North Central London
Integrated Care Board

NHS North Central London ICB
Primary Care Committee Extraordinary Meeting
Tuesday 21 May 2024
11:45am to 1:00pm
Clerkenwell Room, 2nd Floor,
Laycock PDC, Laycock Street, Islington N1 1TH.

Item	Title	Lead	Action	Page	Time
	AGENDA Part 1				
1.	**INTRODUCTION**				
1.1	Welcome, introductions and Apologies.	Usman Khan	Note	Oral	11:45am to 12:00pm
1.2	Declarations of Interest (Not otherwise stated)	All	Note	2	
1.3	Draft Minutes of the PCC meeting on 16 April 2024	Usman Khan	Approve	7	
1.4	Action log	Usman Khan	Approve	18	
1.5	Virtual Decision taken to issue breach notices to AT Medics Ltd	Usman Khan	Note	20	
2.	**BUSINESS**				
2.1	AT Medics Change of Control	Sarah McDonnell-Davies	Approve	24	12:00pm to 12:55pm
3.	**ANY OTHER BUSINESS**				
3.1	AOB	All	Note	Oral	12:55pm to 1:00pm
4.	**DATES OF NEXT MEETINGS**				
	2024: 18 June, 6 August, 15 October, 17 December **2025**: 11 February				

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Extraordinary Meeting
21 May 2024

Report Title	Declaration of Interests Register – Primary Care Committee (PCC)	**Agenda Item:** 1.2	
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Place	Tel/Email	sarah.mcdonnell1@nhs.net
Lead Director / Manager	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 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	• Members and attendees of the Primary Care Committee (PCC) 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	The Committee is asked 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 Committee.
Next Steps	The Declaration of Interests Register is presented to every meeting of the Primary Care Committee and regularly monitored.
Appendices	The Declaration of Interests Register.

NCL ICB Primary Care Committee Declaration of Interest Register - April 2024

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	18/07/2023	
	Chair of ICB Primary Care Committee	ModusEurope	yes	yes	yes	Direct	director	29/11/2012	current	07/09/2022	18/07/2023	
	Chair of ICB Finance Committee	Motor Neurone Disease (Sales) Ltd	no	yes	yes	Direct	director	27/06/2022	current	07/09/2022	18/07/2023	
	Member of ICB Audit Committee	London Metropolitan University	yes	yes	yes	Direct	Vice Chair of Governors and Chair of Finance & Audit Committee	01/08/2022	current	07/09/2022	18/07/2023	
	Member of ICB Remuneration Committee	Motor Neurone Disease Association	no	yes	yes	Direct	Chair of Trustees / director	01/07/2021	current	07/09/2022	18/07/2023	
		KU Leuven University, Belgium	yes	yes	yes	Direct	Visiting Professor in Health Management and		current	07/09/2022	18/07/2023	
		South East Coast Ambulance Service	yes	no	no	Direct	Chair	15/04/2024	31/05/2027	16/04/2024		
		New York University (London)	yes	no	no	Direct	Global Lecturer		current	20/03/2024		
		Bevan Commission	no	no	yes	Direct	member		current	20/03/2024		
		European Health Forum Gastein	no	no	yes	Direct	Advisory Committee member		current	20/03/2024		
		Health Shared (Axiom Medical Ltd)	no	no	no	Direct	ad hoc advice pro bono	01/03/2024	current	16/04/2024		
Ms Liz **Sayce OBE**	Non Executive Member, Member of the ICB Board							01/07/2022	current	26/08/2022	10/07/2023	
	Chair of ICB Remuneration Committee										10/07/2023	
	Chair of ICB Quality and Safety Committee	Action on Disability and Development International	no	yes		direct	Trustee	26/01/2021	current	26/08/2022	10/07/2023	
	Member of ICB Audit Committee	London School of Economics	yes	yes		direct	Visiting Professor in Practice		current	26/08/2022	10/07/2023	
	Vice-Chair of ICB Integrated Medicines Optimisation Committee	Fabian Society Commission on Poverty and Regional Inequality	yes	yes		direct	Commissioner	2021	current	26/08/2022	10/07/2023	
	Member of ICB Primary Care Committee	Royal Society of Arts	no	no	yes	direct	Fellow		current	26/08/2022	10/07/2023	
	Chair NCL People Board	Institute for Employment Studies Commission on the Future of Employment Support	yes	yes	no	direct	Commissioner	2022	2024	26/08/2022	10/07/2023	
		Recovery Focus (a national voluntary organisation)	no	no	no	indirect	Partner is a Trustee		current	26/08/2022	10/07/2023	
		Furzedown Project, Wandsworth, Charity no 1076087	no			direct	Trustee	24/11/2022	current	24/11/2022	10/07/2023	
		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	10/07/2023	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
Sarah **Morgan**	Chief People Officer Member of the Executive Member Team	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022	13/12/2023	manage contributions in line with ICB guidance
	Attend Remuneration Committee											
	Voting member Primary Care Committee											
	Member of People Board											
	Chair of People and Culture Oversight Group											
	Member of the Strategic Development and Population Health Committee											
		Fresh Visions People Ltd Charity no 1091627	no	no	yes	Direct	Trustee / Director and Chair from 6 December 2	22/04/2022	current	04/07/2022	13/12/2023	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
		Kaleidoscope Health and Care (not for profit Social Enterprise)	no	yes	no	Direct	Member of a professional network of health and care professionals including alumni of the NHS general management graduate scheme	2016	current	13/12/2023		Manage any contractual arrangements through procurement team
		University of Birmingham, School of Social Policy, Health Services Management Centre	no	no	yes	Direct	Honorary Associate Professor	01/10/2023	current	13/12/2023		
Dr Jo **Sauvage**	Chief Medical Officer		yes	yes	yes	direct		01/07/2022	current	10/07/2022	06/07/2023	
	Member of ICS Community Partnership Forum		no	yes	no	direct			current	10/07/2022	06/07/2023	
	Member of ICB Board	London Clinical Executive Group	no	yes	no	direct	NCL Clinical Representative		current	10/07/2022	06/07/2023	
	Member of ICB Executive Management Team	London People Board	no	yes	no	direct	Commissioning Representative		current	10/07/2022	06/07/2023	
	Member of Quality and Safety Committee	London Primary Care School Board	no	yes	no	direct	ICS Representative		current	10/07/2022	06/07/2023	
	Member of the Strategy and Development Committee	London Primary Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	06/07/2023	
	Member of Primary Care Committee	London Urgent and Emergency Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	06/07/2023	
	Member of Population Health Improvement Committee	Greener NHS England, London	no	yes	no	direct	Clinical Director		current	10/07/2022	06/07/2023	
	Also participate in multiple work streams NHS England & Improvement and Health Education England, London Region:	Membership Expert Advisory Group for Evidence based interventions. Hosted by Academy of Royal Colleges	no	yes	no	direct	Member		current	10/07/2022	06/07/2023	
		Net Zero Clinical Transformation Advisory Board	no			direct	Member		current	06/07/2023		
		London Sustainability Network	yes	yes	no	direct	Clinical Director		current	06/07/2023		
		Islington GP Federation	yes	yes	yes	direct	GP Practice is a member	2016	current	10/07/2022	06/07/2023	
		City Road Medical Centre	yes	yes	yes	direct	GP Partner	06/11/2018	current	10/07/2022	06/07/2023	
		South Islington PCN	no	yes	yes	direct	GP Pracitce is a member	01/07/2019	current	01/07/2022	06/07/2023	
Dr Chris **Caldwell**	Chief Nursing Officer	Middlesex University	no	yes	no	Direct	visiting honorary Professor	30/03/2023	current	30/03/2023	14/02/2024	
	Member of ICB Board	Barnet Enfield Haringey MHT	no	no	no	indirect	daughter is an employee	01/01/2023	current	06/07/2023	14/02/2024	
	Member of Executive Management Team											
	Member of Quality and Safety Committee											
	Member of Strategy and Development Committee											
	Member of Primary Care Committee											

NCL ICB Primary Care Committee Declaration of Interest Register - April 2024

Sarah **McDonnell-Davies**	Executive Director of Place	No interests declared	no	no	no	no		20/06/2018	current	20/06/2018	14/07/2023	
	Member of Executive Management Team											
	Attend ICB Board of Members											
	Attend Strategy and Development Committee											
	Exec Lead for Primary Care Committee											
	Exec Lead for Integrated Medicines Optimisation Commmittee											
	attend other NCL / Borough related meetings as required											
Sarah **Rothenberg**	Director of Finance, Primary Care - NCL ICB							01/07/2022	current	05/09/2022	21/02/2024	
	Member of NCL ICB Primary Care Committee and attendee Integrated Medicines Optmisation Committee	Association of Jewish Refugees	No	No	Yes	direct	Finance Committee Member	10/07/2018	current	05/09/2022	21/02/2024	
Non- Voting Participants and Observers												
Sarah **McIlwaine**	Director of Primary Care Attend Participant Primary Care Committee and other committees as	None	N/A	N/A	N/A	N/A	none			09/10/2018	19/03/2024	
Frances **O'Callaghan** *on career break from 01/12/23 to 31/08/24*	Chief Executive of North London Integrated Care System	Labour Party	no	no	yes	direct	Member of Labour Party	25/05/2023	current	26/05/2023	26/05/2023	This declaration and any potential conflicts of interest were fully assessed by the Governance and Risk Team. Appropriate mitigating actions have been put into place and will be adhered to.'
	Member of ICB Board of Members											
	Member of ICB Finance Committee											
	Member of ICB Strategy and Development Committee											
	Member of ICB Executive Management Team											
	Member of ICB Community Partnership Forum											
	Attend other ICB Committees as necessary											
	Interim Chief Executive Officer											
Phill **Wells**									current	23/06/2022	10/07/2023	
	NCL ICB Board Member										10/07/2023	
	Member of ICB Finance Committee										10/07/2023	
	Attendee of ICB Primary Care Committee										10/07/2023	
	Member of ICB Executive Management Team											
	Member of Strategy and Development Committee	Essex County Council	no	no	no	indirect	Partner is an IT Director (ended May23)	01/09/2019	15/05/2023	21/07/2022	10/07/2023	
	Member of Procurement Oversight Group	The Air Ambulance Service	yes	yes	no	direct	Trustee and Chair of Audit and Risk Committee	01/03/2022	current	23/06/2022	10/07/2023	
Vanessa **Piper**	Assistant Director for Primary Care Contracting	None	No	No	No	No	Nil Return	13/09/2020	current	23/08/2021	14/11/2022	
Jenny **Goodridge**	Director of Quality and Chief Nurse	none	n/a	n/a	n/a	n/a	n/a			13/02/2018	20/09/2023	
	Member of Quality and Safety Committee											
	Attend Primary Care Committee											
	Attend Procurement Oversight Committee											
Albie **Stadtmiller**	Listen to Act/Healthwatch Enfield		No	Yes	No	Direct	Chief Executive	01/11/2022	current	14/02/2024		
	Attend Quality and Safety Committee											
	Attend Primary Care Committee											
John **Pritchard**	Senior Communications Manager Attendee of Primary Care Committee.	None	N/A	N/A	N/A	N/A	None			12/10/2018	15/02/2024	
Lorna **Reith**	Community Participant	Chair of Haringey Citizens Advice	No	Yes	No	Direct	Chair		current	10/11/2023		
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 Place (East)	No interests declared	No	No	No	No	Nil Return			08/09/2022	14/02/2024	
Carol **Kumar**	Assistant Director for Primary Care Strategy and Change	Five Development Consultancy LLP	yes	n	yes	direct	partner	2014	current	02/10/2017	15/11/2023	organisation not related to NHS business
	NCL PC C&C team– Practice case logs NCL Silver EOG, PCC (as required). Barnet Borough Partnership board Barnet Resilience Forum Various other meetings for borough, BBP or ICB as needed.		no	no	no	n/a	n/a		current	07/09/2022	15/11/2023	
Anthony **Marks**	Primary Care Contracting Senior Manager	No interests declared	No	No	No	No	Nil return			30/10/2018	07/03/2024	
Dr Geoffrey **Ocen**	Member of the NCL People Board and Population Health Board, attendee of Primary Care Committee							01/10/2023	current	20/11/2023		
	Chief Executive	The Bridge Renewal Trust, a VCSE organisation in Haringey which provides health and wellbeing services across the NCL Area. Interests	yes	yes	no	direct	Chief Executive	2022	current	20/11/2023		
		Mid and South Essex ICB	yes	yes	no	direct	Associate Non Executive Member	2023	current	20/11/2023		
Simon **Wheatley**	Director of Place (East)	no interests declared	No	No	No	No	Nil return			28/05/2019	02/11/2023	
Su **Nayee**	Primary Care Contracting Senior Manager	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 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	28/11/2023	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 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 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 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		
		other committees attend by rotation on behalf of DsPH.	no	yes	no	direct	member		current	11/12/2022		
	Director of PH at the Royal Free Group	Director of PH at the Royal Free Group	yes	yes	no	direct	Royal Free Group		current	11/12/2022		
Donna **Turnbull**	VCSE Alliance rep - Strategy and development Committee and Primary Care Committee	Voluntary Action Camden	yes	yes	no	direct	Health and Partnership Development Manager		current	26/07/2023		
		Managing and developing social prescribing service. Capacity building with Camden VCSEs to engage with health transformation /address health inequalities.							current	26/07/2023		
		AGE UK Camden	yes	yes	no	direct	Sub contractor of Age UK Camden for Camden's NCL commissioned Care Navigation and Social Prescribing Service	01/10/2018	current	26/07/2023		
		Community Action Research (Health Inequalities projects)	yes	yes	no	direct	Health Inequalities projects	01/10/2022	30/04/2023	26/07/2023		

NHS
North Central London
Integrated Care Board

NCL ICB PRIMARY CARE COMMITTEE (PCC)

Minutes of Meeting held on Tuesday 16 April 2024 between 9:30am and 11:00am

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

Voting Members	
Mr Usman Khan	Non - Executive Member & **Committee Chair**
Ms Liz Sayce	Non - Executive Member & Co - Chair
Ms Sarah McDonnell-Davies	Executive Director of Place & **Executive lead for the Committee**
Dr Josephine Sauvage	Chief Medical Officer
Ms Chris Caldwell	Chief Nursing Officer
Ms Sarah Louise Morgan	Chief People Officer
Ms Sarah Rothenberg	Director of Finance
Non – Voting Participants & Observers	
Ms Sarah Mcilwaine	Director of Primary Care
Mr Phill Wells	Chief Executive Officer
Dr Katie Coleman	Clinical Director for Primary Care
Ms Vanessa Piper	Assistant Director for Primary Care Contracting
Mr Anthony Marks	Primary Care Contracting Senior Manager
Ms Su Nayee	Primary Care Contracting Senior Manager
Ms Deidre Malone	Deputy Director of Quality & Clinical Standards (deputised for Jenny Goodridge)
Ms Carol Kumar	Assistant Director for Primary Care Strategy and Change
Ms Clare Henderson	Director of Place (East)
Ms Rebecca Kingsnorth	Assistant Director for Primary Care Strategy & Change
Mr Adam Backhouse	Head of Primary Care Strategy & Change
Ms Lorna Reith	Community Participant
Mr Ken Kanu	VCSE Alliance Representative
Ms Michelle Malwah	Healthwatch Representative (deputised for Albie Stadmiller)
Mr Andrew Spicer	Assistant Director of Governance, Risk and Legal Services
Mr Chris Hanson	Deputy Head of Governance, Risk and Legal Services
Ms Usha Bhanga	Senior Commissioning Manager
Ms Saro D'Souza	Primary Care Contracting Manager
Mr John Pritchard	Senior Communications Lead
Ms Isha Richards	Communications and Engagement Manager (Place and Primary Care)
Mr Andrew Tillbrook	MS Teams Live Producer
Ms Vivienne Ahmad	Board Secretary **(Minutes)**
Mr P Richards	Member of the Public
Apologies:	
Mr Mark Agathangelou	Community Participant

Ms Donna Turnbull	VCSE Alliance Representative
Mr Albie Stadmiller	Healthwatch Representative
Ms Jenny Goodridge	Director of Quality
Ms Nicola Theron	Director of Estates
Ms Diane Macdonald	Interim NCL Estates Finance Lead
Mr Will Maimaris	Public Health Representative
Mr Jamie Wright	LMC Representative

	INTRODUCTION
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed everyone to the PCC meeting. Apologies were recorded as above. The Committee was quorate. Will Maimaris and Jamie Wright were unable to attend online due to technical issues in the Clerkenwell Room. The Chair informed the Committee that minor amendments were being proposed to the PCC Terms of Reference to reflect the outcome of the Change Programme. As a result, the standing participants and job titles were being updated as follows: • Sarah Mcilwaine – Director of Primary Care • Vanessa Piper – Assistant Director of Primary Care Contracting • Carole Kumar – Assistant Director of Primary Care Planning, Operations and Improvement. • Becky Kingsnorth – Assistant Director of Primary Care Planning, Operations and Improvement. And a formal welcome to Dr Katie Coleman – Clinical Director of Primary Care The Terms of Reference will be going back to the ICB Board in May to approve these minor amendments. The Chair reminded everyone that members of the public can attend committee meetings. It is important to note that this 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 item. Formal responses will be published on the ICB website after each meeting. No questions had been received for today's meeting.
1.1.1	**Action:** • **To circulate the PCC Terms of Reference after the May ICB Board**. ***(Andrew Spicer)***
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 20 February 2024**
1.3.1	The minutes of the NCL Primary Care Contracting Committee Meeting on 20 February 2024 were agreed as a true record of the meeting subject to two amendments: • In the finance report, section 3.2.1, bottom of page 7, the third paragraph says '*year to date position is £12.6m overspent for 2023-24, but that should be mitigated by £12.3m expected income relating to the Additional Roles Reimbursement Scheme (ARRS). NHS England has informed the ICB the funding will come in month 11. Once funding is in there is expected to be as £329k underspend overall'*. Is this an underspend or overspend? It was noted the last sentence will be corrected to state – Once funding is in, there is expected to be £329k full year overspend. • '*£251k of overspend is due to cost pressures in Minor Surgery, Quality & Outcomes Framework, Clinical Waste and the cost of the PCSE patient letters service'*. It was noted this sentence will be corrected to say the £251k year to date overspend is due to cost pressures in Minor Surgery, Quality & Outcomes Framework, Clinical Waste and the cost of the PCSE patient letters service.
	Subject to the two amendments, the Committee APPROVED the minutes of the meeting dated 20 February 2024.
1.4	**Action Log**
1.4.1	The Committee reviewed the action log as follows: Four actions are in amber which are due to come back in June and December. One of the amber actions states a paper on St Ann's Road Surgery will come back to the part 1 of the meeting in April 2024. Due to purdah, this decision will be referred to an extraordinary meeting being considered for May 2024. Please note we are in the process of organising a date and time for this which will be published in due course. There are two actions in green which have been completed and therefore recommended for closure.
	The Committee APPROVED the action log.
1.5	**Matters Arising**
1.5.1	The Chair read a statement on the change of control at AT Medics: • As many of you will know, AT Medics Ltd provides general practice services to patients from a number of sites in North Central London. They currently hold 8 contracts with us and nationally operate approximately 60 GP practices. • On 30th November 2023, Integrated Care Boards (ICBs) received a request seeking prior authorisation for a change of control of AT Medics Ltd. • Following this request, ICBs began a due diligence process to determine whether the proposed owner was qualified to hold an Alternative Provider Medical Services contract. • On 15th March 2024, the NHS was notified that ownership of Operose Health Ltd transferred from MH Services International (UK) Ltd (a subsidiary of Centene Corporation) to T20 Osprey Midco Ltd on 28th December 2023. • This resulted in a 'change of control' for AT Medics Ltd.

	• In light of this new information, we are looking at our options and reconsidering the process and timeline. • GP practice services should continue uninterrupted. This does not mean that these GP practices will close or that registered patients need to find a new doctor. • As a commissioner of NHS services our main priority is to ensure the provision of high quality, safe and accessible services for local people. • We monitor the quality and performance of services ongoing to ensure residents receive care that meets the strict standards and regulations that apply to all providers of NHS services. • The due diligence process and our patient, public and stakeholder engagement will continue, to ensure when it considers its options, the Primary Care Committee understand people's views. • Our public information and communication and engagement materials will be revised to reflect this change. You can share your views and feedback and ask questions by completing a short survey available on our website. • This committee will consider all relevant information and make the necessary decisions in due course at a meeting held in public. • Further information is available on our website.
1.5.2	In considering the points made, the Committee noted the following: • AT Medics hold the contracts and are accountable for the contracts and the provision of services. • Regardless of the Change of Control, the ICB needs to understand the organisations that have control of its APMS contracts. Therefore, the due diligence process shall continue. • The ICB will consider its options regarding the breach of contract by AT Medics at a future Primary Care Committee meeting.
	The Committee NOTED the statement on the change of control.
2.0 BUSINESS	
2.1	**Special Allocation Scheme – APMS Contract Expiry**
2.1.1	The Committee was asked to approve the recommendation to extend the APMS contract for the remainder of its term to 3 November 2029. The following was highlighted: • The Special Allocation Scheme (SAS) is a specialised primary care service in place to manage patients that have been de-registered from a practice list for displaying threatening or violent behaviour where a police reference number has been obtained. • In 2019, following a procurement process, NCL ICB commissioned one provider, Medicus Health Select to deliver the service for the five Boroughs (Camden, Islington, Haringey, Enfield and Barnet). The practice has 274 registered patients as of 1 January 2024. • The services are provided under an Alternative Provider Medical Services (APMS) contract. • The current contract commenced on 4 November 2019 with an initial 5-year term and provision to extend for a further 5 years. The contract is approaching its first review point as it expires on 3 November 2024. • The contract has a block value of over £220,000 and has not seen an uplift since the contract started in 2019. • To date the practice has achieved 'Band A' achievement for all KPIs. • The practice has been inspected by the Care Quality Commission (CQC) twice (2021 and 2023) and rated *Outstanding* in the Well-Led domain and *Good* in all other domains (Safe, Effective, Caring and Responsive) and overall.

	• The practice does have some work to do in terms of improving screening, immunisation uptake and patient satisfaction, although it is important to note that no patient that's with this scheme is there by choice. • The recommendation is to extend the contract for a further five years until November 2029, and an uplift to the contract to a little over £264,000 being a £43,000 uplift, for 2024-25 and then to have further uplifts in line with the global sum to reflect the increased practice costs over this time and the growth in the list size.
2.1.2	In considering the paper, the Committee made comments and asked the following questions: • The amount per patient seemed excessive at £900 per patient per year. In comparison to other primary care contracts, it is nine times more expensive. It is understandable this a complex group of patients so require more additional support, but it is not translating into quality e.g. achieving the screening targets. • What are the characteristics of the patients being served? Ethnicity, learning disabilities, mental health etc. Are they getting the adjustments and support they need and being reached. • Has a quality and equality impact assessment been completed. • Nursing ratios showed that instead of having up to 9 appointments per week, there are only 2. • It did not feel right that a patient would check in every two weeks for the purpose of getting a repeat prescription. If they do, is this not an opportunity for health checks, blood pressure checks, screening, immunisations etc. • Has been an increase in referral to this service? • There have been several appeals that have been upheld and would be useful to know the patient's point of view. • To provide appropriate support to people with complex needs, does primary care have all the guidance to ensure a proper, fair process of learning is working. • It is worth understanding what has been achieved against the contract terms in the first five years. However, if offering the Special Allocation Scheme service, need to understand what is required from the contract with the funding that has been offered. Also, the second term of extension should take account of that. • There is a need to understand the importance of the balance between the abuse that practices report as being on the rise, and the reasons for referral to the Special Allocation Scheme (SAS). So, with physical violence, verbal abuse, racism and many other things happening, the criteria will need to be examined again. • With access, it is the service provider's duty to find premises from which to deliver the services. Therefore, need to get the provider's perspective before approving any renewal on how they are going to close that gap between what should be a five-day access to services and also looking to Saturdays. • This is an opportunity to review how the service compares to other services before any approval is given to a five-year continuation as well as put in place more robust actions and requirement for progress against quality indicators and access. • Is an expectation to provide enhanced services. For example, the Long-Term Conditions locally commissioned service is now available across all the practices in NCL. • Do all the individuals, who are part of the service, have access to the wider multidisciplinary team that is now available within the primary care team.
2.1.3	In responding it was noted: • The service can participate in every initiative and scheme and is for adults. • Premises have been looked at since starting the contract, but many have not been available for long or are practical enough. All these sites are further north and hopefully deliver services a bit closer to patients' homes.

	• The service needs to engage with patients early and help to rehabilitate them back to mainstream primary care. • They have not applied many personalised care adjustments (removing patients from the QoF). • There is limited data for this practice largely due to their size. So, need to work with the provider to better understand their patient cohorts and needs, and how to help them improve outcomes for these groups. • There are four KPIs in the contract now, but these can be refreshed.
2.1.4	The Chair concluded: • The Committee cannot approve the item today as it needs to be able to review the responses to the questions that have been raised and therefore an updated paper will need to come back to the next meeting. • Although the performance against the KPIs in the contract is good, work will continue with the provider in the meantime to ensure the right provision is given to a group of people who are particularly complex in multiple different ways.
2.1.5	**Action:** • **To bring back an updated SAS paper.** ***(Anthony Marks)***
	The Committee could NOT APPROVE the recommendation to extend the APMS contract for the remainder of its term.
2.2	**APMS Procurement – Contract Award**
2.2.1	The Committee was asked to approve the award of the NCL APMS contract to the following bidders: - Lot 1 - Barnsbury Medical Practice (Islington) – Bidder C - Lot 2 - Hanley Primary Care Centre (Islington) – Bidder C - Lot 3 - JS Medical Practice (Haringey) – Bidder G The Committee was asked to approve the recommendation that the following reserved bidders are advised of reserve bidder status: - Lot 1 - Barnsbury Medical Practice (Islington) – Bidder G - Lot 2 - Hanley Primary Care Centre (Islington) – Bidder G - Lot 3 - JS Medical Practice (Haringey) – Bidder A The following was highlighted: • The paper sets out the process and outcome of a procurement exercise to identify new providers to deliver services under an APMS contract for three practices: Barnsbury Medical Centre, Hanley Primary Care Centre and JS Medical Practice. • A good response from 12 bidders was received. • The names of the bidders could not be given as the Committee would take the decision today and then we enter a 10-day standstill period, which will allow any bidder to challenge the outcome of the procurement. • There has been extensive work carried out before going out to procurement in terms of the revision of procurement documentation: the questions, interview and written questions, and the memorandum of information (MOI). The updates now reflect the ICB strategy in terms of population health, social value and making sure that it provides its focus on retention and recruitment of staff, as well as retaining the standard safety aspects of the patient services in terms of clinical and operational values. • The KPIs have been updated to include indicators on social value, inequalities of health and population health as well. • Patient and stakeholder views were included within the MOI documentation to enable the bidders to respond specifically to any patient / stakeholder concerns.

	• There were 21 evaluators and moderators in total with expertise across the ICB. Each independently evaluated bidder responses to the questions. There were two people evaluating per question with moderation undertaken only with those evaluating that question. • The oversight and collation of the notes and scoring was managed by the NEL Procurement team, and scores were not held by the ICB during the procurement stages. • To safeguard against potential conflicts of interest all panel members signed conflict of interest declarations and non-disclosure agreements. Project members and Evaluators were carefully selected, informed of their role and the importance of the confidential nature of this procurement. The Committee agreed the paper was extremely comprehensive with the attention to detail and processes. It was satisfied with the assurance that due process had taken place on the proposed awarding of the contracts.
	The Committee APPROVED the award of the NCL APMS contract to the following bidders: - **Lot 1 - Barnsbury Medical Practice (Islington) – Bidder C** - **Lot 2 - Hanley Primary Care Centre (Islington) – Bidder C** - **Lot 3 - JS Medical Practice (Haringey) – Bidder G** **The Committee APPROVED the recommendation that the following reserved bidders are advised of reserve bidder status:** - **Lot 1 - Barnsbury Medical Practice (Islington) – Bidder G** - **Lot 2 - Hanley Primary Care Centre (Islington) – Bidder G** - **Lot 3 - JS Medical Practice (Haringey) – Bidder A**
3.0	**OVERVIEW REPORTS**
3.1	**Quality & Performance Report (Q&P)**
3.1.1	The Committee was asked to review both the executive summary and dashboard itself and note any questions, issues or themes that would benefit from further discussion or investigation. The following was highlighted: • The report is for general practice services rather than the primary care in the round. • In terms of the activity and workforce information on the dashboard, existing trends continue as expected. • As part of planning for the forthcoming financial year, the ICB has proposed activity levels are maintained rather than increased. • Practices are providing 92% of appointments within two weeks (above national target of 90%) and clinical workforce continues to increase. • The focus for this year will be on maximising use of the additional roles reimbursement scheme (ARRS) allocations in primary care networks, noting it is the last year of the current GP contract and is expected to change for next year. • The focus on learning disability health checks (LD Health Checks) was an action from a previous meeting that had been picked up in more detail but important to note there was a data lag here. Provisional data indicated that NCL had met the national long-term plan and target of achieving 75% health checks completed. However, practices approach LD Health Checks in different ways, which is why a cumulative trend is seen coming through the year. This will be revisited with the final end of year position and there may be learning to understand different practice approaches. This will include learning from practices that do this very well and exploring who the ICB supports practices who might benefit from additional

	support. This will require thinking about how to triangulate the LD Health Check with data from other teams and other areas of the ICB to make sure there is good understanding. • The report notes the changes to the remit of this Committee and also the changes to the primary care structures in the ICB in order to think of how to evolve the Q&P report further. Simon Wheatley did a lot of work on this previously, so need to continue iterating it and being articulate about how the data and Committee discussion links clearly to the work of the new primary care team in terms of how action then happens.
3.1.2	In considering the report, the Committee made the following comments: LD health checks • It would be good to understand the impact on outcomes from the LD health checks and whether it makes any difference to help reduce inequalities in poverty, mortality and unnecessary morbidity. • It would be useful to have the ICB borough teams work with the quality team and others to look at the quality of LD health checks in more detail and provide more insight into the other issues and challenges. It might be good to spend some time at a future meeting to look at the patterns in this data and generate ideas. • Why do practices focus on LD health checks before the end of the year? It may be possibly because they struggle with the huge demand they have to pick up and deliver against on a month-by-month basis. Also, due to the constrained capacity in general practice and the infrastructure needed to do this work well, many practices find it easier to have a sustained focus at one point in the year. • There is good learning from LD health checks. Although there may be focus on the negatives and gaps in the quality of life, there is also a need to capture the positive and good work that is being done. • It would be useful to do a deep dive on LD health checks to see what is going on and why there is a difference between practices. Workforce • Need to spend more time in future meetings on the workforce data, linked to content that was discussed in the workforce paper in February. • The clinical workforce has been growing for the last five years under the additional role reimbursement scheme. • The budget for these roles will not increase again and there is currently no major funding stream for primary care to continue to grow its workforce. Therefore, we need to look carefully at what the ratios of patients to different roles are and what plan is there for continued development of the general practice workforce in NCL. Interface between general practice and secondary care • Need to discuss the interface between general practice activity and secondary care activity in terms of advice and guidance, consultant connect, referral, ED attendances etc. • This also includes patient experience which seems to fall short especially when trying to get the GP to help you get into the service you are waiting to access or the availability to start the services. Interface between Quality and Safety Committee and the Primary Care Committee • The Committee has already had a seminar with the Quality & Safety Committee which looked at quality of people's experience between primary care, secondary care, social care, mental health care etc. • The ICB has a quality vision which sees quality in terms of patient access, patient experience, and outcomes and service delivery, staff experience and then financial value of the services in terms of their impact. That would be showing whether the ICB is delivering the population health improvement and integration

	strategy. So, the Quality and Safety Committee and the Primary Care Committee will need look together and see how that can be done at place and in the system. It practically means the Quality Team who attend this committee along with the Primary Care Team (with colleagues in Primary Care Strategy and Change) as well as the new Place directors will need to work through that. • It was noted Deidre Malone and Adam Backhouse will meet this week to go through the content of the dashboard but also the narrative around quality and link into the Quality and Safety Committee which needs discussing primary care in more detail. Priorities as a System • There is a need to be mindful of what is going on at the frontline when reviewing this data. • There has been a recent national consultation around incentives and outcomes in General Practice which the ICB has responded to. As an ICB we need to ensure all are clear about the priorities and that colleagues in primary care also know and understand that everyone is working together to achieve the shared outcomes. • Will need to come back to the population health aspect of this report to ensure a comparison is being done on the operational health achievements and how general practice enables these achievements. • Further we need to consider how this is tracked and to ensure general practice has the infrastructure to enable them to achieve what is important to the ICB as well. Complaints • It was asked what themes were there for complaints and how do they contribute to the learning and improving the culture. Next Iteration of the Q&P Report • The Committee needs to see triangulated data points for example to see how the access and workforce look together. • Aim to incorporate the DES performance by the end of the current financial year into this report. • It would be useful to see how the enhanced service activity leads back to some of the outcomes particularly for key inclusion groups. The Committee agreed it was interesting to review the points raised today, and to start thinking about the immediate actions and to continue evolving the process of iterating the Q&P report considering the transition and change programme.
3.1.3	**Actions:** • **To meet and discuss links between reporting to the PCC and the Q&S Committee.** ***(Adam Backhouse and Deidre Malone)*** • **To undertake a deep dive into LD health checks to understand how we support achievement and best practice.** ***(Adam Backhouse)*** • **To develop the Q&P report further.** ***(Adam Backhouse)***
	The Committee NOTED the report.
3.2	**Primary Care Finance Update**
3.2.1	The Committee was requested to note the Primary Care budget and financial position as at Month 11 (February 2024) and additional information both on where the position landed for the year and the current draft budget for the coming year 2024/25. The following was highlighted:

	• A further £12.3m of additional roles reimbursement scheme (ARRS) funding was received as expected in month 11 and, at that point, an underspend of £44,000 was being forecast for the fourth year. <u>2023/24 Full Year Position</u> • 2023-24's full year's financial expenditure for delegated primary care was £308.3m spent against a budget of £307.8m. • At the last meeting it was highlighted that cost pressures would be reported in order to be able to better plan going forward. • As a result, a £464,000 or a 0.15% adverse variance or overspend against plan has been reported. The overspend was not anticipated for month 11 and was due to last minute submission of invoices from GP providers across several service areas as well as previously reported overspend in learning disability health checks. This deficit is being offset with underspends in other areas of the ICB. It should be noted the overspend, at 0.15%, is a very small percentage of the overall budget. <u>2024/25 Draft budget</u> • The 2024/25 budget has not been finalised but the allocation of £306.7m compared to recurrent funding of £295.1m in 2023-24. This is an increase of £11.6m or 3.9%. The ICB is still finalising its delegated primary care budget for 2024/25 and will deliver a balanced budget as required. However, this is a challenge with cost pressures spread across several areas in 2024-25. • £25m ARRS funding has been included in the baseline. Once this is utilised, as in the current year, NHS England will undertake an exercise asking the ICBs for the projected full year expenditure. They will only release any additional amounts required (up to the expected value) once they have validated the request and again what they can see on the ARRS portal. • Returning to primary care cost pressures, the draft budget currently includes cost pressures in caretaking premiums, enhanced services and premises. Caretaking contracts are generally APMS contracts, which are more expensive than GMS or PMS contracts. There are then additional caretaking costs on top of the standard APMS contract prices and so caretaking costs are considerably more expensive than standard contracts. • Premises cost pressure generally fall into two categories. The first is where the Committee approves new or improved premises, and these inevitably involve increases in rent reimbursement. There is no longer budget for these improvements. Second, there is a backlog of District Valuer rent revenues. When a rent review has concluded, there is a revised rent reimbursement payable by the ICB which is normally at a higher value. This year the ICB started with 146 overdue rent reviews and that number has reduced over the year. • In general, primary care does live within its means and does not operate at a deficit thereby supporting the ICS as a system. For example, the long terms conditions locally commissioned service has self-financed at £16m. The estates team managed to secure 5% of system capital for primary care estates. This is helpful as it enables the practices to rent premises as a shell. The capital money is then used to fund fit-out which means paying lower rents. • The 2024-25 budget will be brought back to the next meeting once it has been finalised.
3.2.2	In considering the report, the Committee made the following comments: • The revenue budget will be restrictive as it has always been. • It will be a difficult year again to balance the finances. • With the end of the financial year and the start of the next, need to consider the overall financial strategy for primary care. • Primary care does not bring any deficit to an ICS system. It is accepted that primary care works with enormous financial challenges, but the primary care

	budget is relatively small and brings with it no deficit which shows the extraordinary value for money that is generated from general practice services.
	The Committee NOTED the report.
4.0	**GOVERNANCE**
4.1	**PCC Risk Register**
4.1.1	The Committee was asked to note the report, provide feedback on the risks, and identify any areas where further work may be needed. The following was highlighted: • The risk scores do not change very often given these are significant strategic risks subject to external forces. • Discussions have been taking place with the Assistant Director of Governance, Risk and Legal Services in addressing how to handle the impact of risks at an NCL level. The Committee was reminded that deep dives on workforce and estates had been looked at in previous meetings. • With the risk around failure to effectively develop the primary care workforce**,** there has been ongoing work across NCL for years not just in GP roles but in other roles with support from the training hub. Latest data suggests that NCL is recruiting but also retaining GPs relatively well compared to other areas. Also to point out that the Additional Roles Reimbursement Scheme (ARRS) has now officially finished. This means the recruitment has happened and those roles remain in place with the investment remaining in the ICB baseline, but it is not growing. It is estimated about £30m is spent on additional roles in NCL and so will be hard for any individual ICB to meet whilst continuing to enhance the workforce locally. PCC and the People Board will need address that on an ongoing basis. Therefore, will ask the Chief People Officer and the Primary Care Team to refresh the mitigations so that the risk can be scrutinised effectively at this Committee.
4.1.2	In considering the report, the Committee made the following comments: • In regard to funding schemes, it was noted the Practitioner Health scheme which supports clinicians with health and mental health problems was due to end for secondary care colleagues this year and the contract would have ended for primary care the following year. There was outcry which has resulted in a U-turn on the decision to end the service for now. • It was noted the PCC risk register is of a high level. There are many things that sit underneath in terms of both the risks and mitigations.
	The Committee NOTED the risk register.
5.0	**ITEMS FOR INFORMATION**
5.1	**Minutes of Contract Decisions Meeting held on 20 February 2024**
	The Committee NOTED the paper.
6.0	**ANY OTHER BUSINESS**
6.1	No further business was discussed.
7.0	**DATE OF NEXT SCHEDULED MEETING**
7.1	18 June 2024

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
Part 1 Action Log – May 2024

On Agenda	
Needs Urgent Update	
In Progress	
Completed	

Meeting Date	Action Number	Minutes Reference	Action	Lead	Deadline	Update
16.04.24	1	1.1.1	**Welcome –** To circulate the PCC Terms of Reference after the May ICB Board.	Andrew Spicer	**June 2024**	
16.04.24	2	2.1.5	**Special Allocation Scheme – APMS Contract Enquiry -** To bring back an updated paper.	Anthony Marks	**August 2024**	
16.04.24	3	3.1.3	**Q&P Report –** To meet and discuss links between reporting to the PCC and the Q&S Committee.	Adam Backhouse & Deidre Malone	**April 2024**	**01.05.24** – Dee and Adam met in April. **Recommend to close the action.**
16.04.24	4	3.1.3	**Q&P Report -** To undertake a deep dive into LD health checks to understand how we support achievement and best practice.	Adam Backhouse	**June 2024**	**01.05.24 -** aim is interim feedback for June meeting with a final content for August Q&P
16.04.24	5	3.1.3	**Q&P Report –** To develop the Q&P report further.	Adam Backhouse	**Ongoing**	
20.02.24	1	4.2.3	**Primary Care Workforce Report -** To discuss primary care workforce when the detail of the Long Term Workforce Plan and funding is cascaded. Expected later in 2024.	Sarah Morgan	**December 2024**	On the forward planner for December 2024.

19.12.23	3	6.2.3	**Deputation -** A paper on St Ann's Road Surgery to come back to the part 1 meeting either in February or April 2024.	Vanessa Piper	**May 2024**	**25.04.24 –** St Anns in scope for the item presented to the extraordinary committee on 21 May. ***Recommend to close action.*** **25.03.24 –** Due to Purdah, this decision will be referred to an extraordinary meeting being considered for May 2024. **29.01.24 –** Paper on St Ann's Road Surgery scheduled for April 2024.
17.10.23	2	2.4.3	**EQIA -** Primary Care Team and Quality Team to discuss and refine application of EIA and QIA processes to Primary Care contracting.	Vanessa Piper / Jenny Goodridge	**June 2024**	**14.05.24 –** Recommend date amended for completion of the action is amended to October 24 as it forms part of a wider review of ICB processes.
21.02.23	2	4.1.3	**PCC Risk Register -** To look into risk *PERF22: Failure to manage impact of increased building costs on General Practice estate.*	Nicola Theron / Sarah Rothenburg	**June 2024**	**08.03.24 –** A deep dive paper went to the part 2 meeting in February 2024. A paper appropriate for the part 1 public committee is being developed. Aiming for June (subject to committee pipeline).

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Extraordinary Meeting
21st May 2024

Report Title	Report of a Virtual Decision Taken to Issue Breach Notices to AT Medics Ltd	**Date of report**	13th May 2024	**Agenda Item**	1.5
Lead Director / Manager	Sarah McIlwaine, Director of Primary Care	**Email / Tel**		sarah.mcilwaine@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Vanessa Piper, Assistant Director for Primary Care Contracting	**Email / Tel**		vanessa.piper@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	The Primary Care Committee ('Committee') was asked by virtual decision to approve the issuing of breach notices to AT Medics Ltd ('AT Medics'). This was on the basis of AT Medics breaching their APMS contracts with the ICB following AT Medics undergoing a Change of Control without the ICB's prior approval. This paper was sent to Committee voting members for virtual decision dated 8th May 2024. Subsequently, on 10th May 2024 the Committee approved the issuing of breach notices against eight contracts as listed in the paper. Seven breach notices (for the APMS contracts) will be sent to AT Medics on 14th May 2024, however, the breach notice for one contract, Extended Access Hubs Camden, will not be sent as this contract is held on an NHS Standard Contract and not as an APMS contract. Consequently, the approach for this contract will need to be adjusted. Further information will follow on this.				
Recommendation	The Committee is asked to: • **NOTE** that the Primary Care Committee approved by virtual decision on 10th May 2024 to issue breach notices to AT Medics on the APMS contracts. • **NOTE** the update on the breach notices.				
Identified Risks and Risk Management Actions	This report helps to ensure the ICB is following proper process and acts in accordance with its governance framework.				

Conflicts of Interest	This report has been written in accordance with the ICB's Conflicts of Interest Policy.
Resource Implications	Not applicable.
Engagement	This update is provided to the Primary Care Committee which includes clinicians, Non-Executive Members and key stakeholders in attendance such as Healthwatch, Public Health and Londonwide LMC and the VCSE Alliance.
Equality Impact Analysis	The consequences of the serious breach, the contractual and legal options available to the ICB and the impact to patients is being considered as part of the May and June 2024, Primary Care Committee decision.
Report History and Key Decisions	The Change of Control request was discussed at the April 2024 Primary Care Committee meeting.
Next Steps	The Committee will further consider the Change of Control and options regarding this at its meeting on 21st May 2024.
Appendices	Paper to Primary Care Committee requesting a virtual decision dated 8th May 2024.

NHS
North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
Virtual Decision

Report Title	AT Medics Ltd – Request to issue a Breach Notice	**Date of report**	8 May 2024	**Agenda Item**	
Lead Director / Manager	Sarah McIlwaine, Director of Primary Care	**Email / Tel**		sarah.mcilwaine@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Vanessa Piper, Assistant Director of Primary Care Contracts and Commissioning	**Email / Tel**		vanessa.piper@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	It is a requirement of the APMS contract that holders of APMS contracts must obtain the ICB's prior authorisation before undergoing a Change of Control. On 30th November 2023 AT Medics Ltd ('AT Medics') wrote to each ICB in England requesting a Change of Control as Centene Corporation planned on selling Operose Healthcare Ltd ('Operose'), AT Medics parent company, to T20 Osprey Midco Ltd. The letter stated: *"…it is intended that the ownership of OHL will transfer to T20 Osprey Midco Limited ("HCRG Care Group"). The HCRG Care Group is a UK based company, and one of the largest independent providers of NHS-funded primary and community services operating across England and Wales."* Consequently, the London ICBs began a due diligence process with the proposed buyer and Operose/AT Medics in line with the formal process that was initially communicated to AT Medics and Operose in September 2023 and again upon receipt of the Change of Control request. London ICBs, though NCL ICB's solicitors Hill Dickinson, received the due diligence information provided by Operose and HCRG Care Group on 4th January 2024. London ICBs had a number of questions on the information provided and asked a range of follow up due diligence questions. However, on 15th March 2024, coinciding with the answers to the London ICBs' follow up due diligence questions, HCRG Care Group notified the NHS that the Change of Control occurred on 28th December 2023. The Change of Control occurred without any of the ICBs' permission. By AT Medics proceeding to enact the Change of Control without prior authorisation, this resulted in them breaching Clause 54.3, of the eight Alternative Provider Medical Services Contracts they hold with North Central London Integrated Care Board ('NCL ICB').				

	Clause 54.3 of the Contracts states: *'Save in respect of a public limited company listed on an internationally recognised exchange the Contractor shall not undergo a Change of Control without the prior authorisation of the Commissioner and subject to such conditions as the Commissioner may impose.'* Under the APMS contracts this type of breach is considered a 'serious breach.' To acknowledge the serious breaches and to demonstrate that NCL ICB is taking the breaches seriously, a breach notice has been drafted by Hill Dickinson. Whilst the breach notice has been prepared for NCL ICB, this has been shared with all London ICBs to issue. Within the breach notice AT Medics will be notified of the consequences of the breach, which states: '*The ICB consider this to be a serious breach and are currently considering what further action to take under the Contracts. This breach notice is entirely without prejudice to, and we fully reserve, our ability to exercise any of our rights under the Contracts, and to enforce any of the terms and conditions of the Contracts, at any time. This includes, without limitation, our right to terminate the Contracts."* The Primary Care Committee's approval is sought to serve breach notices on AT Medics for each of the eight APMS contracts that AT Medics holds with NCL ICB. A paper setting out the options for dealing with the serious breaches of contracts by AT Medics will be presented at the Primary Care Committee meeting on 21st May 2024.
Recommendation	The Committee members are requested to **APPROVE** the issuance of a breach notice for each contract held by AT Medics for; 1. Kings Cross Surgery – Camden 2. Somers Town Medical Centre – Camden 3. Brunswick Medical Centre – Camden 4. Camden Health Improvement Practice (CHIP) – Camden 5. Mitchison Road Surgery – Islington 6. St Ann's Surgery – Haringey 7. Extended Access Hubs - Camden 8. Hanley Primary Care – Islington
Identified Risks and Risk Management Actions	The issuing of a breach notice is part of the ICB's control processes when providers breach their contracts. There is also a risk related to the quality-of-service provision to patients from December 2023 (after the change of control took place). To help mitigate this risk a performance and quality review of all contracts is being carried out, with assurance meetings to be scheduled with AT Medics over May 2024.
Conflicts of Interest	This report has been written in accordance with the ICB's Conflicts of Interest Policy. There are no known conflicts of interest.
Resource Implications	Not applicable
Engagement	Council lead members, members of the public, stakeholders and patients were notified in March 2024, that the change of control took place on 28 December 2023. The ICB has provided subsequent briefings to Council lead members in April 2024.
Equality Impact Analysis	The consequences of the serious breach, the contractual and legal options available to the ICB and the impact to patients is being considered as part of the May and June 2024, Primary Care Committee decision.
Report History and Key Decisions	The Change of Control request was discussed at the April 2024 Primary Care Committee meeting.
Next Steps	The PCC members will be asked to consider the case in more depth and the options available in May 2024, with a final decision taken in June 2024.
Appendices	Not applicable.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Extraordinary Meeting
21 May 2024

Report Title	AT Medics Ltd Change of Control	**Date of report**	14 May 2024	**Agenda Item**	2.1
Lead Director / Manager	Vanessa Piper, Assistant Director for Primary Care Contracting	**Email / Tel**		vanessa.piper@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director Place				
Report Author	Vanessa Piper/ Andrew Spicer/ John Pritchard	**Email / Tel**		vanessa.piper@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	The report and its appendices provide the Committee with an update on the change of control at AT Medics Ltd. It follows confirmation at the April Committee that the change of control had taken place in December 2023 with ICBs notified of this in March 2024. It provides the background, an overview of the process to date, the summary findings from the due diligence exercise undertaken independently by Hill Dickinson, findings from engagement to date and an overview of AT Medics performance across the APMS contracts it runs. In the second half of the paper, we outline the options open to and decisions required by NCL ICB. We cover the issuance of breaches, the reasons to not pursue a retrospective approval of the change of control and the options now available to Committee. Finally, it includes recommendation and next steps. The appendices contain important information that Committee members should review in full.				
Recommendation	The Primary Care Committee is asked to: • **NOTE** breach letters have been issued to the provider. • **NOTE** the recommendation to not provide a retrospective authorisation for a change of control. • **DISCUSS** the options presented in Section 4.3 and provide an early steer on its preferred option. • **APPROVE** placing the full range of options presented under formal consideration.				
Identified Risks and Risk	The first key risk is disruption to patient services from the current change in provider / owner or any subsequent change in provider owner following committee decisions. This can be mitigated through local and regional engagement with the				

Management Actions	provider/owners and through established approaches to the safe transition of APMS contracts. The second key risk is that pursuit of option 1 or 2 would likely be seen as an insufficient response by some patient representatives and stakeholders, but pursuit of option 3 could be seen as a disproportionate response by the provider / owner and may be formally challenged. This risk will be mitigated through open and transparent communication, objective analysis and formal advice. A detailed risk assessment, including further detail from the legal advice provided on the risk of formal legal challenge and how these risks can be mitigated, will be provided in the subsequent paper to committee.
Conflicts of Interest	Not applicable.
Resource Implications	The resource implications of each option are considered in brief and would be fleshed out in a subsequent paper.
Engagement	Details of communication and engagement activity are included in the main body of the paper and the appendices.
Equality Impact Analysis	Not applicable at this stage but would be fleshed out in a subsequent paper.
Report History and Key Decisions	This has been raised at Part 1 meetings and discussed in Part 2. There has been wide ranging communication on the request for – and subsequent enactment of – the change of control.
Next Steps	The ICB team will need around 8 weeks to prepare the detail for the full range of options. The next scheduled Committee that this item could come to would currently be August.
Appendices	All contained within the main paper: Appendix one – ownership model Appendix two – due diligence findings Appendix three – communication and engagement findings Appendix four - Appendix 4: AT Medics Performance in North Central London

AT Medics Ltd Change of Control

1. Background

This paper sets out the background to the AT Medics Ltd ('AT Medics') Change of Control request, the subsequent breaches of contract by AT Medics and the options available to North Central London Integrated Care Board (NCL ICB).

AT Medics Ltd provides general practice services across London and England. On 30 November 2023, relevant ICBs received an application from Operose Health Ltd seeking consent for a change of control from its current owner Centene Corporation.

AT Medics Ltd currently hold seven Alternative Provider of Medical Services (APMS) contracts and one NHS Standard Contract. These contracts operate across Camden, Haringey and Islington and include:

1. Kings Cross Surgery – Camden;
2. Somers Town Medical Centre – Camden;
3. Brunswick Medical Centre – Camden;
4. Camden Health Improvement Practice ('CHIP') – Camden;
5. Mitchison Road Surgery – Islington;
6. St Ann's Surgery – Haringey;
7. Hanley Primary Care – Islington;[1]
8. Extended Access Hubs (on an NHS Standard Contract) – Camden;

The 'change of control' was for the ownership of Operose Health Ltd to be transferred from MH Services International (UK) Ltd, a subsidiary of Centene Corporation, to T20 Osprey Midco Ltd (HCRG care group). Under the terms of the APMS contract, before undergoing a change of control the contract holder must first obtain consent from commissioners.

As a commissioner of health services, it is NCL ICB's role to ensure the provision of high quality, safe services for local people. All GP practices work under contract to the NHS and whether owned by GPs or other organisations they must be able to meet strict standards and regulations that apply to all NHS providers.

The ICB therefore put in place steps to assess the proposal and seek assurance that it would not adversely affect practice services or disrupt provision in any way (for example, confirming the viability of the provider and confirming patients will be able to access the services from the same locations with expectations met around opening hours and service standards).

NCL ICB is a public body that is required to act in accordance with both contract law and public law. This means that NCL ICB has to consider the provisions of the contracts in place with AT Medics and, when making decisions, has to act legally, rationally and follow a proper process.

Such Change of Control requests are not common. In 21/22 NHS North Central London Clinical Commissioning Group ('NCL CCG') considered and approved a Change of Control

[1] The APMS contract for the Hanley Primary Care Centre expires on 30th June 2024. In preparation for this NCL ICB conducted a procurement process. AT Medics did not bid for the contract and as such the practice will be taken over by a new provider. As at May 2024, AT Medics therefore hold 7 contracts with NCL ICB.

request from AT Medics transferring ownership to Operose Healthcare Ltd ('Operose'), ultimately owned by Centene Corporation.

In response a Judicial Review was raised and heard. NCL CCG's decision was found to be proper and lawful[2] however learning was used to strengthen this process, with a focus on:

- Clear and regular information for patients, the public and stakeholders.
- Well publicised opportunities for these groups to engage and share their questions and views.
- Ensuring a robust and searching due diligence process.
- Ensuring a clear and transparent process underpinning effective governance and decision making by the Primary Care Committee of the ICB.

In such situations ICBs can seek further information, approve the proposed change of control, approve with conditions, or ultimately refuse (but this would require clear grounds that must be reasonable and in accordance with the law).

2. The Change of Control process

2.1 Process December 2023 to March 2024

NHS leaders discussed the need to obtain the ICB's prior authorisation for any Change of Control, the due diligence process, the associated ICB governance process and the timetable for the consideration of the request with the providers.

In December the NHS commenced a due diligence exercise to assess the standing of the proposed owner and understand any implications as a result of the proposed change of control. The work was carried out independently and included making formal enquiries to Operose Health Ltd. The due diligence has considered areas such as financial standing, bankruptcy, disqualification from holding an APMS contract, ownership, transfer of patient data, staffing and management plans.

ICBs also commenced communication and engagement with patients registered at AT Medics practices, the public and key stakeholders. Key information has been shared in a timely way with opportunity for questions and feedback via multiple channels. Commissioners have taken care to ensure we explain what this does and doesn't mean for patients, the steps being taken to assess the proposal and the process and route for formal decision making by the ICB. Communication and engagement channels remain open as at May 2024.

2.2 Notification of an unauthorised Change of Control March 2024

London ICBs received initial due diligence information from Operose and HCRG Care Group in January 2024. London ICBs – with independent legal support - had been undertaking due diligence on the proposed change, scrutinising the information provided and seeking additional information where this was not provided or was not clear.

On 15th March 2024, NCL ICB was informed by HCRG Care Group that ownership of Operose Health Ltd had actually transferred from MH Services International (UK) Ltd to T20 Osprey Midco Ltd almost three months prior on 28th December 2023. This resulted in a 'Change of

[2] The High Court judgment is here https://www.bailii.org/ew/cases/EWHC/Admin/2022/384.html

Control' of AT Medics Ltd. The Change of Control arises from a transaction carried out between the companies involved. NCL ICB is not a party to that transaction.

The disclosure of the completion of the Change of Control was made during the due diligence exercise. At the time NCL ICB's due diligence exercise had not been completed. No decision had therefore been made by any ICB at any time (or at all) on whether or not to grant the Change of Control request.

The engagement period was underway and patients, the public and stakeholders were being briefed on the proposal and decision making process.

In effecting the Change of Control, AT Medics breached their APMS contracts and under the APMS contract this type of breach is considered a 'Serious Breach'.

Completing the change of control ahead of formal consideration raised a number of concerns, including:

- NCL ICB was undertaking public engagement on the proposal when the change occurred. AT Medics/Operose were fully aware of the ICB's engagement plans and had allowed the ICB to proceed on a false basis and inadvertently misrepresent the true position regarding the Change of Control

- Due diligence information received on 4th January 2024 contained no information to suggest that the Change of Control had occurred or was going to occur on 28th December 2023. All the due diligence information related to the 'proposed' change of control. At no point prior to the 15th March 2024 did the proposed owners or their representatives indicate to the ICB that the Change of Control had taken place.

- There was no way for any of the London ICBs to independently verify the Change of Control information on Companies House and the ICBs were wholly dependent upon Operose and HCRG for information. The Confirmation Statement for Operose, which now shows the Change of Control, was overdue at Companies House and should have been filed by 4th March 2024. It was filed at Companies House on 19th April 2024.

- ICB leads had met with leads from HCRG Care Group and Operose. The process surrounding the proposed Change of Control was discussed with agreement around the need for an open and transparent relationship between commissioners and providers. Provider representatives did not clarify or declare that the Change of Control had already occurred.

- Information indicates that not obtaining the ICBs approval for the Change of Control was factored into the sale pricing model. The London ICBs asked for more information on this, but it was refused on the grounds of commercial confidentiality.

2.3 Process March to May 24

Commissioning leads liaised with the companies involved to ensure patients would continue to have continuity and access to general practice services and to ensure the Change of Control would not negatively affect frontline care.

The ICB took further legal advice, liaised with fellow commissioners and NHS England.

The ICB issued a statement on the change, reviewed and added to communication and engagement materials and updated key stakeholders.

The due diligence process continued with the cooperation of the new owners. This recognises the ICBs need to understand the organisations that now have significant control of AT Medics as providers of local services.

The implications for Committee decision making and timelines were also reviewed.

3. Findings to date

3.1 Findings from the Due Diligence process

The summary of the ownership model and company structure is included at appendix one.

The summary due diligence report - produced by Hill Dickinson - is included at appendix two. Information was gathered between December 2023 and May 2024.

The Committee should review this in full.

HCRG have supported Operose with the due diligence process and in answering the due diligence questions.

Some highlights from the summary due diligence report include:

- No compliance issues have been identified;
- T20 Osprey Midco Ltd is a special purpose vehicle company without a track record. However, the sale of AT Medics, AT Medics Holdings LLP and Operose Healthcare Ltd is a buy out of those businesses by the wider HCRG group of companies and its owners;
- New debt was registered against AT Medics, AT Medics Holdings LLP and Operose which Operose reported was a refinancing of existing debt of the Buyer's wider group of companies. AT Medics is now subject to additional potential liabilities but we have been unable to ascertain the extent of these;
- The due diligence report includes information on how the new owners intend to integrate primary care services.

3.2 Findings from local communication and engagement

ICBs undertook an extensive public and patient engagement on the proposed Change of Control. AT Medics supported the public engagement exercise and the London ICBs shared our public engagement plans with them.

Between January and March the ICB:

- Published information on its website
- Shared information to be publicised in relevant practices
- Issued a text message to patients to notify them of the proposal
- Briefed local stakeholders including Lead Members for Health, Chairs of Health and Scrutiny Committees, local MPs and Healthwatch
- Issued a survey
- Publicised a dedicated email address for open ended feedback and comment
- Hosted a dedicated Webinar open to patients, the public and stakeholders
- Briefed on the proposed change of control at meetings of the Primary Care Committee and Board of Members

Following notification of the Change of Control having taken place, NCL ICB published a statement on its website on 15th April 2024 advising of the change. Shortly after, written and/or

verbal briefings were provided to local stakeholders. Frequently asked questions and other communication and engagement materials were updated on the website to reflect the change.

Comments and questions centre around implications for patient services and the safeguards in place to monitor patient services and act in response to concerns at the affected practices.

Concern was also expressed at the fact that a change of control had taken place prior to the completion of the due diligence process and with a long period before ICBs were notified. It is seen as a fundamental breach in trust that falls below the standards expected from an organisation contracted to deliver NHS services.

Individual practices have been subject to specific engagement exercises during the course of the contracts and as part of the Committee's standard Service and Performance Review process conducted on APMS contracts at key milestones. Patient engagement findings always feed into contract decisions. Concerns raised by patients at individual practices have included GP capacity, use of the wider primary care workforce, appointment availability, appointment booking routes and systems, and engagement opportunities.

The findings from engagement to date on the change of control are covered more fully in appendix 3. Committee members should review this appendix.

3.3 AT Medics performance in North Central London

Our key duty is to secure safe and effective services for local patients, so provider quality and performance is a key factor when the Primary Care Committee undertakes its deliberations.

At appendix 4 we have provided an initial view of the current performance at each practice run by AT Medics – this compares current practice performance with local NCL ICB averages and the National targets (all contract forms).

St Anns and Mitchison are both due for formal review and SPRs have been completed. SPRs can be completed for the remaining 4 contracts. The information in appendix 4 does not contain all areas included in our full strategic and performance reviews (SPR).

In summary, the current position across the 7 APMS contracts AT Medics held at the start of this process is as follows:

- **Hanley** - last SPR seen by Committee in October 2022. *Decision taken to reprocure the Hanley contract on the basis of performance.*

- **St Ann's** – last SPR seen by Committee in April 2023 and a practice around which we receive a high volume of patient feedback. Decision taken in April 2023 to extend the contract by 1 year, with the practice required to move to rapidly recruit the required GP workforce, increase access & deliver the required appointment numbers and improve patient engagement. Latest SPR being finalised now and due to Committee.

- **Mitchison** - last SPR seen by Committee in October 2022. Decision to extend the contract by 2 years, with the practice required to improve KPI achievement, address recruitment and address key areas of patient concern. Patients will be surveyed again to seek their views where least satisfied. Latest SPR being finalised now and due to Committee.

- **Brunswick Medical Centre** – commenced April 2020. Full SPR due August 2024 being finalised now. Initial review suggests there are service improvements required for some immunisation and screening areas, long term condition management (exclusion codes), GP and Nursing appointments offered, evidence of an established patient participation group and an action plan for where patient satisfaction has declined.

- **Somers Town –** last SPR seen by Committee in April 2023. Decision to extend by 5 years to April 2027 on the basis the practice confirms its GP workforce, ensures all required appointments are being offered / delivered, and produces an action plan for areas where patients were least satisfied with a further patient survey to seek views on service changes implemented by the provider. Next full SPR due 2027 unless the Committee requests sooner.

- **Kings Cross** - coming to the end of its full 10-year term with no provision to extend. PCC will have to agree to a reprocurement. Business case and decision required by August 2024 unless the Committee requests sooner. Current information suggests improvements are required in all screening areas and some vaccination and immunisation against local ICB averages, patient satisfaction and evidence is required of an established patient participation group.

- **Camden Health Improvement Practice ('CHIP')** – specialist homelessness service. Commenced April 2020. Full SPR due June 2024 being finalised now. Evidence is required that AT Medics are delivering against the contract KPIs, as throughout the contract term limited evidence has been submitted. Any future arrangements will need to consider a wider homelessness pathway and service review being undertaken across NCL.

- **Extended Access Hubs Camden** – only came under the remit of PCC with the last change of ToR. Current contract runs to September 2025. Subject to a full review currently underway alongside other Hub contracts (run by other providers).

NCL has 13 APMS contracts in place. AT Medics hold 6 of these – all of which are rated 'Good' by CQC. The 6 APMS currently held by AT Medics and the key terms for each are shown in the table below:

	Practice	Borough	Commenced	Maximum term (years)	Maximum term (date)	Current expiry	PCC decision required by	Strategic Performance review
1	St Ann's Road Surgery	Haringey	1 July 2017	5 + 5	July 2017	30 June 2024	18 June 2024	Completed May 24
2	Mitchison Road Surgery	Islington	1 August 2016	5 + 5	August 2026	31 October 2024	18 June 2024	Completed May 24
3	Brunswick Medical Centre	Camden	1 April 2020	5 + 5 + 5	April 2035	31 March 2025	6 August 2024	*In preparation*
4	Camden Health Improvement Practice	Camden	1 April 2020	5 + 5 + 5	April 2035	31 March 2025	18 June 2024	*In preparation*
5	Kings Cross Surgery	Camden	1 November 2015	5 + 5	November 2025	31 October 2025	6 August 2024	*In preparation*
6	Somers Town Medical Centre	Camden	1 July 2017	5 + 5	July 2027	30 June 2027	30 June 2026	*Not due*

It would be possible to undertake a comparison of APMS contract performance across all 13 and this could be produced for a later Committee if desired. This could include areas such as quality and complaints. It should be noted that 2/13 have new providers confirmed taking over the contract in July 2024. 1/13 may also have a new provider following completion of a procurement.

The Committee may also wish to consider available quality and performance information for HCRG care group. The ICB has reviewed the CQC ratings for the five practices currently operated by HCRG (from 2016 onwards). It shows for three practices which were rated Inadequate or Requires Improvement over a number of years, their ratings have now

improved (inspections in 2022/23) to overall Good. The two remaining practices have remained overall Good during this period.

4. Options and decisions required by NCL ICB

NCL ICB is unable to prevent providers from breaching their contractual obligations, however where breaches occur they will be managed in accordance with the contracts and levers available to us.

Legal advice has been sought and shared with Primary Care Committee members. As it is confidential and legally privileged the legal advice has not been published but is reflected in the options presented to committee.

Three areas are discussed below: the breach of contract(s) that has occured, the outstanding change of control request and the options now available to Committee.

4.1 Breach of contract

The APMS Contract includes the following terms relating specifically to changes of control:

54.3 Save in respect of a public limited company listed on an internationally recognised exchange the Contractor shall not undergo a Change of Control without the prior authorisation of the Commissioner and subject to such conditions as the Commissioner may impose.

Breach of clause 54.3 is beyond reasonable dispute. To acknowledge the serious breach of the APMS contracts NCL ICB served breach notices for each of the APMS contracts held by on AT Medics on 14th May 2024. Other London ICBs also took this action.

This decision was taken by voting members of the PCC via the urgent decision protocol.

Within the breach notice AT Medics will be notified of the consequences of the breach, which states:

'*The ICB consider this to be a serious breach and are currently considering what further action to take under the Contracts. This breach notice is entirely without prejudice to, and we fully reserve, our ability to exercise any of our rights under the Contracts, and to enforce any of the terms and conditions of the Contracts, at any time. This includes, without limitation, our right to terminate the Contracts."*

It should be noted the Extended Access contract is not an APMS contract but an NHS Standard Contract and will be dealt with under the terms of the NHS Standard Contract.

4.2 Retrospective Change of Control Request

The Change of Control has occurred without NCL ICB's prior authorisation. Due diligence information received suggests Centene required a rapid and full completion of the sale of the businesses by the end of December 2023 and was not prepared to enter into a contract that was conditional on the approval of Change of Control. Therefore, the Change of Control cannot be remediated or undone.

The Committee should review the due diligence information which is included at appendix 2. The document in the appendices provides the summary of the due diligence findings produced for the ICB by Hill Dickson. Information was gathered between December 2023 and May 2024. The Committee should review this in full.

It is open to NCL ICB to consider the Change of Control request retrospectively; however, there are a number of reasons why undertaking a retrospective authorisation process is not recommended:

- In line with the requirements of the APMS contract, Change of Control requests must be approved prior to any Change of Control
- NCL ICB has communicated this to providers, the public and key stakeholders and never communicated any expectation that a Change of Control could go ahead without authorisation or that a request would be considered retrospectively.
- This may encourage or permit providers to knowingly breach the Change of Control clause in the future.
- The requirement to obtain prior authorisation is purposely included in the APMS contracts as companies can hold these contracts and restrictions on the ownership of these companies is not limited. For example, there is no statutory requirement for shareholders to be GPs (or in other GMS/PMS qualifying roles) and APMS providers can be owned by corporate shareholders (holding companies).
- Undertaking a retrospective decision on whether to approve the Change of Control would be a futile exercise because the Change of Control has occurred and cannot be reversed – granting or refusing authorisation retrospectively will have no bearing on the ownership and control of AT Medics
- NCL ICB does not consider AT Medics or any company that has control over AT Medics has the right or expectation to have the Change of Control request considered retrospectively.
- The APMS contracts do not specifically provide for a retrospective Change of Control procedure.

Not offering AT Medics the chance to have the Change of Control retrospectively considered is not considered as causing any unfairness. AT Medics, Operose and HCRG Care Group were fully aware of the contractual requirement to seek NCL ICB's prior authorisation before a Change of Control and the process for doing so.

Given the above, we suggest a more suitable and appropriate process is for NCL ICB to consider its next steps and options, including those available under the contract. These are described below.

4.3 Options now available to Committee

Broadly speaking and as per advice received, the PCC now has three main options and each is discussed briefly below:

1. **Take no further action**

This would recognise the issuance of the breach and the recommendation to not retrospectively approve the change of control but require no further action.

The benefits of this approach include the opportunity to work with the new provider and to apply a standard contract management approach, there is no requirement to seek alternative providers which requires procurement time, skill and resource and there is a low risk of legal challenge from the new provider / owner.

The disbenefits include the setting of a precedent and expectation with APMS providers that changes of control do not require prior ICB approval and/or that effecting a change of control without prior approval will not result in termination for doing so, despite this being a serious breach of contact. It could reduce the ICB's ability to properly vet and assess the suitability of those that have significant control of AMPS contracts.

There is also a risk that this undermines public trust and confidence in the ICB and its processes and governance and may have a low level of support from key stakeholders. A

high level of trust and transparency needs to exist between the ICB and its primary care providers in order to have effective collaborative working and for the ICB to have faith in provider performance information. The manner in which the breach of contract took place, demonstrates a lack of transparency by the provider.

2. **Proceed with enhanced monitoring and more regular performance review for each contract/service**

This would recognise the issuance of the breach and the recommendation to not retrospectively approve the change of control. The Committee could then require the ICB team – in particular the Primary Care Contracts team – to undertake enhanced monitoring of services and more regular performance reviews and patient engagement for each of the contracts held by this provider.

The benefits of this option include those listed under option 1.

It also ensures there is opportunity for improvement where concerns are raised and the preservation of good practice where it exists. The Committee can decide to apply shorter extension periods (e.g. 1 or 2 years) with performance reviews completed ahead of each milestone, at which point we can decide to further extend or to reprocure. This option distributes the work required to reprocure APMS contracts. We can also exercise no fault termination at any time or reprocure at a natural break point (however this means the provider is open to bid again immediately). There is a low risk of legal challenge related to the change of control process under this option.

The disbenefits of this option include those listed under option 1.

In addition, this option requires cooperation from the providers and timely and transparent access to information. Enhanced monitoring generates a heavy workload at practice / provider level as action plans and regular performance reporting is required. It also requires significant capacity from ICB teams and Committee as frequent, formal review processes and decision making points are required.

3. **Terminate the contracts**

This would be on the grounds that AT Medics underwent a change of control without prior authorisation. It may be done immediately or on a longer notice period. Notice periods can be bespoke to each contract.

The benefit of this approach is the ICB retains its strong contractual position regarding breach of contract where a provider effects a Change of Control without first having obtained the ICB's permission. It is a strong discouragement to AMPS providers to breach the contract in this manner and retains the ICB's ability to properly vet and assess the suitability of those seeking control of AMPS contracts.

Under this option the Committee could link any termination date to the minimum 9 month notice period available under the APMS contract. There is also the option to link any termination date to the next natural break point in each contract (these are covered in appendix 3).

This is likely to have support from key stakeholders and patient representatives based on feedback to date and may protect public trust and confidence in the ICB and its processes and decision making.

Recent APMS procurement processes suggest there is a strong provider base in NCL and we would be able to identify providers via a procurement process. Moving to procure and mobilise a group of contracts also has some economy of scale, and at least some of this work will need to be undertaken anyway as contracts are reviewed or expire.

The disbenefits are the reduced opportunity to work with the new owners and allow time for them to demonstrate quality and performance improvement. The ICB would be terminating for reasons other than current quality and performance and the risk of any potential for disruption to or impact on frontline services must be seriously considered, for example, providers may limit their engagement with the ICB during notice periods, so there would have to be a clear approach to mitigating any such risks. There are established approaches to managing transition given the time limited nature of APMS contracts.

We would need to seek alternative GP providers which requires time, skill and resource from the ICB and its support services. This would happen under the new Provider Selection Regime.

This option may be seen as an overly punitive contractual response by the provider, patients or wider stakeholders and brings an increased risk of legal challenge from the provider / new owners.

The Primary Care Committee will need to consider in any final decision the areas covered above plus:

- Any representations AT Medics may submit on NCL's proposed course of action;
- Any representations patients, the public or stakeholders may submit on NCL's proposed course of action;
- The potential impact of the option chosen on delivery and continuity of services – this is especially relevant if option 3 is pursued
- The plan for communication and engagement around the decision – building on work to date – and the next steps;
- An equality and quality impact assessment
- A detailed risk assessment including further detail from the legal advice provided on the risk of formal legal challenge and how these risks can be mitigated
- An assessment of NCL ICB's capacity to undertake the work and that of any key support teams (for example the Procurement Hub);
- If pursuing option 3, an assessment of the provider market locally, the proposed approach to any procurement and the length of notice proposed for each contract

In presenting the committee with the above options, legal advice has been referred to and all three options are considered viable.

5. Recommendation

The Primary Care Committee is asked to:

- **NOTE** breach letters have been issued to the provider.
- **NOTE** the recommendation to not provide a retrospective authorisation for a change of control.
- **DISCUSS** the options presented in Section 4.3 and provide an early steer on its preferred option.
- **APPROVE** placing the full range of options presented under formal consideration.

The ICB team will need around 8 weeks to prepare the detail on the full range of options. The next scheduled Committee that this item could come to would currently be August.

6. **Next Steps**

- Monitoring and checking in at all AT Medics practice sites;
- Ongoing engagement with AT Medics and the practice teams
- Seek representations from AT Medics on NCL ICB's proposed course of action;
- Update stakeholders, patients and the public to ensure there is time to gather any further feedback.
- A detailed assessment of the preferred option with detailed plan and timeline for implementation;
- Refreshed communication and engagement plan – to cover the current process and any proposed next steps
- Prepare for June and August 2024 Primary Care Committee meetings.

Appendix 1: Ownership

The Change of Control of AT Medics, AT Medics Holdings LLP and Operose (referred to below as the 'Three Companies') occurred on 28th December 2023 due to the completion of the sale of these entities by Centene Corporation (though its subsidiary company MH Services International (UK) Ltd) to T20 Osprey Midco Ltd.

Pre-Change of Control
Prior to 28th December 2023 the ownership and control of AT Medics was as follows:

- AT Medics is owned by AT Medics Holdings LLP;
- AT Medics Holdings LLP has two owners- with Operose owning 99% and MH Services International (UK) Ltd owning 1%;
- Operose is owned by MH Services International (UK) Ltd;
- MH Services International (UK) Ltd is owned by MHS Consulting International Inc;
- MHS Consulting International Inc is owned by Centene Corporation ('Centene').

Post Change of Control
On 28th December 2023 the ownership and control of AT Medics changed as follows:

- AT Medics is owned by AT Medics Holdings LLP;
- AT Medics Holdings LLP has two owners- with Operose Healthcare Ltd ('Operose') owning 99% and T20 Osprey Midco Ltd owning 1%;
- Operose is owned by T20 Osprey Midco Ltd;
- T20 Osprey Midco Ltd is owned by T20 Pioneer Midco Ltd;
- T20 Pioneer Midco Ltd is owned by T20 Pioneer Holdings Ltd (this has four corporate shareholders). 81% is owned by Twenty20 Capital Investments Limited;
- Twenty20 Capital Investments is owned equally by IJMH Limited and Twenty20 Capital Limited. IJMH is owned by Ian James Munro. Twenty20 Capital Limited is owned by Tristan Nicholas Ramus.

The buyer of the Three Companies is T20 Pioneer Midco Ltd ('Buyer'). The Buyer owns four companies. The first is T20 Osprey Midco Ltd. This is a special purpose vehicle and is now the owner of the Three Companies. The second is HCRG Workforce and Sugarman Holdings Ltd (this was formally HCRG Workforce Solutions Ltd but its name was changed in April 2024). The third is HCRG Care Group Holdings Ltd. The fourth is Total Healthcare Partnerships Ltd.

HCRG Care Group Holdings Ltd owns the bulk of the HCRG healthcare businesses through its two subsidiary companies a) HCRG Care Private Ltd and b) HCRG Care Ltd, and through HCRG Care Ltd's various subsidiary companies.

Therefore, whilst T20 Osprey Midco Ltd is owned by the same owner as the HCRG companies, and therefore are part of the same overall group of companies, it does not sit within the ownership structure of one of the HCRG companies and therefore is corporately a separate entity to the HCRG businesses.

HCRG have supported Operose with the due diligence process and in answering the due diligence questions. Many of the responses to the due diligence questions were provided on the basis that the ICB should seek assurance from the business and performance of the HCRG businesses.

Appendix 2: Due Diligence findings

The below attachment shares the summary of the due diligence findings produced for the ICB by Hill Dickson. Information was gathered between December 2023 and May 2024. The Committee should review this in full. There is an additional information pack which will be shared with Part 2 members only (once available and ahead of any final decisions) as it contains confidential information.

Final report - DD summary 14.05.2024.

Appendix 3: Engagement – summary of activity and themes

Following the request for consent to a change of control, NCL ICB began a process of engagement as part of its responsibility and duty to involve patients and the public. This process set out to explain to registered patients, members of the public and stakeholders the change of control, the steps being taken to assess the proposal, was an opportunity to ask – and to answer - any questions and provided opportunities for views and feedback to be heard so that these could inform our due diligence and decision-making process.

As part of our engagement, there has been the opportunity to share views, feedback and ask questions as part of a short online survey. This was communicated to registered patients via an article on their practice website, a text message and materials displayed in their practice.

This survey (with information on the change of control) was also made available on the homepage of NCL ICB's website.

Local stakeholders such as Lead Members for Health, Chairs of Health and Scrutiny Committees, MPs and Healthwatch CEOs were proactively engaged on a regular basis and at key milestones. This took the form of written and/or verbal briefings with stakeholders provided the opportunity to ask questions and share their views and feedback.

A webinar was also held for patients, members of the public and stakeholders which provided information on the process and steps being undertaken, listened to views and feedback and sought to answer questions raised. Publicised with a month's notice, the opportunity to share views and feedback as part of the short online survey was also highlighted upon registering for the webinar and to those who had registered in the weeks prior. Details of our public webinar were also shared with stakeholders via our NCL ICB Stakeholder update newsletter. Following the webinar, a recording and the slides presented were published to NCL ICB's website and emailed to all registered attendees of the webinar itself.

A dedicated email address was established so open comments could be easily submitted.

Feedback from patients and the public

Prior to the publication on 15th April 2023 of a statement notifying the public that the change of control had taken place on 28th December 2023, feedback from patients and the public can be summarised into the following themes:

Patient services

- Dissatisfaction with the GP practice services currently provided
- Concern around the quality of care, citing a lack of appointments, staffing and administrative inefficiencies
- Concern at implications for GP practice services as a result of a potential change of control and how this could impact staffing, service delivery and patient care
- Comments also expressed some hope for a positive change in management to address the current issues, with a view to improved access and quality of care for patients.

Provider performance

- Concerns were raised about the current performance of practices against contractual Key Performance Indicators (KPIs) and the effectiveness of current reporting and evaluation processes
- Feedback queried the ability of bodies such as the ICB to monitor and regulate multinational organisations and hold them to account

- Concerns were expressed at the ability to monitor future staffing levels, specifically the number of GPs and Physician Associates employed
- Concerns were expressed about the supervision of the latter.

Transparency of ownership, management and decision making

- Importance was placed on the transparency of ownership, management and decision making, particularly in light of the complex ownership structures surrounding the potential change of control.
- Strong opposition was voiced to the privatisation of the NHS and GP practice services, especially by foreign companies, with the interests of such companies being questioned
- Calls were made for services to be under NHS control and concern expressed at the negative impact of privatisation.

Following publication on 15th April 2023 of a statement notifying the public of the change of control, feedback has developed and specifically highlights the following themes:

- Concern around a fundamental breach of (and subsequent lack of) trust in the provider
- Calls for providers to be held accountable for a breach of contract
- Questions around the ability of companies with a lack of experience in healthcare management to run GP practice services.

Feedback from key stakeholders

Stakeholder who have engaged include Lead Members for Health, Scrutiny Committee members and local MPs including the offices of the Rt Hon Sir Keir Starmer MP, Rt Hon Jeremy Corbyn MP. Feedback about one practice – St Anns – has also come from Rt Hon Catherine West MP.

In early feedback key stakeholders:

- Were keen to understand who the proposed owner was and to ensure the due diligence went deep enough to determine this
- Were keen to ensure that patients and the public were aware of the change of control request and able to share their views through a robust communication and engagement process.
- Were keen to ensure there were multiple opportunities for review of the proposal
- Were keen to ensure the ICB was closely monitoring patient services during this time
- Were keen to understand how service performance and quality had changed over the years (if it had)
- Were keen to ensure the due diligence process looked into the performance of HCRG companies in the delivery of primary care and wider healthcare services
- Were concerned about concerned about complex ownership, organisational and financial structures and how the ICB will be able to scrutinise and hold accountable these companies during due diligence and in any provision of services.

Following notification of the change of control having taken place, NCL ICB sent updated communications and offered briefings to Lead Members for Health, Scrutiny and MPs.

Lead Members for Health highlighted a fundamental breach of (and subsequent lack of) trust in the provider and ramifications for patient and public trust in the NHS. Also their concerns around the implications for patient services and the ability to work with a provider who has not demonstrated honesty and transparency, to improve services.

NCL ICB also received in May an enquiry and a request for a verbal briefing from the from the office of Sir Keir Starmer MP. Points raised included the safeguards in place to monitor patient services at the affected practices, concern that a change of control had taken place prior to the completion of the due diligence process, and a view was expressed that this represented a fundamental breach in trust and how this fell below the standards expected from an organisation contracted to deliver NHS services.

Communications & engagement activity

November	• NCL ICB received request for consent to a change of control of AT Medics Ltd
December	• Written briefing shared with Lead Members for Health, Chairs of Health and Scrutiny Committees, MPs and Healthwatch CEOs • News article published to NCL ICB website advising of the request for consent to a change of control of AT Medics Ltd
	• Verbal briefing delivered at NCL ICB Primary Care Committee (meeting held in public)
January	
	• Enquiry received from Catherine West MP, response issued 25th January 2024
	• Verbally briefed Lead Members for Health • Article published to NCL ICB website providing details and a month's notice of public webinar on 29th February • Article published on NCL ICB website sharing a short online survey, providing the opportunity for patients, members of the public and stakeholders to share their views, feedback and ask questions
	• Registration opens on NCL ICB website for public webinar held on 29th February
	• Public webinar and online survey communicated to registered patients at the affected practices via an article on their GP practice's website, a text message and materials displayed in their practice
February	• Responses to a range of frequently asked questions published on the NCL ICB website
	• Written briefing shared with Lead Members for Health, Chairs of Health and Scrutiny Committees, MPs and Healthwatch CEOs
	• Article on public webinar included in NCL ICB Stakeholder update newsletter • NCL ICB public webinar for patients, members of the public and stakeholders from 18:00 – 18:45
March	
	• NCL ICB public webinar recording and slides presented published to NCL ICB website and emailed to registered attendees • NCL ICB informed by AT Medics Ltd that a change of control took place on 28th December 2023
	• Enquiry received from Jeremy Corbyn MP
April	

	• Statement advising of the change of control shared with Lead Members for Health, Chairs of Health and Scrutiny Committees, MPs and Healthwatch CEOs • Statement published to NCL ICB website advising of the change of control • Responses to a range of questions regarding the change of control published to NCL ICB website • Existing materials available on NCL ICB website revised in light of the change of control • Statement published to NCL ICB website shared with registered attendees of public webinar held on 29th February • Verbal briefing delivered at NCL ICB Primary Care Committee (meeting held in public) • Verbal briefing on the change of control held with Lead Members for Health • Written briefing on the change of control shared with Lead Members for Health
	• Enquiry and request for a verbal briefing received from office of Sir Keir Starmer MP, response issued 15th April 2024 and meeting arranged for 9th May
	• Papers published to NCL ICB website for Board of Members (meeting held in public) on 7th May featuring an update on the change of control in the Chief Executive's Report • Statement published on GP practice websites, directing patients to NCL ICB's website for further information • Statement shared with PPG Chairs, asking that they share with their contacts as appropriate
May	• Board of Members (meeting held in public) featuring an update on the change of control in the Chief Executive's Report • Verbal briefing on the change of control held with Lead Members for Health • Verbal briefing held with Office of Sir Keir Starmer MP *Engagement channels – including the survey – remain open at the time of writing*

Appendix 4: AT Medics Performance in North Central London

Below is a high-level overview of the current performance for each contract and practice against the local NCL ICB averages and National targets for the six APMS contracts held by AT Medics. The comparisons are made with all contract types (GMS, PMS, APMS).

Hanley Primary Care Centre has not been included because a new contract was procured to identify a new provider; to commence on 1 July 2024; patients and stakeholders will be notified over the coming's weeks.

Similarly, this report does not include a review of performance of the Extended Access Hub in Camden. This is delivered on an NHS Standard Contract, rather than APMS, and so will be presented at a later date.

	Practice	Borough	Commenced	Maximum term (years)	Maximum term (date)	Current expiry	PCC decision required by	Strategic Performance review
1	St Ann's Road Surgery	Haringey	1 July 2017	5 + 5	July 2017	30 June 2024	18 June 2024	Completed May 24
2	Mitchison Road Surgery	Islington	1 August 2016	5 + 5	August 2026	31 October 2024	18 June 2024	Completed May 24
3	Brunswick Medical Centre	Camden	1 April 2020	5 + 5 + 5	April 2035	31 March 2025	6 August 2024	*In preparation*
4	Camden Health Improvement Practice	Camden	1 April 2020	5 + 5 + 5	April 2035	31 March 2025	18 June 2024	*In preparation*
5	Kings Cross Surgery	Camden	1 November 2015	5 + 5	November 2025	31 October 2025	6 August 2024	*In preparation*
6	Somers Town Medical Centre	Camden	1 July 2017	5 + 5	July 2027	30 June 2027	30 June 2026	*Not due*

This paper does not provide a full strategic and performance review (details of SPR included for reference at the end of this appendix).

The basis of this paper in terms of the Committee decision is in regard to the Change of Control, without prior authorisation. However, the Committee may want to request a full strategic and performance review for these contracts, when the final decision is taken.

Practice performance can be impacted by a number of factors including patient hesitancy for treatment, failure to attend appointments and national screening invitations, and workforce recruitment and retention. Furthermore, the general practice delivery model was impacted during and following the Covid- 19 Pandemic in 2020/21, with the significant and rapid expansion nationally of digital tools, including rapid roll-out of remote consultation. Demand for appointments in North Central London (NCL) has increased by 15-25% since pre-pandemic levels, which has created additional pressure in primary care.

The Key Performance Indicators (KPIs) and performance areas monitored throughout the full term of the contracts include:

- Long term condition management (Quality and Outcomes Framework)
- Vaccination and Immunisation (Flu, Pneumococcal and Childhood)
- Screening (Breast, Bowel and Cervical)
- Care Quality Commission ratings (overall and all domains)
- Access (appointments, opening hours, telephone etc)
- Workforce (all clinical and nonclinical)
- Patient voice (surveys, complaints and patient participation groups)

Performance information is extracted from national and local data sets and validated by the practice data, and through contract meetings. National and local averages are not yet available for 23/24 financial year therefore performance summaries are provided from the point of contract commencement to the 2022/23 financial year.

Practices are required to regularly monitor their own performance through operational and clinical governance systems, in order to assess the impact on access and service delivery on patient care and outcomes. This is then monitored via the core primary care contracts and the Care Quality Commission (CQC).

For all eight AT Medics contracts held in NCL, there have been no breach or remedial notices issued for concerns regarding performance to date. All practices are currently rated 'Good' by CQC.

The voting members of North Central London Integrated Care Board's Primary Care Committee (PCC) approved the issuance of a Breach Notice, to AT Medics, in regard to proceeding with the Change of Control without prior authorisation from the ICB. (May 2024 via virtual decision.)

St Ann's Road Surgery – Contract expires 30 June 2024

Contract start date	1 July 2017 (5+5 years – up to 2027)
List size and growth	16,071 (Jan 2024); 28% growth since contract start date
Contract expiry	30 June 2024
PCC decisions	December and April 2023 1-year extensions approved
Year of contract	Year 7

GP workforce: There are no concerns with the GP full time equivalent (FTE) employed, the practice employs 8.8 FTE GPs, which equates 0.5 FTE per 1000 patients, which is comparative to the national and local averages (0.45 and 0.52).

Nursing workforce: There are no concerns with the nursing FTE employed; the practice employs 3 FTE, which equates to 0.18 FTE per 1000 patients, which is comparative to the national and local averages (0.25 and 0.11).

Administration staff: The practice employs 13 FTE admin staff which equates to 0.8 FTE per 1000 patients.

Other practice staff; employed include 6.3 FTE Health Care Assistants, Advanced Practitioner, Pharmacist and Physician Associate. There are no benchmarks for a local and national average.

Care Quality Commission (CQC): the practice was inspected in 2017 and an unannounced focused inspection in 2022. The practice rating remains overall Good and within all domains (safe, effective, caring, responsive and well – led).

Vaccination and Immunisations: (flu, pneumococcal, childhood) –The practice had achieved above local averages for 5 financial years for Flu (over and under 65), but this has declined in 22/23. For Pneumococcal 65+ and children's immunisation (5yr old), the practice coverage has been below the local NCL averages for the last 5 years. For 2yr old childhood immunisations the coverage has remained below the local averages for the last 6 years.

Screening: (Breast, Bowel and Cervical) – Cervical screening coverage has remained above the local averages for 6 years. Breast screening remained above local averages for 5 years but has significantly declined in 22/23. Bowel screening remained above local averages for 3 years and has significantly declined in 22/23.

Long term condition management: (Clinical domains, Personalised Care Adjustment (PCA) rates and Prevalence) – 13 indicators there were high PCA rates.

GP Appointments: contract KPI 72 app / 1000 patients – the practice has achieved the KPI for 6 years.

Nursing appointments: contract KPI 25 app / 1000 patients – the practice has achieved the 6 years, but with a significant decline in 22/23.

Patient voice: (Patient Surveys and PPG) – There is a lack of evidence of frequent PPG meetings; evidence of only 1 or 2 meetings held per year with 4 members, where minutes have been published (2021-2023), in 2024 the PPG was relaunched with 18 members. GP Patient survey results have shown a decline in patient satisfaction from July 2022 and July 2023, in all the areas below except the Healthcare professional being good at listening to patients;

- Experience in making an appointment
- Ease of getting through to the phone
- Helpfulness of receptionists
- Satisfaction with appointments times available
- Offered a choice of GP appointment
- Overall experience of the practice
- Health care professional – providing enough time, treating with care, patient involved in the decision and confidence and trust

Areas for improvement: All immunisation and vaccination (Flu, Pneumococcal and Childhood), Breast and Bowel Screening, Personalised Care Adjustment rates (LTC management), Nursing appointments, Patient satisfaction and evidence of an established PPG.

In summary: There are 3 years remaining on the contract, which expires on 30 June 2024, PCC members were due to take a decision in April 2024, but the case was delayed due to purdah. A decision is required to be taken prior to 30 June 2024 to ensure patient continuity of services.

Mitchison Road Surgery – Contract expires 31 October 2024

Contract start date	1 August 2016 (5+5 years: up to 2026)
List size and growth	10,206 (Jan 2024); 56% growth since start
Contract expiry	31 October 2024
Previous PCC decisions	June 2021 and October 2022 1 and 2-year extensions approved
Year of Contract	Year 8

GP workforce: There are no concerns with the GP FTE employed, the practice employs 9.3 FTE GPs, which equates to 0.9 FTE per 1000 patients, which is above the national and local averages (0.45 and 0.52).

Nursing workforce: There are no concerns with the nursing FTE employed, the practice employs 2.1 FTE nurses, which equates to 0.2 FTE per 1000 patients, which is comparable to the national and local averages (0.25 and 0.11).

Administrative staff: The practice employs 10.9 FTE admin staff, which equates to 1.07 FTE per 1000 patients.

Other practice staff employed: includes 6.3 FTE other healthcare professionals (Health Care Assistant, Pharmacist and Physician Associate).

Care Quality Commission (CQC): The practice was inspected by the CQC in February 2017 and July 2023, with a rating of Overall Good and in all domains (Safe, Effective, Caring Responsive and Well – Led).

Vaccination and Immunisations (Flu, Pneumococcal, childhood): The coverage (proportion of patient's vaccination) has predominately remained above the local averages for Flu (over / under 65yrs) and pneumococcal. For Childhood immunisations, (2 and 5yr olds) there were 3 and 4 years, where the practice coverage was below the local averages, with a decline in coverage in 22/23.

Screening (Breast, Bowel and Cervical): Cervical Screening coverage has remained above the local averages for 5 years. Bowel and Breast screening, the coverage has remained below the local averages for 6 and 7 years, up to 22/23.

Long Term condition management: There were no concerns with the practice's achievement for the clinical domains and prevalence disease registers. There were 12 indicators that had PCA rates above the local and / National average.

GP Appointments, contract KPI 72 app / 1000 patients: the practice has achieved above for 5 years and achieved below in 21/22 and 22/23.

Nursing appointments, contract KPI 25 app / 1000 patients: the practice has achieved above for 4 years and below for 3 years including 21/22 and 22/23.

Patient voice (Patient Surveys and PPG): there is a lack of evidence of consistent engagement with the PPG from 2021, published meetings on the practice website ranged for 1 a year in 2021 and 2023 and 4 meetings in 2022. AT Medics had carried out launch events to advertise the PPG in November 2023 and January 2024. Two meetings were carried out in February and March 2024. GP Patient survey results have shown that satisfaction had decreased from July 2022 to July 2023 in all questions asked (listed below) accept ease of getting through on the phone.

- Overall experience in making an appointment
- Helpfulness of receptionist
- GP appointment times
- Offered a choice of appointment
- Overall experience of the practice
- Healthcare professional – providing enough time, listening, treating with care, involved in the decision and confidence and trust
- Patients needs being met

NCL ICB surveyed patients registered with the practice from January to March 2024, of patients who responded (137), satisfaction had increased in several areas, for example;

- Getting through to the phone
- Booking appointments
- Practice opening and appointment times
- Ease of getting a face to face appointment
- Receiving an appointment within 2 weeks
- Healthcare professional – providing enough time, listening, treating with care, involved in the decision and confidence and trust
- Overall experience of the practice

Where patients were least satisfied is complaints handling by the practice and being aware of the PPG.

Areas for improvement: Childhood immunisations (2 and 5yr olds), Breast and Bowel Screening, Personalised Care Adjustment rates (Long term condition management) GP and Nursing appointments, PPG engagement and complaints handling.

In summary: There are 2 years remaining on the contract, which expires 31 October 2024, PCC members were due to take a decision in April 2024, but the case was delayed due to purdah. A decision is required to be taken by June 2024, to enable planning for the ongoing continuity of patient's services.

Brunswick Medical Centre – Expires 31 March 2025

Contract start date	1 April 2020
Procured	5 + 5 years – up to 2027
List size and growth	9,147 (April 2024); 34% growth since contract start date
Contract expiry	31 March 2025
Previous PCC decisions	No prior decisions, first strategic review would be due August 2024
Year of contract	Year 4

GP Workforce: The practice employs 3.1 FTE GP, which equates to 0.34 FTE per 1000 patients, which is slightly below the national and Local averages (0.45 and 0.52).

Nursing workforce: The practice employees 1.2 FTE, which equates to 0.13 FTE per 1000 patients, which is comparable to the local average (0.11), but below the national average (0.25).

Administration staff: the practice employs 6.7 FTE admin staff, which equates to 0.7 FTE per 1000 patients.

Other practice staff employed: 2 FTE Pharmacists.

Care Quality Commission (CQC): The practice was inspected in April 2021, although rated Good overall and in all domains, the practice was rated Requires Improvement for the management of people with Long Term conditions. The last inspection was carried out in June 2023 and the rating was Good overall and in all domains.

Vaccination and Immunisations (Flu, Childhood and Pneumococcal): The coverage of patients immunised for Flu (over and under 65) and Pneumococcal (65+) has remained above the local averages for 3 years (20/21 to 22/23). Childhood immunisations (2yrs) there has been an increase in coverage up to 22/23, but for 5yr old, there has been a decline.

It should be noted that for all immunisation areas, there has been a decline in coverage based on the practice KPI return for 23/24, public health data is not yet available to compare the practice against local averages and National targets.

Screening (Breast Bowel and Cervical): For Bowel and Breast Screening the practice coverage has remained below the local averages for 3 financial years. Cervical screening the practice coverage was above local averages for 1 year but had declined in 22/23.

Long Term condition management: There were no concerns with the practice's achievement for the clinical domains and prevalence disease registers. There were 20 indicators that had PCA rates above the local and / National average.

GP appointments, contract KPI 72 app / 1000 patients: the practice has achieved below for 2 financial years in 21/22 and 22/23.

Nursing appointments, contract KPI 25 app / 1000 patients: the practice has achieved below for 2 financial years in 21/22 and 22/23.

Patient voice (Patient Surveys and Patient Participation Group): The practice website indicates there is a PPG, however there was only one set of meeting notes available in July 2018 (prior to the AT Medics contract commencing) and 2 patients attended. GP patient survey results have shown a decline in all questions asked from July 2022 and July 2023, except healthcare professional was good at listening to patients.

- Overall experience in making an appointment
- Ease of getting through on the phone
- Helpfulness of receptionist
- GP appointment times
- Offered a choice of appointment
- Overall experience of the practice
- Healthcare professional – providing enough time, treating with care, involved in the decision and confidence and trust
- Patient's needs being met

NCL ICB has not surveyed patients registered with the practice as the contract is not due to expire until March 2025.

Areas for improvement: Childhood Immunisation (5yr), Cervical screening, Personalise Care Adjustment rates, GP and Nurse appointments, established PPG and Patient satisfaction.

In summary: There are 10 months remaining on the contract, for the first five-year term, which expires on 31 March 2025, PCC members would be required to take a decision by August 2024.

Camden Health Improvement Practice (CHIP) – Expires 31 March 2025

Contract start date	1 April 2020
Procured	5 + 5 + 5 years (up to 2034)
List size and growth	650 (January 2024) and there has been an 8% decrease, since contract commencement
Contract expiry	31 March 2025
Previous PCC decisions	No prior decisions, first strategic review would be due August 2024
Year of contract	Year 4

This contract has been commissioned solely to provide primary care services to homeless patients, alongside other local health, social care and voluntary services.

GP workforce: The practices employ 1.7 FTE GP, which equates to 2.6 FTE per 1000 patients which is significantly above the national and local average (0.45 and 0.52), or in summary there is 1 GP FTE: 382 patients.

Nursing workforce: The practice employs 0.6 WTE nurses, which equates to 0.9 FTE per 1000 patients, which is above the national and local averages (0.25 and 0.11).

Administrative staff: The practice employs 3.4 FTE admin staff which equates to 5.2 FTE per 1000 patients, or in summary there is 1 admin FTE: 191 patients.

Care Quality Commission (CQC): The practice was inspected in 2021, 2022 and 2023, the practice was rated Good overall and within all domains (safe, effective, caring, responsive and well – led).

Vaccination and Immunisation (Flu, pneumococcal, Childhood): The service is not for minors and registers patients from 16 and above, therefore childhood immunisation data is not available. Flu (over and under 65yrs) the practice coverage was above local averages for 3 years with a decline in 22/23.

Screening – (Breast, Bowel and Cervical): Cervical screening the practice coverage was above local averages for 2 years, with an increase in 22/23. Breast and Bowel screening the coverage has remained below local averages.

Key performance indicators: The contract KPIs are listed below, the practice returned data is response to KPIs 4 and 5 only, of which 5 was achieved in all four years and KPI 4 in year 4. There was a three-year honeymoon period i.e. no claw back applied, due to the KPIs being revised, a delay with sign off; time to allow the practice to implement the KPIs, code and collect the data.

1. % of newly registered patients who have a completed enhanced health check within 2 weeks of registration
2. Referral from the patient list back to mainstream Primary Care and % of patients on the list >24 months
3. Reduction in avoidable A&E attendance for the whole patient list (compared to the previous year)
4. Medication reviews. % of patients with up-to-date medication reviews
5. Vaccination programs complete or declined. % of patients who have completed one vaccination program (FLU, shingles, Hep B or pneumococcal)
6. Drug and alcohol program attendance % of patients who are ready/ suitable to engage with alcohol/ drug services and who have been referred to drug and alcohol programs
7. System wide leadership to raise awareness of homelessness health and related issues working with local health care providers. Number of events held per year.
8. Deliver education and training to both clinical and non-clinical frontline staff including
    a. GPs and GP Cluster
    b. Medical school and undergraduate training
    c. Share GP protective learning time
    d. Practice manager and nursing forums
9. Promotion of inclusion in health care:
   Act as a subject matter expert, providing representation at key forums within Camden to raise the level of awareness and expertise on the issues affecting people experiencing homelessness including:
   Camden Homelessness Health and care network Neighbourhood/Locality Meetings Primary care networks Patient forums

Patient voice (Patient surveys) - Data on what a PPG is and how to join is on the practice website, however there are no meeting dates, agendas or minutes. It is not clear on the website if there is an active PPG in the practice. GP Patient Survey results show an increase in satisfaction from July 2022 to July 2023 in the following areas;

- Making an appointment
- Ease of getting through on the phone
- Helpfulness of receptionist
- Healthcare professional – giving enough time, listening to patients, treating with care and concern
- Patients needs were met

Where patient satisfaction had declined were in the following areas;

- GP appointment times available
- Offered a choice of appointment
- Overall experience of the practice
- Patients involved in decisions
- Confidence and trust in the healthcare professional

Areas for improvement – Review of GP and Nurse provision, Breast and Bowel, evidence of delivery against the KPI, PPG and Patient Satisfaction.

In summary – There are 10 months remaining on the contract, for the first five-year term, which expires on 31 March 2025. There is currently a wider review being carried out to enable a revision of the contract and service specification. PCC members would be required to take a decision by June 2024.

Kings Cross Surgery (Camden) – Expires 31 October 2025

Contract start date	1 November 2015
Procured	5 + 5 years (up to 2025)
List size and growth	9586 (January 2024) and there has been 191% list growth from since contract commencement. The patient list was 3288 (October 2015).
Contract expiry	31 October 2025
Previous PCC decisions	July 2020, extended for a further 5 years, to the end of the contract term.
Year of contract	Year 9

GP Workforce: The practice employs 1.2 FTE GP, which equates to 0.1 FTE per 1000 patients, which is below the national and Local averages (0.45 and 0.52).

Nursing workforce: The practice employees 2.0 FTE, which equates to 0.2 FTE per 1000 patients, which is above the local and comparable to the national average (0.11 and 0.25).

Administration staff: The practice employs 6.43 FTE admin staff which equates to 0.6 FTE per 1000 patients.

Other practice staff employed: Includes 1.8 FTE Advanced Pharmacist Practitioner and Physician Associate. There are no benchmarks for a local and national average.

Care Quality Commission (CQC): The practice was inspected in 2017 and 2020 and was rated Overall Good and within all domains (safe, effective, caring, responsive and well – led).

Vaccination and Immunisation (Childhood, Flu, Pneumococcal): The practice coverage has been above local averages for Flu (over 65s), Childhood Immunisation (age 5yrs) for 7

years up to 22/23. Pneumococcal (over 65 yrs) was above for 4 years up to 21/22, with a slight decline in 22/23. For Childhood immunisation (age 2yrs), coverage has been above for 2 years, but below local averages for 5 years.

Screening (Bowel, Breast and Cervical): For Bowel and Cervical Screening the practice coverage has been above local averages for 2 and 3 years, with a decline in 22/23. Breast screening the coverage has remained below local averages for 7 years.

Long Term condition management: There were no concerns with the practice's achievement for the clinical domains and prevalence disease registers. There were 13 indicators that had PCA rates above the local and / National average.

GP Appointments, contract KPI 72 app / 1000 patients: the practice has achieved above for 8 years.

Nursing appointments, contract KPI 25 app / 1000 patients: the practice has achieved above for 7 years, but below for 22/23.

Patient voice (Patient Surveys and PPG): There are two minutes of meetings published of PPG meetings in November 2020, April 2021 and a planned meetings was to be held on 5 March 2024. Comparison of the GP patient survey results (July 2022 and July 2023) show that patient satisfaction had increased for Overall experience of making an appointment, ease of getting through on the phone and patients needs were met. Satisfaction had declined in the following areas.

- Helpfulness of receptionist
- Choice of appointments being offered
- Overall experience of the practice
- Healthcare professional – giving enough time, listening to patients, treating patients with care and concern, involved in the decision about their care, confidence and trust

Areas for improvement: Pneumococcal and Childhood Immunisation (2 yrs old), all screening (breast, bowel and cervical), Nursing appointments, patient satisfaction and established PPG.

In summary: There are 7 months remaining of the contract until it comes to the end of its 5 + 5-year term, which expires on 31 October 2025. PCC would be required to take a decision in August 2024.

Somers Town Medical Centre (Camden) – Expires 30 June 2027

Contract start date	1 July 2017
Procured	5 + 5 years (up to (up to 2027)
List size and growth	6809 patients (January 2024), there has been a 9% list size growth over the term of the contract.
Contract expiry	30 June 2027
Previous PCC decisions	December 2021 – extended for a further 5 years
Year of contract	Year 7

GP Workforce: The practice employs 2.2 FTE GP, which equates to 0.3 FTE per 1000 patients, which is below the national and Local averages (0.45 and 0.52).

Nursing workforce: The practice employees 2.0 FTE, which equates to 0.2 FTE per 1000 patients, which is above the local and comparable to the national average (0.11 and 0.25).

Administrative staff: There are 9.0 FTE employed, which equates to 1.3 FTE per 1000 patients.

Other practice staff employed: includes 5.0 FTE, other health professionals (Healthcare Assistant, Nursing Associate, Pharmacist and Physician Associate)

Care Quality Commission (CQC): The practice was inspected in September 2018 and July 2023, and rated Good overall and within all domains (safe,

Vaccination and Immunisation (Flu, Pneumococcal, childhood): The coverage (proportion of patient's vaccination) has predominately remained above the local averages for Flu (over / under 65yrs) and pneumococcal. For Childhood immunisations (2 and 5 yr olds) the practice coverage was above local averages, with a slight decline below in 21/22 and 22/23.

Screening (Breast, Bowel and Cervical): Cervical screening the practice coverage has remained above and / or comparable to local averages for 6 years. For Breast and Bowel screening, coverage was above local averages then slightly declined in 21/22 and 22/23.

Long Term Condition Management: There were no concerns with the practice's achievement for the clinical domains and prevalence disease registers. There were 20 indicators that had PCA rates above the local and / National average.

GP appointments, contract KPI 72 app / 1000 patients: the practice has achieved above for 6 financial years.

Nursing appointments, contract KPI 25 app / 1000 patients: the practice has achieved above for 3 years and below for 3 years, with a further decline in 22/23.

Patient voice (Patient Surveys and PPG): The practice website shows there has been one annual meeting per year from 2021 onwards with the PPG, with a list of agenda items discussed. GP Patient survey results have shown that satisfaction had decreased from 2022 to 2023 in all questions asked (listed below) accept overall experience of making an appointment.

- Ease of getting through to the phone
- Helpfulness of receptionist
- GP appointment times
- Offered a choice of appointment
- Overall experience of the practice
- Healthcare professional – providing enough time, listening, treating with care, involved in the decision and confidence and trust
- Patients needs being met

Areas for improvement: Childhood immunisations (2 and 5yr olds), Breast and Bowel Screening, Personalised Care Adjustment rates (Long term condition management) Nursing appointments, PPG engagement and Patient Satisfaction.

In summary: There are 3 years remaining on the contract, until it comes to the end of its 5 + 5-year term, which expires on 30 June 2027, PCC would be required to take a decision by 30 June 2026.

Strategic and Performance Review
Should the Committee wish to see a full strategic and performance review for each contract this would include wider information on:

- Current contract Price to assess the continued viability of the contract.
- Premises considerations (i.e., operating from fit for purpose building and any strategic estates plans)
- The need to retain the practice in the area taking into consideration any resident population growth from area regeneration and residential developments.
- Feedback from patients on the delivery of services (national survey/comments online and local survey for patients registered at the practices)
- Wider stakeholder feedback
- Equality Impact Assessment (EQIA)
- Key Performance Indicators (KPI)
- Workforce (clinical and non- clinical)
- Appointments
- Long Term condition management - Quality and Outcome Framework (QOF)
- Local and National targets (Immunisations, cervical and other screening etc.)
- Care Quality Commission (CQC) rating
- Provider feedback on improvements they have made through the contract term