NHS
North Central London
Integrated Care Board

NHS North Central London ICB
Primary Care Committee Meeting

Tuesday 16 April 2024
09:30am to 11:00am
Meeting in the Clerkenwell Room, 2nd Floor,
Laycock PDC,
Laycock Street, Islington N1 1TH.

Item	Title	Lead	Action	Page	Time
	AGENDA Part 1				
1.	**INTRODUCTION**				
1.1	Welcome, introductions and Apologies.	Usman Khan	Note	Oral	09:30am to 09:50am
1.2	Declarations of Interest (Not otherwise stated)	All	Note	3	
1.3	Draft Minutes of the PCC meeting on 20 February 2024	Usman Khan	Approve	8	
1.4	Action log	Usman Khan	Approve	18	
1.5	Matters Arising	Usman Khan	Note	Oral	
2.	**BUSINESS**				
2.1	Special Allocation Scheme – APMS Contract Expiry	Anthony Marks	Approve	21	09:50am to 10:05am
2.2	APMS Procurement – Contract Award	Vanessa Piper	Approve	41	10:05am to 10:20am
3.	**OVERVIEW REPORTS**				
3.1	Quality & Performance Report (including Complaints Data)	Adam Backhouse	Note	62	10:20am to 10:30am
3.2	Primary Care Finance Update	Sarah Rothenberg	Note	79	10:30am to 10:45am
4.	**GOVERNANCE**				
4.1	Primary Care Committee Risk Register	Sarah McDonnell-Davies	Note	93	10:45am to 10:55am

5.	**FOR INFORMATION**				
5.1	Minutes of Contract Decisions Meeting held on 20 February 2024	Usman Khan	Note	100	10:55am to 11:00am
6.	**ANY OTHER BUSINESS**				
	DATES OF NEXT MEETINGS				
	• **2024**: 18 June, 6 August, 15 October, 17 December • **2025**: 11 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.				

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Primary Care Committee Meeting
16 April 2024

Report Title	Declaration of Interests Register – Primary Care Committee (PCC)	**Agenda Item:** 1.2	
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Place	Tel/Email	sarah.mcdonnell1@nhs.net
Lead Director / Manager	Ian Porter, Executive Director of Corporate Affairs	Tel/Email	Ian.porter3@nhs.net
Report Author	Vivienne Ahmad, Board Secretary	Tel/Email	v.ahmad@nhs.net
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications**	Not applicable.
Name of Authorising Estates Lead	Not applicable.	**Summary of Estates Implications**	Not applicable.
Report Summary	• Members and attendees of the Primary Care Committee (PCC) Meeting are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest or need to be considered for the first time due to the specific subject matter of the agenda item. • A conflict of interest would arise if decisions or recommendations made by the Board, or its committees could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence. • Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money. • If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway. • Members are reminded to ensure their declaration of interest form and the register recording their details are kept up to date. • Members and attendees are also asked to note the requirement for any relevant gifts or hospitality they have received to be recorded on the ICB Gifts and Hospitality Register.		

Recommendation	The Committee is asked to **NOTE:** • the requirement to declare any interests relating to the agenda. • the Declaration of Interests Register and to inspect their entry and advise the Board Secretary of any changes. • the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
Identified Risks and Risk Management Actions	The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the ICB.
Conflicts of Interest	The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting.
Resource Implications	Not applicable.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	The Declaration of Interests Register is a standing item presented to every meeting of the Primary Care Committee.
Next Steps	The Declaration of Interests Register is presented to every meeting of the Primary Care Committee and regularly monitored.
Appendices	The Declaration of Interests Register.

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

Name	Current Position (s) held- i.e. ICB Board, Trust, Member practice, Employee or other	Declared Interest - (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or Indirect?	Nature of Interest	Date of Interest				Actions to be taken to mitigate risk (to be agreed with line a manager of a senior CCG manager)
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	Date declared	Updated	
Members												
Dr Usman **Khan**	Board Member ICB		no	yes	no	Direct	Member		current	07/09/2022	18/07/2023	
	Chair of ICB Primary Care Committee	ModusEurope	yes	yes	yes	Direct	director	29/11/2012	current	07/09/2022	18/07/2023	
	Chair of ICB Finance Committee	Motor Neurone Disease (Sales) Ltd	yes	yes	yes	Direct	director	27/06/2022	current	07/09/2022	18/07/2023	
	Member of ICB Audit Committee	London Metropolitan University	yes	yes	yes	Direct	Vice Chair of Governors and Chair of Finance & Audit Committee	01/08/2022	current	07/09/2022	18/07/2023	
	Member of ICB Remuneration Committee	Motor Neurone Disease Association	yes	yes	yes	Direct	Chair of Trustees / director	01/07/2021	current	07/09/2022	18/07/2023	
		FIPRA, a European public affairs consultancy	yes	yes	yes	Direct	Senior Advisor for EU Health Policy	01/50/2020	current	07/09/2022	18/07/2023	
		KU Leuven University, Belgium	yes	yes	yes	Direct	Visiting Professor in Health Management and Policy		current	07/09/2022	18/07/2023	
		Good Governance Institute	no	yes	No	Direct	Senior Advisor / Associate	01/02/2022	current	07/09/2022	18/07/2023	
Ms Liz **Sayce OBE**	Non Executive Member, Member of the ICB Board							01/07/2022	current	26/08/2022	10/07/2023	
	Chair of ICB Remuneration Committee										10/07/2023	
	Chair of ICB Quality and Safety Committee	Action on Disability and Development International	no	yes		direct	Trustee	26/01/2021	current	26/08/2022	10/07/2023	
	Member of ICB Audit Committee	London School of Economics	yes	yes		direct	Visiting Professor in Practice		current	26/08/2022	10/07/2023	
	Vice-Chair of ICB Integrated Medicines Optimisation Committee											
	Member of ICB Primary Care Committee	Fabian Society Commission on Poverty and Regional Inequality	yes	yes		direct	Commissioner	2021	current	26/08/2022	10/07/2023	
	Chair NCL People Board	Royal Society of Arts	no	no	yes	direct	Fellow		current	26/08/2022	10/07/2023	
		Institute for Employment Studies Commission on the Future of Employment Support	yes	yes	no	direct	Commissioner	2022	2024	26/08/2022	10/07/2023	
		Recovery Focus (a national voluntary organisation)	no	no	no	indirect	Partner is a Trustee		current	26/08/2022	10/07/2023	
		Furzedown Project, Wandsworth, Charity no 1076087	no			direct	Trustee	24/11/2022	current	24/11/2022	10/07/2023	
		Consultancy roles	no	no	no	indirect	My partner offers consultancy across the UK to mental health services, sometimes working with NHS Trusts, local authorities or voluntary sector organisations		current	26/08/2022	10/07/2023	I would declare a specific interest if my partner at any point worked with an organisation in North Central London, and recuse myself from any discussions relating to that organisation as needed
Sarah **Morgan**	Chief People Officer Member of the Executive Member Team	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022	13/12/2023	manage contributions in line with ICB guidance
	Attend Remuneration Committee											
	Voting member Primary Care Committee											
	Member of People Board											
	Chair of People and Culture Oversight Group											
	Member of the Strategic Development and Population Health Committee											
		Fresh Visions People Ltd Charity no 1091627	no	no	yes	Direct	Trustee / Director and Chair from 6 December 2	22/04/2022	current	04/07/2022	13/12/2023	Ensure that any contractual arrangements that may involve Fresh Visions or the parent organisation Southern Housing are declared as a conflict of interest as operate out of London
		Kaleidoscope Health and Care (not for profit Social Enterprise)	no	yes	no	Direct	Member of a professional network of health and care professionals including alumni of the NHS general management graduate scheme	2016	current	13/12/2023		Manage any contractual arrangements through procurement team
		University of Birmingham, School of Social Policy, Health Services Management Centre	no	no	yes	Direct	Honorary Associate Professor	01/10/2023	current	13/12/2023		
Dr Jo **Sauvage**	Chief Medical Officer		yes	yes	yes	direct		01/07/2022	current	10/07/2022	06/07/2023	
	Member of ICS Community Partnership Forum		no	yes	no	direct			current	10/07/2022	06/07/2023	
	Member of ICB Board	London Clinical Executive Group	no	yes	no	direct	NCL Clinical Representative		current	10/07/2022	06/07/2023	
	Member of ICB Executive Management Team	London People Board	no	yes	no	direct	Commissioning Representative		current	10/07/2022	06/07/2023	
	Member of Quality and Safety Committee	London Primary Care School Board	no	yes	no	direct	ICS Representative		current	10/07/2022	06/07/2023	
	Member of the Strategy and Development Committee	London Primary Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	06/07/2023	
	Member of Primary Care Committee	London Urgent and Emergency Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	06/07/2023	
	Member of Population Health Improvement Committee	Greener NHS England, London	no	yes	no	direct	Clinical Director		current	10/07/2022	06/07/2023	
	Also participate in multiple work streams NHS England & Improvement and Health Education England, London Region:	Membership Expert Advisory Group for Evidence based interventions. Hosted by Academy of Royal Colleges	no	yes	no	direct	Member		current	10/07/2022	06/07/2023	
		Net Zero Clinical Transformation Advisory Board	no			direct	Member		current	06/07/2023		
		London Sustainability Network	yes	yes	no	direct	Clinical Director		current	06/07/2023		
		Islington GP Federation	yes	yes	yes	direct	GP Practice is a member	2016	current	10/07/2022	06/07/2023	
		City Road Medical Centre	yes	yes	yes	direct	GP Partner	06/11/2018	current	10/07/2022	06/07/2023	
		South Islington PCN	no	yes	yes	direct	GP Pracitce is a member	01/07/2019	current	01/07/2022	06/07/2023	
Dr Chris **Caldwell**	Chief Nursing Officer	Middlesex University	no	yes	no	Direct	visiting honorary Professor	30/03/2023	current	30/03/2023	14/02/2024	
	Member of ICB Board	Barnet Enfield Haringey MHT	no	no	no	indirect	daughter is an employee	01/01/2023	current	06/07/2023	14/02/2024	
	Member of Executive Management Team											
	Member of Quality and Safety Committee											
	Member of Strategy and Development Committee											
	Member of Primary Care Committee											

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

Sarah **McDonnell-Davies**	Executive Director of Place	No interests declared	no	no	no	no		20/06/2018	current	20/06/2018	14/07/2023	
	Member of Executive Management Team											
	Attend ICB Board of Members											
	Attend Strategy and Development Committee											
	Exec Lead for Primary Care Committee											
	Exec Lead for Integrated Medicines Optimisation Commmittee											
	attend other NCL / Borough related meetings as required											
Sarah **Rothenberg**	Director of Finance, Primary Care - NCL ICB							01/07/2022	current	05/09/2022	21/02/2024	
	Member of NCL ICB Primary Care Committee and attendee Integrated Medicines Optmisation Committee	Association of Jewish Refugees	No	No	Yes	direct	Finance Committee Member	10/07/2018	current	05/09/2022	21/02/2024	
Non- Voting Participants and Observers												
Sarah **McIlwaine**	Director of Primary Care Attend Participant Primary Care Committee and other committees as	None	N/A	N/A	N/A	N/A	none			09/10/2018	19/03/2024	
Frances **O'Callaghan** *on career break from 01/12/23 to 31/08/24*	Chief Executive of North London Integrated Care System	Labour Party	no	no	yes	direct	Member of Labour Party	25/05/2023	current	26/05/2023	26/05/2023	This declaration and any potential conflicts of interest were fully assessed by the Governance and Risk Team. Appropriate mitigating actions have been put into place and will be adhered to.'
	Member of ICB Board of Members											
	Member of ICB Finance Committee											
	Member of ICB Strategy and Development Committee											
	Member of ICB Executive Management Team											
	Member of ICB Community Partnership Forum											
	Attend other ICB Committees as necessary											
	Interim Chief Executive Officer											
Phill **Wells**									current	23/06/2022	10/07/2023	
	NCL ICB Board Member										10/07/2023	
	Member of ICB Finance Committee										10/07/2023	
	Attendee of ICB Primary Care Committee										10/07/2023	
	Member of ICB Executive Management Team											
	Member of Strategy and Development Committee	Essex County Council	no	no	no	indirect	Partner is an IT Director (ended May23)	01/09/2019	15/05/2023	21/07/2022	10/07/2023	
	Member of Procurement Oversight Group	The Air Ambulance Service	yes	yes	no	direct	Trustee and Chair of Audit and Risk Committee	01/03/2022	current	23/06/2022	10/07/2023	
Vanessa **Piper**	Assistant Director of Primary Care Contracting	None	No	No	No	No	Nil Return	13/09/2020	current	23/08/2021	14/11/2022	
Jenny **Goodridge**	Director of Quality and Chief Nurse	none	n/a	n/a	n/a	n/a	n/a			13/02/2018	20/09/2023	
	Member of Quality and Safety Committee											
	Attend Primary Care Committee											
	Attend Procurement Oversight Committee											
Albie **Stadtmiller**	Listen to Act/Healthwatch Enfield		No	Yes	No	Direct	Chief Executive	01/11/2022	current	14/02/2024		
	Attend Quality and Safety Committee											
	Attend Primary Care Committee											
John **Pritchard**	Senior Communications Lead Attendee of Primary Care Committee.	None	N/A	N/A	N/A	N/A	None			12/10/2018	15/02/2024	
Lorna **Reith**	Community Participant	Chair of Haringey Citizens Advice	No	Yes	No	Direct	Chair		current	10/11/2023		
Mark **Agathangelou**	Community Participant	No interests declared	No	No	No	No	Nil Return	13/10/2020	current	16/10/2021	08/09/2022	
Clare **Henderson**	Director of Place (East)	No interests declared	No	No	No	No	Nil Return			08/09/2022	14/02/2024	
Carol **Kumar**	Assistant Director for Primary Care Planning, Operations and Improvement	Five Development Consultancy LLP	yes	n	yes	direct	partner	2014	current	02/10/2017	15/11/2023	organisation not related to NHS business
	NCL PC C&C team– Practice case logs NCL Silver EOG, PCCC (as required). Barnet Borough Partnership board Barnet Resilience Forum Various other meetings for borough, BBP or ICB as needed.		no	no	no	n/a	n/a		current	07/09/2022	15/11/2023	
Anthony **Marks**	Assistant Director for Primary Care Contracting	No interests declared	No	No	No	No	Nil return			30/10/2018	07/03/2024	
Dr Geoffrey **Ocen**	Member of the NCL People Board and Population Health Board, attendee of Primary Care Committee							01/10/2023	current	20/11/2023		
	Chief Executive	The Bridge Renewal Trust, a VCSE organisation in Haringey which provides health and wellbeing services across the NCL Area. Interests	yes	yes	no	direct	Chief Executive	2022	current	20/11/2023		
		Mid and South Essex ICB	yes	yes	no	direct	Associate Non Executive Member	2023	current	20/11/2023		
Simon **Wheatley**	Director of Place (West) Attendee at Primary Care Committee	no interests declared	No	No	No	No	Nil return			28/05/2019	02/11/2023	
Su **Nayee**	Assistant Director for Primary Care Contracting	No interests declared	No	No	No	No	Nil return			20.10.2018	10/10/2022	

Rebecca **Kingsnorth**	Assistant Director for Primary Care Strategy and Change Will occasionally deputise for the Director of Primary Care at the Primary Care Committee. Attendee of Primary Care Operations Group, Primary Care Strategy Group and other primary care related meetings.	Yes	No	No	Yes	Indirect	My sister-in-law is a salaried GP at one practice in North Central London	Dec-17	current	18/10/2018	28/11/2023	I will ensure I am not involved in any commissioning decisions related specifically and solely to this practice.
Kirsten **Watters**	Director of Public Health - Camden Council	Yes	No	No	Yes	Indirect	Husband is partner and shareholder at DWF LLP which is on the NHS legal resuolution panel lot 1.			11/10/2022		
Ken **Kanu**	Chief Executive, Help on Your Doorstep		yes	yes	yes	direct	Chief Executive and Company Secretary	2009	current	25/01/2023		
		NCL VCSE Alliance				direct	Member	2022	current	25/01/2023		
		Help on Your Doorstep					Delivery of social prescribing services in Islington	2019	current	25/01/2023		
		Help on Your Doorstep					Delivery of community Wellbeing Project in Islington	2019	current	25/01/2023		
Jamie (James) **Wright**	Director of Primary Care (NWL & NCL)- LMC	Local Medical Committee (Londonwide)	yes	yes	no	direct	employee of LMC		current	14/11/2022		
Duduzile **Sher Arami**	Director of Public Health, London Borough of Enfield	attendee Primary Care Committee	yes	yes	no	direct	Enfield Council			16/11/2022		
		Co Chair of Enfield Inequalities Delivery Board	no	yes	no	direct	co-chair			16/11/2022		
		Member of Enfield Borough Partnership	no	yes	no	direct	member			16/11/2022		
		Co Chair of Enfield Screening and Immunisation Delivery Board	no	yes	no	direct	co-chair			16/11/2022		
Jonathan **O'Sullivan**	Acting Director of Public Health, Islington Council	attendee Primary Care Committee	yes	yes	no	direct	Islington Council					
		Sexual Health for London – City of London Corporation	no	yes	no	direct	Director		current	28/11/2022		
		Health Determinants Research Collaborative, NIHR (lead, award to Islington Council)	no	yes	no	direct	Lead	01/10/2020	current	28/11/2022		
Dr Tamara **Djuretic**	Director of Public Health and Prevention, Barnet Council	attendee Primary Care Committee	yes	yes	no	direct	Barnet Council		current	11/12/2022		
		Population Health and Inequalities Steering Group	no	yes	no	direct	Member		current	11/12/2022		
		Borough Partnership Executive and Delivery Board	no	yes	no	direct	member		current	11/12/2022		
		other committees attend by rotation on behalf of DsPH.	no	yes	no	direct	member		current	11/12/2022		
	Director of PH at the Royal Free Group	Director of PH at the Royal Free Group	yes	yes	no	direct	Royal Free Group		current	11/12/2022		
Donna **Turnbull**	VCSE Alliance rep - Strategy and development Committee and Primary Care Committee	Voluntary Action Camden	yes	yes	no	direct	Health and Partnership Development Manager		current	26/07/2023		
		Managing and developing social prescribing service. Capacity building with Camden VCSEs to engage with health transformation /address health inequalities.							current	26/07/2023		
		AGE UK Camden	yes	yes	no	direct	Sub contractor of Age UK Camden for Camden's NCL commissioned Care Navigation and Social Prescribing Service	01/10/2018	current	26/07/2023		
		Community Action Research (Health Inequalities projects)	yes	yes	no	direct	Health Inequalities projects	01/10/2022	30/04/2023	26/07/2023		

NHS
North Central London
Integrated Care Board

NCL ICB PRIMARY CARE COMMITTEE (PCC)

Minutes of Meeting held on Tuesday 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 & **Co - Chair**
Ms Sarah McDonnell-Davies	Executive Director of Place & **Executive lead for the Committee**
Dr Josephine Sauvage	Chief Medical Officer
Ms Chris Caldwell	Chief Nursing Officer
Ms Sarah Louise Morgan	Chief People Officer
Ms Sarah Rothenberg	Director of Finance
Non – Voting Participants & Observers	
Ms 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 **(Minutes)**

Apologies:	
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

	INTRODUCTION
1.1	**Welcome & Apologies**
1.1.1	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. The Chair welcomed everyone to the PCC meeting including Phill Wells, ICB Chief Executive Officer. 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. 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 our decision-making process. ➢ Ask questions relating to items listed on the agenda in advance by email. Where appropriate, questions will be addressed in the introduction to relevant agenda item. Formal responses will be published on the ICB website after each meeting. 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.
1.2	**Declarations of Interests (not otherwise stated)**
1.2.1	• Committee Members were invited to note their entries on the Register of Declarations of Interest. No additions were made. • The Chair also invited members of the Committee to declare any interests in respect to the items on the agenda. No interests were declared. • The Chair invited members of the Committee to declare any gifts and hospitality received. No gifts and hospitality items were declared.
	The Committee NOTED the Declarations of Interest.
1.3	**Draft Minutes of the PCCC meeting of 19 December 2023.**

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.
	Subject to the one amendment, the Committee APPROVED the minutes of the meeting dated 19 December 2023.
1.4	**Action Log**
1.4.1	The Committee reviewed the action log.
	The Committee APPROVED the action log.
1.5	**Matters Arising**
1.5.1	There were no matters arising.
2.0	**BUSINESS**
2.1	**Barnet – Wentworth Medical Practice – request to close Derwent Crescent branch**
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: • This is a three Partner practice operating across three sites. • The partnership is requesting to close the branch because the landlord has served notice on the lease and there is no option to extend. • The Branch building is not compliant with current healthcare building guidelines and would require substantial capital to bring it to standard. • Currently, the list size is over 18,000 patients and continues to grow. • The main site is located 1.2 miles away from this branch. • Most patients that access services at Derwent are within 1.5 miles of the main site. • 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. • The practice is seeking to approve the associated change in rent for the main site. This is reimbursed by the ICB. • The Estates team has made recommendations regarding the modelling of the building to make sure its NHS compliant. • 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. • The practice engaged with the PPG who were positive and understood the reasons for the relocation. • There was an under provision of appointments for nurses which was discussed with the practice.

	• It completed a quality impact assessment and there was a small impact on patients, especially with the elderly and disabled.
2.1.2	In considering the paper, the Committee made the following comments: • There is an estimated net saving of up £22.5k on an annual basis. • Will need to make sure that practices who may pick up additional patients as a result of the change are supported and resourced accordingly. • 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.
	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).
2.2	**Barnet – Cricklewood Health Centre**
2.2.1	The Committee was asked the following: (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 (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 (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. The following was highlighted: • The case was discussed at the December meeting, and it was agreed to defer the decision to February's meeting. • Between December 2023 and early February 2024 there had been continuous discussions with the PCN led by the ICB Deputy Medical Director. • The outcome was that a proposed package of support pulled together to help facilitate the allocation of Cricklewood Health Centre into the PCN. • 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. • 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. • From a finance perspective, the following was highlighted: • The funding available for Cricklewood would come from the ARRS budget and some ICB non-delegated monies. • 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. • 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. • All payments will be made on a reimbursable basis having been presented with invoices that can be validated.

	• Organisational development costs, based on facilitator fees and GP sessional rates, will be based on both invoices presented and standard GP sessional rates.
2.2.2	In considering the report, the Committee made the following comments and noted: • 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. • 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. • 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. • 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. • 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. • 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. • 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. 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.
	The Committee: **(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) 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** **(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.**
3.0	**OVERVIEW REPORTS**
3.1	**Quality & Performance Report (Q&P)**
3.1.1	The Committee was asked to scrutinise the data provided and to note the Q&P Report. The following was highlighted: • This is the available primary care dataset through to November 2023. • In terms of comparison over the same three-month period between this year and last year, there was a 3% increase in appointments.

	• There is a second CQC rated *outstanding* 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. • 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&P report in April should be closer to 100% figure than was reported last year. • 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. • 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. • 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. • 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. • The Access Recovery programme is using data to proactively identify practices that would benefit from support.
3.1.2	In considering the report, the Committee made the following comments: • 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. • It would be helpful to do a deep dive on complaints to understand what the themes are and the learning. • 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.
	The Committee NOTED the report.
3.2	**Primary Care Finance Update – Month 9**
3.2.1	The Committee was requested to note the Primary Care budget and financial position as at Month 9 (December 2023). The following was highlighted: • This is the final meeting of the financial year and will therefore a view of the likely full year performance against plan. • 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). • 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 in month 11. Once funding is in, it is expected to be £329k underspend overall.

	• £251k of overspend is due to cost pressures in Minor Surgery, Quality & Outcomes Framework, Clinical Waste and the cost of the PCSE patient letters service. • 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. • 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.
3.2.2	In considering the report, the Committee noted: • There is still a differential between boroughs. • Some additional funding for Islington exists in non-delegated funding pots.
	The Committee NOTED the report.
4.0	**STRATEGIC PRIORITIES**
4.1	**Update regarding supervision and support for Physician Associates in North Central London in light of a Serious Untoward Incident (SUI)**
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	The Committee was asked to note and comment on the actions taken in this paper. The following was highlighted: • 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. • 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. • The paper and deputation covered the number of Physicians Associates in NCL, supervision, regulation, support and education. • There is a meeting with the residents who raised these questions on Thursday 22 February 2024**.** • There are 140 Physician Associates working in NCL. • The legislation that will enable regulation has now been tabled aiming to take effect at the end of 2024. • There is a national voluntary register held by the Federation of Physician Associates which maintains and sets education and professional standards. • There is an extensive programme for education and training for Physician Associates both at a London level and at a ICB level. • A survey has been done locally to understand what supervision experiences and requirements are. • 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.
4.1.3	In considering the report, the Committee made the following comments: • 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.

	• 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. • Local PCNs have been supported through primary care development funding to undertake some dedicated work around developing supervision models. • ARRS posts have increased the requirement for supervision in general practice. There is currently no funding in the budget to address that additional requirement. • 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. • Away from the job reflections on your practice and personal development is also important. • The Committee needs to come back to protected time for training and development.
	The Committee NOTED the paper.
4.2	**Primary Care Workforce Report**
4.2.1	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. The following was highlighted: • 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. • 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. • PCC holds the risk around *'Failure to effectively develop the primary care workforce' (*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. • 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. • 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. • The funding from NHS England for the General Practice Fellowship Scheme will be ending March 2024 which will pose a risk. • 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 *agenda for change* is not applied in general practice and staff move for better terms. • 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. • This will bring a greater need for supervision and placement capacity, and we will need available estate to meet the growth targets.

	• 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.
4.2.2	In considering the report, the Committee made the following comments: • 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. • 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. • 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. • 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. • Risk PERF18: *Failure to effectively develop the primary care workforce* is held by PCC and it would be useful to bring this back when the Long-Term Workforce Plan requirements and funding are published.
4.2.3	**Action:** • **To discuss primary care workforce when the detail of the LTWP and funding is cascaded. Expected later in 2024. *(Sarah Morgan)***
	The Committee NOTED the report.
4.3	**National Delivery Plan for Recovering Access to Primary Care – Update on delivery.**
4.3.1	The Committee noted the paper and agreed any questions could be dealt with outside of the meeting.
	The Committee NOTED the paper.
5.0	**GOVERNANCE**
5.1	**PCC Risk Register**
5.1.1	The Committee was asked to note the report, provide feedback on the risks, and identify any areas where further work may be needed. The following was highlighted: • The risk scores do not change very often given these are significant strategic risks subject to external forces, but there is detailed work happening to get both to the root cause of the challenge and the mitigations.
	The Committee NOTED the risk register.
6.0	**ITEMS FOR INFORMATION**
6.1	**Minutes of Contract Decisions Meeting held on 14 December 2024**
	The Committee NOTED the paper.
7.0	**ANY OTHER BUSINESS**
7.1	No further business was discussed.
8.0	**DATE OF NEXT MEETING**
8.1	16 April 2024

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

On Agenda	
Needs Urgent Update	
In Progress	
Completed	

Meeting Date	Action Number	Minutes Reference	Action	Lead	Deadline	Update
20.02.24	1	4.2.3	**Primary Care Workforce Report -** To discuss primary care workforce when the detail of the LTWP and funding is cascaded. Expected later in 2024.	Sarah Morgan	**December 2024**	
19.12.23	2	2.1.3	**Barnet – Cornwall House Surgery – relocation to Torrington Park Health Centre -** To remind practices of the requirements around estates transactions.	Vanessa Piper	**April 2024**	**25.03.24 –** NCL practices will be written to reminding them not to purchase a new site without ICB assessment of its sustainability and strategic need. **Recommend to close the action.** **29.01.24 -** in progress.
19.12.23	3	6.2.3	**Deputation -** A paper on St Ann's Road Surgery to come back to the part 1 of the meeting either in February or April 2024.	Vanessa Piper	**May 2024**	**25.03.24 –** Due to Purdah, this decision will be referred to an extraordinary meeting being considered for May 2024. **29.01.24 –** Paper on St Ann's Road Surgery scheduled for April 2024.

17.10.23	2	2.4.3	**EQIA -** Primary Care Team and Quality Team to discuss and refine application of EIA and QIA processes to Primary Care contracting.	Vanessa Piper / Jenny Goodridge	**June 2024**	**22.11.23 –** QIA and EIA tools are used with findings relevant to individual cases included within the PCC papers. This is being discussed with the Quality team to ensure best practice and to ensure findings inform recommendations and actions. Recommend date amended for completion of the action is June 2024, as part of a wider review of ICB processes.
21.02.23	2	4.1.3	**PCC Risk Register -** To look into risk *PERF22: Failure to manage impact of increased building costs on General Practice estate.*	Nicola Theron / Sarah Rothenburg	**June 2024**	**08.03.24 –** A deep dive paper went to the part 2 meeting in February 2024. A paper appropriate for the part 1 public committee is being developed. Recommend date is amended from April to June. **21.11.23 -** Analysis of the estate is underway. The draft report is completed. This has been reviewed by EMT. It is being reviewed by the London Estates Team. Further work is required, and the report will be bought back to a future meeting.
13.12.22	2	2.5.2	**Barnet -** Request to issue a contract variation for change in core hours for Cricklewood APMS contract = **CLOSED** **Barnet –** Paper on Cricklewood's access to a PCN to come to a future meeting.	Vanessa Piper / Colette Wood	**February 2024**	**25.03.24 –** Paper on support package to facilitate allocation to PCN 6 was brought in February. A meeting was held with the Clinical Director of PCN6 and Cricklewood Practice representatives. The

						Allocation is progressing with facilitation from the ICB primary care team. **Recommend to close the action.**

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
16 April 2024

Report Title	Special Allocation Scheme – APMS contract expiry and performance review	**Date of report**	26 March 2024	**Agenda Item**	2.1
Lead Director / Manager	Vanessa Piper, Assistant Director for Primary Care Contracting	**Email / Tel**		Vanessa.piper@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Anthony Marks	**Email / Tel**		anthony.marks@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance	**Summary of Financial Implications** The contract would be uplifted from current value of £220,733 to £264,177 (£43,444 increase) per annum in line with global sum uplift and would increase annually in line with future global sum uplifts. A paper will come to Committee in due course with premises options. This would have further financial implications which would require separate approvals.			
Name of Authorising Estates Lead	Not applicable	**Summary of Estates Implications** Not applicable			
Report Summary	This paper presents the first full Strategic Review of the APMS contract for the Special Allocation Scheme (SAS) run by Medicus Health Select. It seeks a decision from Committee and recommends this contract is extended for a further five years. The Special Allocation Scheme (SAS) is a specialised primary care service in place to manage patients that have been de-registered from a practice list for displaying threatening or violent behaviour where a police reference number has been obtained. The practice list is not open to registrations, all NCL practices may refer patients to the service if appropriate via Primary Care Services England (PCSE). The purpose of the service is to provide primary medical services and health and care support. Ideally patients will transition back into mainstream primary care. In 2019, following a procurement process, NCL ICB commissioned one provider, Medicus Health Select to deliver the service for the five Boroughs (Camden, Islington, Haringey, Enfield and Barnet). The practice has 274 registered patients as at 1 January 2024. The services are provided under an Alternative Provider Medical Services (APMS) contract. This paper is being presented after the initial 5 year term of this APMS contract to request committee members to consider either an: 1. Extension of the contract				

	2. Procurement of a new contract The current contract commenced on 4 November 2019 with an initial 5-year term and provision to extend for a further 5 years. The contract is approaching its first review point as it expires on 3 November 2024. Due to the specialist nature of the service, the contract contains unique Key Performance Indicators (KPI) tailored to the aims of the service and the patient cohort. Patient on the list must be reviewed at least twice per year to ascertain their need to remain with the service. The review includes assessment of how the patient is working with the service, attendance at appointments, engagement and adherence with care offered and interactions with staff in the practice. To date the practice has achieved 'Band A' achievement for all KPIs. It has referred between 19 - 46 patients back to mainstream Primary Care in each contract year. Improvements are needed around the management of long term conditions and screening, vaccination and immunisation where this applies to the patient list. The practice has been inspected by the Care Quality Commission (CQC) twice (2021 and 2023) and rated *Outstanding* in the Well-Led domain and *Good* in all other domains (Safe, Effective, Caring and Responsive) and overall. There have been challenges securing premises for the practice to operate from and at present the practice sees patients 3 days per week from the Bingfield Primary Care Centre - a purpose-built health centre in Islington. Telephone consultations and administration functions are provided from Freezywater in Enfield Monday to Friday 0800 – 1830. There multiple additional sites being considered to support improved access to face to face appointments and a proposal will be brought back to Committee in due course. The ICB wrote to all patients in December 2023 seeking their views. The response rate was very low but are referred to in the paper. Commissioners have also referred to results from the National GP-Patient Survey. Overall, the patients that responded were satisfied with some room for improvement when it comes to access to same or next day appointment and complaints handling. The list size has increased since the service was first commissioned due to the number of referrals. Taking into consideration list size and inflationary uplift the new block price for 2024/25 would be ~£264k, revised each year in line with national guidance. The full Strategic Review, including feedback from patients, is presented in the main paper. The recommendation is to extend the APMS contract for the remainder of its term to 3 November 2029. This is on the basis that practice performance will continue to be monitored through the KPI quarterly and annual review process. Any deterioration in performance will be referred back to the PCC as appropriate.
Recommendation	The Committee members are asked to **APPROVE** the recommendation to extend the APMS contract for the remainder of its term to 3 November 2029.
Identified Risks and Risk Management Actions	Risk: Allowing the natural expiry of the contract risks lack of access to Primary Care for 274 patients who will not be able to register elsewhere. Mitigation: extension of the contract.
Conflicts of Interest	Not applicable.
Resource Implications	Global sum uplift applied resulting in a new annual value of ~£264k A paper will come to Committee in due course with premises options. This would have further financial implications which would require separate approvals.
Engagement	Patients and Stakeholder engagement was conducted, and the outcome has been appended to this report. Future engagement with this patient cohort may benefit from a longer and more tailored approach.
Equality Impact Analysis	No significant change is being proposed however equality and quality impact will be reviewed. This will be revised in full when estates proposals are shared.

Report History and Key Decisions	Not applicable.
Next Steps	If PCC members approve a further extension of the contract, the provider will be notified in writing and the APMS contract varied.
Appendices	Attached

Strategic review of SAS

Background

In 2019 NCL CCGs (now ICBs) agreed to commission a single Special Allocation Scheme (SAS) service under an APMS contract. Working in collaboration with other areas across London the contract was procured. It commenced on 4 November 2019. The successful bidder, Medicus Health Partners (MHP) commenced an APMS contract on a 5 years + 5 years basis.

Regulations allow for the immediate removal of a patient from a practice list following threatening behaviour and / or violence against practice staff or where a patient has behaved in such a way that any of those persons has feared for their safety. Violence does not need to be actual but may be perceived or threatened. Where a patient is removed under these circumstances the ICB is required to provide alternative access to primary care for these patients.

There are currently 274 patients on the SAS list (as at 1 January 2024). Medicus Select Care operates Monday to Friday 0800 – 1830 and offers telephone, online and face to face appointments at times throughout the week.

When an APMS contract is due to come to the end of a term or expire, a Strategic and Performance Review is undertaken to provide evidence for any decisions made. As part of the strategic and performance review commissioners have considered:

1. List size
2. Access and workforce
3. Current contract price to assess the continued viability of the contract.
4. Premises (i.e. operating from fit for purpose building and any strategic estates plans)
5. Feedback from patients (national survey/comments online and local survey for patients registered at the practices) and wider stakeholder feedback
6. Current practice performance including Key Performance Indicators (KPI)
7. Care Quality Commission (CQC) rating

Our assessment of each domain and feedback gathered for the current SAS contract is included below:

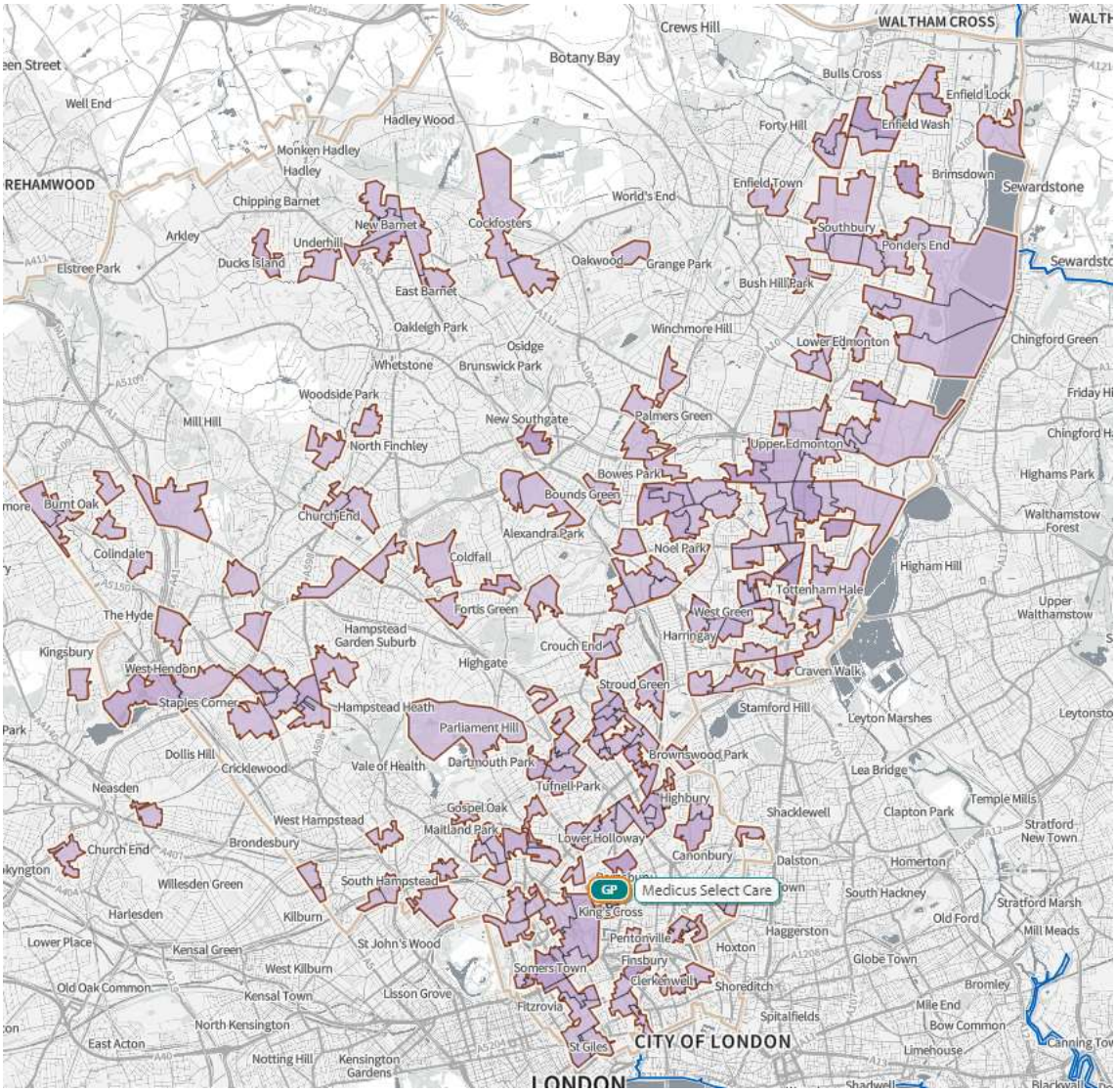
1. List sizes

All patients that are referred to the SAS remain on the service until they are reviewed and deemed ready to return to mainstream Primary Care. Primary Care Services England (PCSE) manage the referrals to the service. The list size for the service has grown during the life of the contract despite the provider referring patients back to mainstream Primary Care as appropriate:

Practice Quarterly List Sizes				
Raw	April (Q1)	July (Q2)	October (Q3)	January (Q4)
2020-21	151	165	179	166
2021-22	154	196	205	230
2022-23	240	177	184	190
2023-24	206	212	231	274
Weighted	April (Q1)	July (Q2)	October (Q3)	January (Q4)
2020-21	170.97	188.75	207.47	189.16

2021-22	151.04	202.47	213.49	239.48
2022-23	256.11	175.28	176.27	180.25
2023-24	197.35	204.39	229.10	287.88

Patients reside across NCL however there is a higher concentration in the South and East of NCL. The highest number of patients registered with SAS within one postcode area is 4 patients. Please see below map of where patients reside



When a patient is placed on the SAS they have a flag put on their clinical record which prevents another practice from accepting their registration until that flag is removed and they are referred off the scheme. Choice of local provider is removed until they exit the SAS although if they move to another ICS area, then the transfer can be made to local provider. NHS England deem that traveling up to 10 miles to access the SAS services is acceptable however distance from face to face care is often quoted as a concern by patients.

On referral to SAS all patients have a right of appeal within 28 days. Patients are invited to submit written representation to show why a referral was inappropriate. The referring practice is also asked to submit written representation.

The appeals are read by a panel consisting of a Clinician (chair), ICB Commissioner, Contracts lead and a lay representative. All members are confirmed to be non conflicted. The panel may uphold an appeal

(returning the patient to mainstream Primary Care), reject an appeal (meaning patients remain for the time being on the SAS), or request additional information in order to make a decision. Appeals are managed by the contracts team:

- 2018/19: 9 appeals initiated, 6 rejected, 3 abandoned[1]
- 2019/20: 12 appeals initiated, 6 rejected, 6 abandoned
- 2020/21: 7 appeals initiated, 4 rejected, 1 upheld, 2 abandoned
- 2021/22: 9 appeals initiated, 1 rejected, 1 upheld, 1 transferred to another ICB area, 6 abandoned
- 2022/23: 16 appeals initiated, 3 rejected, 5 upheld, 8 abandoned
- 2023/24: 4 appeals initiated, 1 rejected, 2 upheld, 1 pending

Medicus Select Care is contracted to help patients return to mainstream Primary Care. They report the number of patients discharged from the service (November – November each year) are:

- 2020/21 - 24
- 2021/22 - 46
- 2022/23 - 19
- 2023/24 – 10 (November – March)

The patients are discharged after a number of positive interactions with the service and a final clinical review.

2. Access and workforce

Using the list size of 274 (January 2024) BMA and National workforce guides show;

- GP appointments of 25 per week is above the guide (of 18 appointments)
- Nursing appointments of 2 per week is below the guide (of 9 appointments)

In addition the practice has stated they have Administration, Pharmacist reviews and a social prescriber.

Medicus Select care reports appointments are offered:

Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Triage available for urgents	Bingfield F2F & Telephone Consultations	Bingfield F2F & Telephone Consultations	Bingfield F2F & Telephone Consultations	Telephone Consultations

8 Nurse Sessions are scheduled for cervical smears, diabetic checks and where an appointment has been requested via the GP. A Social prescriber offers 28 appointments per month; these are used for welcome calls to new patients, support for patients being discharged and referrals from GP/Nurse when social support is required. The service has a dedicated Clinical Pharmacist.

- 52% of GP contacts are by telephone and 48% face to face
- Nursing appointments are 100% face to face

[1] Where appeals are abandoned this is due to lack of patient response

The provider reports they are also able to use e-consults.

3. Current Contract Price & financial considerations

The APMS contract was procured in 2019 on a block contract value (rather than price per patient) of £220,733 per annum. This included staffing, premises and other costs. The price has not been subject to uplift since. The provider has requested a review of costs to reflect changes to the Global Sum and costs rising for premises and staffing.

Premises wise, when the service was first commissioned it operated from the Margarete Centre in Camden. During the first term it moved to the Bingfield Centre in Islington. The practice has recruited security for this site as required and at a cost of approximately £36,000 per annum.

Staff wise, with an increase in required appointments and sessions the staffing time requirement has increased. The service is now required to provide at least 181 GP sessions per annum.

The budget has not been subject to annual increases so does not reflect wage increases. This should be considered in comparison to Global sum which has risen 16% since the start of the SAS service. Based on the increase in global sum from 2019 – 2024 the current annual price can be uplifted to £264,177.22 from November 2024. The uplift is calculated in accordance with global sum increase:

	19/20	24/25	Increase	£ increase
Global Sum	89.88	107.57	20%	Increase of £15.69 per patient
5 year block contract price	220,733.00	264,177.22	20%	£43,444

It is proposed that the annual figure is uplifted in line with future global sum increases to ensure the practice remains viable.

4. Premises

Medicus Select Care operates face to face appointments from Bingfield Primary Care Centre, 8 Bingfield Street, London, N1 0AL. Patients are seen face to face on Tuesdays to Thursdays. The practice also operates from 0800 – 1830 Monday to Friday from Freezywater in Enfield where telephone consultations and back-office functions are carried out.

The rooms at Bingfield Primary Care Centre are used on a sessional basis with the practice booking these in advance. The rooms are also used by the colocated practice Barnsbury Medical Practice. The practice ensures that security staff are present at Bingfield Primary Care Centre during the hours of face-to-face operation.

The ICB remains committed to establishing additional sites for face to face appointments. Sites are currently being explored but spaces will likely need to be converted to be compliant, therefore the ICB is currently working with the landlords on building plans and capital requirements. The estates team is looking at options to use Section 106 funding to refurbish and improve clinical space. Commissioners will bring estates options to Committee (aiming for June 24).

5. Feedback from patients

The practice is listed on the NHS website but currently has no patient reviews.

The latest National Patient Survey results were published in July 2023 and the response rate was 9% (20) of the patient list (212 July 2023). It is important to view the results of the national patient survey in

the light that none of the patients on the SAS are there by choice. Those patients who have engaged with the ICB through complaints or SAS appeals commonly state that the service is not for them as they do not accept they meet the patient cohort profile. All such patients are encouraged to engage with the service and where there are concerns these are highlighted to the SAS provider.

Over half (51%) of respondents describe their overall experience of this GP practice as good. This remains below the average for the ICS 69% and National 71% but has increased by 25% from the previous year.

The provider also gives limited amounts of repeat prescriptions, typically 2 weeks maximum, with a view to ensuring a greater number of contacts between patient and practice. This is intended to build relationships and foster positive interactions as part of a journey back to mainstream Primary Care. It may however be contrary to patients previous experience and choice, leading to lower satisfaction.

Patients were most satisfied with the following;

- Getting through to someone on the phone 65%
- Confidence in the healthcare professional seen 69%
- Given a time for an appointment 100%

Patients were least satisfied with the following;

- The practice appointment times 31%
- Being offered the choice of appointment wanted 32%
- The appointment they were offered 32%
- Their experience of making an appointment was good 31%
- The healthcare professional they saw or spoke to was good at listening to them 47%

Only half of patients felt the healthcare professional they saw or spoke to was good at giving them enough time during their last appointment (52%) and approximately two thirds felt the healthcare professional recognised or understood any mental health needs, involved them as much as they wanted to be involved in decisions about their care and treatment (64%)

In many cases patient feedback had improved from a year ago but is still a way off the experience reported from mainstream care. Below is a summary of the results of the national survey:

	July 2022	ICB Average	July 2023	ICB Average
No. of Surveys sent out		N/A	148	N/A
No. of Surveys sent back	23	N/A	20	N/A
Completion rate		N/A	14%	N/A
Survey question's themes				
Access to the Practice				
Overall experience in making an appointment	39%	70%	31%	53%
Ease to get through to the GP practice by phone	38%	55%	65%	52%
The receptionist at the GP practice being helpful	45%	78%	54%	78%

Satisfaction with the GP appointment times available	27%	55%	31%	54%
Being offered a choice of appointments when they last tried to make a GP appointment	49%	59%	32%	62%
Satisfaction with the appointment offered	47%	68%	32%	68%
Appointment Experience				
Overall experience with the practice	26%	70%	51%	69%
Health care professional was good at giving patients enough time	57%	81%	52%	81%
Health care professional was good at listening to patients	44%	83%	47%	83%
Health care professional was good at treating the patient with care and concern	38%	81%	51%	81%
Patients were involved in the decisions about their care and treatment	60%	88%	64%	88%
Confidence and trust in the healthcare professional saw and spoke to	60%	91%	69%	92%
Patients' needs were met	59%	89%	63%	89%

In addition to reviewing national data, commissioners wrote to all patients registered at Medicus Select Care to seek their views on the current provision of services. The survey was open between 1 January and 16 February 2024 and was conducted online with paper copies also available in the practice during appointments. The provider also encouraged patients to complete the survey when speaking to them. A full engagement report has been included as an appendix with this report. Only 4 patients returned responses. It is clear that the methods of engagement for this patient cohort will need revisiting to see what else can be done to encourage responses. Whilst limited conclusions can be drawn patients who responded to the local survey were most satisfied with:

- Getting through to someone on the phone 100%
- Booking an appointment online 75%
- Experience of reception staff 100%
- Practice opening times 100%
- Practice appointment times 100%
- Ease of getting a face to face appointment 100%
- Receiving an appointment within 2 weeks 75%
- Confidence in the healthcare professional seen 100%
- Overall Experience of the practice 100%

Patients were least satisfied with the following;

- Booking an emergency or same or next day appointment 25%
- Complaints handling by the practice remained unresolved 25%
- Ease of using the practice website 25%
- Process of returning to mainstream GP services 50%
- [Not] knowing how to request a review to return to mainstream GP service 100%

6. Current Practice Performance

Long Term Condition Management

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

The Clinical domain registers provide an indication of systemic coding and recall of patients by the practice, if there is evidence of register significantly below the averages, then practice are requested to review the effectiveness of their codding and systematic recall of patients.

The Personalised Care Adjustment rates (PCA) shows the percentage of patients that have been excluded from the denominator of the register. There is a risk that patients can be lost to follow up if not coded correctly and / or recalled in the practice after a PCA rate has been applied. If there is evidence of significantly high PCA rates, then a practice is requested to audit that the correct codes have been applied and to ensure the patients have been recalled.

The Prevalence disease registers provide an indication of systematic review of the disease registers and case finding for new disease by the practice. If there are prevalence rates that a significantly below the averages, then the practice is requested to regularly carry out a systematic review of the disease registers to identify new cases of disease and identify where health checks have not been carried out.

Practices end of year QOF achievement are published in October; therefore the 2022/23 figures were analysed. For 2023/24 the practices achievement will be available in October 2024.

The practice's QOF performance in 22/23 was 26%, and 37.39% in 21/22. Prior years data is not available. Achievement in clinical domains is below ICB and national averages in 9 out of 20 domains, however there are no patients who are in the cohort for a further 9 disease domains (this may be due to the demographics of the patient list). For example there are only 43 patients on the Mental Health register and only 2 patients on the Cancer disease register for this practice.

The practice's QOF performance may be low due to the compliance of the patient cohort. Further to this there is an absence of patients in the cohort for 9 out of 20 disease domains meaning that points cannot be achieved for these domains (these include Stroke, Osteoporosis, Non-diabetic hyperglycaemia, Learning Disabilities, Depression and Dementia)

Where there is measurable data, clinical prevalence rates are below NCL ICB averages in 8 out of 20 domains, however only one domain is greater than 2% below the expected prevalence.

Overall personalised Care Adjustment rates (PCA) have been below NCL ICB and England averages for the two years of available data. Where PCA are high for a particular indicator it is clear from the data that this is skewed by the small number of patients who qualify.

Screening, Vaccination and Immunisation

General 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 cancel their screening appointments. Practices are also required to support promotion of screening to encourage patients to continue to attend the screening invites.

Practices coverage (i.e. number of patients screening and immunised) is measured against the ICB average and National targets. Practice coverage can be affected by for example patient hesitancy and

failing to attend appointments. For the financial years 2020/21 and 2021/22 primary care was impacted by the Covid-19 pandemic, in terms of changes to the delivery of services and increased demand when Covid – 19 infection rates began to fall and demand for face for face appointments increased.

Cancer Screening

Cervical screening targets have been below national target for the past 3 years. (See table below)

Key Performance Indicators (KPIs)	National Targets	19/20	NCL ICB Average	20/21	NCL ICB Average	21/22	NCL ICB Average
Cervical Screening	80%	52.94%	63.90%	59.26%	67.00%	44.12%	61.80%

Breast and Bowel Screening, Flu and Pneumococcal are non-public data therefore could not be included in this report.

National Targets

The percentage Childhood Immunisations uptake is not monitored as the service is not commissioned for minors.

Flu immunisation rates for this practice are not available, this may be due to the small size of the practice cohort eligible for vaccination. The provider reports that all patients are contacted to ascertain their vaccine status where the information is not visible on their record. Staff and Social Prescribers support patients to get their vaccine.

Contract Key Performance Indicators (KPIs)

The APMS Contract has four KPIs agreed across London at the time of the procurement specific to SAS services. The KPI are tailored to the patient cohort. Risk assessments are designed to ensure that the service is aware and prepared for the particular challenges the patients' behaviours may present in terms of safety risk to themselves and to Healthcare Professionals.

Each year patients must be reviewed at least twice to ascertain their need to remain on the service or whether they can be referred back to mainstream Primary Care. The review includes assessment of how the patient is working with the service, attending appointments, taking medications, and positive interactions with any staff in the SAS.

KPI achievement are:

KPI	Band Thresholds	Value as % of contract value	Year 1	Year 2	Year 3	Year 4
2 clinical review assessments per year. (assessments are of the patient's eligibility for referral back to mainstream Primary Care)	Band A > 89% Band B 80% - 89% Band C < 80%	3% 1.5% 0%	92%	93%	93%	95%

Quality of clinical review assessments [2]	Band A Band B Band C	3% 1.5% 0%	100%	100%	100%	100%
Risk assessment undertaken on referral into the scheme within 10 working days.	Band A > 89% Band B 80% - 89% Band C < 80%	3% 1.5% 0%	100%	100%	100%	100%
% of patients, who have had 2 clinical reviews in year, who are discharged from the SAS	Band A > 15% Band B 5% - 14.9% Band C < 5%	1% 0.5% 0%	100% (actual patients 26)	100% (actual patients 24)	100% (actual patients 46)	100% (actual patients 19)

In the contractual returns the provider has demonstrated Band A achievement was reached in each KPI throughout the life of the contract. Whilst achieving against KPI there is scope for the provider to improve in other areas including

- National patient survey (in particular access focussed questions)
- Long term condition management
- Cervical screening

7. Care Quality Commission (CQC)

The CQC inspects practices under the Health and Social Care Regulations, which is a separate act to the Primary Care Contract regulations, of which the ICB monitors practices against.

The ICB regularly meets with the CQC to share intelligence regarding practice performance and the ICB is required to take contractual action for any practice that has been rated requires improvement or inadequate by the CQC.

The practice had a full inspection on 18 November 2021 with a report published on 15 December 2021. The latest review 6 July 2023 – showed no requirement to re-inspect. The overall rating was Good with good in all domains (Safe, Effective, Caring and Responsive) with the exception of Well-led where the practice was rated as Outstanding[3].

Recommendation

Committee members are asked to APPROVE the recommendation to extend the APMS contract for the remainder of its term to 3 November 2029.

[2] Band A covers aspects of patient behaviour, interactions, compliance with following medication regimes, risk to healthcare professionals and risk of re admittance to SAS

[3] https://www.cqc.org.uk/location/1-9806139403

NHS
North Central London
Integrated Care Board

APMS Medicus Select Care (Special Allocate Scheme)

Patient & Stakeholder Engagement Report

Primary Care Contracting Committee Meeting

North Central London ICB

NCL Primary Care Contract & Commissioning Team

26 February 2024

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 Medicus Select Care and what service improvements patients would like to see at the practice. The contract is at a review point 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 the contract had reached a review point and the ICB was seeking views from stakeholders of what was working well, and what improvements could be made in the future. Patients were asked to give their views on what they liked about the current services and also what could be improved at the practice. An online survey was launched on 01 January 2024 and ran until 16 February 2024 and paper surveys were available on request at the practice. The paper survey ran until the 16 February 2024. Commissioners collected 4 completed surveys. Letters were also sent to local stakeholders and interested parties including, • Patients (aged over 16); • Healthwatch; • Health and Wellbeing Board;

- Members of Parliament;
- Councillors who are lead members for health;
- Local Medical Committee;
- Health and Adult Social Care Overview Scrutiny Committee

Overall total responses and Questions asked

There was a total of 4 responses received to the survey which is 1% of the registered list (274 at January 2024);

The themes of the questions within the survey ranged from;

- Access to and satisfaction with appointments
- Experience of reception
- Access to the practice via the phone
- Ease of getting face to face appointments
- Experience of the Health care professionals seen
- Experience of sharing and receiving information
- Whether a complaint had been resolved

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
- 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.

Survey question 12, related to the last Healthcare Professional seen, and the highest staff group seen by a patient was;

- GP 50.00%
- Mental health professional 25.00%

Question number	Survey Question	Percentage of responses
2	Getting through to someone on the phone	100.00%
3	Booking an appointment	100.00%
4	Booking an appointment online	75.00%
5	Experience of reception staff	100.00%
6	Practice opening times	100.00%
7	Practice appointment times	100.00%
8	Ease of getting a face-to-face appointment	100.00%
9	Receiving an appointment within two weeks	75.00%
11	Waiting time for an appointment to take place	100.00%
13	Giving you enough time at your last appointment	100.00%
	Listening to you	100.00%
	Treating you with care and concern	100.00%
	Involving you in decisions about your care	100.00%
	Trust and confidence in the decision	100.00%
	Ensuring your needs were met	100.00%
14	Confidence in the healthcare professional seen	100.00%
15	Satisfaction with the last appointment offered	100.00%
20	Receiving communication by text or letter	75.00%
27	Overall experience of the practice	100.00%

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.

Question number	Survey Questions	Percentage of responses
10	Booking an emergency or same or next day appointment	25.00%
18	Complaints handling by the practice remained unresolved	25.00%
19	Ease of using the practice website	25.00%
24	Process of returning to mainstream GP services	50.00%
25	Requesting a review to return to mainstream GP services	100.00%

Summary of the results
Based on the small number of survey results patients have shown a higher level of satisfaction with the last Healthcare professional seen, having enough time for their appointment, the information that was provided and having confidence and trust in the decision taken by their healthcare professional. There was a high level of satisfaction with the practice opening times and around appointments in general. Overall patients were satisfied with their experience of the practice, but none of the patients who responded knew how to request a review to be referred back to mainstream Primary Care. There was a higher level of dissatisfaction with getting an urgent appointment or one within 2 weeks. Although communication was good by the practice via text and letters, patients were not satisfied with the complaints handling by the practice.

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 current providers of the practice in order that they can take into account patients 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.

Appendix 1

Themes arising from patients written comments		No. of Responses Highlighting this Point
Appointments and Access	N/A as only 4 returns and below comments are the only ones	
Patient Experience		
Reception		
Difficulty/ Delay with Treatment		
Experience with Staff		
Patient Satisfaction		
Staffing Levels		
Facilities		

Copy of some of the written patient comments received
"Not at all the best service ever had was is this surgery" "Yes I need to know how I will be discharged as well the service is superb don't want to leave but it's a temporary service I wish I would get the same gp service in other surgery"

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
16 April 2024

Report Title	PRJ1266 – NCL APMS Award Recommendation Report (Procurement outcome for three contracts)	**Date of report**	27 March 2024	**Agenda Item**	2.2
Lead Director / Manager	Sarah Mcilwaine – Director of Primary Care	**Email / Tel**		Sarah.mcilwaine@mhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Vanessa Piper - Assistant Director for Primary Care Contracting	**Email / Tel**		Vanessa.piper@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance	**Summary of Financial Implications** The current pricing for the three contracts is: • JS Medical practice (*currently in caretaking*): £116.91 + £60K per annum management fee equating to £121.55 pwp • Hanley Primary Care Centre: £124.83 pwp • Barnsbury Medical Centre (*currently in caretaking*): £111.85 + £60K per annum management fee equating to £124.17 pwp The contracts are being reprocured at £119.16 pwp for JS Medical Practice and Hanley Pirmary Care Centre and £121.21 pwp for Barnsbury Medical Centre. The additional £2.05 pwp patient for Barnsbury Medical centre represents the applicable Price Support Supplement payable because the list size is below 6,000. All three new contract prices represent a cost saving.		
Name of Authorising Estates Lead	Not applicable	**Summary of Estates Implications** Not applicable			
Report Summary	This report sets out the process and outcome of a procurement exercise to identify new providers to deliver services under an APMS contract for three practices: Lot 1 – Barnsbury Medical Practice (Islington) Lot 2 – Hanley Primary Care Centre (Islington)				

	Lot 3 – JS Medical Practice (Haringey) PCC has previously taken decisions to reprocure these. The clinical business case was signed off by NHS England in June 2023. In July 2023 stakeholder engagement commenced for a period of 6 weeks. Patients and stakeholders were engaged with to understand their experience of the service. This information was included in the tender documentation (Memorandum of Information) and bidders were required to tailor their responses to the patients' needs. Preparations were completed and the procurement process got underway in December 2023. The procurement process was designed to ensure that any bidders responding demonstrate insight into the needs of the local population, have a clear plan for addressing local health inequalities, have a strong focus on social value and demonstrate evidence of 'anchor' principles and embedding their organisation into the local community. The key areas included within the procurement documents (MOI, bidder questions and interview) were; - Social Value - People and Workforce - Population Health - Proactive Care and Health Checks - Signposting - Engaging residents and Local Communities - Clinical, Quality and Safety - Digital and Estates The APMS Key Performance Indicators (KPI) were revised to include Social Value KPIs (as below) to ensure the ICB can continue to monitor any new providers commitment to improving outcomes for the duration of the contract term. KPIs cover: - Tackling economic inequality - Fighting Climate Change - Equal Opportunities - Improving Health outcomes - Improving Community Integration There were a wide variety of bidders who responded to the procurement, local to NCL and external. In total there were 12 bidders, many of whom bid for more than one lot. The key stages of the procurement included; - Standard Selection Questionnaire - Invitation to tender - Interviews The oversight of the procurement process and all communication with the bidders was managed independently by the North East London Procurement Team. All bids were anonymised. There were 21 evaluators with a range of expertise. Each independently evaluated bidder responses to the questions. There were two people evaluating per question with moderation undertaken only with those evaluating that question. The oversight and collation of the notes and scoring was managed by the NEL Procurement team and scores are not held by the ICB during the procurement stages. The bidders invited to proceed to interview were required to respond to four interview questions. The interviews were managed by a Chair with three panel members who could score. PCC is required to review the steps taken and approve award of the contracts.

	Once a decision is taken by the PCC all bidders will be notified of the outcome and a 10-day standstill period will be observed. If for any reason a provider does not accept the contract, the reserve bidder will be contacted. After standstill is concluded (successfully) contract mobilisation and handover processes will commence for all three contracts. The three contracts expire on 30 June 2024. If there is any unforeseen delay mobilising the case(s) will be referred back to committee members to seek a short extension of the existing contracts.
Recommendation	The PCC is asked to **APPROVE** the award of the NCL APMS contract to the following bidders: - Lot 1 - Barnsbury Medical Practice (Islington) – Bidder C - Lot 2 - Hanley Primary Care Centre (Islington) – Bidder C - Lot 3 - JS Medical Practice (Haringey) – Bidder G **APPROVE** the recommendation that the following reserved bidders are advised of reserve bidder status: - Lot 1 - Barnsbury Medical Practice (Islington) – Bidder G - Lot 2 - Hanley Primary Care Centre (Islington) – Bidder G - Lot 3 - JS Medical Practice (Haringey) – Bidder A
Identified Risks and Risk Management Actions	**Invitation to Tender scores** To mitigate any risks, any scores given to the Preferred Bidder lower than a 3 (Good) will be sent to the Commissioner following the approval of this paper. Any associated concerns raised by evaluators will be listed as caveats in the provisional award letter sent to each provider. In order for a Bidder to proceed beyond the provisional award stage, all caveats must be sufficiently addressed prior to final contract signature. **Legal Challenge** There could be potential challenge from the unsuccessful bidders. Detailed rationale has been provided to support the scores given by evaluators and a thorough quality assurance process has taken place to ensure accuracy. Failure to award the contracts puts access and continuity of service for 27,966 patients at risk. Risk can be avoided by award of the contracts and mobilisation for 1 July 2024.
Conflicts of Interest	To safeguard against potential conflicts of interest all panel members signed conflict of interest declarations and non-disclosure agreements. Project members and Evaluators were carefully selected, informed of their role and the importance of the confidential nature of this procurement. One evaluator was removed from the process as a bidder referenced them in their bid response. Their scores were disregarded and they did not take part in the moderation or subsequent procurement process. In addition, as part of the bid response, all Bidders were required to submit conflict declarations. No material conflicts were declared. On the basis of the received declarations, the ICB and NHS London Commercial Hub are assured that the process has been conducted free of material conflicts.
Resource Implications	ICB resource to work with providers to handover and mobilise these contracts. NEL Hub support to transact the next steps.
Engagement	Patients and stakeholders were engaged with prior to the publication of the invitation to tender (ITT). Engagement was undertaken for a period of 6 weeks and reports were shared with bidders as part of the ITT pack. Bidders were required to tailor their responses to the feedback received from patients.
Equality Impact Analysis	This was undertaken when the decision to procure was made.

Report History and Key Decisions	The decisions to procure the three contracts were taken in the Primary Care Committee in December 2019 (Barnsbury), October 2022 (Hanley Primary Care Centre) and January 2023 JS Medical Practice.
Next Steps	Inform the bidders of the outcome. Observe 10-day standstill period after Commence the contract mobilisation as applicable.
Appendices	Not applicable

Summary

Contract Title:	**NCL APMS** Lot 1 - Barnsbury Medical Practice (Islington) Lot 2 - Hanley Primary Care Centre (Islington) Lot 3 - JS Medical Practice (Haringey)
Commissioner/Contracting Authority:	NHS North Central London ICB
Project Lead:	Vanessa Piper, Assistant Director of Primary Care, Contract and Commissioning, NCL ICB
Contract Reference:	PRJ-1266
Contract Duration:	5 years, with an option to extend by a further 5 years, followed by an option to extend for a further 5 years (maximum 15 years)
Contract Start Date:	01/07/2024
Contract End Date:	30/06/2039 (if extended to maximum period)
Date Report Produced:	25/03/2024
Report Author/s:	Vanessa Piper, Assistant Director of Primary Care, Contract and Commissioning, NCL ICB Khadijah Yasmin, Deputy Head of Procurement, NHS London Commercial Hub, Hosted by NEL ICB
Date Invitation to Tender Issued:	13/12/2023
Date Invitation to Tender Returned:	02/02/2024
Number of Bids Returned:	Lot 1 - Barnsbury Medical Practice (Islington) – 8 bids Lot 2 - Hanley Primary Care Centre (Islington) – 10 bids Lot 3 - JS Medical Practice (Haringey) – 7 bids
Preferred Bidder:	Lot 1 - Barnsbury Medical Practice (Islington) – Bidder C Lot 2 - Hanley Primary Care Centre (Islington) – Bidder C Lot 3 - JS Medical Practice (Haringey) – Bidder G
Projected Contract Value:	Lot 1 Barnsbury Medical Practice (BMP) – Islington - The estimated contract value is Lot 1: £563,614 annually or £8,454.208 over 15 years.

	- The Primary Medical Services to be delivered to a registered list of 4512 patients (weighted list 4835.22) on 1 July 2023 Lot 2 Hanley Primary Care Centre (HPCC) – Islington - The estimated contract value is Lot 2: £1,227,794 annually or £18,416,923 over 15 years. - The Primary Medical Services to be delivered to a registered list of 10769 patients (weighted list 10515.31) on 1 July 2023 Lot 3: JS Medical Practice (JSM) – Haringey - The estimated contract value is Lot 3: £1,509,849.42 annually or £22,647,741 over 15 years. - The Primary Medical Services to be delivered to a registered list of 12961 patients (weighted list 12936.3) on 1 July 2023
Contract Award Value:	Lot 1 Barnsbury Medical Practice (BMP) – Islington - The estimated contract value is Lot 1: £600,389 annually or £9,005,389 over 15 years. - The Primary Medical Services to be delivered to a registered list of 4512 patients (weighted list 4835.22) on 1 July 2023 Lot 2 Hanley Primary Care Centre (HPCC) – Islington - The estimated contract value is Lot 2: £1,253,004 annually or £18,795,065 over 15 years. - The Primary Medical Services to be delivered to a registered list of 10769 patients (weighted list 10515.31) on 1 July 2023 Lot 3: JS Medical Practice (JSM) – Haringey - The estimated contract value is Lot 3: £1,541,490 annually or £23,122,343 over 15 years. - The Primary Medical Services to be delivered to a registered list of 12961 patients (weighted list 12936.3) on 1 July 2023
Projected Contract Savings:	All three new contract prices represent a cost saving: Barnsbury Medical Centre (in caretaking): current price £111.85 + £60K pa management fee equating to £124.17 pwp. Procured on new value of £119.16 pwp plus an additional Price support Supplement of £2.05 pwp (decreasing as the list grows to 6,000 patients) so a saving of £2.96 pwp.

	Based on projected saving this represents £78,143.85 over 5 years. Hanley Primary Care Centre: £124.83 pwp current price becomes £119.16 pwp, a saving of £5.67 pwp, Based on projected saving this represents £284,113.49 over 5 years. JS Medical practice (in caretaking): £116.91 + £60K per annum management fee equating to £121.55 pwp becomes £119.16 pwp, a saving of £2.39 pwp. Based on projected saving this represents £150,950.60 over 5 years. Total project savings are estimated at £513,207.94

1. SUMMARY REPORT

1.1 Background

This paper is being presented to request committee members to approve the contract award, to the successful bidders for three APMS contracts following a recent competitive procurement exercise. The paper provides committee members with assurance around the process followed to conduct the procurement and arrive at preferred bidders.

Committee members should note that following the decision taken to award the contract, the ICB is required to enter a 10-day standstill period which will allow the bidders to raise any challenges on the outcome of the procurement, followed by a 10-week mobilisation stage. For the three practices all contracts expire on 30 June 2024, therefore the final stages of the procurement will need to be managed within this timeline.

Any slippage on the final two stages of the procurement beyond this timeline may require an extension of the current APMS contracts, therefore would be referred back to committee members to seek approval to ensure continuation of services for patients.

The practices the procurements relate to are;

Lot 1 - Barnsbury Medical Practice

The practice has been in caretaking from January 2021(following resolution of legal challenge), following termination of the GMS contract. The contract had not been procured sooner due to the Covid Pandemic and pressures on primary care providers during this time. The case to procure was also referred back to committee members on two occasions in regard to the continued strategic need to procure a new contract, due to the low list size and ensuring it would be financially viable to the new provider. The list size for the practice is 4955 (January 2024) and the practice operates from Bingfield Health Centre, which includes community services in the building.

Lot 2 - Hanley Primary Care Centre

The APMS contract is currently held by AT Medics, who has held the contract and delivered services from since August 2016. In October 2022 the PCC members considered the performance and strategic position of the practice in line with the contract expiry, and decided a new contract should be procured.

Lot 3 - JS Medical Practice

The practice has been in caretaking from since 1 April 2023, following the resignation of 2 partners. The list size for the practice is 12704 (January 2024) and the practice operate over three sites.

Following approval of the clinical business case by NHS England in June 2023, stakeholder engagement commenced in July for a period of 6 weeks. To engage with the market to ascertain whether there would be interest in the three lots the ICB procured an online market engagement exercise during September and October 2023.

1.2 Setting procurement criteria

Procurement documentation was refreshed in advance of launch. This strengthened alignment to the NCL Population Health Strategy. With this process we have aimed to ensure bidders responding to the tender demonstrate they can meet the health and social care needs of the local population, evidence a

strong focus on retention and workforce and build networks with local partners to deliver an integrated approach to patient care.

The ICB also sought to ensure the process required any bidder responding to:

- Demonstrate insight into the local needs of the population
- Demonstrate ability to address health inequalities,
- Had a strong focus on social value
- Demonstrated evidence of embedding their organisation into the local community.

The key areas embedded within the procurement documents (Invitation to tender, bidder written responses and interview questions) were:

- Social Value – Tackling economic inequality in the workforce, fighting climate change, ensuring green initiatives are implemented and tackling health inequalities for the practice population.

- People and Workforce – Ensuring the right skill mix of clinical and non-clinical staff are employed for the registered list, with a strong focus on training and continuous engagement of staff on working conditions and employment terms, for staff retention.

- Population Health- Track record of improving access and the uptake of cancer screening, vaccination and immunisation, including evidence of implementing proactive care for long term condition management.

- Proactive Care and Health Checks – Evidencing the organisations approach and achievements in delivering proactive care for patients with Long Term Conditions and ensuring health checks are carried out on at risk group.

- Signposting – Track record of ensuring that patients are signposted to the appropriate service for their needs.

- Engaging residents and Local Communities – Demonstrating meaningful engagement with patients, Patient Participation Groups and local Community groups on service change and improvement, specifically on access, outcome and experience.

- Clinical, Quality and Safety – Evidence of the organisation capabilities to provide leadership and education for safe prescribing. Clear leadership structure and management model. Management of safeguarding, incidents and complaints. Supporting carers with their health and social care needs. How they will safely mobilise the contract within the first 100 days.

- Digital and Estates – Supporting staff and patients to understand the implementation of digital technology in general practice and steps taken to communicate these changes. Track record of how the providers operating model responds to digital exclusion and ensuring patients are not disadvantaged. Evidence of how the provider has maintained and invested in practice estate in line with NHS Premises Standards.

1.3 Revision of APMS Key Performance Indicators

The contract Key Performance Indicators have been revised to include the following:

- Tackling economic inequality – recruitment and retention of staff, including participation in any apprenticeships or local community schemes that aim to attract the local people in

work. Staffing contractual terms in relation to the London Living Wage, training and supervision. Staff experience on their working environment, opportunities and well- being.

- Fighting Climate change – initiatives implemented in the practice or across the Primary Care Network (PCN) to reduce greenhouse gas omissions.

- Equal Opportunities – Monitoring disabilities across the workforce and patients, and ensuring systems and process are implemented to support the needs of individuals identified as disabled. Continued initiatives implemented to reduce the barriers of access to care, patients digitally excluded and from health inclusion groups, such as asylum seekers, migrants or experiencing homelessness.

- Improving Health Outcomes – Screening and Immunisations, delivering against the ICB Long Term Condition (LTC) Locally Commissioned Service (LCS) and the Quality and Outcomes Framework (QOF).

- Improving Community Integration – Working with local organisations / agencies and Voluntary Community Sections (VCS) to address the Health and Social Care needs of the registered list, to improve access and outcomes.

These new Social Value KPIs will be monitored alongside the standard KPIs which cover:

- Screening
- Immunisations
- Workforce (GP and Nursing)
- Access (appointments)
- Patient views
- Patient Participation Group

Following contract award, the providers will be monitored against their responses during the procurement.

1.4 Process informed by patient and stakeholder engagement

Prior to launch of the *Invitation to Tender,* patients and stakeholders were engaged to seek their views on the service required. Responses were shared with the bidders in the *Memorandum of Information*, alongside demographics for the patient and resident population, to enable the bidders to tailor their response to the patient needs.

The key areas of interest from patients are covered in subsequent sections and the full report has been appended to this paper.

The ICB primary care team, will continue to monitor patient satisfaction via KPIs, the National GP-Patient Survey, Complaints and local ICB survey and other insight and engagement shared. There will be a deep dive into this when the contracts come up to their first review date.

2. PROCUREMENT PROCESS

2.1 Following approval by North Central London (NCL) Integrated Care Board (ICB) and the NHSE Commercial Executive Group, an Open Procedure Tender was advertised on Find a Tender / Contracts Finder on 13/12/2023.

An ITT was issued via Pro-Contract (procontract.due-north.com) on 13/12/2024. This procurement process was carried out via the Pro-Contract system. The deadline for expressions of interest and tender submission was at 12:00 (Noon) on 02/02/2024.

2.2 Table 1 outlines the procurement process timetable:

Description	Date
Business Case approved by the Commercial Executive Group	07/06/2023
Market Engagement (MS Forms Questionnaire)	26/09/2023 – 10/10/2023
Advert published on Finder a Tender & Contracts Finder Notices	13/12/2024
Invitation to Tender Issued	13/12/2024
Bid Submission Deadline	02/02/2024
ITT Evaluation	06/02/2024 – 21/02/2024
ITT Moderation	26/02/2024 – 13/03/2024
ITT Presentation & Interview	21/03/2024 – 22/03/2024
Contract Award Recommendation – Primary Care Committee Meeting and NHS England Approval	16/04/2024
Inform Bidders of outcome and observe standstill period	18/04/2024 – 29/04/2024
Confirmation of Contract Award to Successful bidder	18/04/2024 – 29/04/2024
Contract Award	30/04/2024
Mobilisation	01/05/2024 – 30/06/2024
Contract Commencement	01/07/2024

2.3 Lot Governance

This Procurement consists of three lots:

- Lot 1 - Barnsbury Medical Practice
- Lot 2 - Hanley Primary Care Centre
- Lot 3 - JS Medical Practice

There is no cap on the number of lots a bidder can be awarded. The highest scoring bidder will be awarded the contract for each lot.

3 BID SUBMISSION

3.1 48 organisations expressed an interest in delivering this service and the following 12 organisations submitted a bid by the deadline of 02/02/2024

1.

Important: Please note the numbers/letters allocated to the bidder are at random this is to keep the bidder's names anonymised during the procurement process and marking of bids.

4 EVALUATION

Responses were downloaded and checked for compliance before being made available to the evaluation panel via the Portal for evaluation.

Bidders were required to demonstrate in detail how they would deliver the service as described in the service specification through their responses to a number of questions. In considering and scoring these responses, the panel assessed the capability, capacity and quality of each bidder's proposals.

The ITT consisted of five questionnaires and a Presentation stage:

1. 01 – Selection Questionnaire (SQ)
2. 02 – Generic Questionnaire
3. 03 – Lot 1 – ITT Lot Specific Questionnaire
4. 04 – Lot 2 – ITT Lot Specific Questionnaire
5. 05 - Lot 3 - ITT Lot Specific Questionnaire
6. Presentation/Interview Stage

The ITT questions were assigned to individual evaluators for scoring independently and in line with the distribution of questions agreed.

The Selection Questionnaire was based on the standard Cabinet Office document. Evaluation of the Selection Questionnaire was undertaken by Procurement, Finance lead, Commissioners, Clinician as well as some being automatic Pass/Fail.

All Evaluators received evaluation training before the evaluation period commenced. The training session included information on procurement governance, ethics, confidentiality and conflict of interests and a demonstration of how to navigate through the tendering portal. All Evaluators were provided with an "Evaluation Guidance document" and relevant procurement documents to aid in their evaluation. All evaluators attended the training sessions, with the exception of one evaluator who had recently undertook evaluator training for a previous procurement, please note the Procurement Senior Responsible Officer for this procurement has a separate MS Teams call to go through the details and requirements of this procurement.

4.1 Evaluation Criteria

QUESTIONNAIRE	SCORING TYPE	WEIGHTING
Selection Questionnaire	PASS/FAIL	0.00%

Generic Questionnaire	SCORED	42.50%
Lot 1 NCL - ITT Lot-Specific Questionnaire	SCORED / PASS FAIL	45.50%
Lot 2 NCL - ITT Lot-Specific Questionnaire	SCORED / PASS FAIL	45.50%
Lot 3 NCL - ITT Lot-Specific Questionnaire	SCORED / PASS FAIL	45.50%
Presentation/Interview Stage	SCORED	12.00%

Generic Questionnaire

Number	Title	Weight	Scoring Type	Question Type
1.1	**Tackling economic inequality**	6.00	Scored	Text
2.1	**Fighting climate change**	2.50	Scored	Text
3.1	**Engagement with staff**	2.00	Scored	Text
4.1	**Engaging with patients**	6.00	Scored	Text
5.1	**Prescribing Leadership & Education**	3.50	Scored	Text
6.1	**Safeguarding**	3.00	Scored	Text
7.1	**Incidents**	2.50	Scored	Text
8.1	**Support for carers**	3.50	Scored	Text
9.1	**Complaints**	2.00	Scored	Text
10.1	**Digital exclusion**	4.00	Scored	Text
11.1	**Digital technology**	4.00	Scored	Text
12.1	**Estate**	3.50	Scored	Text

Lot Specific Questionnaire

Number	Title	Weight	Scoring Type	Question Type
1.1	**Social Value - Health Inequalities**	7.00	Scored	Text
2.1	**People and Workforce - Workforce model**	7.00	Scored	Text
3.1	**Population Health - Prevention**	6.00	Scored	Text
4.1	**Population Health - Proactive Care & LTC management**	6.00	Scored	Text
5.1	**Population Health - Access**	7.00	Scored	Text
6.1	**Engagement with local communities**	5.50	Scored	Text
7.1	**Clinical, Quality and Safety - Mobilisation of the new contract**	3.50	Scored	Text
8.1	**Leadership structure**	3.50	Scored	Attachment
9.1	**Financial model template (FMT)**	0.00	Pass/Fail	Attachment
9.2	**FMT Narrative (Financial model template)**	0.00	Pass/Fail	Text

Detailed scoring methodology and weighting criteria were published within the ITT documentation in accordance with procurement regulations.

The evaluation was conducted in line with the published weightings and the agreed 0-4 scoring/pass fail criteria and definitions.

Grade Label	Score	Definition
Non-compliant	0	Response addresses some parts or no part of the question. Response fails to provide the evaluator with confidence that the service will be provided to an acceptable standard. Does not demonstrate how any of the relevant requirements of the service will be met.
Major concern(s)	1	Response addresses all or most parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. Fails to demonstrate how most of the relevant requirements of the service will be met.
Minor concern(s)	2	Response addresses all or most parts of the question but does not provide the evaluator with confidence that the service will be provided to an acceptable standard. Demonstrates how all or most of the relevant requirements of the service will be met, however, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services.
Good	3	Clear and relevant response that addresses all of the question and provides the evaluator with confidence that the service will be provided to a good standard. Demonstrates how all or most of the relevant requirements of the service will be met, however, the information may lack relevant detail in some areas but this does not cause the evaluator concern over the future delivery of services.
Excellent	4	Clear, relevant and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. Demonstrates in detail how all of the relevant requirements of the service

		will be met with a high standard of evidence to support.

4.2 Evaluation Process

The sections were scored by panel members. The process was as follows:

- Bid response / documentation was made available via Pro-Contract and email.
- Responses to each question were evaluated independently by the respective panel members with scores and rationale for their score recorded on an individual scorecard.
- The individual evaluator applied a marking score between 0-4 depending on the material and information provided along with comments.
- After each individual panel member completed their scorecard, Procurement prepared a summary score sheet.
  Moderation meetings was carried out to discuss the differences in scores between evaluators.

Financial Evaluation

The financial evaluation was based on:

- Bidders' response to a financial model template (FMT) (Pass/Fail criteria) and a supportive narrative (Pass/Fail).
- Financial standing of the bidding entities evaluated based on the financial statements provided by the bidders in the SQ.

FMT Evaluation Criteria

Bidders were allocated a Pass or Fail following the assessment of their response to the FMT using the following scoring model:

PASS: Based on the evidence contained in the Bidder's response to the FMT, the Authority is satisfied that the Bidder is able to deliver the Services as described elsewhere in its Bid, including as to quality and levels of service, on a sustainable financial basis over the term of the Contract.
In assessing this question, the Authority will consider whether:
- the costed level of resources in the FMT are equal to those proposed elsewhere in the Bid and/or required to enable the Services to be provided as described elsewhere in the Bid;
- the costs submitted in the FMT represent or reflect reasonable cost allocations associated with delivery of the Services as described elsewhere in the Bid;
- the projected service costs in the FMT do not exceed the projected total income in the FMT over the period of the Contract;
- the projected service costs in the FMT reflect a reasonable level of margin/profit so as to offer mitigation of the risk of loss in any one year of the contract; or, where margin/profit levels are very low, the Bidder has provided suitable explanation of how the risk of losses will be mitigated and financial sustainability of the contract will be assured so as to provide confidence to the Evaluator that the contract is financially sustainable
- where the FMT indicates any risks around extended periods of negative cash flow (against the expected income levels for the Services in question), the Bidder has appropriate mitigations to assure the Authority that it could manage these periods through to positive cash flow via the use of available reserves, credit facilities, and/or funding via a parent company or partner organisation.
The Authority also reserves the right to verify any information contained in the response to the FMT against the Bidder's response to other questions.

FAIL: Any submission, which is not a "Pass", will be a "Fail".
Furthermore, the FMT will fail in the following circumstances:
- The FMT has not been completed according to the instructions provided;
- There are omissions from the costs section of the FMT which impact on the projected NET profit or loss;
- The FMT demonstrates a loss over the period of the Contract, or a significant risk of loss without sound explanations/plans to mitigate the loss/risk of loss;
- The revenue and cost projection is deemed not to be financially viable;
- There are errors in the figures provided within the costs section of the FMT which impact on the projected NET profit or loss;
- There are no or insufficient explanations on the methodology and key assumptions used to calculate revenue and cost projections;
- The Bidder has not given detailed cost estimates for mobilisation and sufficiently explained how it intends to cover the cost of mobilisation where cash resources appear to be insufficient.

4.3 Evaluation Panel

An evaluation panel was established prior to receipt of the bid responses. Evaluation of the bid submission were undertaken independently by each member of the panel. NCL ICB received procurement advice and support from NHS London Commercial Hub (LCH) procurement team throughout the process.

Members of the evaluation panel were:

1. Dr Dominic Roberts, Clinical Director, Independent GP, Caldicott Guardian, Medicines Safety Officer, Freedom to Speak up Guardian, NCL ICB
2. Dr Praim Singh, Clinical lead, London Borough of Enfield
3. Dr Nick Dattani, Borough Clinical Director (Barnet) ICB, GPPA Board Member (Barnet)
4. Mark Agathangelou, Community Participant, NCL ICB
5. Vanessa Piper, Assistant Director of Primary Care Contracting, NCL ICB
6. Anthony Marks, Assistant Head of Primary Care Contracting, NCL ICB
7. Su Nayee, Assistant Head of Primary Care Contracting, NCL ICB
8. Carol Kumar, Deputy Director of Primary Care Transformation, NCL ICB
9. Philip Wrigley, Head of Primary Care Development, Islington, NCL ICB
10. Simon Harwood, Strategic Estates Advisor – Camden
11. Mike Stone, Strategic Estates Advisor – Islington
12. Rachel Lissauer, Director of Integration Haringey
13. Adam Backhouse, Quality Improvement Programme Manager, NCL ICB
14. Rebecca Kingsnorth, Assistant Director of Primary Care Programmes and Transformation, NCL ICB
15. Caroline Gillet, Head of Primary Care, Haringey, NCL ICB
16. Abdi Haji, Senior Finance Manager, NCL ICB
17. Honorine Focho, Senior Primary Care Commissioning Manager, NCL ICB
18. Saro D'Souza, Senior Primary Care Commissioning Manager, NCL ICB
19. Khadijah Yasmin, Deputy Head of Procurement, NHS London Commercial Hub, hosted by NEL ICB – Selection Questionnaire evaluation only
20. Bilan Sharif, Procurement Support Office, NHS London Commercial Hub, hosted by NEL ICB – Selection Questionnaire evaluation only

The financial assessment was undertaken by Abdi Haji, Senior Finance Manager from the NCL ICB.

4.4 Moderation

Following the completion of evaluation, the scores and commentary provided by the evaluators was moderated. Moderation meetings was held virtually and was facilitated by a representative from the NHS London Commercial Hub. The role of the Procurement representative for each question, was to review the

scoring of all evaluators for that question and to facilitate discussions between the evaluators for that question, with the aim of moderating and reaching a consensus on scoring. This provided evaluators with opportunity to fully discuss the rationale behind individual differences in scores and commentary. The Moderator then recorded the consensus score and comment for that question for all the bidders. The same approach was used for all the questions.

Upon completion of the ITT moderation, the consensus scores and commentary were held by the Procurement Team for use in the scoring calculations to determine those Bidders shortlisted to the Presentation stage of the tender. Bidders would only be invited to the Presentation stage if they had a mathematical chance of winning the tender at this stage (i.e. were within 12.00% of the top-scoring Bidder prior to presentations) and did not fail any of the Pass/Fail questions.

4.5 Presentation/Interview

Within the published evaluation methodology and weighting criteria, 12.00% was assigned to a presentation stage, which was held immediately following the ITT evaluation and moderation period.

Based on the scoring, four out of the twelve Bidders who responded to the ITT were invited to the Presentation/Interview stage for the following lots:

LOT	Bidder D	Bidder C	Bidder G	Bidder A
Lot 1	✖	✓	✓	✖
Lot 2	✓	✓	✓	✖
Lot 3	✓	✖	✓	✓

Please note, if a bidder was bidding for more than one lot, they received the same score across all lots for the presentation/interview stage.

The remaining Bidders were notified via the portal on 18/03/2024 that they had not been invited to the next stage and that they would receive feedback on their bid submission in Mid-April 2024 at the start of the procurement standstill period.

The Procurement Team completed a quality assurance process on the scoring for accuracy prior to the invite being issued.

The remaining Bidders were notified via the portal on 19/03/24 that they had not been invited to the next stage and that they would receive feedback on their bid submission in mid-April 2024 at the start of the procurement standstill period.

The Procurement Team completed a quality assurance process on the scoring for accuracy prior to invites being issued.

The Presentations were held on 21/03/2024 and 22/03/2024. The time allocated to bidders was 20 minutes for the presentation (followed by a period of time for any clarification questions). Each of the evaluators scored the Bidder's presentation. The evaluators then moderated their scores to arrive at a final set of scores and moderated comments for each Bidder, based upon the presentation content.

The Presentation/Interview stage comprised of the following:

Title	Pre-set questions	Weighting
Proactive Care	Set out your organisations approach to ensuring proactive care for patients with long term conditions and provide examples of any demonstratable achievements. Include MH. Include data	3.00%
Relationship management	Describe how you maintain constructive and respectful relationships with patients including complex, difficult or demanding patients, and with other service partners	3.00%
Health checks	Provide examples of the approaches your organisation has taken to ensure health checks are carried out for at risk groups of a population and registered list	3.00%
Signposting	How will you ensure patients are signposted to the appropriate services for their needs	3.00%

The Presentation Stage was evaluated on the evaluation criteria published in the ITT using a 0-4 scale.

The presentation was marked individually and moderated. The session was facilitated by the Procurement Lead who took no part in the scoring. The Evaluation Manager (Procurement Lead) subsequently consolidated these scores into the scorecard in order to arrive at the final scores. These were then discussed with panel members.

Following a review of the final overall scores, the panel agreed that the contract for the NCL APMS procurement should be awarded to the following bidders:

Lot 1 - Barnsbury Medical Practice (Islington) - Bidder C
Lot 2 - Hanley Primary Care Centre (Islington) - Bidder C
Lot 3 - JS Medical Practice (Haringey) - Bidder G
The Presentation/Interview Panel were:

Panel member	Job Role and Organisation	Status
Vanessa Piper	Assistant Director of Primary Care, NHS North Central London ICB	Chair (Non-Scoring member)
Anthony Marks	Assistant Head of Primary Care, NHS North Central London ICB	Evaluator (Scoring member)
Dr Dominic Roberts	Clinical Director, Independent GP, NHS North Central London ICB	Evaluator (Scoring member)

Phil Wrigley	Head of Primary Care Development – Islington, Development and Population Health Directorate, NHS North Central London ICB	Evaluator (Scoring member)
Mark Agathangelou	Community Participant	Evaluator (Scoring member)
Khadijah Yasmin	Deputy Head of Procurement, NHS London Commercial Hub, Hosted by North East London ICB	Procurement Senior Responsible Officer (Non-Scoring Member)

5 ITT RESULTS AND RECOMMENDATIONS

Following the full evaluation process, a single consolidated score was established for each Bidder. The Preferred Bidder is the Bidder that offers the most economically advantageous tender (MEAT), i.e. achieves the highest combined score.

5.1 Results – Lot 1 - Barnsbury Medical Practice (Islington)

Questionnaire	Max Weighting	Bidder D	Bidder J	Bidder K	Bidder E	Bidder F	Bidder C	Bidder L	Bidder G
Selection Questionnaire	**Pass/Fail**	Pass	Pass	Fail	Pass	Fail	Pass	Pass	Pass
Generic Questionnaire	**42.50**	33.75	24.00	20.50	13.00	11.50	36.25	20.00	38.00
Lot 1 - ITT Lot Specific Questionnaire	**45.50**	38.00	21.50	29.13	24.88	11.63	42.00	20.13	40.25
Financial Model Template	**Pass/Fail**	Pass	Pass	Pass	Fail	Fail	Pass	Pass	Pass
Presentation/ Interview	**12.00**	9.750	Did not meet the threshold to attend	Did not meet the threshold to attend	Did not meet the threshold to attend	Did not meet the threshold to attend	11.250	Did not meet the threshold to attend	9.750
Total Score	**100.00**	**81.50**	**45.50**	**49.63**	**37.88**	**23.13**	**89.50**	**40.13**	**88.00**
Ranking		3.00	5.00	4.00	7.00	8.00	1.00	6.00	2.00

5.2 Results – Lot 2 - Hanley Primary Care Centre (Islington)

Questionnaire	Max Weighting	Bidder D	Bidder J	Bidder K	Bidder F	Bidder C	Bidder L	Bidder G	Bidder I	Bidder B.	Bidder H
Selection Questionnaire	**Pass/Fail**	Pass	Pass	Fail	Fail	Pass	Pass	Pass	Pass	Pass	Pass
Generic Questionnaire	**42.50**	33.75	24.00	20.50	11.50	36.25	20.00	38.00	29.00	25.88	31.63

Lot 2 - ITT Lot Specific Questionnaire	**45.50**	37.13	21.50	29.13	0.00	42.00	21.88	39.38	28.88	31.75	33.75
Financial Model Template	**Pass/Fail**	Pass	Pass	Pass	Fail	Pass	Pass	Pass	Pass	Pass	Pass
Presentation/ Interview	**12.00**	9.75	Did not meet the threshold to attend	Did not meet the threshold to attend	Did not meet the threshold to attend	11.25	Did not meet the threshold to attend	9.75	Did not meet the threshold to attend	Did not meet the threshold to attend	Did not meet the threshold to attend
Total Score	**100.00**	**80.63**	**45.50**	**49.63**	**11.50**	**89.50**	**41.88**	**87.13**	**57.88**	**57.63**	**65.38**
Ranking		3.00	8.00	7.00	10.00	1.00	9.00	2.00	5.00	6.00	4.00

5.3 Results – Lot 3 - JS Medical Practice (Haringey)

Questionnaire	Max Weighting	Bidder D	Bidder J	Bidder K	Bidder F	Bidder L	Bidder G	Bidder A
Selection Questionnaire	**Pass/Fail**	Pass	Pass	Fail	Fail	Pass	Pass	Pass
Generic Questionnaire	**42.50**	33.75	24.00	20.50	11.50	20.00	38.00	32.75
Lot 3 - ITT Lot Specific Questionnaire	**45.50**	36.25	21.50	28.25	0.00	21.88	40.25	39.63
Financial Model Template	**Pass/Fail**	Pass	Pass	Pass	Fail	Pass	Pass	Pass
Presentation/ Interview	**12.00**	9.75	Did not meet the threshold to attend	Did not meet the threshold to attend	Did not meet the threshold to attend	Did not meet the threshold to attend	9.75	9.00
Total Score	**100.00**	**79.75**	**45.50**	**48.75**	**11.50**	**41.88**	**88.00**	**81.38**
Ranking		3.00	5.00	4.00	7.00	6.00	1.00	2.00

8 MOBILISATION PROCESS

The planned service commencement date for the three new APMS Contracts will be 01/07/2024..

Mobilisation will only commence following successful completion of the 10-day Standstill period. During this 10-day period, no progress towards contract signature is permitted. Once Standstill has concluded successfully, NCL ICB may progress to contract signature and contract/service mobilisation.

9 CONCLUSION

The paper summarises the procurement process that was undertaken in accordance with the NCL ICB Procurement policy to commission the NCL APMS for the populations of NCL ICB. Following a robust process the NCL ICB is asked to endorse the decision for the following bidders to be appointed as the recommended bidders:

Lot 1 - Barnsbury Medical Practice (Islington) – Bidder C

Lot 2 - Hanley Primary Care Centre (Islington) - Bidder C

Lot 3 - JS Medical Practice (Haringey) - Bidder G

Approve the recommendation that the following reserved bidders are advised of reserve bidder status:

Lot 1 - Barnsbury Medical Practice (Islington) - Bidder G

Lot 2 - Hanley Primary Care Centre (Islington) - Bidder G

Lot 3 - JS Medical Practice (Haringey) - Bidder A

The NCL ICB is also asked to approve proceeding to contract discussions on successful completion of the standstill period and the award of contract within the terms of the tender as outlined above.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
16 April 2024

Report Title	General Practice Quality and Performance Report	**Date of report**	19 March 2024	**Agenda Item**	3.1
Lead Director / Manager	Sarah Mcilwaine, Director of Primary Care	**Email / Tel**		sarah.mcilwaine@nhs.net	
Board Member Sponsor	Sarah McDonnell- Davies, Executive Director of Place				
Report Author	Adam Backhouse and Steve Fothergill	**Email / Tel**		adam.backhouse@nhs.net steve.fothergill@nhs.net	
Name of Authorising Finance Lead	Not applicable	**Summary of Financial Implications** Not applicable			
Name of Authorising Estates Lead	Not applicable	**Summary of Estates Implications** Not applicable			
Report Summary	The Quality and Performance report supports the work of the Primary Care Committee by providing data and insight into quality, activity and capacity in General Practice across North Central London. The executive summary summarises overall trends at system level, whilst the practice-level report visualises variation at practice and PCN level. This month's executive summary describes overall trends in quality, activity and workforce, with reference to the ICB's primary care submission to NHS England as part of the Operational Plan for 2024/25. Highlights since the last report include: • Increase in completion of LD health checks, giving confidence NCL will meet the 75% national target once year end data is published. We note variation between individual practices that may be useful to explore further when all 23/24 work in complete at practice level and year end data is available. • The ongoing rise in overall appointment activity in General Practice with existing trends in appointment modes and timeliness also continuing. • Overall workforce growth, with the largest increase in *direct patient care* staff employed in practices. It also describes an intention to further develop the report in the coming months in response to changes in both the Committee's remit and the structure of the ICB's primary care function. Committee members are asked to review both the executive summary and dashboard itself and note any questions, issues or themes that would benefit from further discussion or investigation.				
Recommendation	The Committee is asked to **NOTE** the report.				

Identified Risks and Risk Management Actions	Timeliness and quality of data is known to be variable in some of the national datasets which form the basis of this report. Coding and recording approaches also vary between practices, though NHS England have recently incentivised practices to reduce variation in how they capture appointment activity in EMIS and the ICB commissioned the NCL Training Hub to run training sessions for practices to support them to make these changes. Overall, the value of using this data to demonstrate the quality and volume of work General Practice delivers outweighs the risk of making judgements based on poor quality data. Where outliers or areas of variation are identified in the dataset the ICB's first course of action would be exploratory with the practice to understand why, following up formally as necessary.
Conflicts of Interest	Not applicable
Resource Implications	Not applicable
Engagement	Not applicable
Equality Impact Analysis	Not applicable
Report History and Key Decisions	Reviewed at each Committee meeting.
Next Steps	Review of our Q&P approach for General Practice to be carried out in 2024/25 with the aim of developing a new iteration of the Q&P report.
Appendices	• Executive summary • Q&P dashboard

NHS
North Central London
Integrated Care Board

General Practice quality & performance report

Updated – April 2024

April – summary of current themes [1/3]

North Central London
Integrated Care Board

Quality

- As of October, the majority of NCL practices are rated as “Good” by the CQC.10 NCL practices are CQC rated “*Requires Improvement*” or “*Inadequate*”. This is unchanged from the previous PCC report. Improvement plans are in place with these practices and set out joint actions for practice and the ICB to respond to identified issues. 2 practices are rated *outstanding*.
- By January 2024 (latest available data) **58% of those eligible for learning disability health check had received one**. There is variation in approach at practice level – with some practices yet to start their cycle of checks by January and others having completed this work. **We believe that when year-end data is published, NCL ICS will have met the national target** from the NHS Long Term Plan which is to achieve 75% coverage for the eligible cohort. See slides 5-6 for more information.
- Primary Care Networks are due to begin reporting on the completion of their 2023/24 **Capacity and Access Improvement Plans**. These plans were signed off in July 2023 and focus on working together to improve patient experience. Thirty percent of the 23/24 capacity and access fund (£2.1 million for NCL) is linked to demonstrable achievement of improvements through reporting on these plans. PCNs have already received the remaining 70% in the form of monthly support payments to enable the work to happen.

April – summary of current themes [2/3]

North Central London
Integrated Care Board

Appointments / Activity

- Although numbers vary month-on-month, General Practice is continuing to provide more appointments per month than in previous years (average **~680,000 appointments in core General practice a month**). In our operational planning submission to NHS England for 2024/25 the ICB has been clear that our aspiration is to maintain this level rather than seek to increase it further; we do not believe further increases are sustainable or realistic.
- In Jan 2024 **53% of appointments are same day** (above national average) and **60% are face to face** (slightly lower than the national average and likely related to offering a higher % of same day access). Practices are providing **92% of appointments within two weeks** (above national target of 90%). We have not proposed any major changes in our Operating Plan submission for 24/25.
- The use of **Advice & Guidance** and **Consultant Connect** continued to rise across NCL December - January (average 28% and 48% increases respectively) although there is variation in uptake between practices. Work is underway to better understand the reasons for variation, including in how secondary care provides these services.
- **Referral activity** has also risen in many areas, which likely reflects an increase in demand following the Christmas period.

April – summary of current themes [3/3]

North Central London
Integrated Care Board

Workforce

- Our **practice-based workforce** continues to grow, though we see variation in WTE per 1,000 patients between practices. **Direct Patient Care (non-GP and nurse clinical roles)** is our fastest growing staff group, with the number of GPs, Nursing and Administrative staff (WTEs) remaining relatively static at present.
- Our **PCN-based Additional Roles Reimbursement Scheme (ARRS) workforce** continues to grow despite a reduction in WTE over summer / autumn 2023. ARRS budgets are not increasing in 2024/25 and the focus for the ICB will be to support PCNs to maintain their full ARRS workforce through a focus on recruitment, retention (including dedicated work between the ICB and NCL Training Hub on supervision of ARRS roles).
- **Staff retention is expected to be a focus in 2024/25**, with a challenge presented by the cessation of the national fellowship and mentoring schemes; traditionally the core of the retention offer. The PCC February workforce deep-dive paper provided further information on the challenges and opportunities in developing the General Practice workforce.

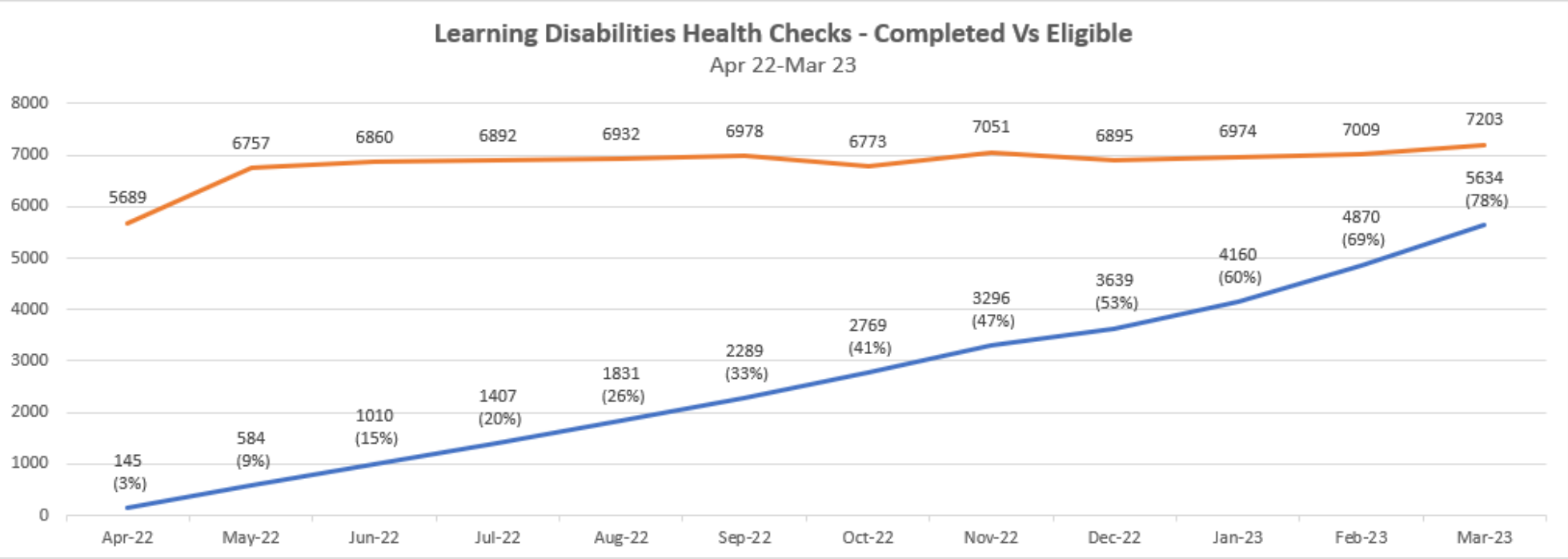
LD health checks – deep dive

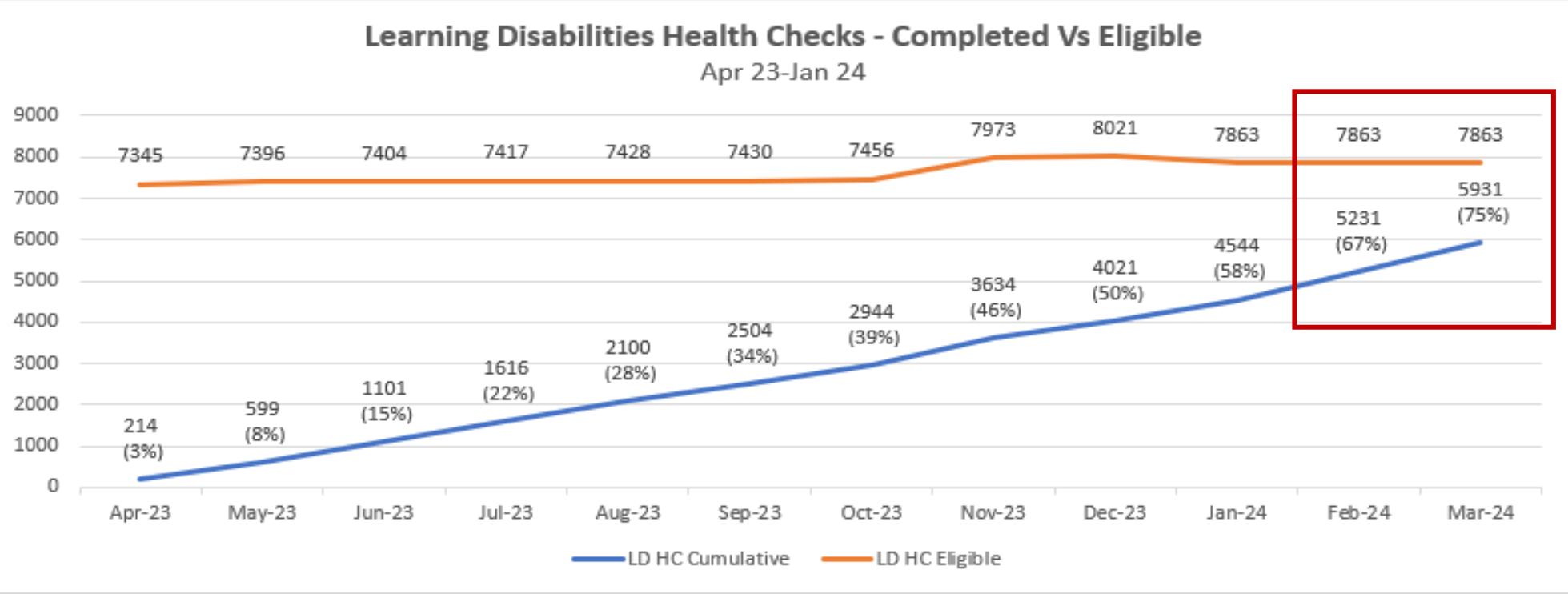
North Central London
Integrated Care Board

Data

- Completion of LD health checks for eligible patients as at January 2024 (latest data) is broadly comparable to the same time last year with 58% completed by Jan 2024.
- In the January 2024 data, 31 practices are showing as having completed less than 1/3 of their LD health checks thus far. 4 practices are showing as having completed none. This likely reflects different practice approaches to offering the checks, with some preferring to concentrate the work in the last two months of the financial year. There is no specific geographical or PCN trend.
- The total eligible population for health checks rose from 6,974 as at Jan 2023 to 7,863 as at Jan 2024. NHSE have flagged a coding issue that is currently inflating the size of the LD register. It means the true eligible population for 2023/24 is not clear.
- This will be resolved and data retrospectively cleaned up. Inaccurate coding can drive workload for practices (offering health checks to patients who do not need them) and cause concern amongst patients. The ICB is working with NHSE and others to mitigate this issue.
- The next slides show data comparing the 22/23 and 23/24 trajectories for completion of LD health checks.

LD health checks – 22/23 and 23/24





Note *we only have data up to Jan 24. The Feb and Mar figures are modelled based on previous trends and will change once we receive actual data. If our modelling is accurate, NCL Practices should have completed at least as many – if not more – LD Health checks in 2023/24*

LD health checks – deep dive

North Central London
Integrated Care Board

Commentary

- Our data from the year to date and modelling suggests NCL is on track to meet the national target of 75% achievement. Based on Jan 2024 data and trajectories from previous years we estimate 76% achievement for 2023/24 once final year-end data is published.
- As coding improves we will expect to see a retrospective improvement in performance for 23/24 which may also boost overall achievement.
- However the ICB notes that comparable average performance will continue to mask variation between practices. We can break the data down the practice level and will review this once year end data is available to identify practices where a lower proportion of the eligible cohort has been reviewed. Primary Care works with the Mental Health & LD (MHLD) team to encourage and support the offer and uptake.

Actions / next steps

- Continue to review 23/24 data as the coding issue resolves and February / March data becomes available to understand the true picture and year end achievement.
- ICB primary care and MHLD team to support practices to reduce the variation in achievement, sharing learning from practices who consistently achieve 100% health check completion.

Reviewing and developing our approach to Q&P in the new ICB structure

North Central London
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Our approach to Q&P has developed iteratively over the last few years. However as the ICB structure continues to transition into its new operating model there are opportunities to review the ICB approach in light of:

- Broadening of PCC remit to include a wider range of topics not currently reflected in this dataset, including locally commissioned services. The NCL GP ambitions will also help to shape our Q&P priorities.
- Integration of primary care operations, contracting and strategy into one team, with an aspiration to be more intelligence-driven. This will require new and different data analysis.
- Need for clearer articulation of how Q&P discussion at PCC feeds action and further investigation by the ICB where there are outliers / areas of variation in the data.

Next steps

1. The intention is to maintain this Q&P report in its current form over the coming months, in parallel to the process of better defining our broader data needs as a primary care function.
2. Once the new ICB structure is embedded, primary care and analytics colleagues will begin scoping a new approach that better aligns strategic Q&P reporting with the practice-level datasets that drive the day-to-day work of our primary care team.
3. The proposal would be to come back to Committee in Q3 to present a deep dive on further developing our Q&P approach to gather feedback from members.

Introduction

North Central London
Integrated Care Board

- This report is owned and reviewed at regularly at NCL PCC. PCC will support upwards reporting to the Strategy & Development Committee and ICB Board. Primary Care performance forms part of the overall ICB Board Performance report, helping ensure primary care oversight forms part of wider NCL ICB reporting and assurance
- The document will be publicly-available (as part of PCC papers) and is largely based on information available in the public domain
- This report is not shared routinely with provider colleagues however it is available to all as part of the Committee papers. ICB teams use the report to support local discussions relevant to operational performance, quality, and patient access with Practices, PCNs and Federations.
- The report includes an ‘executive summary’ capturing how NCL general practice is doing with a focus on metrics that reflect quality, access, safety, operational performance and activity across key system interfaces. This report tracks trends and shifts in data over time and highlights areas that warrant PCCC consideration.
- It is not intended that the report is used in place of individual contract assurance processes and / or performance management. This is a system-wide report and any requirement for formal review or action will be taken by the contracts team in line with established process, committee decisions and on a case by case basis.

Using this reporting to drive action

North Central London
Integrated Care Board

The Q&P report harness existing data and builds on processes already established at place and system level to identify and respond to emerging issues:

- **ICB operational leads -** use the dashboard and local intelligence to plan outreach to practices, to support primary care development and to promote resilience and sustainability. Our clinical leads provide a link for clinician-to-clinician conversations with individual practices
- **Monthly multidisciplinary review** - review of practice information via a monthly 'hotspots' meeting feeding into a caselog capturing quality, performance, contractual and operational challenges. The data and local insight helps identify practices in need of support. This conversation includes Primary Care, Quality, Clinical Leads plus Estates, IT, Digital and Finance as required. These reviews inform the Primary Care Committee pipeline.

If matters need escalating the Committee can use its reporting line into the Strategy and Development Committee and up to ICB Board. It can also refer matters as needed to the Quality Committee.

Finally, specific concerns relevant to regulation (CQC) or roles reserved for the NHSE Medical Directorate (management of the Performers List for example) are escalated as needed via the PC Contracts team.

Indicators

North Central London
Integrated Care Board

Operational information
Information which primarily changes month on month

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

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

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

Wider information
Information which primarily changes quarterly or annually

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

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

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

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

Indicators - inclusion and exclusion criteria used

North Central London
Integrated Care Board

Inclusion criteria:

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

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

Exclusion criteria:

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

Practice					Practice Demographics				Healthchecks	Practice Survey					Workforce				Quality
Borough	Practice Name	ODS Code	PCN	QOF Score (22/23)	List Size - jan 24	List Size - age 40+	List Size Change - Oct/Dec (Q3)	% of Patients with a Long Standing Condition	No. of LD Healthchecks completed Vs eligible - Cumulative YTD	% of patients who responded 'Easy' to ease of getting through to someone at GP practice on the phone	% of patients who responded 'Easy' to ease of using your GP practice's website to look for information or access services	% of patients who responded 'Satisfied' with appointment offered	% of patients who responded 'Good' to overall experience of making an appointment	% of patients who responded 'Good' to overall experience of GP practice	FTE GPs	FTE GPs Rate Per 1000 (UK Average - 0.45)	FTE GP Nurses	FTE GP Nurse Rate Per 1000	CQC Overall Rating
Barnet	Colindale Medical Centre	E83637	PCN 1D	606.85	11513	3,490	1.5%	37%	32%	22%	60%	47%	39%	61%	3.3	0.30	0.00	0.00	Good
Barnet	Hendon Way Surgery	Y03663	PCN 1D	528.54	9191	3,552	0.0%	36%	61%	49%	34%	48%	46%	58%	3.3	0.36	0.51	0.06	Good
Barnet	Jai Medical Centre	E83038	PCN 1D	572.02	9181	4,216	0.7%	44%	60%	60%	64%	59%	59%	71%	0.2	0.03	1.16	0.13	Good
Barnet	Mulberry Medical Practice	E83046	PCN 1D	525.13	8672	4,401	-0.2%	44%	17%	31%	54%	37%	33%	45%	3.1	0.35	1.52	0.17	Good
Barnet	Oak Lodge Medical Centre	E83032	PCN 1D	574.37	17732	7,490	0.2%	33%	37%	28%	57%	47%	40%	49%	11.5	0.65	1.00	0.06	Good
Barnet	Wakemans Hill Surgery	E83041	PCN 1D	574.28	4516	2,025	0.1%	41%	56%	32%	60%	35%	41%	59%	1.8	0.41	1.00	0.23	Good
Barnet	Deans Lane Medical Centre	E83668	PCN 1W	508.22	4148	2,762	0.0%	46%	0%	59%	68%	77%	66%	81%	0.9	0.22	0.53	0.13	Good
Barnet	Parkview Surgery	E83028	PCN 1W	542.83	6437	3,567	-0.4%	46%	125%	65%	74%	62%	63%	80%	2.0	0.31	0.60	0.09	Good
Barnet	The Everglade Medical Practice	E83011	PCN 1W	532.45	11015	7,990	0.0%	40%	28%	72%	62%	64%	73%	89%	6.4	0.58	1.52	0.14	Requires Improvement
Barnet	Watling Medical Centre	E83018	PCN 1W	558.14	17576	4,690	0.2%	46%	21%	53%	65%	53%	52%	72%	13.8	0.79	2.87	0.16	Good
Barnet	Brunswick Park Medical Practice	E83621	PCN 2	591.49	8948	3,627	0.3%	47%	80%	35%	57%	42%	43%	62%	7.5	0.87	3.89	0.45	Good
Barnet	Colney Hatch lane Surgery	E83034	PCN 2	518.78	5056	5,900	0.1%	45%	80%	38%	53%	37%	39%	64%	2.2	0.42	0.72	0.14	Good
Barnet	East Barnet Health Centre	E83613	PCN 2	625.54	11234	4,695	0.0%	48%	82%	53%	56%	42%	42%	67%	7.5	0.66	1.48	0.13	Good
Barnet	East Finchley Medical Centre	E83050	PCN 2	527.01	7494	6,028	-0.6%	52%	94%	51%	62%	49%	49%	68%	2.5	0.33	0.00	0.00	Good
Barnet	Friern Barnet Medical Centre	E83045	PCN 2	582.25	9760	4,797	-0.1%	43%	69%	37%	68%	43%	41%	61%	5.4	0.55	1.00	0.10	Good
Barnet	Rosemary Surgery	E83639	PCN 2	489.54	6211	2,798	1.0%	39%	84%	32%	52%	36%	37%	50%	4.2	0.68	0.00	0.00	Good
Barnet	St Andrews Medical Practice	E83024	PCN 2	592.9	11458	4,972	0.5%	43%	71%	33%	41%	38%	46%	52%	11.6	1.02	2.64	0.23	Good
Barnet	The Clinic (Oakleigh Rd North)	E83003	PCN 2	562.12	9547	3,196	0.5%	39%	91%	52%	68%	53%	52%	72%	6.6	0.70	0.53	0.06	Good
Barnet	The Speedwell Practice	E83010	PCN 2	594.9	11902	2,848	0.3%	38%	68%	61%	71%	37%	42%	72%	8.5	0.73	2.49	0.22	Good
Barnet	The Village Surgery	E83031	PCN 2	545.68	5657	4,014	1.3%	40%	81%	63%	71%	45%	62%	82%	2.6	0.49	0.69	0.13	Good
Barnet	Torrington Park Group Practice	E83021	PCN 2	526.47	12428	1,150	0.4%	40%	80%	71%	62%	61%	54%	81%	8.0	0.65	1.97	0.16	Good
Barnet	Woodlands Medical Practice	Y00316	PCN 2	559.31	5131	2,849	0.6%	46%	100%	32%	46%	34%	30%	48%	4.2	0.86	0.40	0.08	Good
Barnet	Addington Medical Centre	E83044	PCN 3	514.4	9786	9,185	-0.2%	48%	76%	59%	59%	63%	59%	65%	3.9	0.40	0.00	0.00	Good
Barnet	Cornwall House Surgery	E83013	PCN 3	580.42	5900	2,429	0.4%	45%	86%	28%	37%	45%	35%	56%	5.9	1.01	0.29	0.05	Good
Barnet	Lichfield Grove Surgery	E83005	PCN 3	598.81	6454	2,863	0.1%	41%	91%	42%	54%	38%	45%	60%	2.6	0.40	0.32	0.05	Good
Barnet	Longrove Surgery	E83017	PCN 3	568.81	17574	2,725	0.1%	47%	92%	27%	41%	46%	40%	53%	10.5	0.59	2.12	0.12	Good
Barnet	Squires Lane Medical Practice	E83007	PCN 3	572.07	5409	4,622	-0.5%	44%	85%	52%	50%	45%	49%	69%	2.6	0.47	0.21	0.04	Good
Barnet	The Old Court House Surgery	E83012	PCN 3	574.44	9454	5,640	1.2%	37%	71%	50%	59%	54%	51%	72%	7.0	0.78	1.96	0.22	Good
Barnet	Wentworth Medical Practice	E83035	PCN 3	577.34	18850	6,504	-0.5%	52%	83%	~	~	~	~	~	7.0	0.54	5.81	0.44	Good
Barnet	Lane End Medical Group	E83053	PCN 4	545.9	14601	6,318	0.0%	42%	88%	43%	68%	60%	57%	78%	10.4	0.72	1.75	0.12	Good
Barnet	Langstone Way Surgery	E83049	PCN 4	523.18	8682	2,238	-1.0%	47%	79%	31%	52%	29%	31%	57%	2.4	0.26	2.48	0.27	Requires Improvement
Barnet	Millway Medical Practice	E83016	PCN 4	604.86	21701	6,177	0.9%	51%	113%	18%	40%	32%	27%	42%	12.3	0.60	2.63	0.13	Good
Barnet	Penshurst Gardens Surgery	E83030	PCN 4	573.77	6438	3,772	0.7%	42%	80%	44%	68%	49%	49%	68%	2.9	0.47	0.79	0.13	Good
Barnet	Cricklewood Health Centre	Y02986	PCN 5	556.3	4970	9,163	1.0%	41%	25%	62%	77%	55%	62%	75%	2.1	0.47	0.60	0.14	Good
Barnet	Dr Azim and Partners	Y03664	PCN 5	421.76	8785	3,377	-0.1%	45%	4%	40%	75%	62%	50%	71%	3.6	0.41	0.81	0.09	Inadequate
Barnet	Greenfield Medical Centre	E83006	PCN 5	572.07	7139	1,531	-0.1%	43%	24%	31%	39%	31%	33%	44%	3.3	0.46	0.99	0.14	Good
Barnet	Pennine Drive Practice	E83025	PCN 5	530.28	8236	3,586	-0.1%	33%	68%	77%	66%	62%	66%	73%	2.8	0.33	1.19	0.14	Good
Barnet	Ravenscroft Medical Centre	E83039	PCN 5	588.78	5807	3,292	0.7%	48%	100%	63%	70%	65%	62%	70%	3.3	0.57	0.40	0.07	Good
Barnet	St Georges Medical Centre	E83020	PCN 5	575.73	11954	4,005	0.6%	44%	89%	81%	45%	62%	51%	79%	4.9	0.42	2.01	0.17	Good
Barnet	Adler JS-The Surgery	E83600	PCN 6	580.25	6927	5,045	0.2%	53%	29%	39%	53%	45%	44%	62%	4.1	0.60	0.53	0.08	Good
Barnet	Heathfield Medical Centre	E83008	PCN 6	620.08	8706	963	-0.2%	39%	22%	51%	71%	48%	55%	68%	2.1	0.24	0.64	0.07	Good
Barnet	PHGH Doctors	E83009	PCN 6	597.08	12429	4,471	-0.1%	48%	100%	69%	77%	55%	59%	77%	3.5	0.29	1.00	0.08	Good
Barnet	Supreme Medical Practice	E83026	PCN 6	428.16	4406	1,651	-0.5%	27%	50%	45%	46%	55%	46%	62%	1.5	0.33	0.87	0.19	Good
Barnet	Temple Fortune Medical Group	E83622	PCN 6	522.64	9073	4,450	0.8%	50%	56%	93%	88%	91%	91%	95%	3.0	0.34	0.48	0.05	Good
Barnet	The Hodford Road Practice	E83649	PCN 6	588.98	4160	5,653	0.2%	44%	50%	28%	40%	27%	31%	53%	1.8	0.43	0.53	0.13	Requires Improvement
Barnet	The Mountfield Surgery	E83638	PCN 6	574.24	4958	2,426	0.5%	40%	33%	74%	49%	57%	58%	70%	2.0	0.41	1.52	0.31	Good
Barnet	The Phoenix Practice	E83653	PCN 6	578.06	11181	1,994	0.5%	38%	60%	32%	57%	51%	40%	56%	4.1	0.40	1.21	0.12	Good
Barnet	The Practice at 188	E83027	TBC	563.36	9129	3,637	0.2%	52%	73%	73%	61%	70%	70%	72%	2.1	0.23	0.00	0.00	Good
Camden	Ampthill Practice	F83006	Central Camden	551.49	7850	1,870	0.6%	36%	52%	49%	64%	55%	55%	64%	7.1	0.92	0.00	0.00	Good
Camden	Brunswick Medical Centre	F83048	Central Camden	590.91	8950	3,961	1.0%	49%	74%	65%	63%	49%	57%	71%	3.1	0.35	1.24	0.14	Good
Camden	Kings Cross Surgery	F83635	Central Camden	579.94	9316	2,073	-0.1%	30%	30%	75%	67%	62%	68%	83%	1.3	0.13	0.00	0.00	Good
Camden	Ridgmount Practice	F83043	Central Camden	635	18984	3,453	-0.4%	43%	25%	74%	60%	66%	74%	69%	8.1	0.39	3.13	0.15	Good
Camden	Somers Town Medical Practice	F83683	Central Camden	577.14	6841	1,032	0.1%	46%	78%	63%	68%	62%	61%	66%	0.7	0.09	0.00	0.00	Good
Camden	Swiss Cottage Surgery	F83665	Central Camden	616.08	16754	1,570	-0.2%	47%	80%	36%	40%	48%	49%	51%	14.8	0.91	2.00	0.12	Good
Camden	The Bloombsury Surgery	F83044	Central Camden	601.37	7992	660	0.5%	21%	36%	36%	43%	43%	39%	46%	6.0	0.86	0.00	0.00	Good
Camden	The Regents Park Practice	F83025	Central Camden	542.75	6862	1,515	1.2%	51%	42%	67%	71%	70%	74%	78%	5.6	0.87	1.00	0.16	Good
Camden	Belsize Priory Medical Practice	F83658	Central Hampstead	565.9	5258	5,792	1.2%	37%	84%	46%	51%	50%	55%	59%	1.2	0.24	0.29	0.06	Good
Camden	Cholmley Gardens Surgery	F83615	Central Hampstead	588.58	8095	1,839	0.4%	54%	79%	78%	73%	70%	76%	80%	2.4	0.30	0.64	0.08	Good
Camden	Daleham Gardens Health Centre	F83633	Central Hampstead	562.96	5314	2,615	0.2%	40%	100%	74%	78%	59%	55%	62%	1.7	0.32	0.43	0.08	Good
Camden	Fortune Green Road Surgery	F83050	Central Hampstead	571.37	3236	5,250	-0.2%	48%	55%	86%	75%	66%	72%	89%	2.0	0.62	0.75	0.23	Good
Camden	Grays Inn Road Medical centre	F83042	Central Hampstead	564.65	8513	2,070	0.0%	39%	106%	66%	59%	67%	70%	80%	2.8	0.36	1.71	0.21	Good
Camden	Primrose Hill Surgery	F83011	Central Hampstead	585.01	7808	1,784	0.4%	49%	50%	83%	73%	57%	69%	69%	4.7	0.63	0.00	0.00	Good
Camden	Caversham Group Practice	F83022	Kentish Town Central	578.65	16933	1,912	0.2%	45%	68%	65%	59%	57%	59%	72%	19.6	1.13	3.11	0.18	Good
Camden	Parliament Hill Surgery	F83057	Kentish Town Central	622.59	8116	3,673	0.1%	42%	74%	79%	69%	62%	69%	78%	8.0	0.99	0.43	0.05	Good
Camden	Prince of Wales Group Surgery	F83018	Kentish Town Central	539.08	8496	2,330	-0.1%	43%	47%	53%	67%	58%	62%	77%	6.5	0.74	1.07	0.12	Inadequate
Camden	James Wigg Practice	F83023	Kentish Town South	540.38	22006	6,920	0.3%	49%	79%	77%	73%	58%	53%	87%	16.5	0.75	3.41	0.15	Good
Camden	Queens Crescent Practice	F83632	Kentish Town South	528.82	6498	3,311	-0.3%	49%	56%	29%	55%	40%	49%	68%	4.1	0.63	0.85	0.13	Good
Camden	Adelaide Medical Centre	F83020	North Camden	580.37	11846	3,826	-0.3%	48%	80%	48%	55%	65%	53%	72%	7.3	0.61	1.00	0.08	Good
Camden	Brookfield Park Surgery	F83052	North Camden	631.67	3643	9,523	-0.3%	36%	88%	88%	85%	67%	83%	91%	2.6	0.71	0.00	0.00	Good
Camden	Hampstead Group Practice	F83017	North Camden	621.01	18364	2,809	0.1%	44%	32%	83%	81%	74%	83%	84%	15.7	0.85	3.27	0.18	Good
Camden	Keats Group Surgery	F83623	North Camden	591.11	13380	5,704	0.3%	40%	50%	74%	82%	68%	74%	88%	10.9	0.80	1.24	0.09	Good
Camden	Park End Surgery	F83003	North Camden	591.26	7757	1,796	0.5%	48%	9%	87%	68%	68%	79%	83%	7.8	1.02	1.19	0.16	Good
Camden	Holborn Medical Centre	F83058	South Camden	570.68	11861	8,079	-0.5%	39%	79%	56%	65%	52%	61%	72%	8.5	0.69	0.60	0.05	Good
Camden	Museum Practice	F83061	South Camden	595.72	5452	6,736	0.3%	45%	100%	90%	72%	69%	74%	91%	4.8	0.90	0.40	0.07	Good
Camden	St Philips Medical Centre	F83672	South Camden	609.08	16740	4,040	0.4%	42%	0%	97%	91%	87%	91%	89%	5.9	0.37	0.32	0.02	Good
Camden	Brondesbury Medical Centre	F83059	West and Central	575.22	22264	2,863	0.4%	38%	56%	92%	51%	63%	77%	86%	15.1	0.69	0.85	0.04	Good
Camden	Gower Street Practice	F83005	West and Central	588.12	15342	2,258	2.7%	44%	86%	73%	65%	46%	44%	61%	7.1	0.56	0.20	0.02	Good
Camden	Abbey Medical Centre	F83019	West Camden	576.92	13438	1,102	-0.1%	52%	44%	53%	67%	50%	51%	66%	7.0	0.53	0.00	0.00	Good
Camden	West Hampstead Medical Centre	F83055	West Camden	590.59	22841	8,312	0.1%	36%	65%	56%	65%	59%	54%	73%	12.8	0.58	1.36	0.06	Good
Enfield	Angel Surgery	Y00057	Edmonton PCN	569.15	14980	3,699	0.5%	46%	70%	80%	69%	58%	72%	83%	3.5	0.25	1.15	0.08	Good
Enfield	Boundary House Surgery	F85676	Edmonton PCN	564	5417	1,626	0.4%	45%	43%	61%	57%	50%	63%	65%	1.3	0.24	1.47	0.27	Good
Enfield	Edmonton Medical Practice	F85666	Edmonton PCN	563.84	3877	6,065	0.4%	40%	72%	72%	74%	63%	73%	80%	2.3	0.61	0.64	0.17	Good
Enfield	Keats Surgery	F85010	Edmonton PCN	560.51	4759	5,062	-0.4%	37%	18%	35%	62%	34%	43%	64%	2.0	0.40	1.32	0.27	Good
Enfield	Latymer Road Surgery	F85663	Edmonton PCN	547.16	4473	2,299	1.1%	44%	76%	49%	53%	48%	40%	47%	0.3	0.07	0.00	0.00	Good
Enfield	Chalfont Road Surgery	F85682	Enfield Care Network PCN	572.93	6618	2,457	-0.7%	48%	19%	30%	47%	38%	34%	47%	1.9	0.51	0.51	0.14	Good
Enfield	East Enfield Practice	F85634	Enfield Care Network PCN	570.46	8461	2,224	1.0%	42%	3%	49%	69%	38%	43%	71%	1.5	0.19	0.53	0.07	Good
Enfield	Evergreen Primary Care Centre	Y03402	Enfield Care Network PCN	553.27	20054	1,643	0.1%	37%	35%	51%	62%	53%	47%	64%	8.4	0.42	3.00	0.15	Good
Enfield	Grovelands Medical Centre	F85072	Enfield Care Network PCN	546.82	10096		0.1%	51%	11%	72%	89%	76%	75%	92%	4.0	0.38	1.89	0.18	Good
Enfield	Rainbow Practice	F85039	Enfield Care Network PCN	548.7	7143	1,933	-0.3%	46%	60%	71%	61%	70%	62%	76%	2.2	0.32	0.71	0.11	Good
Enfield	The Ordnance Unity Centre for Health	F85023	Enfield Care Network PCN	563.6	12874	1,899	0.4%	45%	55%	42%	39%	43%	54%	64%	5.1	0.41	1.40	0.11	Good
Enfield	White Lodge Medical Practice	F85025	Enfield Care Network PCN	560.61	14082	1,323	0.3%	39%	18%	75%	78%	67%	72%	80%	6.5	0.50	0.99	0.08	Good
Enfield	Arnos Grove Medical Centre	F85700	Enfield South West PCN	553.39	8213	7,661	0.2%	44%	37%	46%	44%	53%	37%	61%	4.9	0.62	0.00	0.00	Good
Enfield	Bincote Surgery	F85625	Enfield South West PCN	602.54	6689	5,373	0.1%	34%	68%	83%	79%	74%	67%	76%	3.2	0.49	0.69	0.11	Good
Enfield	Gillan House Surgery	F85701	Enfield South West PCN	568.77	12920	2,317	0.3%	43%	44%	58%	67%	54%	51%	61%	4.7	0.37	0.99	0.08	Good
Enfield	Morecambe Surgery	F85650	Enfield South West PCN	577.63	5670	3,811	0.3%	39%	73%	58%	43%	77%	65%	73%	1.9	0.36	0.88	0.16	Good
Enfield	The North London Health Centre	F85642	Enfield South West PCN	552.06	8739	6,163	0.1%	54%	95%	30%	41%	53%	39%	61%	4.0	0.46	1.12	0.13	Good
Enfield	The Woodberry Practice	F85020	Enfield South West PCN	573.34	9674	2,643	0.3%	40%	98%	27%	37%	23%	22%	42%	2.4	0.25	0.67	0.07	Good
Enfield	Cockfosters Medical Centre	F85016	Enfield Unity PCN	537.66	7036	3,534	-0.1%	48%	29%	63%	74%	70%	63%	82%	3.1	0.44	0.63	0.09	Good
Enfield	Eagle House Surgery	F85004	Enfield Unity PCN	568.21	12992	4,884	-0.7%	37%	66%	51%	52%	66%	51%	69%	9.4	0.73	2.60	0.20	Good
Enfield	Green Cedars Medical Centre	Y00612	Enfield Unity PCN	597.45	5011	2,468	-0.1%	39%	63%	36%	57%	36%	41%	57%	2.2	0.42	0.00	0.00	Good
Enfield	Highlands Practice	F85035	Enfield Unity PCN	487.9	11485	1,951	-0.1%	48%	15%	27%	38%	48%	36%	58%	10.6	0.94	1.47	0.13	Good
Enfield	Medicus Health Partners	F85002	Enfield Unity PCN	564.99	93595	4,858	0.0%	48%	67%	21%	37%	34%	19%	49%	37.6	0.40	8.11	0.09	Good
Enfield	Nightingale House Surgery	F85058	Enfield Unity PCN	551.76	6710	3,772	0.1%	45%	61%	53%	45%	46%	58%	71%	2.6	0.38	1.53	0.23	Good
Enfield	Oakwood Medical Centre	F85687	Enfield Unity PCN	572.35	8300	6,282	0.4%	46%	41%	31%	53%	39%	36%	67%	3.4	0.42	0.75	0.09	Good
Enfield	Southgate	F85032	Enfield Unity PCN	521.35	9801	2,426	-0.2%	50%	57%	38%	61%	41%	42%	67%	4.3	0.43	0.51	0.05	Good
Enfield	The Bounces Road Surgery	F85044	Enfield Unity PCN	554.74	6524	5,906	1.2%	47%	81%	62%	63%	56%	52%	68%	4.1	0.69	0.85	0.14	Good
Enfield	Abernethy House Surgery	F85029	West Enfield Collaborative PCN	608.51	12304	48,453	0.3%	49%	98%	83%	73%	52%	61%	76%	14.8	1.19	1.48	0.12	Good
Enfield	Town Surgery	F85678	West Enfield Collaborative PCN	615.09	4355	3,162	0.4%	55%	15%	40%	59%	54%	41%	58%	1.4	0.31	0.08	0.02	Good
Enfield	Winchmore Hill Practice	F85033	West Enfield Collaborative PCN	551.39	21374	3,860	0.0%	43%	75%	29%	56%	43%	36%	58%	13.3	0.61	1.72	0.08	Good
Haringey	Hornsey Park Surgery	F85046	Haringey - East Central	555.13	10168	9,350	1.0%	43%	103%	42%	52%	33%	36%	55%	3.0	0.33	0.43	0.05	Good
Haringey	Staunton Group Practice	F85008	Haringey - East Central	548.36	12493	4,407	0.0%	31%	71%	18%	47%	25%	26%	51%	1.4	0.11	1.00	0.08	Good
Haringey	The Old Surgery	F85697	Haringey - East Central	632.4	1938	11,213	-0.6%	44%	70%	27%	49%	45%	40%	58%	0.6	0.30	0.00	0.00	Good
Haringey	West Green Road Surgery	F85669	Haringey - East Central	610.23	21928	2,390	0.7%	50%	96%	64%	61%	66%	62%	72%	6.9	0.34	0.21	0.01	Outstanding
Haringey	Bridge House Medical Practice	Y03135	Haringey - N15/South East Haringey	543.91	279	1,908	-0.4%	41%	60%	36%	59%	50%	53%	63%	2.7	0.29	0.93	0.10	Good
Haringey	Grove Road Surgery	F85623	Haringey - N15/South East Haringey	560.9	4486	2,156	0.1%	47%	52%	85%	75%	75%	69%	84%	3.5	0.78	0.21	0.05	Good
Haringey	Havergal Surgery	F85060	Haringey - N15/South East Haringey	549.4	5691	6,225	0.2%	47%	74%	56%	62%	54%	54%	65%	2.0	0.35	0.67	0.12	Good
Haringey	JS Medical Practice	F85705	Haringey - N15/South East Haringey	547.95	12741	1,098	-0.3%	35%	97%	30%	63%	55%	48%	56%	1.1	0.09	0.72	0.06	Good
Haringey	St Ann's Road Surgery	Y02117	Haringey - N15/South East Haringey	592.23	15816	5,649	0.8%	27%	80%	46%	66%	52%	51%	78%	2.5	0.15	2.40	0.15	Good
Haringey	Arcadian Gardens Surgery	F85034	Haringey - North Central	572.2	7506	1,970	0.4%	41%	85%	75%	63%	79%	76%	90%	2.0	0.30	1.49	0.22	Requires Improvement
Haringey	Bounds Green Group Practice	F85066	Haringey - North Central	560.48	18824	2,653	0.1%	42%	50%	53%	55%	56%	55%	73%	16.2	0.87	1.27	0.07	Good
Haringey	Cheshire Road Surgery	F85640	Haringey - North Central	524.36	6703	5,280	0.2%	40%	35%	47%	47%	45%	37%	57%	1.9	0.29	0.80	0.12	Good
Haringey	Stuart Crescent Health Centre	F85064	Haringey - North Central	532.5	6918	1,015	0.6%	49%	44%	37%	48%	27%	36%	42%	3.1	0.45	0.96	0.14	Good
Haringey	Stuart Crescent Medical Practice	F85065	Haringey - North Central	591.22	3122	6,164	0.1%	44%	59%	67%	79%	57%	56%	69%	2.4	0.78	0.72	0.23	Requires Improvement
Haringey	The Alexandra Surgery	F85675	Haringey - North Central	612	5562	2,399	-0.7%	44%	45%	45%	51%	53%	52%	72%	1.6	0.28	0.00	0.00	Good
Haringey	Bruce Grove Primary Health Care Centre	F85028	Haringey - North East	564.9	7406	8,930	-0.2%	44%	84%	51%	66%	49%	49%	64%	2.9	0.39	0.53	0.07	Requires Improvement
Haringey	Charlton House Medical Centre	F85017	Haringey - North East	581	6321	3,151	0.3%	40%	44%	72%	56%	53%	63%	74%	1.7	0.27	0.84	0.13	Inadequate
Haringey	Morris House Group Practice	F85019	Haringey - North East	563.89	14713	2,515	0.4%	39%	78%	67%	63%	64%	58%	67%	9.3	0.65	0.84	0.06	Good
Haringey	Somerset Gardens Family Health Centre	F85030	Haringey - North East	514.44	13613	4,493	0.3%	49%	41%	55%	68%	70%	62%	73%	6.7	0.49	0.40	0.03	Good
Haringey	Westbury Medical Centre	F85031	Haringey - North East	581	11824	0	0.5%	39%	29%	57%	47%	52%	57%	68%	2.9	0.26	0.61	0.05	Good
Haringey	Highgate Group Practice	F85014	Haringey - North West	593.8	16862	6,041	0.1%	40%	36%	60%	59%	74%	68%	72%	11.6	0.69	2.13	0.13	Good
Haringey	Rutland House Surgery	F85688	Haringey - North West	601.16	11051	5,885	-0.1%	42%	67%	23%	46%	49%	40%	54%	5.7	0.52	1.12	0.10	Good
Haringey	The Muswell Hill Practice	F85063	Haringey - North West	609.06	15847	4,895	0.8%	36%	42%	65%	76%	69%	63%	78%	11.8	0.78	1.52	0.10	Outstanding
Haringey	The Vale Practice	Y01655	Haringey - North West	594.04	10413	8,573	-0.3%	47%	50%	68%	59%	63%	65%	85%	3.7	0.35	0.96	0.09	Good
Haringey	Christchurch Hall Surgery	F85061	Haringey - South West	543.77	2995	3,375	-0.3%	51%	80%	34%	53%	50%	43%	64%	1.8	0.59	0.00	0.00	Good
Haringey	Crouch Hall Road Surgery	F85069	Haringey - South West	580.27	8119	4,969	0.2%	43%	86%	45%	59%	51%	38%	73%	3.3	0.41	1.27	0.16	Good
Haringey	Queenswood Medical Practice	Y03035	Haringey - South West	593.64	21828	2,470	-0.1%	43%	42%	47%	52%	45%	52%	72%	14.5	0.67	3.55	0.16	Good
Haringey	The 157 Medical Practice	F85067	Haringey - South West	612	4875	7,253	0.2%	48%	81%	51%	51%	48%	45%	63%	0.9	0.19	0.37	0.08	Good
Haringey	Dowsett Road Surgery	F85628	Haringey - Welbourne	576.89	4750		-0.1%	38%	43%	78%	77%	57%	71%	73%	2.8	0.58	0.93	0.19	Good
Haringey	Fernlea Surgery	F85071	Haringey - Welbourne	552.88	12177	3,332	1.0%	49%	12%	52%	59%	65%	49%	73%	7.2	0.62	1.87	0.16	Good
Haringey	Lawrence House Surgery	F85007	Haringey - Welbourne	577.71	16710	7,453	0.0%	52%	55%	59%	64%	70%	71%	68%	13.9	0.81	1.89	0.11	Good
Haringey	Tottenham Hale Medical Practice	Y05330	Haringey - Welbourne	587	4945	2,046	0.8%	39%	41%	49%	65%	58%	55%	77%	2.4	0.53	0.00	0.00	Good
Haringey	Tottenham Health Centre	F85615	Haringey - Welbourne	535.38	5711	4,201	0.1%	39%	90%	47%	59%	41%	39%	59%	2.6	0.47	0.53	0.09	Good
Haringey

Practice			Referrals				2ww				A&G				Consultant Connect				A&E Att				A&E VB11Z				Emergency Admissions				Appointments								eConsult			
Borough	Practice Name	ODS Code	PCN	Month on Month Change - Oct/Nov	Month on Month Change - Nov/Dec	Month on Month Change - Dec/Jan	3 Month Change - Nov/Jan	Month on Month Change - Oct/Nov	Month on Month Change - Nov/Dec	Month on Month Change - Dec/Jan	3 Month Change - Sept/Nov

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

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

NHS
North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
16 April 2024

Report Title	2023/24 Month 11 NCL ICB Delegated Primary Care Finance Report	**Date of report**	26 March 2024	**Agenda Item**	3.2
Lead Director / Manager	Sarah Rothenberg	**Email / Tel**		sarahrothenberg@nhs.net	
Board Member Sponsor	Sarah McDonnell- Davies, Executive Director of Place				
Report Author	Sarah Rothenberg, Director of Finance, Primary Care NCL ICB	**Email / Tel**		sarahrothenberg@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, Primary Care NCL ICB	**Summary of Financial Implications** To present to the Committee as February 2024 (Month 11) the Delegated Primary Care 2023/24 financial performance and any financial risks. The report also includes the Enhanced and Access Services M11 financial performance for the Non-Delegated Primary Care 2023/24.			
Name of Authorising Estates Lead	Not applicable	**Summary of Estates Implications** Not applicable			
Report Summary	This report presents the position on the Delegated Primary Care budget for North Central London Integrated Care Board (NCL ICB) for the period April 2023 to March 2024. The budget has increased by £12.3m in M11 from £295.1m at Month 9 to £307.4m at M11 following the release of the Additional Roles Reimbursement Scheme funding required and in line with national guidance. The financial position as at Month 11 (February 2024) is: • Delegated Primary Care is forecasting an overall underspend of £44k for the full financial year. The ARRS final outturn position will not be known until year end. The 5 year scheme to embed additional roles is coming to an end in March 2024. Allocations are expected to be issued to ICBs but there will be no further increase in the scheme's annual value. The ICB will need to communicate carefully with practices and other employers to ensure the allocation available is clear and risk of overspend is managed.				
Recommendation	The Committee is requested to **NOTE** the Delegated Primary Care financial budget and the financial position as at Month 11 (February 2024).				
Identified Risks and Risk	There is increasingly limited flexibility within the Delegated Primary Care budget to cover unbudgeted costs. These include costs that sit outside contract payments for example revenue costs linked to premises, estates development costs linked to practice moves or developments, legal costs, costs to support				

Management Actions	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	not applicable
Engagement (Including LMC if required)	not applicable
Equality Impact Analysis	not applicable
Report History and Key Decisions	For noting by the Committee
Next Steps	Review the financial position for 23/24 to inform 24/25 budget setting, including 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 11 Primary Care Delegated Commissioning Finance Report

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Month 11 Primary Care Delegated Commissioning Finance Report

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Executive Summary

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- This report presents the 2023/24 Delegated Primary Care financial position across North Central London (NCL) Integrated Care Board (ICB)

- It includes the position for 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.

- This report shows the position as at Month 11 (Year to Date – YTD), February 2024 against confirmed budgets of £307.4m.

- As at Month 11 the NCL Delegated Primary Care budget, set in line with guidance, is forecasting a slight PCN underspend in Care Home Premium, Enhanced Access and Capacity and Access Support Payment, offset by an overspend in the Leadership Management fund. This is due to PCN reconfigurations in year.

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2023/24 Month 11 Primary Care Delegated Commissioning Finance Position

North Central London Integrated Care Board

Service	Weighted List Size as at 1st Jan 24	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	811,456	104,858	100,758	4,100	114,393	110,178	4,215
GMS	797,850	99,514	99,387	127	108,564	108,294	269
APMS	101,200	16,606	20,832	(4,227)	18,116	22,600	(4,484)
Other Medical Services	0	58,168	58,134	34	66,377	66,333	44
Total Primary Care Medical Services	**1,710,507**	**279,145**	**279,111**	**34**	**307,449**	**307,405**	**44**

The NCL Delegated Commissioning budget is reporting a £34k favourable variance YTD and a £44k favourable variance forecast position at M11. The key points to note are:

- The variances within the 3 PMS, GMS and APMS contracts relates to changes in practice contracts in year since budget setting. The overall variances for both YTD and FOT are zero.
- Within Other Medical Services, PCN spend is showing a £34k YTD underspend and £44k Forecast Outturn underspend in Care Home Premium, Enhanced Access and Capacity and Access Support Payment. This is due to PCN reconfigurations in year.
- Additional contract funding of £361k is also expected for Weight Management (£224k) and IIF (£137k). As and when these are transferred, the budgets and FOT will be adjusted.

The Leadership & Management Fund was allocated to the Transformational funding held in non-delegated. However, £1.18m was transferred to delegated in Month 3 leaving a shortfall of £16k, this is going to be funded from unutilised prior year accruals.

Other Medical Services above includes PCN DES payments shown in Appendix 5, Occupational Health, CQC & Indemnity, PCSE Letters, Sterile Products and Infection, Prevention and Control advice budget.

2023/24 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	21,109	18,478	28,727	20,658	3,015	**91,986**
PMS Enhanced Services	181	130	353	170	13	**848**
PMS Quality and Outcomes Framework (QOF)	2,365	1,684	3,073	1,934	183	**9,238**
PMS Premises Payment	2,321	3,244	3,222	2,142	108	**11,037**
PMS Other Administered Funds (Maternity etc)	258	242	171	231	44	**946**
PMS Personally Administered Drugs	73	59	109	82	13	**337**
Total PMS	**26,307**	**23,837**	**35,656**	**25,217**	**3,376**	**114,393**
GMS						
GMS Global Sum & MPIG	23,114	16,670	6,826	13,081	25,704	**85,395**
GMS Enhanced Services	297	228	122	146	410	**1,203**
GMS Quality and Outcomes Framework (QOF)	2,352	1,322	756	1,117	2,297	**7,845**
GMS Premises Payment	2,821	2,708	766	1,930	4,243	**12,467**
GMS Other Administered Funds (Maternity etc)	228	265	151	205	416	**1,266**
GMS Personally Administered Drugs	125	68	55	37	103	**387**
Total GMS	**28,937**	**21,262**	**8,676**	**16,516**	**33,173**	**108,564**
APMS						
APMS Essential and Additional Services	623	3,967	2,236	4,191	2,942	**13,958**
APMS Enhanced Services	1	15	15	18	12	**62**
APMS Quality and Outcomes Framework (QOF)	34	218	189	349	215	**1,005**
APMS Premises Payment	55	607	316	1,392	584	**2,954**
APMS Other Administered Funds (Maternity etc)	27	5	28	38	33	**130**
APMS Personally Administered Drugs	0	2	0	1	3	**6**
Total APMS	**739**	**4,814**	**2,785**	**5,988**	**3,790**	**18,116**
Other Medical Services						
PCN	15,931	13,206	13,096	12,683	11,745	**66,661**
Occupational Health/ CRB checks	5	5	5	5	5	**26**
CQC & Idemnity	352	213	239	228	197	**1,229**
Total Other Medical Services	**16,289**	**13,424**	**13,340**	**12,916**	**11,947**	**67,915**
Total Primary Care Medical Services	**72,272**	**63,336**	**60,456**	**60,638**	**52,286**	**308,988**
Jan Weighted List Size	**405,740**	**341,658**	**332,991**	**326,009**	**304,108**	**1,710,507**
Cost per PWP by Locality	**178.12**	**185.38**	**181.55**	**186.00**	**171.93**	**180.64**

The table summarises the 2023/24 Delegated Primary Care locality budget for NCL ICB.

The table shows a breakdown of the 2023/24 rebased budget across the 5 localities and calculates a £s per weighted patient (£PWP) cost based on the 1st Jan 2024 GP list sizes.

The £PWP ranges from the lowest in Islington of £171.93 to the highest in Haringey of £186.00 for 2023/24. This is because historically Islington has a significantly lower number of PMS practices than the other localities and therefore receives less PMS Premium reinvestment. Estates costs cause other notable variation across the 5 localities.

Note 1:
The sum of NCL service total in Appendix 2, which is non-borough based, and this borough - based total equals the annual NCL budget on slide 3.

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2023/24 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	21,109	18,478	28,727	20,658	3,015	**91,986**
PMS Enhanced Services	181	130	353	170	13	**848**
PMS Quality and Outcomes Framework (QOF)	2,365	1,684	3,073	1,934	183	**9,238**
PMS Other Administered Funds (Maternity etc)	258	242	171	231	44	**946**
PMS Personally Administered Drugs	73	59	109	82	13	**337**
Total PMS	**23,986**	**20,593**	**32,434**	**23,075**	**3,268**	**103,356**
GMS						
GMS Global Sum & MPIG	23,114	16,670	6,826	13,081	25,704	**85,395**
GMS Enhanced Services	297	228	122	146	410	**1,203**
GMS Quality and Outcomes Framework (QOF)	2,352	1,322	756	1,117	2,297	**7,845**
GMS Other Administered Funds (Maternity etc)	228	265	151	205	416	**1,266**
GMS Personally Administered Drugs	125	68	55	37	103	**387**
Total GMS	**26,116**	**18,554**	**7,910**	**14,586**	**28,930**	**96,096**
APMS						
APMS Essential and Additional Services	623	3,967	2,236	4,191	2,942	**13,958**
APMS Enhanced Services	1	15	15	18	12	**62**
APMS Quality and Outcomes Framework (QOF)	34	218	189	349	215	**1,005**
APMS Other Administered Funds (Maternity etc)	27	5	28	38	33	**130**
APMS Personally Administered Drugs	0	2	0	1	3	**6**
Total APMS	**685**	**4,207**	**2,468**	**4,596**	**3,206**	**15,162**
Other Medical Services						
PCN	15,931	13,206	13,096	12,683	11,745	**66,661**
Occupational Health/ CRB checks	5	5	5	5	5	**26**
CQC & Idemnity	352	213	239	228	197	**1,229**
Total Other Medical Services	**16,289**	**13,424**	**13,340**	**12,916**	**11,947**	**67,915**
Total Primary Care Medical Services	**67,076**	**56,778**	**56,152**	**55,173**	**47,351**	**282,529**
Jan Weighted List Size	**405,740**	**341,658**	**332,991**	**326,009**	**304,108**	**1,710,507**
Cost per PWP by Locality	**165.32**	**166.18**	**168.63**	**169.24**	**155.70**	**165.17**

The table summarises the 2023/24 Delegated Primary Care locality budget for NCL ICB *excluding the premises budget* to show a revised £PWP by borough.

The £PWP ranges from the lowest value in Islington £155.70 to highest of £169.24 in Haringey for 2023/24.

Islington has just 2 PMS practices which is a significantly lower number of PMS practices than Haringey, Enfield and the other localities which leads to a lower £PWP due to have less PMS premium reinvestment.

2023/24 M1-11 ARRS WTE and Expenditure

North Central London
Integrated Care Board

Role	Average M1-11 WTE	M11 WTE	YTD Reimbursement £	Reimbursement Accrual £	YTD Total Expenditure £
Advanced Clinical Practitioner Nurse	4.05	8.07	202,580	31,208	233,788
Advanced Paramedic Practitioner	2.25	3.30	142,139	-	142,139
Advanced Pharmacist Practitioner	16.16	15.89	776,758	98,024	874,781
Advanced Physiotherapist Practitioner	4.61	4.07	275,699	10,697	286,397
Apprentice Physician Associate	0.18	1.00	6,828	-	6,828
Care Coordinator	187.64	218.84	4,582,678	659,068	5,241,745
Clinical Pharmacist	238.49	251.27	11,635,501	773,521	12,409,023
Dietician	2.43	3.70	131,901	5,094	136,995
Digital and Transformation Lead	26.02	28.62	1,283,296	166,675	1,449,972
First Contact Physiotherapist	18.83	19.15	886,070	190,442	1,076,511
General Practice Assistant	53.44	66.27	1,353,602	74,663	1,428,264
Health and Wellbeing Coach	17.17	16.39	516,696	43,224	559,920
Mental Health Practitioner Band 8a	3.45	4.00	85,706	17,997	103,702
Mental Health Practitioner Band 7	12.29	11.07	320,515	15,597	336,112
Nursing associate	6.50	4.63	182,971	19,812	202,783
Occupational therapist	1.59	1.40	92,981	-	92,981
Paramedic	7.58	7.26	359,861	10,149	370,010
Pharmacy Technician	22.43	20.67	682,101	52,588	734,689
Physician Associate	98.73	97.41	4,521,750	196,567	4,718,316
Social Prescribing Link Worker	80.13	82.45	2,504,193	197,274	2,701,467
Trainee nursing associate	9.34	8.51	233,335	26,385	259,719
Total ARRS	**813.32**	**873.94**	**30,777,160**	**2,588,984**	**33,366,145**

The table summarises the 2023/24 Additional Roles Reimbursement Scheme (ARRS) average M1-11 Working Time Equivalent (WTE), M11 WTE and total YTD reimbursement. It includes an accrual for missing costs from 1st Apr 2023 to 29th Feb 2024.

The expectation is that NCL providers can offer permanent contracts where appropriate, making full use of their ARRS entitlement. NHSE have confirmed staff employed through the scheme will be considered part of the core general practice cost base beyond 2023/24.

As at M11, there is a breakeven YTD and FOT position on ARRS. In M11, NHSE released the additional funds of £12.3m required.

Appendix 3 & 4 shows the WTE/Headcount per role by PCN.

Appendix 1 - 2023/24 M11 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	24,114	21,556	2,558	26,307	25,325	982
GMS	26,525	29,110	(2,585)	28,937	28,865	72
APMS	678	738	(60)	739	941	(202)
Other Medical Services	14,217	14,609	(392)	16,289	16,107	182
Total Primary Care Medical Services	**65,533**	**66,012**	**(480)**	**72,272**	**71,239**	**1,033**

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	32,684	32,321	362	35,656	34,355	1,301
GMS	7,952	7,676	276	8,676	8,655	21
APMS	2,553	3,148	(595)	2,785	3,485	(700)
Other Medical Services	11,779	11,300	479	13,340	12,986	354
Total Primary Care Medical Services	**54,968**	**54,446**	**522**	**60,456**	**59,480**	**976**

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	21,850	22,020	(170)	23,837	22,997	840
GMS	19,489	19,280	210	21,262	21,211	51
APMS	4,412	4,417	(5)	4,814	6,076	(1,263)
Other Medical Services	11,823	11,260	563	13,424	12,959	465
Total Primary Care Medical Services	**57,575**	**56,977**	**598**	**63,336**	**63,242**	**94**

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	23,115	21,820	1,295	25,217	24,276	941
GMS	15,140	14,213	927	16,516	16,476	40
APMS	5,489	7,775	(2,286)	5,988	7,309	(1,320)
Other Medical Services	11,371	10,413	958	12,916	11,894	1,022
Total Primary Care Medical Services	**55,115**	**54,220**	**894**	**60,638**	**59,954**	**684**

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	3,095	3,040	55	3,376	3,226	150
GMS	30,408	29,109	1,299	33,173	33,087	86
APMS	3,474	4,754	(1,280)	3,790	4,789	(999)
Other Medical Services	10,538	10,215	323	11,947	11,958	(11)
Total Primary Care Medical Services	**47,514**	**47,118**	**396**	**52,286**	**53,061**	**(775)**

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Appendix 2 - 2023/24 M11 Primary Care Delegated Commissioning Expenditure for Non-Borough Services

North Central London
Integrated Care Board

Service	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
Assisted Roles Reimbursement Scheme (ARRS)	(1,897)	0	(1,897)	(1,907)	60	(1,968)
Other	338	338	(0)	369	369	0
Total Non-Borough Related Services	**(1,559)**	**338**	**(1,897)**	**(1,539)**	**429**	**(1,968)**

The ARRS annual budget of -£1,907k reflects the underspend against the maximum ARRS funding available that followed a change in guidance in November 2023. This 1) stopped the transfer of unclaimed funding between PCNs and 2) advised PCNs could no longer breach their individual entitlements.

Other budgets include Caretaking Premium, PCSE letters, Infection Prevention Control and Sterile Products.

Appendix 3 - 2023/24 ARRS WTE per role per PCN as at M11

North Central London
Integrated Care Board

PCN	Advanced Clinical Practitioner Nurse	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Apprentice Physician Associate	Care Coordinator	Clinical Pharmacist	Dietician	Digital and Transformation Lead	First Contact Physiotherapist	General Practice Assistant	Health and Wellbeing Coach	Mental Health Practitioner Band 7	Mental Health Practitioner Band 8a	Nursing associate	Occupational therapist	Paramedic	Pharmacy Technician	Physician Associate	Social Prescribing Link Worker	Trainee nursing associate	Grand Total
BARNET 1D PCN						9.67	7.71		3.00	2.34	0.51							2.00		2.32		**27.55**
BARNET 1W PCN			1.00			2.00	3.00	0.60	1.00	1.00	3.00	0.80		1.00		1.00		1.00		2.32		**17.72**
BARNET 2 PCN			3.51			42.24	7.34		1.00	1.40			1.00					2.00	1.00	7.80		**67.29**
BARNET 3 PCN			1.80			22.15	9.79		1.00	4.60		3.19		2.00	2.23			1.40	0.37	6.00	2.00	**56.52**
BARNET 4 PCN						9.00	3.00		3.00	1.00	3.50	2.00	1.00					1.00		3.07		**26.57**
BARNET 5 PCN	0.53					5.00	7.54	1.00	0.80	2.00			1.00							1.50		**19.37**
BARNET 6 PCN			2.68			3.93	9.76		1.17	2.13	1.12								2.24	3.11		**26.15**
CENTRAL 1 ISLINGTON PCN						2.00	12.87		1.00			1.60						1.00	2.21	4.00		**24.68**
CENTRAL 2 ISLINGTON PCN						1.95	11.11		0.50											4.00		**17.55**
CENTRAL CAMDEN PCN						4.00	9.40		1.00			1.00						1.00	13.53	1.00		**30.93**
CENTRAL HAMPSTEAD PCN		0.80				0.59	3.44		1.00		2.00								4.87	0.93		**13.63**
EDMONTON PCN			0.60			2.00	4.40		1.00		3.60	1.00							3.00	1.00		**16.60**
ENFIELD CARE NETWORK PCN	1.45					2.59	18.24		1.20		9.10	3.60	1.00				0.52	0.60				**38.30**
ENFIELD SOUTH WEST PCN						3.00	10.60		1.00								1.00		1.00	1.00		**17.60**
ENFIELD UNITY PCN		2.50				18.81	33.80	2.00	1.00		3.37	1.60						1.00	16.28	6.53	1.00	**87.90**
HARINGEY - EAST CENTRAL PCN					1.00	4.91	3.87			1.00									4.70	4.61		**20.09**
HARINGEY - N15/SOUTH EAST PCN						4.75	5.77		1.07		0.29		1.00					2.00	1.48	1.07		**17.43**
HARINGEY - NORTH CENTRAL PCN						8.47	6.24					1.00	1.00				0.49		2.00	2.00		**21.21**
HARINGEY - NORTH EAST PCN	3.20			0.90		5.80	6.01			1.00	3.84		1.00					1.00	5.07	1.80	3.00	**32.62**
HARINGEY - NORTH WEST PCN						13.45	7.73						1.07					1.00		2.00		**25.25**
HARINGEY - SOUTH WEST PCN	0.80					3.17	9.31		1.07		0.53		1.00		0.40		1.00		0.64	2.00		**19.93**
HARINGEY - WELBOURNE PCN						9.00	8.59		1.00		4.28		1.00					0.67	1.65	2.20	0.51	**28.89**
KENTISH TOWN CENTRAL PCN						4.49	5.15				3.47				1.00				4.88	4.53		**23.52**
KENTISH TOWN SOUTH PCN						2.67	4.80		2.00		4.93									1.00		**15.40**
NORTH 1 ISLINGTON PCN	1.00			2.00			8.81		1.00		3.00	0.60				0.40		1.00		3.00		**20.81**
NORTH 2 ISLINGTON PCN			6.30	0.67		16.27	0.64	0.10		0.21	3.16			1.00	1.00				9.00	1.30		**39.65**
NORTH CAMDEN PCN	1.00					1.00	3.00		1.01		3.00								9.61	2.40	1.00	**22.03**
SOUTH CAMDEN PCN						1.00	3.24		0.80		10.74								1.60	1.00		**18.38**
SOUTH ISLINGTON PCN				0.50		2.79	13.88		1.00	2.47							2.24	3.00		4.00		**29.88**
WEST AND CENTRAL PCN						6.52	2.00		1.00		1.00						1.00	1.00	5.00	1.00		**18.52**
WEST CAMDEN PCN						2.25	2.93				1.82		1.00						5.27	2.95	1.00	**17.23**
WEST ENFIELD COLLABORATIVE PCN	0.08					3.37	7.31										1.00		2.00	1.00		**14.76**
Grand Total	**8.07**	**3.30**	**15.89**	**4.07**	**1.00**	**218.84**	**251.27**	**3.70**	**28.62**	**19.15**	**66.27**	**16.39**	**11.07**	**4.00**	**4.63**	**1.40**	**7.26**	**20.67**	**97.41**	**82.45**	**8.51**	**873.94**

Appendix 4 - 2023/24 ARRS Headcount per role per PCN as at M11

North Central London Integrated Care Board

PCN	Advanced Clinical Practitioner Nurse	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	Apprentice Physician Associate	Care Coordinator	Clinical Pharmacist	Dietician	Digital and Transformation Lead	First Contact Physiotherapist	General Practice Assistant	Health and Wellbeing Coach	Mental Health Practitioner Band 7	Mental Health Practitioner Band 8a	Nursing associate	Occupational therapist	Paramedic	Pharmacy Technician	Physician Associate	Social Prescribing Link Worker	Trainee nursing associate	Grand Total
BARNET 1D PCN						22.00	9.00		3.00	4.00	1.00							2.00		3.00		**44.00**
BARNET 1W PCN			1.00			2.00	3.00	1.00	1.00	1.00	3.00	1.00		1.00		1.00		1.00		3.00		**19.00**
BARNET 2 PCN			4.00			51.00	11.00		1.00	2.00			1.00					2.00	1.00	10.00		**83.00**
BARNET 3 PCN			3.00			28.00	11.00		1.00	5.00		4.00		2.00	3.00			2.00	1.00	6.00	2.00	**68.00**
BARNET 4 PCN						9.00	3.00		3.00	1.00	4.00	2.00	1.00					1.00		4.00		**28.00**
BARNET 5 PCN	1.00					5.00	11.00	1.00	1.00	2.00			1.00							2.00		**24.00**
BARNET 6 PCN			3.00			10.00	12.00		2.00	3.00	2.00								8.00	4.00		**44.00**
CENTRAL 1 ISLINGTON PCN						2.00	14.00		1.00			3.00						1.00	3.00	4.00		**28.00**
CENTRAL 2 ISLINGTON PCN						4.00	16.00		1.00											5.00		**26.00**
CENTRAL CAMDEN PCN						4.00	10.00		1.00			1.00						1.00	15.00	1.00		**33.00**
CENTRAL HAMPSTEAD PCN		1.00				1.00	5.00		1.00		2.00								5.00	2.00		**17.00**
EDMONTON PCN			1.00			2.00	5.00		1.00		4.00	1.00							3.00	1.00		**18.00**
ENFIELD CARE NETWORK PCN	2.00					3.00	21.00		2.00		13.00	4.00	1.00				1.00	1.00				**48.00**
ENFIELD SOUTH WEST PCN						3.00	11.00		1.00								1.00		1.00	1.00		**18.00**
ENFIELD UNITY PCN		4.00				26.00	36.00	2.00	1.00		6.00	2.00						1.00	17.00	7.00	1.00	**103.00**
HARINGEY - EAST CENTRAL PCN					1.00	5.00	6.00			1.00									5.00	5.00		**23.00**
HARINGEY - N15/SOUTH EAST PCN						6.00	10.00		1.00		1.00		2.00					2.00	2.00	2.00		**26.00**
HARINGEY - NORTH CENTRAL PCN						10.00	8.00					1.00	2.00				1.00		2.00	2.00		**26.00**
HARINGEY - NORTH EAST PCN	3.00			1.00		7.00	8.00			1.00	4.00		1.00					1.00	5.00	2.00	3.00	**36.00**
HARINGEY - NORTH WEST PCN						14.00	12.00						2.00					1.00		2.00		**31.00**
HARINGEY - SOUTH WEST PCN	1.00					5.00	13.00		1.00		1.00		1.00		1.00		2.00		1.00	2.00		**28.00**
HARINGEY - WELBOURNE PCN						9.00	10.00		1.00		6.00		2.00					1.00	5.00	3.00	1.00	**38.00**
KENTISH TOWN CENTRAL PCN						6.00	6.00				4.00				1.00				5.00	5.00		**27.00**
KENTISH TOWN SOUTH PCN						3.00	6.00		2.00		5.00									1.00		**17.00**
NORTH 1 ISLINGTON PCN	1.00			4.00			10.00		1.00		3.00	1.00				1.00		1.00		3.00		**25.00**
NORTH 2 ISLINGTON PCN			7.00	1.00		21.00	1.00	1.00		1.00	4.00			1.00	1.00				9.00	2.00		**49.00**
NORTH CAMDEN PCN	1.00					1.00	3.00		2.00		3.00								10.00	3.00	1.00	**24.00**
SOUTH CAMDEN PCN						1.00	5.00		1.00		15.00								2.00	1.00		**25.00**
SOUTH ISLINGTON PCN				1.00		4.00	18.00		1.00	3.00							3.00	3.00		4.00		**37.00**
WEST AND CENTRAL PCN						7.00	2.00		1.00		1.00						1.00	1.00	5.00	1.00		**19.00**
WEST CAMDEN PCN						3.00	3.00				2.00		1.00						5.00	3.00	1.00	**18.00**
WEST ENFIELD COLLABORATIVE PCN	1.00					5.00	8.00										2.00		2.00	1.00		**19.00**
Grand Total	**10.00**	**5.00**	**19.00**	**7.00**	**1.00**	**279.00**	**307.00**	**5.00**	**32.00**	**24.00**	**84.00**	**20.00**	**15.00**	**4.00**	**6.00**	**2.00**	**11.00**	**22.00**	**112.00**	**95.00**	**9.00**	**1,069.00**

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Appendix 5 - 2023/24 DES expenditure as at M11

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	Commentary
Assisted Roles Reimbursement Scheme	33,366	33,366	0	36,649	36,649	0	Additional drawdown of £12.3m from NHSE received in M11
Care Home Premium	724	694	30	790	749	41	
Clinical Director	1,185	1,184	1	1,296	1,295	1	
Enhanced Access	12,125	12,115	10	13,257	13,245	12	0
Investment and Impact Fund Aspiration	1,065	1,065	0	1,193	1,193	0	0
Investment and Impact Fund Achievement	0	0	0	511	511	0	30% Achievement paid in the following year as per QOF. Budget is profiled in M12.
Leadership Management Fund	1,080	1,094	(13)	1,181	1,196	(15)	Delegated was allocated £1.181m at month 3 from the SDF funds held in Non-Delegated which has left a shortfall of £16k. £16k has been identified from un-utilised prior year funds to offset the shortfall.
Network Participation Payment	2,711	2,708	3	2,965	2,965	0	
Capacity and Access Support	4,424	4,421	3	4,837	4,833	4	Recycled from IIF. FYE for 23/24.
Capacity and Access Incentive	0	0	0	2,073	2,073	0	New scheme for 23/24 which is recycled from IIF funds. This will be paid in the following year as per QOF. Budget is profiled in M12.
Total PCN Services	**56,681**	**56,647**	**34**	**64,754**	**64,710**	**44**	

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	Commentary
Learning Disability	1,195	1,195	0	1,304	1,304	0	
Minor Surgery	527	527	(0)	576	576	0	Overspend is linked to Q2 claims exceeding YTD budget.
Violent Patients	214	214	(0)	234	234	0	
Total GP Services	**1,937**	**1,937**	**0**	**2,114**	**2,114**	**0**	

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Appendix 6 - 2023/24 Non-Delegated Enhanced and Access Services as at M11

North Central London
Integrated Care Board

Non Delegated Enhanced and Access Services	YTD Budget	YTD Actual	YTD Variance Fav/(Adv)	Annual Budget	Forecast Outturn	Forecast Variance Fav/(Adv)	Commentary
	£000's	£000's	£000's	£000's	£000's	£000's	
Locally Commissioned Services	16,707	16,707	0	18,225	18,225	0	
GP Hubs	4,105	4,105	0	4,478	4,478	0	This service is funded from the reallocation of the 22/23 Extended Access budget
Total Non Delegated GP Services	**20,812**	**20,812**	**0**	**22,703**	**22,703**	**0**	

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North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
Tuesday 16 April 2024

Report Title	Primary Care Committee Risk Register	**Date of report**	19 March 2024	**Agenda Item**	4.1
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Place	**Email / Tel**		sarah.mcdonnell1@nhs.net	
Board Member Sponsor	Not applicable				
Report Author	Kate McFadden-Lewis, Governance and Risk Lead	**Email / Tel**		katemcfadden-lewis@nhs.net	
Name of Authorising Finance Lead	Not applicable	**Summary of Financial Implications** This report assists the ICB in managing its most significant financial risks within the remit of the Committee.			
Name of Authorising Estates Lead	Not applicable	**Summary of Estates Implications** This report assists the ICB in managing its most significant estates risks within the remit of the Committee.			

Report Summary

This report provides an overview of material risks falling within the remit of the Primary Care Committee ('Committee') of North Central London Integrated Care Board ('ICB').

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 3 risks on the Committee Risk Register are ICB risks generated from risks or issues in other organisations.

The Committee Risk Register

There are 3 risks on the Committee Risk Register. The threshold for escalation to the Committee is a risk score of 12 or higher. Since the last meeting of the Committee the risk rating of these risks has remained the same.

Key Highlights:

PERF18: *Failure to effectively develop the primary care workforce (Threat).*
Current Risk Rating: 12 (unchanged).
This risk highlights the importance of Primary Care workforce development and the ongoing challenges with recruitment and retention.

	A range of national and local schemes are in place to mitigate the risk. These were reported on at the last Committee. There is an expectation that ICBs and systems will continue to explore ways to support practices and PCNs to recruit. The work with the Training Hub on supervision, development and support for new roles and the wider practice team is also key. The Primary Care Access Recovery Plan supports the workforce more broadly. **PERF22:** *Failure to manage impact of increased building costs on General Practice estate (Threat).* **Current Risk Rating:** 12 (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. 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. This will come to a future Committee. **PERF28:** *Failure of Primary Care patient access (Threat).* **Current Risk Rating:** 12 (unchanged). Access to Primary Care remains a key challenge and risk. Demand has increased significantly during and since the COVID-19 pandemic exacerbating access challenges. The ICB published its latest report on progress against the national Access Recovery Plan at ICB Board in March 2024. This showed that we were on track with delivery and highlighted specific areas of challenge, which are common to those experienced by other ICBs. Further work is required to address access to Primary Care, including: • Understanding and addressing patient expectations and experience – we have commissioned additional external communication and engagement expertise to support this work; • Ease of access in particular understanding and addressing the impact of digital inclusion / exclusion On average practices have delivered a 15 - 30 % increase in activity compared to pre COVID times. With such a significant rise in activity and workload, PCC and the ICB Board of Members have been clear that work is needed to understand demand vs need and planning is underway to address this.
Recommendation	The Committee is asked to**:** • **NOTE** the report and provide feedback on the risks: • **IDENTIFY** any strategic gaps within the Committee's remit and propose any areas where further investigative work may support further risk mitigation.
Identified Risks and Risk Management Actions	The risk register will be a standing item for each meeting of the Committee.

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

NCL ICB Corporate Risk Register - March 2024

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)	Committee	Strategic Update for Committee	Date of Last Update	Status
PERF18	Sarah McDonnell-Davies - Executive Director of Place	Sarah McIlwaine - Director of Primary Care	Provide robust support to, and development of, our workforce - including through change	**Failure to effectively develop the primary care workforce (Threat).** **CAUSE**: If the ICB is ineffective in developing the primary care workforce, **EFFECT:** There is a risk that it will not deliver the primary care strategy. **IMPACT**: patients with long term conditions are not fully supported in primary care and require more frequent hospital care. .	4	3	12	C1. Establishment of primary care networks. Primary Care Networks recruiting new roles through national Additional Roles Reimbursement Scheme (ARRS) programme. C2. Close work with NCL Training Hub to maximise impact of available funding for workforce development, recruitment and retention. C3. Ongoing ICB support of PCNs in relation to ARRS role development and recruitment C4. Development of NCL-wide People Strategy C5. Approval of a consistent approach to managing long term conditions in primary care via an LCS - uses full range of primary care workforce and creates space for practices to deliver proactive care (launching October 2023). C6. Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice C7. Delivery of the Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities for 2022-23 developed by NCL Training Hub C8. Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new entrants to the practice workforce C9. Additional GP Nursing funding received to enable workforce development schemes focussing on Reception & Admin staff, Healthcare Assistants ('HCA'), GP Nurses ('GPN'), Nursing Associates ('NAs'), Trainee Nursing Associates ('TNAs'), retention of volunteers C10. Primary Care Flexible Staff Pool and an offer to strengthen links between practices and GPs and GPNs wishing to work flexibly is live C11. Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce C12. 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. C13. A Primary Care Wellbeing Lead is in place. C14. Development of Borough-based workforce analysis - to be reviewed by ICB PCC.	C1. Committee papers C2. Programme papers; ICB papers and General Practice Forward View ('GPFV') funding; Strategy Scheme (ARRS) programme. C3. Staff in place, annual PCN workforce planning submission to NHSE. Training Hub supporting ARRS role development and responding to concerns around the role of and support to Physician Associates C4. People Strategy now approved C5. LTC LCS approved. Set up included Training Hub work with practices. Launched Oct 2023. Provides capacity for workforce to deliver proactive care. C6. National funding policy including System Development Funding C7. Strategy/Committee papers C8. Fellowship programmes delivered by NCL Training Hub, updates provided via workforce committee structures C9. Initiatives in place delivered by NCL Training Hub, updates provided via workforce committee structures C10. Contract in place and contract monitoring meetings to ensure delivery C11. Memorandum of understanding with NCL Training Hub C12. Reporting against System Development Funding C13. Primary Care Wellbeing Lead in place and new website launched. C14. Primary Care Workforce Dashboard	AVERAGE: The controls have a 61 – 79% chance of successfully controlling the risk	4	3	12	CN1. Implementation of 2023/24 GP retention funding CN2. Development of robust support and supervision standards for ARRS and Direct Patient Care roles (non GP and GPN);	A1. System Development Funding ('SDF') Local GP Retention Funding to support delivery of workforce actions in Fuller Report A2. CMO & CNO scoping of gaps in supervision & support of ARRS and Direct Patient Care roles. T&F group established	A1. 31.03.2024 A2. 30.01.2024	A1. Proposed approach to SDF allocation was approved by EMT on 10/08/2023. Local retention plans now being collated to form a service specification with NCL Training Hub who will oversee delivery. A2. Complete - Task and finish group held first meeting mid September to review supervision models for ARRS roles and second meeting December 2023. Approach to SDF allocation also gives the NCL Training Hub a role in capturing different approaches to supervision to feed into this work. Training Hub Quality group will focus on supervision and set out a programme of work in its December meeting. January meeting will continue this work. ICB representatives from primary care and quality in attendance.	3	3	9	Primary Care Committee	This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention. A range of national and local schemes are in place to mitigate the risk. These include the national Primary Care Network ('PCN') additional roles reimbursement scheme ('ARRS') which has enabled PCNs to access national funding to recruit into a range of 18 different roles. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit. The focus of work with the Training Hub, on supervision, considers the way that the ARRS roles can be supported to operate within the wider multi-disciplinary team in general practice. This will in turn inform approaches to supervision in integrated neighbourhood teams as they develop over time.	07.03.2024	Open
PERF22	Sarah McDonnell-Davies - Executive Director of Places	Nicola Theron - Director of Estates	Maintain strong financial vigilance	**Failure to manage impact of increased building costs on General Practice estate (Threat).** **CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent to develop the General Practice estate, due to increased construction costs because of disrupted supply chains, **EFFECT:** There is a risk that Primary Care development schemes will either be cancelled or will have be to be scaled down. There is a risk that when GPs retire, re-providing premises is unaffordable. Additional capital will need to be found for existing schemes already under contract. **IMPACT:** This may result in the ICB being unable to deliver improvement to Primary Care services and negative patient experience. This may result in an inability to provide/re-provide sufficient Primary Care accommodation where needed. This may also result in an inability to invest as desired to improve patient care and support existing services. This may also impact on the ability to improve our (digital and) estates infrastructure in line with the needs of our population, due to lack of funding options available to secure investment and our ability to deliver modern and safe care.	3	4	12	C1. Primary Care Commissioners and Estate teams in situ, with negotiation experience, and ensure buy in of all partners of process and timetable. Focus on ensuring 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 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 will present initial findings to PCC by April 2024, next steps and implications to be agreed	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	4	12	CN1. Monitoring of increased costs, currently c. 20%, and impact on Rent and Contingency Budgets CN2. Prioritisation of Primary Care development schemes and identify those practices most at risk / nearing retirement CN3. Support critical negotiations with Landlords and Developers CN4. PCN Infrastructure Plans will identify estate quality, sufficiency or fit-for-purpose issues CN5. Securing capital allocation and/or underspend from the overall ICS prioritisation process	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 will support prioritisation of investment, including further consistency in spend re new build and refurb projects	A1. 30.04.2024 A2. 30.04.2024 A3. 31.05.2024 A4. 31.03.2024 A5. 30.04.2024	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 A2. Ongoing action, has incorporated the current findings of prioritisation process in A1. A3. To be scheduled A4. 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)	3	3	9	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. 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.	26/02/2024	Open
PERF28	Sarah McDonnell-Davies - Executive Director of Place	Sarah McIlwaine - Director of Primary Care	Tackle health inequalities and strengthen the system approach to population / place-based health and care management	**Failure of Primary Care patient access (Threat).** **CAUSE:** If the ICB fails to address patient and stakeholder concerns around timely and appropriate access to general practice, **EFFECT:** There is a risk that patients do not present to the right place at the right time. There is a risk to the reputation of provision and commissioning. There is a risk to NHS staff of negativity and abuse. **IMPACT:** This may result in pressures elsewhere in the system. There may be a negative impact on the workforce and providers.	3	4	12	C1. ICB Primary Care, Analytics and Comms teams developing insights into access in general practice C2. Primary Care Operation Group meetings with stakeholders including Local Medical Committees ('LMC') to maintain visibility on pressures and support any escalations C3. Communication campaign with local residents to ensure the services offered by and approach to accessing general practice and wider primary care is clear C4. Engagement of key stakeholders including staff, NHSE, LMC, Clirs C5. System Executive briefed on the challenges and supporting local solutions C6. Winter plans include additional resources to support access over Q4. C7. Support for General Practice staff - recruitment, retention, wellbeing, zero tolerance of abuse C8. System Capacity and Access Plan submitted to ICB Board November 2023 with subsequent report due March 2024 (Primary Care Access Recovery Plan)	C1. Data and insights including Q&P report for PCC C2. Reports, meeting notes, minutes C3. Communications materials C4. Reports, meeting notes and minutes, ICS communications C5. Reports, meeting notes, minutes C6. Reports, meeting notes, minutes C7. Workforce plans including People Strategy and Training Hub programme C8. Reports, meeting notes, minutes	WEAK: The controls have a 1 – 60% chance of successfully controlling the risk	3	4	12	CN1. The ICB is required to publish an update to the system capacity and access plan in March 2024 as part of responding to the Access Recovery Plan. CN2. Local programme of work to respond to the national Access Recovery Plan for General Practice to be progressed.-Includes detailed work with practices in order to support adoption of *Modern General Practice* model	A1 The system Capacity and Access Plan will be set out based on the work taking place under A2 below. National guidance is anticipated to determine the format that this should take. A2. The NCL Primary Care Team is delivering the plan with a virtual team drawing in borough support, digital, GPIT, communities, and broader ICB support.	A1. 31.03.2024 A2. 31.03.2025	A1. Supported by A2. Report will go to EMT and PCC prior to submission to the ICB Board in March 2024. A2. PMO support has established the required programme architecture. A specification for commissioned change support for practices has been issued with an invitation to quote, with a view to confirming a lead provider by February 2024. Competitive exercise to identify provider complete, planning underway.	3	3	9	Primary Care Committee	Access to Primary Care remains a key challenge and risk. Demand has increased significantly during and since the COVID-19 pandemic exacerbating access challenges. This is under discussion at the London Primary Care Board with NCL input. The ICB published a system capacity and access plan in November 2023 as part of responding to the Access Recovery Plan. This showed that we were on track with delivery and highlighted specific areas of more challenged delivery which are common to those experienced by other ICBs. The next update is required to be presented to the ICB public Board of Members meeting in March 2024. Further work is required to address access to Primary Care, including: •patient experience; •base of access (including digital inclusion / exclusion); and, •contributing factors including workforce and patient needs and expectations. On average practices have witnessed a 15 to 30 % increase in appointments compared to before COVID-19. With such a significant rise in activity in general practice, work is also needed on demand. The ICB Board of Members has been clear that work is needed to understand demand versus need and planning is underway to address this. This will be overseen by the Primary Care Committee.	05.03.2024	Open

North Central London ICB PCC Risk Overview Report

Risk ID	Risk Title	Risk Owner	Risk description	2023 - 2024 Current Risk Score OCT	NOV	JAN	MAR	Movement From Last Report	Target Risk Score
PERF18	**Failure to effectively develop the primary care workforce (Threat).**	Sarah McDonnell-Davies - Executive Director of Place	**CAUSE:** If the ICB is ineffective in developing the primary care workforce, **EFFECT:** There is a risk that it will not deliver the primary care strategy. **IMPACT:** This may result in the ICB being unable to provide effective Primary Care services and negative patient experience, higher ED attendance from patients with long term conditions and low staff morale.	16	12	12	12	→	9
PERF22	**Failure to manage impact of increased building costs on General Practice estate (Threat).**	Sarah McDonnell-Davies - Executive Director of Place	**CAUSE:** If the ICB does not manage the need for increased capital investment or increased rent to develop the General Practice estate, due to increased construction costs because of disrupted supply chains, **EFFECT:** There is a risk that Primary Care development schemes will either be cancelled or will have be to be scaled down. There is a risk that when GPs retire, re-providing premises is unaffordable. Additional capital will need to be found for existing schemes already under contract. **IMPACT:** This may result in the ICB being unable to deliver improvement to Primary Care services and negative patient experience. This may result in an inability to provide/re-provide sufficient Primary Care accommodation where needed. This may also result in an inability to invest as desired to improve patient care and support existing services. This may also impact on the ability to improve our (digital and) estates infrastructure in line with the needs of our population, due to lack of funding options available to secure investment and our ability to deliver modern and safe care.	12	12	12	12	→	9
PERF28	**Failure of Primary Care patient access (Threat).**	Sarah McDonnell-Davies - Executive Director of Place	**CAUSE:** If the ICB fails to address patient and stakeholder concerns around timely and appropriate access to general practice, **EFFECT:** There is a risk that patients do not present to the right place at the right time. There is a risk to the reputation of provision and commissioning. There is a risk to NHS staff of negativity and abuse. **IMPACT:** This may result in pressures elsewhere in the system. There may be a negative impact on the workforce and providers.	12	12	12	12	→	9

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**

NHS
North Central London
Integrated Care Board

NCL ICB PRIMARY CARE COMMITTEE

Minutes of Contract Decisions Meeting held on Tuesday 20 February 2024 between 8:45am and 9:30am

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

Voting Members	
Ms Liz Sayce	Non - Executive Member & **Co - Chair**
Ms Sarah McDonnell-Davies	Executive Director of Place & **Executive lead for the Committee**
Dr Josephine Sauvage	Chief Medical Officer
Non – Voting Participants & Observers	
Ms Vanessa Piper	Assistant Director of Primary Care (Commissioning & Contracting)
Mr Anthony Marks	Assistant Head of Primary Care (Commissioning & Contracting)
Ms Su Nayee	Assistant Head of Primary Care (Commissioning & Contracting)
Ms Vivienne Ahmad	Board Secretary **(Minutes)**
Apologies	
Mr Usman Khan	Non - Executive Member & **Committee Chair**

1.0	**INTRODUCTION**
1.1	**Declarations of Interest (Not otherwise stated)**
1.1.1	• Committee Members were invited to note their entries on the Register of Declarations of Interest. No additions were made. • The Chair also invited members of the Committee to declare any interests in respect to the items on the agenda. No interests were declared. • The Chair invited members of the Committee to declare any gifts and hospitality received. No gifts and hospitality items were declared.
2.0 BUSINESS	
2.1	**Contract Variations** **All Boroughs – PMS Agreement Changes**
2.1.1	The Committee was requested to consider a contract variation for one practice: • **Enfield - Medicus Health Partners – Removal of a partner** Under the PMS contract, when partners need to be added or removed from the contract, approval is sought through the ICB. Practices are required to provide

	assurances around clinical appointments and capacity. The practices that have under-provision of GP and / or nurse appointments are asked to respond with their plans. Medicus Health Partners (MHP) has asked to remove a partner. It was noted there was a deficit of 604 nurse appointments per week along with a shortfall of 66 GP appointments per week. MHP has signed up to the Nurse Apprenticeship Scheme, and the plan is to attract and encourage HCAs to start the programme and the Nurse Associate Programme.
2.1.2	In considering the paper, the Committee made the following comments: • This is one of the biggest practices in NCL. • GP: patient and GP: GP appointment ratios need to be reviewed and data queried and verified.
	The Committee APPROVED the contract change.
2.2	**Enfield - Bounces Road Surgery – Application to incorporate GMS contract**
2.2.1	The Committee was asked to endorse the proposed conditions and approve the application to novate the Bounces Road GMS contract to the Bounces Road Surgery Limited. The following was highlighted: • The Bounces Road Surgery is a 2-partner practice holding a GMS contract with a list size of 6670 patients. • The practice is requesting to novate their contract. • The ICB has undertaken due diligence of the application and supporting documentation provided and there were no concerns identified. • The current contract will be terminated, and a new contract will be issued with no change in terms of conditions. So, therefore Provider Selection Regime rules do not apply in this case. • The practice has completed a patient and stakeholder engagement as well an EQI and QIA and there were no issues identified because of no change. • The practice has had a historical debt with premises reimbursement of which approval will be contingent to this debt being cleared and a lease being in place with the landlord CHP. • Also, because it's a new contract, there is a need to ensure that CQC registration is completed and therefore approval will be on contingent of the completion of the CQC registration. • It is a GMS contract, so any partner that comes into the business itself would be required to meet the requirements of the 2006 NHS Act.
2.2.2	In considering the paper, the Committee made the following comments: • In the paper under the risk section, it states a change of control clause would be inserted whereby the Commissioner's consent is required to any subsequent change in ownership including transfers, which is not standard in a GMS contract. • This is not within the contract, but it would be done as a contract variation. • The ICB would like to understand the terms in their Articles of Association and ensure there are safeguards that support the public interest. • It was noted both a memorandum of association and articles of association are required for a company formed in the UK under the Companies Act 2006. The memorandum of association is the document that sets up the company and the articles of association set out how the company is run, governed and owned. The articles include the responsibilities and powers of the directors and the means by which the members exert control over the board of directors.

	• The public interest, NHS Values and consent for any change in control should be included as standard. • It was agreed to support this change on the basis the terms above are included in the Articles of Association. • The Bounces Road Surgery is presented as low risk as no change is anticipated or being sought to the partnership and control. • It needs to be clear that any other change would be seemed high risk and would require review at full committee. The Committee agreed to go ahead on the condition that actions above were taken.
	Subject to the above conditions being met, the Committee APPROVED the application to novate the Bounces Road GMS contract to the Bounces Road Surgery Limited.
3.0	**ANY OTHER BUSINESS**
3.1	**AOB**
3.1.1	No further business was discussed.
4.0	**DATE OF NEXT MEETING**
4.1	16 April 2024