NHS
North Central London
Integrated Care Board

Primary Care Committee Meeting

Tuesday 14 October 2025
09:30am to 11:00am
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	Liz Sayce	Note	Oral	09:30am to 09.40am
1.2	Declarations of Interest *(Not otherwise stated)*	All	Note	2	
1.3	Draft Minutes of the PCC meeting on 12 August 2025	Liz Sayce	Approve	7	
1.4	Action Log	Liz Sayce	Approve	17	
1.5	Matters Arising	Liz Sayce	Note	Oral	
2.	**BUSINESS**				
2.1	General Practice Protected Learning Time (PLT) Proposal - Evaluation	Carol Kumar & Cassy Bygrave	Note	19	09.40am to 09:50am
3.	**GOVERNANCE**				
3.1	Primary Care Committee Risk Register	Rebecca Kingsnorth	Note	42	09:50am to 10:05am
4.	**OVERVIEW REPORTS**				
4.1	Primary Care Finance Report	Sarah Rothenberg	Note	49	10:05am to 10.15am
4.2	Quality & Performance Report	Tamzin Jamieson	Note	62	10:15am to 10.35am
5.	**STRATEGIC**				
5.1	PCN Neighbourhood Health Champions	Simon Wheatley	Note	Oral	10:35am to 10:50am
6.	**FOR INFORMATION**				
6.1	PCC Low risk paper approved virtually on 16 September 2025: Commissioning Decisions on PMS Agreement Changes	Vanessa Piper	Note	113	10:50am to 11.00am
6.2	PCC Low risk paper approved virtually on 22 September 2025: The Village Practice – Lease renewal	Nicola Theron	Note	118	
7.	**ANY OTHER BUSINESS**				
	DATES OF NEXT MEETINGS				
	2025: 16 December **2026**: 10 February				
	PART 2 MEETINGS				
	To resolve that as publicity on items contained in Part 2 of the agenda would be prejudicial to public interest by reason of their confidential nature, representatives of the press and members of the public should be excluded from the remainder of the meeting. Section 1 (2) Public Bodies (Admission to meetings) Act 1960.				

NHS
North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
14 October 2025

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.

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												
Ms Liz **Sayce OBE**	Non Executive Member, Deputy Chair and member of the ICB Board							01/07/2022	current	26/08/2022	28/01/2025	
Ms Liz **Sayce OBE**	Chair of ICB Remuneration Committee										28/01/2025	
Ms Liz **Sayce OBE**	Chair of ICB Quality and Safety Committee	Action on Disability and Development International	no	yes		direct	Co Chair	26/01/2021	current	26/08/2022	28/01/2025	
Ms Liz **Sayce OBE**	Member of ICB Primary Care Committee	London School of Economics	yes	yes		direct	Visiting Professor in Practice		current	26/08/2022	28/01/2025	
Ms Liz **Sayce OBE**	Chair NCL People Board	Royal Society of Arts	no	no	yes	direct	Fellow		current	26/08/2022	28/01/2025	
Ms Liz **Sayce OBE**		Government commissioned independent review of Carer's Allowance overpayments	yes	no	no	direct	Lead	01/11/2024	30/06/2025	16/10/2024	28/01/2025	
Ms Liz **Sayce OBE**		Furzedown Project, Wandsworth, Charity no 1076087	no			direct	Chair of Trustees	24/11/2022	current	24/11/2022	28/01/2025	
Ms Liz **Sayce OBE**		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	28/01/2025	
Sarah **Morgan**	Chief People Officer Member of the Executive Member Team		yes	yes	no	Direct	01/07/2022	04/07/2022	current	04/07/2022	27/01/2025	
Sarah **Morgan**	Attendee of ICB Board of Members									04/07/2022	27/01/2025	
Sarah **Morgan**	Member of ICB People Board									04/07/2022	27/01/2025	
Sarah **Morgan**	Voting member Primary Care Committee									04/07/2022	27/01/2025	
Sarah **Morgan**	Member of the Population Health and Inequalites Committee									04/07/2022	27/01/2025	
Sarah **Morgan**	ICB Culture and Operations Group co-chair									04/07/2022	27/01/2025	
Sarah **Morgan**	Attend Remuneration Committee	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022	27/01/2025	
Sarah **Morgan**	Member of the Strategy and Development Committee	Fresh Visions People Ltd Charity no 1091627	no	no	yes	Direct	Trustee / Director and Chair from 6 December 2023	22/04/2022	current	04/07/2022	27/01/2025	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
Sarah **Morgan**		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	27/01/2025	Manage any contractual arrangements through procurement team
Sarah **Morgan**		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	27/01/2025	manage contributions in line with ICB guidance
Sarah **Morgan**		Southern Housing Group	no	yes	no	Direct	Independent Member	01/06/2024	current	16/06/2024	27/01/2025	Manage any contractual arrangements through procurement team
Dr Jo **Sauvage**	Chief Medical Officer		yes	yes	no	direct		01/07/2022	current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of ICB Board		no	yes	no	direct			current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Executive of CMO and Place Directorate	London Clinical Executive Group	no	yes	no	direct	NCL Clinical Representative		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of ICS Community Partnership Forum	London Primary Care School Board	no	yes	no	direct	ICS Representative		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of Primary Care Committee	London Primary Care Board	no	yes	no	direct	ICS Representative		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of Quality and Safety Committee	London Urgent and Emergency Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of the Population Health Strategic Commissioning Committee	Greener NHS England, London	no	yes	no	direct	Clinical Director		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of ICB Executive Management Team	NCL ICB Sustainability Clinical Network	no	yes	no	direct	Clinical Lead		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of Expert Advisory Group for EBI	Hosted by Academy of Royal Colleges	no	yes	no	direct	Member		current	10/07/2022	27/08/2025	
		Net Zero Clinical Transformation Advisory Board	no	yes	no	direct	Member		current	01/02/2025	27/08/2025	
Dr Jo **Sauvage**	attend sub committees of the Board as and when required		no	yes	no	direct	Clinical Director		current	06/07/2023	27/08/2025	
Dr Jo **Sauvage**		City Road Medical Practice	yes	yes	yes	direct	salaried GP	01/03/2024	current	01/02/2025	27/08/2025	Excluded from discussions involving City Road Medical Centre
Dr Jo **Sauvage**	Clinical Director Greener NHS, NHS England London	NHS England London	yes	yes	no	direct	Clinical Director, interest pertains to clinical leadership at London regional level	05/11/2018	current	10/07/2022	27/08/2025	Financial remuneration for the sessions worked; same terms and conditions as ICB office holderexcluded from discussions involving City Road Medical Centre
Dr Jo **Sauvage**	Employed as GP	Islington GP Federation	no	yes	no	direct	Employee of Islington GP Federation	01/04/2024	current	01/02/2024	27/08/2025	
Dr Jo **Sauvage**	Employed at City Road Medical Centre	South Islington PCN	no	yes	no	direct	GP Pracitce is a member	01/07/2019	current	01/02/2024	27/08/2025	
Jenny **Goodridge**	Interim Chief Nursing Officer		no	no	no	n/a				13/02/2018	12/02/2025	
Jenny **Goodridge**	Member of ICB Board, voting										12/02/2025	
Jenny **Goodridge**	Member of Executive Management Team										12/02/2025	
Jenny **Goodridge**	Member of Quality and Safety Committee,										12/02/2025	
Jenny **Goodridge**	Member of Strategy and Development Committee										12/02/2025	
Jenny **Goodridge**	Member of Primary Care Committee										12/02/2025	
Jenny **Goodridge**	attend other committees as when required										12/02/2025	
Sarah **McDonnell-Davies**	Executive Director of Place	No interests declared	no	no	no	no		20/06/2018	current	20/06/2018	18/08/2025	

Sarah **McDonnell-Davies**	Member of Executive Management Team										18/08/2025	
Sarah **McDonnell-Davies**	Attend ICB Board of Members										18/08/2025	
Sarah **McDonnell-Davies**	Member of Population Health Strategic Commissioning Committee										18/08/2025	
Sarah **McDonnell-Davies**	Exec Lead for Primary Care Committee										18/08/2025	
Sarah **McDonnell-Davies**	Exec Lead for Integrated Medicines Optimisation Commmittee										18/08/2025	
Sarah **McDonnell-Davies**	Member of ICS Digital Board										18/08/2025	
Sarah **McDonnell-Davies**	Member of System Management Board										18/08/2025	
Sarah **McDonnell-Davies**	attend other NCL / Borough related meetings as required										18/08/2025	
Sarah **Rothenberg**	Deputy Director Finance Business Partnering (Primary Care).							01/07/2022	current	05/09/2022	01/07/2025	
	Member of NCL ICB Primary Care Committee and attendee Integrated Medicines Optmisation Committee											
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	04/03/2025	
Ms Frances **O'Callaghan**	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	15/08/2024	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	UCL Partners	yes	yes	no	direct	Director	31/03/2023	current	15/08/2024		
	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											
Vanessa **Piper**	Assistant Director for Primary Care Contracting	None	No	No	No	No	Nil Return	13/09/2020	current	23/08/2021	04/10/2024	
Michelle **Malwah**	Healthwatch Enfield, Manager	none	N/A	N/A	N/A	N/A	N/A			26/11/2024		
John **Pritchard**	Senior Communications and Engagement Manager - Place and Primary Care Attendee of Primary Care Committee.	None	N/A	N/A	N/A	N/A	None			12/10/2018	31/01/2025	
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	13/02/2025	
Carol **Kumar**	Assistant Director for Primary Care Planning Improvement and Operations	Five Development Consultancy LLP	yes	n	yes	direct	self and partner	2014	current	02/10/2017	02/04/2025	organisation not related to NHS business
	NCL PC C&C team– Practice case logs EOG Primary Care Committee Part 1 and 2 LMC informal and SLN Various other meetings for ICB as needed	Vita Et Pax Parents Friends Association Charity number: 1185988	no	no	no	direct	Trustee and Secretary	16/07/1905	current	07/09/2022	02/04/2025	organisation not related to NHS business
Anthony **Marks**	Primary Care Contracting Senior Manager GP Primary Care Commissioning & Contracting	No interests declared	No	No	No	No	Nil return			30/10/2018	30/06/2025	
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 (West: Barnet & Camden):	no interests declared	No	No	No	No	Nil return			28/05/2019	31/07/2024	
Su **Nayee**	Primary Care Contracting Senior Manager GP Primary Care Commissioning & Contracting	No interests declared	No	No	No	No	Nil return			20.10.2018	07/07/2025	
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	06/08/2025	I will ensure I am not involved in any commissioning decisions related specifically and solely to this practice.
		Sing Up Foundation	no	no	yes	direct	trustee / director	01/06/2024 / 05/02/2025	current	02/07/2024	06/08/2025	I am involved in service commissioning in primary care services and so would flag and alert my manager if there any potential conflict and excuse myself from any relevant discussions in the ICB

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		

North Central London
Integrated Care Board

NCL ICB PRIMARY CARE COMMITTEE (PCC)

Draft Minutes of Meeting held on Tuesday 12 August 2025 between 9:30am and 11:00am

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

Voting Members	
Ms Liz Sayce	Non - Executive Member & **Committee Acting Chair**
Ms Sarah McDonnell-Davies	Executive Director of Place & **Executive lead for the Committee**
Ms Sarah Louise Morgan	Chief People Officer
Dr Josephine Sauvage	Chief Medical Officer
Ms Sarah Rothenberg	Deputy Director Finance Partnering - Primary Care (Deputised for Anthony Browne - Director of Finance Business Partnering)
Ms Jenny Goodridge	Interim Acting Chief Nurse
Non – Voting Participants	
Ms Sarah Mcilwaine	Director of 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 Rebecca Kingsnorth	Assistant Director for Primary Care Strategy & Change
Ms Tamzin Jamieson	Head of Primary Care Strategy and Change (item 4.1)
Mr Kamran Bhatti	Head of Primary Care Planning and Improvement
Ms Deirdre Malone	Acting Director of Quality & Clinical Standards (Deputised for Jenny Goodridge)
Ms Diane Macdonald	Deputy Director, Strategic Estates Finance
Mr Mark Agathangelou	Community Participant
Ms Lorna Reith	Community Participant
Mr Dan Rogers	Healthwatch Representative
Ms Sue Battams	Primary Care Business Unit Senior Manager
Mr James Avery	Clinical Director (item 5.1)
Ms Ginika Achokwu	Deputy Director of Quality & Clinical Standards (item 5.1)
Mr Andrew Tillbrook	MS Teams Live Producer
Ms Vivienne Ahmad	Board Secretary **(Minutes)**
Apologies:	
Dr Katie Coleman	Clinical Director for Primary Care
Ms Clare Henderson	Director of Place (East)
Mr Ken Kanu	VCSE Alliance Representative
Ms Carol Kumar	Assistant Director for Primary Care Planning, Operations and Improvement
Ms Frances O'Callaghan	Chief Executive Officer
Mr John Pritchard	Senior Communications and engagement Manager – Place and Primary Care
Ms Donna Turnbull	VCSE Alliance Representative

Mr Simon Wheatley	Director of Place (West)
Mr Jamie Wright	LMC Representative

1.	**INTRODUCTION**
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed everyone to the meeting. Apologies were recorded as above. The Committee was quorate. 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 the decision-making process. ➢ Ask questions relating to items listed on the agenda in advance by email. Where appropriate, questions would be addressed in the introduction to relevant agenda items. It was noted that three questions had been received from Mr Richards: the first two, general questions, would be discussed under Matters Arising, and the third question under item 2.1.
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. • The Chair invited members of the Committee to declare any gifts and hospitality received. No gifts and hospitality items were declared.
1.2.2	**The Committee NOTED the Declarations of Interest.**
1.3	**Draft Minutes of the PCC meeting on 15 April 2025**
1.3.1	Subject to the inclusion of the concerns noted under item 2.1 as follows: ***2:1 - Islington Central Medical Centre & Roman Way Medical Centre (Islington): Contract Merger*** *Subject to addressing concerns around the PPG engagement, staff issues, and the equality impact assessment on access and transition to a single general practice model, the Committee APPROVED the following: (i) Contract merger effective 1 December 2025, (ii) Variation of the Islington Central GMS contract to be held by a partnership, and (iii) Termination of the Roman Way contract.* The minutes of the Primary Care Committee (PCC) Meeting on 15 April 2025 were agreed as a true record of the meeting.
	The Committee APPROVED the minutes.
1.4	**Action Log**

1.4.1	The Committee reviewed the action log.
	The Committee APPROVED the action log.
1.5	**Matters Arising**
1.5.1	Under Matters Arising, Vanessa Piper read out the two general questions submitted by Mr Richards, along with the responses. **Question 1:** Throughout the papers there are references to PPGs (Patient Participation Groups), for example, page 3 (of 11) of minutes of meeting on 24/6/25 but elsewhere emphasising the requirement to have well-functioning practice-based PPGs. What action / checks does the ICB to ensure that this is happening throughout the ICB but more specifically in Islington? Also does the CQC consider PPGs in their assessments of practices? **Response:** Practices are required to complete an annual Contract declaration and there are two questions below monitored by the ICB in relation to Patient Participation Groups. Any practices that are non-compliant are contacted. *5H The practice is able to show that the PPG is properly representative of its practice population or that it has made and continues to make efforts to ensure it is representative of its local population.(GMS Regulations Part 5, Regulation 26, PMS Regulations Part 5, Regulation 20).* *5G The practice can evidence that they have engaged with their PPG throughout the year and make available such feedback to the practice population including actions and reports, including where they have acted on suggestions for improvement. (GMS Regulations Part 5, Regulation 26, PMS Regulations Part 5, Regulation 20)* The CQC, as part of their inspection, also assesses evidence and practice engagement with a PPG. **Question 2:** Does the ICB have any idea of how many patients do not have the technological facilities to access their GP websites? **Response:** Practices within North Central London encourage patients to contact them via one three ways: phone, visit the practice, or go to the practice's website and complete a secure form. This is in line with a national campaign to support patients contacting their GP practices. It does not matter which of the three ways patients choose to contact their practice as staff will help the patient get the care they need. In relation to the question, we are not able to confirm the number of patients that do not have the technological facilities to access their GP website across North Central London. If a patient does not have the digital facilities to access information via the practice website, practices are required to provide information through a written leaflet, posters in practice, the reception and admin team (by phone or in practice). Digital inclusion is a priority for the government. This means ensuring everyone has the access, skills, support and confidence to engage in our digital society, whatever their circumstances. The government published the Digital Inclusion Action Plan: First Steps in February 2025, which set out the first actions we are taking towards our ambition of delivering digital inclusion for everyone across the UK.

2.	**BUSINESS**
2.1	**Chalfont Surgery (Enfield): APMS Contract Expiry & Strategic Performance Review**
2.1.1	Before presenting the paper, Vanessa Piper read out the third question from Mr Richards. **Question 3:** With Chalfont Surgery - page 35, paragraph 2.3 - how has the distance of 0.01 miles been calculated to Hornsey Central Health Centre? **Supplement to Question 3**: Is it possible to add further clarification i.e. Bus route W7 runs from Muswell Hill Broadway to Finsbury Park passing along Park Road, Hornsey (and the Health Centre) but at no time does it near Edmonton Green - the location of Chalfont Surgery. **Response:** Thank you for identifying this, please see the following correction: All buses come into Edmonton Green Bus station which is 0.2 miles (up to 5 mins walk) to the practice – route 102, 144, 149, 259, 279, 349, 49, 192, W6 and W8.
2.1.2	Vanessa Piper presented the paper and requested the Committee to approve option 1: PSR: Direct Award C – issue a 5-year new APMS contract to the existing provider, with a strategic review at year 3. (Term 1 August 2026 to 31 July 2032). The following was highlighted: • The Chalfont Road Surgery, based in Enfield's Edmonton Green Ward, operates under an APMS contract. It is now in its ninth year, with the contract due to expire in July 2026. The provider is Healthcare Enfield Alliance, a well-established local GP organisation. • The surgery currently has a registered list of just over 6,000. Over its nine-year term, it has consistently achieved performance comparable to or above ICB averages, both within and beyond the measured KPIs. • Performance against national targets shows some underperformance in flu and childhood immunisation uptake. However, the surgery continues to work with the ICB and has provided action plans setting out how they are working to improve coverage. • The APMS contract is now approaching the end of its ten-year term. Traditionally, at the end of such contracts, commissioners would have had only two options under the previous procurement regulations: competitive procurement or dispersal. However, this is the first time under the new Provider Selection Regime that three options can be considered: a direct award (issuing a new contract to the existing provider, Enfield Healthcare Alliance), competitive procurement, or dispersal. • The regulations have been reviewed, with both procurement and legal advice taken. Given the provider's strong performance, there are no anticipated substantial changes to the contract if a new one is issued. The recommendation is to proceed with a Direct Award (Option C). To do so, the Provider Selection Regime requires that the "considerable change threshold" is not breached. This means that the new contract cannot include substantial changes, and the budget must not exceed the greater of £500,000 or 25% of the original contract value set in 2016. • A cost issue was identified due to the contract merger in 2023, which altered the overall value. The original procurement in 2016 did not anticipate this merger. Legal and procurement advice was requested to consider how to proceed. Based on this advice and financial modelling, a five-year contract is recommended to ensure compliance with the threshold and avoid any breach.
2.1.3	In considering the paper, the Committee made the following comments**:**

	• The practice has a higher level of long-term conditions and patient complexity, yet its workforce numbers remain below ICB averages. This raises a question that if the patient population is more complex than average, should the workforce profile be adjusted to reflect this? Given the current challenges in procurement processes, the question is whether the ICB is confident in pursuing this approach. The intention is to stress-test the option and weigh the trade-offs, risks, and benefits. It was noted that with the complexity and long-term conditions, the workforce figures are 0.25 for fulltime equivalent for GP, and 0.06 for nurses. Compared to other practices they are not substantially below. • This is not an average patient population. With complexity higher than average, yet the workforce tracking below average, the differential feels greater than is currently being recognised. It was noted that while recruitment and retention remain a general challenge for practices, the improvement in targets and outcomes achieved so far is reassuring. Ideally, more highly skilled staff would help, but much long-term condition work does not require a heavily medical model and can benefit from alternative approaches. • In terms of procurement, the risk of challenge is higher under the current provider selection regime than under the 2015 regulations. A 30-day transparency notice will allow providers to raise any challenge. The contract does not expire until July 2026, providing time to consider other commissioning options if needed. The existing provider has consistently met contract terms over nine years, with no breaches or remedial actions, and CQC ratings have been good. For Direct Award C, the core contract terms will not change, only KPIs will be aligned with new provider standards, with no financial impact to the provider. The proposed reduction in mandatory service payments is offset by inflation and GMS uplifts. The five-year term remains within the financial threshold, so the test for Direct Award C has been met, pending publication of the transparency notice. • While not without risk, significant work has been done, and the approach is legally and operationally robust. Re-procurement would be costly and unnecessary given the provider's strong performance. Two areas for attention: (i) flu and winter preparedness for this patient population, given declining vaccination rates and pressures on nearby hospitals; (ii) list size and patient registration – an active campaign to attract patients, combined with winter outreach, would help maintain and grow the practice's population. In summary it was noted that clinical improvement trajectory is reassuring, though attention is needed on flu/winter readiness, workforce relative to patient profile, and list size. Legal advice provides assurance, though some risk of challenge under the provider selection regime remains. Overall, there is sufficient assurance to proceed.
	The Committee APPROVED option 1: PSR: Direct Award C – issue a 5-year new APMS contract to the existing provider, with a strategic review at year 3. (Term 1 August 2026 to 31 July 2031).
3.	**GOVERNANCE**
3.1	**Primary Care Committee Risk Register**
3.1.1	Sarah Mcilwaine presented the paper. The Committee was asked to note the report, provide feedback on the risks, and identify any strategic gaps within the Committee's remit and propose any new strategic risks or areas to include as part of the review in future reports. The following was highlighted: • There have been no major changes since the last report in June 2025. • No amended risks have been identified considering the wider contextual changes.

	• Two risks remain on the Committee's register; each rated at 12.
	  ○ **PERF15:** *Failure to address variation in Primary Care Quality and Performance across NCL (Threat).*
	  ○ **PERF32:** *Failure to procure clinical waste collections services for operationalisation on 1 April 2025 (Threat).*
	
	• An additional risk, rated at 9 and just below the threshold, is included in the report for oversight purposes.
	  ○ **PERF28:** *Increased and undifferentiated demand, and variation in general practice access models (Threat).*

3.1.2	In considering the paper, the Committee made the following comments**:** • The clinical waste collection risk remains unchanged, with temporary contracts in place. While quantitative data (for example Q&P trend analysis) is strong, qualitative insight is less systematic, and the committee should strengthen methods to capture perspectives from councillors, PPGs, MPs, and Healthwatch, particularly from harder-to-reach groups. • The "insights bank" tool is being developed to collate engagement data, though clearer definitions of qualitative sources are needed. • PERF28 should remain under review in light of workforce pressures, and potential risks from the ICB merger and Healthwatch changes should be monitored. • Broader engagement, including the 10 Year Plan consultation, confirms general practice as a top resident priority. Aligning committee-identified issues with Healthwatch and other engagement mechanisms can provide a comprehensive view of resident perspectives and support informed decision-making. The Committee agreed to consider the risk of losing qualitative insights during the merger and to reflect on how this should be captured within the risk framework.
3.1.3	**Action:** • **To consider developing a risk around primary care and ICB change.** ***(Rebecca Kingsnorth & the Primary Care Team)***
	The Committee NOTED the current risk register.
4.	**OVERVIEW REPORTS**
4.1	**Primary Care Finance Report**
4.1.1	Sarah Rothenberg presented the report and asked the Committee to note the 2025/26 financial position as at Month 3 (June 2025). The following was highlighted: • On 30 June 2025, year-to-date spend was £93.1m, representing a £595k adverse variance against plan. The overspend relates to spend on PCN Test Site Additional Capacity, which forms part of the national PCN pilot. As the allocation is currently held by NHSE, it will be transferred to the ICB later in the financial year. In the last week, NHSE confirmed it will allocate 50% of the forecast as part of Month 5 allocations, so this adverse variance is expected to be resolved by the next PCC in October. • Forecast outturn for the full year is breakeven with a forecast spend of £358.8m • A follow-up from the last PCC meeting, where an overview of the 2024/25 financial outturn was provided. It was reported that the Additional Roles Reimbursement Scheme (ARRS) funding drawdown had been fully utilised. However, it should also be noted that an additional £996k of national ARRS funding available to NCL ICB was not drawn down.
4.1.2	In considering the paper, the Committee made the following comments**:**

	• A break-even position can confidently be achieved. Planning has included provision for caretaking, including some unplanned caretaking, which leaves the position secure. The greater medium-term challenge is managing and planning for changes in estates spend, which remains more complex. • The financial impact of ICB restructuring was questioned, particularly in relation to redundancy costs. It was noted, at a recent briefing for community participants, that the costs have not been made explicit but will be picked up centrally. However, there was no further local information available beyond what has been reported nationally. • Budgets reviewed by the Primary Care Committee do not include ICB staffing spend. The primary care budget relates solely to services. Cuts required are linked to commissioner overheads, with all pay costs sitting in a separate corporate budget. Therefore, there are no changes within the primary care budget itself, other than those arising from national commissioning decisions on core or enhanced services, local commissioning decisions on enhanced services, or allocations of transformation monies.
	The Committee NOTED the paper.
4.2	**Quality & Performance (Q&R) Report**
4.2.1	Tamzin Jamieson presented the paper and asked the Committee to: (i) note the positive movement in indicators that will be tracked over time to track indications of progress towards the Modern General Practice Access model, (ii) note the current, completed and next steps to utilise available data to build greater insight into the quality and performance of practices in NCL, and (iii) comment on the data presented in this report. The following was highlighted: • The 2025 Patient and GP surveys show improved patient experience in NCL, partly due to changes in practice models. The telephone remains the preferred contact method, but online access, including practice websites and the NHS App, has increased above the national average. Patient satisfaction has risen by four percentage points across multiple channels, supported by practice optimisations and ICB interventions, such as website development and digital ambassadors. • Variation between practices persists, highlighting the need to link access with outcomes and health inequalities. An initial review identified 25 practices with significant challenges, which will be discussed at a forthcoming multidisciplinary meeting, with updates provided to the Committee in October.
4.2.2	In considering the paper, the Committee made the following comments**:** • Patient satisfaction with general practice has improved, but gaps remain for certain groups, particularly older people, minority communities, and those with limited digital access. Practice-level data, though available, is not yet fully used and could help identify where inequalities persist. • NCL is performing above the national average, with notable progress in access, service balance, reception/administration experience, and patient flow, challenging negative narratives about general practice. However, improvements must be sustained through ongoing adaptation, as practices that fail to evolve may struggle with rising demand. • The next Q&P report will highlight both successes and areas needing support, using data triangulated with Healthwatch feedback. Future reports should also link access to outcomes and inequalities, while monitoring workforce capacity, skill mix, and Additional Roles Reimbursement Scheme **(**ARRS) utilisation.

	• Regarding ARRS, in 2024/25 the allocated ARRS drawdown was fully utilised. Additionally, there was £996,000 of national funding available for ICB ARRS that was not drawn. • With the workforce report coming in December, the workforce discussion could be triangulated in that report, providing a single, consolidated update.
4.2.3	**Action:** • **To reflect key trends in the next workforce report including monitoring flexible hours and skill mix.** ***(Tamzin Jamieson and Sarah Morgan).***
	The Committee NOTED the report.
5.	**STRATEGIC**
5.1	**Quality Strategy for Primary Care**
5.1.1	Both James Avery and Ginika Achokwu presented the paper and asked the committee to note the update on the NCL patient safety strategy for primary care which begins with engagement of residents and primary care teams and to also endorse the proposed actions for the delivery of the strategy in NCL.
5.1.2	The following points were first highlighted by James Avery: • The Primary Care Patient Safety Strategy, published last year, applies across general practice, community services, pharmacy, and dentistry. It serves as a supportive framework, recognising existing work while aligning with the ICB's shift to commissioning based on quality and outcomes, as reinforced by the Dash Review. • The Quality Strategy, linked to the GP contract, focuses on three areas: (i) insight (using tools like Learning from Patient Safety Events), (ii) involvement (engaging patients and lay partners), and (iii) improvement (supporting teams and systems to embed ongoing quality improvement). While challenges remain in embedding new processes without overburdening practices, engagement feedback has shaped the strategy. • Progress includes enhanced reporting processes, prioritisation through practice-level data, and promotion of the Freedom to Speak Up initiative, which trains staff, supports leaders, and establishes local guardians and champions to foster openness. Positive outcomes are already emerging, supported by resident engagement events to integrate patient and community perspectives.
5.1.3	The following points were highlighted by Ginika Achokwu: • Engagement has begun to ensure the patient voice shapes priorities, with events held for residents aged 75+ and wider feedback gathered through the Community Voices Panel. Broader outreach is planned to achieve more representative input. • Progress on the patient safety strategy includes improved interface processes with secondary care, development of collaborative agreements, and focus on embedding a culture of learning rather than blame. Patient safety masterclasses will begin in September 2025 to build capability and promote shared learning. • The shift to neighbourhoods and a population health learning system creates opportunities to standardise processes, share best practice, and reduce inequalities across boroughs. A network of patient safety champions is also being established to provide light-touch support, ensuring sustainability through distributed responsibility.
5.1.4	In considering the paper, the Committee made the following comments and noted**:**

	• The Committee commended progress on the patient safety strategy and stressed the importance of engaging the nursing workforce and integrating safety into the quality dashboard for stronger oversight. Future engagement will include primary care colleagues across roles to ensure inclusivity. • The primary–secondary care interface was identified as the highest risk area, with long delays, limited capacity in secondary care, and patient concerns often falling back on GPs. Strengthening system-wide accountability and linking quality oversight with ongoing interface work is a priority. • While general practice safety remains robust, limited infrastructure makes tracking patient journeys across multiple settings challenging. Three areas were highlighted for stronger oversight: (i) medications (timely reviews and management), (ii) supervision (particularly for new workforce roles), and (iii) safeguarding. • Medication review gaps and interface delays create substantial risks to patient safety and continuity of care. General practice teams, including pharmacists, support monitoring, but patients also require clear access to PALS, which must be visible and well-resourced to reduce risk and improve support. The Committee acknowledged that the final patient safety strategy will include priorities for primary care, with a focus on securing commitment from secondary care to address interface risks. Additionally, engagement with community pharmacy regarding medication management, as well as future consideration of supervision and safeguarding issues, will be reflected in subsequent reports. It was agreed to hear the progress of the Quality Strategy in six months' time.
5.1.5	**Action:** • **To bring a progress update on the Quality Strategy in six months' time.** ***(James Avery and Ginika Achokwu).***
	The Committee NOTED the report.
5.2	**10 Year Health Plan**
5.2.1	Both Sarah Mcilwaine and Rebecca Kingsnorth presented a verbal report on the 10 Year Health Plan.
5.2.2	The following points were first highlighted by Sarah Mcilwaine: • The 10 Year Health Plan (Fit for the Future, July 2025) emphasizes three major shifts: hospital to community care, analogue to digital, and sickness to prevention, with primary care and neighbourhood-based approaches central to delivery. The plan prioritises access, continuity of care for complex patients, and the expansion of digital tools, including making the NHS App a full "front door" to services. • Two new contract models are proposed: a single neighbourhood provider contract for patients within a neighbourhood, and a multi-neighbourhood provider contract covering populations over 250,000, supporting service integration, digital transformation, quality improvement, and practice coaching. Neighbourhood health centres are planned to provide one-stop access to clinical, non-clinical, and pharmacy services. • Prevention is a key focus, with community pharmacy involved in vaccination, screening, and self-management support for long-term conditions. Outpatient and urgent care services will increasingly be managed in primary care or community settings, supported by virtual wards, patient-initiated follow-up, and advice/guidance systems. • The plan signals workforce challenges, fewer staff by 2035, and expanded roles for GPs and practice nurses, supported by data and AI to enable proactive care. A new "year of care" payment model incentivises keeping patients healthy, with savings retained by providers. Uncertainties remain around the role of high-performing foundation trusts evolving into integrated health organisations (IHOs) and how these will interface with ICBs and neighbourhood contracts.

5.2.3	The following points were highlighted by Rebecca Kingsnorth: • The primary care team is reviewing enhanced services to align with the 10 Year Plan and the neighbourhood health model, ensuring both proactive care and national access priorities are embedded. Delivering on the plan will require continued provider development, building on work already started with practices. • Support level framework discussions have taken place with most practices and all PCNs, including maturity self-assessments and neighbourhood perspectives. PCN neighbourhood champions are leading targeted projects, such as improving hypertension outcomes, to test and strengthen neighbourhood working. Federations are also engaging with the ICB on their future system role, with emerging themes from ambitions for general practice feeding into the forward planning. Due to time constraints, it was requested that this item be deferred to the next meeting for discussion. While the briefing was useful, the primary focus needs to be on the implications for NCL and thus warrants a thorough discussion.
5.2.4	**Action:** • **To add the 10-Year Health Plan to a future meeting for a detailed discussion.** ***(Rebecca Kingsnorth and Sarah Mcilwaine)***
	The Committee NOTED the verbal report.
6.	**FOR INFORMATION**
6.1	**PCC Low risk paper approved virtually on 26 June 2025: PMS Changes**
	The Committee NOTED the paper.
7.	**ANY OTHER BUSINESS**
7.1	Sarah Morgan gave her apologies in advance, noting she will not be available for either the October or December meetings. No further business was discussed.
8.	**DATE OF NEXT MEETING**
8.1	14 October 2025

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
Part 1 Action Log – October 2025

On Agenda	
Needs Urgent Update	
In Progress	
Completed	

Meeting Date	Action Number	Minutes Reference	Action	Lead	Deadline	Update
12.08.25	1	3.1.3	**Risk Register -** To consider developing a risk around primary care and ICB change.	Rebecca Kingsnorth & the Primary Care Team	**October 2025**	**17.09.25 –** The ICB Executive and Board will oversee all key transition risks. Discussions with providers and LMC are taking place. A verbal update will be provided at the October PCC meeting.
12.08.25	2	4.2.3	**Quality & Performance Report –** To reflect key trends in the next workforce report including monitoring flexible hours and skill mix.	Tamzin Jamieson & Sarah Morgan	**February 2026**	**11.09.25 -** Committee is asked to support production of a workforce report for February 2026 (moving from December 2025).
12.08.25	3	5.1.5	**Quality Strategy for Primary Care -** To bring a progress update on the Quality Strategy in six months' time.	James Avery & Ginika Achokwu	**February 2026**	This will be added to the February 2026 agenda.
12.08.25	4	5.2.4	**10-year Plan -** To add the 10-Year Health Plan to a future meeting for a detailed discussion.	Rebecca Kingsnorth & Sarah Mcilwaine	**October 2025**	**10.09.25 –** Recommend this takes place in a seminar, or that individual aspects of the Plan are considered over time with a particular focus on the general practice role in Neighbourhoods. The NCL PCN Neighbourhood

						Champions project is on the agenda for the October meeting.
24.06.25	1	2.3	**Welbourne Medical Practice (Haringey): APMS Contract Expiry & Strategic & Performance Review:** review of option 1 (contract modification) should return to the Committee within six to nine months to inform long-term planning.	Vanessa Piper	**March 2026**	**01.08.25** – A paper to come no later than March 2026. Committee key points to be picked up with the contract holders and improvements made whilst longer term commissioning options are assessed.
11.02.25	4	3.1.3	**Primary Care Committee Risk Register – Estates -** To bring an estates paper to the August meeting discussing the opportunities for 2025-26 and beyond about the increase in capital for general practice estate and as assessment of what that means for revenue commitments.	Diane Macdonald	**April 2026**	**18.07.25** - Once the ICB structure is finalised and implications of the new Capital framework are understood, Estates will come back on plan beyond 25/26. Estates continue to deliver priority schemes for 25/26. Estates schemes continue to be delivered alongside strategic estates planning and resourcing models.
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 (LTWP) is cascaded.	Sarah Morgan	**February 2026**	**06.10.25** – It is proposed that this action be closed and replaced by action 2 above from 12 August 2025, relating to the NCL General Practice Workforce Report. **22.09.25 –** This is dependent on the timing of the report's release. Although publication is anticipated in October, the date remains uncertain; therefore, it is recommended to defer until February 2026, which will also allow time to incorporate the workforce elements outlined in Action 2 above of 12 August 2025.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
14 October 2025

Report Title	North Central London (NCL) Protected Learning Time (PLT) Scheme Mid-Point Evaluation (January- Jun 2025)	**Date of report**	8 September 2025	**Agenda Item**	2.1
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	Cassy Bygrave Senior Manager Mina Bance Senior Manager Carmen Harrington, Manager Carol Kumar Assistant Director Primary Care Planning, Operations and Improvement	**Email / Tel**		cassy.bygrave@nhs.net mina.bance@nhs.net carmen.harrington@nhs.net carol.kumar@nhs.net	
Name of Authorising Finance Lead	Charlie Boggis Head of Finance- Primary Care	**Summary of Financial Implications**			

	Budget based on full practice participation	Indicative spend based on actual sign up % to date	Actual spend to date
Part 1	£ 72,400	£38,700	£34,900 **(final)**
Part 2	£329,400	£158,400	£10,300 (as of 25 June 2025)
Total	**£401,800**	**£197,100**	**£ 45,200**

There are no financial implications; the budget of £401,800 was agreed by Primary Care Committee on the 15th of October 2024 for a 15-month scheme from January to March 2025 (Part 1) and April 2025 to March 2026 (Part 2).

Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** Not applicable.
Report Summary	**North Central London (NCL) Protected Learning Time (PLT) Scheme – Mid-Point Evaluation (Jan–Jun 2025) Report** The NCL PLT Scheme was launched to provide general practice staff with dedicated, protected time for team-based learning and development. This mid-point evaluation, which was requested by PCC (covering January- June 2025) assesses the scheme's impact across four domains: 1. Ensuring Practices have the opportunity to participate in PLT 2. Enhancing the Quality of General Practice for Patients 3. Supporting Practice Resilience 4. Ensuring Patients have access to services during PLT **Participation** • The PLT scheme has been well received by participating practices, who have used the dedicated time to focus on a wide range of topics that have strengthened practice development, supported staff learning and wellbeing, and delivered improvements in patient care. 53% of practices (93 practices) signed up to Part 1 (Q4 2024/25) and to date 46% (80 practices) have signed up to Part 2 (2025/26). • More than 120 PLT sessions were delivered during the six-month period, involving 1,553 staff. • Topics included a mix of Primary Care 'hot topics' and ICB priorities, including Total Triage, Long-Term Conditions, Safeguarding, Team Building and Wellbeing, and ADHD Awareness. **Quality of patient care and practice resilience key findings** • Service improvement: 98% practices used PLT to consider service changes; 57% of these went on to implement practical improvements. • Workforce development: 70% practices reported improved staff cohesion and wellbeing; 54% of practices felt PLT supported workforce retention. • Learning and experience: 94% of staff rated their PLT experience as good to excellent, with 90% agreeing that PLT supported learning and development. • Patient care: 67% (practices) reported improvements to care delivery following PLT sessions. **Patient Access key findings** • All practices remained open and contractual requirements were met. • 41% of practices participating maintained full appointment capacity; 59% rescheduled some appointments but ensured overall activity levels were retained. • National GP appointment data (GPAD) has been reviewed across participating and non-participating practices determining no negative impact from PLT. Appointment levels have remained consistent or increased between 2024 and 2025. • Telephone calls answered within 4 minutes did not fall outside of the typical percentage average for participating practices • No complaints received by the ICB **Non-Participation** We have sought to understand what prevented some practices from signing up to PLT. Responses included: • A preference for full-day closure (not permitted under the scheme). • Scheduling challenges and staff sickness. • Concerns that the engagement fee did not fully cover costs	

	Other practices had misunderstandings of the requirements and following clarification of policy and funding arrangements, several of these practices joined the PLT scheme in Part 2. **Conclusion and Next Steps** Feedback from practice staff highlights that the PLT scheme has enabled meaningful professional development, strengthened resilience, and supported improvements in patient care, all while maintaining access to services. Participation in the first six months has demonstrated the value of funded protected learning time, giving practices the space to engage in service improvement and to strengthen their role as modern, sustainable organisations. The scheme remains open for applications, with further work planned to increase uptake through peer learning and targeted engagement with practices. A proposal to extend the PLT scheme for a further year will be brought to PCC in February 2026.
Recommendation	The Committee is asked to **NOTE** the findings of this evaluation.
Identified Risks and Risk Management Actions	Risks are mitigated through the ICB's formal approval process, which requires all practices to confirm their adherence to the required contractual obligations via the MOU/application form. Practice applications are reviewed on a case-by-case basis.
Conflicts of Interest	Dr Katie Coleman, Clinical Director for Primary Care, is a GP in Islington and was consulted during the initial stages of this project and prior to the evaluation surveys being circulated. Londonwide Local Medical Committee representation from Jamie Wright, Director of Strategy, on the PLT Working Group to advocate for PLT in support of GP retention and resilience. COIs have been managed in line with policy.
Resource Implications	The continuation of the scheme for a further year would have resource implications. Delivery of this scheme generates additional workload for the ICB, including implementation, administration, commissioning and evaluation, all of which must be managed within the context of ongoing organisational change.
Engagement	Katie Coleman and Jamie Wright were asked to review the surveys as part of co-production. 1. NCL ICB PLT Practice Feedback Form Practices returned this form following the completion of a PLT session. Practices gave details of how the scheme benefited the practice and any changes made to practice ways of working following their session. 2. NCL Protected Learning Time Questionnaire- Non-participating practices This was sent to practices who did not sign up to take part in a PLT session. They were asked to give their reasons for not taking part and giving their views on the scheme 3. NCL Protected Learning Time Staff- Evaluation Questionnaire 2024/25

	This was sent to practice staff who took part in a PLT session. They were asked to give their views on how taking part in a PLT session impacted their work and any changes made to ways of working following the session.
Equality Impact Analysis	The Committee is asked to note that the PLT scheme has been designed to ensure that patient services are not adversely affected. Patient experience has been considered as part of this evaluation. Practices are expected to inform patients and stakeholders in advance of PLT sessions, providing reassurance that practices will remain open and that core services will continue to be available.
Report History and Key Decisions	• 17 October 2023 PLT first discussed in Part 2 of PCC • 15 October 2024 a 15-month PLT funded scheme was approved by PCC • 11th February 2025 PLT update provided at PCC
Next Steps	• October to December 2025: Continue to promote Part 2 (2025/26) of the scheme to increase uptake across NCL • October 2026 to March 2026: Monitoring of feedback forms, payment and sharing learning with practices • February 2026: Approval of scheme for 2026/27 • March 2026: Launch of scheme for 2026/27
Appendices	The NCL Protected Learning Time Evaluation Report – Appendices document includes the following: Appendix 1 Comparison of Q4 2024/25 & 2025/26 applications to date Appendix 2 PLT Finance Breakdown by borough level

NCL Protected Learning Time Scheme – Evaluation report

1.0 Introduction

This report provides a mid-point evaluation of the NCL Protected Learning Time (PLT) Scheme including parts 1 and 2 of the scheme, covering the period between 1 January- 30 June 2025.

PLT provides an opportunity for all NCL General Practice staff (clinical and non-clinical) to address their team learning and development needs during protected time. PLT is an afternoon session when the practice can free up staff to attend practice training, whilst ensuring the contracted service level remains available to patients.

The transformational shifts in the 10 Year Health Plan for England (2025) calls for General Practice to enter "a new era" and PLT supports General Practice to help to build their capabilities and drive and sustain improvements. General Practice is required to modernise, and PLT supports practice teams to engage in the many initiatives aimed at them and strengthen as organisations in the shifting landscape. It is also important staff continue to feel valued, are retained and have the time to adapt and adopt new working practices, if General practice is to "maintain effective team working in the context of unsustainable workloads and pressures" (LMC, 2023)[1].

This evaluation illustrates that PLT has been valuable to participating practices, who have utilised the time to come together to host a wide range of topics which were of benefit to their practice, staff development and patient care. Practices have remained open during PLT sessions, patients were still able to access primary care services, and the learning sessions did not have a negative impact on patient access during the period of evaluation.

1.1 The approach to the PLT evaluation

For the purposes of this report, Part 1 refers to the initial launch phase of the scheme (which commenced January-March 2025) and Part 2 refers to the second phase, which followed in April 2025 (and will end March 2026). The timeframe of the evaluation data used is January - June 2025.

In line with the strategic importance of the Scheme, this feedback will evaluate impact across the following domains which were identified as the aims of the scheme, in the original case for delivery:

1. Ensuring Practices have the opportunity to participate in PLT
2. Enhancing the Quality of General Practice for Patients
3. Supporting Practice Resilience
4. Ensuring Patients have access to services during PLT

The NCL PLT scheme is new and was launched as a pilot for all NCL practices. An evaluation of the scheme at six months has enabled the review of its ambitions and to demonstrate its value. A comprehensive and holistic approach has been undertaken, with evaluation methodologies obtaining qualitative and quantitative data to understand the impact that PLT has had on Primary Care. A summary of the methodology is provided in table 1.

[1] LMC paper (2023) '*Retention in London General Practice*'.

Table 1: Summary of Evaluation Methodology

Aim / original domains	Source of evaluation	Approach
1. Ensuring Practices have the opportunity to participate in PLT	• Submitted and approved PLT Applications/ Memorandums of Understanding, in line with PLT policy and prior approvals process • NCL Protected Learning Time Questionnaire sent to non-participating practices[2] • Returned NCL ICB PLT Practice Feedback Forms • Completed NCL Protected Learning Time Evaluation Staff Questionnaire 2024/25[3]	• Quantitative data • Qualitative data
2. Enhancing the Quality of General Practice for Patients	• Returned NCL ICB PLT Practice Feedback Forms[4] • NCL ICB Complaints information[5]	• Qualitative data
3. Supporting Practice Resilience	• Returned NCL ICB PLT Practice Feedback Forms • Completed NCL Protected Learning Time Evaluation Staff Questionnaire 2024/25	• Qualitive data

4. Ensuring Patients have access to services during PLT	• Submitted and approved PLT Applications/ Memorandums of Understanding, in line with PLT policy and prior approvals process
	  • NHS General Practice Appointment Data ***(GPAD)***
	  ○ Appointments per 1000 patients
	  ○ Same Day Appointments
	• NCL ICB Pharmacy First Minor Illness Referrals numbers
	• NHS Telephony Data on response within 4 minutes
	• NHS Friends and Family Test (FFT)
		• Quantitative data

The evidence reviewed for this evaluation has been assessed as valid in demonstrating the value of PLT in General Practice. The analysis draws on data available at the time of writing (June 2025). While workforce data, including staffing numbers and retention, was considered, limitations in data quality and the influence of external variables mean that any assumptions about a direct causal relationship with PLT should be treated with caution.

For the purposes of this evaluation, a sample audit of participating and non-participating practices was taken from each borough, chosen at random, to compare GPAD, Pharmacy First, Telephony and FFT datasets. The same practices were used for the quantitative methodologies in this evaluation, even in cases where no data was available, to maintain consistency of comparison.

[2] Sent to practices who did not sign up to Part 1 of the Scheme to understand their reason(s). Conversations took place with these practices to discuss their concerns.
[3] Sent to practice staff who took part in a PLT session between January and June 2025 and they were asked to rate their experience of the scheme and the learning benefits
[4] Returned following each practice PLT session which outlines details of the learning session undertaken by practices, staff groups taking part and outcomes for staff and patient services following the PLT sessions.
[5] The Complaints Team provided information on whether any complaints were received - Primary care and Complaints team collaborated on a deep dive into the categories of complaints to ensure all possible categories for PLT- related Complaint were explored.

2.0 The PLT Evaluation

2.1. Ensuring Practices have the opportunity to participate in PLT

2.1.1 Practice Participation

Part 1 of the NCL Protected Learning Time (PLT) scheme was launched in November 2024 with all NCL practices being invited to apply to take part in one PLT session in Q4 2024/25.

Fifty-three percent of NCL practices (92 main sites and 14 branch sites) submitted applications to hold a PLT session in Part 1 Quarter 4 24/25. A breakdown of the sign up at borough level can be shown in Appendix 1.

So far, in part 2 of the scheme, forty six per cent of main practices across NCL have signed up. We are continuing to accept applications from practices and conversations are ongoing to encourage practices who have not signed up, to engage in taking part in PLT session(s) during 2025/26.

Whilst we recognise not all practices have signed up to have PLT it is recognised that the scheme was launched at an operationally busy time of the year during systemic winter pressures, so are encouraged by practices willingness and responsiveness to the scheme.

In less than 6 months of the scheme over 120 sessions have been delivered and 1553 staff have participated in a PLT session.

Those practices who have signed up have fed back incredibly positively on the opportunity to participate in PLT.

All applications have been approved in line with the NCL PLT Policy and Application Process.

2.1.2 Non-participation

When reviewing uptake of the scheme, it was recognised that understanding the reasons why some practices chose not to participate was just as important as capturing the experiences of those who did. To support this, a non-participant questionnaire was circulated to practices that had not signed up to Part 1 of the scheme, providing valuable insight into their motivations and challenges.

In total, eleven non-participating practices responded to the questionnaire, alongside seven practices who had initially signed up but did not go on to complete a session in Part 1.

- Responses largely showed that practices who did not take part did not feel that the scheme met their expectations e.g. some practices wanted to be able to close for a half day, which is not aligned with the NCL PLT policy.
- The main reasons signed-up practices were unable to hold a session were difficulties in identifying a suitable time within their schedules to run or plan a session and staff sickness impacting team attendance. Practices are able to choose the right time for their teams to undertake PLT and ensure the sessions is inclusive of the right practice team members.
- Some challenges for practices included the engagement fee not funding cover arrangements in full. The payment mechanism was modelled and various options appraised. Whilst some peer schemes opted not to provide funding, it was felt that some level of funding would help support engagement in PLT. We have recently spoken with NWL colleagues who were considering a potential relaunch of their unfunded PLT scheme incorporating a similar engagement fee to encourage greater uptake. They have decided not to proceed with a funded offer, as there is no NWL funds for a scheme post March 2026.The NCL scheme *is*

funded, and practices have choice with regard to cover arrangements and flexibility to take up to four hours per session. Primary Care continues to promote the scheme and support practices to engage, and the application process has remained open.

- After conversations to clarify the scheme with the seven practices who signed up but did not complete the session in Part 1, these practices applied to take part in Part 2 of the scheme. Clarification of the policy has helped to address individual practices' specific reasons for non-sign up. The scheme allows for the practice to tailor the sessions to address their team needs and practice cover arrangements. There is no risk of funding inequity, as the engagement fee is provided for undertaking PLT in line with the scheme's requirements and is subject to a prior approvals process. For the practices who have signed up, the benefits of PLT are considered to outweigh the associated costs of delivering the service. For further information on this feedback and our response see Graph 1 & Table 2

Graph 1: Reasons for not signing up for PLT sessions – Part 1 Q4 2024/25

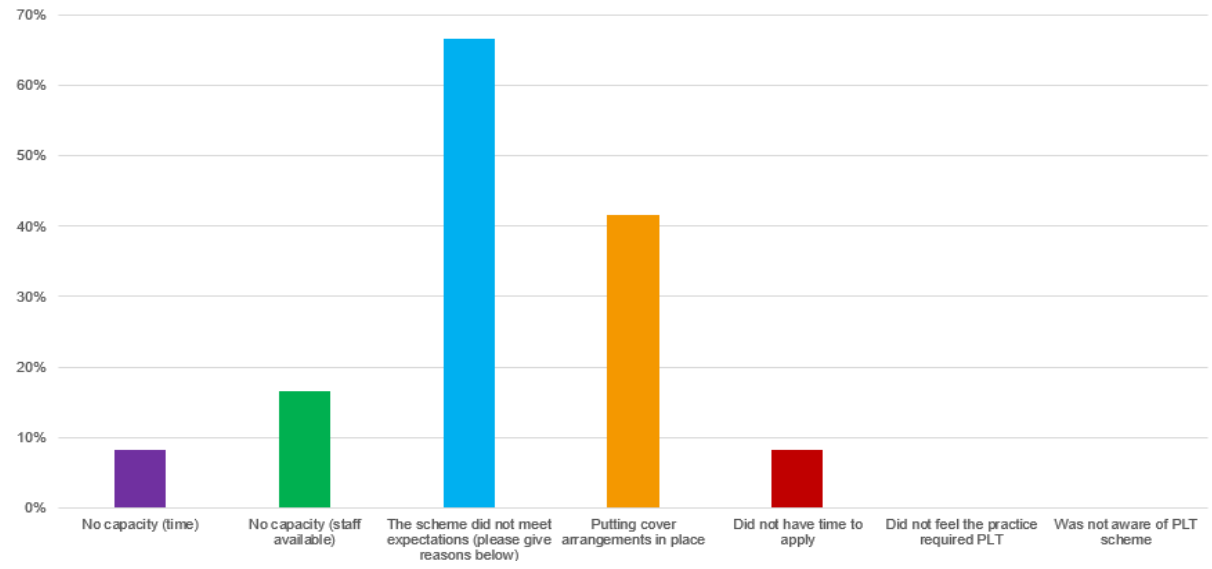


Table 2: Non-participation in the PLT Scheme Survey

Practice responses to 'Please explain how the scheme did not meet your expectations'	Our response to the feedback from practices
• Practice having to remain open to patients felt like a barrier (x6) • Fee is not enough to cover locum GP (x2) • Felt poorly funded • Some staff having to remain on phone/reception cover felt unfair (x2) • Scheme did not allow for entire practice team to take part at the same time • Too much planning required to host PLT session for practice	• Our PLT policy is in line with that of other areas with practices being required to remain open to meet reasonable patient needs which includes reception cover for phones and walk in and a duty doctor. • The £300 session fee is an engagement fee, not a backfill or funding cover, to encourage participating • Where practices feel they do not have the capacity to host a four-hour PLT session, we encouraged them to do a shorter session or do sessions over lunchtime etc. • The Application process remains open for practices

Feedback from seven practices who initially signed up for PLT Part 1 indicated that they had not fully understood the scheme and as a result, did not host a session in Q4. E.g. One practice believed they had to hire an external speaker, and another thought the NCL Training Hub would be provided sessions for practices. After conversations with these practices to clarify the scheme, these practices applied to take part in Part 2 of the scheme.

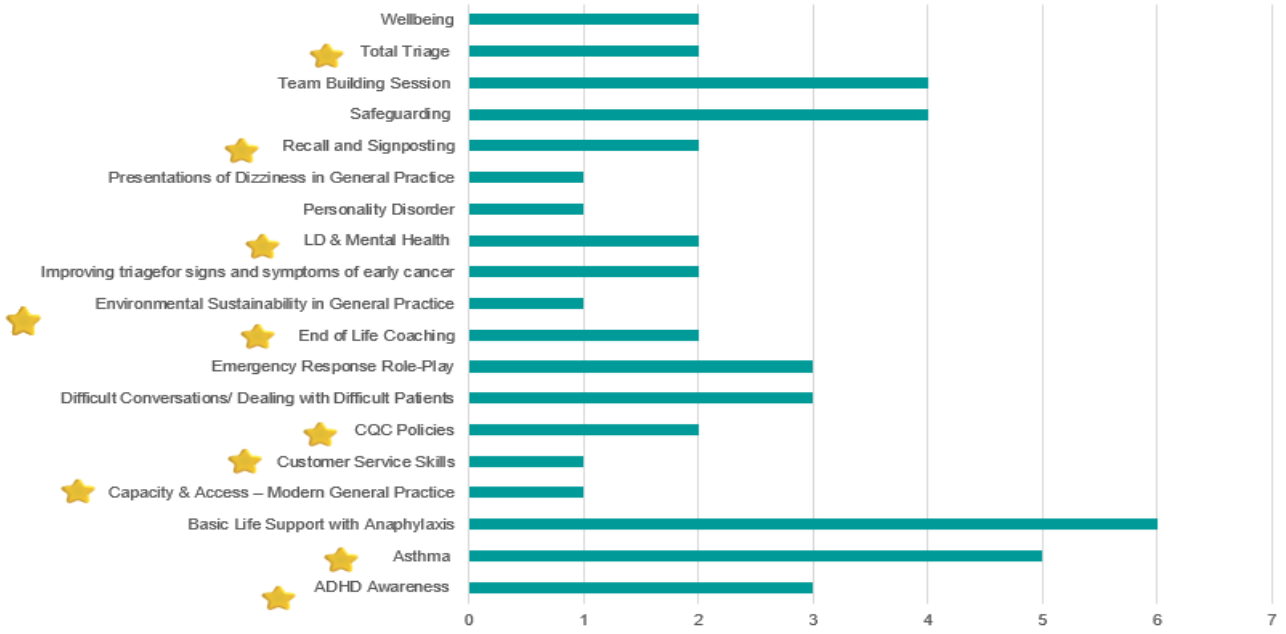
2.1.3 Topics

The PLT scheme was designed to have a combination of free choice, flexibility of learning topics and some that were strategically aligned to NCL priorities. In Part 1 Quarter 4 2024/2025 practices could choose their PLT topic and practice staff across all roles took part in a wide variety of learning

topics reflecting the key hot topics for General Practice and the enhanced value of protected face-to-face learning time collectively.

In Part 2 (2025/26), practices were provided with a Prospectus of Suggested Topics and asked to choose from at least one of the three core recommended topics, aligned with ICB priorities, for one of the PLT sessions. The list of suggested topics is not exhaustive, and practices are permitted to determine their own topic priorities for up to five of the PLT sessions. Graph 2 below shows examples of PLT sessions over the six-month period which fall into the core recommended topic areas.

Graph 2: Topics Covered in PLT sessions



⭐ = related to a NCL ICB core recommended topic.
These core topics are:

- Priorities within Integrated Care Board (ICB) and System (ICS) outcomes
- Practice review of, and response to outcome data for system priority outcomes
- Patient and community engagement

Reflecting the feedback of LMC and Training Hub partners, Primary Care has built a repository of practice recommendations to share good practice with other practices. The information is available on the PLT GP Webpage.

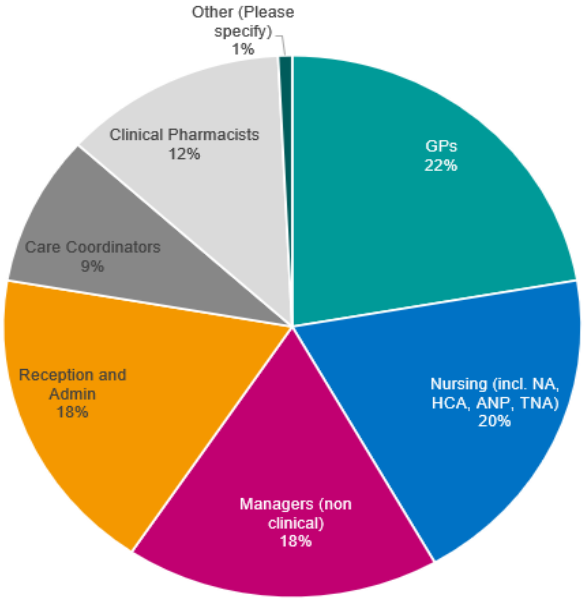
Table 3: Core recommended topics on Prospectus of Suggested Topics & Examples of PLT sessions held

Core recommended topic	Examples of PLT sessions held
Priorities within Integrated Care Board (ICB) and System (ICS)	Capacity and Access – Modern General Practice Total triage Learning Disabilities and Mental Health ADHD
Practice review of, and response to outcome data for system priority outcomes	Asthma Cancer End of Life Recall and Signposting
Patient and community engagement	Customer service skills CQC Policies

2.1.4 Practice staff had time during PLT to learn and develop

An important ambition of the PLT scheme was for it to contribute to the learning and development of practice staff. It was expected that multi-disciplinary staff would participate, and it could benefit a range of roles.

Between January- June 2025, 1553 clinical (54%) and non-clinical (46%) staff across NCL took part in a PLT session. A breakdown of role participation can be shown in graph three.



Graph 3: Staff Roles Participating in PLT Sessions January- June 2025

Other staff roles listed by practices include:

- Physicians Associates
- Student Nurse
- Medical Summariser
- Social Prescribers
- GP Trainees
- Paramedics
- PCN Staff (unspecified)
- Specialist Trainees
- GPIT Facilitator

The returned practice Feedback Forms confirmed 98% Practice staff had time during PLT to learn and develop.

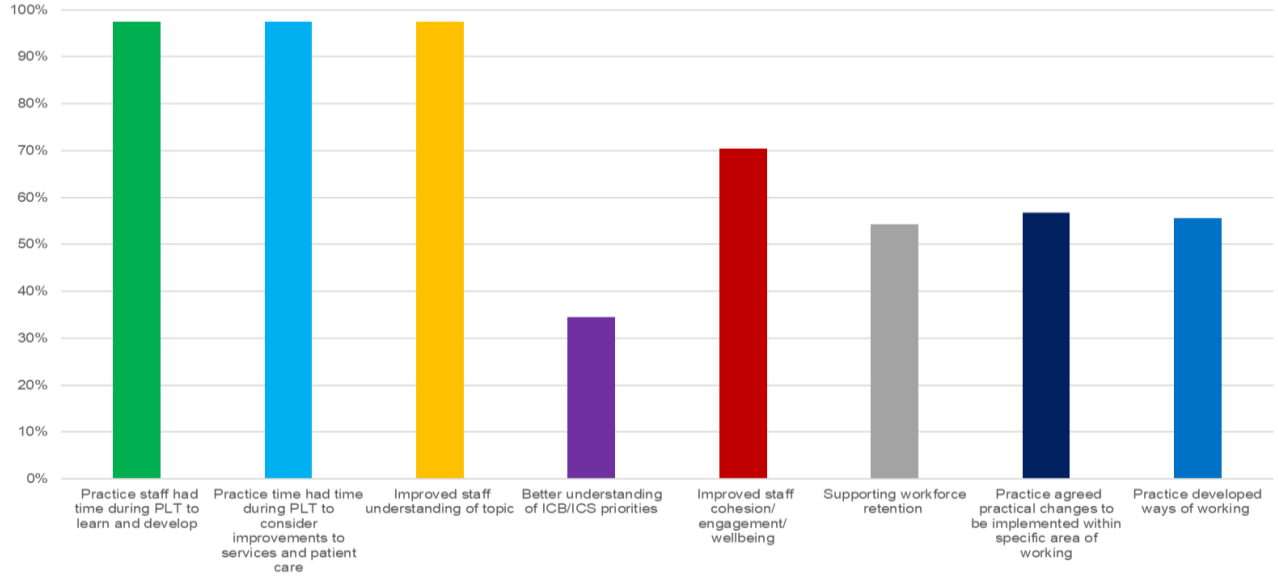
2.1.5 Outcomes from the topics identified by practice staff

The Feedback from PLT sessions that took place between January- June 2025 demonstrates practice teams addressing learning and professional development needs during protected sessions

- ✓ 98% reported that PLT improved staff understanding of topic
- ✓ 56% of Practices developed their ways of working

The feedback from practices demonstrated a wide range of learning outcomes as shown in Graph 4.

Graph 4: Practice Outcomes from PLT Sessions January-June 2025



Testimonials from staff members who took part in PLT sessions show the value of the scheme to staff development. One member of staff said that their PLT session;

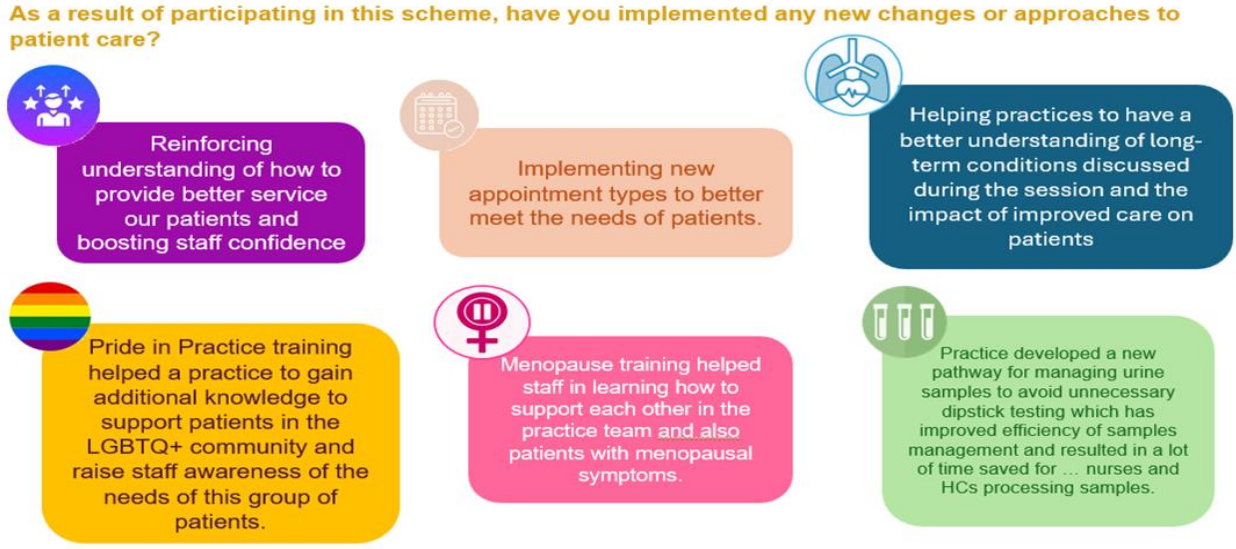
> *'was a fantastic opportunity to bring the team together in a relaxed and engaging environment, encouraging collaboration across departments and encouraging open discussions. Staff had the chance to gain a deeper understanding of key processes, identify areas for improvement, and collectively brainstorm solutions, making it a productive experience'.*

It is evident that PLT enables practices to bring staff across different roles together for learning sessions. Another respondent said

> *'the discussions and action points that emerged from the day will have improvements in patient care and internal processes, reinforcing a culture of teamwork, communication, and continuous development'.*

Again, highlighting the pivotal role PLT sessions can play in improving employee wellbeing and patient safety. Further examples of changes to patient care implemented following PLT sessions are illustrated in Figure 1.

Figure 1 Changes to Patient Care implemented following PLT session



A practice example which demonstrated improvements to the practice's work following their session reviewing and optimising IT systems in clinical practice.

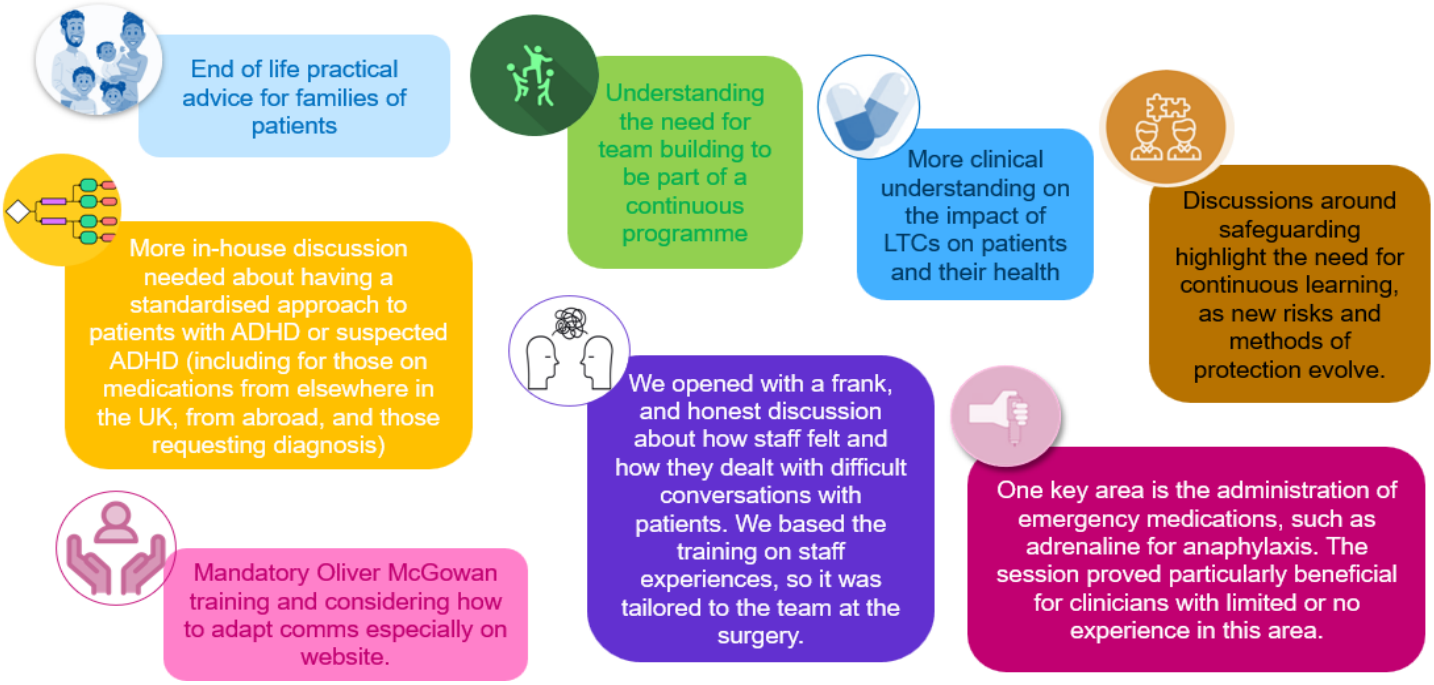
> *They discussed challenges they were facing, inconsistent use of task types, they led demonstrations of AI tools that can support clinical workflows and held group discussions on proposed solutions to standardise results processing, task allocation and clinician responsibilities. Their demonstrated improvements included agreeing to implement a practice-wide results and task management protocol, introduction of clearer pathways for LTC management and allocation of 'results and tasks champions' to oversee implementation, training and audits.*

Another practice, who focused on their PLT session on vaccinations in general practice discussed

> *vaccine uptake challenges, their strategies to increase coverage and best practice for addressing patient concerns and misinformation. Their demonstrated improvements to patient outcomes which included strengthened staff awareness, enhanced scheduling and coordination of vaccinations, improved confidence in addressing vaccine hesitancy and identification of further opportunities for outreach and engagement.*

Further examples of learning from NCL practice staff following PLT sessions are shown in Figure 2.

Figure 2: Examples of Practice Learning from PLT Sessions



2.2. Enhancing the Quality of General Practice for Patients

2.2.1 Making improvements to services and patient care

The ultimate benefit of this scheme is to contribute towards the wider improvement to the services we as a system deliver to NCL patients. It was important that the impact of this was measured and captured from PLT feedback. See Figure 3 for some examples given by practices.

Figure 3: PLT Staff Evaluation Survey Results
'As a result of participating in this scheme, have you implemented any new changes or approaches to patient care?'

- ✓ 98% of practices had time during PLT to consider improvements to services and patient care
- ✓ 57% of practices used their PLT in Part 1 to agree practical changes to be implemented within specific areas of working

2.2.2 PLT impact on quality measure – complaints

The PLT scheme has been designed to ensure that day-to-day patient services are not impacted. Practices were required to inform their patients and stakeholders prior to the commencement of the PLT scheme, providing reassurance that the practice will remain open, and core services will continue to be offered.

- No complaints were received by NCL ICB's Complaints Team in 'Access to Treatment' and 'Appointment Availability' that align to PLT session dates.
- No practices reported challenges around remaining open or providing services whilst their PLT session was being held
- No practices reported negative patient feedback on access to services whilst they held their PLT
- Comparing the appointment activity year on year for the boroughs shows there has been no notable impact on appointment numbers as they have remained relatively consistent. See Figure 4 in Section 2.4.2 of this Evaluation Report.
- GPAD same day appointment data has been consistent for boroughs and in most instances, there has been an increase in same day appointments between comparable months in 2024-2025. See Table 6 in Section 2.4.2 of this Evaluation Report.

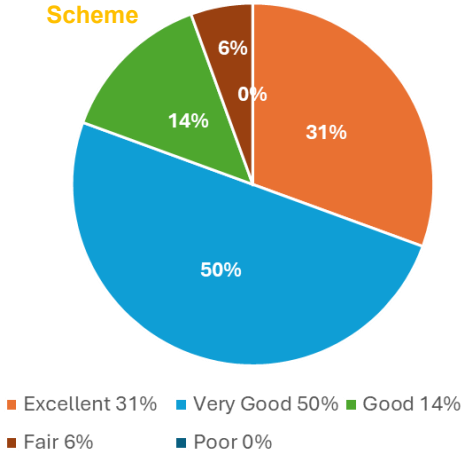
2. 3. Supporting Practice Resilience

- ✓ 70% of practices who participated in the questionnaire feedback that PLT improved staff cohesions/ engagement/ wellbeing
- ✓ 54% of practices felt PLT supported workforce retention

Practice staff who took part in a PLT session in Q4 2024/25 were asked to complete an evaluation questionnaire on their experience of PLT.

- ✓ 94% of respondents said their experience was good, very good
  or excellent.
- ✓ No staff said they had a poor experience of the scheme.

Graph 5: Overall Experience of PLT Scheme

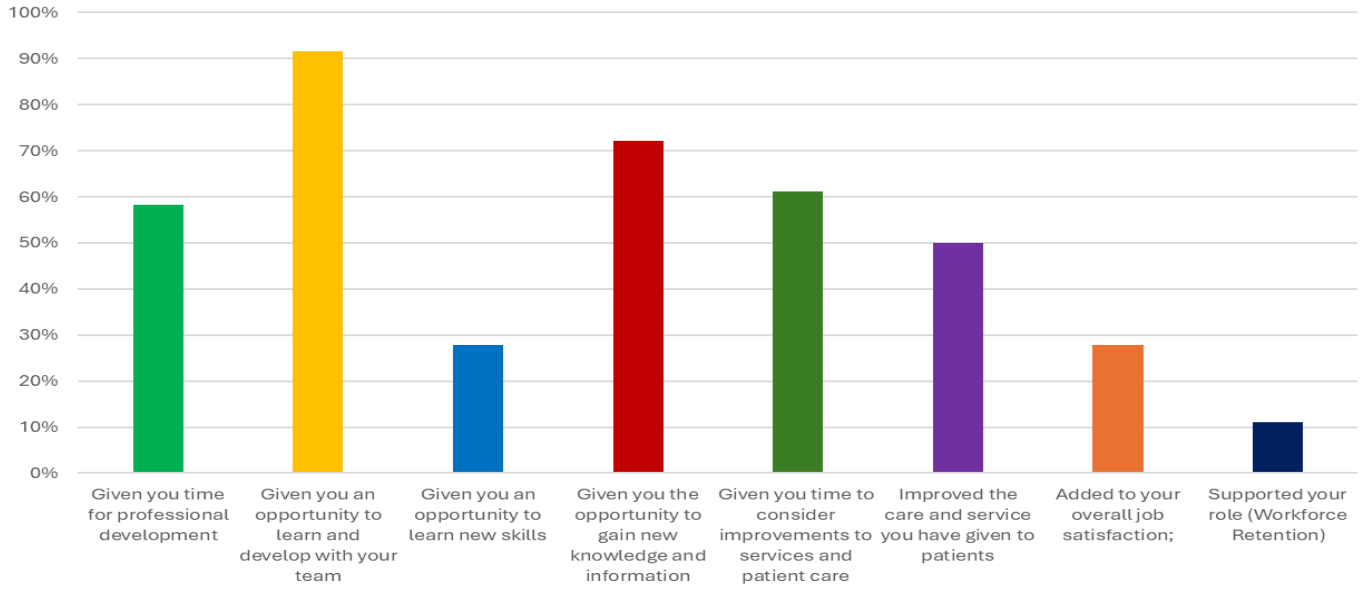


Staff agreed that taking part in a PLT session supported them in their work, with 90% of staff staying they felt PLT gave them the opportunities to gain new knowledge and to learn and develop.

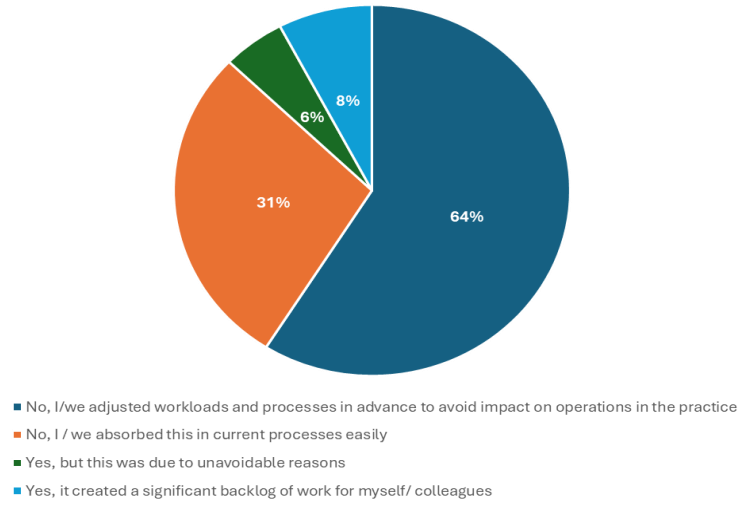
- ✓ 67% of staff said their PLT session enabled them to improve the care and service they give to patients.

See graphs 6 and 7 for a summary of further staff feedback.

Graph 6: Has attending a PLT session supported you in the following ways?



Graph 7: Did attending a PLT session have any operational impact on your day-to-day work?



To encourage general practice to complete the General Practice Staff Survey (GPSS) for 2025 it has been suggested to General Practice that PLT may be an opportunity to create some time for the GPSS to be completed by the practice team. Wellbeing is a suggested topic on the prospectus of suggested topics, and the practice could include the GPSS for completion as part of the session, to enable the practice to achieve a minimum of a ten-person response and receive a report for ongoing support to practice workforce and resilience[6] .

To date, 54% of practices returning PLT feedback forms indicated that their PLT session supported workforce retention for their practice teams. PLT is ensuring practices have a culture of learning and development for all staff members which supports workforce retention in the long-term. As a programme, we have a commitment to continue to monitor staff feedback and identify any trends from data sources available. This is a longer-term ambition and would require the scheme to run for longer to ascertain the impact on workforce retention from available sources.

2.4. Ensuring Patients Have Access to Services During PLT

2.4.1 Practices remained open during PLT

The principles detailed in the NCL PLT policy are to retain the required levels of services to meet the reasonable needs of patients during practices PLT.

The Prior-Approval Process shown below in figure 5 enabled the applications to be reviewed to ensure practices adhered to core contractual requirements for remaining open during PLT, and that they act in accordance with an agreed set of prerequisites.

Figure 4 PLT Prior Approval Process

2.4.2 Routine clinics and the number of appointments stood down for PLT

In Parts 1 and 2 of the scheme, the majority of practices (41%) assured that their PLT sessions would not impact appointment capacity, noting that clinics would run as usual. 59% of practices approved to hold a PLT session in part 1 and part 2 confirmed that they would be standing down some routine GP, Nurse and HCA appointments. In the case where appointments were being stood down during the PLT session, the majority of appointments were rescheduled to later the same day or across the week.

2.4.2.1 Appointment analysis

At the 15th October 2024 PCC meeting, it was recommended that the evaluation of PLT include an analysis of any potential impact on access, with particular attention to appointment capacity and activity.

General Practice Appointment Data (GPAD) was analysed to ascertain Impact of hosting a PLT and:

- borough level appointment activity (Table 4)

[6] The questionnaire will be open from October to November (2025) with results expected during next spring (2026). As per NHS confidentiality standards, results can only be provided to organisations with more than 10 responses – reports will not be provided where anonymity could be compromised.

- practice level appointment activity – a random sample audit (Table 5)
- same-day appointment activity levels by borough (Table 6)
- same-day appointment activity levels by practice – a random sample audit (Table 7)

In all these analyses, no conclusion can be drawn on the sole causal effect had by undertaking a PLT session on impact of activity. Table 4 shows huge variation between boroughs and months, with some seeing higher activity levels than last year and some lower. A random selection of participating and non-participating practices were compared on appointment levels per 1000 patients in Table 5, again determining no impact attributable only to months and practices that had a PLT. The same-day appointment data in Tables 6 and 7, compares year-on-year performance of a 4-month period. It shows that appointment levels have remained consistent for boroughs. In most instances, there has been an increase in same day appointments in the same months between 2024 and 2025. In all analysis, most practices saw general fluctuation of activity across the period, for both years – with no discernible effect caused by only dates where a PLT took place. In addition to this, a retrospective analysis was undertaken on same-day appointment activity compared with what practices stated on their applications regarding whether they would stand down clinics to host a PLT. No correlation was identified between these two factors. Overall, it appears that the impact on activity fluctuations is probably multi-factorial, and no consistent impact can be gauged that is attributable to solely PLT.

Table 4: GP Appointment Data (GPAD)- Borough Appointments per 1000 Patients

Appts per 1000 patients	Jan-24	Jan 25	PLT Sessions hosted Jan 25	Feb 2024 *	Feb 2025 *	PLT Sessions hosted Feb 25	March 24*	March 25*	PLT Sessions hosted March 25	April 2024*	April 2025 *	PLT Sessions hosted April 25
Barnet	429.9	433.9	9	403.4	388.4	8	390.7	407.1	4	388.7	373.9	2
Camden	440.1	435.6	6	427.5	402.6	8	396.6	420.4	2	407.3	386.6	4
Enfield	389.1	410.7	4	473.1	368.9	7	397.3	396.5	1	365.8	364.1	1
Haringey	428	441.9	6	406.1	399.3	5	384.2	420.6	5	400.6	398	2
Islington	434.5	439.3	6	410.4	396.9	7	361.9	414.6	3	403.5	388.5	6
NCL Averarge	424.32	432.28	6.2	424.1	391.22	7	386.14	411.84	3	393.18	382.22	3
NCL Total	2121.6	2161.4	31	2120.5	1956.1	35	1930.7	2059.2	15	1965.9	1911.1	15

Notes

*March 2024- Good Friday bank holiday 29th March 2024

*February 2024 was a leap year therefore practices had 1 additional working day for appts in comparison to February 2025 resulting in a drop in appointments across boroughs compared to other months.

*Easter Monday bank holidays in April 2024

*Good Friday and Easter Monday bank holidays in April 2025

* The latest GPAD data available as of 20th June was for April 2025.

Table 5: Year on year appointment comparison (appts per 1000 population by month) – sample practices

	Practice	Q4 PLT Date	Jan 2024	Jan 2025	Feb 2024	Feb 2025	March 2024	March 2025	April 2024	April 2025
Barnet	Cricklewood Health Centre	10/03/2025	195.8	262.1	219.1	274.3	210.3	278.1	174.4	237.5
	Lane End Medical Group	20/02/2025	389.8	374.4	373.5	354.4	350.0	334.9	359.8	309.3
	Hendon Way	NP	381.0	325.9	334.3	281.6	338.0	305.2	322.2	304.8
	Langstone Way	NP	331.7	366.7	347.3	357.4	325.4	333.7	328.3	314.5
Camden	Museum Practice	11/02/2025	506.9	500.6	486.2	463.5	462.1	506.5	472.4	474.8
	James Wigg	14/01/2025	554.4	514.2	406.9	475.5	378.0	431.3	385.5	392.1
	Primrose Hill Surgery	NP	328.1	358.7	367.6	310.1	406.3	300.6	296.0	276.4
	Gower Street Practice	NP	238.4	242.9	236.8	222.8	221.2	259.5	236.7	227.0
Enfield	Woodberry Practice	11/01/2025	816.5	853.0	756.6	816.4	755.9	878.5	757.3	746.0
	Chalfont Surgery	07/02/2025	454.0	476.1	417.4	389.1	374.2	398.6	401.9	435.4
	Latymer Surgery	NP	405.0	429.6	389.1	362.3	343.0	349.4	362.8	352.2
	Keats Surgery	NP	282.O	274.7	276.8	282.9	282.9	267.3	279.3	267.6
Haringey	Fernlea Surgery	08/01/2025	428.2	447.1	389.9	385.5	385.6	435.5	392.0	401.4
	Bridge House	11/03/2025	271.6	265.0	230.0	263.3	244.9	263.5	261.4	267.3
	Bruce Grove Surgery	NP	403.7	455.1	382.3	402.8	372.9	373.6	389.5	374.5
	Arcadian Gardens	NP	366.1	366.4	335.5	340.3	323.4	355.3	361.1	339.1
Islington	New North Health Centre	20/02/2025	249.0	347.8	211.9	333.6	221.4	384.1	224.3	403.3
	Hanley Medical Centre	27/02/2025	334.9	311.6	331.2	294.7	308.9	302.4	361.1	299.3
	Highbury Grange	NP	456.3	507.2	462.2	431.9	423.7	450.5	424.7	462.7
	Roman Way	NP	897.7	963.3	873.4	872.9	795.1	844.4	901.4	861.9

= Month PLT took place

NP = non- participating PLT practice

Table 6: GP Appointment Data (GPAD) - % Same Day Appointments

% Same Day Appointments	Jan 2024	Jan 2025	PLT Sessions hosted Jan 25	Feb 2024 *	Feb 2025 *	PLT Sessions hosted Feb 25	March 2024 *	March 2025	PLT Sessions hosted March 25	April 2024*	April 2025 *	PLT Sessions hosted April 25
Barnet	53%	56%	9	52%	55%	8	50%	54%	4	54%	55%	2
Camden	43%	51%	6	50%	49%	8	49%	50%	2	50%	51%	4
Enfield	42%	41%	4	41%	41%	7	41%	42%	1	42%	42%	1
Haringey	53%	52%	6	50%	52%	5	51%	53%	5	51%	53%	2
Islington	49%	50%	6	48%	48%	7	48%	48%	3	49%	48%	6

Table 7: Year on year % Same Day Appointment– sample practices

	Practice	Q4 PLT Date	Jan 2024	Jan 2025	Feb 2024	Feb 2025	March 2024	March 2025	April 2024	April 2025
Barnet	Cricklewood Health Centre	10/03/2025	34%	50%	32%	48%	33%	45%	43%	46%
	Lane End Medical Group	20/02/2025	55%	51%	52%	50%	58%	61%	56%	54%
	Hendon Way	NP	58%	54%	54%	43%	52%	41%	50%	44%
	Langstone Way	NP	60%	63%	54%	61%	57%	61%	61%	57%
Camden	Museum Practice	11/02/2025	49%	47%	46%	43%	40%	50%	43%	47%
	James Wigg	14/01/2025	47%	61%	48%	59%	47%	55%	50%	53%
	Primrose Hill Surgery	NP	36%	40%	33%	33%	42%	38%	39%	38%
	Gower Street Practice	NP	63%	61%	60%	63%	63%	60%	65%	61%
Enfield	Woodberry Practice	11/01/2025	74%	71%	75%	69%	76%	67%	77%	72%
	Chalfont Surgery	07/02/2025	40%	51%	40%	56%	43%	61%	50%	59%
	Latymer Surgery	NP	27%	16%	27%	19%	20%	17%	20%	13%
	Keats Surgery	NP	27%	17%	21%	14%	27%	13%	30%	14%
Haringey	Fernlea Surgery	08/01/2025	48%	52%	47%	52%	47%	52%	55%	57%
	Bridge House	11/03/2025	39%	39%	40%	34%	36%	32%	35%	38%
	Bruce Grove Surgery	NP	39%	43%	37%	37%	35%	41%	36%	38%
	Arcadian Gardens	NP	51%	50/5	42%	49%	43%	50%	41%	65%
Islington	New North Health Centre	20/02/2025	28%	33%	25%	29%	25%	21%	28%	15%
	Hanley Medical Centre	27/02/2025	65%	63%	60%	60%	56%	57%	62%	57%
	Highbury Grange	NP	55%	52%	49%	53%	47%	46%	49%	45%
	Roman Way	NP	67%	74%	67%	73%	69%	74%	72%	75%

= Month PLT took place

NP = non- participating PLT practice

2.4.2.4 Telephone Access to General Practice

Telephony data from the sample audit indicates that PLT sessions did not negatively affect the percentage of calls answered within four minutes, compared to each practice's usual performance. Importantly, no practices showed a dip in performance specifically during the months in which they held a PLT session. See Table 7 for a comparison of PLT participating and non-participating practices[7].

[7] •The NHSE dashboard is still in the testing stages and is not expected to be released fully until September 2025. Data has been fed into the system from October 2024 onwards.
•Currently X-on are the only NCL supplier feeding data into the NHSE dashboard- 82% of NCL practices use X-on so this data represents 82% of NCL practices. •There are no national targets for phone answer times

Table 7: Telephony- calls answered within 4 minutes

			2024			2025			
Borough	Practice	Q4 PLT Date	Oct	Nov	Dec	Jan	Feb	Mar	April
Barnet	Cricklewood Health Centre	10/03/2025	96%	94%	95%	95%	96%	96%	95%
	Lane End Medical Group	20/02/2025	78%	72%	81%	80%	77%	72%	78%
	Hendon Way	NP	76%	74%	68%	77%	79%	76%	75%
	Langstone Way	NP	ND	ND	74%	79%	80%	77%	82%
Camden	Museum Practice	11/02/2025	99%	99%	99%	99%	99%	99%	98%
	James Wigg	14/01/2025	ND	ND	ND	ND	ND	ND	ND
	Primrose Hill Surgery	NP	93%	88%	85%	91%	91%	92%	93%
	Gower Street Practice	NP	ND	ND	ND	ND	ND	ND	ND
Enfield	Woodberry Practice	11/01/2025	86%	88%	87%	88%	91%	90%	80%
	Chalfont Surgery	07/02/2025	ND	ND	ND	ND	ND	ND	ND
	Latymer Surgery	NP	93%	91%	84%	78%	90%	84%	88%
	Keats Surgery	NP	95%	94%	94%	90%	94%	93%	96%
Haringey	Fernlea Surgery	08/01/2025	ND	ND	ND	ND	ND	ND	ND
	Bridge House	11/03/2025	91%	95%	92%	94%	93%	92%	91%
	Bruce Grove Surgery	NP	ND	ND	ND	ND	ND	ND	ND
	Arcadian Gardens	NP	ND	ND	ND	ND	ND	ND	100%
Islington	New North Health Centre	20/02/2025	93%	88%	93%	95%	95%	95%	92%
	Hanley Medical Centre	27/02/2025	ND	ND	ND	ND	ND	ND	ND
	Highbury Grange	NP	81%	82%	80%	79%	83%	80%	74%
	Roman Way	NP	ND	ND	ND	ND	ND	ND	ND

2.4.2.5 Friends and Family Test Experience Feedback

FFT data[8] across NCL boroughs has remained consistent between January 2024 and January 2025. In the majority of NCL boroughs, there has been small increase in 'good' responses and slight decreases in 'poor' and 'very poor' responses. NCL data is in line with the London average. London figures are consistently lower than England average. Table 8 illustrates that PLT sessions have not had a negative impact on NCL's FFT feedback. [9]

Table 8: FFT Data January 2024 versus January 2025

FFT Data January 2024 versus January 2025										
	Jan-24					Jan-25				
	Very Good	Good	er Good no	Poor	Very Poor	Very Good	Good	er Good no	Poor	Very Poor
Barnet	67%	23%	3%	3%	4%	66%	22%	4%	2%	3%
Camden	65%	22%	3%	2%	4%	62%	31%	1%	2%	2%
Enfield	61%	24%	5%	3%	5%	63%	23%	6%	3%	4%
Haringey	65%	22%	5%	3%	4%	66%	25%	3%	3%	4%
Islington	65%	22%	3%	4%	5%	69%	19%	3%	3%	5%
NCL average	65%	23%	4%	3%	4%	65%	24%	3%	2%	3%
London	67%	22%	4%	3%	3%	69%	20%	4%	2%	3%
England	75%	16%	4%	2%	2%	77%	15%	3%	2%	2%

[8] The latest FFT data available at the time of compiling this evaluation was January 2025.
[9] FFT data was compared at practice level in order to compare a selection of random practices however data was inconsistent with some practices having no FFT data available to compare equivalent months in 2024/2025.

2.4.3 Primary Care – other points of Access

For the evaluation of the PLT scheme, an audit of Pharmacy First Minor Illness Referrals were considered) however the Pharmacy First contacts do not provide granular details of the exact times and dates to directly correlate PLT sessions with practices' referrals in the Pharmacy First scheme. It also needs to be acknowledged that some cohorts of patients will choose not to avail of the Pharmacy First service. Therefore, no direct correlation can be derived between pharmacy first attendances and the link to PLT sessions, particularly as the majority of practices taking part in PLT did not stand down appointments for patient. However, all practices in NCL are signed up to Pharmacy First and have the option to refer patients to the Primary Care service.

3.0 Learning from the PLT scheme to date

3.1 NCL GP Webpage for PLT

A NCL GP webpage for PLT has been as a repository of all NCL information on PLT and sources of information and topic ideas which have been made available to share with all practices.

The Primary Care Team has worked collaboratively with the Training Hub to enable their offers to support practices with undertaking PLT sessions, in particular the core recommended topics on the Prospectus.

3.2 Repository of Peer Learning

Practices were asked if they would recommend their PLT topics to other practices. This peer learning with topics ideas and provider recommendations have been shared with practices and a repository of this information has been created on the GP webpage. As the scheme continues, practices will be able to provider further feedback.

3.3 Early iterations to the scheme

Following approval of the PLT scheme at October 2024 PCC, Committee feedback and additional stakeholder engagement led to minor changes. This update was provided at the North Central London ICB Primary Care Committee Meeting on 11 February 2025 - "General Practice Protected Learning Time- Briefing on updates since PCC approval, 'Part One' launch and next steps".

3.4 Practices remaining open during PLT protected patient access to services.

The principles detailed in the NCL PLT policy (see below extract), ensures that the practice retain the required levels of services to meet the reasonable needs of patients during practices PLT.

1. *An essential requirement is that a practice remains open.*

    - *During core hours i.e. between 8.00am and 6.30pm without any gaps*
    - *Practice doors are open*
    - *Practice telephone lines are open*
    - *Patients can receive telephone advice from the Duty Doctor (where clinically necessary)*
    - *Patients can collect / order a prescription from the premises*
    - *Book / cancel appointments from the premises or over the phone*
    - *Patients can attend for face-to-face urgent appointments*
    - *Patients can request and obtain a home visit (where clinically necessary)*
    - *All staff providing cover have access to medical records*

The Prior-Approval Process is robust and enables the applications to be reviewed to ensure practices adhered to core contractual requirements for remaining open during PLT, and that they act in accordance with an agreed set of prerequisites.

3.5 Funding

Providing funding to support engagement in PLT has been a key driver of uptake. Practices have returned feedback forms promptly following their sessions in order to receive payment. While some practices chose not to participate due to the lack of full cover funding, the evidence from participating practices demonstrates that the benefits of PLT—particularly in supporting team learning, development, and growth—significantly outweigh the additional costs of cover.

The budget for the initial 15-month Scheme (Part 1 and Part 2) based on full participation of all NCL practices is £401,800 as seen in Table 11 below.

Table 9: PLT Part 1 & 2 Projected and Indicative Spends

	Budget based on full practice participation	**Indicative spend based on actual sign up % to date**	**Actual spend to date**
Part 1	£ 72,400	£38,700	£34,900 **(final)**
Part 2	£329,400	£158,400	£10,300 (as of 25 June 2025)
Total	**£401,800**	**£197,100**	**£ 45,200**

Appendix 2 shows the original budget for the 15-month scheme and spend to date, broken down at a borough level.

3.6 Applications for PLT

Applications remain open, providing practices with the flexibility to join the scheme at a time that aligns with their capacity and readiness.

4.0 Summary of Findings

The ICB has successfully designed and implemented a PLT scheme that balances quality improvement, practice resilience, and protected learning opportunities, while safeguarding patient access.

Engagement has been strong: over half of NCL practices signed up within weeks of the scheme's launch in October 2024, despite significant operational pressures, with many delivering their first sessions in Q4. In the current phase, 46% of practices have already joined, and further applications are expected. Uptake will be supported through peer-to-peer learning, building on the Strategic Framework model, and sharing best practice from early adopters.

Service continuity has been maintained. Clear guidance was issued, evaluation has shown no evidence of disruption, and practices have confirmed that access standards were upheld.
The scheme has enabled practice teams to engage with system priorities and local needs, covering topics from safeguarding and long-term conditions to wellbeing and ADHD awareness. Feedback confirms that PLT is supporting whole-team learning, professional development, and improvements in quality of care and staff wellbeing.

In a challenging operating environment, PLT has provided protected space for practices to strengthen teams, invest in staff, and focus on service improvement. This evaluation demonstrates PLT's role as an enabler of resilience in general practice, in line with Darzi's (2024) call to harness staff talents for positive change.

Participation to date shows the clear value of funded PLT. To sustain and embed benefits, a proposal to extend the scheme for a further year will be presented to PCC in February 2026.

List of graphs

Graph 1: Reasons for not signing up for PLT sessions – Part 1 Q4 2024/25
Graph 2: Topics Covered in PLT sessions
Graph 3: Staff Roles Participating in PLT Sessions January-June 2025
Graph 4: Practice Outcomes from PLT Sessions January-June 2025
Graph 5: Overall Experience of PLT Scheme
Graph 6: Has attending a PLT session supported you in the following ways?
Graph 7: Did attending a PLT session have any operational impact on your day-to-day work?

List of tables

Table 1: Summary of Evaluation Methodology
Table 2: Non-participation in the PLT Scheme Survey
Table 3: Core recommended topics on Prospectus of Suggested Topics & Examples of PLT sessions held
Table 4: GP Appointment Data (GPAD)- Borough Appointments per 1000 Patients
Table 5: Year on year appointment comparison (appts per 1000 population by month) – sample practices
Table 6: GP Appointment Data (GPAD) - % Same Day Appointments
Table 7: Telephony- calls answered within 4 minutes
Table 8: FFT Data January 2024 versus January 2025
Table 9: PLT Part 1 & 2 Projected and Indicative Spends

List of figures

Figure 1: Changes to Patient Care implemented following PLT session
Figure 2: Examples of Practice Learning from PLT Sessions
Figure 3: PLT Staff Evaluation Survey Results
Figure 4: PLT Prior Approval Process

Appendix 1
Comparison of Q4 2024/25 & 2025/26 applications to date

Borough	Total Main Practices	Total Branch Practices	PLT Part 1 Q4 2024/25 % main applied	PLT Part 2 2025/26 % main applied to date	PLT Part 1 Q4 2024/25 % branch applied	PLT Part 2 2025/26 % branch applied to date
Barnet	48	5	50%	40%	40%	20%
Camden	32	1	56%	59%	0%	0%
Enfield	30	10	47%	37%	80%	100%
Haringey	34	7	53%	50%	43%	14%
Islington	31	1	61%	48%	100%	100%
Total	175	24	53%	46%	58%	54%

Appendix 2

PLT Finance Breakdown by borough level

PLT Budget for Part 1& 2

Budgeting was based on a full uptake from all NCL practices taking part in 7 PLT sessions across Part 1 and 2.

Borough	Total Main Practices	Total Branch Practices	Admin fee	Part 1 fee (MAIN)	Part 1 fee (BRANCH)	Total Part 1	Part 2 fee (MAIN)	Part 2 fee (BRANCH)	Total Part 2
Barnet	48	5	£ 4,800.00	£ 14,400.00	£ 500.00	£ 19,700.00	£ 86,400.00	£ 3,000.00	£ 89,400.00
Camden	32	1	£ 3,200.00	£ 9,600.00	£ 100.00	£ 12,900.00	£ 57,600.00	£ 600.00	£ 58,200.00
Enfield	31	10	£ 3,100.00	£ 9,300.00	£ 1,000.00	£ 13,400.00	£ 55,800.00	£ 6,000.00	£ 61,800.00
Haringey	34	7	£ 3,400.00	£ 10,200.00	£ 700.00	£ 14,300.00	£ 61,200.00	£ 4,200.00	£ 65,400.00
Islington	31	1	£ 3,100.00	£ 9,300.00	£ 100.00	£ 12,500.00	£ 55,800.00	£ 600.00	£ 56,400.00
Total	175	24	£ 17,500.00	£ 52,500.00	£ 2,400.00	£ 72,400.00	£ 315,000.00	£ 14,400.00	£ 329,400.00
							Total Part 1&2	£	401,800.00

Projected spend was based on total applications for part 1 and applications for part 2 to date.

Actual spend was lower as some practices did not take part in a session after applying.

Part 1 Projected and Actual Spend				
Borough	Admin fee	Main practice Fee	Branch site fee	Total
Barnet	£2,400.00	£7,200.00	£200.00	£9,800.00
Camden	£1,800.00	£5,400.00	£0.00	£7,200.00
Enfield	£1,400.00	£4,200.00	£800.00	£6,400.00
Haringey	£1,800.00	£5,400.00	£300.00	£7,500.00
Islington	£1,900.00	£5,800.00	£100.00	£7,800.00
Total	£9,300.00	£28,000.00	£1,400.00	£38,700.00
			Final PLT Part 1 spend as of end June 2025	£34,900.00

Part 2 Projected and Spend to Date				
Borough	Admin fee	Main practice Fee	Branch site fee	Total
Barnet	£600.00	£28,800.00	£600.00	£30,000.00
Camden	£0.00	£32,400.00	£0.00	£32,400.00
Enfield	£200.00	£18,000.00	£4,800.00	£23,000.00
Haringey	£100.00	£30,600.00	£1,800.00	£32,500.00
Islington	£300.00	£30,600.00	£600.00	£31,500.00
Total	£1,200.00	£140,400.00	£7,800.00	£149,400.00
			PLT Part 2 spend to date as of end June 2025	£10,300.00

NHS
North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
14 October 2025

Report Title	Primary Care Committee Risk Register	**Date of report**	17 September 2025	**Agenda Item**	3.1
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	Kate McFadden-Lewis, Governance and Risk Lead	**Email / Tel**		katemcfadden-lewis@nhs.net	
Name of Authorising Finance Lead	Not applicable	**Summary of Financial Implications** This report assists the ICB in managing its most significant financial risks within the remit of the Committee.			
Name of Authorising Estates Lead	Not applicable	**Summary of Estates Implications** This report assists the ICB in managing its most significant estates risks within the remit of the Committee.			
Report Summary	This report provides an overview of material risks falling within the remit of the Primary Care Committee ('Committee') of North Central London Integrated Care Board ('ICB'). **<u>System Risk Management</u>** The risks are being presented as falling into one of three categories which are: • ICB only risks; • ICB risks generated from risks or issues in other organisations; • System risks that need to be owned and managed by the system. **<u>The Committee Risk Register</u>** There are 2 risks on the Committee risk register. The threshold for escalation to the Committee is a risk score of 12 or higher. Since the last meeting of the Committee the rating of these 2 risks has remained the same. An additional risk remains below the Committee threshold, however, is reported for oversight and scrutiny. **Key Highlights:** <u>ICB risks generated from risks or issues in other organisations</u> **PERF15:** *Failure to address variation in Primary Care Quality and Performance across NCL (Threat).* **Current Risk Rating:** 12 (unchanged).				

	This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it. Work is underway to transform the ICB's approach to General Practice quality and performance, including a revised set of data products that are used consistently across our work with practices and a clear approach for how this data is used to drive our supportive work with practices. Delivery of at-scale services to improve quality, including clinical outcomes, is underway, including the second year of the NCL-wide long-term conditions locally commissioned service. This work will be underpinned by our NCL GP ambitions which will set the direction for our future ICB work plan once complete (currently on pause as the implications of the ICB transition work and merger are worked through). This risk also links to PERF 22 (Failure to actively plan and support development of the General Practice estate) with variation in the quality of general practice estate contributing to variation in quality and performance. The ICB draft ambitions for general practice aim to increase consistency in patient experience of, and the quality of, general practice in North Central London while enabling practices to tailor their model for their registered population. Variation will remain due to the parameters of the national contract model. **PERF32:** *Failure to procure clinical waste collections services for operationalisation on 1 April 2025 (Threat).* **Current Risk Rating:** 12 (unchanged) The current contracts for Clinical Waste disposal (from GP practices and Community Pharmacies) were scheduled to expire on 31 March 2025. A nationwide procurement process was undertaken by a specialist third party for the ICB and a number of others. This has identified a preferred bidder, however, this has been challenged by an unsuccessful bidder in the High Court. Legal advice has been obtained, the procurement process has been paused in accordance with the guidance, and a response to the legal proceedings has been filed at Court. Clinical Waste collections were at risk from 1 April 2025, however, the ICB is working with key stakeholders to ensure the service continues uninterrupted. Contracts have now been extended (4 months plus one month rolling extension to cover the period of legal processes). The ICB is exploring all legal options and will follow the advice of its solicitors in relation to the ongoing litigation. Standstill letters, giving 10 days during which another provider can challenge the procurement, were issued on Monday 4 August 2025. <u>ICB risk generated from risks or issues in other organisations – below Committee threshold but included for oversight</u> **PERF28:** *Increased and undifferentiated demand, and variation in general practice access models (Threat).* **Current Risk Rating:** 9 (unchanged).

	Access to Primary Care remains a key challenge and risk. Demand increased significantly during the COVID-19 pandemic and continues to increase, exacerbating access challenges. There is a need to be able to differentiate demand so that different levels of need are met in the most effective way. This is under regular discussion at the London Primary Care Board with NCL input. The ICB has developed and published a system capacity and access plan as part of ensuring delivery of the Access Recovery Plan. Year 2 of a 2 year programme completed in March 2025 and a number of initiatives are taking effect. PCNs have delivered Capacity and Access Improvement Plans, all practices are now on cloud-based telephony, a number of practices have moved to a Modern General Practice Access Model, and a number of practices are receiving hands on change support. This programme has ended, however we have described in the reports to the Board that it is likely to take a further year for the impact of operational changes in practices to be embedded and to result in improved patient experience. Change support has been extended to September 2025 and a procurement for a larger change support model from October 2025 is underway. 90 Support Level Framework meetings with practices have taken place with more booked and underway, and all PCNs have undertaken a Support Level Framework conversation. Further work is required to address access to Primary Care, including: • a stratified approach to responding to demand; • improving patient experience; • ease of access (including digital inclusion / exclusion); and, • contributing factors including interface, workforce and patient needs and expectations. On average practices have provided a 15 to 30% increase in appointments compared to before COVID-19. This outstrips population growth and is indicative of practices meeting increased demand. With such a significant rise in activity in general practice work is also needed on understanding the nature of the increased demand and how this is best met. This will be overseen by the Primary Care Committee. The ICB is participating in a national pilot to evidence and quantify the gap between resource and need in general practice, which will help inform future policy, and may have the opportunity to focus on identification of need in GP. The annual GP patient survey results have recently been published, and the team are currently undertaking a review, however early insights are showing that it is possible to see a 1%-point improvement on critical questions related to access. The GP patient survey results have shown that there is good progress towards Modern General Practice Access, however, has also shown continued variation in access models. We have procured a further period of change support; the contract for which will end March 2027. In addition, the development of neighbourhoods and increasing use of risk stratification will support with managing undifferentiated demand but this will take time. The estimated date of risk score achievement has therefore been extended from 30 September 2025 to 31 March 2027.
Recommendation	The Committee is asked to**:** • **NOTE** the report and provide feedback on the risks; • **IDENTIFY** any strategic gaps within the Committee's remit and propose any strategic risks or areas to include as part of the review.
Identified Risks and Risk	The risk register will be a standing item for each meeting of the Committee.

Management Actions	
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the ICB's conflict of interest policy.
Resource Implications	This report supports the ICB in making effective and efficient use of its resources.
Engagement	This report is presented to each Committee meeting. The Committee includes a clinician and Non-Executive Members.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Committee Risk Register is presented at each Committee meeting.
Next Steps	The next steps are as follows: • To continue to manage risks in a robust way; • To continue the development of the ICB's approach to system risk management.
Appendices	Appendices are: 1. Primary Care Committee Risk Register; 2. The Committee Risk Overview Report; and 3. Risk scoring key.

Ref	Risk Owner	Risk Manager	Objective	Risk	Consequence (Initial)	Likelihood (Initial)	Risk Rating (Initial)	Controls in place	Evidence of Controls	Overall Strength of Controls in place	Consequence (Current)	Likelihood (Current)	Risk Rating (Current)	Controls Needed	Actions	Action Deadline	Update on Actions	Consequence (Target)	Likelihood (Target)	Risk Rating (Target)	Risk Trajectory (Last Updated)	Quarter	Strategic Update for Committee	Date of Last Update	Status
ICB risks generated from risks or issues in other organisations																									
PERF15	Sarah McDonnell-Davies - Executive Director of Place	Sarah McIlwaine - Director of Primary Care	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	**Failure to address variation in Primary Care Quality and Performance across NCL (Threat).** **CAUSE:** If the ICB fails to address variation in quality and performance in General Practice due to different operating models, list sizes and population demographics, arising from the nature of the GP contract, **EFFECT:** There is a risk that practices across NCL will offer differential patient experience, access to services, management of long term conditions or achievement of health outcomes for NCL residents. **IMPACT:** This may result in persistent inequities in the quality of care our residents receive and either create or exacerbate existing health inequalities.	5	4	20	C1. ICB Primary Care Committee (PCC) oversight of quality and performance data about General Practice via the Quality and Performance Report C2. Robust processes in primary care contracts team for identifying practices who require additional monitoring and support on quality and performance (including case log, hotpots meetings and improvement plans). C3. Evolving "data-driven" approach to primary care which combines data on quality and performance with insight from across ICB to target support to practices where most needed, including change management support commissioned from external providers for this purpose C4. Consistent approach to commissioning services to improve quality in General Practice including practice resilience funding, long-term conditions locally commissioned service (LTC LCS) C5. GP ambitions setting out our aspirations for quality of care for the future	AVERAGE: The controls have a 61 – 75% chance of successfully controlling the risk	5	3	15	CN1. Further development of quality and performance report and process for undertaking "deep dives" into hotspots in QMP data CN2. Ongoing cycle of evaluation and refinement of data driven and change support approach, including impact and evaluation of commissioned offers CN3. Ambitions finalised in 2025/26 CN4. Repeat of practice-by-practice data and soft-intelligence review in 25/26 CN5. Monthly review of QMP dashboard and national GP dashboard.	A1. Regular updates to Committee on progress with revised QMP report. Plans for data driven approach in development Q1 2024/25 to Q3 2025/26. This will now take account of the national GP dashboard published April 23 2025, so that local work complements but does not duplicate this dashboard. A2. Design and procure change support provider for 2025/26. A3. Incorporating feedback from engagement with stakeholders into next iteration of Ambitions for internal review. NB ambitions now on pause due to ICB cost reduction programme. A4. Process in planning stage targeting implementation in July / August when 2025 GP Patient Survey results are available. A5. Monthly review process to be put in place	A1. 30.09.2025 A2. 30.09.2025 A3. 31.10.2025 A4. 31.10.2025 A5. 30.09.2025	A1. Power BI dashboard for PCC will be provided to Part 2 members of the Primary Care Committee (PCC) for testing following the August 2025 PCC meeting. First iteration was reviewed by the primary care team March 2025 and comments provided. National GP dashboard has been reviewed and PCC paper in June outlined a proposed approach to utilising this, supplemented with local data and insight. The national GP dashboard has been evolving as practices highlighted have changed in the last two months. However it is now built, with caveats, into the regular QMP report to PCC. A2. Procurement approved – launched early June A3. Final draft in preparation - paused internal sign off process temporarily until further information available about future ICB structure and role as this will inform the approach to delivery. – ambitions now on pause due to ICB cost reduction programme. A4. Process in planning stage with a date for an initial pilot to take place on 2 September 2025. A5. Process in planning stage - initial pilot took place on 7 August 2025.	3	3	9	31.10.25	Q2	This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it. Work is underway to transform the ICB's approach to General Practice quality and performance, including a revised set of data products that are used consistently across our work with practices and a clear approach for how this data is used to drive our supportive work with practices. Delivery of at-scale services to improve quality, including clinical outcomes, is underway, including the second year of the NCL-wide long-term conditions locally commissioned service. This work will be underpinned by our NCL GP ambitions which will set the direction for our future ICB work plan once complete (currently on pause as the implications of the ICB transition work and merger are worked through). This risk also links to PERF 22 (Failure to actively plan and support development of the General Practice estate) with variation in the quality of general practice estate contributing to variation in quality and performance. The ICB draft ambitions for general practice aim to increase consistency in patient experience of, and the quality of, general practice in North Central London while enabling practices to tailor their model for their registered population. Variation will remain due to the parameters of the national contract model.	24/06/2025	Open
PERF52	Sarah McDonnell-Davies - Executive Director of Place	Sarah McIlwaine - Director of Primary Care	Maintain strong financial vigilance Embed and deliver the commissioning pipeline	**Failure to procure clinical waste collections services for operationalisation on 1 April 2025 (Threat).** **CAUSE:** If the ICB fails to enter into a contract for the removal of clinical waste (GP and Community Pharmacy) for operationalisation on 1 April 2025 either through procurement, current contract extension, or other means **EFFECT:** There is a risk that no clinical waste collections would take place from 1 April 2025, from GP practices and Community Pharmacies across the North Central London Integrated Care System **IMPACT:** This may result in significant negative risk to public health, and negative reputational damage to both the ICB as well as the GP practices and Pharmacies.	5	4	20	C1. Contract with incumbent providers until 1 April 2025 C2. Procurement process has identified a successful bidder for services post 1 April 2025 C3. Legal support from Capsticks solicitors in relation to contracting options post 1 April 2025 C4. Pan-London ICBs meetings to co-ordinate plans to address the contracting options C5. National working group to manage High Court proceedings challenging the validity of the procurement process C6. Weekly ICB/Capsticks meetings	C1. Contracts C2. Procurement recommendation report (and supporting documentation C3. Legal advice C4. Meeting papers C5. Meeting papers C6. Meeting papers	WEAK: The controls have a 1-60% chance of successfully controlling the risk.	5	4	20	CN1. Pan-London strategy to effect a short-term solution to the expiration of current contracts CN2. A stable long-term procured solution to provide clinical waste removal services CN3. Enter into necessary contracts	A1. Establish a consistent pan-London approach for short-term service provision A2. Explore the possibility of extending existing contract, for a minimum of 4 months A3. Respond to High Court proceedings to determine the validity of the procurement process already undertaken A4. Determine longer term action plan dependent on earlier actions A5. Agree to request a lifting of the Suspension to Award to allow ICBs to award long term contracts to preferred bidders	A1. Closed A2. Closed A3. 30.09.2025 A4. 31.10.2025 A5. 31.10.2025	A1. Complete - Meetings are underway with a view to establishing a consensus - COMPLETE A2. Complete - Contracts with incumbent providers have been extended for 4 months (plus 1 month rolling extensions as required) A3. Acknowledgement of Service filed at Court. Defence has been drafted and will be submitted to court. Disclosure stage currently being implemented A4. Managing Agent contract renewal approved and drawdown from new Framework has commenced (25.03.2025) A5. Capsticks have been given authorisation to request the lifting of suspension so that longer term contracts can be awarded. - Standstill letter to be issued to Sharpsmart as part of move to lift the suspension. - Standstill letters have been issued	1	1	1	31.10.2025	Q2	The current contracts for Clinical Waste disposal (from GP practices and Community Pharmacies) were scheduled to expire on 31 March 2025. A nationwide procurement process was undertaken by a specialist third party for the ICB and a number of others. This has identified a preferred bidder, however, this has been challenged by an unsuccessful bidder in the High Court. Legal advice has been obtained, the procurement process has been paused in accordance with the guidance, and a response to the legal proceedings has been filed at Court. Clinical Waste collections were at risk from 1 April 2025, however, the ICB is working with key stakeholders to ensure the service continues uninterrupted. Contracts have now been extended (4 months plus one month rolling extension to cover the period of legal processes). The ICB is exploring all legal options and will follow the advice of its solicitors in relation to the ongoing litigation. Standstill letters, giving 10 days during which another provider can challenge the procurement, were issued on Monday 4 August 2025.	28/08/2025	Open
ICB risk generated from risks or issues in other organisations below the Committee's threshold but included for oversight																									
PERF26	Sarah McDonnell-Davies - Executive Director of Place	Sarah McIlwaine - Director of Primary Care	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	**Increased and undifferentiated demand, and variation in general practice access models (Threat).** **CAUSE:** If the ICB fails to support a targeted approach to managing general practice demand, and to address patient and stakeholder concerns around timely and appropriate access to general practice, **EFFECT:** There is a risk of inability to appropriately prioritise clinical need, exacerbating patient perception that they cannot see a GP and so either do not present to services when they need to, or do not present to the right place at the right time. There is a risk to the reputation of provision and commissioning and to the ICB ability to deliver a population-based approach. There is a risk to NHS staff of negativity and abuse. **IMPACT:** This may result in delays to patients accessing care or pressures elsewhere in the system. There may be a negative impact on the workforce and providers.	4	4	16	C1. ICB Primary Care, Analytics, Digital and Comms teams developing insights into access in general practice C2. Primary Care Operational Group meetings with stakeholders including Local Medical Committees ('LMC') to maintain visibility on pressures and support any escalations C3. ICB programme to deliver the requirements of the primary care access recovery programme and support all practices to transition to a standard "Modern General Practice" operating model. Commissioned change management programme to provide hands-on support to practices. C4. Communication campaign launched for local residents to ensure the services offered by and approach to accessing general practice and wider primary care is clear. C4. Engagement of key stakeholders including staff, NHSE, LMC, Clrs C5. System Executive briefed on the challenges and supporting local solutions C6. Annual primary care winter plans which include additional resources to support access over GA C7. Support for General Practice staff - recruitment, retention, wellbeing, zero tolerance of abuse C8. Successful delivery of the local programme of work to respond to the national Access Recovery Plan for General Practice, including success of the commissioned change management programme. C9. Risk stratification approach for PCNs (as per the Capacity and Access Investment Plan guidance for 2025/26) agreed and communicated to PCNs as being met by use of the LTC LCS risk stratification approach.	C1. Data and insights including QBP report for PCC C2. Reports, meeting notes, minutes C3. Reports, meeting notes, minutes, EMT, PCC and Board papers C4. Communications campaign in place C5. Reports, meeting notes and minutes, ICS communications, JHOSC papers C6. Reports, meeting notes, minutes C7. Workforce plans including People Strategy and Training Hub programme C8. Reports to PCC and Board C9. Communications to PCNs	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	3	9	CN1. Evaluation of progress against the intended impact of the national Access Recovery Plan for General Practice CN2. Succesful delivery of the planned comms campaign CN3. Finalised General Practice Ambitions which articulate the vision for managing increased demand CN4. Sustained programme to address challenges at the interface with other services (see PERF 33).	A1. Survey practices regarding progress towards modern general practice access model. Evaluation reports from change support providers received. A2. Impact of the communications campaign to be measured A3. Currently on pause due to the ICB cost reduction programme. A4. Continue to progress the interface work programme (see PERF33)	A1. 31.10.2025 A2. 31.10.2025 A3. 31.12.2025 A4. 31.10.2025	A1. Survey received from practices analysis complete and draft report under review. Evaluation reports from HealthWatch received. Evaluation report from PCAPP Change Support provider received. National GP Survey 2025 Results received and initial analysis complete showing improvements across access-related domains. This is presented in the August PCC committee papers. This will be triangulated with practice survey results. A2. Communications campaign is underway and third phase has launched. Impact measures are in place. A3. Currently on pause due to the ICB cost reduction programme. A4. Interface work programme is progressing with specialty clinical groups established, and a single route pathway drafted (see PERF 33)	3	3	9	31.10.2025	Q2	Access to Primary Care remains a key challenge and risk. Demand increased significantly during the COVID-19 pandemic and continues to increase, exacerbating access challenges. There is a need to be able to differentiate demand so that different levels of need are met in the most effective way. This is under regular discussion at the London Primary Care Board with NCL input. The ICB has developed and published a system capacity and access plan as part of ensuring delivery of the Access Recovery Plan. Year 2 of a 2 year programme completed in March 2025 and a number of initiatives are taking effect. PCNs have delivered Capacity and Access Improvement Plans, all practices are now on cloud-based telephony, a number of practices have moved to a Modern General Practice Access Model, and a number of practices are receiving hands on change support. This programme has ended, however we have described in this reports to the Board that it is likely to take a further year for the impact of operational changes in practices to be embedded and to result in improved patient experience. Change support has been extended to September 2025 and a procurement for a larger change support model from October 2025 is underway. 90 Support Level Framework meetings with practices have taken place with more booked and underway, and all PCNs have undertaken a Support Level Framework conversation. Further work is required to address access to Primary Care, including: • A stratified approach to responding to demand; • improving patient experience; • ease of access (including digital inclusion / exclusion); and, • contributing factors including interface, workforce and patient needs and expectations. On average practices have provided a 15 to 30% increase in appointments compared to before COVID-19. This outstrips population growth and is indicative of practices meeting increased demand. With such a significant rise in activity in general practice work is also needed on understanding the nature of the increased demand and how this is best met. This will be overseen by the Primary Care Committee. The ICB is participating in a national pilot to evidence and quantify the gap between resource and need in general practice, which will help inform future policy, and may have the opportunity to focus on identification of need in GP. The annual GP patient survey results have recently been published, and the team are currently undertaking a review, however early insights are showing that it is possible to see a +1%-point improvement on critical questions related to access. The GP patient survey results have shown that there is good progress towards Modern General Practice Access, however, has also shown continued variation in access models. We have procured a further period of change support; the contract for which will end March 2027. In addition, the development of neighbourhoods and increasing use of risk stratification will	25/09/2025	Open

North Central London ICB PCC Risk Overview Report

Risk ID	Risk Title	Risk Owner	Risk description	2025 Current Risk Score MAR	JUN	AUG	OCT	Movement From Last Report	Target Risk Score
ICB risks generated from risks or issues in other organisations									
PERF15	Failure to address variation in Primary Care Quality and Performance across NCL (Threat).	Sarah McDonnell-Davies - Executive Director of Place	**CAUSE:** If the ICB fails to address variation in quality and performance in General Practice due to different operating models, list sizes and population demographics, arising from the nature of the GP contract, **EFFECT:** There is a risk that practices across NCL will offer differential patient experience, access to services, management of long term conditions or achievement of health outcomes for NCL residents. **IMPACT:** This may result in persistent inequities in the quality of care our residents receive and either create or exacerbate existing health inequalities.	12	12	12	12	→	9
PERF32	Failure to procure clinical waste collections services for operationalisation on 1 April 2025 (Threat).	Sarah McDonnell-Davies - Executive Director of Place	**CAUSE:** If the ICB fails to enter into a contract for the removal of clinical waste (GP and Community Pharmacy) for operationalisation on 1 April 2025 either through procurement, current contract extension, or other means, **EFFECT:** There is a risk that no clinical waste collections would take place from 1 April 2025, from GP practices and Community Pharmacies across the North Central London Integrated Care System. **IMPACT:** This may result in significant negative risk to public health, and negative reputational damage to both the ICB as well as the GP practices and Pharmacies.	12	12	12	12	→	1
ICB risk generated from risks or issues in other organisations below the Committee's threshold but included for oversight									
PERF28	Increased and undifferentiated demand, and variation in general practice access models (Threat).	Sarah McDonnell-Davies - Executive Director of Place	**CAUSE:** If the ICB fails to support a targeted approach to managing general practice demand, and to address patient and stakeholder concerns around timely and appropriate access to general practice, **EFFECT:** There is a risk of inability to appropriately prioritise clinical need, exacerbating patient perception that they cannot see a GP and so either do not present to services when they need to, or do not present to the right place at the right time. There is a risk to the reputation of provision and commissioning and to the ICB ability to deliver a population-based approach. There is a risk to NHS staff of negativity and abuse. **IMPACT:** This may result in delays to patients accessing care or pressures elsewhere in the system. There may be a negative impact on the workforce and providers.	9	9	9	9	→	6

Risk Key

Risk Improving ê

Risk Worsening é

Risk neither improving nor worsening but working towards target è

Risk Scoring Key

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

1. Overall Strength of Controls in Place

There are four levels of effectiveness:

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

2. Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

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

Likelihood Scale:

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

3. Level of Risk and Priority Chart

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

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

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

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
14 October 2025

Report Title	2025/26 Month 5 NCL ICB Delegated Primary Care Finance Report	**Date of report**	18 September 2025	**Agenda Item**	4.1
Lead Director / Manager	Sarah Rothenberg	**Email / Tel**		sarahrothenberg@nhs.net	
Board Member Sponsor	Sarah McDonnell- Davies, Executive Director of Place				
Report Author	Sarah Rothenberg, Deputy Director of Finance Business Partnering (Primary Care) NCL ICB	**Email / Tel**		sarahrothenberg@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Deputy Director of Finance Business Partnering (Primary Care) NCL ICB	**Summary of Financial Implications** To present to the Committee the 2025/26 Delegated Primary Care Month 5 (M5) financial performance. The report also includes the Enhanced Services 20256/26 M5 financial performance for the Non-Delegated Primary Care.			
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** Not applicable.			
Report Summary	This report presents the financial outturn for Delegated Primary Care for North Central London Integrated Care Board (NCL ICB) for the period April 2025 to August 2025 (Months 1-5). As at M5, year to date spend was £150.3m which is the breakeven position. This M5 position is an improvement since Month 3's adverse variance against plan and is due to the ICB having now received an allocation for the PCN Test Site Additional Capacity pilot covering the costs for Months 1 to 6. Forecast outturn for the full year is breakeven with a forecast spend of £363.8m. Expected funding streams to be received later in the financial year are PCN test site additional capacity £1.5m, weight management £0.2m and advice and guidance £1.6m.				
Recommendation	The Committee is requested to **NOTE** the 2025/26 financial position as at Month 5 (August 2025).				
Identified Risks and Risk	There is increasingly limited flexibility within the Delegated Primary Care budget to cover unbudgeted costs and further cost constraints within the wider ICB due to national NHS changes.				

Management Actions	These include costs that sit outside core contract payments for example revenue costs linked to premises, estate development costs linked to practice moves or developments, legal costs, costs to support caretaking and procurement activity and other costs associated with the effective running of primary medical services. The budget and risks are regularly reviewed in detail by the Executive, Director of Finance, Director of Estates and others. The Committee will need to exercise caution to avoid overspends and ensure any financial decisions are given appropriate scrutiny. The Committee should flag any further information that would support it to undertake this function effectively.
Conflicts of Interest	This report was written in accordance with the ICB's Conflicts of Interest Policy.
Resource Implications	Significant staff capacity to manage complex budgets. Risk of overspend at ICB level impacting ICS financial position and duty to balance.
Engagement (Including LMC if required)	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	Regular report for noting by the Committee.
Next Steps	Estate costs - active monitoring and review of risks arising from a declining estate, lease terms ending and build costs rising, increases in list sizes. Consider where primary care leads and/or the committee may need to prioritise investment and use of resources. Identify ways to optimise resources by working across delegated and non-delegated budgets e.g. in the commissioning of enhanced services (as in the case of the LTC LCS which commenced in October 2023). Consider widening the scope of the financial information brought to PCC to support the Committee to optimise resources.
Appendices	Month 5 Primary Care Delegated Commissioning Finance Report.

NHS
North Central London
Integrated Care Board

Month 5: August 2025 Primary Care Delegated Commissioning Finance Report

PCC Oct 2025

Executive Summary

NHS
North Central London
Integrated Care Board

This pack presents the 2025/26 Delegated Primary Care budget and financial position across North Central London (NCL) Integrated Care Board (ICB).

- As at Month 5 2025/26, the NCL Delegated Primary Care budget, delivered a breakeven position.
- The report also presents the position for each of the five areas within NCL (Barnet, Camden, Enfield, Haringey and Islington). However, the Committee and ICB Board of Members are required to ensure commitments are met and the budget achieves overall balance across NCL.

Finance Tables

- This report presents the month end position as at Month 5 (August 2025) against confirmed budgets of £364m (slide 3).
- The delegated primary care budget by borough follows, including and excluding premises (slides 4-5).
- This is followed by ARRS staffing and expenditure information (slide 6).
- Appendices 1-5 (slides 7 -11) cover expenditure by locality, further ARRS data, DES expenditure and Non-Delegated Enhanced Services.

2025/26 Month 5 Primary Care Delegated Commissioning Finance Position

North Central London
Integrated Care Board

Service	Weighted List Size as at 1st Jul 25	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	839,848	51,056	51,221	(165)	122,537	122,537	0
GMS	815,782	58,663	57,830	833	140,795	140,795	0
APMS	84,335	8,100	8,768	(667)	19,442	19,442	0
Other Medical Services	0	32,423	32,423	(0)	80,979	80,979	0
Total Primary Care Medical Services	**1,739,965**	**150,242**	**150,242**	**0**	**363,753**	**363,753**	**0**

The NCL Delegated Commissioning closing position is breakeven at Month 5. In Month 5, NCL received an allocation of £1.5m for M1-6 PCN Test Site Additional Capacity allowing for a breakeven position. The key points to note are:

- The YTD variances within the 3 PMS, GMS and APMS contracts relate to changes in practice contracts in year.
- The forecast is breakeven and there is an assumption built into the position that the following allocations will transfer from NHSE throughout 25/26:
  - PCN Test Site Additional Capacity (£1.5m) for M7-12
  - Weight Management (£0.2m) for M1-12
  - Advice and Guidance (£1.6m) relating to M4-12 (awaiting claims)

Other Medical Services above includes the costs of PCN DES payments shown in Appendix 4, CQC & Indemnity, PCSE Letters, Sterile Products and Infection, Prevention and Control advice.

2025/26 Delegated Primary Care Budget

North Central London
Integrated Care Board

Description	Barnet £'000	Camden £'000	Enfield £'000	Haringey £'000	Islington £'000	NCL Total £'000
PMS						
PMS Additional and Essential Services	18,134	21,086	33,892	23,177	4,552	**100,841**
PMS Enhanced Services	201	212	460	251	26	**1,150**
PMS Quality and Outcomes Framework (QOF)	1,563	1,488	2,804	1,605	203	**7,663**
PMS Premises Payment	1,754	3,409	3,481	2,114	106	**10,865**
PMS Other Administered Funds (Maternity etc)	439	522	246	404	0	**1,611**
PMS Personally Administered Drugs	85	84	158	77	4	**407**
Total PMS	**22,176**	**26,801**	**41,041**	**27,627**	**4,892**	**122,537**
GMS						
GMS Global Sum & MPIG	35,024	21,019	8,115	17,189	31,630	**112,977**
GMS Enhanced Services	431	517	105	197	562	**1,814**
GMS Quality and Outcomes Framework (QOF)	2,891	1,304	686	1,149	2,161	**8,191**
GMS Premises Payment	3,956	2,907	814	2,728	4,612	**15,017**
GMS Other Administered Funds (Maternity etc)	485	203	49	91	588	**1,416**
GMS Personally Administered Drugs	134	60	30	39	71	**333**
Total GMS	**42,921**	**26,010**	**9,800**	**21,393**	**39,624**	**139,748**
APMS						
APMS Essential and Additional Services	623	4,300	2,522	4,537	3,465	**15,447**
APMS Enhanced Services	4	23	23	45	22	**118**
APMS Quality and Outcomes Framework (QOF)	34	189	183	311	181	**898**
APMS Premises Payment	73	620	281	751	942	**2,668**
APMS Other Administered Funds (Maternity etc)	0	0	0	0	278	**278**
APMS Personally Administered Drugs	0	7	7	12	8	**34**
Total APMS	**734**	**5,139**	**3,017**	**5,656**	**4,896**	**19,442**
Other Medical Services						
PCN	19,224	15,967	15,152	14,849	13,951	**79,142**
CQC & Idemnity	340	254	262	298	220	**1,374**
Total Other Medical Services	**19,564**	**16,220**	**15,414**	**15,146**	**14,172**	**80,516**
Total Primary Care Medical Services	**85,395**	**74,170**	**69,272**	**69,823**	**63,583**	**362,242**
Jul Weighted List Size	**412,481**	**341,855**	**333,904**	**334,165**	**317,560**	**1,739,965**
Cost per PWP by Locality	**207.03**	**216.96**	**207.46**	**208.95**	**200.22**	**208.19**

The table summarises the 2025/26 Delegated Primary Care locality budget for NCL ICB.

The table shows a breakdown of the 2025/26 rebased budget across the 5 localities and calculates a £ per weighted patient (£PWP) cost based on the 1st July 2025 GP list sizes.

The £PWP ranges from the lowest in Islington of £200.22 to the highest in Camden of £216.96 for 2025/26. Islington has just 2 PMS practices which is significantly fewer than Haringey, Enfield and the other localities and partially accounts for this variation. Estates costs cause other notable variation across the 5 localities.

Note 1:
The sum of NCL non-borough budget (£1.51m), and this borough-based total equals the annual NCL budget on slide 3.

2025/26 Delegated Primary Care Budget
excluding Premises expenditure

North Central London
Integrated Care Board

Description	Barnet £'000	Camden £'000	Enfield £'000	Haringey £'000	Islington £'000	NCL Total £'000
PMS						
PMS Additional and Essential Services	18,134	21,086	33,892	23,177	4,552	**100,841**
PMS Enhanced Services	201	212	460	251	26	**1,150**
PMS Quality and Outcomes Framework (QOF)	1,563	1,488	2,804	1,605	203	**7,663**
PMS Other Administered Funds (Maternity etc)	439	522	246	404	0	**1,611**
PMS Personally Administered Drugs	85	84	158	77	4	**407**
Total PMS	**20,422**	**23,391**	**37,560**	**25,513**	**4,786**	**111,672**
GMS						
GMS Global Sum & MPIG	35,024	21,019	8,115	17,189	31,630	**112,977**
GMS Enhanced Services	431	517	105	197	562	**1,814**
GMS Quality and Outcomes Framework (QOF)	2,891	1,304	686	1,149	2,161	**8,191**
GMS Other Administered Funds (Maternity etc)	485	203	49	91	588	**1,416**
GMS Personally Administered Drugs	134	60	30	39	71	**333**
Total GMS	**38,965**	**23,103**	**8,986**	**18,665**	**35,012**	**124,731**
APMS						
APMS Essential and Additional Services	623	4,300	2,522	4,537	3,465	**15,447**
APMS Enhanced Services	4	23	23	45	22	**118**
APMS Quality and Outcomes Framework (QOF)	34	189	183	311	181	**898**
APMS Other Administered Funds (Maternity etc)	0	0	0	0	278	**278**
APMS Personally Administered Drugs	0	7	7	12	8	**34**
Total APMS	**662**	**4,519**	**2,736**	**4,904**	**3,953**	**16,774**
Other Medical Services						
PCN	19,224	15,967	15,152	14,849	13,951	**79,142**
CQC & Idemnity	340	254	262	298	220	**1,374**
Total Other Medical Services	**19,564**	**16,220**	**15,414**	**15,146**	**14,172**	**80,516**
Total Primary Care Medical Services	**79,613**	**67,233**	**64,695**	**64,229**	**57,923**	**333,693**
Jul Weighted List Size	**412,481**	**341,855**	**333,904**	**334,165**	**317,560**	**1,739,965**
Cost per PWP by Locality	**193.01**	**196.67**	**193.75**	**192.21**	**182.40**	**191.78**

This table shows a breakdown of the 2025/26 NCL ICB Delegated Primary Care rebased budget across the 5 localities and calculates a £s per weighted patient (£PWP) cost based on the 1st July 2025 GP list sizes excluding premises expenditure.

The £PWP ranges from the lowest in Islington of £182.40 to the highest in Camden of £196.67 for 2025/26. Islington has just 2 PMS practices which is significantly fewer than Haringey, Enfield and the other localities and causes this variation.

2025/26 M1-5 ARRS WTE and Expenditure

North Central London
Integrated Care Board

Role	Average M1-M5 WTE	M05 WTE	YTD Reimbursement £	Reimbursement Accrual £	YTD Total Expenditure £
Advanced Paramedic Practitioner	4.48	4.00	81,521	42,840	124,360
Advanced Pharmacist Practitioner	22.84	19.69	483,646	173,026	656,672
Advanced Physiotherapist Practitioner	2.57	2.17	54,001	14,237	68,237
Care Coordinator	162.06	160.96	1,468,304	740,813	2,209,117
Clinical Pharmacist	228.98	221.94	4,299,327	1,703,161	6,002,488
Dietician	1.83	1.83	37,587	13,395	50,982
Digital and Transformation Lead	22.77	20.20	409,038	191,402	600,440
First Contact Physiotherapist	27.80	26.59	462,359	291,020	753,379
General Practice Assistant	85.19	82.86	852,598	293,383	1,093,979
Health and Wellbeing Coach	9.85	9.81	110,217	50,274	160,491
Mental Health Practitioner Band 8a	3.76	2.96	44,934	11,271	56,205
Mental Health Practitioner Band 7	5.23	3.00	47,092	22,662	69,755
Nursing associate	6.39	7.23	52,320	22,838	75,158
Occupational therapist	0.40	0.40	9,539	2,385	11,923
Paramedic	8.53	8.23	172,471	52,830	225,301
Pharmacy Technician	22.25	21.72	273,204	118,152	391,356
Physician Associate	92.78	89.64	1,657,639	543,333	2,200,972
Social Prescribing Link Worker	73.66	71.88	851,133	345,268	1,196,400
Trainee nursing associate	2.60	-	35,351	-	35,351
Enhanced Practice Nurse	4.59	4.10	72,744	19,748	92,493
GP (ARRS)	40.27	41.58	949,433	439,193	1,388,626
Advanced Nurse Practitioner	7.56	8.39	165,634	69,366	235,000
Experienced General Practice Nurse	0.60	0.43	12,565	1,449	14,014
New to General Practice Nurse	2.00	2.00	16,534	11,022	27,556
Healthcare Support Worker	0.72	1.40	3,229	4,295	7,524
Advanced Dietician Practitioner	1.00	1.00	10,266	15,515	25,781
Student Nursing Associate	4.00	5.00	19,607	28,977	48,583
Total ARRS	**844.71**	**819.03**	**12,652,292**	**5,221,854**	**17,822,143**

- The table summarises the 2025/26 Additional Roles Reimbursement Scheme (ARRS) average M1-5 Working Time Equivalent (WTE), M5 WTE and total YTD expenditure from the 1st April 2025 to the 31st August 2025.
- The full ARRS allocation this financial year is within the baseline therefore no drawdown exercise is required.
- The commissioning team are working closely with PCNs to ensure all the claims accrued for 2024/25 are submitted and authorised on the national portal as soon as possible.
- Appendix 2 & 3 shows the WTE/Headcount per role by PCN.

Appendix 1 - 2025/26 M5 Expenditure by Locality

North Central London
Integrated Care Board

Barnet CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	9,240	9,522	(283)	22,176	22,176	0
GMS	17,883	17,734	149	42,921	42,921	0
APMS	306	328	(22)	734	734	0
Other Medical Services	7,402	7,456	(54)	19,564	19,564	0
Total Primary Care Medical Services	**34,831**	**35,041**	**(210)**	**85,395**	**85,395**	**0**

Enfield CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	17,100	17,114	(13)	41,041	41,041	0
GMS	4,083	4,060	23	9,800	9,800	0
APMS	1,257	1,038	219	3,017	3,017	0
Other Medical Services	6,046	5,896	151	15,414	15,414	0
Total Primary Care Medical Services	**28,487**	**28,107**	**380**	**69,272**	**69,272**	**0**

Camden CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	11,167	11,164	3	26,801	26,801	0
GMS	10,837	10,660	177	26,010	26,010	0
APMS	2,141	2,170	(29)	5,139	5,139	0
Other Medical Services	6,983	7,078	(95)	16,220	16,220	0
Total Primary Care Medical Services	**31,128**	**31,072**	**56**	**74,170**	**74,170**	**0**

Haringey CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	11,511	11,354	157	27,627	27,627	0
GMS	8,914	8,831	82	21,393	21,393	0
APMS	2,357	2,862	(506)	5,656	5,656	0
Other Medical Services	6,094	6,101	(7)	15,146	15,146	0
Total Primary Care Medical Services	**28,875**	**29,148**	**(274)**	**69,823**	**69,823**	**0**

Islington CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	2,038	2,067	(29)	4,892	4,892	0
GMS	16,509	16,265	245	39,624	39,624	0
APMS	2,040	2,371	(331)	4,896	4,896	0
Other Medical Services	5,705	5,686	19	14,172	14,172	0
Total Primary Care Medical Services	**26,292**	**26,388**	**(96)**	**63,583**	**63,583**	**0**

Appendix 2 - 2025/26 ARRS WTE per role per PCN as at M5

NHS
North Central London
Integrated Care Board

PCN	Advanced Dietician Practitioner	Advanced Nurse Practitioner	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Care Coordinator	Clinical Pharmacist	Dietician	Digital and Transformation Lead	Enhanced Practice Nurse	Experienced General Practice Nurse	First Contact Physiotherapist	General Practice Assistant	GP (ARRS)	Health and Wellbeing Coach	Healthcare Support Worker	Mental Health Practitioner Band 7	Mental Health Practitioner Band 8a	New to General Practice Nurse	Nursing associate	Occupational therapist	Paramedic	Pharmacy Technician	Physician Associate	Social Prescribing Link Worker	Student Nursing Associate	Grand Total
BARNET 1D PCN						6.01	1.67		0.95			1.47	2.00	1.46									1.00		1.89		**16.44**
BARNET 1W PCN				1.87		1.48	1.80	0.60	1.00			1.00	3.00		0.80			1.00					1.00		1.32		**14.87**
BARNET 2 PCN						15.43	5.54		1.00			3.43											1.00		6.69		**33.09**
BARNET 3 PCN						9.43	6.15	0.13				2.00		0.89	1.60								2.00		5.00		**27.19**
BARNET 4 PCN				2.00		3.53	2.05		1.00			1.03			1.80								0.87		3.27		**15.55**
BARNET 5 PCN	1.00	0.75				3.00	7.94		1.00	0.40		2.00		1.00		0.40	1.00								1.49		**19.98**
BARNET 6 PCN				2.00		2.22	9.87		0.85			1.00	0.80	1.83										1.80	1.91		**22.28**
CENTRAL 1 ISLINGTON PCN						2.00	7.71		1.00															2.21	3.00		**15.93**
CENTRAL 2 ISLINGTON PCN							11.17		0.50	0.21				1.34											3.00		**16.22**
CENTRAL CAMDEN PCN			1.00			5.00	8.95		1.00			1.00			0.80								2.00	9.71	1.80		**31.25**
CENTRAL HAMPSTEAD PCN				1.07		1.00	1.53		1.00	1.07			2.00	1.00								1.00		7.27	0.67		**17.60**
EDMONTON PCN						2.00	3.60		1.00					0.32	1.00									5.00	1.00	1.00	**14.92**
ENFIELD CARE NETWORK PCN		0.80				2.57	13.16		1.00				13.23	2.11			1.00			1.13		0.40	0.60				**36.00**
ENFIELD SOUTH WEST PCN						4.00	11.00		1.00					0.80								1.00			1.00		**18.80**
ENFIELD UNITY PCN			2.00	1.00		15.91	18.84	1.00	1.00			2.00	3.35	0.67	1.00								1.43	16.16	2.53		**66.88**
HARINGEY - EAST CENTRAL PCN						3.73	5.13					1.00		1.02	1.81									5.75	4.61		**23.06**
HARINGEY - N15/SOUTH EAST PCN						3.80	7.15			0.80			3.95	0.77			1.00						2.00	2.76	2.43		**24.65**
HARINGEY - NORTH CENTRAL PCN						15.10	6.64		0.50			2.49		2.28	1.00							1.39			2.00		**31.40**
HARINGEY - NORTH EAST PCN		1.07				6.19	5.51					2.00	3.20	0.82					2.00				1.00	2.00	1.47		**25.25**
HARINGEY - NORTH WEST PCN		1.00				7.68	8.67						3.00	1.93											2.00	1.00	**25.28**
HARINGEY - SOUTH WEST PCN		1.87				2.12	8.55				0.43	1.00	4.21	0.88						0.40		0.53		0.64	1.40	1.00	**23.02**
HARINGEY - WELBOURNE PCN		0.80				9.96	6.59		1.00			0.21	4.43	1.00						1.00			1.60	2.03	1.80		**30.41**
KENTISH TOWN CENTRAL PCN						4.39	6.73						3.73	3.00						2.80				2.89	4.60		**28.15**
KENTISH TOWN SOUTH PCN			1.00			3.40	7.20		1.00				2.00	0.32											1.00		**15.92**
NORTH 1 ISLINGTON PCN		0.57			1.00		7.60		1.60			0.50	1.80	2.38				0.96		0.91	0.40	0.64	0.40		3.00		**21.76**
NORTH 2 ISLINGTON PCN		0.53		11.75	0.67	11.55	2.88	0.10					4.89	2.64		1.00		1.00					1.67	8.00	2.00		**48.68**
NORTH CAMDEN PCN		1.00				2.00	4.60						5.38	2.41						1.00				10.36	2.00		**28.75**
SOUTH CAMDEN PCN						1.00	6.00		0.80	0.75			13.72	1.57											1.00		**24.84**
SOUTH ISLINGTON PCN					0.50	3.51	11.53		1.00	0.27		3.47		1.92								1.63	3.16		4.00		**30.99**
WEST AND CENTRAL PCN						2.71	3.00		1.00				4.82	1.60									1.00	5.00	1.00	1.00	**21.12**
WEST CAMDEN PCN						2.72	2.93			0.60			2.36	1.20										5.07	2.00	1.00	**17.88**
WEST ENFIELD COLLABORATIVE PCN						3.99	6.25							3.00								1.64		3.00	1.00		**18.88**
BARNET PCN 7						3.55	4.00					1.00	1.00	1.44									1.00				**11.99**
Grand Total	**1.00**	**8.39**	**4.00**	**19.69**	**2.17**	**160.96**	**221.94**	**1.83**	**20.20**	**4.10**	**0.43**	**26.59**	**82.86**	**41.58**	**9.81**	**1.40**	**3.00**	**2.96**	**2.00**	**7.23**	**0.40**	**8.23**	**21.72**	**89.64**	**71.88**	**5.00**	**819.03**

Appendix 3 - 2025/26 ARRS Headcount per role per PCN as at M5

North Central London
Integrated Care Board

PCN	Advanced Dietician Practitioner	Advanced Nurse Practitioner	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Care Coordinator	Clinical Pharmacist	Dietician	Digital and Transformation Lead	Enhanced Practice Nurse	Experienced General Practice Nurse	First Contact Physiotherapist	General Practice Assistant	GP (ARRS)	Health and Wellbeing Coach	Healthcare Support Worker	Mental Health Practitioner Band 7	Mental Health Practitioner Band 8a	New to General Practice Nurse	Nursing associate	Occupational therapist	Paramedic	Pharmacy Technician	Physician Associate	Social Prescribing Link Worker	Student Nursing Associate	Grand Total
BARNET 1D PCN						15.00	2.00		2.00			3.00	2.00	4.00									1.00		3.00		**32.00**
BARNET 1W PCN				2.00		2.00	2.00	1.00	1.00			1.00	3.00		1.00			1.00					1.00		2.00		**17.00**
BARNET 2 PCN						18.00	9.00		1.00			4.00											1.00		7.00		**40.00**
BARNET 3 PCN						10.00	7.00	1.00				2.00		2.00	2.00								2.00		5.00		**31.00**
BARNET 4 PCN				2.00		4.00	3.00		1.00			2.00			2.00								1.00		5.00		**20.00**
BARNET 5 PCN	1.00	1.00				3.00	12.00		1.00	1.00		2.00		2.00		1.00	1.00								2.00		**27.00**
BARNET 6 PCN				2.00		6.00	12.00		1.00			1.00	1.00	2.00										2.00	3.00		**30.00**
BARNET PCN 7						4.00	4.00					1.00	1.00	2.00									1.00				**13.00**
CENTRAL 1 ISLINGTON PCN						2.00	9.00		1.00															3.00	3.00		**18.00**
CENTRAL 2 ISLINGTON PCN							12.00		1.00	1.00				2.00											4.00		**20.00**
CENTRAL CAMDEN PCN			1.00			5.00	11.00		1.00			1.00			1.00								2.00	11.00	2.00		**35.00**
CENTRAL HAMPSTEAD PCN				1.00		1.00	2.00		1.00	1.00			2.00	1.00								1.00		7.00	1.00		**18.00**
EDMONTON PCN						2.00	4.00		1.00					1.00	1.00									5.00	1.00	1.00	**16.00**
ENFIELD CARE NETWORK PCN		1.00				3.00	15.00		1.00				17.00	3.00			1.00			2.00		1.00	1.00				**45.00**
ENFIELD SOUTH WEST PCN						4.00	11.00		1.00					1.00								1.00			1.00		**19.00**
ENFIELD UNITY PCN			3.00	1.00		22.00	21.00	1.00	1.00			2.00	5.00	1.00	1.00								2.00	19.00	3.00		**82.00**
HARINGEY - EAST CENTRAL PCN						4.00	8.00					1.00		4.00	2.00									6.00	5.00		**30.00**
HARINGEY - N15/SOUTH EAST PCN						4.00	11.00			1.00			6.00	1.00			2.00						2.00	4.00	4.00		**35.00**
HARINGEY - NORTH CENTRAL PCN						22.00	9.00		1.00			4.00		6.00	1.00							3.00			2.00		**48.00**
HARINGEY - NORTH EAST PCN		1.00				7.00	8.00					2.00	3.00	3.00					2.00				1.00	2.00	2.00		**31.00**
HARINGEY - NORTH WEST PCN		1.00				9.00	11.00						3.00	2.00											2.00	1.00	**29.00**
HARINGEY - SOUTH WEST PCN		2.00				3.00	15.00				1.00	1.00	6.00	2.00						1.00		1.00		1.00	2.00	1.00	**36.00**
HARINGEY - WELBOURNE PCN		1.00				12.00	9.00		1.00			1.00	5.00	1.00						1.00			2.00	3.00	2.00		**38.00**
KENTISH TOWN CENTRAL PCN						5.00	7.00						4.00	3.00						3.00				3.00	5.00		**30.00**
KENTISH TOWN SOUTH PCN			1.00			4.00	8.00		1.00				2.00	1.00											1.00		**18.00**
NORTH 1 ISLINGTON PCN		1.00			2.00		8.00		2.00			1.00	2.00	4.00				1.00		1.00	1.00	1.00	1.00		3.00		**28.00**
NORTH 2 ISLINGTON PCN		1.00		16.00	1.00	16.00	3.00	1.00					5.00	3.00		1.00		1.00					2.00	8.00	2.00		**60.00**
NORTH CAMDEN PCN		1.00				2.00	5.00						6.00	4.00						1.00				11.00	2.00		**32.00**
SOUTH CAMDEN PCN						1.00	6.00		1.00	2.00			15.00	3.00											1.00		**29.00**
SOUTH ISLINGTON PCN					1.00	6.00	12.00		1.00	2.00		5.00		7.00								3.00	4.00		4.00		**45.00**
WEST AND CENTRAL PCN						3.00	3.00		1.00				8.00	2.00									1.00	5.00	1.00	1.00	**25.00**
WEST CAMDEN PCN						3.00	3.00			1.00			3.00	2.00										5.00	2.00	1.00	**20.00**
WEST ENFIELD COLLABORATIVE PCN						5.00	7.00							3.00								2.00		3.00	1.00		**21.00**
Grand Total	**1.00**	**10.00**	**5.00**	**24.00**	**4.00**	**207.00**	**269.00**	**4.00**	**23.00**	**9.00**	**1.00**	**34.00**	**99.00**	**72.00**	**11.00**	**2.00**	**4.00**	**3.00**	**2.00**	**9.00**	**1.00**	**13.00**	**25.00**	**98.00**	**83.00**	**5.00**	**1,018.00**

Appendix 4 – 2025/26 DES expenditure as at M5

North Central London
Integrated Care Board

PCN DES Services	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
Assisted Roles Reimbursement Scheme	17,822	17,822	(0)	46,868	46,868	0
Capacity and Access Incentive	1,043	1,043	0	2,503	2,503	0
Capacity and Access Support	2,433	2,433	0	5,840	5,840	0
Care Home Premium	305	305	0	732	732	0
Support Payment - Clinical Director & Leadership and Management	1,136	1,136	0	2,727	2,727	0
Enhanced Access	6,464	6,464	0	15,515	15,515	0
Investment and Impact Fund Achievement	156	156	0	375	375	0
Network Participation Payment	1,277	1,277	0	3,065	3,065	0
Test Site Additional Capacity	1,038	1,038	0	1,558	1,558	0
Total PCN DES Services	**31,675**	**31,675**	**(0)**	**79,182**	**79,182**	**0**

GP DES Services	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
Learning Disability	636	636	0	1,527	1,527	0
Minor Surgery	296	296	0	712	712	0
Violent Patients	123	123	0	295	295	0
Advice & Guidance	228	228	0	548	548	0
Total GP DES Services	**1,283**	**1,283**	**0**	**3,081**	**3,081**	**0**

Appendix 5 - 2025/26 Non-Delegated Locally Enhanced Services as at M5

North Central London
Integrated Care Board

Non Delegated Enhanced Services	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
Locally Commissioned Services	7,102	7,102	0	17,045	17,045	0
Total Non Delegated Enhanced Services	**7,102**	**7,102**	**0**	**17,045**	**17,045**	**0**

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
14 October 2025

Report Title	General Practice Quality and Performance Report	**Date of report**	12 September 2025	**Agenda Item**	4.2
Lead Director / Manager	Becky Kingsnorth, AD for Primary Care Strategy and Change	**Email / Tel**		rebeccakingsnorth@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Tamzin Jamieson, Head of Primary Care Strategy & Change	**Email / Tel**		tamzin.jamieson1@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 Quality and Performance Report supports the work of the Primary Care Committee by providing data and insight into quality, activity and capacity in General Practice across North Central London. In the August 2025 report, alongside regular headline reporting, we provide an update on the first of the regular Collaborative Practice Insight (CPI) meetings. The CPI was held in September, to discuss GP practices identified through published data as having significant negative variation. This internal multi-departmental meeting to collectively consider data and insights held about practices forms a core part of the data driven approach. Also in this report, we cover the results of the Transition and Transformation (T&T) funding practice survey which provides a practice self-assessment of progress towards Modern General Practice Access. The survey provides us with insight as to the point that practices have reached in implementing changes to Modern General Practice. The survey marks the end of the formal Primary Care Access Recovery Plan (PCARP). We continue to report on GP Patient Survey data, looking at the key access questions at borough level. These added layers of data helping to give a broader picture of public perception of access to general practice alongside the practices self-reported perception of access to the practice.				
Recommendation	The Committee is asked to **NOTE** and **COMMENT** on the report.				

Identified Risks and Risk Management Actions	Timeliness and quality of data is known to be variable in some of the national datasets which form the basis of this report. Coding and recording approaches also vary between practices. This risk been mitigated to a degree by work practices were incentivised to undertake two years ago to improve the quality of the GPAD appointments dataset, and ICB internal work to improve data quality in the NWRS workforce dataset. HoweveR, we know that variation in approach to recording activity persists. Overall, the value of using this data to demonstrate the quality and volume of work General Practice delivers outweighs the risk of making judgements based on poor quality data. Where outliers or areas of variation are identified in the dataset the ICB's first course of action would be exploratory with the practice to understand why, following up formally as necessary.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.
Engagement	Following the Collaborative Practice Insights meetings described in this report, the primary care team will engage with practices showing as outliers in national data sets to discuss the data and any support needs the practice may have.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	Not applicable.
Next Steps	Embed 25/26 routine Collaborative Practice Insight (CPI) meetings, to be held to discuss identified outlier practices – with the aim of offering targeted support. Continuation of improvement and build of the Q&P dashboard
Appendices	Q&P Dashboard headline report

NHS
North Central London
Integrated Care Board

General Practice Quality & Performance Report

Primary Care Committee, October 2025

Introduction

In the October 2025 report we provide an update on the first of the regular Collaborative Practice Insight (CPI) meetings, held in September to discuss GP practices identified through published data as having significant negative variation. This multi-departmental meeting to collectively consider data and insights held about practices forms a core part of the data driven approach.

Also in this report, we cover the results of the Transition and Transformation (T&T) funding practice survey which provides a practice self-assessment of progress towards Modern General Practice Access. Providing us with insight as to the point that practices have reached in implementing changes to Modern General Practice. The survey marks the end of the formal Primary Care Access Recovery Plan (PCARP). We continue to report on GP Patient Survey data, looking at the key access questions at borough level. These added layers of data helping to give a broader picture of public perception of access to general practice alongside the practices self reported perception of access to the practice.

The report includes:

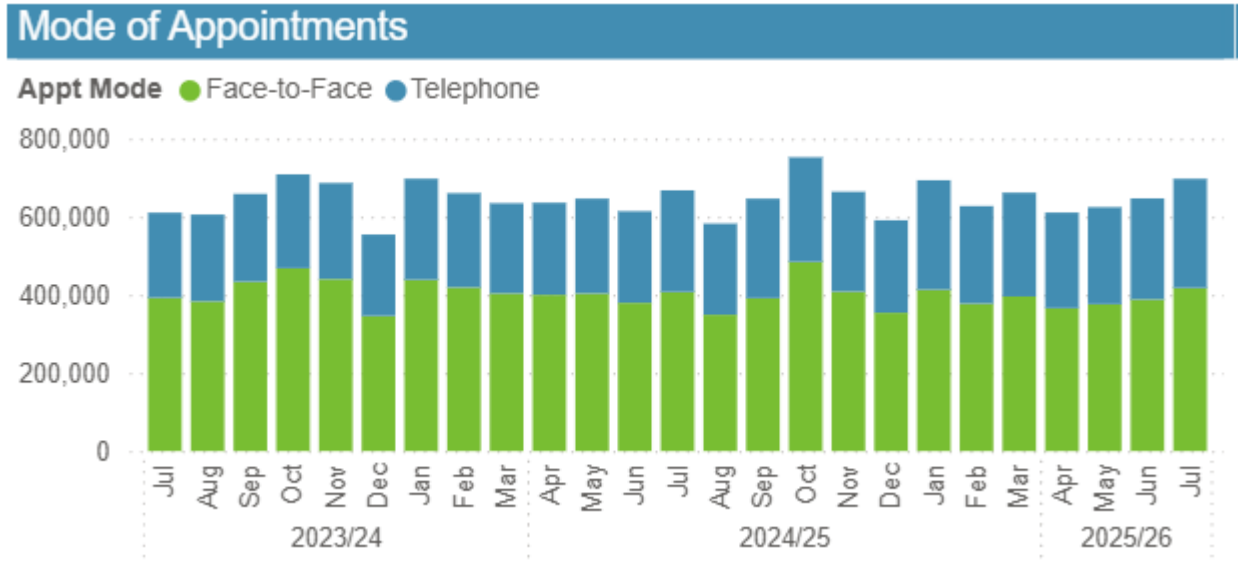
- Standard quality and performance headlines
- Update on our first Collaborative Practice Insight (CPI) meeting
- Transformation and Transitional Funding practice survey analysis 2025
- GP Patient Survey 2025 at borough level

Appendices provide:

- Health Intelligence data analysis over time (waves 1 to 13)
- Transformation and Transitional Funding practice survey: Case Studies
- GP Patient Survey: Practice Level data

Headlines

October Q&P Headlines: Appointments and Contact activity



Appointments in General Practice

- GP practices in NCL delivered a total of 707,271 Face to Face and Telephone appointments in July 2025, 6% more than in July 2024.
  - Telephone appointments have increased by 7% from July 2024 to July 2025 and have increased by 28% from April 2023.
  - Face to Face appointments increased by 5% over the last year and are 9% higher than in July 2023.

While there is a high level of public, press and political focus on the percentage of appointments that take place **face to face**, it is important to note that, as practices implement Modern General Practice access and the related approaches to triage, we would expect the percentage of contacts taking place via **telephone or online** to increase, as contacts related to the triage process are recorded.

Online Consultation submissions/ Online contacts in General Practice

- Online consultation system submissions have increased by **48% from July 2024 (111,434) to July 2025 (164,942)**
- There has been an increase of 12% (17,000 online consultation submissions) since April 2025

Total contacts (includes appointments and online consultation submissions/ online contacts)

- Including the ~30,000 out of hours appointments provided in PCN and borough hub services, NCL recorded approximately 902,000 total patient contacts in July 2025.

October Q&P Headlines: Workforce

Practice Workforce

Latest available primary care workforce data is from June 2025. It shows a continuation of the workforce trends we have seen over the last year.

- Our overall practice-based workforce numbers are stable and continue to rise slowly
- The total practice workforce increased by 3.6% over the year from June 2024. From March 2025 to June 2025 the increase was 0.7% A less than 1% increase was also seen in the previous quarter.
- The *direct patient care* workforce has risen with 10% growth in FTE over the last 12 months and 3.8% since the last quarter.

	Admin/Non-Clinical	Direct Patient Care	GPs	Nurses	**Total**
Jun 2024	1717.3	291.7	723.3	201.2	**2933.5**
Jun 2025	1747.4	320.9	768.7	202.0	**3039.1**
% Change	**1.8%**	**10.0%**	**6.3%**	**0.4%**	**3.6%**

	Admin/Non-Clinical	Direct Patient Care	GPs	Nurses	**Total**
Mar 2025	1740.7	309.3	767.0	200.8	**3017.9**
Jun 2025	1747.4	320.9	768.7	202.0	**3039.1**
% Change	**0.4%**	**3.8%**	**0.2%**	**0.6%**	**0.7%**

Tables from the **NCL Workforce Dashboard**.
Data sources:

- NHSD GP Workforce statistics
- NHSD PCN Workforce statistics
- NHSD National Workforce Reporting Service

PCN workforce

- The National Workforce Reporting Service (NWRS) indicates that overall PCN workforce has increased by 6.3% from June 2024 to June 2025, however 47% of PCNs & 25% of Practices made no changes to NWRS during 24/25. PCNs already submit ARRS workforce numbers for claims and may find the requirement to submit the same numbers to NWRS duplicative.
- Newly Qualified GPs were introduced to PCN reimbursable roles from 1st October. All NCL PCNs have shown commitment to this opportunity and have all recruited to these roles.
- Following the Leng Enquiry we are monitoring the movement of Physician Associate and other direct care roles across NCL. More to follow in future reports.

October Q&P Headlines: Quality & Performance (Q&P) Dashboard

Following the release of the Q&P dashboard as a minimum viable product and after gathering feedback from end users, additional features and changes have been made to the dashboard. As more feedback is shared, the dashboard will iterate further.

Throughout all aspects of this work, we are continuously reviewing and performing data quality (DQ) checks on incoming data and its sources.

There are now two new pages (tabs) in the dashboard. These are recently published and will be expanded upon:

- Key Metrics Trends: This new page in the Power BI allows users to analyse activity across two measures
- Key Metrics Scatter Chart: This view enables ICB Primary Care to focus on one practice or one borough at a time across multiple metrics and shows change over time for each of those areas

The next phase will focus on new metrics (pages) being added to the dashboard including data for the NHS App, online consultations and Start Well. We are working towards incorporating Quality and Safety Strategy metrics in the Q&P Dashboard, including 'Freedom to Speak Up' and complaints.

Please see the Q&P report data pack for the latest practice level data. In addition, headlines from the Q&P dashboard were included in the previous headline slides.

Please note that the distribution of CQC ratings has not changed since June 2025:

- Two practices remain outstanding
- Ten practices are rated as either requires improvement (RI) or inadequate (I)
- All other practices are rated good

October Q&P Headlines: Health Intelligence Survey (HIS)

In this Q&P report it is important to note that from this current wave13, starting 24/6/25, there are significant changes with the introduction of new questions and removal/change of existing questions, including changes to two of the access questions used in this report. This means that we won't be able to directly compare new waves with data from previous waves. However the changes add to the insight the responses give us, so are welcome additions.

Wave 13: NCL, National, Regional comparison Question 009-2

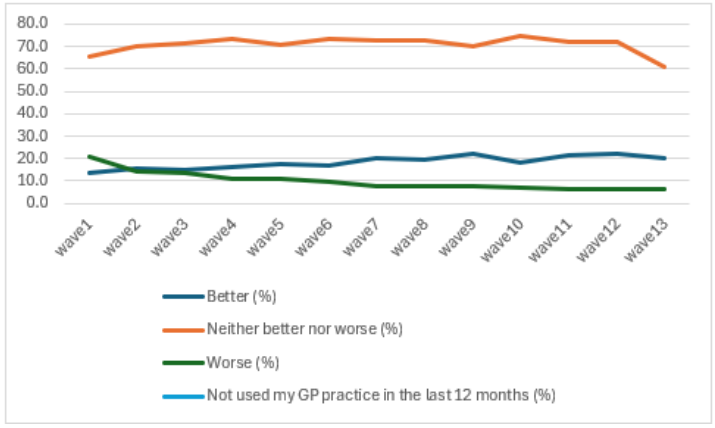
GPP-009-2	London	NCL ICB	NEL ICB	NWL ICB	SEL ICB	SWL ICB	England
	weighted results (% of responses)						
Given a face-to-face appointment	47.4	41.2	57.4	49.9	43.0	45.9	47.1
Given an appointment for a video call	2.0	1.9	2.9	2.6	1.2	1.7	1.3
Call back from GP or healthcare professional	14.6	19.9	12.7	14.8	12.9	14.0	12.1
Received what I needed online or by telephone	18.5	19.7	12.1	20.0	21.7	18.3	20.7
Asked to contact GP practice another day	1.4	1.1	1.3	0.9	1.4	2.4	1.2
Asked to contact 111	0.1	0.0	0.4	0.0	0.1	0.1	0.2
Asked to speak to a pharmacist	0.8	0.5	1.0	0.6	0.9	1.1	0.9
Asked to self-manage	0.2	0.6	0.0	0.1	0.3	0.1	0.4
Asked to seek urgent treatment	0.4	1.9	0.1	0.0	0.3	0.1	0.3
Something else	14.4	13.2	12.1	11.1	18.3	16.4	15.8

Thinking of the last time you made contact with your GP practice, what did you understand the next step would be? And What did your GP practice ask you to do?

- Previously the question read: *009: Actions of those who successfully made contact with their GP practice in the last 28 days (illustrative of a move to modern general practice: better allocating existing capacity to need)*
- An additional response option added: ‘’Given an appointment for a video call’.

NCL continues to deliver fewer Face to Face appointments than both the London and national average. In addition, the number of contacts taking place via telephone or online as well as the newly added ‘video call’ indicate a move towards a Modern General Practice operating model in NCL practices.

Wave 1 to 13: NCL Question 016-2



Over the last 12 months, how do you think the service provided by your GP practice has changed?

- Previously the question read: *016: Perceptions of how the service provided by an individual’s GP practice has changed over the last 12 month (illustrative of a move to modern general practice: Increased overall satisfaction with access to general practice*
- An additional response option added: ‘’Not used my GP in the last 12 months’.

There has been a significant drop of 11.3% in patients rating their practice as ‘neither better nor worse’ than it was 12 months ago. This is directly related to the new question where 13% of patients chose to answer ‘’not used my GP in the last 12 months’.

Patients rating the practice as ‘worse’ than it was 12 months ago has dropped from 20.8 in Wave 1 to 6.3 in Wave 13 (14.5% drop). The downward trend has been stable but slow from wave 7 and continues to drop.

October Q&P Headlines: Contractual deadlines for practices

There are three key contractual requirements of GP practices taking effect from 1 October 2025, related to: 1) online consultations; 2) You and Your General Practice (commitment to patients); and 3) GP connect. This slide and the following slide give information on each.

We will be seeking written assurance (online form) from practices that they are compliant with these three requirements as of 1st October.

1) Online Consultation requirement:

- Online consultation tools must be switched on for the duration of core hours (8am to 6.30pm) for non-urgent requests - routine appointments, medication queries, and administrative tasks
- Practices will be asked to formally confirm this is all in place
- Support is available through national webinars, alongside ICB support provided through our locally procured GP Change Support programme

We have noted the high increase in use of online consultations over the last year (see slide 4), which is a key enabler of the move to a Modern General Practice operational model. We have also noted that across NCL practices, on average, believe that 36% of contacts are made with the practice through online forms (see T&T survey slide 18). We have also noted (in the August Q&P report) that there was a 4% increase in satisfaction from patients who found it easy to contact their practice via the NHS App or the website (online consultation).However we currently only have assurance that online access is enabled and switched on daily. There may be variation across NCL in the times when it is switched on and what type of contacts patients can use it for (admin vs clinical).

From 01/10/2025, practices will be asked to formally confirm this is all in place to handle non-urgent requests - routine appointments, medication queries, and administrative tasks. This will give us assurance that all patients across NCL are able to access the practice through the route they choose during core practice hours. NCL Digital team are working with suppliers to understand what level of reporting they can provide to ICB to monitor compliance. We already monitor the uptake of this access route through the data we have access to.

October Q&P Headlines: Contractual deadlines for practices (continued)

2) You and Your General Practice

- GP practices will need to link to the NHS England published You and Your General Practice (YYGP) document on the practice website
- You and Your General Practice, published by NHS England, sets out the standards patients can expect and how they can support their GP team

In line with the 1st October requirements of the 2025/26 GP contract, the ICB has created a YOU AND YOUR GENERAL PRACTICE page on its patient facing website to allow residents to feedback their experiences of general practice. The ICB webpage hosts an online feedback form which will be monitored via the Enquiries team. The public responses to the form will be used to inform the development of future general practice services. It will also provide us with a source of qualitative and quantitative data across areas/ topics such as, Access, Quality and Safety.

3) GP Connect Access Record requirement

- Practices are required to ensure GP Connect functionality is enabled in their clinical system

This allows:

- Read only access to patients' care records. This will apply to other NHS commissioned providers for direct patient care and also to providers of private healthcare where the private provider obtains explicit permission from the patient to access their NHS GP care record and they are providing direct care to the patient
- Community Pharmacy registered professionals to send consultation summaries into the GP practice workflow

Benefits of this:

- Improved patient safety: Timely updates reduce risks like over-prescribing and antimicrobial resistance
- Reduced admin burden: No need for manual transcription from emails or letters
- Faster information sharing: Updates are visible to other healthcare professionals and patients via the NHS App

Collaborative Practice Insight meeting: Practices with significant negative variation

Collaborative practice insight meeting: Update

An internal multi-departmental meeting to collectively consider data and insights held about practices forms a core part of the data driven approach. This approach was first used as part of the PCARP programme to determine which practices may need help in moving to Modern General Practice Access. Following that process we could see the value of making this a regular exercise, considering a broader range of data, to identify practices where extra support may be required. We have named these meetings Collaborative Practice Insight meetings (CPI)

- Our data identified 33 practices across NCL where there was significant negative variation across a number of areas.
- 12 of these practices were already known to the primary care contracting team and various interventions were already in place so they were excluded from the list, as the aim of the meeting is to support – not performance manage.
- Six practices were discussed in the first meeting.
- **The names of practices discussed will be shared with PCC only after it has been possible to have a conversation with each practice about the potential support needs identified.**

Teams represented at the CPI:

- Primary Care
- Estates
- Digital and GP IT
- Medicines Management
- Prevention and Vaccination
- Quality and Safety (Nursing and Medical directorates)
- Borough Integration Units (Place)

Attendees brought their own insights to the meeting. This made for a rich and varied discussion. In addition to this we also considered the practice's perception of themselves,– looking at the Transition and Transformation (T&T) funding survey that practices completed recently (see later slides).

Support suggestions included:

- Practice visits/meetings of an informal nature or the offer of a facilitated Support Level Framework (SLF) conversation
- Planning, Operations and Improvement team supporting engagement between the practice and the Prevention and Vaccination team
- Engaging with the federation/ PCN to support the practice
- Offering locally commissioned Change Support to help practices with Demand and Capacity issues or help practices to move to total triage
- Referring to the Cancer Alliance to support certain practices
- Freedom to Speak Up Guardian to support discussion with the practice

Next Steps:

- To make the support offer discussed in the CPI to the 6 practices discussed
- To make the CPI a routine meeting where new practices are discussed and practices previously discussed are reviewed
- To expand to include practices with significant positive variation

Transition & Transformation Funding: Practice Survey

Transition & Transformation funding: background

- As part of the Primary Care Access Recovery Plan (PCARP), practices were allocated Transition and Transformation funding, intended to support the move towards the nationally described Modern General Practice model.
- Practices were able to access funding in either 2023/24 or 2024/25.
- Having reached the end of the formal 2-year national PCARP programme we aimed to understand the point that practices have reached in implementing changes. As a result, we asked practices in NCL to complete a survey outlining what they have achieved in implementing Modern General Practice (MGP).
- In total we received responses from 173 out of 175 NCL practices. The following slides outlines some of the key findings.
- NB: in the same way that the GP Patient Survey is data based on a patient's perception of their practice, this T&T survey is databased on a practice's perception of its move towards Modern General Practice.

The questions asked of practices were grouped around the 5 elements of the Modern General Practice model. For each element we asked one or two lead questions and where possible asked for data that could be compared across practices (numeric data). Questions as follows:

1 - Optimising contact channels:
- Are all the following contact channels available for patients to request appointments (telephone, online, in person)? What is the approximate percentage split?

2 & 3 - Structured information gathering and using one care navigation (and workflow) process across all access channels:
- To what extent do you have in place a structured approach to information gathering at the point of patient contact that supports systematic assessment and prioritisation efficiently, safely and fairly based on need across all access channels? (moving away from 'first come first served approach') Including digital inclusion.

4 - Better allocating existing capacity to need:
- To what extent do you feel that the above process enables your practice to make full use of a multi-professional primary care team, community services and 'self access' options where appropriate, helping GPs and practice staff to optimise use of their time to where it's needed most?

5 - Building capability in general practice teams:
- To what extent do you feel you have the skills, expertise and resources within your practice or PCN to access, understand and use data, digital tools and shared knowledge to lead, plan, implement, improve and sustain change?

Transition & Transformation funding: Headlines

Access Routes (optimising contact channels):

- NCL average for the use of the access routes (based on practice self reporting) shows telephone as the preferred route at 48%, followed by online at 36% and walk in's at 16%
- There was great variability in responses to this question by practice eg: some practices responded that 100% of contact was through telephone contact and others reported 5% telephone contact

Using fair and structured triage (Structured information gathering and using one care navigation (and workflow) process across all access channels):

- Majority of practices rated themselves between 6/10 & 10/10 (scale of 1 to 10) in their confidence with their use of triage
- Practices with a large list size were more likely to rate themselves highly in their triage confidence than practices with a small list size
- The vast majority of responses showed consideration of patient levels of digital engagement and choice of method in accessing the practice

Use of multi-professional teams (Building capability in general practice teams):

- The practices identified additional support needs and strategies that have helped them make progress in this area including the roles of PCN Digital Transformation Leads/ Digital Champions which were mentioned as very useful and helpful as were specific IT systems
- For the multi-professional team working there was a lot of variation reported but the majority of practices rate themselves as medium-high.

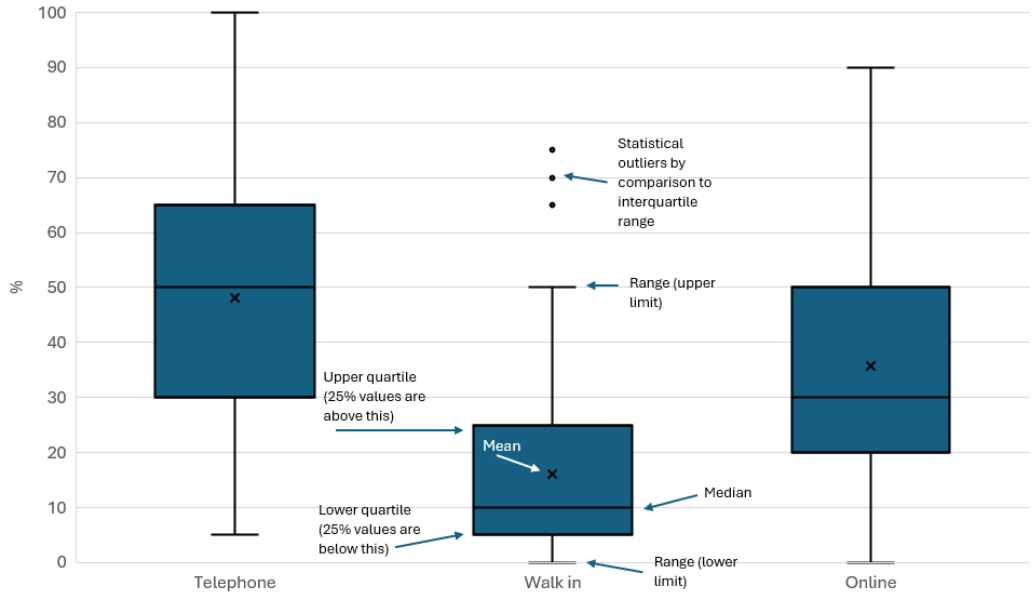
Transition & Transformation funding: access routes (telephone, walk in and online)

Question: *please provide an approximate/estimated percentage split between activity across the three access routes for requests for patient appointments – telephone, walk-in, online*

NCL average for the use of the access routes shows telephone as the preferred route at 48%, followed by online at 36% and walk in's at 16%.

There was great variability in responses to this question by practice, which is visualised in the boxplot on the right, showing the range, average, median and 25th percentiles of responses (labelled on the diagram). This box plot shows that responses were very variable with, for instance, some practices reporting almost all patients access via telephone while others reported only 5% of patients use telephone access.

All excluding responses that did not sum to 100%	Telephone	Walk-in	Online
NCL Average	**48%**	**16%**	**36%**
Islington	45%	16%	39%
Camden	49%	19%	31%
Barnet	50%	12%	37%
Enfield	46%	13%	41%
Haringey	49%	21%	30%



The graph above shows that there is a high level of consistency across NCL boroughs with regard to the split of activity across access routes

In response to this question, 2 practices reported 0% of patients access the practice through online forms and 5 practices indicated that they do not allow patients to walk in and book an appointment. This finding aligns with recurring patient feedback which suggests that some practices restrict walk ins appointment booking. We are clarifying contractual requirements with these practices.

To note: 18 practices provided inconsistent responses to these questions and as such have been excluded from the analysis.

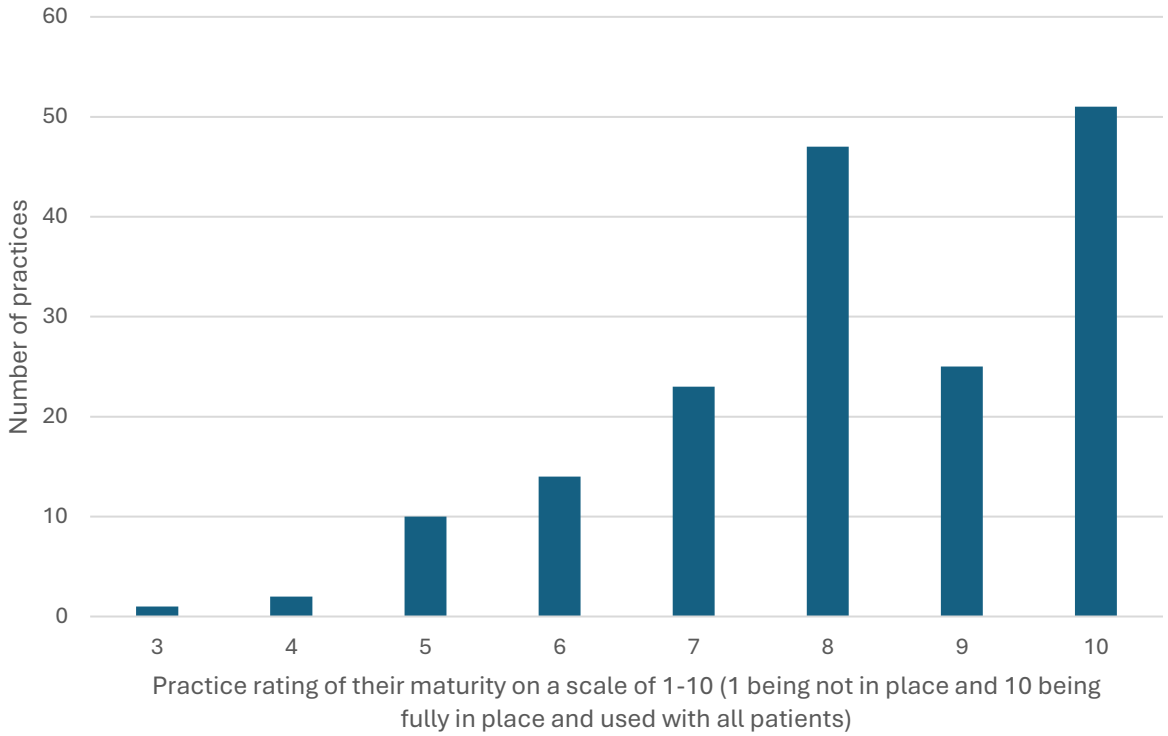
Transition and Transformation Funding: use of fair and structured triage

Question*: To what extent do you have in place a structured approach to information gathering at the point of patient contact that supports systematic assessment and prioritisation efficiently, safely and fairly based on need across all access channels? (moving away from 'first come first served approach')*

As shown on this graph, broadly practices in NCL feel confident about their use of triage. However, a small number of practices rated themselves as a 3 or 4 in this area, indicating that they are aware that there is still progress to be made.

Looking at this same data (see following slide), analysed by list size, it is possible to see a positive correlation between organisation size and maturity of triage processes.

A – NCL level data



Transition & Transformation funding: use of fair and structured triage

Question*: To what extent do you have in place a structured approach to information gathering at the point of patient contact that supports systematic assessment and prioritisation efficiently, safely and fairly based on need across all access channels? (moving away from 'first come first served approach')*

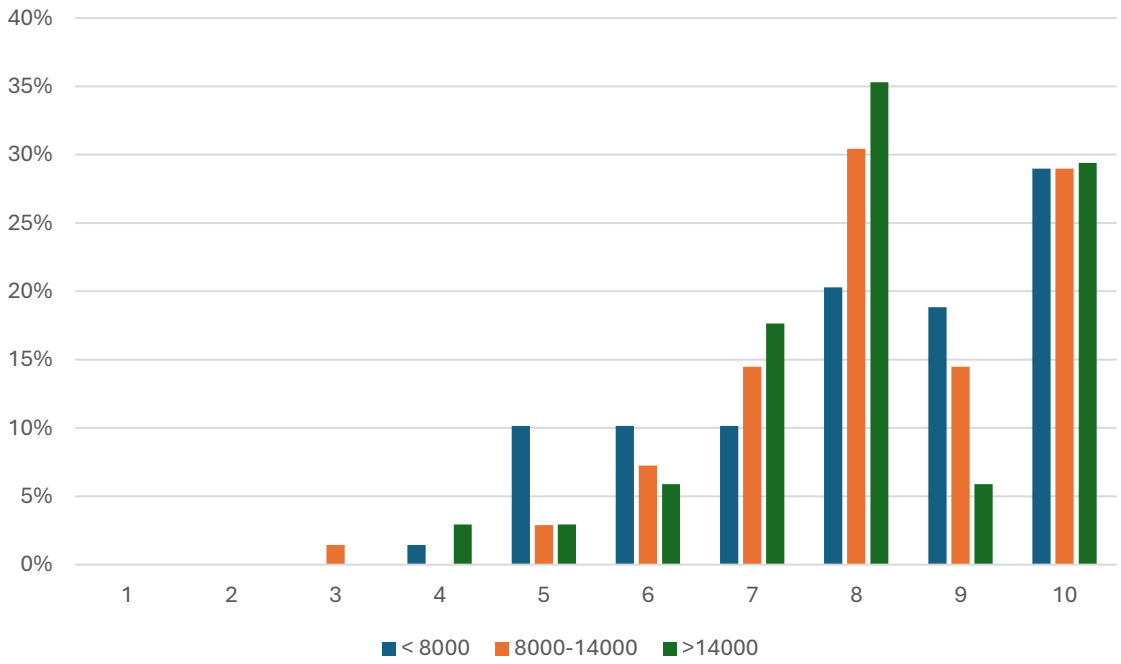
Practice responses indicate that larger organisations may have more consistent processes or resources that support higher maturity, while smaller organisations vary more depending on localised factors which may include things like leadership or capacity.

- List size >14000 tend to cluster around higher maturity levels
- Mid-sized practices with a list size of 8000-14000 also show a strong presence at higher maturity levels
- In contrast, smaller practices with fewer than 8,000 patients show a more varied picture, with responses spread across a wider range of maturity levels.

Included Appendix 2 are 3 case studies which illustrate different ways in which digital access is implemented - not as a representation of three maturity levels, but as real-life examples of how digital access functions in practice. They demonstrate how the data from this survey aligns with patient experience data.

In the three examples shown, list size was not considered but happens to follow the trend that the Modern General Practice operating model is easier for larger practices to implement.

B – NCL data stratified by list size



Transition & Transformation funding: digital inclusion

Question: What is your approach for patients that indicate they are unable to use an online form to provide information about their needs?

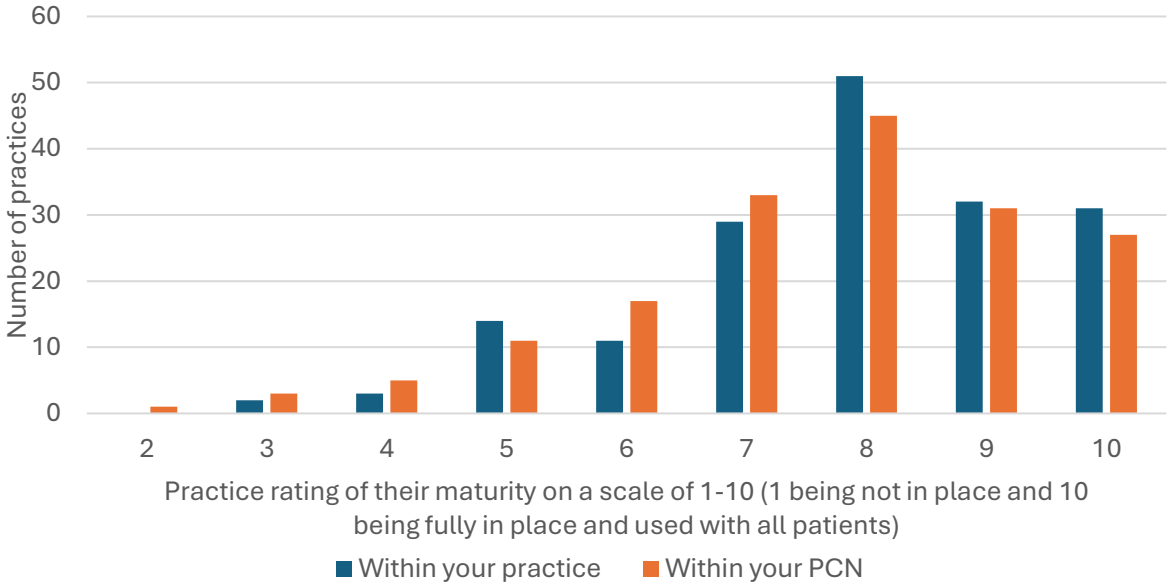
The vast majority of responses show consideration of patient levels of digital engagement. Practices describe managing digital exclusion by:

- Allowing patients to walk in/ access via telephone
- Reception/care navigation staff helping the patient to complete forms. EConsult Lite is often used in such scenarios
- Patients can use a paper form
- Allowing proxy submissions from carers/ relatives

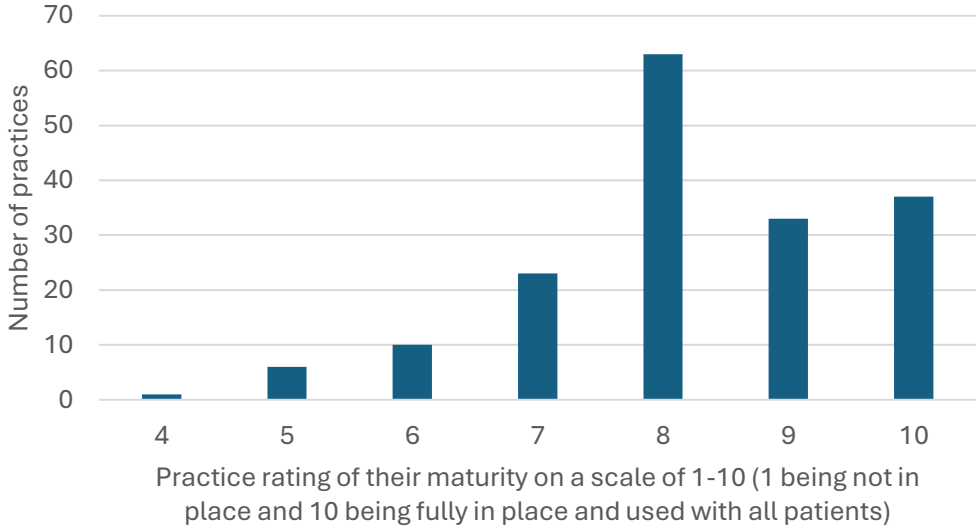
A small number of practices note doing this work proactively. For instance, flags are available in the records of those patients who experience digital exclusion meaning staff are aware and prepared to support these patients proactively. One practice noted that the Social Prescribing Link Worker contacts vulnerable patients regularly enabling opportunities for support around access. Some practices also offer training to support patients in learning how to use the online system to request an appointment.

Transition & Transformation funding: use of multi-professional teams

Question: *To what extent do you feel you have the skills, expertise and resources within your practice or PCN to access, understand and use data, digital tools and shared knowledge to lead, plan, implement, improve and sustain change?*



Question: *To what extent do you feel that the above process enables your practice to make full use of a multi-professional primary care team, community services and 'self access' options where appropriate, helping GPs and practice staff to optimise use of their time*



Broadly, practices in the same PCN gave similar responses about their PCNs maturity using data, digital tools and shared knowledge to create change.

The practices also identified additional support needs and strategies that have helped them make progress in this area:

- PCN Digital Transformation Leads/ Digital Champions were mentioned as very useful and helpful
- Specific IT systems were mentioned as very useful or as being needed

For the multi-professional team working there was a lot of variation reported but the majority of practices rate themselves as medium-high.

GP Patient Survey (GPPS) 2025
Borough level analysis

GP Patient Survey 2025: Improving patient experience of access

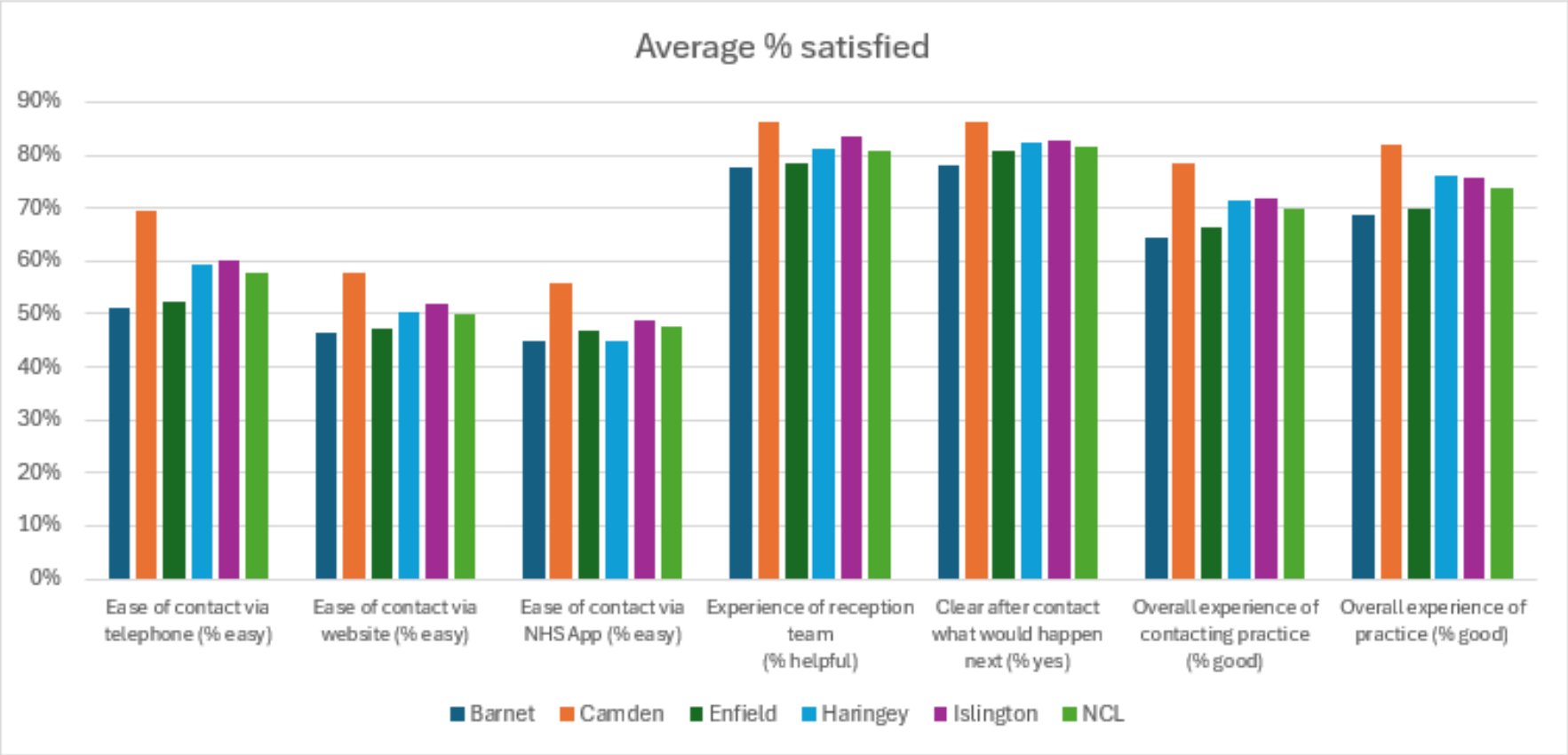
In August we gave PCC a summary of the results from the 2025 GP Patient Survey at NCL level. We compared the results with NCL results from 2024 and also compared the results with the national averages.

We noted that across NCL there was a positive improvement in patient satisfaction across the key access questions.

We have now completed analysis at borough and practice level and these findings are reported here.

- Overall satisfaction with practices across key access questions has increased, as reported in the August Q&P report
- Camden has the highest levels of satisfaction across the key access questions and Barnet the lowest
- Broadly our Boroughs are in a similar position with fairly consistent average results

GP Patient Survey 2025: Borough Level



Looking at the data aggregated by borough helps us to pull out differences:

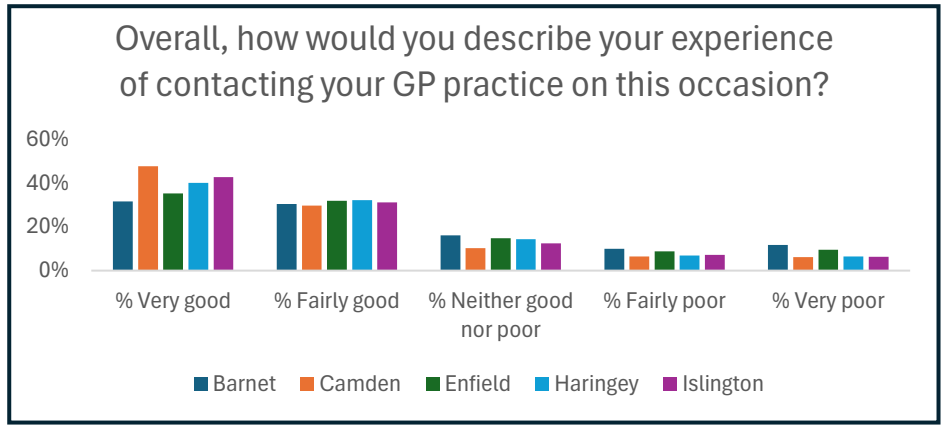
- Camden generally has the highest levels of good scores across all of the 4 questions explored. In particular they have higher positive results when compared to other Boroughs for ease of contacting the practice on the phone
- Barnet practices tend to have the lowest % of positive scores
- Broadly our Boroughs are in a similar position with fairly consistent average results.

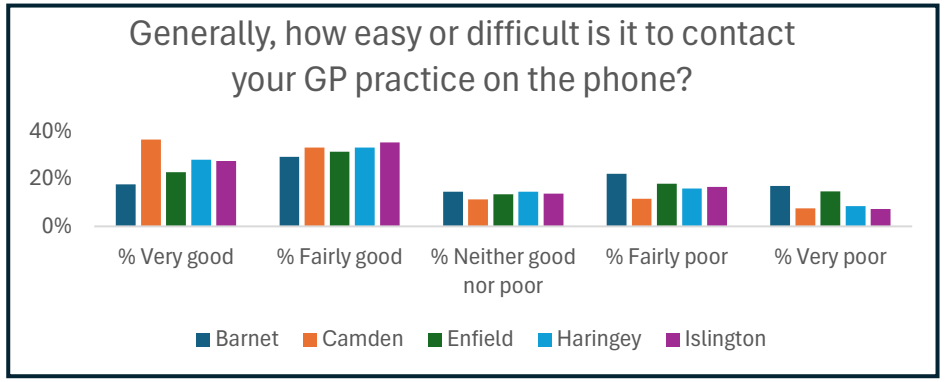
This graph shows the percentage achievement by borough, across key access questions in the GPPS – reporting the positive responses (average % satisfied).

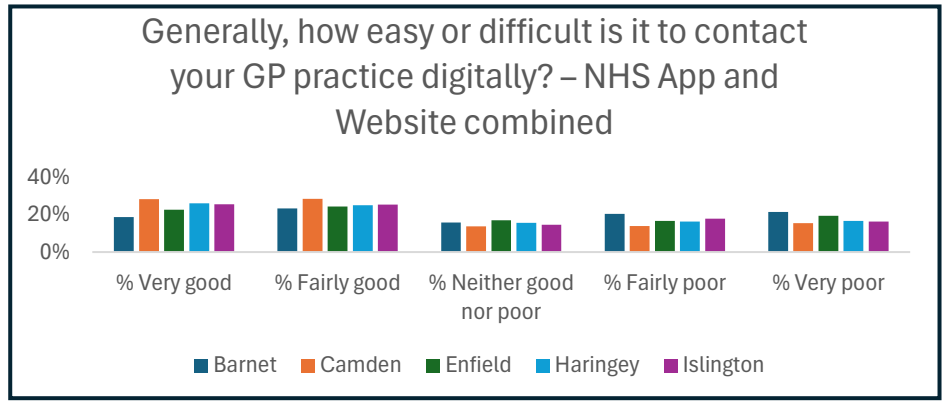
It is notable is that although there was improvement in all these questions (as reported in the August Q&P report), this graph shows a lower percentage of patients report finding individual methods of contacting the practice easy (telephone, website and NHS App), compared to their overall experience of contacting the practice.

This points to more improvement needing to be made in the methods of contacting the practice.

GP Patient Survey 2025: Borough Level







PCC asked us to focus not only on the positive responses but to also report on the negative responses.

We have done this for the three questions relating to experience of contacting the practice. (Note: NHS App and website responses have been combined).

Satisfaction with the experience of contacting the practice has increased from 2024 (as reported in the August Q&P report). However when we look at the questions around methods of contact, there is less difference in the number of responses at each level of satisfaction, from ‘very good’ to ‘very poor’. Responses to the question ‘how difficult is it to contact your practice digitally are fairly flat across all the response options from ‘very good’ to ‘very poor’.

Telephony responses are more weighted towards ‘very good’ and ‘good’. Telephony has been the focus for improvement for longer than digital, with more focus shifting to include digital in the last 2 to 3 years. As such patient satisfaction may follow a similar trajectory to that observed with telephony. There may be less satisfaction during the implementation of robust digital contact processes in the move to a Modern General Practice model.

This is not the case when we look at the results practice by practice. At practice level there is a wide range of achievement (see appendix 3).
This shows there is still work to be done to improve telephone and digital access.

PCC also requested a breakdown of the demographics for the patients who gave the negative responses. Unfortunately this data is not available by response, so this analysis isn’t possible at this time. We intend to focus on health inequalities data linked to Access in future reports.

Conclusion

Conclusion

In this report, alongside regular headline reporting, we expanded upon the patient experience data relating to access, to further support understanding of progress towards the Modern General Practice Access model in NCL. We also looked at this alongside the analysis of the recently completed Transition and Transformation survey outlining what practices believe they have achieved in implementing Modern General Practice (MGP).

GP Patient Survey data and Health Insights data both show that patients are reporting an improving experience of access to general practice and we have started looking not only at the positive responses but also at the negative responses to ensure we are looking at what the data is telling us about both ends of the satisfaction scale. At this point, neither survey gives enough data at response level to look at demographics. We will develop the reporting on health inequalities data in future reports.

We held our first Collaborative Practice Insight (CPI) meeting in September, to discuss GP practices identified through published data as having significant negative variation. These meetings are a core element of the data driven approach and following the success of the first meeting, they will form part of the routine data monitoring, reporting and implementation cycle, where data will be used to highlight negative outliers and also to monitor the impact of intervention.

The Committee is asked to:

- COMMENT on the data presented in this report.

Appendix 1: ONS Health Insights Survey (HIS)

Health Insight Survey

The Health Insight Survey (HIS) is commissioned by NHS England and aims to understand participants' experience of their GP practice and other NHS services, including dental care and pharmacy services.

In this Q&P report we have looked at trends over time, also comparing NCL responses to both London and England responses. It is important to note that for this current wave13, covering the period 24/6/25 – 16/7/25 significant changes with introduction of new questions and removal/change of existing questions has taken place, including two of the access questions used in this report.

In addition new options for answers have been added to questions 009 & 016.

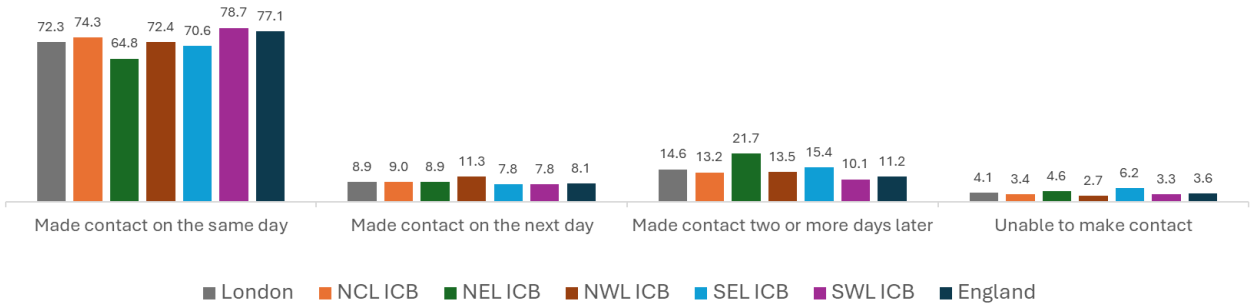
Key Access questions in the ONS HIS:

- **004a: Percentage who were successful or unsuccessful in making contact with their GP practice in the last 28 days** (illustrative of a move to modern general practice: optimising contact channels)
- **007: Actions of those who were unable to make contact with their GP practice in the last 28 days** (noting that this relates more to individual awareness of alternative options, as the individual will not have received signposting support from their practice)
- **009-2: Thinking of the last time you made contact with your GP practice, what did you understand the next step would be? And What did your GP practice ask you to do?**
  - Change from: *009: Actions of those who successfully made contact with their GP practice in the last 28 days (illustrative of a move to modern general practice: better allocating existing capacity to need*
  - Additional response option added: *'*'Given an appointment for a video call'.
- **014a: Perception of overall experience of GP practice, for those who tried to contact their GP practice in the last 28 days** (illustrative of a move to modern general practice: Increased overall satisfaction with access to general practice)
- **016-2: Over the last 12 months, how do you think the service provided by your GP practice has changed?**
  - Changed from: *016: Perceptions of how the service provided by an individual's GP practice has changed over the last 12 month (illustrative of a move to modern general practice: Increased overall satisfaction with access to general practice*
  - Additional response option added *'*'Not used my GP in the last 12 months'.

GPP-004a: Percentage who were successful or unsuccessful in making contact with their GP practice in the last 28 days

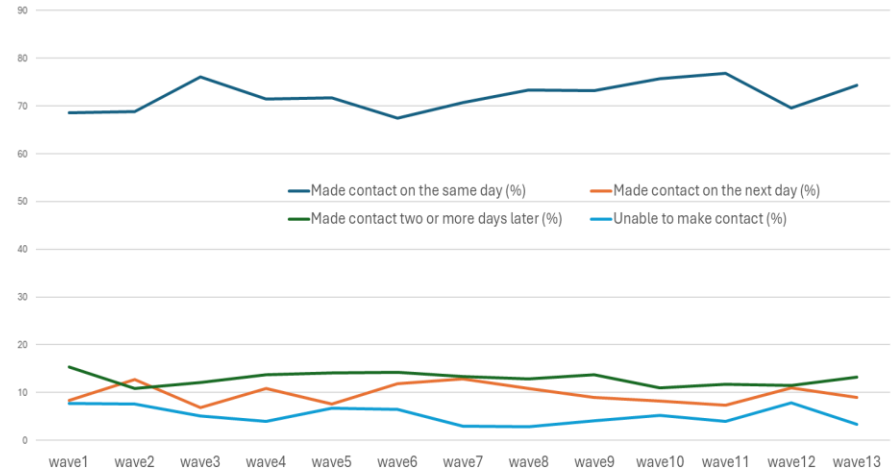
Wave 13 (24/06/25 – 16/07/25): NCL, London ICBs, Region, National

GPP-004a	London	NCL ICB	NEL ICB	NWL ICB	SEL ICB	SWL ICB	England
	weighted results (% of responses)						
Made contact on the same day	72.3	74.3	64.8	72.4	70.6	78.7	77.1
Made contact on the next day	8.9	9.0	8.9	11.3	7.8	7.8	8.1
Made contact two or more days later	14.6	13.2	21.7	13.5	15.4	10.1	11.2
Unable to make contact	4.1	3.4	4.6	2.7	6.2	3.3	3.6



- In Wave 13 NCL patients were still very successful at making contact with their GP practice on the same day, with a higher percentage than three other London ICBs
- In Wave 13 NCL patients were also less likely to be unable to make contact with their practice compared to the London average

Wave 1 to 13: NCL

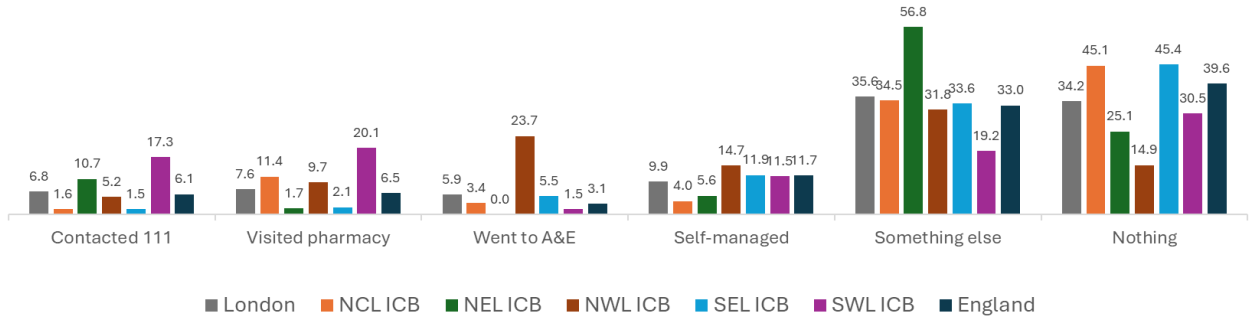


- For the trend over time, there was a slight negative change in direction in wave 12 but this swung back to a positive improvement in wave 13 (14/07/2025).

GPP-007: Actions of those who were unable to make contact with their GP practice in the last 28 days

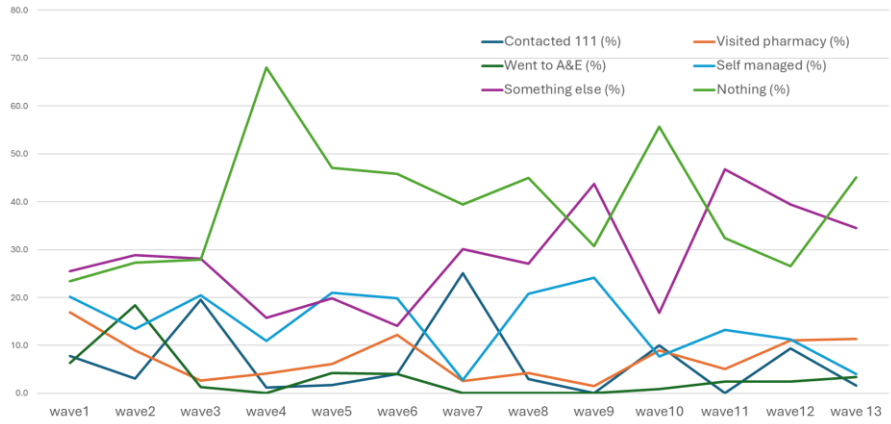
Wave 13 (24/06/25 – 16/07/25): NCL, London ICBs, Region, National

GPP-007	London	NCL ICB	NEL ICB	NWL ICB	SEL ICB	SWL ICB	England	London vs England (diff)
	weighted results (% of responses)							
Contacted 111	6.8	1.6	10.7	5.2	1.5	17.3	6.1	0.70
Visited pharmacy	7.6	11.4	1.7	9.7	2.1	20.1	6.5	1.10
Went to A&E	5.9	3.4	0.0	23.7	5.5	1.5	3.1	2.80
Self-managed	9.9	4.0	5.6	14.7	11.9	11.5	11.7	-1.80
Something else	35.6	34.5	56.8	31.8	33.6	19.2	33.0	2.60
Nothing	34.2	45.1	25.1	14.9	45.4	30.5	39.6	-5.40



- The two most taken actions when unable to make contact with the practice are: Something else and Nothing. We are still exploring with the HIS ONS survey team whether there are any further insights (not formally published) that may help us to understand what actions form part of the 'something else'.

Wave 1 to 13: NCL

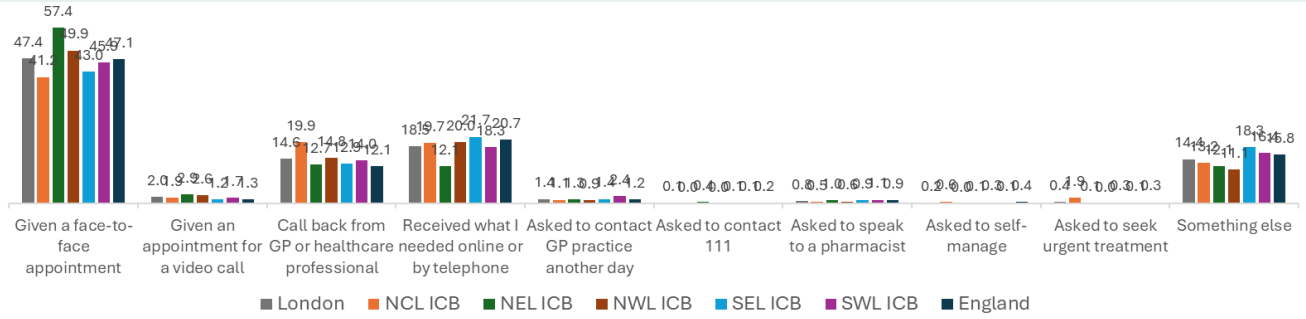


- For responses over time, we can see that there is no trend worth noting – likely linked to the very small numbers responding to this question.

GPP-009-2: Thinking of the last time you made contact with your GP practice, what did you understand the next step would be? And What did your GP practice ask you to do?

Wave 13 (24/06/25 – 16/07/25): NCL, London ICBs, Region, National

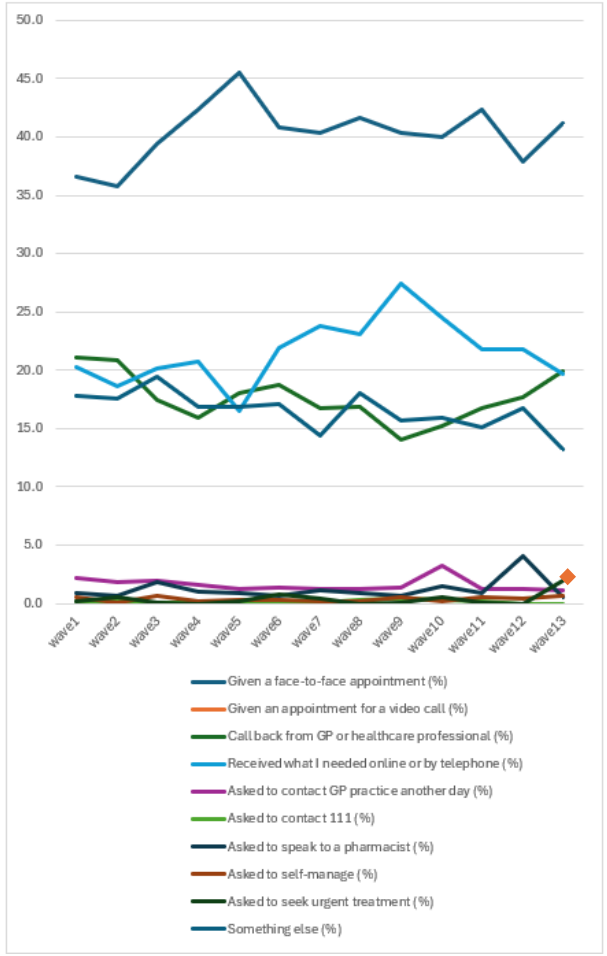
GPP-009-2	London	NCL ICB	NEL ICB	NWL ICB	SEL ICB	SWL ICB	England
	weighted results (% of responses)						
Given a face-to-face appointment	47.4	41.2	57.4	49.9	43.0	45.9	47.1
Given an appointment for a video call	2.0	1.9	2.9	2.6	1.2	1.7	1.3
Call back from GP or healthcare professional	14.6	19.9	12.7	14.8	12.9	14.0	12.1
Received what I needed online or by telephone	18.5	19.7	12.1	20.0	21.7	18.3	20.7
Asked to contact GP practice another day	1.4	1.1	1.3	0.9	1.4	2.4	1.2
Asked to contact 111	0.1	0.0	0.4	0.0	0.1	0.1	0.2
Asked to speak to a pharmacist	0.8	0.5	1.0	0.6	0.9	1.1	0.9
Asked to self-manage	0.2	0.6	0.0	0.1	0.3	0.1	0.4
Asked to seek urgent treatment	0.4	1.9	0.1	0.0	0.3	0.1	0.3
Something else	14.4	13.2	12.1	11.1	18.3	16.4	15.8



- In Wave 13, this question changed from 'Actions of those who successfully made contact with their GP practice in the last 28 days' to 'Thinking of the last time you made contact with your GP practice, what did you understand the next step would be? And What did your GP practice ask you to do?' with an additional response option "Given an appointment for a video call'.

- NCL continues to delivered fewer Face to Face appointments than both the London and national average.
- While contacts taking place via telephone or online as well as the newly added 'video call' indicate a move towards a Modern General Practice operating model in NCL practices.

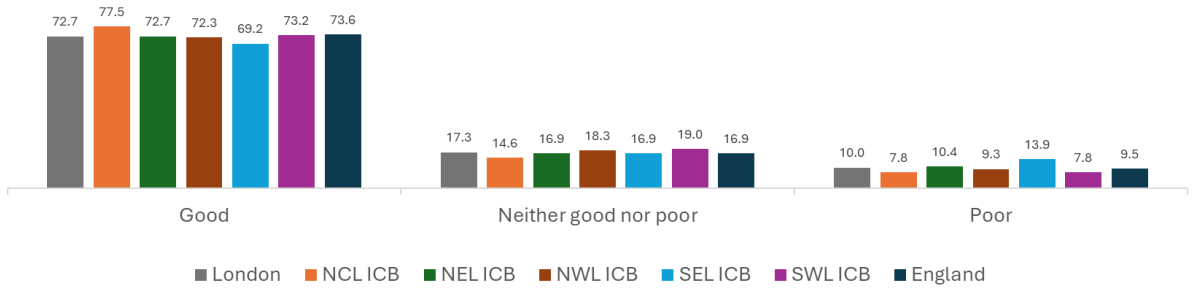
Wave 1 to 13: NCL



GPP-014a: Perception of overall experience of GP practice, for those who tried to contact their GP practice in the last 28 days

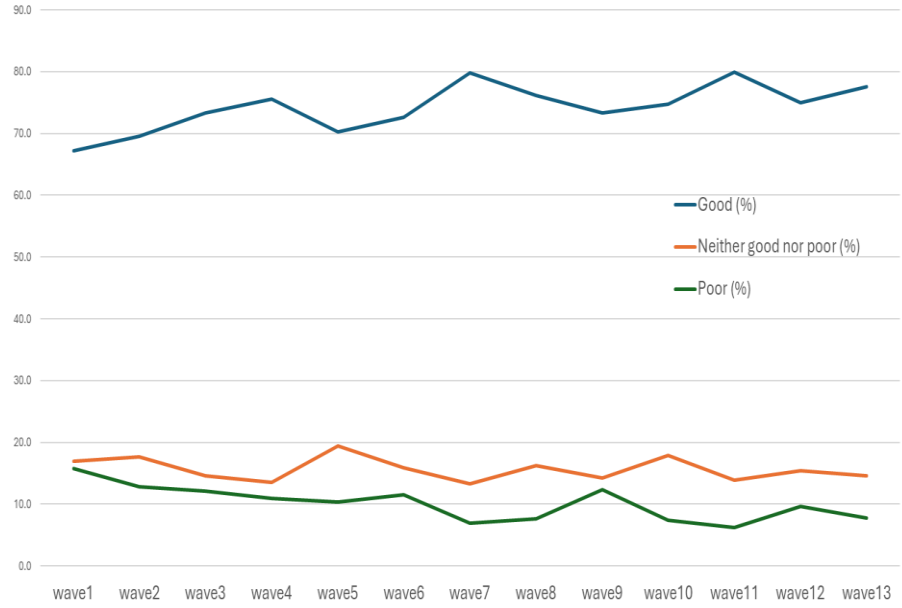
Wave 13 (24/06/25 – 16/07/25): NCL, London ICBs, Region, National

GPP-014a	London	NCL ICB	NEL ICB	NWL ICB	SEL ICB	SWL ICB	England
	weighted results (% of responses)						
Good	72.7	77.5	72.7	72.3	69.2	73.2	73.6
Neither good nor poor	17.3	14.6	16.9	18.3	16.9	19.0	16.9
Poor	10.0	7.8	10.4	9.3	13.9	7.8	9.5



- Consistent with earlier waves, 77.5% of NCL patients rated their perception of overall experience of contacting their GP practice as 'good', which remains more than 4% higher than both the London and national average
- 7.8% of NCL patients rated their perception of overall experience of contacting their GP practice as 'poor', which is the same as SWL ICB and lower than the other three London ICBs, as well as both London and national average

Wave 1 to 13: NCL

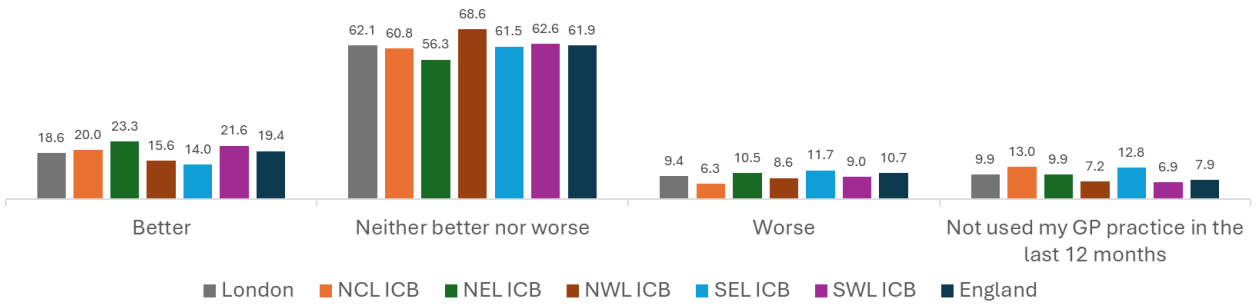


- When we look at the responses over time, we can see that there is a steady trend of improvement from Wave 1 to Wave 13
- It is important to note that as a trend overall experience of contact 'good' is getting better and also less patients rate their practice as 'poor'

GPP-0016-2: Over the last 12 months, how do you think the service provided by your GP practice has changed?

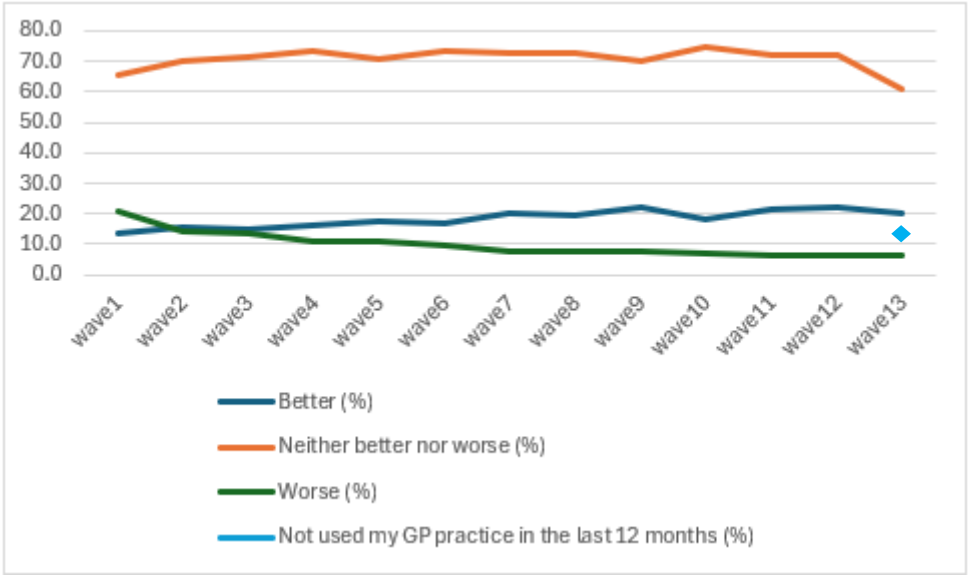
Wave 13 (24/06/25 – 16/07/25): NCL, London ICBs, Region, National

GPP-016-2	London	NCL ICB	NEL ICB	NWL ICB	SEL ICB	SWL ICB	England
	weighted results (% of responses)						
Better	18.6	20.0	23.3	15.6	14.0	21.6	19.4
Neither better nor worse	62.1	60.8	56.3	68.6	61.5	62.6	61.9
Worse	9.4	6.3	10.5	8.6	11.7	9.0	10.7
Not used my GP practice in the last 12 months	9.9	13.0	9.9	7.2	12.8	6.9	7.9



- In Wave 13, this question changed from 'Perceptions of how the service provided by an individual's GP practice has changed over the last 12 months' to 'Over the last 12 months, how do you think the service provided by your GP practice has changed?' with an additional response option "Not used my GP in the last 12 months'.

Wave 1 to 13: NCL



- There has been a significant drop of 11.3% in patients rating their practice as 'neither better nor worse' than it was 12 months ago. This is directly related to the new question where 13% of patients chose to answer "not used my GP in the last 12 months'.
- Patients rating the practice as 'worse' than it was 12 months ago has dropped from 20.8 in Wave 1 to 6.3 in Wave 13 (14.5% drop). The downward trend has been stable but slow from wave 7 and continues to drop.

Appendix 2: Transition and Transformation Funding Survey Case Studies

Transition and Transformation Funding: Case Studies

The responses in the survey show that each practice has a different relationship with access and Modern General Practice with varying approaches to digital access.

The following three Case studies illustrate the different ways in which digital access has been implemented in practices with different levels of digital maturity (self-declared). They demonstrate how the data pulled from this survey aligns with patient experience data.

In the three examples shown, list size was not considered but happens to follow the trend that the Modern General Practice operating model is easier for larger practices to implement.

We also see the improvements made around digital access are acknowledged in patient experience data which shows that access through the NHS app and website is much easier for the practice with high use of digital tools.

Case Study examples

High use of digital access:

This practice was selected as they state they have moved towards Modern General Practice (MGP) using total triage, care navigation and using a wide multi-professional team to deliver this.

High digital access example (list size >14,000):

Telephone	25%
Walk-in	5%
Online	70%

GP Patient Survey Results:

This practice saw improvements in patient experience in 2025 when compared to 2024.

- 80% stated they had an overall good experience of their practice
- 71% they had an overall good experience of contacting the practice
- 91% said it was clear what would happen next
- 75% and 64% respectively stated it was easy to contact the practice via the website and the NHS app.

Operating Model: The practice uses total triage with GPs triaging all medical requests ensuring that patients go to the right person. They are currently implementing processes to ensure that all clinicians triage the same way. The practice reports that along with Accurx, the implementation of total triage has improved the culture at the practice and improved satisfaction for patients.

The practice was confident about their use of triage and multi-professional primary care teams ranking both at a 10.

Case Study examples

Medium use of digital access:

This practice shows some move toward Modern General Practice (MGP) but still plans more work on their model.

Medium digital access example (list size 8000-14000):	
Telephone	50%
Walk-in	10%
Online	40%

GP Patient Survey Results:

When compared to last year, patient experience in this practice increased in some areas and decreased in others although only by small percentages.

- 68% of patients reported having an overall good experience.
- 70% reported a good experience of contacting the practice.
- 89% stated it was clear what the next steps were.
- 52% and 45% respectively felt it was easy to contact the practice via the Website and the NHS app.

Operating Model: The practice describes having e-consult and receiving a portion of their patient appointment requests through online forms. Their PCN DTL supports them with training around data and demand and capacity, and the use of a new phone system has supported in monitoring demand.

They rank their approach to triage at a 6 and state that they plan more work on this. They outline that they're always working on improving their process around using a multi-professional team as they remain overstretched.

DTL: Digital Transformation Lead

Case Study examples

Low use of digital access:

This practice was selected as they are still in the process of moving towards Modern General Practice (MGP)

Low digital access example (list size <8000):

Telephone	60%
Walk-in	30%
Online	10%

GP Patient Survey Results:

In most areas, patient experience at this practice has decreased since 2024.

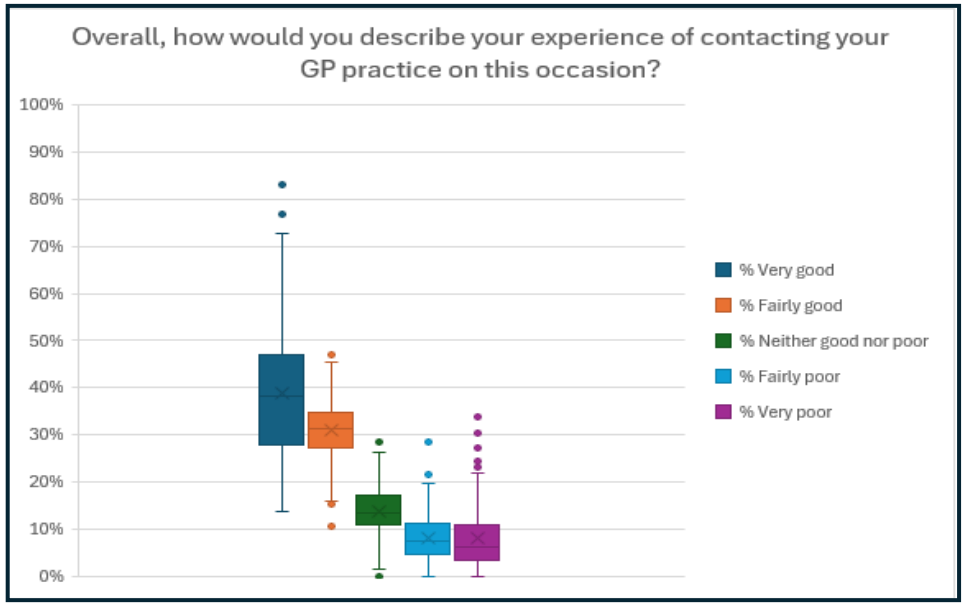
- 72% of patients reported having an overall good experience.
- 71% reported a good experience contacting the practice.
- 81% stated it was clear what the next steps were.
- 32% and 27% respectively felt it was easy to contact the practice via the Website and the NHS app.

Operating Model: This practice describes being in the early stages of implementing some of the principles of MGP. They do have online access available but it is not the primary access route for patients and they describe having work to do on their implementation of MGP.

They state that their process for triage is at a 4 and staff need training around care navigation skills. They rank their use of a multi-professional primary care team at a 5 and describe having not done much engagement with patients yet. They state that they plan to improve their website and signpost and support patients to self-refer where relevant.

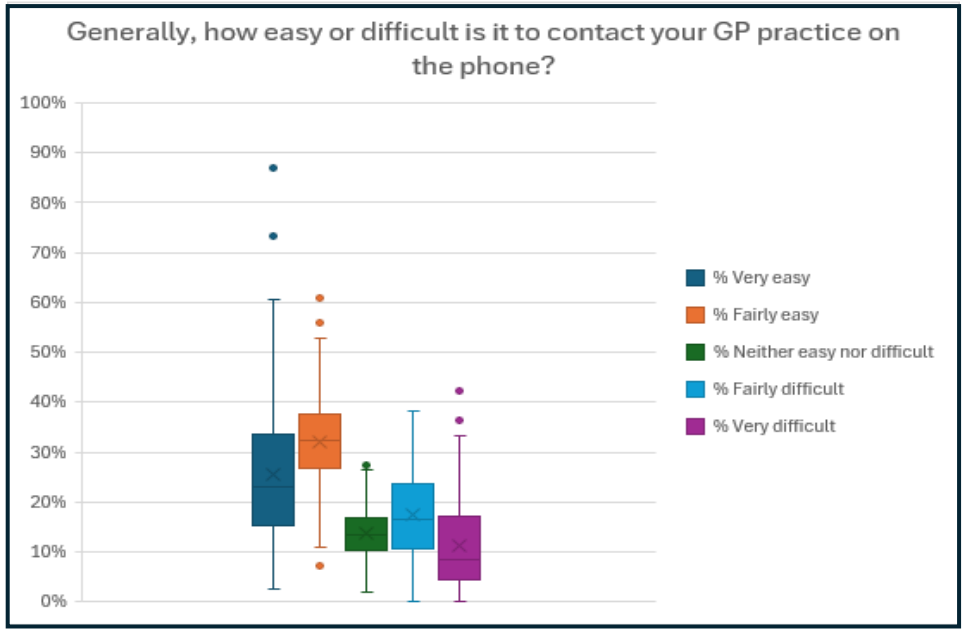
Appendix 3: GP Patient Survey 2025 Practice heatmap by borough

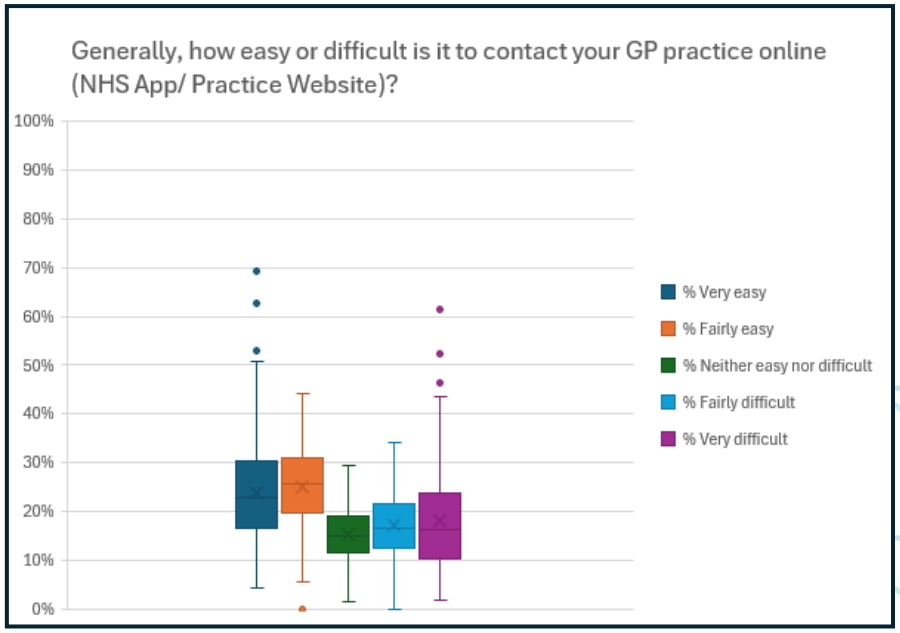
GP Patient Survey 2025: Practice Level



These three box charts show the same data as shown in slide X. This graph allows us to see the range of responses received from practices.

This shows that there is wide variation across practices. This wide variation also exists across practices in the same PCN and borough.





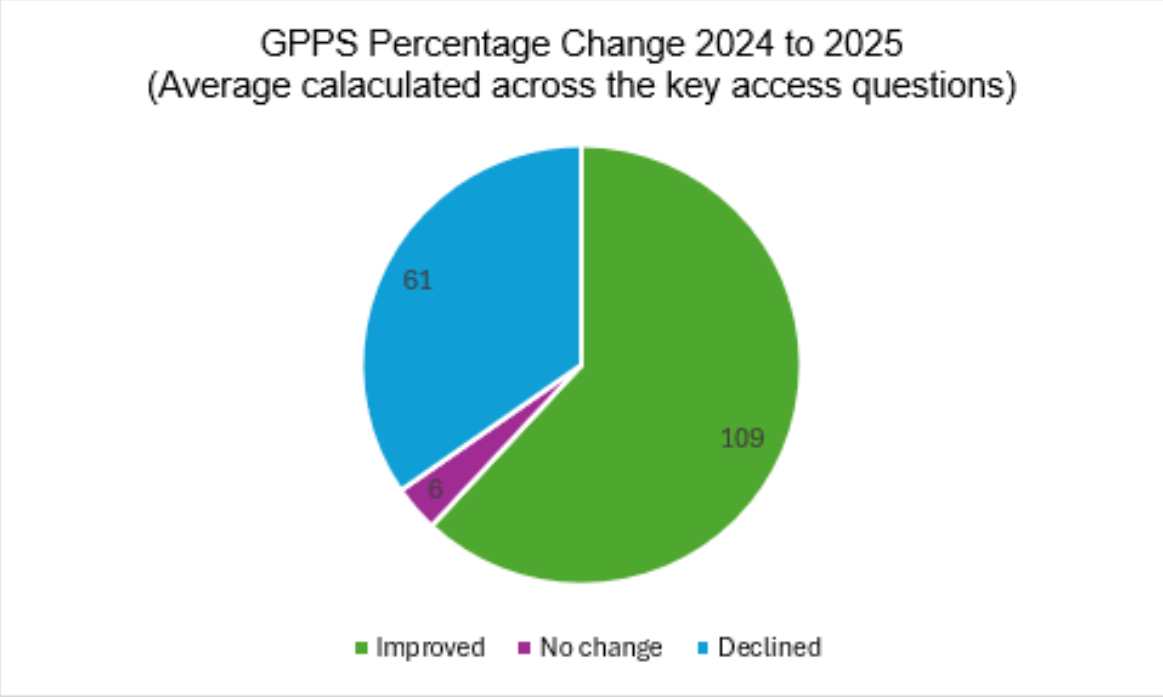
GP Patient Survey 2025: Comparison of practices that received local PCARP support

These two pie charts show the number of practices whose survey results improved, stayed the same or declined, across the key access questions (average percentage).

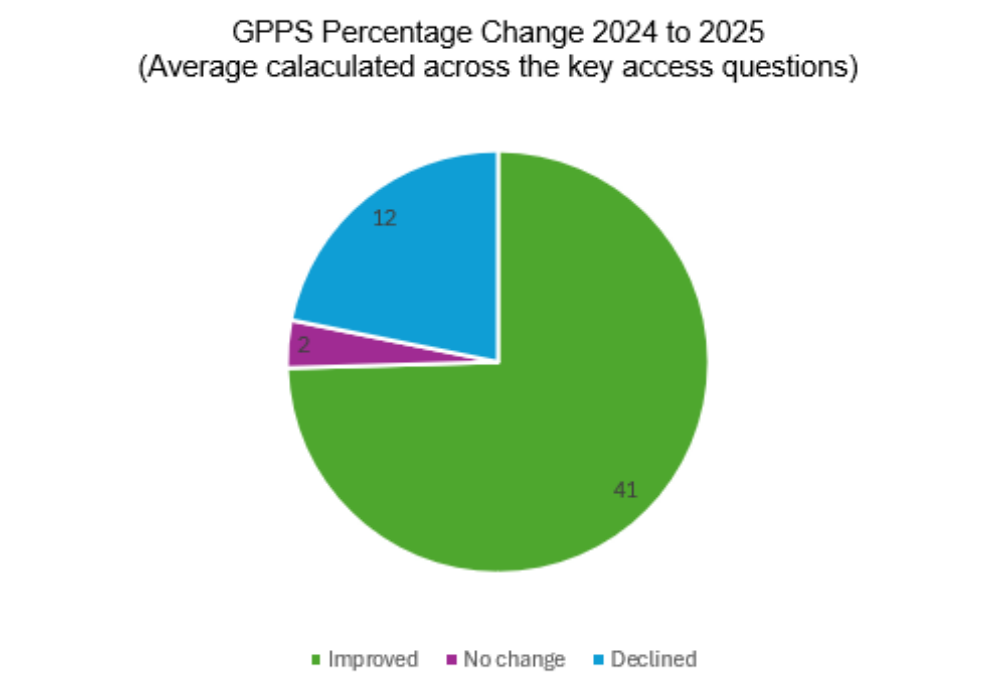
- The chart on the left shows all practices.
- The chart on the right shows practices that received PCARP support prior to the 2025 GP Survey.

As we can see from the chart, a greater proportion of practices that received PCARP support made improvement in these survey questions , following PCARP support, that the majority of practices across NCL.

All NCL Practices



PCARP Practices



GP Patient Survey 2025: Practice level results by borough

GPPS provides us with a huge amount of data at a practice level. As a result, visualising and analysing this data is incredibly difficult.

The following slides show practice level results for 8 key GPPS questions. Results are shown per practice using gradient shading from green (good results) to red (poor results) with colour intensity reflecting how each value compares to others in NCL. Bolding has been used to indicate whether a practices' results are in the lowest scoring 20% of practices in the national dataset.

This enables an immediate view to how a practice has performed compared to both NCL and national practices. And it highlights practices that are consistently getting high/medium/low results.

GP Patient Survey 2025: Practice level results Barnet

			Generally, how easy or difficult is it to contact your GP practice on the phone?				Generally, how easy or difficult is it to contact your GP practice using their website?				Generally, how easy or difficult is it to contact your GP practice using the NHS App?				Overall, how helpful do you find the reception and administrative team at your GP practice?				Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?			Overall, how would you describe your experience of contacting your GP practice on this occasion?				Overall, how would you describe your experience of your GP practice?				How confident are you that you can manage any issues caused by your conditions or illnesses?				In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?		
Borough	Practice code	Practice name	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very helpful	% Fairly helpful	% Not very helpful	% Not at all helpful	% Yes	% No	% contact again	% Very good	% Fairly good	% Fairly poor	% Very poor	% Very Good	% Fairly good	% Fairly poor	% Very poor	% Very confident	% Fairly confident	% Not very confident	% Not at all confident	% Yes, definitely	% Yes, to some exte	% No
Barnet	E83637	COLINDALE MEDICAL CENTRE LP	17%	22%	21%	19%	14%	33%	29%	11%	19%	23%	20%	21%	35%	45%	13%	7%	72%	16%	11%	31%	29%	12%	10%	37%	32%	7%	7%	20%	35%	38%	6%	12%	40%	48%
Barnet	Y03663	HENDON WAY SURGERY	17%	28%	17%	28%	17%	23%	8%	30%	25%	17%	6%	21%	25%	42%	19%	15%	70%	13%	17%	19%	37%	9%	14%	28%	38%	6%	15%	16%	59%	14%	11%	17%	48%	35%
Barnet	E83038	JAI MEDICAL CENTRE	20%	32%	16%	17%	19%	14%	19%	32%	22%	19%	19%	29%	31%	44%	19%	6%	76%	15%	9%	26%	31%	19%	6%	27%	37%	10%	6%	14%	60%	25%	0%	23%	57%	19%
Barnet	E83041	WAKEMANS HILL SURGERY	16%	29%	21%	18%	12%	39%	19%	19%	21%	26%	15%	17%	34%	36%	17%	12%	78%	16%	5%	28%	39%	4%	15%	37%	33%	8%	9%	25%	33%	36%	6%	16%	23%	61%
Barnet	E83668	DR SP TALPAHEWA	16%	44%	18%	7%	19%	40%	20%	13%	49%	17%	26%	3%	33%	46%	17%	3%	78%	15%	6%	32%	39%	11%	5%	34%	40%	10%	4%	26%	27%	43%	4%	28%	14%	58%
Barnet	E83028	PARKVIEW SURGERY	28%	38%	11%	4%	22%	18%	25%	10%	21%	33%	12%	10%	50%	39%	7%	4%	85%	7%	8%	47%	31%	6%	4%	50%	34%	4%	3%	30%	52%	10%	8%	32%	32%	36%
Barnet	E83011	THE EVERGLADE MEDICAL PRACTICE	10%	20%	28%	31%	16%	24%	21%	20%	11%	19%	28%	24%	24%	48%	18%	10%	72%	9%	19%	21%	36%	5%	20%	28%	38%	4%	11%	15%	49%	24%	12%	22%	43%	34%
Barnet	E83018	WATLING MEDICAL CENTRE	18%	27%	21%	21%	17%	24%	23%	13%	14%	10%	21%	35%	34%	46%	13%	7%	79%	10%	11%	28%	36%	3%	16%	45%	31%	1%	13%	23%	48%	24%	5%	27%	49%	23%
Barnet	E83621	BRUNSWICK PARK MEDICAL PRACTICE	8%	37%	18%	16%	18%	28%	25%	15%	15%	31%	19%	18%	30%	55%	12%	3%	83%	10%	7%	26%	44%	12%	4%	35%	46%	10%	1%	27%	59%	13%	2%	34%	27%	39%
Barnet	E83034	COLNEY HATCH LANE SURGERY	12%	27%	34%	19%	13%	23%	30%	20%	9%	25%	8%	44%	36%	41%	18%	6%	74%	18%	8%	25%	38%	7%	16%	38%	27%	9%	5%	14%	53%	22%	11%	16%	31%	53%
Barnet	E83613	EAST BARNET HEALTH CENTRE	11%	18%	28%	26%	10%	11%	36%	25%	15%	18%	25%	25%	28%	45%	16%	11%	72%	5%	23%	35%	17%	17%	14%	31%	30%	6%	8%	21%	50%	21%	7%	31%	30%	39%
Barnet	E83050	EAST FINCHLEY MEDICAL CENTRE	15%	36%	33%	10%	6%	23%	21%	25%	13%	22%	23%	17%	34%	47%	12%	7%	89%	7%	4%	30%	34%	5%	6%	32%	40%	8%	4%	15%	56%	25%	5%	27%	38%	35%
Barnet	E83045	FRIERN BARNET MEDICAL CENTRE	8%	34%	29%	12%	8%	11%	39%	15%	17%	21%	22%	18%	29%	50%	19%	2%	88%	8%	4%	32%	32%	8%	6%	40%	37%	6%	3%	30%	52%	13%	5%	40%	34%	26%
Barnet	E83639	ROSEMARY SURGERY	14%	41%	20%	5%	15%	28%	28%	10%	17%	45%	6%	4%	26%	47%	21%	6%	80%	14%	6%	31%	31%	6%	16%	33%	29%	11%	7%	21%	41%	34%	4%	24%	35%	41%
Barnet	E83024	ST ANDREWS MEDICAL PRACTICE.	12%	26%	25%	26%	12%	15%	28%	39%	5%	11%	19%	54%	22%	42%	20%	16%	67%	11%	22%	19%	23%	14%	30%	21%	33%	21%	12%	22%	59%	16%	4%	13%	37%	50%
Barnet	E83003	OAKLEIGH ROAD HEALTH CENTRE	21%	38%	11%	16%	15%	27%	13%	21%	32%	22%	16%	14%	49%	37%	5%	9%	82%	5%	13%	45%	26%	4%	14%	55%	24%	6%	5%	32%	54%	11%	3%	31%	41%	29%
Barnet	E83010	THE SPEEDWELL PRACTICE	23%	28%	19%	12%	19%	21%	20%	14%	26%	17%	17%	29%	40%	44%	11%	6%	86%	12%	2%	42%	30%	8%	5%	37%	37%	5%	4%	24%	44%	23%	10%	36%	32%	33%
Barnet	E83031	THE VILLAGE SURGERY	32%	31%	16%	7%	24%	43%	19%	1%	27%	35%	9%	3%	50%	40%	6%	4%	89%	3%	8%	45%	32%	4%	8%	59%	26%	6%	2%	18%	59%	20%	2%	26%	33%	41%
Barnet	E83021	TORRINGTON PARK GROUP PRACTICE	7%	26%	32%	25%	12%	24%	24%	29%	4%	27%	27%	37%	23%	45%	16%	16%	70%	12%	18%	26%	31%	10%	16%	26%	36%	11%	7%	19%	55%	24%	3%	30%	22%	48%
Barnet	Y00316	WOODLANDS MEDICAL PRACTICE	15%	41%	16%	21%	24%	31%	17%	18%	26%	23%	18%	21%	37%	47%	8%	8%	76%	12%	12%	37%	28%	13%	11%	38%	31%	11%	10%	21%	56%	17%	6%	18%	45%	37%
Barnet	E83044	ADDINGTON MEDICAL CENTRE	14%	37%	21%	9%	27%	36%	15%	4%	31%	23%	4%	27%	26%	58%	13%	3%	96%	3%	1%	45%	32%	6%	2%	52%	35%	2%	1%	28%	47%	23%	2%	34%	47%	19%
Barnet	E83013	CORNWALL HOUSE SURGERY	13%	21%	38%	17%	6%	24%	24%	29%	11%	19%	22%	35%	36%	36%	19%	10%	73%	19%	9%	22%	23%	11%	15%	25%	30%	11%	10%	32%	43%	20%	5%	17%	41%	41%
Barnet	E83005	LICHFIELD GROVE SURGERY	17%	27%	22%	11%	11%	28%	21%	30%	8%	23%	24%	30%	28%	49%	15%	9%	79%	10%	11%	26%	33%	11%	19%	32%	32%	16%	6%	20%	52%	23%	5%	17%	31%	52%
Barnet	E83017	LONGROVE SURGERY	5%	31%	25%	23%	7%	33%	31%	11%	5%	36%	29%	11%	30%	51%	15%	4%	86%	9%	5%	25%	32%	14%	9%	30%	34%	9%	5%	23%	48%	21%	8%	10%	53%	36%
Barnet	E83007	SQUIRES LANE MEDICAL PRACTICE	8%	28%	31%	22%	16%	14%	16%	30%	29%	9%	15%	30%	16%	46%	15%	23%	52%	35%	13%	15%	22%	16%	25%	20%	32%	19%	22%	23%	39%	31%	7%	15%	50%	35%
Barnet	E83012	THE OLD COURT HOUSE SURGERY	26%	25%	29%	8%	25%	14%	12%	40%	17%	20%	22%	28%	33%	50%	14%	4%	87%	10%	3%	39%	32%	15%	2%	37%	32%	9%	2%	30%	35%	27%	9%	33%	40%	28%
Barnet	E83035	WENTWORTH MEDICAL PRACTICE.	9%	17%	32%	30%	11%	31%	23%	19%	12%	12%	23%	31%	39%	39%	12%	10%	82%	11%	7%	33%	25%	11%	16%	33%	29%	11%	6%	39%	39%	15%	7%	38%	26%	36%
Barnet	E83053	LANE END MEDICAL GROUP	12%	29%	26%	16%	26%	32%	13%	15%	20%	36%	11%	19%	30%	49%	10%	11%	82%	4%	13%	28%	31%	5%	14%	40%	31%	8%	8%	27%	39%	31%	4%	21%	37%	42%
Barnet	E83049	LANGSTONE WAY SURGERY	5%	17%	31%	42%	7%	9%	32%	44%	11%	8%	22%	37%	14%	38%	32%	17%	67%	10%	23%	14%	19%	28%	27%	13%	22%	20%	17%	17%	58%	20%	6%	9%	33%	59%
Barnet	E83016	MILLWAY MEDICAL PRACTICE	13%	24%	33%	16%	28%	25%	25%	10%	15%	35%	19%	23%	38%	38%	12%	11%	83%	5%	11%	37%	33%	7%	5%	50%	21%	11%	2%	21%	66%	7%	6%	18%	52%	30%
Barnet	E83030	PENSHURST GARDENS SURGERY	10%	16%	24%	31%	11%	28%	26%	25%	7%	19%	17%	37%	27%	40%	22%	12%	84%	10%	6%	16%	28%	12%	24%	24%	34%	9%	15%	30%	43%	15%	12%	23%	43%	34%
Barnet	Y03664	DR AZIM & PARTNERS	9%	20%	18%	36%	32%	11%	22%	20%	18%	13%	29%	24%	23%	31%	24%	22%	60%	22%	19%	25%	20%	17%	18%	30%	26%	13%	12%	13%	43%	36%	8%	22%	46%	32%
Barnet	E83006	GREENFIELD MEDICAL CENTRE	21%	25%	27%	7%	20%	27%	17%	19%	31%	17%	26%	15%	26%	43%	15%	15%	71%	9%	19%	32%	30%	10%	6%	39%	26%	9%	4%	17%	60%	20%	3%	15%	38%	46%
Barnet	E83025	PENNINE DRIVE PRACTICE	22%	31%	15%	22%	25%	18%	13%	34%	27%	28%	11%	25%	25%	41%	20%	14%	73%	16%	11%	35%	34%	9%	9%	35%	32%	10%	9%	38%	37%	16%	10%	8%	27%	65%
Barnet	E83039	RAVENSCROFT MEDICAL CENTRE	36%	30%	9%	5%	17%	34%	12%	11%	12%	28%	12%	18%	37%	45%	8%	10%	82%	13%	5%	47%	30%	5%	10%	44%	37%	14%	*	22%	40%	18%	19%	19%	39%	42%
Barnet	E83020	ST. GEORGES MEDICAL CENTRE	3%	19%	34%	29%	8%	23%	29%	27%	6%	24%	33%	20%	27%	45%	19%	9%	66%	17%	17%	22%	26%	22%	15%	32%	31%	11%	8%	26%	44%	24%	6%	19%	56%	25%
Barnet	E83653	THE PHOENIX PRACTICE	27%	30%	14%	15%	14%	18%	28%	39%	20%	10%	36%	26%	48%	39%	8%	6%	80%	9%	11%	41%	31%	8%	8%	45%	35%	7%	5%	18%	36%	40%	6%	25%	23%	52%
Barnet	E83600	ADLER JS-THE SURGERY	59%	34%	3%	*	53%	11%	14%	5%	53%	24%	9%	2%	69%	29%	0%	3%	96%	4%	0%	77%	15%	1%	3%	77%	13%	4%	1%	40%	52%	3%	5%	46%	33%	20%
Barnet	Y02986	CRICKLEWOOD HEALTH CENTRE	35%	32%	7%	6%	23%	33%	16%	17%	26%	27%	11%	19%	38%	43%	11%	7%	77%	10%	13%	32%	43%	4%	10%	40%	38%	5%	5%	20%	40%	30%	9%	22%	35%	42%
Barnet	E83008	HEATHFIELDE MEDICAL CENTRE	8%	27%	30%	22%	4%	8%	27%	41%	9%	14%	33%	35%	23%	43%	20%	14%	74%	6%	20%	24%	24%	16%	25%	25%	27%	18%	14%	18%	64%	14%	4%	17%	34%	49%
Barnet	E83649	THE HODFORD ROAD PRACTICE	49%	37%	7%	1%	31%	31%	17%	17%	38%	26%	12%	14%	55%	34%	8%	3%	91%	6%	3%	46%	35%	3%	3%	51%	34%	5%	0%	36%	45%	17%	2%	39%	32%	29%
Barnet	E83638	THE MOUNTFIELD SURGERY	27%	47%	14%	2%	19%	21%	35%	11%	20%	20%	29%	10%	41%	38%	16%	5%	81%	12%	8%	39%	27%	7%	3%	43%	36%	10%	3%	18%	62%	13%	7%	32%	28%	40%
Barnet	E83009	PHGH DOCTORS	17%	31%	28%	6%	36%	27%	23%	3%	40%	27%	16%	7%	47%	34%	17%	2%	80%	15%	6%	41%	33%	11%	1%	41%	31%	6%	7%	28%	48%	15%	8%	34%	40%	26%
Barnet	E83026	SUPREME MEDICAL CENTRE	10%	36%	22%	7%	20%	18%	21%	19%	15%	18%	21%	15%	23%	53%	18%	5%	72%	10%	18%	28%	37%	8%	10%	36%	34%	7%	7%	31%	40%	26%	2%	31%	26%	43%
Barnet	E83622	TEMPLE FORTUNE MEDICAL GROUP	16%	33%	24%	14%	6%	35%	22%	28%	13%	36%	20%	23%	30%	48%	11%	11%	74%	15%	11%	29%	34%	9%	12%	33%	35%	8%	9%	19%	51%	27%	4%	28%	32%	40%
Barnet	E83027	THE PRACTICE AT 188	22%	22%	19%	16%	19%	21%	14%	26%	24%	26%	11%	24%	35%	37%	17%	11%	74%	13%	13%	27%	27%	13%	14%	31%	30%	16%	8%	11%	59%	20%	10%	27%	35%	38%
Barnet	E83046	MULBERRY MEDICAL PRACTICE	13%	28%	27%	21%	17%	19%	19%	25%	20%	12%	25%	28%	33%	34%	21%	11%	67%	12%	21%	25%	26%	12%	8%	27%	31%	6%	10%	18%	49%	23%	11%	21%	25%	54%
Barnet	E83032	OAK LODGE MEDICAL CENTRE	21%	24%	16%	24%	24%	35%	15%	12%	29%	34%	22%	8%	28%	45%	13%	15%	72%	14%	15%	27%	37%	13%	12%	33%	41%	8%	7%	20%	63%	13%	4%	20%	40%	40%

GP Patient Survey 2025: Practice level results Camden

			Generally, how easy or difficult is it to contact your GP practice on the phone?				Generally, how easy or difficult is it to contact your GP practice using their website?				Generally, how easy or difficult is it to contact your GP practice using the NHS App?				Overall, how helpful do you find the reception and administrative team at your GP practice?				Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?			Overall, how would you describe your experience of contacting your GP practice on this occasion?				Overall, how would you describe your experience of your GP practice?				How confident are you that you can manage any issues caused by your conditions or illnesses?				In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?		
Borough	Practice code	Practice name	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very helpful	% Fairly helpful	% Not very helpful	% Not at all helpful	% Yes	% No	% contact again	% Very good	% Fairly good	% Fairly poor	% Very poor	% Very Good	% Fairly good	% Fairly poor	% Very poor	% Very confident	% Fairly confident	% Not very confident	% Not at all confident	% Yes, definitely	% Yes, to some extent	% No
Camden	F83006	AMPTHILL & REGENTS PARK PRACTICE	29%	32%	17%	7%	23%	26%	16%	23%	17%	33%	**26%**	9%	36%	46%	13%	5%	78%	**16%**	6%	**24%**	45%	7%	8%	37%	**44%**	4%	8%	**13%**	51%	**25%**	**10%**	37%	35%	28%
Camden	F83044	THE BLOOMSBURY SURGERY	28%	29%	20%	7%	39%	41%	5%	4%	42%	28%	10%	16%	38%	40%	8%	**14%**	78%	**16%**	6%	46%	26%	7%	10%	41%	**24%**	9%	3%	**17%**	54%	23%	6%	**13%**	63%	24%
Camden	F83048	BRUNSWICK MEDICAL CENTRE UHPC	15%	**22%**	28%	**23%**	**6%**	**9%**	20%	**56%**	**13%**	**11%**	7%	**49%**	**32%**	**29%**	**20%**	**##**	**73%**	9%	**17%**	36%	**11%**	11%	**22%**	**30%**	**20%**	9%	**11%**	21%	47%	21%	**11%**	**12%**	38%	**50%**
Camden	Y02674	CAMDEN HEALTH IMPROVEMENT PRACTICE	73%	**11%**	3%	3%	63%	**0%**	0%	9%	~	~	~	~	87%	**5%**	5%	3%	84%	**16%**	0%	73%	**25%**	0%	2%	73%	**19%**	0%	3%	23%	**18%**	**39%**	**19%**	26%	**23%**	**52%**
Camden	F83635	KINGS CROSS SURGERY	**7%**	37%	24%	**26%**	**1%**	**4%**	16%	**76%**	**8%**	26%	18%	**47%**	**15%**	38%	**29%**	**18%**	82%	5%	13%	**14%**	31%	**17%**	**24%**	**22%**	33%	**16%**	**12%**	**16%**	66%	16%	1%	**18%**	38%	**44%**
Camden	F83043	RIDGMOUNT PRACTICE	44%	45%	5%	0%	40%	35%	7%	8%	37%	**11%**	19%	6%	39%	51%	5%	5%	95%	5%	1%	53%	33%	3%	5%	56%	35%	3%	0%	26%	**44%**	**30%**	0%	31%	59%	10%
Camden	F83683	SOMERS TOWN MEDICAL CENTRE	**10%**	**18%**	24%	**27%**	**10%**	**17%**	19%	**36%**	**9%**	22%	**28%**	**32%**	**23%**	49%	13%	**16%**	**70%**	**15%**	**15%**	**16%**	40%	11%	**21%**	**22%**	35%	10%	**17%**	**16%**	55%	22%	7%	**15%**	46%	39%
Camden	F83665	SWISS COTTAGE SURGERY	30%	41%	8%	6%	42%	40%	7%	1%	26%	48%	9%	10%	43%	40%	12%	6%	91%	7%	2%	46%	34%	6%	4%	59%	**22%**	5%	3%	24%	60%	6%	**10%**	29%	52%	19%
Camden	F83658	BELSIZE PRIORY MEDICAL PRACTICE (GROUP)	28%	28%	22%	4%	25%	35%	17%	8%	31%	30%	15%	7%	44%	44%	10%	2%	83%	11%	6%	32%	39%	8%	4%	**32%**	41%	9%	0%	**18%**	52%	19%	**12%**	24%	32%	**44%**
Camden	F83615	CHOLMLEY GARDENS SURGERY	34%	35%	14%	2%	29%	36%	18%	3%	31%	30%	14%	12%	57%	35%	6%	3%	88%	8%	4%	53%	28%	6%	0%	55%	34%	1%	0%	24%	58%	18%	1%	37%	**24%**	39%
Camden	F83633	GRAY'S INN MEDICAL GROUP HAMPSTEAD	52%	39%	3%	1%	28%	34%	20%	2%	45%	**18%**	6%	5%	54%	40%	3%	3%	90%	6%	3%	48%	31%	2%	3%	63%	32%	0%	2%	33%	**33%**	**33%**	2%	35%	**21%**	**45%**
Camden	F83050	GRAY'S INN MEDICAL GROUP WEST HAMPSTEAD	42%	42%	6%	4%	31%	39%	8%	9%	35%	30%	7%	14%	52%	37%	5%	5%	93%	7%	0%	56%	33%	0%	4%	55%	33%	-	4%	29%	47%	21%	2%	42%	39%	19%
Camden	F83042	GRAY'S INN MEDICAL GROUP CHANCERY LANE	43%	41%	1%	2%	30%	40%	12%	3%	26%	30%	0%	4%	37%	54%	4%	6%	88%	11%	1%	47%	35%	6%	4%	50%	29%	3%	7%	20%	64%	13%	3%	33%	**26%**	**41%**
Camden	F83011	PRIMROSE HILL SURGERY	61%	30%	3%	0%	43%	29%	9%	8%	39%	34%	6%	16%	63%	**33%**	2%	2%	92%	2%	5%	67%	**20%**	3%	1%	60%	**23%**	7%	0%	43%	47%	6%	5%	40%	37%	23%
Camden	F83022	CAVERSHAM GROUP PRACTICE	20%	29%	21%	17%	**4%**	25%	**30%**	**26%**	**7%**	31%	**27%**	26%	47%	39%	10%	4%	79%	**14%**	7%	35%	37%	7%	6%	43%	39%	7%	3%	24%	52%	18%	6%	23%	57%	20%
Camden	F83057	PARLIAMENT HILL SURGERY	39%	41%	6%	2%	27%	42%	8%	6%	19%	43%	19%	9%	52%	40%	5%	3%	93%	4%	3%	59%	26%	4%	2%	58%	33%	1%	2%	33%	54%	8%	5%	32%	47%	22%
Camden	F83018	PRINCE OF WALES GROUP SURGERY	22%	42%	10%	10%	27%	26%	15%	11%	16%	41%	18%	14%	34%	42%	**16%**	8%	83%	7%	10%	38%	32%	8%	8%	39%	32%	5%	7%	**15%**	**44%**	**32%**	**9%**	28%	41%	32%
Camden	F83023	JAMES WIGG PRACTICE	**8%**	**22%**	28%	**31%**	16%	**17%**	24%	**28%**	**12%**	**14%**	16%	**39%**	**27%**	52%	**16%**	5%	**73%**	12%	**15%**	**23%**	26%	12%	**17%**	**27%**	35%	**13%**	6%	20%	57%	15%	8%	25%	31%	**45%**
Camden	F83632	QUEENS CRESCENT PRACTICE	13%	33%	**30%**	10%	26%	22%	**26%**	12%	**8%**	**15%**	**24%**	**32%**	36%	36%	**21%**	6%	**70%**	**15%**	**16%**	37%	29%	**12%**	8%	41%	35%	6%	8%	**14%**	55%	**25%**	7%	**17%**	57%	25%
Camden	F83020	ADELAIDE MEDICAL CENTRE	24%	47%	10%	4%	40%	42%	7%	5%	30%	22%	15%	17%	51%	37%	12%	1%	91%	5%	4%	54%	30%	5%	1%	52%	31%	2%	0%	32%	52%	12%	4%	39%	39%	22%
Camden	F83052	BROOKFIELD PARK SURGERY	59%	31%	5%	1%	29%	37%	15%	12%	31%	31%	10%	20%	57%	37%	1%	6%	94%	6%	1%	69%	**23%**	3%	3%	60%	26%	2%	6%	25%	49%	24%	3%	35%	**26%**	39%
Camden	F83017	HAMPSTEAD GROUP PRACTICE	56%	28%	9%	1%	21%	40%	11%	14%	23%	29%	10%	21%	62%	**31%**	5%	2%	93%	2%	5%	56%	29%	6%	-	59%	26%	6%	0%	38%	**36%**	**24%**	1%	37%	34%	30%
Camden	F83623	KEATS GROUP PRACTICE	27%	42%	14%	8%	24%	35%	18%	11%	**11%**	30%	**27%**	15%	50%	35%	12%	3%	93%	3%	4%	44%	34%	9%	4%	45%	29%	6%	2%	31%	53%	11%	6%	43%	39%	18%
Camden	F83003	PARK END SURGERY	46%	32%	10%	1%	39%	36%	8%	5%	37%	18%	6%	13%	67%	**25%**	4%	3%	94%	5%	1%	62%	**24%**	5%	3%	64%	26%	2%	2%	31%	50%	9%	**10%**	**23%**	47%	31%
Camden	F83058	HOLBORN MEDICAL CENTRE	56%	34%	2%	5%	32%	30%	9%	23%	32%	**16%**	**26%**	17%	52%	43%	5%	0%	93%	1%	6%	52%	41%	5%	0%	60%	35%	2%	0%	**17%**	53%	**29%**	2%	24%	42%	34%
Camden	F83061	MUSEUM PRACTICE	87%	**7%**	0%	1%	56%	34%	7%	3%	82%	**10%**	3%	2%	72%	**24%**	4%	1%	99%	1%	0%	83%	**16%**	-	0%	84%	**15%**	-	0%	26%	65%	7%	2%	56%	35%	9%
Camden	F83672	ST PHILIPS MEDICAL CENTRE	51%	31%	0%	6%	23%	35%	10%	23%	39%	**12%**	18%	18%	**31%**	61%	8%	0%	95%	0%	5%	56%	**20%**	**13%**	4%	43%	**16%**	**12%**	4%	~	~	-	-	~	~	-
Camden	F83059	BRONDESBURY MEDICAL CENTRE	27%	43%	13%	6%	31%	38%	16%	4%	36%	37%	6%	15%	51%	37%	8%	3%	91%	8%	1%	46%	33%	8%	1%	54%	29%	6%	2%	21%	58%	17%	4%	**18%**	48%	34%
Camden	F83005	GOWER STREET PRACTICE	33%	41%	4%	6%	62%	**17%**	7%	1%	22%	28%	10%	11%	37%	**28%**	**29%**	6%	78%	**21%**	1%	51%	**21%**	1%	8%	45%	**14%**	4%	5%	23%	**28%**	**43%**	5%	**4%**	63%	32%
Camden	F83019	ABBEY MEDICAL CENTRE	28%	42%	7%	8%	28%	45%	7%	3%	20%	39%	13%	4%	46%	49%	4%	1%	97%	3%	-	45%	43%	4%	1%	56%	38%	3%	0%	24%	52%	21%	4%	49%	37%	14%
Camden	F83055	WEST HAMPSTEAD MEDICAL CENTRE	38%	34%	12%	4%	24%	30%	**24%**	4%	26%	33%	**22%**	1%	51%	41%	5%	3%	89%	9%	3%	56%	26%	1%	4%	58%	27%	0%	2%	22%	**45%**	**26%**	6%	38%	42%	20%

GP Patient Survey 2025: Practice level results Enfield

			Generally, how easy or difficult is it to contact your GP practice on the phone?				Generally, how easy or difficult is it to contact your GP practice using their website?				Generally, how easy or difficult is it to contact your GP practice using the NHS App?				Overall, how helpful do you find the reception and administrative team at your GP practice?				Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?			Overall, how would you describe your experience of contacting your GP practice on this occasion?				Overall, how would you describe your experience of your GP practice?				How confident are you that you can manage any issues caused by your conditions or illnesses?				In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?		
Borough	Practice code	Practice name	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very helpful	% Fairly helpful	% Not very helpful	% Not at all helpful	% Yes	% No	% contact again	% Very good	% Fairly good	% Fairly poor	% Very poor	%Very Good	% Fairly good	% Fairly poor	% Very poor	% Very confident	% Fairly confident	% Not very confident	% Not at all confident	% Yes, definitely	% Yes, to some extent	% No
Enfield	Y00057	ANGEL SURGERY	25%	25%	14%	21%	25%	36%	11%	11%	35%	23%	14%	13%	41%	38%	14%	6%	73%	20%	7%	26%	29%	9%	14%	26%	34%	9%	5%	19%	43%	28%	11%	21%	29%	50%
Enfield	F85676	BOUNDARY HOUSE SURGERY	29%	33%	14%	10%	31%	26%	17%	7%	31%	26%	8%	8%	51%	32%	13%	3%	77%	14%	9%	42%	27%	10%	8%	43%	26%	9%	3%	13%	58%	29%	0%	31%	32%	36%
Enfield	F85666	DR ME SILVER'S PRACTICE	29%	36%	10%	17%	41%	18%	5%	7%	30%	21%	16%	17%	41%	40%	11%	7%	88%	7%	5%	58%	21%	4%	6%	59%	22%	1%	5%	29%	50%	13%	8%	20%	30%	50%
Enfield	F85010	KEATS SURGERY	33%	36%	12%	7%	29%	26%	12%	13%	16%	35%	11%	19%	52%	34%	8%	6%	81%	13%	6%	44%	32%	3%	6%	46%	29%	5%	5%	15%	52%	30%	3%	27%	35%	38%
Enfield	F85663	LATYMER ROAD SURGERY	16%	31%	22%	23%	15%	29%	10%	19%	16%	12%	22%	26%	22%	45%	7%	26%	76%	9%	16%	14%	29%	8%	23%	18%	41%	10%	18%	16%	35%	40%	10%	14%	37%	48%
Enfield	F85682	CHALFONT SURGERY	32%	33%	6%	18%	33%	28%	7%	15%	32%	27%	13%	16%	49%	37%	9%	6%	81%	13%	6%	43%	32%	6%	5%	57%	26%	6%	1%	23%	41%	31%	6%	35%	29%	36%
Enfield	F85634	EAST ENFIELD MEDICAL CENTRE	14%	14%	30%	22%	15%	28%	24%	15%	22%	23%	17%	20%	29%	43%	18%	10%	71%	19%	10%	26%	30%	14%	10%	29%	32%	12%	4%	35%	34%	21%	10%	34%	17%	50%
Enfield	Y03402	EVERGREEN PRIMARY CARE CENTRE	22%	16%	23%	25%	29%	24%	16%	18%	30%	16%	17%	22%	29%	38%	21%	13%	65%	20%	15%	24%	27%	11%	17%	36%	31%	11%	7%	19%	44%	31%	6%	24%	30%	46%
Enfield	F85072	GROVELANDS MEDICAL CENTRE	26%	43%	13%	5%	20%	19%	18%	18%	33%	26%	11%	14%	40%	40%	14%	5%	85%	4%	12%	39%	38%	4%	4%	40%	33%	6%	7%	12%	48%	23%	17%	28%	49%	24%
Enfield	F85039	RAINBOW PRACTICE	25%	38%	15%	9%	23%	27%	15%	19%	20%	24%	30%	17%	40%	49%	6%	6%	82%	7%	11%	41%	36%	3%	6%	45%	43%	1%	2%	21%	57%	14%	8%	20%	48%	32%
Enfield	F85023	THE ORDNANCE UNITY CENTRE FOR HEALTH	18%	19%	16%	27%	24%	19%	19%	25%	25%	16%	15%	28%	36%	39%	17%	8%	85%	9%	5%	31%	31%	20%	6%	30%	34%	12%	7%	15%	51%	28%	6%	17%	39%	44%
Enfield	F85025	WHITE LODGE MEDICAL PRACTICE	11%	23%	24%	31%	12%	23%	17%	26%	5%	17%	20%	40%	37%	43%	10%	10%	86%	6%	8%	34%	27%	7%	20%	37%	28%	5%	10%	21%	53%	18%	8%	18%	17%	65%
Enfield	F85700	ARNOS GROVE MEDICAL CENTR	28%	18%	23%	12%	24%	21%	21%	17%	33%	19%	7%	25%	34%	45%	15%	6%	79%	15%	6%	27%	29%	15%	8%	27%	32%	6%	9%	31%	38%	26%	4%	32%	36%	32%
Enfield	F85625	BINCOTE SURGERY	25%	41%	20%	7%	25%	27%	21%	4%	17%	35%	21%	3%	45%	44%	8%	3%	89%	8%	4%	50%	31%	7%	6%	54%	28%	2%	8%	28%	53%	20%	0%	27%	44%	29%
Enfield	F85701	GILLAN HOUSE SURGERY	24%	33%	19%	15%	24%	19%	22%	20%	26%	6%	46%	12%	51%	37%	8%	4%	87%	5%	8%	38%	37%	13%	3%	49%	33%	8%	0%	28%	46%	26%	0%	28%	37%	35%
Enfield	F85650	MORECAMBE SURGERY	24%	41%	10%	5%	24%	28%	17%	12%	17%	24%	30%	5%	27%	51%	12%	10%	83%	12%	5%	27%	40%	6%	14%	30%	40%	8%	7%	23%	47%	28%	2%	26%	30%	45%
Enfield	F85642	THE NORTH LONDON HEALTH CENTRE	15%	36%	29%	8%	7%	34%	24%	18%	8%	17%	18%	40%	20%	59%	10%	11%	70%	14%	16%	24%	40%	9%	10%	32%	39%	7%	7%	15%	65%	17%	3%	23%	44%	34%
Enfield	F85020	THE WOODBERRY PRACTICE	33%	37%	6%	3%	25%	40%	14%	8%	22%	31%	10%	18%	58%	38%	1%	4%	93%	7%	1%	50%	42%	4%	0%	57%	35%	4%	0%	22%	59%	17%	3%	44%	35%	21%
Enfield	F85016	COCKFOSTERS MEDICAL CTRE	19%	41%	19%	8%	10%	19%	40%	19%	18%	15%	18%	27%	47%	33%	13%	7%	85%	6%	8%	40%	34%	9%	5%	39%	35%	13%	3%	25%	49%	19%	8%	29%	28%	43%
Enfield	F85004	EAGLE HOUSE SURGERY	11%	21%	26%	28%	15%	11%	22%	39%	16%	23%	21%	33%	24%	42%	19%	15%	68%	8%	24%	17%	30%	15%	19%	28%	36%	13%	9%	18%	51%	22%	9%	18%	28%	54%
Enfield	Y00612	GREEN CEDARS MEDICAL CENTRE	20%	40%	16%	8%	11%	13%	15%	31%	12%	29%	14%	29%	38%	45%	11%	7%	73%	8%	19%	30%	37%	12%	7%	30%	39%	8%	7%	22%	36%	32%	11%	16%	31%	53%
Enfield	F85035	HIGHLANDS PRACTICE	16%	22%	29%	20%	31%	20%	17%	18%	14%	36%	16%	17%	34%	53%	8%	5%	79%	6%	15%	29%	37%	8%	7%	37%	41%	5%	4%	41%	32%	27%	0%	36%	33%	31%
Enfield	F85002	MEDICUS HEALTH PARTNERS	16%	19%	27%	33%	20%	14%	16%	41%	20%	10%	10%	41%	24%	43%	20%	14%	72%	13%	16%	26%	22%	15%	13%	26%	33%	15%	14%	22%	35%	29%	14%	24%	29%	47%
Enfield	Y03103	MEDICUS SELECT CARE	23%	15%	18%	27%	32%	21%	0%	47%	10%	8%	15%	40%	30%	21%	8%	41%	68%	21%	11%	29%	19%	1%	34%	33%	9%	11%	32%	17%	11%	53%	18%	16%	19%	66%
Enfield	F85058	NIGHTINGALE HOUSE SURGERY	31%	29%	19%	7%	44%	17%	7%	22%	28%	34%	6%	22%	38%	35%	13%	14%	76%	14%	10%	36%	32%	5%	10%	40%	34%	5%	6%	17%	57%	23%	4%	29%	31%	40%
Enfield	F85687	OAKWOOD MEDICAL CENTRE	9%	34%	28%	14%	17%	22%	17%	20%	28%	15%	19%	21%	42%	34%	13%	11%	75%	11%	14%	32%	35%	12%	10%	36%	37%	12%	5%	15%	62%	22%	1%	28%	23%	49%
Enfield	F85032	SOUTHGATE	12%	32%	30%	11%	15%	43%	8%	9%	20%	29%	13%	18%	26%	37%	28%	10%	84%	8%	7%	29%	40%	14%	6%	26%	38%	9%	9%	18%	57%	19%	6%	20%	38%	42%
Enfield	F85044	BOUNCES ROAD SURGERY LTD	27%	41%	9%	12%	23%	23%	20%	18%	32%	31%	13%	11%	41%	47%	11%	0%	86%	7%	7%	46%	31%	8%	3%	43%	41%	6%	2%	32%	53%	13%	1%	21%	33%	46%
Enfield	F85029	ABERNETHY HOUSE SURGERY	16%	39%	17%	11%	15%	33%	36%	6%	17%	25%	29%	20%	42%	31%	23%	4%	94%	4%	2%	46%	26%	8%	5%	43%	34%	8%	5%	35%	39%	22%	3%	27%	44%	30%
Enfield	F85678	THE TOWN SURGERY LTD	44%	44%	5%	1%	29%	35%	14%	8%	40%	31%	5%	7%	46%	41%	9%	4%	94%	3%	2%	48%	35%	*	4%	46%	28%	4%	5%	30%	50%	16%	4%	28%	37%	36%
Enfield	F85033	WINCHMORE HILL PRACTICE	30%	41%	8%	10%	22%	36%	11%	20%	21%	46%	18%	3%	55%	34%	10%	1%	92%	5%	3%	49%	31%	4%	5%	55%	33%	3%	5%	26%	47%	13%	14%	45%	29%	26%

GP Patient Survey 2025: Practice level results Haringey

			Generally, how easy or difficult is it to contact your GP practice on the phone?				Generally, how easy or difficult is it to contact your GP practice using their website?				Generally, how easy or difficult is it to contact your GP practice using the NHS App?				Overall, how helpful do you find the reception and administrative team at your GP practice?				Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?			Overall, how would you describe your experience of contacting your GP practice on this occasion?				Overall, how would you describe your experience of your GP practice?				How confident are you that you can manage any issues caused by your conditions or illnesses?				In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?		
Borough	Practice code	Practice name	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very helpful	% Fairly helpful	% Not very helpful	% Not at all helpful	% Yes	% No	% contact again	% Very good	% Fairly good	% Fairly poor	% Very poor	%Very Good	% Fairly good	% Fairly poor	% Very poor	% Very confident	% Fairly confident	% Not very confident	% Not at all confident	% Yes, definitely	% Yes, to some extent	% No
Haringey	F85046	HORNSEY PARK SURGERY	39%	33%	11%	7%	29%	34%	13%	13%	37%	17%	15%	23%	45%	38%	10%	7%	79%	16%	5%	46%	32%	4%	9%	39%	33%	5%	7%	12%	61%	21%	5%	37%	24%	39%
Haringey	F85008	STAUNTON GROUP PRACTICE	15%	28%	21%	11%	19%	34%	15%	11%	32%	25%	18%	14%	30%	45%	16%	10%	73%	6%	22%	23%	37%	10%	11%	29%	43%	6%	8%	16%	38%	33%	13%	27%	37%	36%
Haringey	F85697	THE OLD SURGERY	49%	34%	9%	2%	46%	25%	14%	6%	31%	37%	16%	3%	60%	27%	11%	2%	81%	11%	8%	54%	24%	8%	2%	55%	29%	3%	5%	27%	51%	15%	7%	30%	42%	28%
Haringey	F85669	WEST GREEN SURGERY	36%	34%	14%	1%	21%	15%	22%	27%	29%	13%	8%	37%	42%	45%	11%	1%	86%	12%	2%	44%	33%	2%	3%	41%	33%	4%	1%	30%	46%	14%	10%	28%	39%	32%
Haringey	Y03135	BRIDGE HOUSE MEDICAL PRACTICE	17%	34%	18%	17%	15%	30%	12%	26%	29%	15%	12%	15%	25%	52%	13%	10%	81%	12%	7%	26%	30%	4%	16%	29%	25%	9%	12%	12%	61%	25%	2%	29%	35%	36%
Haringey	F85060	HAVERGAL SURGERY	21%	29%	21%	9%	19%	28%	17%	28%	27%	20%	18%	22%	28%	41%	21%	9%	80%	14%	7%	33%	33%	7%	5%	37%	36%	7%	4%	17%	54%	18%	11%	24%	28%	48%
Haringey	F85705	JS MEDICAL PRACTICE	15%	30%	16%	13%	9%	26%	25%	27%	24%	15%	17%	30%	40%	37%	17%	6%	76%	2%	21%	27%	30%	9%	8%	33%	31%	15%	7%	18%	40%	34%	8%	20%	26%	54%
Haringey	Y02117	ST ANN'S ROAD SURGERY	11%	26%	26%	27%	12%	19%	27%	34%	14%	16%	29%	31%	28%	38%	27%	7%	67%	9%	25%	21%	21%	18%	19%	18%	38%	14%	16%	24%	33%	39%	4%	15%	35%	51%
Haringey	F85623	GROVE ROAD SURGERY	46%	17%	16%	9%	43%	24%	14%	11%	32%	25%	16%	5%	49%	36%	10%	4%	79%	4%	17%	43%	32%	5%	7%	48%	28%	7%	7%	27%	33%	24%	16%	21%	38%	41%
Haringey	F85034	ARCADIAN GARDENS SURGERY	23%	44%	14%	3%	20%	24%	19%	11%	24%	30%	11%	13%	40%	52%	6%	3%	89%	8%	4%	41%	34%	9%	2%	38%	29%	7%	3%	13%	58%	17%	12%	21%	35%	45%
Haringey	F85066	BOUNDS GREEN GROUP PRACTICE	13%	27%	25%	14%	23%	25%	28%	13%	16%	28%	26%	24%	30%	51%	11%	8%	79%	18%	3%	33%	38%	3%	10%	36%	34%	8%	6%	22%	42%	15%	21%	17%	39%	44%
Haringey	F85640	CHESHIRE ROAD SURGERY	37%	29%	13%	5%	24%	33%	15%	4%	39%	30%	6%	4%	49%	41%	6%	4%	88%	9%	3%	52%	29%	5%	1%	54%	38%	*	1%	33%	48%	18%	1%	33%	25%	42%
Haringey	F85065	STUART CRESCENT MEDICAL PRACTICE	26%	35%	11%	8%	24%	25%	14%	18%	27%	21%	16%	13%	42%	35%	19%	4%	80%	11%	9%	41%	30%	7%	6%	35%	40%	6%	5%	20%	56%	20%	4%	24%	40%	36%
Haringey	F85675	THE ALEXANDRA SURGERY	16%	46%	9%	7%	12%	17%	18%	27%	16%	26%	15%	23%	39%	48%	11%	1%	86%	4%	10%	32%	42%	6%	3%	42%	41%	7%	1%	20%	60%	19%	1%	25%	46%	29%
Haringey	F85064	SH ROAD SURGERY (STUART CRESCENT HC)	36%	33%	11%	2%	25%	42%	10%	19%	28%	29%	17%	6%	49%	36%	10%	5%	75%	13%	12%	41%	32%	6%	6%	40%	35%	9%	5%	35%	45%	19%	1%	27%	40%	32%
Haringey	F85028	BRUCE GROVE PRIMARY HEALTH CARE CTR	42%	27%	8%	11%	44%	15%	16%	16%	45%	11%	17%	12%	48%	31%	11%	11%	71%	14%	15%	50%	27%	2%	12%	51%	25%	4%	8%	38%	46%	16%	0%	21%	36%	43%
Haringey	F85017	CHARLTON HOUSE MEDICAL CENTRE	48%	37%	6%	7%	42%	28%	10%	9%	33%	30%	9%	11%	61%	34%	5%	*	91%	7%	3%	57%	34%	3%	*	58%	33%	1%	1%	27%	51%	21%	1%	26%	38%	35%
Haringey	F85019	MORRIS HOUSE GROUP PRACTICE	8%	34%	34%	12%	9%	31%	22%	19%	11%	20%	18%	11%	33%	43%	20%	4%	80%	6%	15%	22%	35%	12%	9%	29%	41%	6%	1%	11%	54%	24%	11%	32%	16%	52%
Haringey	F85030	OMERSET GARDENS FAMILY HEALTH CENTRE	16%	20%	19%	31%	14%	28%	26%	21%	25%	35%	15%	13%	39%	38%	13%	11%	81%	9%	10%	34%	31%	11%	9%	36%	32%	5%	4%	25%	27%	34%	14%	19%	33%	49%
Haringey	F85031	WESTBURY MEDICAL CENTRE	29%	24%	12%	10%	29%	16%	23%	17%	23%	16%	18%	17%	43%	44%	13%	1%	83%	9%	8%	43%	29%	8%	7%	49%	24%	5%	6%	21%	39%	25%	15%	8%	48%	44%
Haringey	F85014	HIGHGATE GROUP PRACTICE	34%	44%	13%	3%	14%	34%	15%	22%	26%	32%	13%	18%	50%	43%	6%	*	84%	7%	9%	49%	32%	6%	3%	66%	24%	4%	0%	24%	62%	10%	4%	43%	34%	24%
Haringey	F85688	RUTLAND HOUSE SURGERY	10%	44%	21%	7%	20%	30%	17%	10%	11%	34%	28%	11%	22%	62%	14%	2%	87%	9%	4%	28%	41%	9%	7%	26%	47%	11%	4%	15%	57%	24%	5%	21%	43%	36%
Haringey	F85063	THE MUSWELL HILL PRACTICE	39%	41%	10%	3%	28%	40%	15%	6%	37%	35%	9%	9%	65%	34%	1%	*	89%	5%	6%	58%	27%	2%	2%	63%	25%	0%	0%	32%	52%	16%	0%	24%	39%	37%
Haringey	Y01655	THE VALE PRACTICE	26%	42%	16%	3%	6%	5%	31%	42%	9%	6%	26%	37%	38%	51%	6%	5%	86%	10%	5%	47%	29%	6%	3%	47%	31%	6%	2%	25%	46%	23%	6%	24%	42%	34%
Haringey	F85061	CHRISTCHURCH HALL SURGERY	42%	41%	5%	3%	11%	29%	9%	33%	52%	10%	18%	16%	41%	45%	10%	3%	90%	6%	4%	51%	32%	4%	3%	42%	37%	10%	0%	22%	68%	9%	1%	27%	43%	30%
Haringey	F85069	CROUCH HALL ROAD SURGERY	37%	38%	10%	2%	36%	33%	7%	3%	27%	27%	16%	13%	37%	49%	13%	1%	92%	8%	*	51%	35%	5%	1%	53%	35%	7%	0%	38%	37%	20%	6%	30%	32%	38%
Haringey	Y03035	QUEENSWOOD MEDICAL PRACTICE	13%	37%	26%	9%	39%	35%	12%	6%	37%	27%	9%	17%	24%	59%	14%	4%	91%	5%	4%	43%	28%	7%	4%	48%	32%	6%	1%	29%	52%	17%	2%	33%	41%	26%
Haringey	F85067	THE 157 MEDICAL PRACTICE	27%	36%	22%	3%	37%	30%	14%	13%	34%	14%	22%	13%	40%	44%	13%	3%	85%	5%	11%	51%	22%	9%	3%	43%	27%	5%	3%	18%	61%	15%	6%	25%	44%	32%
Haringey	F85071	FERNLEA SURGERY	26%	31%	15%	8%	32%	26%	8%	7%	27%	25%	12%	12%	46%	40%	11%	3%	82%	8%	11%	28%	47%	5%	8%	46%	40%	8%	3%	28%	44%	18%	9%	23%	46%	31%
Haringey	F85007	LAWRENCE HOUSE SURGERY	28%	28%	21%	11%	26%	28%	15%	18%	20%	26%	21%	27%	31%	53%	2%	15%	73%	8%	19%	29%	39%	7%	16%	32%	39%	6%	7%	21%	52%	22%	5%	14%	48%	38%
Haringey	F85615	TOTTENHAM HEALTH CENTRE	38%	30%	10%	5%	39%	21%	12%	11%	47%	20%	10%	17%	50%	33%	13%	4%	82%	12%	6%	50%	27%	5%	3%	52%	23%	9%	1%	24%	48%	18%	10%	35%	27%	38%
Haringey	F85013	TYNEMOUTH MEDICAL PRACTICE	26%	26%	21%	8%	35%	24%	10%	10%	24%	28%	11%	18%	44%	42%	10%	4%	86%	9%	4%	44%	26%	12%	5%	42%	34%	9%	0%	24%	44%	25%	7%	31%	29%	39%
Haringey	F85628	/ELBOURNE GP SURGERY, WELBOURNE H C	27%	32%	17%	12%	26%	18%	21%	16%	12%	41%	22%	14%	40%	49%	6%	5%	88%	2%	11%	40%	39%	7%	8%	44%	26%	5%	4%	25%	44%	28%	3%	20%	46%	34%
Haringey	Y05330	WELBOURNE MED PRAC, WELBOURNE H C	33%	37%	14%	4%	20%	27%	22%	18%	22%	22%	14%	22%	45%	47%	6%	2%	78%	9%	13%	32%	40%	14%	3%	38%	39%	10%	0%	14%	53%	25%	8%	24%	26%	50%

GP Patient Survey 2025: Practice level results Islington

Islington			Generally, how easy or difficult is it to contact your GP practice on the phone?				Generally, how easy or difficult is it to contact your GP practice using their website?				Generally, how easy or difficult is it to contact your GP practice using the NHS App?				Overall, how helpful do you find the reception and administrative team at your GP practice?				Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?			Overall, how would you describe your experience of contacting your GP practice on this occasion?				Overall, how would you describe your experience of your GP practice?				How confident are you that you can manage any issues caused by your conditions or illnesses?				In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?		
Borough	Practice code	Practice name	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very easy	% Fairly easy	% Fairly difficult	% Very difficult	% Very helpful	% Fairly helpful	% Not very helpful	% Not at all helpful	% Yes	% No	% contact again	% Very good	% Fairly good	% Fairly poor	% Very poor	%Very Good	% Fairly good	% Fairly poor	% Very poor	% Very confident	% Fairly confident	% Not very confident	% Not at all confident	% Yes, definitely	% Yes, to some extent	% No
Islington	F83660	HIGHBURY GRANGE MEDICAL PRACTICE	8%	33%	34%	17%	14%	15%	24%	33%	2%	19%	20%	51%	30%	40%	22%	8%	72%	10%	18%	26%	32%	8%	20%	26%	35%	6%	10%	33%	54%	11%	3%	30%	26%	44%
Islington	F83010	ISLINGTON CENTRAL MEDICAL CENTRE	19%	32%	28%	11%	16%	29%	24%	17%	12%	26%	26%	25%	35%	46%	16%	3%	83%	8%	9%	37%	38%	5%	4%	40%	37%	6%	5%	30%	48%	15%	7%	21%	36%	43%
Islington	F83053	MILDMAY MEDICAL PRACTICE	35%	35%	12%	2%	25%	29%	27%	3%	30%	20%	20%	13%	47%	38%	10%	4%	77%	10%	14%	45%	30%	8%	2%	51%	29%	5%	3%	20%	47%	22%	11%	33%	24%	43%
Islington	F83056	THE MITCHISON ROAD SURGERY	21%	46%	24%	7%	24%	27%	19%	19%	43%	0%	25%	23%	41%	36%	14%	8%	82%	4%	14%	45%	26%	13%	1%	36%	43%	8%	11%	17%	53%	23%	7%	35%	25%	40%
Islington	F83007	ROMAN WAY MEDICAL CENTRE	31%	26%	14%	2%	5%	27%	27%	21%	8%	19%	13%	39%	51%	31%	15%	2%	81%	12%	7%	39%	32%	8%	4%	39%	34%	8%	3%	13%	43%	32%	12%	21%	40%	39%
Islington	F83680	SOBELL MEDICAL CENTRE	60%	29%	4%	0%	42%	19%	15%	1%	60%	16%	9%	15%	81%	12%	7%	0%	89%	3%	7%	72%	24%	2%	0%	68%	24%	0%	3%	35%	42%	14%	9%	33%	46%	22%
Islington	F83673	THE MEDICAL CENTRE	51%	35%	7%	2%	48%	28%	6%	6%	39%	37%	10%	10%	65%	27%	7%	1%	86%	5%	9%	56%	30%	4%	3%	52%	25%	3%	4%	26%	53%	18%	3%	29%	36%	36%
Islington	F83012	ELIZABETH AVENUE GROUP PRACTICE	22%	30%	23%	7%	32%	29%	17%	3%	20%	34%	14%	12%	47%	37%	6%	10%	81%	18%	1%	48%	29%	6%	8%	53%	26%	3%	7%	21%	57%	14%	7%	27%	49%	23%
Islington	F83034	NEW NORTH HEALTH CENTRE	55%	21%	9%	3%	6%	13%	33%	38%	17%	17%	30%	26%	63%	28%	7%	2%	83%	6%	11%	51%	18%	9%	4%	48%	24%	10%	5%	31%	50%	17%	1%	34%	57%	9%
Islington	F83032	ST PETER'S STREET MEDICAL PRACTICE	13%	28%	29%	19%	20%	32%	26%	13%	26%	20%	15%	21%	41%	30%	18%	10%	89%	9%	2%	41%	29%	8%	7%	44%	23%	13%	9%	35%	55%	8%	2%	29%	52%	19%
Islington	F83002	RIVER PLACE HEALTH CENTRE	35%	33%	14%	4%	29%	32%	14%	9%	21%	41%	17%	11%	40%	45%	9%	7%	77%	13%	10%	54%	25%	10%	4%	55%	23%	7%	2%	26%	46%	20%	9%	32%	52%	16%
Islington	F83045	THE MILLER PRACTICE	34%	49%	7%	1%	34%	37%	15%	6%	48%	24%	17%	6%	40%	54%	6%	*	91%	5%	4%	52%	30%	5%	1%	50%	32%	3%	1%	32%	47%	17%	5%	40%	33%	28%
Islington	F83681	PARTNERSHIP PRIMARY CARE CENTRE	21%	23%	29%	6%	33%	25%	20%	12%	21%	22%	21%	18%	35%	41%	19%	5%	87%	7%	6%	31%	37%	22%	2%	46%	25%	15%	1%	16%	61%	21%	1%	42%	25%	32%
Islington	F83015	ST JOHNS WAY MEDICAL CENTRE	12%	34%	27%	6%	23%	37%	19%	8%	24%	23%	26%	13%	45%	45%	8%	2%	80%	11%	9%	35%	38%	10%	5%	39%	37%	9%	4%	17%	63%	12%	7%	31%	37%	32%
Islington	F83060	THE NORTHERN MEDICAL CENTRE	14%	61%	16%	2%	12%	44%	15%	9%	12%	32%	10%	18%	38%	41%	18%	3%	89%	9%	2%	37%	36%	7%	6%	33%	37%	7%	2%	31%	43%	20%	6%	34%	40%	26%
Islington	F83664	THE VILLAGE PRACTICE	37%	34%	12%	4%	29%	33%	26%	4%	29%	31%	14%	17%	45%	40%	13%	1%	79%	14%	7%	57%	24%	4%	5%	55%	26%	6%	3%	19%	46%	22%	13%	16%	44%	39%
Islington	F83004	ARCHWAY MEDICAL CENTRE	20%	25%	24%	9%	30%	35%	12%	5%	13%	30%	16%	9%	34%	37%	24%	5%	82%	11%	7%	28%	36%	10%	6%	26%	37%	8%	8%	16%	51%	25%	7%	17%	42%	41%
Islington	F83008	THE GOODINGE GROUP PRACTICE	19%	34%	21%	8%	27%	20%	21%	14%	23%	13%	19%	25%	50%	36%	11%	3%	82%	16%	2%	42%	32%	11%	5%	51%	26%	12%	*	20%	37%	36%	7%	19%	36%	46%
Islington	Y01066	HANLEY PRIMARY CARE CENTRE	17%	31%	21%	19%	26%	9%	24%	23%	14%	11%	13%	32%	40%	40%	12%	8%	79%	8%	13%	34%	33%	7%	11%	29%	35%	12%	8%	22%	38%	36%	4%	29%	17%	54%
Islington	F83686	STROUD GREEN MEDICAL CENTRE	41%	40%	7%	2%	31%	23%	19%	9%	31%	26%	15%	15%	60%	31%	7%	2%	88%	7%	5%	54%	28%	3%	3%	53%	31%	5%	1%	35%	44%	16%	5%	28%	38%	34%
Islington	F83666	ANDOVER MEDICAL CENTRE	24%	34%	19%	12%	21%	26%	19%	20%	27%	14%	20%	29%	47%	29%	9%	15%	73%	15%	11%	32%	29%	13%	12%	40%	31%	4%	9%	32%	45%	17%	6%	31%	21%	48%
Islington	F83671	THE BEAUMONT PRACTICE	19%	24%	21%	10%	26%	31%	16%	20%	17%	31%	25%	21%	29%	49%	13%	9%	87%	9%	4%	33%	29%	12%	10%	33%	39%	11%	5%	7%	66%	15%	12%	19%	46%	35%
Islington	F83674	THE JUNCTION MEDICAL PRACTICE	29%	44%	11%	0%	30%	18%	30%	5%	44%	15%	17%	12%	41%	35%	18%	6%	89%	4%	7%	43%	33%	4%	2%	40%	42%	6%	2%	25%	52%	20%	3%	22%	48%	29%
Islington	F83039	THE RISE GROUP PRACTICE	25%	56%	11%	*	19%	24%	17%	24%	25%	28%	7%	23%	41%	38%	15%	6%	91%	3%	5%	46%	29%	2%	5%	40%	30%	9%	6%	22%	59%	12%	7%	35%	36%	29%
Islington	F83652	AMWELL GROUP PRACTICE	19%	30%	11%	15%	14%	41%	13%	11%	7%	28%	22%	15%	43%	39%	4%	14%	83%	13%	4%	42%	31%	6%	15%	55%	26%	1%	10%	30%	41%	27%	2%	39%	31%	30%
Islington	F83033	BARNSBURY MEDICAL PRACTICE	41%	29%	12%	6%	40%	27%	13%	9%	22%	29%	18%	11%	53%	37%	7%	3%	79%	18%	3%	38%	36%	8%	7%	48%	35%	8%	4%	26%	43%	27%	5%	28%	44%	27%
Islington	F83064	CITY ROAD MEDICAL CENTRE	28%	32%	12%	12%	30%	32%	11%	12%	16%	23%	27%	16%	48%	37%	9%	6%	83%	10%	7%	37%	34%	3%	10%	41%	38%	2%	8%	31%	38%	26%	5%	31%	35%	34%
Islington	F83624	CLERKENWELL MEDICAL PRACTICE	29%	36%	10%	8%	32%	32%	15%	10%	26%	36%	15%	10%	39%	49%	7%	5%	80%	17%	3%	41%	33%	3%	8%	46%	36%	7%	4%	23%	57%	17%	3%	33%	41%	26%
Islington	F83063	KILLICK STREET HEALTH CENTRE	17%	42%	19%	13%	20%	35%	9%	16%	31%	22%	12%	22%	47%	37%	13%	3%	80%	13%	8%	40%	30%	5%	14%	48%	24%	6%	7%	13%	56%	24%	6%	25%	38%	37%
Islington	F83678	DR SEGARAJASINGHE	39%	31%	12%	4%	50%	18%	10%	16%	46%	16%	12%	15%	63%	26%	5%	6%	79%	9%	12%	50%	34%	4%	5%	57%	35%	2%	1%	24%	52%	14%	10%	31%	52%	17%
Islington	F83021	RITCHIE STREET GROUP PRACTICE	16%	53%	16%	6%	26%	21%	11%	22%	18%	27%	22%	22%	37%	55%	4%	4%	93%	3%	4%	38%	45%	6%	4%	46%	36%	4%	2%	35%	52%	9%	4%	23%	50%	27%

Practice					Practice Demographics				Healthchecks	Practice Survey 2025							Workforce				Quality
Borough	Practice Name	ODS Code	PCN	QOF Score (22/23)	List Size - May 25	List Size - age 40+	List Size Change - Jan/Mar (Q4)	% of Patients with a Long Standing Condition	No. of LD Healthchecks completed Vs eligible - Cumulative YTD	Ease of contact via telephone (% easy)	Ease of contact via website (% easy)	Ease of contact via NHS App (% easy)	Experience of reception team (% helpful)	Clear after contact what would happen next (% yes)	Overall experience of contacting practice (% good)	Overall experience of practice (% good)	FTE GPs	FTE GPs Rate Per 1000 (UK Average - 0.45)	FTE GP Nurses	FTE GP Nurse Rate Per 1000	CQC Overall Rating
Barnet	Colindale Medical Centre	E83637	PCN 1D	606.85	12268	3,490	-0.4%	37%	124%	39%	47%	42%	80%	72%	60%	69%	3.3	0.27			Good
Barnet	Hendon Way Surgery	Y03663	PCN 1D	528.54	9661	3,552	-0.1%	36%	5%	45%	39%	42%	66%	70%	56%	66%	3.3	0.34	0.51	0.05	Good
Barnet	Jai Medical Centre	E83038	PCN 1D	572.02	9035	4,216	-0.4%	44%	43%	52%	33%	41%	76%	76%	56%	63%	0.2	0.03	1.00	0.11	Good
Barnet	Mulberry Medical Practice	E83046	PCN 1D	525.13	8208	4,401	0.3%	44%	0%	40%	37%	32%	68%	67%	51%	58%	3.6	0.44	1.52	0.19	Good
Barnet	Oak Lodge Medical Centre	E83032	PCN 1D	574.37	17623	7,490	-0.4%	33%	41%	45%	59%	63%	73%	72%	64%	74%	10.5	0.60	3.19	0.18	Good
Barnet	Wakemans Hill Surgery	E83041	PCN 1D	574.28	4734	2,025	0.0%	41%	11%	45%	51%	47%	70%	78%	67%	71%	1.7	0.35	0.56	0.12	
Barnet	Deans Lane Medical Centre	E83668	PCN 1W	508.22	4000	2,762	-0.5%	46%	0%	60%	59%	66%	79%	78%	71%	74%	0.9	0.23	0.53	0.13	Good
Barnet	Parkview Surgery	E83028	PCN 1W	542.83	6291	3,567	-0.2%	46%	5%	66%	39%	53%	89%	85%	78%	83%	2.0	0.32			Good
Barnet	The Everglade Medical Practice	E83011	PCN 1W	532.45	11015	7,990	0.4%	40%	78%	29%	40%	29%	73%	72%	57%	66%	7.8	0.71	1.52	0.14	Requires improvement
Barnet	Watling Medical Centre	E83018	PCN 1W	558.14	18229	4,690	0.2%	46%	21%	44%	41%	23%	81%	79%	64%	76%	14.5	0.79	3.45	0.19	Good
Barnet	Brunswick Park Medical Practice	E83621	PCN 2	591.49	9254	3,627	0.0%	47%	39%	45%	47%	46%	85%	83%	70%	81%	8.1	0.88	3.09	0.33	Good
Barnet	Colney Hatch lane Surgery	E83034	PCN 2	518.78	5010	5,900	1.2%	45%	3%	39%	36%	34%	76%	74%	63%	65%	1.7	0.34	0.37	0.07	Good
Barnet	East Barnet Health Centre	E83613	PCN 2	625.54	11407	4,695	-0.2%	48%	27%	29%	21%	33%	73%	72%	52%	61%	7.4	0.65	1.48	0.13	Good
Barnet	East Finchley Medical Centre	E83050	PCN 2	527.01	7490	6,028	-0.1%	52%	5%	51%	29%	35%	81%	89%	65%	72%	2.5	0.34	0.85	0.11	Good
Barnet	Friern Barnet Medical Centre	E83045	PCN 2	582.25	9843	4,797	0.9%	43%	3%	43%	19%	38%	79%	88%	64%	77%	5.4	0.55	1.00	0.10	Good
Barnet	Rosemary Surgery	E83639	PCN 2	489.54	6361	2,798	0.0%	39%	41%	55%	43%	61%	73%	80%	61%	62%	4.2	0.65			Good
Barnet	St Andrews Medical Practice	E83024	PCN 2	592.9	11590	4,972	-1.0%	43%	50%	38%	26%	16%	64%	67%	42%	54%	10.2	0.88	2.64	0.23	Good
Barnet	The Clinic (Oakleigh Rd North)	E83003	PCN 2	562.12	10400	3,196	-2.3%	39%	49%	59%	42%	53%	86%	82%	70%	80%	7.0	0.68	0.53	0.05	Good
Barnet	The Speedwell Practice	E83010	PCN 2	594.9	12483	2,848	1.1%	38%	8%	51%	40%	43%	84%	86%	72%	75%	8.1	0.65	2.49	0.20	Good
Barnet	The Village Surgery	E83031	PCN 2	545.68	6152	4,014	0.4%	40%	47%	63%	67%	61%	90%	89%	78%	86%	2.6	0.43	0.69	0.11	Good
Barnet	Torrington Park Group Practice	E83021	PCN 2	526.47	12577	1,150	0.0%	40%	98%	34%	36%	31%	68%	70%	57%	62%	8.2	0.65	1.97	0.16	Requires improvement
Barnet	Woodlands Medical Practice	Y00316	PCN 2	559.31	5537	2,849	0.3%	46%	38%	57%	55%	49%	84%	76%	65%	69%	1.5	0.26	0.40	0.07	Good
Barnet	Addington Medical Centre	E83044	PCN 3	514.4	9845	9,185	0.9%	48%	29%	51%	63%	53%	83%	96%	77%	87%	4.1	0.42			Good
Barnet	Cornwall House Surgery	E83013	PCN 3	580.42	5738	2,429	-0.1%	45%	62%	34%	30%	30%	71%	73%	45%	55%	5.7	0.99	0.29	0.05	Good
Barnet	Lichfield Grove Surgery	E83005	PCN 3	598.81	6173	2,863	-0.7%	41%	41%	44%	39%	31%	77%	79%	58%	64%	2.0	0.33	0.13	0.02	Good
Barnet	Longrove Surgery	E83017	PCN 3	568.81	17563	2,725	0.3%	47%	24%	36%	40%	41%	81%	86%	57%	64%	11.7	0.67	2.79	0.16	Good
Barnet	Squires Lane Medical Practice	E83007	PCN 3	572.07	5063	4,622	-0.3%	44%	79%	36%	29%	38%	62%	52%	37%	51%	2.0	0.39	0.73	0.14	Good
Barnet	The Old Court House Surgery	E83012	PCN 3	574.44	10226	5,640	0.5%	37%	23%	51%	40%	37%	83%	87%	71%	69%	5.3	0.52	1.88	0.18	Good
Barnet	Wentworth Medical Practice	E83035	PCN 3	577.34	18293	6,504	-0.7%	52%	28%	26%	42%	25%	78%	82%	58%	62%	9.0	0.49	4.81	0.26	Good
Barnet	Lane End Medical Group	E83053	PCN 4	545.9	14658	6,318	0.2%	42%	26%	40%	58%	55%	79%	82%	59%	70%	10.6	0.73	1.75	0.12	Good
Barnet	Langstone Way Surgery	E83049	PCN 4	523.18	7625	2,238	0.4%	47%	3%	21%	17%	18%	51%	67%	33%	35%	1.9	0.24	2	0.26	
Barnet	Millway Medical Practice	E83016	PCN 4	604.86	24192	6,177	-0.6%	51%	12%	37%	53%	49%	77%	83%	69%	71%	10.7	0.44	1.63	0.07	Good
Barnet	Penshurst Gardens Surgery	E83030	PCN 4	573.77	7369	3,772	-0.3%	42%	20%	26%	39%	26%	67%	84%	44%	59%	3.1	0.42	0.76	0.10	Good
Barnet	Cricklewood Health Centre	Y02986	PCN 5	556.3	5222	9,163	1.0%	41%	218%	68%	56%	53%	82%	77%	75%	78%	1.5	0.28	1.10	0.21	
Barnet	Dr Azim and Partners	Y03664	PCN 5	421.76	8521	3,377	0.4%	45%	2%	29%	43%	31%	54%	60%	45%	57%	3.6	0.42	0.81	0.10	Good
Barnet	Greenfield Medical Centre	E83006	PCN 5	572.07	7035	1,531	0.5%	43%	44%	47%	47%	48%	70%	71%	62%	65%	3.4	0.48	0.99	0.14	Good
Barnet	Pennine Drive Practice	E83025	PCN 5	530.28	7913	3,586	0.1%	33%	7%	54%	43%	55%	66%	73%	69%	67%	3.8	0.49	1.19	0.15	Good
Barnet	Ravenscroft Medical Centre	E83039	PCN 5	588.78	5750	3,292	0.3%	48%	39%	67%	51%	41%	82%	82%	77%	81%	3.3	0.57	0.40	0.07	Good
Barnet	St Georges Medical Centre	E83020	PCN 5	575.73	11875	4,005	-0.1%	44%	156%	22%	30%	30%	72%	66%	48%	63%	6.1	0.51	2.01	0.17	Good
Barnet	Adler JS-The Surgery	E83600	PCN 6	580.25	7672	5,045	0.0%	53%	29%	93%	65%	77%	97%	96%	92%	91%	4.1	0.54	1.21	0.16	Good
Barnet	Heathfield Medical Centre	E83008	PCN 6	620.08	8433	963	0.2%	39%	11%	35%	12%	23%	66%	74%	49%	52%	4.1	0.48	0.53	0.06	Good
Barnet	PHGH Doctors	E83009	PCN 6	597.08	12854	4,471	-0.4%	48%	3%	48%	63%	67%	81%	80%	74%	73%	2.1	0.17	0.64	0.05	Good
Barnet	Supreme Medical Practice	E83026	PCN 6	428.16	3938	1,651	0.3%	27%	111%	46%	38%	33%	77%	72%	64%	70%	3.5	0.89	1.00	0.25	Good
Barnet	Temple Fortune Medical Group	E83622	PCN 6	522.64	9457	4,450	-1.4%	50%	0%	49%	41%	50%	78%	74%	64%	68%	1.5	0.16	0.87	0.09	Good
Barnet	The Hodford Road Practice	E83649	PCN 6	588.98	4491	5,653	-0.2%	44%	43%	87%	62%	65%	89%	91%	81%	86%	4.1	0.91	0.48	0.11	Requires improvement
Barnet	The Mountfield Surgery	E83638	PCN 6	574.24	5205	2,426	1.2%	40%	143%	73%	40%	39%	79%	81%	66%	79%	1.8	0.35	0.53	0.10	Good
Barnet	The Phoenix Practice	E83653	PCN 6	578.06	12083	1,994	0.4%	38%	4%	57%	32%	30%	86%	80%	72%	80%	1.7	0.14	1.52	0.13	Good
Barnet	The Practice at 188	E83027	TBC	563.36	10155	3,637	-1.4%	52%	16%	43%	40%	50%	73%	74%	54%	61%	5.4	0.54	1.17	0.12	Good
Camden	Ampthill Practice	F83006	Central Camden	551.49	15715	1,870	-0.2%	36%	26%	61%	49%	50%	82%	78%	70%	81%	6.0	0.38			Good
Camden	Brunswick Medical Centre	F83048	Central Camden	590.91	9281	3,961	0.0%	49%	117%	37%	15%	24%	61%	73%	47%	49%	3.1	0.33	1.24	0.13	Good
Camden	Kings Cross Surgery	F83635	Central Camden	579.94	8216	2,073	-0.4%	30%	31%	45%	5%	34%	53%	82%	45%	55%	1.3	0.16	2.09	0.25	Good
Camden	Ridgmount Practice	F83043	Central Camden	635	15883	3,453	0.5%	43%	0%	89%	75%	48%	90%	95%	87%	91%	8.8	0.55	2.73	0.17	Good
Camden	Somers Town Medical Practice	F83683	Central Camden	577.14	6047	1,032	-0.2%	46%	41%	27%	27%	31%	71%	70%	57%	57%	2.7	0.44	0.31	0.05	Good
Camden	Swiss Cottage Surgery	F83665	Central Camden	616.08	16979	1,570	0.4%	47%	44%	70%	82%	74%	83%	91%	81%	82%	13.0	0.76	2.00	0.12	Good
Camden	The Bloomsbury Surgery	F83044	Central Camden	601.37	8785	660	0.4%	21%	0%	56%	80%	70%	78%	78%	72%	65%	6.7	0.77			Good
Camden	The Regents Park Practice	F83025	Central Camden	542.75		1,515	0.0%	51%									5.6		1.00		Good
Camden	Belsize Priory Medical Practice	F83658	Central Hampstead	565.9	6303	5,792	-0.2%	37%	41%	55%	60%	60%	88%	83%	71%	72%	1.2	0.19	0.29	0.05	Good
Camden	Cholmley Gardens Surgery	F83615	Central Hampstead	588.58	8133	1,839	0.3%	54%	174%	70%	65%	61%	92%	88%	81%	89%	2.4	0.29	0.64	0.08	Good
Camden	Daleham Gardens Health Centre	F83633	Central Hampstead	562.96	4990	2,615	-0.1%	40%	86%	91%	62%	63%	94%	90%	80%	95%	1.7	0.34			Good
Camden	Fortune Green Road Surgery	F83050	Central Hampstead	571.37	3484	5,250	0.5%	48%	20%	83%	70%	66%	90%	93%	89%	88%	2.0	0.57	0.75	0.21	Good
Camden	Grays Inn Road Medical centre	F83042	Central Hampstead	564.65	8626	2,070	0.0%	39%	30%	85%	70%	56%	91%	88%	82%	79%	2.8	0.33	1.07	0.12	Good
Camden	Primrose Hill Surgery	F83011	Central Hampstead	585.01	8685	1,784	-0.5%	49%	29%	91%	73%	74%	95%	92%	87%	84%	4.7	0.54			Good
Camden	Caversham Group Practice	F83022	Kentish Town Central	578.65	16644	1,912	1.4%	45%	28%	49%	30%	38%	86%	79%	72%	82%	18.0	1.08	3.11	0.19	Good
Camden	Parliament Hill Surgery	F83057	Kentish Town Central	622.59	8502	3,673	-0.1%	42%	48%	80%	68%	62%	92%	93%	85%	91%	9.3	1.09	0.43	0.05	Good
Camden	Prince of Wales Group Surgery	F83018	Kentish Town Central	539.08	8244	2,330		43%	33%	64%	53%	57%	76%	83%	70%	71%	7.1	0.86	1.07	0.13	Inadequate
Camden	James Wigg Practice	F83023	Kentish Town South	540.38	23169	6,920	1.2%	49%	49%	30%	33%	26%	79%	73%	49%	62%	15.7	0.68	3.41	0.15	Good
Camden	Queens Crescent Practice	F83632	Kentish Town South	528.82	6786	3,311	-0.6%	49%	71%	46%	48%	23%	72%	70%	66%	76%	4.1	0.60	0.85	0.13	Good
Camden	Adelaide Medical Centre	F83020	North Camden	580.37	11597	3,826	-0.4%	48%	66%	71%	82%	52%	87%	91%	84%	83%	6.9	0.60	1.00	0.09	Good
Camden	Brookfield Park Surgery	F83052	North Camden	631.67	3856	9,523	0.2%	36%	100%	90%	66%	62%	94%	94%	92%	86%	3.1	0.81			Good
Camden	Hampstead Group Practice	F83017	North Camden	621.01	17911	2,809	-1.4%	44%	5%	85%	61%	52%	93%	93%	85%	85%	15.8	0.88	3.27	0.18	Good
Camden	Keats Group Surgery	F83623	North Camden	591.11	13375	5,704	0.0%	40%	10%	68%	59%	41%	86%	93%	79%	75%	11.1	0.83	2.00	0.15	Good
Camden	Park End Surgery	F83003	North Camden	591.26	7923	1,796	-0.4%	48%	318%	79%	75%	55%	92%	94%	86%	90%	5.8	0.74	1.19	0.15	Good
Camden	Holborn Medical Centre	F83058	South Camden	570.68	11103	8,079	0.2%	39%	15%	90%	62%	47%	95%	93%	93%	94%	7.0	0.63	0.60	0.05	Good
Camden	Museum Practice	F83061	South Camden	595.72	5688	6,736	1.0%	45%	43%	94%	90%	92%	96%	99%	99%	98%	4.8	0.84	0.40	0.07	Good
Camden	St Philips Medical Centre	F83672	South Camden	609.08	15961	4,040	0.7%	42%	50%	82%	59%	51%	92%	95%	76%	59%	6.9	0.43	0.32	0.02	
Camden	Brondesbury Medical Centre	F83059	West and Central	575.22	22958	2,863	-0.8%	38%	3%	70%	69%	73%	89%	91%	79%	83%	17.9	0.78	1.85	0.08	
Camden	Gower Street Practice	F83005	West and Central	588.12	18873	2,258	-0.2%	44%	110%	74%	79%	50%	65%	78%	73%	59%	6.7	0.35	0.20	0.01	Good
Camden	Abbey Medical Centre	F83019	West Camden	576.92	13388	1,102	-0.8%	52%	55%	70%	74%	59%	95%	97%	87%	94%	6.2	0.47			Good
Camden	West Hampstead Medical Centre	F83055	West Camden	590.59	23305	8,312	0.7%	36%	69%	71%	54%	59%	92%	89%	83%	85%	13.4	0.58	0.67	0.03	Good
Enfield	Angel Surgery	Y00057	Edmonton PCN	569.15	15460	3,699	0.1%	46%	54%	50%	60%	57%	80%	73%	55%	60%	3.5	0.23	1.15	0.07	Good
Enfield	Boundary House Surgery	F85676	Edmonton PCN	564	5624	1,626	0.3%	45%	22%	62%	57%	57%	83%	77%	69%	69%	1.3	0.23	1.47	0.26	Good
Enfield	Edmonton Medical Practice	F85666	Edmonton PCN	563.84	3948	6,065	0.6%	40%	36%	64%	60%	52%	81%	88%	79%	81%	2.3	0.58			Good
Enfield	Keats Surgery	F85010	Edmonton PCN	560.51	4417	5,062	-0.2%	37%	14%	70%	56%	51%	86%	81%	75%	75%	2.0	0.45	1.32	0.30	Good
Enfield	Latymer Road Surgery	F85663	Edmonton PCN	547.16	4751	2,299	-0.9%	44%	23%	47%	44%	28%	67%	76%	43%	59%	0.3	0.07			Good
Enfield	Chalfont Road Surgery	F85682	Enfield Care Network PCN	572.93	6205	2,457	0.7%	48%	36%	65%	61%	59%	86%	81%	76%	83%	1.9	0.30	0.51	0.08	
Enfield	East Enfield Practice	F85634	Enfield Care Network PCN	570.46	9454	2,224	-1.1%	42%	51%	28%	43%	45%	72%	71%	55%	61%	1.5	0.16	0.53	0.06	Good
Enfield	Evergreen Primary Care Centre	Y03402	Enfield Care Network PCN	553.27	19238	1,643	-0.1%	37%	0%	38%	53%	47%	66%	65%	51%	68%	8.4	0.44	3.00	0.16	Good
Enfield	Grovelands Medical Centre	F85072	Enfield Care Network PCN	546.82	9630		-0.5%	51%	8%	69%	39%	60%	80%	85%	77%	74%	3.3	0.34	2.15	0.22	Good
Enfield	Rainbow Practice	F85039	Enfield Care Network PCN	548.7	7288	1,933	0.6%	46%	90%	62%	49%	44%	89%	82%	77%	88%	2.2	0.30	0.71	0.10	Good
Enfield	The Ordnance Unity Centre for Health	F85023	Enfield Care Network PCN	563.6	13061	1,899	-1.3%	45%	65%	37%	43%	41%	75%	85%	62%	65%	5.1	0.39	1.40	0.11	
Enfield	White Lodge Medical Practice	F85025	Enfield Care Network PCN	560.61	14952	1,323	0.3%	39%	9%	34%	35%	22%	80%	86%	61%	65%	7.5	0.50	0.99	0.07	
Enfield	Arnos Grove Medical Centre	F85700	Enfield South West PCN	553.39	8225	7,661	0.2%	44%	188%	45%	45%	53%	79%	79%	56%	59%	4.9	0.59			Good
Enfield	Bincote Surgery	F85625	Enfield South West PCN	602.54	6904	5,373	1.7%	34%	28%	66%	53%	51%	89%	89%	81%	82%	3.2	0.47	0.69	0.10	Good
Enfield	Gillan House Surgery	F85701	Enfield South West PCN	568.77	12827	2,317	0.3%	43%	92%	57%	42%	31%	89%	87%	76%	82%	4.7	0.37	0.99	0.08	Good
Enfield	Morecambe Surgery	F85650	Enfield South West PCN	577.63	5989	3,811	-0.1%	39%	32%	65%	52%	41%	78%	83%	67%	70%	1.9	0.32	0.88	0.15	Good
Enfield	The North London Health Centre	F85642	Enfield South West PCN	552.06	8990	6,163	0.5%	54%	37%	52%	41%	25%	79%	70%	64%	71%	4.0	0.45	1.12	0.12	Good
Enfield	The Woodberry Practice	F85020	Enfield South West PCN	573.34	10178	2,643	0.8%	40%	49%	70%	64%	53%	95%	93%	92%	92%	2.4	0.23	0.67	0.07	Good
Enfield	Cockfosters Medical Centre	F85016	Enfield Unity PCN	537.66	7150	3,534	0.0%	48%	58%	60%	29%	33%	79%	85%	74%	74%	2.7	0.38	0.63	0.09	Good
Enfield	Eagle House Surgery	F85004	Enfield Unity PCN	568.21	12520	4,884	-0.8%	37%	58%	33%	27%	39%	66%	68%	47%	63%	8.9	0.71	1.80	0.14	Good
Enfield	Green Cedars Medical Centre	Y00612	Enfield Unity PCN	597.45	4778	2,468	0.1%	39%	76%	60%	25%	41%	82%	73%	67%	69%	2.2	0.46			Good
Enfield	Highlands Practice	F85035	Enfield Unity PCN	487.9	11573	1,951	-0.4%	48%	23%	39%	51%	50%	87%	79%	66%	78%	10.4	0.90	1.47	0.13	Good
Enfield	Medicus Health Partners	F85002	Enfield Unity PCN	564.99	93788	4,858	-1.2%	48%	25%	36%	34%	30%	67%	72%	48%	59%	38.4	0.41	9.64	0.10	Good
Enfield	Nightingale House Surgery	F85058	Enfield Unity PCN	551.76	6212	3,772	-0.6%	45%	9%	60%	61%	62%	73%	76%	68%	74%	2.6	0.41	1.53	0.25	Good
Enfield	Oakwood Medical Centre	F85687	Enfield Unity PCN	572.35	8502	6,282	2.3%	46%	6%	43%	38%	43%	76%	75%	68%	73%	3.4	0.40	0.75	0.09	Good
Enfield	Southgate	F85032	Enfield Unity PCN	521.35	9700	2,426	-0.2%	50%	79%	44%	57%	49%	63%	84%	69%	64%	4.3	0.44	1.27	0.13	Good
Enfield	The Bounces Road Surgery	F85044	Enfield Unity PCN	554.74	7019	5,906	0.7%	47%	124%	67%	47%	63%	89%	86%	77%	84%	6.1	0.86	0.85	0.12	Good
Enfield	Abernethy House Surgery	F85029	West Enfield Collaborative PCN	608.51	12088	48,453	-0.3%	49%	50%	55%	48%	42%	73%	94%	72%	78%	12.2	1.01	0.93	0.08	Good
Enfield	Town Surgery	F85678	West Enfield Collaborative PCN	615.09	4266	3,162	-0.4%	55%	12%	87%	64%	71%	88%	94%	83%	74%	1.4	0.32	0.08	0.02	Good
Enfield	Winchmore Hill Practice	F85033	West Enfield Collaborative PCN	551.39	20932	3,860	-0.3%	43%	23%	71%	59%	67%	90%	92%	80%	88%	12.2	0.58	1.72	0.08	Good
Haringey	Hornsey Park Surgery	F85046	Haringey - East Central	555.13	10964	9,350	0.2%	43%	6%	72%	63%	54%	83%	79%	78%	72%	3.0	0.28	0.43	0.04	Good
Haringey	Staunton Group Practice	F85008	Haringey - East Central	548.36	11867	4,407	0.0%	31%	50%	44%	53%	57%	74%	73%	60%	72%	2.2	0.19	1.00	0.08	Requires improvement
Haringey	The Old Surgery	F85697	Haringey - East Central	632.4	1725	11,213	-1.2%	44%	120%	83%	71%	68%	87%	81%	78%	84%	0.9	0.51			Good
Haringey	West Green Road Surgery	F85669	Haringey - East Central	610.23	23881	2,390	-0.2%	50%	2%	71%	36%	42%	87%	86%	76%	74%	7.4	0.31	0.21	0.01	Outstanding
Haringey	Bridge House Medical Practice	Y03135	Haringey - N15/South East Haringey	543.91	9194	1,908	-0.7%	41%	50%	51%	45%	44%	77%	81%	56%	54%	3.1	0.34	0.93	0.10	Good
Haringey	Grove Road Surgery	F85623	Haringey - N15/South East Haringey	560.9	4665	2,156	-0.3%	47%	17%	64%	67%	57%	86%	79%	75%	76%	2.4	0.51	0.21	0.05	Good
Haringey	Havergal Surgery	F85060	Haringey - N15/South East Haringey	549.4	5429	6,225	0.2%	47%	55%	50%	47%	47%	70%	80%	66%	73%	3.1	0.58	0.67	0.12	Good
Haringey	JS Medical Practice	F85705	Haringey - N15/South East Haringey	547.95	12832	1,098	0.9%	35%	40%	44%	35%	39%	77%	76%	57%	64%	1.1	0.09	0.72	0.06	
Haringey	St Ann's Road Surgery	Y02117	Haringey - N15/South East Haringey	592.23	15534	5,649	0.1%	27%	61%	37%	31%	30%	66%	67%	43%	56%	6.4	0.41	2.12	0.14	Good
Haringey	Arcadian Gardens Surgery	F85034	Haringey - North Central	572.2	8511	1,970	-0.5%	41%	42%	67%	45%	54%	92%	89%	75%	67%	3.1	0.36	1.49	0.18	Good
Haringey	Bounds Green Group Practice	F85066	Haringey - North Central	560.48	18947	2,653	-0.4%	42%	9%	39%	48%	44%	81%	79%	71%	70%	13.0	0.69	1.27	0.07	Good
Haringey	Cheshire Road Surgery	F85640	Haringey - North Central	524.36	6635	5,280	-0.2%	40%	10%	67%	57%	69%	90%	88%	81%	91%	2.4	0.36	0.80	0.12	Good
Haringey	Stuart Crescent Health Centre	F85064	Haringey - North Central	532.5	7535	1,015	-0.3%	49%	6%	70%	67%	57%	85%	75%	73%	75%	2.0	0.27	0.96	0.13	Good
Haringey	Stuart Crescent Medical Practice	F85065	Haringey - North Central	591.22	3197	6,164	0.1%	44%	61%	60%	49%	48%	78%	80%	71%	75%	2.8	0.88	0.72	0.23	Requires improvement
Haringey	The Alexandra Surgery	F85675	Haringey - North Central	612	5583	2,399	-0.2%	44%	32%	63%	30%	42%	88%	86%	73%	83%	1.6	0.29			Good
Haringey	Bruce Grove Primary Health Care Centre	F85028	Haringey - North East	564.9	7041	8,930	1.7%	44%	27%	68%	59%	56%	79%	71%	78%	75%	2.9	0.41	0.53	0.08	Requires improvement
Haringey	Charlton House Medical Centre	F85017	Haringey - North East	581	6699	3,151	0.0%	40%	8%	85%	70%	63%	95%	91%	91%	91%	1.7	0.25	0.84	0.13	Inadequate
Haringey	Morris House Group Practice	F85019	Haringey - North East	563.89	14812	2,515	0.4%	39%	15%	42%	40%	31%	76%	80%	57%	70%	8.0	0.54	2.07	0.14	Good
Haringey	Somerset Gardens Family Health Centre	F85030	Haringey - North East	514.44	13309	4,493	0.1%	49%	25%	37%	42%	60%	77%	81%	64%	69%	5.8	0.44	0.40	0.03	Good
Haringey	Westbury Medical Centre	F85031	Haringey - North East	581	12540	0	0.1%	39%	54%	53%	45%	40%	86%	83%	72%	73%	2.9	0.23	0.61	0.05	Good
Haringey	Highgate Group Practice	F85014	Haringey - North West	593.8	16649	6,041	0.1%	40%	0%	78%	48%	58%	94%	84%	81%	90%	9.9	0.59	3.13	0.19	Good
Haringey	Rutland House Surgery	F85688	Haringey - North West	601.16	10569	5,885	0.1%	42%	0%	54%	50%	45%	84%	87%	68%	73%	5.7	0.54	1.12	0.11	Good
Haringey	The Muswell Hill Practice	F85063	Haringey - North West	609.06	17525	4,895	-0.7%	36%	69%	80%	67%	73%	99%	89%	84%	88%	14.3	0.82	1.52	0.09	Outstanding
Haringey	The Vale Practice	Y01655	Haringey - North West	594.04	10050	8,573	0.3%	47%	6%	68%	11%	16%	89%	86%	76%	79%	4.3	0.43	0.43	0.04	Good
Haringey	Christchurch Hall Surgery	F85061	Haringey - South West	543.77	2913	3,375	0.0%	51%	82%	83%	40%	62%	87%	90%	84%	80%	1.8	0.62			Good
Haringey	Crouch Hall Road Surgery	F85069	Haringey - South West	580.27	8455	4,969	1.4%	43%	21%	75%	69%	54%	86%	92%	86%	88%	4.3	0.51	1.27	0.15	Good
Haringey	Queenswood Medical Practice	Y03035	Haringey - South West	593.64	21597	2,470	-0.2%	43%	139%	50%	75%	64%	83%	91%	71%	80%	13.9	0.64	3.01	0.14	Good
Haringey	The 157 Medical Practice	F85067	Haringey - South West	612	4426	7,253	-2.1%	48%	3%	62%	66%	48%	84%	85%	73%	70%	0.9	0.21	0.37	0.08	Good
Haringey	Dowsett Road Surgery	F85628	Haringey - Welbourne	576.89	8518		0.5%	38%	0%	59%	44%	53%	89%	88%	79%	70%	2.8	0.33	0.93	0.11	Good
Haringey	Fernlea Surgery	F85071	Haringey - Welbourne	552.88	12474	3,332	0.5%	49%	20%	57%	58%	52%	86%	82%	75%	85%	8.1	0.65	2.87	0.23	Good
Haringey	Lawrence House Surgery	F85007	Haringey - Welbourne	577.71	16659	7,453	0.3%	52%	9%	55%	54%	45%	84%	73%	68%	71%	14.1	0.85	1.89	0.11	Good
Haringey	Tottenham Hale Medical Practice	Y05330	Haringey - Welbourne	587	4772	2,046	0.0%	39%	194%	70%	47%	44%	92%	78%	72%	77%	2.4	0.50			Good
Haringey	Tottenham Health Centre	F85615	Haringey - Welbourne	535.38	5944	4,201	-1.4%	39%	69%	67%	60%	67%	83%	82%	76%	74%	2.6	0.44	0.53	0.09	Requires improvement
Haringey	Tynemouth Medical Practice	F85013	Haringey - Welbourne	544.98	9414	7,360	0.4%	40%	2%	52%	59%	52%	87%	86%	70%	76%	4.9	0.52	2.56	0.27	Good
Islington	Highbury Grange Medical Practice	F83660	Central 1 Network	513.05	9179	818	-0.3%	33%	7%	41%	29%	21%	70%	72%	58%	62%	3.1	0.34	1.71	0.19	Good
Islington	Islington Central Medical Centre	F83010	Central 1 Network	563.22	22240	2,387	4.6%	45%	31%	51%	46%	38%	81%	83%	75%	77%	4.3	0.19	0.83	0.04	Good
Islington	Mildmay Medical Practice	F83053	Central 1 Network	525.78	7892	3,963	0.8%	40%	39%	70%	54%	50%	85%	77%	75%	80%	4.9	0.63	1.08	0.14	
Islington	Roman Way Medical Centre	F83007	Central 1 Network	569.22	3566	4,469	0.3%	41%	24%	57%	32%	27%	83%	81%	71%	72%	2.0	0.56	0.40	0.11	Good
Islington	Sobell Medical Centre	F83680	Central 1 Network	545.82	4835	1,877	0.4%	41%	125%	88%	60%	76%	93%	89%	96%	92%	1.7	0.36			Requires improvement
Islington	The Medical Centre	F83673	Central 1 Network	574.72	6372	5,648	0.1%	38%	70%	87%	76%	77%	92%	86%	86%	77%	2.5	0.39	0.96	0.15	Good
Islington	The Mitchison Road Surgery	F83056	Central 1 Network	589.11	9699	4,438	0.0%	39%	57%	68%	51%	43%	78%	82%	71%	79%	3.4	0.35	1.00	0.10	Good
Islington	Elizabeth Avenue Group Practice	F83012	Central 2 Network	597.68	7506	4,042	0.1%	47%	36%	52%	61%	54%	84%	81%	76%	79%	7.4	0.99	1.80	0.24	Good
Islington	New North Health Centre	F83034	Central 2 Network	566	1403	8,059	0.5%	42%	25%	76%	19%	33%	90%	83%	69%	72%	1.0	0.70			Good
Islington	River Place Health Centre	F83002	Central 2 Network	581	10819	2,698	0.7%	41%	17%	68%	61%	62%	84%	77%	78%	78%	11.5	1.06	3.20	0.30	Good
Islington	St Peters Street Medical Practice	F83032	Central 2 Network	576.54	11961	1,784	-0.4%	42%	13%	41%	52%	45%	72%	89%	70%	68%	11.3	0.95	1.43	0.12	Good
Islington	The Miller Practice	F83045	Central 2 Network	604.23	9255	1,664	0.6%	41%	28%	83%	71%	72%	94%	91%	82%	82%	8.7	0.94	1.80	0.19	Good
Islington	Partnership Primary Care Centre	F83681	Islington North	565.16	8838	2,070	-0.1%	41%	29%	43%	58%	42%	76%	87%	68%	72%	4.1	0.46	1.43	0.16	Good
Islington	St Johns Way Medical Centre	F83015	Islington North	576.7	13139	2,119	0.4%	42%	30%	46%	60%	48%	89%	80%	73%	76%	9.3	0.71	1.64	0.12	Good
Islington	The Goodinge Group Practice	F83008	Islington North	460.93	12400	3,567	-0.4%	45%	3%	53%	47%	36%	86%	82%	75%	77%	2.4	0.19			Good
Islington	The Northern Medical Centre	F83060	Islington North	487.05	7220	8,722	-0.9%	54%	27%	74%	56%	44%	79%	89%	73%	70%	4.7	0.65	1.43		
Islington	Andover Medical Centre	F83666	Islington North 2	571.06	6936	4,856	0.1%	36%	20%	59%	47%	41%	76%	73%	62%	71%	5.1	0.73			Good
Islington	Archway Medical Practice	F83004	Islington North 2	526.29	32347	4,643	-0.2%	43%	63%	45%	65%	44%	71%	82%	64%	63%	2.7	0.08	1.69	0.05	Good
Islington	Hanley Primary Care Centre	Y01066	Islington North 2	581.52	8890	2,341	-0.6%	58%	21%	49%	35%	25%	80%	79%	67%	64%	3.2	0.36	1.00	0.11	Good
Islington	Stroud Green Medical Practice	F83686	Islington North 2	609.8	10190	3,892	-0.9%	40%	11%	81%	55%	58%	91%	88%	82%	85%	0.9	0.09	0.77	0.08	Good
Islington	The Beaumont Practice	F83671	Islington North 2		3292	2,994	0.5%	37%	20%	43%	57%	48%	78%	87%	62%	73%	1.2	0.38	0.20	0.06	Good
Islington	The Junction Medical Practice	F83674	Islington North 2	605.46	9171	1,706	-1.8%	52%	108%	73%	47%	59%	76%	89%	77%	83%	9.3	1.02	0.59	0.06	Good
Islington	The Rise Group Practice	F83039	Islington North 2	572.08	4797	5,791	0.0%	38%	26%	81%	42%	53%	79%	91%	75%	71%	3.6	0.75	1.84	0.38	Good
Islington	The Village Practice	F83664	Islington North 2	526.84	12298	4,005	0.8%	41%	44%	71%	62%	60%	86%	79%	81%	80%	2.6	0.21	0.93	0.08	Good
Islington	Amwell Group Practice	F83652	South Network	577.95	11809		-0.2%	45%	88%	49%	54%	35%	82%	83%	73%	81%	8.7	0.74	1.81	0.15	Good
Islington	Barnsbury Medical Centre	F83033	South Network	574.15	6293	1,299	0.4%	39%	38%	71%	67%	51%	90%	79%	74%	83%	1.5	0.23	1.00	0.16	Good
Islington	City Road Medical Centre	F83064	South Network	512.48	9514	4,953	-0.6%	36%	40%	60%	63%	40%	85%	83%	71%	79%	7.4	0.78			
Islington	Clerkenwell Medical Practice	F83624	South Network	563.43	16917	4,555	-0.9%	51%	4%	65%	64%	61%	88%	80%	74%	81%	8.9	0.53	2.40	0.14	Good
Islington	Killick Street Health Centre	F83063	South Network	581	13679	3,590	0.2%	50%	34%	59%	55%	53%	84%	80%	70%	72%	10.9	0.80	2.63	0.19	Good
Islington	Pine Street Medical Centre	F83678	South Network	535.16	2127	2,481	-0.6%	44%	8%	69%	68%	62%	89%	79%	83%	92%	4.3	2.03	0.71	0.34	Good
Islington	Ritchie Street Group Practice	F83021	South Network	545.24	17135	3,214	-0.9%	35%	2%	69%	47%	45%	92%	93%	83%	82%	5.5	0.32	1.57	0.09	Good

Borough	Practice Name	ODS Code	PCN	Referrals: Month on Month Change - Apr/May	Referrals: Month on Month Change - May/Jun	Referrals: Month on Month Change - Jun/Jul	Referrals: 3 Month Change - May/Jul	2ww: Month on Month Change - Apr/May	2ww: Month on Month Change - May/Jun	2ww: Month on Month Change - Jun/Jul	2ww: 3 Month Change - May/Jul
Barnet	Colindale Medical Centre	E83637	PCN 1D	16%	-4%	33%	28%	-39%	-20%	38%	-39%
Barnet	Hendon Way Surgery	Y03663	PCN 1D	-29%	13%	11%	24%	-25%	7%	75%	-25%
Barnet	Jai Medical Centre	E83038	PCN 1D	-25%	34%	-21%	6%	-6%	12%	-29%	-6%
Barnet	Mulberry Medical Practice	E83046	PCN 1D	3%	13%	12%	26%	15%	-18%	44%	15%
Barnet	Oak Lodge Medical Centre	E83032	PCN 1D	5%	16%	10%	27%	-33%	10%	9%	-33%
Barnet	Wakemans Hill Surgery	E83041	PCN 1D	-2%	0%	29%	29%	-10%	-20%	0%	-10%
Barnet	Deans Lane Medical Centre	E83668	PCN 1W	68%	-22%	12%	-12%	-65%	75%	43%	-65%
Barnet	Parkview Surgery	E83028	PCN 1W	43%	-24%	2%	-23%	46%	-50%	50%	46%
Barnet	The Everglade Medical Practice	E83011	PCN 1W	14%	6%	-1%	5%	32%	2%	19%	32%
Barnet	Watling Medical Centre	E83018	PCN 1W	7%	-4%	12%	8%	-3%	-18%	54%	-3%
Barnet	Brunswick Park Medical Practice	E83621	PCN 2	7%	-5%	29%	22%	-25%	50%	-20%	-25%
Barnet	Colney Hatch lane Surgery	E83034	PCN 2	-2%	-6%	-26%	-31%	88%	-17%	17%	88%
Barnet	East Barnet Health Centre	E83613	PCN 2	-11%	3%	-15%	-12%	-16%	-4%	-6%	-16%
Barnet	East Finchley Medical Centre	E83050	PCN 2	-2%	-3%	10%	7%	-22%	2%	19%	-22%
Barnet	Friern Barnet Medical Centre	E83045	PCN 2	7%	21%	-10%	9%	-42%	9%	-3%	-42%
Barnet	Rosemary Surgery	E83639	PCN 2	42%	-26%	22%	-9%	-32%	-29%	75%	-32%
Barnet	St Andrews Medical Practice	E83024	PCN 2	1%	11%	-2%	9%	-28%	61%	-27%	-28%
Barnet	The Clinic (Oakleigh Rd North)	E83003	PCN 2	-1%	6%	27%	35%	-19%	-4%	43%	-19%
Barnet	The Speedwell Practice	E83010	PCN 2	13%	-3%	24%	20%	0%	3%	35%	0%
Barnet	The Village Surgery	E83031	PCN 2	-17%	69%	-9%	55%	-17%	0%	0%	-17%
Barnet	Torrington Park Group Practice	E83021	PCN 2	-6%	-5%	0%	-6%	0%	-1%	7%	0%
Barnet	Woodlands Medical Practice	Y00316	PCN 2	27%	3%	22%	26%	-24%	45%	-31%	-24%
Barnet	Addington Medical Centre	E83044	PCN 3	-6%	5%	27%	33%	39%	9%	26%	39%
Barnet	Cornwall House Surgery	E83013	PCN 3	-7%	34%	17%	56%	13%	-25%	42%	13%
Barnet	Lichfield Grove Surgery	E83005	PCN 3	-27%	31%	-6%	23%	45%	77%	4%	45%
Barnet	Longrove Surgery	E83017	PCN 3	16%	-1%	8%	7%	-5%	-15%	17%	-5%
Barnet	Squires Lane Medical Practice	E83007	PCN 3	11%	51%	-26%	12%	26%	36%	-13%	26%
Barnet	The Old Court House Surgery	E83012	PCN 3	-9%	20%	-1%	19%	2%	41%	-15%	2%
Barnet	Wentworth Medical Practice	E83035	PCN 3	8%	1%	-3%	-2%	-32%	9%	4%	-32%
Barnet	Lane End Medical Group	E83053	PCN 4	-4%	36%	-9%	25%	-13%	20%	-8%	-13%
Barnet	Langstone Way Surgery	E83049	PCN 4	-37%	41%	19%	67%	-13%	13%	-19%	-13%
Barnet	Millway Medical Practice	E83016	PCN 4	24%	-2%	-6%	-8%	15%	13%	-19%	15%
Barnet	Penshurst Gardens Surgery	E83030	PCN 4	-8%	13%	3%	17%	42%	10%	6%	42%
Barnet	Cricklewood Health Centre	Y02986	PCN 5	7%	23%	-4%	18%	27%	6%	24%	27%
Barnet	Dr Azim and Partners	Y03664	PCN 5	1%	17%	3%	21%	-11%	7%	7%	-11%
Barnet	Greenfield Medical Centre	E83006	PCN 5	10%	-11%	28%	15%	0%	38%	-18%	0%
Barnet	Pennine Drive Practice	E83025	PCN 5	8%	27%	6%	35%	71%	25%	16%	71%
Barnet	Ravenscroft Medical Centre	E83039	PCN 5	3%	10%	17%	29%	-15%	46%	26%	-15%
Barnet	St Georges Medical Centre	E83020	PCN 5	16%	14%	13%	30%	10%	-24%	41%	10%
Barnet	The Phoenix Practice	E83653	PCN 6	56%	2%	7%	10%	-38%	-20%	-13%	-38%
Barnet	Adler JS-The Surgery	E83600	PCN 6	-7%	24%	17%	46%	-19%	74%	25%	-19%
Barnet	Heathfield Medical Centre	E83008	PCN 6	-1%	19%	-6%	12%	-2%	37%	-9%	-2%
Barnet	PHGH Doctors	E83009	PCN 6	-23%	16%	-21%	-9%	36%	24%	-38%	36%
Barnet	Supreme Medical Practice	E83026	PCN 6	-3%	16%	-8%	6%	-17%	57%	-11%	-17%
Barnet	Temple Fortune Medical Group	E83622	PCN 6	-3%	-17%	27%	5%	31%	-54%	67%	31%
Barnet	The Hodford Road Practice	E83649	PCN 6	-5%	14%	-10%	3%	48%	-17%	10%	48%
Barnet	The Mountfield Surgery	E83638	PCN 6	12%	9%	11%	21%	-25%	-13%	60%	-25%
Barnet	The Practice at 188	E83027	TBC	7%	38%	-11%	22%	-36%	-19%	9%	-36%
Camden	Ampthill Practice	F83006	Central Camden	-11%	30%	4%	36%	5%	-3%	49%	5%
Camden	Brunswick Medical Centre	F83048	Central Camden	18%	-5%	26%	20%	-15%	6%	-6%	-15%
Camden	Kings Cross Surgery	F83635	Central Camden	-14%	8%	1%	9%	-5%	-11%	12%	-5%
Camden	Ridgmount Practice	F83043	Central Camden	0%	-13%	3%	-11%	-40%	-8%	0%	-40%
Camden	Somers Town Medical Practice	F83683	Central Camden	-1%	12%	22%	36%	-10%	-13%	15%	-10%
Camden	Swiss Cottage Surgery	F83665	Central Camden	1%	12%	5%	17%	-20%	28%	-12%	-20%
Camden	The Bloomsbury Surgery	F83044	Central Camden	14%	-10%	21%	9%	42%	-14%	34%	42%
Camden	The Regents Park Practice	F83025	Central Camden								
Camden	Belsize Priory Medical Practice	F83658	Central Hampstead	-10%	18%	-11%	5%	92%	30%	-10%	92%
Camden	Cholmley Gardens Surgery	F83615	Central Hampstead	5%	9%	12%	21%	3%	-33%	48%	3%
Camden	Daleham Gardens Health Centre	F83633	Central Hampstead	13%	0%	22%	22%	27%	43%	10%	27%
Camden	Fortune Green Road Surgery	F83050	Central Hampstead	-7%	5%	18%	24%	-17%	18%	-30%	-17%
Camden	Grays Inn Road Medical centre	F83042	Central Hampstead	-7%	7%	41%	51%	-23%	68%	22%	-23%
Camden	Primrose Hill Surgery	F83011	Central Hampstead	45%	18%	-9%	7%	-28%	3%	-15%	-28%
Camden	Caversham Group Practice	F83022	Kentish Town Central	4%	7%	39%	49%	-17%	3%	33%	-17%
Camden	Parliament Hill Surgery	F83057	Kentish Town Central	7%	1%	38%	39%	7%	23%	26%	7%
Camden	Prince of Wales Group Surgery	F83018	Kentish Town Central	6%	-8%	7%	-1%	-10%	-15%	39%	-10%
Camden	James Wigg Practice	F83023	Kentish Town South	5%	-1%	16%	15%	-14%	5%	13%	-14%
Camden	Queens Crescent Practice	F83632	Kentish Town South	14%	8%	17%	27%	-30%	0%	14%	-30%
Camden	Adelaide Medical Centre	F83020	North Camden	5%	-7%	8%	1%	33%	-21%	12%	33%
Camden	Brookfield Park Surgery	F83052	North Camden	55%	15%	-34%	-24%	-81%	150%	20%	-81%
Camden	Hampstead Group Practice	F83017	North Camden	-2%	-4%	18%	13%	-17%			-17%
Camden	Keats Group Surgery	F83623	North Camden	-1%	13%	2%	15%	-22%	13%	-7%	-22%
Camden	Park End Surgery	F83003	North Camden	-3%	23%	10%	36%	21%	-8%	5%	21%
Camden	Holborn Medical Centre	F83058	South Camden	16%	13%	-12%	0%	23%	6%	-33%	23%
Camden	Museum Practice	F83061	South Camden	-12%	41%	-4%	35%	95%	-13%	50%	95%
Camden	St Philips Medical Centre	F83672	South Camden	-17%	-10%	63%	47%	8%	45%	17%	8%
Camden	Brondesbury Medical Centre	F83059	West and Central	27%	-2%	1%	-2%	-30%	3%	3%	-30%
Camden	Gower Street Practice	F83005	West and Central	-19%	16%	19%	39%	7%	63%	-21%	7%
Camden	Abbey Medical Centre	F83019	West Camden	-7%	7%	2%	10%	-9%	-11%	55%	-9%
Camden	West Hampstead Medical Centre	F83055	West Camden	20%	-6%	4%	-2%	-8%	8%	15%	-8%
Enfield	Angel Surgery	Y00057	Edmonton PCN	10%	-14%	30%	12%	35%	-9%	23%	35%
Enfield	Boundary House Surgery	F85676	Edmonton PCN	-6%	-2%	-4%	-5%	-34%	86%	-32%	-34%
Enfield	DR ME Silver's Practice	F85666	Edmonton PCN	-25%	30%	6%	37%	64%	0%	-30%	64%
Enfield	Keats Surgery	F85010	Edmonton PCN	8%	-3%	2%	-1%	33%	15%	9%	33%
Enfield	Latymer Road Surgery	F85663	Edmonton PCN	-8%	10%	7%	17%	52%	4%	-10%	52%
Enfield	Chalfont Road Surgery	F85682	Enfield Care Network PCN	0%	8%	-20%	-13%	0%	29%	-18%	0%
Enfield	East Enfield Practice	F85634	Enfield Care Network PCN	14%	9%	-5%	3%	0%	-11%	-25%	0%
Enfield	Evergreen Primary Care Centre	Y03402	Enfield Care Network PCN	14%	-16%	20%	0%	-12%	-8%	36%	-12%
Enfield	Grovelands Medical Centre	F85072	Enfield Care Network PCN	-12%	19%	5%	24%	15%	14%	34%	15%
Enfield	Rainbow Practice	F85039	Enfield Care Network PCN	-22%	-11%	39%	24%	-17%	-32%	53%	-17%
Enfield	The Ordnance Unity Centre for Health	F85023	Enfield Care Network PCN	-14%	13%	25%	40%	-23%	-14%	30%	-23%
Enfield	White Lodge Medical Practice	F85025	Enfield Care Network PCN	7%	-11%	31%	17%	-13%	-20%	62%	-13%
Enfield	Arnos Grove Medical Centre	F85700	Enfield South West PCN	53%	-10%	24%	12%	-11%	13%	-12%	-11%
Enfield	Bincote Surgery	F85625	Enfield South West PCN	-13%	10%	8%	19%	62%	-2%	2%	62%
Enfield	Gillan House Surgery	F85701	Enfield South West PCN	2%	0%	27%	27%	-9%	46%	-9%	-9%
Enfield	Morecambe Surgery	F85650	Enfield South West PCN	11%	-27%	36%	-1%	-33%	-27%	50%	-33%
Enfield	The North London Health Centre	F85642	Enfield South West PCN	8%	3%	-14%	-12%	-5%	-38%	29%	-5%
Enfield	The Woodberry Practice	F85020	Enfield South West PCN	-12%	39%	-8%	29%	-16%	69%	-35%	-16%
Enfield	Cockfosters Medical Centre	F85016	Enfield Unity PCN	46%	19%	-37%	-25%	-18%	22%	2%	-18%
Enfield	Eagle House Surgery	F85004	Enfield Unity PCN	-19%	9%	4%	14%	9%	26%	12%	9%
Enfield	Green Cedars Medical Centre	Y00612	Enfield Unity PCN	18%	-26%	16%	-14%	-44%	-25%	-67%	-44%
Enfield	Highlands Practice	F85035	Enfield Unity PCN	-5%	24%	-11%	10%	3%	20%	-16%	3%
Enfield	Medicus Health Partners	F85002	Enfield Unity PCN	3%	-6%	15%	8%	-4%	2%	9%	-4%
Enfield	Nightingale House Surgery	F85058	Enfield Unity PCN	13%	17%	-16%	-2%	-32%	20%	-8%	-32%
Enfield	Oakwood Medical Centre	F85687	Enfield Unity PCN	-2%	0%	2%	2%	-39%	26%	-21%	-39%
Enfield	Southgate	F85032	Enfield Unity PCN	12%	13%	-8%	4%	-37%	-3%	22%	-37%
Enfield	The Bounces Road Surgery	F85044	Enfield Unity PCN	-12%	-13%	31%	14%	32%	44%	-21%	32%
Enfield	Abernethy House Surgery	F85029	West Enfield Collaborative PCN	-17%	48%	2%	51%	-27%	44%	12%	-27%
Enfield	Town Surgery	F85678	West Enfield Collaborative PCN	-13%	-3%	7%	4%	-31%	41%	-8%	-31%
Enfield	Winchmore Hill Practice	F85033	West Enfield Collaborative PCN	-24%	10%	-11%	-2%	30%	31%	-1%	30%
Haringey	Hornsey Park Surgery	F85046	Haringey - East Central	30%	-11%	9%	-3%	-50%	-9%	0%	-50%
Haringey	Staunton Group Practice	F85008	Haringey - East Central	-34%	107%	-22%	63%	-19%	30%	-12%	-19%
Haringey	The Old Surgery	F85697	Haringey - East Central	42%	-23%	65%	27%	-47%	-73%	400%	-47%
Haringey	West Green Road Surgery	F85669	Haringey - East Central	19%	-24%	26%	-4%	5%	-9%	13%	5%
Haringey	Bridge House Medical Practice	Y03135	Haringey - N15/South East Haringey	5%	10%	21%	33%	-50%	21%	52%	-50%
Haringey	Grove Road Surgery	F85623	Haringey - N15/South East Haringey	13%	27%	-15%	8%	-27%	15%	20%	-27%
Haringey	Havergal Surgery	F85060	Haringey - N15/South East Haringey	33%	-22%	23%	-4%	-44%	3%	22%	-44%
Haringey	JS Medical Practice	F85705	Haringey - N15/South East Haringey	-6%	11%	12%	24%	-19%	-5%	17%	-19%
Haringey	St Ann's Road Surgery	Y02117	Haringey - N15/South East Haringey	-9%	1%	-6%	-5%	13%	-22%	21%	13%
Haringey	Arcadian Gardens Surgery	F85034	Haringey - North Central	-24%	12%	5%	18%	8%	-10%	26%	8%
Haringey	Bounds Green Group Practice	F85066	Haringey - North Central	-1%	-3%	22%	19%	-25%	-13%	44%	-25%
Haringey	Cheshire Road Surgery	F85640	Haringey - North Central	3%	-6%	62%	52%	11%	28%	-6%	11%
Haringey	Stuart Crescent Health Centre	F85064	Haringey - North Central	49%	-10%	-20%	-28%	-36%	64%	-24%	-36%
Haringey	Stuart Crescent Medical Practice	F85065	Haringey - North Central	-8%	15%	-8%	6%	-14%	18%	31%	-14%
Haringey	The Alexandra Surgery	F85675	Haringey - North Central	1%	80%	-31%	24%	23%	55%	16%	23%
Haringey	Bruce Grove Primary Health Care Centre	F85028	Haringey - North East	8%	-3%	13%	9%	-58%	-31%	18%	-58%
Haringey	Charlton House Medical Centre	F85017	Haringey - North East	-11%	15%	17%	35%	22%	35%	14%	22%
Haringey	Morris House Group Practice	F85019	Haringey - North East	0%	22%	-16%	2%	-10%	11%	-24%	-10%
Haringey	Somerset Gardens Family Health Centre	F85030	Haringey - North East	15%	-15%	37%	16%	-21%	-16%	29%	-21%
Haringey	Westbury Medical Centre	F85031	Haringey - North East	11%	5%	0%	5%	5%	26%	-17%	5%
Haringey	Highgate Group Practice	F85014	Haringey - North West	3%	7%	17%	25%	-17%	9%	-1%	-17%
Haringey	Rutland House Surgery	F85688	Haringey - North West	2%	2%	11%	13%	45%	13%	-22%	45%
Haringey	The Muswell Hill Practice	F85063	Haringey - North West	-5%	6%	2%	8%	-11%	12%	5%	-11%
Haringey	The Vale Practice	Y01655	Haringey - North West	-5%	9%	-21%	-14%	8%	26%	0%	8%
Haringey	Christchurch Hall Surgery	F85061	Haringey - South West	-1%	32%	-10%	19%	-25%	31%	-12%	-25%
Haringey	Crouch Hall Road Surgery	F85069	Haringey - South West	26%	-27%	10%	-20%	6%	-14%	29%	6%
Haringey	Queenswood Medical Practice	Y03035	Haringey - South West	3%	-14%	32%	14%	2%	19%	25%	2%
Haringey	The 157 Medical Practice	F85067	Haringey - South West	-11%	16%	-1%	15%	77%	24%	-27%	77%
Haringey	Dowsett Road Surgery	F85628	Haringey - Welbourne	-5%	26%	-10%	13%	14%	-12%	43%	14%
Haringey	Fernlea Surgery	F85071	Haringey - Welbourne	-2%	6%	7%	14%	11%	-8%	7%	11%
Haringey	Lawrence House Surgery	F85007	Haringey - Welbourne	-3%	18%	4%	22%	-24%	41%	15%	-24%
Haringey	Tottenham Hale Medical Practice	Y05330	Haringey - Welbourne	3%	10%	14%	25%	0%	-15%	-18%	0%
Haringey	Tottenham Health Centre	F85615	Haringey - Welbourne	-11%	55%	18%	83%	67%	50%	5%	67%
Haringey	Tynemouth Medical Practice	F85013	Haringey - Welbourne	12%	47%	-27%	6%	21%	19%	3%	21%
Islington	Highbury Grange Medical Practice	F83660	Central 1 Network	15%	9%	-12%	-4%	0%	-11%	-15%	0%
Islington	Islington Central Medical Centre	F83010	Central 1 Network	6%	4%	-9%	-5%	31%	5%	8%	31%
Islington	Mildmay Medical Practice	F83053	Central 1 Network	11%	-17%	31%	8%	-8%	-21%	-19%	-8%
Islington	Roman Way Medical Centre	F83007	Central 1 Network	-2%	12%	-14%	-3%	-29%	18%	-25%	-29%
Islington	Sobell Medical Centre	F83680	Central 1 Network	18%	-12%	21%	7%	13%	-41%	70%	13%
Islington	The Medical Centre	F83673	Central 1 Network	-6%	24%	-8%	15%	-10%	90%	-26%	-10%
Islington	The Mitchison Road Surgery	F83056	Central 1 Network	-1%	-12%	1%	-11%	-16%	13%	4%	-16%
Islington	Elizabeth Avenue Group Practice	F83012	Central 2 Network	13%	-2%	13%	11%	4%	9%	-5%	4%
Islington	New North Health Centre	F83034	Central 2 Network	-13%	8%	-10%	-3%	50%	-20%	200%	50%
Islington	River Place Health Centre	F83002	Central 2 Network	0%	30%	-13%	13%	31%	61%	9%	31%
Islington	St Peters Street Medical Practice	F83032	Central 2 Network	1%	13%	14%	29%	-9%	16%	-2%	-9%
Islington	The Miller Practice	F83045	Central 2 Network	7%	15%	9%	25%	-20%	27%	-6%	-20%
Islington	Partnership Primary Care Centre	F83681	Islington North	9%	-5%	20%	14%	-3%	-18%	30%	-3%
Islington	St Johns Way Medical Centre	F83015	Islington North	-2%	23%	5%	29%	-8%	-5%	0%	-8%
Islington	The Goodinge Group Practice	F83008	Islington North	-1%	-2%	20%	18%	-15%	-14%	39%	-15%
Islington	The Northern Medical Centre	F83060	Islington North	6%	1%	22%	23%	-24%	21%	-11%	-24%
Islington	The Village Practice	F83664	Islington North 2	2%	8%	31%	42%	17%	-21%	9%	17%
Islington	Andover Medical Centre	F83666	Islington North 2	30%	-4%	6%	1%	20%	16%	27%	20%
Islington	Archway Medical Practice	F83004	Islington North 2	-5%	6%	-1%	5%	54%	22%	6%	54%
Islington	Hanley Primary Care Centre	Y01066	Islington North 2	18%	-22%	6%	-17%	33%	9%	6%	33%
Islington	Stroud Green Medical Practice	F83686	Islington North 2	21%	-30%	-1%	-31%	22%	0%	-67%	22%
Islington	The Beaumont Practice	F83671	Islington North 2	-24%	17%	-4%	13%	-8%	36%	3%	-8%
Islington	The Junction Medical Practice	F83674	Islington North 2	25%	-30%	22%	-15%	13%	0%	80%	13%
Islington	The Rise Group Practice	F83039	Islington North 2	1%	7%	6%	13%	-5%	-24%	26%	-5%
Islington	Amwell Group Practice	F83652	South Network	1%	-7%	11%	3%	24%	7%	-6%	24%
Islington	Barnsbury Medical Centre	F83033	South Network	6%	-9%	10%	0%	-23%	-5%	14%	-23%
Islington	City Road Medical Centre	F83064	South Network	3%	4%	21%	26%	39%	0%	33%	39%
Islington	Clerkenwell Medical Practice	F83624	South Network	0%	-16%	17%	-2%	-24%	-25%	33%	-24%
Islington	Killick Street Health Centre	F83063	South Network	0%	13%	9%	22%	7%	20%	5%	7%
Islington	Pine Street Medical Centre	F83678	South Network	13%	-14%	-17%	-29%	60%	18%	38%	60%
Islington	Ritchie Street Group Practice	F83021	South Network	15%	-26%	45%	8%	-2%	-22%	13%	-2%

Practice Name	A&G: Month on Month Change - Apr/May	A&G: Month on Month Change - May/Jun	A&G: Month on Month Change - Jun/Jul	A&G: 3 Month Change - May/Jul	Consultant Connect: Month on Month Change - Feb/Mar	Consultant Connect: Month on Month Change - Mar/Apr	Consultant Connect: Month on Month Change - Apr/May	Consultant Connect: 3 Month Change - Mar/May
Colindale Medical Centre	63%	67%	60%	52%	0%	0%	-100%	-100%
Hendon Way Surgery				-100%	-100%			
Jai Medical Centre	-10%	-3%	50%	37%	-12%	-47%	138%	27%
Mulberry Medical Practice	7%	7%	-40%	36%	-11%	-6%	-27%	-31%
Oak Lodge Medical Centre	-21%	-21%	37%	-3%	16%	6%	-6%	0%
Wakemans Hill Surgery	20%	20%	0%	100%	-50%	-50%	800%	350%
Deans Lane Medical Centre	25%	-25%	100%	0%		-100%		-100%
Parkview Surgery	200%	300%	0%	800%	0%	100%	-17%	67%
The Everglade Medical Practice	0%	0%	29%	75%	100%	-41%	28%	-25%
Watling Medical Centre	13%	28%	-3%	-6%	5%	-15%	47%	25%
Brunswick Park Medical Practice	-33%	-39%	82%	-20%	48%	18%	-43%	32%
Colney Hatch lane Surgery	-100%	-100%			0%	100%	50%	200%
East Barnet Health Centre	-37%	-39%	20%	-30%	-24%	23%	3%	27%
East Finchley Medical Centre	211%	200%	-15%	367%	-29%	-24%	-8%	-29%
Friern Barnet Medical Centre	14%	29%	22%	33%	-5%	24%	12%	38%
Rosemary Surgery	75%	75%	-7%	1300%	17%	29%	-20%	-43%
St Andrews Medical Practice	28%	17%	43%	77%	150%	0%	-4%	-4%
The Clinic (Oakleigh Rd North)	0%	7%	-19%	29%	22%	64%	25%	105%
The Speedwell Practice	68%	53%	24%	68%	-10%	44%	-31%	0%
The Village Surgery	68%	81%	10%	47%	39%	-12%	14%	0%
Torrington Park Group Practice	51%	58%	13%	-11%	29%	-11%	5%	-6%
Woodlands Medical Practice	700%	-100%		300%	36%	-40%	22%	-27%
Addington Medical Centre	-6%	-12%	47%	60%	-50%	67%	60%	167%
Cornwall House Surgery	-11%	-11%	63%	0%	58%	21%	48%	79%
Lichfield Grove Surgery	200%	200%	-38%	-4%	0%	7%	47%	57%
Longrove Surgery	15%	0%	63%	11%	0%	2%	2%	4%
Squires Lane Medical Practice	74%	78%	-41%	120%		0%	-100%	100%
The Old Court House Surgery	-3%	-13%	31%	4%	35%	-23%	33%	3%
Wentworth Medical Practice	-21%	-15%	-1%	13%	141%	-17%	15%	-5%
Lane End Medical Group	7%	3%	-10%	78%	50%	33%	-46%	-28%
Langstone Way Surgery	114%	114%	93%	67%	27%	-42%	55%	-11%
Millway Medical Practice	35%	37%	-16%	76%	5%	19%	-3%	15%
Penshurst Gardens Surgery	-25%	-25%	167%	200%	-46%	-27%	64%	20%
Cricklewood Health Centre	100%	100%	-50%					
Dr Azim and Partners	0%	0%	-14%	133%	-27%	13%	89%	113%
Greenfield Medical Centre	-33%	-22%	143%	-14%	-3%	-34%	0%	-34%
Pennine Drive Practice	200%	200%	33%	200%	9%	-17%	85%	54%
Ravenscroft Medical Centre	0%	10%	36%	233%	14%	-13%	-29%	-38%
St Georges Medical Centre	44%	44%	-6%	64%	6%	-61%	229%	28%
The Phoenix Practice	-7%	-11%	-40%	24%	19%	-32%	38%	-5%
Adler JS-The Surgery	71%	-71%	300%	-67%		200%	0%	200%
Heathfield Medical Centre	25%	25%	-10%	82%	38%	5%	-2%	3%
PHGH Doctors	0%	0%	600%	-50%	0%	67%	-40%	0%
Supreme Medical Practice	-31%	-38%	70%	10%	-7%	-4%	41%	36%
Temple Fortune Medical Group	75%	100%	83%	133%	-40%	33%	-25%	-50%
The Hodford Road Practice			100%		50%	67%	150%	-17%
The Mountfield Surgery	5%	-10%	72%	0%	125%	-4%	-38%	-41%
The Practice at 188	-31%	-25%	33%	-35%	-29%	0%	80%	80%
Ampthill Practice	35%	35%	-30%	35%	100%	33%	150%	67%
Brunswick Medical Centre	-13%	6%	71%	27%	-42%	86%	-15%	57%
Kings Cross Surgery	133%	67%	20%	-22%	-55%	-20%	25%	0%
Ridgmount Practice	100%	100%	0%	20%	50%	33%	50%	100%
Somers Town Medical Practice	57%	57%	-18%	-8%	-18%	106%	-14%	78%
Swiss Cottage Surgery	12%	19%	-5%	19%				
The Bloomsbury Surgery	20%	20%	83%	100%	-35%	0%	-27%	-27%
The Regents Park Practice								
Belsize Priory Medical Practice	600%	400%	0%	-56%				
Cholmley Gardens Surgery	-11%	-44%	170%	60%	50%	-50%	100%	0%
Daleham Gardens Health Centre	-17%	-17%	-13%	-21%				
Fortune Green Road Surgery			14%			100%	-100%	-100%
Grays Inn Road Medical centre	42%	42%	-19%	108%	240%	-12%	-3%	-15%
Primrose Hill Surgery	100%	111%	-24%	24%				
Caversham Group Practice	183%	175%	30%	127%				
Parliament Hill Surgery	6%	6%	68%	73%				
Prince of Wales Group Surgery	50%	39%	0%	80%				
James Wigg Practice	-43%	-50%	57%	4%				
Queens Crescent Practice	-33%	-20%	108%	67%				
Adelaide Medical Centre	-14%	-11%	-10%	-13%	80%	-56%	-25%	-67%
Brookfield Park Surgery	-33%	-33%	-50%	150%	300%	-44%	-33%	-63%
Hampstead Group Practice	-9%	-5%	36%	10%	0%	-43%	0%	-43%
Keats Group Surgery	3%	3%	-23%	-8%	-8%	39%	-34%	-9%
Park End Surgery	36%	36%	-11%	12%	18%	100%	-46%	8%
Holborn Medical Centre	13%	25%	-16%	-24%	-14%	25%	-7%	17%
Museum Practice	0%	-7%	77%	-26%	13%	-17%	-40%	-50%
St Philips Medical Centre	67%	67%	-20%	900%	7%	28%	-34%	-16%
Brondesbury Medical Centre	-12%	-4%	21%	22%	129%	4%	30%	35%
Gower Street Practice	30%	30%	23%	0%	117%	-62%	120%	-15%
Abbey Medical Centre	-38%	-35%	15%	13%				
West Hampstead Medical Centre	-19%	-23%	49%	7%	14%	48%	-18%	-57%
Angel Surgery	-33%	-33%	0%	-50%	-83%	400%	20%	500%
Boundary House Surgery	-60%	-64%	220%	-50%	0%	80%	33%	140%
DR ME Silver's Practice					-100%			
Keats Surgery					-50%	50%	100%	200%
Latymer Road Surgery			50%		-35%	-7%	71%	60%
Chalfont Road Surgery					-100%			
East Enfield Practice	100%	150%	-20%	100%	-100%		-50%	
Evergreen Primary Care Centre			-100%		55%	0%	13%	13%
Grovelands Medical Centre	-36%	-36%	89%	0%	21%	-18%	7%	-12%
Rainbow Practice	-50%	-50%	300%	0%	-40%	100%	-67%	-33%
The Ordnance Unity Centre for Health	100%	100%	133%	500%	63%	0%	-31%	-31%
White Lodge Medical Practice	-22%	-19%	-14%	-9%	15%	-5%	-3%	-8%
Arnos Grove Medical Centre	-67%	-67%	500%	-88%	120%	127%	-56%	0%
Bincote Surgery	22%	44%	-69%	-27%	200%	0%	133%	133%
Gillan House Surgery	55%	68%	-38%	48%	108%	-22%	-5%	-26%
Morecambe Surgery	100%	100%	100%	33%		0%	-50%	-50%
The North London Health Centre	50%	50%	-56%	800%	88%	-59%	31%	-47%
The Woodberry Practice	11%	5%	3%	-5%	89%	-18%	50%	24%
Cockfosters Medical Centre	186%	186%	-20%	567%	0%	0%	50%	50%
Eagle House Surgery	10%	17%	-41%	12%	140%	42%	-29%	0%
Green Cedars Medical Centre	-75%	-75%	200%	-50%	-100%			
Highlands Practice	19%	12%	0%	29%	-7%	-7%	31%	21%
Medicus Health Partners	14%	10%	56%	3%	50%	-4%	-33%	-36%
Nightingale House Surgery	200%	200%	-33%	-50%				
Oakwood Medical Centre	50%	50%	22%	-10%	20%	17%	129%	167%
Southgate	14%	10%	43%	14%	100%	-83%	-100%	-100%
The Bounces Road Surgery	-29%	-29%	-90%	11%	-45%	73%	116%	273%
Abernethy House Surgery	63%	49%	7%	-22%	5%	-20%	35%	8%
Town Surgery	90%	40%	21%	90%	100%	-100%		0%
Winchmore Hill Practice	55%	50%	-18%	42%	76%	-32%	40%	-5%
Hornsey Park Surgery	-54%	-62%	180%	-33%	0%	-100%		100%
Staunton Group Practice	152%	164%	-9%	29%	-55%	20%	133%	180%
The Old Surgery	300%	350%	-22%	60%				
West Green Road Surgery	-6%	0%	23%	-6%	24%	81%	-13%	57%
Bridge House Medical Practice	22%	33%	-8%	83%				
Grove Road Surgery	100%	200%	-33%		0%	-100%		-50%
Havergal Surgery	8%	8%	93%	-46%	0%	-50%	-25%	-63%
JS Medical Practice	-35%	-42%	11%	25%	0%	0%	-100%	-100%
St Ann's Road Surgery	14%	24%	-27%	9%	-15%	86%	-56%	-18%
Arcadian Gardens Surgery	6%	13%	0%	50%	-50%	0%	200%	200%
Bounds Green Group Practice	-14%	-17%	7%	19%	45%	-28%	13%	-19%
Cheshire Road Surgery	52%	48%	-24%	21%	22%	-18%	22%	0%
Stuart Crescent Health Centre	13%	20%	-56%	240%		-89%	100%	-78%
Stuart Crescent Medical Practice	100%	75%	14%	300%				
The Alexandra Surgery	43%	43%	-50%	43%				
Bruce Grove Primary Health Care Centre	25%	25%	-20%		500%	17%	-71%	-67%
Charlton House Medical Centre	-6%	-6%	53%	-38%	133%	-29%	120%	57%
Morris House Group Practice	12%	-19%	44%	46%	0%	-13%	-20%	-30%
Somerset Gardens Family Health Centre	75%	58%	-42%	62%	150%	-60%	425%	110%
Westbury Medical Centre	25%	25%	-30%	43%	-8%	26%	7%	35%
Highgate Group Practice	30%	33%	9%	40%	0%	20%	75%	110%
Rutland House Surgery	4%	4%	36%	9%	17%	50%	10%	64%
The Muswell Hill Practice	19%	8%	-3%	26%	39%	-22%	6%	-17%
The Vale Practice	-26%	-26%	13%	130%	100%	100%	-50%	0%
Christchurch Hall Surgery	11%	11%	-50%	54%				
Crouch Hall Road Surgery	4%	0%	8%	23%	167%	-100%		100%
Queenswood Medical Practice	3%	7%	9%	-10%	33%	11%	0%	11%
The 157 Medical Practice	-43%	-43%	67%	-38%		-100%		0%
Dowsett Road Surgery	-29%	-29%	260%	67%			0%	
Fernlea Surgery	80%	80%	-56%	-10%	7%	-50%	0%	-50%
Lawrence House Surgery	47%	47%	14%	-8%	41%	-40%	34%	-19%
Tottenham Hale Medical Practice	50%	50%	100%					
Tottenham Health Centre			25%	100%				
Tynemouth Medical Practice	35%	47%	-44%	28%	150%	16%	-38%	-28%
Highbury Grange Medical Practice	60%	40%	-64%	78%	100%	-100%		-100%
Islington Central Medical Centre	13%	0%	-47%	24%	-70%	-67%	67%	-44%
Mildmay Medical Practice	-16%	-19%	-19%	17%	70%	-41%	20%	-29%
Roman Way Medical Centre	0%	0%	300%	-50%		-25%	-67%	-75%
Sobell Medical Centre	-25%	-33%	63%	-36%				
The Medical Centre	18%	18%	5%	67%	100%	-50%	-50%	-75%
The Mitchison Road Surgery	-58%	-56%	50%	-67%	30%	23%	0%	23%
Elizabeth Avenue Group Practice	150%	200%	133%	150%	100%	-29%	13%	-19%
New North Health Centre	800%	800%	-89%	350%				
River Place Health Centre	19%	19%	-39%	58%	-20%	100%	-25%	50%
St Peters Street Medical Practice	-24%	-24%	43%	-7%	56%	-56%	82%	-20%
The Miller Practice	0%	-4%	-14%	229%	-9%	81%	-29%	29%
Partnership Primary Care Centre	100%	67%	100%	20%				
St Johns Way Medical Centre	-8%	-8%	35%	-3%	6%	-5%	17%	11%
The Goodinge Group Practice	11%	0%	74%	-19%	0%	3%	0%	3%
The Northern Medical Centre	-28%	-24%	73%	-49%	200%	33%	325%	467%
The Village Practice	11%	0%	74%	50%	100%	25%	-60%	-50%
Andover Medical Centre	8%	5%	15%	56%	50%	0%	-13%	-13%
Archway Medical Practice	-32%	-32%	84%	-42%	75%	77%	-42%	3%
Hanley Primary Care Centre	43%	29%	28%	33%	150%	60%	-38%	0%
Stroud Green Medical Practice	0%	-7%	-50%	15%				
The Beaumont Practice	63%	63%	-15%	-13%	-100%			
The Junction Medical Practice	-63%	-63%	200%	-50%				
The Rise Group Practice	-3%	-6%	9%	-25%	-3%	3%	31%	35%
Amwell Group Practice	190%	130%	-9%	107%	-20%	-16%	-4%	-19%
Barnsbury Medical Centre	100%	67%	70%	100%	50%	167%	-25%	100%
City Road Medical Centre	-17%	-9%	20%	67%	0%	17%	-11%	4%
Clerkenwell Medical Practice	88%	63%	46%	15%	50%	-51%	80%	-12%
Killick Street Health Centre	60%	53%	-13%	60%	42%	-29%	-17%	-41%
Pine Street Medical Centre	29%	14%	69%	200%				
Ritchie Street Group Practice	-29%	-31%	33%	25%	31%	-63%	43%	-47%

Practice Name	A&E Att: Month on Month Change - Apr/May	A&E Att: Month on Month Change - May/Jun	A&E Att: Month on Month Change - Jun/Jul	A&E Att: 3 Month Change - May/Jul	A&E VB11Z: Month on Month Change - Apr/May	A&E VB11Z: Month on Month Change - May/Jun	A&E VB11Z: Month on Month Change - Jun/Jul	A&E VB11Z: 3 Month Change - May/Jul	Emergency Admissions: Month on Month Change - Apr/May	Emergency Admissions: Month on Month Change - May/Jun	Emergency Admissions: Month on Month Change - Jun/Jul	Emergency Admissions: 3 Month Change - May/Jul
Colindale Medical Centre	7%	-4%	-3%	-7%	33%	-14%	-8%	-22%	21%	-27%	42%	4%
Hendon Way Surgery	-10%	-7%	6%	-1%	7%	-8%	15%	6%	-30%	-19%	10%	-11%
Jai Medical Centre	7%	-7%	-4%	-11%	-2%	-20%	16%	-8%	3%	28%	-13%	11%
Mulberry Medical Practice	3%	-19%	8%	-26%	26%	-22%	3%	-20%	43%	17%	-40%	-30%
Oak Lodge Medical Centre	9%	-8%	0%	-8%	4%	-6%	-17%	-22%	8%	8%	-6%	2%
Wakemans Hill Surgery	10%	17%	-15%	-1%	19%	31%	-17%	8%	100%	-7%	-29%	-33%
Deans Lane Medical Centre	-11%	-21%	14%	-11%	125%	-30%	12%	-22%	-19%	10%	-18%	-10%
Parkview Surgery	10%	-18%	23%	0%	79%	-2%	10%	8%	17%	-23%	12%	-14%
The Everglade Medical Practice	4%	-10%	1%	-9%	12%	-8%	-10%	-17%	11%	-2%	-10%	-11%
Watling Medical Centre	11%	6%	-14%	-9%	10%	14%	-18%	-6%	0%	-14%	-1%	-15%
Brunswick Park Medical Practice	-5%	-7%	8%	1%	29%	-4%	7%	3%	-5%	40%	8%	51%
Colney Hatch lane Surgery	-13%	-3%	7%	4%	5%	3%	14%	18%	21%	-20%	-13%	-30%
East Barnet Health Centre	16%	-17%	-1%	-19%	32%	-5%	-3%	-8%	24%	-25%	-11%	-34%
East Finchley Medical Centre	4%	-9%	16%	5%	19%	-37%	28%	-20%	3%	-19%	0%	-19%
Friern Barnet Medical Centre	-11%	3%	-12%	-10%	7%	-2%	-4%	-6%	-31%	23%	-25%	-7%
Rosemary Surgery	35%	-17%	9%	-9%	9%	-13%	-7%	-19%	0%	-17%	15%	-4%
St Andrews Medical Practice	9%	0%	0%	0%	21%	-7%	6%	-1%	-24%	41%	4%	48%
The Clinic (Oakleigh Rd North)	-6%	6%	-15%	-10%	15%	-8%	-26%	-32%	-2%	6%	6%	12%
The Speedwell Practice	15%	3%	4%	7%	3%	-4%	-2%	-5%	20%	-14%	-19%	-30%
The Village Surgery	28%	-3%	-8%	-10%	-12%	13%	-8%	4%	-32%	8%	14%	23%
Torrington Park Group Practice	1%	-7%	-1%	-8%	11%	4%	-9%	-5%	-2%	26%	-26%	-6%
Woodlands Medical Practice	18%	-25%	10%	-18%	2%	-6%	11%	4%	17%	-3%	-11%	-14%
Addington Medical Centre	-9%	10%	10%	21%	30%	29%	11%	44%	0%	0%	2%	2%
Cornwall House Surgery	-3%	-4%	14%	9%	13%	-13%	2%	-11%	39%	-4%	33%	28%
Lichfield Grove Surgery	5%	-24%	7%	-18%	96%	-54%	19%	-46%	23%	-34%	26%	-17%
Longrove Surgery	0%	-1%	-2%	-3%	35%	40%	-23%	7%	-17%	21%	-13%	6%
Squires Lane Medical Practice	1%	-9%	0%	-10%	80%	6%	-18%	-13%	16%	-24%	5%	-21%
The Old Court House Surgery	4%	-9%	-2%	-11%	52%	-16%	-3%	-18%	29%	19%	-17%	-2%
Wentworth Medical Practice	2%	4%	-6%	-1%	-3%	-10%	1%	-10%	7%	-2%	-3%	-5%
Lane End Medical Group	0%	8%	-2%	6%	57%	22%	-9%	11%	-28%	27%	19%	51%
Langstone Way Surgery	-7%	3%	-1%	2%	33%	13%	-23%	-13%	0%	-6%	50%	41%
Millway Medical Practice	4%	0%	-6%	-6%	25%	7%	-9%	-3%	-2%	-11%	13%	1%
Penshurst Gardens Surgery	23%	0%	-5%	-5%	12%	-6%	-6%	-12%	-14%	-18%	0%	-18%
Cricklewood Health Centre	-12%	24%	-15%	6%	0%	81%	-37%	14%	200%	-31%	-33%	-54%
Dr Azim and Partners	9%	14%	-5%	8%	-1%	-11%	7%	-5%	3%	23%	-19%	0%
Greenfield Medical Centre	-1%	14%	8%	23%	51%	-13%	-6%	-18%	3%	30%	-3%	27%
Pennine Drive Practice	21%	-14%	6%	-9%	25%	-14%	18%	2%	-12%	10%	-6%	3%
Ravenscroft Medical Centre	4%	4%	6%	10%	12%	33%	-39%	-18%	-35%	92%	-36%	23%
St Georges Medical Centre	2%	0%	5%	6%	-14%	20%	-6%	13%	-12%	-4%	6%	2%
The Phoenix Practice	-3%	6%	4%	10%	11%	13%	17%	31%	-5%	30%	-8%	20%
Adler JS-The Surgery	0%	0%	-5%	-6%	25%	-5%	-16%	-21%	9%	4%	-19%	-16%
Heathfield Medical Centre	-5%	-1%	-6%	-7%	-1%	-3%	7%	4%	39%	2%	5%	7%
PHGH Doctors	30%	-22%	3%	-20%	61%	-34%	0%	-34%	35%	-33%	6%	-29%
Supreme Medical Practice	1%	20%	-7%	12%	20%	1%	-27%	-26%	25%	13%	-4%	9%
Temple Fortune Medical Group	13%	-23%	19%	-8%	68%	7%	0%	7%	78%	0%	-19%	-19%
The Hodford Road Practice	-1%	10%	-14%	-6%	24%	24%	-27%	-9%	-22%	40%	19%	67%
The Mountfield Surgery	19%	-17%	1%	-16%	-8%	-16%	-9%	-23%	-7%	16%	-8%	7%
The Practice at 188	2%	7%	-1%	6%	45%	13%	-12%	-1%	16%	7%	-11%	-5%
Ampthill Practice	-13%											
Brunswick Medical Centre	28%	-2%	-13%	-15%	-11%	-6%	-10%	-15%	57%	-6%	-41%	-44%
Kings Cross Surgery	11%	-14%	0%	-14%	33%	11%	23%	37%	36%	-60%	25%	-50%
Ridgmount Practice	14%	2%	-17%	-16%	-30%	-13%	-4%	-17%	11%	-9%	0%	-9%
Somers Town Medical Practice	-12%	0%	-17%	-17%	35%	27%	-26%	-7%	-11%	38%	-21%	8%
Swiss Cottage Surgery	8%	-13%	1%	-12%	10%	-3%	-14%	-16%	13%	-27%	3%	-25%
The Bloomsbury Surgery	29%	2%	-11%	-10%	17%	50%	-23%	16%	0%	-5%	48%	41%
The Regents Park Practice		100%	17%	133%			-100%			0%	50%	50%
Belsize Priory Medical Practice	6%	2%	-8%	-6%	-11%	15%	-3%	12%	-14%	23%	5%	30%
Cholmley Gardens Surgery	21%	7%	-18%	-12%	-33%	4%	0%	4%	-30%	-6%	-33%	-38%
Daleham Gardens Health Centre												
Fortune Green Road Surgery												
Grays Inn Road Medical centre		29%	-27%	-6%								
Primrose Hill Surgery	19%	6%	-4%	1%	26%	10%	-6%	4%	-7%	19%	13%	35%
Caversham Group Practice	20%	2%	-5%	-4%	8%	7%	-15%	-10%	19%	-6%	20%	13%
Parliament Hill Surgery	-3%	0%	-3%	-2%	16%	-13%	-15%	-26%	10%	-32%	17%	-21%
Prince of Wales Group Surgery	9%	-14%	14%	-2%	34%	-17%	0%	-17%	-27%	54%	-7%	43%
James Wigg Practice	5%	5%	2%	7%	17%	-6%	15%	8%	36%	-23%	0%	-23%
Queens Crescent Practice	-1%	3%	4%	7%	106%	0%	10%	10%	14%	-13%	-3%	-15%
Adelaide Medical Centre	-1%	-18%	15%	-6%	26%	-20%	35%	8%	-2%	-30%	29%	-10%
Brookfield Park Surgery	11%	-22%	39%	9%	-32%	-25%	-17%	-38%	155%	-39%	76%	7%
Hampstead Group Practice	-2%	-1%	17%	16%	20%	-1%	12%	11%	10%	-26%	15%	-15%
Keats Group Surgery	15%	-3%	7%	4%	30%	-10%	43%	28%	-3%	21%	-20%	-3%
Park End Surgery	16%	6%	-12%	-6%	28%	9%	6%	16%	-6%	-10%	-14%	-23%
Holborn Medical Centre	3%	-1%	3%	2%	-11%	-11%	13%	0%	0%	32%	-45%	-27%
Museum Practice	20%	-7%	-14%	-20%	71%	0%	-29%	-29%	25%	-12%	-41%	-48%
St Philips Medical Centre	27%	32%	-24%	1%	29%	46%	-19%	18%	-15%	-36%	114%	36%
Brondesbury Medical Centre	4%	-12%	12%	-1%	38%	-11%	17%	5%	-9%	-3%	4%	1%
Gower Street Practice	8%	-22%	-14%	-33%	-5%	-33%	-6%	-37%	21%	-33%	-50%	-67%
Abbey Medical Centre	23%	-6%	-9%	-15%	28%	1%	-8%	-7%	6%	-10%	-5%	-14%
West Hampstead Medical Centre	6%	6%	-1%	6%	16%	7%	3%	10%	-10%	16%	5%	21%
Angel Surgery	3%	1%	4%	5%	16%	3%	3%	6%	7%	64%	-8%	51%
Boundary House Surgery	0%	5%	-7%	-2%	4%	7%	-31%	-26%	15%	61%	-14%	39%
DR ME Silver's Practice	-9%	9%	4%	13%	30%	22%	-25%	-8%	-33%	69%	-7%	56%
Keats Surgery	-12%	15%	-4%	11%	-29%	-11%	-2%	-13%	-24%	56%	-10%	40%
Latymer Road Surgery	-4%	-6%	0%	-5%	5%	25%	-18%	2%	71%	-16%	26%	5%
Chalfont Road Surgery												
East Enfield Practice												
Evergreen Primary Care Centre	-7%	1%	-5%	-3%	6%	-13%	-5%	-16%	10%	66%	-20%	34%
Grovelands Medical Centre	17%	-17%	-11%	-26%	8%	-26%	-8%	-31%	13%	-12%	-4%	-15%
Rainbow Practice	-2%	-5%	9%	4%	15%	-6%	20%	13%	3%	42%	45%	106%
The Ordnance Unity Centre for Health	6%	-2%	-12%	-14%	44%	2%	-23%	-21%	30%	30%	7%	39%
White Lodge Medical Practice	9%	-12%	-3%	-15%	39%	-14%	-7%	-20%	20%	21%	-20%	-3%
Arnos Grove Medical Centre	-4%	-6%	-6%	-11%	7%	12%	-18%	-9%	18%	-9%	-13%	-21%
Bincote Surgery	0%	-2%	15%	13%	-2%	-5%	38%	31%	17%	12%	-3%	9%
Gillan House Surgery	24%	-12%	0%	-11%	27%	-11%	13%	0%	16%	-6%	0%	-6%
Morecambe Surgery	10%	-13%	7%	-6%	23%	-7%	13%	4%	193%	-7%	-17%	-23%
The North London Health Centre	12%	-10%	11%	-1%	-12%	-8%	2%	-6%	-17%	39%	-16%	16%
The Woodberry Practice	2%	4%	-8%	-4%	6%	-11%	-8%	-19%	52%	34%	-2%	32%
Cockfosters Medical Centre	-9%	20%	-7%	12%	7%	33%	-13%	17%	-30%	34%	-2%	31%
Eagle House Surgery	19%	-12%	3%	-9%	46%	-14%	9%	-7%	10%	0%	-1%	-1%
Green Cedars Medical Centre	12%	-7%	6%	-1%	18%	6%	26%	34%	0%	106%	-16%	72%
Highlands Practice	-10%	8%	-4%	4%	5%	5%	-10%	-6%	-19%	27%	-14%	9%
Medicus Health Partners	5%	-1%	1%	-2%	17%	-3%	1%	-2%	23%	23%	2%	25%
Nightingale House Surgery	-6%	9%	5%	14%	-6%	16%	18%	36%	8%	48%	18%	74%
Oakwood Medical Centre	1%	-3%	-7%	-10%	3%	-1%	-27%	-28%	-8%	5%	26%	32%
Southgate	16%	3%	-23%	-21%	-14%	0%	-27%	-27%	-8%	11%	-23%	-14%
The Bounces Road Surgery												
Abernethy House Surgery	4%	22%	-12%	7%	-15%	23%	-26%	-10%	4%	12%	-9%	3%
Town Surgery												
Winchmore Hill Practice	5%	-2%	8%	6%	21%	-13%	12%	-2%	16%	9%	-10%	-2%
Hornsey Park Surgery	8%	-20%	1%	-19%	-4%	-38%	16%	-28%	-25%	26%	-2%	24%
Staunton Group Practice	18%	-19%	6%	-14%	7%	-14%	-9%	-22%	3%	1%	17%	19%
The Old Surgery	28%	-21%	48%	17%	-25%	6%	-18%	-13%	100%	-10%	0%	-10%
West Green Road Surgery	6%	-2%	-2%	-4%	19%	-12%	7%	-6%	41%	-9%	4%	-6%
Bridge House Medical Practice	14%	0%	-10%	-10%	81%	18%	-13%	2%	14%	0%	-33%	-33%
Grove Road Surgery	-4%	5%	10%	16%	22%	-3%	16%	13%	-20%	125%	-11%	100%
Havergal Surgery	41%	-25%	-2%	-27%	61%	-20%	-18%	-35%	47%	27%	4%	32%
JS Medical Practice	8%	9%	2%	11%	25%	14%	-7%	6%	45%	1%	19%	20%
St Ann's Road Surgery	-3%	2%	-2%	0%	-9%	-8%	-18%	-24%	14%	29%	0%	29%
Arcadian Gardens Surgery	12%	-1%	-8%	-9%	35%	17%	-2%	14%	57%	9%	-3%	5%
Bounds Green Group Practice	12%	-11%	0%	-12%	36%	-14%	19%	3%	31%	1%	-14%	-13%
Cheshire Road Surgery	17%	-12%	-15%	-25%	24%	-18%	-12%	-28%	6%	8%	10%	19%
Stuart Crescent Health Centre												
Stuart Crescent Medical Practice	-2%	-8%	-8%	-15%	74%	-3%	-35%	-38%	47%	5%	-36%	-33%
The Alexandra Surgery	-5%	22%	-3%	18%	-33%	19%	56%	86%	16%	17%	3%	21%
Bruce Grove Primary Health Care Centre	17%	-7%	-2%	-8%	34%	-18%	33%	9%	23%	71%	-38%	5%
Charlton House Medical Centre	18%	-3%	-8%	-11%	21%	-14%	-16%	-28%	54%	20%	13%	35%
Morris House Group Practice	-4%	4%	-5%	-1%	37%	-14%	-4%	-17%	35%	33%	12%	49%
Somerset Gardens Family Health Centre	6%	7%	-2%	5%	38%	-6%	13%	6%	14%	47%	-5%	40%
Westbury Medical Centre	11%	2%	11%	13%	15%	10%	10%	20%	-12%	28%	-15%	9%
Highgate Group Practice	-13%	6%	-4%	3%	35%	-14%	-9%	-22%	-14%	0%	3%	3%
Rutland House Surgery	15%	2%	-1%	1%	-28%	5%	-7%	-2%	43%	-18%	-4%	-21%
The Muswell Hill Practice	-5%	-8%	7%	-1%	-16%	-28%	33%	-5%	46%	-18%	20%	-1%
The Vale Practice	-5%	-1%	12%	11%	53%	26%	3%	29%	-5%	16%	-14%	0%
Christchurch Hall Surgery	-8%	14%	9%	24%	69%	0%	-7%	-7%	15%	-80%	200%	-40%
Crouch Hall Road Surgery	11%	4%	-6%	-2%	-13%	-3%	-3%	-5%	48%	27%	-2%	24%
Queenswood Medical Practice	19%	-8%	11%	2%	8%	4%	1%	5%	42%	7%	6%	14%
The 157 Medical Practice	14%	1%	-18%	-17%	29%	7%	-33%	-29%	12%	-32%	32%	-11%
Dowsett Road Surgery												
Fernlea Surgery	12%	7%	-14%	-7%	20%	20%	-13%	3%	24%	30%	-39%	-21%
Lawrence House Surgery	-1%	0%	-6%	-6%	16%	-8%	-10%	-17%	17%	17%	-9%	6%
Tottenham Hale Medical Practice												
Tottenham Health Centre	2%	-23%	23%	-6%	-16%	-28%	47%	6%	23%	-15%	52%	30%
Tynemouth Medical Practice	-6%	0%	13%	13%	-3%	5%	6%	11%	26%	-6%	69%	58%
Highbury Grange Medical Practice	-2%	8%	-5%	3%	7%	8%	2%	10%	-5%	19%	12%	33%
Islington Central Medical Centre	5%	20%	-12%	6%	0%	48%	-5%	41%	1%	-1%	-4%	-5%
Mildmay Medical Practice	5%	-10%	6%	-5%	-9%	-12%	11%	-2%	39%	-1%	-25%	-32%
Roman Way Medical Centre	-13%	-6%	6%	-1%	50%	-23%	-5%	-27%	35%	-26%	-15%	-37%
Sobell Medical Centre	11%	-3%	-6%	-8%	4%	-3%	-10%	-13%	16%	-55%	40%	-36%
The Medical Centre	33%	-1%	-29%	-29%	-8%	-28%	-26%	-46%	13%	3%	-31%	-29%
The Mitchison Road Surgery	22%	4%	-15%	-11%	0%	21%	-20%	-4%	41%	3%	20%	24%
Elizabeth Avenue Group Practice	9%	-11%	6%	-5%	23%	-15%	-6%	-20%	-17%	-16%	-11%	-24%
New North Health Centre	69%	-5%	-20%	-23%	0%	0%	-9%	-9%	57%	-8%	-36%	-42%
River Place Health Centre	6%	-4%	1%	-3%	-6%	-7%	2%	-5%	11%	34%	7%	43%
St Peters Street Medical Practice	-2%	0%	200%	200%	13%	-10%	-11%	-20%	-100%	-14%	12%	-4%
The Miller Practice	0%	-13%	10%	-4%	2%	-11%	-18%	-27%	-59%	48%	21%	78%
Partnership Primary Care Centre	30%	-24%	6%	-20%	12%	-26%	9%	-20%	-28%	-17%	20%	0%
St Johns Way Medical Centre	9%	-1%	-4%	-4%	-7%	3%	-5%	-3%	-21%	45%	-9%	32%
The Goodinge Group Practice	6%	-19%	12%	-9%	-25%	-14%	-16%	-28%	-9%	14%	4%	19%
The Northern Medical Centre	0%	0%	4%	4%	38%	0%	-13%	-13%	-6%	-11%	-15%	-24%
The Village Practice	-15%	-6%	3%	-4%	-15%	-6%	-3%	-8%	-25%	8%	5%	14%
Andover Medical Centre	0%	3%	-1%	2%	7%	6%	-8%	-3%	66%	-21%	1%	-20%
Archway Medical Practice	-5%	-2%	11%	9%	36%	-15%	15%	-2%	-2%	-24%	39%	5%
Hanley Primary Care Centre	17%	-7%	15%	7%	0%	-6%	31%	23%	96%	-24%	3%	-22%
Stroud Green Medical Practice	30%	-13%	-1%	-13%	-5%	-29%	50%	6%	60%	-33%	38%	-8%
The Beaumont Practice	-10%	15%	-3%	11%	35%	33%	-2%	31%	8%	-16%	-19%	-32%
The Junction Medical Practice	-3%	-28%	-18%	-41%	3%	69%	-45%	-7%	16%	3%	-17%	-14%
The Rise Group Practice	-10%	8%	-3%	5%	28%	-1%	-10%	-11%	11%	-6%	-25%	-30%
Amwell Group Practice	16%	0%	-12%	-12%	36%	-13%	13%	-2%	-10%	27%	-21%	0%
Barnsbury Medical Centre	22%	-11%	8%	-3%	9%	-34%	-26%	-51%	85%	4%	-4%	0%
City Road Medical Centre	-8%	20%	-2%	18%	-6%	-8%	43%	31%	80%	5%	-15%	-10%
Clerkenwell Medical Practice	14%	-8%	-1%	-9%	62%	-8%	-14%	-21%	-19%	0%	35%	35%
Killick Street Health Centre	13%	-8%	-8%	-15%	10%	4%	1%	6%	0%	24%	-21%	-2%
Pine Street Medical Centre	36%	7%	-12%	-6%	-25%	175%	14%	213%	-6%	20%	33%	60%
Ritchie Street Group Practice	10%	-4%	-4%	-8%	19%	5%	-7%	-3%	17%	-9%	-7%	-15%

Practice Name	Appointments: Face to Face Month on Month Change - Apr/May	Face to Face Month on Month Change -May/Jun	Face to Face Month on Month Change - Jun/Jul	3 Month Change - May/Jul	Telephone Month on Month Change - Apr/May	Telephone Month on Month Change -May/Jun	Telephone Month on Month Change - Jun/Jul	3 Month Change - May/Jul	Total Appointments Month on Month Change - Apr/May	Total Appointments Month on Month Change -May/Jun	Total Appointments Month on Month Change - Jun/Jul	3 Month Change - May/Jul
Colindale Medical Centre	-6%	6%	14%	21%	-17%	10%	16%	28%	-9%	5%	15%	21%
Hendon Way Surgery	10%	10%	18%	29%	19%	18%	14%	34%	12%	14%	12%	28%
Jai Medical Centre	4%	4%	3%	7%	3%	-3%	4%	1%	2%	4%	6%	10%
Mulberry Medical Practice	-10%	14%	1%	15%	0%	13%	8%	23%	-6%	14%	4%	18%
Oak Lodge Medical Centre	-10%	-3%	9%	7%	-4%	21%	15%	39%	-8%	7%	12%	20%
Wakemans Hill Surgery	-17%	-16%	36%	14%	-11%	8%	0%	8%	-15%	-9%	22%	11%
Deans Lane Medical Centre	-10%	20%	19%	43%	-20%	18%	6%	25%	-15%	19%	13%	35%
Parkview Surgery	5%	18%	2%	20%	1%	2%	7%	10%	3%	15%	3%	19%
The Everglade Medical Practice	-3%	10%	3%	13%	-22%	4%	36%	42%	-11%	7%	17%	26%
Watling Medical Centre	-3%	3%	3%	6%	-4%	-3%	13%	9%	-3%	1%	7%	8%
Brunswick Park Medical Practice	7%	20%	-5%	14%	7%	-2%	-13%	-14%	5%	11%	-5%	5%
Colney Hatch lane Surgery	-2%	-8%	33%	22%	-15%	-18%	5%	-14%	-4%	-12%	28%	13%
East Barnet Health Centre	5%	8%	16%	25%	0%	11%	22%	35%	2%	9%	20%	31%
East Finchley Medical Centre	-8%	-6%	5%	-1%	-2%	-4%	0%	-3%	-4%	-4%	1%	-3%
Friern Barnet Medical Centre	-15%	5%	9%	14%	-13%	4%	0%	4%	-15%	4%	6%	10%
Rosemary Surgery	-9%	-5%	6%	0%	-8%	-2%	16%	14%	-9%	-4%	14%	10%
St Andrews Medical Practice	-13%	-3%	13%	9%	-15%	-23%	-1%	-23%	-15%	-13%	10%	-4%
The Clinic (Oakleigh Rd North)	-4%	-4%	15%	11%	-2%	-3%	22%	18%	-4%	-4%	18%	14%
The Speedwell Practice	-4%	2%	10%	13%	-1%	12%	5%	18%	-2%	8%	8%	17%
The Village Surgery	-8%	8%	2%	10%	-1%	36%	31%	78%	-7%	9%	4%	13%
Torrington Park Group Practice	2%	15%	8%	24%	-4%	8%	-27%	-21%	0%	10%	8%	19%
Woodlands Medical Practice	-17%	2%	-3%	-2%	50%	28%	15%	46%	7%	13%	5%	19%
Addington Medical Centre	-1%	9%	8%	18%	28%	22%	14%	39%	14%	7%	9%	17%
Cornwall House Surgery	7%	18%	1%	19%	-13%	7%	1%	7%	-2%	12%	2%	14%
Lichfield Grove Surgery	25%	15%	32%	51%	2%	-11%	53%	36%	11%	-3%	34%	30%
Longrove Surgery	1%	10%	6%	17%	9%	7%	16%	24%	4%	8%	11%	21%
Squires Lane Medical Practice	6%	-6%	32%	24%	17%	-3%	23%	19%	11%	-8%	27%	18%
The Old Court House Surgery	0%	14%	6%	21%	-1%	2%	5%	7%	-1%	6%	4%	10%
Wentworth Medical Practice	-2%	7%	5%	12%	3%	-8%	21%	11%	0%	-1%	5%	4%
Lane End Medical Group	-11%	6%	9%	15%	-16%	14%	2%	16%	-13%	9%	6%	15%
Langstone Way Surgery	-1%	1%	19%	21%	23%	-40%	36%	-18%	0%	-1%	20%	18%
Millway Medical Practice	0%	8%	5%	14%	-3%	8%	7%	16%	-1%	9%	6%	15%
Penshurst Gardens Surgery	-8%	-2%	-2%	-4%	-21%	-23%	100%	53%	-6%	-4%	5%	1%
Cricklewood Health Centre	-25%	22%	3%	26%	4%	-26%	-21%	-41%	-18%	12%	0%	12%
Dr Azim and Partners	-7%	-19%	1%	-18%	-19%	25%	-8%	15%	-19%	-9%	-7%	-15%
Greenfield Medical Centre	4%	1%	3%	4%	-14%	2%	6%	8%	-2%	2%	3%	5%
Pennine Drive Practice	-8%	5%	9%	14%	-9%	24%	22%	51%	-8%	6%	10%	17%
Ravenscroft Medical Centre	-6%	7%	6%	13%	0%	8%	14%	24%	-4%	8%	6%	14%
St Georges Medical Centre	-13%	1%	7%	8%	-4%	6%	14%	21%	-8%	4%	11%	16%
The Phoenix Practice	-11%	-10%	27%	15%	2%	3%	16%	19%	-10%	-10%	27%	15%
Adler JS-The Surgery	1%	13%	-7%	5%	-8%	5%	13%	18%	-4%	8%	4%	12%
Heathfield Medical Centre	-10%	-25%	35%	2%	7%	11%	17%	30%	-3%	-9%	28%	17%
PHGH Doctors	-4%	9%	-6%	3%	9%	9%	7%	16%	2%	9%	-1%	8%
Supreme Medical Practice	-10%	-5%	24%	17%	-6%	19%	3%	23%	-9%	-1%	19%	18%
Temple Fortune Medical Group	4%	3%	14%	17%	12%	20%	7%	29%	6%	8%	12%	21%
The Hodford Road Practice	11%	9%	-1%	8%	18%	34%	-9%	22%	13%	17%	-3%	13%
The Mountfield Surgery	-3%	11%	5%	17%	-4%	-6%	10%	3%	-3%	1%	8%	9%
The Practice at 188	9%	17%	17%	37%	-8%	2%	16%	18%	3%	11%	17%	30%
Ampthill Practice	0%	5%	13%	19%	-3%	10%	7%	18%	-1%	8%	10%	19%
Brunswick Medical Centre	-5%	-3%	16%	12%	-7%	-1%	18%	17%	-6%	-2%	17%	15%
Kings Cross Surgery	-10%	-18%	5%	-14%	31%	-5%	11%	6%	-2%	-13%	7%	-7%
Ridgmount Practice	-8%	0%	-31%	-31%	-5%	-7%	6%	-2%	-11%	-9%	-9%	-17%
Somers Town Medical Practice	-13%	12%	-3%	8%	-5%	-1%	7%	5%	-12%	1%	6%	7%
Swiss Cottage Surgery	11%	7%	7%	14%	-1%	5%	4%	9%	5%	9%	5%	15%
The Bloomsbury Surgery	-4%	-5%	3%	-2%	-1%	3%	4%	7%	-4%	-3%	5%	2%
The Regents Park Practice												
Belsize Priory Medical Practice	-2%	9%	-6%	2%	-12%	-14%	21%	4%	-5%	3%	3%	5%
Cholmley Gardens Surgery	-15%	16%	1%	18%	-8%	11%	-6%	5%	-11%	13%	-3%	10%
Daleham Gardens Health Centre	13%	12%	4%	16%	2%	21%	18%	43%	5%	16%	11%	29%
Fortune Green Road Surgery	4%	-1%	15%	13%	-11%	18%	2%	21%	-2%	7%	8%	17%
Grays Inn Road Medical centre	24%	16%	14%	32%	13%	21%	4%	26%	19%	18%	9%	29%
Primrose Hill Surgery	-3%	-4%	17%	11%	-22%	-25%	30%	-3%	-7%	-10%	18%	7%
Caversham Group Practice	7%	14%	7%	22%	6%	5%	11%	17%	-4%	5%	8%	13%
Parliament Hill Surgery	-7%	6%	5%	11%	-7%	-2%	3%	1%	-7%	3%	5%	8%
Prince of Wales Group Surgery	-5%	0%	11%	11%	-1%	8%	5%	13%	-4%	2%	10%	12%
James Wigg Practice	-10%	2%	10%	12%	-11%	-4%	9%	5%	-11%	-1%	10%	8%
Queens Crescent Practice	-5%	8%	5%	14%	8%	6%	6%	13%	7%	-4%	6%	1%
Adelaide Medical Centre	13%	19%	2%	21%	-14%	-3%	8%	6%	-1%	14%	2%	17%
Brookfield Park Surgery	9%	13%	-16%	-5%	-25%	23%	-26%	-9%	-2%	19%	-21%	-7%
Hampstead Group Practice	-5%	4%	8%	13%	-2%	6%	22%	29%	-5%	6%	13%	20%
Keats Group Surgery	8%	5%	8%	14%	-7%	12%	4%	17%	2%	10%	7%	18%
Park End Surgery	-7%	10%	17%	29%	5%	5%	-4%	0%	2%	6%	3%	9%
Holborn Medical Centre	1%	8%	-5%	2%	-5%	-1%	-3%	-3%	-1%	4%	-4%	0%
Museum Practice	1%	1%	4%	5%	6%	0%	2%	2%	4%	0%	9%	9%
St Philips Medical Centre	-5%	-10%	18%	6%	1%	-7%	29%	20%	-3%	-9%	22%	11%
Brondesbury Medical Centre	-9%	0%	6%	5%	-2%	-2%	10%	8%	-5%	-1%	8%	7%
Gower Street Practice	-4%	-4%	1%	-3%	-6%	-12%	6%	-7%	-5%	-9%	4%	-6%
Abbey Medical Centre	0%	7%	8%	16%	-4%	5%	1%	5%	-2%	4%	5%	10%
West Hampstead Medical Centre	-10%	1%	1%	2%	-10%	2%	5%	8%	-10%	2%	2%	4%
Angel Surgery	10%	-1%	14%	13%	20%	3%	35%	39%	12%	1%	16%	18%
Boundary House Surgery	-19%	-19%	39%	13%	-1%	-10%	9%	-2%	-12%	-14%	28%	10%
DR ME Silver's Practice	-24%	19%	-6%	12%	12%	12%	-3%	8%	-3%	15%	-5%	9%
Keats Surgery	10%	14%	-15%	-3%	-8%	3%	30%	34%	0%	8%	3%	12%
Latymer Road Surgery	-12%	13%	2%	15%	20%	8%	5%	14%	-3%	8%	4%	12%
Chalfont Road Surgery	-5%	0%	6%	5%	-3%	-3%	20%	17%	-4%	-1%	12%	10%
East Enfield Practice	10%	28%	1%	30%	3%	1%	0%	2%	3%	13%	2%	15%
Evergreen Primary Care Centre	-23%	-1%	5%	4%	4%	-5%	13%	7%	-11%	-3%	8%	5%
Grovelands Medical Centre	6%	19%	0%	19%	14%	9%	1%	10%	9%	16%	0%	16%
Rainbow Practice	-15%	-5%	9%	3%	21%	2%	6%	8%	-10%	-5%	10%	4%
The Ordnance Unity Centre for Health	-9%	15%	2%	17%	4%	-3%	5%	2%	-4%	7%	3%	10%
White Lodge Medical Practice	0%	10%	25%	37%	3%	5%	14%	21%	0%	7%	16%	24%
Arnos Grove Medical Centre	-9%	1%	17%	18%	-10%	-11%	19%	5%	-10%	-4%	17%	12%
Bincote Surgery	9%	10%	4%	14%	21%	21%	-4%	16%	12%	12%	2%	14%
Gillan House Surgery	22%	15%	-2%	13%	-4%	-9%	12%	2%	14%	6%	6%	13%
Morecambe Surgery	7%	3%	1%	5%	-6%	-18%	-4%	-21%	3%	1%	-3%	-2%
The North London Health Centre	-4%	12%	-8%	2%	-15%	16%	10%	27%	-7%	13%	-1%	11%
The Woodberry Practice	-5%	-15%	1%	-14%	-2%	13%	2%	15%	-2%	9%	-1%	8%
Cockfosters Medical Centre	-7%	-5%	12%	7%	-10%	-5%	12%	7%	-12%	6%	14%	21%
Eagle House Surgery	-6%	0%	1%	1%	11%	7%	10%	17%	3%	4%	6%	10%
Green Cedars Medical Centre	7%	11%	10%	22%	-5%	-3%	-5%	-8%	0%	7%	5%	12%
Highlands Practice	1%	2%	5%	7%	3%	12%	7%	20%	0%	4%	6%	10%
Medicus Health Partners	1%	6%	7%	13%	-8%	3%	6%	9%	-3%	5%	7%	12%
Nightingale House Surgery	-15%	1%	13%	13%	6%	9%	10%	19%	-7%	3%	12%	16%
Oakwood Medical Centre	-5%	1%	3%	5%	5%	11%	4%	16%	-3%	4%	3%	7%
Southgate	-4%	5%	0%	6%	0%	7%	16%	25%	-2%	5%	7%	12%
The Bounces Road Surgery	-22%	-9%	-5%	-13%	-19%	2%	-2%	0%	-20%	-6%	-2%	-8%
Abernethy House Surgery	-8%	1%	7%	8%	-7%	-7%	18%	10%	-8%	-1%	8%	7%
Town Surgery	-5%	-10%	11%	-1%	-53%	-35%	52%	-2%	-8%	-8%	13%	4%
Winchmore Hill Practice	5%	11%	9%	21%	0%	-9%	20%	10%	5%	10%	10%	21%
Hornsey Park Surgery	-9%	1%	4%	6%					-10%	1%	5%	6%
Staunton Group Practice	-1%	11%	-4%	7%	-5%	2%	15%	18%	-3%	6%	6%	12%
The Old Surgery	-2%	27%	7%	36%	5%	-12%	30%	15%	-5%	-2%	19%	17%
West Green Road Surgery	-8%	-4%	8%	3%	-100%	-100%		-100%	-8%	-4%	8%	3%
Bridge House Medical Practice	-9%	9%	-8%	1%	20%	1%	3%	4%	-1%	7%	-5%	2%
Grove Road Surgery	-25%	-6%	11%	4%	-1%	25%	-9%	14%	-18%	3%	4%	7%
Havergal Surgery	-2%	-2%	11%	9%	-24%	-43%	14%	-35%	2%	-9%	17%	6%
JS Medical Practice	-7%	-8%	19%	9%	0%	1%	2%	3%	-3%	-2%	9%	7%
St Ann's Road Surgery	-4%	-6%	19%	11%	14%	9%	2%	11%	7%	3%	8%	11%
Arcadian Gardens Surgery	2%	3%	-1%	2%	-5%	62%	-8%	50%	1%	17%	-3%	15%
Bounds Green Group Practice	-3%	-8%	22%	12%	1%	52%	0%	51%	-2%	6%	14%	21%
Cheshire Road Surgery	2%	-5%	8%	2%	14%	18%	14%	34%	11%	10%	12%	22%
Stuart Crescent Health Centre	-11%	0%	12%	12%	0%	15%	0%	15%	-6%	7%	6%	14%
Stuart Crescent Medical Practice	-3%	28%	11%	42%	-1%	15%	28%	47%	-2%	24%	16%	44%
The Alexandra Surgery	8%	10%	10%	21%	-14%	1%	7%	8%	-3%	7%	7%	15%
Bruce Grove Primary Health Care Centre	-28%	-12%	11%	-3%	-4%	4%	7%	11%	-20%	-7%	9%	2%
Charlton House Medical Centre	8%	3%	4%	7%	8%	32%	-4%	27%	8%	9%	5%	15%
Morris House Group Practice	-6%	4%	-1%	3%	0%	11%	-5%	6%	-5%	5%	-1%	4%
Somerset Gardens Family Health Centre	2%	3%	-1%	2%	-4%	10%	9%	19%	-1%	6%	5%	12%
Westbury Medical Centre	-5%	6%	-1%	5%	-7%	10%	-5%	4%	-6%	7%	-2%	5%
Highgate Group Practice	2%	15%	-1%	14%	11%	18%	11%	31%	4%	17%	3%	20%
Rutland House Surgery	-7%	9%	-5%	4%	0%	4%	4%	8%	-3%	7%	3%	10%
The Muswell Hill Practice	-2%	0%	3%	2%	12%	20%	3%	23%	2%	5%	3%	8%
The Vale Practice	2%	6%	10%	16%	-3%	13%	22%	38%	1%	7%	13%	21%
Christchurch Hall Surgery	-14%	20%	-21%	-5%	-10%	6%	-7%	-2%	-13%	12%	-15%	-4%
Crouch Hall Road Surgery	-21%	-2%	14%	11%	-13%	-2%	10%	7%	-10%	-1%	8%	7%
Queenswood Medical Practice	6%	15%	12%	29%	11%	7%	14%	22%	6%	13%	11%	26%
The 157 Medical Practice	5%	-12%	19%	4%	-7%	-4%	38%	32%	-1%	-7%	28%	19%
Dowsett Road Surgery	-13%	30%	19%	55%	-13%	-27%	-2%	-28%	-13%	-1%	11%	10%
Fernlea Surgery	3%	6%	2%	8%	-3%	34%	-2%	32%	-8%	17%	5%	23%
Lawrence House Surgery	-6%	-4%	16%	12%	-12%	0%	-3%	-3%	-9%	-2%	7%	4%
Tottenham Hale Medical Practice	-11%	3%	11%	14%	7%	-5%	10%	4%	-2%	8%	9%	17%
Tottenham Health Centre	9%	13%	3%	16%	16%	27%	14%	45%	10%	15%	5%	21%
Tynemouth Medical Practice	-7%	-6%	2%	-4%	-6%	-5%	-4%	-9%	-4%	-4%	6%	1%
Highbury Grange Medical Practice	1%	-3%	17%	13%	-2%	-5%	1%	-4%	-2%	-4%	8%	3%
Islington Central Medical Centre	-3%	2%	7%	9%	-4%	5%	11%	16%	-4%	3%	9%	13%
Mildmay Medical Practice	5%	6%	-2%	4%	2%	5%	16%	22%	4%	6%	5%	11%
Roman Way Medical Centre	16%	48%	-4%	42%	10%	5%	14%	20%	11%	12%	11%	25%
Sobell Medical Centre	-6%	-9%	14%	3%	5%	-3%	21%	18%	-1%	-6%	17%	9%
The Medical Centre	-2%	11%	0%	11%	11%	5%	22%	28%	-8%	9%	-2%	7%
The Mitchison Road Surgery	4%	-2%	11%	9%	0%	-3%	9%	5%	2%	-3%	10%	6%
Elizabeth Avenue Group Practice	1%	7%	2%	10%	-19%	-4%	11%	6%	-2%	5%	4%	9%
New North Health Centre	50%	86%	-10%	67%	11%	14%	4%	18%	35%	43%	-3%	39%
River Place Health Centre	0%	1%	15%	16%	2%	5%	8%	14%	3%	6%	9%	16%
St Peters Street Medical Practice	0%	7%	1%	8%	-11%	1%	8%	8%	-4%	5%	3%	8%
The Miller Practice	3%	4%	15%	19%	4%	4%	4%	9%	3%	4%	8%	13%
Partnership Primary Care Centre	-18%	1%	-5%	-5%	16%	21%	-12%	7%	1%	13%	-10%	2%
St Johns Way Medical Centre	-3%	2%	4%	7%	-17%	21%	8%	31%	-5%	9%	4%	14%
The Goodinge Group Practice	-9%	-13%	20%	4%	-2%	7%	8%	16%	-6%	-6%	15%	8%
The Northern Medical Centre	0%	4%	-4%	0%	-9%	8%	7%	15%	-1%	9%	2%	12%
The Village Practice	7%	21%	9%	32%	-4%	11%	37%	53%	0%	14%	24%	42%
Andover Medical Centre	2%	0%	10%	10%	-2%	-6%	13%	6%	2%	-1%	11%	9%
Archway Medical Practice	11%	3%	16%	20%	14%	26%	4%	31%	13%	14%	10%	25%
Hanley Primary Care Centre	-2%	5%	8%	13%	8%	5%	12%	18%	2%	5%	9%	15%
Stroud Green Medical Practice	-18%	-6%	28%	20%	-3%	5%	9%	14%	-6%	-2%	24%	22%
The Beaumont Practice	11%	-3%	16%	13%	0%	6%	16%	23%	6%	-2%	15%	12%
The Junction Medical Practice	-1%	-5%	1%	-4%	-6%	-1%	4%	3%	-3%	-4%	2%	-2%
The Rise Group Practice	-15%	1%	3%	4%	-9%	0%	6%	6%	-9%	3%	4%	7%
Amwell Group Practice	13%	-11%	21%	8%	7%	-2%	9%	7%	10%	-7%	17%	9%
Barnsbury Medical Centre	0%	5%	7%	12%	-11%	10%	5%	15%	-7%	3%	12%	15%
City Road Medical Centre	-15%	0%	5%	5%	4%	11%	5%	17%	0%	13%	1%	15%
Clerkenwell Medical Practice	11%	9%	8%	17%	20%	5%	13%	18%	46%	1%	12%	14%
Killick Street Health Centre	6%	4%	5%	9%	-1%	7%	10%	18%	4%	5%	8%	13%
Pine Street Medical Centre	-9%	5%	30%	37%	-2%	16%	9%	27%	-6%	10%	20%	32%
Ritchie Street Group Practice	-9%	-2%	16%	13%	-5%	-19%	32%	7%	-8%	-8%	21%	11%

Measure	Source	Updated Since Last Report	Description	Rating	Comments
Referrals	**Data Team Sandpit**		Referral rates from primary care to secondary care by practice	A decrease in referrals is noted by both a yellow/green rating and downward arrow, an increase is shown by an amber/red shade and an upward arrow	
2ww	**Data Team Sandpit**		Of referrals made these sit under the 2 week wait specialty	A decrease in 2ww is noted by both a yellow/green rating and downward arrow, an increase is shown by an amber/red shade and an upward arrow	
A&G	**Data Team Sandpit**		Utilisation of the Advice and Guidance service whereby advice can be sought from a specialist consultant	A decrease in Advice & Guidance utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by an yellow/green shade and an green upward arrow	
CC	**Consultant Connect**		Utilisation of the Consulant Connect service which is a similar offerig to the Advice and Guidance service	A decrease in Consulant Connect utilisation is noted by an amber/red rating and red downward arrow, an increase is shown by an yellow/green shade and an green upward arrow	
A&E Att	**SUS**		Month on month Accident & Emergency attendance by practice	A decrease in A&E Attendance is noted by both a yellow/green rating and green spot, an increase is shown by an amber/red shade and an red spot	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
A&E VB11Z	**SUS**		Of those that have attended A&E these required no investigation and no treatment	A decrease in A&E VB11Z Attendance is noted by both a yellow/green rating and green spot, an increase is shown by an amber/red shade and an red spot	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
Emergency Admissions	**SUS**		Emergency Admissions are admission as soon as possible after seeing a GP, this can be from A&E	A decrease in Emergency Admissions is noted by both a greener rating and green spot, an increase is shown by an amber/red shade and an red spot	Data is not available until the start of December for October - Work is ongoing to ensure this data is available much earlier
GP Appointments Data	**NHSE**		Appointments data from the NHSD GPAD data provision	Low numbers of appointments across face to face and telephone are towards the red end of the RAG and high numbers towards green	Home visits and online consultations have been removed because of concerns around data quality, the hope is to include these at some points in the future

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

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Low Risk Paper
Virtual Decision

Report Title	Commissioning Decisions on PMS Agreement Changes	**Date of report**	19 July 2025	**Agenda Item**	
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Place	**Email / Tel**		Sarah.mcdonnell1@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	GP Commissioning & Contracting Team	**Email / Tel**		nclicb.nclprimarycare@nhs.net	
Name of Authorising Finance Lead	Not Applicable.	**Summary of Financial Implications** Not Applicable.			
Name of Authorising Estates Lead	Not Applicable.	**Summary of Estates Implications** Not Applicable.			
Report Summary	Detail of the request to vary PMS Agreements and any conditions to be applied				
Recommendation	The Committee is asked to **APPROVE** the proposed changes outlined below and any conditions.				
Identified Risks & Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	Not Applicable.				
Resource Implications	Not Applicable.				
Engagement	Not Applicable.				
Equality Impact Analysis	Not Applicable.				
Report History & Key Decisions	Not Applicable.				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	Not Applicable.				

1 Executive summary

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

2 Background

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

3 Appointment benchmarking

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

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

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/04/2025	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
F83017 Hampstead Group Practice	Camden	17988	Practice is a member of North Camden PCN comprising: 5 practices with 54648 patients at 01/04/25	Removal of Dr Tom Aslan	Application to remove Dr Tom Aslan from the PMS Agreement effective from 01/04/25. The changes will leave four contractors on the PMS Agreement. **Practice provision (per week)** GP appointments 1692 GP sessions 101 Nurse appointments 711 Nurse sessions 36 **Recommended provision (per week)** GP appointments 1297 GP sessions 69 Nurse appointments 577 Nurse sessions 31 Shortfall: Provision of GP and nurse appointments meets requirements. Additional staff: The practice also offers (PCN ARRS): 246 HCA appointments (13 sessions) 136 PA appointments (21 sessions) 40 Pharmacist appointments (8 sessions) Practice have stated the following: *Dr Aslan will continue to work as a salaried GP.* GP Survey:	To approve

					94% describe their overall experience of this GP practice as good (ICS result: 72% National result: 74%) 70% were offered a choice of time or day when they last tried to make a general practice appointment (ICS result: 54% National result: 53%) 71% usually get to see or speak to their preferred healthcare professional when they would like to (ICS result: 37% National result: 40%)	
F83017 Hampstead Group Practice	Camden	17988	Practice is a member of North Camden PCN comprising: 5 practices with 54648 patients at 01/04/25	24-hour retirement of Dr Elizabeth Bradley	Application for the 24-hour retirement of Dr Elizabeth Bradley from the PMS Agreement effective from 23/08/25. The changes will leave four contractors on the PMS Agreement. **<u>Practice provision (per week)</u>** GP appointments 1692 GP sessions 101 Nurse appointments 711 Nurse sessions 36 **<u>Recommended provision (per week)</u>** GP appointments 1297 GP sessions 69 Nurse appointments 577 Nurse sessions 31 <u>Shortfall</u>: Provision of GP and nurse appointments meets requirements. <u>Additional staff</u>: The practice also offers (PCN ARRS): 246 HCA appointments (13 sessions) 136 PA appointments (21 sessions) 40 Pharmacist appointments (8 sessions)	To approve

					Practice have stated the following: *Clinical capacity will be unaffected as Dr Bradley's 24-hour retirement does not fall on her clinical day.* GP Survey: 94% describe their overall experience of this GP practice as good (ICS result: 72% National result: 74%) 70% were offered a choice of time or day when they last tried to make a general practice appointment (ICS result: 54% National result: 53%) 71% usually get to see or speak to their preferred healthcare professional when they would like to (ICS result: 37% National result: 40%)	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Low Risk Paper
Virtual Decision

Report Title	The Village Practice – rental uplift request	**Date of report**	12 September 2025	**Agenda Item**	
Lead Director / Manager	Nicola Theron, Director of Estates, Finance and Estates Directorate	**Email / Tel**		Nicola.Theron@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Ian Sabini	**Email / Tel**		Ian.sabini@gbpconsult.co.uk	
Name of Authorising Finance Lead	Sarah Rothenberg, Deputy Director Finance Partnering - Primary Care	**Summary of Financial Implications** The total increase in reimbursables from the ICB's revenue estates budget is **£49,567 per annum** comprising: • £41,550 pa increase in rent reimbursables & repairs allowance for 21 years. • A supplementary rent of **£8,017 per annum** shall be payable for a **fixed term of 15 years**, after which it shall cease. This supplementary rent must not, under any circumstances, be referenced or incorporated within the lease documentation, as it constitutes a separate arrangement exclusively between the practice and the ICB. **Note:** After 21 years, rent could increase by a further £40,575 pa. **key points to note:** • The proposed Current Market Rent payable to the GPs is **£95,550 per annum**, which reflects 18 car parking spaces and **£4,550 per annum** repairs allowance to cover their FRI responsibilities. • The estimated rent increase reflects the **£1 million NHS capital investment**, which has been disregarded for valuation purposes for a period of 21 years in accordance with the NHS Premises Cost Directions. As such, the premises have been assessed based on their original condition prior to the improvement works.		

		• The disregard has reduced rent payable from the market rent of £131,575 to **£91,000 rent per annum** (69.16% of market rent). • **No back rent** or retroactive rent reviews are payable for the roll-over period (September 2021 – February 2025), as the landlord, NHS Property Services (NHS PS), failed to serve the relevant section 25; therefore, reducing the immediate financial impact. The new rent will apply on completion of a new lease. • **This approach has been agreed by NHSPS.** • The GPs contributed a further £99,600 of works. Under the PCDs they will receive a supplementary rent **£8,017 pa for the abatement period of 15 years.** • The current rent is £**54,000 per annum** • Rent is reimbursable under **NHS Premises Cost Directions**, ensuring alignment with approved reimbursement rates. • This arrangement secures long-term tenancy and supports cost-effective delivery of enhanced primary care services. • District Valuer Service (DVS) has advised and recommended that the newly assessed rent represents value for money.
Name of Authorising Estates Lead	Nicola Theron, Director of Estates, Finance and Estates Directorate	**Summary of Estates Implications** • Renewal of lease enabling tenant to stay in situ for 21 years. • Improvement works were undertaken as part of the NHS England Estates and Technology Transformation Fund (ETTF), representing a capital investment of £1 million in FY 23/24. • The practice has invested a further £99,600 in the property • This provides sufficient fit for purpose capacity to maintain the practice's growing list. • The DVS has advised and recommended that the newly assessed rent represents value for money. Please note a summary of the ETTF improvement works has been included in this paper for informational purposes only. Its inclusion is intended solely to provide context regarding the rent abatement period and does not form part of the approval request.
Report Summary H 3PD 04 (06.24)	**Key Points for Consideration** This paper seeks formal approval for the proposed increase in reimbursable premises costs and the renewal of the lease, following the expiration of the previous agreement. For clarification, the summary of the ETTF improvement works has been included solely for informational purposes. Its inclusion is intended to provide context regarding the rent abatement period and does not form part of the approval request. 1. **Lease Agreement Terms**	

- **Term:** A new 21-year lease, to commence once legal agreement has been reached. No retroactive rent reviews in the old lease will be enacted as NHS PS failed to serve the relevant section 25.
- **Rent:** An initial annual rent of £91,000 per annum, reflecting the unimproved premises before the capital investment of £1.1m [£1m NHS ETTF investment + £99,600 GPs investment]. The rent currently paid as the practice is holding over, is £54,000. This reflects a lease premium paid in the original 1996 lease which is now expired. The new lease will not reflect the lease premium which has come to an end and as such the new rent has been calculated at 69.16% of current market value.
- **Supplementary Rent:** On the GPs contribution of £99,600 to the works, GPs are entitled to receive a notional rent supplement based on the CMR for the whole improved premises when compared with the CMR prior to the improvements. Using the formula as outlined the Premises Cost Directions 2024, this is £8,017 pa for the abatement period of 15 years. This supplementary rent must not, under any circumstances, be referenced or incorporated within the lease documentation, as it constitutes a separate arrangement exclusively between the practice and the ICB.
- **Repair Allowance**: As the lease is an FRI lease the GPs are entitled to a repair allowance to cover the cost of their external repairs and buildings insurance based on the unimproved premises. This is £4,550 per annum. **The GPs should be advised to invest the repairs allowance in a fund designed to accumulate over the years and to be drawn upon as and when repairs are required.**
- **Total Rent** increase is therefore £49,467 per annum
- **Review Clause:** Rent reviews will be every 3-years based on 69.16% of current market rent.
- **No Back Rent:** No payment required for the lease as the relevant section 25 notice was not served (as stated above).
- The above points have been agreed by the DVS in their valuation report.

2. **Strategic Fit**
   - Addresses increased local healthcare demand by expanding consultation capacity.
   - Aligns with local and national strategies.
   - Supports workforce development by accommodating GP training and additional multidisciplinary services.
3. **Financial Implications**
   - The rent has been discounted by the ETTF capital investment, reducing the financial burden on the ICB.
   - The estimated rent has been provided by the DVS as the single independent valuer.
   - Approval is sought for the updated rent to be reimbursed under NHS premises regulations.
4. **Next Steps**
   - Approval of the lease agreement terms and associated rent adjustment.
   - Registration of the lease with HM Land Registry and adherence to relevant compliance requirements.

Decision Required

Members are asked to **approve** the lease agreement with NHS Property Services, including:

- The 21-year contractual term starting on the completion of the new lease.

	• The initial rent of £91,000 per annum, an uplift from £54,000 pa. by £37,000, subject to 3 yearly reviews. • FRI allowance of £4,550 pa • Supplementary rent of £8,017 to reflect GPs own investment for the abatement period of 15 years • Total rent increase is £49,567 **Note:** The DVS has advised and recommended that the newly assessed rent represents value for money.

Recommendation	The paper is asking the members:
	• **To APPROVE** the new lease agreement for The Village Practice, which includes:
	  o A 21-year lease term
	  o A revised annual rent of **£91,000 per annum**, representing a rental uplift of £37,000 from the initial annual rent of £54,000 per annum
	• To **APPROVE** a supplementary rent abated for 15 years, of £**8,017 per annum** to reflect their contribution to the work of £99,600.
	• To **APPROVE** a **repair allowance** of **£4,550 per annum** due to the lease being an FRI lease, the cost of the GPs external repairs and buildings insurance.
	
	• To **NOTE** the £91,000 rent per annum reflects a discounted figure as explained above.
	
	• To **NOTE** the total rent increase is £49,567
	
	• To **NOTE** the above is all based on the DV report dated 6th September 2024
	
	• To **NOTE** a summary of the ETTF improvement works has been included in this paper for informational purposes only. Its inclusion is intended solely to provide context regarding the rent abatement period and does not form part of the approval request.

Identified Risks and Risk Management Actions	**Risk:** If the lease is not formally approved, the practice will be occupying the premises without a legally binding lease agreement, which may expose both parties to legal and operational uncertainties. **Mitigation:** The appropriate procedures have been followed, including the appointment of the DVS as the single independent valuer. The DVS has provided the proposed rental figures, ensuring transparency and alignment with valuation standards and accordance with the NHS Premises Cost Directions.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.

Report History and Key Decisions	It should be noted that a capital PID was approved in 2021 for the ETTF Capital Funding and subsequent works programme.
Next Steps	Not applicable.
Appendices	Not applicable.