9%	7%	32%	14%	3%	17%	-1%	9%	-8%	8%
			-40%				7%		13%	-7%	-20%	-25%	-11%	25%	-20%	1%							-6%	
-12%	8%	-23%	-53%	-17%	19%	0%	-32%	19%	-3%	13%	-35%	-27%	1%	4%	-24%	-21%	6%	-21%	11%	-13%	-33%	-50%	-67%	-67%
-18%	17%	-29%	-34%	-17%	-12%	-11%	-47%	-22%	-13%	20%	-26%	-11%	-25%	13%	-34%	-25%	-7%	-13%	2%	-12%	-26%	10%	26%	-18%
-23%	8%	-38%	-36%	-34%	-24%	6%	0%	-19%	-3%	10%	-26%	-19%	3%	10%	-28%	-20%	2%	-15%	10%	-7%				
	17%	-39%	-43%	-28%	-5%	15%	-18%	10%	5%	-1%	-23%	-24%	-13%	14%	113%	143%	-11%	-9%	6%	-3%	-15%	39%	-20%	18%
0%	36%	-22%	-39%	5%	-2%	-25%	-36%	-27%	-11%	13%	-29%	-20%	-11%	13%	-20%	-10%	13%	-17%	19%	-1%				
-7%	44%	-35%	-100%	-6%	-21%	23%	-30%	-4%	5%	11%	-26%	-18%	4%	-13%	-3%	-15%	14%	-17%	1%	-16%	4%	34%	-10%	39%
-10%	3%	-34%	-10%	-32%	-20%	46%	-37%	18%	-4%	18%	-23%	-9%	10%	4%	-60%	-58%	9%	-19%	16%	-7%	-17%	4%	-14%	-14%
-25%	-4%	-35%	-28%	-38%	19%	-20%	-30%	-5%	-8%	13%	-27%	-18%	7%	-5%	-21%	-25%	3%	-10%	4%	-7%	-25%	6%	-9%	-20%
-10%	-8%	-8%	-64%	-15%	25%	-20%	-4%	0%	-2%	51%	-41%	-11%	-4%	23%	-20%	-2%	-38%	44%	-4%	39%	-8%	79%	-32%	64%
-21%	5%	3%		9%	-38%	-47%		-67%									9%	-25%	28%	-4%	-22%	-100%		-100%
-18%	7%	-32%	-26%	-27%	-19%	-17%	-4%	-33%	-7%	11%	-31%	-23%	-7%	3%	-27%	-25%	10%	-15%	1%	-15%	-20%	29%		3%
-14%	6%	-26%	-32%	-21%	-11%	-10%	4%	-19%	4%	8%	-27%	-22%	-3%	2%	-16%	-15%	2%	-19%	23%	0%			-17%	
-9%	54%	-32%	-29%	6%	17%	-7%		9%	-9%	12%	-30%	-22%	-10%	7%	-31%	-26%	8%	-22%	13%	-12%	-16%	22%	-13%	3%
-22%	33%	-34%	-43%	-12%	0%	-20%	41%	-20%	-12%	25%	-31%	-14%	-10%	13%	-18%	-8%	5%	-16%	5%	-12%				
-15%	10%	-15%	-48%	-6%	0%	-9%	27%	-9%	-5%	0%	-12%	-12%	-5%	11%	-18%	-9%	7%	-19%	4%	-16%	-56%	58%	-15%	-30%
-23%	6%	-31%	-24%	-27%	5%	-15%	-28%	-11%	-2%	19%	-30%	-17%	-14%	20%	-15%	3%	7%	-13%	17%	2%				
-23%	-27%	4%	-44%	-23%	-33%	9%	-3%	-27%	-5%	11%	-33%	-25%	34%	13%	-59%	-54%	-7%	-29%	22%	-13%				
-19%	1%	-30%	-24%	-29%	4%	-17%	-6%	-14%	-14%	15%	-22%	-10%	4%	16%	-26%	-14%	15%	-18%	18%	-3%	-27%	15%	19%	-17%
-16%	15%	-30%	-12%	-19%	-13%	-20%	30%	-30%	-9%	-5%	-10%	-14%	-10%	-17%	-16%	-31%	-12%	-22%	11%	-14%			-12%	
-23%	8%	-44%	-5%	-40%	29%	5%	-30%	35%																
-20%	3%	-34%	-34%	-32%	-8%	0%	-31%	-8%	-3%	-7%	-21%	-27%	8%	7%	-36%	-32%	-65%	110%	10%	131%				
-13%	42%	-41%	-21%	-16%	-11%	19%	-11%	6%	-3%	9%	-32%	-26%	-16%	6%	-18%	-13%	5%	4%	-1%	3%	-8%	-12%		-19%
-14%	10%	-36%	-18%	-29%	31%	-21%	-21%	4%	-14%	21%	-30%	-15%	64%	-36%	-83%	-89%	-11%	-3%	11%	8%	42%	23%		75%
-8%	-32%	3%	-15%	-30%	0%	0%	-11%	0%	-15%	19%	-29%	-15%	-29%	48%	-41%	-12%	5%	-16%	14%	-4%				
-13%	3%	-34%	-13%	-32%	-4%	40%	-3%	33%	-3%	26%	-31%	-14%	-7%	-4%	-35%	-38%	-8%	-28%	25%	-10%				
32%	56%	-29%	-60%	11%	20%	100%	-33%	140%	57%	28%	-61%	-50%	-26%	7%	-40%	-36%	-23%	-21%	21%	-5%				
-26%	8%	-44%	-20%	-40%	-32%	17%	-27%	-20%	-16%	27%	-18%	4%	7%	2%	-29%	-28%	0%	-16%	7%	-10%				
-19%	-9%	-31%	-41%	-37%	23%	11%	-33%	36%	-8%	17%	-37%	-26%	-19%	22%	-46%	-34%	20%	-3%	5%	1%				
-29%	1%	-49%	-45%	-48%	6%	-19%	7%	-15%	7%	2%	-31%	-29%	-3%	18%	-25%	-11%	2%	-18%	10%	-10%	-21%	37%	-20%	8%
-17%	30%	-31%	-9%	-10%	53%	-15%	24%	29%	6%	10%	-21%	-13%	1%	12%	-40%	-33%	3%	0%	-8%	-8%				
-18%	-23%	-28%	-15%	-45%	92%	-13%	-50%	67%	0%	12%	-21%	-12%	-12%	11%	-3%	8%	-1%	-15%	14%	-2%	-19%	23%	-23%	0%
-28%	-2%	-34%	-21%	-36%	5%	-33%	-28%	-30%	0%	4%	-23%	-20%	-9%	12%	-18%	-8%	-27%	-14%	17%	1%				
-26%	-6%	-9%	-20%	-14%	-18%	7%	-75%	-12%	-19%	17%	-11%	4%	-11%	18%	-34%	-22%	2%	-19%	10%	-10%	-31%	84%	-26%	27%
-17%	6%	-37%	-12%	-33%	8%	-19%	0%	-13%	3%	19%	-35%	-23%	-3%	18%	-40%	-29%	12%	-12%	5%	-8%	-3%	-7%	7%	-10%
0%	30%	-44%	-24%	-27%	-7%	-24%	-29%	-30%	13%	8%	-33%	-28%	-7%	22%	-33%	-19%	-7%	-9%	-7%	-15%	-18%	24%	-1%	2%
			-62%				-32%			28%	-42%	-25%		17%	-13%	1%		-100%		-100%	-5%	31%	-27%	24%
-18%	12%	-16%	19%	-6%	-21%	-13%	0%	-31%	-8%	31%	-36%	-16%					-2%	-21%	12%	-12%				
-6%	19%	3%	-47%	22%	-19%	21%	-9%	-3%	-2%	27%	-32%	-13%	12%	34%	-25%	1%	-5%	-23%	15%	-11%	0%	-100%		-100%
-32%	3%	-48%	-26%	-46%	-7%	16%	-29%	7%	-4%	20%	-26%	-11%	-10%	2%	-15%	-14%	4%	-13%	10%	-4%				
-3%	5%	0%	9%	5%	13%	-7%	9%	5%	-1%	-2%	-28%	-29%	-7%	9%	-29%	-23%	2%	-16%	3%	-14%	81%	42%		157%
-13%	5%	-8%	-23%	-3%	39%	-36%	-24%	-11%	-17%	-1%	-17%	-18%	0%	20%	-23%	-7%	-4%	-16%	17%	-1%	1%	-100%		-100%
-15%	-7%	-27%	-23%	-32%	10%	-13%	-35%	-5%	22%	-1%	-35%	-36%	-10%	30%	-22%	1%	13%	-19%	13%	-8%				
0%	-8%	43%	-34%	33%	170%	-59%	22%	10%	-3%	10%	-20%	-12%					-9%	-23%	27%	-2%				
-4%	-6%	-7%	-16%	-12%	19%	-11%	37%	6%	-7%	13%	-19%	-8%	-18%	9%	-24%	-17%	6%	-27%	21%	-12%				
-32%	-14%	-26%	-30%	-36%	-17%	0%	25%	-17%	-10%	43%	-15%	21%	-22%	-1%	3%	2%	-2%	-7%	10%	3%	-45%	-22%	0%	-57%
-5%	10%	-14%	-16%	-6%	4%	42%	-38%	48%	-5%	16%	-28%	-16%	-8%	18%	-27%	-14%	-1%	-19%	9%	-11%	9%	25%	0%	36%
-49%	4%	-62%	-10%	-60%	-13%	-8%	-17%	-20%	-12%	-12%	-14%	-25%	17%	9%	-15%	-7%	-5%	-13%	18%	2%	4%	2%	0%	6%
-1%	46%	-30%	-6%	3%	7%	-2%	133%	5%	7%	-37%	-27%	-54%	1%	14%	-31%	-22%	-2%	-20%	14%	-9%	-18%	29%	0%	5%
-19%	12%	-44%	-26%	-37%	30%	-35%	-22%	-15%	-16%	-9%	-24%	-31%	1%	33%	-21%	6%	31%	-22%	38%	8%			0%	
-17%	21%	-33%	-41%	-20%	-2%	6%	-33%	4%	-7%	1%	-24%	-24%	1%	37%	-31%	-5%	8%	-10%	9%	-3%	-1%	23%	0%	22%
-22%	19%	-22%	-20%	-7%	20%	-24%	-10%	-9%	-2%	22%	-26%	-10%	25%	39%	-37%	-12%	13%	-21%	5%	-18%	0%	23%	0%	24%
-21%	39%	-26%	-7%	3%	29%	-7%	-41%	21%	-5%	22%	-19%	-1%	-6%	21%	-30%	-16%	-10%	-18%	21%	0%	-12%	40%	0%	23%
			-28%				-24%		-4%	13%	-23%	-13%	-1%	20%	-37%	-25%							0%	
-23%	3%	-39%	-37%	-38%	41%	-32%	-14%	-4%	-26%	11%	-25%	-17%	-4%	22%	-39%	-26%	-3%	-17%	12%	-7%	-6%	13%	0%	6%
-5%	89%	-22%	-35%	48%	-3%	-13%	-15%	-15%	15%	33%	-53%	-38%	-6%	33%	-42%	-22%	-13%	-15%	8%	-8%	-15%	16%	0%	-2%
-18%	-7%	-27%	-33%	-33%	-3%	-26%	7%	-28%	-8%	6%	-20%	-15%	-8%	20%	-31%	-17%	-11%	-17%	14%	-5%				
-6%	68%	-12%	-20%	48%	-5%	22%	-36%	16%	0%	15%	-31%	-20%	-5%	-4%	-16%	-20%	-18%	-24%	27%	-3%	0%	-44%	0%	-44%
-10%	83%	-12%	-33%	61%	22%	0%	-1%	22%	2%	29%	-23%	-1%	5%	0%	-34%	-34%	-6%	-17%	2%	-15%			0%	
-8%	-34%	26%	-28%	-17%	18%	-15%	-26%	0%	-2%	16%	-30%	-19%	7%	52%	-28%	10%	-11%	-10%	5%	-6%			0%	
-17%	29%	-14%	-5%	11%	17%	7%	-39%	26%	0%	18%	-22%	-8%	-15%	20%	-18%	-2%	-4%	-19%	14%	-8%	-5%	9%		3%
-17%	28%	-29%	19%	-9%	18%	-23%	10%	-9%	-4%	18%	-29%	-16%		10%	-22%	-14%	13%	-10%	19%	7%	-26%	12%	0%	-17%
-35%	-22%	-14%	-24%	-33%	-67%	100%	-17%	-33%	-4%	24%	-25%	-8%	-6%	18%	-26%	-13%	-11%	-27%	22%	-11%	-100%			100%
-21%	-24%	-5%	-2%	-28%	-15%	-47%	-20%	-55%	-14%	13%	-28%	-19%	-30%	20%	-32%	-18%	28%	-31%	33%	-9%	-18%	62%	0%	32%
-2%	0%	-21%	-13%	-21%	-22%	24%	9%	-4%	7%	20%	-30%	-16%	-1%	12%	-21%	-11%	-2%	-7%	-4%	-10%	-100%			-100%
-4%	-25%	-4%	-27%	-28%	-18%	78%	25%	45%	-1%	21%	-43%	-31%	-28%	-2%	6%	3%	0%	-12%	13%	-1%	12%	-7%		4%
-22%	-10%	-21%	-17%	-29%	28%	-7%	-4%	19%	-9%	22%	-21%	-4%	-6%	15%	-27%	-16%	-2%	-12%	14%	0%	-13%	12%	0%	-2%
-19%	-29%	-18%	-4%	-41%	30%	-42%	-20%	-25%	-6%	18%	-32%	-19%	-27%	11%	-23%	-15%	-6%	-13%	19%	3%	-19%	22%	0%	-1%
-6%	12%	-18%	-31%	-8%	42%	-26%	-31%	5%	-25%	17%	-11%	5%	11%	26%	-31%	-13%	-3%	-1%	2%	1%	24%	-15%	-16%	6%
-10%	9%	-51%	4%	-46%	-5%	-10%	0%	-14%	-5%	3%	-30%	-28%	20%	-21%	-14%	-32%	-10%	-7%	12%	4%	-39%	82%	-37%	12%
-16%	4%	-8%	-33%	-4%	23%	-25%	-36%	-8%	-19%	32%	-33%	-11%	-8%	85%	-43%	6%	2%	-14%	10%	-5%	-18%	20%		-2%
-21%	-9%	-22%	-42%	-29%	-16%	14%	-8%	-4%	-33%	20%	-40%	-28%	31%	-27%	-3%	-29%	-5%	-21%	5%	-17%	-16%	5%		-11%
-14%	-5%	-33%	-16%	-37%	29%	17%	-33%	50%	-6%	11%	-8%	2%	-14%	11%	-2%	9%	-14%	-15%	15%	-2%	15%	-13%	-31%	0%
-25%	-5%	-32%	13%	-36%	19%	16%	-41%	38%	7%	7%	-10%	-3%	-14%	31%	-27%	-4%	3%	-10%	-1%	-11%	-75%	400%	-40%	25%
-22%	-15%	-10%	-35%	-23%	22%	-29%	-15%	-13%	-19%	29%	-5%	22%	-23%	57%	-29%	11%	-100%		-5%					
-4%	36%	-14%	-24%	17%	14%	-15%	-29%	-3%	20%	11%	-43%	-37%	-6%	-1%	-19%	-21%	6%	-15%	20%	2%	-4%	19%		15%
-15%	21%	-39%	-21%	-26%	-15%	-7%	-31%	-20%	-1%	6%	-29%	-25%	-6%	-6%	-18%	-23%	15%	-19%	17%	-6%	11%	5%	8%	16%
-20%	6%	-28%	-16%	-24%	-23%	8%	0%	-16%	8%	13%	-26%	-16%	-19%	16%	-43%	-34%	-6%	-14%	1%	-14%	-27%	58%	-33%	16%
-23%	-2%	-39%	-20%	-40%	-32%	20%	-40%	-18%	2%	20%	-37%	-24%	13%	-8%	41%	30%	-2%	-23%	23%	-6%			0%	
-12%	16%	-33%	-35%	-22%	22%	-38%	-14%	-24%	-9%	7%	-17%	-11%	2%	17%	-26%	-13%	-3%	-31%	18%	-19%	-7%	12%	-15%	4%
-16%	11%	-42%	-15%	-36%	19%	1%	-15%	21%	5%	17%	-35%	-24%	-1%	16%	-32%	-21%	-5%	-15%	13%	-4%				
11%	46%	-35%	-26%	-4%	65%	3%	-21%	70%	-14%	21%	-11%	7%	-27%	58%	-5%	50%	0%	-18%	12%	-8%	-37%	40%	-8%	-12%
-18%	-13%	-28%	-28%	-37%	-34%	5%	-14%	-31%	-14%	22%	-31%	-16%	-13%	43%	-20%	14%	-5%	-9%	24%	13%	-26%	7%	-11%	-21%
-100%	133%	-100%	-44%	-100%	100%	-100%	-15%	-100%	-24%	20%	-10%	8%	-14%	9%	-18%	-11%							-9%	
-8%	8%	-21%	-11%	-14%	14%	20%	-13%	36%	-1%	20%	-30%	-16%	-10%	24%	-31%	-15%	-10%	-14%	0%	-14%	-4%	15%	-17%	10%
-22%	12%	-33%	-44%	-25%	-3%	17%	11%	14%	-8%	11%	-30%	-23%	4%	19%	-49%	-39%	4%	-24%	19%	-10%	-16%	22%	-19%	2%
-22%	27%	-46%	-11%	-32%	20%	-14%	30%	2%	-4%	23%	-20%	-2%	-2%	10%	-17%	-9%	-9%	-9%	7%	-2%	2%	14%	-29%	17%
-21%	-27%	-14%	-32%	-37%	13%	-44%	15%	-38%	-12%	22%	-33%	-19%	14%	-21%	53%	21%	-7%	-15%	20%	3%				
-22%	8%	-29%	-26%	-24%	15%	-28%	0%	-18%	-10%	4%	-20%	-17%	-16%	30%	-46%	-30%	0%	-24%	22%	-8%	-63%	121%		-17%
-21%	1%	-34%	-12%	-33%	10%	-16%	6%	-8%	-16%	43%	-5%	36%	-3%	1%	-11%	-11%	4%	-24%	20%	-9%				
-17%	11%	-37%	-32%	-30%	0%	-16%	17%	-16%	-5%	13%	-32%	-23%	-4%	5%	-29%	-25%	1%	-17%	8%	-10%	-17%	24%		4%
-12%	13%	-6%	-30%	6%	11%	10%	-26%	22%	-2%	16%	-26%	-14%	-8%	1%	-18%	-17%	16%	-18%	15%	-6%	-18%	27%		4%
-15%	17%	-25%	2%	-12%	-11%	-13%	-42%	-23%	-15%	17%	-27%	-15%	-23%	10%	-30%	-23%	6%	-20%	17%	-7%	0%	15%		15%
-14%	14%	-31%	-19%	-22%	8%	5%	6%	14%	-2%	24%	-29%	-12%	-12%	21%	-24%	-8%	-11%	-10%	11%	0%				
-24%	-3%	-32%	-8%	-34%	28%	-22%	-14%	0%	-3%	23%	-17%	2%	-14%	2%	-16%	-14%	-6%	-8%	1%	-7%				
-15%	-13%	-48%	6%	-55%	3%	10%	145%	13%	-14%	46%	-40%	-12%	3%	42%	-33%	-5%	-11%	-8%	15%	6%				
-20%	25%	-44%	-18%	-30%	-14%	-16%	-25%	-27%	-4%	-21%	-35%	-49%	-16%	23%	-17%	2%	-9%	-19%	11%	-10%	-26%	12%	-4%	-18%
-22%	-12%	-23%	-42%	-32%	-40%	17%	25%	-30%	-4%	18%	-26%	-13%	0%	82%	-61%	-30%	-6%	-15%	5%	-11%	-2%	-2%	4%	-4%
-24%	-3%	-28%	-34%	-30%	31%	-5%	-47%	24%	-12%	29%	-19%	4%	-31%	-19%	-32%	-45%	-12%	-16%	11%	-6%	-11%	21%	-11%	8%
2%	43%	-5%	-25%	37%	65%	-29%	-17%	16%	-14%	-5%	-5%	-10%	-16%	18%	67%	97%	0%	-13%	-5%	-17%				
-38%	-35%	-8%	-39%	-40%	-16%	-26%	6%	-38%	-1%	7%	-21%	-15%	-14%	13%	-29%	-20%	52%	-27%	10%	-20%	69%	-64%	-1%	-38%
-17%	100%	-33%	5%	33%	47%	-39%	32%	-11%	-8%	4%	-20%	-17%	-16%	20%	-17%	0%	8%	-19%	9%	-12%				
5%	94%	-18%	-32%	58%	62%	-35%	14%	5%	8%	-17%	-11%	-27%	2%	10%	-24%	-16%	9%	-24%	3%	-22%	-35%	61%	-8%	5%
-16%	27%	-4%	-1%	21%	-10%	5%	30%	-6%	-12%	17%	-26%	-13%					7%	-23%	20%	-8%	-14%	23%	-34%	5%
-33%	14%	-36%	-20%	-26%	3%	-17%	-22%	-14%	5%	9%	-24%	-17%	-4%	23%	-20%	-2%	5%	-11%	-6%	-16%				
-4%	44%	-46%	0%	-22%	17%	0%	-10%	17%	-1%	22%	-30%	-15%	-4%	28%	-53%	-40%	0%	-14%	17%	1%	-67%	300%	25%	33%
-6%	42%	-19%	-32%	15%	-13%	-7%	10%	-19%	-12%	22%	-23%	-7%					3%	-22%	8%	-16%				
-23%	22%	-36%	-29%	-22%	13%	-25%	-37%	-16%	-6%	8%	-30%	-24%	-39%	-5%	-56%	-58%	-1%	-22%	9%	-15%	-30%	7%	-15%	-25%
-6%	22%	-23%	18%	-6%	16%	-17%	-48%	-3%	-13%	8%	-19%	-13%	-23%	64%	-68%	-47%	-1%	-41%	53%	-10%	-29%	53%	-26%	10%
-15%	-4%	-25%	-15%	-27%	15%	0%	-33%	15%	-13%	7%	-21%	-15%	-3%	-3%	5%	1%	4%	-15%	9%	-7%	0%	22%	-9%	22%
							-26%																100%	
-12%	17%	-29%	3%	-17%	5%	-1%	-18%	3%	-10%	39%	-31%	-4%	-5%	6%	20%	27%	-11%	-8%	20%	11%				
-24%	-5%	-28%	14%	-31%	46%	-42%	9%	-15%	2%	13%	-7%	5%	-9%	14%	-10%	2%	14%	-16%	9%	-9%				
-21%	13%	-37%	-28%	-28%	3%	-19%	-29%	-17%	-7%	14%	-20%	-9%	-25%	1%	-12%	-11%	13%	-27%	12%	-17%	-54%	-62%	293%	-82%
-18%	20%	-18%	-38%	-2%	-10%	0%	-8%	-10%	0%	10%	-32%	-25%	-21%	-2%	-7%	-9%	-2%	-19%	6%	-14%	-17%	29%	-3%	7%
-14%	8%	-25%	-15%	-20%	-29%	-4%	-17%	-32%	-16%	14%	-13%	-1%	-16%	22%	-17%	1%	-2%	-18%	8%	-11%	12%	37%	2%	53%
26%	30%	7%	-34%	39%	-27%	-9%	0%	-33%	-10%	14%	-20%	-10%	-14%	23%	-17%	2%	-10%	-11%	17%	4%	-30%	7%	33%	-25%
-25%	141%	-46%	-23%	30%	21%	-17%	6%	0%	-7%	1%	-15%	-15%	-25%	26%	-20%	1%	2%	-6%	24%	16%	188%	26%	17%	263%
-3%	20%	-22%	-13%	-6%	20%	-26%	-39%	-11%	-17%	27%	10%	40%	-26%	23%	-14%	6%	1%	-29%	16%	-18%	11%	19%	-44%	32%
-12%	4%	-18%	-39%	-14%	2%	-7%	-17%	-5%													-34%	16%	-7%	-24%
-5%	-16%	-20%	-31%	-33%	23%	-22%	-49%	-4%	6%	18%	-30%	-17%	-6%	33%	-31%	-8%	3%	-13%	7%	-7%	-7%	26%	-13%	17%
-14%	9%	-24%	-2%	-17%	21%	-23%	0%	-6%	4%	8%	-34%	-29%	-4%	11%	-26%	-18%	21%	-26%	6%	-21%			-22%	
-20%	3%	-36%	-22%	-34%	7%	-11%	55%	-5%	-18%	7%	-11%	-6%	-10%	15%	-23%	-11%	-6%	-24%	28%	-2%	-24%	40%	-2%	7%
-32%	73%	-19%	33%	40%	0%	27%	-21%	27%	29%	-4%	-30%	-32%	-13%	19%	-17%	-1%	-1%	-11%	7%	-4%	-86%	0%	200%	-86%
-28%	3%	-40%	-29%	-38%	12%	-15%	-11%	-4%	0%	11%	-24%	-15%	-4%	25%	-26%	-7%	12%	-24%	20%	-9%				
4%	43%	-18%		18%	10%	0%		10%									14%	-15%	2%	-13%	-43%	22%		-31%
-23%	46%	-30%	-29%	2%	14%	-19%	-19%	-8%	-13%	17%	-19%	-4%	-8%	30%	-22%	2%	3%	-9%	3%	-6%				
-30%	60%	-46%	-13%	-13%	-24%	5%	-22%	-21%	-4%	18%	-12%	4%	-17%	5%	-14%	-9%	8%	-21%	9%	-14%				
-22%	-8%	-53%	32%	-56%	8%	12%	-62%	21%	8%	17%	-24%	-12%	0%	20%	-22%	-7%	150%	-66%	17%	-60%	16%	-9%	-45%	5%
-32%	-47%	0%	3%	-47%	-5%	-67%	-14%	-68%	-9%	33%	-26%	-2%	-18%	21%	-31%	-16%	16%	-22%	33%	4%	76%	-8%	-2%	62%
-2%	14%	-22%	-20%	-11%	55%	-26%	-29%	15%	-1%	13%	-29%	-20%	-7%	16%	-31%	-20%	13%	-7%	8%	0%			1%	
-18%	52%	-42%	-26%	-12%	-28%	21%		-13%	-6%	31%	-24%	0%	-10%	17%	-21%	-8%	12%	-15%	8%	-8%				
7%	73%	-8%	-42%	60%	73%	-26%	-17%	27%	38%	10%	-7%	3%	1%	6%	-24%	-19%	7%	-22%	2%	-21%	-24%	52%	-35%	15%
-26%	40%	-41%	2%	-17%	-3%	-43%	-21%	-45%	-11%	32%	31%	72%	16%	-10%	-62%	-65%	3%	-5%	-12%	-16%	-9%	24%	-35%	13%
-9%	-7%	-13%	-16%	-19%	-13%	26%	-14%	10%	3%	19%	-24%	-10%	-13%	-5%	-18%	-22%	-3%	-8%	17%	8%				
-8%	69%	-26%	-33%	26%	10%	-7%	27%	2%	-2%	2%	-41%	-40%	-16%	22%	-25%	-8%	-1%	-16%	7%	-10%			13%	
-13%	13%	-24%	-30%	-14%	-2%	-16%	-14%	-18%	-3%	1%	-17%	-16%	-8%	24%	-26%	-8%	-4%	-4%	25%	20%	1%	10%	-10%	11%
-31%	-8%	-39%	-36%	-44%	7%	-13%	-18%	-7%	-7%	10%	-17%	-9%	-11%	3%	-33%	-31%	0%	-12%	23%	9%	-35%	42%	7%	-7%
8%	19%	-4%	14%	14%	-39%	100%	19%	22%	1%	3%	-18%	-16%	-8%	13%	-22%	-12%	2%	-3%	-8%	-11%	-28%	21%	-7%	-14%
-21%	143%	-57%	0%	5%	-13%	19%	10%	4%	3%	19%	-31%	-18%	-10%	14%	-22%	-11%	3%	-15%	17%	-1%	18%	-38%	63%	-27%
	125%	-37%	-20%	42%	26%	-24%	44%	-4%	2%	11%	-21%	-12%	13%	17%	-24%	-11%	14%	-7%	2%	-5%	-17%	6%	-15%	-12%
-14%	0%	-14%	-24%	-14%	-49%	39%	-21%	-29%	8%	9%	-22%	-15%	-24%	8%	-18%	-11%	8%	-19%	32%	6%				
-21%	-2%	-14%	-14%	-16%	-7%	1%	24%	-6%	-13%	11%	-16%	-7%	-20%	2%	-20%	-19%	0%	3%	-3%	0%	15%	-10%	-11%	4%
-32%	16%	-53%	-83%	-46%	-13%	27%	50%	10%	65%	-31%	-33%	-53%	-10%	36%	-26%	0%	-13%	3%	6%	9%			50%	
-20%	107%	-24%	-13%	57%	18%	-38%	12%	-27%	-3%	15%	-25%	-14%	10%	-12%	-29%	-38%	2%	-16%	24%	4%	-14%	17%	-1%	0%
-6%	23%	-19%	-4%	0%	20%	4%	-20%	25%	-14%	25%	-27%	-8%	-10%	17%	-14%	0%	7%	-24%	19%	-10%	0%	27%	-5%	27%
-17%	37%	-21%	-9%	7%	17%	-3%	-27%	14%	-9%	-1%	0%	-1%	-8%	19%	-19%	-4%	-7%	-5%	1%	-3%	-29%	35%	-21%	-5%
-22%	7%	-42%	-11%	-38%	36%	-13%	-29%	18%	-1%	32%	-49%	-33%	-18%	37%	-39%	-17%	2%	-14%	10%	-6%	-100%		6%	-100%
-19%	93%	-23%	-20%	48%	3%	-5%	-15%	-2%	-2%	7%	-27%	-22%	-9%	19%	-24%	-10%	1%	-25%	26%	-5%	-16%	30%	-11%	9%
-13%	105%	-32%	-24%	39%	25%	14%	-36%	42%	-7%	12%	-19%	-9%	-3%	8%	-25%	-20%	-15%	-8%	5%	-4%				
-14%	56%	-3%	-23%	52%	2%	-33%	-52%	-31%	19%	10%	-23%	-15%	-1%	15%	-27%	-16%	3%	-15%	-2%	-17%	-15%	6%	-24%	-10%
-16%	70%	-32%	-34%	16%	-11%	42%	13%	26%	13%	16%	-24%	-12%	-16%	5%	-11%	-6%	0%	-14%	1%	-13%	-25%	46%	-10%	10%
6%	100%	6%	-34%	112%	30%	0%	-23%	30%	11%	11%	-11%	-2%	-16%	24%	-24%	-6%	6%	-17%	-2%	-19%	-23%	25%	-10%	-4%
-4%	36%	-21%	-27%	7%	0%	-6%	-17%	-6%	-6%	9%	-16%	-8%	-6%	8%	-43%	-39%	-4%	-12%	32%	15%				
-19%	90%	-59%	-28%	-21%	4%	7%	-48%	12%	-2%	25%	-41%	-26%	-7%	21%	-23%	-7%	-13%	-11%	12%	-1%	19%	9%		30%
2%	15%	-11%	-6%	2%	24%	10%	-37%	35%	8%	13%	-33%	-24%	3%	10%	-24%	-16%	2%	-16%	11%	-6%				
-9%	83%	-29%	-15%	30%	50%	-25%	-25%	13%	-17%	32%	-54%	-40%	-27%	22%	10%	35%	2%	-26%	76%	30%	-41%	25%	-14%	-27%
-20%	77%	-29%	-37%	26%	-7%	-20%	-20%	-26%	-6%	3%	-22%	-19%	-19%	12%	-25%	-16%	-8%	-10%	15%	3%	2%	16%	-19%	18%
-6%	157%	-18%	-41%	111%	30%	-20%	6%	4%	-12%	14%	-31%	-21%	-9%	29%	-33%	-13%	-12%	-8%	3%	-6%				
-15%	2%	-9%	-2%	-7%	-21%	6%	-36%	-16%	-5%	5%	-37%	-34%	-15%	26%	-19%	2%	10%	-11%	0%	-11%	-26%	33%	-11%	-2%
-17%	-46%	27%	32%	-32%	26%	-4%	-52%	21%													-37%	65%	19%	5%
-20%	-32%	21%	-26%	-18%	-23%	0%	10%	-23%	-9%	-4%	-5%	-9%	-8%	18%	-17%	-2%	2%	-22%	18%	-8%	12%	7%	-6%	20%
-13%	-17%	43%	-24%	19%	-49%	37%	35%	-30%	-2%	13%	-30%	-21%	-7%	13%	-21%	-11%	4%	-14%	11%	-5%	-19%	19%	4%	-4%
1%	39%	-21%	-38%	11%	0%	4%	9%	4%	-7%	3%	-18%	-16%	-11%	12%	-28%	-19%	4%	-12%	33%	18%			-8%	
-6%	-20%	6%	-22%	-15%	12%	-14%	-23%	-4%	28%	19%	-38%	-26%	-13%	21%	-22%	-5%	-6%	-9%	12%	2%		43%		
-15%	21%	-17%	-35%	0%	6%	16%	0%	23%	0%	13%	-26%	-16%	-2%	19%	-27%	-13%	-7%	-16%	10%	-8%	-27%	33%	21%	-3%

-1

Measure	Updated Since Last Report	Description	Rating	Comments
Referrals		Referral rates from primary care to secondary care by practice	A decrease in referrals is noted by both a yellow/green rating and downward arrow, an increase is shown by an amber/red shade and an upward arrow	
2ww		Of referrals made these sit under the 2 week wait specialty	A decrease in 2ww is noted by both a yellow/green rating and downward arrow, an increase is shown by an amber/red shade and an upward arrow	
A&G		Utilisation of the Advice and Guidance service whereby advice can be 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 an yellow/green shade and an green upward arrow	
CC		Utilisation of the Consulant Connect service which is a similar offerig to the Advice and Guidance service	A decrease in Consulant Connect utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by an yellow/green shade and an green upward arrow	
FIT		Utiliations of the Faecal Immunochemical Test (FIT) which shows tiny traces of blood that may not normally be visible	A decrease in FIT is noted by both a amber/red rating and red downward arrow, an increase is shown by a yellow/green shade and an green upward arrow	Ongoing issues with obtaining data from the Whittington which have now been impacted further by staff changes
A&E Att		Month on month Accident & Emergency attendance by practice	A decrease in A&E Attendance is noted by both a yellow/green rating and green spot, an increase is shown by an amber/red shade and an red spot	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
A&E VB11Z		Of those that have attended A&E these required no investigation and no treatment	A decrease in A&E VB11Z Attendance is noted by both a yellow/green rating and green spot, an increase is shown by an amber/red shade and an red spot	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 an red spot	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
GP Appointments Data		Appointments data from the NHSD GPAD data provision	Low numbers of appointments across face to face and telephone are towards the red end of the RAG and high numbers towards green	Home viists and online consultations have been removed because of concerns around data quality, the hope is to include these at some points in the future

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

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contract Committee Meeting
13 June 2023

Report Title	2022/23 Month 12 NCL ICB Delegated Primary Care Finance Report	**Date of report**	26 May 2023	**Agenda Item**	3.2
Lead Director / Manager	Sarah Rothenberg	**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 at March 2023 (month 12) and a summary of the 12 month 2023/24 Delegated Primary Care Budget			
Name of Authorising Estates Lead	*Not Applicable*	**Summary of Estates Implications** *Not Applicable*			
Report Summary	This report presents the position on the Delegated Primary Care budget for North Central London Integrated Care Board (NCL ICB) for the period July 2022 to March 2023. The ICB operated 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 the 2022/23 financial year was included in the CCG accounts for Q1 of 22/23. The budget was set in line with guidance and the financial position as at Month 12 (March 2023) was: • As at Month 12, Delegated Primary Care delivered a *breakeven position* for the 22/23 financial year. • The 22/23 delegated £s per weighted patient ranged from £119.21 in Islington to £125.73 in Camden. • Additional Roles and Responsibilities (ARRS) financial information and Directed Enhanced Services (DES) financial information is included. The 23/24 budget has been set in line with guidance and a summary of the 2023/24 Delegated Primary Care budget is presented.				
Recommendation	The Committee is requested to **NOTE** the Delegated Primary Care financial budget and the financial position as at Month 12 (March 2023) The Committee is requested to **NOTE** the Delegated Primary Care financial budget for 23/24				

Identified Risks and Risk Management Actions	There is now is limited flexibility within the Delegated Primary Care budget to cover unbudgeted costs. This includes costs that sit outside contract payments for example revenue costs linked to premises, estates development costs linked to practice moves or developments, legal costs, costs to support caretaking and procurement activity and other costs associated with the effective running of primary medical services.
Conflicts of Interest	This report was written in accordance with the ICB's Conflicts of Interest Policy.
Resource Implications	*Not Applicable*
Engagement	*Not Applicable*
Equality Impact Analysis	*Not Applicable*
Report History and Key Decisions	For noting by the Committee
Next Steps	Review the financial position for 23/24 and crystalise all key risks, including those arising from a declining estate. Consider where primary care leads and/or the committee may need to prioritise investment and use of resources Identify ways to optimise resources by working across delegated and non-delegated budgets eg in the commissioning of enhanced services (as in the case of the LTC LCS)
Appendices	None

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Month 12 Primary Care Delegated Commissioning Finance Report

PCCC June 2023

Executive Summary

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- This report presents the final 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 1st 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 year end position as at Month 12, March 2023.
- The report summarises the Month 12 expenditure against budgets and presents the position against a 9 month allocation of £205.5m that had been notified as at Month 12.
- As at Month 12 the NCL Delegated Primary Care budget, set in line with guidance, delivered an *overall breakeven position for 2022/23.*

2022/23 Month 12 Primary Care Delegated Commissioning Finance Position

North Central London Integrated Care Board

Service	Weighted List Size as at 1st Jan 23	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	817,333	79,152	80,518	(1,366)
GMS	778,486	81,551	79,818	1,733
APMS	87,805	12,959	13,813	(855)
Other Medical Services	0	41,480	40,626	855
Total Primary Care Medical Services	**1,683,624**	**215,142**	**214,775**	**367**

The NCL Delegated Commissioning budget underspent by £367k against the 9 month allocation of £215.1m; this offsets the Q1 CCG overspend of £367k so overall for 22/23, this then gives a neutral adjusted year end position.

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	9,364	7,282	7,040	6,832	6,569	**37,087**
CQC & Idemnity	257	158	174	168	144	**901**
Total Other Medical Services	**9,621**	**7,440**	**7,214**	**7,000**	**6,713**	**37,988**
Total Primary Care Medical Services	**49,580**	**42,584**	**40,750**	**40,037**	**35,496**	**208,447**
January Weighted List Size	**399,856**	**338,692**	**328,156**	**319,154**	**297,765**	**1,683,624**
Cost per PWP by Locality	**124.00**	**125.73**	**124.18**	**125.45**	**119.21**	**123.81**

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 £119.21 to £125.73 in Camden 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	9,364	7,282	7,040	6,832	6,569	**37,087**
CQC & Idemnity	257	158	174	168	144	**901**
Total Other Medical Services	**9,621**	**7,440**	**7,214**	**7,000**	**6,713**	**37,988**
Total Primary Care Medical Services	**45,757**	**37,980**	**37,550**	**36,551**	**31,635**	**189,473**
January Weighted List Size	**399,856**	**338,692**	**328,156**	**319,154**	**297,765**	**1,683,624**
Cost per PWP by Locality	**114.43**	**112.14**	**114.43**	**114.52**	**106.24**	**112.54**

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 £106.24 to £114.52 in Haringey 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 M4-12 ARRS WTE and Expenditure

North Central London Integrated Care Board

Role	Average WTE	M12 WTE	Total YTD Reimbursement £
Advanced Paramedic Practitioner	0.59	1.00	26,727
Advanced Pharmacist Practitioner	8.91	10.19	391,680
Advanced Physiotherapist Practitioner	2.19	4.86	105,996
Advanced Practitioner	5.68	1.00	262,808
Care Coordinator	146.16	170.50	3,066,390
Clinical Pharmacist	199.34	218.70	8,238,933
Dietician	1.72	0.70	68,641
Digital and Transformation Lead	3.77	7.08	159,427
First Contact Physiotherapist	14.32	15.01	603,493
General Practice Assistant	14.12	47.40	316,752
Health and Wellbeing Coach	10.16	11.20	284,425
Mental Health Practitioner Band 8a	2.89	3.00	61,166
Mental Health Practitioner Band 7	15.82	14.47	336,892
Nursing associate	8.47	13.25	163,667
Occupational therapist	2.17	2.10	88,030
Occupational therapist AP	0.44	-	23,068
Paramedic	9.10	7.34	322,494
Pharmacy Technician	15.35	16.15	395,116
Physician Associate	83.08	92.54	3,051,321
Social Prescribing Link Worker	70.24	75.22	1,865,561
Trainee nursing associate	5.44	12.00	124,861
Total ARRS	**619.94**	**723.70**	**19,957,449**

The table summarises the 2022/23 Assisted Roles Reimbursement Scheme (ARRS) average M4-12 WTE, M12 WTE and total reimbursement from the 1st July 2022 to the 31st March 2023. There are some outstanding claims from PCNs which will be processed in 23/24 once received.

There is an underspend against the original allocation 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 from £17.1m in 2021/22 to £28.0m in 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 3 & 4 shows the WTE/Headcount per role by PCN.

2023/24 Delegated Budget

North Central London
Integrated Care Board

Description	Total Budget £	£
2023/24 Recurrent PMC Allocation		**289,764,000**
Weighted population - 1st Apr 2023 list		**1,687,928**
GMS Global Sum	81,893,916	
PMS Contract Value	90,460,120	
APMS Contract Value	13,865,444	
Subtotal Core Contract		**186,219,479**
Demograghic growth reserve		1,983,343
Total Core Contract Price		**188,202,822**
QOF	17,985,404	
Enhanced services (excluding PCN)	2,008,203	
PCN exc ARRS	26,674,353	
PCN - ARRS	24,321,159	
Premises	25,731,410	
Administered funds	3,467,486	
Personally Administered Drugs (PAD)	729,414	
Subtotal Gross Medical Services		**100,917,428**
Subtotal Medical Services		**289,120,250**
Other Medical Services		**643,750**
Total Medical services		**289,764,000**
Surplus/(Gap)		**(0)**

- The 2023/24 recurrent budget is £289.8m.
- This compares to a 2022/23 recurrent budget of £271.2m, an increase of £18.5m (6.4%).
- Of the £18.5m increase:
  - £5.6m is required to fund the full year effect of the Enhanced Access DES that commenced in Oct 2022.
  - £5.3m is required to fund the increase in core contract values.
  - The remaining increase in budget covers growth in all other areas.
- £5.8m required to fund the full year effect of Capacity and Access support is offset by a reduction in IIF.

Appendix 1 - 2022/23 M12 Expenditure by Locality

North Central London Integrated Care Board

Barnet CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	18,084	18,430	(347)
GMS	21,500	21,237	263
APMS	376	516	(140)
Other Medical Services	9,621	9,843	(222)
Total Primary Care Medical Services	**49,580**	**50,026**	**(446)**

Enfield CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	24,649	24,707	(58)
GMS	6,903	6,361	542
APMS	1,984	2,509	(525)
Other Medical Services	7,214	7,567	(353)
Total Primary Care Medical Services	**40,750**	**41,144**	**(394)**

Camden CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	16,726	17,028	(301)
GMS	14,760	14,691	69
APMS	3,657	3,573	85
Other Medical Services	7,440	8,425	(985)
Total Primary Care Medical Services	**42,584**	**43,717**	**(1,133)**

Haringey CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	17,740	18,238	(498)
GMS	11,041	10,882	159
APMS	4,256	3,925	331
Other Medical Services	7,000	7,658	(658)
Total Primary Care Medical Services	**40,037**	**40,703**	**(666)**

Islington CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
PMS	1,953	2,114	(162)
GMS	24,145	23,881	264
APMS	2,685	3,291	(606)
Other Medical Services	6,713	7,082	(368)
Total Primary Care Medical Services	**35,496**	**36,368**	**(872)**

Appendix 2 - 2022/23 M12 Primary Care Delegated Commissioning Expenditure for Non Borough Services

North Central London Integrated Care Board

Service	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's
Weight Management	466	200	266
ARI Hub	890	51	839
ARRS	2,603	0	2,603
Extended Hours/Bridging Service	2,732	2,239	493
Medical Exemption Assessment	4	4	0
Total Non-Borough Related Services	**6,695**	**2,494**	**4,201**

Appendix 3 - 2022/23 ARRS WTE per role per PCN as at M12

North Central London Integrated Care Board

PCN	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Advanced Practitioner	Care Coordinator	Clinical Pharmacist	Dietician	Digital and Transformation Lead	First Contact Physiotherapist	General Practice Assistant	Health and Wellbeing Coach	Mental Health Practitioner Band 7	Mental Health Practitioner Band 8a	Nursing associate	Occupational therapist	Paramedic	Pharmacy Technician	Physician Associate	Social Prescribing Link Worker	Trainee nursing associate	Grand Total
BARNET 1D PCN					7.68	5.91			2.10	0.40							2.00		3.32		**21.41**
BARNET 1W PCN		1.00			2.00	4.00	0.60		1.00	6.00			1.00		1.00		1.00		1.92		**19.52**
BARNET 2 PCN					19.41	7.37		1.00	2.40			2.00						1.00	7.11		**40.30**
BARNET 3 PCN		1.73			29.74	7.75			3.40		0.60		1.00	4.45			0.40	0.85	5.00	2.00	**56.92**
BARNET 4 PCN					5.50	5.00			2.00	1.00	2.00	1.00					1.00		3.07		**20.57**
BARNET 5 PCN												1.00									**1.00**
BARNET 6 PCN					1.83	12.89			1.64		0.60							0.80	2.11		**19.87**
CENTRAL 1 ISLINGTON PCN					2.00	11.20					2.00	0.50				0.25	0.21	1.00	5.00		**22.16**
CENTRAL 2 ISLINGTON PCN					0.80	8.80						0.50		1.00		0.19			1.96		**13.25**
CENTRAL CAMDEN PCN				1.00	4.00	9.33		1.00			1.00			1.00				10.47	1.00		**28.80**
CENTRAL HAMPSTEAD PCN						2.57				1.00								7.20	1.93		**12.70**
EDMONTON PCN		0.60				3.40		1.00											1.00		**6.00**
ENFIELD CARE NETWORK PCN					2.96	16.41		1.20		8.90		1.00				0.60	0.60				**31.67**
ENFIELD SOUTH WEST PCN					3.00	10.00		1.00				1.00				1.00		1.00	1.00		**18.00**
ENFIELD UNITY PCN	1.00				8.72	22.07		1.00		5.65	1.00		1.00				1.00	12.56	4.13		**58.13**
HARINGEY - EAST CENTRAL PCN					1.92	3.63			1.00		1.00							4.00	2.65		**14.20**
HARINGEY - N15/SOUTH EAST PCN					1.00	7.11						0.40					2.00	2.00	1.08		**13.59**
HARINGEY - NORTH CENTRAL PCN					5.28	5.60					1.00	1.00				0.50		3.00	2.00		**18.38**
HARINGEY - NORTH EAST PCN			1.60		15.92	8.00				6.40		1.00		3.00			1.00	6.27	1.00	7.00	**51.19**
HARINGEY - NORTH WEST PCN					12.85	6.09						1.07		1.00			1.00		2.00		**24.01**
HARINGEY - SOUTH WEST PCN						7.62						1.00				1.00		0.64	2.00		**12.26**
HARINGEY - WELBOURNE PCN					8.00	4.71				2.00	1.00	1.00					0.67	0.80	2.20	1.00	**21.37**
KENTISH TOWN CENTRAL PCN					10.97	5.81				7.08				2.80				3.00	6.16		**35.83**
KENTISH TOWN SOUTH PCN					3.00	4.47												5.22	1.00		**13.69**
NORTH 1 ISLINGTON PCN			2.59		2.00	6.69					1.00	0.50			1.10	0.26	1.27		4.00		**19.41**
NORTH CAMDEN PCN		6.86	0.67		11.64	1.01	0.10											8.35	1.00		**29.62**
N2 ISLINGTON PCN HUB					1.00	4.00		0.21		7.03								10.35	2.00	1.00	**25.59**
SOUTH CAMDEN PCN					1.00	4.63		0.67										1.83	1.00		**9.12**
SOUTH ISLINGTON PCN					1.00	12.96			1.47			0.50				2.54	3.00		3.00		**24.47**
WEST AND CENTRAL PCN					2.65	2.43				1.93						1.00	1.00	5.00	1.61		**15.63**
WEST CAMDEN PCN					2.25	2.13						1.00						4.20	2.95	1.00	**13.54**
WEST ENFIELD COLLABORATIVE PCN					2.37	5.11												3.00	1.00		**11.48**
Grand Total	**1.00**	**10.19**	**4.86**	**1.00**	**170.50**	**218.70**	**0.70**	**7.08**	**15.01**	**47.40**	**11.20**	**14.47**	**3.00**	**13.25**	**2.10**	**7.34**	**16.15**	**92.54**	**75.22**	**12.00**	**723.70**

Appendix 4 - 2022/23 ARRS Headcount per role per PCN as at M12

North Central London Integrated Care Board

PCN	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Advanced Practitioner	Care Coordinator	Clinical Pharmacist	Dietician	Digital and Transformation Lead	First Contact Physiotherapist	General Practice Assistant	Health and Wellbeing Coach	Mental Health Practitioner Band 8a	Mental Health Practitioner Band 7	Nursing associate	Occupational therapist	Paramedic	Pharmacy Technician	Physician Associate	Social Prescribing Link Worker	Trainee nursing associate	Grand Total
BARNET 1D PCN					17.00	7.00			3.00	1.00							2.00		4.00		**34.00**
BARNET 1W PCN		1.00			2.00	4.00	1.00		1.00	6.00		1.00			1.00		1.00		3.00		**21.00**
BARNET 2 PCN					26.00	9.00		1.00	3.00				2.00					1.00	9.00		**51.00**
BARNET 3 PCN		3.00			39.00	9.00			4.00		1.00	1.00		6.00			1.00	2.00	5.00	2.00	**73.00**
BARNET 4 PCN					6.00	5.00			2.00	1.00	2.00		1.00				1.00		4.00		**22.00**
BARNET 5 PCN													1.00								**1.00**
BARNET 6 PCN					8.00	17.00			4.00		1.00							3.00	3.00		**36.00**
CENTRAL 1 ISLINGTON PCN					2.00	12.00					4.00		1.00			1.00	1.00	1.00	5.00		**27.00**
CENTRAL 2 ISLINGTON PCN					1.00	9.00							1.00	1.00		1.00			3.00		**16.00**
CENTRAL CAMDEN PCN				1.00	4.00	10.00		1.00			1.00			1.00				12.00	1.00		**31.00**
CENTRAL HAMPSTEAD PCN						3.00				1.00								7.00	3.00		**14.00**
EDMONTON PCN		1.00				4.00		1.00											1.00		**7.00**
ENFIELD CARE NETWORK PCN					5.00	20.00		2.00		13.00			1.00			1.00	1.00				**43.00**
ENFIELD SOUTH WEST PCN					3.00	10.00		1.00					1.00			1.00		1.00	1.00		**18.00**
ENFIELD UNITY PCN	1.00				12.00	25.00		1.00		10.00	1.00	1.00					1.00	13.00	5.00		**70.00**
HARINGEY - EAST CENTRAL PCN					2.00	4.00			1.00		1.00							4.00	3.00		**15.00**
HARINGEY - N15/SOUTH EAST PCN					1.00	8.00							1.00				2.00	2.00	2.00		**16.00**
HARINGEY - NORTH CENTRAL PCN					6.00	6.00					1.00		2.00			1.00		3.00	2.00		**21.00**
HARINGEY - NORTH EAST PCN			2.00		17.00	8.00				6.00			1.00	3.00			1.00	7.00	1.00	7.00	**53.00**
HARINGEY - NORTH WEST PCN					13.00	8.00							2.00	1.00			1.00		2.00		**27.00**
HARINGEY - SOUTH WEST PCN						10.00							1.00			2.00		1.00	2.00		**16.00**
HARINGEY - WELBOURNE PCN					8.00	5.00				2.00	1.00		2.00				1.00	1.00	3.00	1.00	**24.00**
KENTISH TOWN CENTRAL PCN					14.00	7.00				8.00				3.00				3.00	7.00		**42.00**
KENTISH TOWN SOUTH PCN					3.00	6.00												6.00	1.00		**16.00**
NORTH 1 ISLINGTON PCN			5.00		2.00	7.00					2.00		1.00		2.00	1.00	2.00		4.00		**26.00**
NORTH 2 ISLINGTON PCN		8.00	1.00		14.00	2.00	1.00											9.00	1.00		**36.00**
NORTH CAMDEN PCN					1.00	4.00		1.00		8.00								11.00	2.00	1.00	**28.00**
SOUTH CAMDEN PCN					1.00	5.00		1.00										2.00	1.00		**10.00**
SOUTH ISLINGTON PCN					1.00	14.00			2.00				1.00			4.00	3.00		3.00		**28.00**
WEST AND CENTRAL PCN					3.00	3.00				2.00						1.00	1.00	5.00	2.00		**17.00**
WEST CAMDEN PCN					3.00	2.00							1.00					4.00	3.00	1.00	**14.00**
WEST ENFIELD COLLABORATIVE PCN					4.00	6.00												3.00	1.00		**14.00**
Grand Total	**1.00**	**13.00**	**8.00**	**1.00**	**218.00**	**249.00**	**2.00**	**9.00**	**20.00**	**58.00**	**15.00**	**3.00**	**20.00**	**15.00**	**3.00**	**13.00**	**19.00**	**101.00**	**87.00**	**12.00**	**867.00**

Appendix 5 - 2022/23 DES expenditure as at M12

North Central London
Integrated Care Board

PCN DES Services	YTD Budget £	YTD Actual Expenditure £	YTD Variance (Fav)/Adv £	Commentary
Assisted Roles Reimbursement Scheme	21,459,975	20,462,420	(997,555)	The requested allocation of £8.5m was released by NHSE in M11. There was a £998k overspend in Q1 for ARRS as the allocation was not sufficient. This has neutralised in Q2-4 leaving an overall breakeven position against the budget drawn down.
Clinical Director	961,036	957,155	(3,881)	
Care Home Premium	544,420	547,460	3,040	
Extended Hours Access	626,760	619,672	(7,088)	
Enhanced Access	6,443,668	6,442,262	(1,406)	
Invest and Impact Fund	5,534,400	5,538,144	3,744	
Leadership Management Fund	898,446	897,600	(846)	
Network Participation Payment	2,190,053	2,188,215	(1,838)	
Capacity and Access Support	1,030,574	1,028,776	(1,798)	Capacity and Access Scheme is being funded from recycled funds from 4 retired Investment and Impact Funding (IIF) points for the 6 months 1st October 2022 to 31st March 2023.
Total PCN	**39,689,332**	**38,681,704**	**(1,007,628)**	
Check	***0***	***0***	***0***	

GP DES Services	YTD Budget £	YTD Actual Expenditure £	YTD Variance (Fav)/Adv £	Commentary
Learning Disability	941,724	975,690	33,966	
Minor Surgery	346,446	470,052	123,606	
Violent Patients	176,013	172,242	(3,771)	
Extended Hours - Bridging Service	2,409,366	2,239,148	(170,218)	
Total PCN	**3,873,549**	**3,857,132**	**(16,417)**	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 June 2023

Report Title	Changes to the National GP Contract 2023/24	**Date of report**	20 March 2023	**Agenda Item**	3.3
Lead Director / Manager	Sarah Mcilwaine, Director of Primary Care, NCL ICB	**Email / Tel**		sarah.mcilwaine@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Sarah Mcilwaine, Director of Primary Care, NCL ICB	**Email / Tel**		sarah.mcilwaine@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg Director of Finance, Primary Care NCL ICB	**Summary of Financial Implications** Director of Finance, Primary Care has reviewed the implications			
Name of Authorising Estates Lead	*Not Applicable*	**Summary of Estates Implications** *Not Applicable*			

Report Summary

Changes to the National GP Contract in 2023/24

On 6th March NHSE published the **2023/24 GP contract changes**. This outlines the changes to be made to GP Core and/or National Directed Enhanced Services, changes to incentives and wider expectations in this financial year. There is further detail in the supplementary updates to the ***Statement of Financial Entitlements*** and the ***Directed Enhanced Services Directions***.

2023/24 is the final year of the 5-year National Framework Agreement and NHSE will need to renegotiate the core GP contract this year ready for 2024/25. The Planning Guidance suggested ICBs will be engaged in this thinking.

Practices are informed of changes. The ICB then oversees all business related to the implementation and management of the various requirements under the GP core contract in NCL, working closely with practices and LMC.

In its letter, NHSE acknowledges that nationally, General Practice is delivering 11% more appointments than it was pre-pandemic. In NCL, we estimate this to be

	15-30% more appointments. This does not represent the totality of the increase in activity given appointment figures do not capture activity such as e-consults, vaccination activity, referral management and wider clinical administration. Our own data shows this increase in activity is coupled with increased clinical complexity, growing list sizes (increase in the total number of patients in NCL) and an overall reduction in the GP workforce (offset to some extent by other direct patient care roles). Key points to note for 23/24 include: • Significant reduction in national targets through the removal of a number of QOF and Investment and Impact Fund (IIF) indicators. The number of QOF indicators will reduce from 74 to 55, and IIF indicators from 36 to 5. Those that remain are focused on key areas relevant to prevention, proactive care and population health for example flu vaccinations, Learning Disability (LD) health checks, early cancer diagnosis. However there is also a significant emphasis on access. • QOF points for all indicators will be awarded based on 22/23 outturn not on performance in 23/24. It is not clear if there will be increased payments where practices outperform 22/23. This essentially offers a 'block payment' and level of income protection, however the work will still need to be undertaken and activity will still be monitored and form part of the contract management process. • Around 80% of the monies previously aligned to the IIF indicators (£246m nationally) will be refocused on improving patient experience of access (described nationally as contacting the practice and receiving an assessment and/or being seen). Within this budget, 70% will be paid to practices in fixed monthly installments, with the remaining 30% to be paid following assessment by the ICB against access improvement plans which should be prepared and submitted in Q1. • Contract changes are designed to reinforce the focus on improving access and patient satisfaction with access, with practices expected to: o Offer an assessment of need, or signpost to an appropriate service when a patient first contacts the practice e.g. no longer request that patients contact the practice again later o Prospective patient record access to be in place by 31st October 2023 o Cloud-based telephony (CBT) platforms only in use from the end of 2025 with practices required to procure their telephony solutions from the national framework once their current telephony contracts expire. o In the appendix but potentially significant is a proposed review in 23/24 of the enhanced access specification implemented during Summer/Autumn 2022 at PCN level. o The PCN DES Additional Roles Reimbursement Scheme (ARRS) sees some changes including the addition of Advanced Clinical Practitioner Nurses to the reimbursable roles, increasing the cap on Advanced Practitioners per PCN, and removing the caps on Mental Health Practitioners.

	○ The ARRS comes to an end in March 2024, and the letter notes staff employed through the scheme will be considered part of the core general practice cost base beyond 2023/24, so PCNs are encouraged to offer permanent contracts where appropriate and make full use of their ARRS entitlement. Further work will be needed by the ICB Primary Care & Finance teams to understand the implications of this. ○ There will be no further changes to the PCN DES this year. ○ Vaccinations for children and young people (CYP) features with the removal of the vaccination and immunisation repayments where practices achieve less than 80% coverage for routine childhood programmes. ○ There is a commitment to consultation on the Quality and Outcomes Framework (QOF) and its future form. There has been concern from the LMC and Practices regarding the contract changes, in particular the expectations around resolution of queries at the point of contact. This will require changes to the general practice operating model, careful management of the interface with wider services and a period of time to implement successfully. The Fuller Review did not cover GP contracts. The letter notes the new contract framework (24/25 onwards) will reflect the aims of Fuller and that ICBs will be engaged in the development of the contract. The process for engagement and development has not yet been described, but London will want to align and ensure a clear role for ICBs as local commissioners alongside NHSE, LMC and GPC/BMA. Following the contract changes, in May the *Delivery Plan for Recovering Access to Primary Care* was published. The contract reinforces many of the actions outlined in this recovery plan. Work is being undertaken to interpret the aims and requirements and put in place a programme of work in NCL, working closely with general practice provider organisations. The Contracts team will continue to oversee implementation of core contract requirements locally. Any reviews of core contracts that cover financial year 23/24 will recognise and take into account of the contractual requirements above, in particular the amendments to the QOF and IIF framework. There are no further immediate changes are proposed to the approach to managing or overseeing these contracts locally.
Recommendation	The Committee is asked to **NOTE and COMMENT** on the changes to the GP Contract.
Identified Risks and Risk Management Actions	Moderate Risk.
Conflicts of Interest	Managed in accordance with the Conflicts of Interest Policy.

Resource Implications	Work required by the ICB and providers. Resources sufficient to deliver all commitments to be determined.
Engagement	
Equality Impact Analysis	*Not Applicable*
Report History and Key Decisions	
Next Steps	• Liaison with London ICBs • Review of Recovery Plan on publication
Appendices	NHSE National letter dated 6 March 2023

NHS England

To:
- All GP practices in England
- Primary Care Network Clinical Directors

cc.
- ICB Primary Care Leads
- ICB Chief Executives
- Regional Directors
- Regional Directors of Commissioning
- Regional Directors of Primary Care and Public Health
- Regional Heads of Primary Care

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

6 March 2023

Dear colleagues,

Changes to the GP Contract in 2023/24

1. We recognise and appreciate the incredibly hard work of general practice during this period of sustained significant pressure. The past few years have demonstrated the dedication of practice and Primary Care Network (PCN) teams in innovating and responding to the needs of their populations. In January 2023 General Practice delivered 30m appointments, an increase of 11% on January 2020, a testament to the incredible work of GP teams.

2. 2023/24 is the final year of the 5-year framework agreement which was set out in *Investment and Evolution*. Over the course of 2023/24 NHS England will engage with the profession, patients, ICSs, government and key stakeholders, building further on the Fuller Stocktake from May 2022 which set out the next steps towards integrating primary care. In response to feedback from practice teams, GPC England and the Health and Care Select Committee on the Future of Primary Care, in 2023/24 the profession and representative patient groups will be consulted on the Quality and Outcomes Framework (QOF) and its future form.

3. The Chancellor in his Autumn Statement set out a commitment to publish a recovery plan for General Practice access in early 2023. The Delivery Plan for Recovering Access to Primary Care will be published shortly and sets out how practices and PCNs can be supported to improve access during 2023/24 building on the contract changes outlined in this letter and expanded in Annex A.

4. The changes to the GP contract in 2023/24 set out the requirements of General Practice and PCNs with the goal of improving patient experience and satisfaction and we recognise that this will require both time and support to assess, review and implement changes. We intend to provide this support in a number of ways outlined below including freeing up workforce capacity through significant changes to the Impact and Investment Fund (IIF) and through the QOF Quality

Improvement (QI) modules. Further support for practices and PCNs will be outlined in the recovery plan.

Access requirements

5. **Offer of assessment will be equitable for all modes of access:** To ensure consistency in the access that patients can expect, the GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact the practice at a later time. The IIF focus on access will support practices and PCNs working towards achieving this during 2023 recognising the changes that will need to be made.

6. **Prospective (future) record access to be offered by 31st October 2023:** To make it easier for patients to access their health information online without having to contact their practice, the GP contract will be updated so new health information is available to all patients (unless they have individually decided to opt-out or any exceptions apply) by 31 October 2023 at the latest. This builds on the 1,400 practices that are already automatically offering 6.5M patients this access. NHS England will continue to provide support to practices as more patients gain online access to their records. Support will continue nationally and through commissioners to enable practices to make this offer to all their patients.

7. **Mandate use of the cloud based telephony (CBT) national framework:** All practices need to be aware, that from the end of 2025, all analogue ISDN and PSTN lines will be removed for use in all home and business settings. From this point, only cloud-based platforms will be supported. Digital telephony (CBT) provides greater functionality for practices and patients. This includes call queueing or call back which provide a better patient experience when the lines are busy as well as management information and data to support practices gain insight and improve their responsiveness further.

8. Background research and pilot studies have demonstrated how challenging it can be to navigate the telephony market for practices and understand the offers. A Better Purchasing Framework (BPF) has been developed by NHS England to provide recommended suppliers and assure value for money. As part of the 2023/24 GP contract changes, practices will be required to procure their telephony solutions only from the framework once their current telephony contracts expire. The Delivery Plan for Recovering Access to Primary Care will describe further support available for practices who indicate they are interested in making this move in 2023/24.

Changes to Impact and Investment Fund and QOF QI modules

9. The number of indicators in the IIF will be reduced from 36 to five (worth **£59m**) and will focus on a small number of key national priorities: two indicators related

to flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator.

10. The remainder of the IIF will now be worth £246m and will be entirely focused on improving patient experience of contacting their practice and receiving a response with an assessment and/or be seen within the appropriate period (for example same day or within 2 weeks where appropriate, depending on urgency). 70% of the total funding, equating to £172.2m, will be provided as a monthly payment to PCNs during 2023/24 via the Capacity and Access Support Payment.

11. The remaining 30% of the total funding, equating to £73.8m, will be assessed against an access improvement plan agreed with the commissioner in quarter 1 of 2023/24. At the end of March 2024 ICBs will assess for demonstrable and evidenced improvements in access for patients and then award funding. ICBs will be provided with guidance to assist in determining the appropriate payment.

12. In 2023/24, all the QOF register indicators points will be awarded to practices, based on 2022/23 outturn once finalised, releasing £97m of funding and reduce the number of indicators in QOF from 74 to 55 (a reduction of 25%). Two new cholesterol indicators (worth 30 points~£36m) will be added to QOF along with a new overarching mental health indicator. One indicator (AF007) will be retired and replaced with a similar indicator from IIF in 2022/23.

13. This year's QOF QI modules will focus on workforce wellbeing and optimising demand and capacity in General Practice with an emphasis on using data to analyse potentially avoidable appointments and build on care navigation and use of wider workforce or local services to reduce pressure on General Practice.

Increased flexibility of ARRS

14. Recruitment through the Additional Roles Reimbursement scheme (ARRS) has been strong, and as of 31 December 2022 stands at 25,262 additional FTE. PCNs are on track to meet the 26k target for March 2024 over a year early. Staff are providing significant numbers of additional appointments, improving patient access to general practice, and providing personalised, proactive, care for the populations that they serve. To support PCNs to recruit the teams that they need, there are a number of changes to the ARRS, including adding Advanced Clinical Practitioner Nurses to the reimbursable roles, increasing the cap on Advanced Practitioners to three per PCN and removing the caps on Mental Health Practitioners.

15. During 2023/24 NHS England will review the ARRS to ensure that it is tailored to deliver future ambitions for general practice. Staff employed through the scheme will be considered part of the core general practice cost base beyond 2023/24 as previously confirmed, and PCNs can offer permanent contracts where appropriate. We encourage PCNs to continue to recruit, making full use of their ARRS entitlement.

Immunisations and Vaccinations

16. Following feedback from PCNs and GPC England, there will be changes to childhood vaccinations. These include the removal of the vaccination and immunisations repayment mechanism for practice performance below 80% coverage for routine childhood programmes along with changes to the childhood vaccination and immunisation indicators within QOF which will see the lower thresholds reduced to 81% - 89% (dependent on indicator) and the upper thresholds raised to 96%.

17. In recognition of the current workload pressures in general practice, no additional requirements will be added to the PCN service specifications in 2023/24. NHS England will instead publish guidance which will suggest best practice to PCNs.

18. Further details on the 2023/24 changes will be published ahead of April including a revised Network Contract DES specification. If any changes are required to commissioner allocations, we will adjust this through the regular allocations update process.

Yours sincerely,

Dr Amanda Doyle OBE, MRCGP
National Director for Primary Care and Community Services
NHS England

Annex A – changes to the GP Contract in 2023/24

Changes to the GP Contract Regulations

Access

1. To ensure consistency in the access that patients can expect, the GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice.

Patient access to their medical records

2. The GP contract regulations will be amended so that patients have online access to their prospective medical records (unless they have individually decided to opt out or any exceptions apply) by 31 October 2023 at the latest.

3. The existing requirements in the GP contract regulations relating to providing online access to historic coded and full records will also be amended so that they are consistent with access to information under the GDPR. Amendment of these existing requirements will also provide clarity on how practices are required to offer, promote and provide online access to patient records.

Supporting Cloud Based Telephony

4. Practices will be required to procure their telephony solutions only from the Better Purchasing Framework once their current telephony contracts expire.

Simplification of GP registration requirements

5. In order to support the simplification of GP registration requirements, the term ’medical cards’ will be removed from the GP contract regulations.

GP retention scheme

6. The four-session cap within the GP retention scheme was lifted during the pandemic and will now be removed permanently. Sessions worked above the cap will be funded by the employing general practice. Any further potential changes to the scheme will be picked up as part of the current review of GP recruitment and retention scheme being led by NHS England.

The Additional Roles Reimbursement Scheme (ARRS)

7. In 2023/24 the following changes will be made to the ARRS:

    a. increasing the cap on Advanced Practitioners from two to three per PCN where the PCN’s list size numbers 99,999 or fewer, and from three to six where the PCN’s list size numbers 100,000 or over.
    b. reimbursing PCNs for the time that First Contact Practitioners spend out of practice undertaking education and training to become Advanced Practitioners.
    c. including Advanced Clinical Practitioner Nurses in the roles eligible for reimbursement as Advanced Practitioners (APs).
    d. introducing apprentice Physician Associates (PAs) as a reimbursable role.

e. removing all existing recruitment caps on Mental Health Practitioners, and clarifying that they can support some first contact activity.
f. amending the Clinical Pharmacist role description to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists.

8. During 2023/24 the ARRS will be reviewed to ensure that it remains fit for purpose and aligned to future ambitions for general practice.

Changes to the PCN service specifications

9. In recognition of the current workload pressures in general practice, no additional requirements will be added to the PCN service specifications in 2023/24. NHS England will instead publish guidance which will suggest best practice to PCNs.

Enhanced Access

10. Following feedback from GPC England, NHS England has agreed to review the enhanced access requirements in 2023/24 once PCNs have had the opportunity to operate for several months, and to enable links into the wider conversations on urgent and emergency care.

Investment and Impact Fund (IIF)

11. The following changes will be made to the IIF in 2023/24:
    - the number of indicators will be reduced to five to support a small number of key national priorities: flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator. The value of these indicators will be £59m.
    - the remainder of the IIF will now be worth £246m and will be entirely focused on improving patient experience of contacting their practice and being assessed and/or seen within the appropriate timeframe (for example same day or within 2 weeks where appropriate).
    - 70% of the total funding, equating to £172.2m, will be provided as a monthly payment to PCNs during 2023/24, similar to monthly QOF aspirational payments.
    - the remaining 30% of the total funding, equating to £73.8m, will be assessed against 'gateway criteria' at the end of March 2024 by ICBs and paid to PCNs for demonstrable and evidenced improvements in access for patients.

12. The Learning Disability Health Checks Indicator will be amended by adding a requirement to record the ethnicity of people with learning disabilities.

13. A Personal Care Adjustment (PCA) will be added to the indicator on FIT testing (CAN-02) so that PCNs are not being incentivised to refer for FIT testing when there is rectal bleeding. Additional support will be provided where practices are struggling to access tests. This will involve setting up a national 'supply chain' escalation system that any GP practice can contact if local supply issues arise.

Additional support is available from the regional cancer alliance to fund FIT kits where needed.

Quality and Outcomes Framework (QOF)

14. QOF will be streamlined in 2023/24 by income protecting all register indicators. This will release £97m of funding and reduce the number of indicators in QOF from 74 to 55 (a reduction of 25%). Funding will be paid to practices based on 2022/23 performance monthly once the 2022/23 QOF outturn is finalised.

15. Two new cholesterol indicators (worth 30 points~£36m) will be added to QOF along with a new overarching mental health indicator. These will be funded by retiring indicator RA002 (the percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months) and reducing the value of DEM004 (annual dementia review). The mode of review of DEM004 will also be amended to be determined through shared decision making with the patient.

16. Indicator AF007 will be retired and replaced with the indicator below (which was in the IIF as CVD-05 in 2022/23):
    - AF008: Percentage of patients on the QOF Atrial Fibrillation register and with a CHA2DS2- VASc score of 2 or more, who were prescribed a direct-acting oral anticoagulant (DOAC), or, where a DOAC was declined or clinically unsuitable, a Vitamin K antagonist (12 points, LT 70%, UT 95%).

17. There will also be a number of other small changes to indicator wordings and values in 2023/24.

18. The QOF QI modules in 2023/24 will focus on:
    - workforce and wellbeing
    - optimisation of demand and capacity management in general practice.

19. Work will need to be undertaken during 2023/24 to review QOF in its current form with the aim of making it more streamlined and focussed. The profession, patients and the broader system will be consulted to determine the most appropriate form in 2024/25.

Childhood immunisations

20. The following changes will be made to childhood vaccinations:

    - the removal of the V & I repayment mechanism, removing the payment clawback for practice performance below 80% coverage across the routine childhood programmes.
    - changes to the childhood V & I QOF indicators.
    - clarification of the wording in the SFE that an Item of Service (IoS) fee will be payable for vaccinations administered for medical reasons and incomplete or unknown vaccination status (‘evergreen offer’) for the

programmes outlined in the SFE Part 5 Vaccinations and Immunisation, section 19.

21. The changes to the childhood vaccination and immunisation indicators within QOF will see the lower thresholds reduced to 89% (VI001) 86% (VI002) and 81% (VI003) and the upper thresholds raised to 96%[1]. All the points for each indicator will be put into a sliding scale of reward between the lower and upper threshold. Reducing the lower thresholds will decrease the number of practices receiving no payment across the three indicators.

22. A new Personalised Care Adjustment will also be introduced for patients who registered at the practice too late (either too late in age, or too late in the financial year) to be vaccinated in accordance with the UK national schedule (or, where they differ, the requirements of the relevant QOF indicator).

Vaccination and Immunisations

23. The contract will also be updated to reflect forthcoming changes to the routine vaccination schedule as recommended by the Joint Committee on Vaccinations and Immunisation (JCVI), specifically in relation to Human papillomavirus (HPV), and Shingles.

Human papillomavirus

24. JCVI recommended a move from a two-dose schedule to a one dose schedule for the routine adolescent programme up to the age of 25 years. This change will align HPV vaccine doses across age groups, aligning the school's programme, sexual health and general practice provision, therefore minimising the risk of conflicting or missing doses. This change will not apply to those who are immunocompromised and those known to be HIV positive for whom the three-dose schedule will remain.

25. There will be a change from a two-dose to a one-dose HPV programme for those aged 14 to 25 years from 1 September 2023 to align with the school's programme.

26. General practice delivery remains opportunistic or on request. Eligibility remains up to 25 years of age for girls born after 1 September 1991 and boys born after 1 September 2006. This difference is due to the programme for boys being introduced at a later date (2019).

27. The IoS payment will continue to be paid at £10.06 per dose administered.

[1] VI001: The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months; VI002: The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months; VI003: The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.

28. Further information on the programme change will be provided in due course.

Shingles

29. The JCVI advised in 2018 that Shingrix had been shown to be effective and cost-effective, recommending its use in the NHS Shingles Programme for individuals for whom the live Zostavax was contraindicated. This change was implemented in the programme in September 2021.

30. In 2019 JCVI recommended the replacement of Zostavax with Shingrix and the expansion of the cohorts in the Shingles Vaccination Programme. JCVI have recognised that there may be more clinical benefit from starting Shingles vaccinations at a lower age, with modelling indicating that a greater number of cases would be prevented with vaccination at 60 years for immunocompetent and 50 years for immunocompromised.

31. From 1 September 2023 changes to the Shingles Programme to implement the JCVI recommendations will be as follows:
    - replacement of Zostavax with the 2-dose Shingrix vaccine as Zostavax goes out of production.
    - 2-dose Shingrix vaccine for the current 70-79-year-old cohort with a period of 26 weeks to 52 weeks between doses following the depletion of Zostavax.
    - expansion of the immunocompromised cohort to offer 2-dose Shingrix to individuals aged 50 years and over with a period between doses of 8 weeks to 26 weeks.
    - expansion of the immunocompetent cohort to offer 2-dose Shingrix routinely to individuals aged 60 years and over with a period between doses of 26 weeks to 52 weeks, remaining an opportunistic offer up to and including 79 years of age.

32. The expansion of the immunocompetent cohort will be implemented over two five-year stages as follows:
    - first five-year stage (1 September 2023 to 31 August 2028): Shingrix will be offered to those turning 70 and those turning 65 years of age in each of the five years as they become eligible.
    - second five-year stage (1 September 2028 to 31 August 2033): Shingrix will be offered to those turning 65 and those turning 60 years of age in each of the five years as they become eligible.

33. Additionally, practice call/recall for the immunocompromised and immunocompetent cohorts as they become eligible for the programme will be implemented from 1 September 2023, as well as catch-up call/recall for the newly eligible immunocompromised 50-69-year-old cohort.

34. Shingles can be delivered at any time during the year thus enabling practices to manage timing for when the individual is invited and can also be opportunistically delivered if clinically appropriate when an individual attends the practice for another reason.

35. The Shingles GPES extraction will be updated to accommodate these changes.

36. Further information on the programme changes and management of the immunocompetent cohort expansion will be provided in due course.

Unchanged programmes

37. The following programmes will continue unchanged for 2023/24:
    - 6-in-1 (DTaP/IPV/Hib/HepB)
    - MenB
    - Rotavirus
    - PCV (infant pneumococcal)
    - Hib/MenC
    - MMR provision to remain unchanged for both the 0-5-year-olds programme and 6 years and over programme
    - 4-in-1 pre-school booster (DtaP/IPV)
    - 3-in-1 booster (td/IPV)
    - Men ACWY (provision for those aged up to 25 years who miss the schools programme)
    - PPV (65-year-olds and 2-64-year olds in defined clinical risk groups)
    - HepB (Babies)
    - Pertussis (pregnant women).

Weight Management Enhanced Service

38. The Weight Management Enhanced Service will continue into 2023/24, retaining the £11.50 referral payment.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Contracting Committee Meeting
13 June 2023

Report Title	Primary Care Contracting Committee Risk Register	**Date of report**	31 May 2023	**Agenda Item**	4.1
Lead Director / Manager	Chris Hanson, Deputy Head of Governance and Risk	**Email / Tel**			
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	*Not Applicable*	**Summary of Financial Implications** This report assists the ICB in managing its most significant financial risks within the remit of the Committee.			
Name of Authorising Estates Lead	*Not Applicable*	**Summary of Estates Implications** *Not Applicable*			
Report Summary	This report provides an overview of material risks falling within the remit of the Primary Care Contracting Committee ('Committee') of North Central London Integrated Care Board ('ICB'). **<u>The Committee Risk Register</u>** There are 3 risks on the Committee Risk Register. The threshold for escalation to the Committee is a risk score of 12 or higher. Since the last meeting of the Committee 1 risk has reduced to below the Committee threshold. The risk ratings of the other 3 risks have remained the same. **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'). 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. Given the high demand on the Primary Care workforce, the ICB will have to monitor the impact on wellbeing and fatigue. This risk will be reviewed for the next BAF as it may now be appropriate to drop this rating as workforce development and training offers recover post pandemic				

	and there are signs from National that ARRS funding will become part of the core contract baseline (detail TBC and risk to be reassessed). **PERF22:** *Failure to manage impact of increased building costs on General Practice estate (Threat).* **Current Risk Rating:**12 (unchanged). Due to disrupted supply chains, impact of Brexit, the war in Ukraine, and the associated inflationary pressures, construction costs in terms of both building material and labour have been inflated. This, alongside the need to invest in Net Zero and more consistent ventilation standards, is impacting on cost and timing. 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. Rent budgets themselves are also under pressure, given the investment returns expected by landlords and investors. Market rents are moving away from District Valuer rents, which creates a risk of disagreement regarding the level of rent in the lease and the reimbursement cost. While 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. Our overall risk around the estate is being reviewed and this risk may need to be refined and reframed. **PERF28:** *Failure of Primary Care patient access (Threat).* **Current Risk Rating:** 12 (unchanged). 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. The national Access Recovery Plan was received in May which will guide prioritisation of actions within the ICS. The final guidance on funding is yet to be published. **<u>Decreasing Risk</u>** Since the last meeting of the Committee, the following risk's rating has reduced below the Committee threshold. It is therefore not shown on the Committee log but this risk will continue to be monitored at a corporate level. **PERF15:** *Failure to address variation in Primary Care Quality and Performance across NCL (Threat).* **Current Risk Rating:** 9 (previously 12). This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it. There are increased controls now in place, and additional controls planned, with some underway, and therefore the current risk rating has reduced. Work impacting this risk includes: • Prep and launch of an NCL-wide Long-Term Conditions Locally Commissioned Service - specification has now been approved for launch in October 2023. • Delivery of the Primary Care Network Direct Enhanced Service specifications for 2023/24 • Development of the Primary Care Dashboard and PCCC Q&P report supporting the monitoring of variation across a range of measures and action with providers to address any concerns re performance or unwarranted variation

	• Establishment of the GP Provider Alliance to provide a unified primary care provider voice within the NCL integrated care system and further opportunities to share learning and to work at scale.
Recommendation	The Committee is asked to**:** • **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	The risk register will be a standing item for each meeting of the Committee.
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the ICB's conflict of interest policy.
Resource Implications	This report supports the ICB in making effective and efficient use of its resources.
Engagement	This report is presented to each Committee meeting. The Committee includes a clinician and Non-Executive Members.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Committee Risk Register is presented at each Committee meeting.
Next Steps	The next steps are as follows: • To continue to manage risks in a robust way; • To continue the development of the ICB's approach to system risk management.
Appendices	Appendices are: 1. Primary Care Contracting Committee Risk Register; 2. The Committee Risk Overview Report; and, 3. Risk scoring key.

ID	Risk Owner	Risk Manager	Objective	Risk	Consequence (Initial)	Likelihood (Initial)	Rating (Initial)	Controls in place	Evidence of Controls	Overall Strength of Controls in place	Consequence (Current)	Likelihood (Current)	Rating (Current)	Controls Needed
PERF18	Sarah McDonnell-Davies - Executive Director of Places	Sarah Mcilwaine, Director of Primary Care	Provide robust support to, and development of, our workforce - including through change	**Failure to effectively develop the primary care workforce (Threat).** **CAUSE**: If the ICB is ineffective in developing the primary care workforce **EFFECT:** There is a risk that it will not deliver the primary care strategy **IMPACT**: This could mean that, for example, patients with long term conditions are not fully supported in primary care and require more frequent hospital care.	4	3	12	C1. Establishment of primary care networks. Primary Care Networks recruiting new roles through national Additional Roles Reimbursement Scheme (ARRS) programme. C2. The education programme for GPs, practice nurses and practice staff is in place C3. Development funding in primary care strategy for practice managers, practice nurse and practice-based pharmacists is in place C4. Workforce development team in place in the ICB - *review of NCL Wellbeing Hub approach (including primary care)* 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 C8. Approval of a consistent approach to managing long term conditions in primary care via an LCS - uses full range of primary care workforce and creates space for practices to deliver proactive care (launching October 2023) C9. 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 C10. Delivery of the Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities for 2022-23 developed by NCL Training Hub C11. Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new entrants to the practice workforce C12. 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 C13. Primary Care Flexible Staff Pool and an offer to strengthen links between practices and GPs and GPNs wishing to work flexibly is live C14. Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce C15. 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. C16. The ICB and NCL training hub wellbeing programme targeting Primary Care staff throughout 2022/23 C17. A Primary Care Wellbeing Lead is in place.	C1. Committee papers C2. Programme papers C3. ICB papers and General Practice Forward View ('GPFV') funding C4. Strategy Directorate structures include workforce development C5. Plan C6. Staff in place, annual PCN workforce planning submission to NHSE C7. People Strategy now approved C8. LTC LCS approved. Preparatory period for practices underway, service launching in Oct 2023. C9. National funding policy including System Development Funding C10. Strategy/Committee papers C11. Fellowship programmes delivered by NCL Training Hub, updates provided via workforce committee structures C12. Initiatives in place delivered by NCL Training Hub, updates provided via workforce committee structures C13. Contract in place and contract monitoring meetings to ensure delivery C14. Memorandum of understanding with NCL Training Hub C15. Reporting against System Development Funding C16. Keeping Well NCL website setting out offers for primary care staff C17. Primary Care Wellbeing Lead in place.	STRONG: The controls have a 80%+ chance or higher of successfully controlling the risk	4	4	16	CN1. Implementation of 2022/23 GP retention funding CN2. Development of Borough-based workforce analysis - to be reviewed by ICB PCCC CN3. Development of robust support and supervision standards for ARRS and Direct Patient Care roles (non GP and GPN); CN4. Need to prevent fatigue and burn-out in primary care staff
PERF22	Sarah McDonnell-Davies - Executive Director of Places	Nicola Theron - Director of Estates	Maintain strong financial vigilance	**Failure to manage impact of increased building costs on General Practice estate (Threat)** **CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent to develop the General Practice estate, due to increased construction costs because of disrupted supply chains, **EFFECT:** There is a risk that Primary Care development schemes will either be cancelled or will have be to be scaled down. There is a risk that when GPs retire, re-providing premises is unaffordable. Additional capital will need to be found for existing schemes already under contract. **IMPACT:** This may result in the ICB being unable to deliver improvement to Primary Care services and negative patient experience. This may result in an inability to provide/re-provide sufficient Primary Care accommodation where needed. This may also result in an inability to invest as desired to improve patient care and support existing services. This may also impact on the ability to improve our (digital and) estates infrastructure in line with the needs of our population, due to lack of funding options available to secure investment and our ability to deliver modern and safe care.	3	4	12	C1. Primary Care Commissioners and Estate teams in situ, with negotiation experience, and ensure buy in of all partners of process and timetable. Focus on ensuing both sufficient contingency and non recurrent revenue to manage risk C2. Robust governance of Rent Budgets, the voids elimination plan and contingency budgets, to identify potential budgets (including external funding) 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 22/24-26/27 C3. PCCC Terms of Reference C4. Finance templates, funding pipelines. oversight by Local Care Infrastructure Delivery Board ('LCIDB') 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. PCN Infrastructure Plans will identify estate quality, sufficiency or fit-for-purpose issues CN5. Securing capital allocation from the overall ICS prioritisation process
PERF28	Sarah McDonnell-Davies - Executive Director of Places	Sarah Mcilwaine, Director of Transformation - Primary Care	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	**Failure of Primary Care patient access (Threat)** **CAUSE:** If the ICB fails to address patient and stakeholder concerns around timely and appropriate access to general practice, **EFFECT:** There is a risk that patients do not present to the right place at the right time. There is a risk to the reputation of provision and commissioning. There is a risk to NHS staff of negativity and abuse. **IMPACT:** This may result in pressures elsewhere in the system. There may be a negative impact on the workforce and providers.	3	4	12	C1. ICB Primary Care, Analytics and Comms teams developing insights into access in general practice C2. Primary Care Silver meetings with stakeholders including Local Medical Committees ('LMC') to maintain visibility on pressures and support any escalations C3. Communication campaign with local residents to ensure the services offered by and approach to accessing general practice and wider primary care is clear C4. Engagement of key stakeholders including staff, NHSE, LMC, Cllrs C5 System Executive briefed on the challenges and supporting local solutions C6 Winter plans to include additional resources to support access over Q4. C7. Support for General Practice staff - recruitment, retention, wellbeing, zero tolerance of abuse	C1. Data and insights including Q&P report for PCCC C2. Reports, meeting notes, minutes C3. Communications materials C4. Reports, meeting notes and minutes, ICS communications C5. Reports, meeting notes, minutes C6. Reports, meeting notes, minutes C7. Workforce plans including People Strategy and Training Hub programme	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	4	12	CN1. Post-COVID-19 access and demand plan for London region and NCL ICS footprint is needed

Actions	Action Deadline	Update on Actions	Consequence (Target)	Likelihood (Target)	Rating (Target)	Committee	Strategic Update for Committee	Date of Last Update	Status
A1. System Development Funding ('SDF') Local GP Retention Funding to support delivery of workforce actions in Fuller Report A2. Borough Primary Care teams and NCL training hub to work with PCNs to support annual workforce planning A3. CMO & CNO scoping of gaps in supervision & support of ARRS and Direct Patient Care roles A4. Secure funding for programmes to ensure staff wellbeing	A1. 31.05.2023 A2. 31.10.2023 A3. 31.10.2023 A4. 31.08.2022	A1. The SDF letter for 2023/24 is yet to be published, but the estimated national allocation was shared with us last week and borough teams have been asked to work on delivery plans for this year. It is intended this scheme is pooled into the Primary Care Transformation budget as outlined in the SDF technical note dated 23/12/22 and that we will have local autonomy over the scale of delivery. The requirement remains that we must support retention through local retention schemes. A revised PCMS guidance for 2023/24 was also shared with borough teams ahead of May submissions. In the previous year, GP retention funding was allocated to borough training hubs to deliver local retention schemes and this seemed to have worked well. A2. Due to unexpected rise in ARRS underclaim in many NCL PCNs the ICB will increase support to PCNs with recruitment planning and monitoring spend against budget in 2023/24. Quarterly meetings for ICB ARRS leads will support this. Communications to PCNs have been developed including a flowchart to aid understanding of the process including process for identifying and redistribution of unclaimed funds within year. Conversations with NCL training hub to establish further initiatives to support workforce planning are ongoing. Predicted ARRS recruitment numbers vs budget is currently under development and there is a plan to review this in the next finance meeting scheduled for May. A3. The content of the DES contract for 2023/24 has been reviewed and highlights shared with ICB ARRS leads in the first instance. Conversations about finding ways to record and review exit interviews/ reasons for leaving are ongoing. There is a preliminary plan to develop a business case to secure funds to incentivise PCNs to complete those systematically. Additionally, ICB borough teams will work with PCNs who retain staff well to understand how they achieve this. ICB to consider how 2023/24 funds might be leveraged to tackle known challenges with supervision, estates and IT that are inevitably linked to recruitment of ARRS roles. A4. NCL Training Hub are leading on various wellbeing programmes for primary care staff with an option for a provision of immediate support, should this be required. 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. The Training Hub run a systemwide Health & Wellbeing Steering Group to oversee the progress of these initiatives and discuss future strategy in this area. These meetings are attended by the ICB as well as provider representatives from primary care (including dentistry and pharmacy), secondary care and local authorities. Currently, their focus is on further developing the above initiatives, promoting them to primary care to increase uptake, and developing the "health and wellbeing champions" role based on learning from other ICS areas who have successfully completed this work. In the light of the QOF points linked to improving workforce wellbeing for this year, the NCL training hub has been working on developing an improvement plan with a suggested outcomes being: improvement of wellbeing, resilience, and risk of burnout, creation of a compassionate and inclusive culture, support for the onboarding of new staff, and establishment of peer support networks.	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'). 2022/23 was year 4 of the 5 year scheme which enabled 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 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; • Delivery of the 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 is live; • Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce; • 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 implemented a wellbeing programme targeting Primary Care staff throughout 2022/23, with a Primary Care Wellbeing Lead recruited.	30.05.2023	Open
A1. Pipeline of potential work via primary and community care estates groups and buy in by finance, primary care, contracting and estate to these projects A2. Exploration of ability to increase flexibility of use in NHS-owned estate within NCL A3. Periodic review of proposed schemes affordability to identify additional capital/revenue required, with updates to PCCC	A1. 31.07.2023 A2. 31.12.2023 A3. 30.09.2023	A1. Update of pipeline completed and ready to incorporate in wider ICS capital pipeline. Bidding for underspend 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 2023/24 A3. PCCC being updated on review on periodic basis	3	3	9	Primary Care Contracting Committee	Due to disrupted supply chains, impact of Brexit, the war in Ukraine, and the associated inflationary pressures, construction costs in terms of both building material and labour have been inflated. This, alongside the need to invest in Net Zero and more consistent ventilation standards, is impacting on cost and timing 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. Rent budgets themselves are also under pressure, given the investment returns expected by landlords and investors. Market rents are moving away from District Valuer rents, which creates a risk of disagreement regarding the level of rent in the lease and the reimbursement cost While 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.	26.05.2023	Open
A1. Development of plan through London Primary Care Board and local strategy and transformation plans	A1. 30.06.2023	A1. NCL ICB is promoting the development of a coherent pan-London approach through the London Primary Care Board. Planning guidance for 2023/24 has indicated that a national Access Recovery Plan will be implemented which will guide prioritisation of actions within the ICS. The majority of this plan has been received, however we are still awaiting final funding guidance. A maximum of £6.9m is available to NCL PCNs through the national capacity and access payment in 2023-24 (national funds repurposed from the impact and investment fund). 70% will be paid directly to PCNs in monthly instalments with 30% conditional on achievement of an access improvement plan which will cover i) patient experience of contact; ii) ease of access and demand management; iii) accuracy of recording in appointment books. We are working through the plans with the LMC and GPPA on a consistent approach to reviewing and giving feedback to ensure fit with the national specification and appropriate levels of ambition before agreeing final improvement plans with PCNs.	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. The national Access Recovery Plan was received in May which will guide prioritisation of actions within the ICS. The final guidance on funding is yet to be published.	30.05.2023	Open

North Central London ICB PCCC Risk Overview Report

Risk ID	Risk Title	Risk Owner	Risk description	2022-2023 Current Risk Score DEC	FEB	MAR	MAY	Movement From Last Report	Target Risk Score
System Risks									
PERF18	**Failure to effectively develop the primary care workforce (Threat).**	Sarah McDonnell-Davies - Executive Director of Places	**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.	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	**CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent to develop the General Practice estate, due to increased construction costs because of disrupted supply chains, **EFFECT:** There is a risk that Primary Care development schemes will either be cancelled or will have be to be scaled down. There is a risk that when GPs retire, re-providing premises is unaffordable. Additional capital will need to be found for existing schemes already under contract. **IMPACT:** This may result in the ICB being unable to deliver improvement to Primary Care services and negative patient experience. This may result in an inability to provide/re-provide sufficient Primary Care accommodation where needed. This may also result in an inability to invest as desired to improve patient care and support existing services. This may also impact on the ability to improve our (digital and) estates infrastructure in line with the needs of our population, due to lack of funding options available to secure investment and our ability to deliver modern and safe care.	12	12	12	12	→	9
PERF28	**Failure of Primary Care patient access (Threat).**	Sarah McDonnell-Davies - Executive Director of Places	**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.	12	12	12	12	→	9
Reducing Risk									
PERF15	**Failure to address variation in Primary Care Quality and Performance across NCL (Threat).**	Sarah McDonnell-Davies - Executive Director of Places	**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.	12	12	12	9	↓	6

Risk Key

Risk Improving ê

Risk Worsening é

Risk neither improving nor worsening but working towards target è

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**