

## NCL ICB PRIMARY CARE COMMITTEE (PCC)

Minutes of Meeting held on Tuesday 20 February 2024 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 & <b>Co - Chair</b>
Ms Sarah McDonnell-Davies	Executive Director of Place & <b>Executive lead for the Committee</b>
Dr Josephine Sauvage	Chief Medical Officer
Ms Chris Caldwell	Chief Nursing Officer
Ms Sarah Louise Morgan	Chief People Officer
Ms Sarah Rothenberg	Director of Finance
Non – Voting Participants & Observers	
Ms Jenny Goodridge	Director of Quality
Ms Vanessa Piper	Assistant Director of Primary Care (Commissioning & Contracting)
Ms Su Nayee	Assistant Head of Primary Care (Commissioning & Contracting)
Mr Anthony Marks	Assistant Head of Primary Care (Commissioning & Contracting)
Ms Clare Henderson	Director of Integration, Islington Borough
Ms Rachel Lissauer	Director of Integration, Haringey Borough
Ms Deborah McBeal	Director of Integration, Enfield Borough
Mr Simon Wheatley	Director of Integration, Camden Borough
Ms Diane Macdonald	Interim NCL Estates Finance Lead
Dr Katie Coleman	Clinical Director for Primary Care
Ms Carol Kumar	Deputy Director of Primary Care Transformation, Barnet (covering for Colette Wood)
Mr Adam Backhouse	Quality Improvement Programme Manager (covering for Rebecca Kingsnorth) – item 4.3
Ms Usha Bhanga	Senior Commissioning Manager
Ms Lorna Reith	Community Participant
Mr Jamie Wright	LMC Representative
Ms Emma Whitby	Healthwatch Representative (until 31 March 2024)
Mr Albie Stadmiller	Healthwatch Representative (from 1 April 2024)
Ms Donna Turnbull	VCSE Alliance Representative
Ms Vicky Ferlia	LMC Director, GP Support Team
Dr Karen Grossmark	GP Partner at Temple Fortune Health Centre – PCN6 member practice
Mr Ryan Bentley	Assistant Lead Manager, Barnet PCN6
Cllr Alison Moore	Barney Council
Mr John Pritchard	Senior Communications Lead
Mr Steve Beeho	MS Teams Live Producer
Mr Andrew Tillbrook	MS Teams Live Producer
Ms Vivienne Ahmad	Board Secretary ( <b>Minutes</b> )

<b>Apologies:</b>	
Mr Usman Khan	Non - Executive Member & Committee Chair
Ms Colette Wood	Director of Integration, Barnet Borough
Ms Sarah Mcilwaine	Director of Primary Care
Ms Rebecca Kingsnorth	Assistant Director for Primary Care Programmes & Transformation.
Mr Mark Agathangelou	Community Participant
Mr Ken Kanu	VCSE Alliance Representative
Ms Kirsten Watters	Public Health Representative

<b>INTRODUCTION</b>	
<b>1.1</b>	<b>Welcome &amp; Apologies</b>
1.1.1	<p>Liz Sayce informed the Committee that she was covering the role of the Chair today. This was due to Usman Khan having an unfortunate bicycle accident last week. On behalf of the Committee, she wished him well.</p> <p>The Chair welcomed everyone to the PCC meeting including Phill Wells, ICB Chief Executive Officer.</p> <p>It was noted HealthWatch representation would be rotating and as such this was Emma Whitby's last meeting. The Committee thanked Emma for all the input and support she had given to the Committee and welcomed Albie Stadtmiller from HealthWatch Enfield who would take over from 1 April 2024.</p> <p>Apologies were recorded as above. The Committee was quorate.</p> <p>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:</p> <ul style="list-style-type: none"> <li>➤ Attend meetings, in person or virtually.</li> <li>➤ Listen to the proceedings and observe our decision-making process.</li> <li>➤ Ask questions relating to items listed on the agenda in advance by email.</li> </ul> <p>Where appropriate, questions will be addressed in the introduction to relevant agenda item. Formal responses will be published on the ICB website after each meeting. It was noted questions had been received from the public relating to the December minutes and for item 4.1 which also had the addition of a deputation.</p>
<b>1.2</b>	<b>Declarations of Interests (not otherwise stated)</b>
1.2.1	<ul style="list-style-type: none"> <li>• Committee Members were invited to note their entries on the Register of Declarations of Interest. No additions were made.</li> <li>• The Chair also invited members of the Committee to declare any interests in respect to the items on the agenda. No interests were declared.</li> <li>• The Chair invited members of the Committee to declare any gifts and hospitality received. No gifts and hospitality items were declared.</li> </ul>
	<b>The Committee NOTED the Declarations of Interest.</b>
<b>1.3</b>	<b>Draft Minutes of the PCCC meeting of 19 December 2023.</b>

1.3.1

The first two questions from the public were received from Mr Rod Wells of Haringey Keep Our NHS Public asking about the draft minutes of 19 December 2023.

**Question**

*Agenda item 1.3, Draft Minutes of the PCCC meeting on 19th December 2023, pg.8  
What is the legislation and relevant parts of the acts that the ICB / PCC relies upon to decide on a change of ownership at St Anns (and other AT Medics contract)?*

**Response**

The Alternative Provider of Medical Services contract includes a provision requiring contract holders to request a change of control. Under this contract a provider must seek consent for a change of control from the commissioners of the relevant services. Change of control is allowed under the terms of the GP contract. The contract states, Clause 54.3: *"Save in respect of a public limited company listed on an internationally recognised exchange the Contractor shall not undergo a Change of Control without the prior authorisation of the Commissioner and subject to such conditions as the Commissioner may impose."*

This contract clause is set within a wider legal framework and NHS North Central London Integrated Care Board (NCL ICB) takes external and independent legal advice on such matters. In common with all other London ICBs, NCL ICB is undertaking due diligence in line with our contractual and legal rights and obligations.

The decision whether or not to consent to the change of control will be made at a meeting of the ICB's Primary Care Committee.

As a statutory body, the ICB must act in accordance with public law. Therefore, when determining whether or not to grant consent to the change of control, the Primary Care Committee is required to act reasonably, fairly and in accordance with its legal duties.

**Question**

*Agenda item 1.3, Draft Minutes of the PCCC meeting on 19th December 2023, pg.8  
Under Governance you state that the application can be rejected on a legal basis or if there were "adverse findings identified in the due diligence process "or where there are significant performance concerns" Can you please give examples of legal or adverse findings or other reasons listed above where a change of ownership has been rejected by an ICB?*

**Response**

NHS North Central London Integrated Care Board (NCL ICB) has a responsibility to consider requests for a change of control for those contracts within our remit. It is the responsibility of the ICBs in other areas to consider any change of control requests that are relevant to them. To date NCL ICB has only received requests for a change of control from AT Medics and now from Operose Health Ltd as owner of AT Medics Ltd. We do not hold information on Change of Control requests to ICBs nationally.

Due diligence checks collate information on financial standing, bankruptcy, disqualification from holding an Alternative Provider of Medical Services contract, ownership model, handling of patient data and staffing and management.

We will consider the regulatory view (Care Quality Commission) of existing services run by the proposed provider and draw on high-level information (where available / accessible) about performance of services already run by the provider.

Lines of enquiry will be shaped by Primary Care leaders and respond to Committee members questions. We will listen carefully to questions and points raised by patients, stakeholders and the public and consider them against the due diligence framework.

	The ICB will consider the findings of the due diligence and assurance process carefully. When considering whether or not to grant consent for change of control the ICB will have to act reasonably, fairly and in accordance with its legal duties.
1.3.2	The minutes of the NCL Primary Care Contracting Committee Meeting on 19 December 2023 were agreed as a true record of the meeting subject to one amendment.  Under declaration of interests, Sarah Morgan's role at the University of Birmingham should say 'Honorary' Associate Professor at the School of Social Policy.
	<b>Subject to the one amendment, the Committee APPROVED the minutes of the meeting dated 19 December 2023.</b>
<b>1.4</b>	<b>Action Log</b>
1.4.1	The Committee reviewed the action log.
	<b>The Committee APPROVED the action log.</b>
<b>1.5</b>	<b>Matters Arising</b>
1.5.1	There were no matters arising.
<b>2.0</b>	<b>BUSINESS</b>
<b>2.1</b>	<b>Barnet – Wentworth Medical Practice – request to close Derwent Crescent branch</b>
2.1.1	The Committee was asked to: (a) approve the closure and relocation of the Derwent Crescent branch Surgery to Wentworth Medical Practice at 38 Wentworth Ave, London N3 1YL, and (b) note the reduction in premises reimbursement costs of approximately £22,599 pa (subject to DV valuation).  The following was highlighted: <ul style="list-style-type: none"> <li>• This is a three Partner practice operating across three sites.</li> <li>• The partnership is requesting to close the branch because the landlord has served notice on the lease and there is no option to extend.</li> <li>• The Branch building is not compliant with current healthcare building guidelines and would require substantial capital to bring it to standard.</li> <li>• Currently, the list size is over 18,000 patients and continues to grow.</li> <li>• The main site is located 1.2 miles away from this branch.</li> <li>• Most patients that access services at Derwent are within 1.5 miles of the main site.</li> <li>• The main site is planned to be remodelled to accommodate the Derwent GP services. The practice will use its own capital to update the building to accommodate the practice.</li> <li>• The practice is seeking to approve the associated change in rent for the main site. This is reimbursed by the ICB.</li> <li>• The Estates team has made recommendations regarding the modelling of the building to make sure its NHS compliant.</li> <li>• The practice completed a patient survey and patients responded as follows: 48.6% would continue to access services at the main site, 25.3% would find it hard to travel, 51% could not be brought to the branch site, 45% use public transport or a car, 11.5% of patients said they would walk to the main site, 18.12% indicated they would register at another practice. There is on-site parking near the main site. Those who are accessing the building are happy with the services.</li> <li>• The practice engaged with the PPG who were positive and understood the reasons for the relocation.</li> <li>• There was an under provision of appointments for nurses which was discussed with the practice.</li> </ul>

	<ul style="list-style-type: none"> <li>It completed a quality impact assessment and there was a small impact on patients, especially with the elderly and disabled.</li> </ul>
2.1.2	<p>In considering the paper, the Committee made the following comments:</p> <ul style="list-style-type: none"> <li>There is an estimated net saving of up to £22.5k on an annual basis.</li> <li>Will need to make sure that practices who may pick up additional patients as a result of the change are supported and resourced accordingly.</li> <li>NHS net zero endeavours to achieve net zero by actively encouraging active travel and discouraging the use of vehicles. This may have a negative impact if more people use their own vehicles or public transport.</li> </ul>
	<p><b>The Committee APPROVED the closure and relocation of the Derwent Crescent branch Surgery to Wentworth Medical Practice at 38 Wentworth Ave, London N3 1YL, and NOTED the reduction in premises reimbursement costs of approximately £22,599 pa (subject to DV valuation).</b></p>
2.2	<p><b>Barnet – Cricklewood Health Centre</b></p>
2.2.1	<p>The Committee was asked the following:</p> <p>(a) To note the requests from PCN6 and to approve the support package up to the value of £122,770 to facilitate the allocation of Cricklewood Health Centre to PCN6</p> <p>(b) Not approve income protection on the grounds that there are no other PCNs where this has been applied and Cricklewood Health Centre is not an exception</p> <p>(c) With regards to the alternative option for provision for Cricklewood patients proposed by PCN6, the Committee was asked to not approve as there are insufficient grounds for Cricklewood Health Centre to remain unnetworked on the basis of its location and where patients reside.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>The case was discussed at the December meeting, and it was agreed to defer the decision to February's meeting.</li> <li>Between December 2023 and early February 2024 there had been continuous discussions with the PCN led by the ICB Deputy Medical Director.</li> <li>The outcome was that a proposed package of support pulled together to help facilitate the allocation of Cricklewood Health Centre into the PCN.</li> <li>The focus of the package was around organisational development support, recruitment from ARRS, staff supervision and training and some backfill for some of the GP partners. The total cost was just over £122k but 80% of the package was related to the recruitment of the additional primary care roles into the PCN from the ARRS funding.</li> <li>The PCN included in the package two additional requests which was for income protection because the practice is outside of the Barnet border. Also, a request to consider alternatives e.g. the ICB commissioning an external provider to host PCN services on behalf of Cricklewood Practice.</li> </ul> <p>From a finance perspective, the following was highlighted:</p> <ul style="list-style-type: none"> <li>The funding available for Cricklewood would come from the ARRS budget and some ICB non-delegated monies.</li> <li>There is ARRS funding available. This is worked out on a patient basis. Currently it is £87,509 and in 24/25 may be uplifted. The funding is not held by the ICB - it must be claimed from NHS England based on evidence of staff recruitment and the practice being a member of a PCN.</li> <li>One of the items asks for 10% on that value for training supervision purposes – the figure in the paper is incorrect but 10% of the above value is the maximum value that is available.</li> <li>All payments will be made on a reimbursable basis having been presented with invoices that can be validated.</li> </ul>

	<ul style="list-style-type: none"> <li>Organisational development costs, based on facilitator fees and GP sessional rates, will be based on both invoices presented and standard GP sessional rates.</li> </ul>
2.2.2	<p>In considering the report, the Committee made the following comments and noted:</p> <ul style="list-style-type: none"> <li>Concerns about practice / patient challenges accessing community services where they live outside the boundary of NCL were noted. This would require monitoring, working closely with ICB commissioners to tackle issues on a case by cases or PCN basis.</li> <li>Given the duty to spend public money wisely, the ICB does not want to fund a support package to facilitate a practice into a PCN to find shortly thereafter there is an application to expel the practice. The approval to allocate the practice was being done in good faith assuming the practice could operate in the PCN for a significant amount of time or until the direct enhanced service (DES) is removed. If the PCN wants that condition removed from the paper, then some commitment is still required.</li> <li>This a complex case recognising the difficulties on the frontline, work put in by the practice teams, the primary care team and the LMC. The Committee has always been of the opinion that Cricklewood should be in a PCN and its patients should have access to PCN services.</li> <li>Seeking to commission services directly from somebody else opens up a lot of complexity that could undermine the PCN model and open up PCN services to competition. It would need assessing against new procurement regulations.</li> <li>The views of PCN 6 have been noted, as well the views of all the Barnet PCNs, but it is not extraordinary to have a practice over an ICB border and for it to still be a member of a PCN.</li> <li>There have been scenarios in the past where practices have been expelled or had to move PCNs but a package like this has not been considered in this way before. This is being considered because of the length of time that Cricklewood has been without being in a PCN. It should not be considered to set precedent.</li> <li>This case can be supported financially because there is funding available to the PCN that has not been spent in the current year to date, but it needs to be spent by 31 March 2024.</li> </ul> <p>The Committee noted the complexity of the case but encouraged everyone to work towards a solution for the patients so that they get the services they are entitled to. Members looked forward to hearing the next steps but thanked everyone working on the case.</p>
	<p><b>The Committee:</b></p> <p><b>(a) NOTED the requests from PCN6 and APPROVED the support package up to the value of £122,770 to support and facilitate the allocation of Cricklewood Health Centre to PCN6</b></p> <p><b>(b) Agreed to NOT APPROVE income protection on the grounds that there are no other PCNs where this has been applied and Cricklewood Health Centre is not an exceptional case</b></p> <p><b>(c) Agreed to NOT APPROVE alternative provision for Cricklewood patients proposed by PCN6, as there are insufficient grounds for Cricklewood Health Centre to remain unnetworked on the basis of its location and where patients reside.</b></p>
<b>3.0</b>	<b>OVERVIEW REPORTS</b>
<b>3.1</b>	<b>Quality &amp; Performance Report (Q&amp;P)</b>
3.1.1	<p>The Committee was asked to scrutinise the data provided and to note the Q&amp;P Report. The following was highlighted:</p> <ul style="list-style-type: none"> <li>This is the available primary care dataset through to November 2023.</li> <li>In terms of comparison over the same three-month period between this year and last year, there was a 3% increase in appointments.</li> </ul>

	<ul style="list-style-type: none"> <li>• There is a second CQC rated <i>outstanding</i> practice in Haringey which is a significant achievement and congratulations to the practice team. No more than 1% of practices across London have achieved this rating.</li> <li>• The November 2023 data shows 31% year to date achievement of annual health checks with a learning disability for the 2023-24 financial year. Provisional data for December 2023 shows 55% year to date achievement. This is tracking rapidly upwards which reflects the practice operating year where a huge uptick in health checks and review work is seen in the final quarter of the year. The Q&amp;P report in April should be closer to 100% figure than was reported last year.</li> <li>• Secondary care referrals have increased relative to the overall 3% increase in appointments. There is a much greater increase for two week waits i.e. urgent referrals for suspected cancer.</li> <li>• There has been an increase in emergency department attendances as well as attendances where there is no further investigation or serious intervention which is above the 3% overall increase in appointments.</li> <li>• There is continued increase in the use of both advice and guidance and consultant connect. This is an ongoing programme of engagement with practices to promote the use of these tools as alternatives or as complementary to secondary care referral.</li> <li>• The report now includes primary care complaints as the ICB has had operational responsibility of these since July 2023. This means there is six-month data to process. These are complaints that have come into the practice which have not been resolved or responded to satisfactorily and therefore escalated to the ICB.</li> <li>• The Access Recovery programme is using data to proactively identify practices that would benefit from support.</li> </ul>
3.1.2	<p>In considering the report, the Committee made the following comments:</p> <ul style="list-style-type: none"> <li>• There has been a change in coding for people with learning disabilities (LD) at a national level which means it will look like practices are not achieving so highly. The coding anomaly needs to be taken into consideration. Practices had undertaken a review of their LD register to exclude data that has been added incorrectly. For this year it may mean practice LD registers are incorrectly inflated.</li> <li>• It would be helpful to do a deep dive on complaints to understand what the themes are and the learning.</li> <li>• It would also be helpful to see how the appointment data compares to the expected 'run rate' and what the activity should be based on what is commissioned and what we might assume under the block / capitated contract. Need to be mindful as a committee about what message is being relayed (under/over provision) and think about how to keep using the data to model what is expected.</li> </ul>
	<p><b>The Committee NOTED the report.</b></p>
3.2	<p><b>Primary Care Finance Update – Month 9</b></p>
3.2.1	<p>The Committee was requested to note the Primary Care budget and financial position as at Month 9 (December 2023).</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>• This is the final meeting of the financial year and will therefore a view of the likely full year performance against plan.</li> <li>• The budget remains at £295.1m with expected further funding for additional roles reimbursement scheme and £298k for the Weight Management and Investment Impact Fund (IIF).</li> <li>• The year-to-date position is the £12.6m overspent for 2023/24 but that should be mitigated by £12.3m expected income relating to the Additional Roles Reimbursement Scheme (ARRS). NHSE has informed us the funding will come</li> </ul>

	<p>in month 11. Once funding is in, there is expected to be £329k full year overspend.</p> <ul style="list-style-type: none"> <li>• The £251k year to date overspend is due to cost pressures in Minor Surgery, Quality &amp; Outcomes Framework, Clinical Waste and the cost of the PCSE patient letters service.</li> <li>• Up to month 7, other cost pressures were mitigated by release of un-used prior year accruals. For 2024-25 all cost pressures will now be reflected as they are recurrent and will be helpful to budget going forward.</li> <li>• Since the report was published, the January list size has now been received and it has been possible to remove the list size growth risk from the finance risk log. In month 11, will be able to further reduce the premises costs risks.</li> </ul>
3.2.2	<p>In considering the report, the Committee noted:</p> <ul style="list-style-type: none"> <li>• There is still a differential between boroughs.</li> <li>• Some additional funding for Islington exists in non-delegated funding pots.</li> </ul>
	<b>The Committee NOTED the report.</b>
<b>4.0</b>	<b>STRATEGIC PRIORITIES</b>
<b>4.1</b>	<b>Update regarding supervision and support for Physician Associates in North Central London in light of a Serious Untoward Incident (SUI)</b>
4.1.1	The Committee received some questions and a deputation from David Winskill and Barbara Rowlands in regard to this item. Papers had been circulated to members already and both the deputation and questions would be added to the website the next day.
4.1.2	<p>The Committee was asked to note and comment on the actions taken in this paper.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>• A paper was brought to the Part 2 meeting back in August 2023 following the tragic death of Emily Chesterton. The MP for Emily's parents had raised questions in the House of Commons relating to the timescale for the regulation of physician associates.</li> <li>• A detailed SUI investigation was undertaken by the practice involved with support and challenge from the quality team. The learning from that was taken to primary clinical meetings in several boroughs and will also be discussed at a webinar. Practices need to be more familiar with the new national incident reporting system.</li> <li>• The paper and deputation covered the number of Physicians Associates in NCL, supervision, regulation, support and education.</li> <li>• There is a meeting with the residents who raised these questions on Thursday 22 February 2024.</li> <li>• There are 140 Physician Associates working in NCL.</li> <li>• The legislation that will enable regulation has now been tabled aiming to take effect at the end of 2024.</li> <li>• There is a national voluntary register held by the Federation of Physician Associates which maintains and sets education and professional standards.</li> <li>• There is an extensive programme for education and training for Physician Associates both at a London level and at a ICB level.</li> <li>• A survey has been done locally to understand what supervision experiences and requirements are.</li> <li>• It is important that the public are clear and are informed about the roles of different members of the primary care team. There needs to be transparency with members of the primary care team being clear in their introductions and this is an area of where the Physician Associate ambassador has been working with NHSE.</li> </ul>
4.1.3	<p>In considering the report, the Committee made the following comments:</p> <ul style="list-style-type: none"> <li>• The ICB needs to work with partners to consider how all practices can be supported to take up the offers of support and training that are being developed and shared by the training hub.</li> </ul>

	<ul style="list-style-type: none"> <li>• Transparency needs to improve so patients know when they are seeing a Physician Associate and understand the role. The same applies to other members of the extended primary care team.</li> <li>• Local PCNs have been supported through primary care development funding to undertake some dedicated work around developing supervision models.</li> <li>• ARRS posts have increased the requirement for supervision in general practice. There is currently no funding in the budget to address that additional requirement.</li> <li>• Any worker needs to be supported to be effective at work, whether they are regulated or not. This has happened before when expanding the role of the nurse practitioner.</li> <li>• Away from the job reflections on your practice and personal development is also important.</li> <li>• The Committee needs to come back to protected time for training and development.</li> </ul>
	<p><b>The Committee NOTED the paper.</b></p>
<p><b>4.2</b></p>	<p><b>Primary Care Workforce Report</b></p>
<p>4.2.1</p>	<p>The Committee was asked to note the report which provided an overview of the primary care workforce in NCL and efforts to support and develop the workforce, in the context of the NCL People Strategy.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>• In recent years there has been significant focus on the growth and development of the general practice workforce. This has in part been a result of surging demand post-pandemic, with activity in general practice 15-30% higher than it was pre-pandemic. It is also a response to the Nationally supported Additional Roles Reimbursement Scheme (ARRS), which has funded in whole or in part the recruitment of new members of a practice team.</li> <li>• There was an increase in 2018 in general practice of medical placements and an increase in medical students. So, there has been effort over the last six years to address the challenges currently seen in general practice. However, what was not foreseen was the pandemic impact e.g. workforce changes and feedback from patients that they cannot access appointments.</li> <li>• PCC holds the risk around '<i>Failure to effectively develop the primary care workforce</i>' (which is about general practice. It does not include the wider dentistry, optometry, and pharmacy workforce). The ambition is to both stabilise and support general practice workforce.</li> <li>• NCL primary care workforce has grown 3.5% within the period December 2022 to November 2023. However, the challenge is the new roles not being well understood by patients and the benefits in terms of reduced demand for GP appointments is not yet being fully realised.</li> <li>• Initiatives in place to support improved recruitment and retention include the primary care anchor network, NCL pathway for nurses and GPs new to general practice, supporting mentors' scheme, health and wellbeing support and other projects.</li> <li>• The funding from NHS England for the General Practice Fellowship Scheme will be ending March 2024 which will pose a risk.</li> <li>• The number of general practice nurses continues to decline, which remains a risk. There are a variety of reasons for this: terms and conditions vary as <i>agenda for change</i> is not applied in general practice and staff move for better terms.</li> <li>• The Long-Term Workforce Plan (LTWP) published in 2023 is a 15-year plan which has investment of £2.4 billion and includes growth for speciality GPs as well as other additional roles.</li> <li>• This will bring a greater need for supervision and placement capacity, and we will need available estate to meet the growth targets.</li> </ul>

	<ul style="list-style-type: none"> <li>In summary, this is a complex workforce, possibly more so than in other sectors. The focus needs to be on workforce planning, not just on workforce, but also estates, the educator strategy etc.</li> </ul>
4.2.2	<p>In considering the report, the Committee made the following comments:</p> <ul style="list-style-type: none"> <li>With general practice nursing, Islington and Haringey have a nursing hub in an effort to provide more resilience and a better working environment. It was asked whether this could be done on a larger scale.</li> <li>Several practices would like more trainees but cannot fit them into their estate. Even when developing new estate, it is not large enough to accommodate additional roles.</li> <li>Concerns have been flagged about the end of the general practice fellowships and the associated mentoring scheme. These have been successful resulting in significant retention. Consideration now needs to be given in expanding the course to nurses and the additional roles and to how we retain these schemes which have been successful.</li> <li>It is important to acknowledge the demand coming through general practice is ever increasing. There is a shift upstream to prevention and proactive care. This will require the workforce model to be considered.</li> <li>Risk PERF18: <i>Failure to effectively develop the primary care workforce</i> is held by PCC and it would be useful to bring this back when the Long-Term Workforce Plan requirements and funding are published.</li> </ul>
4.2.3	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li><b>To discuss primary care workforce when the detail of the LTWP and funding is cascaded. Expected later in 2024. (Sarah Morgan)</b></li> </ul>
	<b>The Committee NOTED the report.</b>
<b>4.3</b>	<b>National Delivery Plan for Recovering Access to Primary Care – Update on delivery.</b>
4.3.1	The Committee noted the paper and agreed any questions could be dealt with outside of the meeting.
	<b>The Committee NOTED the paper.</b>
<b>5.0</b>	<b>GOVERNANCE</b>
<b>5.1</b>	<b>PCC Risk Register</b>
5.1.1	<p>The Committee was asked to note the report, provide feedback on the risks, and identify any areas where further work may be needed.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>The risk scores do not change very often given these are significant strategic risks subject to external forces, but there is detailed work happening to get both to the root cause of the challenge and the mitigations.</li> </ul>
	<b>The Committee NOTED the risk register.</b>
<b>6.0</b>	<b>ITEMS FOR INFORMATION</b>
<b>6.1</b>	<b>Minutes of Contract Decisions Meeting held on 14 December 2024</b>
	<b>The Committee NOTED the paper.</b>
<b>7.0</b>	<b>ANY OTHER BUSINESS</b>
7.1	No further business was discussed.
<b>8.0</b>	<b>DATE OF NEXT MEETING</b>
8.1	16 April 2024