NHS
North Central London
Integrated Care Board

Primary Care Committee Meeting

Tuesday 13 January 2026
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
1.2	Declarations of Interest *(Not otherwise stated)*	All	Note	3	
1.3	Draft Minutes of the PCC meeting on 14 October 2025	Liz Sayce	Approve	9	
1.4	Action Log	Liz Sayce	Approve	18	
1.5	Matters Arising	Liz Sayce	Note	Oral	
2.	**BUSINESS**				
2.1	Ordnance Unity Centre for Health (Enfield) – APMS Contract Performance Review Update	Vanessa Piper	Note	21	09:40am
2.2	Staunton Group Practice (Haringey) – APMS Contract Expiry & Strategic & Performance Review	Vanesa Piper	Approve	31	09:50am
2.3	Cricklewood Health Centre (Barnet) – APMS Contract Expiry & Strategic & Performance Review	Vanessa Piper	Approve	70	10:00am
2.4	Hendon Way (Barnet) - Practice Relocation	Diane Macdonald	Approve	149	10:10am
2.5	Barnsbury Medical Practice (Islington) - time-limited request for additional rooms	Diane Macdonald	Approve	162	10:20am
3.	**GOVERNANCE**				
3.1	Primary Care Committee Risk Register	Sarah Mcilwaine	Note	179	10:30am
4.	**OVERVIEW REPORTS**				
4.1	Primary Care Finance Report	Sarah Rothenberg	Note	189	10:40am
4.2	Quality & Performance Report	Tamzin Jamieson	Note	202	10:50am
5.	**FOR INFORMATION**				
5.1	Low risk paper (virtual approval 02/12/25) Commissioning Decisions on PMS Agreement Changes	Chair	Note	227	11:00am
5.2	Low Risk Papers (virtual approval 19/12/25) • Cornwall House Surgery - Direct Payments for premises reimbursable costs • Evergreen Primary Care Centre – Decant Plan for Rainbow Practice, Evergreen Surgery & Chalfont Practice	Chair	Note	233 237	

	• Commissioning Decisions on PMS Agreement Changes			245	
6.	**ANY OTHER BUSINESS**				
7.	**DATE OF NEXT MEETING**				
	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.				

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
13 January 2026

Report Title	Declaration of Interests Register – Primary Care Committee (PCC)		**Agenda Item:** 1.2
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer	Tel/Email	sarah.mcdonnell1@nhs.net
Lead Director / Manager	Sarah Morgan, Chief People Officer	Tel/Email	Sarahlouise.Morgan@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**	Chair 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 NCL / NWL Executive Members Team		yes	yes	no	Direct	01/07/2022	04/07/2022	current	04/07/2022	24/10/2025	
Sarah **Morgan**	Attendee of NCL / NWL ICB Board of Members									04/07/2022	24/10/2025	
Sarah **Morgan**	Member of NCL ICB People Board									04/07/2022	24/10/2025	
Sarah **Morgan**	Voting member Primary Care Committee									04/07/2022	24/10/2025	
Sarah **Morgan**	Member of the Population Health Strategic Commissioning Committee									04/07/2022	24/10/2025	
Sarah **Morgan**	Co-Chair of the Culture and Operations Group									04/07/2022	24/10/2025	
Sarah **Morgan**	Attend NCL / NWL Remuneration Committee	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022	24/10/2025	Manage contributions in line with ICB guidance
Sarah **Morgan**	Attend NCL / NWL Audit Committee	Fresh Visions People Ltd Charity no 1091627, which is hosted a	no	no	yes	Direct	Trustee / Director and Chair from 6 December 2023	22/04/2022	current	04/07/2022	24/10/2025	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**	Member of NCL Procurement Oversight Group	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	24/10/2025	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	24/10/2025	Manage contributions in line with ICB guidance
Sarah **Morgan**		Southern Housing Group	no	yes	no	Direct	Independent Member of the People Committee	01/06/2024	current	16/06/2024	24/10/2025	Permission granted from line manager Contractual permissions agreed Manage contributions in line with ICB guidance
Dr Jo **Sauvage**	Chief Medical Officer		yes	yes	no	direct		01/07/2022	current	10/07/2022	17/11/2025	
Dr Jo **Sauvage**	Member of NCL / NWL ICB Board		no	yes	no	direct			current	10/07/2022	17/11/2025	
Dr Jo **Sauvage**	Member of NCL / NWL Executive Management Team	London Clinical Executive Group	no	yes	no	direct	NCL Clinical Representative		current	10/07/2022	17/11/2025	
Dr Jo **Sauvage**	Member of ICS Community Partnership Forum	London Primary Care School Board	no	yes	no	direct	ICS Representative		current	10/07/2022	17/11/2025	
Dr Jo **Sauvage**	Member of NCL Primary Care Committee	London Primary Care Board	no	yes	no	direct	ICS Representative		current	10/07/2022	17/11/2025	
Dr Jo **Sauvage**	NCL Quality and Safety Committee and NWL Performance Committee	London Urgent and Emergency Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	17/11/2025	
Dr Jo **Sauvage**	NCL Population Health Strategic Commissioning Committee and NWL Strategic Commissioning Committee	Greener NHS England, London	no	yes	no	direct	Clinical Director		current	10/07/2022	17/11/2025	
Dr Jo **Sauvage**	Attendee of NWL Finance and Contracting Committee	NCL ICB Sustainability Clinical Network	no	yes	no	direct	Clinical Lead		current	10/07/2022	17/11/2025	
Dr Jo **Sauvage**	Expert Advisory Group for Evidence based interventions. Hosted by Academy of Royal Colleges	Hosted by Academy of Royal Colleges	no	yes	no	direct	Member		current	10/07/2022	17/11/2025	
	attend sub committees of the Board as and when required	Net Zero Clinical Transformation Advisory Board	no	yes	no	direct	Member		current	01/02/2025	17/11/2025	
Dr Jo **Sauvage**	Clinical Director Greener NHS, NHS England London		no	yes	no	direct	Clinical Director		current	06/07/2023	17/11/2025	
Dr Jo **Sauvage**		City Road Medical Practice	yes	yes	yes	direct	salaried GP	01/03/2024	current	01/02/2025	17/11/2025	Excluded from discussions involving City Road Medical Centre
Dr Jo **Sauvage**		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	17/11/2025	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	17/11/2025	
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	17/11/2025	
Jennifer **Roye**	NCL / NWL Chief Nursing Officer	none	no	no	no	none				13/11/2025		
Jennifer **Roye**	Member of NCL / NWL ICB Board, voting									13/11/2025		
Jennifer **Roye**	Member of NCL / NWL Executive Management Team									13/11/2025		
Jennifer **Roye**	Member of Quality and Safety Committee,									13/11/2025		

Jennifer **Roye**	Member of NCL Pop Health SCC									13/11/2025		
Jennifer **Roye**	Member of Primary Care Committee									13/11/2025		
Jennifer **Roye**	Member of NWL Performance and Finance Committee									13/11/2025		
Jennifer **Roye**	attend other committees as when required									13/11/2025		
Sarah **McDonnell-Davies**	Chief Transformation Officer	No interests declared	no	no	no	no		20/06/2018	current	20/06/2018	11/11/2025	
Sarah **McDonnell-Davies**	NCL / NWL ICB Board attendee										11/11/2025	
Sarah **McDonnell-Davies**	Member of the NCL / NWL ICB Executive Management Team										11/11/2025	
Sarah **McDonnell-Davies**	Member of the ICB Primary Care Contracting Committee										11/11/2025	
Sarah **McDonnell-Davies**	Member of the NCL ICB Population Health Strategic Commissioning Committee and NWL ICB Strategic Commissioning Committee										11/11/2025	
Sarah **McDonnell-Davies**	Member of NCL ICS Digital Board										11/11/2025	
Sarah **McDonnell-Davies**	Member of NCL System Management Board										11/11/2025	
Sarah **McDonnell-Davies**	Member of the London Neighbourhood Board.										11/11/2025	
Sarah **McDonnell-Davies**	Attend other committees as required										11/11/2025	
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	
Frances **O'Callaghan**	Chief Executive of North Central North West London ICBs	Labour Party	no	no	yes	direct	Member of Labour Party	25/05/2023	current	26/05/2023	30/10/2025	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.'
Frances **O'Callaghan**	Member of NCL / NWL ICB Board of Members	UCL Partners	yes	yes	no	direct	Director	31/03/2023	current	15/08/2024	30/10/2025	
Frances **O'Callaghan**	Chair and Member of NCL and NWL ICBs Executive Management Teams	North Central London Cancer Alliance	no	no	no	direct	Chair		current	30/10/2025		
Frances **O'Callaghan**	Member of NCL / NWL ICBs Finance Committees											
Frances **O'Callaghan**	Member of NCL ICB Population Health Strategic Commissioning Committee and NWL ICB Strategic Commissioning Committees											
Frances **O'Callaghan**	Attend NCL / NWL ICB Remuneration Committees											
Frances **O'Callaghan**	Member of NCL ICB Community Partnership Forum											
Frances **O'Callaghan**	Attend other NCL / NWL ICB Committees as necessary											
Jenny **Goodridge**	Director of Quality & Clinical Standards (Deputising for the Chief Nurse 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	
Vanessa **Piper**	Assistant Director for Primary Care Contracting	None	No	No	No	No	Nil Return	13/09/2020	current	23/08/2021	21/10/2025	
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	
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	

NCL ICB Primary Care Committee Declaration of Interest Register - January 2026

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		
Deirdre **Malone**	Interim Director of Quality and Clinical Standards	none	none	none	none	none			current	21/11/2016	05/08/2025	
Deirdre **Malone**	Attend the following committees in relation to ICB business: •ICB Quality and Safety Committee •GOSH Retained Services oversight group •Quality meeting RNOH •Specialised Commissioning Quality Committee hosted by NHSE •NCL ICB PCC •Member of CAG •NCL ICB IMOC •NCL ICB Medicines reference group. •NCL ICB IPC/AMS Committee •NCL ICB POG •NCL ICB Flow Board	CMC HYGEA, Manufacturer of Healthcare products in the Republic of Ireland.	none	none	yes	indirect	Brother in law is CEO of CMC HYGEA	03/12/2015	current	21/11/2016	05/08/2025	I am not directly involved in the procurement of healthcare products in my role, therefore no mitigations are required
Tamzin **Jamieson**	Head of Primary Care Strategy and Change Chief Medical Officer (CMO) and Place Directorate	none	N/A	N/A	N/A	N/A				31/03/2022	17/09/2025	
Dan **Rogers**	Public Voice	CEO	yes	yes	yes	direct	host organisation for local Healthwatch in NCL)	01/10/2022	current	14/10/2025		Attend meetings as deputy to local Healthwatch Manager, in Healthwatch capacity
Dan **Rogers**		Deputising as member of three Committee meetings: -Primary Care Committee -Quality and Safety Committee -Community Partnership Forum -Community Engagement Steering Group.							current	14/10/2025		
Dan **Rogers**		Public Voice					Public Voice is commissioned by NCL ICB to deliver projects as part of the Inequalities Fund		current	14/10/2025		It is understood no decisions are made in the committees attended regarding the Inequalities Fund
Paul **Addae**												
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 14 October 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**
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 Vanessa Piper	Assistant Director for Primary Care Contracting
Mr Anthony Marks	Primary Care Contracting Senior Manager
Ms Su Nayee	Primary Care Contracting Senior Manager
Dr Katie Coleman	Clinical Director for Primary Care
Ms Carol Kumar	Assistant Director for Primary Care Planning, Operations and Improvement
Ms Cassy Bygrave	Primary Care Planning, Operations & Improvement Senior Manager (item 2.1)
Ms Rebecca Kingsnorth	Assistant Director for Primary Care Strategy & Change
Ms Tamzin Jamieson	Head of Primary Care Strategy and Change (item 4.1)
Ms Nicola Theron	Director of Estates
Mr Simon Wheatley	Director of Place (West)
Ms Deirdre Malone	Acting Director of Quality & Clinical Standards
Mr Mark Agathangelou	Community Participant
Ms Lorna Reith	Community Participant
Mr Paul Addae	Healthwatch Representative
Ms Sue Battams	Primary Care Business Unit Senior Manager
Mr Andrew Tillbrook	MS Teams Live Producer
Ms Vivienne Ahmad	Board Secretary **(Minutes)**
Apologies:	
Ms Frances O'Callaghan	Chief Executive Officer
Ms Sarah Louise Morgan	Chief People Officer
Ms Sarah Mcilwaine	Director of Primary Care
Ms Clare Henderson	Director of Place (East)
Ms Diane Macdonald	NCL Deputy Director of Strategic Estates Finance
Mr Jamie Wright	LMC Representative
Mr Ken Kanu	VCSE Alliance Representative
Ms Donna Turnbull	VCSE Alliance Representative
Mr John Pritchard	Senior Communications and Engagement Manager – Place and Primary Care

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. No questions were received for this meeting.
1.2	**Declarations of Interests (not otherwise stated)**
1.2.1	• Committee Members were invited to note their entries on the Register of Declarations of Interest. No additions were made. • The Chair also invited members of the Committee to declare any interests in respect to the items on the agenda. • 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 12 August 2025**
1.3.1	The minutes of the Primary Care Committee (PCC) Meeting on 12 August 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. Additional verbal updates were provided by Rebecca Kingsnorth on two actions from 12 August 2025. ***Action 1: Risk Register – To consider developing a risk around primary care and the ICB Change.*** A Board level risk related to ICB change is being developed by Corporate Governance. The significant reduction in ICB capacity will affect our proximity to practices and the organisation's ability to capture insight. The PCC had requested that changes to Healthwatch be reflected in the Risk Register. Engagement and Risk colleagues have reviewed this and identified potential risk, but specific risks are not imminent, due to required legal changes. Risks are expected to become clearer over the coming year. Currently, potential impacts

	are captured within a risk around patient/public engagement, which has been updated to reflect ICB and wider health and care changes. This action was recommended for closure. ***Action 4: 10 Year Plan – To add the 10 Year Health Plan to a future meeting for a detailed discussion.*** At the last meeting, it was noted the 10 Year Plan may be better suited to a seminar. Dr Jo Sauvage commented that a seminar would also provide an appropriate space to discuss innovation and development around primary care and neighbourhood health. Sarah McDonnell-Davies recommended the seminar take place once more detail is available about the proposed Single Neighbourhood and Multi-Neighbourhood Provider contract forms. This may be done alongside North West London and would be an opportunity to understand the level of alignment around transformation priorities and commissioning approaches. The action was recommended for closure with related topics to be added to the forward planner.
1.4.2	**Action:** • To consider a Primary Care Committee seminar across NCL/NWL once national contracts forms relevant to primary care have been released. ***(Sarah Mcilwaine)***
	The Committee APPROVED the action log.
1.5	**Matters Arising**
1.5.1	There were no matters arising.
2.	**BUSINESS**
2.1	**General Practice Protected Learning Time (PLT) Proposal – Mid Point Evaluation (January – June 2025)**
2.1.1	Cassy Bygrave and Carol Kumar presented the paper and asked the Committee to note the findings from the first six-month evaluation of the new NCL scheme (January to June 2025). The following was highlighted: • The NCL PLT Scheme was launched to provide general practice staff with dedicated, protected time for team-based learning and development, • The scheme's impact has been evaluated across four key domains: participation, quality of patient care, practice resilience and patient access. • This is a universal scheme for practices and to date 51% have joined the team (in Part 2 2025/26). • Over 120 PLT sessions were delivered during the six-month period involving 1,553 staff in primary care. • 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. • 98% of practices used PLT to consider service changes. • 70% of practices reported improved staff cohesion and wellbeing • 54% of practices felt PLT supported workforce retention. • 90% of staff agreed that PLT supported learning and development. • 67% of practices reported improvements to care delivery following PLT sessions.

	• 41% of practices participating maintained full appointment capacity; 59% rescheduled some appointments but ensured overall activity levels were maintained.
	• Telephone calls answered within four minutes did not fall outside of the typical percentage average for participating practices.
	• No complaints were received by the ICB regarding patient access during PLT dates and times.
	• Reasons for non-participation 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
	• Overall, the evaluation feedback demonstrates that the PLT scheme has enabled meaningful practice team learning and development, strengthened General Practice resilience, and supported improvements in patient care, all while maintaining access to services.
	• A proposal to extend the PLT scheme for a further year will be brought to PCC in February 2026.

2.1.2	In considering the paper, the Committee noted**:** • How the Primary Care team encourages engagement from lower-performing practices to support their areas of improvement. • The importance of understanding reasons for non-participation. Concerns were raised about unmet expectations and administrative burden, with a request to ensure the scheme remains accessible while maintaining standards. • The balance between strategic, transformational content and more operational self-selected practice topics also requires ongoing attention. • The Scheme's processes have been strengthened to afford practices more time to identify their topics once they have applied to the scheme and gather feedback. • The evaluation shows good engagement with key ICB priority areas and future iterations to the model, to enable PCN level PLT, to enhance strategic alignment and collaboration on ICB priority areas. • The importance of PLT was highlighted in supporting clinical effectiveness, capability building, and shared learning, while recognising that the scheme cannot fund all learning needs. PPG engagement remains a priority and further work may be needed to support patient involvement, holistic care, and social prescribing. • Developing skills in behavioural health, patient activation, and population health data was identified as essential preparation for future contracting models. Practices will also need support to interpret neighbourhood-level data and adapt to new tools such as shared data exchange. Finally, strong links between learning time, chain of support functions, and the training hub must be maintained to ensure training opportunities reflect practice and ICB needs. In conclusion, key themes included the need to better understand and address non-engagement, and to ensure PLT supports the strategic development of Primary Care by focusing on topics that improve clinical effectiveness. This should include consideration of deprivation, patient participation groups (PPGs), and forthcoming system changes. The importance of effective data use and strategic planning at both PCN and neighbourhood levels was also emphasised, along with the need for targeted support and continued development work. These insights will guide the next stage of the programme.
2.1.3	**Action:** • **To bring a proposal to the next PCC meeting to extend the PLT scheme for an additional year.** ***(Carol Kumar and Cassy Bygrave)***
	The Committee NOTED the report.

3.	**GOVERNANCE**
3.1	**Primary Care Committee Risk Register**

3.1.1	Rebecca Kingsnorth 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 August 2025.
	• No amended risks have been identified considering the wider contextual changes.
	• Two risks remain on the Committee's register; each rated at 12.
	  o **PERF15:** *Failure to address variation in Primary Care Quality and Performance across NCL (Threat).*
	  o **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.
	  o **PERF28:** *Increased and undifferentiated demand, and variation in general practice access models (Threat).*
	• The Committee was reminded of risk PERF23 relating to clinical waste. In December 2024, a supplier filed a claim against 23 ICBs following an unfavourable procurement outcome, and the ICB is currently in a legal dispute. On 29 October 2025, the court will decide whether to lift the suspension on the award. If lifted, the ICB can proceed with awarding the contract to the new provider; if not, the legal case will continue.

3.1.2	In considering the paper, the Committee made the following comments**:** • Two points relating to PERF15: *Failure to address variation in Primary Care Quality and Performance across NCL* suggest this risk should be reviewed again. The latest GP Patient Survey shows progress on access: overall satisfaction has increased slightly from around 72–73%, but some practices have seen improvements of up to 30%, including those starting from a low baseline. This is helping narrow the gap between the highest and lowest performing practices. • The Long-Term Conditions Locally Commissioned Services (LTC LCS) is also supporting consistently high quality in strong-performing practices while reducing variation elsewhere. These improvements indicate that the current risk score, unchanged for some time, may not reflect recent progress, which is also not captured in the update. • For PERF28: *Increased and undifferentiated demand, and variation in general practice access models,* the total triage model introduced through the Access Recovery Programme aims to ensure patients are directed to the right clinician. Early indications show GPs are seeing a higher proportion of complex patients. It may be helpful to review this risk to assess whether this work is influencing the risk position. • It was highlighted that the risks detailed interact with those related to primary care estates, and it would be helpful to bring these to the Committee's attention as well. • At the last meeting, a request was made to consider creating a new risk relating to primary care and the ICB change. It was confirmed that this would not be added to this Committee's risk register.
3.1.3	**Actions:**

	• **To consider reviewing the two risks rated 12 in light of the comments made.** ***(Rebecca Kingsnorth & the Primary Care Team)*** • **For the primary care team to work with estates colleagues to cross reference related risks on the register.** ***(Rebecca Kingsnorth and Nicola Theron).***
	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 5 (August 2025). The following was highlighted: • The confirmed budget and forecast for the year is £363.8m, with year-to-date spend at £150.3 million. The position has improved since month 3 due to the receipt of the PCN Test Site Additional Capacity Pilot allocation. Variances across core contracts largely offset each other, including other medical services and PCN DES payments (£47 of £79 million). • Budget flexibility remains limited, and pressures from national NHS changes continue. Budget and risks are regularly reviewed, with an annual reset in place.
4.1.2	In considering the paper, the Committee noted the following**:** • For the merged organisation's budget setting next year, there is currently no definitive update, though more clarity is expected by the next meeting. The official planning period for next year has begun, and a large amount of national guidance is being received. Detailed planning can start once allocations for NCL and NWL are confirmed. Historically, national guidance often arrives late, so timing remains uncertain. • Both NWL ICB and NCL ICB currently receive delegated funding that is slightly below national benchmark levels. While both are therefore underfunded, they are moving in the same direction, which is helpful in supporting future integration.
	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 note and comment on the data presented in this report. The following was highlighted: • The focus of this meeting is on the Transition and Transformation (T&T) funding survey. The first Collaborative Practice Insight (CPI) review has been completed. The ONS Health Intelligence Survey results and trends were shared at the last meeting in August 2025. Some questions and responses have since been updated, but these changes are logical and improve clarity. • The T&T survey was a short ICB-wide survey asking practices how they feel they have implemented and embedded the general practice model. The response rate was excellent: 173 of 175 practices participated. Questions were grouped into five modules, and comparable data was gathered where possible. Many responses were qualitative, reflecting practices' perceptions of their progress, which, like GP Patient Survey results, should be considered alongside actual performance data. Most practices reported confidence in using the triage model. Larger practices, in particular, reported higher confidence in triage and digital maturity compared with smaller practices, which will inform future support. Practices also rated their use of both clinical and non-clinical staff as progressing well towards a modern general practice model. These insights were valuable for the first CPI meeting.

	• At the first CPI meeting, national data, NCL data, GP Patient Survey results, and the T&T survey were reviewed to build a comprehensive picture. 33 practices were identified and after excluding practices already on the radar, twenty-one practices with complete datasets were analysed, focusing on needs such as access and clinical care and quality. Six were subsequently discussed in the CPI. These meetings involved multidisciplinary input from across the ICB and helped develop a well-rounded understanding. From these six practices, targeted support needs, information gaps, and available interventions were identified. • Two further insight sessions are scheduled for November and December 2025. Practices will continue to be reviewed routinely, with national data monitored to assess the impact of interventions. Future work will also highlight practices showing strong positive variation to support shared learning and best practice across the system.
4.2.2	In considering the paper, the Committee noted the following**:** • Insight work highlighted that larger practices tend to perform better than smaller ones, and some improvements may be temporary unless underlying issues are addressed. A broad set of metrics, mainly clinical quality and patient care, was used to identify outlier practices. Interventions will be monitored over six months to assess impact, with persistent issues indicating deeper challenges. • Good practice is being shared through published case studies and practice visits, particularly those that have improved their GP Patient Survey results. • Further analysis is underway to understand which practice characteristics (e.g., governance, working culture) drive differences in access and quality. Disseminating good practice remains challenging, but staff across PCNs are adopting new models of working that provide system-wide learning. Capturing this insight takes time but is essential. • Demonstrating return on investment is a key aim. Investment in estates and targeted support is helping drive improvements, and a more robust return on investment model will help evidence the impact on access, quality, and effectiveness. Committee members noted improvements in national survey data, particularly a positive trajectory and fewer neutral responses. This will be important to monitor. • More clarity is needed on how the ICB compares with others on face-to-face appointments and pharmacist referrals. While performance is strong, patient experience issues such as call-back delays and rising activity must be balanced with clinical quality and sustainability. • Future reporting should include larger enhanced service areas, such as the LTC LCS, which now has several years of data. • Of the 33 outlier practices, six have been reviewed so far due to the depth of discussion required. The remaining practices will be addressed through a rolling programme. These practices are not ‘non-engaging’; they have simply been identified through data as warranting further conversation. • There is value in communicating early signs of improvement to rebuild public trust, through groups such as Healthwatch and PPGs, using simple, honest summaries of progress and ongoing challenges.
	The Committee NOTED the report.
5.	**STRATEGIC**
5.1	**PCN Neighbourhood Health Champions**
5.1.1	Simon Wheatley provided a verbal update on the NCL PCN Neighbourhood Health Champions programme, and the Committee was asked to note the report. The following points were highlighted:

	• A brief overview was given of non-recurrent investment into primary care through a dedicated neighbourhood health clinical leadership programme, referred to as the PCN neighbourhood champions initiative. Significant service development funding (SDF) has been allocated this year, with two aims: helping primary care to play its fullest role in neighbourhood health and seeking to demonstrate the impact of this way of working for a target population (people with hypertension). NCL is the only London ICB taking this specific approach, reflecting its commitment to primary care. • Funding has been distributed to PCNs on a weighted population basis, and each PCN has identified a neighbourhood champion. These champions will help develop a *Neighbourhood Health Delivery Framework*, describing how PCNs will work towards the NCL neighbourhood health vision across areas such as assets, relationships, processes, and system interfaces. • Champions will also participate in a new pan NCL community of practice, delivered with the NCL Training Hub, launching on 23 October 2025. This will support shared learning, progress tracking, problem-solving, and evaluation across PCNs, boroughs, and the wider system. The intention is to build on existing local work rather than replace it. • Hypertension has been chosen as the thematic focus, given its prevalence, alignment with NCL priorities, and suitability for testing neighbourhood working across different sub-cohorts. This will involve collaboration with local authorities, community organisations, and provider partners. Oversight will occur through two routes: the community of practice, with ICB officer involvement and peer-to-peer accountability, and borough-level neighbourhood groups, supported by ICB officers reviewing delivery plans. • The programme will run for 12 months from 23 October 2025, with preparatory work already underway. This provides assurance that substantial SDF investment is being used with appropriate governance and system-wide support.
5.1.2	In considering the paper, the Committee noted the following: • Engagement between PCNs and the neighbourhood programme is strong at senior levels in some boroughs (e.g., Camden), but more variable below senior leadership. PCN neighbourhood champion funding enables multiple PCNs within a neighbourhood to collaborate, fostering collective rather than isolated working. • The priority is practical, proactive collaboration across PCNs within neighbourhoods, retaining the strengths of individual PCNs. Decisions about single or multi-neighbourhood provider contracts will happen in time following DHSC / NHSE guidance. Geographical continuity in PCNs remains important, as split PCNs can create leadership challenges. • Differences between PCNs affect how other providers work with them. Providers must adapt their approaches to each PCN's context. • The public often finds PCNs and neighbourhoods confusing. Involving neighbourhood communities in explaining core characteristics, overlaps, and synergies can improve understanding and support. Past conflicts between GP practices highlights the need to clarify relationships and challenges to facilitate coherent neighbourhood planning. • PCNs vary in stage and opportunity. Using archetypes and natural distribution helps target support and motivate progress. The focus of this initiative should be on documenting practical conversations, partnerships, and progress, rather than creating rigid plans. • A simple summary should explain the difference between PCNs and neighbourhoods. While PCNs were initially 'fledgling neighbourhoods,' they now sustain significant operational delivery (business continuity, staffing, access and services). The aim is to build on PCN strengths to improve collaboration with partners to better help people with complex needs, using existing operational examples to guide future development.

	The Committee NOTED the verbal report.
6.	**FOR INFORMATION**
6.1	**PCC Low risk paper approved virtually on 16 September 2025: PMS Agreement Changes**
	The Committee NOTED the paper.
6.2	**PCC Low risk paper approved virtually on 22 September 2025: The Village Practice – lease renewal**
	The Committee NOTED the paper.
7.	**ANY OTHER BUSINESS**
7.1	No further business was discussed.
8.	**DATE OF NEXT MEETING**
8.1	16 December 2025

NHS
North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
Part 1 Action Log – January 2026

On Agenda	🔵
Needs Urgent Update	🔴
In Progress	🟡
Completed	🟢

Meeting Date	Action Number	Minutes Reference	Action	Lead	Deadline	Update
14.10.25	1	1.4.2	**Action Log –** To consider a Primary Care Committee seminar across NCL/NWL once national contracts forms relevant to primary care have been released.	Sarah McIlwaine	**Q2 2026/27**	**30.12.25 -** There is no definitive date for the release of national contract forms, but these are expected to be consulted on in 2026/27. When the seminar is held, it should incorporate the wider context for PC from the 10-Year Plan.
14.10.25	2	2.1.3	**General Practice Protected Learning Time (PLT) Proposal – Mid Point Evaluation (January – June 2025) -** To bring a proposal to the February PCC meeting to extend the PLT scheme for an additional year.	Carol Kumar and Cassy Bygrave	**February 2026**	**01.12.25 –** This item will be added to the February agenda.
14.10.25	3	3.1.3	**Risk Register -** To consider reviewing the two risks rated 12 in light of the comments made at the October meeting.	Rebecca Kingsnorth & the Primary Care Team	**January 2025**	**25.11.25 -** The updates underway will be reflected in the risk register presented at the January meeting. **Recommended for Closure.**
14.10.25	4	3.1.3	**Risk Register -** For the primary care team to work with estates colleagues to cross reference related risks on the register.	Rebecca Kingsnorth & Nicola Theron	**January 2026**	**25.11.25 -** The updates underway will be reflected in the risk register presented at

						the January meeting. **Recommended for Closure.**
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	**January 2026**	**14.10.25 – Recommended for closure -** see October minutes for update. **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 –** The Committee is asked to support the 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	**TBC**	**15.12.25 –** This will be brought back to the Committee later in the year. **07.10.25** 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	**December 2025**	**30.12.25 Recommended for closure –** replaced by action 1 from October 2025.
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 will be brought forward no later than March 2026. Key committee points will be addressed with contract holders, and improvements made while 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.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
13 January 2026

Report Title	Ordnance Unity Centre for Health – APMS Contract Performance Review Update	**Date of report**	10 November 2025	**Agenda Item**	2.1
Lead Director / Manager	Vanessa Piper, Assistant Director of Primary Care	**Email / Tel**		vanessa.piper@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
Report Author	Usha Banga, Primary Care Contracting Manager	**Email / Tel**		u.banga@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Deputy Director Finance Business Partnering (Primary Care)	**Summary of Financial Implications** The contract continues to be funded at the existing rate of £127.26 contract price per weighted patient.			
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** Not applicable.			

Report Summary

Ordnance Unity Centre for Health is in the Borough of Enfield, with a list size of 12,910 patients (October 25), the practice is run by Evergreen Surgery Limited, under an APMS contract.

PCC in October 2024 approved a 5-year extension to 31 March 2030 based on the strategic need to retain the practice and improved performance with many indicators above the ICB average and National target as of 23/24.

As part of the decision, PCC requested an update on a number of performance indicators where further improvements were required for:

1. Breast Screening coverage
2. Flu under 65s at risk coverage
3. Patient voice (access, booking appointments and receiving next day appointments)
4. Patient complaints
5. High Personalised Care Adjustment (PCA) rates

This paper provides an update on the practice achievement up to Q2 25/26. Benchmarked 24/25 data against National targets (published October 2025) is being validated with the provider against the practices clinical system data.

The practice submitted action plans for each area of concern highlighted by the PCC in October 2024, a summary of the response has been provided only where performance had not improved.

Breast Screening – the practice coverage has improved - Coverage overall has increased (+ 7.15%) over the contract term (6 years) up to 24/25 and 25/26,

	and it remained above the ICB average. The National target is 75%, the practice coverage was 73% in Q2 25/26, changing the KPI from Band D to B. **<u>Flu (under 65 years at risk) – the practice coverage has declined</u>** - Coverage has declined (-26.13%) over the contract term (6 years) up to Q2 25/26, the ICB average had declined over the same period (-9.97%), therefore although the practice coverage is below the ICB average it is by -8.70%. Against the National target, KPI achievement has remained at Band D. The practice have continued to actively work on improving flu coverage but advised that Flu & Pneumococcal coverage continues to be a challenge due to significant factors such as vaccine hesitancy, language barriers and transient pre-school children travelling abroad. Patients are encouraged to attend alternative sites if not convenient to attend the practice. Staff have been provided additional training by the Caribbean & African Health Network (CAHN) to target underrepresented groups to improve uptake. They have tried numerous strategies to overcome this but as per the national trend, hesitancy seems to be increasing, reflected by falling coverage rates: • **Access & Availability**: Routine clinics, Extended Access appointments offered, and Walk-in flu vaccinations available for eligible patients. Also, patients are encouraged to use local Community Pharmacies or the co-located COVID-19 hub for convenience. • **Targeted Messaging**: Repeated communications are sent highlighting risks to vulnerable groups and the ease of flu transmission among children. There remains an ongoing challenge to convince parents to vaccinate children. • **Digital & Print Promotion**: Practice website has flu vaccine information and use of national and in-house digital/poster resources to promote vaccination and highlight local outbreaks (e.g., in Enfield). In addition, Call/recall letters include QR codes linking directly to the vaccination webpage. • **Inclusive Communication**: Text message templates are translated into multiple languages to engage diverse communities and Call/recall system is supported by uptake reporting, shared with clinical and admin leads. • **Staff Training & Development**: Care coordinators and vaccinators attend webinars and training to stay updated and improve outreach. Also, staff training has been provided by the Caribbean & African Health Network (CAHN) to enhance patient engagement. **<u>GP Patient Survey 24-25 – Patient satisfaction has improved</u>** - There were 16 questions included in the 2025 GP Patient survey, the change in satisfaction could not be measured for all questions as new ones were added in 2025 and others discontinued from 2024. There was a 16% completion rate (95 surveys) out of 602 surveys sent out to patients. PCC had raised (October 2024) that the practice operates a total triage system which helps manage demand but may have a potential impact on patient experience. GP survey results showed the change in patient satisfaction had improved from 2024 to 2025 in the following questions asked:- • Helpfulness of receptionist • Offered a choice of appointment

- Offered a choice of location
- Overall experience of the practice
- Health care professional good at
    - Listening
    - Treating the patient with care and concern
    - Being involved in the decisions about their care and treatment
    - Enabling confidence and Trust in the Healthcare professional

There were two questions where satisfaction had declined but only by a small percentage: -

- Ease of getting through on the phone – 2% decline
- Patients need were met - -5% decline

Booked appointment Data (October 2025) – Above the ICB average

Overall, the practice is delivering a higher percentage of face to face to Remote appointments compared to the ICB average. They were also above the ICB average for Face to face, telephone and other practice staff.

Booked appointments need to be reviewed for GP, Remote and home visits which were below the ICB average.

Booked appointments above the ICB average:-

- Face to face – 14.02% above
- Telephone – 15% above
- Other practice staff – 0.02% above

Booked appointments below the ICB average:-

- GP – slightly below -12.28%
- Online – 39.79%
- Home visits - -5.55%

Face to face to Remote appointments compared to the ICB average:-

- Practice - Face to face (58%): Remote (42%)
- ICB average – Face to face (56%): Remote (44%)

Patient Complaints – PCC (October 2024) wanted assurance on how complaints outcomes were measured and reviewed by the practice as data showed that half of patients who complained were not satisfied with their outcome. Change in satisfaction could not be measured via the GP patient, 2024 survey showed, 8.12% were satisfied and 13.73% were not satisfied with how the practice resolved a complaint, this question though had been discontinued in 2025 survey. In response to this concern the practice have shared the following in terms of how they are taking steps to improve patient satisfaction

- In partnership with the Patient Participation Group (PPG), the practice have developed an action plan with measurable, time-bound objectives aimed at enhancing patient access and experience.
- An internal patient experience survey was conducted to evaluate the Total Triage Model. Results showed strong positive feedback, with improved Friends and Family Test (FFT) scores reflecting increased

	satisfaction and easier access to care. The model has also contributed to a noticeable reduction in complaints. • Friends and Family Test (FFT) responses reflected high levels of patient satisfaction, exceeding both ICB and London averages. Between December 2024 and May 2025, 90.3% of patients rated Ordnance Unity Centre for Health as *"Good"* or *"Very Good"*. While the anonymous nature of the FFT prevents direct follow-up with the remaining 9.7%, the practice continues to monitor trends and identify areas for improvement. • The PPG has been actively engaged with minority communities, including the Turkish PPG network, ensuring that service development is inclusive and representative of the patient population. • PPG Meeting minutes have been consistently published on the practice website throughout the contract period (July 2020 to July 2025), supporting transparency and accountability. • The practice monitors and responds to Google Reviews via its listing, currently rated 3.3 out of 5 stars. **Personalised Care Adjustment (PCA) rates –have declined** – From 23/24 to 24/25, the number of registers with high PCA rates declined from 11 to 6. In 24/25, three of the registers (Diabetes, Dementia and Mental Health), there has been a 2 to 15% decline in the percentage of patients excluded from the prior year. For 6 registers (24/25) where PCA rates have been applied, some were as high as 15-62%, so further work will need to be done by the practice to audit and review which patients have been excluded, ensure the correct codes have been applied and the patient not lost to follow up. The practice has submitted an action plan to continuously review PCA codes applied. This will be monitored through the contract review process. **Summary** The ICB's performance monitoring of the practice over the past 12 months has demonstrated progress in key areas of service delivery, screening, access and patient satisfaction. The practice submitted actions plans in response to the PCC concerns and demonstrated which areas had made an impact on performance. The contracting team will continue to monitor the changes with Flu coverage, PCA rates and booked appointments, including the practice performance overall through the annual KPI reviews and meetings. The APMS contract expires 31 March 2030, if performance significantly declines during this period, during the monitoring process it will be referred to PCC at an earlier date.
Recommendation	Committee members are asked to **NOTE** the practice performance over the last 12 months.
Identified Risks and Risk Management Actions	Any areas of the risk associated with call /recall of patients who do not attend for screening and vaccinations & immunisation will continue to be monitored through contract performance and KPI review meetings. Should significant concerns arise, the matter will be escalated to the Committee for appropriate action.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.

Engagement	Practice involvement with the Patient Participation Group (PPG) and engagement with minority groups, including the Turkish PPG network.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	October 2024 - Part 1 APMS OUCH Strategic Contract Review
Next Steps	Any areas requiring improvement will continue to be monitored through contract performance and KPI review meetings.
Appendices	Not applicable.

Performance Update – Ordnance Unity Centre for Health - Enfield

For APMS contract KPIs reviews, the ICB contracting team use the most contemporary dataset published by NHSE and benchmarked against national acceptable levels of achievement. The NHSE recently published the 24/25 KPI data, is being validated and signed off by the practice.

KPIs are measured against National targets and are based on the following banding thresholds:

- Band A – Optimal Achievement
- Band B – Acceptable Achievement
- Band C – Below acceptable Achievement Band D – KPI Failure

In addition, the ICB reviews each practice performance against ICB averages for each of these indicators.

1. Performance update

1.1. Breast Screening

October 2024 PCC paper reported the practice's KPI achievement at Band D from the start of the contract. The 2024/25 coverage data was 62.50%, representing an 11.04% increase.

The practice's submission (25/26) has improved to Band B (73%), a level that has also been maintained in Q2 of 2025/26.

The figures highlighted in green represent OUCH coverage that exceeds the ICB averages.

KPI (national target in brackets)	2020/21 Yr1	2021/22 Yr2	2022/23 Y3	2023/24 Y4	2024-2025 Yr5 Data yet to be approved with practice	% Change 2020-2025	2025-26 Yr 6 Q2 Practice Data
Breast Cancer Screening (75%)	55.35%	39.33%	52.05%	54.46%	62.50%	**7.15%**	73.00%
NCL ICB Average	46.53%	51.52%	49.06%	54.33%	58.12%	**11.59%**	Data not published
Above or below ICB average	11.82% above	12.19% below	2.99% above	0.13% above	4.38% above	-7.44% below	Data not published
KPI Band	Band D	Band D	Band D	Band D	Band D	No change	Band B

1.2. Flu vaccination uptake for under-65s at risk

October 2024 PCC paper reported a KPI achievement of Band D (37.0%) in 2023/24, coverage has not improved and slightly declined, but there has also been a reduction in ICB average over the same period.

KPI (national target in brackets)	2020/21 Yr1	2021/22 Yr2	2022/23 Y3	2023/24 Y4	2024-2025 Yr5 Data yet to be approved with practice	% Change 2020-2025	2025-26 Yr 6 Q2 Practice Data

Flu Under 65s at risk (75%)	53.23%	31.20%	38.40%	37.00%	27.10%	-26.13%	27.00%
NCL ICB Average	40.80%	32.52%	37.47%	30.75%	30.83%	-9.97%	Data not published
Above or below ICB average	12.43% above	1.32% below	0.93% above	6.25% above	3.73% below	-8.70% below	Data not published
KPI Band	Band C	Band D	Band D	Band D	Band D	No change	Band D

1.3 Patient experience

A comparison of the 2025 National GP Patient Survey results with the 2024 report shows improvement in patient satisfaction. The 2025 survey introduced seven new questions, replacing some from the previous year, which may have influenced overall comparability.

July	**2024**	**ICB**		**2025**	**ICB**	
No. of Surveys sent out	564	93655		602	99710	
No. of Surveys sent back	108	18757		95	18666	
Completion rate	19%	20%		16%	19%	
Access to the Practice						**Annual Change**
Overall experience in making an appointment	47%	67%		Question no longer available on National Patient Survey		
Ease to get through to the GP practice by phone	39%	52%		37%	55%	Decrease - 2%
The receptionist at the GP practice being helpful	68%	79%		75%	80%	Increase
Satisfaction with the GP appointment times available	Question no longer available on National Patient Survey					
Being offered a choice of appointments when they last tried to make a GP appointment	Question no longer available on National Patient Survey			61%	56%	Increase
Satisfaction with the appointment offered	Question no longer available on National Patient Survey					
Offered a choice of location when they last tried to make a general practice appointment	New Questions available on National Patient Survey			21%	13%	Increase
Easy to contact this GP practice using their website				43%	50%	

Easy to contact this GP practice using the NHS App				41%	46%	
Usually get to see or speak to their preferred healthcare professional when they would like to				14%	38%	
Overall experience with the practice	51%	72%		62%	69%	Increase
Health care professional was good at giving patients enough time		Question no longer available on National Patient Survey				
Health care professional was good at listening to patients	74%	84%		79%	84%	Increase
Health care professional was good at treating the patient with care and concern	66%	83%		79%	84%	Increase
Patients were involved in the decisions about their care and treatment	82%	90%		81%	88%	No change
Confidence and trust in the healthcare professional saw and spoke to	84%	91%		86%	92%	Increase
Patients' needs were met	86%	88%		81%	88%	Decrease -5%
Healthcare professional they saw had all the information they needed about them during their last general practice appointment	New Questions available on National Patient Survey			82%	91%	
Healthcare professional they saw or spoke to was good at considering their mental wellbeing during their last general practice appointment				69%	72%	
Waited about the right amount of time for their last general practice appointment				61%	66%	

1.4. Quality and Outcome Framework (QOF) - Personalised Care Adjustment (PCA) rates

The October 2024 PCC reported there was an increase in personalised care adjustment rates from contract commencement (7 disease registers) in 2020/21 to 11 in 23/24 where the PCA rates were above 5% and above ICB or England averages.

In 2024/25, there has been a decline in the number of disease domains with high Personalised Care Adjustment (PCA) rates exceeding both the ICB and national (England) averages, compared to previous

years. However, some domains specifically Asthma, Diabetes, Stroke and Transient Ischaemic Attack (TIA), and Heart Failure continue to show significantly higher PCA rates.

The practice has provided assurance that it is actively monitoring PCA rates across all clinical indicators within the Quality and Outcomes Framework (QOF).

For 2024/25, the practice's overall PCA rate was 1.78% above the ICB average, representing a 1.94% reduction compared to 2023/24. Additionally, the number of clinical disease domains with PCA rates more than 5% above the ICB average has decreased from 11 in 2023/24 to 6 in 2024/25.

The PCA rate shows the percentage of patients that have been excluded by the practice on the disease register. A comparison breakdown of the percentages of these patients for 23/24 – 24/25.

Clinical Domain Indicators	**23/24 (15.06%) 3.72% above ICB 2.07% above England**	**24/25 (14.39%) 1.78% above ICB 0.5% above England**
Asthma	18.18%	
	15.93%	22.22%
	46.67%	62.07%
Atrial fibrillation	9.09%	
Chronic Obstructive Pulmonary Disease	19.35%	
	65.38%	
Dementia	29.17%	16.67%
Diabetes Mellitus	40.74%	30.51%
	31.51%	15.23%
	9.52%	20.00%
	21.86%	10.00%
	14.00%	23.68%
	9.96%	
Heart Failure	20.00%	21.18%
Hypertension	13.46%	
Mental Health	30.15%	28.30%
Non-diabetic Hyperglycaemia	13.91%	
Rheumatoid Arthritis		
Secondary prevention of coronary heart disease	8.18%	
	6.67%	
Stroke and Transient Ischaemic Attack		18.60%
	12.33%	20.48%
Total clinical disease domains with indicators >5% above ICB average	**11**	**6**

3. Contract Key Performance Indicators (KPI) update

Since the last PCC update in October 2024, the practice's performance was below Band B in 8 KPI indicators for 2023/24, compared to 7 in 2022/23. However, the 2024/25 data show continued improvement in Cancer Screening, Flu (under 65 at-risk group), and Pneumococcal vaccination indicators compared to the previous year. Additionally, the Patient Voice Receptionist indicator has improved from Band D to Band C since the contract commenced.

Furthermore, Q2 data for 2025/26 indicates a positive upward trend across all KPI areas related to Cancer Screening and Vaccinations & Immunisations.

OUCH Key Performance Indicator (KPI) Achievement	Yr1- 20/21 KPI	20/21 Band	Yr2 21/22 KPI	21/22 Band	Yr3 22/23 KPI	22/23 Band	Yr4 23/24 KPI	23/24 Band	Yr5 24/25 Data yet to be approved with practice		Yr6 25/26 Q2 Practice Achievement only for PCC update purpose
Bowel Cancer Screening (60%)	**55.00%**	**Band B**	**58.40%**	**Band B**	**65.10%**	**Band A**	**62.00%**	**Band A**	**64.10%**	**Band A**	67.00%
Breast Screening (75%)	**54.00%**	**Band D**	**39.30%**	**Band D**	**52.00%**	**Band D**	**60.00%**	**Band D**	**62.50%**	**Band D**	73.00%
Cervical Screening (80%)	**65.20%**	**Band D**	**63.70%**	**Band D**	**64.20%**	**Band C**	**63.70%**	**Band C**	**73.00%**	**Band B**	77.00%
2 years olds Childhood Imms (95%)	**80.50%**	**Band B**	**80.60%**	**Band B**	**86.80%**	**Band B**	**81.10%**	**Band B**	**83.30%**	**Band B**	74.00%
5 years olds childhood Imms (95%)	**80.50%**	**Band B**	**89.10%**	**Band B**	**96.30%**	**Band A**	**84.70%**	**Band B**	**76.20%**	**Band C**	70.00%
Flu Imms 65+ (75%)	**74.11%**	**Band B**	**64.20%**	**Band C**	**73.70%**	**Band B**	**66.30%**	**Band C**	**61.00%**	**Band C**	59.00%
Flu Imms under 65 at risk (75%)	**53.23%**	**Band C**	**31.20%**	**Band D**	**38.40%**	**Band D**	**26.10%**	**Band D**	**27.10%**	**Band D**	27.00%
Pneumococcal Imms 65+ (75%)	**30.25%**	**Band D**	**61.80%**	**Band C**	**63.50%**	**Band C**	**61.00%**	**Band C**	**68.30%**	**Band C**	67.00%
No. of GP Consultations	**> =80**	**Band A**	**> =80**	**Band A**	**> =80**	**Band A**	**> =80**	**Band A**	**> =80**	**Band A**	N/A
No. of Nurses/HCA Consultations	**≥32**	**Band A**	**>=25, <28**	**Band C**	**≥32**	**Band A**	**≥32**	**Band A**	**≥32**	**Band A**	
Patient Voice (Overall Experience)	**59.00%**	**Band D**	**55.40%**	**Band D**	**46.90%**	**Band D**	**51.00%**	**Band D**	**64.80%**	**Band D**	Data to be published & benchmark
Patient Voice (Receptionists)	**74.00%**	**Band D**	**72.60%**	**Band D**	**63.70%**	**Band D**	**68.20%**	**Band D**	**74.70%**	**Band C**	
Patient Voice (Telephone)	**31.00%**	**Band D**	**34.70%**	**Band D**	**30.20%**	**Band D**	**38.90%**	**Band D**	**36.60%**	**Band D**	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
13 January 2026

Report Title	Staunton Group Practice– APMS Contract Expiry & Strategic & Performance Review	**Date of report**	16 December 2025	**Agenda Item**	2.2
Lead Director / Manager	Vanessa Piper, Assistant Director of Primary Care, Contracting	**Email / Tel**		vanessa.piper@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
Report Author	Saro D'Souza, Primary Care Contracting Manager	**Email / Tel**		saro.dsouza@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Deputy Director Finance Business Partnering – Primary Care	**Summary of Financial Implications** The recommendation is Option 1, extend for a further 5 years with conditions. It would have no financial implication on the Primary Care budget because it is continuation at the current contract price.			
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** Not applicable.			
Report Summary	This paper presents the latest Strategic and Performance Review of Staunton Group Practice located in Wood Green, Haringey. The APMS contract is held by Hurley Group, and the practice currently has a patient list size of 11,769 patients (October 2025). The practice has a relatively young population with 60.4% of patients being under age 45 years and 17.9% over the age of 60 years. There are high health needs and demand for access for the practice with 62% of patients (7432 count of patients) with a Long-Term Condition, there is a priority to retain primary care services in this location of Haringey. Staunton Group Practice operates from Morum House Medical Centre 3-5 Bounds Green Road London, N22 8HE. The premises is a Victorian building with a 1990s extension and is currently non-compliant with modern healthcare estate standards. The Primary Care Committee in October 2025 approved a capital and revenue scheme to improve the internal and external areas within the building.				

	The APMS contract commenced on 1 November 2021 with a duration of 5 + 5 + 5 years, due to expire on 31 October 2026, the ICB is therefore required to take a decision with a minimum of 9 months' notice. Committee members are asked to consider the two commissioning options: 1. Extension - up to 5 years (via a Provider Selection Regime Contract Modification) 2. Procuring a new contract The recommendation is option 1 - to extend up to 5 years **with conditions set out in the paper.** **Summary** A full Strategic and Performance Review has been carried out to establish the current position of the practice and its performance against the contract requirements and key performance indicators (KPIs), drawing on a range of data sources including local averages and national targets. The review analyses performance from contract commencement. 2024/25 benchmark data was published in October 2025, therefore has been included in the report and is being validated with the practice. The most recent NHSE-published datasets were used and benchmarked against nationally acceptable thresholds and ICB averages. We have also requested and reviewed data directly from the provider and this is also covered in the report. Patients and stakeholders were engaged with in September 2025 to seek their views on the delivery of services in the practice. The survey was made available online, in the practice, via text message and the practice website and the findings have been summarised below and within the paper. Hurley Group has actively engaged with the ICB, responding to information requests and attending review meetings. **Summary of practice performance:** Overall, the practice continues to perform well, with improvements noted across several key indicators. While performance remains variable in some areas, there is clear evidence that the service improvement actions implemented by the practice are having a positive impact. The ICB Primary Care Contracting Team will continue to work closely with the provider to sustain progress and deliver further improvement where performance remains static or below target. A summary of performance across key domains is outlined below. **Contract KPI achievement & achievement against ICB averages (where available)** KPI data described below are measured against National targets based on the following banding thresholds, a stepped approach is applied to consider local variation from contract commencement. • Band A - Optimal achievement • Band B - Acceptable achievement

	• Band C and D – Below acceptable achievement **Cervical Screening:** Coverage has increased by 5% and has consistently remained above the ICB average. Performance improved to Band B in Year 4. **Bowel Screening:** Coverage increased by 2.2% since contract commencement and surpassed the national target in Year 4, achieving Band A. **Breast Screening:** Coverage increased significantly (27%) and exceeded the ICB average for two years; however, performance remains below the national target and at Band D. **Childhood Immunisations (2-year-olds):** Coverage increased by 8.9%, now above the ICB average (Year 4) but below the national target. Performance improved from a Band D (Year 1) to Band B (Years 2–4). Early Year 5 data also indicate Band B achievement to date. **Childhood Immunisations (5-year-olds):** Coverage increased by 10.1%, significantly above ICB average in Year 4. Band A performance achieved in Years 1, 2 and 4. **Flu Vaccination (65+):** Coverage increased (6%), below ICB average (-5%) and national target (-20%). Consistently Band D across all contract years. **Flu Vaccination (under 65 at risk):** Coverage unchanged (0.09%), below ICB average (-4%) and national target (-50%). KPI performance consistently Band D. **Pneumococcal:** Coverage increased by 8.9%, slightly below ICB and national averages. KPI performance has been maintained at Band A across all contract years; early indications from Year 5 data shows continued optimal performance. **GP and Nursing Consultations:** Appointment KPIs were below target up to 24/25. Staff recruitment has improved performance in 25/26 (up to Q2), early indications show the practice is currently performing at Band B, continuing the upward trend of improvement over the past 12 months. **GP Appointment Data (September 2025):** Appointments per 1000 patients improved, remaining above ICB average for most appointment types. **National Workforce Reporting System (NWRS**): There were no relative concerns, the practice was only slightly below the ICB and National averages. **QOF Achievement:** Total QOF achievement increased from 85.34% (21/22) to 90.52% (23/24), with a slight decrease in 24/25 to 90.09% (-0.43%). The practice currently sits within the mid-percentile range of practices across the ICB in relation to total QOF performance. **QOF Clinical Achievement:** Has risen year-on-year, currently at 99.17% (2024.25), with an overall increase of 19.62% since contract commencement, and has remained above ICB and England averages since Year 3. **Personalised Care Adjustments (PCA):** No disease domains exceeded 5% above ICB or England averages, indicating effective recall, coding, audit, and follow-up processes.

	National GP Patient Survey (July 2025): Results indicate a slight decline in satisfaction across most areas compared with 2024, however there has been an improvement in patients' overall experience and ease of getting through to the GP practice by phone. All indicators remain slightly below ICB average in 2025. **ICB Patient Survey:** Improvements were noted in reception helpfulness, clinicians' listening skills, and practice communication via text/letter. Areas requiring further improvement include access to appointments for urgent needs, same/next-day appointments, and face-to-face access. **Patient Participation Group (PPG):** The PPG meets regularly, discussions focus on patient feedback, appointments, survey results, and other matters relating to service provision and improvement. Latest minutes of meetings are available on the practice website, minutes of past meetings are provided upon request. **CQC Inspection:** Last inspected September 2022. Overall rating: Requires Improvement; Effective and Well Led rated Requires Improvement; Safe, Caring, and Responsive rated Good. It should be noted however that the CQC have not re-inspected the practice. **Contract Notices:** No Remedial or Breach Notices issued since contract commencement (Nov 2021). Following, the CQC 'Requires Improvement' report, the ICB issued an Improvement Plan in October 2023. The practice responded with assurances; ICB feedback highlighted areas still requiring improvement. **List Size:** The registered list has declined by 10% since contract commencement in November 2021 (13,069), now 11,769 patients (October 2025). Neighbouring practices have seen an average increase of 19.12%. Data available via PCSE of 649 patients deducted (November 2024 – October 2025) shows the reasons for removal with the highest groups being;- - 54% (350 patients) - moved to other practices across London due to a change in address - 27% (175) patients – transferred off the list with no change of address and 16% (28 patients) of this group moved to practices within 1 mile of the Staunton practice Other reasons included patients relocating internally (2.77%) and mail returned undelivered (6.04%). ICB Patient survey results suggest the key drivers of the movement of patients included: difficulty in securing face-to-face appointments (56%), inability to obtain same- or next-day appointments (64%), and limited appointments within two weeks (56%). Additionally, 64% of patients reported that they preferred face-to-face consultations, and some raised concerns about the worn appearance of the premises These findings highlight that accessibility, appointment timeliness, and practice environment are influencing patient decisions. The practice has also cited a higher cohort of Ghost patients when they commenced the contact which required regular

	address validation and they also receive approximately 20-29 FP69 (flag or marker applied when a patients registered address or continued registration is in doubt e.g. returned mail) per month from PCSE, where patients are no longer living at their registered address, which also provides an indication that the practice is located within a transient population. **Summary** The practice demonstrates clear progress in several key areas, including Pneumococcal Immunisations, QOF Clinical Achievement, and elements of Childhood Immunisation coverage. However, ongoing challenges remain in Flu Vaccinations, Breast Screening, and patient access measures. As part of the ongoing KPI review process, the Primary Care Team (Contracting) has asked the practice to prioritise improvement in areas currently performing below National targets and ICB average, specifically in Flu immunisations, Breast Screening and National GP Patient Survey results. Continued targeted support, monitoring, and service development will be essential to sustain gains and achieve consistent improvement across all performance areas. It is also deemed that once the investment and remodelling of the premises is complete, it will improve list size retention and reduce the rate of decline. **Options available to Committee:** Having considered the findings of the review and recognising the current contract is due to expire on 31 October 2026, PCC members are asked to consider the following two options: **Option 1 – Provider Selection Regime Contract Modification (Extension up to 5 years) -recommended option** The contract was procured for 5 + 5 + 5 years and commenced on 1 November 2021. The first five-year term expires on 31 October 2026. PCC members may now consider exercising the option to extend for a further 5 years up to 31 October 2031. This modification is permissible under the PSR regime, as the extension is clearly and unambiguously provided for within the terms of the original contract. If the Committee approves Option 1 – PSR Contract Modification, it is proposed that the following additional conditions are applied: • The practice must demonstrate measurable improvement in currently underperforming KPIs, specifically Breast Screening, Flu Immunisations, and Patient Voice indicators. • The practice is required to achieve and maintain at least Band B (acceptable achievement) across all key indicators by the end of the contract extension period. • The practice must maintain and, where possible, enhance performance levels that are currently above ICB and national targets, ensuring continued delivery of high-quality services These conditions are based on the practice's performance, which shows positive clinical outcomes in some areas alongside ongoing challenges in preventive care coverage and patient access. The conditions aim to drive improvement where needed while sustaining existing high performance, ensuring accountability and alignment with ICB and national targets.

	A transparency notice will be published to inform the market of the extension once the decision has been made and in line with PSR requirements. **Option 2 - Procure a new contract** The Committee may choose to reprocure the contract; however, the Strategic and Performance Review provides evidence that overall, the practice continues to perform well, with improvements noted across several key indicators. While performance remains variable in some areas, there is clear evidence that the service improvement actions implemented by the practice are having a positive impact. Should this option be pursued, the provider would be formally notified of the decision. As the current contract concludes on 31 October 2026, continuity of service would be essential during the procurement period. We would seek agreement from the current provider to continue service delivery for up to or more than 12 months dependent on the duration of the procurement.
Recommendation	Committee members are asked to **APPROVE:** 1. Option 1 – PSR Permitted Contract Modification (extension of the contract) 2. Extend for a further 5 Year extension (2nd term) (1 November 2026 to 31 October 2031) 3. Apply conditions regarding the performance The case will be referred back to the Committee earlier than the end of the 5 year term if the conditions are not met.
Identified Risks and Risk Management Actions	Risk: If the Committee does not reach a decision, this risks caretaking. This will impact access to services, continuity of care, workforce and premises. Mitigation: Committee to reach a decision in December 2025 and discuss next steps with the provider.
Conflicts of Interest	Not applicable.
Resource Implications	Option 1 funding continues at the current rate and would be less resource intensive than option 2.
Engagement	Patient and Stakeholder engagement was conducted and the outcome has been appended to this report. Overall, 65% of patients described their experience of the GP practice as very good or fairly good. The ICB survey results have shown a higher level of satisfaction with the helpfulness of the receptionists (77%), healthcare professional was good at; listening to the patient (81%), treating you with care and concern (80%), Giving you enough time at your last appointment (81%). Also, a high level 82.00% of respondents stating satisfaction with receiving communication by text or letter. The staff groups seen most by patients were GPs (62%) and nurses (21%). While patients were satisfied with their experience during an appointment, the ease of

	securing an appointment on the same or next day for urgent needs and the ability to secure face-to-face appointments was rated as unsatisfactory. Additional work is required by the practice to improve satisfaction levels.
Equality Impact Analysis	There is no change in services to be delivered under the APMS contract for Staunton Group Practice. If Committee members' decision is to procure a new contract, an Equality Impact Assessment will be carried out as part of the refresh of requirements and procurement process.
Report History and Key Decisions	14 October 2025 -Staunton Group Practice (Haringey) – Refurbishment of Premises
Next Steps	If PCC members approve the contract modification (extension of the contract) the provider will be notified in writing including the conditions applied and the APMS contract varied. A transparency notice will be published to inform the market of the extension once the decision has been made and in line with PSR requirements.
Appendices	Part 1 APMS Staunton Group Practice - Engagement Report

Strategic and Performance Review –Staunton Group Practice

1. Background to the Practice

Staunton Group Practice is located in Haringey, operating from Morum House Medical Centre, 3–5 Bounds Green Road, London, N22 8HE. The premises is a Victorian building with a 1990s extension, the space occupied by Staunton Group Practice is currently non-compliant with modern healthcare estate standards.

The practice is currently serving a registered list size of 11,769 patients as of October 2025. The practice is a member of Haringey - East Central (PCN), which comprises four practices, with a combined registered population of 42,255, patients as of October 2025.

Since the start of the APMS contract in November 2021, the practice's list size has declined by 10% (1,300 patients). While the majority of registered patients reside within one mile of the practice, there is a notable proportion of patients who reside in more distant areas such as Enfield, Higham Hill, Bransbury, and Church End, which are three miles or more from the practice. The decline is linked to removal of inherited 'ghost' patients, FP69 activity (flag or marker applied when a patients registered address or continued registration is in doubt e.g. returned mail), and the poor condition of premises. Nearby practices grew by 19.12% over the same period. Planned premises redevelopment in 2026 and improved appointment access are expected to help stabilise and grow the list.

The practice is signed up to provide all available Directed Enhanced Services e.g. Weight Management, Learning Disabilities, to their patients including Minor Surgery. It also participates in the NCL-wide Locally Commissioned Services (Long Term Conditions) and other Locally commissioned services e.g. Methotrexate LCS, Anti-Coagulation LCS, NCL Tele dermatology LCS and NCL GnRH LCS (Gonadotropin-releasing hormone).

The current APMS contract was awarded to the Hurley Group for an initial five-year term, expiring on 31 October 2026. It is now in Year 5 of a potential 15-year term (5 + 5 + 5 years).

This report presents a comprehensive review of the practice's performance since contact commencement in November 2021, outlines two contractual options, and makes a recommendation to extend the contract by a further five years with conditions.

2. The Strategic and Performance Review process

In undertaking this review the primary care team has incorporated a variety of data drawn from NHS reporting, contractual monitoring, practice submission as well as patient feedback.

The key information analysed as standard in an APMS Strategic and Performance Review are:

1. Population need / demand - the need to retain the practice in the area taking into consideration any resident population growth
2. Finance - current contract price and key financial considerations to assess the continued viability of the contract.
3. Premises considerations (i.e. operating from fit for purpose building and any strategic estates plans)
4. Feedback from patients - on the delivery of services (national survey/comments online and local survey for patients registered at the practices)
5. Wider stakeholder feedback

6. Key Performance Indicators (KPI) - performance against KPIs within the contract benchmarked against a standard measure (e.g. national targets, local averages)
7. Workforce – number and key characteristics
8. Appointments
9. Long Term condition management - Quality and Outcome Framework (QOF)
10. Other Local and National targets (Immunisations, cervical and other screening etc.)
11. Care Quality Commission (CQC) rating
12. Patient and Stakeholder views

2.1 Population need and demand

The London Borough of Haringey, located in Outer London, spans approximately 29.6 km², making it the 10th smallest borough by area in the capital. Despite its size, Haringey ranks as the fourth most deprived borough in London, with significant areas of deprivation concentrated in the Tottenham area.

Haringey is a highly diverse borough. According to the latest data, 38% of residents identify as from Black, Asian and Minority Ethnic (BAME) backgrounds, while a further 26% identify as "White Other." Over 180 languages are spoken locally, and approximately 30% of residents do not speak English as their main language, reflecting the borough's rich multicultural population.

The borough has a total population of over 260,000 residents and has experienced 3.6% population growth since the 2011 Census. While Haringey continues to have a younger age, profile compared to the national average in England and Wales, it is also ageing at a faster rate than other London boroughs. Notably, the 65+ population has increased by 24% since 2011.

Between 2025 and 2035, Haringey's population is projected to grow by approximately 11,000 people (4.14%). Staunton Group Practice is in Wood Green, North Haringey in the Woodside ward, where the local population has grown approximately 30%; from 11,732 in 2001 to 15,245 in 2021.

Recent housing developments in Wood Green include a mix of council-led and private initiatives aiming to increase both the quality and number of homes available. Notable sites in Wood Green include Mayers Road (29 family sized homes) and Nilgun Canver Court (80 homes). A new mixed-use development on Lordship Lane brings 78 affordable homes, including large family units and 636 managed student beds, additional developments include a newly approved 32-home residential scheme at Hornsey Park Road. The London Plan also designates Wood Green / Haringey Heartlands as an 'Opportunity Area' with potential for 4,500 new homes and 2,500 new jobs by 2041.

The population of the Wood Green area is projected to increase by nearly 10,000 people as a direct result of planned and current housing developments. This population growth is likely to continue driving increased demand for services, potentially at a pace exceeding the wider borough average due to its intensive housing activity. It is worth noting, however, that there are 7 GP practices within a mile of Staunton Group Practice, all of which fall under the NCL ICB area.

The dominant age band is 20 to 39 years old, representing 34-37% of the population in Wood Green ward, approximately 23% are under 20, while those aged 60 and over make up around 14% in the borough. Reflecting this, 60.4% of the practice's registered patients are aged under 45 years, while those aged 60 and over make up 17.9% of the practice's registered patients.

As of 31 March 2025, the practice has 7,432 patients, recorded on the QOF disease registers as per the table below, which provides a useful indication of long-term condition (LTC) prevalence and health needs. The count of patients on the LTC registers equates to 62.02% of the list but this is a crude measure as patients may be included, more than once on a disease register. The highest count of patients on each register is Hypertension, Obesity, Diabetes Mellitus, Non-diabetic hyperglycaemia and Asthma Register.

This data highlights both the current demand for services and the likely future pressures on the practice, driven by population growth, socio-demographic complexity, and long-term condition prevalence.

Table 1: Staunton Group practice QOF disease registers as at 31 March 2025

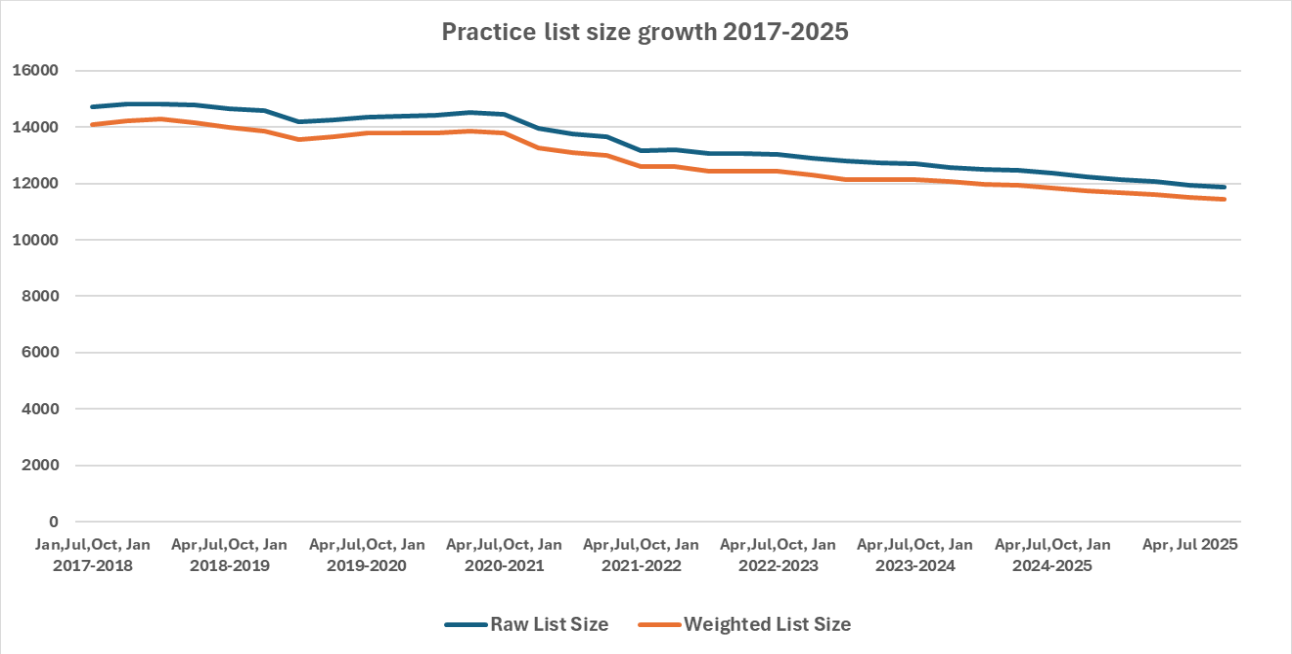
LTC Code	LTC Register	No of Patients on register	% of practice list
AF001	Atrial Fibrillation Register	156	1.30
CKD005	Chronic Kidney Disease Register	355	2.96
NDH002	Non-diabetic hyperglycaemia register	661	5.52
PC001	Palliative Care Register	24	0.20
AST005	Asthma Register	562	4.69
STIA001	Stroke or Transient Ischaemic Attacks (TIA) Register	168	1.40
CAN001	Cancer Register	368	3.07
DM017	Diabetes Mellitus Register	961	8.03
LD004	Learning Disabilities v2 Register	101	0.84
PAD001	Peripheral Arterial Disease Register	37	0.31
CHD001	Coronary Heart Disease Register	267	2.23
EP001	Epilepsy Register	61	0.51
MH001	Mental Health Register	241	2.01
COPD015	Chronic Obstructive Pulmonary Disease Register	130	1.09
DEM001	Dementia Register	53	0.44
HF001	Heart Failure Register	115	0.96
RA001	Rheumatoid Arthritis Register	60	0.50
HYP001	Hypertension Register	1582	13.21
OST004	Osteoporosis v2 Register	25	0.21
OB003	Obesity Register	1505	12.57
TOTAL		7432	62.02%

2.2 Practice list size

As of October 2025, the practice raw list is 11,769 and 11,206.84 weighted patients. Since commencement of the APMS contract in November 2021 held by Hurley Group, the practice list has seen a decline from 13,069 to 11,769 (1,300 patients) approx. -10%. By comparison, neighbouring practices within a one-mile radius have experienced an average annual patient list growth rate of 19.12% over the same period.

Table 2: Staunton Group Practice List size changes from November 2021 – October 2025

Year	Apr- Q1		Jul-Q2		Oct-Q3		Jan-Q4		Raw % change	Weighted % change
	Raw	Weighted	Raw	Weighted	Raw	Weighted	Raw	Weighted		
2017	14709	14082.46	14802	14213.54	14826	14269.75	14767	14157.25	-0.44	-0.69
2018	14645	13985.55	14576	13853.66	14169	13544.83	14254	13646.82	-2.13	-1.38
2019	14333	13792.39	14389	13789.74	14419	13795.88	14521	13860.42	0.73	-0.15
2020	14437	13771.25	13946	13251.37	13746	13083.52	13642	12998.49	-8.84	-8.64
2021	13161	12581.42	13187	12583.60	13069	12443.67	13066	12427.67	-1.14	-1.26
2022	13011	12422.94	12896	12302.11	12779	12142.8	12721	12121.78	-2.46	-2.33
2023	12691	12133.2	12576	12050.99	12503	11974.04	12470	11925.69	-2.65	-2.49
2024	12355	11831.59	12235	11724.95	12149	11656.45	12073	11611.66	-3.30	-2.68
2025	11947	11514.18	11866	11441.49	11769	11206.84				
Change since contract commencement in November 2021									**-9.94**	**-9.93**



There are several factors that may have impacted the growth of the Staunton Group Practice list. A review of 649 patient removals by PCSE from the Staunton Group Practice list between 1 November 2024 and 1 October 2025 indicates the following reasons for removal:

Patient deductions reasons	Percentage deducted	Total patients
Other reason	2.77%	18
Relocated internationally	6.04%	39
Mail returned undelivered	10.19%	66
Transferred of the list due to - Change of address - Moved to other practices across London	54.00%	350
Transferred off the list with no change of address	27.00%	175

The patient cohort who had transferred off list with no change in address, 16% of these patients (28) moved to practices within 1 mile of Staunton Group Practice, while the remaining 11% moved to neighbouring practices over a mile away. This indicates that a proportion of patients are actively choosing to register with alternative practices, rather than leaving solely due to relocation.

ICB Patient survey results suggest the key drivers of this movement: difficulty in securing face-to-face appointments (56%), inability to obtain same- or next-day appointments (64%), and limited appointments within two weeks (56%). Additionally, 64% of patients prefer face-to-face consultations, and some raised concerns about the distressed appearance of the premises. These findings highlight that accessibility, appointment timeliness, and practice environment are influencing patient decisions.

Addressing these factors through improved appointment availability and timeliness, together with PCC's decision to enhance the internal and external environments of the building will contribute to increased patient satisfaction and a reduction in list removals.

Table 3: GP Practices located within1 mile; list size changes from November 2021 – October 2025

Name	Address 4	Postcode	Distance from Staunton Group Practice	01/10/2021	01/10/2025	% Change
Staunton Group Practice	Wood Green	N22 8HE	0.0. miles	13079	11769	-10.02%
High Road Surgery (Stuart Crescent HC)	Wood Green	N22 5NJ	0.2 miles	6722	7637	13.61%
Stuart Crescent Medical Practice	Wood Green	N22 5NJ	0.2 miles	3126	3232	3.39%
Arcadian Gardens Surgery	Wood Green	N22 5AB	0.6 miles	5669	8695	53.38%
Cheshire Road Surgery	Wood Green	N22 8JJ	0.7 miles	6397	6553	2.44%
Hornsey Park Surgery	Hornsey	N8 0PH	0.9 miles	7326	11013	50.33%
Havergal Surgery	Tottenham	N15 3DY	0.9 miles	5744	5411	-5.80%
Westbury Medical Centre	Wood Green	N22 6RX	1.0 miles	10804	12582	16.46%

The practice has reported the following contributing factors:

- Inherited 'ghost' patients: The practice has mentioned that it inherited a significant number of 'ghost' patients, which has contributed to a gradual decline in list size (approximately 25 patients per month over the four years of the current contract). The practice has advised that it continues to identify patients who are no longer residing in the area and appropriately undertakes address verification to confirm whether they are still receiving care from the surgery.
- FP69 flags from PCSE: The practice has noted that it receives approximately 20–25 FP69 flags from PCSE each month. The practice also explained that actions outside the practice's direct control, such as PCSE's mailing of patient surveys, can highlight patients who have moved away. For example, on 7 October 2025, 120 FP69s were issued (around four times the usual monthly volume), which the practice believes is linked to the patient views survey distributed by PCSE in early September 2025.
- Premises condition and patient perception: The practice has also reported significant feedback from patients and its PPG regarding the poor and derelict state of the current building. A redevelopment of the premises has been awaited since before the start of the contract. The practice noted that new patients are often attracted to modern and well-maintained premises and anticipates that the planned renovation—scheduled to commence in 2026, will help stabilise and potentially increase the list size.

2.3 Finance

The APMS budget incorporates what is termed a Global Sum and London price per raw patient, which is consistent with the funding arrangements for a General Medical Services (GMS) and Primary Medical Services (PMS) NHS contracts.

Earlier versions of the APMS contracts included a risk premium (£5.00 per weighted patient) and APMS mandatory services premium (£7.57 per weighted patient). The risk premium is included due to the short-term nature of the contract (5 + 5 + 5 years) and the mandatory services premium was offered to support key contractual requirements and Saturday opening hours.

APMS contracts also include a suite of Key Performance Indicators (KPIs) reimbursed at £5.35 per weighted patient based on achievement. Where there is underperformance, the ICB can apply a financial clawback. Over the first 3 years of the Staunton Group Practices contract the claw back amount is a total of £20,941.52 (on average £6,982.50 per annum and £0.62 per weighted patient per annum), no financial sanctions are applied to KPIs that were deemed unmeasurable and for year 1-2021/22(5 months) and 2022/23 (7 months) of the contract which is the 'honeymoon period'. The clawback has been paused as the provider has disputed the basis of the KPIs calculation. Further written communication to the practice and meetings are being held with the Hurley group to resolve this. The average clawback for NCL APMS contracts over the duration of the contract is £5,637. Multiple factors impact KPI performance and clawback including list size, workforce, patient health needs etc.

The figures below cover core contract funding only and the practice would also be offered and delivering other primary care enhanced services and contracts (national and local i.e. Directed Enhanced and Locally Commissioned Services).

Table 4 – The table below provides a comparison of PMS/GMS contract price (2025/26) against APMS contract rates.

Key Area	GMS/PMS	Staunton Group Practice (F85008)
GMS/PMS global sum	**£123.34**	**£123.34**
London weighting	**£2.18**	**£2.18**
Risk premium	**-**	**£5.00**
KPI per patient	**-**	**£5.35**
APMS mandatory / premium services	**-**	**£7.57**
Out of Hours Opt Out (netted off where the ICB commissions Out of Hours services rather than the provider)	**-£5.86**	**-£5.86**
Total per patient	**£119.66**	**£137.58**

The above values remain the same throughout the life of the contract except for global sum which is subject to a nationally agreed annual uplift. Out of Hours opt out is subject to changes published in the Statement of Financial Entitlement Regulations which govern GP payments. Local discretion would be available at re-procurement for APMS mandatory/premium services to be amended.

2.4 Premises considerations

Staunton Group Practice is well served by public transport. The surrounding area comprises of residential and commercial properties. There are 15 bus routes that serve the area, the main tube line is Piccadilly, with Wood Green Station just a 6-minute walk away. The nearest National Rail station is Hornsey, about a 22-minute walk.

The Hurley Group inherited Morum House, a Victorian building with a 1990s extension the premises is non-compliant against NHS estates standards. The building is in need of significant refurbishment (e.g. 3 consultation /exam rooms are out of use).

The practice occupies all floors, but patients are present on the ground floor only. There are two sub-tenants, Diabetic Eye Screening Service (provided by the Royal Free London) and Sexual Health Service (CNWL). The Hurley Group inherited the 2 sub-occupants when they commenced their contract in November 2021.

PCC approved in October 2025 a capital and revenue programme, to improve the internal and external areas within the building, the timetable to commence the works is being planned by the landlord and ICB. As part of the new lease negotiations, the landlord will undertake a refurbishment of the building to deal with the many items of serious disrepair and there are to be some reconfiguration, funded by the NHS. The refurbishment will bring back into use the 3 rooms that can't currently be used due to leaking roof issues.

Below is a breakdown of rooms allocated to the practice and the two other providers:

User	Room Type	Numbers
Staunton Group Practice	Clinical room	10
	Treatment	0
	Out of Use	3
Diabetic Eye Screening	Clinical room	1
Sexual Heath	Treatment	1
	Clinical room	3
	Treatment	1
Total		**19**

Based on the guidance set out in the Health Building Note, a patient list size of 11,769 would require seven clinical and treatment rooms. The practice therefore has sufficient space to accommodate its current patient list, wider primary care workforce and any population growth in the area.

2.5 Workforce

As part of the review, the ICB assessed the total workforce against key contractual requirements for appointments, change in the registered list size, delivery of services and performance of the practice. The contract states the contractor must have sufficient staffing levels to meet the needs of the patient list. It requires a minimum GP provision of 72 appointments per 1000 patients per week, and 32 Nurse appointments per 1000 patients per week. This is reported by the practice on the National Workforce Reporting Service monthly and quarterly through KPI returns, which allows the ICB to measure against the ICB averages.

The ICB averages are compared as workforce pressures in primary care are well-understood (and include recruitment, retention, an ageing GP workforce) and there are a number of initiatives in place to support all NCL practices nationally and via the NCL Training Hub.

Primary care employs a range of roles to meet patient need. This has been further supported by the Primary Care Network Directed Enhanced Service (PCN DES) which enables practices working within a network to jointly employ a range of additional roles, e.g. pharmacists, social prescribing link workers, health and wellbeing coaches, dietitians. These additional roles are recruited above the core GP and Nursing workforce.

KPI Performance -Workforce:
KPI achievement for GP consultations declined in year 3, with a slight improvement in year 4. Early indications from the Year 5-Q1 and Q2 KPI submissions suggest that the practice is currently providing more appointments compared with Year 3 & 4 for GPs and is currently performing at Band B (acceptable achievement).

- Band A (Optimal achievement) -Year 1
- Band B (Acceptable achievement) -Year 2
- Band D (Below acceptable achievement) -Year 3
- Band C (Below acceptable achievement) -Year 4

For nursing consultations, KPI achievement declined in Year 2 & 3, with a slight improvement in year 4. Early indications from the Year 5-Q1 and Q2 KPI submissions suggest that the practice is currently providing more appointments compared with Years 2,3 & 4 for nurses and is currently performing at Band B (acceptable achievement).

- Band A (Optimal achievement) - Year 1
- Band D (Below acceptable achievement) - Year 2 & 3
- Band C (Below acceptable achievement) - Year 4

Based on the information on the National Workforce Reporting System (NWRS) website (September 2025), for GP whole time equivalent (WTE), the practice has employed slightly below the ICB (-0.24 WTE) and National average (by -0.28), and also slightly below ICB and National averages for Nursing (-0.02) and (-0.15). The practice confirmed that staff WTE for October remained the same as September.

As part of their service improvement plan, the practice has reported that upon commencement of the contract in November 2021, the salaried GP workforce chose not to TUPE across to the new provider. This was also the case for several other roles, including nursing and pharmacy staff.

Since then, Staunton Group Practice has made progress in rebuilding its clinical team. The practice has recruited two Associate Partners and four salaried GPs, who work alongside the GP Partner. Recruitment is ongoing for an additional six-session salaried GP, expected to commence in December 2025, and the practice is also advertising for a further 0.5 WTE GP and a 1.0 WTE Advanced Nurse Practitioner (ANP).

The surgery currently employs two practice nurses and one healthcare assistant (HCA). Both Associate Partners, are GP trainers, and the practice is hosting a GP Specialty Training Year 2 trainee, who will remain with the practice for their Specialty Training in Year 3.

The practice has stated that their pharmacy team is now stable, consisting of three Band 8 Senior Clinical Pharmacists and one Band 7 Pharmacist. The practice also benefits from two Physician Associates—one directly employed and one funded through the ARRS workforce—both supervised by the Associate Partners. Additionally, the surgery hosts a First Contact Physiotherapist and a Social Prescriber for two days per week, shared with their Primary Care Network (PCN).

Table 5: Staunton Group Practice -Workforce data from NWRS, September 2025

Practice Code	F85008		List size	11776			Month	Sep-25
Practice Name	STAUNTON GROUP PRACTICE			Per 1000 Patients				
Staff Group	Practice FTE	NCL ICB average FTE	National average FTE	Practice	NCL ICB average	National average	Difference vs ICB average	Difference vs National average
GP	3.63	5.91	6.15	0.31	0.55	0.59	-0.24	-0.28
Nurse	1.08	1.36	2.79	0.09	0.11	0.25	-0.02	-0.15
Direct Patient Care	3.79	1.95	2.87	0.32	0.17	0.26	0.15	0.06
Administration	12.73	10.14	12.36	1.08	0.96	1.19	0.12	-0.11

The practice employs a range of staff which is common in modern practice teams. These include Health Care Assistant, Pharmacist, Physician Associate at Staunton Group Practice. Roles are recruited directly and under the Additional Roles Reimbursement Scheme and terms of the PCN Directed Enhanced Service (DES). Numbers are determined by the Primary Care Network (PCN) list size and directly by practices.

2.6 Appointments

The APMS contract sets out the number of GP and Nursing appointments that should be delivered per week. It requires a minimum GP provision of 72 appointments per 1000 patients per week, and 32 Nurse appointments per 1000 patients per week. The provision of these appointments is monitored through quarterly KPI declaration for APMS contracts covering appointments booked. This data is lifted directly from the practices clinical system.

There are no benchmarks for appointments for other healthcare professionals.

Over the first four years of the contract term, the practice's KPI performance for GP and nurse consultations is summarised as follows:

- Year 1 (2021/22): The practice achieved Band A (optimal threshold) for GP and Nurse consultations.
- Year 2 (2022/23): Band B (acceptable threshold) was recorded for GP and Band D (below acceptable achievement) for nurse consultations.
- Year 3 (2023/24): Band D for GP consultations and nurse consultations remained at Band D indicating performance below the minimum contractual requirement.
- Year 4 (2024/25): The practice achieved Band C for both GP and nurse consultations, indicating delivery at the minimum level of contractual expectations. (data to be validated with the practice)

Based on the practice's submission, they have delivered 1423 appointments per week (September 2025 – Q3 25/26) this includes all appointment types offered by all patient facing staff. The practice is providing (September 2025) above the recommendation and APMS contact clause of GP

appointments by 173 appointments (72 appointments /1000 patients) and below the recommendation for nurse appointments (32 appointments /1000 patients) by 111 appointments.

Table 6. Breakdown of appointments delivered by all clinical staff at Staunton Group Practice (September 2025)

Appointments per week based on GPAD list size 11830	September 2025 per week	APMS Contract clause	Practice providing above / below
GP (72 appointments / 1000 patients)	1025	852	**Above by 173 GP appointments**
Nursing (32 app / 1000 patients)	268	379	Below by 111 Nurse appointment
Pharmacists	105	n/a	n/a
Other	25	n/a	n/a
Total appointments	**1,423**	**n/a**	**n/a**

Table 7. A review of the GP Appointment Data (GPAD) for September 2025 provides further insight:

Practice Code	**F85008**		**List size**	**11830**	**Month**	**Sep-25**
Practice Name	**STAUNTON GROUP PRACTICE**					
Staff Group	**Appointments per month**	**Appointments per 1000 patients**	**NCL ICB average per 1000 patients**	**National average per 1000 patients**	**Difference vs ICB average**	**Difference vs National average**
GP	3676.00	310.74	239.70	232.98	71.03	77.76
Other Practice Staff	1982.00	167.54	175.72	262.63	-8.18	-95.09
Unknown	0.00	0.00	2.68	10.81	-2.68	-10.81
Total	5658.00	478.28	418.10	506.42	60.18	-28.14
Face to Face	2638	222.99	221.32	326.26	1.67	-103.26
Home Visit	3	0.25	1.60	5.55	-1.35	-5.30
Telephone	2906	245.65	152.81	123.25	92.84	122.40
Video / Online	98	8.28	37.59	39.79	-29.30	-31.51
Unknown	13	1.10	4.78	11.58	-3.68	-10.48

A review of the data for September 2025 provides the following:

- Based on the practice response (September 2025) and compared to GP 72 and Nurse 32 appointments / 1000 / week (APMS contract requirements):
  - GP appointments – were above by 173 appointments
  - Nurse appointments – were below by 111 appointments
- GPAD data does not provide a breakdown of the number of nurse appointments delivered.
- Based on the GPAD data extraction the practice is delivering above the ICB average for the total number of appointments overall and for GPs.

It should be noted that the data presented from GPAD provides an average number of appointments per 1000 patients, whereas for an APMS contract we measure the practice's achievement based on

72 GP and 32 nurse appointments per week / 1000 patients; also it is important to note that the GPAD platform reflects booked appointments only—i.e. slots with patient names attached, whereas APMS KPIs reflects the total number of GP and Nurse appointments which are bookable.

2.7 Practice Performance

The ICB looks at a range of indicators and requirements to assess overall performance. APMS contracts contain key performance indicators (clinical and non-clinical) which form the basis for performance management and contract decisions. In these reviews we also take account of performance against frameworks such as QOF and reports from CQC. The contract includes eight clinical KPIs, two access KPIs and three KPIs covering patient voice/satisfaction, which are summarised below. Performance against these KPIs is detailed at 2.6.4 below.

- Vaccination and Immunisations (Flu, Pnemoccal, Childhood Immunistion; 2 and 5 year old)
- Cancer Screening (Breast, Bowel and Cervical)
- Consulations (GP and Nurse)
- Patient Voice (Overall experience, recommendation, receptionists, telephone and waiting time)

The ICB undertake contract reviews each year. The practice is also part of the National Primary Care Access Recovery Plan programme being run across all practices, Directed Enhanced Services and delivers the NCL-wide Locally Commissioned Service (Long Term Conditions).

2.7.1 CQC

The CQC inspects practices under the Health and Social Care Regulations which is separate to the Primary Care Contract regulations which the ICB monitors practices against. The ICB is required to take contractual action for any practice that has been rated requires improvement or inadequate by the CQC as the Regulator. The ICB regularly meets with the CQC to share intelligence.

Staunton Group Practice was inspected in September 2022 and rated Overall Requires Improvement and in the Effective and Well Led domains, Good in Safe, Caring and Responsive domains. The CQC have not re-inspected the practice after the last inspection in 2022. Following the rating the ICB wrote to the practice to seek assurance on compliance with the APMS contract, this was via a service improvement plan, request to issue a remedial notice from PCC has not been required.

2.7.2 Quality Outcome Framework QOF [1]

Practice end-of-year QOF achievements are published annually in October. Accordingly, for the purposes of this report, the most recent complete dataset available covers the period 2020/21 to 2024/25. Data from several preceding years has been analysed to review trends in practice performance over time.

Demographic analysis indicates that 60.4% of the practice's registered population is aged under 45 years, while those aged 60 years and over represent 17.9% of the total patient cohort. As at 31 March 2025, the practice had 7,432 registered patients. Of these, 62.02% were recorded on the QOF disease registers, providing a valuable indicator of long-term condition (LTC) prevalence and associated health needs within the practice population.

[1] https://qof.digital.nhs.uk/

The management of long-term conditions has been reviewed using the indicators set out within the Quality and Outcomes Framework (QOF) and benchmarked against both the Integrated Care Board (ICB) and England averages.

Overall, there has been a sustained improvement in total QOF achievement since the commencement of the current contract period, with results increasing year-on-year from 85.34% in 2021/22, to 86.36% in 2022/23, and 90.52% in 2023/24. In 2024/25, the total QOF achievement reduced marginally to 90.09%, representing a decrease of 0.43 percentage points compared to the previous year.

Staunton Group Practice's total QOF achievement remained below both the ICB and England averages for the first four years of the contract period and currently sits within the mid-percentile range of practices across the ICB in relation to total QOF performance, 0.66 percentage points below ICB Average, 3.63 below England Average in 2024.25

Table 8. Total QOF achievement per year since contract commencement

Year	Total achievement	% change	% above ICB / England average
2021/22	85.34%	**+1.18%**	3.13 percentage points below Sub ICB Location Average, 6.48 below England Average
2022/23	86.36%	**+1.02%**	2.36 percentage points below Sub ICB Location Average, 4 below England Average
2023/24	90.52%	**+4.16%**	0.12 percentage points below Sub ICB Location Average, 2.51 below England Average
2024/25	90.09%	-0.43%	0.66 percentage points below Sub ICB Location Average, 3.63 below England Average

Clinical Achievement

The practice has seen a year-on-year increase in the total percentage clinical achievement since contract commencement with a 11.88% increase over the previous year in year one. Achievement was below the ICB and /or England average in year one and below the ICB average in year 2 however above the England Average. The practice has shown an improvement in achievement and has remained above the ICB and England Average since year three of the contract.

Table 9: Total QOF Clinical achievement per year since contract commencement

Year	Total achievement	% change	% above ICB / England average
2021/22	91.43%	**+11.88%**	3.78 percentage points below Sub ICB Location Average, 3.96 below England Average

2022/23	93.70%	+2.27%	0.43 percentage points below Sub ICB Location Average, 0.76 above England Average
2023/24	98.68%	+4.98%	2.91 percentage points above Sub ICB Location Average, 3.2 above England Average
2024/25	99.17%	+0.49%	2.34 percentage points above Sub ICB Location Average, 2.46 above England Average

Personalised Care Adjustment Rates (PCA)

The PCA rate shows the percentage of patients that have been excluded by the practice from the denominator on the register. There is a risk that patients can be lost to follow up if excluded, not coded correctly, reviewed or called/recalled by the practice once a PCA code has been applied.

If there is evidence of high rates of PCAs being applied, then a practice is requested to audit to ensure the correct codes have been applied, patients have been identified, called and recalled effectively.

For Staunton Group Practice there were no disease domains that were > 5% above ICB and / or England average since commencement of the contract. The data provides an indication of the effectiveness of the practice's recall processes including effective coding, audits and follow-up processes being applied by the practice.

Table 10. PCA rates since commencement of the contract

	2021/22	2022/23	2023/24	2024/25
PCA rates %	**2.91%**	**7.80%**	**5.68%**	**5.89%**
% points above/below ICB and England Average	3.36 percentage points below Sub ICB Location Average, 5.65 below England Average	2.54 percentage points below Sub ICB Location Average, 4.78 below England Average	5.66 percentage points below Sub ICB Location Average, 7.31 below England Average	6.72 percentage points below Sub ICB Location Average, 8 below England Average

Clinical Domain Achievement

The clinical domain registers provide an indication of the practice's effectiveness in systematically coding, monitoring, and recalling patients within key clinical groups. These registers are a fundamental measure of how well long-term condition management is embedded in practice systems and processes. Where a clinical domain register is significantly below the ICB average, the practice is asked to review and strengthen its processes to ensure appropriate identification, recording, and management of relevant patient cohorts.

In 2021/22, the practice recorded five clinical domains below the ICB average, reducing to four in 2022/23 and one in 2023/24. By 2024/25, no clinical domains were below the ICB average, representing a notable improvement in data quality, disease register accuracy, and consistency of patient management.

This outcome demonstrates that the practice has achieved a level of performance comparable to ICB benchmarks across all clinical domains, reflecting strengthened clinical governance, improved recall systems, and robust long-term condition management.

Table 11. Clinical Domain Achievement – Below CCG/ICB Average

Year	2021/22	2022/23	2023/24	2024/25
Amount below ICB Average:	**05 of 20**	**04 of 20**	**01 of 21**	**00 out of 21**
Cancer		***88.92%*** *11.56 out of 13 points: 6.94 percentage points below Sub ICB Location Average, 4.73 below England Average*		
Chronic obstructive pulmonary disease	***79.74%*** *15.15 out of 19 points: 18.47 percentage points below Sub ICB Location Average, 17.94 below England Average*			
Diabetes mellitus	***81.74%*** *62.12 out of 76 points: 5.72 percentage points below Sub ICB Location Average, 6.72 below England Average*	***79.31%*** *53.14 out of 67 points: 8.74 percentage points below Sub ICB Location Average, 8.35 below England Average*	***92.07%*** *61.69 out of 67 points: 0.51 percentage points below Sub ICB Location Average, 0.6 below England Average*	
Heart failure	***83.71%*** *34.32 out of 41 points: 12.31 percentage points below Sub ICB Location Average, 12.51 below England Average*			
Hypertension		***83.48%*** *20.87 out of 25 points: 7.15 percentage points below Sub ICB Location Average, 7.89 below England Average*		
Mental health		***85.34%*** *32.43 out of 38 points: 4.57 percentage points below Sub ICB Location Average, 5.52 below England Average*		
Secondary prevention of coronary heart disease	***83.42%*** *30.03 out of 36 points: 12.09 percentage points below Sub ICB Location Average, 12.28 below England Average*			
Stroke and transient ischaemic attack	***84.40%*** *12.66 out of 15 points: 9.78 percentage points below Sub ICB Location Average, 11.25 below England Average*			

Disease Prevalence registers

The disease prevalence registers provide an indication of systematic review of the disease registers and case finding by the practice. If the practice data shows low numbers of diagnoses, against expected prevalence rates, ICB and / or England averages, then the practice is requested to carry out a systematic review to identify new cases of disease, where health checks may not have been carried out and to ensure accurate coding to enable call/recall.

There was only one clinical indicator, non-Diabetic Hyperglycaemia, where the practice's prevalence register was recorded below the England average. The table below highlights the clinical domains in which the practice's prevalence rates have been more than 2% lower between 2021/22 and 2024/25. It may be necessary for the practice to undertake a further systematic review of its disease registers to ensure that new cases are appropriately identified.

Table 12. Disease Prevalence register rates since commencement of the contract

Clinical Domain	2021/22 % below ICB /England	2022/23 % below ICB /England	2023/24 % below ICB / England	2024/25 % below ICB / England
Non-Diabetic Hyperglycaemia			**6.13%**	**6.61%**
			2.04 % below England average	2.58% below England average

2.7.3 Screening, Vaccination and Immunisation

Practices are required to deliver National Screening and Immunisation Programmes, which include Breast, Bowel and Cervical screening. Flu, Pneumococcal and Childhood vaccination and Immunisation programmes.

Breast and Bowel screening is managed nationally in terms of patient invites, but practices are required to identify and contact patients who do not attend and/ or who cancel their screening appointments. Practices are also required to support public health promotion of screening to encourage patients to continue to attend the screening invites.

Practice coverage (i.e. number of patients screened and immunised) is measured against the ICB average and National targets. Practice coverage can be affected by a range of factors e.g. patient hesitancy, patients declining or failing to attend. For the financial years 20/21 and 21/22 primary care was impacted by the Covid-19 pandemic.

Screening –Staunton Group Practice coverage compared to the ICB average.

The table below provides the practice's coverage for four financial years compared against the ICB average (all NCL practices) where available. The figures highlighted in green are Staunton Group Practice's percentage coverage above the ICB averages where available. Data for 24/25 is not yet been validated with the practice.

Table 13. Staunton Group Practice Cancer Screening coverage compared to the ICB average

KPI (national target in brackets)	2021/22	2022/23	2023/24	2024/25	% Change 2021 and 2024
Cervical cancer screening (80%)	69.00%	69.00%	71.00%	74.00%	**5.00%**
NCL ICB Average	61.80%	60.98%	62.15%	62.24%	0.44%
Bowel cancer screening (60%)	59.00%	59.40%	58.20%	61.20%	**2.20%**
NCL ICB Average	59.10%	60.85%	60.32%	62.34%	3.24%
Breast cancer screening (75%)	34.20%	49.40%	51.30%	61.20%	**27.00%**
NCL ICB Average	51.50%	49.06%	54.33%	58.34%	6.84%

In summary:

Cervical Screening: Coverage has consistently remained above the ICB average since contract commencement, with a 5% overall increase achieved during this period. The practice remains slightly below the national target by approximately 6%.

Bowel Screening: Coverage was above the ICB average in Year 1 and surpassed the national target in Year 4. In Years 2 and 3, performance remained only marginally below the ICB average (by around 1%). Overall, there has been a 2.2% increase in coverage since contract commencement.

Breast Screening: The practice has been above the ICB average for two years since contract commencement and demonstrating steady year-on-year improvement. Coverage has increased significantly by 27% over the contract term.

The practice has shown sustained improvement across all cancer screening programmes, achieving the ICB target for all three screening areas in Year 4 and meeting the national target for Bowel Cancer Screening in the same period. Continued progress is anticipated through ongoing targeted recall processes and enhanced patient engagement initiatives.

Further improvement is, however, required to meet national targets for Cervical and Breast Screening coverage.

The practice has outlined the following actions in its improvement plan to address the challenges encountered in delivering screening programmes:

- Screening uptake is monitored monthly at the Practice Planned Care Meeting and discussed regularly at Clinical Meetings to review uptake rates, new guidance, and patient engagement approaches.
- A new EMIS pop-up alert is being introduced to notify staff when patients are overdue for bowel screening, with supporting advice on how to raise the topic. An accompanying AccuRx template, based on evidence to improve uptake, is sent to patients and includes a link to request a replacement kit.
- All DNA bowel screening results are reviewed by a clinician the same day, with patients contacted via SMS, email, or letter to provide advice and instructions for requesting a new kit.
- The practice website includes a dedicated Bowel and Breast Screening information page, available in multiple languages.
- Posters and digital infographics in the waiting area promote awareness and encourage participation in screening programmes.
- The clinical lead has liaised with local Breast Screening services, resulting in the introduction of direct booking options. The care coordinator/administrator assists patients with booking and provides appointment information and support where needed.
- In April 2025, the practice conducted a demographic analysis of women not up to date with breast screening to identify barriers such as language needs, mental health conditions, or learning difficulties, and to plan targeted support.

The practice would also be required to work with the Primary Care Network and any other local programmes to support increased health promotion for screening to the resident population.

Immunisation and Vaccination –Staunton Group Practice coverage compared to the ICB average

The table below provides the practice's coverage for four financial years compared against the ICB average (all NCL practices). The figures highlighted in green are Staunton Group Practice's percentage coverage above the ICB averages where available and those highlighted in amber are the practices percentage coverage below the ICB average. (24/25 data has not been validated with the practice yet)

Table 14. Staunton Group Practice Immunisation and Vaccination coverage compared to the ICB average

KPI (national target in brackets)	2021/22	2022/23	2023/24	2024/25	% Change 2021-2024
Childhood immunisations 2 year old (95%)	78.10%	81.20%	81.80%	87.00%	**8.90%**
NCL ICB Average	82.81%	83.91%	83.68%	82.44%	-0.37%
Childhood immunisations 5 year old (95%)	77.00%	70.00%	68.00%	87.10%	**10.10%**
NCL ICB Average	92.10%	89.73%	89.12%	74.07%	-18.03%
Over 65s Flu (75%)	46.00%	48.00%	53.50%	52.00%	**6.00%**
NCL ICB Average	55.30%	63.20%	60.40%	57.75%	2.45%
Under 65s at risk (75%)	26.00%	27.60%	24.80%	26.90%	**0.90%**
NCL ICB Average	32.50%	37.50%	30.75%	31.38%	-1.12%
Pneumococcal (75%)	53.80%	53.00%	58.00%	62.70%	**8.90%**
NCL ICB Average	64.99%	**No data**	44.85%	65.68%	0.69%

In Summary:

- Childhood Immunisation, 2-Year-olds: Slightly below (2%) the ICB average for the first 3 years, however achievement has improved and is above the ICB average in year 4 with an increase of 8.90% in coverage since contract commencement, the ICB average has declined slightly (-0.37%) over the same period.
- Childhood Immunisation, 5 years old: Coverage remained below the ICB average for the first 3 years, however achievement has improved and is above the ICB average in year 4 with an increase of 10.10% in coverage since contract commencement, the ICB average has declined by (-18.03%) over the same period.

- Flu 65+: Coverage has remained slightly below (5%) the ICB average since commencement of the contract. However there has been a 6.00% increase in coverage since contract commencement, the ICB average has also increased (2.45%) over the same period.

- Flu under 65 at risk: Coverage has remained slightly below (4%) the ICB average since commencement of the contract; however there has been a slight increase of 0.90% in coverage

since contract commencement, there has been a slight decrease in ICB average (-1.12) over the same period.

- Pneumococcal 65+: Below ICB average for 2 year and above for 1 year; ICB average data was not available for 1 year. The practice achievement has seen a year-on-year increase since the contract commencement and there has been an 8.20% increase in coverage.

The practice has outlined the following current and planned actions in its improvement plan to address challenges within the immunisation and vaccination programmes:

- A dedicated Child & Women's Health Administrator has been appointed to work closely with the nursing team and the practices clinical lead, to coordinate the structured booking of baby and child immunisation clinics. The administrator completed NCL training on vaccination booking and promotion in February 2025.
- Weekly baby clinics are held with the clinical lead, alongside a concurrent child immunisation clinic run by the practice nurse. Appointments are coordinated to enable mothers and babies to attend the 6–8-week GP check and immunisation appointment within the same visit. The nurse also books the next immunisation appointment during the consultation. Daily immunisation clinic time is available in addition to the weekly session.
- The Child & Women's Health Administrator contacts all patients with scheduled immunisation appointments each morning to confirm attendance and reduce DNAs. Any cancellations are followed up promptly with the nurse to rebook appointments.
- A dedicated immunisation booking line will be implemented to connect patients directly with the Child & Women's Health Administrator, improving accessibility and ease of booking.
- Display boards and educational video screens in key community languages have been introduced in waiting areas to reinforce vaccination messages. Initial recall begins one month prior to age eligibility.
- A GP Partner and Fellow of the British Computer Society has developed an AI Avatar tool, which delivers information on the benefits of vaccination in the patient's native language. The tool is based on research into vaccine hesitancy within local communities.
- The practice Clinical Leads have met with ICB Immunisation Leads and engaged with the local federation, which provides additional recall support for childhood immunisations.
- DNA immunisation appointments are reviewed by the nursing team, with repeated non-attendance escalated to the practices clinical lead for immunisations and the Health Visiting team, including safeguarding input where required.
- The practice has engaged with local community services linked to key demographic groups with lower uptake, to understand barriers and identify effective approaches to improve engagement.
- The Practice Nurses have developed an immunisation script for the Reception and Administrative Teams to support opportunistic conversations with parents and promote vaccination confidence.

Further improvements are required for all Immunisation and Vaccination areas (Flu, Pneumococcal, 2 and 5 years) to achieve the National Target. The practice would also be required to work with the Primary

Care Network of practices and any other local programmes to support the increased health promotion for immunisation and vaccination to the resident population. Commissioners have also encouraged the practice to work with ICB's immunisation team for further support in these areas and to use the resources and guidance available on the NCL ICB's General Practice Website particularly around call/recall and early years immunisation

2.7.4 Staunton Group Practice Key Performance Indicators (KPIs) achievement:

The APMS contract recognises that practice performance may fall below KPI targets therefore, KPI thresholds are included to allow lower thresholds to be established in the early years of the Contract. These are increased each year until the London Standard Thresholds are reached. Where the practice initial (baseline) performance is > 5% lower than the London Standard Threshold for that KPI, a stepped approach is applied. All KPIs are measured aganist the National targets (below), except for the patient voice indicators. The National Targets are Bowel (60%), Breast (75%) and Cervical Screening (80%). Childhood (95%), Flu and Pneumococcal Immunisations (75%). GP and Nursing appointments are measured against 72 GP and 32 Nursing appointments per 1000 patients / week. Patient voice indicators are measured against the National GP survey averages.

Practices receive an aspiration payment at band B and a top-up payment at band A, when achieved; where achievement is below band B, a claw back is applied for under performance. The bandings are below:

- Band A - Optimal achievement
- Band B - Acceptable achievement
- Bands C and D - Below acceptable achievement, which triggers an aspiration clawback for payments reimbursed at Band B.

The table below outlines the practice's KPI performance since contract commencement and summaried below:

- **Year 1 (21/22) :** The practice achieved optimal and acceptable performance in 6 out of the 13 KPIs
- **Year 2 (22/23):** The practice achieved optimal and acceptable performance again in 6 out of the 13 KPIs
- **Year 3 (23/24):** Performance fell below the acceptable KPI threshold in 10 out of 13 KPIs.
- **Year 4 (24/25):** The practice achieved optimal and acceptable performance in 5 out of 13 KPIs (achievment to be validated with the practice)

Performance has improved in year 4 with optiaml achievment (Band A) in Bowl Screening, 5 years olds childhood Immunistion and Pneumococcal Imms 65+ , acceptable achievment (Band B) in Cervical Screening , 2 years olds Childhood Immunisations. GP and Nurse consulations have improved slightly from a Band D in Year 3 to Band C for both indicators in Year 4.

As per the KPI submissions for Quarters 1 and 2 of the 2025/26 financial year, the practice has maintained Band B (Acceptable Performance) in Bowel and Cervical Screening, and has improved performance in 2-year-old Childhood Immunisations to Band B (Acceptable Performance). The practice has also sustained Band A (Optimal Achievement) in Pneumococcal Immunisations. Early indications from the Year 5-Q1 and Q2 KPI submissions also suggest that the practice is currently performing at Band B (acceptable achievement) for GP and Nurse appointments. Year 5 – Q1 & Q2, data represent the practice's submitted figures and are yet to be benchmarked.

Table 15. Staunton Group Practice Key Performance Indicators (KPIs) achievement

							achievement to be validated with the practice	
Key Performance Indicator (KPI)	**Yr 1 - 21/22 Practice KPI Achievement**		**Yr 2 - 22/23 Practice KPI Achievement**		**Yr 3 - 23/24 Practice KPI Achievement**		**Yr 4 - 24/25 Practice KPI Achievement**	
Bowel Cancer Screening	59.0%	Band B	59.40%	Band B	58.20%	Band B	61.20%	Band A
Breast Screening	34.2%	Band D	49.40%	Band D	51.30%	Band D	61.20%	Band D
Cervical Screening	69.0%	Band A	69.00%	Band B	71.00%	Band D	74.00%	Band B
2 years olds Childhood Imms	78.1%	Band D	81.20%	Band B	81.80%	Band B	87.00%	Band B
5 years olds childhood Imms	77.0%	Band A	70.00%	Band A	68.00%	Band D	87.10%	Band A
Flu Imms 65+	46.0%	Band D	48.00%	Band D	53.50%	Band D	52.00%	Band D
Flu Imms under 65 at risk	26.0%	Band D	27.60%	Band D	24.80%	Band D	26.90%	Band D
Pneumococcal Imms 65+	53.8%	Band A	53.00%	Band A	58.00%	Band A	62.70%	Band A
No. of GP Consultations	84.10%	Band A	77.00%	Band B	70.00%	Band D	72.00%	Band C
No. of Nurses/HCA Consultations	87.00%	Band A	57.00%	Band D	50.00%	Band D	66.00%	Band C
Patient Voice (Overall Experience)	46.90%	Band D	58.10%	Band D	64.00%	Band D	72.00%	Band D
Patient Voice (Receptionists)	61.75%	Band D	69.40%	Band D	80.00%	Band C	74.30%	Band D
Patient Voice (Telephone)	23.78%	Band D	26.60%	Band D	37.00%	Band D	43.60%	Band D

KEY	
Optimal Threshold	**Band A**
Acceptable Threshold	**Band B**
Below acceptable achievement	**Band C**
Below acceptable achievement	**Band D**

For Screening and Immunisation, it is recognised that the NCL ICB average (all NCL practices) in general are slightly lower than the National targets, therefore both should be compared when identifying where further targeted improvements are required.

Based on Year 4 practice data and Year 5 Quarter 1 and 2 data, the practice's KPI performance demonstrates improvement. However, Breast Screening, Flu vaccinations and Patient Voice indicators remains below target and will continue to be key areas of focus. Ongoing efforts will also be directed towards sustaining and further enhancing performance across all other indicators.

2.8 Feedback from patients and stakeholders

The table below sets out the feedback from patients about the service from various sources including patient surveys, online reviews, informal feedback and from the Patient Participation Group (PPG).

During the term of this contract, we have received feedback from patient groups and representatives.

The Primary Care Team have not received any complaints about the practice during the duration of the contract.

The practice currently holds 2.7 out of a 5-star rating based on 172 google reviews. However, some date back to before the commencement of the contract with Hurley Group. The recurring themes in recent reviews include:

- **Clinical / medical staff often praised**
  When patients get to see a doctor or nurse, many describe positive, caring, empathetic treatment. Staff who listen tend to get good feedback. This suggests the clinical side is generally viewed favourably.
- **Administration & reception received negative comments**

Many negative comments centre on the front desk: rude or unhelpful reception staff, difficulty on the phone, booking issues. This seems to be one of the biggest areas of dissatisfaction.

- **Service delays / waiting times**
  Some reviews say patients are kept waiting, sometimes long delays in appointments, or difficulties getting through to make one. This affects satisfaction.

With an average around 2.7 out of 5 and many low-rating reviews, but also a number of very positive ones, the picture is quite mixed.

Comparison of National GP Patient Survery form 2021 to 2024

Comparison of the national patient survey results has been carried out to assess the changes since contract commencement. The practice results highlighted in red indicate achievement below ICB averages; in July 2025 achievement in all 9 comparable indicators were below the local average in comparison to July 2024 where there were 5 indicators below the local average. GP Patient Survey results have shown a decline in patient satisfaction in all but 2 indicators in July 2025 compared with July 2024 results.

It should be highlighted that there have been a number of changes to the questionnaire since 2024. Where we can provide comparators, these have been included in the table below.

Areas of satisfaction were highest in the following areas in July 2025:

- Confidence and trust in the healthcare professional saw and spoke to at 86 %, however below the ICB average 92%. The practice's achievement has declined in this indicator over July 2024 results where the practice achieved 92% and was above the ICB average of 91%
- Patients were involved in the decisions about their care and treatment at 85%, however again below the ICB average 90%
- Patients' needs were met at 81%, below the ICB average of 88%

Areas of satisfaction were lowest in the following areas in July 2025:

- Ease to get through to the GP practice by phone at 44% (ICB average 55%) the practices achievement has been below the ICB average since the start of the contract, however achievement in July 2025 has seen a slight improvement over the previous year.
- Overall experience in making an appointment at 60% (ICB average 69%) the practice achievement has been below the ICB average since the start of the contract and there has also been a slight decline in achievement in July 2025 compared with July 2024
- Overall experience with the practice at 72% (ICB average 73%) in July 2025, the practices achievement has been below the ICB average since the start of the contract, however achievement in July 2025 has seen an improvement over the previous year.

Table 16 – National GP Patient Survey since contract commencement 2021 – 2025

	July 21 Survey	ICB		July 22 Survey	ICB		July 23 Survey	ICB	
No. of Surveys sent out	502	90409		598	90189		511	98586	
No. of Surveys sent back	110	22995		139	19079		105	21034	
Completion rate	22%	25%		23%	21%		21%	21%	
Survey question themes									
Access to the Practice			Annual Change			Annual Change			Annual Change
Overall experience in making an appointment	61%	69%	Increase	30%	54%	Decrease	40%	53%	Increase
Ease to get through to the GP practice by phone	57%	68%	Increase	24%	55%	Decrease	27%	52%	Increase
The receptionist at the GP practice being helpful	78%	86%	Increase	62%	78%	Decrease	69%	78%	Increase
Satisfaction with the GP appointment times available*	59%	66%	Increase	35%	55%	Decrease	45%	54%	Increase
Being offered a choice of appointments when they last tried to make a GP appointment	68%	68%	Increase	36%	59%	Decrease	30%	62%	Decrease
Satisfaction with the appointment offered	77%	79%	Increase	56%	68%	Decrease	67%	68%	Increase
Appointment Experience									
Overall experience with the practice	75%	81%	Increase	47%	70%	Decrease	58%	69%	Increase
Health care professional was good at giving patients enough time**	86%	86%	Increase	68%	81%	Decrease	68%	81%	No change
Health care professional was good at listening to patients**	90%	88%	Increase	71%	83%	Decrease	74%	83%	Increase
Health care professional was good at treating the patient with care and concern**	92%	86%	Increase	71%	81%	Decrease	64%	81%	Decrease
Patients were involved in the decisions about their care and treatment**	92%	91%	Increase	81%	88%	Decrease	83%	88%	Increase
Confidence and trust in the healthcare professional saw and spoke to**	97%	94%	Increase	78%	91%	Decrease	80%	92%	Increase
Patients' needs were met	94%	93%	Increase	74%	89%	Decrease	76%	89%	Increase

	July 24 Survey	ICB		July 25 Survey	ICB	
No. of Surveys sent out	565	93655		610	99710	
No. of Surveys sent back	97	18757		102	18666	
Completion rate	17%	20%		17%	19%	
Survey question themes						
Access to the Practice			Annual Change			Annual Change
Overall experience in making an appointment	62%	67%	Increase	60%	69%	Decrease
Ease to get through to the GP practice by phone	37%	52%	Increase	44%	55%	Increase
The receptionist at the GP practice being helpful	80%	79%	Increase	74%	80%	Decrease
Satisfaction with the GP appointment times available*	Question no longer available on National Patient Survey		N/A	Question no longer available on National Patient Survey		N/A
Being offered a choice of appointments when they last tried to make a GP appointment	Question no longer available on National Patient Survey		N/A	Question no longer available on National Patient Survey		N/A
Satisfaction with the appointment offered	Question no longer available on National Patient Survey		N/A	Question no longer available on National Patient Survey		N/A
Appointment Experience						
Overall experience with the practice	64%	72%	Increase	72%	73%	Increase
Health care professional was good at giving patients enough time**	Question no longer available on National Patient Survey		N/A	Question no longer available on National Patient Survey		N/A
Health care professional was good at listening to patients**	83%	84%	Increase	78%	85%	Decrease
Health care professional was good at treating the patient with care and concern**	81%	83%	Increase	78%	84%	Decrease
Patients were involved in the decisions about their care and treatment**	92%	90%	Increase	85%	90%	Decrease
Confidence and trust in the healthcare professional saw and spoke to**	95%	91%	Increase	86%	92%	Decrease
Patients' needs were met	94%	88%	Increase	81%	88%	Decrease

2015-17 Convenience of appointment offered
****2015-17 GP instead of healthcare professional***
^ 2024 – Overall, how would you describe your experience of contacting your GP practice on this occasion?

ICB Led Local Patient Survey

The ICB wrote to all patients 16 and over to seek their views on the services provided by the practice. The survey was open for four weeks between 01 September 2025 to 29 September 2025 and was available online with paper copies in the practice.

There was a total of 568 surveys completed (4.82 % response rate), 526 online and 42 paper surveys were completed. The outcome of the online survey is appended to this report, and a summary of the results is set out below. It should be noted that the response rate from the National GP patient survey results was 17%.

The ICB survey results have shown a higher level of satisfaction with the ease of getting through to the practice on the phone (50%), satisfaction with the helpfulness of the receptionists (77%), healthcare professional was good at listening to the patient and giving the patient enough time at their last appointment both at 81%. Also, a high level 82.00% of respondents stating satisfaction with receiving communication by text or letter.

Although communication was good by the practice via text and letters, a high proportion of patients did not receive minutes from PPG meetings (88%). There was also a high proportion (88%) of respondents who said they had not received the practice newsletter. However, it should be noted that the practice does publish their PPG meeting notes on their website and regularly update their 'News' section on the practice website.

Further work is required to enhance patient satisfaction in specific areas, including for urgent needs, receiving an appointment at the GP practice on the same or next day, and the ability to secure face-to-face appointments.

Table 17: ICB led survey result (September 2025) summary table

Most satisfied	**% response**	**Least satisfied**	**% response**
Helpfulness of the Receptionist	77%	Ease of booking appointments at the GP practice	52%
Practice opening times	77%	Ease of receiving an appointment at GP practice within two weeks	56%
General practice appointment times that are available	54%	Ease of getting a face-to-face appointment	55%
Satisfaction with the length of time they waited for the appointment to take place	71%	For urgent needs, receiving an appointment at the GP practice on the same or next day	64%
Satisfaction with the appointment(s) offered	72%	Awareness of evening and weekend GP appointments	70%
How good was the healthcare professional at each of the below:		Have enough information about NHS Services: GP Hub	45%
Giving you enough time at your last appointment	81%	Receiving a newsletter from their GP practice	88%
Listening to you	81%	Receiving minutes from meetings of the Patient Participation Group	88%

Treating you with care and concern	80%	
Involving you in decisions about your care	75%	
Trust and confidence in the decision	74%	
Ensuring your needs were met	76%	
Receiving communication by text or letter	82%	
Overall experience of the practice	65%	

Patient Participation Group (PPG)

Under the terms of the primary care contract, all practices are required to have a PPG, who should regularly meet with an agreed agenda to discuss the delivery of services at the practice. The information discussed should be published on the practice website for other patients to view, if not a member of the group.

The minutes of meetings held since commencement of the contract were shared with the ICB upon request.

In 20201, one PPG meeting was held in November , attended by both practice staff and patients, and charied by a PPG member. Hurley Group took over the contract in Novmeber 2021.

In 2022, seven PPG meeting was held in January, March, April, July, September, October and December. Each meeting was attended by both practice staff and patients, and charied by a PPG member.

In 2023, five PPG meetings were held in January, March, May, September and October with attendance from both staff and patients and charied by a PPG member.

In 2024, five PPG meetings were held in February, April, July, September and November with attendance from both staff and patients and charied by a PPG member.

In 2025, four PPG meetings were held in January, April, July and September with attendance from both staff and patients and charied by a PPG member.

Table 18 – Staunton Group Practice PPG meeting information

2021	2022	2023	2024	2025
1 meetings held : 15th November	7 meetings held: 25 January 16 March 28 April 5 July 7 September 19 October	5 meetings held: 24 January 15 March 17 May 27 September 25 October	5 meetings held: 21 February 24 April 10 July 11 September 20 November	4 meetings held: 29 January 23 April 16 July 10 September

	7 December			

There is evidence that the group meets regularly, latest minutes of meetings held are uploaded onto the the practice website and minutes from previous meetings can be obtained by submitting a requeset via the practice e-mail. Discussions include responses to patients' representative queries, appointments booking system, telephone times, digital tools and other access elements patient survey results and other information.

In Conclusion

Hurley Group has continued to engage with the ICB and comply with the contract monitoring process. While a decline in some performance areas was observed in Year 2 (22/23) & Year 3 (23/24) compared with performance in Year 1 (21/22), there has been improvements in Year 4 (24/25) and early indications from the practices KPI submissions for Q1 & Q2 in Year 5 also show improvement in performance, although Year 5 (Q1 &Q2) data is yet to be benchmarked.

- **List size** - List has declined approximately 10% since APMS contract commencement. Planned premises redevelopment in 2026 and improved appointment access are expected to help stabilise and grow the list.

- **Workforce** – Ful time equivalent staff were below APMS KPI target for GP and Nursing up to 24/25, with recruitment this has improved in 25/26

- **GPAD booked appointments** – There were no concerns the practice was above the ICB average for the majority of appointment types

- **NWRS (workforce FTE)-** There were no relative concerns, the practice was only slightly below ICB and National averages

- **CQC** – The practice is rated Overall Requires improvement, but this is an old rating in 2022.

- **QOF (LTC registers**) – There are no concerns identified for prevalence, clinical domains, PCA rates, which provides some evidence of active recall and follow up of patients

- **Screening** – Brest screening requires improvement although a significant increase in coverage in 2024.25; other screening areas show low concern; coverage was either slightly below or comparable to the ICB average and National target

- **Vaccination and Immunisations** –Flu Immunisation requires improvement, all other immunisations show low concern, coverage was either slightly below or comparable to ICB average and National target

- **Patient views** – review of systems for access booking appointments, face to face and urgent appointments, contact with the reception staff etc

The APMS contract is due to expire on 31 October 2026; committee members may make a decision based on the following three options:

Option 1: Provider Selection Regime Contract Modification Contract Modification (contact extension for 5 years)
Option 2: Procure a new contract

As the **recommendation to committee is option 1,** Committee is asked to approve a 5-year extension with the recommendation that a condition of Performance Improvement is applied. If performance deteriorates during this period, the case will be referred to PCC.

Staunton Group Practice Representation to NCL ICB

Staunton Group Practice (SGP) is an' inner-London' healthcare provider serving a culturally diverse population of 11,700 patients. The contract is held by the Hurley Clinic Partnership. At SGP, the practice team focuses on improving access, workforce development, increasing clinical performance (specifically long-term condition management), using innovative tools, increasing patient and staff satisfaction, and community engagement. We are proud of the following achievements since November 2021:

- **Communication and accessibility –** As more than 20% of our patients do not speak English and a further 43% do not have English as their first language the practice now employs multilingual staff to improve communication and engagement. SGP is open between 8am and 6.30pm Monday – Friday and 9am – 1pm on Saturdays; eConsultations can be submitted 24 hours a day. SGP is registered as a 'SafeSurgery' and 'Veteran Friendly' Practice.
- **Workforce and training –** In 2023, we achieved GP Training Practice status supporting GP trainees and encouraging professional development for clinical and non-clinical staff. Our clinical team currently comprises three GP Partners, three salaried GPs, nurses, clinical pharmacists, physician assistants and we host PCN ARRS staff such as a 'first contact' physiotherapist, social prescribers and a care coordinator.
- **Long-term condition management -** The practice achieved 99.17% in QOF clinical indicators for 2024/25 with a low personalised care adjustment rate of 5.89% which is better than NCL, and significantly better than the Haringey average.
- **KPIs –** On a self-reported basis SGP met most APMS clinical KPIs at Band B and C except for breast screening and flu vaccination. The non-clinical KPI relating to appointments provided by GP or NP is improving and has been subject to discussion with the ICB.
- **Breast screening –** Breast screening uptake recorded at the practice was 10% when we took over; this is now 62%. Our social prescriber has built links with the local breast screening team, and we can now book patient appointments directly. There are also ongoing discussions about identifying a more local site for patients to attend as currently they are some distance away. This would benefit other local practices too.
- **Vaccination initiatives -** SGP run targeted vaccination campaigns including dedicated baby clinics, walk-in flu clinics, and multilingual informational boards. Despite challenges with vaccinations hesitancy coverage has improved notably, reaching 85% for 2-year-old immunisations and 62% for pneumococcal vaccines. In 2025/26 we are particularly aiming to increase the flu vaccination rate having achieved 4% below the Haringey average for over 65 year olds, in 2024-25.
- **Quality and CQC rating -** SGP holds a 'Requires Improvement' rating (Safe, Caring and Responsive were all Good) from a September 2022 inspection initiated following award of the Contract in November 2021. The issues raised were remedied or mitigated (in respect of the premises), and the ICB's requests for updates were promptly met. We fully expect an inspection taking place now to result in a "Good" rating in line with our other recent practice ratings.
- **Innovation and digital access -** SGP pilots new technologies such as external translation services for major patient languages, AI scribes and automated processes to enhance care. A recent development was the creation of an Avatar where the lead GP sets out the benefits of childhood immunisations in different languages – an example is included here: (Final with captions.mp4). The practice promotes digital tools such as

the NHS App and eConsult, increasing digital engagement at the practice by 166% since we took over the contract.

- **Patient satisfaction -** The practice consistently receives high Friends and Family Test outcomes with scores of 'good or very good' between 93%-95%. The Patient Participation Group meets bi-monthly, and the minutes are published on our website.
- **Staff satisfaction and wellbeing** is supported via regular meetings, protected learning time, feedback channels e.g. newsletters, and established line management arrangements. We regularly conduct staff surveys within the practice to monitor progress and hold regular staff social events such as our summer barbeque.
- **Premises** – We have invested a lot of time and energy in supporting the development of a £1m+ building renovation project, funded by the NHS and practice landlord, due to start in early 2026. This will address long-standing patient, and staff concerns about the building's condition. The project was originally planned for 2022 but increased financial borrowing and building costs stalled progress. It is anticipated that when completed this will result in an increase in the list size.
- **Community wellbeing -** The practice supports community health through social prescribing programs, educational sessions targeting specific groups, and collaboration with local services for mental health and palliative care. A very popular initiative is the weekly walking group for isolated patients led by our social prescriber.
- **Social Value –** We recruit locally, offer apprenticeships to young people from the local area and have recruited team members fluent in languages commonly spoken by our patient population, such as Turkish, Greek, Albanian, Bengali, and Arabic. We have implemented a Green Plan to improve sustainability, and the Hurley Group has recently achieved carbon neutral status.

Workforce

The staff at SGP are supported by our internal Human Resources (HR) department, our Training Manager, and we offer a comprehensive, external, Employee Assistance Programme.

Our clinical team is supported by a Practice Manager, reception supervisor, administrators, receptionists, a social prescriber and a care coordinator

We are committed to the wellbeing of our team. We host regular clinical and admin meetings and have whole-practice meetings at PLTs. We have supportive line management processes, provide training and development opportunities and welcome feedback from staff through regular staff surveys.,

Training

In addition to the 2 current GP trainers, 2 more are working towards their GP Trainer accreditation. The practice host ST2 and ST3 GP trainees as well as supervising a GP on the Return to Practice Scheme. We have an active learning culture encouraging staff to share their knowledge with the rest of the team. Recently, one of our Clinical Leads hosted a lifestyle medicine teaching session, and we held a joint asthma teaching session by a GP and Clinical Pharmacist.

Both our clinical pharmacists achieved their independent prescribing qualifications while with us, and our practice nurse completed her non-medical prescribing course. Our Child and Women's Health Administrator completed formal training on approaching challenging conversations with vaccination hesitant parents. Six members of our admin team have been enrolled in the PMA Customer Skills qualification program concluding in December 2025.

Long term condition management

Currently, more than 2000 of our registered patients have more than one long term condition; 10% are diabetic and 14% have hypertension. We have robust processes led by a GP Partner and our Care Coordinator, that align with the LTC Locally Commissioned Service in NCL, yet extend to cover all chronic conditions

In 2024/25 we achieved 99.17% in QOF clinical indicators alongside an overall achievement of 90.09%. Notably, our personalised care adjustments (PCA) rate stands at just 5.89%; the second lowest in Haringey and one of the lowest in NCL overall, with NCL's average PCA rate being 12.61%. These figures demonstrate that SGP has achieved clinical outcomes without relying on PCAs as a substitute for delivering care.

Key Performance Indicators

It is relevant to note that between November 2018 and November 2021 the caretaking practice was not required to report against any KPIs, and prior to this the practice was in special measures, so there were no processes in place for reporting KPIs. In addition, the unusual start date of the contract, 1 November 2021 has led to a statement from the ICB that the first year of our performance report runs from 1 November 2021 to 31 March 2022 which means that the data in the performance report only covers the first two and a half years rather than four completed years as would usually be the case at this time.

The practice team has worked extremely hard to achieve the APMS KPIs, and we self-reported Band B and C achievements for all clinical KPIs other than breast screening and flu immunisations in 2024-25. However, we are currently actively working with the ICB as the use of the stepped approach set out in the contract, intended to help practices, along with failure to communicate the actual methodology that was going to be implemented to the practice in a timely fashion, has had a negative impact on the practice's KPI achievements and masked some of the improvements that have been achieved.

Our self-assessed achievements against the KPIs for the period of the contract are shown below.

KPI	2021-22	2022-23	2023-24	2024-25	Q2 2025-26
1	53%	55%	51%	55%	57%
2	17.5%	46%	50%	55%	62%
3	69%	69%	71%	74%	73%
4	71.5%	71%	70%	70%	85%
5	77%	70%	59%	71%	71%
6	46%	48%	53%	51%	
7	26%	26%	24%	25%	
8	53%	53%	58%	62%	62%
9	73.6	75.8	58.9	65.4	72.8
10	18.9	20.8	21.2	25.3	26.5

Indicators

Band A
Band B

Band C
Band D

1 Bowel Screening
2 Breast Screening
3 Cervical Screening (all eligible)
4 Childhood Imms Part 1: 2-3 years
5 Childhood Imms Part 2: 5-6 years
6 Flu immunisation 65+
7 Flu immunisation under 65 at risk
8 Pneumococcal immunisation 65+
9 Consultations provided by a GP or NP or other approved clinician – 72 per 1000 per week
10 Consultations provided by a Nurse or HCA – 25 per 1000 per week.

The practice already has actions plans in place for all indicators which have been shared with the ICB as we work towards all indicators achieving Band A or B in 2025/26.

There have also been long discussions with the ICB about the non-clinical KPI relating to provision of appointments by GP, NP, or other approved clinicians. Despite our requests that other clinicians be approved, this was not progressed; we were just advised that it wouldn't be allowed. This resulted in our ceasing the offer of 15-minute appointments which we had introduced because of the complexity of many patients to contribute towards achieving the KPI, which in our eyes was a backward step. The financial cost associated with delivering the GP / NP KPI without the inclusion of other approved clinicians is prohibitive compared to the financial value associated with achieving the KPI. This is further exaggerated by the fact that the list size and therefore income, has continued to drop linked to the issuing of surveys that promote list cleansing (such as in preparation for this review), our proactive approach to maintaining clean lists and the current state of the premises.

Our clinical team provide over 5000 appointments monthly (434 per 1000 average) and more than 60% of these are booked with a GP.

Vaccination and screening initiatives

To encourage primary immunisation, we run dedicated weekly baby clinics with our lead GP and lead nurse, host regular vaccination clinics and provide support and guidance for hesitant parents.

We offer a dedicated phone line for cytology and immunisations that connects patients directly to our Child and Women's Health Administrator for appointments and information. We have dedicated boards around the practice in different languages about immunisations (including Turkish and Bulgarian) and run initiatives such as walk-in flu clinics.

We engage closely with the local bowel and breast screening teams, and our care coordinator actively books patients into breast screening appointments.

Quality and CQC rating

We currently hold a 'Requires Improvement' CQC rating from a September 2022 inspection. (Safe, Caring and Responsive were Good; Effective and Well-Led were Requires Improvement). Prior to this, in 2017, the practice was put into special measures and in 2018 registration was suspended. The CQC didn't carry out any further inspections until September 2022. The CQC acknowledges that a repeat visit should have been undertaken within the following six months

but despite repeated requests from the practice the response has been that the CQC ‘do not consider there is sufficient risk to prioritise SGP’.

Innovation

Dr Ross Dyer-Smith, one of the Partners at SGP, is a trained Digital Clinical Safety Officer which enables us to access, test, and use new technology to improve patient services. Recently we introduced a new translation service following feedback from patients about their experience of interpreters at the surgery. The new service provides translation services in Turkish, Spanish, Arabic, Portuguese and Russian, and has an average connection time to a translator of just 8 seconds. As our practice has such a large Turkish population, this has received significant positive feedback from patients, clinicians and clinics run more smoothly.

We are keen to use new technology to enable patients to use digital tools to support their care and wellbeing. In 2022, we were among the first to give prospective access to medical records to patients. We use and promote eConsult as a digital access tool and have increased monthly use of eConsultations within the practice by 166% since taking over the practice.

Services for those digitally excluded

Our ‘Consider Alternative Pathway’ (CAP) process uses a EMIS alert system to inform receptionists and clinicians to specifically offer alternative access to those who may be digitally excluded or require “Open Access” e.g., non-English speakers, people who are blind, babies aged under 6 months, people receiving palliative care and patients who self-identify as unable to use digital options.

Once identified, patients have access to dedicated reserved appointments. The number of reserved CAP appointments is calculated for the practice based on the number of CAP patients who require offline access, as not all CAP patients choose offline options.

We have engaged with the Digital Change Facilitation Team at NHS England who have helped us to host Digital Inclusion and Awareness Events within the practice. Our next awareness day is 11 December 2025.

Patient Satisfaction

Our team strives to deliver an excellent experience for patients. In our 2025 National Patient Survey 72% of respondents rated their experience as good, close to the ICB average of 73%.

Premises

The most common area of negative feedback we receive from both patients and staff is related to the dilapidated condition of the premises. We have invested a significant amount of money in repairs and upgrades since 2021 whilst working with the ICB and landlords to find a solution for the stalled 2022 building project. Over the past few weeks, agreement appears to have been reached, and the project is due to start in January 2026 with completion in about a year’s time. As we will continue to operate during the work it will probably challenge staff and patients, but we hope the end-product will be well worth the disruption.

Social Value

We run several initiatives in recognition of our community's complex needs aimed at increasing awareness and improving population health outcomes. Our social prescriber, supported by our clinical team, has implemented various community projects. These include:

- A joint initiative with one of our lead GPs offering social prescribing as part of annual reviews for patients with learning disabilities
- A programme proactively contacting carers to offer support, promote health checks and flu vaccinations

Our social prescriber conducted a joint educational session for our local Turkish community with our Turkish-speaking Physician's Assistant and lead GP on diabetes, which was also attended by a Diabetes UK professional and a local Turkish women's group to specifically target a group we have historically found challenging to engage in routine monitoring. The outcomes were positive, and there are plans being arranged for similar future sessions around vaccinations.

Joint working

We have built good relationships with both our Primary Care Network and local services. Working with the local psychiatric consultants, we set up a monthly mental health meeting to improve the quality of referrals. We received very complimentary feedback from a consultant commenting on a significant improvement in the quality of the referrals.

We hold regular MDTs and meet monthly with our local palliative care team and engage with the Rapid Response team to provide advanced care planning and effective and compassionate end-of-life care.

Sustainability

We have recently developed our green plan, appointed a Green Champion, and begun collaborating with local services such as nearby Community Pharmacies to implement more sustainable practices.

Conclusion

In summary, we are dedicated to delivering high-quality care and improving patient outcomes.

We have made significant strides in improving patients' health and satisfaction through initiatives that evidence our determination to address the diverse needs of our population.

We have demonstrated our long-term commitment to the practice population and the local area by our sign up to the premises improvements without a commitment to a Contract extension and we look forward to working with the teams and population of NCL for many years to come.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
13 January 2025

Report Title	Cricklewood Health Centre – APMS Contract Expiry & Strategic & Performance Review	**Date of report**	16 December 2025	**Agenda Item**	2.3
Lead Director / Manager	Vanessa Piper, Assistant Director of Primary Care, Contracting	**Email / Tel**		vanessa.piper@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
Report Author	Luke Porter, Primary Care Contracting Lead Su Nayee, Primary Care Contracting Senior Manager	**Email / Tel**		Luke.porter1@nhs.net Su.nayee@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Deputy Director Finance Business Partnering – Primary Care	**Summary of Financial Implications** The recommended extension of the contract via Contract modification under PSR would have no financial impact to the primary care budget if the enhanced accessed KPI is retained but paid on delivery. The enhanced KPI is reimbursed at £1.19 per weighted patient per month for achievement of this KPI, if removed there would be an annual saving of £60k per annum.			
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** Not applicable.			
Report Summary	This paper presents the first full Strategic and Performance Review of Cricklewood Health Centre (Barnet). The APMS contract is held by Penceat Medical Limited, and the practice currently has list size of 5196 patients (October 2025). The practice is in one of the most deprived areas in Barnet, the area will experience significant regeneration (housing, jobs, and population growth), over the next 2-15 years with 80% of the population between 15- 64 years. The GP				

	practice has a young population (ages 20-49) being higher than the NCL and England averages. Despite this, there is a relatively high count 1,711 of patients (33% of the list) with a Long-term condition, although a crude measure, as patients may be listed more than once on a register, this provides an indication of the demand for services and future pressures on the practice. Cricklewood Health Centre (APMS contract) was originally commissioned in 2010, as a registered list and walk in centre, in 2015 following patient and stakeholder consultation to close the walk-in centre, the contract was varied to enable disaggregation of the Walk in Centre (WIC) and registered list (1500). There was a change in provider and period of caretaking whilst a procurement process was completed. Penceat Medical Limited was awarded a 5 + 5 + 5-year APMS contract in December 2021, which is due to expire on 31 November 2026. Cricklewood Health Centre operates from 7 Oaklands Rd, London NW2 6DJ. The premises were newly refurbished in March 2023 and are NHS premises compliant. As the contract is due to expire in 11 months, PCC members are required to consider the commissioning options available for the future of the contract, this paper therefore sets out the outcome of the Strategic and Performance review to enable a decision to be taken. **Summary:** The full Strategic and Performance Review sets out the current position of the practice and its performance against the contract requirements and key performance indicators (KPIs), drawing on a range of data sources including local averages and national targets. The review analyses performance from contract commencement. Patients and stakeholders were engaged with in September 2025 to seek their views on the delivery of services in the practice. The survey was made available online, in the practice, via text message and the practice website and the findings have been summarised below and within the paper. Penceat Medical Limited has engaged with the ICB and has, submitted KPI returns as required and attended review meetings. **Key Performance Indicators (KPIs) achievement** KPIs are measured against national targets and based on the following banding thresholds, a stepped approach is applied to consider local variation from contract commencement. • Band A - Optimal achievement. • Band B - Acceptable achievement. • Band C and D – Below acceptable achievement. **Cervical screening** – Coverage has declined (-4.89%) and remained below the ICB average over the 4-year term, Band A in Year 1, Band C in Year 2 and Band D in year 3 & 4.

	Bowel screening- Coverage has increased (+ 4.81%) but remained below the ICB average over the contract term, Band B across Year 1 – Year 3 and Band D in Year 4 of the contract. **Breast screening** – Coverage has increased (+ 5.92%), but remained below the ICB average and national target for all contract years at Band D. **Childhood Immunisation 2-Year-olds** – Coverage showed a slight decline (-0.56%) and remained above the ICB average and comparable to national target, Band A in Year 1, Band D in Year 2, Band C in Year 3 and Band B in Year 4 of the contract. **Childhood Immunisation, 5 years olds** – Coverage has increased (+ 16.67%), above and comparable to the ICB average for 3 years and below national target, with some improvement, Band D in Year 1, Band B in Year 2, Band C in Year 3 and Band B in Year 4 of the contract. **Flu 65 over 65** - Coverage has declined (-35.25%) and is below the ICB average and national target, Band A in Year 1 and then Band D in Year 2, 3 and 4. **Flu under 65 at risk** –Coverage has declined (-47.03%) and is below the ICB average and national target, Band A in Year 1 and then Band D in Year 2, 3 and 4 of the contract. **Pneumococcal** – Coverage has increased (+ 6.60%) but has remained below the ICB average and national target, Band A across all contract years. **Care Quality Commission (CQC)** – There are no recent inspections or ratings, the last inspection was under the previous provider on 8 November 2017, the practice was rated Good in all areas. Penceat Medical Ltd also operates a practice in Northwest London which was rated overall good by the CQC in 2021 and 2023. **QOF Total % achievement** – Practice QOF total achievement improved from contract commencement but has seen a slight decline to 89.7% (24/25). The total achievement has remained below ICB averages in the years 22/23, 24/25 and above the ICB average in 23/24. **Total % clinical achievement** - There has been an improvement year on year with a 5% increase since 22/23. Achievement was below ICB average in 22/23 but has been above ICB averages in 23/24 and 24/25. **Clinical Domains** – There were 4 clinical domains below ICB average in 22/23, 3 in 23/24 and 3 in 24/25. It is noted that for one of these registers (Osteoporosis)there were no patients on the disease register. **Personalised Care Adjustment (PCA)** - PCA rates have been above ICB averages, with 10 disease domains more 5% above ICB average for 2024/25, for example Asthma (11%), COPD (16%), Depression (18%), Diabetes (22%), Mental Health 23.8%) etc. Where there are high PCA rates this poses a risk for

	patients being lost to follow up and requires continued systematic review of the registers and active recall. **Clinical Prevalence** – There are 7 disease domains where the practice prevalence rates are between 1- 5% below ICB average. These include Asthma (1.72%), Cancer (1.8%), diabetes (1.6%), hypertension (4.98%). Although not significantly below, it provides an indication where practices need to improve active case finding. **National GP Patient Survey (2025)** – The practice has maintained patient satisfaction above the ICB average. 2025 survey results were above the ICB average in all but 1 area (Needs being met), which was slightly below (4%) the ICB average. In previous years (2022 and 2023), the practice results have been above ICB average in all 13 areas measured. **GP and Nursing Consultations** (total number of bookable appointments) against the recommended guide of 72 GP and 32 Nurse appointments per 1000 patients). For GP and nurse appointments there has been a decline in performance from Band A- C to Band D, over the 4-year term. **Enhanced Access KPI** – The practice has not met the enhanced access KPI for any of the contract years to date. Following the disaggregation and decommissioning of the walk in service element of the APMS contract, additional GP, and Nurse appointments above the Standard KPIs were introduced (85 GP and 36 Nurse appointment per 1000 patients), to ensure patients attending the walk-in centre were not impacted. The enhanced KPI is reimbursed at payment of £1.19 per weighted patient per month for achievement of this KPI. **GP Appointment data (GPAD) (booked appointments/ 1000 patients)** – All appointment types accept face to face were below the ICB and National average, some very low i.e. telephone (-105.88), other practice staff (-55.12) and total appointments (-84.96) (September 2025 data). **National Workforce Reporting System (NWRS)** – All workforce staff groups were comparable to / or a small percentage below (range – 0.10 to -0.21) the ICB and National average (September 2025). **ICB led Patient Survey -** The patient survey shows strong overall satisfaction (77.45%), with high ratings for reception staff, communication, and clinical care. While phone access and appointment booking scored well, online booking and awareness of the Patient Participation Group remain key areas for improvement. **Patient Participation Group (PPG) -** There is evidence that the practice meets with their PPG, summary of meetings held this year have been published on the practice website and the practice report they hold at least two meetings a year. **Contract notices** - There have been no Remedial or Breach Notices issued to the practice since contact commencement.

	List Size – There has been a 29% increase in the list over the contract term, (9.3% growth per annum), current list is 5196 (raw) and 4212 (weighted), the practice is in an area of regeneration (Brent Cross and Cricklewood wards) therefore projected growth should continue above a 6000 list, will result in a price support supplement no longer being required. **Local area regeneration / Development –** Over the next 10-15 years Brent Cross Cricklewood Regeneration Programme will result in 6700 new homes, Cricklewood Broadway Redevelopment 1850 new homes and B&Q Site redevelopment 2300 new homes. **In Summary** 1. Screening and Immunisations - Further improvements are required in all areas, coverage had increased in some indicators, but all remained below the ICB average and National targets accept 2- and 5-year-old Childhood immunisations. 2. Long term condition management – the practice will need to continue to review their processes where PCA rates have been applied. 3. Appointments – there was under provision for all staff groups and the enhanced access KPI had not been delivered. 4. Workforce figures - were in line with the ICB and National averages. 5. Patient satisfaction – remained high and had been improving year on year. 6. List growth – 29% growth resulting in the contract becoming more financially viable as the practice is located in an area of regeneration. As part of the ongoing performance review, including annual KPI review process, the ICB Primary Care Contract Team has asked the practice to prioritise improvement in areas where the practice is performing below National targets and ICB averages through improvement plans. The team will continue to monitor progress. **Options available to Committee:** Having considered the findings of the review and recognising the current contract is due to expire on 31 November 2026, PCC members are asked to consider the following three options: **Option 1 – Provider Selection Regime Permitted Modification (Extension up to 2 years with conditions) – Recommended option.** Under PSR regime, a permitted modification is where it is unambiguously provided for within the terms of the original contract.

	PCC members can extend for up to a further 5 years, however the recommendation is to approve an extension for 2 years, based on the outcome of the performance review. The performance is not considered strong enough for a full 5 year extension, however there have been some extenuating circumstances including a poor performance baseline, expulsion from the PCN and delays in relocating to new premises. Should Committee members approve the extension, the recommendation would be to include a number of conditions: 1. A requirement to improve against the national targets in all screening and immunisation areas identified as underperforming. 2. The enhanced access KPI is retained but moved to an achievement-based model instead of being paid upfront monthly. 3. Access and appointments are reviewed and improved for all staff groups where they are below the ICB average. 4. To improve financial viability, the practice list size should be increased at least in line with its current annual increase to reduce the continued need for price support supplement. **Option 2 - Dispersal of the Patient List** Grounds for dispersal of the list can be considered if: a. There was a history of the provider not performing. b. The weighted list had been declining. c. The contract was no longer financially viable. d. The premises the practice operates from was at risk. If dispersal was considered to be a preferred option by PCC, then a full Equality Impact Assessment and Engagement would be required. List dispersal brings a significant range of required actions for both the practice and ICB. List dispersal includes the following requirements (not exhaustive; there are multiple actions required for both practice and ICB where there is a closure): • Measure the impact to patients and local practices. • All vulnerable patients to be identified and managed to ensure continuity of services. • All repeat prescriptions and referrals processed and completed. • Medical records summaries produced and printed. • Patient's deductions actioned when they register with the new practice. • New registration and health checks carried out for a large group of patients. • All National digital systems notified and amended (PCSE, NHS Digital, Business services authority, EMIS etc) • Contracts terminate and financial reconciliation carried out.

	There are 12 practices within 1 mile of Cricklewood Health Centre with 3 being under NCL and 9 under NWL ICB so a dispersal would require significant engagement with NWL ICB to ensure local practices have capacity to absorb the patient list. **Option 3 - Procure a new contract.** The Committee may opt to reprocure the contract. Should this option be pursued, the provider would be formally notified of the decision. As the current contract concludes on 30 November 2026, continuity of service would be essential during the procurement period. We would seek agreement from the current provider to continue service delivery for up to or more than 12 months dependent on the duration of the procurement. **In Summary** PCC is being requested to approve the preferred option of Option 1 – Extend the contract by 2 years via Provider Selection Regime permitted Contract Modification to the existing provider on the following terms: - Enhanced access KPI is retained but moved to an achievement-based model instead of being paid upfront monthly. - Continued growth of the patient list size. - Improvement in performance for all areas below ICB average
Recommendation	Committee members are asked to **APPROVE:** Option 1 – PSR: Permitted Contract Modification (extension of the contract) to extend for 2 years up to 30 November 2028 with conditions regarding the performance, access and list growth. The case will be referred back to the Committee if key improvements are not seen / conditions are not met within 1 year.
Identified Risks and Risk Management Actions	Risk: If the Committee does not reach a decision, this risks caretaking or dispersal of up to 5196 patients. This will impact access to services, continuity of care, workforce and premises. Mitigation: Committee to reach a decision in December 2025 and discuss next steps with the provider. Financial Risk: If the list size continues to remain below 6,000 patients, supplemental payments will continue to be payable to the practice. The current Price Supplement Support figure is £3.73 per weighted patient. Mitigation: Work proactively with practice to increase list size over 6,000.
Conflicts of Interest	Not applicable.
Resource Implications	Options 3 reprocurement would be more resource intensive than the other options presented. Option 2 would also have significant resource implications.
Engagement	Patient and stakeholder engagement was conducted, and the outcome has been appended to this report. The patient survey shows strong overall satisfaction with a few areas identified for improvement.

Equality Impact Analysis	If PCC approve option 1, there will be no changes in services delivered under the contract. If PCC members decide on options 2 or 3 an Equality Impact Assessment will be undertaken as part of the requirement to disperse the list or undertake a procurement process.
Report History and Key Decisions	1. April 2022 Part 2 - PCN5 Changes – Removal of Cricklewood Health Centre 2. September 2022 Part 1 - Request to issue a contract variation for change in core hours for Cricklewood APMS contract. 3. July 2023 Part 2 - Cricklewood Health Centre request for financial assistance 4. February 2024 Part 1 - Cricklewood HC – Allocation to PCN 6
Next Steps	If PCC members approve the contract modification (extension of the contract) 1. Provider will be notified in writing of the PCC outcome. 2. APMS contract varied with the 2-year extension. 3. Transparency notice will be published to inform the market of the permitted modification, reasons, and PCC outcome.
Appendices	Part 1 APMS Cricklewood Health Centre - Engagement Report

Strategic and Performance Review – Cricklewood Health Centre

Background to the Practice

Cricklewood Health Centre is a Barnet practice with a raw list size of 5196 patients located on the border of Barnet and Brent. The APMS contract is currently operated by Penceat Medical Limited since December 2021. The practice is in Barnet PCN 6 which comprises nine practices with a combined registered population of 67,452 patients.

Cricklewood Health Centre was originally commissioned in 2010 as a walk-in centre and zero list under an APMS contract, patients could attend the walk-in centre and choose to register with the practice. Following consultation, in 2015 the walk-in centre was decommissioned and APMS contract varied for a registered list only. The contract expired on 31 March 2020, there was a brief period of caretaking (April to November 2020) until the procurement process concluded, the APMS contract was awarded to Penceat Medical Limited in December 2021.

The practice has faced several operational, financial, and integration challenges since the commencement of the contract:

- **Identifying a new premises** – The landlord of the previous site had given notice as the premises were to be demolished, it was included in the procurement for bidders to identify a new site, Penceat Medical Limited identified and secured a new premises and the practice relocated in March 2023.
- **Prior performance concerns** – Penceat Medical Ltd inherited an underperforming practice, with a reduced list. The practice had to recruit new staff and undertake a full review of the performance of the practice. A lot of upfront costs were required to address the concerns identified in the practice.
- **Expulsion from a PCN** - the practice was expelled in 2022 from Barnet PCN 5 due to concerns over cross-boundary service delivery and patient geography. This resulted in the registered list unable to access PCN services. The ICB worked with local PCNs to reintegrate Cricklewood Health Centre into a PCN and in April 2024 Cricklewood Health Centre joined Barnet PCN 6. As a result of the expulsion, the PCN Participation payment could not be reimbursed to the practice for 2 years (April 2022 to March 2024)

Since the start of the APMS contract in December 2021, the practice's list size has grown by 29% (1175 patients).

The practice is signed up to provide all available Directed Enhanced Services, including Weight Management, Learning Disabilities, Long Term Conditions Enhanced Service, Minor Surgery and the PCN DES.

The practice is also currently engaging in a PCN Hypertension Project and ready to participate in the upcoming HPV self-sampling pilot.

This report presents the first comprehensive review of the practice's performance since contract commencement in December 2021 and outlines three contractual options and makes a recommendation to extend the contract by a further two years, with conditions.

The Strategic and Performance Review process

In undertaking this review the primary care team has incorporated a variety of data drawn from NHS reporting, contractual monitoring, practice submission as well as patient feedback.

The key information analysed as standard in an APMS Strategic and Performance Review are:

1. Population need / demand - the need to retain the practice in the area taking into consideration any resident population growth.
2. Finance - current contract price and key financial considerations to assess the continued viability of the contract.
3. Premises considerations (i.e. operating from fit for purpose building and any strategic estates plans)
4. Workforce – number and key characteristics
5. Appointments Feedback from patients - on the delivery of services (national survey/comments online and local survey for patients registered at the practices)
6. Practice Performance
7. Key Performance Indicators (KPI) - performance against KPIs within the contract benchmarked against a standard measure (e.g. national targets, local averages)
8. Long Term condition management - Quality and Outcome Framework (QOF)
9. Other Local and National targets (Immunisations, cervical and other screening etc.)
10. Care Quality Commission (CQC) rating.
11. Wider stakeholder feedback
12. Patient and Stakeholder views

1. Population need and demand

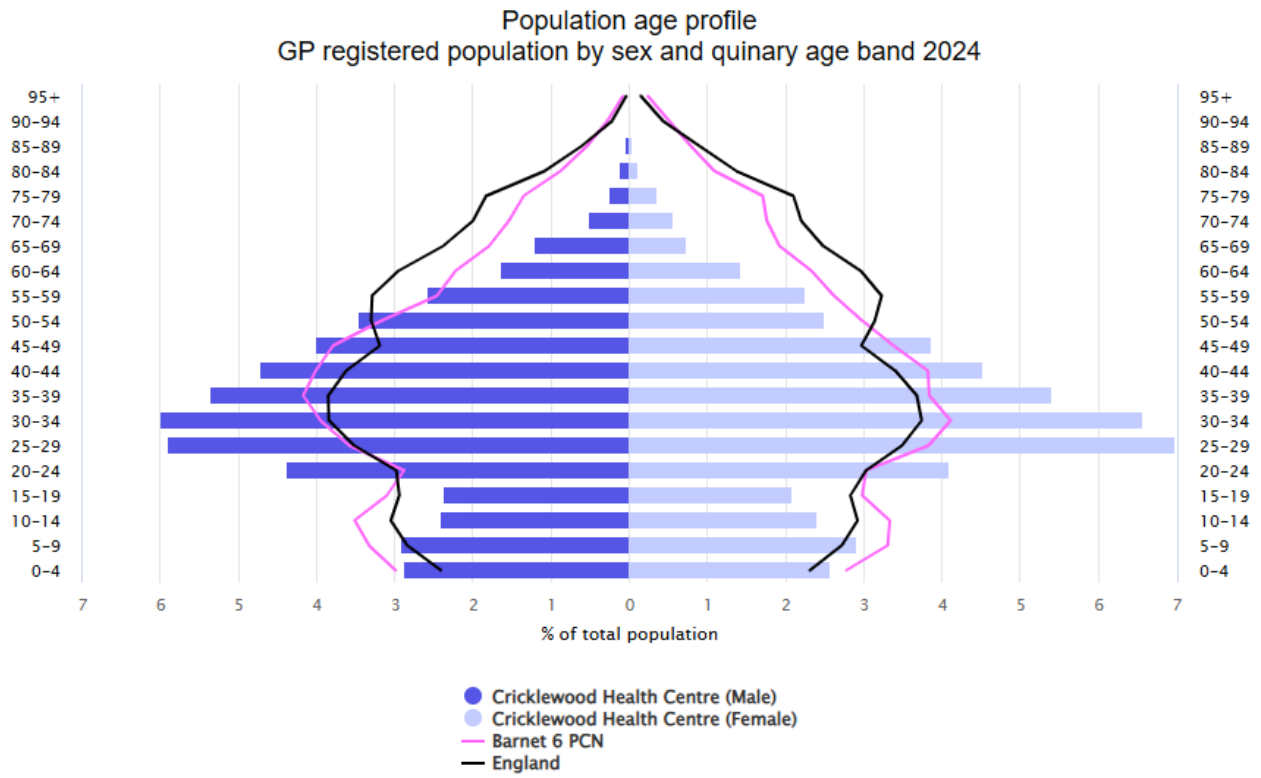
The London Borough of Barnet according to the 2021 Census, has 389,340 residents. This makes it the 2nd largest London borough by population size. Barnet's population grew by 9.2% compared to the 2011 Census, which is a higher growth rate compared to both the London average (7.6%) and the England average (6.6%). It currently has the largest growth in residents aged **75+** (up 11%)

Barnet is considered less deprived compared to many other London boroughs, but there are pockets of significant deprivation with Cricklewood and Colindale North being the most deprived wards, with 13% of Cricklewood's population living in the top 10% most deprived areas nationally.

Barnet is one of the most ethnically diverse boroughs in London with an Ethnic Composition (2021 Census) of White: 57.7% (including 36.2% White British), Asian: 19.3%, Black: 7.9%, Mixed: 5.4, Other Ethnic Groups: 9.8%. There were some notable changes from the 2011 Census such as the "Other Ethnic Group" category saw a 153.5% increase and the White British population declined by 13.2%. The borough also has the largest Jewish population in London (14.5%) and Muslim residents make up 12.2% which is a 30% increase since 2011.

Barnet remains a dynamic and diverse borough with an employment rate of 76.8% which is higher than the London average.

The Cricklewood Health Centre practice has a young, registered population with ages 20 – 49 being higher than NCL ICB and England averages and fewer patients aged 55-95+. Based on the practice list in October 2025, 68.5% of the practice (3561 patients) are aged 15-44 years and 27% of registered patients are aged 45+. The life expectancy of males at 80.8 years and females 85.5 years. (see population age profiles below)



As of 31 March 2025, the practice has 1,711 patients, recorded on the QOF disease registers as set out in the table blow, which provides an indication of long-term condition and health needs of the practice population. The count of patients on the LTC registers equates to 33% of the list but this is a crude measure as patients may be included, more than once on a disease register. The highest count of patients on each register is Obesity, Hypertension, Non-diabetic hyperglycaemia, Diabetes and Asthma registers.

LTC CODE	LTC Register	No. of Patients on register	% of the practice list
OB003	Obesity Register	422	8.1
HYP001	Hypertension Register	307	5.9
NDH002	Non-diabetic hyperglycaemia register	257	4.9
DM017	Diabetes Mellitus Register	203	3.9
AST005	Asthma Register	136	2.6
CKD005	Chronic Kidney Disease Register	70	1.3
MH001	Mental Health Register	63	1.2
CAN001	Cancer Register	58	1.1
CHD001	Coronary Heart Disease Register	36	0.7
COPD015	Chronic Obstructive Pulmonary Disease Register	31	0.6
STIA001	Stroke or Transient Ischaemic Attacks (TIA) Register	29	0.6
AF001	Atrial Fibrillation Register	22	0.4
EP001	Epilepsy Register	21	0.4
HF001	Heart Failure Register	16	0.3
RA001	Rheumatoid Arthritis Register	14	0.3

LD004	Learning Disabilities v2 Register	13	0.3
PAD001	Peripheral Arterial Disease Register	7	0.1
DEM001	Dementia Register	3	0.1
PC001	Palliative Care Register	3	0.1
OST004	Osteoporosis v2 Register	0	0.0
	Total	1711	32.9%

This data highlights both the current demand for services and the likely future pressures on the practice, driven by population growth, socio-demographic complexity, and long-term condition prevalence.

2. Finance

The APMS budget incorporates what is termed a Global Sum and London price per raw patient, which is consistent with the funding arrangements for a General Medical Services (GMS) and Primary Medical Services (PMS) NHS contracts.

Earlier versions of the APMS contracts included a risk premium (£5.00 per weighted patient) and APMS mandatory services premium (£7.57 per weighted patient). The risk premium is included due to the short-term nature of the contract (5 + 5 + 5 years), and the mandatory services premium was offered to support key contractual requirements and extended opening hours.

Enhanced Access Funding

The Cricklewood contract also has a further KPI, with a requirement to deliver additional appointments above the standard KPI set in other APMS contracts commissioned by NCL ICB. The practice is required to deliver 85 GP appointments per 1000 patients and 36 Nurse appointments per 1000 patients for which the practice is paid for £60,000 per annum. This additional funding was made available from the decommissioned walk-in centre contract, as part of the ICB decision, it was agreed to maintain patient access for patients who were attending the walk-in centre, the APMS contract to deliver appointments, above the KPI threshold of 72 appointments per 1000 patient.

APMS contracts also include a suite of Key Performance Indicators (KPIs) reimbursed at £5.35 per weighted patient based on achievement. Where there is underperformance, the ICB can apply a financial clawback. Over the first 3 years of the Cricklewood Health Centre contract, the practice has underperformed in several KPIs resulting in an overall clawback of £81,283.07 due, the largest proportion (£80,000) of the clawback is attributed to the under delivery of the Enhanced access KPI. no financial sanctions are applied to KPIs that were deemed unmeasurable, and the first 12 months of the contract is the ‘honeymoon period’, where no claw back applies. The average clawback for NCL APMS contracts over the duration of the contract is £5,637. Multiple factors impact KPI performance and clawback including list size, workforce, patient health needs etc.

The figures below cover core contract funding only and the practice would also be offered and delivering, other primary care enhanced services and contracts (national and local i.e. Directed Enhanced and Locally Commissioned Services).

Table 1 – Current contract practices & Financial Considerations (2025.26)

Key Area	**Cricklewood Health Centre**	**New APMS Contract Price (2025)**
Global sum payment	£123.34	123.34

Out of Hours - Opt Out (ICB provides OOH services)	£-5.86	- £5.86
London price per raw patient	£2.18	£2.18
Risk Premium	£5.00	£5.00
APMS mandatory / premium services	£7.57	£1.90
KPI per patient	£5.35	£5.35
Enhanced GP provision KPI	£60,000 pa	
Price does not include Support Supplement		
Current Standard APMS contract price per weighted patient	£137.58 (+ £3.73 Price Supplement Support)	£131.91

The above values remain the same throughout the life of the contract, except for global sum which is subject to a nationally agreed annual uplift and Price Supplement Support that varies by the number of weighted patients. Out of Hours opt out is subject to changes published in the Statement of Financial Entitlement Regulations which govern GP payments. Local discretion would be available at re-procurement for APMS mandatory/premium services to be amended. The second column provides details of the APMS contract price for new contracts procured since 2024.

2.1 Practice list size and Contract viability

The practice's current list size is 5196 (raw) and 4212 (weighted) (October 2025), in order to make an APMS contract financially viable a minimum list of 6,000 weighted patients is required otherwise the contract attracts an additional price support supplement.

Practice Raw and Weighted list size changes from April 2017 – July 2025

Year	Apr		Jul		Oct		Jan		Raw % change	Weighted % change
	R	W	R	W	R	W	R	W		
2017	3671	3105	3910	3253	4039	3343	4246	3495	18	14
2018	4322	3532	4398	3575	4601	3735	4739	3811	15	15
2019	4982	4050	5059	4129	5097	4123	5104	4174	4	4
2020	5204	4224	5160	4115	4997	3986	4899	3836	-8	-13
2021	4773	3691	4730	3618	4564	3609	4021	3324	-16	-10
2022	4017	3336	4045	3351	4155	3441	4439	3821	15	20
2023	4617	3998	4799	4174	4957	4342	5151	4426	14	11
2024	5250	4458	5242	4415	5205	4292	5182	4231	-1	-5
2025	5204	4248	5231	4264	5196	4212				
									40%	31%

The practice was originally commissioned as a zero list, Penceat Medical Ltd APMS Contract commenced in December 2021 with a raw list of 4021 patients. From Jan 2022 to October 2025, there has been a 29.2% increase in the list (1175 patients). This equates to an additional 335.7 patients per annum, but the rate of year-on-year growth has been declining, with a small reduction in both raw and weighted list size from April 2024 to April 2025. By comparison, of the 12

neighbouring practices within a one-mile radius nine have experienced an average decline in their list of 5.1%, and three have seen a growth in their list ranging from 17.5% to one practice with a 78% increase. over the same period.

List size changes of Practices within 1 Mile radius of Cricklewood Health Centre from January 2022 to October 2025

Code	Name	Postcode	ICB	Map index	01/01/2022	1/10/2025	% change
Y02986	Cricklewood Health Centre	NW2 6DJ	NCL	1	4021	5196	29.2
E83025	Pennine Drive Practice	NW2 1PA	NCL	2	8581	7932	-7.6
E83006	Greenfield Medical Centre	NW2 1HS	NCL	3	7143	7025	-1.7
F83050	Gray's Inn Medical Group West Hampstead	NW6 1DS	NCL	4	3030	3560	17.5
E84021	The Willesden Medical Centre	NW10 2PT	NWL	6	13970	16692	19.5
E84076	Oxgate Gardens Surgery	NW2 6EA	NWL	7	6657	6541	-1.7
E84080	Staverton Surgery	NW2 5HA	NWL	8	8810	8464	-3.9
E84086	Walm Lane Surgery	NW2 4RT	NWL	9	7491	6881	-8.1
E84702	Willesden Green Surgery	NW2 3UY	NWL	10	7889	14074	78.4
E84674	Chichele Road Surgery	NW2 3AN	NWL	11	5542	5069	-8.5
E84020	Jai Medical Centre: The Sheldon Practice	NW2 3AH	NWL	12	6462	6405	-0.9
E84012	Mapesbury Medical Group: Cricklewood Broadway Surgery	NW2 3ET	NWL	13	8967	8248	-8.0
E84012	Mapesbury Medical Group:	NW2 3ET	NWL	14	8967	8248	-8.0

There is potential for Cricklewood Health Centre list to grow further, there are several major housing and mixed-use redevelopment projects planned for the Cricklewood area over the next decade, which may result in a population growth of 25,000 residents.

- Brent Cross Cricklewood Regeneration Programme (1.5 – 2 miles distance), which is one of the UK's largest regeneration schemes, creating 6700 new homes across multiple phases and up to 25,000 jobs in offices and retail over the next 10 – 15 years.

- Cricklewood Broadway Redevelopment which was approved in 2025 (0.5 – 1 mile distance) for phased delivery over the next 8-10 years is creating 1850 new homes and around 2300 new jobs.

- B&Q Site Redevelopment (Broadway Retail Park 0.5 – 1mile distance) due to start mid 2026 plans to create an additional 1049 new homes across four blocks.

Projected list size growth

The practice list has grown by an average of 9.3% (raw), and 8.7% (weighted) per year since 2022. If the practice continues and maintains this level of growth per annum each year, the practice estimated list size will exceed the 6000 weighted patients by year 8 of the practice's contract, which will make the APMS contract financially viable and reduce the additional price support supplement payments.

Projected list size growth of 10% over the next 6 years

Year	Raw	Weighted	Timescale % Increase
Apr-26	5690	4616	April 2025 – April 2026
Apr-27	6220	5017	April 2026 – April 2027
Apr-28	6801	5451	April 2027 – April 2028
Apr-29	7435	5924	April 2028 – April 2029
Apr-30	8129	6438	April 2029 – April 2030
Apr-31	8887	6996	April 2030 – April 2031

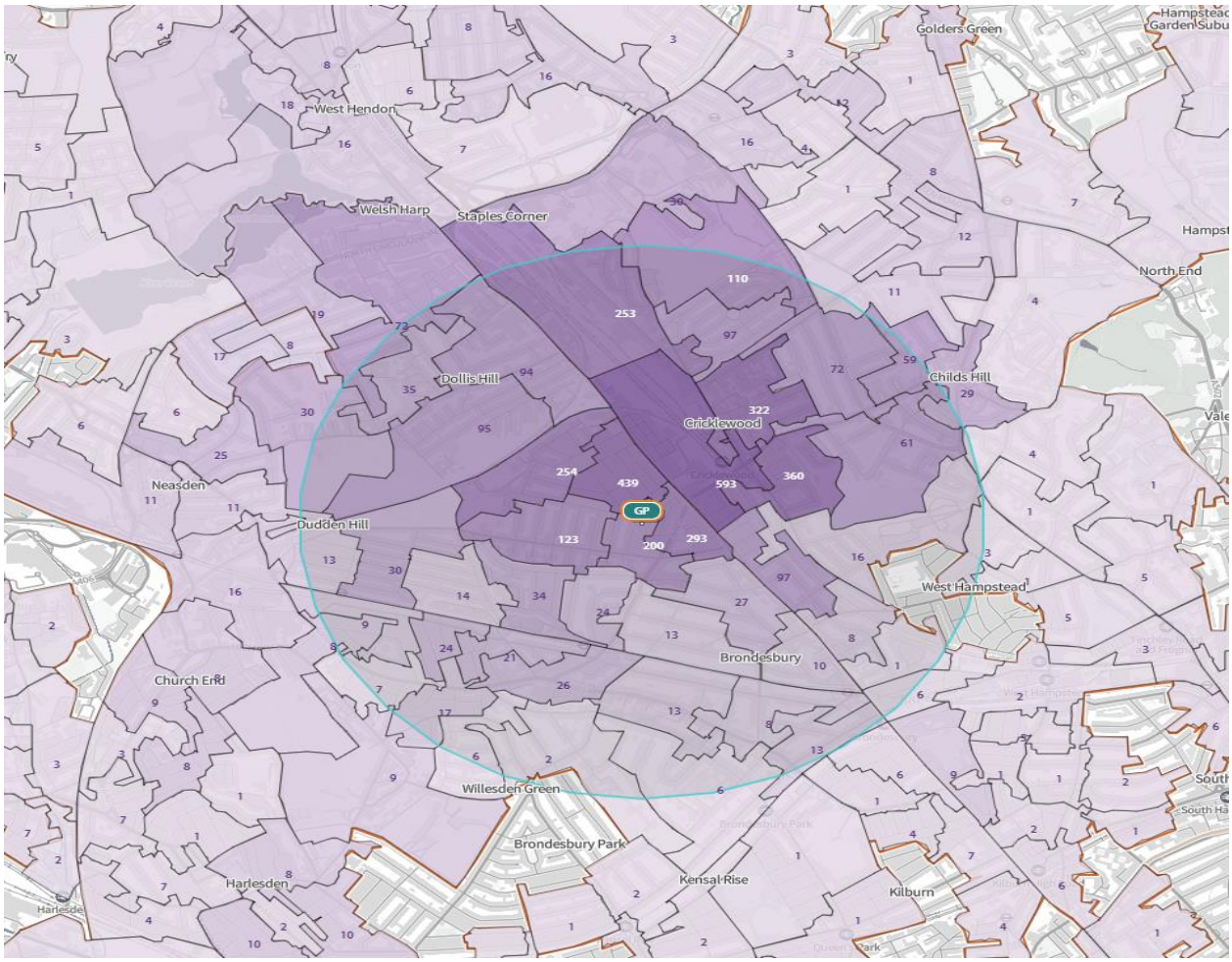
In summary there are opportunities for potential growth in the registered list:

- Barnet's population is steadily growing, and the growth rate (9%) is higher compared to both the London average (7.6%) and the England average (6.6%). A condition for approval would be that the practice continues to grow its list at this rate.
- 9,500 new homes are planned to be built in local developments over the next 10 – 15 years which equates to estimated 24,700 new residents (2.6 people per dwelling based on Barnet average)

3. Premises considerations

Around 70% of the practice's registered population live within a 1 mile of the practice and the around 94% of registered patients live within Barnet, Brent or Camden.

Cricklewood Health Centre patients and 1 mile radius



The Practice premises are a few minutes' walk from Cricklewood Thameslink Station and approximately 15 min walk to Willesden Green Underground Station (Jubilee Line). The locality has various amenities including local shops, restaurants, hotels and offices.

There are several bus routes within walking distance such as:

- **16** – to Victoria via Edgware Road
- **245** – to Alperton and Golders Green
- **316** – to White City
- **32** – to Edgware

The building is compliant and set on the ground floor of a 3-storey converted warehouse building. there are residential apartments on the upper floors and a gymnasium on the ground floor. There is no allocated car park at the premises, but there is free parking on the road, where the premises are located.

The practice premises consist of waiting room and reception area with 5 clinical rooms, staff accommodation, patient and staff WCs. The Net Internal Area (NIA) for the practice space 236.47m2

Based on the guidance set out in the Health Building note, a practice list size of 5196 would require 3 clinical and 1 treatment rooms. The practice therefore has sufficient space to accommodate its current list and potential list growth.

4. Workforce

As part of the review, the ICB has assessed the total workforce against key contractual requirements for appointments, change in the registered list size, delivery of services and performance of the practice. The APMS contract states the contractor must have sufficient staffing levels to meet the needs of the patient list. It requires a minimum GP provision of 72 appointments per 1000 patients per week, and 32 Nurse appointments per 1000 patients per week. Workforce data is reported monthly by NHS England on the National Workforce Reporting Service and appointment information received via quarterly KPI returns from the practice.

The ICB averages are compared as workforce pressures in primary care are well-understood (and include recruitment, retention, an ageing GP workforce) and there are several initiatives in place to support all NCL practices nationally and via the NCL Training Hub.

Based on the published information on the National Workforce Reporting System (NWRS) data (September), for GP whole time equivalent (WTE), the practice employed slightly below the ICB (by -0.16) and national average (-0.21 WTE) , and above ICB (0.20) and National (0.06) averages for nursing. The practices Direct Patient Care team is made up a Physician Associate (0.64 WTE) and a General Practice Assistant (0.2 WTE).

National workforce report service – September 25

Practice Code	Y02986		List size	5181			Month	Sep-25
Practice Name	CRICKLEWOOD HEALTH CENTRE			Per 1000 Patients				
Staff Group	Practice FTE	NCL ICB average FTE	National average FTE	Practice	NCL ICB average	National average	Difference vs ICB average	Difference vs National average
GP	1.99	5.91	6.15	0.38	0.55	0.59	-0.16	-0.21
Nurse	1.60	1.36	2.79	0.31	0.11	0.25	0.20	0.06
Direct Patient Care	0.84	1.95	2.87	0.16	0.17	0.26	-0.01	-0.10
Administration	5.23	10.14	12.36	1.01	0.96	1.19	0.05	-0.18

Based on this information, the practice has

- 2607.89 patients per FTE GP, which is in line with ICB average (2607.64/FTE).
- 3238.13 patients per FTE nurse, which is above ICB average of (11,563/FTE)

As part of its improvement plan, the practice has stated that to meet additional capacity the practice has:

- Increased nursing capacity by 1 day
- Increased HCA (GP Assistant) by 2.5 days
- Reduced ANP appointments to 10 minutes to increase capacity for urgent on the day.

The practice flagged that a new GP recruit was due to start in Q1 25/26 but did not start and they currently have a new Advanced Nurse Practitioner due to start in October providing 2 clinical sessions and currently interviewing for a GP to provide a further 2 sessions.

Primary care employs a range of roles to meet patient need. This has been further supported by the Primary Care Network Directed Enhanced Service (PCN DES) which enables practices working within a network to jointly employ a range of additional roles, e.g. pharmacists, social prescribing link workers, health and wellbeing coaches, dietitians. These additional roles are recruited above the core GP and Nursing workforce.

The practice currently has the below ARRS staff providing sessions at the practice with access to 2 social prescribers and a ARRS GP and Enhanced Access Nurse offering face to face appointments.

Job Role	**Sessions**
Clinical Pharmacist	3
Physician Assistant	4
MSK First Contact Physio	2

The ICB will review the practice workforce data when it is published in October and compare against ICB and National averages.

5. Appointments

The APMS contract sets out the number of GP and Nursing appointments that should be delivered per week. It requires a minimum GP provision of 72 appointments per 1000 patients per week, and 32 Nurse appointments per 1000 patients per week. The Cricklewood contract also has an additional KPI for enhanced provision of 85 GP and 36 nurse appointments per 1000 patients per week. The provision of these appointments is monitored through quarterly KPI declaration for APMS contracts covering appointments booked. This data is extracted directly from the practices clinical system.

There are no benchmarks for appointments for other healthcare professionals.

Over the first four years of the contract term, the practice's KPI performance for GP and nurse consultations has declined from Year 1 to 4,

- Year 1 (2021/22): GP consultations Band C (below acceptable achievement)
  Nurse consultation Band A (optimal level)
- Year 2 (2022/23): GP consultations Band A (optimal level)
  Nurse consultations Band C (below acceptable)
- Year 3 (2023/24): GP Consultations Band D ((Below acceptable)
  Nurse consultation Band D (Below acceptable).
- Year 4 (2024/25): GP consultations Band D (below acceptable)
  Nurse Consultations Band D (below acceptable)

The practice met the 72 GP appointments per 1000 patients in years 1 and year 2 of the contract, and a decline in years 3 and 4. The table below sets out the number of bookable appointments each year.

Key Performance Indicator (KPI)	Y1 21-22		Y2 22-23		Y3 23-24		Y4 24-25	
No. of GP / ANP Consultations	74.19	Band C	83.46	Band A	60.91	Band D	53.25	Band D
No. of Nurses/HCA Consultations	37.77	Band A	27.42	Band C	18.21	Band D	14.33	Band D

The practice has not achieved the Enhanced Access KPI (85 GP and 36 nurse appointments per 1000) in year 1 to 4 of the contract.

As part of its quarterly KPI submission for year 5 (25/26), the practice has provided their appointments data for Q1 and Q2, which reflects an increase in appointment provision to Band B level of 75 GP and 31 nursing appointments per 1000 patients for Q2. A new Advanced Nurse Practitioner is due start in October 2025 to provide 2 sessions which is anticipated to increase appointments further.

A review of the GP Appointment Data (GPAD) for September 2025 provides further insight:

Practice Code	Y02986		List size	5199	Month	Sep-25
Practice Name	CRICKLEWOOD HEALTH CENTRE					
Staff Group	Appointments per month	Appointments per 1000 patients	NCL ICB average per 1000 patients	National average per 1000 patients	Difference vs ICB average	Difference vs National average
GP	1105.00	212.54	239.70	232.98	-27.16	-20.44
Other Practice Staff	627.00	120.60	175.72	262.63	-55.12	-142.03
Unknown	0.00	0.00	2.68	10.81	-2.68	-10.81
Total	1732.00	333.14	418.10	506.42	-84.96	-173.28
Face to Face	1438	276.59	221.32	326.26	55.27	-49.66
Home Visit	0	0.00	1.60	5.55	-1.60	-5.55
Telephone	244	46.93	152.81	123.25	-105.88	-76.32
Video / Online	31	5.96	37.59	39.79	-31.62	-33.83
Unknown	19	3.65	4.78	11.58	-1.13	-7.93
Face to Face	84%		56%	68%	28%	15%
Remote	16%		44%	32%	-28%	-16%

***GPAD data does not provide a breakdown of the number of nurse appointments delivered*

Based on the September 2025 GPAD data per 1000 patients:

- The practice appointment provision remains below both the ICB and national average.
- A high percentage of face-to-face appointments are delivered (84%) compared to both the ICB average of (56%) and national average of (68%)
- Based on the GPAD data extraction the practice is delivering below the ICB average of number of appointments overall, for GPs and other practice staff.

It should be noted that the data presented from GPAD provides an average number of booked appointments per 1000 patients, whereas for an APMS contract we measure the practice's achievement based on 72 GP and 32 nurse bookable appointments per week / 1000 patients.

6. Practice Performance

The ICB looks at a range of indicators and requirements to assess overall performance. APMS contracts contain key performance indicators (clinical and non-clinical) which form the basis for performance management and contract decisions. In these reviews we also take account of performance against frameworks such as QOF and reports from CQC. The contract includes eight clinical KPIs, three access KPIs and three KPIs covering patient voice/satisfaction, which are summarised below. Performance against these KPIs is detailed at 2.6.4 below.

- Vaccination and Immunisations (Flu, Pnemoccal, Childhood Immunistion; 2 and 5 year old)
- Cancer Screening (Breast, Bowel and Cervical)
- Consulations (GP and Nurse)
- Patient Voice (Overall experience, recommendation, receptionists, telephone and waiting time)

The ICB undertake contract reviews each year. The practice is also part of the National Primary Care Access Recovery Plan programme being run across all practices, Directed Enhanced Services and delivers the NCL-wide Locally Commissioned Service (Long Term Conditions).

6.1 CQC

The CQC inspects practices under the Health and Social Care Act which is separate to the Primary Care Contract regulations which the ICB monitors practices against. The ICB is required to take contractual action for any practice that has been rated requires improvement or inadequate by the CQC as the Regulator. The ICB regularly meets with the CQC to share intelligence.

Cricklewood General Practice is yet to be inspected since contract commencement. The last inspection for the practice under the previous provider was completed on 8 November 2017 and the practice was rated Good in all areas.

6.2 Quality Outcome Framework QOF [1]

Practice end of year QOF achievement is benchmarked against the ICB and National averages following publication each year. This means for the purposes of this report; complete dataset is for 2022/23 to 2024/25 has been used. QOF data is extracted over several prior years to review the trend in practice performance. PCC members are asked to note there was no data available for 21/22, for this practice due to the Covid pandemic and income protection.

The management of long-term conditions has been reviewed using the indicators within the Quality and Outcome Framework (QOF) and compared to the ICB and England averages.

Overall there has been an increse in the practice QOF total achievement since contract commencement on an annual basis from 22/23 (87.6%) , 23/24 (91.8%). however, in 24/25 achievement decreased by 2% from the previous year to 89.7% but remains 2% higher than 22/23. The total QOF achievement has remained below ICB averages in the years 22/23 and 2024/25 and above the ICB average in 23/24

[1] https://qof.digital.nhs.uk/

Total QOF achievement from 22/23 to 24/25

Year	Total achievement	% change	% above ICB / England average
2021/22		N/A	No Data
2022/23	87.61%		556.30 out of 635 points: 1.11% below ICB Average 2.75% below England Average
2023/24	91.85%	+4.24%	583.25 out of 635 points: 1.21% above ICB Average 1.18% below England Average
2024/25	89.67%	-2.18%	569.39 out of 635 points: 1.08% below ICB Average 4.05% below England Average

The practice is ranked at 121/175 in overall QOF achievement at 89.67% and is on 31st percentile of all NCL practices, and at 118/175 or 33rd percentile for Clinical achievement. The lowest total overall QOF achievement by an NCL practice was 75.07% and the highest 100%.

QOF Clinical achievement and Domains

The clinical domain registers provide an indication of systematic coding and call/recall of patients by the practice for key patient groups. If there is evidence of a register being significantly below average, then the practice is asked to review the effectiveness of their recall systems.

Cricklewood's QOF total clinical achievement has increased year on year, with a 5% increase since 2022/23. Achievement was below ICB average in 22/23 but has been above ICB averages in 23/24 and 24/25.

Total QOF Clinical achievement per year since contract commencement

Year	Total Clinical Achievement	% change	% above ICB / England average
2021/22		N/A	No Data
2022/23	92.23%		369.86 out of 401 points 1.9% below ICB Average, 0.71% below England Average
2023/24	96.64%	+4.41%	387.54 out of 401 points: 0.87% above ICB Average 1.16% above England Average
2024/25	97.17%	+0.53%	389.64 out of 401 points: 0.34% above ICB Average 0.46% above England Average

In 22/23 the practice had 4 clinical domains below ICB average, 3 in 23/24 and 3 in 24/25. It is noted that the practice did not have any patients on the Osteoporosis register for QOF from 22/23 - 24/250.

Year	2022/23	2023/24	2024/25
Amount below ICB Average:	**4 of 20**	**3 of 21**	**3 of 21**
Asthma	66.67% 30.00 out of 45 points:		

	26.58 % below ICB Average, 21.79% below England Average		
Heart failure			92.24% 26.75 out of 29 points: 6.43% below ICB Average, 5.31 below England Average
Hypertension	89.64% 22.41 out of 25 points: 0.99 % below ICB Average, 1.73% below England Average		
Mental health		84.21% 32.00 out of 38 points: 8.38% below ICB Average, 10.2% below England Average	84.21% 32.00 out of 38 points: 8.93 below ICB Average, 10.76 below England Average
Osteoporosis: secondary prevention of fragility fractures	0.00% 0.00 out of 3 points: 98.32 % below ICB Average, 98.09% below England Average	0.00% 0.00 out of 3 points: 98.29 % below ICB Average, 98.36% below England Average	0.00% 0.00 out of 3 points: 98.29 below ICB Average, 98.46 below England Average
Stroke and transient ischaemic attack	91.36% 10.05 out of 11 points: 4.46 % below ICB Average, 4.58% below England Average	75.45% 8.30 out of 11 points: 21.27 % below ICB Average, 22.22% below England Average	

Disease Prevalence registers

The disease prevalence registers provide an indication of systematic review of the disease registers and case finding by the practice. If the practice data shows low numbers of diagnoses against expected prevalence rates, ICB and / or England averages, then the practice is requested to carry out a systematic review to identify new cases of disease, where health checks may not have been carried out and ensure coding to enable call/recall.

There are several clinical domain registers where the practice practice's prevalence rates are 1-5% below ICB / national averages. This means that there are fewer number of patients identified and included in each disease register than expected. The table below identifies seven clinical domain registers where the practice's Prevalence Disease registers were below the ICB and / and or England average from 2022/23 and 2024/25. The practice will be asked to undertake a further systematic review of the disease registers to identify new cases of disease.

Year	2022/23	2023/24	2024/25
Asthma	3.04% 1.47 % below ICB Average, 3.48% below England Average	2.95% 1.55 % below ICB Average, 3.58% below England Average	2.79% 1.72% below ICB Average, 3.77% below England Average
Cancer	1.16% 1.48 % below ICB Average, 2.33 below England Average	1.08% 1.69 % below ICB Average, 2.56 below England Average	1.11% 1.8 below ICB Average, 2.69 below England Average
Chronic kidney disease	1.62% 0.94 % below ICB Average, 2.57 below England Average	1.65% 1.03 % below ICB Average, 2.76 below England Average	1.64% 1.19 below ICB Average, 3 below England Average
Depression	9.39% 1.11 % below ICB Average, 3.86 below England Average	No data	9.45% 2.1 below ICB Average, 4.82 below England Average
Diabetes mellitus	5.17% 0.96 % below ICB Average, 2.28 below England Average	4.73% 1.5 % below ICB Average, 2.93 below England Average	4.71% 1.59 below ICB Average, 3.18 below England Average
Hypertension	5.99% 4.72 % below ICB Average, 8.43 below England Average	5.87% 4.93 % below ICB Average, 8.92 below England Average	5.90% 4.98 below ICB Average, 9.33 below England Average

Secondary prevention of coronary heart disease	0.57% 1.24 % below ICB Average, 2.42 below England Average	0.62% 1.2 % below ICB Average, 2.35 below England Average	0.69% 1.14 below ICB Average, 2.29 below England Average

Personalised Care Adjustment Rates (PCA)

The PCA rate shows the percentage of patients that have been excluded by the practice from the denominator on the register. There is a risk that patients can be lost to follow up if not coded correctly, reviewed or called/recalled by the practice once a PCA code has been applied.

If there is evidence of high rates of PCAs being applied, then a practice is requested to audit to ensure the correct codes have been applied, patients have been identified, called, and recalled effectively.

2022/23	2023/24	2024/25
17.97% 7.63 % above ICB Average, 5.39% above England Average	23.00% 11.66 % above ICB Average, 10.01% above England Average	23.68% 11.07% above ICB Average, 9.79% above England Average

There has been a number of clinical domain registers where the practice's PCA rates have been more than 5% above ICB and England averages. There were 10 Clinical domains in 2022/23, 11 in 23/24 and 10 in 2024/25. This includes for example Asthma (11%); COPD (16%); Depression (18%); Diabetes (22%) mental health 23.8%); STIA 44.7%) in 24/25.

PCA rates since contract commencement

Clinical Domains		2022/23	2023/24	2024/25
Asthma	AST007		7.07 % above ICB Average, 2.82 above England Average	9.93 % above ICB Average, 6.87 above England Average
Atrial Fibrillation	AF008		18.75 % above ICB Average, 20.83 above England Average	
Cancer	CAN002	13.77 % above ICB Average, 12.1 above England Average		
	CAN005	12.45 % above ICB Average, 10.84 above England Average		
Cholesterol control and Lipid management	CHOL001		35.53 % above ICB Average, 33.86 above England Average	
Chronic Obstructive Pulmonary Disease	COPD008	34.66 % above ICB Average, 21.01 above England Average		16.1 % above ICB Average, 0.67 below England Average
	COPD015		10.43 % above ICB Average, 7.73 above England Average	
Dementia	DEM004	27.76 % above ICB Average, 23.29 above England Average		
Depression	DEP003			17.79 % above ICB Average, 16.04 above England Average
Diabetes Mellitus	DM014	12.77 % above ICB Average, 9.33 above England Average		
	DM020	11.98 % above ICB Average, 8.36 above England Average	22.59 % above ICB Average, 18.9 above England Average	22.35 % above ICB Average, 19.83 above England Average
	DM021		30.29 % above ICB Average, 27.89 above England Average	

	DM022		5.63 % above ICB Average, 3.24 above England Average	5.44 % above ICB Average, 3.54 above England Average
	DM023		9.47 % above ICB Average, 7.43 above England Average	10.95 % above ICB Average, 9.51 above England Average
Heart Failure	HF003	17.77 % above ICB Average, 19.63 above England Average	35.28 % above ICB Average, 35.58 above England Average	10.28 % above ICB Average, 10.25 above England Average
	HF004	17.98 % above ICB Average, 17.7 above England Average	34.97 % above ICB Average, 34.33 above England Average	10.51 % above ICB Average, 9.3 above England Average
	HF008		9.37 % above ICB Average, 8.89 above England Average	10.6 % above ICB Average, 10.55 above England Average
Hypertension	HYT002	15.13 % above ICB Average, 13.83 above England Average	14.06 % above ICB Average, 12.54 above England Average	21.1 % above ICB Average, 20.78 above England Average
	HYT003	24.81 % above ICB Average, 23.79 above England Average	12.43 % above ICB Average, 11.44 above England Average	23.84 % above ICB Average, 23.29 above England Average
Mental Health	MH002	11.7 % above ICB Average, 9.21 above England Average	22.08 % above ICB Average, 21.29 above England Average	8.13 % above ICB Average, 7.74 above England Average
	MH003	6.97 % above ICB Average, 2.08 above England Average	5.45 % above ICB Average, 2.74 above England Average	10.15 % above ICB Average, 8.18 above England Average
	MH005	8.36 % above ICB Average, 6.11 above England Average	32.76 % above ICB Average, 31.16 above England Average	22.96 % above ICB Average, 21.73 above England Average
	MH006	6.85 % above ICB Average, 5.22 above England Average	43.05 % above ICB Average, 42.32 above England Average	23.78 % above ICB Average, 23.18 above England Average
	MH007			5.18 % above ICB Average, 0.96 above England Average
Non-diabetic hyperglycaemia	NDH001	3.27 % above ICB Average, 4.38 above England Average	9.84 % above ICB Average, 11.46 above England Average	15.71 % above ICB Average, 17.25 above England Average
Secondary prevention of coronary heart disease	CHD005	5.52 % above ICB Average, 6.2 above England Average	12.57 % above ICB Average, 12.87 above England Average	
	CHD006	28.66 % above ICB Average, 26.61 above England Average	11.02 % above ICB Average, 9.41 above England Average	20.54 % above ICB Average, 19.09 above England Average
	CHD007	46.7 % above ICB Average, 45.77 above England Average		45.62 % above ICB Average, 45.37 above England Average
Stroke and Transient Ischaemic Attack	STIA007	19.4 % above ICB Average, 17.6 above England Average	10.65 % above ICB Average, 9.38 above England Average	
	STIA008	46.05 % above ICB Average, 44.54 above England Average	95.64 % above ICB Average, 94.12 above England Average	44.75 % above ICB Average, 43.95 above England Average
Total clinical disease domains with indicators >5% above ICB average		**10**	**11**	**10**

For Cricklewood Health Centre, in 24/25 there were 10 disease domains with PCA rates more than 5% above the ICB average. Further assurances will be needed from the practice that there has been a systematic review of patients on each disease registers, that correct clinical codes have been applied and patients have been recalled and reviewed.

The contracting team have requested as part of the practices improvement plan that the Contractor provides evidence of where there has been underperformance identified, what programme of change, support and learning the practice has implemented to improve call / recall and overall achievement and to provide evidence of call / recall and failsafe monitoring systems implemented, which are effectively working for patients ‘who do not attend for reviews following call/recall.

The practice has informed the ICB contracting team they have the below processes:

- Monthly failsafe audits to ensure no patient is missed, and outcomes are tracked systematically.
- Embedded opportunistic offers and failsafe audits.
- Monthly searches and dedicated staff for recalls.
- Monthly practice meetings and quarterly governance boards.
- Audit cycles for screening, immunisations, and medication reviews.
- Continuous re-audit and action tracking

6.3 Screening, Vaccination, and Immunisation

Practices are required to deliver National Cancer Screening and Immunisation Programmes, which include Breast, Bowel and Cervical screening. Flu, Pneumococcal and Childhood vaccination and Immunisation programmes.

Breast and Bowel screening is managed nationally in terms of patient invites, but practices are required to identify and contact patients who do not attend and/ or who cancel their screening appointments. Practices are also required to support public health promotion of screening to encourage patients to continue to attend the screening invites.

Practice coverage (i.e. number of patients screened and immunised) is measured against the ICB average and National targets. Practice coverage can be affected by a range of factors e.g. patient hesitancy, patients declining or failing to attend. For the financial years 20/21 and 21/22 primary care was impacted by the Covid-19 pandemic.

Screening – Cricklewood coverage compared to the ICB average.

The table below provides the practice coverage for four financial years compared against the ICB average (all NCL practices) where available. The figures highlighted in red are Cricklewood's percentage coverage compared against the ICB average. Public health data for 24/25 has recently been published, and is provided in the table below, but has yet to be benchmarked and validated.

Screening	Indicator Name	21/22	22/23	23/24	24/25	% Change 21-25
Cervical cancer	Cervical cancer screening 3.5- or 5.5-year coverage (age 25-64)	60.38%	56.36%	55.36%	55.49%	-4.89%
National Target: 80%	NCL ICB Average	61.77%	60.98%	62.15%	62.24%	+0.47%
Bowel cancer	Bowel cancer screening 2.5-year coverage (age 60-69)	44.44%	46.99%	46.03%	49.25%	+4.81%
National Target: 60%	NCL ICB Average	59.10%	60.85%	60.32%	62.34%	+3.24%
Breast cancer	Breast cancer screening 3-year coverage (age 50-70)	38.52%	32.41%	38.67%	44.44%	+5.92%
National Target: 75%	NCL ICB Average	51.52%	49.06%	54.33%	58.34%	+6.82%

**ND is where no data is available, the percentage change column uses the latest data available if no data is available for the most recent year*

In summary:

- Cervical screening: Coverage has declined by over 5% and remains below the ICB average by 6.75%. the practice is 24.5% below national target.
- Bowel screening: There has been an increase in coverage (5%) since contract commencement but remains below the ICB average (by 13.1%), the practice is 10.75% below national target.

- Breast screening: Coverage has increased by 5.9% and has remained below the ICB average (13.9%), the practice is 30.6% below national target.

The practice has been performing below NCL and National averages in all screening indicators since contract commencement. There have been small improvements in Bowel screening and breast screening, but further improvements are required to achieve national targets.

The practice has outlined the following actions in its improvement plan to address the challenges encountered in delivering screening programmes:

- A standardised three-step protocol (SMS, phone call, letter)
- Signed up for the HPV self-sampling pilot; with staff trained and alerts added to clinical system.
- Meeting with Barnet's Cervical Cancer Elimination Lead Nurse to explore further improvements.
- Joined NCL Cancer Recognition Scheme (Cohort 1) for training and peer support.
- Collaboration with Health Promotion Lead and screening service.

The practice would also be required to work with the Primary Care Network and any other local programmes to support increased health promotion for screening to the resident population.

Immunisation and Vaccination – Cricklewood Health Centre coverage compared to the ICB average.

The table below provides the practice's coverage for four financial years compared against the ICB average (all NCL practices). The figures highlighted in green are Cricklewood Health Centre's percentage coverage above the ICB averages where available and those highlighted in amber are the practices percentage coverage below the ICB average. Public health data for 24/25 has recently been published, and is provided in the table below, but has yet to be benchmarked and validated.

Service	Indicator Name	21/22	22/23	23/24	24/25	% Change 21 - 25
Childhood immunisations	3 doses DTaP/IPV/Hib, 2 years old	100.00%	83.33%	90.00%	100.00%	**0.00%**
2-year-old	1 dose MMR, 2 years old	87.50%	58.33%	90.00%	86.67%	**-0.83%**
National Target: 95%	1 dose Hib/Men C, 2 years old	87.50%	58.33%	90.00%	86.67%	**-0.83%**
	Practice Average	91.67%	66.67%	90.00%	91.11%	**-0.56%**
	NCL ICB Average	82.81%	83.91%	83.68%	82.44%	**-0.37%**
5-year-old	2 doses MMR, 5 years old	58.33%	75.00%	73.30%	75.00%	**+16.67%**
National Target: 95%	NCL ICB Average	73.22%	73.97%	73.90%	74.07%	**+0.85%**
Over 65s Flu	Over 65s	68.25%	35.65%	34.80%	33.00%	**-35.25%**
National Target: 75%	NCL ICB Average	55.31%	63.17%	60.40%	57.75%	**2.44%**
Under 65s at risk	Under 65 at risk	63.53%	19.13%	21.40%	16.50%	**-47.03%**
National Target: 75%	NCL ICB Average	32.52%	37.47%	30.75%	31.38%	**-1.14%**
Pneumococcal	Pneumococcal immunisation, over 65s	44.40%	ND	21.80%	51.00%	**+6.60%**
National Target: 75%	NCL ICB Average	64.99%	ND	44.85%	65.68%	**+0.69%**

**ND is where no data is available, the percentage change column uses the latest data available if no data is available for the most recent year*

In Summary:

- 2-Year-old immunisation: achievement has remained above ICB average in all years with the exception of 22/23, there has been a small decline in coverage since contract commencement (data to be benchmarked). The practice is less than 5% below national target.

- 5 years old immunisation: achievement has been the same or above the ICB average in the past three years and there has been an 16.7% increase in coverage from since contract commencement.
- Flu 65+: achievement has declined by 35.25% from since contract commencement and remained below (24.75%) the ICB average.
- Flu under 65 at risk: achievement has declined by 47% and remains nearly 15% below ICB average.
- Pneumococcal 65+: There has been improvement since contract commencement, but achievement remains below ICB average and national target. It should be noted that prior to contract commencement the practice achievement for this indicator was at 5.6%.

The practice has outlined the following current and planned actions in its improvement plan to address challenges within the immunisation and vaccination programmes:

- A standardised three-step protocol (SMS, phone call, letter)
- Non-responders booked with a nurse to discuss concerns; written materials provided (translated if needed).
- Alerts added to clinical system; health visitors and social services engaged where appropriate.
- Extended vaccination clinics and opportunistic offers during routine appointments.
- Additional ARRS staffing (GPA) from April 2025.
- Targeted outreach to at-risk cohorts.
- Staff incentivised through internal targets.
- Will utilise resources from School Vaccines UK and British Islamic Medical Association (BIMA) to support uptake.

Further improvements are required for all Immunisation and Vaccination areas (Flu, Pneumococcal, 2 and 5 years) to achieve the National Target. The practice would also be required to work with the Primary Care Network of practices and any other local programmes to support the increased health promotion for immunisation and vaccination to the resident population.

7. Key Performance Indicators (KPIs) achievement:

The APMS contract recognises that practice performance may fall below KPI targets therefore, KPI thresholds are included to allow lower thresholds to be established in the early years of the Contract. These are increased each year until the London Standard Thresholds are reached. Where the practice initial (baseline) performance is > 5% lower than the London Standard Threshold for that KPI, a stepped approach is applied. All KPIs are measured aganist the National targets (below), except for the patient voice indicators. The National Targets are Bowel (60%), Breast (75%), and Cervical Screening (80%). Childhood (95%), Flu and Pneumococcal Immunisations (75%). GP and Nursing appointments are measured against 72 GP and 32 Nursing appointments per 1000 patients / week. Patient voice indicators are measured against the National GP survey averages.

Practices receive an aspiration payment at band B and a top-up payment at band A, when achieved; where achievement is below band B, a claw back is applied for under performance. The bandings are below:

- Band A - Optimal achievement

- Band B - Acceptable achievement
- Bands C and D - Below acceptable achievement, which triggers an aspiration clawback for payments reimbursed at Band B.

The table below provides the practice's KPI achievement from contract commencement. In 21/22 and 22/23 the practice's performance was below Band B (optimal) in 6 KPI indicators; 23/24 there were 10 below Band B (optimal) and the most recent data for 24/25 8 KPIs below optimal – though this data has not been benchmarked. Where there is underperformace, the ICB applies a clawback of aspiration payments made to the practice. .

Key Performance Indicator (KPI)	Y1 21-22		Y2 22-23		Y3 23-24		Y4 24-25	
Bowel Cancer Screening	44.40%	Band B	47.00%	Band B	54.02%	Band B	49.25%	Band D
Breast Cancer Screening	38.50%	Band D	32.40%	Band D	38.67%	Band D	44.44%	Band D
Cervical Cancer Screening	60.40%	Band A	56.40%	Band C	56.00%	Band D	55.49%	Band D
Childhood Imms - 2 years olds	91.66%	Band A	66.70%	Band D	73.58%	Band C	91.11%	Band B
Childhood Imms - 5 years olds	83.30%	Band D	80.00%	Band B	64.15%	Band C	93.75%	Band B
Flu Imms 65+	68.25%	Band A	35.65%	Band D	34.80%	Band D	33.00%	Band D
Flu Imms <65 at risk	63.53%	Band A	19.13%	Band D	21.40%	Band D	16.50%	Band D
Pneumococcal 65+	44.40%	Band A	46.65%	Band A	21.80%	Band A	51.00%	Band A
No. of GP appts	74.19	Band C	83.46	Band A	60.91	Band D	53.25	Band D
No. of Nurse appts	37.77	Band A	27.42	Band C	18.21	Band D	14.33	Band D
Patient Voice (Overall Experience)	78.40%	Band D	86.60%	Band A	79.41%	Band A	77.80%	Band B
Patient Voice (Receptionists)	82.10%	Band D	84.30%	Band B	73.00%	Band D	81.60%	Band C
Patient Voice (Telephone)	66.20%	Band C	77.00%	Band A	52.84%	Band C	67.60%	Band B
Enhanced Access Provision	NOT ACHIEVED		NOT ACHIEVED		NOT ACHIEVED		NOT ACHIEVED	

KEY	
Optimal Threshold	Band A
Acceptable Threshold	Band B
Below acceptable achievement	Band C
Below acceptable achievement	Band D

In summary
For the Cancer Screening and vaccination Key Performance Indicators have varied for National & Contract targets Band A- C for 3 out of 8 and Band D for 5 out of 8 areas KPI areas:

- Bowel cancer screening – There was an improvement in bowel screening indicators for the first 3 years, but achievement has declined from Band B to Band D in 24/25 (data not yet benchmarked)
- Breast Screening – There have been some improvements, however KPI achievement has remained at Band D from commencement and including 24/25 data not benchmarked yet.
- Cervical screening – There has been a decline of 5% in cervical screening indicators from Band A to Band D in 24/25 - data not benchmarked yet.
- 2-year-old immunisations – The practice achievement has fluctuated in contract years 2 and 3 there was a decline but is now Band B and is 4% below national target.

- 5-year-old immunisation – The practice achievement has fluctuated since commencement, Band D at contract commencement, Band B 22/23, Band C in 23/24 and Band B in 24/25 (not benchmarked yet).
- Flu over 65 yrs. – The practice achievement has declined since commencement, Band A at contract commencement, and Band D for years 2,3 and 4 of the contract.
- Flu under 65yrs at risk – The practice achievement has declined over the last 3 years from Band A in year 1, then Band D between 22/23 - 24/5.
- Pneumococcal – The practice achievement has been maintained at Band A in all contract years.
- GP Consultations – The practice achievement in year 1 Band C, Band A in year 2 but has declined to Band D from years 3 and 4 of the contract and the practice has not been delivering over 72 GP appointments / 1000 patients in the past 2 years.
- Enhanced access KPI of 85 GP and 36 Nurse appointments per 1000 patient per week has not been achieved in any of the contract years.
- Nursing Consultations – Achievement at Band A in year 1 Band C in Year 2, the practice achievement has declined in years 3 and 4 and had fallen below the minimum nursing appointments required in line with contract.
- Patient voice – The practice scores have increased from Band C or D in year 1 to B/C in 2024/25
- National Patient Survey data released July 2025 indicates the practice has 1 indicators for patient voice below NCL ICB average and below national targets based on previous year thresholds.

Overall, against the KPIs the practice's performance has reduced year on year, except for childhood immunisations, Pneumococcal immunisations and Patient Voice (Overall Experience), the practice has not achieved the enhanced KPI provision in any of the contractual years.

When comparing the Cricklewood Health Centre achievement against ICB averages, the practice is in above or comparable to ICB averages for Childhood Imms (2- & 5-year-olds), but below for Flu and Pneumococcal and all cancer screening indicators.

However, for Screening and Immunisation, it is recognised that the NCL ICB average (all NCL practices), in general, is slightly lower than the National targets, therefore both should be compared when identifying where further targeted improvements are required.

8. Feedback from patients and stakeholders

The table below sets out the feedback from patients about the service from various sources including patient surveys, online reviews, informal feedback and from the Patient Participation Group (PPG).

Patient reviews - Google review

Total number of patient reviews	**71**
Period covered	2022 - Present
Positive	Negative
• Helpful staff • Professionalism	• Rude or unhelpful receptionists • Difficulty booking appointments

• Quick appointments • Kindness and support • Good care for children and families	• Long wait times or no availability • Poor communication • Issues with prescriptions or medical records

The google reviews highlight common themes around difficulty getting an appointment with long waiting times and getting through on the phone. Several reviews also highlighted unhelpful and receptionists / staff. The practice has responded to several Google reviews over the past 5 months and where negative feedback or concerns have been flagged, the practice have offered to investigate the issue further.

The contracting team have reviewed the latest available Friends and Family Test (FFT) data (August 20025) and the feedback from those who use the service. FFT feedback is received via SMS responses to an automated SMS message post-appointment and online app. The current NHSE FFT data which indicates 109 responses with 92% positive and 5% negative.

Comparison of National GP Patient Survery form contract commencement to to 2025

Comparison of the national patient survey results has been conducted to assess the changes since contract commencement. The practice has had a high percentage completion rate, compared to the ICB average and overall, the practice has maintained levels of satisfaction above the ICB average in the majority of questions surveyed. However, it should be noted that the national survey was updated in 2024, and as such a direct comparison to previous years is not possible, this highlighted in the table as No Data (ND) where comparative data is no longer available.

Areas of highest satisfaction were in the following areas in July 2025:

- Experience of contacting their GP practice as good 75%, above ICB average 69% and National average 70%
- Ease of getting through to the GP practice by phone 68%; above ICB 55% and National result: 53%
- Health care professional was good at listening to patients 90% above ICB 85% and National result: 87%.

Areas of lowest satisfaction were in the following areas:

- Patients' needs met during their last general practice appointment 84% below ICB 88% and National average 90%.

	2021	ICB	2022	ICB	2023	ICB	2024	ICB	2025	ICB
No. of Surveys sent out	488	90409	667	90189	793	98586	614	93655	1038	99710
No. of Surveys sent back	88	22995	91	19079	146	21034	118	18757	163	18666
Completion rate	17%	25%	14%	21%	18%	21%	19%	20%	16%	19%
Access to the Practice										
Overall experience in making an appointment	68%	69%	68%	54%	73%	53%	76%	67%	75%	69%
Ease to get through to the GP practice by phone	64%	68%	66%	55%	77%	52%	53%	52%	68%	55%
The receptionist at the GP practice being helpful	82%	86%	82%	78%	84%	78%	73%	79%	82%	80%
Satisfaction with the GP appointment times available	70%	66%	62%	55%	70%	54%	ND	ND	ND	ND

Being offered a choice of appointments when they last tried to make a GP appointment	74%	68%	78%	59%	75%	62%	ND	ND	ND	ND
Satisfaction with the appointment offered	77%	79%	78%	68%	77%	68%	ND	ND	ND	ND
Appointment Experience										
Overall experience with the practice	78%	81%	78%	70%	87%	69%	79%	72%	ND	ND
Health care professional was good at giving patients enough time	89%	86%	90%	81%	93%	81%	ND	ND	ND	ND
Health care professional was good at listening to patients	93%	88%	96%	83%	93%	83%	83%	84%	90%	85%
Health care professional was good at treating the patient with care and concern	95%	86%	90%	81%	92%	81%	86%	83%	88%	84%
Patients were involved in the decisions about their care and treatment	94%	91%	91%	88%	90%	88%	91%	90%	93%	90%
Confidence and trust in the healthcare professional saw and spoke to	100%	94%	97%	91%	93%	92%	97%	91%	94%	92%
Patients' needs were met	93%	93%	95%	89%	90%	89%	87%	88%	84%	88%

**ND is where no data is available*

ICB Led Local Patient Survey

The ICB wrote to all patients to seek their views on the services provided by the practice. The survey was open for four weeks between 15 September 2025 to 19 October 2025 and was available online with paper copies in the practice.

There was a total of 101 surveys completed (1.94 % response rate) 74 online and 27 paper copies the full outcome of the survey is appended to this report, and a summary of the results are listed below.

Most satisfied	% response	Least satisfied	% response
Ease of getting through via the phone	79.41%	Not aware of the Patient Participation Group (PPG)	74.51%
Overall Booking of appointments	65.68%	Not receiving a practice newsletter	75.49%
Booking appointments using the practices online services	30.39%	Not receiving the minutes of the PPG meetings	77.45%
Helpfulness of the Receptionist	86.27%		
Practice opening times	87.25%		
Satisfaction with the appointment times available	72.55%		
Ease of getting a face-to-face appointment	64.71%		
Receiving an appointment within 2 weeks	64.71%		
Receiving an urgent or same/next day appointment	57.84%		
Satisfaction with the length of time waiting for the appointment to take place	81.37%		
Giving you enough time at your last appointment	80.39%		
Listening to you	80.39%		
Treating you with care and concern	82.35%		
Involving you in decisions about your care	77.45%		
Trust and confidence in the decision	78.43%		
Ensuring your needs were met	78.43%		
Confidence and trust in last healthcare professional seen	86.28%		
Feel have enough support to manage common ailments themselves, without need for GP visit	71.57%		
Have enough support/information from local services to help manage long term condition	63.73%		
Ease of using practice's website to access information / services	53.92%		
Receiving communication by text or letter	72.55%		
Overall experience of the practice	77.45%		

The patient survey results indicate a generally high level of satisfaction across key areas of practice performance. Patients reported strong satisfaction with phone access (79.41%) and overall appointment booking (65.68%), though online booking remains a challenge, with 26.47% finding it not easy. Reception staff were rated highly for helpfulness (86.27%), and satisfaction with practice opening times was equally strong (87.25%).

Communication via letters and texts was well received (72.55%), and (57.84%) found the website easy to use. Appointment accessibility was positive, with 72.55% satisfied with available times, 64.71% finding face-to-face appointments easy to obtain, and 81.37% satisfied with wait times. Clinical care was rated highly, with over 75% of respondents expressing confidence and trust in their last healthcare professional and satisfaction with aspects such as time given, listening, and involvement in decisions.

Overall, 77.45% of patients were satisfied with their experience, though 8.82% reported it as poor or very poor. Regarding self-management, 71.57% felt supported to manage common ailments, and 63.73% felt they had adequate support for long-term conditions, with high blood pressure, arthritis, diabetes, and asthma/COPD being the most reported. However, awareness of the Patient Participation Group (PPG) was low, with 74.51% unaware of its existence and over 75% not receiving newsletters or meeting minutes, highlighting a key area for improved patient engagement.

Patient Participation Group (PPG)

Under the terms of the primary care contract, all practices are required to have a PPG, who should regularly meet with an agreed agenda to discuss the delivery of services at the practice. The information discussed should be published on the practice website for other patients to view, if not a member of the group.

In 2025, the practice held 2 PPG meetings, one in January and one in July with the notes published on the practices website. The practice reports that as a minimum they hold two meetings a year. The provider reports that attendance his been an issue, with 2-3 patients attending in addition to their chair. The practice reports outcome of these meetings are shared with patients via email, although it is noted that the most recent meetings have been published online.

In Conclusion

Penceat Medical Limited has engaged with the ICB and complied with the contract monitoring process. While a decline in some performance areas has been observed in Year 2 (22/23) & Year 3 (23/24) and year 4 compared with performance in Year 1 (21/22), there has been some improvements seen in in Year 4 (24/25) although the data is yet to be benchmarked. Early indications from the practice's submission for Q1 & Q2 for year 5 also have shown some improvement in performance, although the data will not be benchmarked until next year.

Some of the decline may be attributed to practice not being in a PCN from 2022 until April 2024. The practice also had inherited a poorly performing practice, of which the practice had to address at contract commencement. In addition, the practice had to identify and relocate to new premises in March 2023 of which may have also contributed to some of the underperformance shown.

The APMS contract is due to expire on 30 November 2026; committee members may make a decision based on the following three options:

Option 1: Extend the contract by 2 years, with conditional – this is a permitted modification under Provider Selection Regulations. Extension would be with conditions (preferred option)

Option 2: Dispersal of the patient list
Option 3: Procure a new contract.

Recommendation to committee is option 1, the approval of an extension of the contract by 2 years to 30 November 2028 and if no improvement is seen serve notice to not extend the contract further. The is the preferred option with recommendation of a number of conditions.

a. A requirement to improve against the national targets in all areas identified as underperforming.

b. The enhanced access KPI is retained but moved to an achievement-based model instead of being paid upfront monthly. The practice workforce data has been showing under provision of GPs, therefore further assurances would be needed from the practice of evidence of active recruitment and access to appointments.

c. To improve financial viability, the practice list size should be increased at least to its current annual increase to reduce the continued need for price support supplement If performance deteriorates during this period, the case will be referred to PCC.

Cricklewood Health Centre – APMS Contract Review Submission

Penceat Medical Limited – December 2025

1. Executive Summary

We welcome the opportunity to provide this representation to support the Primary Care Committee's consideration of Cricklewood Health Centre as part of the strategic review of the APMS contract.

Since assuming responsibility for the contract in December 2021, the practice has undergone significant stabilisation and sustained improvement. While historical performance did not consistently meet required thresholds, the position from mid-2025 onwards reflects demonstrable and evidenced progress across all KPI areas.

Across cancer screening, immunisations, access, appointments, governance, and patient experience, the practice has delivered measurable improvements supported by strengthened systems, expanded workforce capacity, improved coding accuracy, and enhanced recall mechanisms.

We believe that a two-year extension is the most proportionate and effective option for the ICB, ensuring continuity of care for **5,500 patients**, providing the stability needed to fully embed and build upon these improvements to deliver consistently high-quality care.

2. Contract Context

Cricklewood Health Centre transitioned to Penceat Medical Limited on 1 December 2021. Early years of the contract involved considerable operational challenges, including:

- **Premises relocation delays of approximately six months**, largely due to issues with the HSCN cabling installation via NCL IT.
- **No access to ARRS roles for over two years**, meaning essential multidisciplinary functions, such as screening follow-up, medication reviews, long-term conditions support, were absorbed internally.

- **Workforce instability**, including three concurrent maternity leaves, periods of long-term sickness, and difficulties retaining staff due to additional pressure resulting from a lack of ARRS support. At times this reduced clinical capacity by **up to 1.0 WTE GPs** and **1.0 WTE nurse**.

These factors provide important context for earlier performance, and we have taken responsibility by implementing the changes now delivering sustained improvement.

3. Improvements Achieved

The practice has continued to deliver consistent, documented progress across all KPIs.

3.1 Cancer Screening

Bowel Screening

Our existing recall process delivered by the non-clinical team was not having sufficient impact to improve uptake. Thus, we moved to targeted nurse-led outreach in October–November 2025, which resulted in a **15–20% increase in engagement** among eligible patients. Additional outreach calls are planned for Q4.

Breast Screening

A thorough records review identified and corrected historic miscoding. Following corrections, performance for 2025/26 is now **within 2–3% of local averages**, demonstrating significant improvement.

Cervical Screening

Based on December reporting, cervical screening is forecast to reach Band B by end of Q3 2025/6, establishing a clear trajectory towards achieving Band A in the following year, supported by:

- Coding corrections
- Strengthened recall processes
- Increased evening and weekend appointment availability

3.2 Immunisations

Childhood immunisation uptake has improved due to:

- Clearer, automated recall processes
- Clinician-led discussions with hesitant parents
- Increased nursing capacity since March 2024

Flu vaccination uptake for 2025/26 is higher than last year:

- **44% (over-65s)**
- **34% (under-65 at-risk)**

Pneumococcal vaccination remains consistently at **Band A**.

3.3 Appointments

Appointment data shows:

- **GP capacity forecast at Band A** for Q3 2025/6, with recruitment completed to deliver **A+ levels** in 2026
- Nursing capacity operating **above required thresholds**, supporting screening, immunisations, and LTC management

3.4 Access

Telephone redesign has produced measurable improvements:

- Calls between 7–9am reduced from **2,315** → **803** (Feb 2024 → Feb 2025)
- Missed calls reduced from **20%** → **5%**
- Average queue time significantly reduced
- New “Check and Cancel” and callback options introduced

Digital access has strengthened through:

- A new website launched with PCN support
- All staff trained as NHS App ambassadors
- NHS App registrations increased to **66%**, with a target of **70%+ by March 2026**

3.5 Patient Experience

Friends & Family Test improved from **53% positive (Apr 2024)** to **90% positive (Feb 2025)**.
Patient feedback increasingly reflects satisfaction with access and communication.

4. Governance, Clinical Systems and Coding Accuracy

Governance has been significantly strengthened, with:

- Monthly clinical governance meetings covering LTCs, screening, safety and medication review oversight
- Systematic coding review, including correction of cervical and breast screening records, directly contributing to KPI uplift
- Structured DNA monitoring and automated recall follow-up

Hippo Recall, implemented in December 2025, now supports automated recall activity for screening, immunisations and long-term conditions, enhancing coverage and reliability throughout 2026.

5. Workforce Strengthening

Workforce capacity is now stabilised with all core roles filled:

- GP capacity increased from April 2025
- ANP capacity increased from December 2025
- Nursing capacity strengthened
- HCA capacity increased from April 2025
- Access to PCN ARRS roles from April 2024—pharmacists, physician associates, FCPs, social prescribers

A defined recruitment and retention pipeline will support resilience through 2026.

6. Community Engagement and Patient Participation

Following the September ICB survey, interest in the PPG has increased significantly, which clearly reflects strong support for the practice and a wish to understand the future of the service. Over **40 patients** have RSVP'd to the December 2025 meeting, the highest engagement level during the contract term.

The revitalised PPG will focus on:

- Co-designing access improvements
- Supporting digital literacy and NHS App uptake
- Enhancing communication in multiple languages
- Providing continuous feedback into service improvement

7. Forward Plan to December 2026

7.1 KPI Targets

- **Cervical screening:** Achieve **Band A by end Q3 2026**
- **Bowel screening:** Increase uptake by **10% during 2026**
- Maintain breast screening accuracy with systematic follow-up
- Full integration of Hippo Recall by Q1 2026

7.2 Appointments and Access

- Achieve **Band A+ GP capacity** by Q3 2026
- Maintain **Band A+ nursing capacity**
- Quarterly review cycles for telephony and digital access improvements

7.3 Patient Experience

- Hold quarterly PPG meetings throughout 2026
- Deliver targeted work on communication, reception experience and translated information
- Maintain FFT positive scores consistently **above 85%**

7.4 Clinical Governance

- Maintain monthly governance with action tracking
- Strengthen LTC case-finding using automated reports
- Continue pharmacist-led medication review optimisation

7.5 Risk Management

Key risks and mitigations include:

- **Staffing resilience:** recruitment pipeline, cross-cover capacity
- **Screening variability:** automation and enhanced nurse-led follow-up
- **Seasonal pressures:** winter capacity planning, enhanced flu campaign

8. Conclusion and Committee Consideration

The evidence submitted since May 2025 demonstrates sustained and measurable improvement across all KPI domains. The systems, workforce and governance foundations for continued progress are now firmly established.

Approving the two-year extension would:

- Protect continuity of care for **5,500 patients**
- Support the improvement trajectory currently underway
- Ensure stable and equitable services within NCL and PCN6

We provide this submission to support the Committee's review and to inform its consideration of the recommended extension.

We remain committed to working collaboratively with NCL ICB and PCN6 to deliver high-quality, accessible and equitable care for our community.

NHS
North Central London
Integrated Care Board

APMS Procurement

Patient & Stakeholder Engagement Report

Cricklewood Health Centre
Barnet

North Central London ICB
28 October 2025

Purpose of the report

The purpose of this report is to provide details of the feedback from patients and other stakeholders on the services provided to patients by Cricklewood Health Centre and what service improvements patients would like to see at the practice. The contract is approaching a contract expiry date which gives North Central London Integrated Care Board (NCL ICB) an opportunity to hear from patients to understand what's working well and where improvements could be made in the future.

How We Collected Your Views

Letters were sent to all registered patients aged 16 and over informing them of the forthcoming review of the practices' contract.

Patients were asked to give their views on what they liked about the current services and what could be improved at the practice. Patients were provided with an easy access QR code, link to the patient survey (as per the patient letter) as well as the option to complete a hard copy of the survey from the practice site.

An online survey was launched on 15 September to 19 October 2025 and paper surveys were available on request at the practice. Commissioners collected 74 completed online surveys and 27 paper copies received by the practice.

Letters were also sent to local stakeholders and interested parties including,

- Patients (aged over 16).
- Healthwatch.
- Health and Wellbeing Board.
- Members of Parliament.
- Local Councillor.
- London wide Local Medical Committee.
- Health and Adult Social Care Overview Scrutiny Committee
- GP Practices.
- PCN Clinical Directors.

There were no responses received from stakeholders.

Overall total responses and Questions asked

There was a total of **101** responses received to the survey which is 1.94% of the registered list (5196 as of October 2025).

- **74** responses to the online survey
- **27** paper surveys were returned to the practice.

The themes of the questions within the survey ranged from:

- Access to and satisfaction with appointments
- Experience with reception
- Access to the practice via the phone
- Opening hours
- Ease of getting face to face appointments
- Types of appointments
- Experience of the Health care professionals seen
- Experience of sharing and receiving information
- NHS Services (e.g., 111, Urgent Treatment Services, local pharmacies)
- Online patient services
- Complaints resolution
- Access to and ease to use GP website.
- Knowledge of the Patient Participation Group

Equality Impact Assessment (EQIA) data was also captured to assess the demographic of the patients who responded, compared to the total registered list and to help analyse patient need. The data that was captured related to:

- Gender identity
- Disability
- Ethnicity
- Age
- Employment status
- Carers
- Parental or Legal Guardian Status
- Hearing and sign language
- Smoking habits
- Religion

Where patients were MOST Satisfied

The full results and patients written feedback are included in Appendix A. Where survey questions can be grouped, they are provided below as a summary. The survey options grouped to measure where patients were **most satisfied** are.

- Very easy or fairly easy.
- Very satisfied or fairly satisfied.

- Always / Almost always

Question number	Survey Question	Percentage of responses
3	Ease of getting through via the phone	79.41%
4	Overall Booking of appointments	65.68%
6	Booking appointments using the practices online services	30.39%
8	Helpfulness of the Receptionist	86.27%
9	Practice opening times	87.25%
10	Satisfaction with the appointment times available	72.55%
11	Ease of getting a face-to-face appointment	64.71%
12	Receiving an appointment within 2 weeks	64.71%
13	Receiving an urgent or same/next day appointment	57.84%
19	Satisfaction with the length of time waiting for the appointment to take place	81.37%
21a	Giving you enough time at your last appointment	80.39%
21b	Listening to you	80.39%
21c	Treating you with care and concern	82.35%
21d	Involving you in decisions about your care	77.45%
21e	Trust and confidence in the decision	78.43%
21f	Ensuring your needs were met	78.43%
21g	Confidence and trust in last healthcare professional seen	86.28%
23	Feel have enough support to manage common ailments themselves, without need for GP visit	71.57%
25	Have enough support/information from local services to help manage long term condition	63.73%
32	Ease of using practice's website to access information / services	53.92%
33	Receiving communication by text or letter	72.55%
38	Overall experience of the practice	77.45%

Where patients were LEAST Satisfied

The full results are included in Appendix A and where survey questions could be grouped, they are provided below as a summary. The survey options grouped to measure where patients were **least satisfied** were:

- Not very easy / Not at all easy
- Very dissatisfied / Fairly dissatisfied

Question number	Survey Questions	Percentage of responses
34	Not aware of the Patient Participation Group (PPG)	74.51%
36	Not receiving a practice newsletter	75.49%
36	Not receiving the minutes of the PPG meetings	77.45%

Summary of the results

Patient Experience

Based on the survey results patient have shown a higher level of satisfaction with the ease of getting through to the practice on the phone (79.41%), the overall booking of appointments (65.68%). The results also flagged difficulty with booking an appointment using the GP practices online services with (26.47%) not finding it easy.

Survey results also show a high level of satisfaction with the helpfulness of the receptionists with 86.27% of respondents stating staff were either fairly or very helpful.

Access, Appointment and Communication with Practice

There was a high level of satisfaction with the practice opening times (87.25%) and respondents receiving communication by letter and text (72.55%).

Survey responses show a high level of satisfaction with the appointment times available (72.55%), as well as in the ease of getting a face-to-face appointment (64.71%).

Respondents to the survey indicated that 57.84% were able to get a same/next day appointments for urgent needs and 64.71% were able to get an appointment within 2 weeks. Overall 81.37% were satisfied with the length of time they waited for their appointment to take place.

Survey results show respondents were highly satisfied with how the last healthcare professional they seen gave enough time (80.39%), listening to you (80.39%), treating you with care and concern (82.35%), involving you in decisions (77.45%), gave trust and confidence in the decision (78.43%) and ensuring patient needs were met (78.43%). There was also a high level of satisfaction (86.28%) with the confidence and trust in last healthcare professional seen.

Overall patients were satisfied with their experience of the practice (77.45%) with 8.82% of respondents describing their experience as poor or very poor when answering the same question.

There was a higher level of satisfaction with the ease of using the practice's website to access information or services, with 53.92% of respondents answering either fairly easy or very easy.

Patient Conditions

The survey responses also show a higher level of satisfaction (71.57%) of patients feeling they have enough support to manage common ailments themselves without need for a GP visit.

When asked if they have enough support and information from local services to manage long-term conditions, 63.73% answered yes or yes to some extent.

59.46% of respondents said they have enough support/information from local services to help manage a long-term condition. The following are some of the common long-term conditions declared by the patients – arthritis (19.61%), asthma /COPD (10.78%), diabetes (13.73%), high blood pressure (22.55%)

Patient Participation Group and Complaint Management

Although communication was good by the practice via text and letters, a high proportion of patients were not aware of the PPG (74.51%) and (77.45%) of respondents said they did not receive the minutes of the PPG meetings. There was also a high proportion (75.49%) of respondents who said they had not received the practice newsletter.

What We Will Do with This Information

Patient feedback is an integral part of any decision-making process and the results from the patient engagement will be incorporated in the strategic and performance review being undertaken and referred to the Primary Care Committee (PCC) to support a decision of either a further extension of the contract or procurement of a new contract.

We will also share the results with the current providers of the practice so that they can take into account patient wants and needs when planning the service. For the areas where patients were least satisfied with the practice, NCL ICB will also implement a contract action plan, to review evidence of change and improvement by the provider.

This includes key requirements for being able to book appointments quickly, efficiently, and provided at a range of times to suit patient needs. When patients request an appointment, they will be able to do so first time and not been requested to call back in the afternoon or the next day.

- Patients will be able to book on the day appointments, or within 24/48 hours, if they wish to.
- Patients will be able to book an appointment for up to four weeks in advance.
- Patients will be able to book appointments in a number of ways: including by telephone; online; attending at the surgery.

Appendix 1

Themes arising from patients written comments	
Appointments and Access	Challenges with booking an appointment with long wait times, difficulty getting through by phone, lack of online booking options. A desire for more flexibility with requests for same-day appointments, weekend availability, and extended hours. Preference for online systems with several comments mentioning that online booking was easier and more transparent.
Reception Staff	Mixed feedback with some praised for being helpful and kind, while others describe them as rude, unempathetic, or interruptive during consultations.
Doctor Interactions & Continuity of Care	Many patients expressed gratitude for specific doctors citing kindness and thorough care. Some concerns were flagged with some responses mentioning poor listening skills, rushed appointments, and the “one problem per appointment” rule as barriers to effective care. Patients wanted the option to choose their doctor, especially for gender-sensitive issues
Clinical Support & Follow-Up	Patients felt a need for better follow up with unresolved health issues and lack of continuity in care. Requests for longer consultations especially for complex or multiple health concerns. A desire for referrals and care plans which include access to specialists and self-referral services.
Facilities & Services	Walk-in and weekend services were previously valued, and their removal noted

Overall experience	There was a positive overall experience with around 60% of comments expressing satisfaction, appreciation, and loyalty to the practice. Around 20% mention both good and bad aspects with room for improvement especially in access, communication, and empathy from non-clinical staff. With the remaining 20% flagging concerns with booking issues, reception staff, and lack of support for complex health needs.

Summary of some of the written patient comments received

Appointments and Access

Waiting time to make an appointment is too long.
Appointment booking system not easy.
“It's become good in the recent past. Before that, having to call at 8am to get an appointment was a bit of a pain…”
“You currently have to call the reception at 8am on Monday to secure a booking…”
“I remember having an online booking access a few years back…”
“It used to be open on Saturdays and Sundays for walk-in… Now it is not possible to have same day appointments…”
Hope online booking services for making appointment will be available.
GP doesn’t have any online appointments so the only way to get an appointment is by phone…

Reception Staff

“The receptionists at the front desk need to be more empathetic and address the patients nicely.”
“Extremely rude reception staff. All of them.”
“Receptionists interrupt consultations.”
“Receptionist harshness makes phone booking difficult.”
“Reception staff gave wrong/incomplete information about exemption card.”
“I’m very happy with receptionists… Always kind when they answer the phone.”

Doctor Interactions & Continuity of Care

“I had a doctor in the recent past whose bedside manner really needed some work…”
“I am so lucky to have my GP he is the best.”
“It would be nice if I could choose the doctor I want to see…”
“One of the doctors doesn't listen to what I'm saying…”
“Some health problems require a physical check up and not only a phone call…”
“They do not seem to care about their patients…”
“I wish there was a woman doctor available…”
“My GP is very good and he cares about his patients.”
“I’m very happy with my GP practice…”

Clinical Support & Follow-Up

The follow-up of patient results and resolving of health issues needs to be improved.
“I am writing as I feel increasingly frustrated with the difficulties I face in accessing timely support…”
Weight management and diabetes risk.
Headaches.
Eczema.
Request for longer consultation, referrals, self-referral info, and care plan.

Facilities & Services

“Halal and non-halal flu injection.”
“The practice has improved a lot since they moved to another location…”
“It used to be open on Saturdays and Sundays for walk-in…”
“Open until 8pm is flexible…”

Overall Experience

“THEY ARE EXCELLENT NEVER HAD A COMPLAINT.”
“I think it’s a great surgery.”
“I am very happy with this GP. They are kind and very helpful.”
“I can say nothing at all.”
“They're so good and with a good experience also they are hospitable and fully respecting.”
“In general, in all aspects A Fairly good service.”
“Good GP.”
“Continue good service.”
“Friendly and accommodating.”
“I'm very happy with my GP practice. And have no complaints…”
“Everything is ok.”
“Great practice.”
“Helpful and friendly.”
“The staff at my GP practice are always accommodating, respectful, caring, kind, compassionate…”

NHS North Central London Integrated Care Board

NHS North Central London Clinical Commissioning Group

Cricklewood Health Centre - Patient survey: Summary report

This report was created on Friday 19 December 2025 at 14:32 and includes **102** responses.

The activity ran from 05/09/2025 to 19/10/2025.

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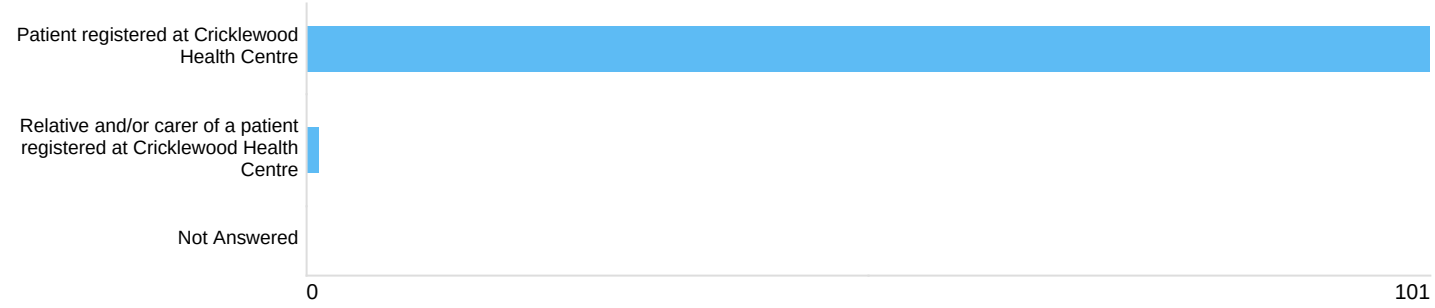
Question 1: Please confirm if you are a:

Please confirm if you are a



Option	Total	Percent
Patient registered at Cricklewood Health Centre	101	99.02%
Relative and/or carer of a patient registered at Cricklewood Health Centre	1	0.98%
Not Answered	0	0.00%

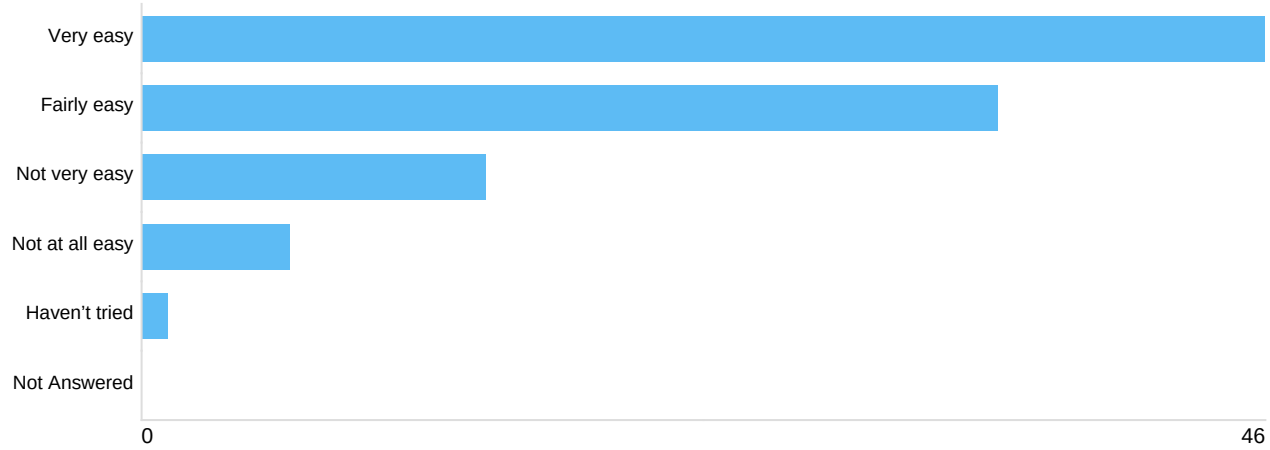
Question 2: What is your postcode? This will help us to understand how far you live from the practice.

Please complete

There were **101** responses to this part of the question.

Question 3: Generally, how easy is it to get through to someone at your GP practice on the phone?

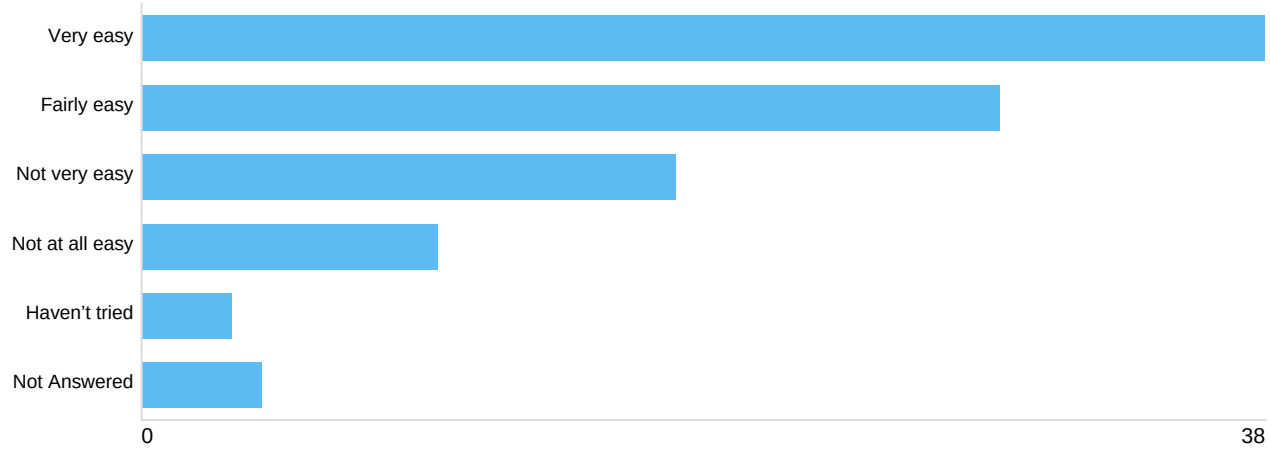
Generally, how easy is it to get through to someone at your GP practice on the phone?



Option	Total	Percent
Very easy	46	45.10%
Fairly easy	35	34.31%
Not very easy	14	13.73%
Not at all easy	6	5.88%
Haven't tried	1	0.98%
Not Answered	0	0.00%

Question 4: How easy is it to book an appointment at your GP practice?

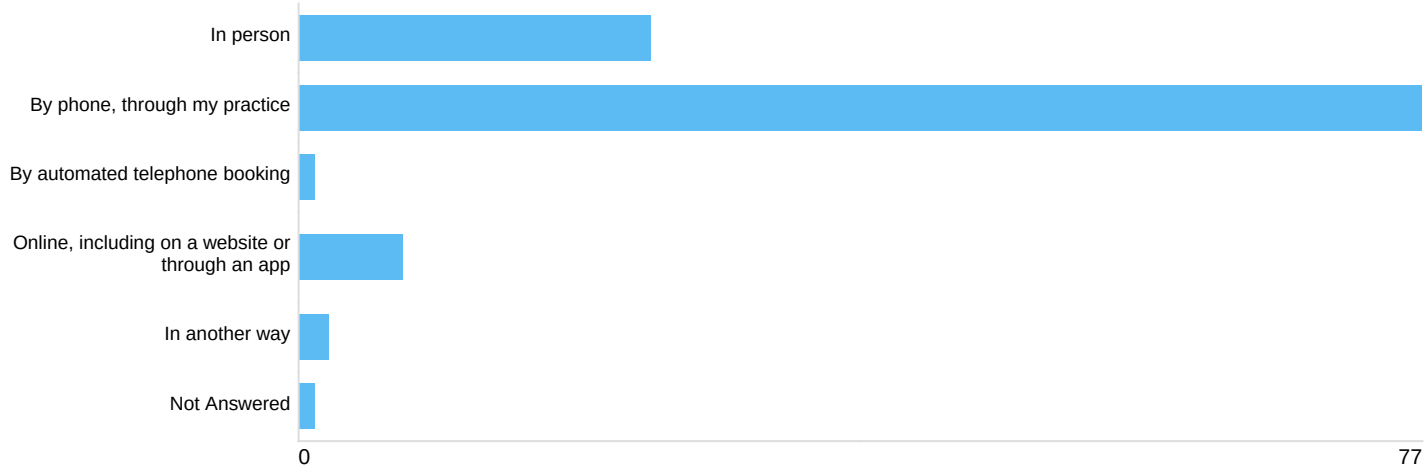
How easy is it to book an appointment at your GP practice?



Option	Total	Percent
Very easy	38	37.25%
Fairly easy	29	28.43%
Not very easy	18	17.65%
Not at all easy	10	9.80%
Haven't tried	3	2.94%
Not Answered	4	3.92%

Question 5: When you last booked an appointment at your GP practice how did you try to book the appointment?

Q5



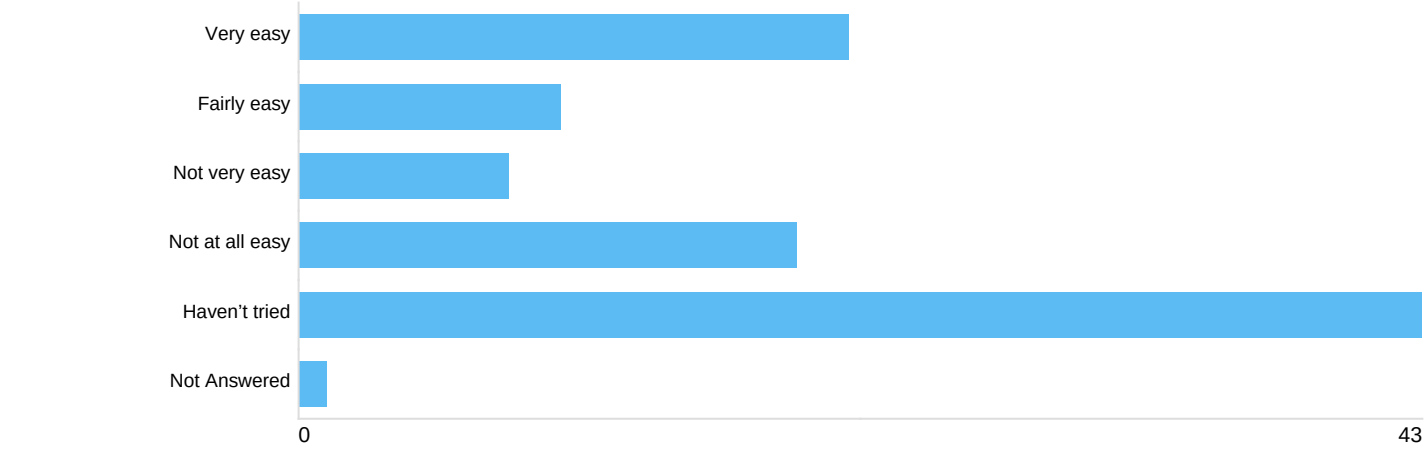
Option	Total	Percent
In person	24	23.53%
By phone, through my practice	77	75.49%
By automated telephone booking	1	0.98%
Online, including on a website or through an app	7	6.86%
In another way	2	1.96%
Not Answered	1	0.98%

If in another way, please specify.

There was **1** response to this part of the question.

Question 6: How easy is it to book an appointment using your GP practice's online services? By online we mean on a website or smartphone app.

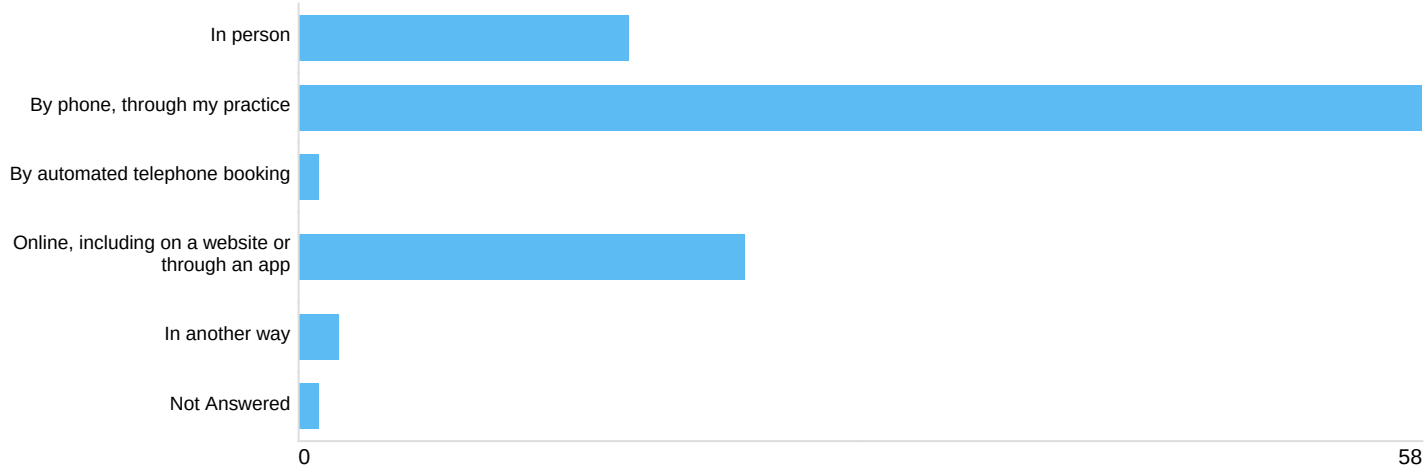
Making an appointment



Option	Total	Percent
Very easy	21	20.59%
Fairly easy	10	9.80%
Not very easy	8	7.84%
Not at all easy	19	18.63%
Haven't tried	43	42.16%
Not Answered	1	0.98%

Question 7: In the future which would be your preferred way of booking an appointment?

Q7



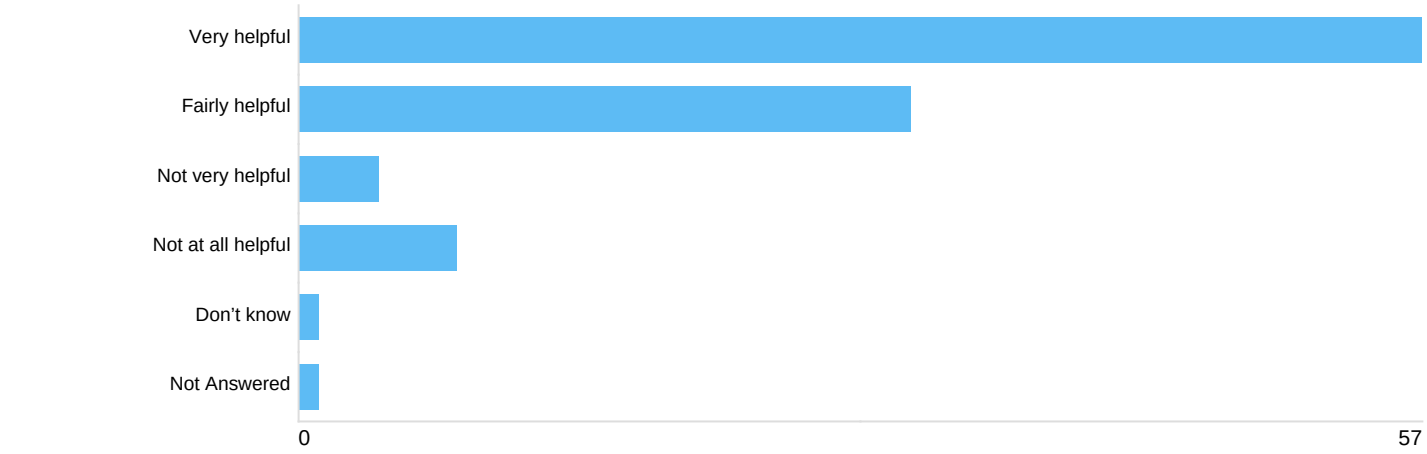
Option	Total	Percent
In person	17	16.67%
By phone, through my practice	58	56.86%
By automated telephone booking	1	0.98%
Online, including on a website or through an app	23	22.55%
In another way	2	1.96%
Not Answered	1	0.98%

If in another way, please specify

There were **3** responses to this part of the question.

Question 8: How helpful do you find the receptionists at your GP practice?

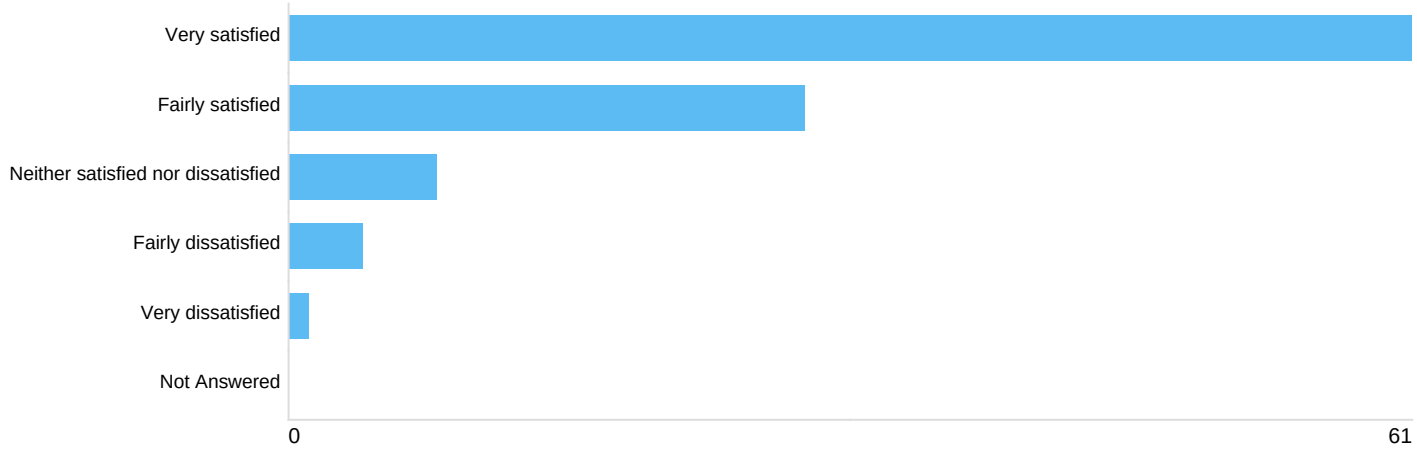
How helpful do you find the receptionists at your GP practice?



Option	Total	Percent
Very helpful	57	55.88%
Fairly helpful	31	30.39%
Not very helpful	4	3.92%
Not at all helpful	8	7.84%
Don't know	1	0.98%
Not Answered	1	0.98%

Question 9: How satisfied are you with the general practice opening times?

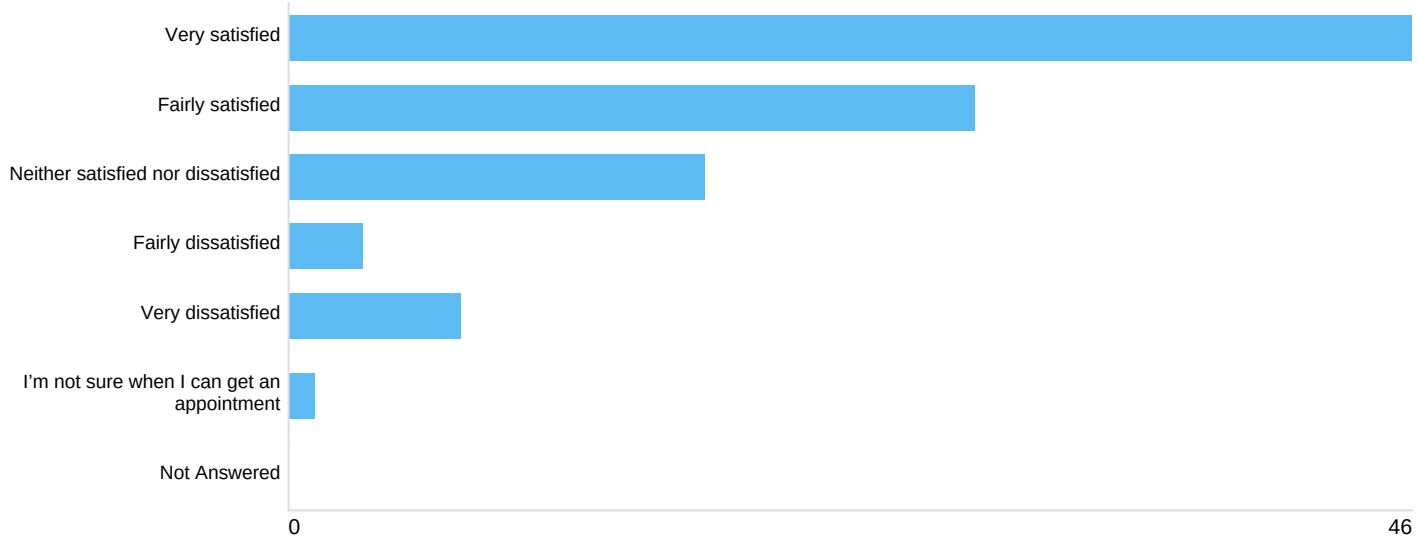
How satisfied are you with the general practice opening times?



Option	Total	Percent
Very satisfied	61	59.80%
Fairly satisfied	28	27.45%
Neither satisfied nor dissatisfied	8	7.84%
Fairly dissatisfied	4	3.92%
Very dissatisfied	1	0.98%
Not Answered	0	0.00%

Question 10: How satisfied are you with the general practice appointment times that are available to you?

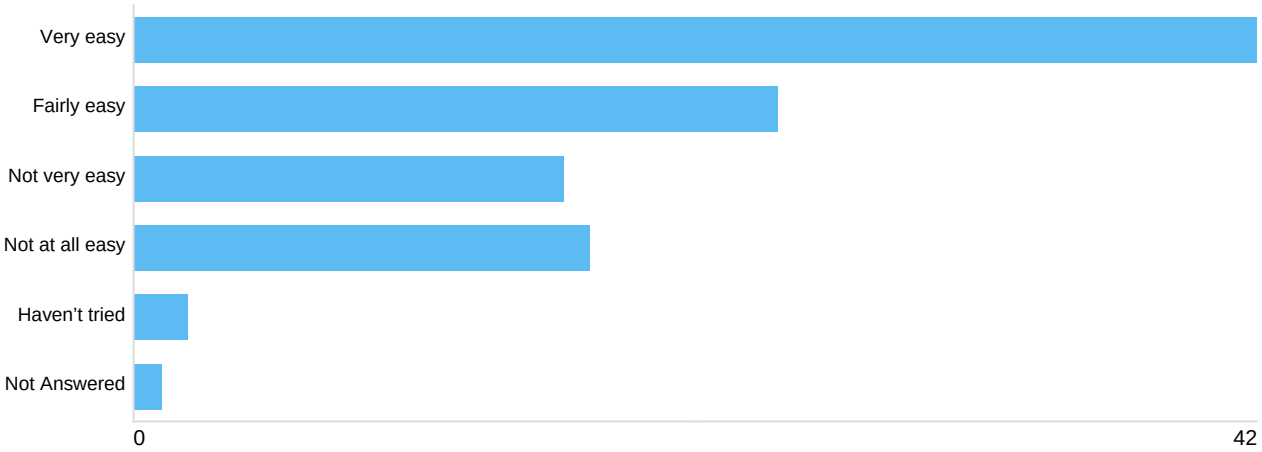
How satisfied are you with the general practice appointment times that are available to you?



Option	Total	Percent
Very satisfied	46	45.10%
Fairly satisfied	28	27.45%
Neither satisfied nor dissatisfied	17	16.67%
Fairly dissatisfied	3	2.94%
Very dissatisfied	7	6.86%
I'm not sure when I can get an appointment	1	0.98%
Not Answered	0	0.00%

Question 11: How easy is it to get a face-to-face appointment with someone at your GP practice when you need one?

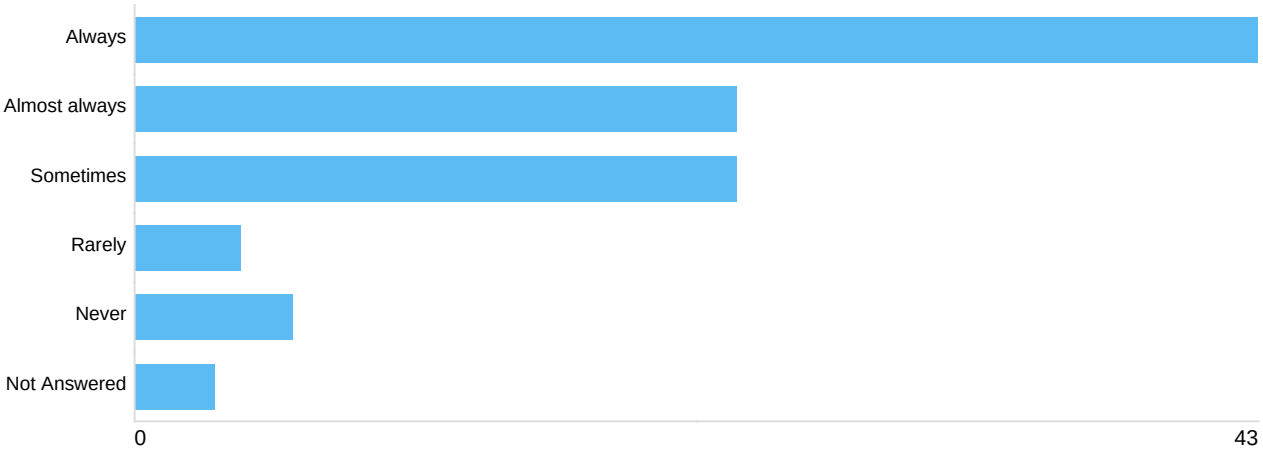
How easy is it to get a face-to-face appointment with someone at your GP practice when you need one?



Option	Total	Percent
Very easy	42	41.18%
Fairly easy	24	23.53%
Not very easy	16	15.69%
Not at all easy	17	16.67%
Haven't tried	2	1.96%
Not Answered	1	0.98%

Question 12: Generally, can you receive an appointment at your GP practice within two weeks?

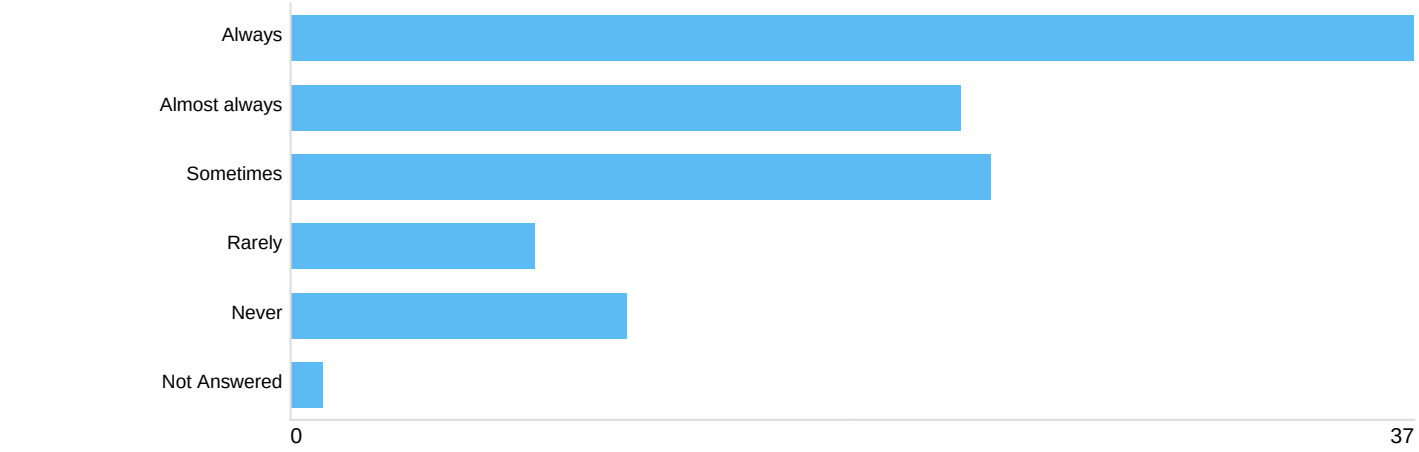
Generally, can you receive an appointment at your GP practice within two weeks?



Option	Total	Percent
Always	43	42.16%
Almost always	23	22.55%
Sometimes	23	22.55%
Rarely	4	3.92%
Never	6	5.88%
Not Answered	3	2.94%

Question 13: For urgent needs, can you receive an appointment at your GP practice on the same or next day?

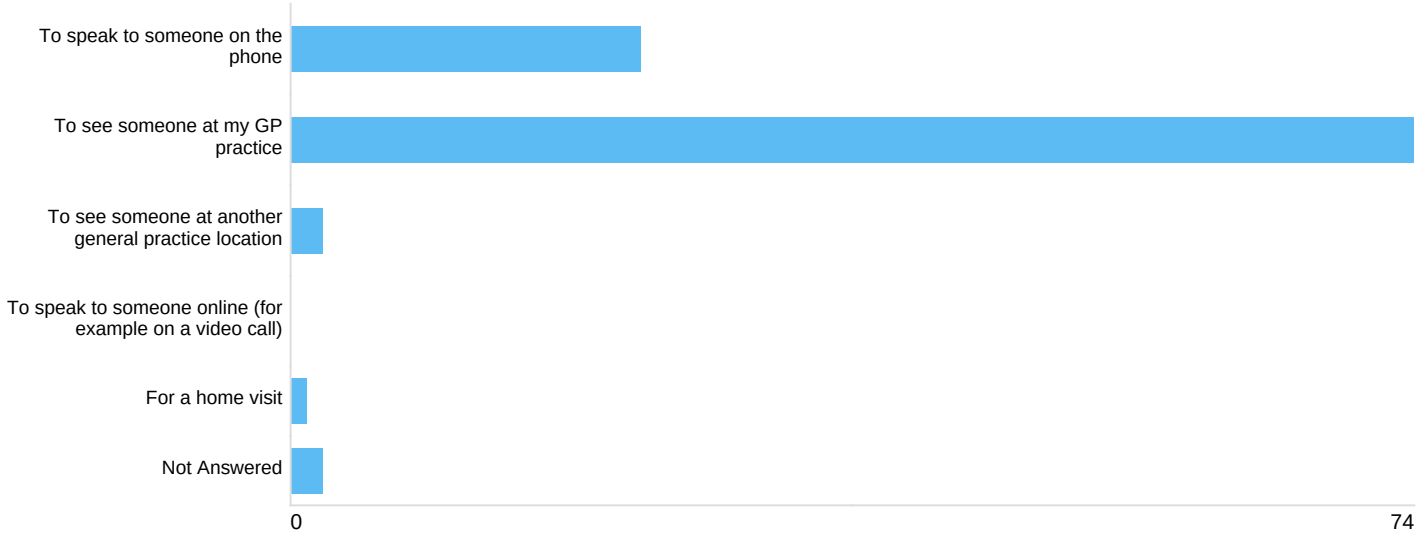
For urgent needs, can you receive an appointment at your GP practice on the same or next day?



Option	Total	Percent
Always	37	36.27%
Almost always	22	21.57%
Sometimes	23	22.55%
Rarely	8	7.84%
Never	11	10.78%
Not Answered	1	0.98%

Question 14: When you last had an appointment at your GP practice, what type of appointment did you get? I got an appointment…

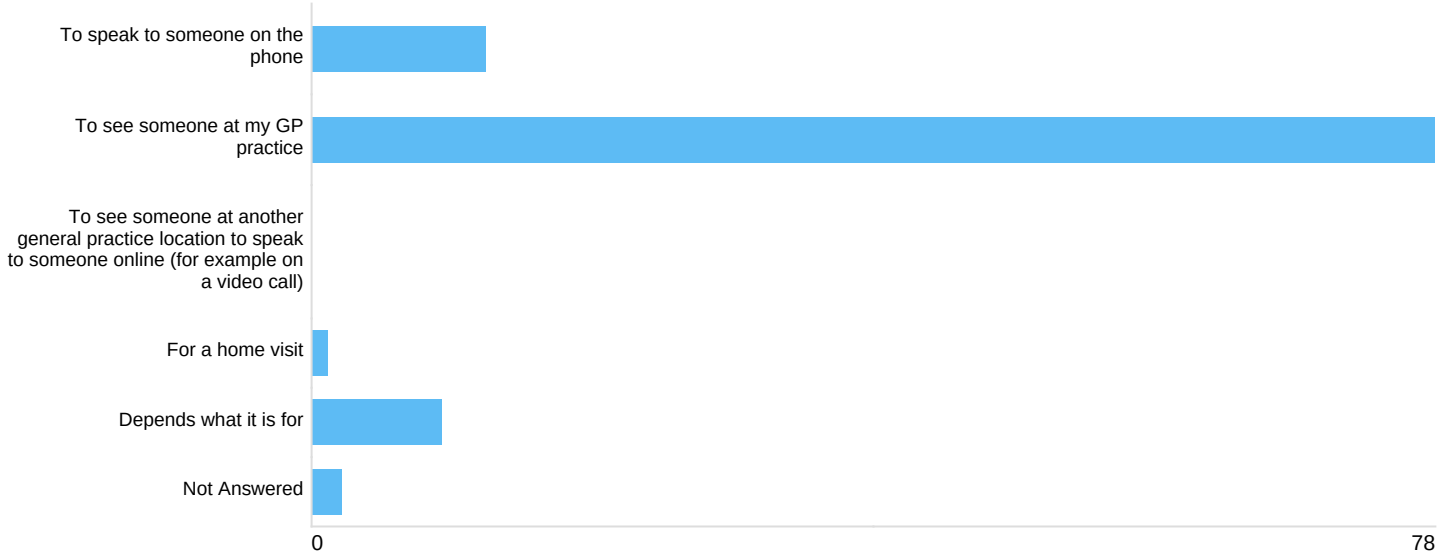
Your last appointment



Option	Total	Percent
To speak to someone on the phone	23	22.55%
To see someone at my GP practice	74	72.55%
To see someone at another general practice location	2	1.96%
To speak to someone online (for example on a video call)	0	0.00%
For a home visit	1	0.98%
Not Answered	2	1.96%

Question 15: In the future which type of appointment would you prefer?

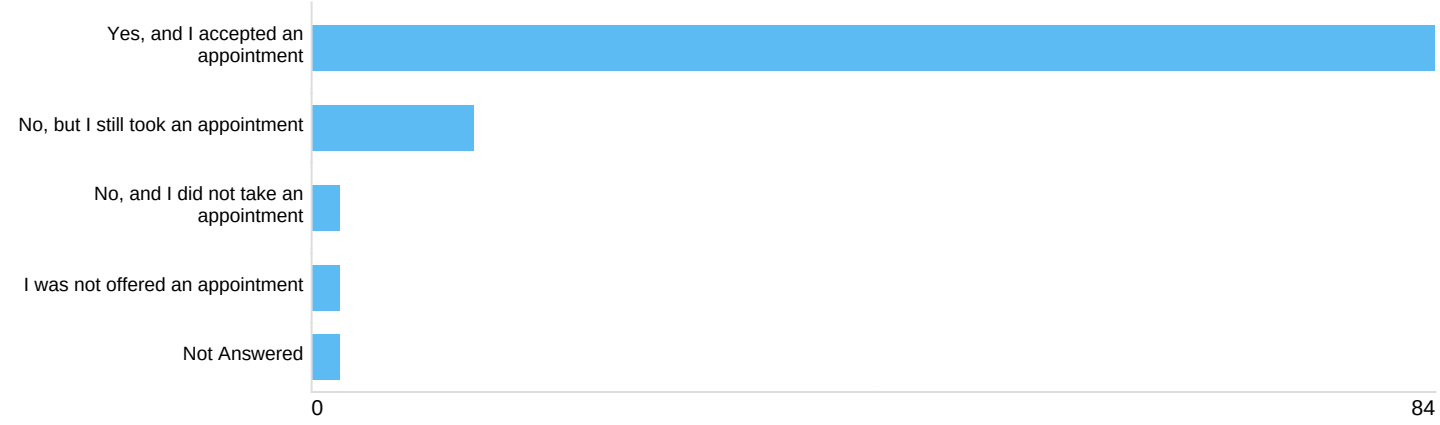
Your last appointment



Option	Total	Percent
To speak to someone on the phone	12	11.76%
To see someone at my GP practice	78	76.47%
To see someone at another general practice location to speak to someone online (for example on a video call)	0	0.00%
For a home visit	1	0.98%
Depends what it is for	9	8.82%
Not Answered	2	1.96%

Question 16: When you last had a general practice appointment, were you satisfied with the appointment (or appointments) you were offered?

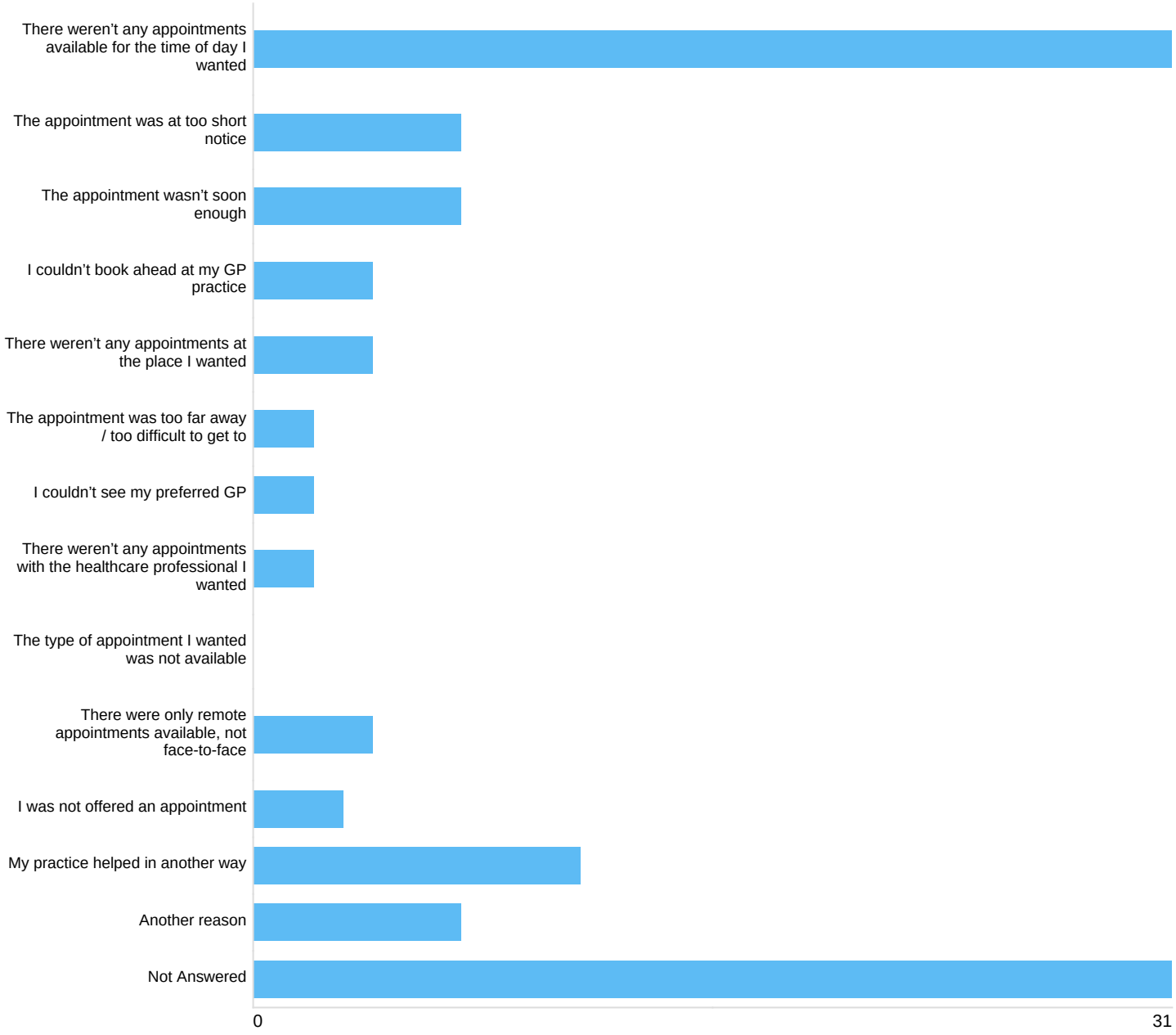
When you last had a general practice appointment, were you satisfied with the appointment (or appointments) you were offered?



Option	Total	Percent
Yes, and I accepted an appointment	84	82.35%
No, but I still took an appointment	12	11.76%
No, and I did not take an appointment	2	1.96%
I was not offered an appointment	2	1.96%
Not Answered	2	1.96%

Question 17: If you did not get an appointment, why was that?

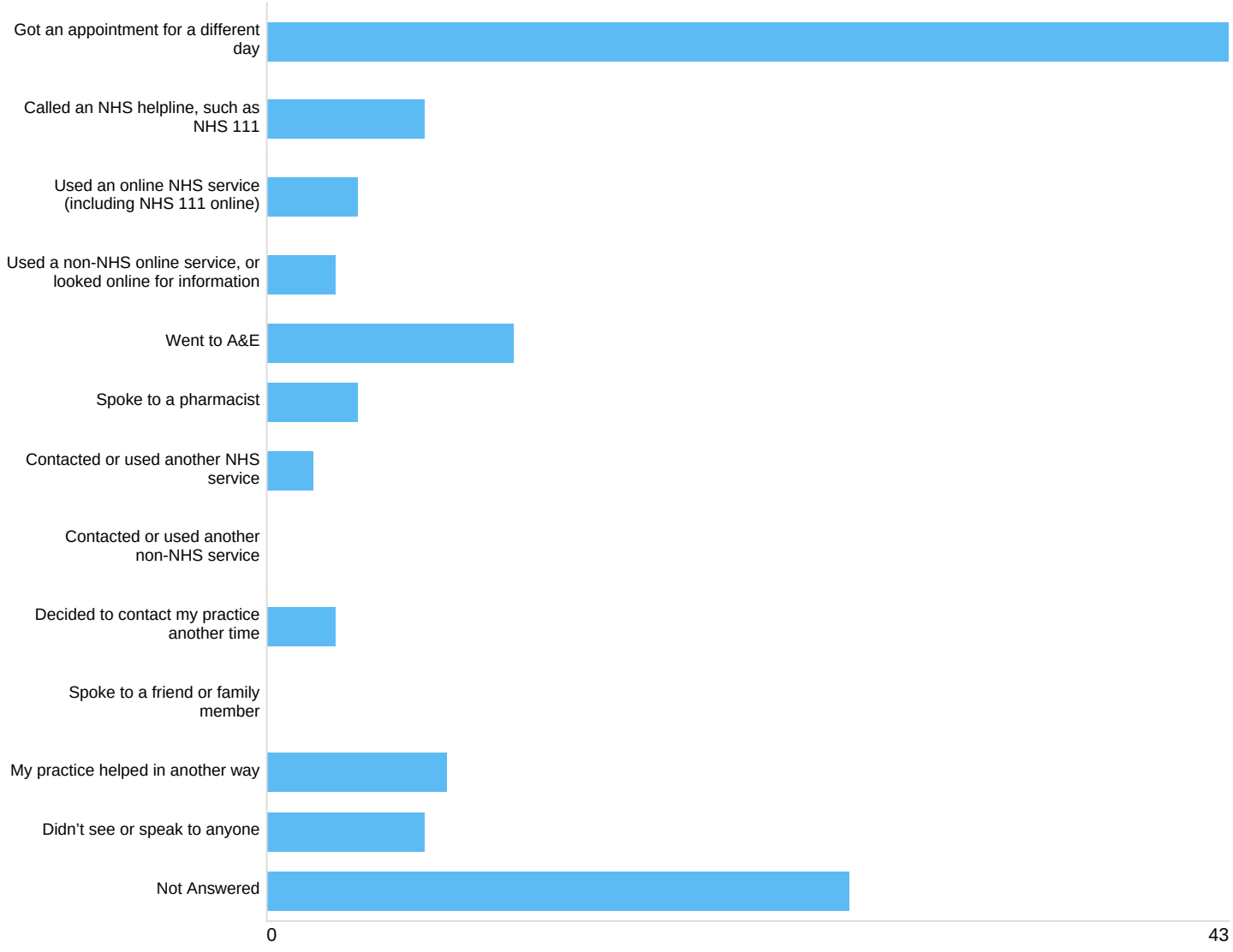
Your last appointment



Option	Total	Percent
There weren’t any appointments available for the time of day I wanted	31	30.39%
The appointment was at too short notice	7	6.86%
The appointment wasn’t soon enough	7	6.86%
I couldn’t book ahead at my GP practice	4	3.92%
There weren’t any appointments at the place I wanted	4	3.92%
The appointment was too far away / too difficult to get to	2	1.96%
I couldn’t see my preferred GP	2	1.96%
There weren’t any appointments with the healthcare professional I wanted	2	1.96%
The type of appointment I wanted was not available	0	0.00%
There were only remote appointments available, not face-to-face	4	3.92%
I was not offered an appointment	3	2.94%
My practice helped in another way	11	10.78%
Another reason	7	6.86%
Not Answered	31	30.39%

Question 18: What did you do when you did not get an appointment?

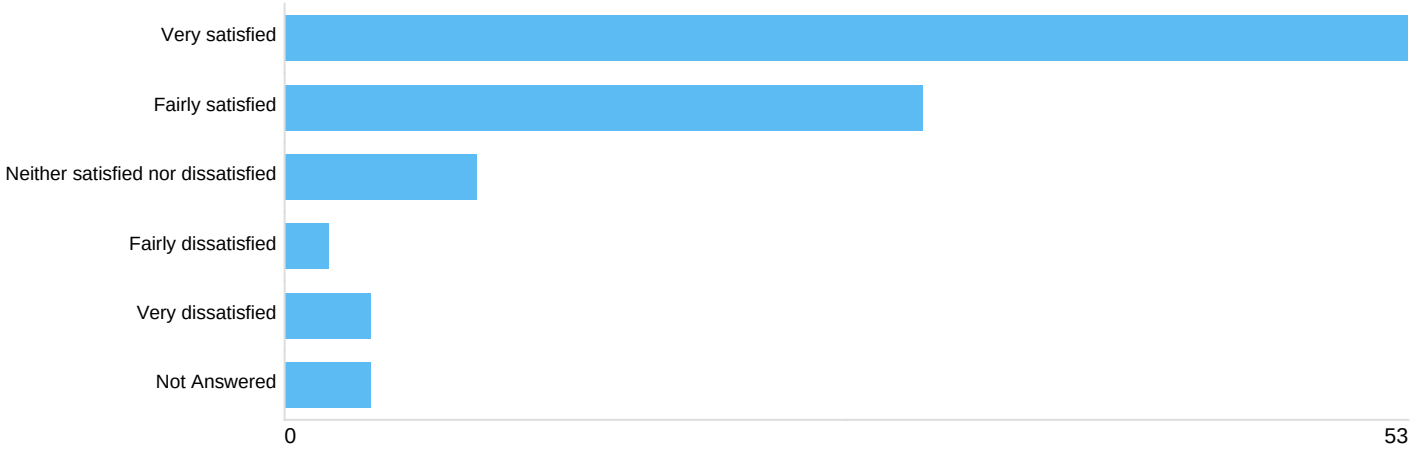
Your last appointment



Option	Total	Percent
Got an appointment for a different day	43	42.16%
Called an NHS helpline, such as NHS 111	7	6.86%
Used an online NHS service (including NHS 111 online)	4	3.92%
Used a non-NHS online service, or looked online for information	3	2.94%
Went to A&E	11	10.78%
Spoke to a pharmacist	4	3.92%
Contacted or used another NHS service	2	1.96%
Contacted or used another non-NHS service	0	0.00%
Decided to contact my practice another time	3	2.94%
Spoke to a friend or family member	0	0.00%
My practice helped in another way	8	7.84%
Didn't see or speak to anyone	7	6.86%
Not Answered	26	25.49%

Question 19: When you last had a general practice appointment, how satisfied were you with the length of time you waited for the appointment to take place?

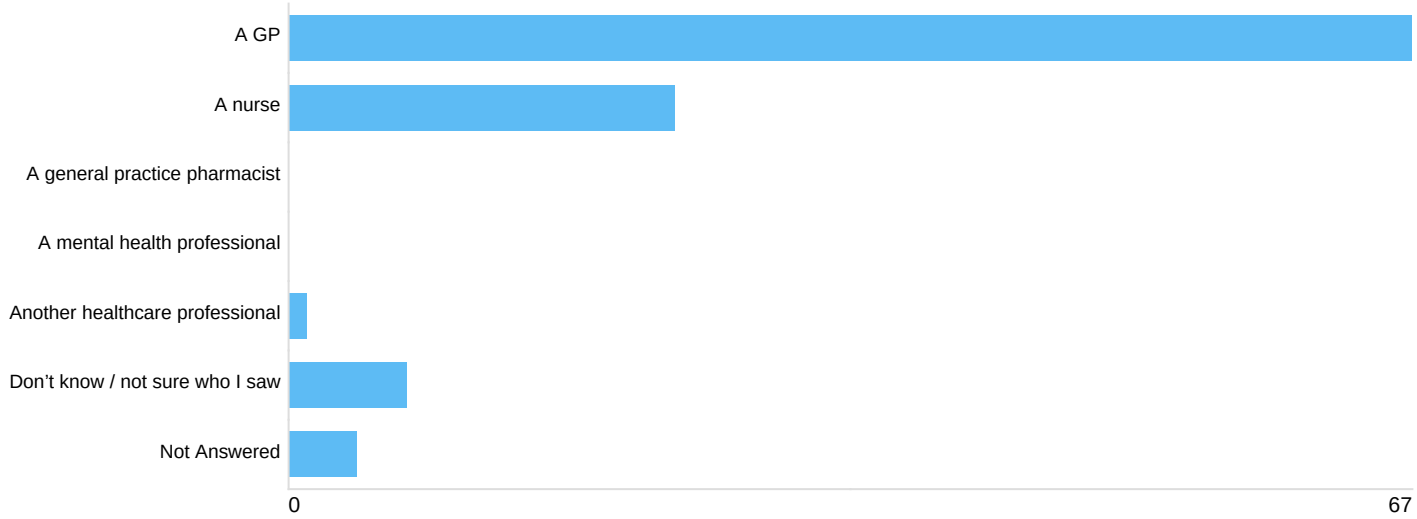
When you last had a general practice appointment, how satisfied were you with the length of time you waited for the appointment to take place?



Option	Total	Percent
Very satisfied	53	51.96%
Fairly satisfied	30	29.41%
Neither satisfied nor dissatisfied	9	8.82%
Fairly dissatisfied	2	1.96%
Very dissatisfied	4	3.92%
Not Answered	4	3.92%

Question 20: Who was your last general practice appointment with?

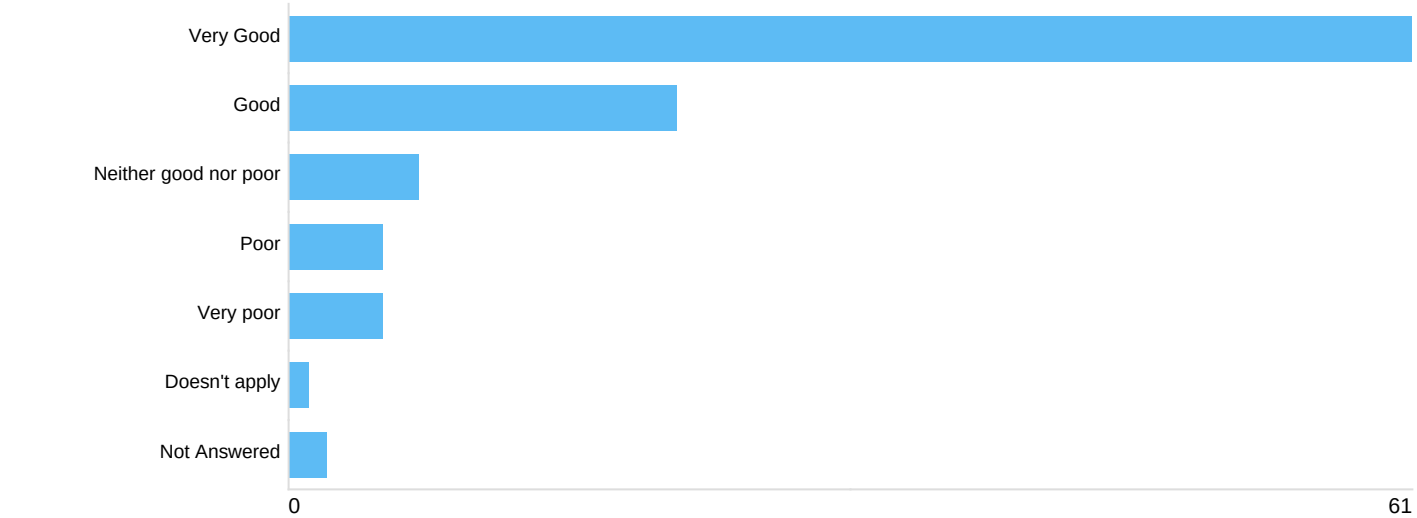
Who was your last general practice appointment with?



Option	Total	Percent
A GP	67	65.69%
A nurse	23	22.55%
A general practice pharmacist	0	0.00%
A mental health professional	0	0.00%
Another healthcare professional	1	0.98%
Don’t know / not sure who I saw	7	6.86%
Not Answered	4	3.92%

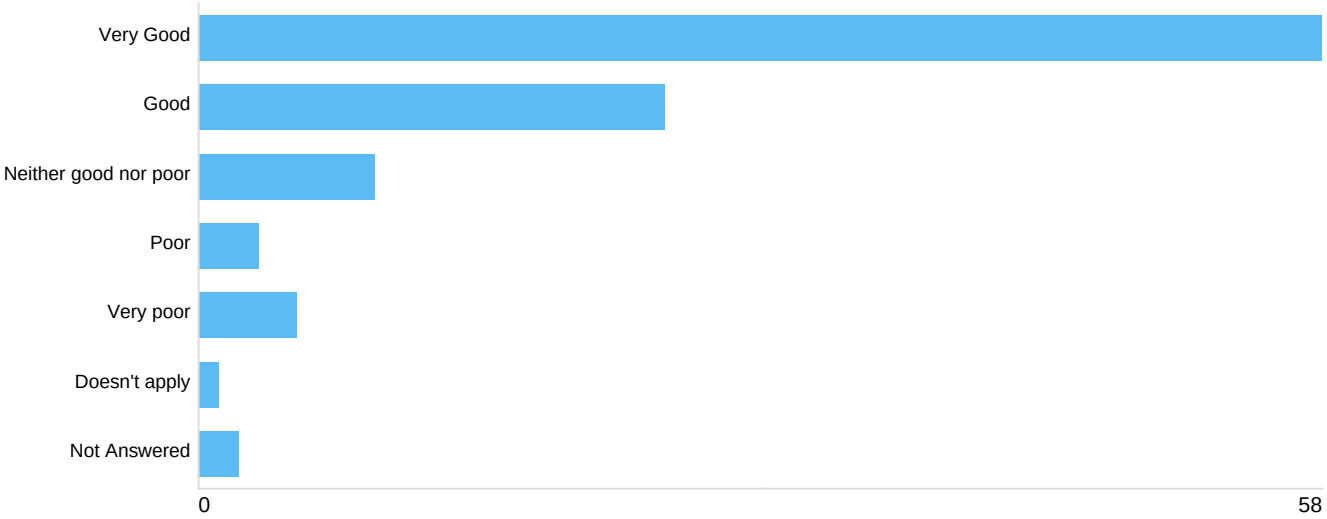
Question 21: When you last had a general practice appointment, how would you rate the healthcare professional at each of the following?

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Giving you enough time



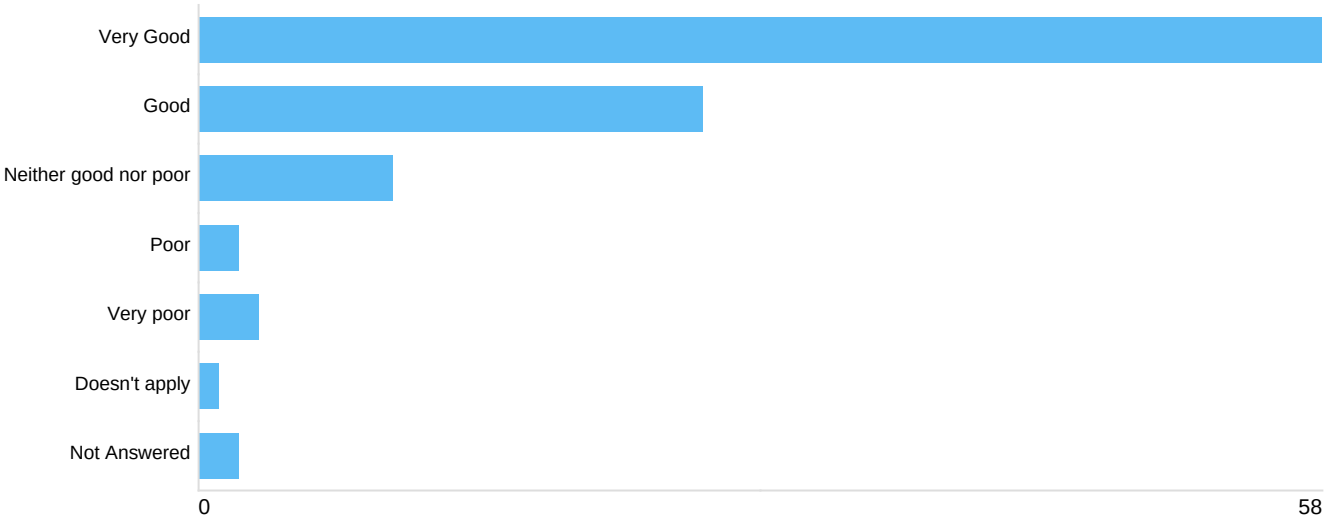
Option	Total	Percent
Very Good	61	59.80%
Good	21	20.59%
Neither good nor poor	7	6.86%
Poor	5	4.90%
Very poor	5	4.90%
Doesn't apply	1	0.98%
Not Answered	2	1.96%

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Listening to you



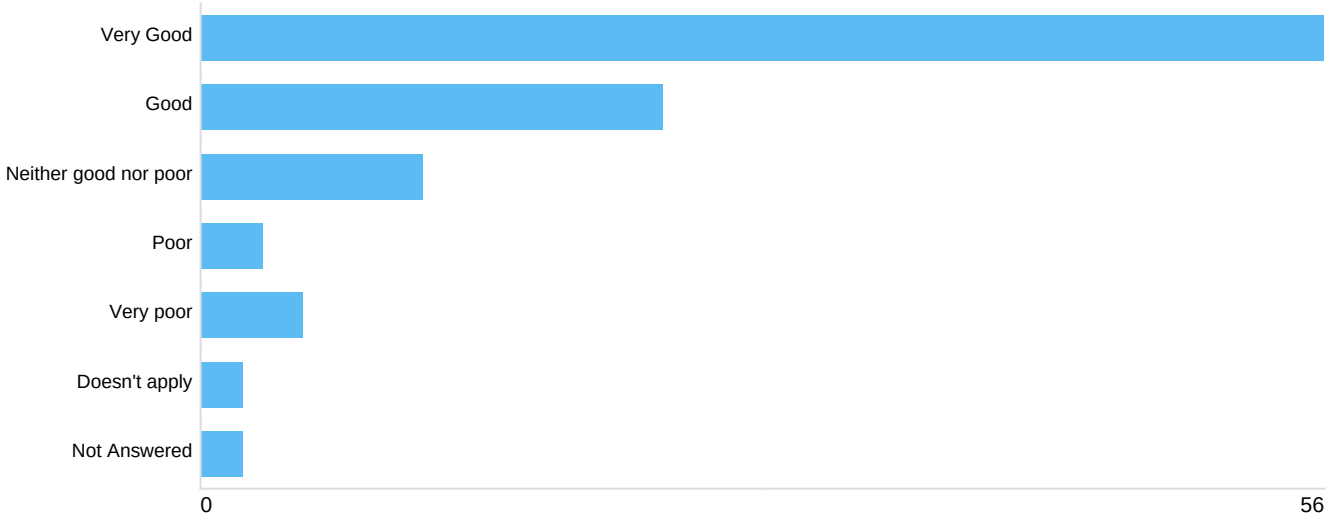
Option	Total	Percent
Very Good	58	56.86%
Good	24	23.53%
Neither good nor poor	9	8.82%
Poor	3	2.94%
Very poor	5	4.90%
Doesn't apply	1	0.98%
Not Answered	2	1.96%

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Treating you with care and concern



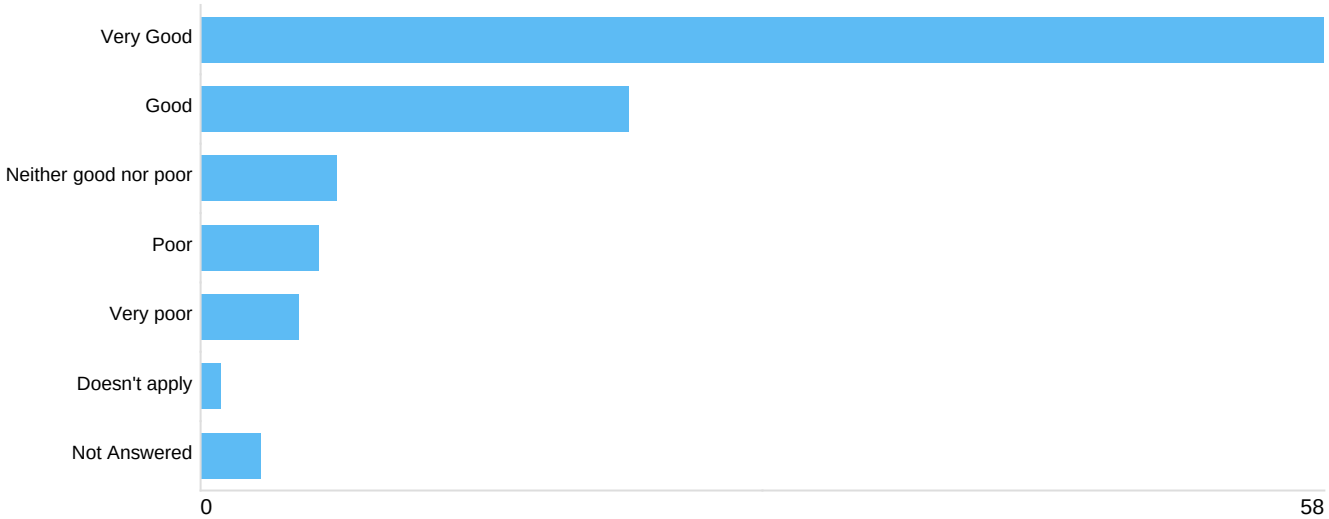
Option	Total	Percent
Very Good	58	56.86%
Good	26	25.49%
Neither good nor poor	10	9.80%
Poor	2	1.96%
Very poor	3	2.94%
Doesn't apply	1	0.98%
Not Answered	2	1.96%

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Involving you in decisions about your care and treatment



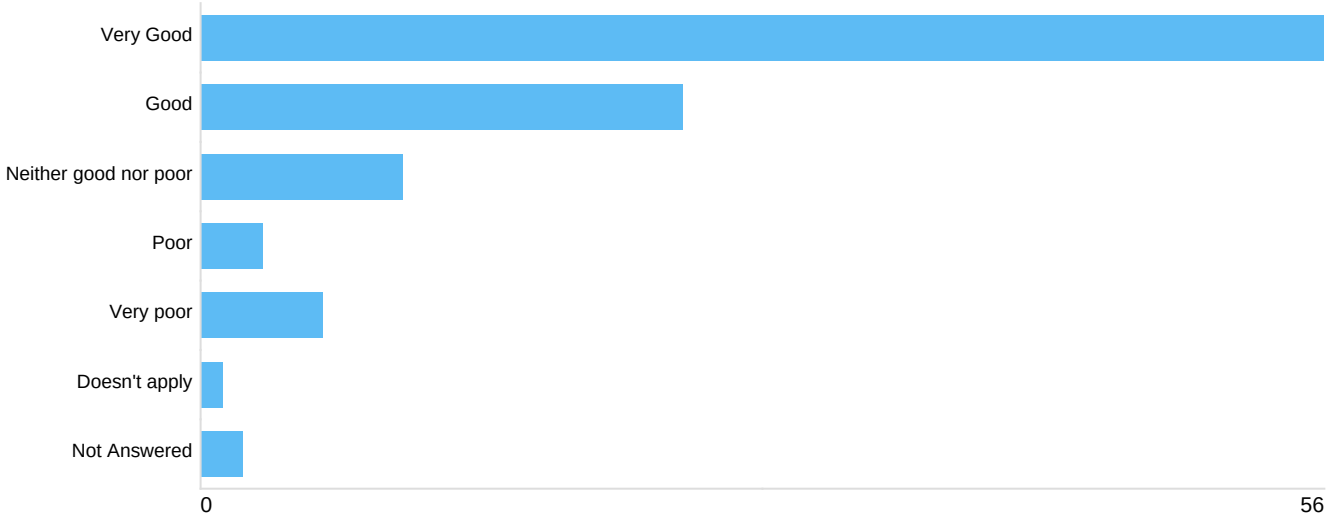
Option	Total	Percent
Very Good	56	54.90%
Good	23	22.55%
Neither good nor poor	11	10.78%
Poor	3	2.94%
Very poor	5	4.90%
Doesn't apply	2	1.96%
Not Answered	2	1.96%

When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Making you feel you could trust them and were confident in their decisions



Option	Total	Percent
Very Good	58	56.86%
Good	22	21.57%
Neither good nor poor	7	6.86%
Poor	6	5.88%
Very poor	5	4.90%
Doesn't apply	1	0.98%
Not Answered	3	2.94%

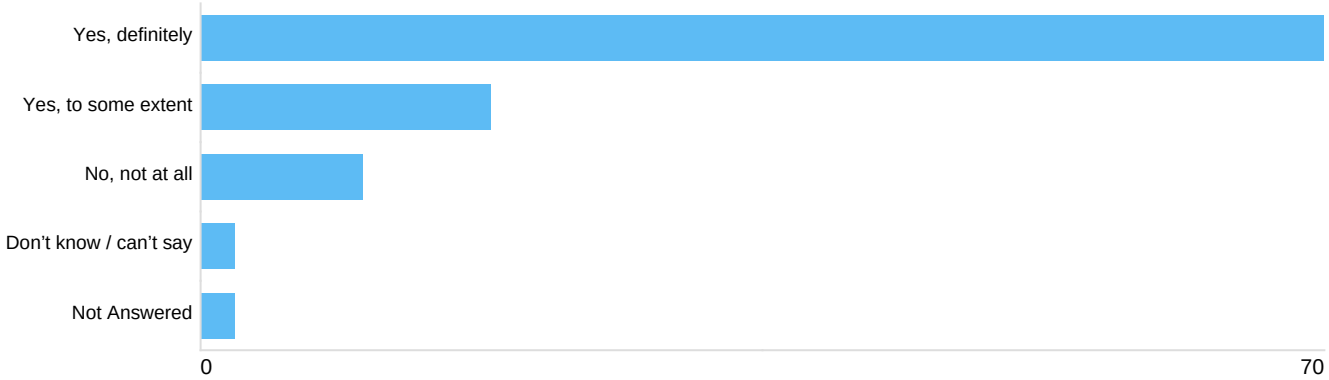
When you last had a general practice appointment, how good was the healthcare professional at each of the following? - Ensuring your needs were met



Option	Total	Percent
Very Good	56	54.90%
Good	24	23.53%
Neither good nor poor	10	9.80%
Poor	3	2.94%
Very poor	6	5.88%
Doesn't apply	1	0.98%
Not Answered	2	1.96%

Question 22: During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

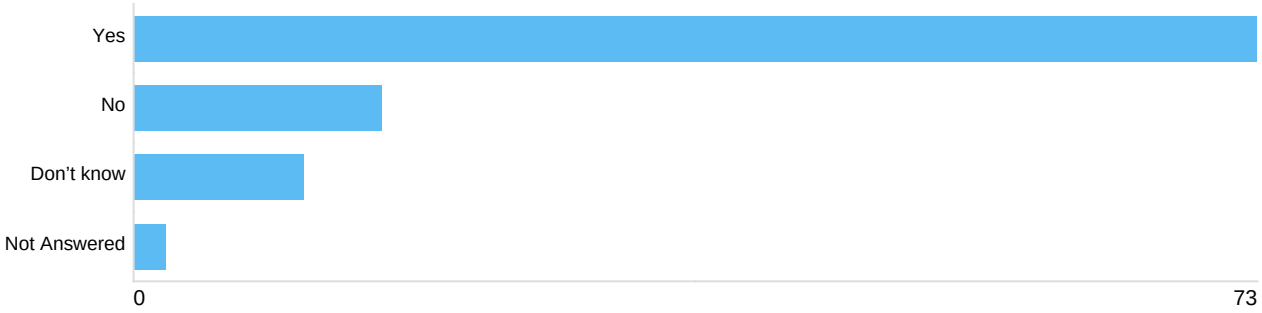
During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?



Option	Total	Percent
Yes, definitely	70	68.63%
Yes, to some extent	18	17.65%
No, not at all	10	9.80%
Don’t know / can’t say	2	1.96%
Not Answered	2	1.96%

Question 23: Do you feel that you have enough support and information to help you manage common ailments yourself, without needing to visit or get advice from your GP? Examples of common ailments include coughs and colds, mild skin conditions, vomiting and diarrhoea.

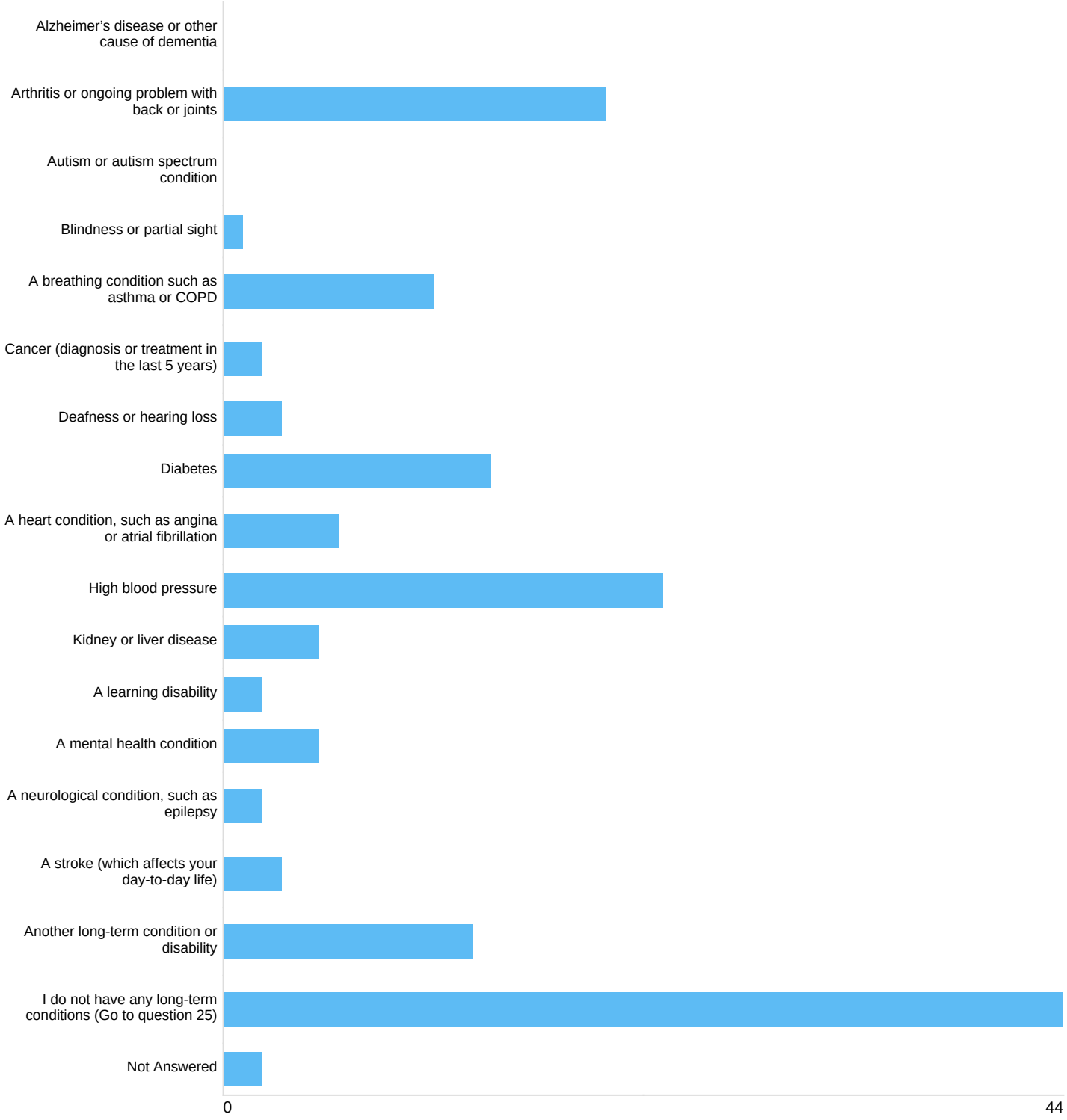
Your health



Option	Total	Percent
Yes	73	71.57%
No	16	15.69%
Don’t know	11	10.78%
Not Answered	2	1.96%

Question 24: Which, if any, of the following long-term conditions do you have?

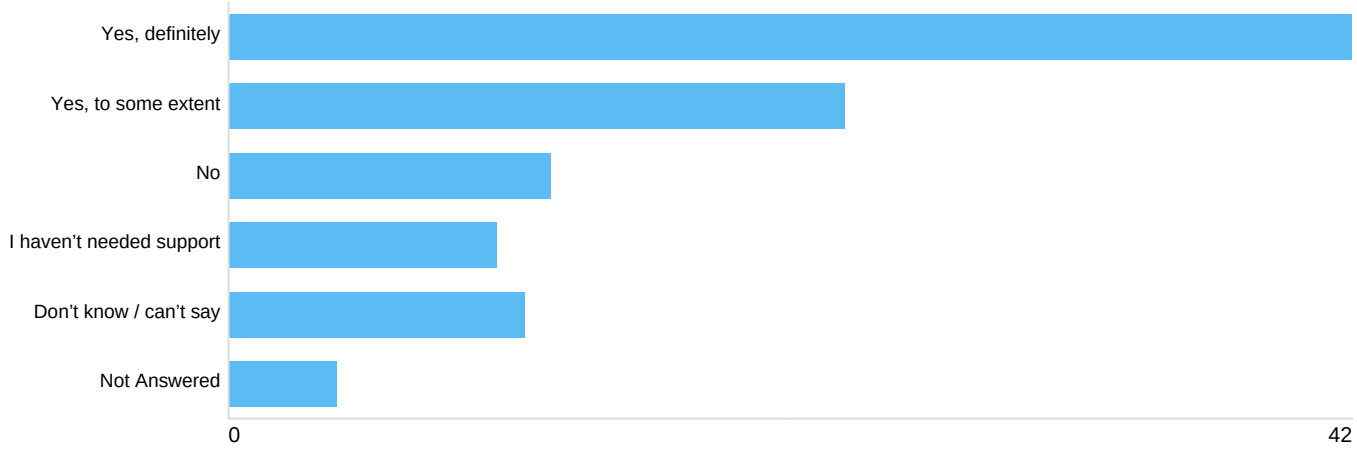
Your health



Option	Total	Percent
Alzheimer's disease or other cause of dementia	0	0.00%
Arthritis or ongoing problem with back or joints	20	19.61%
Autism or autism spectrum condition	0	0.00%
Blindness or partial sight	1	0.98%
A breathing condition such as asthma or COPD	11	10.78%
Cancer (diagnosis or treatment in the last 5 years)	2	1.96%
Deafness or hearing loss	3	2.94%
Diabetes	14	13.73%
A heart condition, such as angina or atrial fibrillation	6	5.88%
High blood pressure	23	22.55%
Kidney or liver disease	5	4.90%
A learning disability	2	1.96%
A mental health condition	5	4.90%
A neurological condition, such as epilepsy	2	1.96%
A stroke (which affects your day-to-day life)	3	2.94%
Another long-term condition or disability	13	12.75%
I do not have any long-term conditions (Go to question 25)	44	43.14%
Not Answered	2	1.96%

Question 25: Do you feel you have enough support and information from local services or organisations to help you manage your long-term condition (or conditions), or that of the person you care for? Please think about all services and organisations, not just health services.

Your health



Option	Total	Percent
Yes, definitely	42	41.18%
Yes, to some extent	23	22.55%
No	12	11.76%
I haven't needed support	10	9.80%
Don't know / can't say	11	10.78%
Not Answered	4	3.92%

Your health

There were **7** responses to this part of the question.

Question 26: Do you consider yourself or someone you care for to have a disability?

For patients with

Option	Total	Percent
Yes	19	18.63%
No	77	75.49%
Not Answered	6	5.88%

Question 27: If you or someone you care for has a disability, what aspects of your GP practice do you find helpful and what could be improved?

For patients with

There were **15** responses to this part of the question.

Question 28: Do you or someone you care for have difficulty speaking, reading or understanding English?

For patients with

Option	Total	Percent
Yes	18	17.65%
No	81	79.41%
Not Answered	3	2.94%

Question 29: Do you or someone you care for usually need an interpreter when speaking with the doctor, nurse or other practice staff?

For patients with

Option	Total	Percent
Yes	12	11.76%
No	89	87.25%
Not Answered	1	0.98%

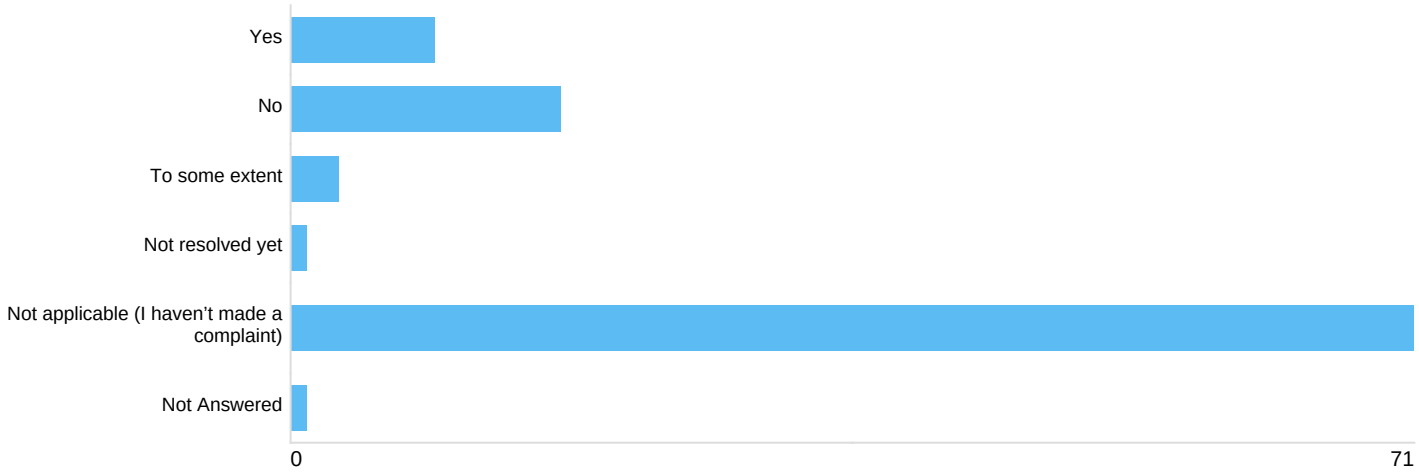
Question 30: If you or someone you care for have difficulty speaking, reading or understanding English, what facilities at your practice do you find helpful and what could be improved

For patients with

There were **15** responses to this part of the question.

Question 31: If you have made a complaint in the last 12 months, were you happy with how the practice resolved it for you?

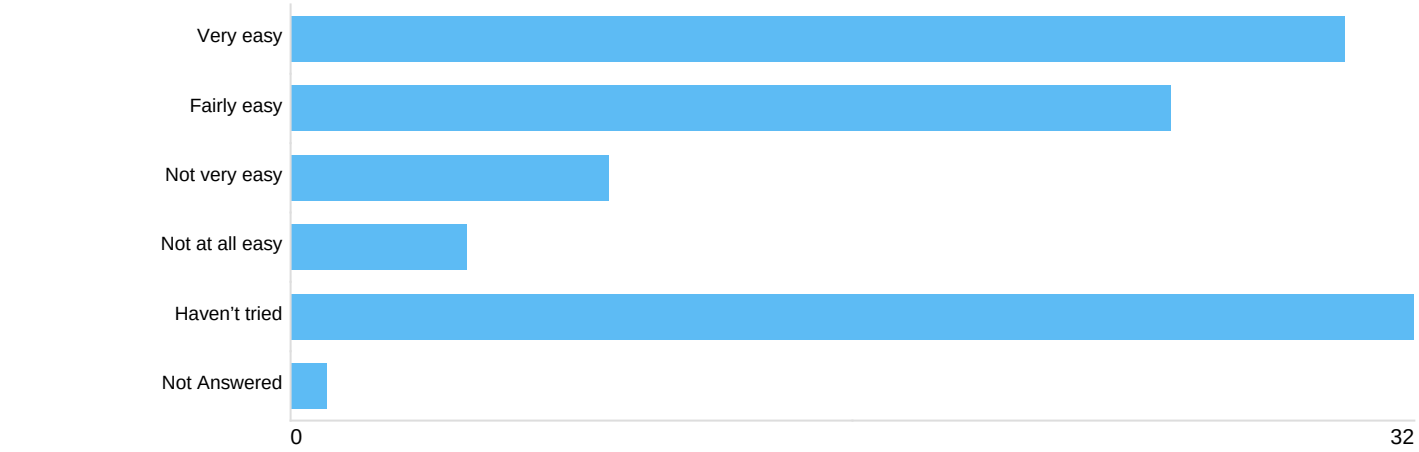
If you have made a complaint in the last 12 months, were you happy with how the practice resolved it for you?



Option	Total	Percent
Yes	9	8.82%
No	17	16.67%
To some extent	3	2.94%
Not resolved yet	1	0.98%
Not applicable (I haven't made a complaint)	71	69.61%
Not Answered	1	0.98%

Question 32: How easy is it to use your GP practice's website to look for information or access services?

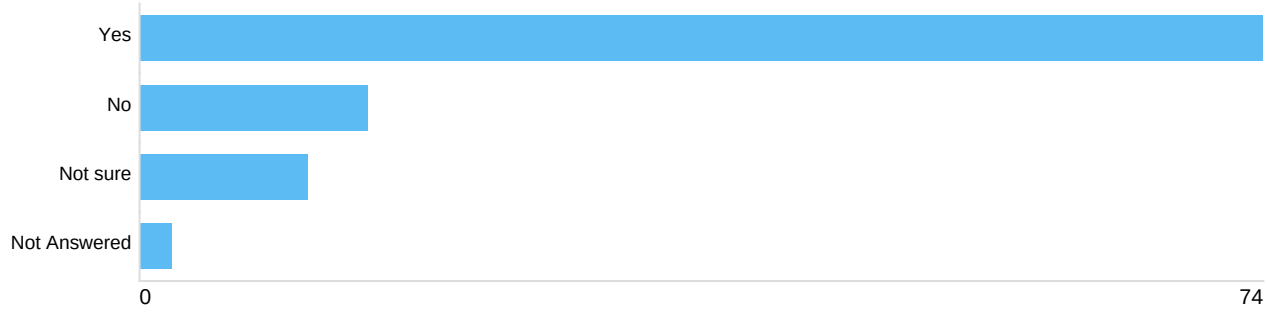
How easy is it to use your GP practice's website to look for information or access services?



Option	Total	Percent
Very easy	30	29.41%
Fairly easy	25	24.51%
Not very easy	9	8.82%
Not at all easy	5	4.90%
Haven't tried	32	31.37%
Not Answered	1	0.98%

Question 33: Has your GP practice proactively sent you information by text message or letter?

Has your GP practice proactively sent you information by text message or letter?



Option	Total	Percent
Yes	74	72.55%
No	15	14.71%
Not sure	11	10.78%
Not Answered	2	1.96%

Question 34: A PPG is a group of patients, carers, and practice staff who meet to discuss practice issues and patient experience to help improve the service. Are you aware of your GP practice's Patient Participation Group (PPG)?

Are you aware of your GP practice's Patient Participation Group (PPG)? A PPG is a group of patients, carers and practice staff who meet to discuss practice issues and patient experience to help improve the service.

Option	Total	Percent
Yes	24	23.53%
No	76	74.51%
Not Answered	2	1.96%

Question 35: What would make it easier for you to engage with your GP practice's PPG?

What would make it easier for you to engage with your GP practice's PPG?

There were **30** responses to this part of the question.

Question 36: Do you receive the following from your GP practice?

Do you receive a newsletter?

Option	Total	Percent
Yes	19	18.63%
No	77	75.49%
Not Answered	6	5.88%

Do you receive • minutes from meetings of the Patient Participation Group

Option	Total	Percent
Yes	14	13.73%
No	79	77.45%
Not Answered	9	8.82%

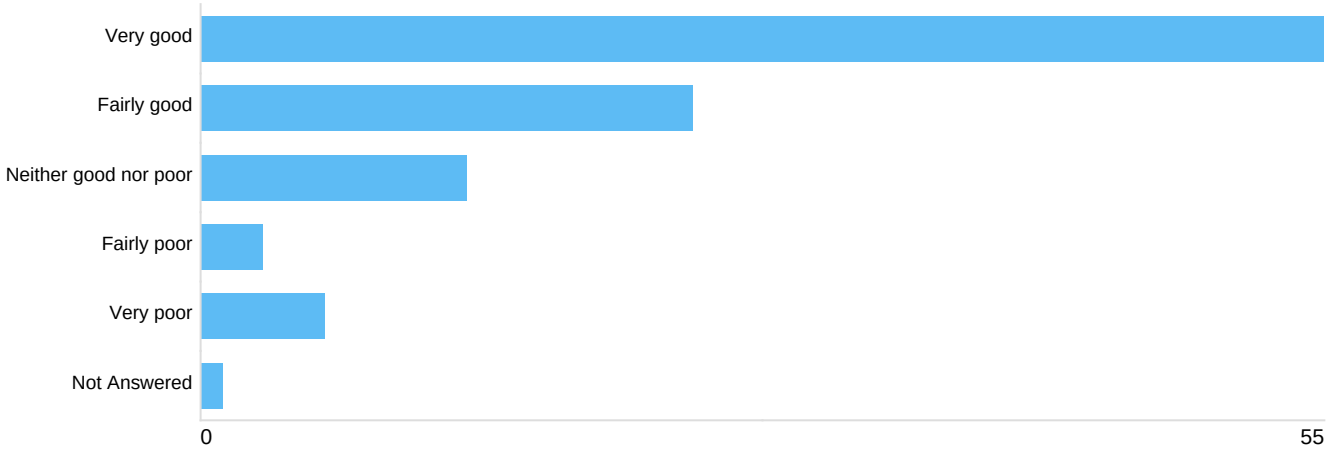
Question 37: Have you been offered the opportunity to engage or feedback about your GP practice in any other way?

Have you been offered the opportunity to engage or feedback on your GP practice in any other way?

There were **52** responses to this part of the question.

Question 38: Overall, how would you describe your experience of your GP practice?

Overall, how would you describe your experience of your GP practice?



Option	Total	Percent
Very good	55	53.92%
Fairly good	24	23.53%
Neither good nor poor	13	12.75%
Fairly poor	3	2.94%
Very poor	6	5.88%
Not Answered	1	0.98%

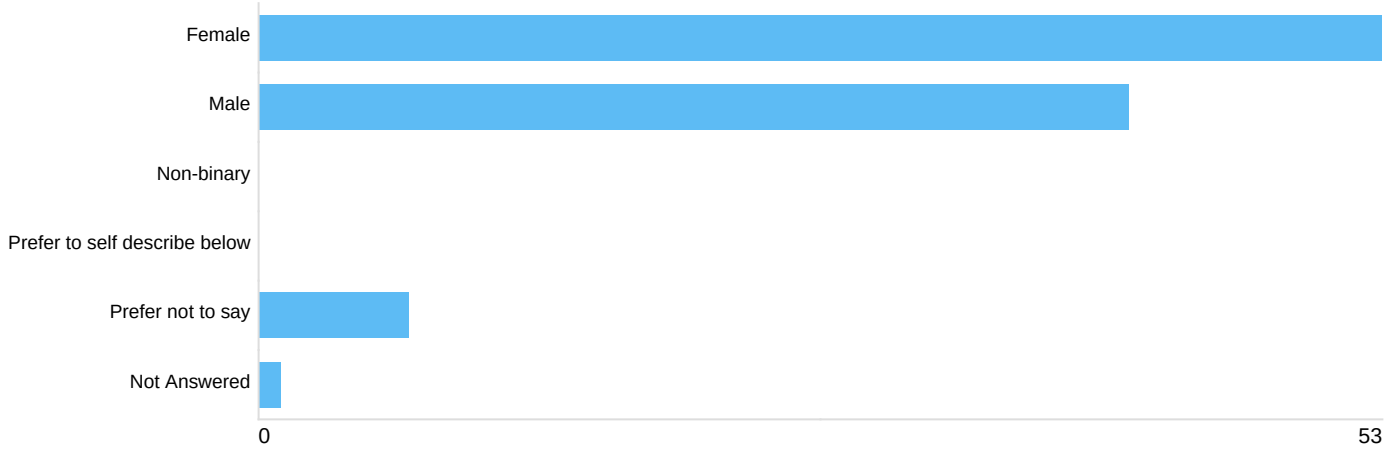
Question 39: Is there anything else you would like to tell us about your GP practice?

Is there anything else you would like to tell us about your GP practice?

There were **55** responses to this part of the question.

Question 40: Which of the following best describes you?

Which of the following best describes you?



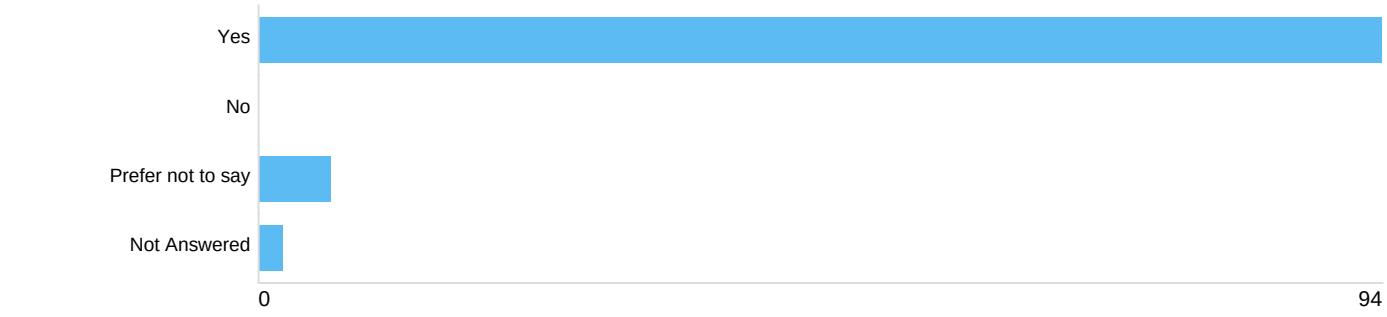
Option	Total	Percent
Female	53	51.96%
Male	41	40.20%
Non-binary	0	0.00%
Prefer to self describe below	0	0.00%
Prefer not to say	7	6.86%
Not Answered	1	0.98%

Prefer to self describe

There was **1** response to this part of the question.

Question 41: Is your gender identity the same as the sex you were registered at birth?

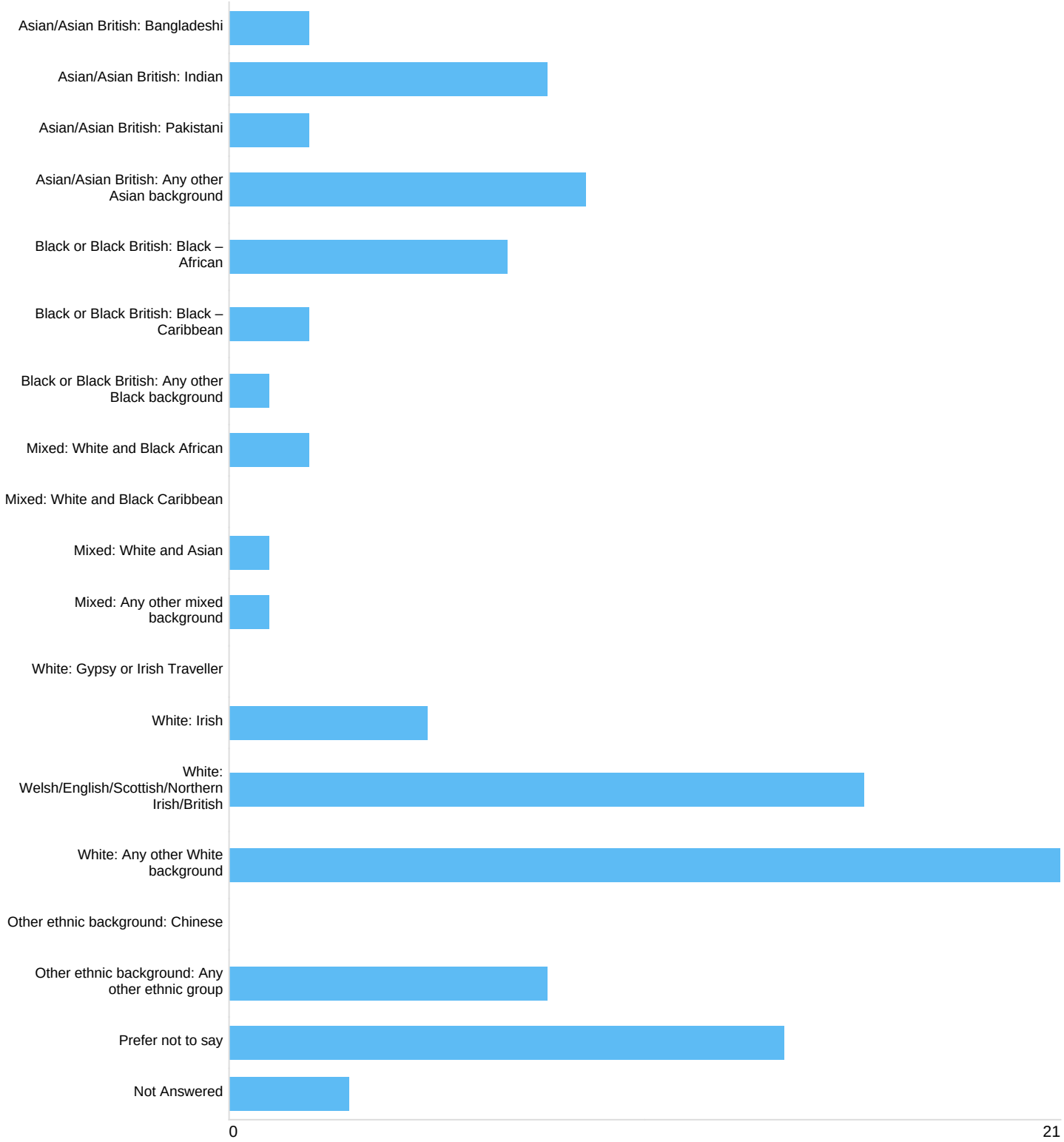
Is your gender identity the same as the sex you were registered at birth?



Option	Total	Percent
Yes	94	92.16%
No	0	0.00%
Prefer not to say	6	5.88%
Not Answered	2	1.96%

Question 42: What is your ethnic group?

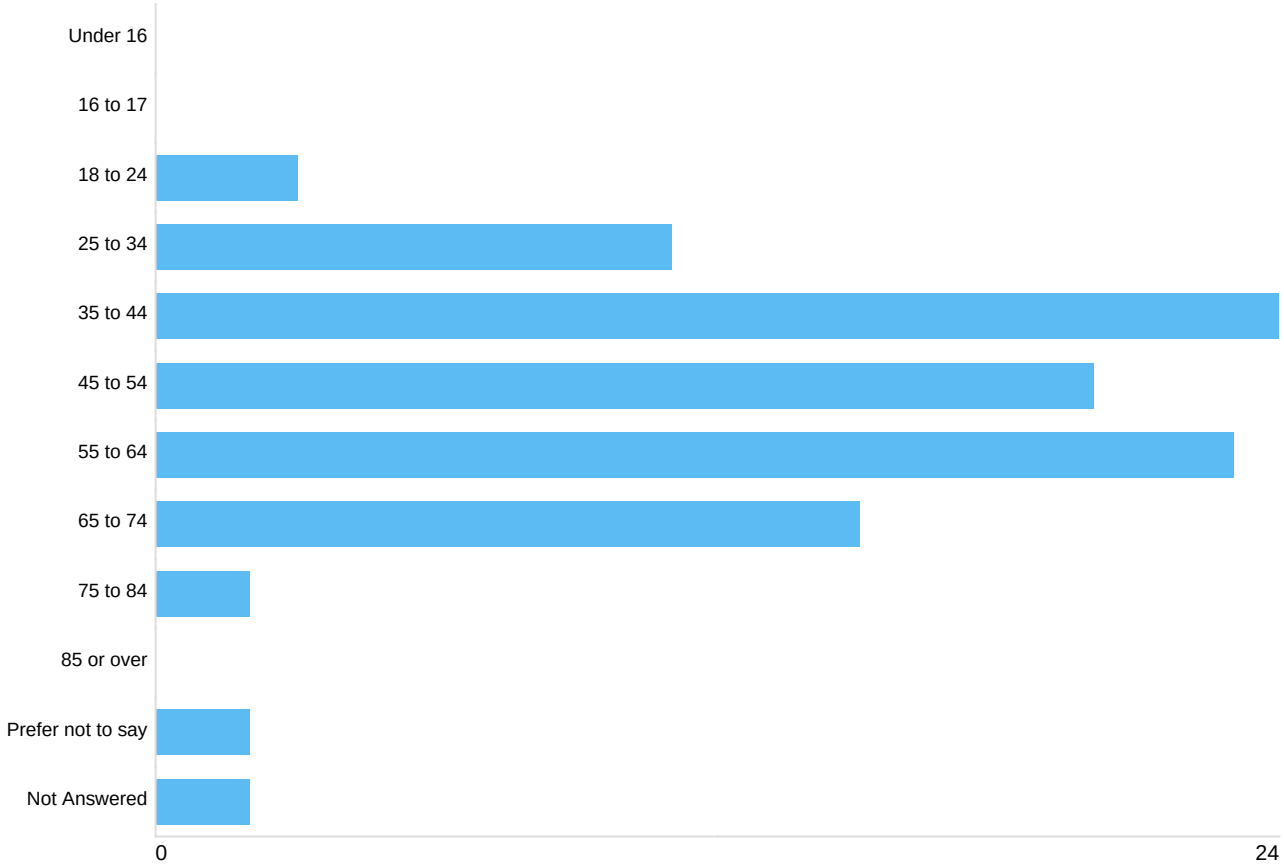
What is your ethnic group?



Option	Total	Percent
Asian/Asian British: Bangladeshi	2	1.96%
Asian/Asian British: Indian	8	7.84%
Asian/Asian British: Pakistani	2	1.96%
Asian/Asian British: Any other Asian background	9	8.82%
Black or Black British: Black – African	7	6.86%
Black or Black British: Black – Caribbean	2	1.96%
Black or Black British: Any other Black background	1	0.98%
Mixed: White and Black African	2	1.96%
Mixed: White and Black Caribbean	0	0.00%
Mixed: White and Asian	1	0.98%
Mixed: Any other mixed background	1	0.98%
White: Gypsy or Irish Traveller	0	0.00%
White: Irish	5	4.90%
White: Welsh/English/Scottish/Northern Irish/British	16	15.69%
White: Any other White background	21	20.59%
Other ethnic background: Chinese	0	0.00%
Other ethnic background: Any other ethnic group	8	7.84%
Prefer not to say	14	13.73%
Not Answered	3	2.94%

Question 43: How old are you?

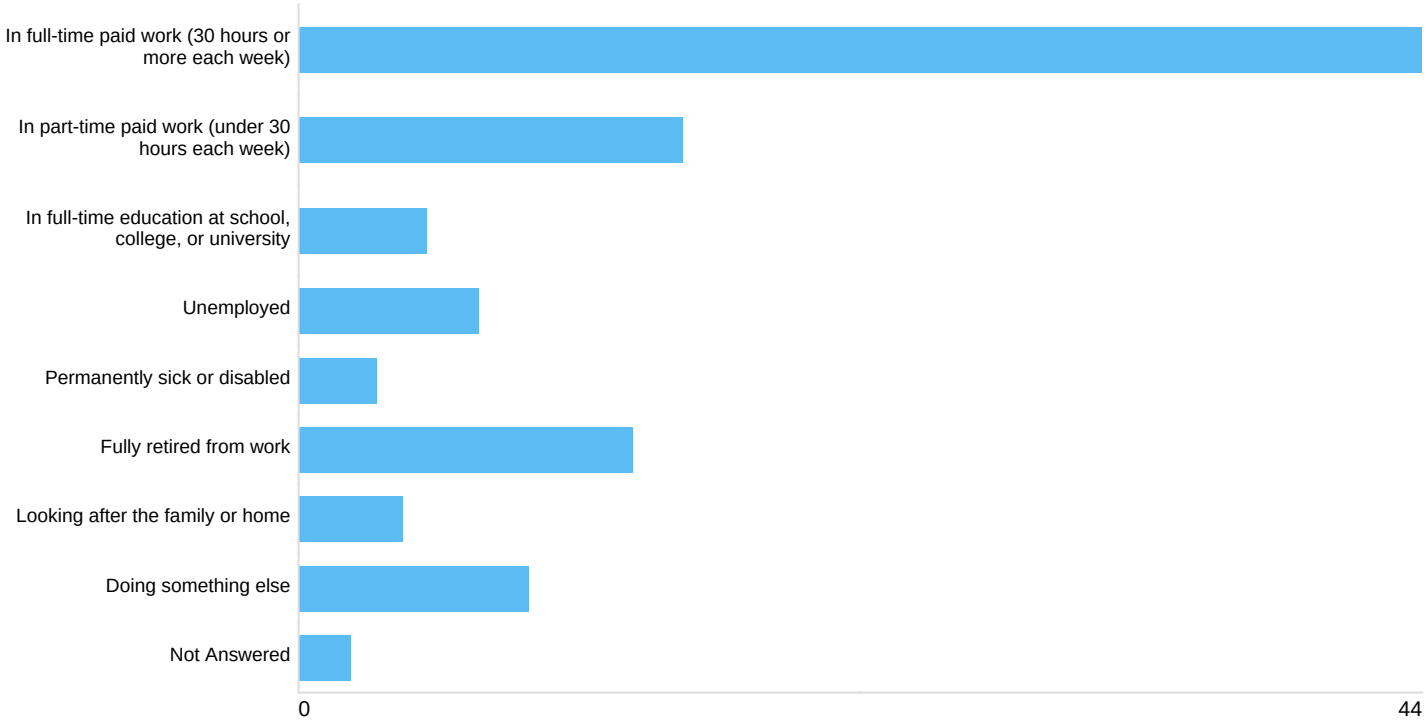
How old are you?



Option	Total	Percent
Under 16	0	0.00%
16 to 17	0	0.00%
18 to 24	3	2.94%
25 to 34	11	10.78%
35 to 44	24	23.53%
45 to 54	20	19.61%
55 to 64	23	22.55%
65 to 74	15	14.71%
75 to 84	2	1.96%
85 or over	0	0.00%
Prefer not to say	2	1.96%
Not Answered	2	1.96%

Question 44: Which of these best describes what you are doing at present? If more than one of these applies to you, please select the main one only.

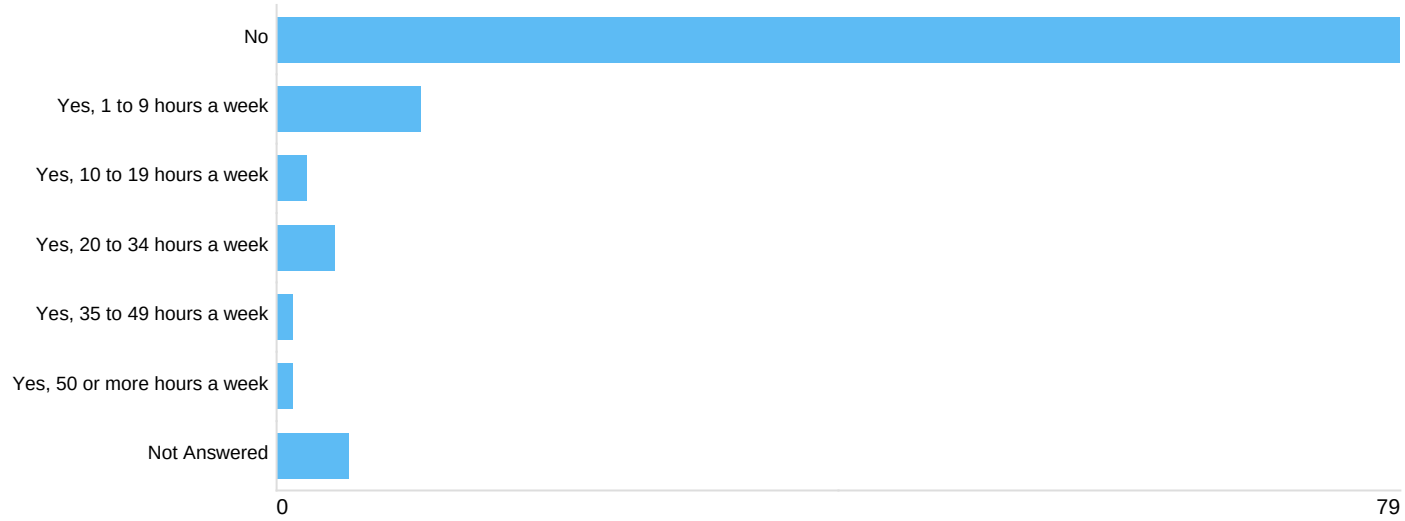
Which of these best describes what you are doing at present? If more than one of these applies to you, please select the main one only.



Option	Total	Percent
In full-time paid work (30 hours or more each week)	44	43.14%
In part-time paid work (under 30 hours each week)	15	14.71%
In full-time education at school, college, or university	5	4.90%
Unemployed	7	6.86%
Permanently sick or disabled	3	2.94%
Fully retired from work	13	12.75%
Looking after the family or home	4	3.92%
Doing something else	9	8.82%
Not Answered	2	1.96%

Question 45: Do you look after, or give any help or support to, family members, friends, neighbours, or others because of either a long-term physical or mental ill health / disability and/or problems related to old age? Don't count anything you do as part of your paid employment.

Do you look after, or give any help or support to, family members, friends, neighbours or others because of either a long-term physical or mental ill health / disability and/or problems related to old age? Don't count anything you do as part of your paid employment.



Option	Total	Percent
No	79	77.45%
Yes, 1 to 9 hours a week	10	9.80%
Yes, 10 to 19 hours a week	2	1.96%
Yes, 20 to 34 hours a week	4	3.92%
Yes, 35 to 49 hours a week	1	0.98%
Yes, 50 or more hours a week	1	0.98%
Not Answered	5	4.90%

Question 46: Are you a parent of or a legal guardian for any children aged under 16 living in your home?

Are you a parent of or a legal guardian for any children aged under 16 living in your home?

Option	Total	Percent
Yes	21	20.59%
No	78	76.47%
Not Answered	3	2.94%

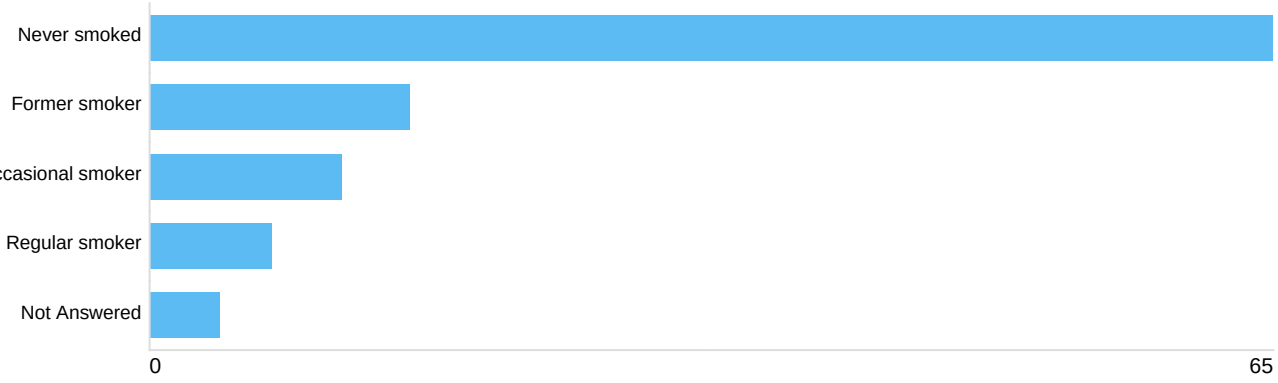
Question 47: Are you a deaf person who uses sign language?

Are you a deaf person who uses sign language?

Option	Total	Percent
Yes	1	0.98%
No	97	95.10%
Not Answered	4	3.92%

Question 48: Which of the following best describes your smoking habits?

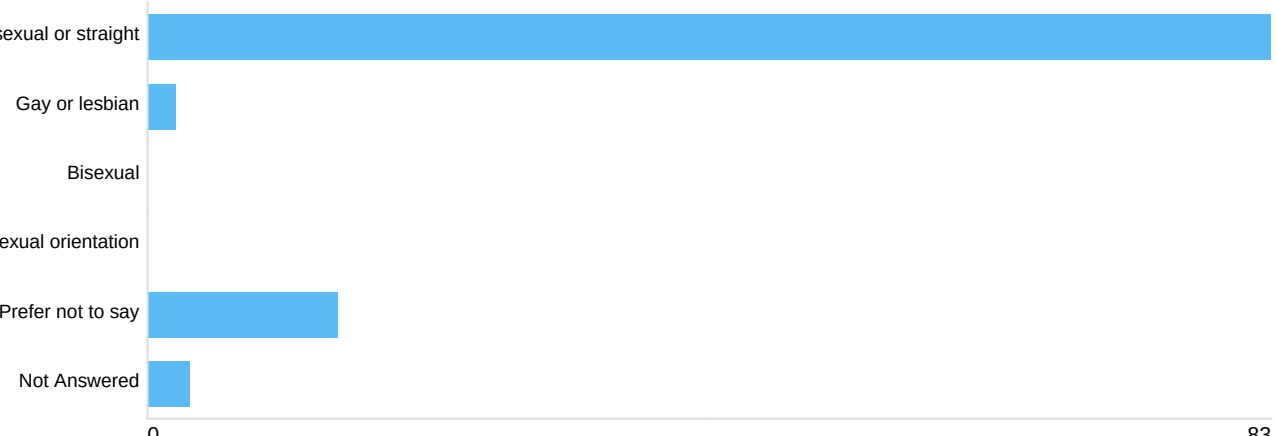
Which of the following best describes your smoking habits?



Option	Total	Percent
Never smoked	65	63.73%
Former smoker	15	14.71%
Occasional smoker	11	10.78%
Regular smoker	7	6.86%
Not Answered	4	3.92%

Question 49: Which of the following best describes how you think of yourself?

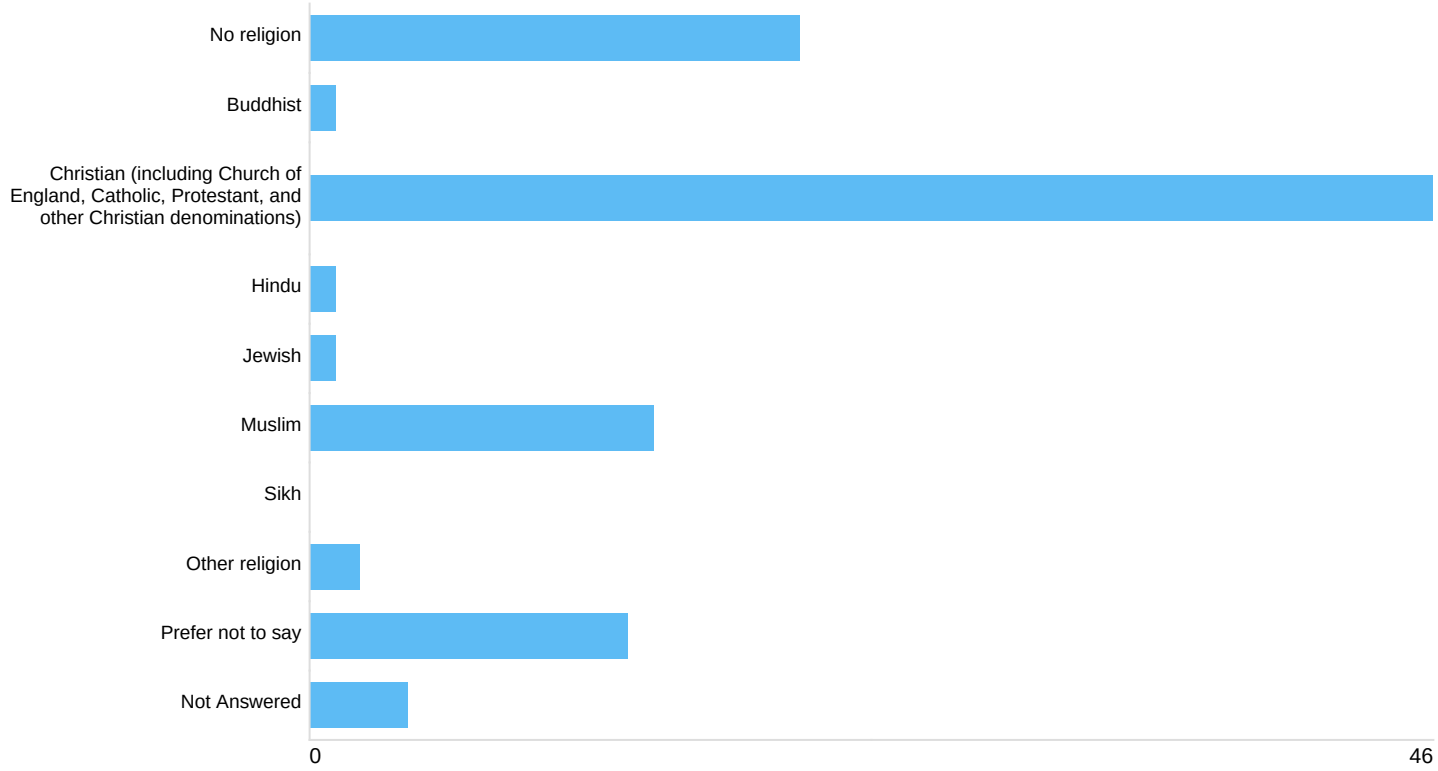
Which of the following best describes how you think of yourself?



Option	Total	Percent
Heterosexual or straight	83	81.37%
Gay or lesbian	2	1.96%
Bisexual	0	0.00%
Other sexual orientation	0	0.00%
Prefer not to say	14	13.73%
Not Answered	3	2.94%

Question 50: Which, if any, of the following best describes your religion?

Which, if any, of the following best describes your religion?



Option	Total	Percent
No religion	20	19.61%
Buddhist	1	0.98%
Christian (including Church of England, Catholic, Protestant, and other Christian denominations)	46	45.10%
Hindu	1	0.98%
Jewish	1	0.98%
Muslim	14	13.73%
Sikh	0	0.00%
Other religion	2	1.96%
Prefer not to say	13	12.75%
Not Answered	4	3.92%

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
13 January 2026

Report Title	Hendon Way Practice Relocation	**Date of report**	17 November 2025	**Agenda Item**	2.4
Lead Director / Manager	Simon Wheatley Director of Place (West)	**Email / Tel**		simon.wheatley2@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
Report Author	Henry Claridge	**Email / Tel**		Henry.claridge@gbpconsult.co.uk	
Name of Authorising Finance Lead	Sarah Rothenberg, Deputy Director Finance Business Partnering (Primary Care)	**Summary of Financial Implications** Current rent and rates at Hendon Way • £54,600pa and £5,702 pa respectively • Total = £60,302 pa Proposed rent and rates at West Hendon Broadway • £73,562pa and an estimated £35,310 pa respectively (rates based on 26/27 Gov.UK estimator of 48%) • Total = £108,872 The proposed relocation would result in an additional revenue cost to ICB reimbursed costs of £48,570 per annum, over a term of 60 years and subject to DV valuation. This is a maximum not to exceed. There is a capital requirement of £1.64m for the fit out of the facility. This has been assessed as a priority for Utilisation and Modernisation Fund (UMF) capital for 26/27 along with any available national underspend for 25/26.		
Name of Authorising Estates Lead	Nicola Theron, Director of Estates	**Summary of Estates Implications** Hendon Way Surgery were housed temporarily in 2019 into West Hendon Clinic, 215 West Hendon Broadway, London, NW9 7DG. In 2019 Central London Community Healthcare Trust (CLCH) provided the freehold site West Hendon Clinic and remodelled the site for the surgery on request of the (then) CCG due to a failed lease position presenting an emergency relocation of the surgery.			

		The site pre-COVID was earmarked for reprovision as part of a One Public Estate project started by CLCH with Barnet and Barratt-Redrow redeveloping the local area. The current site has been on the disposals list for CLCH and national data set for 6 years as a replacement asset model. The site is structurally failing and has now less than 18 months safe usage with props and structural works in place to protect the site and perimeter walls from collapse. • The practice currently operates from 6 clinical rooms in 315 sqm in a constrained and inadequate site. • The space is limited and not fully compliant. • The existing premises are structurally unsound and currently reliant on temporary propping, which is only expected to remain effective for one year. • CLCH have finalised the current building replacement by Barratt-Redrow Homes who will be demolishing the premises within phase 5 of the wider West Hendon Development. Proposed New Premises – West Hendon, Broadway • The proposed new GP Surgery will operate from a purpose designed and constructed new Block A, Borthwick Road, West Hendon, London NW9 7DG, situated less than 100m from existing site. • 530 sqm of flexible class E space constructed by Barratt-Redrow Metropolitan Limited Liability Partnership for CLCH to replace their asset and allowing for community services to be provided once again, to the new population within phase 5 of the wider West Hendon Development. • The proposal is for the practice to operate from 7 consultation/exam rooms, 1 treatment room and 1 virtual consultation room in a total of 415 sqm including allocation of shared space. • The ground floor GP allocation will comprise of 5 consulting rooms, dirty utility, a back office and a store. • The first floor will comprise of 2 consultation rooms, 1 treatment room, a practice managers office, a GP general office and virtual consult room. • The shared space will include an MDT meeting room, staff room, and other staff amenities on the first floor. • The development will be constructed to shell and core by Barratt and will then be fitted out as compliant health space. The fit out cost will be £1.64m for the primary care space. • CLCH will manage the fit-out phase, and this work has been tendered. • A drop off/ambulance bay in association with the new GP Surgery is to be leased to the Seller and made available prior to occupation. • Six car park spaces will be leased by the buyer to the seller for use by staff associated with the GP Surgery. • Barratt-Redrow have started construction of the shell, which is due to complete in January 2026. • CLCH will manage the fit out and proposed plans outline it will take 6 months. Subject to confirmation of funding, fit out to be complete and ready for occupation by the end of Summer 2026.

		• The exact date for the relocation of the practice to the new premises will be clarified in spring 2026 once Barratt-Redrow and CLCH programmes are finalised. The new GP premises opening is forecast to be end of September/ early October 2026. At present, there is no confirmed capital to fit out the space. However, the ICB intends to allocate Utilisation and Modernisation funding (UMF) FY26/27 to complete the fit out funding allocations confirmed by NHSE in November 25. Should funding be available in 2025/26 financial year an earlier programme can be implemented noting the condition of the existing practice premises.
Report Summary	Hendon Way Surgery is part of 1D Primary Care Network (PCN) in the London Borough of Barnet with a list size of 9,681 (October 2025 SHAPE Atlas). Hendon Way Surgery are currently delivering primary care services from 215 West Hendon Broadway, which is owned by CLCH. Occupied under temporary measures extended since 2019 by planning and COVID delays totalling 4 years. The CLCH negotiated replacement asset is a freehold equivalent replacement asset to be provided by Barratt-Redrow as part of the wider regeneration of West Hendon known as Block A – a new development internally designed before agreeing the Barratt-Redrow shell and core. The new site will see the reprovision of primary care services and community services provided by CLCH. It is proposed that the Hendon Way surgery will relocate to the replacement asset, by way of a sub lease from and alongside CLCH services. The new site is a freehold replacement CLCH asset with formal approval in principle from DHSC to the transaction. Hendon Way Surgery will continue to be sub-tenants within the building with a long lease at or near to shell and core DV rent agreed for Colindale. The ICB has instructed a DV assessment and CLCH and the ICB working together will use the DV figure once determined. Costs are based on the DV shell for Colindale at present. The running costs will be pass through consisting of standard services charge costs from CLCH. The remainder of the site – 3 consulting rooms will see staff bases for DN teams and re-provision of community service teams within the building having vacated on request of the former CCG in 2018 to allow the current temporary solution in West Hendon ahead of the new premises. CLCH incorporated the future relocation within the Hendon Way Surgery's existing lease agreement in 2019. Hendon Way Surgery currently have a list size of 9,681 (October 2025 SHAPE Atlas), this has increased by 8.7% in 5 years from a list size of 8,907 in April 2020 (SHAPE Atlas). The GP list size is predicted to grow as a consequence of the large regeneration in West Hendon which will deliver a total of 2,194 new homes by 2027. The proposal for relocation is led by • The temporary re-homing nature of the current site. • The pre-existing replacement agreed for the CLCH asset with Barnet and Barratt-Redrow - a one public estate project supporting the Regeneration of the West Hendon area. • Structural deterioration to the extent that "props" are surrounding the site of the current premises due to the extended programme from 2021 to 2026 due to COVID and planning.

	• Vacant possession requirement of the current premises. • Current estate not fit for purpose. • Current GP demise is temporary and as such constrained. With 4 consult/exam rooms and 2 treatments rooms, with a list size of 9,681. NHSE PID estimator suggests 7 consult/exam rooms and 1 treatment rooms are required for a list of this size. In addition, due to condition, one consulting room is out of use. • Opportunity to create modern fit-for purpose accommodation. • Increased clinical capacity for growing patient list size. • Opportunity for co-location of primary care as part of a multi-use health care site with CLCH. <u>Risk of displaced practice</u> The current premises at Hendon Way Surgery are in poor and deteriorating condition, with significant limitations in layout, compliance, and operational resilience. Although the practice relocated to the site in 2018, CLCH has since assessed the building as having a maximum operational shelf life of 18 months, citing structural concerns and non-compliance with modern healthcare standards. The site is currently being maintained through short-term mitigation measures, which are not sustainable. Without urgent relocation to a fit-for-purpose facility, there is a significant risk that the registered patient list will be displaced, leading to disruption in continuity of care, increased pressure on neighbouring practices, and potential widening of health inequalities in the local area. In assessing the proposal to relocate the ICB has considered: Where patients reside, travelling time and transport links. • Block A, Borthwick Road, West Hendon is located less than 100 meters (or a 1-min walk) away from the current Hendon Way Surgery site and will accommodate both Hendon Way Surgery and CLCH community services. Premises condition – current and proposed. • The current site is structurally failing and has now less than 18 months safe usage with props and structural works in place to protect the site and perimeter walls from collapse. • New site would be fit for purpose, compliant space Capacity and access – current and proposed • Current GP demise is constrained. Proposed new site would be right sized for the list with adequate growth potential. Patient and stakeholder views • Patient engagement will take place following PCC approval in principle for the relocation. Affordability • Provided the capital contribution is secured, the proposed revenue for the new site is affordable. <u>Alternative options</u> The current premises are in poor condition and were only ever intended as a temporary solution. CLCH has formally indicated a maximum operational lifespan of 18 months, as the building is now being structurally propped as a short-term measures that are neither viable nor safe in the long term. Without a secured relocation, the practice faces significant risk to service continuity, particularly given

<table>
<tr><td></td><td colspan="2">the absence of any nearby health facilities capable of accommodating a patient list approaching 10,000.

Exploration of alternative sites has revealed that any viable option would require substantial capital investment to bring it up to clinical specification. These costs are likely to exceed the £1.64 million allocated for the proposed new-build, as most alternatives lack a purpose-built shell and would require extensive retrofit. Furthermore, funding for such options would likely fall outside NHS capital streams, resulting in inflated revenue costs, potentially far exceeding the proposed per annum estimate. Modular solutions have also been considered but are known to be disproportionately expensive and offer limited long-term value.

NCL ICB considers the scheme a priority for delivery in FY 26/27 and it proposing to allocate UMF for 26/27 to provide the capital required. It has also applied for national UMF underspend for 25/26 which will enable works to start this financial year (25/26)</td></tr>
<tr><td>Recommendation</td><td colspan="2">The committee members are asked to APPROVE the recommendation to relocate Hendon Way Surgery to the new site at West Hendon Broadway with a commencing rent of;

• £73,562pa and an estimated £35,310 pa respectively (rates based on 26/27 Gov.UK estimator of 48%), subject to DV valuation and confirmation of UMF for FY26/27. Total is maximum not to exceed.
• Total = £108,872</td></tr>
<tr><td rowspan="4">Identified Risks and Risk Management Actions</td><td>Risk</td><td>Mitigation</td></tr>
<tr><td>Relocation risk</td><td>Proposed site is less than 100 metres from the current site and is better / more centrally placed to a majority newly placed population as a result of the redevelopment and regeneration of the area.</td></tr>
<tr><td>Vacant possession requirement</td><td>Discussions with CLCH indicate there is no vacant possession risk and a decant will not be required. The projects have been carefully programmed to allow for the new site to be constructed by Barratt-Redrow (underway) and fit out by CLCH in 26/27 for opening of the new premises prior to demolition of the existing. This will allow the new service to operate in new premises without decant.</td></tr>
<tr><td>Fit out capital is not available</td><td>Given the condition of the current site, if capital is not available to fit out the replacement asset, the practice will need to find alternative accommodation or risk dispersal. Based on high-level understanding of estate in the surrounding area, it is unlikely that alternative accommodation will be revenue affordable. There are no ready-made health facilities in the area, and therefore any alternative site will require capital to fit out, and this will be reflected in an increased revenue position.</td></tr>
<tr><td>Conflicts of Interest</td><td colspan="2">Not applicable</td></tr>
<tr><td>Resource Implications</td><td colspan="2">Support from ICB, CLCH and IT teams. Additional resource funding through capital funding as required.</td></tr>
<tr><td>Engagement</td><td colspan="2">Patient engagement to take place following PCC approval in principle for the relocation.</td></tr>
</table>

Equality Impact Analysis	The Equality Impact analysis to take place following PCC approval in principle for the relocation.
Report History and Key Decisions	Not applicable.
Next Steps	See below.
Appendices	See below.

1. Background

This project is part of the West Hendon regeneration scheme led by Barratt-Redrow Homes and in partnership with CLCH. The project will relocate Hendon Way Surgery to the proposed new location at Block A, Borthwick Road, West Hendon, London NW9 7DG. This proposal will deliver a brand-new facility for Hendon Way Surgery, enabling the continued provision of high-quality primary care services to the local community from a modern, purpose-built environment.

CLCH will also deliver services from the new building, reinforcing the commitment to integrated, place-based care. Shared spaces - including an MDT meeting room, staff room, and other amenities on the first floor, will support closer collaboration and neighbourhood working between primary care and community teams, laying the foundation for future integrated models of working.

As the existing Hendon Way Surgery is structurally failing and has now less than 18 months safe usage with props and structural works in place to protect the site and perimeter walls from collapse, there is a clear need to provide the practice with a new, fit-for-purpose facility to ensure the continuity of primary care services for the local population.

Hendon Way Surgery have a list size of 9,681 (SHAPE Atlas October 2025) with a current total of 6 clinical rooms. The proposal is for the practice to operate from 7 consultation/exam rooms, 1 treatment room and 1 virtual consultation room. The GP list size is predicted to grow as a consequence of the large regeneration locally which will deliver a total of 2,194 new homes by 2027.

Failure to progress this scheme presents a high risk to service continuity, patient access, and system resilience. The current premises are nearing the end of their operational viability, and without an alternative property by the end of 2026, the practice may face closure or enforced dispersal of its patient list. This would displace nearly 10,000 registered patients, placing unsustainable pressure on neighbouring providers and undermining continuity of care. In addition, the absence of suitable alternative facilities within the catchment area means any interim solution would likely be high-cost, low-value, and operationally constrained, further exacerbating workforce challenges and widening health inequalities. From a commissioning perspective, this scenario would trigger avoidable revenue expenditure, reputational risk, and potential contractual disruption. The Hendon Way Broadway option presents as the only viable option for the practice to relocate to.

2. Strategic Context

The project supports a number of NCL ICB strategic objectives including:

- Improved primary care accommodation for staff and patients
- Supporting multi-disciplinary team working
- Enabling integrated service delivery between primary and community care
- Enhancing staff wellbeing through modern facilities and shared amenities
- Facilitating digital innovation through appropriate infrastructure
- Future-proofing the estate to meet population growth and changing service models
- Improved patient experience through co-located services
- Promoting efficient use of estate and reducing reliance on non-compliant or temporary premises
- Supporting care closer to home and reducing unnecessary hospital attendances

3. Analysis

Hendon Way Broadway will be a new freehold asset for CLCH replacing their former Hendon Way Clinic which was vacated to temporarily house the surgery following an emergency process in 2019 required after the GP's previous leasehold arrangement became extremely fractured and possession orders were in train.

The new facility will be provided by Barratt-Redrow to a CLCH and Barratt-Redrow designed shell to accommodate both Hendon Way GP practice and CLCH community services. It is located effectively in the same location being less than 100 metres away from the current Hendon Way Surgery premises, however more conveniently situated within a remodelled regional development.

There are nine Lower Super Output Areas (LSOAs) located within a 1km radius of Hendon Way Surgery. Within these LSOAs, a total of 4,054 patients are registered at the practice, accounting for approximately 42% of its total registered patient list of 9,639. The proposed relocation - approximately 100 metres from the current site is expected to have a negligible impact on the core patient cohort and the wider registered list. The new facility will remain easily accessible on foot, with no requirement for alternative transport arrangements.

Premises Conditions

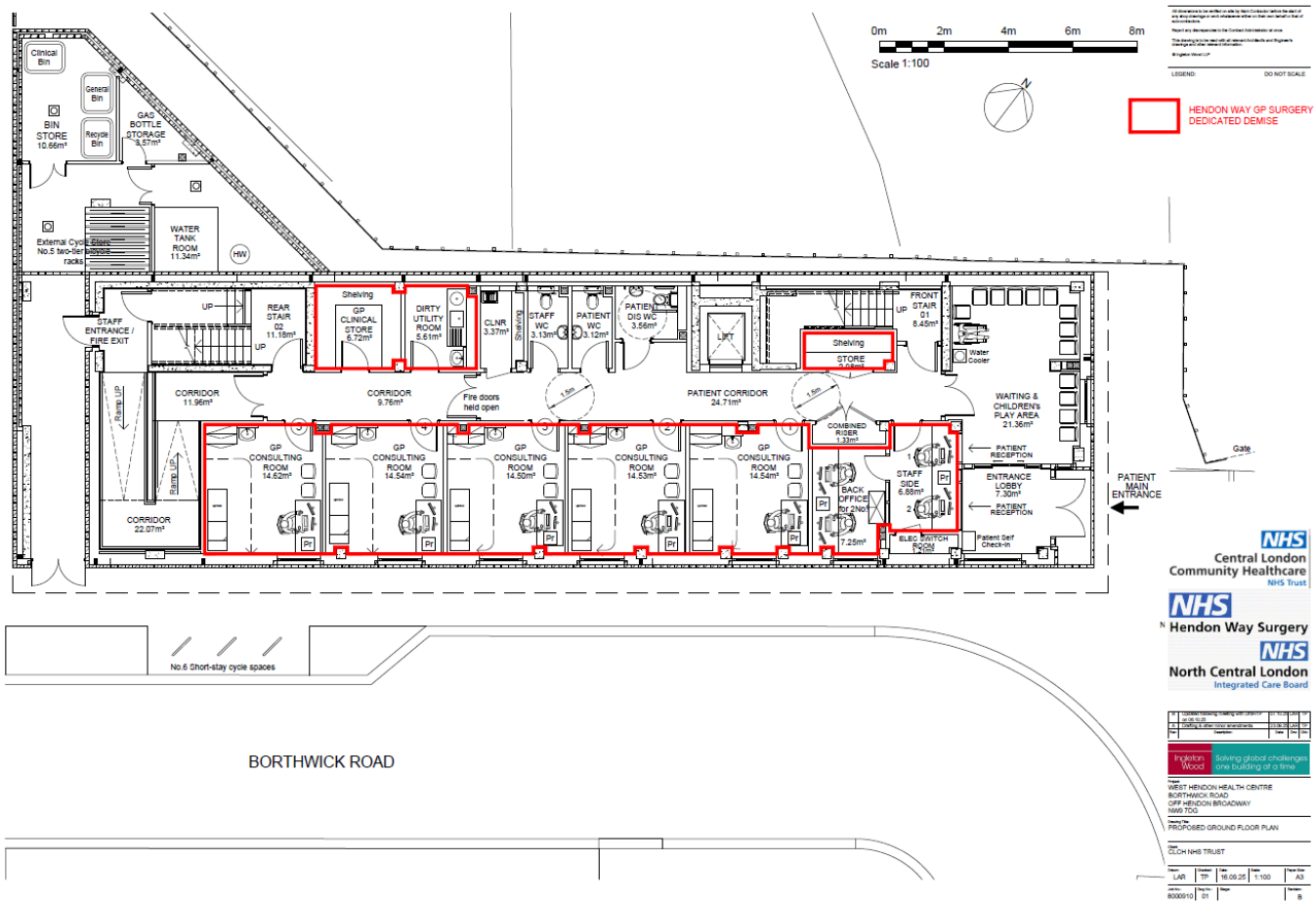
a. Current Premises – Hendon Way Surgery

- Structurally "propped" site with a pre-existing replacement plan
- The practice currently operates from 6 clinical rooms in a constrained 315 sqm. One of the consulting rooms in non-operational due to condition.
- The space is limited and not fully compliant.
- The current lease arrangements are that the practice leases from CLCH who own the building with a clause for relocation set in 2019 in the knowledge the site was to be replaced.
- The practice requires relocation due to a vacant possession requirement, with Barratt Homes constructing its replacement for completion January 2026 and existing scheduled for demolition in autumn 2026.

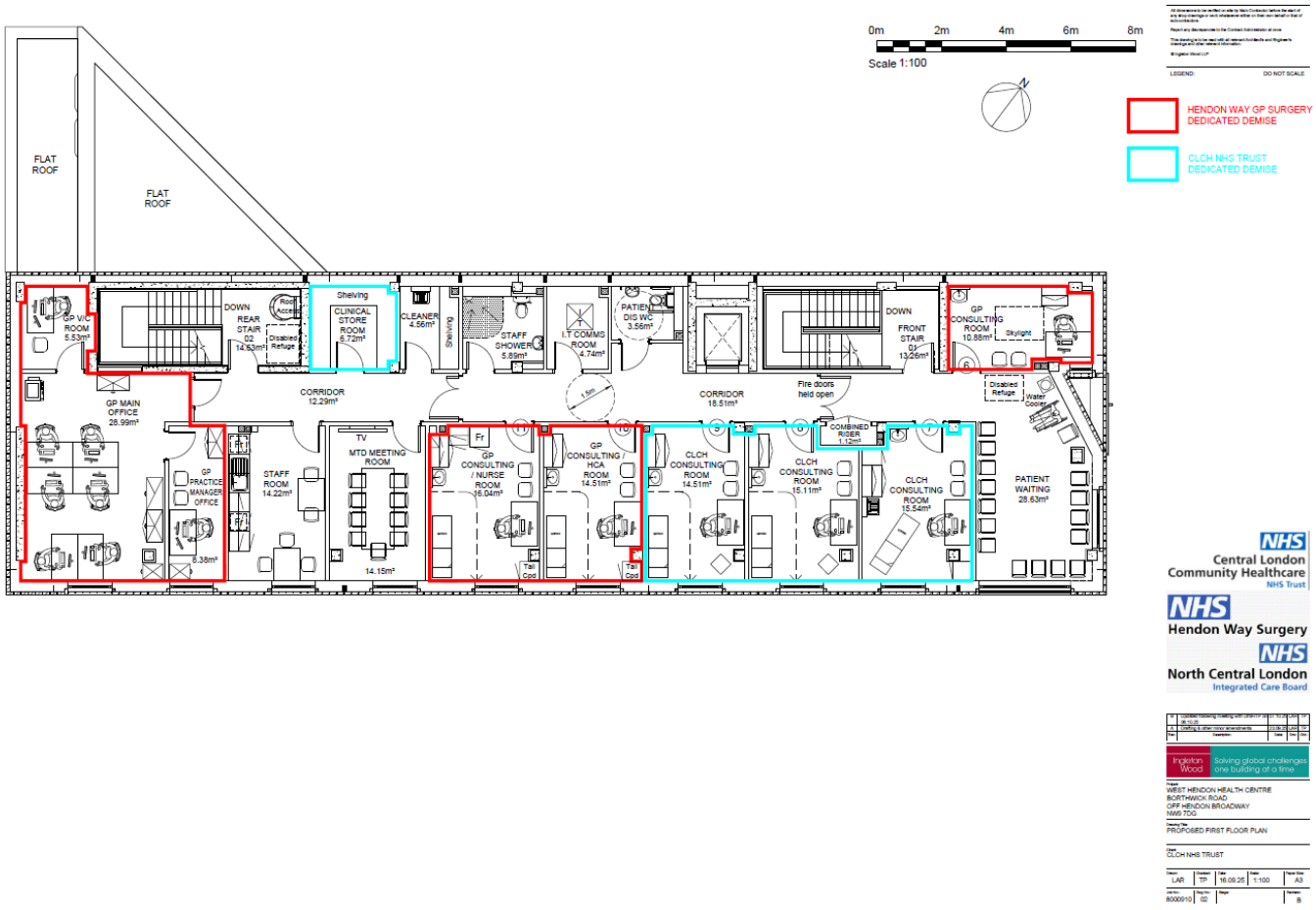
b. Proposed Premises – Hendon Way Broadway

- Hendon Way Broadway is proposed as a substantial multi-use development, designed to accommodate both primary care and community health services within a single, integrated facility.
- The proposal is for the practice to operate from 7 consultation/exam rooms, 1 treatment room and 1 virtual consultation room across two floors, in c.415sqm.
- The building will be delivered to shell and core specification by Barratt Homes, with subsequent internal fit-out works funded through an NHS capital contribution to ensure full compliance with healthcare design standards and operational requirements.
- The facility will introduce IT-enabled multi-disciplinary team facilities on the first floor to support integrated working. The shared space will include an MDT meeting room, staff room, and other staff amenities.
- In addition to the clinical rooms on ground and first floor the practice will have a managers office, a GP general office and virtual consult room on the first floor. The shared space will include an MDT meeting room, staff room, and other staff amenities on the first floor.

Proposed Ground Floor Layouts



Proposed First Floor Layouts



c. Alternative Options - Retrofit of existing non-clinical premises

- Availability – there are no known premises within the immediate radius capable of accommodating services for a list of 10,000 patients.
- Capital requirements – without a purpose build shell, significant investment would be required to meet clinical standards, this is likely to exceed the £1.64m allocated for the proposed new-build.
- Revenue impact – capital source would likely be non-NHS (eg third party landlord) resulting in elevated lease costs and revenue exposure – potentially far exceeding the proposed cost per annum benchmark which is a shell DV value of circa £142 psqm.
- Compliance risk – retrofitted premises may struggle to meet HBN/HTM standards without extensive structural and M&E upgrades.
- Strategic fit – poor alignment with ICS priorities for integrated, future-proofed estates, limited scope for digital enablement or co-location.

d. Alternative Options – Modular build

- Capital costs - modular builds are known to be disproportionately expensive relative to lifespan and specification.
- Operational limitations - typically offer reduced flexibility, constrained clinical layouts, and lower patient experience scores.
- Planning constraints - may face resistance from local authorities and stakeholders due to perceived impermanence.
- Revenue impact - high maintenance and lifecycle costs; poor value for money over a 10-15 year horizon.
- Strategic fit - misaligned with long-term estates strategy; limited potential for integration, sustainability, or workforce expansion.

Capacity and Access

a. Space Considerations

The table below sets out the space at the current and proposed premises, it also indicates the number of clinical rooms at the current premises and proposed site and the room to patient ratio.

Site	Square metre space	No. of clinical consult rooms & treatment rooms	Room to patient ratio
Current – Hendon Way Surgery	389 m^2	6	1 room:1,603 patients
Proposed – Hendon Way Surgery, Broadway	415m^2	8	1 room:1,202 patients

In accordance with HBN 11-01 guidance, the current registered list size necessitates a minimum of seven consultation and treatment rooms for primary care services. Additional capacity will also be required to accommodate ARRS roles and GP registrars. This need is expected to increase further given the projected population growth associated with the development of 2,194 new homes by Barratt-Redrow Homes, scheduled for completion by 2027.

b. Provision at Hendon Way Surgery

Hendon Way Surgery is compliant with contractual opening hours and is open from 08:00 am to 18:30 pm from Monday through to Friday. There will be no change to access and service provision in the new premises.

c. Clinical Workforce

Based on the practice list size of 9,681 (SHAPE Atlas October 2025) and the guidance of 72 GP appointments per week, per 1,000 patients and 32 Nurse appointments per week, per 1,000 patients, the practice should be providing 698 GP and 310 Nurse appointments per week, per 1,000 patients.

The latest GPAD data for September indicates that the practice delivered 35 fewer appointments in September than ICB average.

Practice Code	Y03663		List size	9690	Month	Sep-25
Practice Name	HENDON WAY SURGERY					
Staff Group	Appointments per month	Appointments per 1000 patients	NCL ICB average per 1000 patients	National average per 1000 patients	Difference vs ICB average	Difference vs National average
GP	1981.00	204.44	239.70	232.98	-35.26	-28.54
Other Practice Staff	1247.00	128.69	175.72	262.63	-47.03	-133.94
Unknown	0.00	0.00	2.68	10.81	-2.68	-10.81
Total	3228.00	333.13	418.10	506.42	-84.97	-173.29
Face to Face	1163	120.02	221.32	326.26	-101.30	-206.23
Home Visit	0	0.00	1.60	5.55	-1.60	-5.55
Telephone	1367	141.07	152.81	123.25	-11.73	17.82
Video / Online	696	71.83	37.59	39.79	34.24	32.03
Unknown	2	0.21	4.78	11.58	-4.58	-11.37
Face to Face	36%		56%	68%	-20%	-32%
Remote	64%		44%	32%	20%	32%

Any contractual expectations to address the number of appointments will be addressed as part of the new contract.

Patient and Stakeholder Engagement

a. Patient Engagement

Patient engagement will take place following PCC approval in principal for the relocation.

b. Stakeholder Engagement

Local stakeholders have been engaged with this project, and it supports NCL ICB strategic objectives around primary care at scale and supporting multi-disciplinary working.

There are number of key stakeholders engaged as part of the Hendon Way Surgery relocation project including, Central London Community Healthcare NHS Trust, Barnet Local Estate Forum and NCL Local Care Infrastructure Board.

c. Equality Impact

The Equality Impact analysis which will be positive being larger modern new premises replacing existing constrained and not fit for purpose temporary premises, to take place following PCC approval in principal for the relocation.

4. Conclusion and recommendation

Approval is requested for the practice to relocate to newly refurbished premises at Hendon Way Broadway. The proposed commencing rent is to be assessed by the District Valuer (DV), using a recent comparator DV rent of £73,562 per annum. Maximum not to exceed.

The ICB will ensure there is further engagement with patients leading up to and immediately prior to the move. There will be no change to registration or services.

The next steps in developing the scheme are:

- CLCH to agree and finalise leases and progress the fit out works for the new primary care GP practice and community rooms within the new building.
- ICB secure funding for £1.64 m.
- DHSC final approval of transfer to be processed within the legal pack (noting pre agreed).
- Patient consultation to take place during the construction period to ensure the new information is received by patients at a relevant point, nearer to the time of the move. Noting this is a replacement of a tail property with structural reports to vacate, to a modern new premises within 100m in a more accessible location away from the front main road.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
13 January 2026

Report Title	Barnsbury Medical Practice: time-limited request for additional rooms	**Date of report**	9 December 2025	**Agenda Item**	2.5
Lead Director / Manager	Nicola Theron, Director of Estates, Finance and Estates Directorate	**Email / Tel**		Nicola.Theron@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
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 reimbursable premises costs, impact is **£74,393 per annum** – key points to note: • The above figure includes VAT, rent, rates, water, clinical waste, and the management fee. Please note that this proposed arrangement is time-limited and will remain in place until 31 March 2028. The increase is a temporary measure pending an internal reconfiguration, which will be funded through the 2026/27 Utilisation and Modernisation Fund capital. • The current reimbursable premises costs paid to Barnsbury Medical Practice is **£298,683.71** per annum. This includes time-limited reimbursables of £73,815.47 pa to cover two offices on the first floor [F24 and F25]. This element of the total reimbursement expires at the end of the 2025/26 financial year. • The proposed reimbursable premises costs payable to Barnsbury Medical Practice would be **£373,076.71 per annum.** For the avoidance, this figure includes the temporary space that is being subsidised until the end of the 2025/26 financial year . This is a time-limited arrangement that will remain in place until 31 March 2028, subject to approval		

Name of Authorising Estates Lead	Nicola Theron, Director of Estates, Finance and Estates Directorate	**Summary of Estates Implications** • **Premises Status:** Barnsbury Medical Practice is in Bingfield Primary Care Centre, a LIFT building classified as "core" Islington estate • **Current Provision:** The Practice occupies 3 clinical rooms on the ground floor but requires five 5 rooms to meet service needs, an increase of 2 rooms • **Proposed Allocation, phase 1:** Allocate the bookable minor procedures suite [F7,9,10] on the first floor exclusively to Barnsbury Medical Practice. Assign remaining capacity in the bookable consulting room [G13] on the ground floor exclusively to Barnsbury Medical Practice • Phase 2 involves an internal reconfiguration funded through the 2026/27 Utilisation and Modernisation Fund capital. This reconfiguration is expected to deliver both space and revenue efficiencies, as the current space allocation for Barnsbury Medical Practice is fragmented. The proposal aims to consolidate operations and reduce wasted space.
Report Summary	• This paper sets out the estates and financial implications of allocating additional clinical space within Bingfield Primary Care Centre [BPCC] to Barnsbury Medical Practice • The practice currently operates from three clinical rooms, which is insufficient to meet APMS contract requirements and Key Performance Indicators. Capacity planning indicates a need for five clinical rooms, representing an increase of two rooms • Two bookable rooms exist within BPCC; a consultation room [G13] and a minor procedure suite [F7,9,10], but G13 is regularly used by Medicus Select Care for its SAS service • The practice currently has temporary use of two offices on the first floor [F24 and F25] until the end of the 2025/26 financial year. It is recommended that these offices be retained to optimise clinical space. • Immediate priorities include formalising tenancy arrangements for the minor procedures suite and offices F24/F25 plus confirming sessional scheduling for the consultation room [G13] to ensure the practice has exclusive access to the remaining capacity • Approval is sought for the associated increase in rent reimbursement and space allocation for a time-limited period until 31 March 2028. This arrangement is subject to Phase 2: an internal reconfiguration, which will be funded through the 2026/27 Utilisation and Modernisation Fund capital.	
Recommendation	The paper is asking PCC: • To **APPROVE** – formulisation of tenancy arrangements for the minor procedure suite [F7,9,10], the remaining capacity of the bookable consulting room [G13] and the retention of Offices F24 and F25 • To **APPROVE** – the associated increase in rent reimbursement for the additional space for a time-limited period until 31 March 2028. This arrangement is pending phase 2: an internal reconfiguration, which will be funded through the 2026/27 Utilisation and Modernisation Fund capital.	

Identified Risks and Risk Management Actions	**Risk:** • Barnsbury Medical Practice currently operates from three rooms but requires five to meet APMS contract KPIs. Failure to secure additional rooms risks continued non-compliance and patient access issue • The bookable consultation room [G13] is also used by Medicus Select Care for its SAS service. Without clear scheduling, there is a risk of operational clashes and service disruption **Mitigation:** • Secure legal agreements for Barnsbury Medical Practice's exclusive use of the minor procedures' suite [F7,9,10] and remaining capacity in the consultation room to prevent disputes • Complete a detailed review of SAS service bookings to optimise shared use or identify alternative accommodation for Medicus Select Care.
Conflicts of Interest	Not applicable
Resource Implications	Not applicable
Engagement	Not applicable
Equality Impact Analysis	Not applicable
Report History and Key Decisions	In September 2023, consultation room G11, previously available for general booking, was permanently allocated to Barnsbury Medical Practice for exclusive use, increasing its total provision to three clinical rooms
Next Steps	1. Confirm sessional scheduling for the bookable consultation room to meet Barnsbury Medical Practice requirements 2. Explore the feasibility of relocating the SAS service to an alternative site to release space for primary care services 3. Verify ongoing estate requirements for Whittington Health services 4. Commence the design process for phase 2.
Appendices	

Barnsbury Medical Practice

assessment of space required in Bingfield Primary Care Centre

On behalf of:

NHS North Central London ICB

26 November 2025

Draft 1

NHS
North Central London
Integrated Care Board

gb partnerships CONSULT

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Version	Date	Issued to
Draft 1	26.11.25	Ian Sabini for initial review

1.0 Executive Summary

- Bingfield Primary Care Centre [BPCC] is designated as a core asset for Islington under the North Central London [NCL] Estates and Infrastructure Strategy 2024. With the current lease expiring in July 2030, this presents a strategic opportunity for the North Central London Integrated Care Board [“the ICB”] to review the site’s configuration and future use
- Barnsbury Medical Practice, operating under an APMS contract, serves a registered population of 6,597 patients but currently operates from three clinical rooms, which is insufficient to meet service requirements and APMS Key Performance Indicators. Capacity planning indicates a need for five clinical rooms, an increase of two rooms. While two additional rooms exist [a bookable consultation room and a bookable minor procedure room], one is regularly used by Medicus Select Care, limiting availability. No other clinical space is available within BPCC
- Other tenants, including Whittington Health [WH] and InHealth, face accommodation challenges. WH’s rooms are non-contiguous, with one lacking access to a dirty utility, while InHealth’s ultrasound room is undersized relative to Health Building Note guidance
- There is potential to consolidate space between providers to improve efficiency, however, previous reconfiguration cost estimates were prohibitive, and no funding has been allocated
- Immediate priorities include:
  - confirm sessional scheduling for the bookable consultation room to meet Barnsbury Medical Practice requirements
  - formalise tenancy arrangements to allocate the minor procedures room for sole use by Barnsbury Medical Practice
  - Request the continued retention of offices F24 and F25 for the exclusive use of Barnsbury Medical Practice
  - explore the feasibility of relocating the SAS service to an alternative site to release space for primary care services
  - Verify ongoing estate requirements for Whittington Health services
- Medium-term actions [2026/27] should focus on:
  - identifying funding sources for reconfiguration
  - resolving critical compliance issues [e.g., undersized cleaner’s cupboards, inadequate storage, appropriate utilities]
  - reconfiguring clinical spaces to meet immediate service needs, prioritising Barnsbury Medical Practice and diagnostic services
  - upgrading building services and implement energy efficiency measures to reduce running costs and support net zero carbon targets
  - consolidating provider spaces to optimise utilisation and improve operational efficiency

2.0 Introduction

- Bingfield Primary Care Centre [BPCC] is one of five primary care facilities within the Camden & Islington Estates Partnership Ltd [CIEP] portfolio[1]
- The current lease is due to expire in July 2030, and as this date approaches, stakeholders must evaluate a range of end-of-term options, including:
  - vacating the premises upon lease expiry
  - exercising the purchase option under LPA[2] Schedule 14
  - negotiating a new lease or concession agreement
- North Central London Integrated Care Board [“the ICB”] is using this opportunity to review the accommodation occupied by Barnsbury Medical Practice to determine whether there is sufficient space to deliver current and future primary care services, and whether reconfiguration is required to provide additional clinical capacity

Bingfield Primary Care Centre

1. Camden & Islington Estates Partnership [CIEP] is a partnership created under the NHS Local Improvement Finance Trust [LIFT] delivering health and social care facilities across the area
2. Lease Plus Agreement

3.0 Background

- BPCC has been designated as a core asset for Islington within the North Central London [NCL] Estates and Infrastructure Strategy 2024 and represents a critical resource that must be fully optimised to support service delivery
- Barnsbury Medical Practice is a GP practice located within BPCC serving a registered patient population of 6,597 [as of November 2025]. The practice operates from three consultation rooms which is insufficient to accommodate its patient list size and service requirements
- The service is delivered under an APMS [Alternative Provider Medical Services] contract by Islington GP Federation [IGPF]. Currently, the practice is in breach of an APMS Key Performance Indicator relating to patient-facing consultations, due to insufficient clinical space. This non-compliance poses both a financial risk to the practice and a potential negative impact on patient care
- Although Barnsbury Medical Practice was allocated an additional consultation room in 2023, the practice has since expanded its workforce and broadened its range of services, creating further demand for clinical space
- In September 2022, a Visioning Study of BPCC was conducted by CIEP on behalf of the ICB. The following observations and recommendations were noted:
  - Ground Floor: clinical accommodation could be improved to provide greater flexibility
  - First Floor: substantial reconfiguration could create additional clinical space
  - Compliance Issues: certain support areas require priority attention, including undersized cleaner's cupboards and inadequate storage provision
  - Building Services: the central plant should be assessed for potential renewal, with consideration for achieving net zero carbon, improving performance, and reducing running costs
- The estimated cost of implementing these recommendations was considered prohibitive, as no budget was available to deliver solutions within a reasonable cost envelope.

4.0 Tenants: Introduction

BPCC is a 922.9 sqm building arranged over two floors. The facility currently accommodates the following tenants:

- Barnsbury Medical Practice [GP]
- Whittington Health [community services]
- InHealth Group [diagnostic services]
- Medicus Select Care [who utilise bookable space to deliver primary care services to patients who have been removed from a practice patient list]

Key:

GP [IGPF]	
WH [Whittington Health]	
InHealth	
Bookable	
Void	

Ground Floor: Clinical Accommodation

First Floor: Mainly Office Accommodation, 1 clinical room

4.1 Barnsbury Medical Practice [1]

- Barnsbury Medical Practice has a list size of 6,597 as of November 2025, with minimal population growth predicted up to 2035
- The following tables present key estate data for the practice, along with workforce information as of September 2025
- The data indicates that the practice operates with 5.93 whole-time equivalent [WTE] staff across three clinical rooms

Key Estate Data	
List Size	6,597 [November 2025]
Tenure	Leasehold
Net Internal Area	107.50
Year of Construction	2005
Estate Classification	Core
Condition	B
Number of Clinical Rooms	3

Practice Workforce[1]	Headcount	WTE
GP	9	3.62
Practice Nurse	1	1.00
HCA	1	0.5
Pharmacist	2	1.60
Sub Total [Clinicians]	***13***	***6.72***
Manager	1	1.00
Medical Secretary	2	1.60
Receptionist	6	4.52
Sub Total [Non-Clinical]	***9***	***7.12***
TOTAL STAFF	**22**	**13.84**

1. https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/30-september-2025

4.1 Barnsbury Medical Practice [2]

South Islington PCN: Roles[1]	Whole Time Equivalent [WTE]
Care Coordinator	3.51
Clinical Director [Medical]	0.4
Other Director	0.23
Paramedic	2.93
Pharmacist	12.53
Pharmacy Technician	3.1
Physiotherapist	3.87
Newly Qualified GP	1.90
Social Prescriber	4.00
Enhanced Practice Nurses	0.0736
Digital & Transformation Lead	1.00
TOTAL	**33.31**

BPCC Roles	Assumed WTE	Clinical Room Requirement	Desk Requirement
Care Coordinator	1.00	x	1
Paramedic	1.00	consult/exam	x
Physiotherapist	1.00	consult/exam	x
Social Prescriber	1.00	x	1
TOTAL	**4.00**	**2 consult/exam**	**2 desks**

- Barnsbury Medical Practice hosts staff from the South Islington Primary Care Network [PCN] in addition to its core practice workforce. The PCN workforce detailed in the table [*left*] is shared across seven member GP practices
- According to the Practice website, the staff listed in the table [*above*] are based at BPCC. It is assumed that four PCN roles require a permanent presence onsite, necessitating the use of two clinical rooms and two desks
- The practice currently has temporary use of two offices on the first floor [F24 and F25] until the end of the 2025/26 financial year. It is recommended that these offices be retained to optimise clinical space and provide accommodation for PCN staff

1. https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-network-workforce/30-september-2025

4.2 Other Tenants

Whittington Health

- Whittington Health NHS Trust [WH] is an integrated care organisation delivering both hospital and community care services to residents of the London Boroughs of Islington and Haringey
- At BPCC, WH occupies the largest amount of accommodation, comprising:
  - 5 consulting rooms, used for podiatry and leg ulcer services
  - 1 large group room, hosting the Bright Start family hub
  - 2-person office and 1 large open plan office
  - meeting room
- WH's clinical accommodation is located on the ground floor however the rooms are not contiguous. One of the leg ulcer rooms is situated in a separate corridor from the other rooms, and does not have access to a dirty utility

InHealth

- InHealth delivers imaging and diagnostic services [routine requests only] across multiple sites within North Central London
- At BPCC, InHealth operates an ultrasound service from a single consulting room. The room measures 13.5 sqm, which is cramped for this purpose. According to Health Building Note [HBN] 06: Facilities for Diagnostic Imaging and Interventional Radiology [2001], the recommended room size for ultrasound services is 16 sqm

Medicus Select Care

- Medicus Select Care delivers the Special Allocation Scheme (SAS) GP service for patients within North Central London who have been removed from a practice patient list. This service ensures that these patients continue to access healthcare through an alternative, designated GP practice
- At BPCC, the service books one consulting room on a sessional basis. Room G13 on the ground floor is preferred because it has an external door, providing enhanced security for the clinician. Additional safety measures are in place, with security staff positioned in the corridor outside the room during sessions

NCL ICB: Bookable Rooms

Ground Floor

- 1 interview room
- 1 consult/exam room

First Floor

- minor procedure room
- dirty utility
- 1-person office

5.0 Primary Care Room Requirements

Capacity Planning

- High-level capacity planning has been undertaken using the NHS England PID Estimator to calculate the number of clinical rooms required to serve the registered population of Barnsbury Medical Practice, based on the following assumptions:

NHS E PID Estimator Parameters Used	Assumption
anticipated average annual contacts per patient per year	6
estimated ratio of patients using C&E rooms	80%
estimated ratio of patients using treatment rooms	20%
building open [weeks per year]	50
appointment duration (C&E room]	15 minutes
appointment duration (treatment room]	20 minutes
operational hours per week [08:00-18:30]	52.5
utilisation	80%

Room Requirements

- The PID Estimator indicates that 4 clinical rooms are required to meet the needs of the APMS contract, assuming no population growth up to 2035
- In addition, an assessment of the practice workforce has been undertaken to calculate the total number of clinical rooms required. This assessment suggests that 1 additional clinical room is required beyond the PID estimate, totalling 5 clinical rooms, **representing an increase of 2 rooms compared to current provision**. This figure excludes the requirements for PCN staff roles, which would further increase demand for space. This

Available Rooms in BPCC

- A bookable consultation/examination room on the ground floor and a minor procedure room on the first floor could potentially meet the requirement for two additional clinical rooms for Barnsbury Medical Practice. However, the ground floor consult/exam room is regularly utilised by Medicus Select Care, and confirmation is required regarding the number of sessions booked per week to determine whether shared use is feasible
- Beyond these two rooms, no additional clinical space is available within BPCC, highlighting the need for strategic space optimisation and potential reconfiguration

6.0 Conclusion

BPCC remains a strategically significant facility within the NCL estate portfolio; however, it faces notable operational challenges related to insufficient clinical space and compliance issues

Barnsbury Medical Practice

- The practice is currently unable to meet APMS Key Performance Indicators, creating both financial and quality-of-care risks. Capacity planning indicates a requirement for two additional clinical rooms beyond the current provision. While two bookable rooms exist within BPCC, one is regularly utilised by Medicus Select Care, limiting availability

Whittington Health

- WH's accommodation is fragmented, with one clinical room lacking access to a dirty utility. This configuration reduces operational efficiency and compliance with best practice standard

InHealth

- The ultrasound service operates from a room that is undersized relative to HBN guidance. A larger room within BPCC could be repurposed to better support diagnostic services

Medicus Select Care

This provider requires a clinical room with an additional exit for staff safety and security. Confirmation is needed regarding the frequency of SAS service bookings to determine whether Barnsbury Medical Practice could share this space

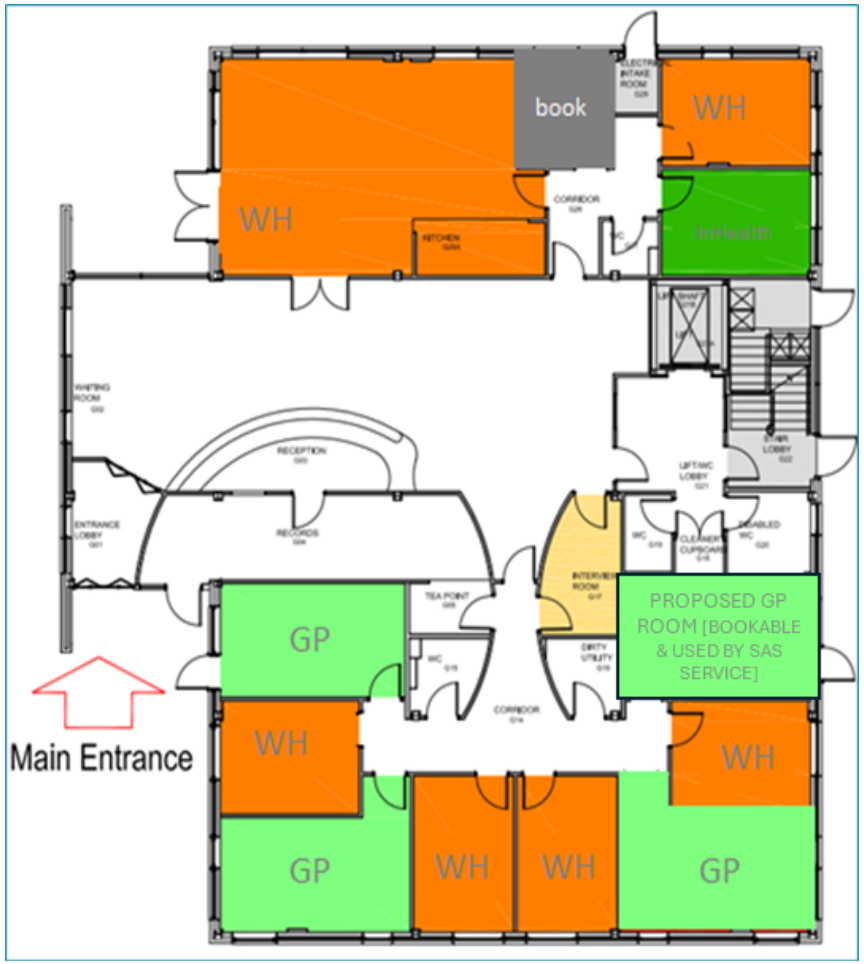
Space Consolidation Opportunities

There is potential to consolidate space between providers, improving efficiency and enabling services to operate in closer proximity. However, previous reconfiguration cost estimates were prohibitive, and no funding has been allocated to date

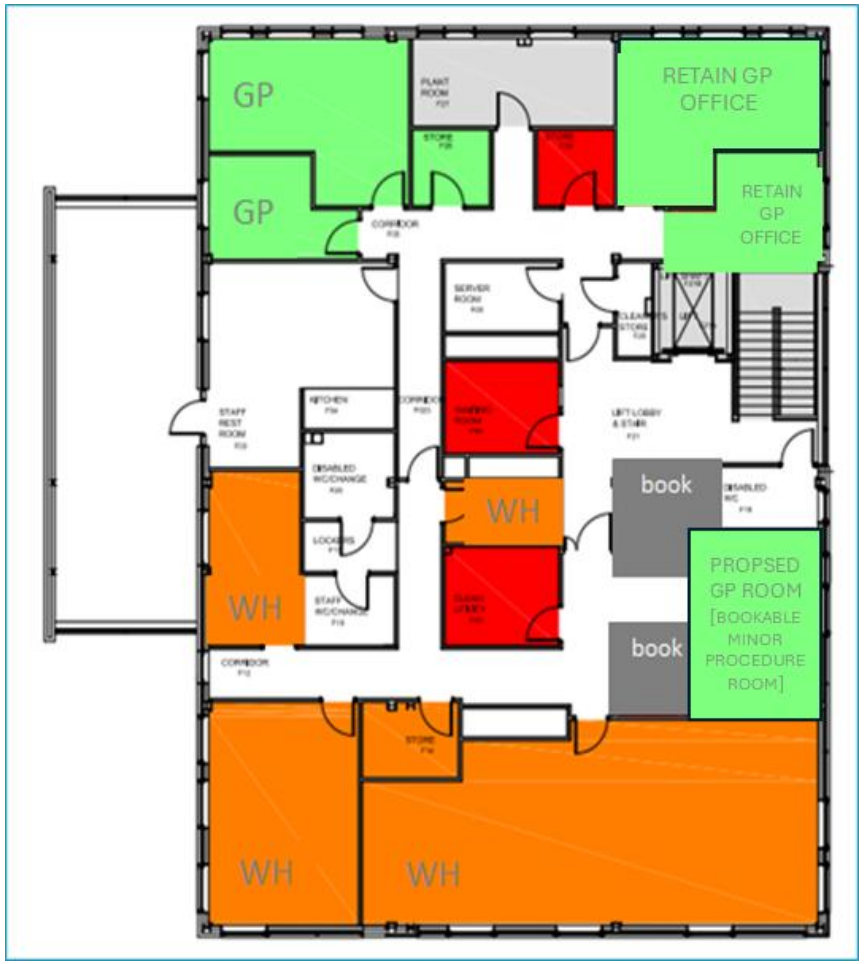
6.0 Conclusion

The revised floor [*right*] plans illustrate the proposed changes outlined in this document to accommodate Barnsbury Medical Practice:

Ground Floor



First Floor



7.0 Next Steps

Short-Term [2025/26]

- Formalise tenancy arrangements to allocate the minor procedures room exclusively for Barnsbury Medical Practice and obtain approval from the Primary Care Committee for the associated increase in rent reimbursement and additional space allocation
- Request the continued retention of offices F24 and F25 for the exclusive use of Barnsbury Medical Practice. This will enable the practice to maximise clinical space and provide appropriate accommodation for PCN staff
- Verify ongoing estate requirement for Whittington Health services
- Conduct a detailed review of session scheduling for the SAS service to identify potential flexibility and opportunities for shared use of clinical space
- Explore the feasibility of relocating Medicus Select Care to an alternative site, thereby releasing space for primary care services and improving overall utilisation of BPCC

Medium Term [2026/27]

- Identify potential funding sources for reconfiguration
- Develop a phased approach to address compliance and sustainability goals without requiring full capital outlay upfront:
    1. Resolve critical compliance issues [e.g., undersized cleaner's cupboards, inadequate storage, appropriate utilities]
    2. Reconfigure clinical spaces to meet immediate service needs, prioritising Barnsbury Medical Practice and diagnostic services
    3. Upgrade building services and implement energy efficiency measures to reduce running costs and support net zero carbon targets
    4. Consolidate provider spaces to optimise utilisation and improve operational efficiency

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North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
Tuesday 13 January 2026

Report Title	Primary Care Committee Risk Register	**Date of report**	23 December 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, Chief Transformation Officer				
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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').

System Risk Management

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.

The Committee Risk Register

There is 1 risk on the Committee risk register. The threshold for escalation to the Committee is a risk score of 12 or higher. Since the last meeting of the Committee 1 risk rating has reduced to below the Committee threshold. The rating of the remaining risk is unchanged. 5 risks are below the Committee threshold, however, are reported for oversight and scrutiny.

Key Highlights:

System Risk – below Committee threshold but included for oversight

PERF33: *Failure to address Primary and Secondary Care interface challenges (Threat).*

	Current Risk Rating: 9 (unchanged). The long-standing interface challenges pose a crucial risk to end-to-end patient pathways. This is also exacerbated by NCL's geographical complexity, increasing referral demand, winter pressures and workload issues arising from inappropriate task transfer between care settings. To address risks attached to this domain, an interface improvement programme has been established with a series of actions identified. This reflects a collaborative approach through primary and secondary care leadership representation and links to regional and national drivers. The programme governance agreed four key priority workstreams (GP Liaison service access, Referral Interface Group, Same Day Emergency Care and development of a bespoke Interface Dashboard). All priorities are making progress, but no new objectives have been established for 2025/26. The main aim is to complete the work on the previously identified priorities Getting It Right First Time ('GIRFT') recommendations on Improving primary and secondary care interface have now been released. The trusts have been asked to assess against these indicators as well as continue with a third assessment, similar to trust self-assessment as in the first two assessments in 2024, with some additions (including expanding to community and specialist and mental health trust) and further details on some indicators. This was completed and submitted to NHS England on 15 September 2025. Claire Fuller (National Clinical Director of Primary Care) has visited NCL ICB on three occasions over the last year as part of the Primary Care Network ('PCN') test site programme. Each visit has had a focus in interface challenges and learning has been captured and shared across the PCN test sites. The interface improvement funding received from NHS England (£40k) is dependent on the PCN navigator role to be funded by a trust and discussions with RFL and University College London Hospital ('UCLH') are in progress (further ahead with UCLH than with RFH). <u>Reducing ICB risk generated from risks or issues in other organisations</u> Since the last meeting the following risk has reduced to below the Committee threshold, however, will continue to be reported for oversight and scrutiny: **PERF15:** *Failure to address variation in Primary Care Quality and Performance across NCL (Threat).* **Current Risk Rating:** 8 (previously 12) This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it. 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. The GP Patient Survey and Health Insights data is showing signs of improvement. The results show a closing of the gap between the best and worst performing practices. We have now embedded our data driven approach targeting support to outlier 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. Progress with long-term conditions locally commissioned

	service ('LTC LCS'). is also narrowing variation between practices. 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. The current risk rating has been reduced from 12 to 8 as there are signs of improvement in the GP Patient Survey and Health Insights data. <u>Continuing ICB risk generated from risks or issues in other organisations</u> **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 was obtained, and the procurement process was paused in accordance with the guidance, while a response to the legal proceedings was filed at Court. The ICB is exploring all legal options and will follow the advice of its solicitors in relation to the ongoing litigation. 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). Standstill letters, giving 10 days during which another provider can challenge the procurement, were issued on Monday 4 August 2025. The court date for application to lift the suspension of awards was 29 October 2025 where the ruling was in favour of the ICBs. The suspension of awards has now been lifted and the contract award process for preferred bidder has been initiated. <u>Continuing ICB risks generated from risks or issues in other organisations – below Committee threshold but included for oversight</u> **PERF22:** *Failure to actively plan and support development of the General Practice estate (Threat).* **Current Risk Rating:** 9 (unchanged).

	Ongoing supply chain issues and availability of materials continue to impact labour supply and material pricing. However, construction price increases appear to be levelling off. The labour supply and material pricing issues have resulted in pressure on the ICB to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets. This has been captured within a more robust project financial model While the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved. This is a medium-term issue and will need monitoring and management. The ICB is analysing and planning the estates need and what steps would need to be taken to meet this. The ICB is linking with NHS London to influence the regional and national estates policy. The ICB Infrastructure Plan (issued July 2024) articulates the ask and options. Delivery of projects is now the key pressure. The change in the capital regime from 2026 onwards, and the lack of the ICB being able to allocate capital to Local Care, will materially impact delivery of the plan from April 2026 onwards. The NCL capital plan for primary care and neighbourhood was updated in September 2025 and submitted in December. Prioritisation to take place, led by the Neighbourhood Health team, in January 2026 Further work is required to update a Local Care Strategy, incorporating Neighbourhood care. An updated 1, 4 and 10 year pipeline has been developed and updated as part of the London summary, including the revenue implications of the Left Shift. Next steps are to ensure that this is widely socialised, and this will be taken to the Primary Care Committee ('PCC') when there is more certainty on the new structure, noting that this date may depend upon the ICB change programme. PCC is asked to note implications of risk PERF15 (Failure to address variation in Primary Care Quality and Performance across NCL) on estates risks. **PERF31:** *Failure to manage the impact of increased costs to the ICB, programme delay, rental revenue pressure on Integrated Care estate projects, as well as additional risks (including financial/accounting) (Threat).* **Current Risk Rating:** 9 (unchanged). Ongoing supply chain issues and availability of materials continue to impact labour supply and material pricing. However, construction price increases appear to be levelling off. The labour supply and material pricing issues have resulted in pressure on the ICB to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets. This has been captured within a more robust project financial model While the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved. This is a medium-term issue and will need monitoring and management. The ICB is analysing and planning the estates need and what steps would need to be taken to meet this. The ICB is linking with NHS London to influence the regional and national estates policy. The ICB Infrastructure Plan (issued in July 2024)

	articulated the ask and options. Delivery of projects now the key pressure, aligned to new government priorities, with a particular focus on Integrated Hubs. Further work is underway with place and primary care teams to describe and to shape our investment pipeline. An updated 3, 5 and 10 year pipeline has been developed and updated as part of London summary, including the revenue implications, which needs to be widely socialised and this will be taken to the Primary Care Committee ('PCC') when there is more certainty on the new structure, noting that this date may depend upon the ICB change programme. The NHS 10 year plan will also impact estates contribution the Neighbourhood Care agenda. NCL is contributing to this national agenda. PCC is asked to note implications of risk PERF15 (Failure to address variation in Primary Care Quality and Performance across NCL) on estates risks. <u>Reducing ICB risk generated from risks or issues in other organisations – below Committee threshold but included for oversight</u> Since the last meeting the following risk's rating has reduced and remains below the Committee threshold: **PERF28:** *Increased and undifferentiated demand, and variation in general practice access models (Threat).* **Current Risk Rating:** 6 (previously 9). Access to Primary Care remains a key challenge. Demand increased significantly during the COVID-19 pandemic and continues to increase, exacerbating access challenges. This is under regular discussion at the London Primary Care Board with NCL input. Delivery of at-scale services to improve quality, including clinical outcomes continues, with the second year of the long-term conditions locally commissioned service ('LTC LCS') now helping to reduce variation between practices. The has ICB developed and implemented a system capacity and access plan (May 2023-March 2025), in response to the Primary Care Access Recovery Plan and a number of initiatives are now taking effect. Additionally, Primary Care Networks ('PCNs') have delivered Capacity and Access Improvement Plans, and we are starting to see the impact on access models and positive patient perception of access across NCL practices. A new contract for change support to practices began in October 2025, which is due to end in March 2027. 90 Support Level Framework meetings with practices have taken place with more booked and underway and all PCNs bar 1 have undertaken a Support Level Framework conversation. In addition, the development of neighbourhoods and increasing use of risk stratification will support with managing undifferentiated demand but this will take time. Further work is required to address access to Primary Care, including: • a stratified approach to responding to demand, so that different levels of need are met in the most effective way; • 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. In addition, our data driven approach to tackle unwarranted variation is now embedded. The annual GP patient survey results have been published, and we have seen a 1% to 4% increase across the key access questions in the survey showing signs of improvement to patient access. The results show a closing of the gap between the best and worst performing practices. However, the survey also shows continued variation in access models. Given the progress set out above, the current risk score has been reduced from 9 to 6.
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 Management Actions	The risk register will be a standing item for each meeting of the Committee.
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the ICB's conflict of interest policy.
Resource Implications	This report supports the ICB in making effective and efficient use of its resources.
Engagement	This report is presented to each Committee meeting. The Committee includes a clinician and Non-Executive Members.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Committee Risk Register is presented at each Committee meeting.
Next Steps	The next steps are as follows: • To continue to manage risks in a robust way; • To continue the development of the ICB's approach to system risk management.
Appendices	Appendices are: 1. Primary Care Committee Risk Register; 2. The Committee Risk Overview Report; and 3. Risk scoring key.

ID	Risk Owner	Risk Manager	Objective	Risk	Consequence (Initial)	Likelihood (Initial)	Rating (Initial)	Controls in place	Evidence of Controls	Overall Strength of Controls in place	Consequence (Current)	Likelihood (Current)	Rating (Current)	Controls Needed	Actions	Action Deadline	Update on Actions	Consequence (Target)	Likelihood (Target)	Rating (Target)	Risk score achievable by date?	Committee	Strategic Update for Committee	Date of Last Update	Status
System Risk – below Committee threshold but included for oversight																									
PERF33	Sarah McDonnell-Davies - Chief Transformation Officer	Sonali Kinra - Deputy Medical Director Gulsen Gungor-Programme Director	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	**Failure to address Primary and Secondary Care interface challenges (Threat).** **CAUSE:** If the ICS fails to ensure a seamless journey for patients moving between Primary and Secondary Care, **EFFECT:** There is a risk that there is an inappropriate workload transfer between primary and secondary care, and mental health services, and a loss of productivity and efficiency, there is a risk that there are inappropriate referrals and rejection and patients will not receive the right care at the right place and time and experience increased waiting times. **IMPACT:** this may negatively impact on clinical quality and safety of services and negative patient experience and outcomes. This may also have a negative impact on workforce morale and retention and a negative financial impact on the system.	3	3	9	C1. Four main trusts Clinical interface groups with joint chairing across primary and secondary care C2. Agreed short term priorities for interface working C3. Consensus document published in Jan 2024 C4. PCN test site - interface improvement identified as priority C5. Interface Dashboard development	C1. Four borough CIGs (monthly meetings) C2. Programme governance and four priority workstreams C3. Consensus document C4. PCN test site Improvement plans C5. Monthly report on dashboard	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	3	3	9	CN1. Agreed Prioritisation of interface challenges- set medium and long term priorities CN2. Accountability of CMO, COO trusts CN3. Referral interface group outcomes CN4. Standardisation of GP liaison role and quality alerts to be developed CN5. Interface dashboard reporting CN6. Interface audits CN7. Implementation of the learning from the March 2025 Claire Fuller visit CN8. Onward referral policy update CN9. Re-purposing of NCL wide IEG April 2026 CN10. Self assessment of NCL ICB against national interface framework	A1. To ensure interface priorities delivered with alignment to NHSE operational guidance A2. Specialty specific outcomes (Cardiology) A3. Embedding of national interface recommendations (published in July) A4. re purposing of C2C policy to Onward referral policy A5. Implementation of single route GP Liaison access pathway A6. The learning/key themes from Claire Fuller visit (5th Nov 24 and 27 Mar 25, 28th October 2025)) to align to interface priorities A7. Review future of NCL wide Interface Steering Group (ISG) A8. Review & agree process with partners in completing the self assessment	A1. 31.03.2026 A2. 31.12.2025 A3. 31.12.2025 A4. 31.03.2026 A5. 31.12.2025 A6. 31.12.2025 A7. 31.03.2026 A8. 30.04.2026	A1. Areas of alignment being identified- further work paused A2. Cardiology T&F group is meeting regularly, and has developed GP guidance (now on the GP website)for interpreting Holters and an NCL-wide referral form for stable chest pain (being trialled on EMIS). The draft palpitations and stable chest pain pathways are being revised following input from the group. An education session on Holters will be held on 1st December via the NCL training hub and a lipid management pathway which aligns with the UCLP guidance is also being developed A3. Formal comms sent by Richard Dale and Jo Sauvage regarding update on Interface priorities 2024/25 and ongoing challenges . As well as signalling regarding GIRFT and third self assessment. Current gaps identified in accountability involving RFH. A4. Onward referrals flowchart endorsed at EMT with additional assurance provided. Initial meeting with community providers held in September to be followed by further meetings with GPs to discuss challenges to implementation. This has been included in commissioning intentions for 2026/27 A5. Following further work with providers, the standard GP liaison pathway has been streamlined to bring it in line with governance processes and make it easier to operationalise. The GP Feedback & Alert form on EMIS has been tested by GPs with positive feedback although some challenge around the need for it to be submitted by a GP or on behalf of a GP. Both this and the internal escalation pathway for feedback, alerts and patient safety events have been endorsed by the Referral Interface group as well as the GP liaison and trust Risk & Patient Safety teams. Further work with RFL is required to clarify their internal pathways given the additional challenge presented by the merger. A6.The third CF/TB visit to the ICB took place on 28 Oct 2025, with a change of focus away from interface and looking at neighbourhoods and integration. Progress of trusts in improving interface was called out(specifically RFH) with noted improvement in UCLH and Whittington. NLFT has an interface group with LMC but not with ICB presence. Initial discussion on the back of GIRFT assessment with tertiary providers A7. On hold pending outcome of NHS changes A8. The third Self assessment was completed by all acute trusts in conjunction with GP colleagues and first self assessment completed by the community and mental health trusts. These have been submitted to NHSE. Trusts were also asked to complete a GIRFT self-assessment which was similar to (but not the same as) the self-assessments	2	3	6	Achieved	Primary Care Committee	The long standing interface challenges pose a crucial risk to end-to-end patient pathways. This is also exacerbated by NCL's geographical complexity, increasing referral demand, winter pressures and workload issues arising from inappropriate task transfer between care settings. To address risks attached to this domain, an interface improvement programme has been established with series of actions identified. This reflects a collaborative approach through primary and secondary care leadership representation and links to regional and national drivers. The programme governance agreed four key priority workstreams (GP Liaison service access, Referral Interface Group, Same Day Emergency Care and development of a bespoke Interface Dashboard). All priorities are making progress, but no new objectives have been established for 2025/26. The main aim is to complete the work on the previously identified priorities Getting It Right First Time ('GIRFT') recommendations on Improving primary and secondary care interface have now been released. The trusts have been asked to assess against these indicators as well as continue with third assessment, similar to trust self assessment as in the first two assesments in 2024, with some additions (including expanding to community and specialist and mental health trust) and further details on some indicators. This was completed and submitted to NHS England on 15 September 2025. Claire Fuller (National Clinical Director of Primary Care) has visited NCL ICB on three occasions over the last year as part of the Primary Care Network ('PCN') test site programme. Each visit has had a focus in interface challenges and learning has been captured and shared across the PCN test sites. The interface improvement funding received from NHS England (£40k) is dependent on the PCN navigator role to be funded by a trust and discussions with RFL and University College London Hospital ('UCLH') are in progress (further ahead with UCLH than with RFH).	31.03.2026	Open
Reducing ICB risk generated from risks or issues in other organisations																									
PERF15	Sarah McDonnell-Davies - Chief Transformation Officer	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 populations 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.	4	4	16	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. 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 C6. Change support in place, supporting ongoing cycle of evaluation and refinement of data driven approach.	C1. Primary Care Committee papers C2. Primary Care Committee Papers C3. ICB papers, service specifications, action notes from Collaborative Practice Insight meetings C4. LTC LCS specification, practice resilience funding decisions, C5. ICB papers, draft GP ambitions C6. Change support specification and contract, papers from monthly data meetings and monthly Collaborative Practice Insight meetings.	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	4	2	8	CN1. Further development of quality and performance report and process for undertaking "deep dives" into hotspots in Q&P data CN2. Ambitions finalised in 2025/26	A1: Regular updates to Committee on progress with revised Q&P report. Data driven approach now embedding A2. 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.	A1. 31.12.2025 A2. 31.03.2026	A1. Q&P report has been revised. Power BI dashboard for PCC 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 so practices highlighted have changed in the last three months. However it is now built, with caveats, into the regular Q&P report to PCC. A2. 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.	4	1	4	Achieved	Primary Care Committee	This risk highlights the ongoing need to reduce unwarranted variation in quality and performance across general practices. The risk is complex and requires multi-faceted actions to mitigate it. Work 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. The GP Patient Survey and Health Insights data is showing signs of improvement. The results show a closing of the gap between the best and worst performing practices. We have now embedded our data driven approach targeting support to outlier 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. Progress with long-term conditions locally commissioned service ('LTC LCS') . is also narrowing variation between practices. 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. The current risk rating has been reduced from 12 to 8 as there are signs of improvement in the GP Patient Surney and Health Insights data.	31.03.2026	Open
Continuing ICB risk generated from risks or issues in other organisations																									
PERF32	Sarah McDonnell-Davies - Chief Transformation Officer	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.	3	4	12	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.	3	4	12	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. 31.03.2026 A4. 31.03.2026 A5. Closed	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 were given authorisation to request the lifting of suspension so that longer term contracts can be awarded and standstill letters were issued to Sharpsmart as part of the move to lift the suspension. Court date for application for lifting the suspension of awards (29.10.2025) where the application was approved and contract can now be awarded to preferred bidder.	1	1	1	Achieved	Primary Care Committee	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 was obtained, and the procurement process was paused in accordance with the guidance, while a response to the legal proceedings was filed at Court. The ICB is exploring all legal options and will follow the advice of its solicitors in relation to the ongoing litigation. 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). Standstill letters, giving 10 days during which another provider can challenge the procurement, were issued on Monday 4 August 2025. The court date for application to lift the suspension of awards was 29 October 2025 where the ruling was in favour of the ICBs. The suspension of awards has now been lifted and the contract award process for preferred bidder has been initiated.	31.03.2027	Open
Continuing ICB risks generated from risks or issues in other organisations – below Committee threshold but included for oversight																									
PERF22	Sarah McDonnell-Davies - Chief Transformation Officer	Nicola Theron - Director of Estates	Maintain strong financial vigilance	**Failure to actively plan and support development of the General Practice estate (Threat).** **CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent/service charge funding to develop the General Practice estate, due to increased construction costs, delivery delays, and increased market rents ('CMR') requiring the approval of the District Valuer, **EFFECT:** There is a risk that Primary Care development schemes will either be cancelled, delayed or scaled down. There is a risk that when GPs retire accommodation is potentially lost new accommodation is unaffordable. Additional capital and/or revenue will need to be found for existing schemes already under contract and to deliver sustainable primary care. **IMPACT:** This may result in the ICB being unable to deliver improvements to Primary Care services and negative patient experience. This may result in an inability to provide/re-provide sufficient Primary Care accommodation where needed. This may also result in an inability to invest to improve patient care and support existing services as well as to improve (digital and) estates infrastructure in line with the needs of the NCL population, and to deliver modern and safe care.	3	4	12	C1. Primary Care Commissioners and Estate teams in situ, with negotiation experience, and ensure buy in of all partners of process and timetable. Focus on ensuing both sufficient contingency and non recurrent revenue to manage risk C2. Robust governance of Rent Budgets, the voids elimination plan and contingency budgets, to identify potential budgets (including external funding) to increase contingency C3. Primary Care Committee ('PCC') established to manage Primary Care strategy and commissioning C4. Primary Care capital bids are now part of the overall ICS capital allocation prioritisation C5. ICB has agreed to use c. 5% of capital allocation to fund primary care schemes on the prioritised investment pipeline. Unlikely to continue beyond April 2026. Options being discussed C6. Primary Care Deep Dive analysis undertaken to review rent position for each practice and the long-term need for improvements or replacement of premises.	C1.Employment contracts, Structure charts, previous negotiated investment agreements, agreed delivery toolkit between all partners C2. Budgets, Financial reports, SFIs. Agreed process to resolve major voids in the estate over Financial Years 22/24-26/27 C3. PCC Terms of Reference C4. Finance templates, funding pipelines. oversight by Local Care Infrastructure Delivery Board ('LCIDB') and Finance Committee sign-offs. C5. Sign-off by CFO and Finance Committee C6. PC Deep Dive presented initial findings to PCC Feb 2024, updated to PCC Oct 2024 (papers, minutes). Next steps being worked up with primary care & finance to inform Local Care Strategy and Capital investment pipeline	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	3	9	CN1. Monitoring of increased costs, currently c. 20%, and impact on Rent and Contingency Budgets CN2. Prioritisation of Primary Care development schemes and identify those practices most at risk / nearing retirement CN3. Support critical negotiations with Landlords and Developers CN4. PCN Infrastructure Plans identify estate quality, sufficiency or fit-for-purpose issues CN5. Securing capital allocation and/or underspend from the overall ICS prioritisation process + S106/CIL from the planning system. Updated as part of wider capital planning. 2026/27 to be worked up	A1. Pipeline of potential work via primary and community care estates groups and buy in by finance, primary care, contracting and estate to these projects. A2. Ongoing exploration of ability to increase flexibility of use in NHS owned estate within NCL, linked to above A3. Regular reviews held with Landlords & Developers over key assets, focus on CHP & NHS PS assets A4. Periodic review of proposed schemes affordability to identify additional capital/revenue required, with updates to PCC A5. Primary Care Deep Dive supports prioritisation of investment, including further consistency in spend re new build and refurb projects. A6. Ongoing focus as to how we optimise the use of national LIG & UMF funding	A1. 31.12.2025 A2. 31.12.2025 A3. 31.12.2025 A4. Closed. A5. 31.12.2025 A6. 31.12.2025	A1. Update of pipeline completed and ready to incorporate in wider ICS capital pipeline. Delivery of 2023/24 priority schemes. Initial refresh of pipeline planned for December 2023, further reviewed and updated regularly. Prioritisation for 2025/26 undertaken. A2. Ongoing action, has incorporated the current findings of prioritisation process in A1. A3. Discussions take place on high risk projects, as they emerge A4. Complete - PCC being updated on review on periodic basis. February review of Deep Dive at PCC. Sept - illustrative masterplan being taken to PCC, others to follow A5. Discussion at LCIDB in April (subcommittee to S&DC) took place. Information being updated over the summer. To inform an SMB discussion in Autumn. Formal linkage to Primary Care Ambitions. Being brought back to LCIDB in May 2025. Being taken back to later in year when more certainty on new structure. No Local Care allocation key risk for Local Care delivery. Will mean NCL needs to focus on relatively limited amounts of national capital being allocated to Local Care (£4m national capital secured 2025/26 versus the £9m ICB capital) A6. Ongoing discussions with London as to how we optimise the spend	3	3	9	Achieved	Primary Care Committee	Ongoing supply chain issues and availability of materials continue to impact labour supply and material pricing. However, construction price increases appear to be levelling off. The labour supply and material pricing issues have resulted in pressure on the ICB to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets. This has been captured within a more robust project financial model While the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved. This is a medium-term issue and will need monitoring and management. The ICB is analysing and planning the estates need and what steps would need to be taken to meet this. The ICB is linking with NHS London to influence the regional and national estates policy. The ICB Infrastructure Plan (issued July 2024) articulates the ask and options. Delivery of projects is now the key pressure. The change in the capital regime from 2026 onwards, and the lack of the ICB being able to allocate capital to Local Care, will materially impact delivery of the plan from April 2026 onwards. The NCL capital plan for primary care and neighbourhood was updated in September 2025 and submitted in December. Prioritisation to take place, led by the Neighbourhood Health team, in January 2026 Further work is required to update a Local Care Strategy, incorporating Neighbourhood care. An updated 1, 4 and 10 year pipeline has been developed and updated as part of the London summary, including the revenue implications of the Left Shift. Next steps are to ensure that this is widely socialised, and this will be taken to the Primary Care Committee (PCC) when there is more certainty on the new structure, noting that this date may depend upon the ICB change programme. PCC is asked to note implications of risk PERF15 (Failure to address variation in Primary Care Quality and Performance across NCL) on estates risks.	19.12.2025	Open
PERF31	Sarah McDonnell-Davies - Chief Transformation Officer	Nicola Theron - Director of Estates	Maintain strong financial vigilance Prepare for the formal transition to an Integrated Care System and further development of Integrated Care Partnerships	**Failure to manage the impact of increased costs to the ICB, programme delay, rental revenue pressure on Integrated Care estate projects, as well as additional risks (including financial/accounting) (Threat).** **CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent/service charge funding to develop the Integrated community estate, due to increased construction costs, delivery delays, and increased market rents ('CMR') requiring the approval of the District Valuer, **EFFECT:** There is a risk that Integrated Care development schemes will either be cancelled, delayed or scaled down. Additional capital and/or additional revenue will need to be found for existing schemes already under contract to deliver sustainable integrated care to meet NCL's Population Health Improvement ambition. **IMPACT:** This may result in the ICB being unable to deliver improvements to Integrated community services and negative patient experience. This may also result in an inability to invest to improve and integrate patient care and support existing services, as well as to improve (digital and) estates infrastructure in line with the needs of the NCL population, and to deliver modern and safe care.	3	3	9	C1. Primary Care Commissioners and Estate teams in situ, with negotiation experience, and ensure buy in of all partners of process and timetable. Focus on ensuing both sufficient contingency and non recurrent revenue to manage risk, including accounting risk (CDEL/IFRS 16) C2. Robust governance of Rent Budgets, the voids elimination plan and contingency budgets, to identify potential budgets (including external funding) to increase contingency C3. Primary Care Committee ('PCC') established to manage Primary Care strategy and commissioning C4. Primary Care capital bids are now part of the overall ICS capital allocation prioritisation C5. ICB has agreed to use c. 5% of capital allocation to fund primary care schemes on the prioritised investment pipeline C6. Primary Care Deep Dive analysis undertaken to review rent position for each practice and the long-term need for improvements or replacement of premises C7. Local care infrastructure delivery board (LCIDB) in place to oversee capital spend - working through governance incl PCC as part of new structure	C1.Employment contracts, Structure charts, previous negotiated investment agreements, agreed delivery toolkit between all partners C2. Budgets, Financial reports, SFIs. Agreed process to resolve major voids in the estate over Financial Years 22/24-26/27 C3. PCC Terms of Reference C4. Finance templates, funding pipelines. oversight by Local Care Infrastructure Delivery Board ('LCIDB') and Finance Committee sign-offs. C5. Sign-off by CFO and Finance Committee C6. PC Deep Dive presented initial findings to PCC Feb 2024, next steps and implications being worked up C7. LCIDB agenda, minutes, papers, ToR, organisational sign off & link with PCC	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	3	9	CN1. Monitoring of increased costs, currently c. 20%, and impact on Rent and Contingency Budgets CN2. Prioritisation of Primary Care development schemes and identify those practices most at risk / nearing retirement CN3. Support critical negotiations with Landlords and Developers CN4. PCN Infrastructure Plans will identify estate quality, sufficiency or fit-for-purpose issues, with particular focus on Integrated Hubs CN5. Securing capital allocation and/or underspend from the overall ICS prioritisation process + S106/CIL from the planning system	A1. Pipeline of potential work via primary and community care estates groups and buy in by finance, primary care, contracting and estate to these projects. A2. Ongoing exploration of ability to increase flexibility of use in NHS owned estate within NCL A3. Regular reviews held with Landlords & Developers A4. Periodic review of proposed schemes affordability to identify additional capital/revenue required, with updates to PCC A5. Primary Care Deep Dive is supporting prioritisation of investment, including further consistency in spend re new build and refurb projects, especially for Integrated Hubs. Further work underway to describe. Impact of loss of 5% allocation to Local Care significant. Other options to be explored	A1. 31.12.2025 A2. 31.12.2025 A3. 31.12.2025 A4. Closed. A5. 31.12.2025	A1. Update of pipeline completed and ready to incorporate in wider ICS capital pipeline. Delivery of 2023/24 priority schemes. Initial refresh of pipeline planned for December 2023, further reviewed and updated in April 2024. Pivot schemes for slippage identified and being worked up. Similarly 2024/25 schemes prioritised and being worked up. Key is delivery of in-flight Integrated Hubs (Colindale) A2. Ongoing action, has incorporated the current findings of prioritisation process in A1. A3. Discussions take place on high risk schemes as they emerge A4. Complete - PCC being updated on review on periodic basis. February review of Deep Dive at PCC A5. Discussion at LCIDB in April (subcommittee to S&DC) took place. Information being updated over the summer. Being brought back to LCIDB once new structure in place. Other options being explored	3	3	9	Achieved	Primary Care Committee	Ongoing supply chain issues and availability of materials continue to impact labour supply and material pricing. However, construction price increases appear to be levelling off. The labour supply and material pricing issues have resulted in pressure on the ICB to increase capital investment in building programmes, or to fund them indirectly through increased rents. This will put pressure on both contingency and rent budgets. This has been captured within a more robust project financial model While the ICB has mitigated some of the effects in specific projects, it is unlikely that these pressures will reduce significantly until the broader economic factors have been resolved. This is a medium-term issue and will need monitoring and management. The ICB is analysing and planning the estates need and what steps would need to be taken to meet this. The ICB is linking with NHS London to influence the regional and national estates policy. The ICB Infrastructure Plan (issued in July 2024) articulated the ask and options. Delivery of projects now the key pressure, aligned to new government priorities, with a particular focus on Integrated Hubs. Further work is underway with place and primary care teams to describe and to shape our investment pipeline. An updated 3, 5 and 10 year pipeline has been developed and updated as part of London summary, including the revenue implications, which needs to be widely socialised and this will be taken to the Primary Care Committee (PCC) when there is more certainty on the new structure, noting that this date may depend upon the ICB change programme. The NHS 10 year plan will also impact estates contribution the Neighbourhood Care agenda. NCL is contributing to this national agenda. PCC is asked to note implications of risk PERF15 (Failure to address variation in Primary Care Quality and Performance across NCL) on estates risks.	19.12.2025	Open
Reducing ICB risk generated from risks or issues in other organisations – below Committee threshold but included for oversight																									

North Central London ICB PCC Risk Overview Report

Risk ID	Risk Title	Risk Owner	Risk description	2025 - 2026 Current Risk Score JUN	AUG	OCT	JAN	Movement From Last Report	Target Risk Score
System Risk – below Committee threshold but included for oversight									
PERF33	Failure to address Primary and Secondary Care interface challenges (Threat).	Sarah McDonnell-Davies - Chief Transformation Officer	**CAUSE:** If the ICS fails to ensure a seamless journey for patients moving between Primary and Secondary Care, **EFFECT:** There is a risk that there is an inappropriate workload transfer between primary and secondary care, and mental health services, and a loss of productivity and efficiency. there is a risk that there are inappropriate referrals and rejection and patients will not receive the right care at the right place and time and experience increased waiting times. **IMPACT:** this may negatively impact on clinical quality and safety of services and negative patient experience and outcomes. This may also have a negative impact on workforce morale and retention and a negative financial impact on the system.	9	9	9	9	→	6
Reducing ICB risk 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 - Chief Transformation Officer	**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	8	↓	4
Continuing ICB risk generated from risks or issues in other organisations									
PERF32	Failure to procure clinical waste collections services for operationalisation on 1 April 2025 (Threat).	Sarah McDonnell-Davies - Chief Transformation Officer	**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
Continuing ICB risk generated from risks or issues in other organisations									
PERF22	Failure to actively plan and support development of the General Practice estate (Threat).	Sarah McDonnell-Davies - Chief Transformation Officer	**CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent/service charge funding to develop the General Practice estate, due to increased construction costs, delivery delays, and increased market rents ('CMR') requiring the approval of the District Valuer, **EFFECT:** There is a risk that Primary Care development schemes will either be cancelled, delayed or scaled down. There is a risk that when GPs retire accommodation is potentially lost new accommodation is unaffordable. Additional capital and/or revenue will need to be found for existing schemes already under contract and to deliver sustainable primary care. **IMPACT:** This may result in the ICB being unable to deliver improvements to Primary Care services and negative patient experience. This may result in an inability to provide/re-provide sufficient Primary Care accommodation where needed. This may also result in an inability to invest to improve patient care and support existing services as well as to improve (digital and) estates infrastructure in line with the needs of the NCL population, and to deliver modern and safe care.	9	9	9	9	→	9
PERF31	Failure to manage the impact of increased costs to the ICB, programme delay, rental revenue pressure on Integrated Care estate projects, as well as additional risks (including financial/accounting) (Threat).	Sarah McDonnell-Davies - Chief Transformation Officer	**CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent/service charge funding to develop the Integrated community estate, due to increased construction costs, delivery delays, and increased market rents ('CMR') requiring the approval of the District Valuer, **EFFECT:** There is a risk that Integrated Care development schemes will either be cancelled, delayed or scaled down. Additional capital and/or additional revenue will need to be found for existing schemes already under contract to deliver sustainable integrated care to meet NCL's Population Health Improvement ambition. **IMPACT:** This may result in the ICB being unable to deliver improvements to Integrated community services and negative patient experience. This may also result in an inability to invest to improve and integrate patient care and support existing services, as well as to improve (digital and) estates infrastructure in line with the needs of the NCL population, and to deliver modern and safe care.	9	9	9	9	→	9

Reducing ICB risk generated from risks or issues in other organisations – below Committee threshold but included for oversight										
PERF28	Increased and undifferentiated demand, and variation in general practice access models (Threat).	Sarah McDonnell-Davies - Chief Transformation Officer	**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	6		↓	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
13 January 2026

Report Title	2025/26 Month 8 NCL ICB Delegated Primary Care Finance Report	**Date of report**	19 December 2025	**Agenda Item**	4.1
Lead Director / Manager	Sarah Rothenberg	**Email / Tel**		sarahrothenberg@nhs.net	
Board Member Sponsor	Sarah McDonnell- Davies, Chief Transformation Officer				
Report Author	Nita Naran, Head of Finance (Primary Care) NCL ICB	**Email / Tel**		nita.naran@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 8 (M8) financial performance. The report also includes the Enhanced Services 2025/26 M8 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 November 2025 (Months 1-8). As at M8, year to date spend was £241.7m which is a £0.35m overspend position. This M8 position is due to incurring PCN Test Site expenditure related to Q3 while not yet having received Q3 funding from NHSE. Forecast outturn for the full year is breakeven with a forecast spend of £364.0m. Expected funding streams to be received later in the financial year are PCN test site additional capacity £1.8m, weight management £0.3m and advice and guidance £1.4m.				
Recommendation	The Committee is requested to **NOTE** the 2025/26 financial position as at Month 8 (November 2025).				
Identified Risks and Risk Management Actions	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. 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 8 Primary Care Delegated Commissioning Finance Report.

NHS
North Central London
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Month 8: November 2025 Primary Care Delegated Commissioning Finance Report

PCC Jan 2026

Executive Summary

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 8 2025/26, the NCL Delegated Primary Care budget, delivered a £0.35m overspend 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 8 (November 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 8 Primary Care Delegated Commissioning Finance Position

North Central London
Integrated Care Board

Service	Weighted List Size as at 1st Oct 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	839,312	81,885	81,881	4	122,652	122,652	0
GMS	825,461	93,883	91,540	2,344	140,909	139,106	1,803
APMS	79,574	12,985	15,333	(2,348)	19,456	21,259	(1,803)
Other Medical Services	0	52,561	52,911	(349)	80,979	80,979	0
Total Primary Care Medical Services	**1,744,347**	**241,315**	**241,665**	**(349)**	**363,997**	**363,997**	**0**

The NCL Delegated Commissioning closing position is a £0.35m overspend at Month 8. The overspend position is due to PCN Test Sites incurring costs before funding for Q3 has been received and is therefore a timing issue. The key points to note are:

- The YTD and forecast 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 (£1.8m) for M9-12
  - Weight Management (£0.3m) for M1-12
  - Advice and Guidance (£1.4m) relating to M8-12
  - 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	229	235	495	275	31	**1,266**
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	**22,203**	**26,823**	**41,077**	**27,652**	**4,897**	**122,652**
GMS						
GMS Global Sum & MPIG	35,024	21,019	8,115	17,189	31,630	**112,977**
GMS Enhanced Services	461	539	114	215	598	**1,928**
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	**42,951**	**26,032**	**9,809**	**21,411**	**39,659**	**139,862**
APMS						
APMS Essential and Additional Services	623	4,300	2,522	4,537	3,465	**15,447**
APMS Enhanced Services	5	26	25	50	26	**132**
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	**735**	**5,142**	**3,019**	**5,660**	**4,899**	**19,456**
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	**85,453**	**74,218**	**69,319**	**69,869**	**63,627**	**362,486**
Oct Weighted List Size	**413,625**	**346,930**	**333,188**	**332,880**	**317,723**	**1,744,347**
Cost per PWP by Locality	**206.60**	**213.93**	**208.05**	**209.89**	**200.26**	**207.81**

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 October 2025 GP list sizes.

The £PWP ranges from the lowest in Islington of £200.26 to the highest in Camden of £213.93 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	229	235	495	275	31	**1,266**
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	**20,450**	**23,414**	**37,596**	**25,538**	**4,791**	**111,788**
GMS						
GMS Global Sum & MPIG	35,024	21,019	8,115	17,189	31,630	**112,977**
GMS Enhanced Services	461	539	114	215	598	**1,928**
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	**38,995**	**23,125**	**8,994**	**18,683**	**35,048**	**124,845**
APMS						
APMS Essential and Additional Services	623	4,300	2,522	4,537	3,465	**15,447**
APMS Enhanced Services	5	26	25	50	26	**132**
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**	**4,522**	**2,738**	**4,909**	**3,957**	**16,788**
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	**79,671**	**67,281**	**64,742**	**64,276**	**57,967**	**333,937**
Oct Weighted List Size	**413,625**	**346,930**	**333,188**	**332,880**	**317,723**	**1,744,347**
Cost per PWP by Locality	**192.62**	**193.93**	**194.31**	**193.09**	**182.45**	**191.44**

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 October 2025 GP list sizes excluding premises expenditure.

The £PWP ranges from the lowest in Islington of £182.45 to the highest in Enfield of £194.34 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 M1-8 ARRS WTE and Expenditure

North Central London
Integrated Care Board

Role	Average M1-M8 WTE	M08 WTE	YTD Reimbursement £	Reimbursement Accrual £	YTD Total Expenditure £
Advanced Paramedic Practitioner	4.91	6.01	146,370	73,171	219,541
Advanced Pharmacist Practitioner	22.58	16.33	905,581	155,758	1,061,339
Advanced Physiotherapist Practitioner	2.23	1.67	89,762	10,762	100,524
Apprentice Physician Associate	0.13	1.00	0	4,316	4,316
Care Coordinator	184.84	189.79	3,119,037	874,306	3,993,344
Clinical Pharmacist	232.84	232.83	8,023,091	1,579,598	9,602,689
Dietician	2.06	2.63	74,030	16,356	90,386
Digital and Transformation Lead	22.90	20.84	798,362	168,376	966,738
First Contact Physiotherapist	28.57	28.27	1,033,829	219,436	1,253,265
General Practice Assistant	83.48	79.09	1,568,203	209,717	1,777,920
Health and Wellbeing Coach	12.55	13.57	269,409	50,371	319,780
Mental Health Practitioner Band 8a	3.96	3.96	80,741	15,342	96,082
Mental Health Practitioner Band 7	5.39	5.00	91,972	25,263	117,235
Nursing associate	4.95	5.15	109,012	14,913	123,925
Occupational therapist	0.40	0.40	16,693	2,385	19,077
Paramedic	9.64	8.60	304,028	72,442	376,470
Pharmacy Technician	22.99	20.12	535,116	98,604	633,720
Physician Associate	91.50	87.72	2,932,867	410,684	3,343,551
Social Prescribing Link Worker	72.99	69.14	1,604,975	278,540	1,883,515
Trainee nursing associate	1.63	-	35,351	-	35,351
Enhanced Practice Nurse	5.11	3.69	133,382	42,907	176,290
GP (ARRS)	45.90	56.13	1,998,951	490,323	2,489,275
Advanced Nurse Practitioner	7.34	6.17	326,336	38,096	364,432
Experienced General Practice Nurse	0.78	1.12	16,960	9,520	26,480
New to General Practice Nurse	2.25	3.00	33,067	20,035	53,103
Healthcare Support Worker	1.03	1.80	12,982	3,029	16,011
Advanced Dietician Practitioner	0.63	-	25,643	-	25,643
Student Nursing Associate	7.13	6.00	107,447	38,940	146,387
Total ARRS	**880.69**	**870.01**	**24,393,199**	**4,923,191**	**29,316,390**

- The table summarises the 2025/26 Additional Roles Reimbursement Scheme (ARRS) average M1-8 Working Time Equivalent (WTE), M8 WTE and total YTD expenditure from the 1st April 2025 to the 30th November 2025.
- The full ARRS allocation this financial year is within the baseline funding therefore no drawdown exercise is required.
- Appendix 2 & 3 shows the WTE/Headcount per role by PCN.

Appendix 1 - 2025/26 M8 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	14,826	15,880	(1,054)	22,203	22,203	0
GMS	28,671	28,496	175	42,951	42,951	0
APMS	491	574	(83)	735	735	0
Other Medical Services	12,410	12,772	(363)	19,564	19,564	0
Total Primary Care Medical Services	**56,397**	**57,722**	**(1,325)**	**85,453**	**85,453**	**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	27,423	27,047	376	41,077	41,077	0
GMS	6,548	6,544	5	9,809	9,809	0
APMS	2,015	2,042	(27)	3,019	3,019	0
Other Medical Services	9,849	9,637	212	15,414	15,414	0
Total Primary Care Medical Services	**45,835**	**45,270**	**565**	**69,319**	**69,319**	**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	17,906	18,049	(143)	26,823	26,823	0
GMS	17,379	17,114	264	26,032	26,032	0
APMS	3,432	3,568	(136)	5,142	5,142	0
Other Medical Services	10,949	11,589	(641)	16,220	16,220	0
Total Primary Care Medical Services	**49,665**	**50,320**	**(656)**	**74,218**	**74,218**	**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	18,461	17,830	631	27,652	27,652	0
GMS	14,293	13,662	631	21,411	20,513	898
APMS	3,778	4,470	(692)	5,660	6,558	(898)
Other Medical Services	9,833	9,962	(129)	15,146	15,146	0
Total Primary Care Medical Services	**46,364**	**45,924**	**441**	**69,869**	**69,869**	**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	3,270	3,075	194	4,897	4,897	0
GMS	26,478	25,719	759	39,659	38,754	905
APMS	3,270	4,158	(888)	4,899	5,804	(905)
Other Medical Services	9,213	8,668	545	14,172	14,172	0
Total Primary Care Medical Services	**42,230**	**41,619**	**611**	**63,627**	**63,627**	**0**

Appendix 2 - 2025/26 ARRS WTE per role per PCN as at M8

NHS
North Central London
Integrated Care Board

PCN	Advanced Nurse Practitioner	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Apprentice Physician Associate	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						5.92	2.38		0.59			1.53	1.47	0.92									1.47		1.81		**16.09**
BARNET 1W PCN			1.87			3.48	2.80	0.60	1.00			1.00	1.00	2.72	0.80			1.00					1.00		2.32		**19.59**
BARNET 2 PCN						37.48	5.40		1.00			3.43		0.72			2.00								5.69	1.00	**56.72**
BARNET 3 PCN						12.09	6.15	0.13	1.00			3.00		1.89	1.60			1.00					2.00		4.00		**32.86**
BARNET 4 PCN			2.00			3.00	3.29		1.00			1.03	2.00		3.20		1.00						0.92		2.47		**19.91**
BARNET 5 PCN	0.75					5.51	8.60	1.00	1.00	0.40		2.00		1.00		0.80	1.00								1.50		**23.55**
BARNET 6 PCN			1.00			2.22	10.63		0.85			2.31	0.80	1.66										1.80	1.60		**22.87**
CENTRAL 1 ISLINGTON PCN						2.00	7.74		1.00															2.21	3.00		**15.95**
CENTRAL 2 ISLINGTON PCN						1.45	13.17		0.50	0.21			0.60												3.00		**18.93**
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	1.60			2.00	4.07								1.00		10.54	0.67		**24.47**
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					2.53	15.16		1.00				11.43	4.11			1.00			1.05		0.40	0.60				**38.07**
ENFIELD SOUTH WEST PCN						4.00	11.00		1.00					0.80								1.00			1.00		**18.80**
ENFIELD UNITY PCN		4.01	1.00			17.32	21.71	0.80	1.00			2.00	3.92	0.67	2.60								1.43	15.49	2.53		**74.48**
HARINGEY - EAST CENTRAL PCN						3.73	7.08					1.00		1.42	2.77									4.75	3.65		**24.41**
HARINGEY - N15/SOUTH EAST PCN						5.53	5.39			0.80			3.95	2.35									2.00	2.76	2.43		**25.21**
HARINGEY - NORTH CENTRAL PCN						11.95	7.54		0.50			1.99		3.22	0.80							1.39			2.00		**29.40**
HARINGEY - NORTH EAST PCN					1.00	7.19	6.07					2.00	7.40	3.41					2.00				1.00	2.00	1.47		**33.54**
HARINGEY - NORTH WEST PCN	1.00					7.68	9.67						3.00	2.45											2.00	1.00	**26.80**
HARINGEY - SOUTH WEST PCN	0.80					2.12	8.52				0.45	1.00	4.32	0.44						0.40				0.32	1.40	1.00	**20.77**
HARINGEY - WELBOURNE PCN	0.80					9.96	6.59		1.00			0.21	4.43	1.25						1.00			1.60	1.83	1.80		**30.46**
KENTISH TOWN CENTRAL PCN						3.31	5.80				0.67		3.73	3.00					1.00	0.80				2.89	4.00		**25.20**
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			8.00		1.60			0.50	1.00	2.51				0.96		0.91	0.40	0.64	0.40		4.00		**22.49**
NORTH 2 ISLINGTON PCN	0.45		9.39	0.67		10.46	2.69	0.10					4.53	3.28		1.00		1.00					1.67	7.00	2.00		**44.24**
NORTH CAMDEN PCN	1.00					2.00	4.00						2.12	2.41						1.00				10.36	2.00		**24.89**
SOUTH CAMDEN PCN						1.00	3.45		0.80				11.22	2.04											1.00		**19.51**
SOUTH ISLINGTON PCN						3.51	12.53		1.00	0.07		3.27		1.92								2.53	2.03		4.00		**30.85**
WEST AND CENTRAL PCN						2.71	3.00		1.00				4.82	1.60									1.00	3.00	1.00	1.00	**19.12**
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	**6.17**	**6.01**	**16.33**	**1.67**	**1.00**	**189.79**	**232.83**	**2.63**	**20.84**	**3.69**	**1.12**	**28.27**	**79.09**	**56.13**	**13.57**	**1.80**	**5.00**	**3.96**	**3.00**	**5.15**	**0.40**	**8.60**	**20.12**	**87.72**	**69.14**	**6.00**	**870.01**

Appendix 3 - 2025/26 ARRS Headcount per role per PCN as at M8

NHS
North Central London
Integrated Care Board

PCN	Advanced Nurse Practitioner	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Apprentice Physician Associate	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	4.00		2.00			3.00	2.00	4.00									2.00		3.00		**35.00**
BARNET 1W PCN			2.00			4.00	3.00	1.00	1.00			1.00	1.00	4.00	1.00			1.00					1.00		3.00		**23.00**
BARNET 2 PCN						45.00	9.00		1.00			4.00		2.00			2.00								6.00	1.00	**70.00**
BARNET 3 PCN						13.00	7.00	1.00	1.00			3.00		3.00	2.00			1.00					2.00		4.00		**37.00**
BARNET 4 PCN			2.00			3.00	4.00		1.00			2.00	3.00		4.00		1.00						1.00		4.00		**25.00**
BARNET 5 PCN	1.00					9.00	13.00	1.00	1.00	1.00		2.00		2.00		1.00	1.00								2.00		**34.00**
BARNET 6 PCN			1.00			6.00	13.00		1.00			3.00	1.00	2.00										2.00	2.00		**31.00**
BARNET PCN 7						4.00	4.00					1.00	1.00	2.00									1.00				**13.00**
CENTRAL 1 ISLINGTON PCN						2.00	10.00		1.00															3.00	3.00		**19.00**
CENTRAL 2 ISLINGTON PCN						4.00	14.00		1.00	1.00			1.00												4.00		**25.00**
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	2.00			2.00	4.00								1.00		10.00	1.00		**25.00**
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	17.00		1.00				15.00	6.00			1.00			2.00		1.00	1.00				**48.00**
ENFIELD SOUTH WEST PCN						4.00	11.00		1.00					1.00								1.00			1.00		**19.00**
ENFIELD UNITY PCN		6.00	1.00			24.00	24.00	1.00	1.00			2.00	5.00	1.00	3.00								2.00	18.00	3.00		**91.00**
HARINGEY - EAST CENTRAL PCN						4.00	10.00					1.00		5.00	3.00									5.00	4.00		**32.00**
HARINGEY - N15/SOUTH EAST PCN						6.00	10.00			1.00			6.00	3.00									2.00	4.00	4.00		**36.00**
HARINGEY - NORTH CENTRAL PCN						16.00	10.00		1.00			3.00		8.00	1.00							3.00			2.00		**44.00**
HARINGEY - NORTH EAST PCN					1.00	8.00	9.00					2.00	7.00	10.00					2.00				1.00	2.00	2.00		**44.00**
HARINGEY - NORTH WEST PCN	1.00					9.00	12.00						3.00	3.00											2.00	1.00	**31.00**
HARINGEY - SOUTH WEST PCN	1.00					3.00	16.00				1.00	1.00	6.00	1.00						1.00				1.00	2.00	1.00	**34.00**
HARINGEY - WELBOURNE PCN	1.00					12.00	9.00		1.00			1.00	5.00	2.00						1.00			2.00	3.00	2.00		**39.00**
KENTISH TOWN CENTRAL PCN						5.00	6.00				1.00		4.00	3.00					1.00	1.00				3.00	5.00		**29.00**
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	1.00	4.00				1.00		1.00	1.00	1.00	1.00		4.00		**28.00**
NORTH 2 ISLINGTON PCN	1.00		12.00	1.00		15.00	3.00	1.00					5.00	4.00		1.00		1.00					2.00	7.00	2.00		**55.00**
NORTH CAMDEN PCN	1.00					2.00	4.00						3.00	4.00						1.00				11.00	2.00		**28.00**
SOUTH CAMDEN PCN						1.00	5.00		1.00				15.00	5.00											1.00		**28.00**
SOUTH ISLINGTON PCN						6.00	13.00		1.00	1.00		4.00		7.00								6.00	3.00		4.00		**45.00**
WEST AND CENTRAL PCN						3.00	3.00		1.00				8.00	2.00									1.00	3.00	1.00	1.00	**23.00**
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	**8.00**	**8.00**	**19.00**	**3.00**	**1.00**	**246.00**	**286.00**	**5.00**	**24.00**	**7.00**	**2.00**	**35.00**	**99.00**	**99.00**	**16.00**	**2.00**	**5.00**	**4.00**	**3.00**	**7.00**	**1.00**	**15.00**	**24.00**	**96.00**	**80.00**	**6.00**	**1,101.00**

Appendix 4 – 2025/26 DES expenditure as at M8

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	29,316	29,316	0	4,010	4,010	0
Capacity and Access Incentive	1,669	1,669	0	209	209	0
Capacity and Access Support	3,893	3,893	0	487	487	0
Care Home Premium	488	488	0	61	61	0
Support Payment - Clinical Director & Leadership and Management	1,818	1,818	0	227	227	0
Enhanced Access	10,343	10,343	0	1,293	1,293	0
Investment and Impact Fund Achievement	250	250	0	31	31	0
Network Participation Payment	2,043	2,043	0	255	255	0
Test Site Additional Capacity	1,545	1,894	(349)	248	248	0
Total PCN DES Services	**51,364**	**51,713**	**(349)**	**6,821**	**6,821**	**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	1,018	1,020	(2)	1,527	1,527	0
Minor Surgery	474	490	(16)	712	712	0
Violent Patients	196	196	0	295	295	0
Advice & Guidance	609	588	21	792	792	0
Weight Management	0	3	(3)	0	0	0
Total GP DES Services	**2,297**	**2,297**	**0**	**3,325**	**3,325**	**0**

Appendix 5 - 2025/26 Non-Delegated Locally Enhanced Services as at M8

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	11,363	11,363	0	17,045	17,045	0
Total Non Delegated Enhanced Services	**11,363**	**11,363**	**0**	**17,045**	**17,045**	**0**

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
13 January 2026

Report Title	General Practice Quality and Performance Report	**Date of report**	28 November 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, Chief Transformation Officer				
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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 December 2025 report, alongside regular headline reporting, we provide an update on the embedding of the regular Collaborative Practice Insight (CPI) meetings. Also in this report, we cover the use of 2024 / 2025 Resilience Funding for practices. We have included an outline of deep dive topics planned for future PCC meetings. These areas of focus have been curated to reflect the areas of interest and concern for PCC and where the ICB would like PCC scrutiny and comment, plus annual and routine updates such as the annual GPPS and periodic review of ONS Health Intelligence data.				
Recommendation	The Primary Care Committee is asked to: • **COMMENT:** on the data presented in this report • **NOTE:** focus topics for future PCC meetings				
Identified Risks and Risk	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.				

Management Actions	This risk has 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 the context for the practice.
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	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, December 2025

Introduction

This report includes:

- Standard quality and performance headlines
- Focus topics planned for future PCC meetings
- Progress on the embedding of Collaborative Practice Insight (CPI) meetings
- Report on the use of Resilience Funding in 2024 2025

GP access continues to be a major focus nationally, so it is worth noting that the percentage of NCL patients that rated their overall experience of contacting their GP practice as 'good' has increased. It is now the second highest in London and is higher than both London and national averages.

In this report we provide PCC with information about how we plan to monitor new GP Contract requirements (effective as of 01/10/2025), which are part of the drive for improved access and satisfaction with access. Future reports will then include this performance information.

We have also provided an outline of deep dive topics planned for future reports. The areas of focus have been curated to reflect the areas of interest and concern for PCC and where the ICB would like PCC scrutiny and comment. The focus areas also include annual and routine updates such as the annual GPPS and periodic review of ONS Health Intelligence data.

Also in this report, we cover the use of the 2024/2025 Resilience Funding used to support practices. The report includes key outcomes that will influence the use of the funding in 2025/2026.

Appendices provide:

- Health Intelligence data analysis over time (waves 1 to 16)

Deep Dive topics for future PCC meetings

Over the course of the last 6 months, a number of themes have been identified in PCC meetings, where a deeper look into available information and data is needed to improve our understanding. Alongside this, there have been new areas of focus in primary care due to national strategy and contract changes, where the ICB would welcome PCC scrutiny.

We have listed these topics to be explored in the Q&P report in future meetings. This this list is subject to change.

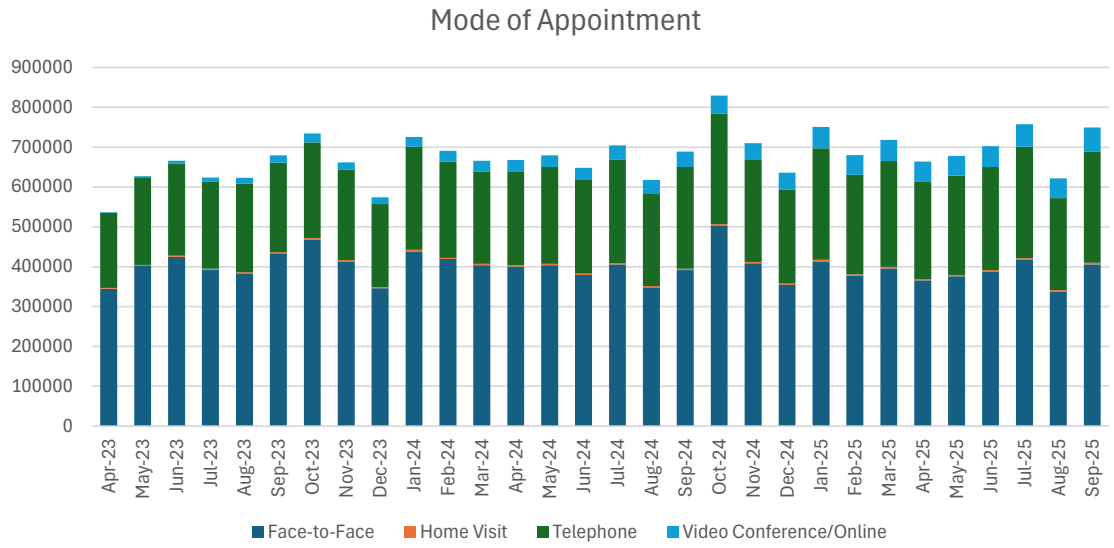
Areas of focus	Proposed PCC Meeting Month
New GP Change Support contract and learning from last contract	February 2026
Advice & Guidance and Referrals	tbc
Access routes changing due to digital innovation and contractual changes (6 months of data in April 2026)	tbc
Access and health inequalities	tbc
GP Staff Survey	June 2026
GPPS (Annual Focus: following publication in June/July)	August/ October 2026

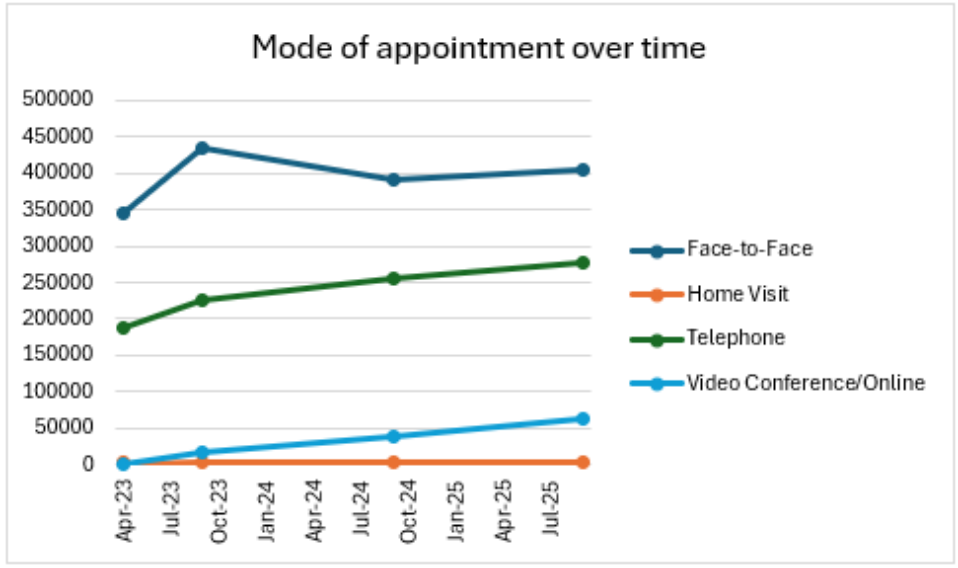
The focus areas also include annual and routine updates such as the annual GPPS and periodic review of ONS Health Intelligence data.
ONS Health Intelligence Survey (HIS): Focus update every 6 months – in appendix all other reports
GPPS: Annual review

Headlines

October Q&P Headlines: Appointments and Contact activity

Note: Q&P Dashboard now includes all appointment types – Face to face, telephone, home visits and video conference/online (see next slide for definition)





Appointment data

- GP practices in NCL delivered a total of **749,420 appointments in September 2025**, 9% more than in September 2024.
- Telephone appointments have increased by 9% from September 2024 to September 2025 and have increased by 24% from September 2023.
- Face to Face appointments increased by 4% over the last year. They are 6% lower (-6%) than in September 2023.
- Home Visits increased by 4% over the last year and are 34% higher than in September 2023.
- Video Consultations increased by 59% over the last year and are 241% higher than in September 2023.

While there is a high level of public, press and political focus on the percentage of **face to face** appointments, 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.

In the graph to the left we can see the growth in telephone and online appointments.

October Q&P Headlines: Appointments and Contact activity

Including the ~30,000 out of hours appointments provided in PCN and Borough Hub services, NCL recorded approximately **969,458 total patient contacts in September 2025.**

Total Contacts/ Activity: Includes all appointments and online consultation submissions/ online contacts (data on previous slide and this slide combined)

Video conference/ online appointment:
(see data on previous slide)

- A scheduled appointment that takes place remotely, usually via a video digital platform or messaging service (Accurx etc)
- Appointment may be booked through online access (NHS App, website or other online system), telephone or by walking into the practice.
- The nature of the of the video conference/ online appointment is **synchronous** – real-time interaction between patient and clinician.

NB: The appointments that are recorded in this category will depend on the practice interpretation of the category. E.g. it may also include group webinar sessions.

Online consultation/ online access/ online contacts:
(see data below)

- This is when a patient submits a query or request through a digital platform (e.g., eConsult, PATCHS, NHS App, Anima) (**asynchronous** – the patient fills out a form or message, and the practice reviews it later)
- The purpose of these online consultations or online access is triage, admin tasks, clinical queries, prescription requests.
- The practice decides next steps (e.g., reply via message, phone call, or book an appointment).

- This is the data that we look at to ensure fulfilment of the new online consultation contractual requirement; online consultations must be available throughout core hours (8:00am - 6:30pm, weekdays excl. holidays) with no caps or restrictions. Where non-urgent appointment requests, medication queries, and admin requests should be accessible via Online Consultation tools.

- Online consultation system submissions have increased by **57% from September 2024 (120,751) to September 2025 (190,038)**

October Q&P Headlines: Workforce

Tables from the **NCL Workforce Dashboard**.
Data sources:
- NHSD GP Workforce statistics
- NHSD PCN Workforce statistics
- NHSD National Workforce Reporting Service

Practice Workforce

Latest available primary care workforce data (September 2025) shows a continuation of the workforce trends we have seen over the last year:

- Overall practice-based workforce numbers are stable and continue to rise slowly
- The total practice workforce increased by 2% over the year from September 2024. From July 2025 to September 2025 the increase was 1%
- A less than 0.3% increase was seen in the previous quarter.
- The direct patient care workforce has risen with 5% growth in FTE over the last 12 months but -4.2% since the last quarter.
- Nurse numbers continue to slowly decrease

Month	Admin/Non-Clinical	Direct Patient Care	GP	Nurses	Total
Sep-24	1751.1	316.7	989.1	230.9	3287.9
Sep-25	1767.4	332.6	1028.9	227.4	3356.2
% Change	1%	5%	4%	-2%	2%

Month	Admin/Non-Clinical	Direct Patient Care	GP	Nurses	Total
Jul-25	1764.6	333.7	996.6	229.6	3324.6
Sep-25	1767.4	332.6	1028.9	227.4	3356.2
	0.2%	-0.3%	3.1%	-1.0%	0.9%

PCN Workforce

- The National Workforce Reporting Service (NWRS) indicates that overall PCN workforce has increased by 8% from Sept 2024 to Sept 2025
- NCL Primary Care team has been working with practices and PCNs to improve data quality by highlighting the importance of accurate workforce data and the contractual requirement to update. Historically, practices have been reluctant to update NWRS and PCNs already submit ARRS workforce numbers for claims and may find the requirement to submit the same numbers to NWRS duplicative.

Data Quality

Practices:

- November report shows that 62% of practices have updated their workforce data within the last year (Dec 2024 to Nov 2025).
- This is a 34% increase from June this year (June 2024 to May 2025).
- 30% of practices updated their data in the last 3 months (Sept to Nov 2025)

PCNs:

- November report show that 63% of PCNs have updated their workforce data on NWRS within the last year (Dec 2024 to Nov 2025). All 63% of PCNs who have updated data, made those updates over the last 4 months since August.

October Q&P Headlines: New contractual requirements (from 01/10/25)

From 1 October 2025, practices were required to comply with 3 new contractual requirements:

- **Online consultations (OC) must be available throughout core hours (8:00am - 6:30pm, weekdays excl. holidays)** with no caps or restrictions. Non-urgent appointment requests, medication queries, and admin requests should be accessible via OC tools.

- **Ensure GP Connect allows:**
    a. read only access to patients' care records (GP Connect Access Record HTML and Structured) by other NHS commissioned providers for the purposes of direct patient care,
    b. Community Pharmacy registered professionals to send consultation summaries into the GP practice workflow (GP Connect Update Record).

- **Publish the NHS England patient charter, You and your general practice on the practice website**

There is a clear national expectation that ICBs are proactively monitoring compliance with all contract requirements, supporting practices and taking enforcement action where appropriate.

We are working to agree a consistent approach to monitoring and reporting on the new requirements with other London ICBs. We will ensure the process is supportive of practices and reflective of the strong relationship we have built with practices over time.

October Q&P Headlines: CQC

To Note: 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: ONS Health Intelligence Survey

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

- **The percentage of patients that rated their perception of overall experience of <u>contacting</u> their GP practice as 'good' has increased in wave 16 of the ONS HIS and is the second highest in London and is higher than both London and national averages.**

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

- **Responses from NCL patients rating their practice as 'better' in response to the question 'Over the last 12 months, how do you think the service provided by your GP practice has changed?' continues to be higher than the national, London and all other London ICB averages**

- **Conversely, responses from NCL patients rating their practice as 'worse' in response to the question 'Over the last 12 months, how do you think the service provided by your GP practice has changed?' continues to be lower than the national, London and all other London ICB averages**

See Appendix for more detail

Data Driven Approach

Data Driven Approach: Collaborative Practice Insight (CPI) meetings

September CPI:

Six practices from the list of 21 practices were discussed in the meeting

- The practices discussed came from every borough in NCL
- **Learning from initial CPI identified more effective to discuss practices on a borough basis. Plan is to focus on different borough each meeting.**

November CPI: Enfield

Seven practices from Enfield with significant negative variation were discussed

Common themes:

- Updates to workforce data were not always current
- Development of a pick-list of support resources for practices for similar challenges

Changes to process included:

- Use of periodic comparative data to understand trends
- Incorporation of 111 activity in future
- Deeper-dive into unusual anomalies in data prior to meeting

December CPI: Barnet

Six practices from Barnet were discussed.

- A representative from Londonwide LMCs joined as an observer to the process and will do so for future meetings.

Next Steps:

- Informal conversation with and make the support offer to the 13 practices discussed
- Share with PCC the names of practices discussed - after a conversation with each practice about the potential support needs identified
- To expand to include practices with significant positive variation

CPI Meeting dates:

Borough for discussion	Next CPI Meeting Date
Enfield	13/11/2025
Barnet	11/12/2025
Islington	08/01/2026
Haringey	12/02/2026
Camden	12/03/2025

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

Resilience Funding 2024/25

Resilience funding 2024/25

Resilience funding allocation 2024/25: **£90,499.05** of resilience funding was allocated to **23 practices** located across North Central London. Up to a maximum of £5000 was available per practice. All practices who applied were required to meet at least one or more of the eligibility criteria outlined below:

Eligibility Criteria: Resilience Funding 2024/25
1.) CQC Rating/contractual action: external management / clinical consultancy/ or other additional support to carry out work if you have: • A CQC rating of requires improvement or inadequate. • Or if you have faced contractual action and an improvement plan has been issued.
2.) Change management support: if your practice has undergone significant changes in the past 6 months for example, in relation to workforce, mergers/splits, list dispersal, retirement.
3.) Patient engagement/satisfaction: to undertake a specific piece of work to improve your patient engagement/ satisfaction where the practice has been identified as an outlier against the NCL average.
4.) Other (please explain how the challenge you face impacts negatively on your practices resilience and sustainability.)

Highest prioritisation for funding within the review and approval process was given to practices who required support in relation to their CQC rating and contractual action.

Panel review process: all funding applications for 2024/25 were subject to approval via a panel review, which included representatives from the LMC and the NCL Primary Care and Quality teams.

87% of the practices allocated funding had met their objectives on completion of their evaluation form.

83% of the practices allocated funding had achieved their outcomes on completion of their evaluation form

The few practices that had not met their objectives and outcomes expected to shortly: in these instances, the projects had taken longer than expected to get going

Resilience funding 2024/25

Key Outcomes

Feedback from practices was overwhelmingly positive and has demonstrated that the resilience funding allocated in 2024/25 provided practices with targeted time to focus.

It helped to improve staff moral and cohesion helping to free up capacity and "headspace".

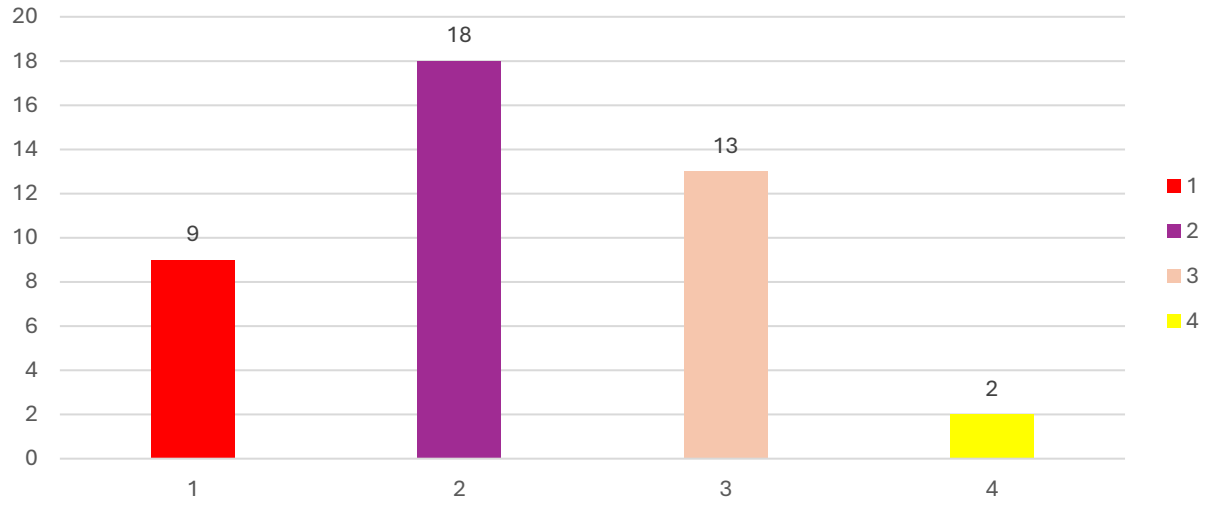
It was seen as extremely valuable in strengthening collaboration and clarity of roles in practices undergoing periods of change.

It played a key role in supporting practices in their CQC preparation helping to ensure compliance and assist with the development of the practice.

The numerous interactive workshops undertaken improved staff confidence and communication.

Patient forums provided valuable insight and strengthened engagement.

Resilience Criteria 2024/25 and the number of GP practices who chose the criteria (1-4)



Eligibility criteria	Criteria 1: CQC Rating/contractual action	Criteria 2: Change management support:	Criteria 3: Patient engagement/satisfaction	Criteria 4: Other

Key outcomes continued:

The funding crucially helped one practice provide ongoing partner support to ~~the new~~ their new Practice Manager and **upskill two senior care navigators to leadership roles.**

Patient engagement: practices fed back that the funding enabled a meaningful step toward more inclusive, patient-centred care.

Conclusion

Conclusion

In this report, alongside regular headline reporting, we included a new headline – the new contractual requirements that came into effect on 1st October 2025. This section will be expanded upon in future reports.

The report provides a view of how the data driven approach continues to be strengthened by the improvement in data quality, data sources and the implementation of the processes to monitor and support GP practices, such as the now embedded CPI meetings.

We continue to learn from the work implemented previously to support practices, such as the resilience funding programme from 2024/2025.This report will influence the way the resilience funding is used to support practices in 2025/2026.

The Committee is asked to:

- COMMENT on the data presented in this report
- NOTE the focus topics for future PCC meetings

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.

The ONS HIS data has been exported and manipulated to look at trends over time. Also comparing NCL responses to both London and England responses. It is important to note that from wave 13, covering the period 24/6/25 – 16/7/25 there were 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.

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**? (this is a development of the previous question)
- 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?** (this is a development of the previous question)

New options for answers were also added to questions 009 & 016 in Wave 13.

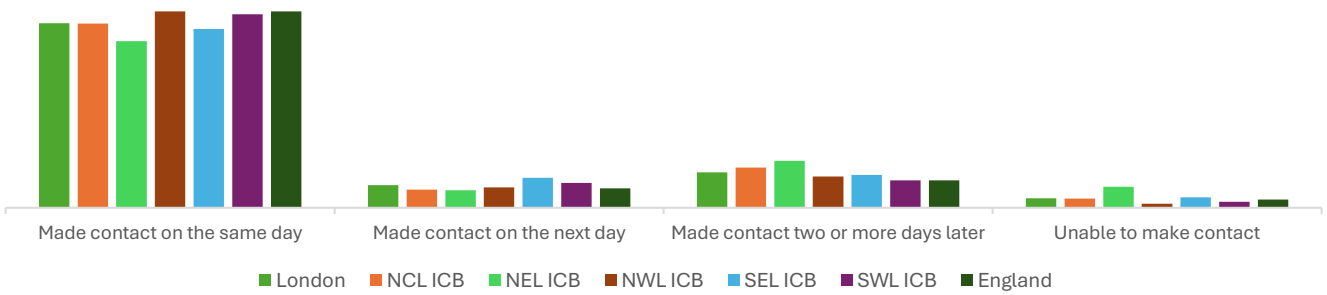
- **009-2**: additional response option ''Given an appointment for a video call'
- **016-2**: additional response option ''Not used my GP in the last 12 months'

Wave	Data Collection Period
Wave 1	23 July 2024 – 15 August 2024
Wave 2	20 August 2024 – 11 September 2024
Wave 3	17 September 2024 – 9 October 2024
Wave 4	15 October 2024 – 6 November 2024
Wave 5	12 November 2024 – 4 December 2024
Wave 6	10 December 2024 – 1 January 2025
Wave 7	7 January 2025 – 29 January 2025
Wave 8	4 February 2025 – 26 February 2025
Wave 9	4 March 2025 – 26 March 2025
Wave 10	1 April 2025 – 23 April 2025
Wave 11	29 April 2025 – 21 May 2025
Wave 12	27 May 2025 – 18 June 2025
Wave 13	24 June 2025 – 16 July 2025
Wave 14	22 July 2025 – 13 August 2025
Wave 15	19 August 2025 – 10 September 2025
Wave 16	16 September 2025 – 8 October 2025

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

Wave 16 (16/09/25 – 08/10/25): 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	73.3	73.1	66.1	77.9	71.0	76.8	78.0
Made contact on the next day	9.0	7.2	7.0	8.1	11.9	9.9	7.7
Made contact two or more days later	14.0	16.0	18.6	12.4	13.0	10.9	10.9
Unable to make contact	3.8	3.6	8.3	1.6	4.1	2.4	3.3

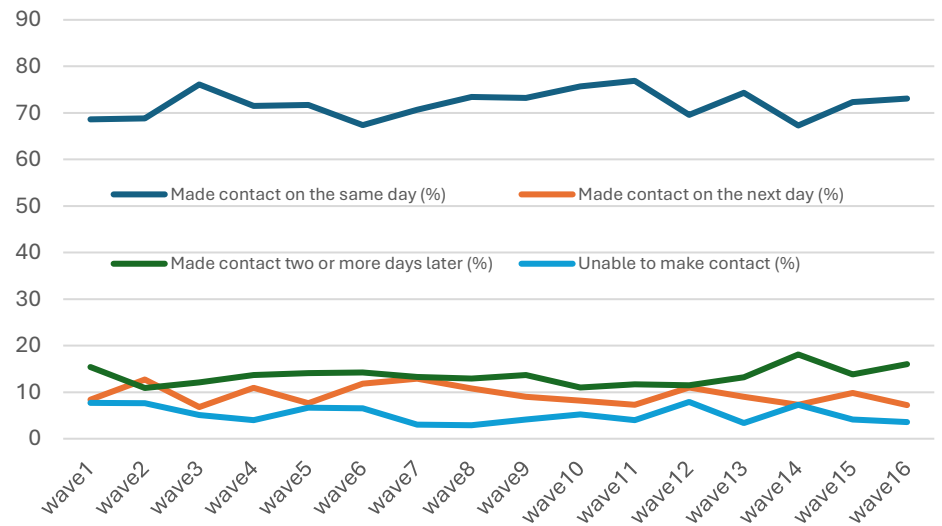


- In Wave 16 NCL is just below the London average for percentage of patients successful at making contact with their GP practice on the same day. We are 4.9% below the England average.
- In Wave 16 NCL was in slightly lower than London and England average for patients who were unable to make contact with their practice.

NCL Wave 16 – number of responses

Total	**2,057**
Q 4a	981

Wave 1 to 16: NCL

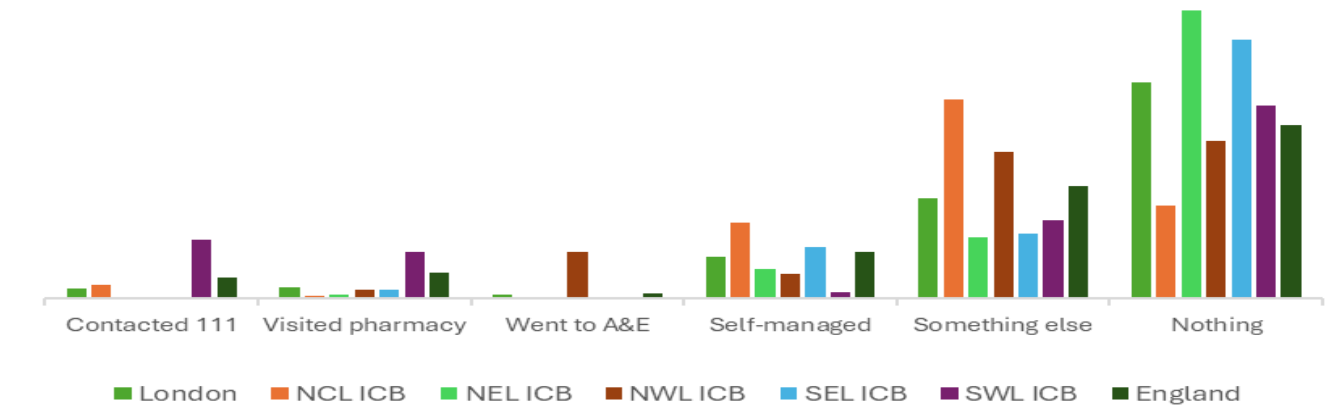


- There is some fluctuation wave on wave – however the overall trend remains stable.

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

Wave 16 (16/09/25 – 08/10/25): NCL, London ICBs, Region, National

GPP-007	London	NCL ICB	NEL ICB	NWL ICB	SEL ICB	SWL ICB	England
	weighted results (% of responses)						
Contacted 111	2.8	3.6	0.0	0.0	0.0	15.5	5.4
Visited pharmacy	2.9	0.7	1.2	2.4	2.4	12.2	6.9
Went to A&E	1.0	0.0	0.0	12.1	0.0	0.0	1.3
Self-managed	10.8	19.8	7.7	6.6	13.3	1.7	12.2
Something else	26.2	51.7	16.0	38.1	16.8	20.4	29.2
Nothing	56.4	24.1	75.1	40.9	67.5	50.2	45.0

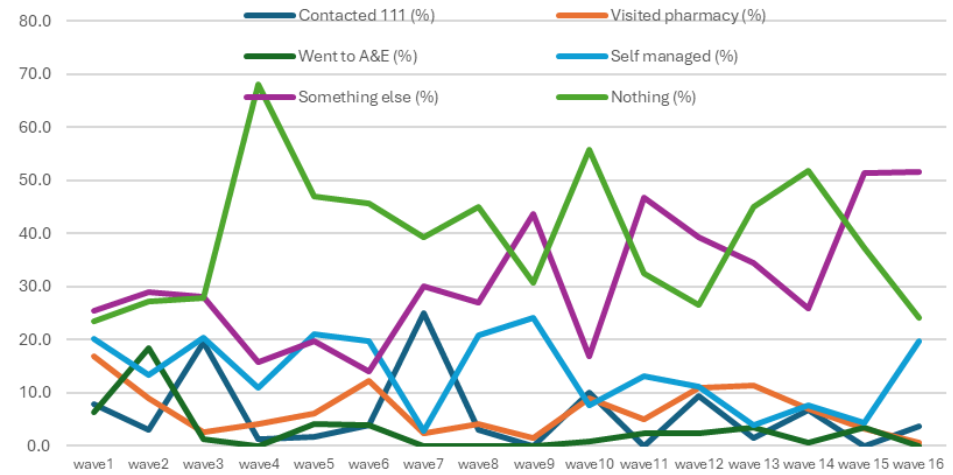


- The two most taken actions when unable to make contact with the practice are: Something else and Nothing, which are significant for NCL.
- We have approached both the regional team and ONS for clarification as to whether there is further breakdown in response that specify 'Something Else' and 'Nothing'. ONS advise that this is currently not available and there is no interpretation of any free-text responses provided in the survey results, however, this is being reviewed as a possible future development..

NCL Wave 16 – number of responses

Total	**2,057**
Q 7	25

Wave 1 to 16: NCL



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

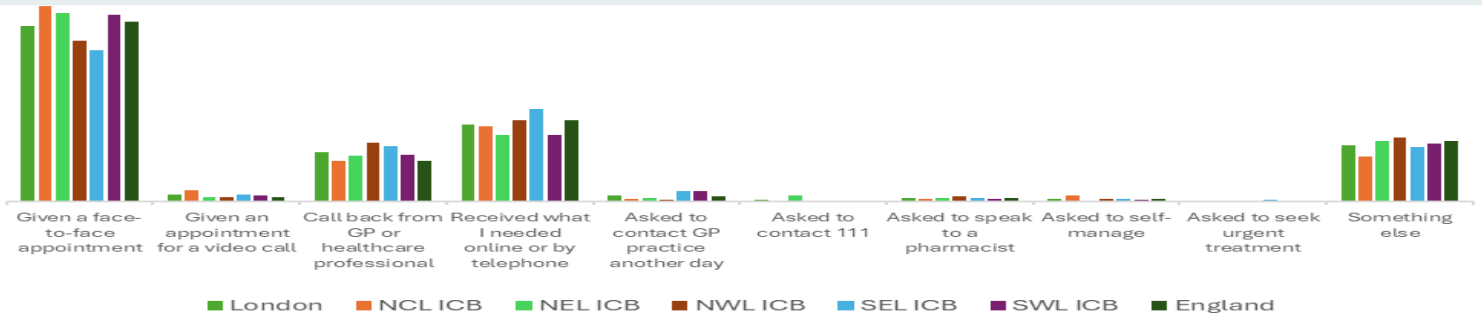
GPP-009-2: Thinking of the last time you made contact with your GP practice, what did you understand the next step would be? And What did your GP practice ask you to do?

NCL Wave 16 – number of responses

Total	**2,057**
Q 9-2	956

Wave 16 (16/09/25 – 08/10/25): NCL, London ICBs, Region, National

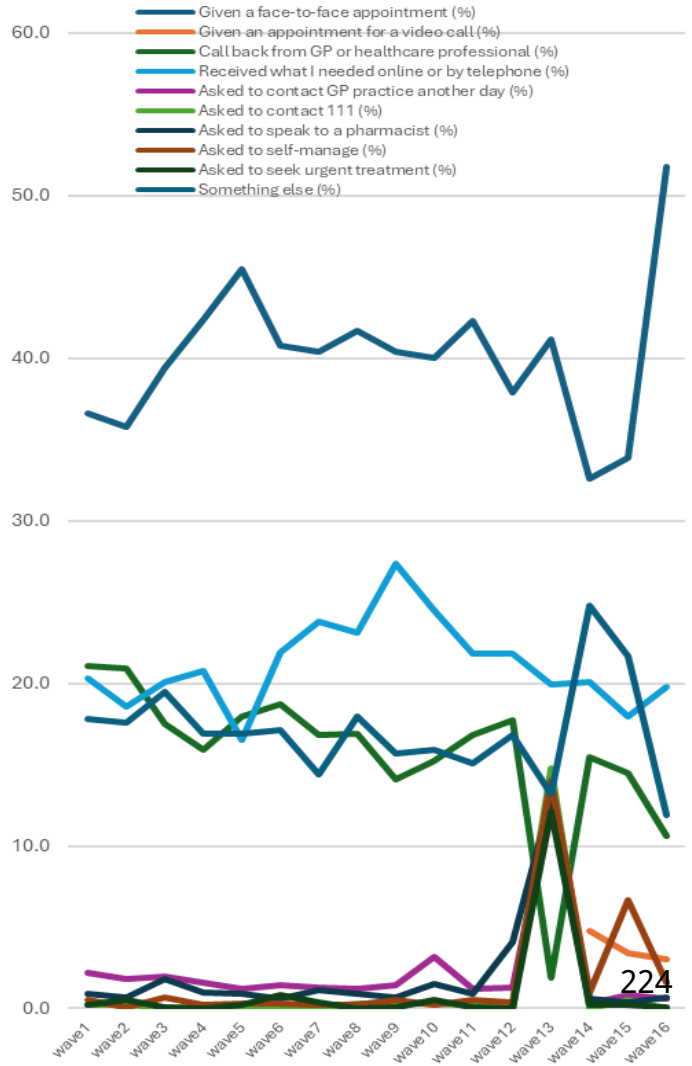
GPP-009-2	London	NCL ICB	NEL ICB	NWL ICB	SEL ICB	SWL ICB	England
	weighted results (% of responses)						
Given a face-to-face appointment	46.6	51.8	49.9	42.6	40.1	49.6	47.6
Given an appointment for a video call	1.7	3.0	1.1	1.0	1.7	1.5	1.0
Call back from GP or healthcare professional	13.1	10.6	12.1	15.6	14.7	12.3	10.8
Received what I needed online or by telephone	20.4	19.8	17.5	21.4	24.6	17.5	21.6
Asked to contact GP practice another day	1.5	0.6	0.8	0.3	2.7	2.7	1.2
Asked to contact 111	0.3	0.0	1.6	0.0	0.0	0.1	0.2
Asked to speak to a pharmacist	0.9	0.7	0.8	1.3	0.9	0.6	0.9
Asked to self-manage	0.7	1.6	0.0	0.6	0.6	0.3	0.6
Asked to seek urgent treatment	0.2	0.1	0.1	0.1	0.3	0.2	0.2
Something else	14.8	11.9	16.1	17.0	14.4	15.3	15.9



- According to patients that responded to this question in NCL the percentage of patients who understood their next step to be 'given a face to face appointment' was higher than both London and national increasing from the previous wave
- Percentage increase in patients 'asked to self manage' continues to be higher than both London and national average, however the sharp increase from wave 14 to wave 15 has decreased in wave 16. We will continue to monitor this in a bid to have greater understanding as to whether any trend analysis can be interpreted.

- In Wave 13, this question saw a change 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'.

Wave 1 to 16: 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 16 (16/09/25 – 08/10/25): NCL, London ICBs, Region, National

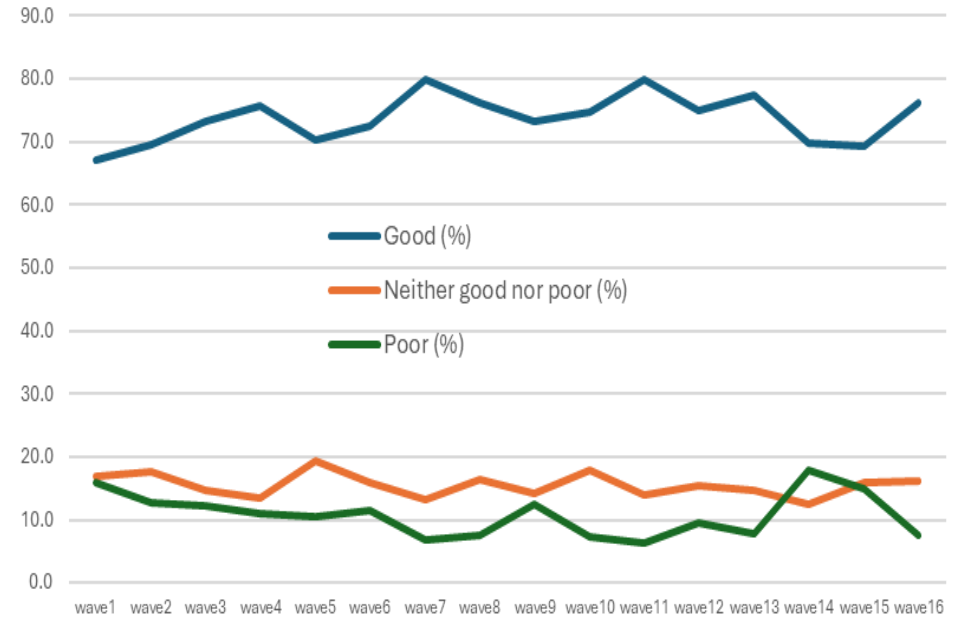
GPP-014a	London	NCL ICB	NEL ICB	NWL ICB	SEL ICB	SWL ICB	England
	weighted results (% of responses)						
Good	72.1	76.2	63.5	71.8	69.2	77.5	73.9
Neither good nor poor	18.7	16.2	19.9	20.7	21.5	15.3	17.1
Poor	9.2	7.6	16.7	7.5	9.3	7.3	9.0

- The percentage of patients that rated their perception of overall experience of contacting their GP practice as 'good' has increased in wave 16 and is the second highest in London and is higher than both London and national averages.
- Similarly the percentage of patients that rated their perception of overall experience of contacting their GP practice as 'poor' has decreased in wave 16 and again is lower than both London and national averages.

NCL Wave 16 – number of responses

Total	**2,057**
Q 14a	981

Wave 1 to 16: NCL

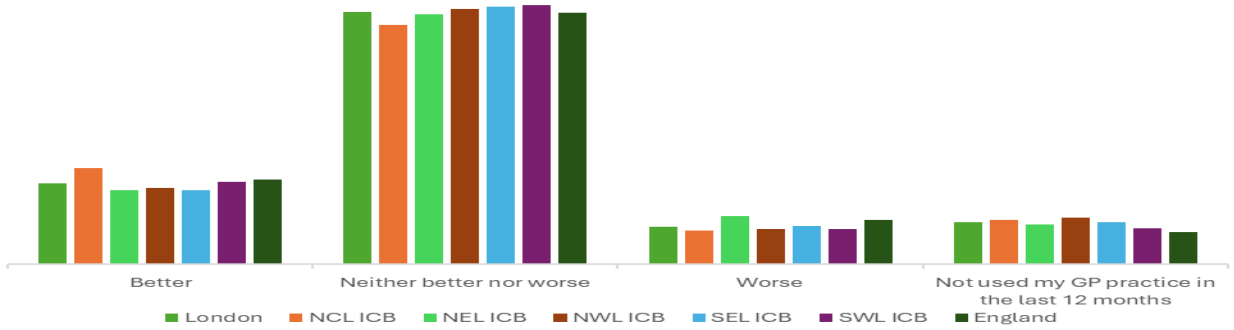


- When we look at the responses over time, we can see that there is a slow and stable trend of improvement from Wave 1 to Wave 15.

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

Wave 16 (16/09/25 – 08/10/25): 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	19.6	23.2	18.0	18.5	18.0	20.0	20.6
Neither better nor worse	61.2	58.0	60.7	61.9	62.5	62.9	61.1
Worse	9.1	8.1	11.7	8.4	9.3	8.5	10.7
Not used my GP practice in the last 12 months	10.1	10.7	9.6	11.2	10.1	8.6	7.7



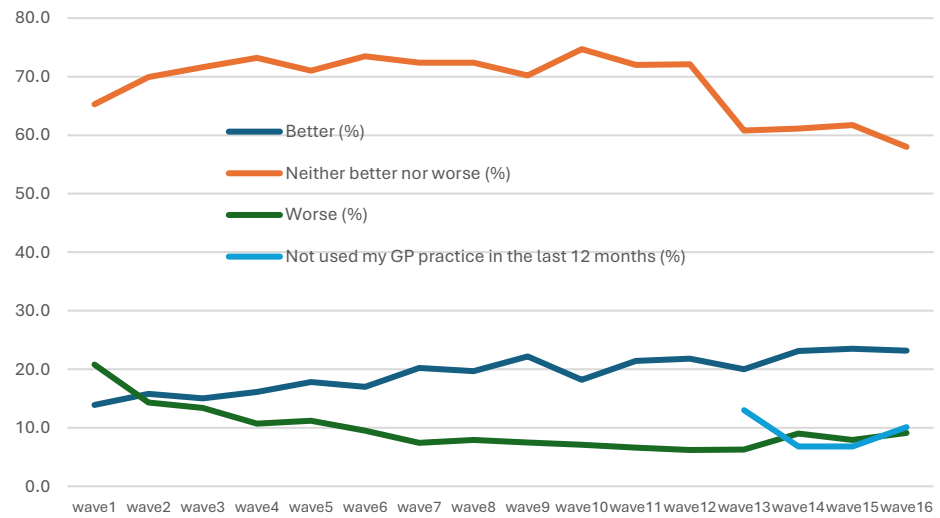
- Responses from NCL patients rating their practice as 'better' in response to the question 'Over the last 12 months, how do you think the service provided by your GP practice has changed?' continues to be higher than the national, London and all other London ICB averages
- Conversely, responses from NCL patients rating their practice as 'worse' in response to the question 'Over the last 12 months, how do you think the service provided by your GP practice has changed?' continues to be lower than the national, London and all other London ICB averages

- In Wave 13, this question saw a change 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'.

NCL Wave 16 – number of responses

Total	**2,057**
Q 16-2	2,057

Wave 1 to 16: NCL



- There has been a consistent reduction 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 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 Wave 1 to Wave 13 and remains stable.
- Patients rating the practice as 'better' than it was 12 months ago continues a stable but slow increase.

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**	15 September 2025	**Agenda Item**	
Lead Director / Manager	Sarah McDonnell-Davies, Chief Transformation Officer	**Email / Tel**		Sarah.mcdonnell1@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
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 individuals ability and capacity to fulfil the obligations of the agreement and their proposals for the future of the service.

3 Appointment benchmarking

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

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

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/07/2025	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
F85058 Nightingale House Surgery	Enfield	6205	Practice is a member of Enfield Unity PCN comprising: 10 practices with 161536 patients at 01/07/25	Addition of Dr Mohammad Abul Kashem Removal of Dr Oladapo Abidoye	Application to add Dr Mohammad Abul Kashem to the PMS Agreement effective from 01/10/25. Application to remove Dr Oladapo Abidoye from the PMS Agreement effective from 01/10/25. The changes will leave two contractors on the PMS Agreement. **Practice provision (per week)** GP appointments 466 GP sessions 26 Nurse appointments 131 Nurse sessions 11 **Recommended provision (per week)** GP appointments 451 GP sessions 24 Nurse appointments 201 Nurse sessions 11 Shortfall: There is a shortfall of 70 nurse appointments per week. Additional staff: The practice also offers: 12 HCA appointments (1 session) 120 PA appointments (8 sessions) 64 Pharmacist appointments (6 sessions) The above are PCN ARRS staff Practice have stated the following:	To approve

					We are in the process of recruiting another practice nurse. GP Survey: 62% describe their overall experience of this GP practice as good (ICS result: 72% National result: 74%) 51% were offered a choice of time or day when they last tried to make a general practice appointment (ICS result: 54% National result: 53%) 49% usually get to see or speak to their preferred healthcare professional when they would like to (ICS result: 37% National result: 40%)	
E83021 Torrington Park Group Practice	Barnet	12577	Practice is a member of PCN 2 comprising: 12 practices with 108107 patients at 01/07/25	Removal of Dr Hannah Bartlett	Application to remove Dr Hannah Bartlett from the PMS Agreement effective from 07/07/25. The changes will leave four contractors on the PMS Agreement. **Practice provision (per week)** GP appointments 900 GP sessions 45 Nurse appointments 126 Nurse sessions 6 **Recommended provision (per week)** GP appointments 906 GP sessions 48 Nurse appointments 403 Nurse sessions 22 Shortfall (*including ARRS GP and Nurse*): There is a shortfall of 255 nurse appointments and 9 nurse sessions per week. NWRS shows 1.25 FTE nurses employed, which is slightly below the ICB (-0.01) and National (-0.15) averages.	To approve

					Additional staff: The practice also offers: 450 HCA appointments (13 sessions) 105 ANP appointments (7 sessions) PCN ARRS (per week) 9 PA appointments 116 Pharmacist appointments **45 GP appointments** 41 HCA appointments **22 Nurse appointments** 22 PT appointments The practice has advised that services will continue to be provided by the remaining three clinical partners and an additional salaried GP bringing the total number of GPs in the practice to nine. The practice has also advised in addition they have access to a further 7 nurse sessions held across the PCN and 2 HCAs who can do Phlebotomy, BP checks, foot checks and give 'flu and B12 injections under PSD and undertake our check and test appointments for LTC. The practice also have 3 practice pharmacists who undertaken asthma checks, diabetes reviews and pill checks. The practice completed a review of the usage of nurse appointments and state there is appointment availability and nurse time is not always fully utilised GP Survey: 65% describe their overall experience of this GP practice as good (ICS result: 72% National result: 74%) 29% were offered a choice of time or day when they last tried to make a general practice appointment (ICS result: 54% National result: 53%)	

					34% 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 Meeting Low risk paper
Virtual Decision

Report Title	Cornwall House Surgery -Direct Payments for premises reimbursable costs	**Date of report**	16 December 2025	**Agenda Item**	
Lead Director / Manager	Vanessa Piper, Assistant Director of Primary Care, Contracting	**Email / Tel**		vanessa.piper@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
Report Author	Saro D'Souza, Primary Care Contracting Manager	**Email / Tel**		saro.dsouza@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Deputy Director Finance Business Partnering – Primary Care	**Summary of Financial Implications** No financial implications. Existing premises reimbursable costs will be reimbursed via direct payments to the landlord.			
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications** Not applicable.			
Report Summary	Cornwall House Surgery (Barnet) is a General Medical Services (GMS) practice with two partners on the contract. As of 1 October 2025, the practice has a registered patient list of 5,544. In December 2023, the Primary Care Committee (PCC) approved the relocation of Cornwall House Surgery to Torrington Park Health Centre, a purpose-built facility. The practice successfully relocated on 8 September 2025 and now shares the premises with The Speedwell Practice and Torrington Park Group Practice. Committee members are asked to approve the setup of Direct Payments to NHS Property Servies (NHSPS), the landlord of Cornwall House Surgery - for premises reimbursement costs. The NHS Premises Costs Directions 2024, for primary care premises, state Direct payments can be considered if the contractor and the ICB agrees. Cornwall House Surgery has requested the set-up of direct payments. The contractor is aware they continue to be liable to pay NHSPS non-reimbursable costs. The contractor will be notified that by commencing direct payments, the ICB does not take on any liability for the lease held between Cornwall House Surgery and NHS Property Servies (NHSPS). The practice will need to continue				

	to meet its obligations under the lease terms and negotiate a new lease if it is due to expire.
Recommendation	Members of the Committee are asked to **APPROVE** the setup of Direct payments to NHSPS for Cornwall House Surgery's premises reimbursable costs.
Identified Risks and Risk Management Actions	The practice will be notified that the ICB would not become liable for the lease, non-reimbursable costs and the practice accounting with NHS Property Servies (NHSPS) for the reimbursable costs.
Conflicts of Interest	Not applicable.
Resource Implications	The practice will continue to be reimbursed under the existing agreed premises costs.
Engagement	Not applicable
Equality Impact Analysis	Not applicable – there is no change to service provision.
Report History and Key Decisions	Not applicable.
Next Steps	The practice will be notified of the following: 1. The commencement and method of direct payments to NHS Property Servies (NHSPS) 2. Request the contract holders to sign a section 55 agreement which relates to the terms set out in the NHS Premises Costs Directions 2024
Appendices	Not applicable.

Background

Cornwall House Surgery has approached NCL ICB, to request if the ICB can consider paying the reimbursable costs via a Direct Payment to NHS Property Servies (NHSPS).

The reimbursable costs relate to the following:

- Lease Rent
- Non-Domestic Rates
- Water and sewage
- Clinical waste
- Management fee (related to the reimbursable costs only)

Under the Premises Cost Directions 2004, it allows for Direct Payments to be considered but must be agreed by the contractor and the Board (NCL Primary Care Commissioning Committee).

Directions 55 of the National Health Service (General Medical Services – Premises Costs) Directions 2024 states that:

(1) Where a contractor and NHS England agree, NHS England must pay any amount that is due to the contractor as financial assistance under these Directions to a third party instead of the contractor, subject to a condition that the contractor ensures that it treats the payment for accounting purposes as a payment to it.
(2) if –
  (a) the payment from NHS England to the third party is less than the amount that is due from the contractor to the third party; and
  (b) the contractor is due other payments from NHS England as financial assistance under these Directions which are greater than or equal to the amount of the shortfall,
  where the contractor and NHS England agree, NHS England must pay all or part of those other payments to the third party instead of to the contractor, subject to a condition that the contractor ensures that it treats the payment for accounting purposes as a payment to it.

Responsibility for non-reimbursable costs

The ICB is not liable to pay the non-reimbursable costs. Therefore, once approved the contract holder will be notified that they will be required to continue to liaise with NHSPS to receive a copy of their annual statement, so they are aware of the non-reimbursable costs required to be paid to NHSPS.

Liability of the Lease and its terms

If PCC members agree to the process of direct payments, the contract holders will be notified that the ICB does not take on any liability for the lease held between the practice (tenant) and NHSPS (landlord).

The practice will still need to meet its obligations under the lease terms. Negotiate a new lease if it is due to expire and to ensure all non-reimbursable costs are paid to NHSPS.

Under the lease terms the practice will be responsible for maintaining its own accounts and ensuring

the premises charges are settled by year end with NHSPS. Any irregularities in the payments for reimbursable costs the practice can then liaise with the ICB.

Next steps

If PCC members approve the commencement of direct payments, then the practice will be notified of the following:

1. The commencement and method of direct payments to NHSPS
2. Request the contract holders to sign a section 55 agreement which relates to the terms set out in the NHS Premises Costs Directions

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting Low risk paper
Virtual Decision

Report Title	Evergreen Primary Care Centre – Decant Plan for Rainbow Practice, Evergreen Surgery & Chalfont Practice	**Date of report**	13 November 2025	**Agenda Item**	
Lead Director / Manager	Nicola Theron, Director of Estates	**Email / Tel**		nicola.theron@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
Report Author	Nabila Qayum Joseph Burroughs	**Email / Tel**		nabila.qayum@gbpconsult.co.uk joseph.burroughs@gbpconsult.co.uk	
Name of Authorising Finance Lead	Sarah Rothenberg, Deputy Director Finance Partnering - Primary Care	**Summary of Financial Implications** • The paper is for information purposes only. There are no financial implications associated with this decant programme for the delegated Primary Care budget i.e. there are no revenue consequences as a result of the decant. • Any services decanting to Forest Rd will be to void space already paid by the ICB. While there would be no additional revenue cost to the ICB, the ICB potentially incurs the opportunity cost of not letting the space should the opportunity arise. • GP Practices will move to alternative premises on site and the temporary reconfiguration of space for these tenants will be formalised through a tenancy at will agreement.			
Name of Authorising Estates Lead	Nicola Theron, Director of Estates	**Summary of Estates Implications** • The Evergreen Primary Care Centre is a Core premises and is undergoing reconfiguration works. • In order to enable the reconfiguration works, the rooms undergoing construction will be decanted • Evergreen Surgery, Chalfont Surgery and Rainbow Practice will all be retained on site and all have			

		access to the same number of clinical rooms throughout the works. • There will be some changes to ancillary admin, reception and waiting spaces, which have been agreed in principle as being suitable for the practices to continue to provide their services. • The following services currently being provided from Evergreen Primary Care Centre will be temporarily relocated to Forest Road Health Centre as part of the decant plan which will enable the relocation of GP services where required within the building itself. o NMUH/Royal Free Phlebotomy o InHealth AAA Service o NMUH/Royal Free Midwifery o NMUH/Royal Free CKD • Staircase/lift access and general inclusive accessibility will remain unimpeded throughout the works.
Report Summary	All 3 GPs (Rainbow Practice, Chalfont Surgery and Evergreen Surgery) will be retained on site at Evergreen Primary Care Centre during the construction works. However, some of the rooms that these practices currently occupy are directly affected by the works. They are being relocated to suitable locations within the building to enable the works to be conducted. A summary of the decant plan for each of the GPs has been provided below. **<u>Evergreen Surgery:</u>** • Clinical rooms occupied by Evergreen Surgery (all located on the ground floor) will not be impacted by the works directly therefore are to remain unchanged • However, access along corridor to rooms G003, G009, G011, G013, G015, G016, G017, G019, G021, G023, G024, G026, G012, G025, G014, G020, G029, G030, G031, G033, G034 and G035 will need to be provided and agreed with the contractor. These rooms will remain operational during the works. • The admin rooms impacted directly by the construction works occupied by Evergreen Surgery are S14, S15 and G027. • Admin staff in S14 and S15 can be relocated temporarily to alternative rooms on the second floor and move back in upon sectional completion. • Admin staff in G027 can be relocated temporarily during the works to any admin rooms on the second floor at Evergreen Primary Care Centre and move back down upon sectional completion. • A temporary reception area is to be devised and agreed with the contractor upon engagement as well as with all practices. This will be agreed equitably with consideration of practice visibility to new patients. **<u>Rainbow Practice:</u>** • The rooms impacted directly by the construction works occupied by Rainbow Practice are F036 (admin room), F046 (reception area), F058 (clinical room) and S023 (admin room). • Room F036 is an administrative room therefore, the practice have agreed in principle to move their staff to the second floor admin room S023 . • F058 is the only clinical room directly undergoing works for the practice and therefore, will be decanted. Rainbow Practice will move the activity from this room into F060 during the works to F058. Rainbow Practice are to move back to F058 upon sectional completion.

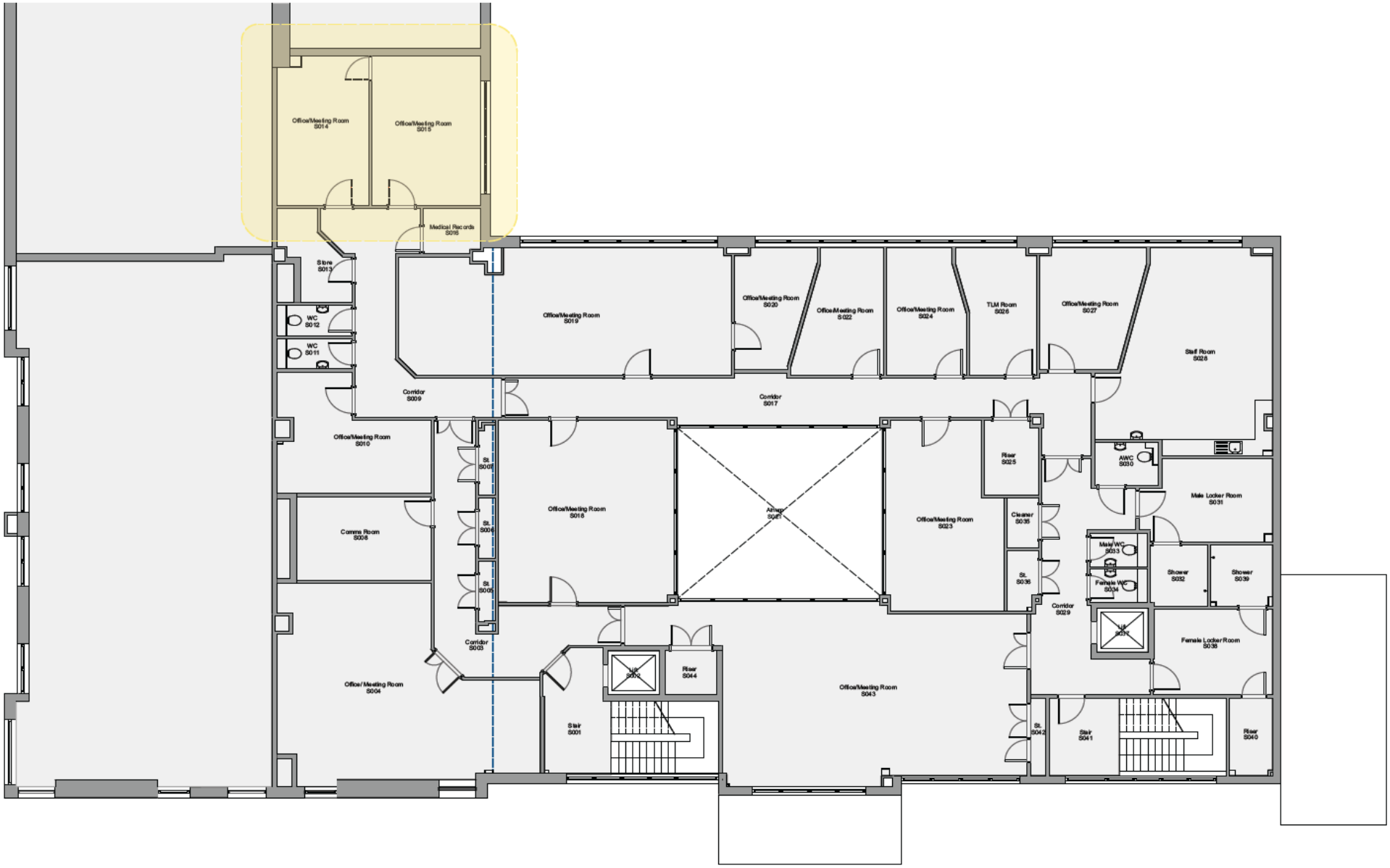
	• Access to corridor / egress route to F057, F059 during the works on the first floor from the staircase/lift will need to be agreed with the contractor. These rooms will remain operational throughout the entire construction works. F046 is the practice's current reception room. A temporary reception area is to be devised and agreed with the contractor upon engagement as well as with all practices. This will be agreed equitably with consideration of practice visibility to new patients. **<u>Chalfont Surgery:</u>** • The rooms impacted directly by the construction works occupied by Chalfont Surgery are F005, F006, F007, F008, F023, F024, F025, F027, F028 • It has been proposed for works to pink and blue zones (see appendix 2 attached) to start first (simultaneously). They will also be completed first. This will enable F005, F006 and F007 to remain operational during the works in the blue and pink zone and upon sectional completion of the pink zone, the practice are able to then move into their new rooms F032/F033/F044 in the new proposed floor plans. • Access will need to be provided to F005, F006 and F007 during works to the blue and pink zone to ensure that they remain operational. • Access to corridor / egress route will also need to be provided to clinical rooms F010, F011, F012, F015, F018, F019 from the staircase/lift will need to be agreed with the contractor during the works and will remain operational throughout the entire construction works. • F023, F024, F025, F027 and F028 are all stores or admin areas which can be cleared as required. • A temporary reception area is to be devised and agreed with the contractor upon engagement and all practices. This will be agreed equitably with consideration of practice visibility to new patients.
Recommendation	This paper is for information purposes only and therefore the committee is requested to **NOTE:** • The proposed decant plan concerning Evergreen Surgery, Rainbow Practice and Chalfont Surgery whilst construction works are being conducted at Evergreen Primary Care Centre. • Provision of clinical space for all general practice will remain unchanged throughout the works. It is important to note that admin rooms impacted by the works have no overall impact on clinical service delivery as staff are either relocated to alternative suitable rooms within the premises or alternatively work from home where not providing face to face services. • Staircase/lift access and general inclusive accessibility will remain unimpeded throughout the works. • The decant plan may undergo minor changes as the construction programme develops. This will be subject to agreement with the GPs in accordance with the overall principles and plan described in this paper.
Identified Risks and Risk Management Actions	<table><tr><th>Risk</th><th>Mitigation</th></tr><tr><td>Risk of wayfinding confusion for patients</td><td>Mitigation includes temporary wayfinding signage and volunteer support for patients with wayfinding throughout decant provided by Whittington Health. Additionally, all</td></tr></table>

		The practices have started their patient engagement through PPG meetings and notices on their websites.
	Risk of inadequate IT provisions	The NCL ICB IT team have been engaged throughout the process of establishing the decant plan and have a plan to accommodate the necessary equipment and connections.
	Risk of proposed decant spaces not being suitable or adequate	Mitigation includes bi-weekly decant meetings which incorporate the design team, GPs, IT and all other relevant stakeholders. Additionally, where a GP clinical room is being temporarily decanted and reprovided elsewhere within the building, the team have taken consideration to minimise disruption by ensuring that the room is as close as possible to the existing clinical room and of equivalent environment and facility.
	Impact on efficient patient flow	Mitigation includes extensive engagement with GP reps throughout the decant process to ensure efficient patient flow. Where a clinical room is being temporarily decanted and reprovided elsewhere, the team have taken consideration to minimise disruption by ensuring that the room is as close as possible to the existing clinical room and of equivalent environment and facility.
Conflicts of Interest	Not applicable	
Resource Implications	Not applicable	
Engagement	• Evergreen Surgery, Chalfont Surgery and Rainbow Practice have already started engaging with patients through PPG meetings and a notice on the websites. • Evergreen Project Board Meetings occur monthly since March 2024 with decant being a standing agenda item. • Bi-weekly decant working groups with all relevant stakeholders attending. • Monthly Enfield estates and contracting team meetings are in place.	
Equality Impact Analysis	Not applicable	

Report History and Key Decisions	Evergreen Primary Care Centre Development Programme, 18 June 2024 It was noted in the paper that all primary care and provider tenants will remain in Evergreen but will move around the building whilst works are underway.
Next Steps	• Finalise the decant plan with the contractor and agree with the GPs. • Separate meeting to be arranged to specifically discuss and arrange appropriate reception and waiting areas for all 3 Practices. • Relocation of relevant services, not Practices, to Forest Road Health Centre to accommodate the reconfiguration works. These are clinical services. • Contractor to take possession of the site and the decant plan to be enacted. • Decant is estimated to be planned around approximately late December/early January.
Appendices	See appendix 1 – 3 attached

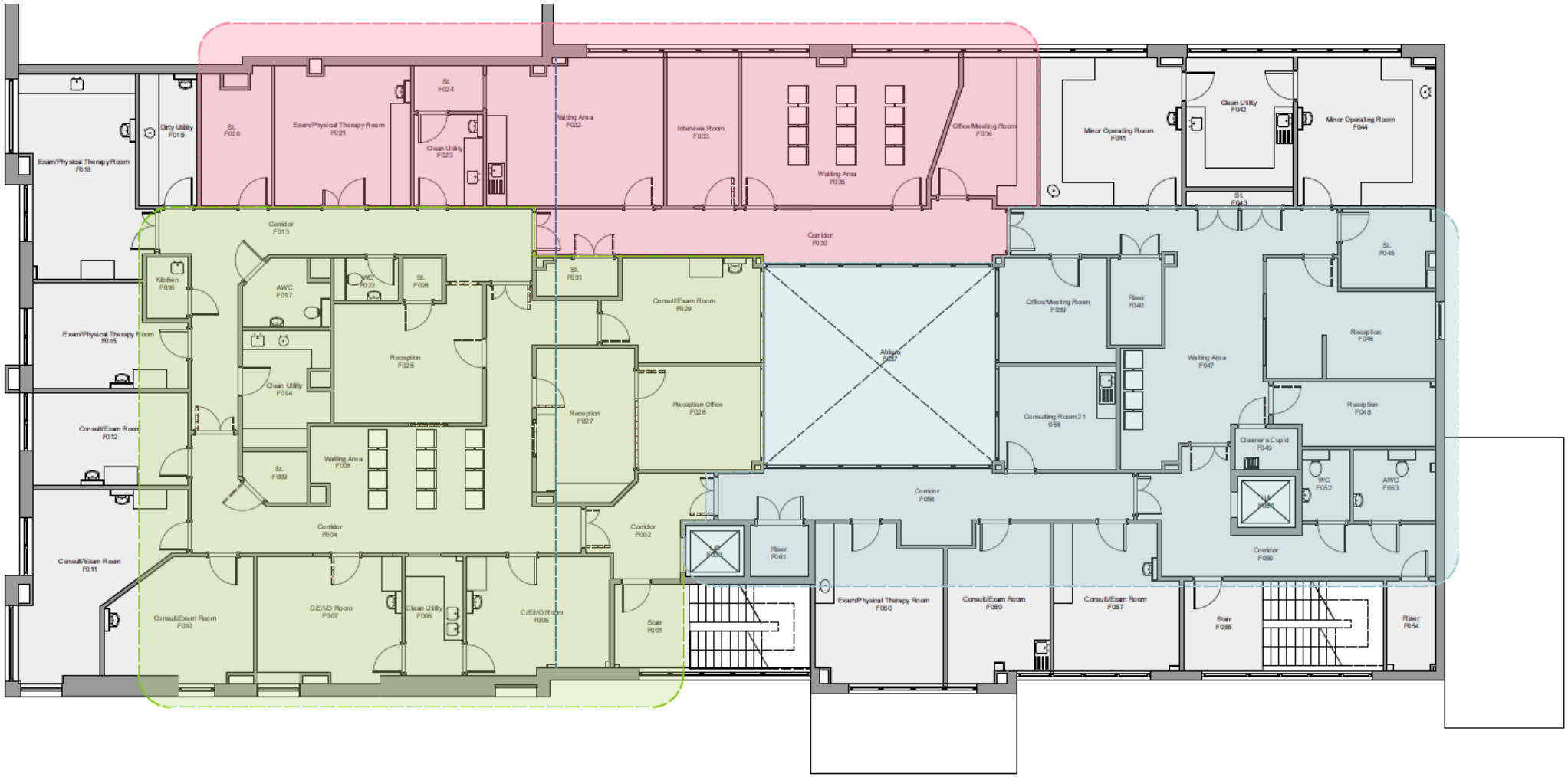
Appendix 1:

Second Floor Evergreen Primary Care Centre



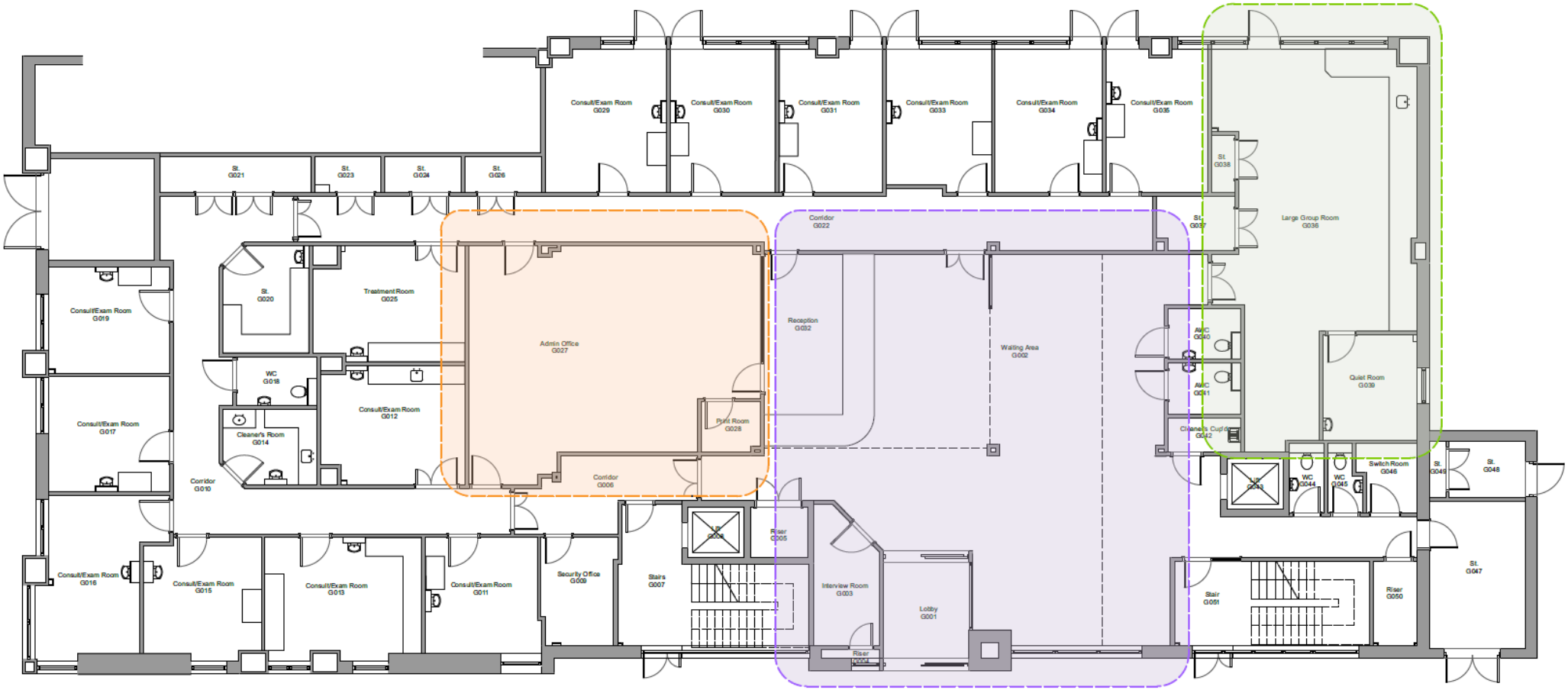
Appendix 2:

First Floor Evergreen Primary Care Centre



Appendix 3:

Ground Floor Evergreen Primary Care Centre



North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting low risk paper
Virtual Decision

Report Title	Commissioning Decisions on PMS Agreement Changes	**Date of report**	15 December 2025	**Agenda Item**	
Lead Director / Manager	Vanessa Piper, Assistant Director of Primary Care, Contract and Commissioning	**Email / Tel**		Vanessa.piper@nhs.net	
GB Member Sponsor	Sarah McDonnell-Davies, Chief Transformation Officer				
Report Author	Primary Care 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 individuals ability and capacity to fulfil the obligations of the agreement and their proposals for the future of the service.

3 Appointment benchmarking

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

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

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/10/2025	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
F85063 The Muswell Hill Practice	Haringey	17616	Practice is a member of Haringey North West comprising: 4 practices with 54605 patients at 01/10/25.	Addition of Dr Jimmy Lam Natalie Ker Watson (non-clinical)	Application to add Dr Jimmy Lam to the PMS Agreement effective from 01/07/25. Application to add Natalie Ker Watson to the PMS Agreement effective from 01/10/25. The changes will leave five contractors on the PMS Agreement. **Practice provision (per week)** GP appointments 1302 GP sessions 93 Nurse appointments 188 Nurse sessions 31 **Recommended provision (per week)** GP appointments 1262 GP sessions 67 Nurse appointments 561 Nurse sessions 30 Shortfall: There is a shortfall of 373 nurse appointments per week and 1 nurse session per week. Additional staff: The practice also offers: 210 Pharmacist appointments 106 HCA appointments Practice have stated the following:	To approve

					There are 5 pharmacists, who work specifically for the practice. *Their hours equate to 4 full time equivalent (FTE) positions. Over the course of a week, the pharmacists do 65% admin work and 35% direct patient contact (phone or face to face) work.* The practice is above ICB average for GP provision based on GPAD and NWRS but just below ICB average for nursing provision. It is rated Outstanding by the Care Quality Commission (CQC). <u>GP Survey</u>: 88% describe their overall experience of this GP practice as good (ICS result: 73% National result: 75%) 69% were offered a choice of time or day when they last tried to make a general practice appointment (ICS result: 56% National result: 54%) 30% usually get to see or speak to their preferred healthcare professional when they would like to (ICS result: 38% National result: 40%)	
F83055 West Hampstead Medical Centre	Camden	23334	Practice is a member of West Camden PCN comprising: 2 practices with 36660 patients at 01/10/25	24-hour retirement of Dr Birgit Machu-Curtis	Application for the 24-hour retirement of Dr Birgit Machu-Curtis from the PMS Agreement effective from 14/09/25. The changes will leave three contractors on the PMS Agreement. **<u>Practice provision (per week)</u>** GP appointments 2100 GP sessions 144 Nurse appointments 798 Nurse sessions 42 **<u>Recommended provision (per week)</u>** GP appointments 1681 GP sessions 89 Nurse appointments 747	To approve

					Nurse sessions 40 <u>Shortfall</u>: Provision of GP and nurse appointments meets requirements. <u>Additional staff</u>: The practice also offers: 378 ARRS PA appointments (26 sessions) 83 ARRS Pharmacist appointments (10 sessions) 60 ARRS Nurse Specialist appointments (4 sessions) 225 ARRS NA appointments (9 sessions) 48 ARRS Social Pres appointments (8 sessions) <u>GP Survey</u>: 85% describe their overall experience of this GP practice as good (ICS result: 73% National result: 75%) 79% were offered a choice of time or day when they last tried to make a general practice appointment (ICS result: 56% National result: 54%) 52% usually get to see or speak to their preferred healthcare professional when they would like to (ICS result: 38% National result: 40%)	