North Central London
Integrated Care Board

NHS North Central London ICB
Primary Care Committee Meeting

Tuesday 20 February 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 09:40am
1.2	Declarations of Interest (Not otherwise stated)	All	Note	3	
1.3	Draft Minutes of the PCC meeting on 19 December 2023	Usman Khan	Approve	8	
1.4	Action log	Usman Khan	Approve	18	
1.5	Matters Arising	Usman Khan	Note	Oral	
2.	**BUSINESS**				
2.1	**Barnet** • Wentworth Medical Practice – request to close Derwent Crescent branch	Vanessa Piper / Borough Reps	Approve	20	09:40am to 09:50am
2.2	**Barnet** • Cricklewood Health Centre – Allocation to PCN 6	Vanessa Piper / Borough Reps	Approve	31	09:50am to 10.00am
3.	**OVERVIEW REPORTS**				
3.1	Quality & Performance Report (including Complaints Data)	Simon Wheatley	Note	48	10:00am to 10:10am
3.2	Primary Care Finance Update – Month 9	Sarah Rothenberg	Note	64	10:10am to 10.15am

4.	**STRATEGIC PRIORITIES**				
4.1	Update regarding supervision and support for Physician Associates in North Central London in light of a Serious Untoward Incident.	Rachel Lissauer	Note	79	10:15am to 10:25am
4.2	Primary Care Workforce Report	Sarah Louise Morgan	Note	89	10:25am to 10:45am
4.3	National Delivery Plan for Recovering Access to Primary Care – Update on delivery.	Becky Kingsnorth	Approve	102	10:45am to 10:55am
5.	**GOVERNANCE**				
5.1	Primary Care Committee Risk Register	Sarah McDonnell-Davies	Note	126	10:55am to 11:00am
6.	**FOR INFORMATION**				
6.1	Minutes of Contract Decisions Meeting held on 14 December 2023	Usman Khan	Note	133	11am
7.	**ANY OTHER BUSINESS**				
	DATES OF NEXT MEETINGS				
	• **2024**: 16 April, 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.				

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
20 February 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 - February 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	06/07/2023	
	Member of ICB Board	Barnet Enfield Haringey MHT	no	no	no	indirect	daughter is an employee	01/01/2023	current	06/07/2023		
	Member of Executive Management Team											
	Member of Quality and Safety Committee											
	Member of Strategy and Development Committee											
	Member of Primary Care Committee											

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		
	Member of NCL ICB PCCC – Primary Care Committee	Association of Jewish Refugees	No	No	Yes	direct	Finance Committee Member	10/07/2018	current	05/09/2022		
Non- Voting Participants and Observers												
Sarah **Mcilwaine**	Director of Primary Care Participant Primary Care Committee	None	No	No	No	No	Nil Return	09/10/2018	current	21/07/2021	06/10/2022	
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											
Mr Phill **Wells**	Interiem Chief Executive Officer								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 (Commissioning & 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											
Emma **Whitby**	Chief Executive, Healthwatch Islington		No	Yes	No	Direct	Chief Executive	09/09/2019	current		31/08/2022	
	Attend Primary Care Committee											
		London Catalysts	no	no	yes	Direct	Trustee	10/07/1905	current		31/08/2022	
		Partnership with various VCS orgnisations	no	no	yes	Direct						
		Cloudesley Clarion Housing and Awards for all grants for digital inclusion						01/04/2022	current		31/08/2022	
Vicky **Weeks**	Medical Director, LMC, NCL	None	No	No	No	No	Nil Return	30/11/2020	current			
	Attend Primary Care Committee											
John **Pritchard**	Senior Communications Lead, ICB	No interests declared	No	No	No	No	Nil Return	15/07/2020	current	12/10/2018	31/08/2022	
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 Integration, Islington Borough	No interests declared	No	No	No	No	Nil Return				08/09/2022	
Liam **Beadman**	Assistant Director of Primary Care, Islington Borough	No interests declared	No	No	No	No	Nil Return				06/09/2022	
Deborah **McBeal**	Director of Integration, Enfield Borough	No interests declared	No	No	No	No	Nil Return				06/09/2022	
Karim **Riyad**	Assistant Director of Primary Care, Enfield Borough	Unpaid practice management advisor at The Lordship Lane Surgery, East Dulwich (out of area) which is part of South Southwark GP Federation (Improving Health Limited)	No	Yes	No	Indirect	No actions required. Discussed and agreed with line manager.			13/09/2019	07/09/2022	
		Spouse works for London Care Rochester, Kent (City and County Healthcare Group) since 2013 as a Field Care Supervisor	No	No	No	Indirect	No actions required. Discussed and agreed with line manager.			07/09/2022		
Colette **Wood**	Director of Integration, Barnet Borough	No interests declared	No	No	No	No	Nil Return			27/10/2017	02/11/2023	
Carol **Kumar**	Assistant Director of Primary Care, Barnet Borough	Director LLP (planning consultancy) - No NHS business	No	No	No	Indirect	Spouse has been a director since 2014				07/09/2022	
Kelly **Poole**	Deputy Director of Primary Care, Barnet Borough	No interests declared	No	No	No	No	Nil Return				07/09/2022	
Kamran **Bhatti**	Assistant Director for Primary Care Development and Population Health Directorate	No interests declared	No	No	No	No	Nil return			21/12/2021	06/09/2022	

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

Anthony **Marks**	Assistant Head of Primary Care (Commissioning & Contracting)	No interests declared	No	No	No	No	Nil return			30/10/2018	10/10/2022	
Rachel **Lissauer**	Director of Integration Haringey Borough	No interests declared	N/A	N/A	N/A	N/A	nil return			6.11.18	30/10/2022	
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 Integration Camden Borough Attendee at Primary Care Committee	no interests declared	No	No	No	No	Nil return			28/05/2019	10/10/2022	
Su **Nayee**	Assistant Head of Primary Care (Commissioning & Contracting)	No interests declared	No	No	No	No	Nil return			20.10.2018	10/10/2022	
Rebecca **Kingsnorth**	Assistant Director for Primary Care Programmes and Transformation Will occasionally deputise for the Director of Primary Care at the Primary Care Committee. Attendee of Primary Care Operations Group, Primary Care Strategy Group and other primary care related meetings.	Yes	No	No	Yes	Indirect	My sister-in-law is a salaried GP at one practice in North Central London	Dec-17	current	18/10/2018	11/10/2022	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		

North Central London
Integrated Care Board

NCL ICB PRIMARY CARE COMMITTEE (PCC)

Minutes of Meeting held on Tuesday 19 December 2023 between 9:30am and 11:00am

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

Voting Members	
Mr Usman Khan	Non - Executive Member & **Committee Chair**
Ms Liz Sayce	Non - Executive Member
Ms Sarah Louise Morgan	Chief People Officer
Ms Chris Caldwell	Chief Nursing Officer
Dr Josephine Sauvage	Chief Medical Officer (covering for Sarah McDonnell-Davies)
Ms Sarah Rothenberg	Director of Finance
Non – Voting Participants & Observers	
Ms Sarah Mansuralli	Chief Development & Population Health Officer
Ms Jenny Goodridge	Director of Quality
Ms Diane Macdonald	Interim NCL Estates Finance Lead
Ms Vanessa Piper	Assistant Director of Primary Care (Commissioning & Contracting)
Mr Anthony Marks	Assistant Head of Primary Care (Commissioning & Contracting)
Mr Mark Agathangelou	Community Participant
Rev Kostakis Christodoulou	Community Participant
Ms Lorna Reith	Community Participant
Ms Emma Whitby	Healthwatch Representative
Mr Jamie Wright	LMC Representative
Ms Jacqui Perfect	LMC Representative
Mr Ken Kanu	VCSE Alliance Representative
Donna Turnbull	VCSE Alliance Representative
Ms Colette Wood	Director of Integration, Barnet Borough
Ms Deborah McBeal	Director of Integration, Enfield Borough
Ms Rachel Lissauer	Director of Integration, Haringey Borough
Mr Simon Wheatley	Director of Integration, Camden Borough
Ms Amy Bowen	Director of System Improvement (item 4.1)
Ms Katie Coleman	Clinical Director for Primary Care
Ms Saro D'Souza	Senior Primary Care Commissioning Manager
Mr Rod Wells	Keep Our NHS Public (KONP)
Ms Diane Paice	Keep Our NHS Public (KONP)
Ms Noeleen Grattan	Keep Our NHS Public (KONP)
Ms Jo Alexander	Keep Our NHS Public (KONP)
Dr Leona Harverd	General Practitioner at Temple Fortune Health Centre

Ms Souzana Theofanopoulou	Business Manager, Highgate Group Practice
Mr Stephen Webb	Interim Director of Communications, Operose Health
Ms Danielle Caswell	Deputy Director of Operations, Operose Health
Ms Bethany Louise Galvin	Senior Communications Manager, Operose Health
Cllr Nurullah Turan	Executive Member for Health and Social Care, Islington Council
Ms Amanda Russell	PA to Executive Members, Islington Council
Ms Tanya Murat	Engagement & Communications Officer, Healthwatch Haringey
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:	
Ms Sarah McDonnell-Davies	Executive Director of Place & Executive lead for the Committee
Mr Phill Wells	Interim Chief Executive Officer
Ms Su Nayee	Assistant Head of Primary Care (Commissioning & Contracting)
Ms Dawn Wakeling	Public Health Representative
Ms Sarah Mcilwaine	Director of Primary Care
Ms Clare Henderson	Director of Integration, Islington Borough

	INTRODUCTION
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed everyone to the PCC meeting. It was noted this was Reverend Kostakis Christodoulou's last meeting. On behalf of the Committee the Chair thanked him for his contribution, including the support received during change over from CCG to ICB. Lorna Reith, the new community participant, was now joining the committee and was welcomed to her first meeting. Apologies were recorded as above. The Committee was quorate. The Chair reminded everyone that members of the public can attend committee meetings. It is important to note that this is a meeting held in public, it is not a 'public meeting'. This means that members of the public can: ➢ Attend meetings, in person or virtually. ➢ Listen to the proceedings and observe 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 items. Formal responses will be published on the ICB website after each meeting. No questions had been received from the public.
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. *Sarah Morgan stated she was now an Associate Professor at the School of Social Policy at University of Birmingham and also the Chair of the Fresh Visions Charity. The register would be updated accordingly.*

	• 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 NCL ICB PCC meeting of 17 October 2023**
1.3.1	The minutes of the NCL ICB Primary Care Committee Meeting on 17 October 2023 were agreed as a true record of the meeting.
	The Committee APPROVED the minutes of the meeting dated 17 October 2023.
1.4	**Action Log**
1.4.1	The Committee reviewed the action log.
	The Committee APPROVED the action log.
1.5	**Matters Arising**
1.6.1	There were no matters arising.
2.0	**BUSINESS**
2.1	**Barnet – Cornwall House Surgery – relocation to Torrington Park Health Centre**
2.1.1	The Committee was asked to (a) approve the relocation of Cornwall House Surgery, Cornwall Avenue, Finchley, London N3 1LD to Torrington Park Health Centre, 16 Torrington Park, London N12 9SS, (b) the reduction in premises reimbursement costs of approximately £29,180 pa, and (c) note that capital costs for the relocation, including IT costs are budgeted from Section 106 monies. The following was highlighted: • This is a two-partner practice in Barnet which has requested to relocate to Torrington Park Health Centre. This is because the partners purchased the building off the previous landlord and mortgage costs are now more than reimbursed rent, so the building is no longer affordable for the practice. • Torrington Park Health Centre is a purpose-built primary care building. There are two practices that already occupy the building and there has been remodelling of the internal area to ensure Cornwall House can be accommodated in the new space. • Patients and stakeholders have been engaged with 8% of the list responding to the patient survey. 33% of patients indicated they may have difficulty in travelling to the new site and so the practice has been asked to do more work in terms of responding to those patients. There were no responses recorded from stakeholders. • There are 16 practices within 1-2 miles based on where patients currently reside around the practice and new site, so there are alternative practices to register with. • The Equality Impact Assessment (EQIA) and the Quality Impact Assessment (QIA) have been carried out and the findings have been included. • The Committee is being asked to approve the relocation.
2.1.2	In considering the report, the Committee made the following comments: • Given patient feedback particularly from elderly patients who find it difficult to travel, has the new patient transport policy been promoted as it is open to a wider group of individuals.

	• It was noted there are very good transport links between the old site and new. However, the team will review the updated transport policy and will ensure both practices and patients are made aware of this policy. • There were no responses received from the neighbouring practices but the committee asked whether they would have responded if they anticipated new registrations. It was noted practices were given four weeks to come back. Full information was provided so they could judge the potential impact. Noting the new site was just over a mile away, local practices may see this as low impact. With no response received it is assumed there are no concerns. • It was noted a practice should not ideally go ahead and purchase a building without going through appropriate due diligence with the ICB. A communication needs to be sent out to practices to remind them that if there are properties of interest, there are steps to follow before purchasing. • The Committee noted that capital costs for the relocation, including IT costs, are budgeted from Section 106 monies**.**
2.1.3	**Actions:** • **To review and ensure both practices and patients are aware of the new patient transport policy. *(Vanessa Piper)*** • **To remind practices of the requirements around estates transactions *(Vanessa Piper)***
	The Committee APPROVED: • **the relocation of Cornwall House Surgery to Torrington Park Health Centre, N12 9SS.** • **the reduction in premises reimbursement costs of £29,180 pa**
2.2	**Barnet – Cricklewood Health Centre – PCN Allocation**
2.2.1	The Committee had been asked to approve the allocation of Cricklewood Health Centre to Primary Care Network (PCN) 6; however, a significant representation had been received from Londonwide LMC. The Committee was therefore being asked to consider this matter but defer decision to February's meeting. The following was highlighted: • Cricklewood Health Practice is a practice in Barnet. The list size is just over 5,000 patients. It was reprocured at the end of 2021 and at that time was in PCN5. • Shortly after the new provider commenced a notification was received from PCN5 requesting the removal of the practice from the PCN. The reason given was that practice had relocated slightly outside of the Barnet border (300 yards into the borough of Brent). So, there was a concern about how services, specifically community services and the wider primary care workforce, would be able to travel outside of the Barnet border. There was also a wide distribution in terms of where the patients resided - Barnet, Brent and Camden. • There were also concerns around the transparency of this during the procurement process – however as part of the procurement, providers were asked to identify suitable premises for the practice to relocate into. The existing premises were going to be demolished for redevelopment of a new site. • The service had once included a walk-in service. The walk-in service was decommissioned, but commitment was made to local MPs, councillors, Health and Wellbeing Board by the CCG at the time, to retain the registered list. This meant alternative suitable premises had to be found. • As part of the procurement process, the ICB sought legal advice and advice from NHS England. Legal advice stated there was no commissioning or legal reason why the ICB could not continue to commission the contract as an NCL practice. The alternative option given by the legal team was to not continue with the procurement, put the contract at risk, then rely on Northwest London ICB to

	commence a procurement process. However Northwest London ICB may not want to retain the contract. • The decision came through the CCG primary care commissioning committee several times and Committee chose to continue with the procurement. • In September 2021 PCN 5 started raising concerns and in March 2022 the CCG received the formal notification to remove the practice from PCN 5. The Committee approved the expulsion on the condition the primary care team would identify a new PCN within a few months of the decision. The primary care team started extensive discussions and engagement with local clinical directors and federation leads. The same concerns were raised - especially the perceived lack of communication and transparency from the CCG around the procurement decision and the impact of the practice moving outside of the Barnet border. • There were attempts made to try and resolve, facilitate and negotiate. An allocation criteria was developed because the criteria were quite limited within the PCN DES. • In December 2022, the ICB received a formal letter from all Barnet PCNs, federation leads and the London wide LMC, sharing concerns about the process that was being followed by the ICB and perceived lack of engagement. • Continued attempts have been made to discuss and facilitate a solution. The last conversation was in October this year. ICB colleagues and clinical leads have tried to progress an allocation to PCN 6, however PCN 6 have continued to raise issues reflected in the representation. • It has been noted at Committee a number of times that patients at Cricklewood have not had any access to the wider services offered under the PCN DES since April 2022. Therefore, the Committee is asked to recognise the concerns and the impact on patients. • The representation from LMC was received on 12 December 2023. It was noted this asked for a supportive and collaborative approach and deeper consideration of the practices and PCN's concerns. The LMC remains committed to supporting both PCN6 and the practice (if they want to re-engage) and working with NCL Commissioner colleagues through the allocation process and beyond.
2.2.2	In considering the report, the Committee made the following comments: • A primary care network directed enhanced service (PCN DES) is a service specification which has a range of clinical services that practices can deliver. As part of the PCN DES all practices were asked to work in a Primary Care Network (PCN) with a minimum patient population size of 30,000. So, when referring to PCN5 or PCN6, that is the name of the primary care network of practices that they are arranged in. • In NCL, there are 9 other practices in a similar situation to Cricklewood Health Centre outside the NCL ICB border. • NHS England produced a patient choice policy that allows practices to register patients that work within London but live outside of London. Practices who have these patients on their list are still part of a local PCN. • There is more work to do to define what support is being requested and is required by a PCN accepting Cricklewood practice. This plan needs to be costed and presented to PCN 6. • It was agreed that now until February 2024, discussions will continue to be facilitated and the offer of support defined for PCN 6 so membership of a PCN can be achieved.
	The Committee discussed and agreed to defer the decision to February's meeting.
3	**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: • The Dashboard is based on the latest national data sets. The Report is up to October 2023. • General practice continues to deliver more and more appointments sustaining pressure all year round. • There have been additional burdens of industrial action cover, covid vaccination and enhanced access. • 130,000 more appointments are being delivered this quarter compared to the same quarter in 2022-23. • We are monitoring learning disability health checks. Identification of patients with a learning disability is improving. • There has been an increase in general and two week wait referrals. • There is also a large increase in people attending emergency departments without the need for investigation or onwards care. This raises the question of whether general practice has reached its capacity and people are now contacting other parts of the system. There is work going around the general practice access recovery plan as well as the national pharmacy first scheme that should help alleviate this issue. • To support our deep dives into key areas, there will be a comprehensive paper on general practice workforce and pressures in February 2024.
3.1.2	In considering the report, the Committee made the following comments: • The recruitment issue with practice nurses in NCL is very challenging and worsening. International recruitment is seeking 50,000 additional nurses. • We need to understand how many people who attend A&E are not registered with a GP practice. • Is proactive care and key areas like health checks for people with learning disabilities suffering because of the level of demand. It was noted there is an increase in absolute and relative proportion on the same day appointments which pushes out the long-term conditions management that general practice used to be focused on; however last year saw NCL General Practice over-achieve against the target for learning disability (LD) health checks and health checks for people with a serious mental illness (SMI).
	The Committee NOTED the report.
3.2	**Primary Care Finance Update**
3.2.1	The Committee was requested to note the Delegated Primary Care budget and financial position as at Month 7 (October 2023). The following was highlighted: • There is no primary care overspend forecast at this stage. • The primary care revenue budget remains under pressure, particularly from costs that sit outside the direct contract payments. • Premises cost pressures take the form of rent and rates reimbursements for general practices. The estates team are midway through a project to challenge rate valuations going back a number of years. This should alleviate some future cost pressures. • Since the last PCC meeting on 17 October 2023, the ICB Board has given PCC approval limits for spending up to five million pounds from the non-delegated budget. There is an existing unlimited approval for spend from the delegated budget. This enables simpler and more joined up decision making.
	The Committee NOTED the report.
4.0	**STRATEGIC PRIORITIES**
4.1	**LCS LTC (Long Term Conditions) Update**

4.1.1	The PCC was asked to note the update on the NCL LTC LCS and comment on the next steps. The following was highlighted: • The implementation of the NCL Long Term Conditions Locally Commissioned Service (NCL LTC LCS) was approved by the Primary Care Committee in February 2023. • Following a 6-month training and mobilisation period, the scheme launched formally across all NCL Practices on 1 October 2023. • The VCSE Alliance and LMC have been supportive throughout the programme. • 100% of practices have signed up which provides a foundation for a consistent offer for people with long term conditions. • It provides the platform to start thinking about the wider integration around people with multiple long-term conditions and multiple health challenges who need the NHS to come together with partners to help coordinate their care. • The other achievement has been to get agreement on outcomes that will be incentivised next year at a system level and borough level. This reflect the balance between things we can work on as a whole system having a big impact on population health and local issues at borough level that need to be concentrated on. • One of the main challenges is growth of the population cohort. Since 1 April there has been an increase of 10% in the cohort with 30,000 more people added to the register of people with a long-term condition. This is positive as it closes the prevalence gap which reflects people being undiagnosed but is also reflective of the health of the population post covid. • Integrated working, particularly for the highest risk most complex patients, is required. • In summary, the model builds on a solid evidence base and work to date in boroughs. It is a key part of a wider programme of work emerging in NCL around proactive care and long-term condition management. General Practice is at the heart of this and there is significant opportunity to drive frontline integration and system sustainability through these care models.
	In considering the report, the Committee made the following comments and noted: • It is good to support people to be more self-directed, but we need to measure the effectiveness of the support offer when residents do not want to interact with services and/or are not digitally confident. • We need to recognise the wider determinants which include being out of work, being on low income and isolation, contributing to ill health. The People Board has been discussing good employment opportunities for people who are living with long term conditions. • Diagnostic capacity is a key enabler for this work and needs further review as in itself is a point of inequity. The committee asked whether the number of diagnostics - for example phlebotomy - been accurately forecasted as that will be needed in the community to deliver this. • Outcomes need to translate into the Population Health outcomes - it would be good to demonstrate next year an impact on outcome measures. • It is fundamental this model that it is not seen as a medical model. It must be much more holistic if proactive care is going to work in the way the evidence suggests it can. • This model should drive the move to more care out of hospital. This features on the risk register and is an important issue going forward. • In terms of partnership with the voluntary sector, as part of the weighted payment, a toolkit has been produced via workshops that have taken place across the boroughs. One of the things to focus on will be how to work more sustainably and efficiently with the sector. A long-term contract will help with the sustainability as well.

	The Committee thanked Amy Bowen and Dr Katie Coleman for their hard work on this noting the fundamental difference this would make to health inequalities and the lives of the community.
	The Committee NOTED the paper and COMMENTED on the next steps.
5.0	**GOVERNANCE**
5.1	**Primary Care 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: • There are three 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 one risk has reduced from 16 to 12 but remains above the Committee threshold. This is risk **PERF18:** *Failure to effectively develop the primary care workforce.* The risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention. • The remaining two risk ratings are unchanged.
	The Committee NOTED the paper.
5.2	**Notification of proposed change in control Operose Health Ltd**
5.2.1	An initial overview was provided by the Chair and subsequently Vanessa Piper provided further information. **Overview** • Across NCL there are 176 general practices which operate under three types of contracts: Alternative Provider of Medical Services (APMS), General Medical Services (GMS) AND Personal Medical Services (GMS). • Operose Health operates approximately 60 GP practices nationally via relationships with providers such as AT Medics. • AT Medics Ltd provides general practice services across London and England, holding seven APMS contracts and one NHS Standard Contract across Camden, Haringey and Islington. • Commissioned between as part of a London-wide procurement, the seven APMS contracts feature a standard five+five+optional five-year term. • Recently, NCL ICB received an application from Operose Health seeking consent for a change of control from its current owner Centene Corporation. • The intention is for the current ownership with MH Services International (UK) ltd to transfer to T20 Osprey Midco Limited (HCRG Care Group). **Role of the ICB** • Whilst no change has yet taken place, the procedures and process will be briefly explained: o The application will be considered on the basis of legal and national guidance, the information presented and the relevant legal and contractual frameworks. o a robust due diligence process will be conducted to check that the proposed new owner is of good standing. o assurance will be sought that patients will be able to continue to access the same services from the same locations as they do now.

	○ patients and stakeholders will be informed of the steps being taken to assess the request. We will listen to their views and seek answers to the questions being raised. ○ the decision whether or not to grant consent to the change of control will then be made at a meeting of this committee which provides oversight, scrutiny and decision making for primary medical services. ○ the date of this meeting will be publicised and as a meeting in public, members of the public and stakeholders will be able to listen to the proceedings and submit questions related to the agenda in advance. **Contracting and Governance** • The ICB has made clear to Operose Health, its expectations and requirements of their contracts during this process. • When determining whether or not to grant consent, the ICB is required to act reasonably, fairly and in accordance with its legal duties. • In assessing any application, the ICB will also consider factors such as the quality, safety, capacity and future development of a provider and their services. • The ICB will also look for demonstration of a provider's values and evidence of engagement with patients and the health of its population. • To reject an application requires: ○ a legal or contractual basis ○ adverse findings identified from the due diligence process. ○ significant performance concerns • If there is a change of control, there should be no change to: ○ the legal entity holding the contracts (AT Medics) ○ the contracts themselves ○ the services AT Medics Ltd are required to provide, including locations, opening hours and service specifications. • Following a decision to grant, or not grant a change of control, registered patients and relevant stakeholders will be informed of the committee's decision via the ICB website. • Whether or not a change of control is granted, the ICB will continue to monitor the quality and performance of services to ensure residents receive care that meets the strict standards and regulations that apply to all NHS providers. • Further information is available on the news section of the ICB website.
	The Committee NOTED the item.
6.0	**ANY OTHER BUSINESS**
6.1	**Deputation on St Ann's Road Surgery**
6.1.1	The Committee received a deputation by Rod Wells and Diane Paice of Keep Our NHS Public (KONP) in Haringey regarding an item on St Ann's Road Surgery which was to be discussed in part two of the meeting. The deputation had been circulated to members already and would be considered in part two. It was noted a paper on St Ann's Road Surgery would come back to the part 1 of the meeting in February or April 2024.
6.2.1	The following points were highlighted by Diane Paice and Rod Wells at the meeting: Diane Paice • No patient participation group (PPG) exists at St Ann's Road Surgery. • Patients had found out about the proposed change in control for St Anns through the press and Haringey Healthwatch. • Patients have been raising the issue about the change of ownership but, after the previous item on the agenda explained the situation, there is some reassurance this is not happening immediately.

	• At St Ann's there have been three changes in management and last month there was a meet and greet public meeting which did not turn out as it should. It seems nobody knew what was happening in the practice. • For the last few years, and particularly since the pandemic, St Ann's Road Surgery, under the current ownership and management Operose, has failed to tackle the longstanding issues. • There must be a full consultation that patients take part in before any change of ownership. Patients are very dissatisfied at the service and a change of control without consultation will make efforts to involve the local community even more difficult. Rod Wells • Patients had previously brought a deputation to the Committee in April 2023 objecting to AT Medics being given an extended contract because of its failure to provide local patients with a stable, reliably high quality, safe and accessible GP service. • Patients at St Anns Surgery and Haringey Keep Our NHS Public were shocked to hear that contracts under AT Medics were planned to be sold off to HCRG care group (previously Virgin Health). • St Anns practice is not working as it should. It is being seen as a change of service not a change of control. • There seems to be lack of transparency and due diligence in the process. • The change of control will be from AT Medics to HCRG care group (previously Virgin Health) when both seemed to have failed. • The worry is about the sustainability of this company and the private equity companies that own it. • What is requested is full and widely published consultation on the basis that it's a potential change in service and not just a change in ownership. • Would like the ICB to reply to the concerns raised in the deputation and to make a decision on the consultation. • There are alternatives to the APMS contract. There are also GMS contracts and other ICBs have offered GMS contracts with the local PCNs or GP Federations working with other practices to take over. • In summary, KONP are requesting to: (a) reject HCRG care group, (b) go through a consultation to get patients views on what is happening and (c) get a full view from the patients when looking to review St Anns in April.
6.2.3	**Action:** • **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)***
	The Committee NOTED the Deputation and would consider this in the part 2 meeting.
7.0	**DATE OF NEXT MEETING**
7.1	20 February 2024

NHS
North Central London
Integrated Care Board

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

On Agenda	
Needs Urgent Update	
In Progress	
Completed	

Meeting Date	Action Number	Minutes Reference	Action	Lead	Deadline	Update
19.12.23	1	2.1.3	**Barnet – Cornwall House Surgery – relocation to Torrington Park Health Centre -** To review and ensure both practices and patients are aware of the new patient transport policy.	Vanessa Piper	**February 2024**	**29.01.24** – In progress. Relevant details from the policy will be shared with patients when they are notified of the confirmed date of relocation. **Recommend to close this action.**
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**	**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	**April 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.
17.10.23	3	5.1.3	**National Delivery Plan for Recovering Access to Primary Care -** To bring an update to a future meeting	Rebecca Kingsnorth	**February 2024**	**30.11.23 -** On agenda **Recommend to close this action**
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	**April 2024**	**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**	**19.12.23 –** Paper on Cricklewood's access to a PCN for February 2024 agenda. **23.11.23 –** On agenda. Long history around the PCN allocation with actions dating back to last year. Cricklewood is still the only practice in NCL that is not within a PCN. Further actions may be required following Committee discussion.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
20 February 2024

Report Title	Wentworth Medical Practice – request to close Derwent Crescent branch	**Date of report**	29 January 2024	**Agenda Item**	2.1
Lead Director / Manager	Colette Wood Director of Integration, Barnet	**Email / Tel**		colette.wood1@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Saro D'Souza Su Nayee	**Email / Tel**		saro.dsouza@nhs.net su.nayee@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance	**Summary of Financial Implications** Current Practice Rent & Rates: Combined total for 1 main site and 2 branch sites) Total - £214,295.80 pa New rent and rates post the closure Total: £191,696.55 pa (estimated) Closure of the branch site would reduce the costs to the ICB by an estimated £22,599.25 pa. It should be noted these figures are based on 2015 DV valuation, the practice is awaiting the outcome of their DV valuation undertaken for the period 2018. Capital Costs • Refurbishment – the practice will be funding costs associated with refurbishing the building, including any structural cabling works required.				
Name of Authorising Estates Lead	Ian Sabini	**Summary of Estates Implications** Derwent Crescent Branch site is a leasehold building with a private landlord, the license held by the practice expires in March 2024 but with a provision for a short extension. The landlord has served notice for the practice to exit the building.			

Report Summary	Partners have submitted a request to close the Branch Site at Derwent Crescent Surgery and locate services at their main site Wentworth Medical Centre practice which is 1.2 miles away. The practice currently operates from three sites (1 main and 2 branch sites) and has a total of 22 clinical rooms for a list size of 18,708 patients (raw list January 2024). This currently provides a ratio of 1 room: 850 patients. The Derwent Crescent site is operated under a temporary license to occupy with a private landlord. This expires on 31 March 2024. The landlord has served notice and has indicated their intention to convert the property back to residential use. The partners have sought legal advice and have written agreement from the landlord for a temporary extension of the license to remain in the building until a decision is taken by the ICB on the branch site future. The Derwent branch site is a converted house spread across 3 floors with no lift. Although the practice has been operating in the site for many years, it is not fit for modern primary care services and cannot accommodate any growth in the list and workforce. There is limited scope to extend or expand the building and the last condition survey identified many non-compliance issues. To accommodate the patients that access services at Derwent Branch site, Partners are remodelling the internal space at Wentworth Medical Centre. This will create more clinical rooms and a lift to access the upper floors. They also have plans for an external unit to support office space and a Planning application for an extension pending. The Wentworth site is accessible with a bus route and tube station. There is also parking. There is a second branch site as part of this practice contract (Audley Road), but this is 4.3 miles from the Derwent branch site, and not part of this proposal. Patients accessing services from the Derwent site have been engaged using different methods. There were 447 written responses (2.4% of the list) and drop-in sessions were caried out. 48.6% of respondents indicated they would continue to access services from Wentworth Medical Practice, but there would be a change in the mode of travel. At present 36.7% used a car and 7.8% used public transport. When asked how they would travel if the site closed, the mode of travel changed, to 11.5% walking, 60.7% by car and 20.5% public transport. This data shows that although the sites are 1.2 miles apart the number of patients travelling by car and public transport would increase if the site would close. 25.3% of patients indicated that it would be harder for them to travel to appointments and a further 18.12% of patients who responded indicated that they would consider registering at another practice. An equality impact assessment was carried out and it was deemed that the groups impacted may be the elderly, patients with disabilities and families with young children. To mitigate the impact, it was identified that there is an accessible bus route and tube station between the Derwent Medical Centre branch site and Wentworth main site. The practice has confirmed there is available parking close to Wentworth main site, with some restricted parking between 2-3 pm Monday - Friday, but this is outside their usual clinic times. The walking distance between the two sites is 30 minutes. To improve the internal accessibility the main site will have a lift, to accommodate patients in the upper floors of the building and there is already a ramp leading up to the practice for disabled access.

	Stakeholders were engaged and a concern was raised whether the Audley Road branch site would also be closing as part of this proposal but the site is 4.3 miles away and not been included in the proposal. If the committee approves this proposal recommendations will be made by the ICB Contracts and Estates Team covering patient communications, transfer of records and work at Wentworth to bring it up to standard.
Recommendation	The Committee is asked to: 1) **APPROVE** the closure and relocation of the Derwent Crescent branch Surgery to Wentworth Medical Practice at 38 Wentworth Ave, London N3 1YL. 2) **NOTE** the reduction in premises reimbursement costs of approximately £22,599 pa (subject to DV valuation).
Identified Risks and Risk Management Actions	**Risk:** Possible disruption for patients who decide that they cannot travel to the main site at Wentworth Medical Practice and decide to re-register at another neighbouring GP practice. **Mitigation** – The practice will be asked to communicate clearly to patients, support patient registrations and any transfer of patient records. **Risk:** Derwent Crescent site is no longer available. It also does not meet premises standards and would require considerable investment to bring it up to standard, including infection control compliance. **Mitigation:** The relocation would enable hand back of estate which is not fit for purpose and provide a modern fit for purpose environment for staff and patients by accessing services from Wentworth Medical Practice.
Conflicts of Interest	Not applicable
Resource Implications	The permanent closure of the Derwent branch site would result in an annual saving of an estimated £22,599.25. Resources to support the closure of the branch site and support patients to register with other practices if they choose to register at another practice. IT and other relocation costs are not included in this proposal but would be covered by the primary care and GP IT budgets.
Engagement	The practice has engaged with registered patients currently accessing services from the Derwent branch site. A survey was completed, and results are included in this paper. The practice has informed the PPG of the proposed closure and the branch site and has held drop-in sessions. The practice has informed us that patients who have been accessing services from the Wentworth site since the merger in July 2023 have had a positive experience from the Wentworth site. The ICB has engaged with key stakeholders. There was one response received from a local councillor regarding the contractors' other branch surgery in Hendon, enquiring whether this site would be closing. A response had been sent confirming the Hendon branch site would remain open.
Equality Impact Analysis	The EQIA highlighted some areas of potential impact. For example, some elderly patients and those with a disability and who live nearer to Derwent branch site may have to travel further to see a clinician if they need a face-to-face appointment.

Report History and Key Decisions	Approval of Derwent practice relocation to Torrington Park - July 2020
Next Steps	If Committee members approve, a task and finish group will be set up to work through the branch closure and relocation of the practice and a contract variation notice will be issued to reflect the practice addresses.
Appendices	

Background
The Wentworth Medical Practice GMS contract is held by 3 partners, and they operate across three sites,

- Wentworth Medical Practice (main site)
- Audley Road (branch site)
- Derwent Medical Practice (branch site)

The Wentworth Medical practice merged with Derwent in July 2023 and the practice list as of January 2024 is 18,708.

The contractor has applied to close the Derwent Crescent branch site and relocate GP services to the main site because their current licence to occupy the Derwent premises expires at the end of March and there is no option to extend the license for a longer term. The landlord is the previous contract holder, who retired and came off the contract in August 2022.

The premises do not meet current premises standards, including infection prevention and control standards, and would require considerable investment to bring them to standard.

The partners propose to self-fund an extension and refurbishment of Wentworth Medical Practice (main site) premises to accommodate the patients and services operating at Derwent Crescent branch practice. As part of the refurbishment, the practice proposes to add a lift to ensure access to all the clinical rooms on the upper floors.

In assessing the practices application to relocate the Derwent branch patient list, the ICB has taken the following into consideration:

Where patients reside, travelling time and transport links
The majority of the patients who access services at Derwent practice reside within 1.5 miles of the Derwent branch site. More detail can be found in Appendix 1. The Wentworth Medical Practice (WMP) is located approximately 1.2 miles from the Derwent site, which is roughly a 30-minute walk, 6 minutes by car, 8 minutes by bike and 20 minutes by public transport. The WMP is served by public transport, bus (125) and nearby West Finchley Tube station. There is parking, including disabled parking available at the practice site and close to Wentworth practice.

Number of neighbouring practices
If patients choose not to remain registered with Wentworth Medical Practice, there are 4 GP practices within 1-mile and 18 practices within 2 miles of the Derwent branch site.

All practices have open lists. Practices were contacted with this proposal. None responded with concerns so should be open to new registrations and able to take on additional patients if needed.

Premises condition
Derwent branch site – A condition survey notes the premises are ex-residential, across 3 floors, with 4 clinical rooms on the ground floor and 2 on the first floor. There is no lift. The condition of the internal building is poor and not infection control compliant. It would require a considerable investment and disruption (for example whilst floors were replaced) to bring it up to standard. Two of the clinical rooms are small and the practice has confirmed two rooms had not been in use for clinical space.

The Derwent Crescent branch site does not meet current guidance (Health Building Note 11-01: Facilities for primary and community care services guidance).

Audley Road branch site – the premises is an ex-residential building and operates from the ground floor. The building is generally in good condition but requires new glazing. The practice has 4 consulting rooms.

Wenworth main site – The practice comprises two former residential buildings converted to create a detached unit. The practice currently has 12 consulting rooms, 4 of which are based on the first floor. The building is generally in good condition and the interior conversion to medical practice is of good standard. There is a ramp leading up to the practice premises for disabled access.

From the PID application received, the practice proposes to convert the practice managers office and 3 admin rooms and meeting rooms on the first floor of the main building into clinical rooms to accommodate the Derwent practice list. The contractor has confirmed planning permission for a single storey outbuilding at the WMP site is also in place and a submission to extend is awaiting outcome from Planning. The extension will accommodate the administrative team. With the refurbishment and extension, the main practice will have 16 consulting rooms and a new lift which will allow access to all clinical rooms to enable disabled access.

The Department of Health (DH) Health Building Notes Estimator (HBN) tool calculates that the practice requires 16 clinical rooms based on its list size of 18,708 patients. This would provide a room to patient ratio of 1 : 1169 patients. In total, across the main site and Audley Road site the practice will have a total of 20 clinical rooms providing a room to ratio of 1 room: 936 patients. The extended outbuilding would accommodate a meeting room, admin team, toilet and a tea point (118 sq.m).

The practice has confirmed that all capital costs associated with refurbishing and extending the building will be met by the practice. The practice is seeking approval of the change in rent for the main building at Wentworth Medical Practice.

The contractor's main site and Derwent branch sites are compliant with opening hours. The branch site in Hendon closes at 1:00 pm on Wednesdays and patients are directed to use the main site at Wentworth Road. The practice has stated these arrangements have been in place since the practice merged in 2004. For the past 4 years financial years, the practice list has been increasing year on year (average) by approximately 470 patients each year, last year the list increased by over 444 patients.

A planned drawing of the proposed layout has been shared with the NCL Estates team. The team is supportive of the closure of the Derwent site for the above reasons and note this aligns with local and national strategies which seek to improve the primary care estate in a planned and sustainable way. In addition to the estates concerns, the lease expiry date (31st of March 2024) creates a significant risk.

The Estates team will require the practice to:

- Provide evidence that Building Regulations approval has been obtained for the proposed works.
- Allow the NCL Infection Prevention and Control Clinical Specialist to signs off the proposed design and undertake a physical site inspection prior to occupation.
- Note strong recommendations that they seek fire, accessibility and infection control advice at design stage and at practical completion.
- Note strong recommendations that they appoint a design team and building contractor with primary care/ health experience.
- The practice is required to follow HBN 11-01 Facilities for primary and community care services guidance and NCL ICB should be notified of any derogations.
- Attend a monthly progress meeting to monitor the works programme.
- Provide floor plans with room dimensions.

Appointments & workforce

Based on the practice list size and guidance the practice should be providing 1,347 GP appointments over 71 sessions and 599 nurse appointments over 21 sessions per week.

The contractor has reported they have 14 GPs and 6 Nurses, providing on average 1,554 GP appointments and 345 nurse appointments over 48 Sessions per week. The practice reports there are other staff including Physiotherapist, Pharmacists and Health Care Assistants providing an additional 27 sessions per week.

Based on the practice data there is an under provision of 254 Nurse appointments per week – this reflects wider challenges around the practice nurse workforce in NCL and London. GP Appointment Data (GPAD) data from September - November 2023 also indicates the practice may have been providing closer to 1,000 GP appointments per week, although there are some know data quality issues with GPAD. Commissioners have raised this with the contract holder and requested a response and plan to address key issues. We will continue to monitor this.

Patient & Stakeholder Engagement

The practice wrote to all patients accessing services at the Derwent branch site to seek their views. The letter was also available to all patients via the practice website. An online and paper survey was also issued with copies available in the surgery. The practice displayed posters notifying patients of the proposed branch practice closure and directing patients to the reception to collect a survey / access a link to the online survey.

The survey covered travel, impact of any closure of the branch site, accessing services from WMP and access to and satisfaction with appointments. Equality monitoring data was also captured to assess the demographic of the patients who responded against the total registered list and to help analyse patient need.

There were 447 responses received, of which 389 respondents said they used the Derwent site to access services and 58 patients said they were using Wentworth Medical Practice. 48.6% of patients who responded indicated they would continue to access services from Wentworth Medical practice if the Derwent branch surgery closes (recognising some may already be accessing appointments at WMP).18.12% of those who responded indicated that they would register at another practice.

The responses found that currently 50.6% of patients said they walk to the Derwent branch site, 36.7% used a car and 7.8% used public transport. 25.3% of patients who responded indicated it would be harder for them to travel to appointments if the branch site were to close. 60.7% would travel by car, 20.5% would use public transport and 11.5% of respondents would walk.

74.7% of respondents indicated they visit the Derwent branch site once or twice a year or less. 14.3% indicated that they visit the branch site every month and 4.5% visit the practice more than once a month. 6.3% indicated they never visit the branch site.

When asked about telephone access 38% said they found it easy or very easy to get through on the phone. 57% said it was not easy or not at all easy. It should be noted that the National GP patient survey results in published in July 2023 reported telephone access satisfaction for the practice (all sites) at 27%.

When it comes to appointment access, 42% of respondents said they always, or almost always, received an urgent on the day or next day appointment. 38% said they sometimes received an urgent appointment. 17% said they never or rarely received an urgent appointment. 27% of respondents said they always, or almost always, received an appointment within 2 weeks. 37% said they sometimes received an appointment within 2 weeks. 16% reported they rarely or never received an appointment in 2 weeks. 51% of respondents said they were satisfied with the appointment times available. The national GP survey results published in July 2023 indicated this as 46%.

Feedback received from patients included concerns related to telephone access, appointment access and parking near the Wentworth site. There was positive experience of clinical and reception staff. The practice has indicated a large proportion of Derwent registered patients who access services at Wentworth have fed back positively on proposals for improved access, parking, choice of clinician and specialist clinics.

Feedback from the drop sessions held raised concerns regarding continuity of access to existing clinicians at Derwent practice. Patients were informed they would still be able to make appointments to see their usual doctor or nurse. All staff working at the Derwent site, will transfer to WMP.

The other concern related to parking near the WMP site. The practice has confirmed there is parking available near the site, restricted between 2-3 pm Monday - Friday but this is outside usual clinic times. Patients also asked about home visits, the contractor has confirmed the practice would continue to provide all clinical services from the Wentworth site including, where appropriate, home visits. There is no proposed change to the practice catchment area.

The results of the survey have been shared with the GP Partners and they will be requested to focus on telephone access, access to appointments within 2 weeks and face to face appointments. Work is being undertaken with all NCL practices to improve access and satisfaction with access (primary care access recovery plan).

b. Stakeholder Engagement

All local stakeholders were contacted by the ICB. These included:

- GP practices, PCN CDs
- Healthwatch
- LMC
- Local Councillors and MPs
- Health & Wellbeing Board
- Health and Overview Scrutiny Committee
- Pharmacies

There was one response received from a local councillor enquiring whether the Audley Road branch would be closed. A response has been provided to confirm that Audley Road site would continue to be open for GP services. The practice is based approximately 4.3 miles from Derwent Medical Centre. Approximately 2,000 patients access the branch site

The practice has met with their PCN, Federation, PPG, Practice manager meetings and shared their plans. There were no other responses received from other stakeholders.

Equality Impact Data

An EQIA was undertaken utilising information provided from the contract holders, patients and stakeholders.

The EQIA highlighted some areas of potential impact. For example, some elderly patients, those with a disability, and families with young children who live nearer to Derwent branch site may have to travel further to see a clinician if they require a face-to-face appointment. It is to be noted that 16% of patients who responded consider themselves to have a disability, 50% of which reported that they travel to the current site by car or use public transport and 65% would use a car or public transport to travel to the main site at WMP.

24% of patients who responded to the survey indicated that they were a parent or a legal guardian for children aged under 16 living in their home. 53.7% reported they walk to the current site, and 43.3% of respondents use a car or public transport to travel to the current practice site. 81% indicated that they would use a car or public transport to travel to the main site. 25% indicated that they would register at another practice.

34% patients indicated that they were 65 years and over, 46% of which reported that they currently use a car or public transport to travel to the surgery and 81% of which reported that they would use a car or public transport to travel to the main site.

There is an accessible bus service and a local tube station near the main site.

There is also an opportunity for patients to register with other local practices and a list of practices can be shared with patients. The Partners will be asked to support patients in registering with other local practices of their choosing.

The areas of negative impact have been assessed and recommendations have been made to mitigate the impact include supporting patients who wish to register elsewhere.

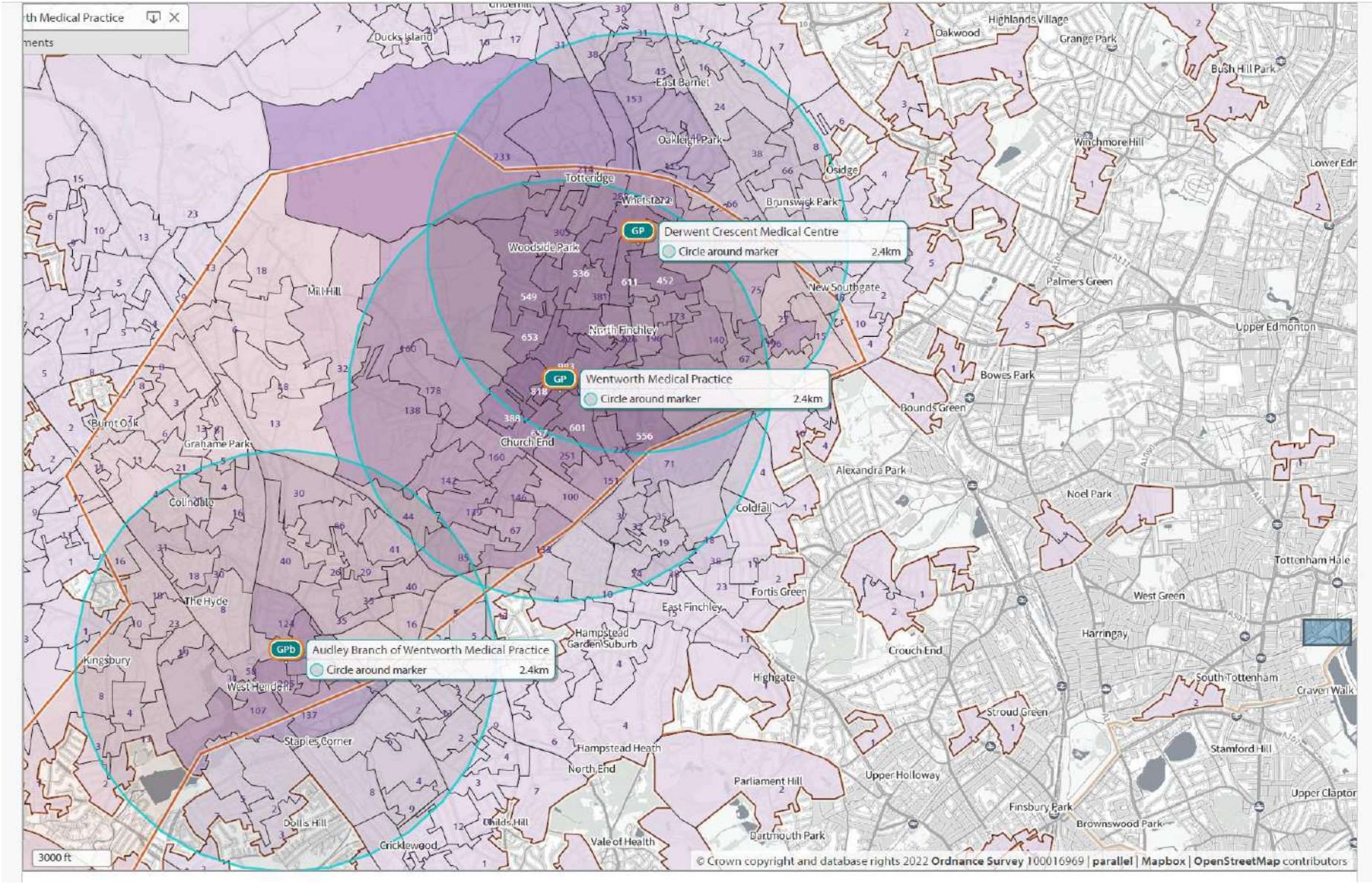
Next steps
If Committee members approve the proposal the ICB will form a task and finish group with the practice to monitor progress around the development, ensuring all the recommendations made are addressed, monitor completion of work and complete mobilisation for the closure of the branch site. The timeline for this will need to be finalised and communicated.

A DV valuation will be sought to confirm the rental value, however the figures given in this paper are expected to reflect the final financial position.

The practice and ICB will ensure further communication with patients leading up to the branch closure will be undertaken. All stakeholders will be informed of the branch closure.

Recommendation
Committee members are being requested to APPROVE the practice application to close the Derwent Crescent branch site and relocate services to the main site at Wentworth Medical Centre.

Appendix 1: Where patients reside (blue circles)



North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
20 February 2024

Report Title	Cricklewood Health Centre – Allocation to PCN 6	**Date of report**	6 February 2024	**Agenda Item**	2.2
Lead Director / Manager	Colette Wood, Director of Integration, Barnet	**Email / Tel**		colette.wood1@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Vanessa Piper, Assistant Director of Primary Care	**Email / Tel**		vanessa.piper@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance	**Summary of Financial Implications** £122,707 Support Package to facilitate the allocation. 80% of the costs are attributed to the recruitment of ARRS staff.			
Name of Authorising Estates Lead	Not applicable	**Summary of Estates Implications** Not applicable			
Report Summary	Committee members are asked to review and approve £122k of support and transition costs to facilitate the allocation of Cricklewood Health Centre into Barnet PCN 6. Committee members are reminded that Cricklewood Health Centre has not been within a Barnet Primary Care Network (PCN) since April 2022. In seeking a PCN for Cricklewood Barnet PCN Clinical Directors and Federation leads – supported by LMC - raised the following concerns: - The practice being located in Brent (300 yards outside the NCL ICB border). - Geographical spread - where patients reside within and outside the Barnet border. - Concerns about cross boundary service provision from Community, Mental Health and Hospital providers - Impact on ARRS staff (additional roles in primary care) - having to travel to see patients. - Impact on the delivery of PCN services and targets – linked to the above. Since the last Committee we engaged PCN6 to understand what support requests they had. The package of support requested broadly covers: 1. Organisational development 2. Staff supervision and training 3. Backfill of GP partners 4. Facilitator costs				

5. Legal costs
6. IT equipment
7. Recruitment of ARRS staff

Estimated costs have been provided by PCN6 and the *upper limit* of those costs is £122,707. The majority (80%) of the costs are attributed to the recruitment of ARRS staff. Funding for ARRS staff is drawn down from NHSE and provided on provision of evidence of recruitment and ongoing retention.
The support package has been reviewed by the ICB primary care team with clinical support and the items are reasonable and supported with the exception of IT equipment as stock is already being held by the GP IT team. Laptops will be provided to new staff and the cost netted off the £122,707.
There are a number of documents from PCN6 appended to this paper and we ask Committee review these. PCN6 have asked the ICB to consider additional financial support - though not costed this - and an alternative option to allocation. Their request includes the following:

a. Financial compensation beyond year one, due to concern about financial losses as a result of cross-boundary working
b. Reimbursement of the maximum achievement for indicators delivered under the Investment Impact fund (IIF) for financial years 23/24 and 24/25. This funding is being requested as they deem the PCN will be under resourced to achieve the full IIF targets within year.
c. Income protection for the period that Cricklewood Health Centre remain within the PCN - requested as they believe the PCN will be prevented from achieving its targets.
d. The PCN would want written assurance from external providers (Community, Mental Health and Hospital) regarding service delivery for out of area patients registered with Cricklewood Health Centre

The PCN have also proposed an alternative option to allocation, which is the ICB commissions an external provider (i.e. Federation, PCN or other suitable provider) to deliver services to Cricklewood Health Centre. The PCN have asked this option is appraised in full but under this proposal the practice would remain un-networked and not be able to access the PCN DES or ARRS funding allocations, which makes up the majority of the £122k available. It would also require a contract model that is novel and does not align to the PCN DES, which strategically we support.
PCN6 is still indicating that they *oppose* Cricklewood's membership of their PCN but they are willing to continue discussions subject to Committee decision on the support package.
Of the four points above point D can be requested but would only reconfirm the position providers have already shared with the ICB (included in previous Committee papers). We will ensure PCN6 has contact details for the lead commissioner so any evidence of providers not accepting referrals for patients of Cricklewood Health Centre can be escalated.
For points A, B, C and E, committee members are reminded that Cricklewood Health Centre is not an isolated case, in terms of its location and where its patient reside. There are nine other practices that are in a similar position to Cricklewood Health Centre and all within a PCN and two of these practices are located in Barnet and members of Barnet PCNs (PCN 1D and PCN1W). There are no other PCNs across NCL ICB that are offered the terms above and many have patients that are outside the NCL border.
Approval for the financial support package only at a maximum £122,707 is therefore being requested. The wider measures have not been applied to any other PCN in similar circumstances across NCL and would be exceptional.
Release of funds will be based on required evidence (in line with National rules around ARRS, IIF etc) which should be agreed with the PCN.
Any release of funding not covered and allocation under National rules should be on the basis that PCN6 demonstrate continued efforts over the next 1-2

	financial years to integrate Cricklewood Health Centre and its patients into the PCN and that an application is not submitted to expel the practice. If an application is submitted within the first financial year, then consideration should be to reclaim of the non-staff support package costs. The ARRS allocation for the PCN would also be adjusted back to the current level.
Recommendation	It is recommended that PCC members **NOTE** the requests from PCN6 and **APPROVE** the support package to the value of £122,770 to support and facilitate the allocation of Cricklewood Health Centre to PCN6. In terms of the additional requests, PCC members are asked 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. With regards to the alternative option for provision for Cricklewood patients proposed by PCN6, PCC members are 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.
Identified Risks and Risk Management Actions	Risk: Patients continue to not have access to PCN DES services. Mitigation: Allocation of Cricklewood Health Centre to PCN 6. Risk: PCN6 remain against the allocation of Cricklewood to their PCN. Mitigation: tailoring the support package to meet the PCNs needs, and continued engagement and support offered from the ICB.
Conflicts of Interest	Not applicable
Resource Implications	£122,707 Support Package to facilitate the allocation. 80% of the costs are attributed to the recruitment of ARRS staff.
Engagement	Cricklewood Health Centre will need to notify patients about the new services they can access once they are a full member of the PCN.
Equality Impact Analysis	Not applicable for this decision.
Report History and Key Decisions	December 2023 PCC meeting.
Next Steps	PCN6 and Cricklewood Health Centre will be notified of the PCC decision. Continued engagement with the PCN, Federation, LMC and Cricklewood.
Appendices	Appendix 1 and 2 attached.

Background

This paper provides an update on the discussion and progress made to resolve Cricklewood Health Centre practice not being a member within a Primary Care Network (PCN) from since April 2022 and what continued steps are being taken by the ICB to ensure the registered patients (5,051) have access to the following services set out within the PCN Directed Enhanced Services (DES).

- Additional Roles Reimbursement Scheme (ARRS)
- Seasonal Influenza
- Learning Disabilities Health Check
- Cancer referrals
- Care homes
- Enhanced access

At the December 2023 committee meeting, a paper was presented on the proposed allocation of the practice to PCN6, but the decision was deferred to allow further discussion around a package of support. This is based on the assumed impact of adding another practice where the practice site and some patients registered reside outside the Barnet border.

A package of support has now been developed by PCN 6 and PCC members are asked to consider this. This includes access to some funding which would be available to the larger PCN under the ARRS scheme, IIF and DES specifications.

The key features of the package of support are summarised below and the full details have been appended to the paper. The package includes Organisational Development, support for staff and PCN leaders implementing the change.

Summary of the support package

The total costs of the support package is up to £122,707 and 80% of those costs are attributed to the recruitment of ARRS staff.

1. PCN needs review and ARRS staff gap analysis – includes a review of the current PCN ARRS staffing structure and gap analysis. Financial and other support for backfill to recruit the new posts. Estimated cost £4k.

2. ARRS staff HR consultation – Funding for expert HR and / or legal input into an ARRS staff consultation on the imminent changes to their working pattern, location, distance etc. Including advice on the TUPE process, staff consultation on the changes too their contracts, if required. Estimated cost £1-2k.

3. ARRS staff salaries – Recruitment of new ARRS staff for 24/25 to deliver services to the extra 5,051 patients. Estimated cost:
    a. PCN Pharmacist – full time
    b. Social prescriber link worker - 3 days per week
    c. Care Coordinator – 2 days / week
    d. Musculoskeletal (MSK) First Contact Practitioner (FCP) – 2 days / week
    e. Physician Associate – 8 hours / week

4. Equipment – Laptops for newly recruited staff to enable remote and on-site working across the sites. Estimates costs £10k.

5. Training and supervision of ARRS staff – Attributed to the first year of the ARRS staff recruitment. Training and supervision costs being 10% of the total ARRS budget. Approximately £15,755.

6. Review of the network agreement – the PCN have obtained three legal quotes, of which ranged between £2k - £3k. Estimated cost £2,470.

7. Organisational development – Backfill for 15 partners (sessional fee / 4 hrs), for 3 sessions and the facilitators fee. £25,580

8. PCN6 Clinical Director costs – 30 hours of the Clinical Director time to manage the allocation and package process. £4,650

PCN6 have also requested that the PCC members consider the following:

- Financial compensation from the ICB beyond year 1, due to any perceived losses as a result of the cross-boundary issues and the financial compensation should continue for the period that Cricklewood Health Centre remain within the PCN.

- For the Investment Impact Funding (IIF) clinical indicators, within the PCN DES, PCN6 are requesting the ICB to reimburse the maximum achievement funding for 2023/24 and 2024/25. This is on the basis that the time and resources the PCN will have to invest to the allocation of Cricklewood Health Centre, they deem the PCN will be under resourced to achieve the full targets.

- The ICB will apply income protection to PCN 6 for the period of time that Cricklewood Health Centre will remain a core member, this is being requested on the basis that the PCN is not penalised from achieving its targets attributable to the cross-border issues.

- The PCN will also require written assurances regarding service delivery for Cricklewood Health Centre patients from all Community Health, Mental Health and Hospital Consultant leads in NCL and NWL.

- Option of Cricklewood Health Centre remaining unnetworked and NCL ICB commissioning a third-party provider (i.e. PCN, Federation or other suitable provider), to deliver services for Cricklewood Health Centre patients, and this provider should be located in Brent.

Commissioner review of the package

The Primary Care Team, including independent Clinical oversight has reviewed the package of support, submitted by PCN6 and deem it reasonable in regard to, (1) Organisational Development, (2) Supervision and Training, (3) Backfill and (4) legal costs.

The recruitment of the ARRS staff has been validated against the allocation available under the PCN DES when the Cricklewood Health centre list is included. The funding for ARRS staff is only reimbursed on evidence of recruitment, staff contracts and hours worked; therefore the funds could not be released by the ICB until the evidence has been submitted by PCN6.

For the IT equipment the ICB GPIT team, have a pool of laptops therefore additional equipment, will not be required to be purchased.

It is not recommended that PCN6 is entitled to:

- Financial compensation beyond year one
- Reimbursement of maximum achievement of IIF indicators for 23/24 and 24/25 financial years
- Income protection for other proposed PCN targets

Cricklewood Health Centre is not an isolated case, in regard to the location of the practice and where the patients are registered. Committee members are reminded that there are nine practices that are similar to Cricklewood Health Centre and are members within a PCN. There are also two practices in Barnet (Watling Medical Centre and Wakemans Hill practice) that have similar patient demographics to Cricklewood Health Centre and are members of PCN 1D and 1W. If they have not done so already PCN6 could liaise with their neighbouring PCNs, to understand how they manage and allocate their ARRS staff for practices located and with registered patients outside the Barnet border. The detail of these practices has been appended again to this paper in appendix 1 and 2.

In regard to PCN6 request for written assurance from other providers (Community Health, Hospital consultants and the Mental Health Trust), this is an unusual request, in regard to the clinical management of cross boundary patients compared to other NCL PCNs that have been operating from since 2019. As set out in the December 2023 PCC paper, and as part of the committee discussion the ICB recognises historically there have been challenges with cross boundary patients, but it has not prevented care from being delivered to patients. Community services are commissioned to deliver to registered patients (not resident) and typically travel at least 1 mile over local borders to deliver patient care. Central London Community Healthcare (CLCH) NHS Trust were contacted in March 2022 and again in October 2023. They have confirmed community services are delivered to registered patients of practices in the borough they serve not the geographical location of the practice. CLCH confirm that there are no issues in terms of delivering community services to the registered patients of Cricklewood Health Centre. We propose we provide the lead commissioner contact details to the PCN so if there is evidence of referrals not being accepted this can be raised with Trust leads.

The proposed alternative option submitted by PCN6, requesting the ICB to consider commissioning an external provider to deliver PCN services to Cricklewood Health Centre patients and under this option the practice would remain unnetworked. This option would result in Cricklewood Health Centre, having a continued loss of income from not being reimbursed for the PCN DES participation payment, of which they have not received from since April 2022 after being expelled from PCN5. The ICB remains of the view that the position of Cricklewood Health Centre practice, in terms of its location and registered list, is no different to the nine other practices listed in this paper, whom are all members of PCNs without the NCL ICB footprint.

In Conclusion

The support package submitted by PCN6 is reasonable, excluding the IT equipment which can be provided from stock held by the ICB.

It is recommended the support package is approved but noting the standard evidence required for reimbursement of these monies.

PCN6 have said they will confirm their position following PCC consideration of their requests. There also needs to be commitment from PCN6 that steps are not taken to expel Cricklewood Health Centre after the support package has been issued.

It is deemed that there are limited grounds to support the case for income protection and alternative provision by a Federation or similar proposed by PCN6. Cricklewood Health Centre is not an isolated case.

Appendix 1 – out of area examples

NCL practices located in NWL ICB area

Watling Medical Centre – Barnet

NCL Patients	
Barnet	9947
Camden	3
Enfield	7
Haringey	3
Islington	0
Total	**9960**
	56.52%

NWL Patients	
Brent	534
Harrow	7005
Hillingdon	0
Ealing	3
Hammersmith and Fulham	0
Kensington and Chelsea	0
Westminster	2
Total	**7544**
	42.81%

Wakemans Hill Practice – Barnet

NCL Patients	
Barnet	2394
Camden	4
Enfield	2
Haringey	3
Islington	1
Total	**2404**
	53.17%

NWL Patients	
Brent	1990
Harrow	101
Hillingdon	1
Ealing	7
Hammersmith and Fulham	1
Kensington and Chelsea	0
Westminster	6
Total	**2106**
	46.58%

Cricklewood Health Centre – Barnet

NCL Patients	
Barnet	2509
Camden	248
Enfield	13
Haringey	12
Islington	5
Total	**2787**
	55.18%

NWL Patients	
Brent	2159
Harrow	26
Hillingdon	3
Ealing	16
Hammersmith & Fulham	5
Kensington & Chelsea	8
Westminster	18
Total	**2235**
	44.25%

Brondesbury Practice – Camden

NCL Patients	
Barnet	461
Camden	8869
Enfield	11
Haringey	30
Islington	30
Total	**9401**
	42.03%

NWL Patients	
Brent	12164
Harrow	44
Hillingdon	17
Ealing	75
Hammersmith and Fulham	36
Kensington and Chelsea	22
Westminster	409
Hounslow	9
Total	**12776**
	57.11%

Appendix 2
There are currently 4 other NCL ICB practices which are located within NWL ICB area.

NCL ICB Practices located in NWL ICB area	NCL Borough	Total registered patients	Number of patients reside outside NCL area	% of patients who reside outside NCL
St Philips Medical Centre	Islington	16812	8239	49%
Brondesbury Medical Practice	Camden	22370	12969	58%
Wakeman's Hill Medical Practice	Barnet	4521	2117	47%
Watling Medical Centre (Branch)	Barnet	17623	7663	43%
Cricklewood Health Centre	Barnet	5051	2264	45%

For the two Barnet practices that are located outside the Barnet borders they are within in PCN 1D (Wakemans Hill Practice) and PCN 1W (Watling Medical Centre, branch site).

The percentage of patients that reside within the NWL area, by each practice are;

- Wakeman's Hill practice has 46.85%.
- Watling Medical Centre has 42.81%
- Cricklewood Health Centre has 44.25%

NWL ICB Practices located in NCL CCG area

NWL ICB Practices located in NCL CCG area	Total registered patients	Number of patients reside outside NWL area	% of patients who reside outside NWL	% of patients who reside within the NCL border
Covent Garden Medical Centre	4887	2980	61%	39%
Fritzovia Medical Centre	7557	3334	44%	56%
Zain Medical Centre	3158	2448	78%	22%
Mapesbury Medical Group	8459	5450	64%	36%

NCL ICB Practices located in NEL ICB area

NCL ICB Practices located in NEL ICB area	NCL Borough	Total registered patients	Number of patients reside outside NEL area	% of patients who reside outside NEL	% of patients who reside within the NCL border
Mildmay Medical Centre	Islington	7523	2608	35%	65%

02.02.24

Introduction

This paper is submitted on behalf of PCN6 as requested by NCL ICB colleagues. Its purpose is to outline the actions which would be required if PCN6 were expected to successfully integrate Cricklewood Health Centre (CHC) as a core member practice, as intended by the ICB.

These actions will require financial investment and other support from the ICB. We have taken the time to engage with the LMC, solicitors and other parties in order to produce a comprehensive and appropriately costed-out support package request for the ICB.

Please note that this submission should **not** be interpreted as acceptance of CHC's allocation by PCN6. The position of the PCN6 member practices has not changed - they remain opposed to this allocation. They are concerned about the impact of integrating CHC into the PCN, how this will impact on service delivery to the CHC patients and to the patients of the existing member practices. The risks raised with the ICB in relation to the recruitment and retention of the PCN's ARRS staff and those related to the financial instability an allocation will cause to the PCN remain to be resolved.

The support package outlined below sets out in detail the impact of this allocation on PCN6 and the financial and contractual support, and service-related assurances PCN6 would need in order to be able to practically and equitably incorporate CHC as a core PCN member from 1st April 2024. Without this full package of support (and ongoing financial support in future years to maintain cost neutrality) there is a highly significant risk that the PCN could suffer sizeable financial losses. The level of concern cannot be understated that any PCN financial instability that occurs as a direct consequence of NCL ICB's decision to unilaterally allocate CHC could lead to the breakup of PCN6.

Outline of estimated costs:

No	Action required	Details/rationale	Estimated cost (£)
1	**PCN Needs Review and ARRS staff gap analysis**	Review of our ARRS staff structure and a gap analysis of posts that are vacant. Financial and other support (e.g. backfill for time spent running interviews with input from practices) to recruit into those posts Quote from external consultant / project manager = £500 / day x 8 days ** Please see Appendix 1 for detailed analysis of this work **	4,000
2	**ARRS staff HR consultation**	Funding for expert HR and/or legal input into an ARRS staff consultation on the imminent changes to their working pattern, location, distance, etc. Advice on TUPE process if required, staff consultation on changes to contracts. Input from external HR organisation estimated cost	1,000 – 2,000

		Legal input may also be required ** Please see Appendix 2 for detailed analysis of this work **	
3	**ARRS staff salaries**	Estimated 24/25 ARRS funding attributable to CHC (based on 23/24 funding) Estimated cost of ARRS staff that will need to be recruited for CHC to bring it in line with the provision at existing PCN6 practices (this is based on PCN6's extensive experience of recruitment and the need to offer new staff an attractive number of hours (recruitment is likely to fail if only the "pro-rata" number of hours attributable to CHC are offered): ▪ PCN pharmacist – full time ▪ SPLW – 3 days/wk ▪ Care Coordinator – 2 days/wk ▪ MSK FCP – 2 days/wk ▪ PA – 8 hrs/wk Total ARRS Staff Costs **Shortfall after CHC estimated ARRS funding** Without this recruitment PCN6 would be forced to redeploy existing ARRS staff (pending their consent) leading to dilution of staff across the PCN, which would leave PCN6 in an inequitable position relative to other Barnet PCNs as a consequence of the enforced allocation of CHC.	98,433 61,835 30,096 15,569 24,936 24,719 157,155 **58,722**
4	**Equipment**	All newly recruited staff will require laptops to facilitate blended remote and on-site working that is required in PCN6 due to severe estates limitations. PCN6 has no unallocated NHS laptops. Estimated cost per laptop Number of new staff to be recruited = 5 **Total cost**	 2,000 **10,000**
5	**Training and supervision of ARRS staff**	As a result of being unnetworked since 1 April 2022, there will have been no ARRS staff trained at CHC since that date. Therefore, as well as recruiting new ARRS staff for CHC, the burden to train and develop these staff members in order to bring them up to the level of experience and expertise of our existing staff will fall upon PCN6.	

		This training and development has a significant associated cost. In the first year of a newly recruited ARRS staff member their training and supervision costs are approximately 10% of the total ARRS budget (this can be higher for staff with no previous experience of working in general practice). **Anticipated costs for training and supervision of ARRS staff recruited for CHC**	**15,755**
6	**Review of Network Agreement**	We have obtained 3 quotes from 3 different legal firms for this work but have not instructed any firm yet. Legal fees range between Backfill for input of PCN6 partners who will need to engage with the legal team = 13 partners x 2 hrs x £95/hr	**2,000 – 3,000 + VAT** **2,470**
7	**Organisational development**	Backfill at £380 sessional fee for 4 hrs Minimum number of sessions required = 3 Number of partners = 15 Facilitator's fee **Total cost of OD**	1,520 2,160 **23,580**
8	**PCN CD costs**	PCN6 CD time spent on dealing with CHC matters since 22/9/23 = 30 hours @ £93/hr Ongoing estimated time commitment until 1/4/23 = 20 hours @ £93/hr **Total CD costs**	2,790 1,860 **4,650**
TOTAL COST OF SUPPORT PACKAGE			**£120,107 - £122,707**

Explanatory note on the financial figures provided above

ARRS funding that remained within NCL ICB budgets as a result of CHC being unnetworked since April 2022 = £40,931+£55,497+£86,625 = £183,053.

This represents the amount that has not been invested in CHC and therefore PCN6 believes the support package outlined above is not only necessary to address this underinvestment, but reasonable and within the ICB's means.

Additional requests

- PCN6 will require written assurance from the ICB that in the event that it suffers financial losses of any kind which are demonstrably attributable to cross-border issues or issues relating directly to CHC, PCN6 will not be penalised, but instead will receive financial compensation from the ICB to maintain cost-neutrality. This will need to apply not just in year 1 following the allocation, but for any period of time during which CHC will remain a core member of PCN6.
- Regarding IIF income, the purpose of this funding as per the terms set out in the PCN DES is for it to be reinvested into additional workforce, additional primary medical services, and/or other areas of investment in a Core Network Practice that support patient care (e.g. equipment or premises). These areas are fundamental to the work that PCN6 has already done and will need to do in year 1 post-allocation in order to ensure that CHC is successfully integrated into the PCN. In addition, the time and resources that PCN6 will have to invest into supporting this allocation means the PCN will be under-resourced to fully achieve on IIF targets resulting in reduced IIF funding. Therefore the PCN will need a guarantee that it will be awarded the maximum achievement amount for IIF in 2023-24 and 2024-25 in order to be able to carry out the integration of CHC.
- Similarly PCN6 will require written assurance from the ICB that in the event of future under-delivery against IIF or other PCN targets which is demonstrably attributable to cross-border issues or issues relating directly to CHC, PCN6 will not be penalised, but instead will receive income protection from the ICB for any period of time during which CHC will remain a core member of PCN6.
- The PCN will require dedicated management time to oversee the integration of CHC and continuing support for CHC. There has previously been an offer made from the ICB to provide this management time – the PCN will require written assurance of the number of hours on offer and that this will be on an ongoing basis for as long as CHC remains a core member of PCN6.
- The PCN will also require written assurances regarding service delivery for CHC patients from all Community Health, Mental Health and Hospital Consultant Leads in NCL and NWL.

Conclusion

We trust that this paper demonstrates the seriousness of this allocation and its anticipated impact on PCN6. We believe that our requirements above are reasonable and necessary, as they are based on our experience working as a cohesive and highly delivering PCN over the past 5 years.

We look forward to receiving your feedback on our paper at the earliest opportunity.

Yours sincerely

Dr William Meyer
PCN6 Clinical Director

ADDITIONAL LETTER TO NCL ICB (PCC)

02.02.24

Dear PCC members

We are writing to you today to remind you of the specific challenges PCN6 will have to face if the enforced allocation of Cricklewood Health Centre (CHC) takes effect, and the support which would be required from NCL ICB to manage these challenges.

We also wish to put forward another PCN option for the practice for your consideration.

Anticipated challenges

We do not intend to rehearse the concerns presented in detail in the pan-Barnet letter which was shared with the Committee in December 2022 and in the written representations submitted on PCN6's behalf by the LMC on 12.12.23.

By now Committee members should be fully aware of the cross-border issues that have been presented in our previous communications and specifically issues regarding service delivery, referral pathways, as well as impact on ARRS staff and the practice's own registered patients.

We are yet to receive specific assurances from NCL ICB's clinical leads that each cross-border issue identified has been discussed and addressed with their counterparts in NWL, and particularly in relation to Community Services, Mental Health services and referral pathways.

In addition, the recent submission of our support package request to the ICB (attached), sets out in detail the impact of this allocation on PCN6 and the financial and contractual support, and service-related assurances PCN6 would need in order to be able to practically and equitably incorporate CHC as a core PCN member from 1st April 2024. ***Without this full package of support (and ongoing financial support in future years to maintain cost neutrality) there is a highly significant risk that the PCN could suffer sizeable financial losses. The level of concern cannot be understated that any PCN financial instability that occurs as a direct consequence of NCL ICB's decision to unilaterally allocate CHC could lead to the breakup of PCN6.***

Alternative option

As it has been previously explained, at the time of CHC's expulsion from PCN5 (31 March 2022), the offer of a sub-contracting arrangement was made by PCN5 to the practice for a period of 6 months. This was intended to serve as a "bridging" arrangement until a more long-term PCN solution had been identified for the practice. In this option, the practice would be sub-contracting PCN services to PCN5 for a time limited period. This offer was never taken up by the practice.

After seeking legal advice on the matter, we wish to bring to the ICB's attention the option of NCL commissioning PCN services for the practice from a third party. What we are referring to is the option of commissioning another PCN, federation, or other suitable provider to deliver PCN services to CHC's registered patients. This provider should be located in Brent in our view.

This option is quite different to a sub-contracting option, as in this scenario the practice would remain unnetworked, but their patients would benefit from receiving PCN services from a different provider commissioned by the ICB as opposed to being sub-contracted by the practice. This would prevent an allocation and the logistical challenges and tensions this would cause.

We understand that this option has not been considered by NCL throughout this process, as the ICB's intention has remained consistently focused on allocating the practice to PCN6.

Our request

We now wish to put this option formally on the table and request that NCL consider it fully and objectively, by undertaking an options appraisal process with input from the LMC and sharing the outcome of it with the practice members of PCN6.

We believe that it is not too late to identify a more suitable alternative for CHC's patients, which would not compromise PCN6's patients, ARRS staff, financial position, and internal relationships. This alternative approach would truly be putting patients first by recognising their needs and giving CHC's patients the best possible access to local care.

We hope that following the engagement with PCN6 and other Barnet clinical leads over the past two months, NCL has gained a deeper understanding of the significant impact of this allocation on PCN6 and the level of resource and support which would be required from the ICB for this practice to be able to join PCN6 as a core member.

Yours sincerely

Dr William Meyer
PCN6 Clinical Director

Appendix 1 – PCN Needs review and ARRS Staff Gap Analysis

Administrative Support
• Assistance with paperwork and documentation related to joining the PCN • Support in navigating any changes to policies or procedures. • Comms strategy, decision making (in particular finance authorisation on spend and distribution of funds) • Organisational objectives, update business plan, ambition etc.
Clinical Support
• Practice's integration into existing clinical workflows within the PCN • Any collaboration with other healthcare professionals within the network • Support in adopting and implementing any new clinical guidelines or protocols • Safeguarding across the PCN, e.g., hub working models. • DPO and data lead details, and processes around data flow, data owners and processors • CQC, and any other risk to practice or PCN in terms of operational delivery of core contracts. Any complaints, or indemnity cause for concern
ARRS Staff Gap Analysis - Staff Training, Supervision and Organisational Development
• Analysis of skill mix across the PCN workforce – time needed for staff with any gaps in training • Quality assurance induction • Review of supervision arrangements for new ARRS staff members • Facilitated meetings with quantified requirements, e.g. x number of facilitated sessions with funded backfill for all the GPs attending.
IT Support
• Assistance with any integration/data sharing with the PCN's systems • Support for any technical issues related to communication tools or platforms used within the PCN • Centralised repositories, what should be stored where, access, uploaded or requested from PCN local quality management system (QMS) E.g., use of MS OneDrive, MS teams, Teamnet, or other • Cloud-based telephony, online consultation suppliers etc. (modern general practice element) • Updating websites and local socialised comms
Finance
• Information on reimbursement processes and financial arrangements within the PCN • Assistance in understanding and navigating any changes to billing or payment systems • Payment plans, including when funds arrive, and the codes they are attributed to, as well as budgets for ARRS spend
Mental Health and Well-being
• Access to resources or programs that support the mental health and well-being of healthcare professionals. • Awareness of any counselling or support services available within the PCN • Peer groups, or meetings which reduce isolated, silo working

Appendix 2 – ARRS Staff HR Consultation

Recruitment, TUPE, Consultation, Support
• Process to be based on skill mix review across the PCN workforce (see Appendix 1) • Writing & placing adverts, reviewing CVs, interviewing candidates, preparing induction paperwork/verification, DBS checks & other administration • Appoint Expert HR Service Provider - PCNs are not legal entities (so they are not able to underwrite the advice in an indemnity sense). Responsibility remains with the 'employing organisation' which would either be Lead Practice or Federation, but PCN (management) input is a crucial part of this process • Staff consultation on TUPE process if necessary, inc negotiation and agreement on changes to employment contracts • Communication – discussions/emails/minutes with staff and HR advisor (where apt) • Quality assurance of induction process • Support for management/CD at strategic level • Access to resources or programmes that support the mental health and well-being of healthcare professionals. • Awareness of any counselling or support services available within the PCN • Peer groups, or meetings which reduce isolated, silo working

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
20 February 2024

Report Title	Primary medical services: Quality & Performance report	**Date of report**	5 February 2024	**Agenda Item**	3.1
Lead Director / Manager	Simon Wheatley, Director of Integration, Camden	**Email / Tel**		sarah.mcdonnell1@nhs.net	
Board Member Sponsor	Sarah McDonnell- Davies, Executive Director of Place				
Report Author	Simon Wheatley / Steve Fothergill	**Email / Tel**		simon.wheatley2@nhs.net steve.fothergill@nhs.net	
Name of Authorising Finance Lead	Not applicable	**Summary of Financial Implications** Not applicable			
Report Summary	The report is intended to inform consideration of activity, performance, experience and key themes relevant to the overall quality of GP services across NCL. It helps the Committee understand key trends and variation – at NCL, Borough, PCN / neighbourhood and practice level (recognising confidential matters related to individual practices will be discussed in PCC Part 2). The Committee is asked to scrutinise the information and to note any key issues, themes for further exploration, and to consider the need for a local or system response to the data presented. The dashboard and the work to promote and address primary care quality and performance will continue to develop as the ICS matures. Primary care officers are actively engaging with this data via borough-based meetings with the contracts team and outreach to practices with the support of clinical leads as needed. This report includes a summary of this quarter's themes, as well as an update on how the data is shaping our approach to delivering the GP recovery access work. This iteration includes a new pan-NCL and cross-borough analysis of primary care complaints, which the ICB took responsibility for on 01 July 2023.				
Recommendation	The Committee is asked to scrutinise the data provided and to **NOTE** the report.				
Identified Risks and Risk Management Actions	Data quality is variable and data definitions, coding and outputs are often inconsistent across practices and providers. This is the case nationally. To mitigate this, it is proposed to caveat the dashboard appropriately to ensure any known data issues or inconsistencies are flagged. Borough-based primary care teams, as well as the system-level primary care contracting team, are now participating in continuous quality assurance to identify and address outliers. In				

	parallel, work is underway with providers to support coding, and an ongoing approach to data quality improvement is recommended.
Conflicts of Interest	Not applicable
Resource Implications	Provider capacity and ICB Borough and NCL Primary Care team capacity is required to act on the analysis and support continuous improvement.
Engagement	PCC discussion in October and December 2022 to inform current iteration of the dashboard.
Equality Impact Analysis	Not applicable
Report History and Key Decisions	• PCC discussion on 04 October and 18 October 2022 informed this iteration of the dashboard. • PCC agreed that the dashboard would be a standing item and the dashboard and supporting information would continue to evolve.
Next Steps	• To incorporate any further suggestions on developing the scope and focus of the dashboard. • To further analyse and respond as required to any quality and performance issues (on a PCN, borough or system footprint) identified through the Q&P dashboard.
Appendices	Two appendices are provided: Annex 1 – summary report Annex 2 – updated primary care quality and performance dashboard.

NHS
North Central London
Integrated Care Board

Primary medical services: Quality & performance report

Updated – February 2024

Introduction

North Central London
Integrated Care Board

- This report is owned and reviewed at regularly at NCL PCCC. PCCC 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 PCCC papers) and is largely based on information available in the public domain e.g. NHS Digital.
- This report is not shared routinely with provider colleagues however it is available to all as part of the Committee papers. A dataset that captures key performance trends and metrics at practice level is shared directly (practice dashboard) supporting benchmarking with other practices and enabling practices to see how their patients are accessing services such as ED or 111.
- ICB teams use the report to support local discussions relevant to operational performance, care 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

February – summary of current themes [1/4]

North Central London
Integrated Care Board

- Aggregate appointment numbers for the past 3 months for which full NCL data is available are set out below. Note there has been a delay in the national appointments data set impacting what could be included in this report.
- Comparison against the same period the previous year shows that NCL practices are delivering over 55,000 more appointments (a 3% increase). There is no readily-identifiable reason for the lower numbers in November (ahainst Sept/Oct 23 and Nov 22) but we are looking into this. It may be a data quality issue.
- Levels of face-to-face appointments remain similar and appear to have settled around 63% of all appointments.
- More appointments – in absolute and relative terms – are now being provided on the same day.

Domain	Sep 2023	Oct 2023	Nov 2023
Core primary care appts	683,886	738,996	666,220
% face-to-face appts	63%	63%	62%
% same day appts	49%	49%	50%

Domain	Sep 2022	Oct 2022	Nov 2022
Core primary care appts	635,734	697,242	700,259
% face-to-face appts	63%	67%	65%
% same day appts	47%	45%	48%

February – summary of current themes [2/4]

North Central London
Integrated Care Board

- As of October, the majority of NCL practices are rated as “Good” by the CQC.
- Following the recent publication of the Muswell Hill Practice’s “*Outstanding*” CQC report [1] two NCL practices – both in Haringey – are now rated “Outstanding”. Fewer than 1% of London GP practices have achieved this rating.
- 10 NCL practices are 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 borough primary care teams to respond to identified issues
- In the year to date, NCL practices have achieved a mean cumulative 31% of healthchecks for people with a learning disability. There is significant variation at practice level – with some practices yet to start their cycle of checks for this year and others having engaged all registered patients with a learning disability
- Across NCL Practices there is a mean 0.52 GPs per 1,000 population. This is against a national average of 0.45 GPs. For practice nurses, there is 0.11 per 1,000 population. This is against a national average of 0.25

Note: [1] The practice relocated to new, purpose-built health premises in summer 2022. The supporting CQC evidence table makes frequent reference to this, including engagement with registered patients to ensure premises are well-designed, welcoming, and safe.

February – summary of current themes [3/4]

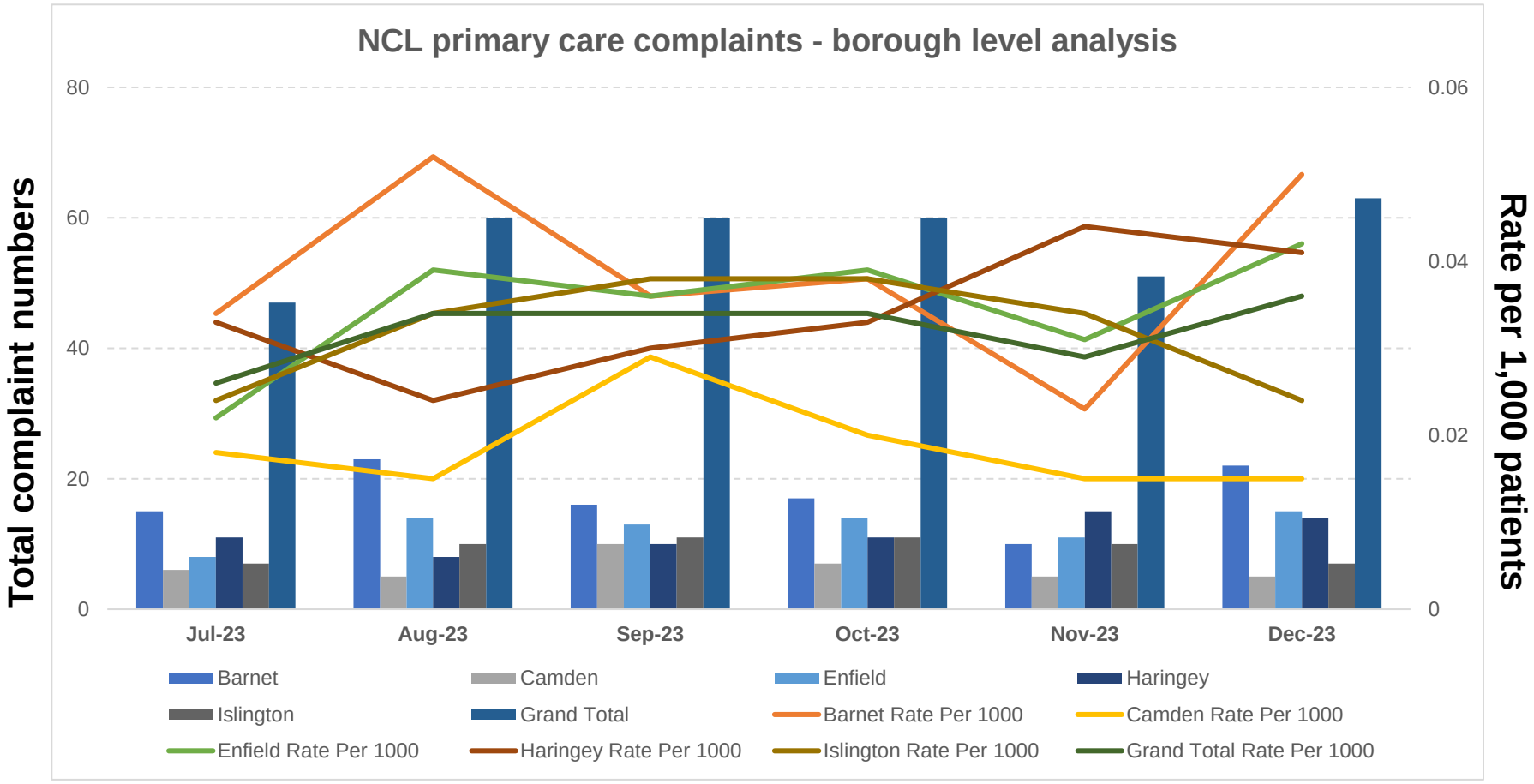
North Central London
Integrated Care Board

Headlines from the period September-November:

- There has been an 11% mean increase in secondary care referrals. At the same time, there was been a 23% mean increase in referrals on the 2 week wait pathway (for urgent, suspected cancer cases). So there has been a proportionately lower increase for overall hospital referrals, but a proportionately greater increase in those which are considered urgent
- A&E attendance has increased by 8% on average across NCL, with most practices reporting increasing rates over the past 3 months (with a pan-NCL range of 31% reduction to 22% increase). Hospital attendance with no investigation and/or significant treatment (VB11Z) has increased on average by 20% over the same period. While emergency admissions have increased on average, this is at a proportionately lower level.
- The use of Advice & Guidance has increased by 22% on average over this period, while Consultant Connect has continued to improve with a 28% average increase across NCL. This represents continued focus by borough teams to encourage practices to use either, or both, approaches - and could have offset some of the anticipated increase in secondary care referrals.

February – summary of current themes [4/4]

North Central London
Integrated Care Board



Operational responsibility for primary care complaints moved to ICBs on 1 July 2023. The data presented here is collated by the NCL complaints team, based on live complaints as submitted by NCL GP practice-registered patients (approx 2 million people).

It should be noted that this data captures only complaints submitted directly, or escalated to, the ICB. It does not reflect complaints picked up and resolved at practice level.

Analysis of complaint themes is underway now we have 6 months of data

How we are using this data

North Central London
Integrated Care Board

- In responding to the national GP access recovery plan and related guidance, the ICB is working to ensure practices are supported to improve patient and staff outcomes through making meaningful change to operational models. This contributes towards the national ambition that all practices are supported to deliver Modern General Practice over the next 2 years.
- The ICB has combined datasets covering patient satisfaction, practice activity, workforce, estates and use of digital tools to develop a view of the level of support each practice might need. This has informed a stratified approach to supporting practices to make change, comprising:
  - ✓ a universal offer of training, webinars, case studies and resources.
  - ✓ facilitated *Support Level Framework* conversations with practices which would benefit, based on what the data has told us. These discussions are already helping practices identify and respond to their access improvement priorities
  - ✓ a commissioned pan-NCL support offer providing targeted change management support to practices to improve patient experience.
- As we continue to deliver the ICB access recovery plan actions, and support practices to make the transition to Modern General Practice, we will use this data to measure change and improvement over time to demonstrate impact for patients.

Practice					Practice Demographics				Healthchecks		Practice Survey					Workforce				Quality
Borough	Practice Name	ODS Code	PCN	QOF Score (22/23)	List Size - Nov 23	List Size - age 40+	List Size Change - Jul/Sept (Q2)	% of Patients with a Long Standing Condition	Patients who have received an LD Healthcheck YTD - Rate Per 1000 - Apr 23 - Nov 23	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	1.0%	37%	0.27	38%	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	0.8%	36%	0.98	45%	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	0.0%	44%	0.31	54%	60%	64%	59%	59%	71%	3.1	0.35	1.52	0.17	Good
Barnet	Mulberry Medical Practice	E83046	PCN 1D	525.13	8672	4,401	-0.2%	44%	0.56	74%	31%	54%	37%	33%	45%	11.5	0.65	1.00	0.06	Good
Barnet	Oak Lodge Medical Centre	E83032	PCN 1D	574.37	17732	7,490	0.4%	33%	1.63	14%	28%	57%	47%	40%	49%	1.8	0.41	1.00	0.23	Good
Barnet	Wakemans Hill Surgery	E83041	PCN 1D	574.28	4516	2,025	0.1%	41%	1.51	48%	32%	60%	35%	41%	59%	2.0	0.31	0.60	0.09	Good
Barnet	Deans Lane Medical Centre	E83668	PCN 1W	508.22	4148	2,762	0.3%	46%	1.08	25%	59%	68%	77%	66%	81%	6.4	0.58	1.52	0.14	Good
Barnet	Parkview Surgery	E83028	PCN 1W	542.83	6437	3,567	0.0%	46%	3.26	6%	65%	74%	62%	63%	80%	13.8	0.79	2.87	0.16	Good
Barnet	The Everglade Medical Practice	E83011	PCN 1W	532.45	11015	7,990	-0.1%	40%	1.83	63%	72%	62%	64%	73%	89%	7.5	0.87	3.89	0.45	Requires Improvement
Barnet	Watling Medical Centre	E83018	PCN 1W	558.14	17576	4,690	-0.1%	46%	0.63	57%	53%	65%	53%	52%	72%	2.2	0.42	0.72	0.14	Good
Barnet	Brunswick Park Medical Practice	E83621	PCN 2	591.49	8948	3,627	0.9%	47%	6.87	0%	35%	57%	42%	43%	62%	7.5	0.66	1.48	0.13	Good
Barnet	Colney Hatch lane Surgery	E83034	PCN 2	518.78	5056	5,900	-0.4%	45%	10.21	21%	38%	53%	37%	39%	64%	2.5	0.33	0.00	0.00	Good
Barnet	East Barnet Health Centre	E83613	PCN 2	625.54	11234	4,695	0.3%	48%	3.50	14%	53%	56%	42%	42%	67%	5.4	0.55	1.00	0.10	Good
Barnet	East Finchley Medical Centre	E83050	PCN 2	527.01	7494	6,028	-0.9%	52%	2.49	9%	51%	62%	49%	49%	68%	4.2	0.68	0.00	0.00	Good
Barnet	Friern Barnet Medical Centre	E83045	PCN 2	582.25	9760	4,797	0.3%	43%	3.42	21%	37%	68%	43%	41%	61%	11.6	1.02	2.64	0.23	Good
Barnet	Rosemary Surgery	E83639	PCN 2	489.54	6211	2,798	0.3%	39%	2.47	0%	32%	52%	36%	37%	50%	6.6	0.70	0.53	0.06	Good
Barnet	St Andrews Medical Practice	E83024	PCN 2	592.9	11458	4,972	0.9%	43%	2.71	38%	33%	41%	38%	46%	52%	8.5	0.73	2.49	0.22	Good
Barnet	The Clinic (Oakleigh Rd North)	E83003	PCN 2	562.12	9547	3,196	-0.3%	39%	3.92	18%	52%	68%	53%	52%	72%	2.6	0.49	0.69	0.13	Good
Barnet	The Speedwell Practice	E83010	PCN 2	594.9	11902	2,848	0.5%	38%	3.02		61%	71%	37%	42%	72%	8.0	0.65	1.97	0.16	Good
Barnet	The Village Surgery	E83031	PCN 2	545.68	5657	4,014	1.2%	40%	6.02	52%	63%	71%	45%	62%	82%	4.2	0.86	0.40	0.08	Good
Barnet	Torrington Park Group Practice	E83021	PCN 2	526.47	12428	1,150	-0.2%	40%	3.55	6%	71%	62%	61%	54%	81%	3.9	0.40	0.00	0.00	Good
Barnet	Woodlands Medical Practice	Y00316	PCN 2	559.31	5131	2,849	0.7%	46%	7.00	38%	32%	46%	34%	30%	48%	5.9	1.01	0.29	0.05	Good
Barnet	Addington Medical Centre	E83044	PCN 3	514.4	9786	9,185	0.2%	48%	5.56	64%	59%	59%	63%	59%	65%		0.00		0.00	Good
Barnet	Cornwall House Surgery	E83013	PCN 3	580.42	5900	2,429	0.6%	45%	3.89	22%	28%	37%	45%	35%	56%	2.6	0.40	0.32	0.05	Good
Barnet	Lichfield Grove Surgery	E83005	PCN 3	598.81	6454	2,863	-0.5%	41%	3.89	17%	42%	54%	38%	45%	60%	10.5	0.59	2.12	0.12	Good
Barnet	Longrove Surgery	E83017	PCN 3	568.81	17574	2,725	0.4%	47%	5.07	54%	27%	41%	46%	40%	53%	2.6	0.47	0.21	0.04	Good
Barnet	Squires Lane Medical Practice	E83007	PCN 3	572.07	5409	4,622	0.4%	44%	2.48	6%	52%	50%	45%	49%	69%	7.0	0.78	1.96	0.22	Good
Barnet	The Old Court House Surgery	E83012	PCN 3	574.44	9454	5,640	0.6%	37%	3.22	35%	50%	59%	54%	51%	72%	7.0	0.54	5.81	0.44	Good
Barnet	Wentworth Medical Practice	E83035	PCN 3	577.34	18850	6,504	38.7%	52%	3.94	12%	~	~	~	~	~	10.4	0.72	1.75	0.12	Good
Barnet	Lane End Medical Group	E83053	PCN 4	545.9	14601	6,318	0.2%	42%	5.02	14%	43%	68%	60%	57%	78%	2.4	0.26	2.48	0.27	Good
Barnet	Langstone Way Surgery	E83049	PCN 4	523.18	8682	2,238	-1.9%	47%	2.92	0%	31%	52%	29%	31%	57%	12.3	0.60	2.6266667	0.13	Requires Improvement
Barnet	Millway Medical Practice	E83016	PCN 4	604.86	21701	6,177	1.4%	51%	2.83	45%	18%	40%	32%	27%	42%	2.9	0.47	0.79	0.13	Good
Barnet	Penshurst Gardens Surgery	E83030	PCN 4	573.77	6438	3,772	0.6%	42%	3.41	0%	44%	68%	49%	49%	68%	2.1	0.47	0.60	0.14	Good
Barnet	Cricklewood Health Centre	Y02986	PCN 5	556.3	4970	9,163	2.1%	41%	1.10	0%	62%	77%	55%	62%	75%	3.6	0.41	0.81	0.09	Good
Barnet	Dr Azim and Partners	Y03664	PCN 5	421.76	8785	3,377	-0.1%	45%	0.54	4%	40%	75%	62%	50%	71%	3.3	0.46	0.99	0.14	Inadequate
Barnet	Greenfield Medical Centre	E83006	PCN 5	572.07	7139	1,531	-0.5%	43%	1.17	66%	31%	39%	31%	33%	44%	2.8	0.33	1.19	0.14	Good
Barnet	Pennine Drive Practice	E83025	PCN 5	530.28	8236	3,586	-0.3%	33%	4.75	43%	77%	66%	62%	66%	73%	3.3	0.57	0.40	0.07	Good
Barnet	Ravenscroft Medical Centre	E83039	PCN 5	588.78	5807	3,292	0.1%	48%	0.60	25%	63%	70%	65%	62%	70%	4.9	0.42	2.01	0.17	Good
Barnet	St Georges Medical Centre	E83020	PCN 5	575.73	11954	4,005	0.5%	44%	2.89	86%	81%	45%	62%	51%	79%	4.1	0.40	1.21	0.12	Good
Barnet	Adler JS-The Surgery	E83600	PCN 6	580.25	6927	5,045	0.3%	53%	1.58	0%	39%	53%	45%	44%	62%	2.1	0.24	0.64	0.07	Good
Barnet	Heathfield Medical Centre	E83008	PCN 6	620.08	8706	963	0.1%	39%	0.22	10%	51%	71%	48%	55%	68%	3.5	0.29	1.00	0.08	Good
Barnet	PHGH Doctors	E83009	PCN 6	597.08	12429	4,471	0.3%	48%	2.51	14%	69%	77%	55%	59%	77%	1.5	0.33	0.87	0.19	Good
Barnet	Supreme Medical Practice	E83026	PCN 6	428.16	4406	1,651	0.0%	27%	1.07	0%	45%	46%	55%	46%	62%	3.0	0.34	0.48	0.05	Good
Barnet	Temple Fortune Medical Group	E83622	PCN 6	522.64	9073	4,450	1.2%	50%	0.81	69%	93%	88%	91%	91%	95%	1.8	0.43	0.53	0.13	Good
Barnet	The Hodford Road Practice	E83649	PCN 6	588.98	4160	5,653	-1.1%	44%	0.96	25%	28%	40%	27%	31%	53%	2.0	0.41	1.52	0.31	Requires Improvement
Barnet	The Mountfield Surgery	E83638	PCN 6	574.24	4958	2,426	0.2%	40%	0.77	14%	74%	49%	57%	58%	70%	2.1	0.23	0.00	0.00	Good
Barnet	The Phoenix Practice	E83653	PCN 6	578.06	11181	1,994	1.2%	38%	2.44	40%	32%	57%	51%	40%	56%	4.1	0.60	0.53	0.08	Good
Barnet	The Practice at 188	E83027	TBC	563.36	9129	3,637	0.2%	52%	3.87	0%	73%	61%	70%	70%	72%	0.9	0.22	0.53	0.13	Good
Camden	Ampthill Practice	F83006	Central Camden	551.49	7850	1,870	0.1%	36%	3.70	29%	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	-0.6%	49%	1.30	67%	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	-0.6%	30%	0.36	3%	75%	67%	62%	68%	83%	1.3	0.13	0.00	0.00	Good
Camden	Ridgmount Practice	F83043	Central Camden	635	18984	3,453	-3.5%	43%	0.06	7%	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	-0.7%	46%	2.94	27%	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	0.7%	47%	2.80	25%	36%	40%	48%	49%	51%	14.8	0.91	2.00	0.12	Good
Camden	The Bloomsbury Surgery	F83044	Central Camden	601.37	7992	660	0.2%	21%	1.15	3%	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	0.7%	51%	3.06		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	1.0%	37%	6.02	71%	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	0.6%	54%	1.07	44%	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%	0.56	19%	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	0.8%	48%	2.22	3%	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	0.8%	39%	1.16	24%	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	1.4%	49%	1.22	5%	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	0.1%	45%	2.80	2%	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%	2.34	28%	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	-1.1%	43%	3.41	49%	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	-0.5%	49%	2.81	11%	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	0.5%	49%	2.70	14%	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	-0.5%	48%	2.51	67%	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%	4.59	12%	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	0.3%	44%	0.64	15%	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	0.2%	40%	0.76	38%	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	0.6%	48%	0.25	100%	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	-0.6%	39%	1.46	76%	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	-0.1%	45%	3.41	21%	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	-1.1%	42%	0.00	38%	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	0.2%	38%	1.22	83%	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	-0.7%	44%	0.55	35%	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%	1.78	12%	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	0.8%	36%	1.47	38%	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	1.1%	46%	2.31	30%	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	0.5%	45%	4.25	45%	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	0.7%	40%	7.14	76%	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	-0.3%	37%	1.68	76%	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	1.2%	44%	5.36	14%	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	93.2%	48%	1.37	87%	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	2.3%	42%	0.16	58%	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	0.0%	37%	1.21	43%	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		-0.7%	51%	0.30	26%	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	0.9%	46%	2.30	26%	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	1.2%	45%	2.32	4%	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	0.9%	39%	0.74	20%	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	0.5%	44%	1.88	13%	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	1.1%	34%	3.77	78%	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	0.7%	43%	1.04	17%	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	0.7%	39%	1.58	52%	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%	3.61	26%	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	0.8%	40%	4.96	20%	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%	1.38	9%	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	-0.2%	37%	5.11	0%	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	-1.9%	39%	2.76	61%	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	0.2%	48%	0.42	9%	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	-0.2%	48%	3.21	22%	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	0.0%	45%	4.45	23%	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	0.9%	46%	3.22	97%	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	-0.5%	50%	2.09	0%	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	1.5%	47%	2.40	31%	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	-0.2%	49%	7.73	23%	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	-0.5%	55%	0.21		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	-0.2%	43%	3.26	10%	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	1.4%	43%	4.43	0%	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	-0.8%	31%	5.87	29%	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	-0.1%	44%	5.84	63%	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	0.8%	50%	2.47	42%	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	-0.5%	41%	4.23	0%	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	0.3%	47%	1.72		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	0.0%	47%	5.09	46%	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	0.1%	35%	5.50	64%	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	-0.1%	27%	3.27	70%	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	3.0%	41%	6.92	27%	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	0.2%	42%	0.69	0%	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%	1.72		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	0.1%	49%	2.19	69%	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	0.6%	44%	5.23	45%	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	-0.3%	44%	1.54	52%	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	0.1%	44%	6.72	65%	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	-0.1%	40%	5.35	36%	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	0.1%	39%	3.48	33%	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	0.1%	49%	4.77	0%	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	1.2%	39%	1.34	65%	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	0.3%	40%	0.33	22%	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	0.4%	42%	1.61	59%	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	0.9%	36%	0.42	0%	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	-0.6%	47%	0.44	43%	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	-0.5%	51%	3.34	20%	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	0.9%	43%	2.87	13%	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	0.3%	43%	1.49	25%	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	1.1%	48%	3.81	0%	51%	51%	48%	45%	63%	0.9	0.19	0.37	0.08	Good
Haringey	Dowsett Road Surgery	F85628	Haringey - Welbourne	576.89	4750		-0.2%	38%	0.76	31%	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	0.6%	49%	0.43	44%	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	-0.5%	52%	2.65	9%	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	1.8%	39%	1.41	21%	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	0.6%	39%	10.05	7%	47%	59%	41%	39%	59%	2.6	0.47	0.53	0.09	Good
Haringey	Tynemouth Medical Practice	F85013	Haringey - Welbourne	544.98	9372	7,360	0.6%	40%	1.00	52%	51%	57%	59%	54%	66%	7.5	0.82	3.44	0.38	Good
Islington	Highbury Grange Medical Practice	F83660	Central 1 Network	513.05	9176	818	0.6%	33%	4.41	67%	69%	67%	68%	62%	69%	3.1	0.34	1.71	0.19	Good
Islington	Islington Central Medical Centre	F83010	Central 1 Network	563.22	20817	2,387	0.2%	45%	3.04	27%	56%	53%	57%	49%	74%	5.4	0.26	0.83	0.04	Good
Islington	Mildmay Medical Practice	F83053	Central 1 Network	525.78	7477	3,963	0.8%	40%	2.77	20%	72%	65%	64%	72%	76%	3.7	0.51	1.08	0.15	Good

Islington	Roman Way Medical Centre	F83007	Central 1 Network	569.22	3464	4,469	-0.1%	41%	4.37		39%	76%	49%	47%	64%	2.0	0.57	0.40	0.11	Good
Islington	Sobell Medical Centre	F83680	Central 1 Network	545.82	4460	1,877	1.6%	41%	6.04	33%	71%	60%	48%	57%	72%	1.7	0.42	0.00	0.00	Requires Improvement
Islington	The Medical Centre	F83673	Central 1 Network	574.72	5979	5,648	-0.4%	38%	1.93	44%	47%	55%	54%	57%	73%	2.4	0.40	0.96	0.16	Good
Islington	The Mitchison Road Surgery	F83056	Central 1 Network	589.11	10012	4,438	2.5%	39%	2.11	23%	55%	58%	57%	54%	76%	2.7	0.30	1.00	0.11	Good
Islington	Elizabeth Avenue Group Practice	F83012	Central 2 Network	597.68	7524	4,042	1.1%	47%	6.23	28%	65%	57%	53%	52%	62%	7.4	1.00	1.80	0.24	Good
Islington	New North Health Centre	F83034	Central 2 Network	566	1491	8,059	-1.0%	42%	7.53	19%	22%	38%	41%	37%	60%	1.0	0.64	0.00	0.00	Good
Islington	River Place Health Centre	F83002	Central 2 Network	581	10861	2,698	0.1%	41%	2.37	33%	85%	76%	79%	83%	87%	11.4	1.05	3.20	0.29	Good
Islington	St Peters Street Medical Practice	F83032	Central 2 Network	576.54	11649	1,784	-0.5%	42%	1.01	12%	91%	73%	75%	76%	88%	11.0	0.93	1.43	0.12	Good
Islington	The Miller Practice	F83045	Central 2 Network	604.23	9419	1,664	-0.5%	41%	2.25	29%	71%	56%	54%	62%	77%	7.6	0.79	1.80	0.19	Good
Islington	Partnership Primary Care Centre	F83681	Islington North	565.16	9015	2,070	0.3%	41%	1.28	0%	64%	61%	57%	47%	68%	4.1	0.46	1.00	0.11	Good
Islington	St Johns Way Medical Centre	F83015	Islington North	576.7	12656	2,119	0.6%	42%	2.73	60%	36%	39%	36%	38%	59%	10.1	0.82	1.64	0.13	Good
Islington	The Goodinge Group Practice	F83008	Islington North	460.93	12291	3,567	0.2%	45%	3.45	0%	85%	66%	75%	72%	74%	9.7	0.78	0.40	0.03	Good
Islington	The Northern Medical Centre	F83060	Islington North	487.05	8169	8,722	-3.0%	54%	0.86	9%	80%	56%	70%	75%	90%	3.8	0.42	1.36	0.15	Good
Islington	Andover Medical Centre	F83666	Islington North 2	571.06	6602	4,856	1.3%	36%	1.12	56%	75%	55%	58%	70%	82%	5.8	0.92	0.00	0.00	Good
Islington	Archway Medical Practice	F83004	Islington North 2	526.29	25683	4,643	2.8%	43%	0.25	24%	80%	59%	57%	56%	81%	2.7	0.13	1.69	0.08	Good
Islington	Hanley Primary Care Centre	Y01066	Islington North 2	581.52	10351	2,341	-1.6%	58%	1.65	69%	61%	61%	54%	55%	75%	1.0	0.09	0.91	0.08	Good
Islington	Stroud Green Medical Practice	F83686	Islington North 2	609.8	7463	3,892	3.2%	40%	1.31	26%	26%	48%	47%	42%	67%	0.9	0.14	0.77	0.12	Good
Islington	The Beaumont Practice	F83671	Islington North 2		3245	2,994	0.0%	37%	1.83	15%	47%	72%	50%	52%	63%	1.3	0.38	0.16	0.05	Good
Islington	The Junction Medical Practice	F83674	Islington North 2	605.46	9213	1,706	-0.5%	52%	2.68	7%	81%	57%	62%	61%	68%	3.5	0.38	1.84	0.20	Good
Islington	The Rise Group Practice	F83039	Islington North 2	572.08	4941	5,791	-0.4%	38%	8.05	45%	73%	76%	67%	65%	76%	2.6	0.53	0.93	0.19	Good
Islington	The Village Practice	F83664	Islington North 2	526.84	10800	4,005	0.6%	41%	1.16	9%	59%	60%	70%	62%	73%	5.7	0.53	1.43	0.13	Good
Islington	Amwell Group Practice	F83652	South Network	577.95	11687		1.0%	45%	1.63	83%	60%	50%	47%	50%	55%	8.5	0.78	1.81	0.17	Good
Islington	Barnsbury Medical Centre	F83033	South Network	574.15	4840	1,299	2.3%	39%	3.01	45%	52%	62%	50%	48%	72%	1.5	0.37	1.00	0.24	Good
Islington	City Road Medical Centre	F83064	South Network	512.48	9172	4,953	-0.4%	36%	2.22	24%	89%	79%	76%	73%	85%	7.4	0.78	0.00	0.00	Good
Islington	Clerkenwell Medical Practice	F83624	South Network	563.43	16793	4,555	0.9%	51%	0.07	78%	77%	73%	70%	73%	87%	10.5	0.65	2.88	0.18	Good
Islington	Killick Street Health Centre	F83063	South Network	581	12520	3,590	-0.8%	50%	3.41	0%	41%	36%	48%	53%	66%	10.0	0.79	2.63	0.21	Good
Islington	Pine Street Medical Centre	F83678	South Network	535.16	2225	2,481	-0.9%	44%	2.82	6%	69%	63%	68%	76%	81%	2.4	1.04	0.71	0.31	Good
Islington	Ritchie Street Group Practice	F83021	South Network	545.24	17376	3,214	-0.5%	35%	0.35	0%	81%	66%	67%	64%	73%	7.8	0.44	1.57	0.09	Good

Practice				Referrals			
Borough	Practice Name	ODS Code	PCN	Month on Month Change - Aug/Sep	Month on Month Change - Sep/Oct	Month on Month Change - Oct/Nov	3 Month Change - Sept/Nov
Barnet	Colindale Medical Centre	E83637	PCN 1D	-8%	11%	-10%	0%
Barnet	Hendon Way Surgery	Y03663	PCN 1D	-26%	11%	17%	29%
Barnet	Jai Medical Centre	E83038	PCN 1D	43%	-5%	9%	4%
Barnet	Mulberry Medical Practice	E83046	PCN 1D	4%	15%	13%	40%
Barnet	Oak Lodge Medical Centre	E83032	PCN 1D	6%	22%	-8%	12%
Barnet	Wakemans Hill Surgery	E83041	PCN 1D	-3%	2%	36%	28%
Barnet	Deans Lane Medical Centre	E83668	PCN 1W	-30%	60%	-19%	30%
Barnet	Parkview Surgery	E83028	PCN 1W	-9%	-24%	67%	15%
Barnet	The Everglade Medical Practice	E83011	PCN 1W	12%	23%	-5%	17%
Barnet	Watling Medical Centre	E83018	PCN 1W	23%	5%	10%	16%
Barnet	Brunswick Park Medical Practice	E83621	PCN 2	-21%	20%	8%	8%
Barnet	Colney Hatch lane Surgery	E83034	PCN 2	21%	-28%	35%	-3%
Barnet	East Barnet Health Centre	E83613	PCN 2	-1%	11%	16%	29%
Barnet	East Finchley Medical Centre	E83050	PCN 2	1%	7%	6%	14%
Barnet	Friern Barnet Medical Centre	E83045	PCN 2	12%	32%	-8%	22%
Barnet	Rosemary Surgery	E83639	PCN 2	-25%	7%	26%	-21%
Barnet	St Andrews Medical Practice	E83024	PCN 2	6%	-6%	11%	5%
Barnet	The Clinic (Oakleigh Rd North)	E83003	PCN 2	37%	-6%	30%	23%
Barnet	The Speedwell Practice	E83010	PCN 2	6%	-2%	-4%	-6%
Barnet	The Village Surgery	E83031	PCN 2	16%	10%	3%	13%
Barnet	Torrington Park Group Practice	E83021	PCN 2	-16%	4%	-7%	-4%
Barnet	Woodlands Medical Practice	Y00316	PCN 2	15%	14%	-2%	11%
Barnet	Addington Medical Centre	E83044	PCN 3	13%	11%	3%	15%
Barnet	Cornwall House Surgery	E83013	PCN 3	8%	13%	-18%	-7%
Barnet	Lichfield Grove Surgery	E83005	PCN 3	-20%	-11%	1%	-14%
Barnet	Longrove Surgery	E83017	PCN 3	8%	-9%	7%	-3%
Barnet	Squires Lane Medical Practice	E83007	PCN 3	40%	-13%	-15%	-26%
Barnet	The Old Court House Surgery	E83012	PCN 3	-10%	26%	-17%	4%
Barnet	Wentworth Medical Practice	E83035	PCN 3	14%	7%	25%	34%
Barnet	Lane End Medical Group	E83053	PCN 4	41%	12%	-20%	-10%
Barnet	Langstone Way Surgery	E83049	PCN 4	-21%	21%	22%	48%
Barnet	Millway Medical Practice	E83016	PCN 4	16%	-2%	-15%	-16%
Barnet	Penshurst Gardens Surgery	E83030	PCN 4	37%	-3%	4%	1%
Barnet	Cricklewood Health Centre	Y02986	PCN 5	11%	18%	-10%	6%
Barnet	Dr Azim and Partners	Y03664	PCN 5	-9%	11%	-18%	-9%
Barnet	Greenfield Medical Centre	E83006	PCN 5	13%	1%	-23%	-22%
Barnet	Pennine Drive Practice	E83025	PCN 5	38%	-10%	18%	6%
Barnet	Ravenscroft Medical Centre	E83039	PCN 5	13%	6%	25%	33%
Barnet	St Georges Medical Centre	E83020	PCN 5	-6%	-3%	-3%	-6%
Barnet	The Phoenix Practice	E83653	PCN 6	1%	0%	-8%	-10%
Barnet	Adler JS-The Surgery	E83600	PCN 6	32%	-2%	-20%	-11%
Barnet	Heathfield Medical Centre	E83008	PCN 6	10%	11%	-5%	2%
Barnet	PHGH Doctors	E83009	PCN 6	7%	7%	-9%	-3%
Barnet	Supreme Medical Practice	E83026	PCN 6	14%	7%	-1%	16%
Barnet	Temple Fortune Medical Group	E83622	PCN 6	9%	18%	-19%	-25%
Barnet	The Hodford Road Practice	E83649	PCN 6	10%	-8%	-22%	-4%
Barnet	The Mountfield Surgery	E83638	PCN 6	18%	21%		8%
Barnet	The Practice at 188	E83027	TBC	5%	37%	-24%	4%
Camden	Amphill Practice	F83006	Central Camden	29%	-12%	12%	-2%
Camden	Brunswick Medical Centre	F83048	Central Camden	-20%	-4%	36%	[illegible]
Camden	Kings Cross Surgery	F83635	Central Camden	-35%	7%	3%	10%
Camden	Ridgmount Practice	F83043	Central Camden	-14%	106%	-47%	8%
Camden	Somers Town Medical Practice	F83683	Central Camden	14%	11%	-28%	-20%
Camden	Swiss Cottage Surgery	F83665	Central Camden	-16%	13%	-2%	11%
Camden	The Bloomsbury Surgery	F83044	Central Camden	12%	31%	-11%	16%
Camden	The Regents Park Practice	F83025	Central Camden	24%	5%	-1%	4%
Camden	Belsize Priory Medical Practice	F83658	Central Hampstead	-17%	-5%	-19%	-23%
Camden	Cholmley Gardens Surgery	F83615	Central Hampstead	-16%	30%	-16%	8%
Camden	Daleham Gardens Health Centre	F83633	Central Hampstead	22%	-45%	45%	-20%
Camden	Fortune Green Road Surgery	F83050	Central Hampstead	1%	-23%	22%	-6%
Camden	Grays Inn Road Medical centre	F83042	Central Hampstead	-35%	53%	7%	42%
Camden	Primrose Hill Surgery	F83011	Central Hampstead	-3%	0%	-16%	-15%
Camden	Caversham Group Practice	F83022	Kentish Town Central	17%	0%	-1%	-1%
Camden	Parliament Hill Surgery	F83057	Kentish Town Central	-12%	-4%	15%	11%
Camden	Prince of Wales Group Surgery	F83018	Kentish Town Central	12%	-7%	14%	7%
Camden	James Wigg Practice	F83023	Kentish Town South	2%	13%	-21%	-11%
Camden	Queens Crescent Practice	F83632	Kentish Town South	-13%	38%	8%	49%
Camden	Adelaide Medical Centre	F83020	North Camden	20%	-9%	4%	-5%
Camden	Brookfield Park Surgery	F83052	North Camden	-7%	23%	-9%	12%
Camden	Hampstead Group Practice	F83017	North Camden	-15%	6%	-3%	2%
Camden	Keats Group Surgery	F83623	North Camden	10%	4%	4%	9%
Camden	Park End Surgery	F83003	North Camden	-1%	-1%	10%	9%
Camden	Holborn Medical Centre	F83058	South Camden	-10%	22%	-13%	5%
Camden	Museum Practice	F83061	South Camden	11%	10%	-36%	-30%
Camden	St Philips Medical Centre	F83672	South Camden	-4%	18%	-12%	4%
Camden	Brondesbury Medical Centre	F83059	West and Central	4%	-8%	0%	-9%
Camden	Gower Street Practice	F83005	West and Central	40%	-12%	21%	7%
Camden	Abbey Medical Centre	F83019	West Camden	-12%	14%	-17%	-5%
Camden	West Hampstead Medical Centre	F83055	West Camden	8%	-1%	4%	3%
Enfield	Angel Surgery	Y00057	Edmonton PCN	56%	-7%	13%	5%
Enfield	Boundary House Surgery	F85676	Edmonton PCN	-25%	-2%	7%	5%
Enfield	DR ME Silver's Practice	F85666	Edmonton PCN	12%	-14%	-4%	-18%
Enfield	Keats Surgery	F85010	Edmonton PCN	30%	14%	28%	26%
Enfield	Latymer Road Surgery	F85663	Edmonton PCN	-23%	6%		13%
Enfield	Chalfont Road Surgery	F85682	Enfield Care Network PCN	-10%	2%	-9%	-7%
Enfield	East Enfield Practice	F85634	Enfield Care Network PCN	12%	25%	2%	28%
Enfield	Evergreen Primary Care Centre	Y03402	Enfield Care Network PCN	4%	9%	-6%	2%
Enfield	Grovelands Medical Centre	F85072	Enfield Care Network PCN	-16%	32%	15%	31%
Enfield	Rainbow Practice	F85039	Enfield Care Network PCN	-13%	21%	-24%	-8%
Enfield	The Ordnance Unity Centre for Health	F85023	Enfield Care Network PCN	9%	18%	-10%	23%
Enfield	White Lodge Medical Practice	F85025	Enfield Care Network PCN	5%	20%	-11%	7%
Enfield	Arnos Grove Medical Centre	F85700	Enfield South West PCN	40%	-14%	7%	-8%
Enfield	Bincote Surgery	F85625	Enfield South West PCN	-20%	31%	18%	55%
Enfield	Gillan House Surgery	F85701	Enfield South West PCN	8%	11%	3%	14%
Enfield	Morecambe Surgery	F85650	Enfield South West PCN	7%	24%	-11%	10%
Enfield	The North London Health Centre	F85642	Enfield South West PCN	9%	22%	19%	45%
Enfield	The Woodberry Practice	F85020	Enfield South West PCN	1%	6%	-5%	0%
Enfield	Cockfosters Medical Centre	F85016	Enfield Unity PCN	31%	-8%	29%	19%
Enfield	Eagle House Surgery	F85004	Enfield Unity PCN	15%	5%	-12%	-8%
Enfield	Green Cedars Medical Centre	Y00612	Enfield Unity PCN	-10%	33%	5%	39%
Enfield	Highlands Practice	F85035	Enfield Unity PCN	0%	3%	22%	26%
Enfield	Medicus Health Partners	F85002	Enfield Unity PCN	-6%	17%	-4%	12%
Enfield	Nightingale House Surgery	F85058	Enfield Unity PCN	23%	22%	-22%	-6%
Enfield	Oakwood Medical Centre	F85687	Enfield Unity PCN	15%	12%	-15%	-5%
Enfield	Southgate	F85032	Enfield Unity PCN	1%	-7%	26%	17%
Enfield	The Bounces Road Surgery	F85044	Enfield Unity PCN	37%	-1%	23%	22%
Enfield	Abernethy House Surgery	F85029	West Enfield Collaborative PCN	20%	-7%	-5%	-12%
Enfield	Town Surgery	F85678	West Enfield Collaborative PCN	0%	25%	-16%	5%
Enfield	Winchmore Hill Practice	F85033	West Enfield Collaborative PCN	-3%	4%	10%	14%
Haringey	Hornsey Park Surgery	F85046	Haringey - East Central	-7%	11%	0%	12%
Haringey	Staunton Group Practice	F85008	Haringey - East Central	3%	-7%	7%	0%
Haringey	The Old Surgery	F85697	Haringey - East Central	-25%	-12%	35%	19%
Haringey	West Green Road Surgery	F85669	Haringey - East Central	7%	17%	-15%	0%
Haringey	Bridge House Medical Practice	Y03135	Haringey - N15/South East Haringey	37%	-2%	-10%	-12%
Haringey	Grove Road Surgery	F85623	Haringey - N15/South East Haringey	0%	-18%	35%	9%
Haringey	Havergal Surgery	F85060	Haringey - N15/South East Haringey	-4%	-13%	-6%	-18%
Haringey	JS Medical Practice	F85705	Haringey - N15/South East Haringey	3%	11%	27%	41%
Haringey	St Ann's Road Surgery	Y02117	Haringey - N15/South East Haringey	31%	-3%	26%	22%
Haringey	Arcadian Gardens Surgery	F85034	Haringey - North Central	-26%	67%	-30%	16%
Haringey	Bounds Green Group Practice	F85066	Haringey - North Central	4%	16%	-12%	2%
Haringey	Cheshire Road Surgery	F85640	Haringey - North Central	-20%	36%	-23%	5%
Haringey	Stuart Crescent Health Centre	F85064	Haringey - North Central	22%	1%	-7%	-6%
Haringey	Stuart Crescent Medical Practice	F85065	Haringey - North Central	-38%	-36%	-9%	-42%
Haringey	The Alexandra Surgery	F85675	Haringey - North Central	-3%	19%	-18%	-2%
Haringey	Bruce Grove Primary Health Care Centre	F85028	Haringey - North East	0%	17%	-23%	-11%
Haringey	Charlton House Medical Centre	F85017	Haringey - North East	-10%	17%	-1%	16%
Haringey	Morris House Group Practice	F85019	Haringey - North East	30%	-14%	8%	-7%
Haringey	Somerset Gardens Family Health Centre	F85030	Haringey - North East	4%	-24%	3%	-22%
Haringey	Westbury Medical Centre	F85031	Haringey - North East	-1%	-20%	17%	-7%
Haringey	Highgate Group Practice	F85014	Haringey - North West	-2%	2%	-3%	-1%
Haringey	Rutland House Surgery	F85688	Haringey - North West	6%	-1%	6%	5%
Haringey	The Muswell Hill Practice	F85063	Haringey - North West	-5%	20%	-13%	4%
Haringey	The Vale Practice	Y01655	Haringey - North West	5%	24%	-18%	2%
Haringey	Christchurch Hall Surgery	F85061	Haringey - South West	-8%	-14%	7%	-8%
Haringey	Crouch Hall Road Surgery	F85069	Haringey - South West	11%	-24%	7%	-18%
Haringey	Queenswood Medical Practice	Y03035	Haringey - South West	0%	1%	4%	5%
Haringey	The 157 Medical Practice	F85067	Haringey - South West	-9%	-12%	8%	-5%
Haringey	Dowsett Road Surgery	F85628	Haringey - Welbourne	30%	-12%	-6%	-17%
Haringey	Fernlea Surgery	F85071	Haringey - Welbourne	29%	-1%	3%	1%
Haringey	Lawrence House Surgery	F85007	Haringey - Welbourne	1%	23%	3%	28%
Haringey	Tottenham Hale Medical Practice	Y05330	Haringey - Welbourne	-16%	30%	-4%	10%
Haringey	Tottenham Health Centre	F85615	Haringey - Welbourne	-21%	5%	-15%	-11%
Haringey	Tynemouth Medical Practice	F85013	Haringey - Welbourne	-1%	3%	-7%	-5%
Islington	Highbury Grange Medical Practice	F83660	Central 1 Network	-16%	-1%	8%	7%
Islington	Islington Central Medical Centre	F83010	Central 1 Network	-5%	-3%	29%	25%
Islington	Mildmay Medical Practice	F83053	Central 1 Network	1%	4%	18%	23%
Islington	Roman Way Medical Centre	F83007	Central 1 Network	17%	-13%	2%	-11%
Islington	Sobell Medical Centre	F83680	Central 1 Network	0%	-6%	33%	25%
Islington	The Medical Centre	F83673	Central 1 Network	3%	14%	-33%	-24%
Islington	The Mitchison Road Surgery	F83056	Central 1 Network	-17%	22%	36%	66%
Islington	Elizabeth Avenue Group Practice	F83012	Central 2 Network	-4%	11%	9%	22%
Islington	New North Health Centre	F83034	Central 2 Network	-7%	31%	7%	22%
Islington	River Place Health Centre	F83002	Central 2 Network	-7%	-6%	42%	33%
Islington	St Peters Street Medical Practice	F83032	Central 2 Network	21%	2%	19%	21%
Islington	The Miller Practice	F83045	Central 2 Network	17%	10%	14%	28%
Islington	Partnership Primary Care Centre	F83681	Islington North	34%	10%	7%	18%
Islington	St Johns Way Medical Centre	F83015	Islington North	20%	-7%	22%	13%
Islington	The Goodinge Group Practice	F83008	Islington North	-16%	22%	-2%	19%
Islington	The Northern Medical Centre	F83060	Islington North	1%	-7%	26%	26%
Islington	The Village Practice	F83664	Islington North 2	4%	0%	-5%	11%
Islington	Andover Medical Centre	F83666	Islington North 2	19%	-17%	-6%	1%
Islington	Archway Medical Practice	F83004	Islington North 2	20%	7%	-20%	22%
Islington	Hanley Primary Care Centre	Y01066	Islington North 2	-25%	52%	21%	18%
Islington	Stroud Green Medical Practice	F83686	Islington North 2	-10%	-2%	-10%	45%
Islington	The Beaumont Practice	F83671	Islington North 2	-17%	40%	-9%	0%
Islington	The Junction Medical Practice	F83674	Islington North 2	-20%	11%	-64%	-67%
Islington	The Rise Group Practice	F83039	Islington North 2	-12%	-9%	-1%	-1%
Islington	Amwell Group Practice	F83652	South Network	-2%	18%	-6%	11%
Islington	Barnsbury Medical Centre	F83033	South Network	-20%	44%	-25%	8%
Islington	City Road Medical Centre	F83064	South Network	12%	-5%	-5%	-10%
Islington	Clerkenwell Medical Practice	F83624	South Network	3%	9%	-2%	7%
Islington	Killick Street Health Centre	F83063	South Network	-7%	-3%	8%	4%
Islington	Pine Street Medical Centre	F83678	South Network	-18%	30%	8%	41%
Islington	Ritchie Street Group Practice	F83021	South Network	10%	-5%	1%	-4%

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	
FIT	**N/A**		Utiliations of the Faecal Immunochemical Test (FIT) which shows tiny traces of blood that may not normally be visible	A decrease in FIT is noted by both a amber/red rating and red downward arrow, an increase is shown by a yellow/green shade and an green upward arrow	Ongoing issues with obtaining data from the Whittington which have now been impacted further by staff changes
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 viists 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	
A&G, Consultant Connect, Face-to Face/Telephone Consultations	Range of 25 to 100	
	Range of 0 to 25	
	Range of 0 to -15	
	Range of -25 to -100	
Healthchecks	Range 0	
	Range 0.01 to 5	
	Range 5 to 10	
Workforce GP (Based around the national average of 0.45 GPs per 1000 patient list size)	Range 0 to 0.25	
	Range 0.25 to 0.45	
	Range 0.45 to 10	
Workforce Nurse	Range 0 to 0.05	
	Range 0.05 to 0.1	
	Range 0.1 to 1	
Patient Survey	Range 0 to 50	
	Range 50 to 80	
	Range 80 to 100	
List Size	Range -	
	Range +	
% Patients with an LTC	Graded Colour Scale	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
20 February 2024

Report Title	2023/24 Month 9 NCL ICB Delegated Primary Care Finance Report	**Date of report**	28 January 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 at December 2023 (Month 9) the Delegated Primary Care 2023/24 financial performance and any financial risks. The report also includes the Enhanced and Access Services M9 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 first 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 remains unchanged at £295.1m at Month 9 following the £4.2m uplift at M7 to reflect an additional allocation to fund the 6% pay increases for 2023/24 to Salaried GPs and Non-Additional Roles Reimbursement Staff (ARSS) in line with national guidance. The financial position as at Month 9 (December 2023) is Delegated Primary Care is forecasting an overspend of £12.6m for 2023/24 however: • £12.3m of the forecast overspend relates to the Additional Roles Reimbursement Scheme (ARRS) and the ICB is expecting further funding from NHS England in-year to close that gap. • A further £0.3m overspend is forecast due to cost pressures in Minor Surgery, Quality & Outcomes Framework, Clinical Waste and the cost of the PCSE patient letters service. The ARRS final outturn position will not be known until year end. The 5 year scheme to embed new roles in general practice is coming to an end in March 2024. Allocations to cover the cost from this point onwards are expected to be issued to ICBs but there will be no further increase in the schemes annual value.				

	The ICB has been issuing information on the scheme each year and will need to increase communications 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 9 (December 2023).
Identified Risks and Risk Management Actions	Risk: There is increasingly limited flexibility within the Delegated Primary Care budget to cover unbudgeted costs and cost pressures. This includes 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 caretaking and procurement activity and other costs associated with the effective running of primary medical services. Mitigation: The budget and risks are being 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 and crystalise all key risks, including those arising from a declining estate, lease terms ending and build costs rising; and apply mitigations where possible. • 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 eg 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 9 Primary Care Delegated Commissioning Finance Report

NHS
North Central London
Integrated Care Board

DRAFT Month 9 Primary Care Delegated Commissioning Finance Report

PCC Jan 2024

Executive Summary

NHS
North Central London
Integrated Care Board

- 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 9 (Year to Date – YTD), December 2023 against confirmed budgets of £295.1m.

- As at Month 9 the NCL Delegated Primary Care budget, set in line with guidance, is forecasting an overspend of £12.6m for 2023/24. However, £12.3m of the forecast overspend relates to the Additional Roles Reimbursement Scheme (ARRS) and the ICB is expecting further funding from NHS England in-year to close that gap. A further £0.3m full year overspend is forecast due to cost pressures in Minor Surgery, Quality & Outcomes Framework, Clinical Waste and PCSE Letters.

- Whilst we expect to come in with only a small overspend in 23/24, the budget is now very tight and there is very little flexibility to support rising costs from areas such as rent reimbursement, caretaking etc

2023/24 Month 9 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	85,749	83,775	1,974	114,335	112,340	1,994
GMS	797,850	81,507	81,025	481	108,679	107,701	978
APMS	101,200	13,800	16,435	(2,635)	18,401	21,609	(3,208)
Other Medical Services	0	44,413	46,532	(2,119)	53,707	66,083	(12,377)
Total Primary Care Medical Services	**1,710,507**	**225,469**	**227,767**	**(2,298)**	**295,121**	**307,733**	**(12,612)**

The NCL Delegated Commissioning budget is reporting a £2.3m adverse variance YTD and a £12.6m adverse variance forecast position at M9. 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.
- Within Other Medical Services, PCN spend is showing a £2.0m YTD overspend and £12.3m Forecast Outturn variance overspend due to ARRS, as the ARRS baseline allocation of £24.3m has now been fully utilised. The ICB have requested an additional £12.27m ARRS funding to fund the full estimated expenditure, this will be reviewed by NHSE and in M11, we are expecting to receive the additional allocation.
- There are also additional cost pressures in Minor Surgery, QOF, Clinical Waste and PCSE Letters, YTD = £251k and FOT = £329k.
- Additional contract funding is also expected for Weight Management and IIF of £298k. 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 un-utilised 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	21,206	18,806	28,965	20,731	3,049	**92,757**
PMS Enhanced Services	181	130	353	170	13	**848**
PMS Quality and Outcomes Framework (QOF)	2,323	1,590	2,955	1,810	170	**8,848**
PMS Premises Payment	2,257	3,155	3,134	2,083	106	**10,735**
PMS Other Administered Funds (Maternity etc)	186	242	171	166	44	**809**
PMS Personally Administered Drugs	73	59	109	82	13	**337**
Total PMS	**26,226**	**23,983**	**35,688**	**25,042**	**3,395**	**114,335**
GMS						
GMS Global Sum & MPIG	23,436	16,618	6,838	12,798	25,970	**85,660**
GMS Enhanced Services	297	228	122	146	304	**1,098**
GMS Quality and Outcomes Framework (QOF)	2,438	1,237	824	1,371	2,337	**8,206**
GMS Premises Payment	2,744	2,634	745	1,879	4,122	**12,123**
GMS Other Administered Funds (Maternity etc)	164	265	151	147	416	**1,145**
GMS Personally Administered Drugs	125	68	55	37	103	**387**
Total GMS	**29,204**	**21,050**	**8,734**	**16,378**	**33,251**	**108,618**
APMS						
APMS Essential and Additional Services	517	4,147	2,275	4,100	3,181	**14,220**
APMS Enhanced Services	1	15	15	18	12	**62**
APMS Quality and Outcomes Framework (QOF)	30	193	177	343	188	**931**
APMS Premises Payment	53	590	308	1,354	568	**2,873**
APMS Other Administered Funds (Maternity etc)	19	5	28	27	33	**112**
APMS Personally Administered Drugs	0	2	0	1	3	**6**
Total APMS	**621**	**4,951**	**2,803**	**5,844**	**3,985**	**18,204**
Other Medical Services						
PCN	15,877	13,143	13,057	12,628	11,706	**66,412**
Occupational Health/ CRB checks	5	5	5	5	5	**26**
CQC & Idemnity	352	213	239	228	197	**1,229**
Total Other Medical Services	**16,235**	**13,362**	**13,301**	**12,861**	**11,908**	**67,666**
Total Primary Care Medical Services	**72,285**	**63,347**	**60,527**	**60,125**	**52,539**	**308,824**
Jan Weighted List Size	**405,740**	**341,658**	**332,991**	**326,009**	**304,108**	**1,710,507**
Cost per PWP by Locality	**178.16**	**185.41**	**181.77**	**184.43**	**172.77**	**180.55**

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 £172.77 to £185.41 in Camden 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.

2023/24 Delegated Primary Care Budget *excluding Premises expenditure*

North Central London
Integrated Care Board

scription	Barnet £'000	Camden £'000	Enfield £'000	Haringey £'000	Islington £'000	NCL Total £'000
PMS						
PMS Additional and Essential Services	21,206	18,806	28,965	20,731	3,049	**92,757**
PMS Enhanced Services	181	130	353	170	13	**848**
PMS Quality and Outcomes Framework (QOF)	2,323	1,590	2,955	1,810	170	**8,848**
PMS Other Administered Funds (Maternity etc)	186	242	171	166	44	**809**
PMS Personally Administered Drugs	73	59	109	82	13	**337**
Total PMS	**23,968**	**20,828**	**32,554**	**22,959**	**3,290**	**103,599**
GMS						
GMS Global Sum & MPIG	23,436	16,618	6,838	12,798	25,970	**85,660**
GMS Enhanced Services	297	228	122	146	304	**1,098**
GMS Quality and Outcomes Framework (QOF)	2,438	1,237	824	1,371	2,337	**8,206**
GMS Other Administered Funds (Maternity etc)	164	265	151	147	416	**1,145**
GMS Personally Administered Drugs	125	68	55	37	103	**387**
Total GMS	**26,460**	**18,417**	**7,990**	**14,499**	**29,130**	**96,495**
APMS						
APMS Essential and Additional Services	517	4,147	2,275	4,100	3,181	**14,220**
APMS Enhanced Services	1	15	15	18	12	**62**
APMS Quality and Outcomes Framework (QOF)	30	193	177	343	188	**931**
APMS Other Administered Funds (Maternity etc)	19	5	28	27	33	**112**
APMS Personally Administered Drugs	0	2	0	1	3	**6**
Total APMS	**568**	**4,361**	**2,496**	**4,490**	**3,417**	**15,331**
Other Medical Services						
PCN	15,877	13,143	13,057	12,628	11,706	**66,412**
Occupational Health/ CRB checks	5	5	5	5	5	**26**
CQC & Idemnity	352	213	239	228	197	**1,229**
Total Other Medical Services	**16,235**	**13,362**	**13,301**	**12,861**	**11,908**	**67,666**
Total Primary Care Medical Services	**67,231**	**56,967**	**56,341**	**54,810**	**47,744**	**283,092**
Jan Weighted List Size	**405,740**	**341,658**	**332,991**	**326,009**	**304,108**	**1,710,507**
Cost per PWP by Locality	**165.70**	**166.74**	**169.20**	**168.12**	**157.00**	**165.50**

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 cost in in Islington £157.00 to £169.20 in Enfield 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 cost due to have less PMS premium reinvestment.

2023/24 M1-9 ARRS WTE and Expenditure

North Central London
Integrated Care Board

Role	Average M1-9 WTE	M9 WTE	YTD Reimbursement £	Reimbursement Accrual £	YTD Total Expenditure £
Advanced Clinical Practitioner Nurse	2.50	3.01	121,826	6,925	128,751
Advanced Paramedic Practitioner	1.91	1.80	101,266	-	101,266
Advanced Pharmacist Practitioner	14.40	14.82	584,796	68,166	652,961
Advanced Physiotherapist Practitioner	4.94	5.16	224,943	23,493	248,435
Care Coordinator	167.57	179.77	3,373,074	512,639	3,885,714
Clinical Pharmacist	231.89	237.88	9,229,081	746,353	9,975,434
Dietician	2.14	3.70	88,233	9,953	98,187
Digital and Transformation Lead	26.12	26.85	984,996	209,669	1,194,665
First Contact Physiotherapist	18.56	19.97	692,771	173,023	865,795
General Practice Assistant	49.90	55.76	1,018,033	72,554	1,090,588
Health and Wellbeing Coach	16.95	16.20	427,801	22,683	450,485
Mental Health Practitioner Band 8a	3.22	3.00	72,047	5,243	77,290
Mental Health Practitioner Band 7	12.67	11.07	252,150	29,127	281,277
Nursing associate	7.03	6.63	153,464	23,986	177,450
Occupational therapist	1.63	1.40	77,508	-	77,508
Paramedic	7.60	7.71	284,314	14,952	299,266
Pharmacy Technician	21.83	21.18	544,357	46,528	590,885
Physician Associate	97.52	102.21	3,635,109	181,371	3,816,480
Social Prescribing Link Worker	79.45	80.08	1,972,016	203,068	2,175,084
Trainee nursing associate	7.28	6.51	140,170	30,522	170,691
Total ARRS	**775.13**	**804.70**	**23,977,956**	**2,380,257**	**26,358,213**

The table summarises the 2023/24 Additional Roles Reimbursement Scheme (ARRS) average M1-9 Working Time Equivalent (WTE), M9 WTE and total YTD reimbursement. It includes an accrual for missing costs from the 1st Apr 2023 to the 31st Dec 2023.

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 M9, there is a £2.0m YTD overspend and £12.3m FOT overspend on ARRS as the ARRS baseline allocation of £24.3m has now been fully utilised. In M9, the ICB submitted their projected ARRS FOT of £12.3m and NHSE are currently validating that with the ICB. Once this process is completed then they will make a recommendation to release the additional funds as agreed.

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

2023/24 Risks & Mitigations as at M9

North Central London
Integrated Care Board

Risks and mitigations are under constant review.
Current risks for 2023/24 include:

• List size actual growth exceeding plan	£0.60m
• Premises costs exceeding plan due to higher % rent/ rates uplifts	£1.51m
• Awaiting Allocations from NHSE	£0.30m

These total £2.41m.

- In addition, there is risk that caretaking costs exceed budget and more contracts than budgeted convert to the more expensive APMS contracts.

The mitigation for 2023/24 is:

• Business Rates Rebate	£0.30m

Appendix 1 - 2023/24 M9 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	19,669	17,959	1,710	26,226	25,715	511
GMS	21,902	23,372	(1,470)	29,204	28,916	288
APMS	466	595	(130)	621	739	(118)
Other Medical Services	11,603	11,589	15	16,235	16,072	163
Total Primary Care Medical Services	**53,640**	**53,515**	**125**	**72,285**	**71,442**	**843**

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	26,766	27,115	(350)	35,688	35,070	618
GMS	6,551	6,395	156	8,734	8,609	126
APMS	2,102	2,127	(25)	2,803	3,305	(501)
Other Medical Services	9,617	9,046	571	13,301	12,954	347
Total Primary Care Medical Services	**45,036**	**44,683**	**352**	**60,527**	**59,938**	**589**

Camden CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	17,987	18,263	(276)	23,983	23,597	387
GMS	15,787	15,721	66	21,050	20,998	53
APMS	3,713	3,631	83	4,951	5,873	(922)
Other Medical Services	9,641	9,095	545	13,362	12,917	444
Total Primary Care Medical Services	**47,128**	**46,710**	**418**	**63,347**	**63,385**	**(39)**

Haringey CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	18,781	17,891	890	25,042	24,636	406
GMS	12,283	11,627	656	16,378	16,020	358
APMS	4,383	6,194	(1,811)	5,844	6,744	(900)
Other Medical Services	9,275	8,330	944	12,861	11,841	1,020
Total Primary Care Medical Services	**44,722**	**44,042**	**680**	**60,125**	**59,240**	**885**

Islington CCG	YTD Budget £000's	YTD Actual £000's	YTD Variance Fav/(Adv) £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance Fav/(Adv) £000's
PMS	2,546	2,547	(1)	3,395	3,322	73
GMS	24,938	23,865	1,073	33,251	33,098	154
APMS	2,989	3,741	(752)	3,985	4,752	(767)
Other Medical Services	8,601	8,195	406	11,908	11,930	(22)
Total Primary Care Medical Services	**39,074**	**38,347**	**727**	**52,539**	**53,102**	**(562)**

Appendix 2 - 2023/24 M9 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)	(4,531)	0	(4,531)	(14,235)	0	(14,235)
Other	400	469	(70)	533	626	(93)
Total Non-Borough Related Services	**(4,131)**	**469**	**(4,600)**	**(13,703)**	**626**	**(14,329)**

The above Non-Borough specific budgets are held centrally as the cost split is unknown.

PCNs have been advised of the full ARRS budget (£38.556m). An initial £24.321m has been included in the budget. In M9, the ICB submitted their projected ARRS FOT requiring a further £12.3m and NHSE are currently validating that with the ICB. Once this process is completed then they will make a recommendation to release the additional funds as agreed.

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 M9

North Central London Integrated Care Board

PCN	Advanced Clinical Practitioner Nurse	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	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					14.08	5.33		3.00	2.10	0.51							2.00		3.32		**30.34**
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			2.51	1.00	21.07	7.31		2.00	1.40			1.00					1.00	1.00	7.80		**46.08**
BARNET 3 PCN			1.73		18.19	9.75		1.00	4.60		2.20		1.00	2.23			1.40	0.43	6.00	1.00	**49.52**
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	6.94	1.00	0.80	2.00			1.00							1.00		**18.27**
BARNET 6 PCN			2.68		3.45	10.75		1.17	2.13	2.19								2.76	3.11		**28.24**
CENTRAL 1 ISLINGTON PCN					2.00	13.81		1.00			2.00							2.21	4.00		**25.03**
CENTRAL 2 ISLINGTON PCN					1.44	9.68		0.60						1.00					4.00		**16.72**
CENTRAL CAMDEN PCN					4.00	9.40		1.00			1.00						1.00	13.53	1.00		**30.93**
CENTRAL HAMPSTEAD PCN		0.80				1.32				2.00								10.20	0.93		**15.26**
EDMONTON PCN			0.60		2.00	4.40		1.00		3.60	1.00							2.00	1.00		**15.60**
ENFIELD CARE NETWORK PCN	1.48				2.57	16.45		1.20		8.56	3.60	1.00				0.48	2.12				**37.46**
ENFIELD SOUTH WEST PCN					3.00	10.60		1.00								1.00		1.00	1.00		**17.60**
ENFIELD UNITY PCN		1.00			18.40	30.35	2.00	1.00		2.44	1.60						1.00	15.28	4.53		**77.60**
HARINGEY - EAST CENTRAL PCN					4.91	4.13			1.00									5.95	4.61		**20.61**
HARINGEY - N15/SOUTH EAST PCN					2.00	5.77						1.00					2.00	2.32	0.60		**13.69**
HARINGEY - NORTH CENTRAL PCN					5.30	6.24					1.00	1.00				0.99		2.60	2.00		**19.13**
HARINGEY - NORTH EAST PCN				0.90	7.05	6.01			1.00	3.84		1.00		1.00			1.00	5.85	1.80	3.00	**32.46**
HARINGEY - NORTH WEST PCN					11.65	7.73						1.07					1.00		2.00		**23.45**
HARINGEY - SOUTH WEST PCN					1.32	9.31		1.07				1.00		0.40		1.00		0.64	2.00		**16.74**
HARINGEY - WELBOURNE PCN					9.00	5.59		1.00		3.00		1.00					0.67	1.01	2.20	0.51	**23.97**
KENTISH TOWN CENTRAL PCN					4.08	5.15				3.47				1.00				2.93	4.53		**21.16**
KENTISH TOWN SOUTH PCN					3.00	4.11		2.00										2.22	1.00		**12.33**
NORTH 1 ISLINGTON PCN				2.09		7.24		1.00		3.00	1.00				0.40		2.00		3.00		**19.73**
NORTH 2 ISLINGTON PCN			6.30	0.67	14.11	0.64	0.10		0.27	1.00			1.00	1.00				8.00	1.30		**34.38**
NORTH CAMDEN PCN	1.00				1.00	4.00		0.21		3.22								9.39	2.00	1.00	**21.82**
SOUTH CAMDEN PCN					1.00	4.67		0.80		9.62								1.60	1.00		**18.69**
SOUTH ISLINGTON PCN				0.50	1.00	12.96		1.00	3.47							2.24	3.00		4.00		**28.17**
WEST AND CENTRAL PCN					3.52	2.00		1.00		1.00						1.00	1.00	5.00	1.00		**15.52**
WEST CAMDEN PCN					2.25	2.93				1.82		1.00						5.27	2.95	1.00	**17.23**
WEST ENFIELD COLLABORATIVE PCN					2.37	7.31										1.00		1.00	1.00		**12.68**
Grand Total	**3.01**	**1.80**	**14.82**	**5.16**	**179.77**	**237.88**	**3.70**	**26.85**	**19.97**	**55.76**	**16.20**	**11.07**	**3.00**	**6.63**	**1.40**	**7.71**	**21.18**	**102.21**	**80.08**	**6.51**	**804.70**

Appendix 4 - 2023/24 ARRS Headcount per role per PCN as at M9

North Central London Integrated Care Board

PCN	Advanced Clinical Practitioner Nurse	Advanced Paramedic Practitioner	Advanced Pharmacist Practitioner	Advanced Physiotherapist Practitioner	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	6.00		3.00	3.00	1.00							2.00		4.00		**41.00**
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			3.00	1.00	24.00	11.00		2.00	2.00			1.00					1.00	1.00	10.00		**56.00**
BARNET 3 PCN			3.00		24.00	11.00		1.00	5.00		3.00		1.00	3.00			2.00	1.00	6.00	1.00	**61.00**
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	10.00	1.00	1.00	2.00			1.00							1.00		**22.00**
BARNET 6 PCN			3.00		10.00	13.00		2.00	3.00	5.00								10.00	4.00		**50.00**
CENTRAL 1 ISLINGTON PCN					2.00	15.00		1.00			4.00							3.00	4.00		**29.00**
CENTRAL 2 ISLINGTON PCN					4.00	10.00		1.00						1.00					5.00		**21.00**
CENTRAL CAMDEN PCN					4.00	10.00		1.00			1.00						1.00	15.00	1.00		**33.00**
CENTRAL HAMPSTEAD PCN		1.00				2.00				2.00								10.00	2.00		**17.00**
EDMONTON PCN			1.00		2.00	5.00		1.00		4.00	1.00							2.00	1.00		**17.00**
ENFIELD CARE NETWORK PCN	2.00				3.00	20.00		2.00		13.00	4.00	1.00				1.00	3.00				**49.00**
ENFIELD SOUTH WEST PCN					3.00	11.00		1.00								1.00		1.00	1.00		**18.00**
ENFIELD UNITY PCN		1.00			26.00	32.00	2.00	1.00		5.00	2.00						1.00	16.00	5.00		**91.00**
HARINGEY - EAST CENTRAL PCN					5.00	7.00			1.00									6.00	5.00		**24.00**
HARINGEY - N15/SOUTH EAST PCN					2.00	10.00						2.00					2.00	3.00	1.00		**20.00**
HARINGEY - NORTH CENTRAL PCN					6.00	8.00					1.00	2.00				2.00		3.00	2.00		**24.00**
HARINGEY - NORTH EAST PCN				1.00	8.00	8.00			1.00	4.00		1.00		1.00			1.00	6.00	2.00	3.00	**36.00**
HARINGEY - NORTH WEST PCN					12.00	12.00						2.00					1.00		2.00		**29.00**
HARINGEY - SOUTH WEST PCN					3.00	13.00		1.00				1.00		1.00		2.00		1.00	2.00		**24.00**
HARINGEY - WELBOURNE PCN					9.00	7.00		1.00		3.00		2.00					1.00	2.00	3.00	1.00	**29.00**
KENTISH TOWN CENTRAL PCN					6.00	6.00				4.00				1.00				3.00	5.00		**25.00**
KENTISH TOWN SOUTH PCN					3.00	5.00		2.00										3.00	1.00		**14.00**
NORTH 1 ISLINGTON PCN				4.00		8.00		1.00		3.00	2.00				1.00		2.00		3.00		**24.00**
NORTH 2 ISLINGTON PCN			7.00	1.00	18.00	1.00	1.00		1.00	1.00			1.00	1.00				8.00	2.00		**42.00**
NORTH CAMDEN PCN	1.00				1.00	4.00		1.00		4.00								10.00	2.00	1.00	**24.00**
SOUTH CAMDEN PCN					1.00	6.00		1.00		15.00								2.00	1.00		**26.00**
SOUTH ISLINGTON PCN				1.00	1.00	17.00		1.00	4.00							3.00	3.00		4.00		**34.00**
WEST AND CENTRAL PCN					4.00	2.00		1.00		1.00						1.00	1.00	5.00	1.00		**16.00**
WEST CAMDEN PCN					3.00	3.00				2.00		1.00						5.00	3.00	1.00	**18.00**
WEST ENFIELD COLLABORATIVE PCN					4.00	8.00										2.00		1.00	1.00		**16.00**
Grand Total	**4.00**	**2.00**	**18.00**	**8.00**	**226.00**	**287.00**	**5.00**	**30.00**	**24.00**	**74.00**	**21.00**	**15.00**	**3.00**	**8.00**	**2.00**	**12.00**	**23.00**	**117.00**	**91.00**	**7.00**	**977.00**

Appendix 5 - 2023/24 DES expenditure as at M9

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	24,321	26,358	(2,037)	24,321	36,589	(12,268)	The baseline allocation has now been utilised, there will be an exercise once the IFR has been submitted for M9 to drawdown additional ARRS funds.
Care Home Premium	593	593	(0)	790	790	0	
Clinical Director	970	970	(0)	1,296	1,296	0	
Enhanced Access	9,920	9,920	(0)	13,257	13,257	0	0
Investment and Impact Fund Aspiration	741	741	0	1,019	1,019	0	0
Investment and Impact Fund Achievement	0	0	0	437	437	0	30% Achievement paid in the following year as per QOF. Budget is profiled in M12.
Leadership Management Fund	884	895	(12)	1,181	1,197	(16)	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	2,218	2,216	2	2,965	2,965	0	
Capacity and Access Support	3,620	3,620	(0)	4,837	4,837	0	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	**43,266**	**45,313**	**(2,047)**	**52,177**	**64,460**	**(12,283)**	

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	978	978	0	1,304	1,304	0	
Minor Surgery	352	433	(80)	470	576	(106)	Overspend is linked to Q2 claims exceeding YTD budget.
Violent Patients	175	175	0	234	234	0	
Total GP Services	**1,505**	**1,586**	**(80)**	**2,008**	**2,114**	**(106)**	

Appendix 6 - 2023/24 Non-Delegated Enhanced and Access Services as at M9

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	13,951	13,951	0	18,601	18,601	0	
GP Hubs	3,359	3,359	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	**17,310**	**17,310**	**0**	**23,079**	**23,079**	**0**	

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
20 February 2023

Report Title	Update regarding supervision and support for Physician Associates in North Central London in light of a Serious Untoward Incident.	**Date of report**	1 February 2024	**Agenda Item**	4.1
Lead Director / Manager	Rachel Lissauer, Director of Integration, Haringey	**Email / Tel**		r.lissauer2@nhs.net	
Integrated Care Board Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Rachel Lissauer, Director of Integration, Haringey James Avery, Deputy Chief Nurse, Quality and Safety	**Email / Tel**		r.lissauer2@nhs.net jamesavery@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	This paper updates the Primary Care Committee on the actions that have been taken in North Central London (NCL) following the coroner's findings regarding the tragic death of Emily Chesterton in November 2022. Emily Chesterton, who was 30yrs old, died of a pulmonary embolism 7th November 2022. She had attended appointments with a Physician Associate (PA) at The Vale practice in Haringey the week and the day before her death. A coroner's inquest was held to examine the facts surrounding her death and to determine the cause of death. The report, produced in March 2023, concluded that poor quality care contributed to her death. The local MP for Ms Chesterton's parents highlighted the need for regulation of PAs at a parliamentary debate in July 2023. In December 2023 draft legislation was laid before Westminster and the Scottish Parliament to enable the regulation of PAs and Anaesthetic Assistants. Regulation is expected to be in place by the end of 2024. In August a paper was taken to Part 2 of the Primary Care Committee. This identified a set of actions that were being taken forward by ICB quality, workforce, commissioning and clinical leads. These included: • Working to understand and review: ○ The chain of events ○ The nature of policies, training, support and supervision arrangements in place within the practice				

	○ How the incident was recorded, investigated and reported ○ How learning from the incident is being embedded at practice level. • Liaison with the CQC, NHSE Medical Directorate as required. • Offering support directly to the practice at a time of heightened anxiety for patients, practice partners and the team. • Identifying - and where appropriate sharing - lessons that go beyond the individual incident and individual practice • Reviewing and strengthening the framework for PAs and other ARRS and allied health professional within in NCL. • Building awareness of the frameworks, systems, processes and culture surrounding the reporting of, and response to, serious incidents in primary care. • Assessing the need for contractual action. This paper provides an update to the paper for Part 1 of the Primary Care Committee. It provides assurance that there has been a thorough process of investigating and learning from the tragic death of Emily Chesterton. The ICB does not have a direct role either in the employment or regulation of staff within primary care. However, the ICB does work closely with providers and regional/national partners to create an environment in which PAs receive high quality training and support, both in advance of regulation and when regulation is in place. We are linking regularly with The Vale. However, the focus for this paper is on the system learning. We are particularly focusing on: • Developing the way that GP practices and Primary Care Networks support, train and supervise a wider primary care workforce. • Optimising the training and support available for PAs within North Central London. • The process of learning from incidents within primary care. • Ensuring that patients and the public have appropriate clarity about which member of the primary care team they are seeing. **Summary of key actions taken and next steps** **Support and resources for supervisors and GP educators:** The Training Hub has strengthened its support for educators and supervisors. The Training Hub hosts a Faculty of Educators to design and grow additional training and resources. Each borough has a lead educator who is an experienced GP trainer and provides coaching and leadership for GP supervisors. A survey has been developed which will be sent to supervisors and supervisees based on their experience of supervision. Results will direct actions in respect to policy, practice and colleague support. • **Optimising training and support for PAs:** PAs who are are newly qualified or new to general practice are part of an NHSE preceptorship programme. This is a funded 1 year training programme to support PAs and their practices. A Pan-London monthly teaching and a quarterly conference is organised at a London level to fulfil the accredited external continuing professional development requirements for PAs to remain on the managed voluntary register. In addition, the NCL PA ambassador supports and delivers training and education for PAs and a monthly PA forum is in place which provides teaching and training. • **Reporting and sharing learning from incidents:** A full and detailed SUI has been undertaken, with themes for learning identified. Following this, learning sessions have been run within boroughs to disseminate

	learning from the SUI report. In August it was recognised that the quality reporting system needs to be better publicised and understood and embedded within a 'no blame' culture and separate from contractual decision-making. The new national incident reporting system (Learning from Patient Safety Events (LfPSE) is now live. Use of this system has been publicised. Further information will be provided via the primary care website and will be included in the GP webinar (mentioned above). Noting feedback regarding hesitancy in reporting, a discussion paper will be presented to the clinical directors in respect to options promoting positive reporting cultures. • **Public information:** A key learning from the SUI is the importance of clarity for the public about the roles of different members of the primary care team and the importance of PAs and other professionals being clear in their introductions. This has been communicated to practices and to PAs. In addition, a briefing pack has been produced. This will be further iterated, based on this report, to enable further public briefing and provide information for patient participation and engagement groups.
Recommendation	The Committee is asked to **NOTE** and **COMMENT** on the actions being taken.
Identified Risks and Risk Management Actions	**Lack of formal regulation** **Risk:** the risk associated with the lack of regulation is that employers and the public are not able to ensure that an individual is on a professional register and to therefore be assured that they have reached and maintained specified competencies associated with their profession. The potential risk is that a practice might employ a member of staff who is not fit to practice. The formal regulation of PAs under the General Medical Council is likely to be in place by late 2024. **Mitigations** - At present, the Federation of Physician Associates (FPA) holds a voluntary register. Membership of the FPA and registration on the list is withdrawn if there are concerns that professional standards have not been met. Practices are strongly advised, both nationally and locally, to only employ PAs who are registered with the FPA. **Over-reliance on PAs and extended roles within the primary care team** **Risk:** PAs, pharmacists and other members of the extended primary care team should not be a replacement for nursing and GP capacity. **Mitigation:** Practices and PAs have been reminded to be clear about the roles of different members of the primary care team in introductions to patients and in the information provided to the public. Even at a time when the primary care workforce is under strain there are still set ratios of GP and practice nurse numbers per head of the population. The primary care contracts and operations team ensure that these ratios are monitored closely, particularly when there are any inquiries concerning quality within a practice. **Confidence in PAs is weakened, impacting both on the wellbeing of the current workforce and on primary care delivery** **Risk:** There is considerable focus nationally on the regulation and supervision of PAs and other clinical support staff. Unfortunately, incidents of overt abuse to PAs particularly on social media have significantly increased. **Mitigation:** Within North Central London there is a monthly PA forum for education and peer support. Part of this focus has been wellbeing support for PAs. **Under-reporting of incidents inhibits learning and improvement.** **Risk**: Risk that under-reporting of serious incidents within primary care is inhibits learning and improvement.

	Mitigation: The Quality and Clinical team within the ICB have taken a number of actions to support and promote a culture of incident reporting in primary care and to be clear around expectations and process for reporting incidents. **Patient safety risk** **Risk:** understanding whether the SUI at The Vale is indicative of wider risk within the practice concerned. **Mitigation:** evidence has been provided by the practice regarding systems and processes for audit, supervision and staffing which is now being reviewed. CQC operates independently to the ICB and has carried out its own investigation to evaluate safety and quality of care within the practice. We will receive the findings in due course and follow up as required. **Risk of instability to the practice** **Risk:** a risk to continuity and sustainability at the practice **Mitigation:** Discussions have been held with the practice and wider team and support offered through the LMC and federation.
Conflicts of Interest	Not applicable.
Resource Implications	This requires significant input from ICB Quality, Primary Care contracts, workforce and Director leads. There are resource implications for the Training Hub within North Central London, which has provided considerable additional support both for PAs and for practices, particularly their training leads.
Engagement	Haringey Healthwatch has hosted a borough online Patient Participation Group meeting with a focus on PAs. The NCL PA ambassador attended the meeting, together with the Federation CEO and the ICB primary care team. A further engagement session is planned for February to discuss the issue of Physician Associate regulation and the actions being taken within NCL to ensure that there is good support and supervision in place for PAs and other members of the wider primary care team.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	Not applicable. Paper presented to Part 2 of Primary Care Committee August 8th 2023.
Next Steps	• Further dissemination of information for primary care regarding incident reporting across North Central London. • Further reassurance to practices to increase trust in external incident reporting and that this is distinct from contractual reviews. • Maintain training offer and support for supervision from within the NCL Training Hub and at regional level and maintain support for the wellbeing of PAs, ensuring they are valued and supported within NCL.
Appendices	Not applicable.

Update on actions taken to ensure appropriate support and supervision for PAs working in North Central London

1. Background

On 7th July 2023, the ICB was made aware of a serious untoward incident (SUI) occurring at The Vale practice in Haringey in November 2022. Emily Chesterton, who was 30 years old, tragically died of a pulmonary embolism on 7th November 2022. She had attended appointments with a Physicians Associate at The Vale Practice in Haringey the week and the day before her death.

The ICB has had no direct contact with Ms Chesterton's family. The coroner's report, produced in March 2023, concluded poor quality care had contributed to her death. However, the role of the coroner was to investigate the cause of death and not to provide any further attribution of responsibility. The local MP for Ms Chesterton's parents highlighted the case and called for regulation of Physician Associates at an ensuing parliamentary debate. In December 2023 the Anasethesia Assistants and the Physician Associates Order was tabled in the Scottish and Westminster Parliaments, which initiates the legislative process for the new regulatory regime.

However, there is still considerable wider debate within and across professions nationally and public interest in the role and regulation of physician associates in primary care.

The ICB, whilst having no role in regulation or registration of PAs is keen to ensure learning from a tragic event. The ICB's role is to ensure that practices have the support that they need to fulfil their responsibility for the safe employment and supervision of an extended team. The delivery of training and support for GP practices and Primary Care Networks is carried out by the North Central London Training Hub.

This paper provides an overview of the work to date and suggests next steps for the Committees consideration. The Committee is asked to note work to date, endorse next steps and make any further recommendations.

2. Physicians Associates

Physician associates (PAs) are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as part of the multidisciplinary team in primary care. PAs are part of the Additional Roles Reimbursement Scheme (ARRS) run by NHSE to support the growth of the workforce in general practice. ARRS practitioners are recruited through the Primary Care Network (PCN), with each PCN receiving funding towards additional roles.

In 2006, the Department of Health released the Competence and Curriculum Framework for PAs, developed with The Royal College of Physicians (RCP) and the Royal College of General Practitioners. After completing a biomedical or healthcare related degree PAs undertake a two year University course at Diploma or Masters level to develop clinical knowledge and skills. Qualified Physician Associates are able to practice under the British General Medical Council's delegation. There are now around 3,000 physician associates working in the UK (FPA, 2021). We have approximately 140 PAs working in NCL (89 employed via the ARRS and 51 employed directly by practices).

Physician associates work within a defined scope of practice and limits of competence. They:

- take medical histories from patients
- carry out physical examinations
- see patients with undifferentiated diagnoses
- see patients with long-term chronic conditions
- formulate differential diagnoses and management plans
- perform diagnostic and therapeutic procedures

- develop and deliver appropriate treatment and management plans
- request and interpret diagnostic studies
- provide health promotion and disease prevention advice for patients.

Currently, physician associates are not able to prescribe or to request x-rays/CT scans.

PAs always work under the supervision of and in conjunction with doctors as part of the medical team. PAs are accountable and responsible for their own pratice, but are answerable to the GP and the medical governance structures within the practice. Practices must provide a clinical supervisor for the PA and it is their responsibility to ensure that pre-employment checks are carried out as well as ensuring that appropriate indemnity arrangements are in place.

Regulatory requirements for clinical professions are set nationally. In July 2019, the Department of Health and Social Care asked the General Medical Council (GMC) to regulate PAs, however this relies on new legislation and is subject to consultation. Based on the government's timetable for consultation the GMC expects regulation to begin at the end of 2024.

At present, the Federation of Physician Associates (FPA) holds a voluntary register. The Federation of Physician Associates is the professional membership body for PAs and holds a voluntary register – the Physician Associate Managed Voluntary Register (PAMVA). It reviews and sets education standards. Membership of the FPA and registration on the list is withdrawn if there are concerns that professional standards have not been met. Practices are strongly encouraged to only employ PAs who are registered with the FPA and who have therefore successfully completed the university programme and passed the PA national exam.

The North Central London Training Hub

The North Central London Training Hub plays a very significant role in supporting and developing the primary care workforce for the ICB. The Training Hub advises practices on employing practitioners through the Additional Roles Reimbursement Scheme (which offers a funding contribution for PCNs to employ a range of new roles). In relation to PAs the Faculty of Education, working within the Training Hub, provides training to practices and supervisors and resources for practitioners. It also facilitates the process of approving new educators (e.g of assessing and approving GPs to provide supervision) and new learning environments (e.g. a Primary Care Network that is hosting a training placement). The Training Hub role is to:

- Support Practices and PCNs to understand their workforce needs
- Support Practices and PCNs to understand the competencies for each role
- Identify and provide education & training
- Work with HEE/NHSE to support placements.
- Provide recruitment support to help new ARRS staff into role and then support for their ongoing development and retention.

The Training Hub hosts a PA ambassador who works with Health Education England and NHSE Workforce Training and Education across London. Our PA ambassador for NCL is a senior PA and also a Clinical Lead in Camden. The ambassador responsibilities are to:

- Support workforce education and training of the Physician Associate workforce.
- Develop workstreams and specific initiatives to support and enhance the growth of the Physician Associate workforce.
- Lead a professional support network, dedicated to nurturing the continuing professional development of Physician Associates.
- Provide mentorship and peer support, where appropriate.
- Share experiences, innovation, and good practice.

- Work with NHSE to develop professional guidance specific to Physician Associates

3. Actions taken by the ICB

ICB Borough, Quality, Clinical and Primary Care Contracts leads have liaised with the practice and wider partners to understand the tragic death of Ms Chesterton and to ensure appropriate action is being taken at practice, borough and NCL levels. We have also linked with national partners to share learning and conclusions from our work.

3.1 Actions taken following the SUI

The team identified and have worked on 7 key areas. Below we outline each, the work to date and any conclusions drawn:

Action 1) Understand and review: the chain of events; the nature of policies, training, support and supervision arrangements in place within the practice; how the incident was recorded, investigated and reported; how learning from the incident is being embedded at practice level.

The practice was contacted informally by the ICB w/c 10th July. They were encouraged to engage with the LMC to obtain support and had already reached out to the Haringey GP Federation. Initial enquiries began and a meeting was held on the 26th July with the practice, involving the LMC, the Deputy CNO from the ICB, the Assistant Director for Primary Care Contracting and the Borough Director of Integration.

At the meeting and subsequently in writing, the practice partners shared:

- Details of its internal investigation
- Outlined employment checks that had been carried out prior to appointment
- The supervision arrangements that were in place
- How the incident had been reported
- An update as to the actions that had been taken in response to their investigation and the coroners inquest.

The written information provided has been reviewed in detail. The early SUI investigation carried out by the practice was then reviewed by the ICB quality team who worked with the practice to draw out further learning and themes from the incident. This work is now complete.

Action 2) Liaise with the CQC, NHSE Medical Directorate as required

The CQC and NHSE Medical Directorate has undertaken their own, independent assessment of the practice. We await any findings and will work with the practice and partner organisations as needed.

Action 3) Offer support directly to the practice at a time of heightened anxiety for patients, practice partners and the team

The practice has been offered support, recognising that this is a time of considerable anxiety both to the practice and their patients. Clinical leadership within the ICB has been made available, as well as input from the Local Medical Committee. The LMC and GP Federation have both been engaged by the practice to provide targeted support where required and business continuity in the practice is secure.

Action 4) Identify - and where appropriate share - lessons that go beyond the individual incident and individual practice

A full and thorough investigation was carried out within the practice reviewing lessons learning from the SUI. This was shared with the quality team. It was reviewed and found to demonstrate a positive response and produced a wide set of actions, most of which are complete.

A presentation has since been put together which disseminates the actions and learning from the SUI as part of an approach to developing a culture which supports reporting and learning from incidents. This was shared with the Haringey all-practice Collaborative meeting on the 8th November and has since been further disseminated within other boroughs and across NCL to promote and highlight learning from incidents and investigations.

Action 5) Consider how we might act locally to strengthen the framework for PAs and other ARRS and allied health professional within in NCL

A PA in a non-independent practitioner, therefore they must always have a named clinical supervisor. Advice, resources and guidance are provided to GPs on employment and supervision of PAs through the BMA and through Health Education England.

Within North Central London, the Training Hub has ensured that each borough has named Programme Director. These are GPs who provide peer support to educators and supervisors within their borough. The Programme Directors work within the Faculty of Education as part of the Training Hub.

In addition, the NCL Training Hub provides support to practices by offering training and education for supervisors of multi-professional teams. These workshops include:

- Introduction to clinical supervision
- Training on additional roles training pathways
- Learners/supervisees that challenge us
- Giving effective feedback
- Defining and understanding the roles of MDT – interprofessional multi-professional supervision
- Introduction to clinical leadership
- NHSE approved learning environments and the approval process

PAs who are newly qualified or new to general practice are part of an NHSE preceptorship programme. This is a funded 1 year training programme to support PAs and their practices. The funding is for each employer and their GP educator/supervisor to provide education and training to support their orientation and development.

Pan-London monthly teaching and a quarterly conference is organised at a London level to fulfil the accredited external continuing professional development requirements for PAs to remain on the managed voluntary register (MVR).

In addition, the NCL PA ambassador supports and delivers training and education for PAs in NCL which includes:

- Monthly PA forum for education delivered by expert leads. This year the following training has been provided: pulmonary rehabilitation, asthma care, MSK, diabetes, heart failure, chronic kidney disease (CKD), neurosurgical emergencies, cauda equina
- Further education is scheduled on ‘easy to miss diagnosis’, good record keeping and medical legal cases.
- The NCL Training Hub has also commissioned PA specific training on primary care mental health presentations and management together with Maudsley Learning
- There has been a strong focus on mental health with a wellbeing workshop.

Action 6) Build awareness of the frameworks, systems, processes and culture surrounding the reporting of, and response to, serious incidents in primary care

The Vale practice had attempted to report the incident via the *Learning from Patient Safety Events* (LfPSE) website. This is a new national service for recording and analysis of patient safety events. One of the main objectives of LFPSE was to align reporting across all healthcare settings, since its predecessor system, the National Reporting and Learning System (NRLS) was originally designed for use primarily within secondary care, where local risk management software is common. This created a barrier to primary care participation.

However, the quality team has identified that there is a need to better embed a culture or reporting within primary care, to enable real-time and thematic learning. The SUI report highlighted that there is likely to be under-reporting of incidents in primary care and an opportunity to improve the culture of learning from adverse incidents. A webinar on reporting serious incidents has been held with the practice managers forum in Haringey and the GP Collaborative meeting. This will be the subject of a future NCL webinar.

Action 7) Assess the need for contractual action

If there is any trigger of concern related to a practice the ICB can assess systems and processes. In response to an improvement plan issued by the ICB the Vale Practice was required to submit assurance information and set out any actions they will take covering:

- Supervision of clinical and non-clinical staff
- Training of staff (mandatory and non-mandatory)
- Duty doctor rota
- Process for daily escalation of concerns
- Clinical leads – assigned for clinical and governance areas
- Audit of medical records and notes summarisation
- Triage of patient bookings
- Chaperone procedures
- Locum cover procedures and policies
- Clinical meetings to update and support staff
- Management and oversight of referrals

The documentation provided by the practice is under review. The ICB can request further information against the Improvement Plan (informal action) or issue a breach or remedial notice if there were clear grounds. This will be reviewed again alongside the CQC report. Any proposed action would be brought to PCC Part 2.

4. Next steps

Nationally the General Medical Council has been asked to regulate PAs and anaesthesia associates (AAs). They are designing the processes and policies needed to make this possible but these changes are dependent on legislative change. Regulation is not expected to begin until late 2024. We are linking with NHSE to share our learning and inform national actions.

4. Summary and conclusion

This report seeks to assure the Primary Care Committee that there has been a thorough process of investigating and learning from the tragic death of Emily Chesterton.

PAs play a valued and important role within the wider primary care team. The ICB must work closely with providers and regional/national partners to create and support an environment in which PAs receive high quality training and support.

The NCL Training Hub has been proactive in its education offer both to practices and to PAs. This programme is continuing to evolve and develop to meet the needs both of GP supervisors and their extended medical teams.

The Quality team have identified the need to support primary care in reporting incidents. This requires familiarity with reporting systems (information sharing) and also trust that, where issues are flagged, this will not result in contractual action.

The ICB's investigation of the circumstances surrounding this incident and the learning that we can take lead to several recommendations for further action and work.

Next steps include:

- **Support and resources for supervisors and GP educators:** The Training Hub has strengthened its support for educators and supervisors. The Training Hub hosts a Faculty of Educators to design and grow additional training and resources. Each borough has a lead educator who is an experienced GP trainer and provides coaching and leadership for GP supervisors. A survey has been developed which will be sent to supervisors and supervisees based on their experience of supervision. Results will direct actions in respect to policy, practice and colleague support.
- **Optimising training and support for PAs:** PAs who are newly qualified or new to general practice are part of an NHSE preceptorship programme. This is a funded 1 year training programme to support PAs and their practices. A Pan-London monthly teaching and a quarterly conference is organised at a London level to fulfil the accredited external continuing professional development requirements for PAs to remain on the managed voluntary register. In addition, the NCL PA ambassador supports and delivers training and education for PAs and a monthly PA forum is in place which provides teaching and training.
- **Reporting and sharing learning from incidents:** A full and detailed SUI has been undertaken, with themes for learning identified. Following this, learning sessions have been run within boroughs to disseminate learning from the SUI report. In August it was recognised that the quality reporting system needs to be better publicised and understood and embedded within a 'no blame' culture and separate from contractual decision-making. The new national incident reporting system (Learning from Patient Safety Events (LfPSE) is now live. Use of this system has been publicised. Further information will be provided via the primary care website and will be included in the GP webinar (mentioned above). Noting feedback regarding hesitancy in reporting, a discussion paper will be presented to the clinical directors in respect to options promoting positive reporting cultures.
- **Public information:** A key learning from the SUI is the importance of clarity for the public about the roles of different members of the primary care team and the importance of PAs and other professionals being clear in their introductions. This has been a key learning communicated to practices and to PAs. In addition, a briefing pack has been produced and will be further iterated, based on this report, to enable further public briefing and provide information for patient participation and engagement groups.

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
20 February 2024

Report Title	NCL ICB Primary Care Workforce Report	**Date of report**	24 January 2024	**Agenda Item**	4.2
Lead Director / Manager	Sarah Louise Morgan, Chief People Officer	**Email / Tel**		sarahlouise.morgan@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Connor Sexton, Project Manager Workforce Programme	**Email / Tel**		connor.sexton1@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	This paper provides the Primary Care Committee with an overview of the primary care workforce in NCL and efforts to support and develop our workforce, in the context of the NCL People Strategy. It speaks to key corporate risks overseen by Committee, in particular our risk around '*failure to effectively develop the primary care workforce*'. The paper highlights key activity, progress and plans for ongoing intervention and mitigation of risk. This is a first 'deep dive' into workforce at PCC, following the expansion of the Committees remit. It incorporates the perspectives of the NCL ICB Primary Care team, Performance and Transformation team and NCL Training Hub hosted by Haringey GP Federation.				
Recommendation	The Committee is asked to **NOTE** the paper.				
Identified Risks and Risk Management Actions	**PERF18**: Failure to effectively develop the primary care workforce (Threat) Under discussion of this at a previous PCC Meeting key aspects to this risk were noted as: • The available Primary Care workforce being sufficient to deliver the volume of activity and quality of care required. • The available Primary Care workforce being sufficient to deliver the ambitions as set out within the NCL People Strategy. • A negative impact on the sustainability of general practice if there is a failure to develop a sufficient and effective workforce.				

	This report identifies work taking place to mitigate these risks.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.
Engagement	Engagement supported development of the NCL People Strategy, under which this work sits.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	Links to previous papers: • **February 2022** - General Practice Nursing in North Central London • **December 2021** - Primary Care Workforce Data
Next Steps	This is the first in what will be a regular (likely twice annual) report to PCC.
Appendices	NCL ICB Primary Care Workforce People Report: February 2024

North Central London Integrated Care System

NCL Primary Care Committee Meeting
20th February 2024

NCL Primary Care Workforce Report: February 2024

Executive Summary

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.

As a committee we have identified *failure to effectively develop the primary care workforce* as one of our key risks. There is an expectation that ICBs and systems will support General Practice as it seeks to recruit, retain, develop, and supervise new roles and teams. We know this is of particular interest to patients and stakeholders, as people seek to understand these roles and the impact on areas such as access, patient experience, quality and outcomes.

Health and social care are trying to move towards multidisciplinary and integrated neighbourhood teams to better offer a holistic and joined up service that can manage complexity and support key population health outcomes. This offers opportunities to mobilise innovative and impactful ways of working that improve the way in which patient care is delivered and make better use of our diverse primary care workforce. There are also changes in the workforce profile and challenges in the retention of key staff groups which, if not addressed, pose a potential risk to the future sustainability of primary care provision.

Primary Care faces further challenges for example the quality of workforce data, staffing ratios and supervision capacity:

- Workforce data quality makes it difficult to accurately record existing capacity and model workforce requirements. This impacts strategic workforce planning and highlights an opportunity for improvement across NCL.
- Reduced staff: patient ratios are indicative of growing registered lists, high attrition and recruitment challenges. However, there are successful programmes of work across NCL to help close this capacity gap.
- GP capacity is impacted by new supervision requirements as the general practice team diversifies. Roles such as Physician Associates require a clinical supervisor and must always work under the supervision of, and in conjunction with, doctors.

To support the development of the primary care workforce and mitigate key risks the ICB is building strong partnerships with the NCL Training Hubs, implementing schemes that support recruitment, retention, local supply of workforce, staff development and addressing issues such as workforce race equality. We are also working to define the workforce enablers required to deliver the vision captured in the Fuller Review of Primary Care for example defining the workforce model that would enable an 'Integrated Neighbourhood Team' and support Long-Term Condition (LTC) management. This speaks directly to NCL People Strategy ambitions.

The Primary Care Committee previously raised concerns about the impact on patient care if we were not able to develop a primary care workforce equipped to respond to the growth in demand *and* support the shift to prevention and proactive care described in the NCL Population Health and Integrated Care Strategy. Key actions have been identified to address this challenge and ensure we are capitalising on opportunities to invest in capacity. The most significant example is

the Additional Roles Reimbursement Scheme (ARRS) which offers national funding for roles such as clinical pharmacists, physiotherapists, dieticians, social prescribing link workers, care co-ordinators, paramedics, mental health workers, nurse associates, pharmacy technicians and health and wellbeing coaches. Recruitment to these roles has been successful across NCL - with over 850 roles planned to be recruited by March 2024. These roles need embedding as part of the new workforce in primary care and are critical to the modern general practice model; however from 2024/25 funding allocations will effectively 'freeze'. This will stem the growth of the workforce over the coming years and may put pressure on practice running costs.

In addition to nationally funded roles, in NCL we have recruited and funded at Practice level 272 whole time equivalent (WTE) *Direct Patient Care* roles that have increased clinical capacity and diversified the workforce (November 2023 data) although the rate of growth is now slowing (from a 20% increase in these roles Dec 19 - Dec 20 to 10.7% increase Nov 22 – 23).

The NCL General Practice workforce has grown by 3.5% from Dec 22 to Nov 23 and now includes 2,909 WTE staff / 4,010 people. There has also been a 57% increase in people employed in PCN roles over the same period (now 688 WTE[1]).

In summary, there are several challenges facing primary care, however work is ongoing across NCL to address key issues. We have a programme of work supporting delivery of national requirements in primary care and local ambitions reflected in our Population Health and Integrated Care strategy[2] and People Strategy[3].

Introduction

The key activity set out in this report and associated impact, together form the basis of Primary Care's response to workforce risks previously noted by the PCC. To implement these initiatives ICB funding has been allocated across NCL. Each initiative is linked to the NCL People Strategy ambition to develop '*One Workforce*' which seeks a more flexible and integrated workforce focused on population health improvement.

People Strategy priorities linked to Primary Care include:

- Building strong partnerships with the Training Hubs to enable better reach into primary care services.
- Defining an Integrated Neighbourhood Workforce model to realise the ambitions of the Fuller Review of Primary Care.
- Developing a workforce model to support Long-Term Condition (LTC) management.

These reflect the Long-Term Workforce Plan and Fuller Report.

The ICB Workforce team is also currently supporting the National Primary Care Access Recovery Plan, rolling out a bespoke offer to practice teams to support clinical and non-clinical staff to develop new skills and ways of working.

The role of the ICB and the Training Hub

The ICB will support General Practice as it seeks to recruit, retain, develop and supervise new roles and teams. We know this is of particular interest to patients and stakeholders as people seek to understand these roles and the impact on areas such as access, patient experience, quality and outcomes. The ICB will also work to progress the NCL ICS People Strategy and the Primary Care ambitions within this. Additionally, the ICB works to ensure compliance with

[1] NCL General Practice Workforce Data Set & Primary Care Network Workforce NHSD https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-network-workforce

[2] https://nclhealthandcare.org.uk/wp-content/uploads/2023/05/PH-IC-Strategy-V.Final-long-version.pdf

[3] https://nclhealthandcare.org.uk/wp-content/uploads/2023/07/NCL-ICS-People-Strategy-FULL-Final.pdf

mandated guidance issued by NHS England, develop the workforce through our local planning and commissioning activity and overseeing contractor/provider compliance and performance

The Training Hub's core role is to support Primary Care employers in ongoing education and training, embedding new roles in Primary Care and providing workforce development offers that are aligned to the NCL People Strategy and London Primary Care School Board. The Training Hub's scope is focused on employers and their workforce directly and they would expect to work with ICB and partners to inform any patient/public communication.

Data and insight

GP Practices and Primary Care Networks (PCNs) are contractually required to provide monthly updates and submit workforce data on the National Workforce Reporting System (NWRS)[4]. This dataset relies on submissions from practices and estimates are made when there are gaps in the data. At the advent of ICBs the NWRS only reported at system/NCL level and data granularity was lost. To bridge this gap the NCL ICB Analytics team now produces a monthly NCL Primary Care Workforce Dashboard. This underpins our insight and planning.

Work planned and in progress

1. **Training linked to the Primary Care Access Recovery Plan and *Modern General Practice Access* model**

Key to delivering this plan will be the building of capacity, skills and ways of working in practice and PCN teams, as well as recruiting and retaining GPs within the workforce. NCL ICB has put support for practices in place including:

- Support to plan and undertake recruitment
- Support to induct new practice team members
- Materials and training to support the supervision of ARRS staff
- Delivery of GP retention initiatives
- Development of an NCL *flexible staffing pool* - an NCL pool of locums, embedded locally and connected to practices.
- Introduction of primary care staff wellbeing initiatives

The Training Hubs are supporting the above and wider work which includes:

- Support offer to all practices: 'how to' guides, webinars and online support sessions available to all practices and PCNs in collaboration with ICB Primary Care and Digital teams, the GP Provider Alliance and other providers.
- Intensive support for practices: capability building provides individuals in practices and PCNs with practical development programmes that will increase their core skills, understanding of Quality Improvement and associated tools/techniques and approaches and skills for managing change. From this we hope to develop local *communities of practice* for peer learning.
- Care Navigation training geared towards frontline non-clinical staff to help them effectively promote digital triage routes, signpost patients to most appropriate service/clinician and raise awareness of respective clinical roles
- Training to help improve data quality
- Customer care and conflict management training (229 non-clinical staff already trained)
- Digital transformation training

2. **Ongoing learning, development and supervision**

There is annual work to understand and respond to key training and development needs across the General Practice workforce. Work underway includes:

[4] https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-reporting-service-nwrs

- An annual training needs analysis across professional groups and training offers in response.
- Focus on supporting educator capacity and clinical supervision with 101 local GP practices approved as learning environments, meeting NHSE criteria for GP practices to host learners.
- Supporting 30 new clinical placements across nursing and pharmacy.
- Baseline survey of clinical, professional & educational supervision in place across all Primary Care sites with a view to informing future support offers.

There are growing calls for Primary Care staff to be given *protected learning time.* Without this it can be difficult to balance learning, development and supervision with the work to respond to service demands.

3. Better reach into primary care services

Increasing collaboration between those supporting the development and transformation of the workforce and ensuring there is grip on impact at the frontline are priorities. To support this we are, developing relationships between the Training Hubs and the Health and Social Care Academy, increasing visibility of primary care workforce initiatives delivered by Training Hub, and working more closely across the ICB, Training Hub and provider representatives to design offers of support that speak to frontline challenges and pressures.

4. Developing the workforce to support LTC management

NCL recently launched its new model for long term condition management in primary care with all 180 practices signed up to a new Local Commission Service (LCS). There was a 6 month preparatory period that included staff training and development to embed new skills, tools and ways of working. With the challenges of multimorbidity and the need to ensure we are proactively supporting key outcomes; this will be a focus for the remainder of 23/24 and beyond.

Challenges and opportunities

The following section will set out the key challenges faced in the primary care workforce in NCL, of which there are many, and some of the key opportunities to address these.

Recruitment and Retention

Primary Care has increased the number of WTE GPs, Direct Patient Care roles and Admin/Non-clinical roles since March 23, however, there has been a significant drop in the number of nurses. Additionally, the increases in Direct Patient Care and Admin/Non-Clinical staff are below plan. The overall WTE of GPs is above plan for November 2023, however, as noted later in this report, due to growing patient list sizes there are still concerns around GP: patient ratios.

Role	% Change (WTE): March 2023 to November 2023	Position against plan (Nov 23)
GPs	+3.72%	+ 1.37%
Nurses	-8.12%	- 11.02%
Direct Patient Care (ARRS funded)	+16.32%	- 11.02%
Direct Patient Care (Practice funded)	+ 8.41%	- 6%
Admin/non-clinical	+ 2.27%	-0.72%

Factors that impact on affect recruitment and retention include:

- Frontline Primary Care Staff increasingly report they feel stressed and overworked. A Health Foundation Report in 2022 found 71% of GPs surveyed in the UK say their job is 'extremely' or 'very stressful' – the highest of the 10 high-income countries surveyed[5] . Locally this has been corroborated by frontline provider feedback citing the rise in demand for consultations, the impact of industrial action and the increase in requests from Secondary Care to follow-up on patients
- A large proportion of Primary Care staff are employed outside of the NHS *Agenda for Change framework* and do not have access to the same pay, benefits and conditions as staff in other organisations. This encourages staff to seek opportunities outside of Primary Care.
- There is significant variation in pay rates between Primary Care providers. Variations in pay cause staff to move across practices, PCNs and Places. This then reduces capacity, increases attrition and impacts workforce planning.
- Insufficient training and development opportunities for the non-clinical workforce such as receptionists and practice managers. A lack of development opportunity or career path leads to staff searching for employment opportunities elsewhere.
- Rigid working practices and lack of opportunity for a 'portfolio career' can also be an issue with a lack of employer flexibility encouraging staff to seek out alternative employment.
- Minimal Health and Wellbeing offer impacting wellbeing and satisfaction within roles. As a result, wellbeing and burnout have become key challenges.
- Insufficient pipeline of staff to fill junior roles. NCL Primary Care has an ageing workforce and diminishing labour supply. Only 6% of staff are under 25 and 26% are over 55 with the potential to retire in next 5-10 years.
- Funding is ending for the GP Fellowship Scheme, Supporting Mentors Scheme and Nursing Fellowship Scheme. All schemes closing to new applicants in March. NCL Nursing programmes are codependent on the Nursing Fellowship Scheme, which is closing.

The London-wide LMC[6] have noted that recruitment and retention programmes aimed at individuals are important but there are also other factors to consider. For example:

[5] Stressed and overworked - The Health Foundation (https://www.health.org.uk/publications/reports/stressed-and-overworked)
[6] https://www.lmc.org.uk/wp-content/uploads/2023/04/Retention-in-London-general-practice.pdf

- Recruitment will not have a sustained impact if the working environment remains untenable.
- Expanding the workforce team will only have an impact on the demand:capacity mismatch if they are employed to support GPs delivering essential practice services.
- Centrally procured technology platforms, that do not engage the practice nor local community as end users, can increase risks to workload and capacity and not mitigate them.
- Individual clinician resilience programmes are ineffective when the problem is not GPs being up to the task, but having an impossible task set.

Londonwide LMC have highlighted the following as key:

1. Supporting practices who are struggling to maintain safe services for patients and safe working conditions for staff.
2. Assessing the impact of system plans and changes on the general practice demand: capacity mismatch and ability to deliver care safely.
3. Addressing system operational failings that result in wasted appointments and inappropriate clinical requests.
4. Addressing system operational failings that result in needless bureaucracy and diversion of time away from clinical duties.
5. Maintaining the full role of the GP, practice team and the practice and ensuring effective use of clinical time to meet patient need.
6. Improving data processes.
7. Understanding and overcoming barriers to successful implementation of the additional roles in general practice.
8. Recruitment and retention programmes.
9. Awareness and understanding from ICB partners.

Initiatives in place to support improved Recruitment and Retention include:

Primary Care Anchor Network (PCAN)
PCANs have been established to support workforce and communities in recovery and to engage with communities to develop and endorse an effective strategy, communications, and recruitment plan. Highlights of their work include:

- Establishing close partnership and collaborative working between the NCL Health and Social Care Academy and PCAN programme in NCL.
- working with Voluntary and Community Sector (VCS) Groups embedded within local communities in NCL to partner with and directly fund.
- Launching the delivery of VCS Group project to engage residents who are unemployed or facing barriers into employment to provide pre-employment skills and entry level employment opportunities.

General Practice Fellowship Scheme: Through nationally allocated GP Retention funding, Training Hubs are responsible for delivering programme of support, learning and development and PCN portfolio working aimed at newly qualified GPs and GP nurses. This programme includes a tailored programme of induction, mentorship & peer support for GPs and nurses working across NCL, which is sensitive to local needs and builds upon previous successes.
However, the funding is ending for the GP Fellowship Scheme with the scheme closing to new applicants in March.

NCL Pathway for Nurses and GPs new to General Practice: Training hubs are in the process of completing the design of a pathway for nurses and GPs new to General Practice in NCL. This will combine Academic/Foundation training with preceptorship, fellowships, mentorship and peer support. The early impact of this work shows a sharp increase in the number of candidate applications (from 4 in 2023 to 139 for January 2024 cohort).

Standardisation of Guidance for Pay, Terms and Conditions: Training hubs are currently standardising guidance on pay and terms & conditions within recruitment programmes. There is a focus on the Nurses New to General Practice and Trainee Nursing Associates programmes.

Supporting Mentors Scheme
Training hubs are delivering a Supporting Mentors scheme, specifically aimed at GPs. This scheme is designed to increase retention of experienced GPs and GPNs through access to GP mentor training and opportunities, and increased retention of local GPs and GPNs through high quality mentoring support contributing to increasing the overall number of GP and GPN FTEs. However, the funding is ending for the Supporting Mentors Scheme with the scheme closing to new applicants in March.

Primary Care Network Nurse lead Training Hubs are continuing the delivery of the Primary Care Network Nurse Lead project with 13 of 32 PCNs participating. Research conducted by the Training Hub showed that 82% of Clinical Directors 'strongly agree' or 'agree' that the PCN Nurse Lead role has had a positive impact on the PCN overall.

Flexible Staff Pool Delivered by the General Practice Provider Alliance (funded by NHSE). This initiative operates as a staff bank for General Practice. This currently includes GPs and General Practice Nurses and has intentions to expand into admin and wider workforce roles in the future.

PCN Learning/Training Environments Larger numbers of Practices and Primary Care Networks (PCNs) are now operating as a learning/training environment. This initiative is key to attracting staff into NCL and retaining them. Over the last year, PCNs have been able to become accredited as training practices, increasing access to this initiative.

System Development Funding Local GP Retention Scheme: Retention funding flows through the NCL Training Hub and is shared amongst local Training Hubs in line with individual allocation, to be used to deliver workforce and retention initiatives as appropriate. There are currently a total of 26 schemes across the system aimed at GP retention.

Health and Wellbeing: The health and wellbeing of primary care staff is currently a concern. As with other health and care staff groups, there has been no respite after the response to the covid pandemic and the lack of opportunity to 'catch their breath' is affecting the overall wellbeing of staff in primary care settings. This is not unique to NCL, however given the current challenges we face from a recruitment and retention perspective, it is an imperative to address as part of the suite of initiatives.

Recently the Institute of Employment Studies (IES), surveyed[7] a total of 14,000 colleagues from NHS Primary Care Workforce throughout the pandemic, working with NHSE to analyse staff wellbeing, resilience and burnout. Their findings showed that nationally:

- Wellbeing has the greatest fall across all three measures. The score fell sharply after Spring 2020 and has not returned to pre-pandemic levels. This indicates possible 'mild' depression across Primary Care workers.
- Those with the greatest negative affect reported are men; ethnic minorities, 45–54-year-olds and those working in direct patient care.
- Resilience levels have dropped since the pandemic and have plateaued since Winter 2020/21.
- Men, disabled workers, 45+ year olds and those working in direct patient care experienced the largest declines.

[7] https://www.employment-studies.co.uk/resource/primary-care-worker-wellbeing-2020-2023

- Levels of burnout increased between Winter 2021 and Winter 2022 and have returned to baseline since.
- Men, ethnic minorities, and those working in direct patient care had higher burnout which has not returned to baseline levels.

In NCL this lack of resilience and wellbeing along with increase in burnout can be seen in the sickness rate of staff that is 1% higher than pre-pandemic levels. These factors combined with the increase in waiting lists with static overall levels of staffing is leading to higher pressure on primary care services and exacerbating the challenges.

The recommendations from the IES were to consider wellbeing in the round and just not about mental health interventions. Their suggestions include adapting recruitment practices, job design, workplace, culture, and the development of better insight into colleague wellbeing as organisations and employers through more and better targeted engagement.

NCL Health and Wellbeing Offer

Until August 2023, there was an overarching Staff Mental Health hub offer 'Keeping Well in NCL' which primary care staff could access. This was funded nationally and that reduced significantly (by 95%) in 2023. This has resulted in a much smaller offer being available until January 2024 through the NCL Partners Shared Services to support the mental health needs of all health and care staff across NCL including primary care.

In addition, the NCL Training Hub has been running a health and wellbeing support programme to primary care, which has been well received but currently does not have a sustainable route to funding.

Health and Wellbeing is a strategic retention enabler within the People Strategy, and we are in the process of defining the offer, including considerations as recommended by the IES report such as flexible working as we set the priorities for 2024/25. It is worth noting any additional support or intervention would require funding from the ICS on a sustainable basis.

Staffing Skill Mix and Levels

Given the investment in the new roles and teams across primary care there is an opportunity to more clearly define the skill mix and staffing required to deliver a holistic offer to patients.

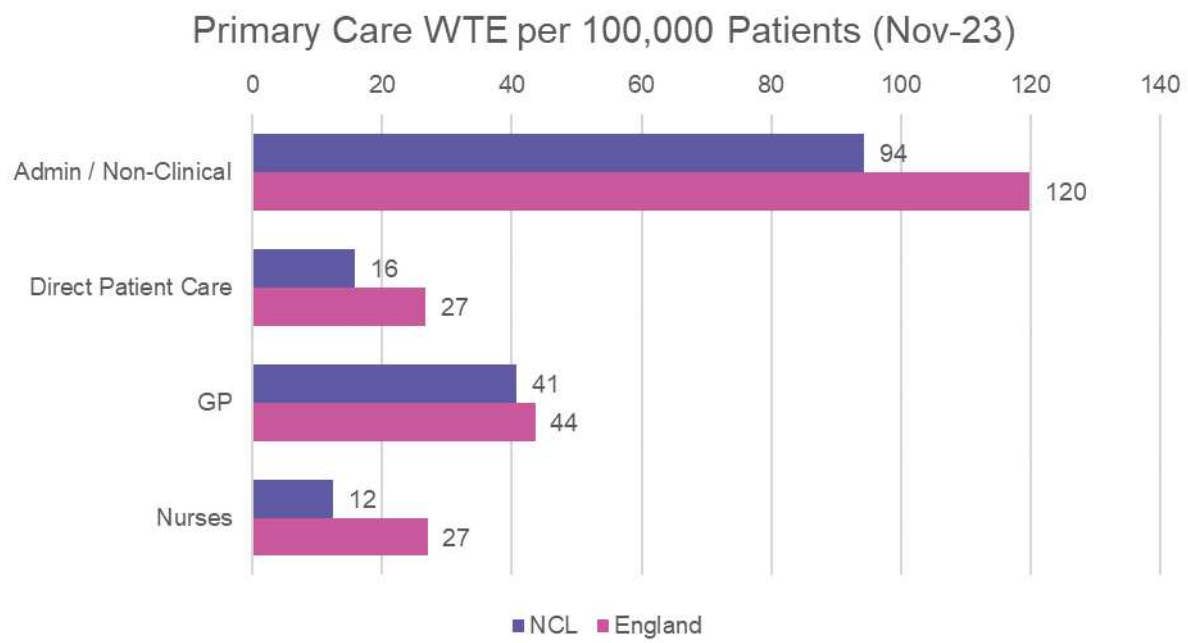
Traditional measures of staff : patient ratios registered per practice are low in some cases, leading to the need to understand the full direct patient care workforce levels.

A lack of understanding amongst patients of the different roles within Primary Care and the associated skill sets leads to patients requesting to only see a GP for example. This creates extra strain on GP capacity.

NCL primary care is experiencing a ~20% increase in appointment demand in comparison to 2019 numbers. This is driven by changing expectation, health anxiety, an ageing population, greater prevalence of long-term conditions and a rise in ill health. On top of this demand to support vaccinations has increased activity in general practice by ~4% nationally[8]. Demand is ~5% higher than the national average increase in demand and the NCL average Staff:Patient ratio is below the national average across all staffing groups.

Figure 3.

[8] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/november-2023



The LMC recommended the number of patients per GP should not exceed 1800 patients to 1 GP, the equivalent of 0.56 GPs per 1000 people[9].

Supervision and Management

Demand for supervision, management and training has increased and it has been identified that NCL Primary Care Workforce training capacity needs to increase by 3.5 times to meet this demand. Demand for support is driven by:

- Increase in non-registered posts and a decrease in registered posts, meaning additional supervision is required by registered posts.
- Rapid diversification of the types of roles within Primary Care and a lack of understanding of these new roles. This leads to additional requirements for supervision, training and management capacity.
- Physicians Associates need to be supervised by GPs.
- Growth in clinical educator capacity has not kept pace with growth in new roles in Primary Care. This capacity helps ensure effective processes are in place for clinical governance and supervision within a multi-professional team.

Following the introduction of the ARRS scheme in 2019 Training Hubs have been integral to the embedding of new Primary Care roles, leading to an expanded and multi-professional workforce. Training Hubs are expected to raise awareness of:

- The competency and scope of all roles included in the ARRS scheme.
- Provision of best practice guidance on inductions and supervision requirements.
- Establishment of borough and NCL support groups for Clinical Pharmacists, Physician Associates, Social Prescribers.
- Workforce planning guidance to support PCNs in mapping out the best workforce mix to meet their population need, underpinned by NHSE WT&Es six step model of workforce planning.

The Training Hub is delivering an enhanced piece work through 2023-24 & 2024-25 in partnership with LMC and the ICB to increase the support offer available to Physician Associates (PAs) and their practices. This will include:

- Conducting a mapping exercise to understand the supervision needs of all primary care workforce both pre- and post- qualification and in both clinical and educational settings.
- Clarifying best practice guidance on supervision.

[9] https://www.llrlmc.co.uk/stateofgeneralpracticewhycantigetanappointmentwithmygp

- Clinic/practice supervision: day-to-day support provided by a named/duty senior/more experienced clinician for issues arising in the practice.
- Clinical/professional supervision: regular support from a named senior/experienced clinician/practitioner to promote high clinical standards and develop professional expertise.
- Educational supervision: supports learning and enables learners to achieve proficiency.
- Supporting the evaluation of MDT supervision models with the aim of increasing patient safety, and ensuring high quality care, robust risk management, staff wellbeing and retention. This includes promoting completion of a survey focused on all professions (GPs, ARRS and nursing) delivering supervision by end March 2024 (Q4).
- Ensuring PCN roles delivering supervision attend 2 workshops focused on supervision models for MDT teams and best practice. Workshops will be delivered in partnership with the local Multi-professional Educator Group (MPEG) (Q1-2 24/25).
- Attending educator lead meetings led by the local Training Hub to offer peer-support and address learning needs identified by the PCN.
- Ensuring provision of additional mentorship for PCN Workforce Education Leads vie the NCL mentor group.

The NCL Training Hub leads the coordination and support for PAs and practices in their employment of PAs. As the local training provider, the Training Hub have written to all PAs, offering support and best practice guidance. PAs who are newly qualified or new to general practice are part of an NHS England preceptorship programme. This funded one-year training programme supports PAs and their practices through education and training. The NCL PA Ambassador supports and delivers training and education which includes:

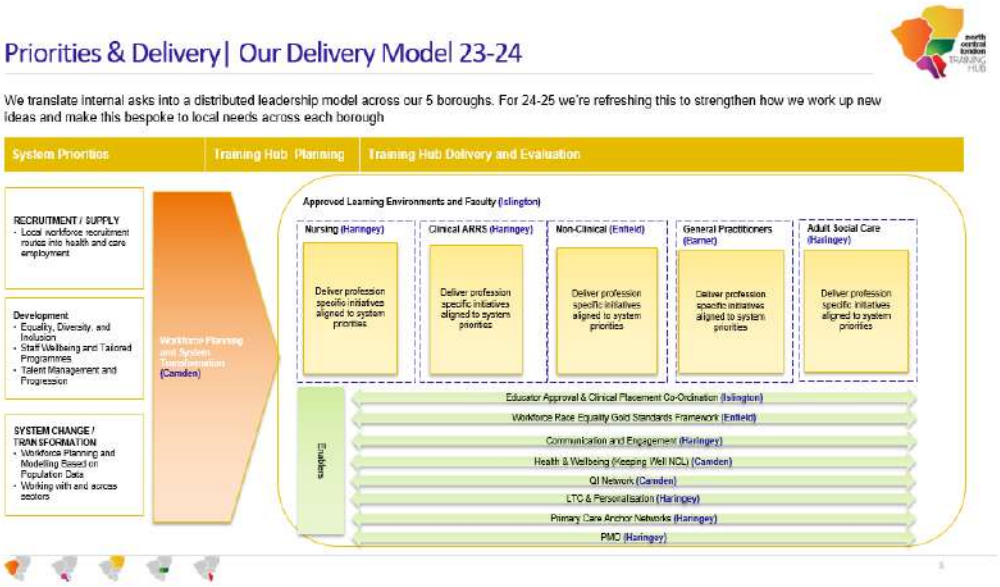
  - A monthly education forum delivered by expert leads on a range of topics.
  - Role-specific training on mental health presentations and management.
  - Mental health and wellbeing workshops.

Support is also provided to practices through training and education workshops for supervisors of multi-professional teams and well hands on peer support for educators and supervisors.

Next Steps 2024/25

The NCL Training Hub operates a distributed leadership model with teams hosted across the five NCL boroughs each leading on portfolios of work to support the frontline workforce. There are 69 projects underway for 23-24 (see figure 6). Examples include:

- Supply - a rotational Trainee Nursing Associate programme / a newly qualified fellowship scheme for GPs & nurses.
- Development - a Primary Care Network nurse leads a leadership development scheme.
- Transformation – Model of care training & change management support for the new LTC LCS underpinned by accredited Personalised Care & Support Planning Training as part of the new model of care.



Specific new areas of focus for 24-25 include:

Task & Finish group - educational and clinical supervision: This group will have a focus on ARRS roles but will also review supervision of other staff employed in Primary Care. The group will be conducting a staff survey to establish their views on the support offer and supervision provided. The group will then use this information to identify gaps and publish the results in Q1.

Health and Wellbeing Offer: Identifying an ongoing support offer to continue to support frontline primary and social care staff with the reported challenges of burnout and wellbeing support (noting the cessation of the nationally funded Wellbeing Hubs and the Primary Care Wellbeing Pilot funds obtained in 22-23).

Maximising use of Apprenticeship Levy: Leveraging the work of the Primary Care Anchor Network programme over 23-24 and establishment of Mayoral Health & Care Academies to further develop pipeline routes of apprenticeships into Primary & Social Care.

Workforce Data Tracking: Enhancing an existing customer relationship management (CRM) tool to track key workforce data across all boroughs and professions and improve processes. This will be used to evaluate programmes of work and to inform new delivery plans.

Conclusion

In summary, there are significant challenges facing primary care. We have a programme of work to support workforce priorities for 2024/25 and as further details of the Long-Term Workforce Plan (LTWP)[10] are finalised over the coming months.

The committee is asked to NOTE the information in this paper and comment on the extent to which action is sufficiently mitigating the identified risk *failure to effectively develop the primary care workforce*.

[10] https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/

North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
20 February 2024

Report Title	National Delivery Plan for Recovering Access to Primary Care – update on delivery	**Date of report**	23 January 2024	**Agenda Item**	4.3
Lead Director / Manager	Sarah McDonnell-Davies, Executive Director of Place	**Email / Tel**		sarah.mcdonnell1@nhs.net	
Board Member Sponsor	Sarah McDonnell-Davies, Executive Director of Place				
Report Author	Rebecca Kingsnorth & Adam Backhouse	**Email / Tel**		rebeccakingsnorth@nhs.net adam.backhouse@nhs.net	
Name of Authorising Finance Lead	Sarah Rothenberg, Director of Finance, Primary Care	**Summary of Financial Implications** Three forms of national funding support delivery: • System Development Funding – held by the ICB • PCN Capacity and Access funding • Practice Transition and Transformation funding Investment of each line is on track against plan. This is a major programme of work being delivered at a time of significant ICB change so it is likely some non-recurrent capacity is also required to support delivery (digital change champions, communications expertise and capacity, programme management). This can be managed within pay and/or non-pay budgets and does not present a cost pressure.			
Report Summary	The National Delivery Plan for Recovering Primary Care Access was published in May 2023. The plan has two central ambitions: 1. To tackle the 8am rush and reduce the number of people struggling to contact their practice 2. For patients to know on the day they contact their practice how their request will be managed The plan describes "Modern General Practice Access as including: better digital telephony; simpler online requests; faster navigation, assessment and response. Access to General Practice remains a focus for patients and stakeholders and a major challenge for providers. The 'recovery' in this case is recovery of patient satisfaction with access (which has declined over time, whilst satisfaction with the care provided remains high).				

	It is important to consider the *scale* of the contribution of general practice: NCL now averages ~680k general practice appointments per month - activity levels for core appointments alone remain at least 15% above pre-pandemic levels (with variation by practice) and continue to increase. Face to face appointments make up ~62% of all appointments, and digital tools play a dominant role in access (online bookings, e-consults, app usage) and patient list management (risk stratification for proactive care, call / recall etc). This report describes programme implementation since the ICB Board report in November 2023. We are implementing a complex change and development programme across ~180 providers. The programme is multifacted covering clinical, operational and technological change and requires corresponding changes to staff and patient behaviours. This report provides assurance around all key deliverable, going into more depth in three areas: • New developments in community pharmacy; • Change support offer to GP practices; • Approach to tracking delivery and impact. We are **on track overall** in NCL with delivery of the requirements and are **confident in our approach.** We recognise that we need to go beyond technical requirements set out in the plan, to reduce variation between practices and drive meaningful change for patients. We have designed our programme to address this. Key achievements since November include: • High levels of uptake of our initial practice change offers • Progress with delivery of key practice-level digital targets • Engagement by Community Pharmacy with the new care pathways and consultation schemes There are areas within the programme where we are benchmarking reasonably well against other ICBs, but where we have challenges. These include shaping and rolling out a local communication and engagement campaign that meets local expectations and impacts patient behaviour (going beyond the National campaign), engaging sufficient skilled digital change management capacity for work at practice level, improving self-referral pathways into community services and generating impact from the Interface programme. The recovery plan requires practical change at Practice, Primary Care Network (PCN) and ICB levels. Practices have been asked to implement the Modern General Practice model by March 2025; however this is not a contractual requirement, and implementation and impact may be constrained by a lack of sufficient and sustained resourcing (in IT, digital, workforce, training). In NCL it is recognised improvement will only be sustained with the wider development of General Practice. Our Primary Care Ambitions will capture our aspirations for General Practice, and recognise the need for episodic access to be balanced against capacity for planned and proactive care. PCC is asked to note the access recovery programme is delivering in line with the plan presented to PCC and Board in Autumn. It is a whole ICB approach

	with critical support from across our Directorates. This will need to be maintained as a priority during transition of our own structures and operating model. The Board report in March is required by NHS England, but also an opportunity to shape and scrutinise our response to this key primary care challenge.
Recommendation	PCC is asked to **NOTE** and **COMMENT** on the update ahead of submission to the ICB Board in March 2024.
Identified Risks and Risk Management Actions	Delivering the Access Recovery Plan will contribute to mitigation of the ICB's Corporate risks related to addressing variation in primary care quality and performance. The overall risk profile for the programme has reduced since the November update. Specific risk updates: **Risk:** the ICB will deliver the individual actions described in the plan but fail to support a consistent transition to the Modern General Practice Access operating model. **Mitigation:** described in the change management and impact sections. **Risk**: recurrent funding is not available to support sustained work on digital inclusion. **Mitigation:** currently under review with analysis of this issue led by the ICB Communities and Digital teams. **Risk** national challenge with the availability of estate and uncertainty over the long-term future of the national additional roles reimbursement scheme (ARRS) **Mitigation** review estates needs and plans taking into account Modern General Practice Access. Engage NHSE to understand and communicate future of ARRS funding and communicate to practices and PCNs. **Risk:** the programme is a whole ICB approach with critical support from across Directorates. **Mitigation:** EMT sponsor as a priority programme during transition of our own structures and operating model.
Conflicts of Interest	The Clinical Director for Primary Care for North Central London ICB is also a Board member of the General Practice Provider Alliance which has coordinated the circulation of the change support specification (described in section **Error! R eference source not found.**) to NCL at-scale primary care providers. This has been managed in line with the ICB Conflicts of Interest Policy with governance and procurement advice.
Resource Implications	Delivery of this plan requires allocation of funding as described above, and significant allocation of ICB staff time.
Engagement	To date engagement of practices has been via discussions with Primary Care Operations Group (attended by a range of primary care clinicians) and Londonwide Local Medical Committees. Communications have been issued to all practices about national change support offers, transition and transformation funding, and upcoming local change support. A subset of practices have received communications about Support Level Framework conversations. Practice communications will be ongoing throughout the delivery period. Engagement with patients and the public forms part of our local change support offer for a subset of practices, to ensure that changes to individual practice models are communicated effectively and shaped with patients.

	A full NCL communications plan for primary care access is also in development which will build on existing work to engage with patients and the public on changes to primary care, national comms campaigns and London-wide patient and public involvement work. North Central London ICB has also jointly commissioned, with other London ICBs, some Deliberative Engagement with frontline staff, patients and the public about primary care more broadly. This is being commissioned across London. We plan to focus the engagement on key areas like access and use this to inform our current work and future ambitions.
Equality Impact Analysis	A national Equality and Health Impact Assessment was produced in relation to the national plan. A local Equality Impact Initial Screening Assessment has been produced to supplement, focusing on our local implementation approach. Both are available on request. Neither document has identified any equality concerns related to the PCARP work, but they do underline the importance of the interdependency between this programme and the ICB's digital inclusion programme which is being led by the digital and communities' teams.
Report History and Key Decisions	NCL ICB Executive Management Team received a report on this work in August 2023 and October 2023, and PCC and the ICB Board received a report on this work in October 2023 and November 2023 respectively.
Next Steps	Implementation against this plan will continue to March 2025. An updated report will be submitted to the ICB Board in March 2024.
Appendices	Appendix 1: Patient journey under Modern General Practice Operating Model. Appendix 2: NCL progress against the national Access Recovery Plan checklist. Appendix 3: Measuring impact – sequence of work. Appendix 4: System Development Fund update.

1 Background and context

1.1 Recovering access to General Practice

Access to General Practice is a major priority nationally and locally. General Practice activity levels are at least 15% up on pre-pandemic levels (in some practices activity has increased by as much as 30%[1]). Appointment activity continues to increase and NCL now averages ~680k appointments/month, an increase of ~50k/month on 22/23 activity. Face to face appointments make up ~62% of all appointments[2], the rest being largely telephone appointments; however there is still unmet demand.

In response to the pandemic, and to help practices handle demand since, new routes into General Practice and new tools for triage and consultation have been introduced at pace over the last four years. Digital tools play a dominant role in access (online bookings, e-consults, app usage) and patient list management (risk stratification for proactive care, call / recall etc). However, it should be noted:

- There is variation between practices in the way changes have been implemented
- Work to communicate changes to patients and to support them to use digital channels has sometimes lagged behind the introduction of technology. Digital exclusion remains a risk.
- Practices continue to experience unprecedented levels of demand following the pandemic and the extraordinary workload is impacting staff wellbeing
- Practices are providing more appointments than ever before, but there is an overall drop in satisfaction with access and significant variation in national GP Patient survey results.

The national Delivery Plan for Recovering Primary Care Access was published in May 2023. Work began and in November 2023 the Board received the NCL ICB System Access Improvement Plan, reflecting National requirements and local priorities. In summary, the plan is designed to support Practice transition to the *Modern General Practice* operating model (described in appendix 1). This report describes progress since November and our approach to delivery and evaluation of impact.

1.2 Wider context for primary care

Delivery of the Primary Care Access Recovery Plan is taking place in the context of heightened national focus on General Practice (Figure 1), and alongside many other strategic and operational developments that impact General Practice and primary care more broadly.

Fuller Stocktake

- Integrated Neighbourhood Teams
- streamlining access to (episodic) care & advice
- proactive, personalised care
- helping people to stay well for longer

Hewitt report

- Proposed new framework for GP primary care contracts
- Suggests national framework of standards with local flexibility
- Builds on partnership model
- Outcomes focus
- Incentivise & support primary care at scale
- Support struggling practices

Retention in London General Practice

Key Lines of Enquiry for ICBs on:

- Struggling practices
- Impact of system plans on GP demand
- System failings: wasted appts / bureaucracy
- Effective use of clinical time, Data, ARRS
- Recruitment / retention
- System partners

Delivery plan for recovering access to general practice

- Empower patients (NHS App, self-referral, community pharmacy)
- Implement new Modern GP Access approach Build capacity (MDT, more Drs, retention, estates)
- Cut bureaucracy (primary/secondary interface, indicators)

AoMRC report on primary/secondary care interface

- Recommendations for admin changes
- Drivers for success in making change: system level, teams, individuals.
- Key actions on: Onward referrals; Complete care (discharge letters & fit notes); call/recall; clear points of contact

Consultation on the future of QOF / IIF

- Consultation on the *role* of incentive schemes in general practice
- The *scope* of incentive schemes
- The approach to minimising the *administrative burden* of incentive schemes.

Figure 1 – national policy context

[1] Source: NHS England: appointments in General Practice dataset 2019 - 2023
[2] Average for London, slightly below average for England

In NCL this work takes place alongside the development of local primary care Ambitions by the ICB and provider leaders. These ambitions will underpin our decisions and actions and articulate shared aims to frontline teams and patients. Our ambitions will be informed by this programme of work, for example setting out how we might balance episodic and same day access with capacity for planned and proactive care and the delivery of population health improvement at neighbourhood level, as described in the Fuller stocktake. It also takes place in the context of wider Regional and National work (Figure 2 –), including London-wide public deliberation on the future of primary care.

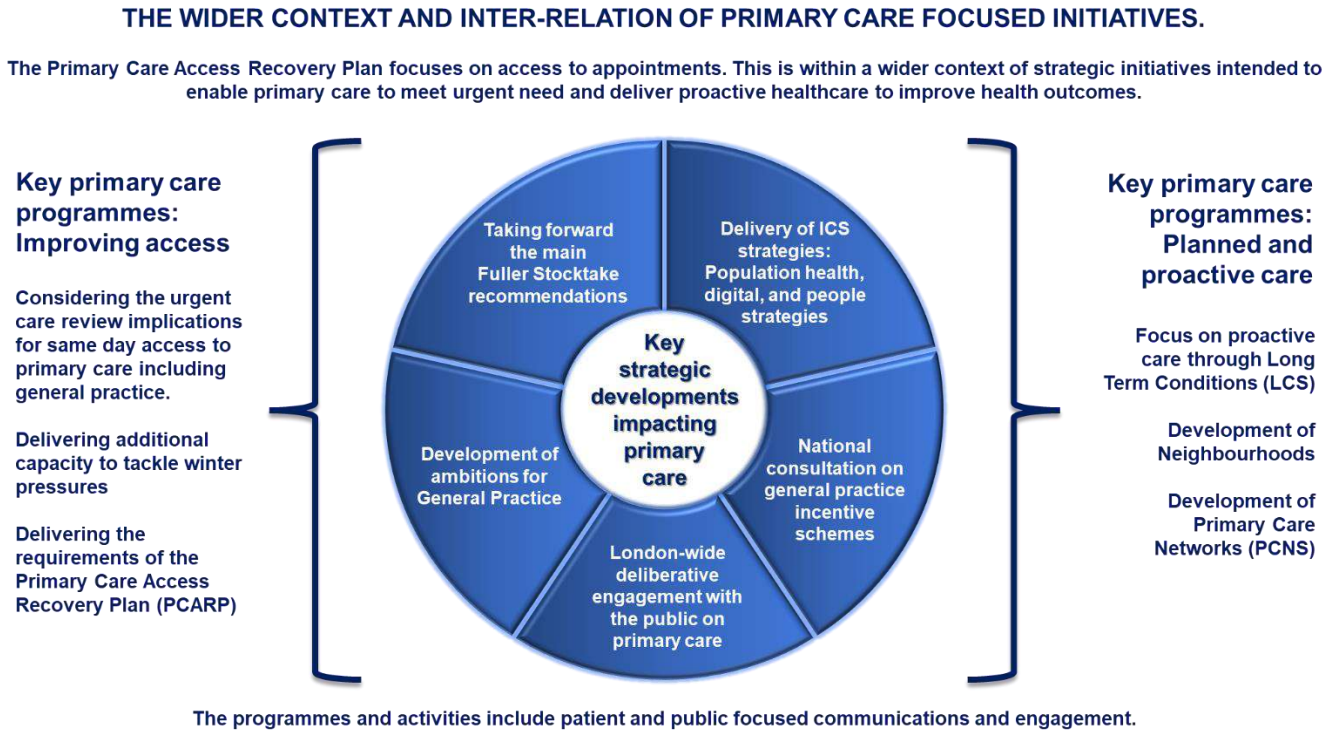


Figure 2 – inter-relation of primary care focused initiatives

2 Programme overview

The Access Recovery Plan incorporates actions for NHS England, ICBs, ICS partners, PCNs and Practices. There are fourteen areas for action aligned against four key aims (Figure 3) and a national checklist (appendix 2). There is a national practice and PCN support offer and expectation that ICBs provide local hands-on change support.

Figure 3 – key aims and actions

2.1 Achievements since November

In sections 3, 4 and 5 we highlight three areas: Pharmacy (section 3), procurement of hands-on change support for practices (section 4), and development of our approach to measuring impact (section 5). An overview against national requirements is covered in section 6. We are confident in our approach and will continue to deliver to plan. The programme is overseen by the Executive Director for Place and Chief Medical Officer with support from the Executive Director of Performance & Transformation.

Highlights since November include:

- 59 GP practices have submitted a plan for transition to the modern General Practice operating model. We have issued £759k of Transition and Transformation Funding and are on track to release £1.2m of transition funding by March 2023.
- We have completed our first clinically led 'diagnostic' conversations with practices. We are on track to complete 37 by March 2023 enabling us to better understand practice support needs.
- We have commissioned additional expertise and hands-on change support to work with practices from March 2023.
- All practices have now signed agreements for cloud-based telephony (CBT) systems, which will allow transition to a new system by the national deadline of March 2023.
- 93% practices are now correctly configured to enable online records access for patients with 80% offering prospective online access as default in the NHS app.
- 96% of Community Pharmacies in NCL have indicated readiness for delivery of Pharmacy First services from 31st January (subject to a national digital solution being in place)
- The NCL Clinical Advisory Group has approved a *Consensus Document* detailing how primary and secondary care will work together to reduce bureaucracy at the interface of these two key sectors.
- We are on track to meet targets for increasing self-referral activity into Community services, allowing patients to self-direct across a range of pathways.

2.2 Programme challenges and risks

Delivery will contribute to mitigation of key Committee risks.[3] At programme level the overall risk profile has reduced since November. The most significant risk is we deliver the plan but do not significantly impact key outcomes like patient satisfaction and staff morale. Also that variation persists at practice and PCN level. Locally we have developed an approach to mitigate this risk - using data to baseline, target change capacity and track impact in a formative and summative way. Practice engagement with the plan is also key. We have reduced the risk-rating since November due to positive responses to date, but have specific risks around engagement with the NHS App and the Support Level Framework which we will continue to monitor.

We are identifying critical success factors not prominent in the National plan. The key one is digital inclusion - closing the gap between the presence of technology and digital channels and patient use and satisfaction with them. The lack of recurrent funding and capacity to support sustained work on digital inclusion has been highlighted as a risk by National and NCL Equality Impact Assessments. The ICB Primary Care, Communities and Digital teams are developing plans to address this.

There is a risk the General Practice estate is not sufficient to support Modern General Practice model. In response the ICB is reviewing estates needs, taking proactive action on capital allocations for the general practice estate and digitising patient records to optimise space. There is also some risk to staff recruited under the additional roles reimbursement scheme (ARRS) as national investment is set after five years of growth. In response the ICB is communicating to practices and PCNs, engaging in workforce planning, workforce development and retention alongside the ICS Workforce team.

[3] Risks PERF 15, 18, 28

3 Community Pharmacy developments

Community pharmacy is an essential part of the primary care landscape and offers people easy access to health services in the community. The range of services provided has increased over time. Uptake in NCL has been good, though there is considerable scope to increase the number of consultations taking place by making improvements to pathways and promoting the service to all stakeholders.

The Access Recovery Plan introduced changes that further facilitate use of community pharmacy to ease the pressure on General Practice. Specifically:

- Expanded Contraception and Hypertension case finding (blood pressure checks) services (Dec 23).
- Expanding scope of CPCS, relaunching as *Pharmacy First* to give community pharmacists the ability to prescribe for 7 common conditions without GP approval, including antibiotics for minor infections.

Progress since November 2023

In North Central London:
41% pharmacies are now offering a contraception service
79% pharmacies are now offering a hypertension service
96% pharmacies have launched Pharmacy First (from 31st January)

The ICB are reviewing current pathways, clinical guidelines and processes (e.g. local anti-microbial resistance processes) and working to understand whether additional local digital solutions are required for oversight and assurance around patient outcomes. We continue to work closely with our two Local Pharmaceutical Committees (LPCs) to understand the picture 'on the ground'.

We are also expanding the locally commissioned *Self-Care Pharmacy First* (SCPF) service to all NCL boroughs (previously in place in three) and have agreed investment in joint work between pharmacies and practices to ensure uptake. This allows low-income patient groups to receive medication free from Community Pharmacies without having to see a GP for a prescription.

Next steps

We continue to monitor and focus on increasing the number of pharmacies offering these services and increasing referrals from General Practice for agreed pathways. We are promoting Pharmacy First to the public supported by a National communications campaign to raise public awareness of the services.

4 Providing local change support to GP Practices

We scoped practice support needs through practice engagement and desktop review of data held by ICB teams. Borough-based 'MDT' meetings brought together leads from primary care contracting, GP IT, digital and estates to share insight and develop a bespoke practice support offer. Outputs were shared with practices via individual letters covering funding and the change support offer.

Progress since November 2023

<u>Distribution of national transition and transformation (T&T) funding</u>

We have received an allocation of £1.2m in 2023/24. This is 50% of the total with the remainder to be allocated in 2024/25. The funding is for individual practices to develop their practice operating model, with an expectation that all practices complete this work by March 2025.

Practices beginning work in this financial year have submitted costed plans with the majority investing in additional capacity to move to a *total triage* model and/or develop care navigation. Practices accessing funding have all committed to working with the ICB to demonstrate impact and promoting all access routes to their patients.

To date we have released £759k to 59 practices and anticipate releasing the full £1.2m by March 2024. The remaining practices will receive their funding in 2024/25.

Holding Support Level Framework (SLF) diagnostic conversations
We have identified 65 /180 practices for a structured diagnostic supported by a clinical facilitator. This will build on our proposed improvements and identify practice ambitions and objectives. It may also identify innovation and good practice for sharing across NCL. We are on track to complete 37 sessions by end March 2023.

Hands-on change support to develop practice operating models
We have identified areas where we believe practices will benefit from change management support. Priority areas are: telephone access; practice websites; demand and capacity management; engaging patients; digital maturity and supporting Practice Managers. Our support offer will involve subject matter experts working in practices to effect change. Offers will be coordinated to create a coherent package and sequence for practices.

Digital and IT infrastructure improvements
Technical support is available via our GP IT and Digital First teams who will support practices to implement the “must-do” requirements of the access recovery plan. GP IT are working with cloud based telephony suppliers to offer training and support to leverage the full benefits of the telephony systems.

Digital Change Facilitators will also provide hands-on support. Dedicated resource packs are in development to ensure universal access to high-quality information and guidance. The team will take an agile approach and continuously adapt in response to practice and facilitator feedback, brokering conversations where support is required from external suppliers.

Next steps
We will continue to deliver our plans at practice level. We are appointing a lead provider to work with us from March 2023. All support offers will be coordinated by a Joint Oversight Group convened by the lead provider.

5 Measuring impact

To ensure the programme delivers meaningful and demonstrable change for patients we have developed an impact monitoring approach - tracking a number of indicators that would as a whole represent improved patient experience (see also Appendix 3). We will use a three-stage approach:

- First, **structural measures** of change, which measure whether the building blocks required to make change happen have been successfully put in place.
- Second, **process measures,** or measures of how much of the activity we expect to see as result of those building blocks is happening.
- Finally, **outcome measures**, which are slower to change, but will tell us whether the work we have put in place is leading to the improvement for practices and patients we hope to see

5.1 Structural measures – do we have the right building blocks in place?

At **practice level** structural measures related to the transition to modern General Practice include:

- uptake of practice transition and transformation funding
- number of support level framework conversations completed
- uptake of the change management offers (local and national); and
- for digital: practice transition to cloud-based telephony; enabling of key features of telephony systems; use of key features of the NHS App.

Progress will be tracked with realistic but achievable targets and a focus on reducing variation across the system. Where we are not seeing anticipated progress against indicators we will engage and support practices to understand why and adapt our approach as needed.

For the **wider programme** structural measures include:

- community pharmacy signups to deliver the new Pharmacy First services
- availability of self-referral pathways in community services; and
- implementation of primary / secondary care recommendations in the NCL interface consensus.

5.2 Process measures – are we seeing the right changes in activity?

At practice / PCN level process measures will include:

- monitoring how practices have spent their transition and transition funding and resulting change
- practice participation in local and national change support offers and resulting change
- review of PCN capacity and access improvement plans at the end of the financial year with PCNs presenting activities undertaken and impact measures used.

From a digital perspective process measures will include:

- online consultation activity
- SMS messaging
- Repeat prescriptions, records and test results viewed or appointments booked via the NHS app.

This will allow us to understand how making these features available to patients translates into meaningful changes.

Practices will be able to review their own telephony activity including call volumes, dropped calls and patient waits, but this information is not currently available to the ICB.

NHS England provide data on uptake of community pharmacy services and self-referral to community providers. A baseline assessment of interface priorities is in progress.

5.3 Outcome measures – have we made meaningful improvements?

The primary outcome measure for the programme is *patient experience of access* as measured through the national GP Patient Survey. We anticipate:

- an overall increase in NCL average scores
- a reduction in the variation between the highest and lowest scoring practices
- a reduction in the number of NCL practices who appear in the lowest 20% of practices nationally for each of the questions.

As the survey reports annually, with data collection in winter and publication of results in July, it is unlikely that we will see the full impact of the work until summer 2025.

In some cases, increased digitisation has correlated with a reduction in patient satisfaction with making an appointment as measured by the GP:Patient survey. Our change support offer includes work with practices where this may have happened, but we note the potential for this survey results getting worse before they get better. We will benchmark against National data to isolate any local issues and use local case studies and the GP Friends and Family Test (once this is firmly established) as interim measures of patient satisfaction.

An important aim of the wider programme of work is reducing pressure on General Practice by increasing capacity elsewhere in the system (community pharmacy) or reducing administrative workload

(self-referral into community services, reduction of bureaucracy at the interface). Outcome measures require further development, but will focus on reduction in pressure on practice staff and patient satisfaction.

Finally, good primary care access - that includes urgent, planned and proactive care - is essential to population health improvement. This programme of work supports delivery of 3 key NCL population health outcomes:

- The care navigation and triage elements of modern general practice allow practices to better direct people to the *local services that can best meet their needs*;
- Digital General Practice access routes allow people to take *greater control of their healthcare and keep themselves well*;
- Strengthening the primary / secondary care interface and between General Practice and Community Pharmacy creates opportunities for collaboration on *preventative care* such as vaccinations, and development of better *integrated care for patients with complex needs*.

We will continue to develop the link between the programme and NCL outcomes framework to demonstrate these impacts more clearly.

6 Wider programme deliverables

6.1 Empower patients

NHS app and prospective records access

The Digital First team have continued to support practices with training, and encourage appointment access via the NHS App. Digital activity data lags behind other primary care data sources, but data from October 2023 (Source: POMI) shows that:

- 83.2% practices offer directly bookable appointments online (deadline July 2023)
- 100% practices can offer secure NHS App messaging, 2,940 Messages (AccuRx) via NHS app
- 94.8% practices offer patients the ability to order repeat prescriptions online.
- 93% practices correctly configured in EMIS to enable online records access (deadline Oct 2023)
- 80% practices offering prospective online access as default on the NHS App

Directly bookable appointments have not been enabled in all practices as per the July 2023 deadline, and support continues. The number of practices offering prospective online records access has increased significantly since November 2023 with further work to do to reach 100%.

Self-referral into some community services

Self-referral can be a convenient option that also frees up practice time. NHS England selected 7 services for which self-referral should have been available by September 2023. The deadline was met in NCL for 4 pathways: Community musculoskeletal services; Community Podiatry; Community Equipment Services and Tier 2 weight management. No London ICB yet has self-referral in place for all stipulated pathways, in all boroughs. We are in dialogue with NHSE about remaining pathways (Audiology, Wheelchair Services & Falls services) with most requiring changes to contracts and provider delivery models. Increasing the number of self-referrals by 50% by March 2024 – measured through the Community Services Dataset (CSDS) - remains a focus and NCL expects to meet this target, though quality of reporting through CSDS remains varied across London.

6.2 Implementing Modern General Practice Access

The *Modern General Practice Access* model is designed to reshape the patient journey, with a focus on improving the availability and use of digital telephony, enabling simpler online requests, and faster care navigation, assessment and response for patient queries and requests for appointments (appendix 1).

Digital telephony

Digital cloud based telephony (CBT) systems can handle the high volume of general practice calls and include call-back functions, preventing patients from hearing the engaged tone, or experiencing long call waiting times when they call their practice.

The national requirement is for all practices to transition to digital telephony by March 2024. In NCL 92% of practices have already transitioned. All remaining sites have signed an agreement with a supplier and are on track for March 2024. We are exploring opportunities to access national monies to fund practices on “sub-optimal” cloud-based telephony systems to transition to the national supplier framework.

There is considerable work to ensure practice teams know how to effectively use these systems, work with usage data, report and reframe their operating models and appointment systems so the maximum benefit can be realised. Our local programme includes additional support to leverage the full benefits of these systems.

Simpler online requests

While people should always be able to call their practice, the Access Recovery Plan aims to make online requests an easy and dependable route. Online consultation / video consultation (OCVC) capability is already in place across NCL. As with telephony, effective use of this technology requires work at an individual practice level. Review of activity data identifies considerable variation in OCVC activity between practices, due to a mix of patient and practice factors. The Digital First team are supporting practices to explore variation and make changes where appropriate.

Faster navigation, assessment and response

An ambition is to make it easier for people to contact their practice and get a response, with clinically urgent requests assessed same day and an appointment - if needed - scheduled within two weeks. Care navigation is central to this ambition. It is estimated that ~15% of current GP appointments could have been dealt with via a different route – including through self-care, community pharmacy or other more appropriate local services.

NHS England has invested in a National Care Navigation Training programme which uses the care navigation competency framework. This has been advertised and we are monitoring uptake. 22 practices have fully completed the course, with 46 more having started. Feedback indicates the national restriction of 1 staff member per practice is a challenge, particularly for larger practices. Acknowledging this the ICB has providers to help us shape a local training offer, with a view to commissioning a bespoke supplementary offer.

6.3 Building capacity

The shape of the General Practice workforce has changed significantly over the past five years, with the introduction of new roles particularly via the Additional Roles Reimbursement Scheme (ARRS). The Primary Care Access Recovery plan places a focus on growing multidisciplinary teams, as well as recruiting more doctors and retaining GPs within the workforce. NCL has initiatives in place that support this aligned to the NCL People Strategy and priorities of the NHS Long Term Workforce Plan.

Work with practices includes: support around recruitment, induction and supervision of ARRS staff; delivery of GP retention initiatives via the Training Hub (mentoring, fellowships, coaching and leadership development), joint PCN and Training Hub workforce and education leads, development of multi-professional education, the introduction of a flexible staffing pool (to develop an NCL pool of locums); and primary care staff wellbeing initiatives. We are also funding a deep dive into the supervision of ARRS staff and designing a training package for ARRS Supervisors to support high quality supervision and the retention of the ARRS workforce.

6.4 Cutting bureaucracy

The recovery plan asks ICBs to work with primary and secondary care providers to implement the recommendations of the Academy of Medical Royal Colleges (AoMRC) report on improving the primary / secondary care interface. The aim is to cut bureaucracy and reduce workload for practices whilst improving the efficacy of key processes.

In December 2023 NCL's Clinical Advisory Group (CAG) approved the Consensus Document, developed jointly by stakeholders including the UCL Health Alliance, LMC and Healthwatch. It covers key principles and responsibilities across primary care and secondary care. National priorities being progressed locally include:

- Onward referrals: NCL agreed a Consultant to Consultant (C2C) Protocol in December 2022 confirming that if a patient has been referred into secondary care and needs another referral for an immediate or related need, the secondary care provider should make this for them. Work is underway to improve awareness and improve compliance with this protocol.
- Fit notes and discharge letters**:** for secondary care providers in NCL to ensure a patient has a fit note when their sick leave is expected to be over 7 days and for discharge letters to highlight clear actions for General Practice
- Call and recall: linked to outpatient transformation programme and the Cancer Alliance improvement programme, we have agreed messaging and guidance for teams offering patient-initiated follow up (PIFU). Our Cancer pathways ensure patients are recalled as necessary and all trusts have or are working towards accessibility of test results on patient portals & results messages.
- Clear points of contact: All trusts should have clear points of contact for outpatient departments provided in patient and GP facing communications. All four trusts have a GP Liaison support service with a single point of access for contact. Themes from GP liaison services are being reported via local Clinical Interface Groups to drive improvements.

Our four main acute trusts are in the process of baseline assessment against the four national requirements. These will be used to set measurable trajectories for improvement.

6.5 PCN Capacity and Access Improvement Plans

All 32 PCN plans were approved in July 23. They covered improvements to patient experience, demand and capacity management, accurate recording of appointments in clinical systems, improving response rates for the friends and family test, developing better processes for acting on patient feedback and exploring patient experience with Patient Participation Groups. The ICB carries out quarterly check-ins with PCNs and has been providing support to improve data quality in the General Practice Appointment Dashboard (GPAD). Work will continue until at least June 2024.

6.6 National General Practice Improvement Programme

Since the launch 13 practices in NCL have taken up the national "intensive" or "intermediate" improvement programme with the national team. We continue to proactively promote the programme to

all practices, directly and via the GP website and GP webinar. The programme is expected to re-open for applicants in the new financial year.

7 Funding and resourcing

We are on track to utilise all funding in accordance with plan. Allocation of Transition and Transformation funding at practice level is as described in section 4. System Development Fund spend is on track and appendix 4 outlines this in detail. PCNs have been receiving monthly capacity and access support payments, with final payments expected by June 2024. We are aligning other resources to the strategic aims and operational work of this programme, for example winter funding and funding held by the Provider Alliance.

8 Communication of changes in primary care

In November the Board noted the importance of communication and engagement to support patients to effectively self-manage, access support when it is needed and understand the challenges and choices faced by general practice teams.

The national access recovery campaign launched in January 2024. Building on previous campaigns, activity focuses on three key themes - digital access, the wider practice team and wider care available. There are also national communications on the launch of Pharmacy First to supplement our local approach to increasing patient awareness of new access routes into services.

National materials linked to the recovery plan are relatively high level so a full communications plan is being developed locally. We will message via partner and stakeholder channels, traditional local media and digital platforms such as newsletters, websites and social media. Working closely with our local voluntary and community sector groups we will use trusted voices to help share our message. We will also draw on ICB clinicians and primary care staff to enhance the impact of the campaign. Materials to be developed include profile pieces, template materials that partners and stakeholders can adapt, video content and images. We will use paid for social media activity to extend the campaign's reach, targeting materials by borough, location and language.

We have developed a practice-facing Directory of Services web page available via the NCL GP Website to support practice staff with care navigation.

We have also commissioned, with other London ICBs and NHSE London, a Deliberative Enquiry with the public to engage the public in the choices faced in primary care, given the constraints the service faces (finances, workforce, estate). This will help the ICB in setting broad ambitions for General Practice in North Central London.

9 Conclusion

North Central London has developed its programme of work, has clear plans and is making progress against key deadlines. It is a whole ICB approach with critical support from across our Directorates. This will need to be maintained as a priority during transition of our own structures and operating model. We are enhancing the work as necessary and considering all key success factors.

PCC is asked to **NOTE** and **COMMENT** on the update ahead of submission to the ICB Board in March, in line with national reporting requirements.

Appendix 1 – The patient journey under the modern General Practice operating model

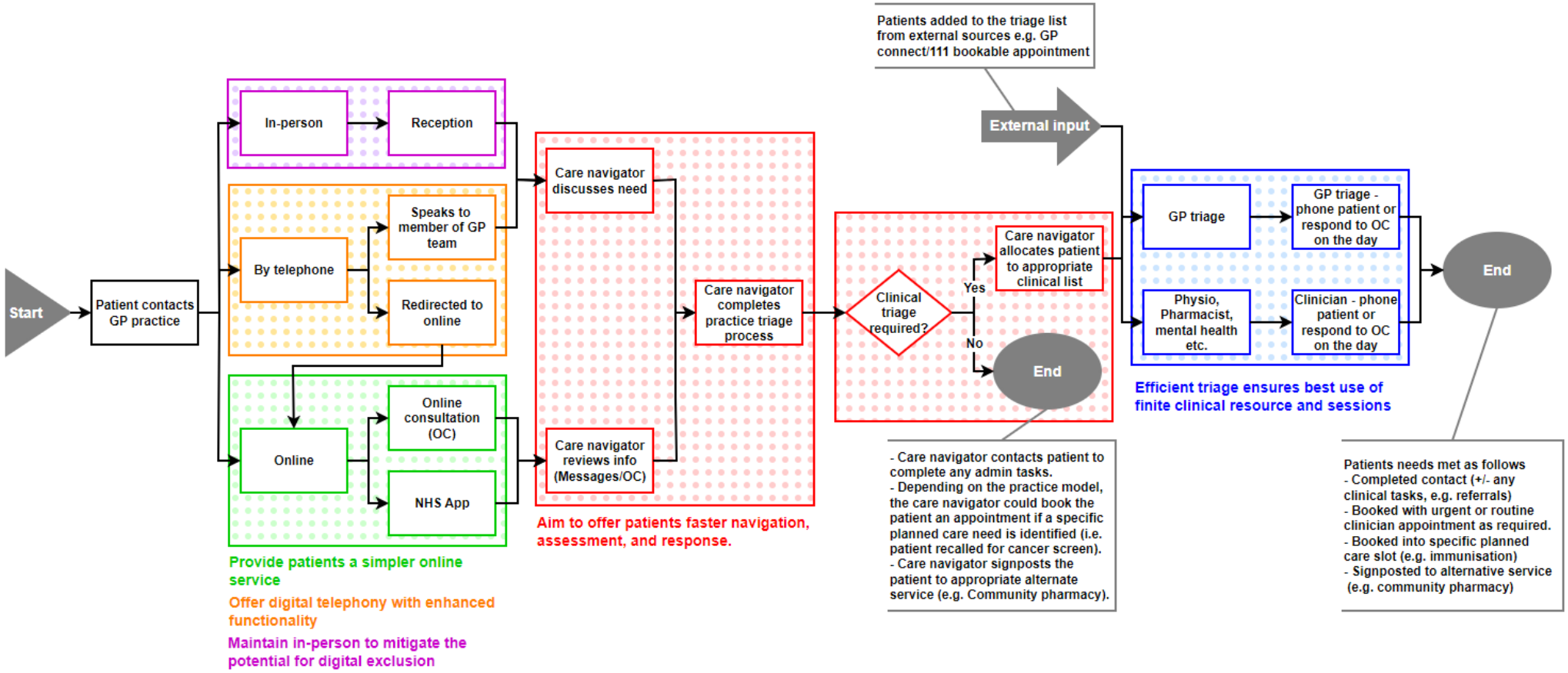


Figure 4 – visualisation of the modern General Practice operating model

Appendix 2: NCL progress against the national Access Recovery Plan checklist

The main body of this report describes the overall ICB approach to delivering the access recovery plan. There is also a national checklist of actions against which we much provide assurance of progress. For ease of assurance progress against that checklist is set out below. There is some repetition within the list as it identifies actions for the national team, practices/PCNs and ICBs.

National actions

#	Detail	Deadline	Met	Position February 2024	Headline risks & mitigations
Theme: modern General Practice					
1	Financial and procurement support to any practice that indicates to its ICB that it wants to move from analogue to digital telephony. The Better Purchasing Framework is live with qualifying suppliers.	01/07/23	Yes	All practices moving to Cloud Based Telephony (CBT) on track.	N/A
2	Funding of tools for online consultation, messaging, self-monitoring and appointment booking tools. Online consultation tool pre-guidance published by June (complete). Digital Pathway Framework lot on Digital Services for Integrated Care (DSIC) Summer – Autumn 2023 and fully launched in December 2023 with supplier contracts awarded.	National framework due Dec 2023	Yes	Awaiting DISC framework, which is delayed and expected at end of Feb. Digital First are working closely with NCL and national procurement hubs, GPIT and local stakeholders to ensure readiness.	Financial risk to ICB as national funding initially targeted **new** procurements of OC tools. This is being worked through with NHS England.
3	The National General Practice Improvement Programme (GPIP): nationally funded support 23/24-24/25 for practices and PCNs.	Ongoing	Ongoing	Practices have been supported to attend relevant training - see ICB actions below for latest figures	We continue to see low uptake of this offer and predecessor offers. We have provided feedback to NHSE on the need for a clearer articulation of the impact for practices, with evidence of outcomes from previous participants.
4	Transition cover and transformation support funding where practices/PCNs are transitioning to Modern General Practice Access Model and require additional support (e.g. extra practice shifts, locums, or peer support) utilise an average of £13.5k per qualifying practice of flexible funding through capacity fund reimbursements. Available 23/24 and 24/25.	Mar 25	Not due	As of Jan 2024 we have paid out £759k of funding to practices and anticipate paying out £1.2m by the end of the financial year.	N/A
5	Care navigation training: every practice to nominate one member of staff to undertake training. Digital and transformation lead training: designed to equip individuals in the Digital and Transformation Lead ARRS role with the core skills to be able to lead transformational change. Every PCN can nominate one lead to undertake training.	Mar 25	Ongoing	As of December 23, 39% practices have sent a staff member on the training. We continue to promote this alongside the other national training offers.	Likely that both forms of training need to be augmented by NCL-specific training. We have asked the GP Provider Alliance to scope a local offer.
6	Repurposed £246 million of IIF to support improving access and provide capacity for transformation. Capacity and Access Support payments to be paid monthly to PCNs. Local Capacity and Access Improvement Payment to be awarded based on commissioner assessment of improvement in access performance, specifically patient experience of contact, ease of access and demand management, and accuracy of reporting in appointment books	Ongoing in 2023/24	Ongoing	PCNs continue to deliver their plans	We are awaiting national guidance on the assessment process for reviewing PCN plans

#	Detail	Deadline	Met	Position February 2024	Headline risks & mitigations
7	Increase in ARRS flexibility and ARRS numbers: Increase ARRS funding by £385 million; Increase flexibility by including apprentice physician associates and advanced clinical practitioner nurses Guidance and calculator available	Ongoing in 2023/24	Yes	Many ARRS roles are hard to recruit to and retention remains a problem. Consideration has been given to support with IT, estates, recruitment and retention challenges. NCL has had an 11% improvement in our ARRS attrition between 22/23 and 23/24. NCL ICB has a predicted ARRS spend of £36.6 million utilising 95% of our allocation.	Continued anxiety around arrangements for funding of ARRS staff in 24/25 onwards. We have been advised there will be a small increase in allocation in line with inflation. Borough teams have been advised to support PCNs in remaining within their allocations and have frequent conversations about spend vs budget as well as any recruitment plans.
8	Communication materials available for all practices to support patients to understand digital access to practice, NHS App for repeat prescriptions, multidisciplinary General Practice teams and wider care available (Pharmacy & 111) There are also other materials that practices may find useful (Enhanced access, Looking after you coaching and staff respect)	Ongoing in 2023/24	Yes	See detail on Communications Plan in main report.	N/A

Actions for Practices / Primary Care Networks

#	Detail	Deadline	Met	Position February 2024	Headline risks & mitigations
Theme: empowering patients					
1	Apply system changes or manually update patient settings to provide prospective record access to all patients.	31-Oct-23	Partial	165 (93%) practices correctly configured in EMIS to enable online records access 141 (80%) practices offering prospective online access as default on the NHS App. This is significant progress since November 2023.	NCL Clinical Safety Assessment has been updated; clinical risks remain largely unchanged. Digital First team working with primary care to follow up with practices and support change.
2	Ensure directly bookable appointments are available online following bookable online appointment guidance	31-Jul-23	Partial	83.2% practices offer directly bookable appointments online (POMI Oct 23). NB the time-lag in data.	The Digital First team will provide further support to practices. Due to high level of triage taking place as part of General Practice access models the no. of appointments made available for direct booking is likely to be low.
3	Offer secure NHS App messaging to patients where practices have the technology to do so in place	Ongoing	Ongoing	All practices have access to the ICB patient messaging contracts that fulfil this requirement. Both AccuRx (2-way messaging) and iPlato (batch messaging) contracts have active NHS app project messaging pilots running to enable messages to be sent via the NHS app.	Adoption of two-way messaging using NHS App requires increased uptake by public. A dual approach is required with practices and the public: practices may not see App messaging as a core offer because patients do not routinely use the App.

#	Detail	Deadline	Met	Position February 2024	Headline risks & mitigations
4	Encourage patients to order repeat medications via app supported by comms toolkit	Ongoing	Ongoing	94.8% practices offer patients the ability to order repeat prescriptions online (POMI Oct 23). Promotions, awareness and technical requirements are promoted via the NHS app. Digital First team will provide further support.	While the number of patients registered on the NHS App may be quite high, the usage of the App to order repeat medications lags behind.
5	Use messaging software to support patients to communicate with practice including for self-monitoring (where not in place see 12 below)	Ongoing	Ongoing	AccuRx 2-way messaging was used in 99% of practices (176) in November 2023, sending an average 230 messages per 1,000 weighted pop. 4/5 Boroughs have access to AccuRx Florey (condition specific customisable questionnaires). Some remote monitoring initiatives in place. 100% of NCL practices are using Online Consultation and Video Consultation, with usage increasing (77,821 online consultations being submitted in September 2023, 30% greater than September 2022).	Patient messaging use, optimisation and best practice are all part of the digital first support offer to practices.
Theme: modern General Practice					
6	IIF CAIP baselining and recovery planning: Complete prework and fill in template to baseline existing position	30/06/23	Yes	Complete - no further update required	N/A
7	IIF CAIP baselining and recovery planning: Confirm to ICB request to move from analogue to digital telephony	01/07/23	Yes	All practices moving to Cloud Based Telephony (CBT) on track.	N/A
8	IIF CAIP baselining and recovery planning: Confirm requested support offers to ICB (e.g. care navigator / digital and transformation lead training, GPIP transformation support, capacity backfill support, online consultation tools etc)	15/07/23	Yes	Practices have been supported to attend relevant training - see ICB actions below for latest figures	
9	IIF CAIP baselining and recovery planning: Complete PCN/practice access improvement plan with committed offers	31/07/23	Yes	Complete - no further update required	N/A
10	IIF CAIP baselining and recovery planning: Self-certification of accurate recording of all appointments and compliance with GPAD guidance	31/03/24	Not due	Not due	N/A
11	IIF CAIP baselining and recovery planning: Make improvements identified in practice/PCN access improvement plan and report to ICBs	31/03/24	Not due	Not due	N/A
12	Digital tools and implementation: If already on digital telephony, ensure call-back functionality and queuing is enabled, where the functionality is included in the current contract costs	31/03/24	Not due	We are working to support practices with switching on the 4x features of the systems, including providing additional funding to telephony suppliers to deliver targeted support.	

#	Detail	Deadline	Met	Position February 2024	Headline risks & mitigations
13	Digital tools and implementation: Work with ICB to identify digital tools to procure in preparation for framework launch. Further purchasing guidance to be developed through procurement exercise. Implement tools once acquired	30/11/23	Yes	Itemised list of products are being made against criteria. Awaiting publication of DISC framework, which has been delayed. Working closely with procurement hub, GPIT and local stakeholders to ensure readiness for launch.	N/A
14	Digital tools and implementation: Use website guidance to update and ensure improved user experience with online tools correctly displayed. Ensure online tools are maximised	Ongoing	Ongoing	Existing support in place for practices via Redmoor contract (until 31/03/24). Support available as part of the commissioned change support offer to practices.	N/A
15	Digital tools and implementation: Training all practices in the PCN to understand and use local DoS including self- referral, community pharmacy and other services	31/03/24	Not due	DoS available via the NCL GP website. Currently no training offer in place.	Needs further scoping work alongside care navigation offers and ICS personalisation programme.
Theme: capacity					
16	Submit ARRS and workforce plan to ICB	31/08/23	Yes	Final forecasting spreadsheets were returned to the primary care and finance teams in December 2023.	Working with PCNs to ensure plans are within allocation, and realistic relative to recruitment to date.
17	Review and take up local offers for retention, see System Development Funding (SDF) guidance for 2023/24.	Ongoing	Ongoing	Continuation of retention programmes is supported by SDF (see appendix 4). In the light of the recent advice re: plans to wind down the national primary care followship and mentoring schemes the primary care team is working with NCL Training Hub to attract candidates before the end of this financial year. We await advice from NHSE about funding for those staff who will remain on the scheme for the next 2 years etc. Utilising the Local GP Retention Funding, the Training Hub has expanded the number of funded retention initiatives using SDF from 9 to 25 to broaden our local retention offer.	1) Potential for significant impact on PCNs ability to recruit and retain staff once fellowship and mentoring schemes end mitigated by ongoing work with NCL TH to increase intake of fellows and mentors before 31/03. 2) Planned Support Level Framework conversation will help practices identify their retention needs and support the ICB's understanding of what needs to be commissioned in future. 3) NCL TH is reviewing supervision models in primary care, focusing initially on ARRS roles, with scoping work due to report back in March. 4) Health and wellbeing is understood to be one of the main challenges for retaining staff. This is a focus for the QoF quality improvement modules for 23/24. NCL TH are supporting PCNs with a QoF toolkit, drop-in sessions and workshops to provide opportunities to seek answers, advice, and expert insights, in relation to their workforce & wellbeing projects. The toolkit is aimed at those working in the primary care sector who are involved in ensuring their practice meets the new QOF requirements.

#	Detail	Deadline	Met	Position February 2024	Headline risks & mitigations
Theme: reducing bureaucracy					
18	Opportunity to feed back to ICB on progress against primary and secondary care interface difficulties, ensuring a system-wide approach.	Ongoing	Ongoing	Available forums include Clinical Interface Groups for each Trust, GP webinar, Primary Care Operations Group.	N/A

Actions for the ICB

#	Detail	Deadline	Met	Position February 2024	Headline risks & mitigations
Theme: empowering patients					
1	Expand self-referral routes (falls services, musculoskeletal services, audiology for older people including loss of hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services) as set out in 2023/24 operational planning guidance. ICBs should also note operational planning action to expand direct access where GP involvement is not clinically necessary	30/09/23	Partial	Focus on improved reporting via CSDS and progress self-referral for falls prevention services to ensure it is offered by all community providers.	Work is underway with all providers to overcome specific challenges.
2	Support expansion of community pharmacy (inc. oral contraception and blood pressure services). Coordinate local communications.	Ongoing	Ongoing	On track to deliver ICB actions, whilst acknowledging there is further work to complete. We are working closely with local LPCs to have gain a picture of Community Pharmacy readiness. Briefings to primary care and the executive are ongoing including Gp Webinar IMOC, EMT, medicine optimisation board. Engagement with Patients is ongoing.	N/A
Theme: modern General Practice access					
3	Sign up practices ready to move from analogue to digital telephony, and co-ordinate access to specialist procurement support through NHS England's commercial hub to achieve and track the transition of the majority of practices from analogue to CBT by 31/12/23 and the remainder by 31/03/24.	01/07/23	Yes	All practices moving to Cloud Based Telephony (CBT) on track. We are working to support practices with switching on the 4x features of the systems, including providing additional funding to telephony suppliers to deliver targeted support.	Two practices using 'sub-optimal' cloud-based telephony. Our working assumption is that these two practices do not have 'clinical system integration' or 'patient call-back' features. They are not part of the NHSE-sponsored upgrade project and we are not aware of any plans to upgrade their systems to a supplier that has all features.
4	Select digital tools from the Digital Pathway Framework lot on Digital Services Integrated Care (DSIC) product catalogue. Determine at what scale the procurement approach would align with local need. Use peer networks, user research and demonstrations with practices/Practice Participation Groups/PCNs to help practices and PCNs identify and adopt the most usable software	Dec 23	Yes	Itemised list of products are being made against criteria. Awaiting publication of DISC framework, which has been delayed. Working closely with procurement hub, GPIT and local stakeholders to ensure readiness. Active	There are financial risks to the ICB as national funding attached to the Access Recovery Plan initially targeted new procurements of OC tools. This is being worked through with NHS England.

#	Detail	Deadline	Met	Position February 2024	Headline risks & mitigations
				working groups for Online Consultation, Video Consultation and SMS messaging. Digital first team have engaged with digital clinical leads and GP Provider Alliance to support practices embedding these tools.	
5	Nominate practices and PCNs for national intensive and intermediate transformation support and encourage uptake and participation in GPIP hands-on support. Use the Support Level Framework during 23/24 to understand need. Establish and/or build on current local peer to peer learning infrastructure to develop local communities of practice to support shared learning and data driven improvement which includes enabling Modern General Practice Strategy for auditing usability and accessibility of all General Practice websites using the GP website benchmark and improve tool. All GP websites to be audited in 23/24 and an improvement plan agreed.	Dec 23	Yes	13 NCL practices have participated in either the intensive or intermediate programmes this year. We continue to promote the full range of GPIP offers to NCL practices. Website audits previously undertaken.	We continue to see low uptake of this offer and predecessor offers. We have provided feedback to NHSE on the need for a clearer articulation of the impact for practices, with evidence of outcomes from previous participants.
6	Fund or provide local hands-on support to at least 850 practices nationally (ICBs should work with regions to determine population appropriate share of target). Level of support to be similar to the national GPIP intermediate offer, and offered alongside wider and/or ongoing support for practices and PCNs where required	31/03/24	Not due	We have written a service spec for a change management programme which will provide the support described here. Anticipate making a provider award for March 2024 launch.	N/A
7	Agree and distribute transition cover and transformation support funding (an average of £13.5k / qualifying practice) to support practice teams seeking to implement Modern General Practice.	Ongoing 23/24 and 24/25	Ongoing	As of Jan 24 we have paid out £759k of funding to practices and anticipate paying out £1.2m by the end of the financial year.	N/A
8	Encourage uptake and co-ordinate nominations and allocations to care navigator training, and digital and transformation PCN leads training and QI capability improvement training. ICBs should work with regions to determine population appropriate share of nominations	50% 23/24 nominations by 31/07/23	Ongoing	As of Dec 23, 39% practices have sent a staff member on the national care navigation training. We continue to promote this alongside the other national training offers.	Likely that both forms of training need to be augmented by NCL-specific training. We have asked the GP Provider Alliance to scope a local offer.
9	Understand and sign off PCN/practice capacity and access IIF CAIP baseline	30/06/23	Yes	Complete - no further update required	N/A
10	Agree with practice/PCN support needs (digital telephony, online tools, training, capacity backfill, intensive support, etc) Support practice/ PCN to secure and put support needs into place	15/07/23	Yes	Complete. Practice support needs fed into the specification for the hands on change offer we are commissioning	N/A
11	Co-develop and sign off PCN/practice access improvement plans Oversee and support Practices/ PCNs in implementation of access improvement plans	31/07/23	Yes	Complete - no further update required	N/A
12	Assess improvement and pay 30% CAP IIF funding at the end of year using progress against baseline and access improvement plans, as well as improvement activity across all three areas over the year as per template in guidance & further guidance to be issued by 30 June	31/08/24	Not due	Not due	We are awaiting national guidance on the assessment process for reviewing PCN plans
13	Set up process for practices to inform of diversion to 111 and monitor exceptional use when over capacity	Ongoing 2023/24	Ongoing	We are seeking to agree a definition of exceptional circumstances London-wide	It would be helpful to have a consistent approach across London or nationally.

#	Detail	Deadline	Met	Position February 2024	Headline risks & mitigations
				and will then communicate to practices the escalation routes to alert the ICB.	
14	Develop system level access improvement plans to include summary of practice/PCN improvement plans, challenges, wider support needs and barriers and ICB actions.	Nov 23	Yes	Complete - no further update required	N/A
15	Support PCNs to use their full ARRS budget and report accurate complement of staff using NWRS portal	Ongoing 2023/24	Ongoing	Se above	1) Working with PCNs to ensure plans are within allocation. 2) Working with NCL TH on supervision aspect as above. 3) Potential for mismatched data due to NWRS information not being submitted by some PCNs. Reminders sent to ARRS leads to support PCNs.
Theme: reducing bureaucracy					
16	ICB Chief Medical Officers to establish local mechanism to allow both General Practice and consultant led teams to: raise local issues to improve the primary- secondary interface; jointly prioritise working with LMCs; tackle the high priority issues including those in the AoMRC report, and address the four priorities in the Recovery Plan.	Nov 23	Yes	Each trust has an established Clinical Interface Group (CAG), we have a NCL system wide Interface Steering Group as well as regular GP webinars, the Primary Care Operations Group and clinical leads meetings.	N/A
17	Report in public board updates and plans for improving the primary–secondary care interface (four focus areas highlighted in the recovery plan) ensuring a system-wide approach to actions	Nov 23	Yes	As per this report	N/A
18	Support practices to sign up to our Register with a GP surgery service, either on an individual practice basis or via bulk ICB enrolment and track uptake of the service using regional and ICB data	Dec 23	Not due	31% of practices registered with 'National Register with a GP Surgery Service', practices involved in pilots of alternative tools. Working with and advising National team on data reporting to receive information on number of registrations.	N/A
Theme: enablers					
19	Co-ordinate system comms to support patient understanding of the new ways of working in General Practice. Messaging should include system specific services and DoS (Directory of local services)	Ongoing 2023/24	Ongoing	See detail on Communications Plan in main report.	
20	Maintain an up-to-date DoS and deliver training to all practices/PCNs on DoS	Ongoing 2023/24	Ongoing	DoS available via the NCL GP website. Currently no training offer in place.	Needs further scoping work alongside care navigation offers and ICS personalisation programme.

Appendix 3 – Measuring impact – sequence of work

		2023/24				2024/25				2024/25	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Practice-level change	**Patient experience of GP access**		**2023 GP survey** (baseline)				**2024 GP survey** (interim)				**2025 GP survey** (final)
		Ongoing qualitative feedback from patients and other stakeholders									
	PCN capacity and access improvement	**Structure:** PCN plans set data baselines	**Process:** PCNs track process measures to inform their improvement work			**Outcome:** PCNs demonstrate improved patient outcomes					
	Transition to modern General Practice		**Structure:** Practice survey measures readiness for change			**Process:** practice uptake and use of transition funding is monitored against NCL schedule and practice plans					
							Outcome: impact of practice use of their transition funding to move to the MGP operating model				
	Hands-on change support			**Structure:** MDT meetings set change baselines		**Structure:** SLF conversations set change baselines					
							Process: practice uptake of hands-on change offers				
								Outcome: impact of hands-on change offer			
Digital& IT	**Digital and IT change**		**Structure:** implementation and switch-on of key digital tools / features								
						Process: reducing variation in levels of digital activity					
			Structure: telephony upgrades in place								
				Process: reducing variation in telephony activity							
								Outcome: impact of digital and IT change on patients			
Wider programme	**Pharmacy First**			**Structure:** pharmacy sign-up to deliver the service							
							Process: Pharmacy First activity				
	Self-referral		**Structure:** provider uptake of self-referral pathways								
						Process: Patient self-referral activity					
	Interface			**Structure:** Interface infrastructure baseline		**Process:** Ongoing interface measures to demonstrate achievement of 4 priorities (details TBC)					

Appendix 4: System Development Fund update

Workstream	23/24 Plan £'000s			Plan
	Confirmed	Indicative	Total	
PCN leadership & development.	1,197		1,197	Paid automatically to PCNs as part of their allocation for Clinical Director time
Primary care estates business cases (New for SDF)	70		70	Following on from the NCL Estates and Infrastructure Strategy, a primary care "deep dive" was initiated, to capture a detailed, evidence based view of all NCL practices, bringing together estates, finance, contracting & primary care. This provided evidence required to develop capacity planning principles to develop an enhanced premises 'PID estimator' (models the space required by individual practices). The Estate team have identified an external contractor to produce this work by the end of January 2024. In addition, the estate team is commissioning support to help address identified data gaps and to support further analysis on a prioritised sub-set of practices.
Training Hubs	738		738	Memorandum of Understanding is in place, as per the plan, and delivery is underway.
Practice nurse measures				
Local GP Retention				
Flexible Staff Pool	50		50	Contract in place to September 2024.
Practice Resilience	50		50	Process for allocation to practices in place with Primary Care Contracts team
PCN Development	800		800	PCN plans approved and funding allocated. Progress against plans will be collated from PCNs in April 2024.
Digital First Support	1,016		1,016	To continue funding of the Digital programme team and priority initiatives against the Access Recovery Plan
Change support programme	744		744	This is funding allocated to support the model described in this paper
PCT TRANSFORMATION TOTAL	**4,665**		**4,665**	
GP Fellowships *	245	736	981	Fellowships for GPs and Nurses: offers a two-year programme of support, available to all newly qualified GPs, newly qualified nurses and new to practice nurses working substantively in General Practice. Participants receive mentorship (or supervision) and continuing professional development (CPD) opportunities. Plus, rotational placements within or across PCNs to develop experience and support transition into the workforce. Led by NCL Training Hub with local Training Hub delivery arms[4].
Nurse Fellowships *				
PCT FELLOWSHIPS TOTAL	**245**	**736**	**981**	
Supporting Mentors*	58	173	231	This scheme creates a portfolio working opportunity for experienced GPs to support GP colleagues through high quality mentoring. ICBs receive funding to support the training of GP mentors and to cover reimbursement to mentors for their mentorship session costs[5].
GPIT Infrastructure and Resilience	357		357	Funding utilised for Microsoft 365 licences for Primary Care, as ICB's have been informed that there will be no central funding for licences this year.
Total Primary Care SDF	**5,325**	**909**	**6,234**	

*Q2-4 allocation is draw down on basis of utilisation

[4] It was announced in January that the scheme will close to new applicants on the 31 March 2024 with a continued commitment to the full 2-year programme for anyone already on the scheme. Ahead of scheme closure NCL Training Hub will re-contact all eligible newly qualified GPs and GPNs who have not yet taken up the scheme, and do targeted comms to practices to identify any new to practice GPNs who have yet to access the scheme. The Training Hub have confirmed delivery sustainability for 24/25 but as the scheme winds down in 25/26 this represents a risk to the current delivery model and associated delivery costs. The closure of the scheme presents an impact on the NCL Nursing strategy and associated nursing programmes which has been escalated to the NCL IBC Chief Nursing Officer.

[5] It was announced in January that the scheme will close to new applicants on the 31 March 2024 NCL Training Hub has recruited and trained 44 mentors for this scheme (exceeding the national cap). The mentors have capacity above and beyond supporting the GP and GPN Fellows and have been supporting the wider workforce. We are awaiting confirmation about the number of funded mentor sessions which will be available in 24/25 and 25/26 as this is scheme supports the Fellowship scheme and so the planned sessions will be set to reduce as the number of Fellows reduces.

NHS
North Central London
Integrated Care Board

North Central London ICB
Primary Care Committee Meeting
20 February 2024

Report Title	Primary Care Committee Risk Register	**Date of report**	23 January 2024	**Agenda Item**	5.1
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'). **<u>System Risk Management</u>** The risks are being presented as falling into one of three categories which are: • ICB only risks. • ICB risks generated from risks or issues in other organisations. • System risks that need to be owned and managed by the system. The 3 risks on the Committee Risk Register are ICB risks generated from risks or issues in other organisations. **<u>The Committee Risk Register</u>** 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 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. Primary Care has increased engagement from the Chief People Officer, ICS People Board and is key to implementation of the ICS People Strategy. Engagement with General Practice training and development needs is via the Training Hub and identification of resources to support this work. NCL is engaged in recruitment, retention and employment programmes. Our workforce data is improving. **PERF22:** *Failure to manage impact of increased building costs on General Practice estate (Threat).* **Current Risk Rating:** 12 (unchanged). Ongoing supply chain and availability of materials, continue to impact labour supply and material pricing. However, construction price increases appear to be levelling off. This has 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 it would take to meet this. We are linking with NHS London to influence the regional and national estates policy. The *target risk score* has been reduced from 12 to 9 to more accurately reflect the impact of the controls needed and the exogenous factors of the market. **PERF28:** *Failure of Primary Care patient access (Threat).* **Current Risk Rating:** 12 (unchanged). Access 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 plan in November 2023 as part of responding to the National *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 on PCC for February and is required to the public Board in March 2024. Further work will be required to address access as a core part of the primary care agenda locally, including: • patient experience. • ease of access (including digital inclusion / exclusion); and, • contributing factors including workforce and patient needs and expectations. 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. This will be overseen by the Primary Care Committee.
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	1. Primary Care Committee Risk Register. 2. The Committee Risk Overview Report; and, 3. Risk scoring key.

ID	Risk Owner	Risk Manager	Objective	Risk	Consequence (Initial)	Likelihood (Initial)	Rating (Initial)	Controls in place	Evidence of Controls	Overall Strength of Controls in place	Consequence (Current)	Likelihood (Current)	Rating (Current)	Controls Needed	Actions	Action Deadline	Update on Actions	Consequence (Target)	Likelihood (Target)	Rating (Target)	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**: This could mean that, for example, 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 Directorate structures include workforce development 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. 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 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. Task and finish group held first meeting mid September to review supervision models for ARRS roles and second meeting Dec 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.	20.12.2023	Open
PERF22	Sarah McDonnell-Davies - Executive Director of Place	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 providere-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 ensuing both sufficient contingency and non recurrent revenue to manage risk C2. Robust governance of Rent Budgets, the voids elimination plan and contingency budgets, to identify potential budgets (including external funding) to increase contingency C3. Primary Care Committee ('PCC') established to manage Primary Care strategy and commissioning C4. Primary Care capital bids are now part of the overall ICS capital allocation prioritisation C5. ICB has agreed to use c. 5% of capital allocation to fund primary care schemes on the prioritised investment pipeline 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. 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. 31.01.2024 A2. 31.01.2024 A3. 31.03.2024 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. Refresh of pipeline planned for December 2023 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 A5. Discussion at LCIDB in April (subcommittee to S&DC)	3	3	9	Primary Care Committee	Ongoing supply chain and availability of materials, continue to impact labour supply and material pricing. However, construction price increases appear to be levelling off. This has 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 it would take to meet this. We are linking with NHS London to influence the regional and national estates policy. The target risk score has been reduced from 12 to 9 to more accurately reflect the impact of the controls needed and the exogenous factors of the market.	20.12.2023	Open
PERF28	Sarah McDonnell-Davies - Executive Director of Place	Sarah McIlwaine, Director of Transformation - 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, Cllrs 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.	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.	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. NCL Primary Care Programmes and Transformation 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.	3	3	9	Primary Care Committee	Access 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 the public Board in March 2024. Further work will be required to address access as a core part of the primary care agenda locally, including: • patient experience; • ease of access (including digital inclusion / exclusion); and, • contributing factors including workforce and patient needs and expectations. 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. This will be overseen by the Primary Care Committee.	20.12.2023	Open

North Central London ICB PCCC Risk Overview Report

Risk ID	Risk Title	Risk Owner	Risk description	2023 - 2024 Current Risk Score JULY	OCT	NOV	JAN	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 could mean that, for example, patients with long term conditions are not fully supported in primary care and require more frequent hospital care.	16	16	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 Thursday 14 December 2023 between 4pm and 4:30pm

Online via MS Teams

Voting Members	
Mr Usman Khan	Non - Executive Member & **Committee 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)
Mr Liam Beadman	Assistant Director – Primary Care Commissioning, Islington Borough
Ms Vivienne Ahmad	Board Secretary **(Minutes)**

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. *Dr Jo Sauvage declared a potential conflict of Interest under item 2.3 on Barnsbury Medical Centre. For further information, please see item 2.3.* • The Chair also invited members of the Committee to declare any interests in respect to the items on the agenda. • The Chair invited members of the Committee to declare any gifts and hospitality received. No gifts and hospitality items were declared.
2.0 BUSINESS	
2.1	**Contract Variations** **All Boroughs – PMS Agreement Changes**
2.1.1	The Committee was requested to consider a series of contract variations for two practices: • **Haringey - Bounds Green Group Practice – 24-hour retirement of a partner.**

	• **Barnet – Torrington Park Group Practice – The Addition 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. For Bounds Green, there is a shortfall of 68 GP appointments and 4 GP sessions per week, but the practice has advised they are currently finalising the appointment of a salaried GP who will cover a further 4 to 5 sessions. For Torrington Park Group Practice, the practice provision is above the recommended guide for both GP and Nursing.
	The Committee APPROVED the contract changes for the two practices.
2.2	**Haringey – Haringey GP Federation – Charlton House Medical Centre Caretaking Contract Extension**
2.2.1	The Committee was asked to approve the issue of 2 x 3-month caretaking APMS contract extensions to 31 March 2024 and 30 June 2024 respectively. The following was highlighted: • The report sets out the case for the extension of the current caretaking arrangements until 30 June 2024. The caretaking contract has provision for 3-month extensions and a 1 month notice period. Commissioners propose to apply two 3-month extensions (total of 6 months). • Caretaking was required from September 2021, following CQC and GMC action. All payments under the GMS contract were ceased once the caretaking commenced. • Following failure to remediate against 3 Remedial Notices PCC members in April 2023 approved the issuance of a Termination Notice with the contract terminating on 22 May 2023. This has been challenged by the Partnership. • CQC action was lifted in June 2022 and GMC in October 2023. Some conditions remain in place. • To ensure continuity of care for patients, an extension to the current caretaking is being recommended.
	The Committee APPROVED the recommendation of issuing 2 x 3-month caretaking APMS contract extensions to 31 March 2024 and 30 June 2024 respectively.
2.3	**Islington – Barnsbury Medical Practice – request for additional room**
2.3.1	Dr Sauvage had declared a potential conflict of interest with item 2.3. The Committee Chair considered the nature of the interest. As Dr Sauvage has given notice on her GMS contract and is not involved in the decision making around her own practice, there is minimal risk the potential conflict of interest declared would materially impact on Dr Sauvage's impartiality when considering Barnsbury Medical Practice. In addition, Dr Sauvage is one of three decision makers and therefore in the minority. Consequently, and whilst noting the potential conflict of interest, the Chair deemed this was not material and any conflict could be appropriately managed through the decision makers being aware of it. As such, Dr Sauvage was allowed to participate in both the discussion and the decision making.

2.3.2	The Committee was asked to approve the following: • The formalisation of room G11 into the lease for Barnsbury Medical Practice. Funding for this room has already been approved by PCCC in Feb 2021. • The addition of two office rooms on the first floor to the BMP demise – F24 & F25. These rooms are currently void and are required for the practice to operate, according to the DH HBN Space estimator. NCL ICB CFO Phill Wells has approved a subsidy payment for these two rooms until April 2026. • The GP provider must sign up to direct payments (from ICB direct to CHP) for the reimbursable elements of their premises costs.
2.3.3	In considering the report, the Committee noted: • The subsidy is coming from the corporate budget. It is not financial assistance to the practice. • The practice has grown from a list size of 3,300 to 4,800 in less than two years. Additional rooms for the practice are needed to enable the list to grow above the 6,000-patient threshold whereby the APMS price support supplement can be removed. • When approved, the practice will still have less space than the space estimator has suggested they need.
	The Committee APPROVED the following recommendations: • **The formalisation of room G11 into the lease for Barnsbury Medical Practice. Funding for this room has already been approved by PCCC in Feb 2021** • **The addition of two office rooms on the first floor to the BMP demise – F24 & F25. These rooms are currently void and are required for the practice to operate, according to the DH HBN Space estimator. NCL ICB CFO Phill Wells has approved a subsidy payment for these two rooms until April 2026.** • **The GP provider must sign up to direct payments (from ICB direct to CHP) for the reimbursable elements of their premises costs.**
2.4	**Islington – Partnership Primary Care Centre – ICB Void reduction programme – formalising occupation of rooms already approved by PCC**
2.4.1	The Committee was asked to approve the recommendation of option 2 and the payment of £21,661 Stamp Duty Land Tax (SDLT) which will enable the removal of both £199k in void charges and a small historic subsidy of £4k per annum in non-reimbursable costs. The following was highlighted: • Partnership and The Family Practice were approved to merge at PCCC on 21 October 2021. As part of the merger, the Family Practice premises was decommissioned, and the new merged practice moved into Partnership Primary Care Centre (PPCC) in January 2022. • PCCC approved the increase in rent for the merged practice as a result of this move but Partnership Practice has not yet entered into a lease with CHP for the additional space and so the ICB is still registering this space as a void with a cost of £199k per annum. • Following the merger, it was discovered that there is a historic subsidy agreement on the original lease which neither the practice nor ICB were previously aware of. This subsidy accounted for 7.16% of the overall costs of the practice's original lease, which in today's terms accounts for £33,627 p.a. If left unresolved it would mean the building would always show a void, even if all voids were eliminated. • The subsidy amounts to £33,627 p.a. and contains within it non-reimbursable cost (i.e., cleaning, telephony and insurance) which are the practices responsibility, but it requires a new lease to be entered into to remove the subsidy, which will incur Stamp Duty Land Tax (SDLT). • Partnership Practice has received advice from the Local Medical Committee (LMC). The lead partner at the practice accepts that the practice should be

	liable for the non-reimbursable costs but raised concern regarding the costs to pay the SDLT required to enter into a new lease. The SDLT costs £21,661. • CHPs headlease expires with the LIFTCO in September 2031 and if left unchanged the ICB would be paying £32,928 in 'non-reimbursables'. • The paper proposes that the ICB should pay the £21,661 SDLT, which will: 1. Remove £199k in annual void charges for the premises. 2. Register a small saving on the non-reimbursable element of the void charge. 3. Remove the historic subsidy on the original lease for the practice. • Paying the £21,661 now will be recouped over 5 years in savings on the non-reimbursable elements of the subsidy and remove £199k per annum of void charge enabling further capital investment in other primary care estate across NCL. • Under the Premises Costs Directions 2013, the ICB is obliged to consider a request for financial assistance taking into consideration any budgetary constraints. Committee members therefore considered the practices application.
	The Committee APPROVED the recommendation of option 2 and the payment of £21,661 Stamp Duty Land Tax (SDLT) which will enable the removal of both £199k in void charges and a small historic subsidy of £4k per annum in non-reimbursable costs.
3.0	**ANY OTHER BUSINESS**
3.1	**AOB**
3.1.1	No further business was discussed.
4.0	**DATE OF NEXT MEETING**
4.1	20 February 2024