

**NHS North Central London CCG
Primary Care Commissioning Committee
Thursday 20 August 2020
11am to 12:30pm
Virtual Meeting**

Item	Title	Lead	Action	Page	Time
Pre-meet to be held for committee members from 10:30 to 10:55					
AGENDA Part 1					
1.0	INTRODUCTION				
1.1	Welcome and Apologies	Ian Bretman	Note	Oral	11.00 to 11:10
1.2	Resolution to exclude members of the public from the meeting for the protection of public health	Ian Bretman	Approve	3-4	
1.3	Declarations of Interest Register	Ian Bretman	Note	5-9	
1.4	Declarations of Interest relating to the items on the Agenda	All	Note	Oral	
1.5	Declarations of Gifts and Hospitality	Ian Bretman	Note	Oral	
1.6	Minutes of the NCL Primary Care Committee in Common Meeting on 23 July 2020	Ian Bretman	Approve	10-17	
1.7	Actions Log	Ian Bretman	Note	18-19	
1.8	Matters Arising	All	Note	Oral	
1.9	Questions from the public relating to items on the agenda received prior to the meeting Members of the public have the opportunity to ask questions. These must relate to items that are on the agenda for this meeting and should take no longer than three minutes per person.				
2.0	BUSINESS				
2.1	Request to approve Section 96 Financial Assistance practice requests for Covid 19 spend	Paul Sinden	Note	20-32	11:10 to 11:40
2.2	NCL Quality & Performance Report	Paul Sinden	Note	Oral	
2.3	Primary Care Covid Update	Paul Sinden	Note	33-37	

2.4	New GP Contract Update including Primary Care Network Development	Sarah Mcilwaine	Note	38-40	11.40 to 11.55
2.5	Primary Care Estates Strategy	Nicola Theron	Note	41-46	11.55 to 12.15
3.0	ITEMS FOR DECISION				
	Contract Variations				
3.1	Barnet and Camden Boroughs <ul style="list-style-type: none"> • PMS Changes <u>Barnet</u> <ul style="list-style-type: none"> • Heathfielde Medical Centre • Village Surgery <u>Camden</u> <ul style="list-style-type: none"> • Parliament Hill Medical Centre 	Vanessa Piper / Borough Rep	Approve	47-52	12.15 to 12.20
4.0	GOVERNANCE AND COMMITTEE ADMINISTRATION				
4.1	PCCC Risk Register	Paul Sinden	Note	53-60	12.20 to 12.25
4.2	PCCC Forward Planner	Ian Bretman	Note	61-62	
5.0	ANY OTHER BUSINESS				12.25
5.1	Any other Business				
6.0	DATES OF FUTURE MEETINGS				
	<ul style="list-style-type: none"> • Thursday 22 October 2020 – 2:30pm to 4pm • Thursday 17 December 2020 – 2:30pm to 4pm • Thursday 18 February 2021 – 11am to 12:30pm 				
Resolution to exclude observers, the public and members of the press from the remainder of the meeting. By reason of the confidential nature of the business to be transacted in accordance with Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960 and clause 22 of the Terms of Reference of this Committee and clauses 9 and 10 of the Standing Orders of this Committee.					



**North Central London CCG
Primary Care Commissioning Committee Meeting
20 August 2020**

Report Title	Resolution to Exclude Members of the Public from the Meeting for the Protection of Public Health	Date of report	12 August 2020	Agenda Item	1.2
Lead Director / Manager	Paul Sinden, Executive Director of Performance & Assurance	Email / Tel		p.sinden@nhs.net	
GB Member Sponsor	Ian Bretman, Chair of NCL CCG Primary Care Commissioning Committee				
Report Author	Vivienne Ahmad Board Secretary	Tel/Email		v.ahmad@nhs.net	
Name of Authorising Finance Lead	<i>Not Applicable</i>	Summary of Financial Implications <i>Not Applicable</i>			
Report Summary	<p>The UK is currently in a state of national emergency due to the Covid 19 pandemic. The Government has introduced a number of measures to control the rate of infection and reduce the number of deaths. This includes social distancing and restrictions on gatherings of people.</p> <p>To support this, better protect people's health and to eliminate the risks associated with meetings in public at this time the Primary Care Commissioning Committee (PCCC) is asked to pass a motion excluding members of the public from the meeting in accordance with the Public Bodies (Admission to meetings) Act 1960.</p> <p>To support public engagement and transparency the following measures have been put into place and published on the CCG's website:</p> <ul style="list-style-type: none"> • The PCCC papers have been published on the CCG's website; • Members of the public can submit questions to the PCCC as normal to a central mailbox; • Questions received before the meeting will be addressed; • Within two weeks of the meeting the CCG will publish the minutes of the meeting and the answers to public questions. 				
Recommendation	<p>The PCCC is asked to PASS the following motion:</p> <ul style="list-style-type: none"> • The PCCC resolve to exclude member of the public from the PCCC meeting on 20th August 2020 for the protection of public health in accordance with the Public Bodies (Admission to meetings) Act 1960. 				
Identified Risks and Risk	This report helps to eliminate the health risks associated with members of the public attending a meeting in public of the PCCC during the Covid 19 pandemic.				

Management Actions	
Conflicts of Interest	This paper was written in accordance with the Conflicts of Interest Policy.
Resource Implications	This report supports the CCG in making effective and efficient use of its resources by eliminating the risk of holding a meeting in public.
Engagement	This report is presented to the PCCC which includes lay members and clinicians.
Equality Impact Analysis	This report has been written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	Not Applicable.
Next Steps	The case for excluding the public from this Committee will be considered on a case by case basis, taking account of national guidance at the time
Appendices	None.



North Central London CCG
 Primary Care Commissioning Committee
 Meeting
 20 August 2020

North Central London
 Clinical Commissioning Group

Report Title	Declaration of Interests Register – Primary Care Commissioning Committee Meeting	Agenda Item: 1.3
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Governing Body Sponsor	Mr Ian Bretman Committee Chair and Governing Body member	Tel/Email	ian.bretman@nhs.net
Lead Director / Manager	Mr Ian Porter Executive Director for Corporate Services	Tel/Email	ian.porter3@nhs.net
Report Author	Vivienne Ahmad Board Secretary	Tel/Email	v.ahmad@nhs.net
Name of Authorising Public and Patient Engagement and Equalities Lead	<i>Not Applicable</i>	Summary of Financial Implications	<i>Not Applicable</i>
Report Summary	<p>Members and attendees of the Primary Care Commissioning Committee 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.</p> <p>A conflict of interest would arise if decisions or recommendations made by the Governing Body 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.</p> <p>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, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money.</p> <p>If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway.</p>		
Recommendation	To NOTE the Declaration of Interests Register and invite members to inspect their entry and advise the meeting / Board Secretary of any changes.		

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 CCG.
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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	<i>Not Applicable</i>
Engagement	<i>Not Applicable</i>
Equality Impact Analysis	<i>Not Applicable</i>

Report History and Key Decisions	The Declaration of Interests Register is a standing item presented to every meeting of the Primary Care Commissioning Committee Meeting.
Next Steps	The Declaration of Interests Register is presented to every meeting of the Primary Care Commissioning Committee Meeting and regularly monitored.
Appendices	The Declaration of Interests Register.

NCL CCG Primary Care Committee Declaration of Interest Register - July 2020

Name	Current Position (s) held- I.e. Governing Body, 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			
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	Date declared	Updated
Members											
Ian Bretman	Lay Member of NCL CCG Governing Body Member of Covid Response Oversight Committee Member of NCL CCG Governing Body Chair of Patient and Public Engagement Committee Chair of Primary Care Procurement Committee Member of Audit Committee Member of Remuneration Committee Attend other committee meetings as and when required	Citizens Advice Bureau, Barnet Biomedical Healthcare Ltd Timewise Foundation CIC Timewise Jobs Ltd Timewise Solutions Ltd	No	Yes	No	Direct	Trustee	01/04/2017		14/08/2019	11/05/2020
			No	No	Yes	Indirect	Son is a senior technical manager in a company offering an App for people to manage prescription requests and long-term medication programmes	01/04/2017		14/08/2019	11/05/2020
			No	No	No	Direct	Provides occasional consultancy services for this social enterprise that helps organisations make better use of flexible working.	17/10/2018		14/08/2019	11/05/2020
			No	No	no	Direct		15/05/2019		01/10/2019	11/05/2020
			No	No	no	Direct		15/05/2019		01/10/2019	11/05/2020
Dr Peter Christian	Haringey Clinical Representative, NCL CCG Governing Body member of Audit Committee Chair of IFR Panel Member of Primary Care Committee	Muswell Hill Practice Muswell Hill Practice is a member of Federation4Health, the pan-Haringey Federation of GP Practices Muswell Hill Practice is a member of WISH - Urgent Care Centre provider at Whitlington Hospital Muswell Hill Practice provides anticoagulant care to Haringey residents under a contract with the CCG The Hospital Saturday Fund - a charity which gives money to health related issues The Hospital Saturday Fund - a charity which gives money to health related issues The Lost Chord Charity - organises interactive musical sessions for people with dementia in residential homes. North West Primary Care Network Haringey Health Connected, the federation of West Haringey GP Practices.	Yes	No	No	Direct	Practice Partner	15/03/2018	current	07/11/2018	11/05/2020
			Yes	No	No	Direct	Practice Partner	15/03/2018	current	07/11/2018	11/05/2020
			Yes	No	No	Direct	Practice Partner	15/03/2018	current	07/11/2018	11/05/2020
			Yes	No	No	Direct	Practice Partner	15/03/2018	current	07/11/2018	11/05/2020
			No	No	Yes	Direct	Member	15/03/2018	current	07/11/2018	11/05/2020
			No	No	Yes	Indirect (Wife)	Patron	15/03/2018	current	07/11/2018	11/05/2020
			No	No	No	Direct	Patron	15/03/2018	current	07/11/2018	11/05/2020
			Yes	No	No	Indirect	Practice is a member	01/07/2019	current	04/09/2019	11/05/2020
			No	No	Yes		Practice Manager is Finance Manager	15/03/2018	current	07/11/2018	11/05/2020
Simon Goodwin	Chief Finance Officer of NCL CCG Member of NCL CCG Governing Body NCL Finance Committee Attendee, NCL Audit committee NCL Strategy and Commissioning Committee NCL Primary Care Commissioning in Common Attend other meetings as and when required.	East London NHS Foundation Trust	Yes	No	No	Indirect	Wife is a senior manager at the Trust	14/06/2017	current	12/10/2018	11/05/2020
Claire Johnston	Registered Nurse of NCL CCG Governing Body Member of Primary Care Committee Member of Quality Committee Member of Medicines Management Committee Member of Public and Patient Engagement Committee Member of Covid Reponse Oversight Committee Member of IFR Panel	Our Time Nursing and Midwifery Council The Guardian	No	Yes	No	Direct	Chair of Trustees for this charity supports children with parents with mental health issues			12/09/2019	12/05/2020
			No	Yes	No	Direct	Registered Member			12/09/2019	12/05/2020
			No	No	No	Indirect	Spouse is Public Services Editor			12/09/2019	12/05/2020
Kay Matthews	Attend Governing Body Attend NCL Committee Meetings as required Member of NCL CCG Executive Management Team Member of Barnet Directorate Management Team Attend Covid Response Oversight Committee	No interests declared	no	no	no	no	Nil Return				11/05/2020
Dr Subir Mukherjee	Secondary Care Clinician, NCL CCG Member of Covid Reponse Oversight Committee Member of the Quality and Safety Committee						Secondary care consultant				

NCL CCG Primary Care Committee Declaration of Interest Register - July 2020

Arnold Palmer	Lay Member of NCL CCG Governing Body Chair of Remuneration Committee Member of IFR Appeals Panel Member of Strategy and Commissioning Committee Member of Finance Committee Member of Audit Committee Member of Public and Patient Engagement Committee	A & C Palmer Associates	Yes	No	No	Direct	Director and Owner of private LTD company, providing training, executive coaching and consultancy services. Spouse is also a shareholder and company secretary.	01/01/2006	current	16/04/2020	
Dr Dominic Roberts	Independent GP Clinical Lead, Strategic Commissioning, NCL CCG		n	n	n	none		07/11/2018	current	02/08/2019	10/05/2020
		Clinical Director, Islington Borough, NCL CCG	y	y	n	direct	member	07/11/2018	current	02/08/2019	10/05/2020
		Conflict of interest issues for the Governing Body and CCG.	n	y	n	direct	Lead	07/11/2018	current	02/08/2019	10/05/2020
		Caldicott Guardian for Islington & Haringey	n	y	n	direct	Caldicott Guardian	07/11/2018	current	02/08/2019	10/05/2020
		Freedom to Speak up Guardian for NCL GP Practices	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	10/05/2020
		Freedom to Speak up Guardian for Islington Federation	n	y	n	direct	Guardian	07/11/2018	current	02/08/2019	10/05/2020
		Individual Funding Request Panel				direct	Chair	07/11/2018	current	02/08/2019	10/05/2020
		Locally Commissioned Services Working Group				direct	Chair	07/11/2018	current	02/08/2019	10/05/2020
		Member of NCL Primary Care Commissioning Committee				direct	Clinical representative	07/11/2018	current	02/08/2019	10/05/2020
		Supporting and managing the Clinical Leads (including Darzi fellow) - recruitment, bi-monthly network meetings, appraisals, finance.				direct	Support and manage	07/11/2018	current	02/08/2019	10/05/2020
		Medicines and devices Safety Officer (MSO & MDSO)				direct	Safety Officer	07/11/2018	current	02/08/2019	10/05/2020
		MSO/MDSO network for local CCGs and Providers				direct	Chair	07/11/2018	current	02/08/2019	10/05/2020
		Controlled drugs safety lead and Antimicrobial stewardship lead.				direct	Lead	07/11/2018	current	02/08/2019	10/05/2020
		Whittington Care Quality Review Group				direct	member	07/11/2018	current	02/08/2019	10/05/2020
		Islington Transformation Group				direct	member	07/11/2018	current	02/08/2019	10/05/2020
		QIPR Delivery Group				direct	member	10/05/2020	current	10/05/2020	
		ICCG Website				direct	Provide clinical leadership	10/05/2020	current	10/05/2020	
		Serious incident reviews & patient safety				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	10/05/2020
		GP Practice Quality				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	10/05/2020
		Federation Working Group				direct	Provide clinical leadership	07/11/2018	current	02/08/2019	10/05/2020
		Federation Contracts and Quality Group				direct	Co Chair	10/05/2020	current	10/05/2020	
		Care Homes Working Group				direct	Chair	10/05/2020	current	10/05/2020	
		NLP IG Working Group				direct	Chair	07/11/2018	current	02/08/2019	10/05/2020
		Locum GP	y	y	n	direct	Homerton Hospital OOH care, Paradoc emergency home visiting service, Tower Hamlets, SELDOC GP OOH services and Croydon (including Brigstock surgery, Thornton Heath (ad hoc sessions in various GP surgeries across London, excluding Islington)	07/11/2018	current	02/08/2019	10/05/2020
		Greenland Passage residential association	n	y	y	direct	Board Director	07/11/2018	current	02/08/2019	10/05/2020
		1-12 Royal Court Ltd	n	y	y	direct	Secretary & director	07/11/2018	current	02/08/2019	10/05/2020
		Novo Nordisk pharmaceutical company.	n	n	n	Indirect	My Sister is a Medical Advisor	07/11/2018	current	02/08/2019	10/05/2020
		St Helier Hospital in Sutton.	n	n	n	Indirect	Partner is an ITU Consultant	07/11/2018	current	02/08/2019	10/05/2020
		BMA	y	y	n	direct	member	07/11/2018	current	02/08/2019	10/05/2020
		City and Hackney Local Medical Committee	n	y	n	direct	member	07/11/2018	current	02/08/2019	10/05/2020
		City & Hackney Urgent Healthcare Social Enterprise -providing out of hours care for City & Hackney CCG residents.	y	y	n	direct	I am a GP - I do shifts for the Paradoc emergency home visiting service.	07/11/2018	current	02/08/2019	10/05/2020
		Communitas, a private provider seeing NHS patients.	y	y	n	direct	I undertake clinical sessions in my role as a GP with a Special interest in ENT.	07/11/2018	current	02/08/2019	10/05/2020
		Haringey CCG as an external GP	y	y	n	direct	as an external GP on their transformation group and investment committee. I also support some of their procurement work streams and other CCG duties as required as an external GP.	07/11/2018	current	02/08/2019	10/05/2020
		Hackney VTS GP training scheme	y	y	n	direct	Programme director, employed by the London Speciality School of General Practice, Health Education England.	07/11/2018	current	02/08/2019	10/05/2020
		I am a GP Appraiser for the London area.	y	y	n	direct	GP Appraiser	07/11/2018	current	02/08/2019	10/05/2020
		I am a mentor for GPs under GMC sanctions.	y	y	n	direct	GP Mentor	07/11/2018	current	02/08/2019	10/05/2020
		I am currently mentoring a salaried GP at a practice in Haringey.	y	y	n	direct	Salaried GP	07/11/2018	current	02/08/2019	10/05/2020
Paul Sinden	Executive Director of Performance & Assurance Exec Lead for Primary Care Committee Member of NCL CCG Executive Management Team	No interests declared	No	No	No	No	Nil Return	30/04/2018	current	16/08/2019	15/05/2020
Attendees											
Vivienne Ahmad	Board Secretary	No interests declared	No	No	No	No	Nil Return	25/10/2018	current	16/10/2019	
Dr Julie Billett	Public Health Representative	Director of Public Health Camden and Islington London Association of Directors of Public Health	Yes	Yes	No	Direct	Salaried Employee	01/02/2013	current	08/08/2019	
			No	Yes	No	Direct	Chair of	15/11/2016	current	08/08/2019	
Saloni Thakrar	Healthwatch Representative	Camden Healthwatch Chomley Garden Surgery Practice UK National Thalassaemia and Sickle Cell Group (NHS England) Little Village Charity Seeds of Peace, UK Charity London Antenatal Screening Programme	No	Yes	No	Direct	Chair	29/06/2017	current	18/10/2019	10/07/2020
			No	Yes	No	Direct	Patient Participation Group Representative	08/01/2016	current	18/10/2019	10/07/2020
			No	Yes	No	Direct	Lay Member	06/01/2016	current	18/10/2019	10/07/2020
			No	No	Yes	Direct	Trustee	12/07/2017	current	18/10/2019	10/07/2020
							Executive Committee member	01/05/2019	current	10/07/2020	
			No	Yes	No	Direct	Lay Member representative	12/07/2017	current	18/10/2019	10/07/2020
Dr Tamara Djuretic	Public Health Representative	Public Health Barnet	no	yes	no	Direct	Director of Public Health Barnet, which has a statutory duty to provide a 'core offer' to the CCG	03/05/2018	current	11/09/2019	
Dr Will Maimaris	Interim Director of Public Health, Haringey Council	Royal Free London Group	no	yes	no	Direct	Royal Free London Group Director of Public Health	01/08/2019	current	11/09/2019	
Patent/opp - TBC		No	n/a	n/a	n/a	n/a	n/a	30/08/2018	current	009/08/2019	
Jane Betts	LMC Representative										
Noelle Skivington	Healthwatch Enfield	Healthwatch Enfield (under the name: Combining Opinions to Generate Solutions CIC)	y	N	y	Direct	Board member	May-13	current	10/07/2020	
Anthony Marks	Senior Primary Care Commissioning Manager	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	30.10.2018	30/08/2019
Su Nayee	Assistant Head of Primary Care, NHS England	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20.10.2018	14/07/2020
Vanessa Piper	Head of Primary Care, NC London, NHS England, London Region										

NCL CCG Primary Care Committee Declaration of Interest Register - July 2020

Ruth Donaldson	Executive Managing Director (Job Share): Enfield Attend Governing Body Attend NCL Committee Meetings as required Member of NCL CCG Executive Management Team Member of Enfield Directorate Management Team	No interests declared	No	No	No	No	Nil Return	27/02/2018	current	03/09/2019	08/05/2020
Sarah D'Souza	Executive Managing Director (Job Share): Enfield Attend Governing Body Attend NCL Committee Meetings as required Member of NCL CCG Executive Management Team Member of Enfield Directorate Management Team	No interests declared	No	No	No	No	Nil Return	01/03/2019	current	14/09/2019	08/05/2020
Tony Hoolaghan	Executive Managing Director: Haringey & Islington Attend Governing Body Attend NCL Committee Meetings as required Member of NCL CCG Executive Management Team Member of Haringey and Islington Directorate Management Team Attend Covid Response Oversight Committee	Sidney Estates Tenants and Residents Association, Tower Hamlets	No	No	Yes	No	Chair	21/06/2017	current	02/10/2019	08/05/2020
Sarah McDonnell-Davies	Executive Managing Director: Camden Attend Governing Body Attend NCL Committee Meetings as required e.g. Borough Commissioning Committee Member of NCL CCG Executive Management Team Member of Camden Directorate Management Team	PA Consulting	Yes	No	No	Direct	Shareholder PA Consultancy	15/06/2018	current	20/06/2018	11/05/2020
Kay Matthews	Attend Governing Body Attend NCL Committee Meetings as required Member of NCL CCG Executive Management Team Member of Barnet Directorate Management Team Attend Covid Response Oversight Committee	No interests declared	no	no	no	no	Nil Return				11/05/2020

PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of Meeting held on Thursday 23 July between 11am and 12.30pm

On line meeting held via MS Teams

Voting Members Present:	
Mr Ian Bretman (Chair)	Governing Body Lay Member, Patient and Patient Engagement, and Committee Chair
Dr Peter Christian	Governing Body Lay Clinical Representative (Non-voting member)
Mr Simon Goodwin	Chief Finance Officer
Ms Claire Johnston	Governing Body Member Registered Nurse
Dr Subir Mukherjee	Governing Body Member, Secondary Care Clinician
Mr Arnold Palmer	Governing Lay Member, General Portfolio
Dr Dominic Roberts	Independent GP
Paul Sinden	Executive Director of Performance & Assurance
In Attendance	
Mr Richard Cartwright	Associate Director for Performance, NELCSU
Mr Daniel Glasgow	Deputy Director of Primary Care Transformation, Barnet, (deputising for Colette Wood, Barnet)
Mr Riyad Karim	Head of Primary Care (interim), Enfield (deputising for Deborah McBeal, Enfield)
Rebecca Kingsnorth	Assistant Director of Primary Care, Islington
Ms Tracey Lewis	Head of Finance, NCL Primary Care
Mr Anthony Marks	Senior Primary Care Commissioning Manager
Ms Vanessa Piper	Head of Primary Care, NCL Primary Care Commissioning & Contracting Team
Ms Noelle Skivington	Healthwatch Representative, Enfield
Mr Owen Sloman	Assistant Director of Primary Care, Haringey
Ms Saloni Thakrar	Healthwatch Representative, Camden
Mr Simon Wheatley	Director of Primary and Community Commissioning (Interim), Camden
Andrew Tillbrook	Deputy Board Secretary
Apologies:	
Ms Jane Betts	Director of Primary Care Strategy, London wide LMCs
Ms Kay Matthews	Acting Director of Clinical Quality
Deborah McBeal	Director of Integration, Enfield
Ms Colette Wood	Director of Primary Care Transformation, Barnet

1.0	Welcome & Apologies
1.1	The Chair welcomed members and attendees to the meeting. Apologies were recorded as above. The Committee noted that recruitment for Community Representatives was in train and that appointments maybe made in time for the August meeting.
1.2	Resolution to exclude members of the public from the meeting for the protection of public health
1.2.1	The Committee considered the resolution in the light of the Covid-19 pandemic and the continuing risk to public health. Whilst the resolution was supported, clarification was sought as to when the resolution would be reviewed. This would be done on a meeting-by-meeting basis. Note was made that an audio recording of this meeting would be published on the website to retain the ethos of public access. (Action 1: Andrew Tillbrook to check on the meeting in public format).
	The Committee APPROVED the resolution to exclude members of the public from the PCCC meeting on 23rd July 2020 for the protection of public health in accordance with the Public Bodies (Admission to meetings) Act 1960 on the basis that recording of the meeting would be shared.
1.3	Declarations of Interests Register
1.3.1	The Register noted; following a short discussion, members noted a new interest declared by Dr Christian (which was not conflicting) and an interest to which the secretariat omitted to add for Dr Roberts.
	The Committee NOTED the Register
1.4	Declarations of Interest Relating to Items on the Agenda
1.4.1	The Chair invited members of the Committee to declare any interests in respect to the items on the agenda. None were declared.
1.5	Declarations of Gifts and Hospitality
1.5.1	There were no declarations declared.
1.6	Minutes of the NCL Primary Care Committee in Common Meeting on 20 February 2020
1.6.1	Minutes of the NCL Primary Care Committee in Common Meeting on 20 February 2020 were noted and which had been delegated by its Committee Chair to consider and approve, prior to merger of the 5 CCGs on the 1 April 2020.
1.7	Legacy Actions from the NCL Primary Care Committee in Common
1.7.1	The Chair expressed thanks to this erstwhile committee to its Chair, Cathy Herman, which had help set solid foundations for how primary care was managed and scrutinised.
1.7.2	Note was made that all actions listed had been recommended for closure. Assurance was given as regards remedial notices relating to three practices listed in the Action log, that their management was ongoing, though which had been hindered because of the pandemic. Following further discussion, it was recommended to re-open as new risks: <ul style="list-style-type: none"> • The Early Warning System action as open which is being managed via the Primary Care Recovery Workstream for Covid-19; • Update on GP Contract & Primary Care Networks' Direct Enhanced Services London weighting, as this had not yet been resolved nationally.
	The Committee NOTED the action log and reinstatement of the two actions listed above

1.8	Matters Arising
1.8.1	There were no matters arising.
1.9	Questions from the public relating to items on the agenda received prior to the meeting
1.9.1	No questions from the public had been received.
2.0	BUSINESS
2.1	Finance Report
2.1.1	<p>The Committee was asked to note:</p> <ul style="list-style-type: none"> • Budgets had only been allocated to month 4 due to covid. Allocations for months 5 and 6 were expected soon but it remained uncertain when the full year allocation would be made due to the Covid-19 pandemic; • The budget for delegated commissioning had increased from £220.5m for 2019/20 to £232.8m for 2020/21 with the increase accruing from uplifts to the global sum, inflationary uplifts and implementing the Primary Care Network Directed Enhanced Services including additional roles; • The over-spend at month 3 was £0.7m against a plan of £57.5m, and the over-spend was expected to be £1m at month 4.
	The Committee NOTED the report
2.2	NCL Quality & Performance Report
2.2.1	<p>The Committee was advised that the report was pulled together from multiple sources of information that was available in the public domain. Particular note was made of:</p> <ul style="list-style-type: none"> • The resilience support and contract and remedial action mechanisms that the CCG undertook to support GP Practices and to help ensure quality standards were met • The demographic data highlighted the variance in deprivation across NCL, notably in the eastern corridor of NCL and the higher proportion of older residents in Barnet and Enfield, which in turn would have an impact on service demand; • Most GP practices in NCL had received a 'Good' rating from the Care Quality Commission, with one, West Green Practice in Haringey, receiving an outstanding rating (one of 14 practices in London to achieve this standard), whilst 4 practices were given an inadequate rating and 5 practices with a 'requires improvement' rating. These 9 practices were subject to formal contract remedial notices; • The urgent and emergency care section of the report showed a reduction in practice and A&E attendances in NCL at the height of the covid pandemic, and this was mirrored nationally for March and April. In June and July attendance data was expected to show an increase as planned care work was being reinstated; • Changes to the Quality Outcomes Framework (QOF) indicators for 2021/22 with a focus on patients with long term conditions, early cancer diagnosis and support for people with learning disabilities; • The report would be developed further to incorporate an overview of performance by primary care networks.
2.2.2	<p>In considering the report, the following the following matters and points of clarifications were made:</p> <ul style="list-style-type: none"> • A range of mechanisms were available in the CCG to help those GP Practices requiring support, as well as support from peer practices and Local Medical Committee; • The learning from West Green GP Practice (outstanding rated) would be shared; • In reviewing general practice activity a split by appointment types (video, face to face) would be helpful, and would be in future reports;

	<ul style="list-style-type: none"> • The effect of the pandemic was likely to permanently change the casemix of appointment types in general practice, and this would need to be mindful of not increasing health inequalities; • Quality Outcomes Framework (QOF) had a more targeted approach on elements of performance compared to the wider range of standards reviewed by the CQC; • The proposal of nursing roles through the Primary Care Network Directed Enhanced Service would be additional to the current practice nurse establishment, and would also enable the funding of clinical pharmacists and associate physicians; • Timeframes for full reporting on urgent and emergency care performance was governed by national timelines and would be reinstated as soon as the CCG was advised to do so.
2.2.3	Following further discussion, it was agreed to undertake some local study work in collaboration with Healthwatch to look at the effects of the pandemic, such as changing face to face consultations to video / phone call between doctor and patient and conduct an equalities impact assessment (Action 2:Paul Sinden to work with Healthwatch to develop this).
	The Committee NOTED the report
2.3	Primary Care Covid Update
2.3.1	<p>The report highlighted the service changes made in primary care in response to the pandemic as well as the recovery programme developed to reinstate services when possible as covid symptom levels fell. Three recovery workstreams had been established for, Access, Multi-disciplinary team working, and Workforce and resilience. The Primary Care Network (PCN) Clinical Directors had a pivotal role in developing the recovery programme.</p> <p>GP Practices had responded positively to the challenges of the covid pandemic, working alongside the PCNs and GP Federations. Hot sites and home visiting services had been established very quickly to segregate patient flows for those with and without Covid-19. Focus was also given to:</p> <ul style="list-style-type: none"> • Supporting patients who required to shield themselves with support from the local authorities and voluntary sector; • Establishing clinical leads to provide enhanced support to care homes; • Training for practices on infection prevention control and use of Personal and Protective Equipment (PPE); • Demographic risk assessments for staff to help identify and manage risk, especially when they may be coming into contact with patients; • Financial resilience measures to ensure practices remained sustainable.
2.3.2	During the pandemic, and directed by national guidance, practices ceased some planned care work, but these services were now gradually being reinstated including support for chronic disease management. Particular focus remained on the interface between primary and secondary care to provide effective care for patients during this challenging time, as planned care in both primary care and hospitals were being reinstated. The Committee noted that the Primary care Covid risk register would be merged with the Primary Care Risk Register.
2.3.3	<p>The Committee Chair recommended that the Committee should focus its attention on overseeing the recovery work including:</p> <ul style="list-style-type: none"> • The importance of developing a coordinated approach to reinstating public and patient engagement; • Acknowledging the hard work from practice teams during the challenges pandemic and recovery phase; • Recovery plans would need to be cognisant of a potential second wave of Covid-19 in the autumn.

	The Committee NOTED the report
3.0	ITEMS FOR DECISION
3.1	Commissioning Decisions on PMS Agreement Changes
3.	<p>The Committee noted that decision-making was supported by a focus in the report on assurance that practice provision of clinical appointments was in line with benchmark levels. Where appointment levels were below the benchmark the Primary Care Team followed up requested changes to ensure they had been addressed. It was noted that some of the changes were retrospective due to time elapsed between this Committee and as the last NCL Commissioning Committee in Common that had met in February 2020</p> <p><u>Barnet</u></p> <ul style="list-style-type: none"> • Woodlands Practice – removal of Dr Singh and addition of Dr Fernandes to take effect from 01/06/2020, thereby resulting in no effective change from the number of partners, as detailed in the report was AGREED <p><u>Camden</u></p> <ul style="list-style-type: none"> • West Hampstead Medical Centre – the application to remove Dr Jonathan Barnett from the West Hampstead Medical Centre PMS agreement effective from 01 August 2020 leaving 3 signatories, as detailed in the report was AGREED • James Wigg Practice – the application to remove Dr Natasha Smeaton from the James Wigg Practice PMS agreement effective from 02 July 2020 leaving 4 signatories, as detailed in the report was AGREED <p><u>Enfield</u></p> <ul style="list-style-type: none"> • Nightingale House Surgery – the application for Dr Aka to be removed from the PMS Agreement with effect from 30/04/20. This will leave 2 remaining partners to the Agreement supported by a salaried GP, as detailed in the report was AGREED • Medicus Partnership – 24hr retirement application from Dr S Choudhry. Dr Choudhry was a partner on 9 PMS agreements, which formed part the Medicus Health Partners (MHP) (made up of 6 GMS & 9 PMS practices). There will be 35 individuals remaining on the contract, during the 24 hour retirement, as detailed in the report was AGREED • Winchmore Hill Practice – addition of a partner – an application to add Dr Hetul Shah as a signatory to the Winchmore Hill Practice Agreement to take effect from a retrospective date of 01/05/20. This variation will increase the number of signatories to four, - retrospective variation to take from effect 01/05/20, as detailed in the report was AGREED <p><u>Haringey</u></p> <ul style="list-style-type: none"> • Fernlea Surgery – addition of a partner at Fernlea Surgery to add a contractor (Dr Priya Amin) to the PMS Agreement to take effect from a retrospective date of 01/04/20. The recommendation could not be brought to earlier PCCC as commissioners required more assurance on practice's clinical capacity. Hence retrospective effective date of 01/04/20, as detailed in the report was AGREED • Fernlea Surgery – 24 hr retirement Subject to the approval of the addition of Dr Amin to the PMS Agreement, Drs Raindi, Mehta and Amin will remain on the PMS Agreement whilst Dr Caplan takes 24 hour retirement. The Practice is, and will continue to offer appointment benchmarks following Dr Caplan's 24-hour retirement, Hence retrospective effective date of 06/05/20, as detailed in the report was AGREED • Lawrence House Surgery – 24hr retirement of Dr John Rohan on 02/09/20, returning 04/09/20, as detailed in the report was AGREED

	<ul style="list-style-type: none"> Lawrence House Surgery – addition of a partner, Dr Uchenwoke effective from 01 August 2020, as detailed in the report was AGREED
	The Committee APPROVED the report
3.2	Barnet - Longrove Surgery co-location with Vale Drive Practice
3.2.1	<p>The Committee was invited to consider the request for an increase in rent from £159,000 to £329,000 per year accruing from the co-location. Most of the increase in rent was offset by a reduction in CCG void costs, leaving a net cost of £30,000 per year. The practice would be working in a larger and more appropriate space following the co-location.</p> <p>The large increase in rent accrued from the improved space, and that the premises was a LIFT (Local Improvement Finance Trust) building owned by CHP accruing a higher unit cost).</p>
3.2.2	<p>The Committee noted that the CCG had a strategic plan for general practice, and that the co-location of Longrove Surgery with the Vale Drive Practice was in line with the local plan for Barnet. The Committee requested further information on work on estates that underpinned the strategy, and this would come to a future Committee. (Action 3: Paul Sinden to add primary care estates to Committee workplan)</p>
3.2.3	<p>The Committee noted that for practices requesting to merge / co-locate, the CCG always sought evidence of patient engagement, either with Patient Participation Groups (PPGs) or from a sample of patients direct. This was in the context that most relocations involved moves of less than 1 mile. However, GP Practices were asked to identify and engage with vulnerable patients or at risk groups a part of this process. Once the relocation or merger was agreed a broader consultation would take place. The engagement process would be reviewed with Healthwatch representatives on the Committee. (Action 4: Vanessa Piper to go through engagement process with Healthwatch representatives)</p>
	<p>The Committee APPROVED the;</p> <p>1. Relocation and co-location of Longrove Surgery with Vale Drive Practice</p>
3.3	Barnet - Park View Surgery – Request to approve (i) closure of branch surgery (ii) increase in rent
3.3.1	<p>The branch surgery was in Colindale (a large area of regeneration), and regeneration plan meant that the premises housing the branch surgery was due to be demolished in the next two years. The proposal was to relocate the branch practice into the main practice increasing the rent by £6k per year. The distance between the practices was under a mile.</p> <p>The main premises were owned by the Community Trust, and the Trust was reviewing its estates portfolio. The Trust was therefore offering a five year lease to the practice. The CCG was negotiating with the practice and landlord regarding longer term planning.</p>
3.3.2	<p>In discussion, it was noted that Section 106 planning agreement had been secured linked to the development of the Graeme Park site. Relocation of the Evergreen Surgery was targeted from this, and capital funding was also sought from NHS England.</p>
	<p>The Committee APPROVED:</p> <p>1. The consolidation of the branch surgery onto the main surgery</p>

	<p>2. Estimated increase in CMR of £6,335 to allow the conversion of the two rooms</p> <p>3. The contract holders will highlight the risk associated with the short term in the lease of 5 years</p>
3.4	Barnet - Derwent Practice Relocation
3.4.1	<p>Ms Piper explained that the Practice was seeking to relocate to Torrington Park Health Centre. The trigger for the relocation was that the contract holders for Derwent Park Medical Practice and Torrington Park Group Practice had requested the following:</p> <ul style="list-style-type: none"> • Variation of both PMS contracts so each contract holder is listed under both contracts, then form a partnership from 1 April 2020; • Derwent Medical Practice to co-locate with Torrington Park Health Centre in 2020 • Merger of the PMS contracts on 1 April 2021 <p>The rent increase was £2,000 per year. Note was made that:</p> <ul style="list-style-type: none"> • The relocation was half a mile between the practices; • The room to patient ratio is within recommended guidance of 1/1000; • The practice had engaged with its patients on the re-location; • The new premises offered an improvement in the quality of estates for the practice; • The lease of the combined surgeries should be on condition of five years minimum.
	<p>The Committee APPROVED:</p> <p>1. Relocation of Derwent Medical Practice</p> <p>2. Increase in Current Market Rent to £40,365 per annum</p> <p>3. The approval to relocate is on the basis that the practice negotiates and signs Head of Terms for a lease, with a full lease being signed shortly after'</p>
4.0	ITEMS TO NOTE – URGENT DECISIONS TAKEN SINCE 1 APRIL 2020
4.1	Barnet - Barnet Care Homes Locally Commissioned Service (LCS)
4.1.1	The Committee noted the above report and the approval made through the urgent decision process on 13 May 2020. The Committee noted the significant workload in delivering the enhanced support to the care homes including dementia assessments and multi-disciplinary team working. The urgent decision requirement accrued from the need to work at pace in response to the covid pandemic. A bid for remote monitoring of patients in care homes from digital monies had been made to support effective delivery of the Locally Commissioned Service (LCS).
4.1.2	Delivery of the LCS would also be supported by practices working with community and hospital services to support the care homes.
	The Committee AGREED to note the prior approval of this report
4.2	Camden Rosslyn Hill and Hampstead Group Merger
4.2.1	The Committee noted the approval of the merger through the urgent decision-making process.
	The Committee AGREED to note the prior approval of this report
5.0	GOVERNANCE AND COMMITTEE ADMINISTRATION
5.1	PCCC Terms of Reference
5.1.1	The Committee noted that the Terms of Reference had been approved by the CCG Governing Body. Members were advised that recruitment of the Community Members was underway, with the representatives expected to join the August meeting. It was also expected that two representatives would join the Committee which would require

	a minor change to the Terms of Reference, which would be dealt with by Chair's action.
5.1.2	Note was made of the Covid Emergency Powers Bill and whether the Terms of Reference should make reference to this (Action 5: Paul Sinden)
	The Committee NOTED the report
5.2	PCCC Risk Register
5.2.1	The report highlighted key risks falling within the remit of the Committee: <ul style="list-style-type: none"> • Relevant aspects of the Covid-19 risk register would be incorporated; • Inclusion of the early warning system (referenced on the PCCC Register pre April 2020) • The reinstatement of the list cleansing by Capita (deferred since March 2020 due to Covid-19) • The ambition to reduce unwarranted variation of quality across GP practices, which had been supported partly by GP Forward View funding • Workforce – reviews into staffing retention and recruitment was ongoing.
5.2.2.	In response to the report consideration was given to: <ul style="list-style-type: none"> • Aligning locally commissioned services over time by levelling up provision across the Boroughs. An NCL group was in place to oversee the development of Locally Commissioned Services; • A Primary Care Network report was being developed to address workforce levels, noting that NCL was lower than the national average, the results of which would help inform the risk rating. It was noted that this Committee was due to receive a report on workforce at the October meeting.
	The Committee NOTED the report and the risk register.
5.3	PCCC Forward Planner
5.3.1	The Forward Planner was noted and suggestions were welcome. It was agreed to include Estates into a future meeting.
6.0	Any other Business
6.1	There was no other business.
6.2	Date of future meetings <ul style="list-style-type: none"> • Thursday 20 August 2020 – 11am to 12:30pm • Thursday 22 October 2020 – 2:30pm to 4pm • Thursday 17 December 2020 – 2:30pm to 4pm • Thursday 18 February 2021 – 11am to 12:30pm

NCL CCG Primary Care Commissioning Committee - Action Log post July 2020 ITEM 1.7

Meeting Date	Action No.	Minutes Ref	Action	Action lead	Deadline	Status update	Date closed
20.02.20	3	10.14	NCL Quality & Performance Report – To carry forward the early warning system for general practices and the themes from Complaints into the new NCL CCG Primary Care Committee.	Paul Sinden	TBC	23-06-2020. Early warning system will be picked up through covid primary care recovery workforce and resilience workstream. Recommend to close the action.	
20.02.20	4	11.10	Update on GP Contract & Primary Care Networks' DES – To provide an update on London weighting at the new NCL CCG Primary Care Committee.	Paul Sinden	TBC	23.06.2020 – An update will be provided under the finance item. Recommend to close the action.	
23.07.20	1	1.2.1	Resolution to exclude members of the public from the meeting for the protection of public health	Andrew Tillbrook	August 2020	This resolution will be reviewed by the Governance Team on a case by case basis, taking account of national guidance with regard to social distancing and safety for staff and public alike. Recommend to close the action.	
23.07.20	2	2.2.3	Undertake local study work in collaboration with Healthwatch to look at the effects of the pandemic, and conduct an equalities impact assessment	Paul Sinden	Dec 2020	Initial contact made with Healthwatch	
23.07.20	3	3.3.2	Provide an overview of the strategic plan regarding the location of GP Practices in north central London.	Paul Sinden	Aug 2020	On agenda for August 2020 Recommend close the action	

23.07.20	4	3.3.3	To check and verify the engagement processes GP Practices were undertaking with regard to merger / relocation.	Vanessa Piper	Oct 2020	Initial contact made with Healthwatch	
23.07.20	5	5.1.1	PCCC Terms of Reference – whether the ToR should make reference to the Covid Emergency Powers Bill	Paul Sinden		Request with CCG Governance team.	



**North Central London CCG
Primary Care Commissioning Committee
20 August 2020**

Report Title	Request to approve Section 96 Financial Assistance practice requests for Covid 19 spend	Date of report	5 August 2020	Agenda Item	2.1
Lead Director / Manager	Paul Sinden	Email / Tel			
GB Member Sponsor	Paul Sinden				
Report Author	Vanessa Piper	Email / Tel		Vanessa.piper@nhs.net	
Name of Authorising Finance Lead	Rebecca Booker Director of Finance	Summary of Financial Implications			
		<p>Below sets out the current financial implications to NCL CCG related to Covid 19 Practice spend</p> <p>Amounts validated and reimbursed to practices</p> <ol style="list-style-type: none"> 1. April 2020 - £414,385.84 2. May 2020 - £561,291.50 <p>Amounts claimed by practices and are currently being validated for reimbursement</p> <ol style="list-style-type: none"> 1. June 2020 - £309,187.08 			
Report Summary	<p>NHS England and Improvement (NHSE & I) published in July and August 2020 that all funds reimbursed to practices related to Covid spend should be approved via a Section 96 Financial Assistance request under the NHS Act 2006.</p> <p>Section 96 of the NHS Act (2006) (as amended) makes provisions for commissioners to provide assistance and support to primary medical services contractors, including financial support.</p> <p>Under delegated authority for primary medical services contract the Primary Care Commissioning Committee is required to consider all cases for request for financial assistance.</p> <p>In March 2020 NCL had developed a Covid Financial Resilience package of which practices have been requesting financial assistance and submitting claims for Covid spend from since April 2020. The package has since been revised in July 2020.</p> <p>All claims that have been received are validated against the package and in line with evidence that is requested against items in the claim template.</p>				

	<p>To date the total amount reimbursed to practices following the validation process has been;</p> <ul style="list-style-type: none"> - April 2020 - £414,385.84 - May 2020 - £561,291.50 <p>The amount claimed by practices in June 2020 was £309,187.08. These claims are currently being validated and practices will be reimbursed in September 2020.</p> <p>Committee members should note that on 5 August 2020, NHS England and Improvement have released a Covid Support Fund setting out guidance to commissioners on what practices can be reimbursed for. Key features of the package includes funding for;</p> <ul style="list-style-type: none"> - Bank Holiday staff cover – 10, 3 April and 8 May - Care Home (1 May letter)- Clinical lead, Weekly Ward Round & Medication Reviews - Staff backfill for Covid related absence - Additional staff cover above usual levels - Consumables <ul style="list-style-type: none"> o PPE o Screens o Additional cleaning o Equipment (Pulse Oximeters & Thermometers) <p>Commissioners are currently reviewing the NHSE & I letter against the current items reimbursed in the NCL Finance Resilience Package. A further paper will be submitted to committee members in October 2020 where changes have to be made in relation to the items and amounts to be reimbursed.</p>
Recommendation	<p>Committee members are requested to approve the</p> <ol style="list-style-type: none"> 3. Section 96 request for Financial Assistance payments against Covid 19 related spend for all 202 NCL practices 4. The values that have been reimbursed to practices for claims received in the months below are; <ol style="list-style-type: none"> a. April 2020 - £414,385.84 b. May 2020 - £561,291.50 5. The process that has been followed in relation to; <ol style="list-style-type: none"> a. NCL Financial Resilience Package b. Claims process c. Validation of the claims
Identified Risks and Risk Management Actions	<p>Funding has not been guaranteed and is being requested on a monthly basis from NHSEI once the Covid related spend is known.</p> <p>NHSI has advised that Covid funding will be available until September 2020 and NCL CCG await further guidance on spend beyond this month.</p>
Conflicts of Interest	<p>Some members of the committee will be associated with a practice who has claimed against the NCL Resilience Package.</p> <p>Practice level claims and spend have therefore not been submitted as part of this committee paper.</p>

Resource Implications	<p>Amounts validated and reimbursed to practices</p> <ul style="list-style-type: none"> • April 2020 - £414,385.84 • May 2020 - £561,291.50 <p>Amounts claimed by practices and are currently being validated for reimbursement</p> <ul style="list-style-type: none"> • June 2020 - £309,187.08
Engagement	<p>The content of the NCL Resilience Package of the process for claiming and reimbursement has been discussed through the NCL Covid meetings which has representation from clinical leads across NCL, Commissioning, contracting and Transformation leads</p> <p>The Londonwide Local Medical Committee has also been consulted with regarding the package and process</p>
Equality Impact Analysis	Non Applicable
Report History and Key Decisions	Non applicable
Next Steps	A further paper will be referred to the October 2020 PCCC meeting to further approve more costs related to practice spend. Including changes that are required to the NCL Resilience Package following the publication of the NHSE & I Covid Fund letter in August 2020
Appendices	Appendix A is included in the main documents

Background

To ensure practices remain financially resilient during the Covid 19 pandemic NCL Clinical Commissioning Group had developed a Financial Resilience package which was released to practices in April 2020 and was further revised in July 2020.

The financial package covered the following;

1. Income guarantee for core contractual payments where patient activity would have been affected for
 - a. Quality and Outcomes Framework (QOF)
 - b. Directed Enhanced Services (DES)
 - c. Localised Commissioning Scheme

2. Covid 19 related practice expenses
 - a. Staffing backfill cover for staff on Covid related sick leave
 - b. Bank Holiday staff cover in line with the regulation change
 - c. Personal Protective equipment
 - d. Deep cleaning
 - e. Protective screens
 - f. Purchase of additional laptops and mobile phones

The full details of the package has been included in appendix A.

Practices are invited to claim through an agreed template which includes guidance on evidence that practices are required to submit to enable approval for reimbursement.

All practice claims and the evidence submitted have been assessed through a validation process. This involves ensuring items claimed are in line with the package and the required evidence has been submitted to validate the amount claimed.

The total amount claimed by practices and validated is set out below

Month	Total amount claimed by practices	Total amount validated	Month reimbursed to practices
April 2020	£479,667	£414,385	July 2020
May 2020	£719,764	£561,291	August 2020
June 2020	£309,187	Claims are currently being validated	September 2020

The approval process to reimburse the practice claims from March to July 2020, has been through the NCL Covid Executive Management and Finance Team.

Once the practice expenses are known on a monthly basis the NCL Finance team have to request reimbursement of the funds from NHSE & I, whom have advised that funds will be available until September 2020. NCL CCG are currently awaiting further guidance from NHSE & I regarding whether there will be available funds beyond September 2020.

In July 2020 NHSE & I published a letter advising that all Covid spend and claims are reimbursed through a Section 96 Financial Assistance payment under the NHS Act 2006.

Under delegated authority all Section 96 Financial assistance requests have to be approved through the NCL Primary Care Commissioning Committee.

On 5th August 2020, NHSE & I have further published a Covid Fund letter which sets out guidance to CCGs and practices on items that practices can claim against. At present commissioners and finance are reviewing the letter against the NCL Resilience package, to review where changes will need to be made. A further paper on the changes will be brought to the October 2020 PCCC meeting.

Commissioners are therefore requesting committee members to approve the amounts reimbursed to practices for claims received from April to July 2020, including the process that has been followed.

Appendix A

NCL Practice Financial Resilience during Covid -19 – June 2020 version

This guidance note has been drafted to ensure practices remain financially resilient during the pressures of Covid 19.

Contractual and Locally Commissioned Payments

<p>QOF</p>	<p>NHS England has committed that QOF income for practices for 2020/21 will be protected and further information will be provided as soon as possible.</p> <p>Aspiration payments for 2020/21 are currently being reimbursed based on the total QOF points achieved as of 31 March 2020. For any practice where COVID has impacted QOF achievement compared to 2019/20 we are currently in the process of assessing where a top up payment maybe required.</p> <p>20/21 QOF achievement</p> <p>As we have begun the recovery phase, where services are being restarted and patients are being invited for their health reviews practices are reminded of the importance of call / recall and coding of clinical activity. This will continue to demonstrate the high quality of clinical care for Long term Condition Management in NCL.</p> <p>Changes in QOF in 20/21</p> <p>NHS England has invested an additional £10m into QOF bringing the total points available to 567 from 2020/21.</p> <p>There have also been a number of changes to the QOF Domains below. The full details of the changes have been copied into appendix A (page 6 & 7) of this document;</p> <ul style="list-style-type: none"> • Asthma • COPD • Heart Failure • Diabetes • Early Cancer Diagnosis • Learning Disability <p>The full 2020/21 contract changes can be found here; https://www.england.nhs.uk/wp-content/uploads/2020/03/update-to-the-gp-contract-agreement-v2-updated.pdf</p>
<p>Extended Hours (PCN DES)</p>	<p>For quarter 3 and 4, 2019/20, including quarter 1 2020/21 payment has been made in full (no clawback will be applied to upfront payments for the DES. Practices were not required to submit a return on extended hour's activity for these periods.</p> <p>Practices and PCNs are encouraged to still provide extended hours appointments and to offer these in line with the latest national SOP for primary care.</p>

	<p>Quarter 2 2020/21 – Changes to reporting</p> <p>Upfront payments will continue to be made for quarter 2 2020/21 and will not be subject to any clawback. There will be changes to reporting the usage of extended hours activity from quarter 2 2020/ 21.</p> <p>Practices are aware that NCL are commencing the recovery phase, which include the importance of planning for;</p> <ol style="list-style-type: none"> 1. Our vaccination programme and recall of patients for the Flu season 2. Preparing for the future outbreak of the Covid pandemic and continuation of the delivery of the Hot site services <p>To enable this planning we are continuing to explore where activity is not being delivered across the system and where funding can be released and reinvested into patient care.</p> <p>On this basis we would like to review whether patients continue to book and attend Extended Hours appointments across the PCNs. We therefore will be asking practices to recommence recording the usage of Extended Hours appointments and a reporting form will be sent out shortly.</p>
PCN - Additional Roles Scheme	<p>All claims for Quarter 4 2019/20 have been submitted and will be reimbursed in full.</p> <p>The CCG will follow any national guidance for payments in 2020/21. Funding for the additional roles scheme is held centrally by NHS England and does not sit within the delegated budget and CCGs need to claim against the funds held centrally.</p> <p>In the interim all pending and future claims will be reimbursed, any practices that are not able to submit the evidence of recruitment of the post should notify commissioners immediately.</p>
Localised Commissioned Services (LCS)	<p>LCSs will be paid pro rata by quarter based on practice achievement in 2019/20. Over this period practices may feel able to restart LCS activity safely for the benefit of their patients. This approach to payment is to support income guarantee during this period. In effect this is a block arrangement; submissions of activity data will not be required from practices. Automated searches will be run to understand levels of activity, not to determine payment. There will be no reconciliation of payments against activity data once known.</p> <p>Telederm LCS will be paid on actual performance as practices take up the LCS.</p>
Learning Disability DES	<p>Practices should continue and / or restart to provide Learning Disability Health Checks. Payment for quarter 2, 2020/21 will be reimbursed on actual activity submitted via CQRS.</p>
Minor Surgery DES	<p>We expect further guidance from NHS England on which services can restart in June 2020, of which Minor Surgery maybe one of these procedure.</p> <p>If Minor Surgery does restart we ask practices to declare their activity of which will be reimbursed.</p>

	<p>If NHS England's advices that Minor Surgery procedures cannot restart then we will reimburse practices for Q1 2020/21, based on the highest quarter for Q3 or Q4 2019/20.</p> <p>For Q4 2019/20 we have reimbursed practices where, returns have been submitted and if achievement was higher than Q3. Where Q4 was lower, a top up payment has been applied, to bring the value up to Q3 achievement.</p>
CQC registration	Practices are required to pay up front to CQC to ensure the provider registration remains valid. We therefore encourage practices to ensure this payment is made to CQC and to submit your invoice of which we will reimburse.
Locum Reimbursement	<p>Practices are encouraged to seek financial support through the Locum Reimbursement Policy to cover GP leave and locum cover for sick, maternity and paternity leave</p> <p>Locum cover for GP and other staff related to COVID sickness please see the following section below</p>
Rent	We encourage practices where you pay your landlord on invoice to continue to do so and submit the receipt of payment to the NCL Contracting team so we can arrange reimbursement to maintain practice cash flow
Business Rates	<p>Practices who are invoiced business rates by the local authority you are reminded that you can request monthly reimbursement for your business rate costs. This will support you with a steady cash flow during this time of crisis. If you would like to be set up for monthly reimbursement please contact the NCL Contracting team</p> <p>If practices have already paid the 2019/20 business rates in full please submit your invoice as soon as possible so it can be reimbursed</p>
Bank Holiday Opening	<p>Changes to the GP contract mean that Bank Holidays will now be identified as a normal working day for practices during a pandemic. The practice should be open during core hours of 8am to 630pm.</p> <p>NHS England has set national rates for reimbursement to practices for the bank holidays, which have been include in the claims template.</p> <p>For the bank holiday in August 2020, practices will be notified if you are required to open once guidance is received from NHS England.</p>
Prescribing Incentive Scheme	<p>In view of the current Covid-19 Pandemic, the following schemes are suspended with immediate effect:</p> <ul style="list-style-type: none"> • Barnet – Medicines Optimisation Enhanced Service 2019/20 • Camden – Prescribing Quality Scheme 2019/20 • Enfield – Medicines Management LCS 2019/20 • Haringey – Prescribing Quality and Savings Scheme 2019/20 • Islington – Medicines Optimisation Scheme 2019/20 <p>The funding will be protected and fully allocated according to assessment based on prescribing 2019/20 year to date achievement where data is available, pro rata for the full year and uplifted where necessary to utilise the full budgeted amount for LCSs in 2019/20.</p>

	<p>Payments for audits already submitted will be honoured in line with existing agreements. Where practices have not yet submitted their audit, work can be paused and further advice will follow by May 2020. Practices will not be penalised due to the impact of Covid-19.</p> <p>Payments will be made to practices as far as possible during the usual timescales (June - August 2020) in each borough.</p> <p>The launch of schemes for 2020/21 will be postponed and scheme targets will be reviewed at an appropriate time.</p>
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Additional costs and funding related to Covid – 19

NHSE/I will reimburse additional costs to general practice as part of the wider finance agreement on Covid 19.

All invoices submitted by practices will be validated to ensure that the claim is in line with the resilience package and the evidence that has been requested in the claim template. Where the claim is not in line with the resilience package, the practice will be reimbursed less than what has been invoiced.

The CCG will reimburse practices once the claim has been validated and the values have been approved by the NCL Finance team in line with the funds received from NHS England. This may not occur in line with the monthly payment runs and we will notify practices when the payments have been processed through the NCL Bulletin.

Any non-staff claim that exceeds £1000 will require a review of the costs, then approval prior to reimbursement.

Special provision for GP Locum sickness cover related to COVID	For GP sickness related to COVID NCL will waive the two-week qualifying period where no money is paid to the practice. Locum costs will receive 100% reimbursement in March 2020, Quarter 1 and Quarter 2 of 2020/21.
Temporary Clinical staff cover	Locums required to cover the absence of Practice Nurses, allied health professionals including paramedics that cannot work remotely from home or are too poorly as a result of COVID-19 symptoms will be reimbursed at 50% of the salary cost for the duration of their isolation. This also applies to cover required for shielded staff who are unable to work remotely or whose work cannot be done remotely. Practices can claim using the locum claim form template.
Temporary administration staff cover	Temporary staff cover required for administration staff who cannot work remotely from home or are too poorly as a result of COVID-19 symptoms will be reimbursed at 50% of the salary cost for the duration

	of the isolation. This also applies to cover required for shielded staff who are unable to work remotely or whose work cannot be done remotely.
Back fill costs for clinical staff attending training	Practices that will need to back fill clinical staff, who are attending additional COVID related training, i.e. locums to cover clinics can seek financial support using the attached claim form template with 100% reimbursement.
Additional decontamination of equipment and cleaning of the premises	Practices are required to have in place arrangements for infection control, cleaning and deep cleaning of the practice, including when there are any type of spillages i.e. chemical or blood From March 2020 practices incurring additional costs due to suspected Covid cases coming into the practice will be reimbursed deep cleaning costs using the claim form.
Extra PPE equipment	Additional costs incurred for PPE that is in line with national guidance will be reimbursed through the claims form template. Practices are reminded that they must continue to order PPE themselves and use both the National Supply Disruption Line and local mutual aid arrangements if urgent/emergency supplies are needed' Arrangement is in recognition that in hot sites in particular teams will be wearing PPE in anticipation of cases being symptomatic.
Additional costs related to IPlato credits and text messages	NCL will fund the additional costs and credits related to the central text messages to patients regarding the management of COVID 19 If practices want to request additional credits to send out more frequent text messages related to COVID, these will need to be approved though NCLs COVID Executive Management Team
GP Retainers (as per national guidance)	We recognise that some retained GPs may wish to support efforts to ease the challenges primary care may face in relation to COVID-19. NHS England and NHS Improvement is temporarily lifting the restrictions on the maximum number of day time in hours sessions GPs currently supported by the National GP Retention Scheme may conduct, provided the following two conditions are met: 1.Retained GPs' increased participation is voluntary. 2.Retained GPs have access to their existing level of support including in supervision during this period and that their needs are reviewed regularly. Retained GPs, who wish to increase their sessional commitment above their agreed number under the GP Retention Scheme, should notify their CCG via the local HEE scheme lead of their intention. Retained GPs and their employing practice will continue to receive the financial support in line with their existing agreement. Any additional sessions retained GPs choose to undertake during this temporary lift will not attract additional scheme payments. This position is effective immediately and for one calendar month in the first instance (until 10 April 2020). The position will be reassessed regularly and is subject to change.
Protective screens for reception	Practices can submit claims for protective screens for the reception area.

	<p>We have seen a variation in costs for protective screens therefore claims should be submitted with supported evidence of the quote, as set out within the claims template.</p> <p>Practices are reminded that non-staff claims above £1000 will require review and approval prior to reimbursement.</p>
Additional COVID related costs incurred to date	<p>Developing financial support for practices will be iterative as the pandemic intensifies then subsides. We have agreed to extend arrangements to guarantee payments for Quarter 2.</p> <p>We will review the position again, whether the package will need to be extended to Q3.</p> <p>Additional costs the CCG will consider for reimbursement includes:</p> <ul style="list-style-type: none"> • Purchase of mobile phones for admin and staff in vulnerable groups displaced from hot sites to allow remote working; • Purchase of laptops to supplement the NCL supply and enable remote working carried out prior to the NCL-wide roll-out of laptops. Subsequent purchases post NCL roll-out will not be reimbursed. • Hotel / Accommodation costs for staff that will be required to isolate who have Covid symptoms

Appendix A - QOF Indicator changes from April 2020

Asthma domain

- Practices will be required to establish and maintain a register of patients aged 6 years and over with a diagnosis of asthma, in line with NICE guidance
- Practices will be expected to use a minimum of two diagnostic tests to confirm an asthma diagnosis. These tests should be performed up to 3 months before any date of diagnosis and up to 6 months after this date
- The content of the asthma review has been amended to incorporate aspects of care positively associated with better patient outcomes and self-management
- Practices will be required to record smoking exposure in children and young people under the age of 19 years.

COPD domain

- Entry to the COPD register will be determined by the presence of a clinical diagnosis plus a record of post bronchodilator spirometry FEV1/FVC ratio below 0.7 recorded between 3 months before or 6 months after diagnosis in diagnoses made on or after 1 April 2020;

- The annual review will include a requirement to record the number of exacerbations in order to help guide future management and potentially avoidable emergency admissions.

Heart Failure domain

- Any new diagnosis of heart failure should be confirmed by an echocardiogram or specialist assessment between 3 months before or 6 months after diagnosis
- There will be changes to the denominator for treatment with beta-blockers
- An annual review indicator has been agreed to provide a focus upon functional assessment and the up-titration of medication to address symptoms.

Diabetes

- A new indicator will be introduced to incentivise practices to offer an annual HbA1c test in people known to have non-diabetic hyperglycaemia. The aim of this test is to support early identification of those who would have gone on to develop Type 2 diabetes. This indicator will be worth 18 points. It will be supported through both new investment and the retirement of the current CVD-PP001 indicator.

New Quality Improvement modules

- In 2019/20 a new Quality Improvement domain were introduced worth 74 points. In year one, this comprised two modules: Prescribing Safety and End of Life Care. Whilst these modules will change in 2020/21, we encourage practices to continue to consolidate and mainstream the successful improvements made.
- In 2020/21, the modules will focus on improving care of people with a learning disability and supporting early cancer diagnosis. These modules have been developed by the RCGP in collaboration with NICE and the Health Foundation.

The aims of the Early Cancer Diagnosis module are to:

- Improve participation in the national breast, cervical and bowel cancer detection and screening programmes
- Improve referral and safety netting practices for patients suspected of having cancer. It has been developed to support the roll out of the PCN early cancer diagnosis service specification.
- The full details of the specification are set out in the Network Contract DES <https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-early-cancer-diagnosis-guidance.pdf>

Learning Disability module:

- The Care of People with a Learning Disability module builds upon the work published earlier this year to improve the identification of people with a learning disability in general practice. It aims to promote increased uptake of annual health checks, optimisation of medication in line with STOMP, identification and recording of reasonable adjustments and the patient engagement with community resources through social prescribing to maintain health and well-being.

**North Central London CCG
Primary Care Commissioning Committee
20 August 2020**

Report Title	Primary care workstream update - Primary Care Covid Update	Date of report	5 August 2020	Agenda Item	2.3
Lead Director / Manager	Tony Hoolaghan / Paul Sinden	Email / Tel		t.hoolaghan@nhs.net p.sinden@nhs.net	
GB Member Sponsor	Dr Jo Sauvage, Chair, NCL CCG Dr Charlotte Benjamin, Vice-Chair, NCL CCG Paul Sinden, Executive Director, Performance and Planning, and Tony Hoolaghan, Executive Managing Director Haringey and Islington Borough Directorates				
Report Author	Sarah Mcilwaine	Email / Tel		sarah.mcilwaine@nhs.net	
Name of Authorising Finance Lead	Becky Booker, NCL Director of Financial Management	Summary of Financial Implications			
		As at Month 3, £6m of COVID-19 costs have been reclaimed, summarised at: <ul style="list-style-type: none"> • £2.4m increased 111 capacity • £1.7m hot hubs • £1.2m PPE / equipment • £0.4m bank holiday payments • £0.2m care home LCS • £0.1m other 			
Report Summary	<p>This report summarises the main areas of focus of the primary care COVID-19 response workstream since the last update to the Committee in July 2020. It focuses on:</p> <ol style="list-style-type: none"> 1. The COVID-19 symptoms services in general practice (the clinical model) 2. Development of the GP Recovery work, including an initial conversation to support the development of an NCL General Practice Provider Alliance <p>COVID-symptom services (sites and home visiting) were mobilised rapidly in NCL in April. Commissioners and providers (NCL GP federations) have worked closely since then to regularly review the service, scaling this down to two sites and five home visiting services, then five home visiting services, based on actual activity levels. In the last month we have also:</p> <ul style="list-style-type: none"> - Developed an NCL practice survey – to understand practice capacity and capability. (Results not available at time of writing) - Developed an NCL practice self-assessment tool, to support all NCL practices in delivering face to face care, while reducing the risk of infection and transmission (Results not available at time of writing) - Supported practices in the completion of demographic risk assessments for staff (including NCL-hosted national webinar and dedicated webinar training sessions delivered by NCL Training Hubs) <p>The data from the pieces above will inform the development of the NCL COVID-services model from August; NCL's six GP Federations have been asked to</p>				

	<p>submit collaborative plan to describe how a COVID home visiting service will be delivered at scale for NCL.</p> <p>In terms of the GP Recovery programme, three task and finish groups, co-chaired by PCN clinical directors, focused on:</p> <ul style="list-style-type: none"> - Patient experience and access - Workforce and resilience - MDT working <p>The focused groups were identified as priority areas by the overarching GP Recovery Group. The individual groups met two-three times in June and July and have developed a range of suggestions for the emerging model for general practice. The suggestions, ranging from improving digital exclusion, to the management of e-referrals, to use of Training Hubs to support PCN recruitment are being reviewed (patient/ public and clinical lens) in order to identify which need to be prioritised. The draft priorities will be shared with the GP Recovery Group (20 August) with a plan and timetable for engagement – with practices and public. The final list of priorities will be shared with the Committee at the next meeting.</p> <p>To ensure there is strong, united general practice provider voice representation in NCL, we have also held an initial workshop (16/7) with PCN clinical directors, LMC chairs and Londonwide representatives, NCL GP federations and local 111 and out of hours providers, as the start of a discussion to develop an NCL GP Provider Alliance.</p>
Recommendation	To NOTE the work undertaken to date, and the key areas for further development as primary care recovery continues.
Identified Risks and Risk Management Actions	See separate primary care risk log
Conflicts of Interest	Not Applicable
Resource Implications	There may be resource implications linked to development of GP model. These will need to be worked up in more detail.
Engagement	<p>Member practices have been engaged and consulted throughout the workstream through weekly webinars with Jo Sauvage for all practices, and through requests for feedback and input via the GP bulletin, targeted surveys and other communications channels.</p> <p>Three GP-focused recovery groups were co-chaired by PCN clinical directors, and involve clinicians, including governing body members and primary care network clinical directors, and the LMC. Further clinically-led engagement on the emerging model, including national operating guidance, will take place over August and September.</p> <p>Patient engagement will be undertaken on the emerging model for general practice (engagement plan under development; proposal is for patient engagement to be led by Healthwatch), and through the long term conditions steering group, and more broadly in NCL work</p>
Equality Impact Analysis	Not applicable (however the appendix below summarises our work to date on covid-19 demographic risk assessments for primary care staff).

Report History and Key Decisions	The Committee received an update on this work in July 2020.
Next Steps	Ongoing monitoring / progression as part of GP recovery work
Appendices	Appendix 1 - Primary care workstream areas

Appendix 1: Primary care workstream areas

	Scope / Context	Update since last report
<p>Clinical Model and recovery planning</p>	<p>Covid symptom sites, home visiting, infection control, phlebotomy, imaging, estates</p> <p>Services mobilised rapidly in April, and have been scaled down since then based on activity.</p> <p>Regular review of services (4-6 weeks) has enabled scaling down of services, and now development of at scale model for home visiting for NCL</p>	<p><u>Clinical model</u> Total triage continues Remote consultations now available at 99% of NCL practices (need to be mindful of impact on GP workload) Some practices starting to see own patients with suspected COVID-19. Continued need for COVID-19 specific services for other practices. Development of:</p> <ul style="list-style-type: none"> - NCL practice survey (results not available at time of writing) - Practice self-assessment tool (IP&C focus) - Support to complete demographic risk assessments - Exploration of roll out of experiential IP&C training to all practices (GP-specific) <p><u>COVID-19 specific services</u> To provide an at-scale service the Federations were proposing to work as an alliance through a lead provider model (plans expected on 10 August 2020), not precluding those practices who want to manage their own patients.</p> <ul style="list-style-type: none"> • The model would be informed by results from the practice survey, practice self-assessments, and service triggers for scaling services up and down in line with covid symptom levels; • Key principles for the scalable model include: <ul style="list-style-type: none"> ➢ Number of patients needing face to face home visit could be kept very low if rest of the model was right (clinical triage /practice support for IPC); ➢ The service model needed to be easily scalable; ➢ Service to be supported by access to sats probes. A stocktake on the probes would be undertaken to see if further capacity was required; ➢ Service would need full EMIS access, supported by data sharing agreements signed by practices. EMIS access was a pre-requisite for mobilisation and support to get this from GPIT was agreed; • The collated results from the practice surveys would be shared in week commencing 3rd August, to inform service planning; • CCG analytical support would be provided to support the service development and delivery of a scalable service model; • The service model would consider a change to patient eligibility criteria, perhaps with a differential approach for the home visiting service and advice; • The CCG comms team would work to streamline comms (learning from wave 1 of covid)

	Scope / Context	Update since last report
		<p><u>Recovery</u> Development of practice self-assessment tool, to support restoration of routine care, with a focus on reducing risk of transmission in general practice – issued to all NCL practices in July.</p> <p>Exploration of roll out of experiential infection prevention and control training, general practice specific, for all 200+ NCL practices.</p> <p>NHS Phase 3 letter (31/7/2020) – planning for delivery</p> <p>Emerging themes from GP Recovery work focusing on:</p> <ul style="list-style-type: none"> - Patient experience and access - Workforce and resilience - Multi-disciplinary working <p>GP Recovery Group meeting on 20/8 to review prioritised suggestions and agree plan for engagement.</p>
<p style="text-align: center;">Clinical Leadership & Communications</p>	<ul style="list-style-type: none"> • Comms, webinars, GP bulletin 	<ul style="list-style-type: none"> - Twice weekly webinars (one for GB clinicians and NCL CCG clinical leads, and one for all NCL practices) continue – focused topics include updates on developing borough partnerships, mental health services in NCL, demographic staff risk assessments (in collaboration with national medical director for primary care, NHSEI) - Twice weekly GP bulletins - Development of instant messaging/ newsreel capability to general practice PCs via Digital Team - Weekly NCL check in with Londonwide LMC <p><u>Clinical leadership</u></p> <ul style="list-style-type: none"> - Six PCN clinical directors led the GP Recovery task and finish groups - Initial discussion with PCN CDs, LMC and GP Federations to inform development of NCL General Practice Provider Alliance (16/7) - Continued primary care clinical leadership via regular meetings, and on primary care workstream meetings - Borough webinars / forums with practices and clinical directors on specific topics e.g. end of life, children and young people, developments in primary / secondary care interface issues e.g. phlebotomy

**North Central London CCG
Primary Care Commissioning Committee
20 August 2020**

Report Title	Primary care workstream update - New GP Contract Update including Primary Care Network Development	Date of report	4 August 2020	Agenda Item	2.4
Lead Director / Manager	Tony Hoolaghan / Paul Sinden	Email / Tel		t.hoolaghan@nhs.net p.sinden@nhs.net	
GB Member Sponsor	Dr Jo Sauvage, Chair, NCL CCG Dr Charlotte Benjamin, Vice-Chair, NCL CCG Paul Sinden, Executive Director, Performance and Planning, Tony Hoolaghan, Executive Managing Director Haringey and Islington Borough Directorates				
Report Author	Sarah Mcilwaine	Email / Tel		sarah.mcilwaine@nhs.net	
Name of Authorising Finance Lead	Becky Booker, Director of Financial Management, NCL CCG	Summary of Financial Implications			
		The total PCN DES budget which forms part of the overall Primary Care Delegated allocation is £19.1m of which £11.4m supports the Additional Roles Reimbursement Scheme.			
Report Summary	<p>This report provides an update on the new GP Contract and PCN development. An update to the contract was announced on Thursday 6 February 2020. A refreshed NCL action plan is being developed for the GP Contract. This will be shared with the Committee at its next meeting.</p> <p>By way of background, the new GP Contract five-year framework, Investment and Evolution, was published at the end of January 2019. It outlined national policy and strategic direction for developing primary care and making it sustainable.</p> <p>Towards the end of 2019, NHS England/ Improvement published the draft PCN DES service specifications for engagement (until early January). The specifications generated a significant amount of feedback, including feedback from many partners in NCL (included as an appendix for information). NHSE/I responded to all feedback, noting it would be considered in light of the draft specifications.</p> <p>NHSE/I and the BMA agreed the 2020/21 GP contract deal, including the DES specifications. An update to the contract was published on Thursday 6 February. This agreement updates and enhances the existing five-year GP contract deal: Investment and Evolution.</p> <p>Headlines included:</p>				

1. Major enhancements to the Additional Roles Reimbursement Scheme to help secure 26,000 additional staff:
 - Additional 6,000 staff funded under and more roles added to the Scheme (pharmacy technicians; dieticians, care coordinators, health coaches; podiatrists and occupational therapists) reimbursement for the 26,000 roles increases from 70% to 100%; further flexibility in the Scheme's rules; CCGs and systems are expected to explore different ways to support PCNs to recruit
2. Measures to support GP training, recruitment and retention, to help deliver 6,000 more doctors in primary care (£94m to address recruitment and retention issues, including Partnership Premium of £20,000; greater proportion of GP training time spent in general practice)
3. Renewed focus on improving access to general practice (including use of the national Investment and Impact Fund)
4. Further improvements to QOF, with significant reforms to the asthma, COPD and heart failure QOF domains, and a new indicator on non-diabetic hyperglycaemia (18 points). In 20/21, the QOF QI modules are learning disabilities and supporting early cancer diagnosis
5. Revisions to vaccination and immunisation payments to improve coverage
6. Maternity medical services to become an essential service; universal 6-8 week post-natal check introduced for new mothers
7. PCN DES specifications for Structured Medication Review and Medicines Optimisation, Enhanced Health in Care Homes, and Supporting Early Cancer Diagnosis significantly improved in light of consultation responses. To be introduced in 20/21
8. Incentives under the new Investment and impact Fund to be introduced in 20/21; to reward PCNs for delivering against the NHS Long Term Plan
9. Improvements to the Network Contract DES registration process and updates to the Network Agreement

The full details are in Update to the GP contract agreement 2020/21 to 2023/24: <https://www.england.nhs.uk/gp/investment/gp-contract/> .

Prior to the pandemic, NCL CCGs (as was) had developed an action plan aligned to the GP contract, in order to describe each requirement and assigning responsibility for each area; some elements sit with PCNs and clinical directors, other areas are the responsibility of commissioners. The action plan incorporated all elements of the contract from contractual requirements to workforce planning to the seven incoming DES specifications.

The plan included a focus on three of the earlier PCN DES specifications; this detail was developed in collaboration with PCN clinical directors and wider stakeholders including local authorities and the cancer alliance:

- Improving earlier cancer diagnosis
- Structured medication reviews (1 October)
- Enhanced health in care homes (1 October)

One of the key considerations in refreshing the plan is to review any potential for overlap between existing locally commissioned services and the impact of the DES on these, to confirm there is no overlap, or to identify possible areas of duplication. The contract is clear that there should be no de-commissioning of existing locally commissioned services until the DES requirements commence. For example, for care homes, this will be 1 October 2020. Where the requirements in an existing LES/ LIS exceed those in the DES, commissioners must work with PCNs and LMCs to consider maintain the higher level of service provision to patients. All funding previously invested by the CCG in locally commissioned services, which are then delivered through the DES, must be reinvested within primary medical care.

	<p>During the pandemic, the focus has been on maintaining the delivery of care in general practice, with less emphasis on preparing for the PCN DES specifications. NCL CCG is now in the process of refreshing the GP Contract action plan. The plan is in the process of being refreshed in light of the pandemic, GP recovery and new deadlines. The plan will be shared with the Committee for information next month.</p>
Recommendation	To NOTE the work undertaken to date, and the key areas for further development.
Identified Risks and Risk Management Actions	<i>Managing PCNs in line with local strategies and to avoid potential conflicts of interest.</i> All NCL CCG governing bodies have updated their registers of interest, with all practice staff board members updating the register with the name of their PCN, and where appropriate noting their role as a clinical director, or as a payee practice.
Conflicts of Interest	All GP Committee members have updated relevant registers of interest.
Resource Implications	Not applicable
Engagement	n/a
Equality Impact Analysis	Not applicable (however the appendix to the GP Recovery programme (item xxxx) summarises our work to date on covid-19 demographic risk assessments for primary care staff). The report was written in accordance with the provisions of the Quality Act 2010.
Report History and Key Decisions	The Committee received an update on this work in February 2020.
Next Steps	Agree clinical and management leads for individual areas within PCN DES mobilisation plan, to support mobilisation of the specifications.
Appendices	n/a



North Central London CCG
Primary Care Commissioning Committee
20 August 2020

Report Title	Primary Care Estates Strategy	Date of report	12 August 2020	Agenda Item	2.5
Lead Director / Manager	Paul Sinden	Email / Tel		p.sinden@nhs.net	
GB Member Sponsor					
Report Author	Nicola Theron NCL Director of Estates North London Partners in Health and Care	Email / Tel			
Name of Authorising Finance Lead					
Report Summary	The report provides a update presented to the CCG's Finance Committee in July				
Recommendation	To NOTE the report				
Identified Risks and Risk Management Actions					
Conflicts of Interest	Not Applicable				
Resource Implications					
Engagement					
Equality Impact Analysis					
Report History and Key Decisions	The CCG's Finance Committee received an update on this work at its meeting on the 23 July 2020.				
Next Steps					
Appendices					



NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



Estates update to
Primary Care Committee
August 2020
Nicola Theron – STP Director of Estates

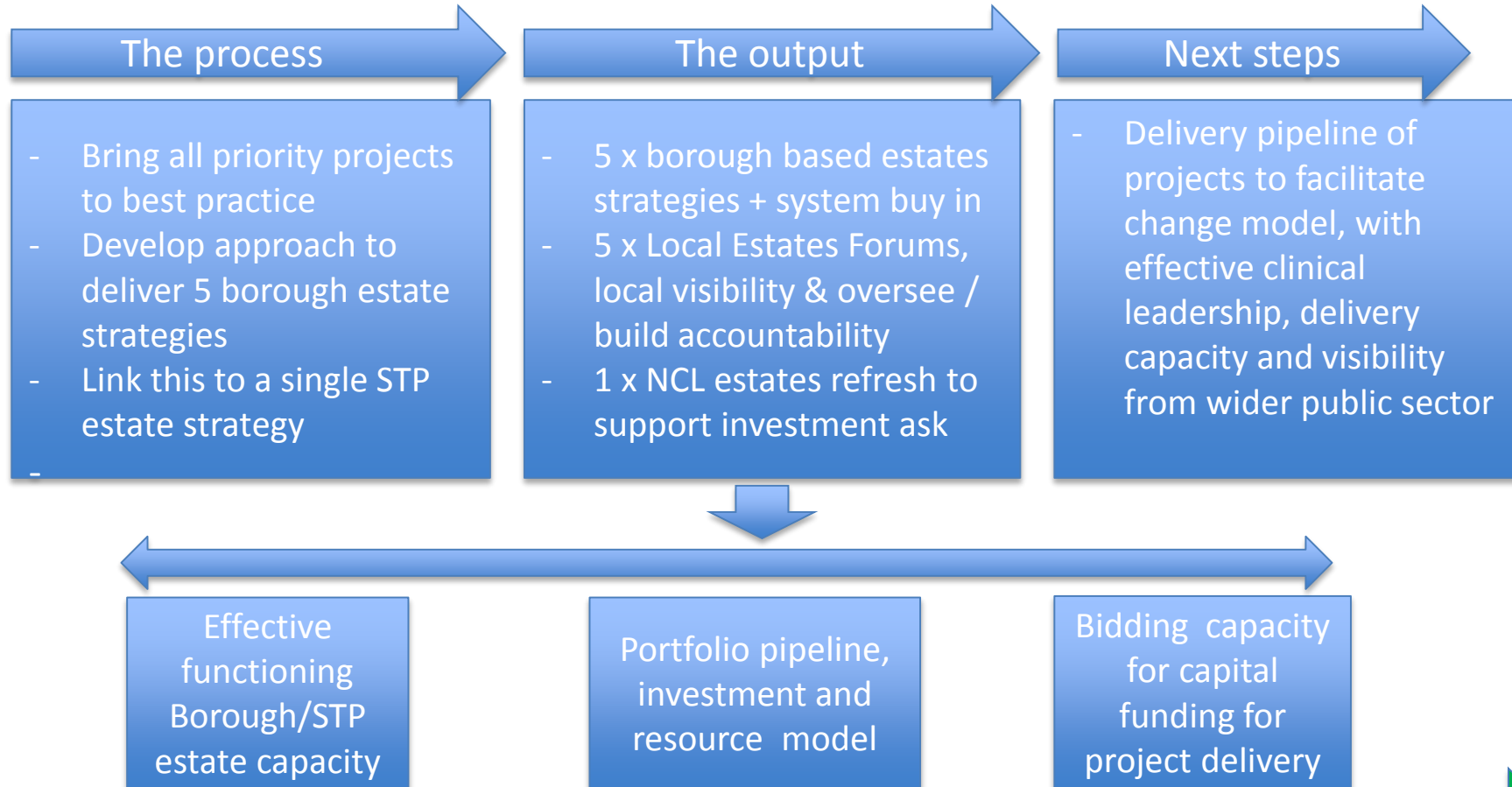
Key headlines

- Estates strategy refresh (March 2020) highlighted;
 - Need to use our strategic hubs harder through closer alignment with local commissioning;
 - Opportunity this gives us to develop primary care at scale and Local Care agenda;
 - Facilitates disinvestment from poor quality space, to release value and invest elsewhere;
 - This balances NCL's investment profile into primary and community care alongside acute;
 - And facilitate investment to address population growth and health inequalities.
- To be achieved through
 - Building on Phase 1 locality planning (Oct 2019) to establish key principles;
 - To support phase 2, testing through Covid, Digital by Default, Local Care and local objectives;
 - With Local Estate Forums/Primary & Community Board/EB for governance & information;
 - Strong partnership working with key partners (propcos, council etc)
 - To identify leadership, capacity, capability and funding requirements around delivery.
- Output being
 - Priority capital pipeline with Business Case "ready"
 - Borough and Locality/PCN infrastructure narrative to support affordable case for change
 - To engage and create buy in and explore alternative sources of income



Locality planning

Phase 2 – the ambition



Locality planning - a cornerstone of NCL's strategic estate planning ambition

NCL STP

20/21 Community & Primary Care Capital and Revenue Pipeline*

Borough	Total projects - Nos**	Primary Care projects - £	Community projects - £	Total funding - £	Funded projects								
					ETTF/IG - £	Council/OPE - £	Trust (Housing) - £	CHP/PS - £	S106/CIL - £	GP/landlord funded - £	Overall funding gap - £	20/21 Capital funding gap - £	20/21 Revenue funding gap - £
Barnet	92	22,736,534	7,484,000	30,220,534	2,033,142	5,000,000	0	1,500,000	14,822,700	469,892	6,394,800	3,394,800	491,334
Camden	77	9,978,200	3,940,000	13,918,200	26,400	0	1,000,000	5,265,000	6,950,000	13,600	663,200	663,200	383,334
Enfield	89	7,227,940	6,600,000	13,827,940	520,928	0	0	0	4,025,000	5,613,812	3,668,200	1,568,200	155,000
Haringey	85	13,051,000	8,139,389	21,190,389	8,320,449	0	0	500,000	0	4,880,000	7,489,940	1,001,000	1,586,333
Islington	74	14,721,330	1,750,000	16,471,330	1,008,266	0	0	1,200,000	1,000,000	2,024,864	11,238,200	1,238,200	950,000
Total	417	67,715,004	27,913,389	95,628,393	11,909,185	5,000,000	1,000,000	8,465,000	26,797,700	13,002,168	29,454,340	7,865,400	3,566,001

*Values are draft indicative numbers subject to completion of Locality Planning Phase 2 project prioritisation in Sep/Oct 20.

** Includes request for £424k +VAT, for 212 practices across NCL - £2k +VAT per practice

Where are we

- Leadership and strategic resource in place
- Emerging Local Estate Forums taking local ownership
- Locality planning phase 2 underway
- Baseline primary and community capital plan

And next steps

- How best to achieve “ownership” by strategic commissioning functions of wider estates agenda
- Wider recognition of LEF as “place where the borough estates discussion takes place”
- How to ensure consistent ICS approach to NCL estate deliverables
- Importance of Primary Care Estates SRO for Locality Planning



North Central London
Clinical Commissioning Group

**North Central London CCG
Primary Care Commissioning Committee
20 August 2020**

Report Title	Commissioning Decisions on PMS Agreement Changes	Date of report	20 July 2020	Agenda Item	3.1
Lead Director / Manager	Paul Sinden, NCL Director of Performance, Planning and Primary Care	Email / Tel			
GB Member Sponsor	Not Applicable				
Report Author	NLPHC GP Commissioning	Email / Tel		0203 688 1993 england.lon-nc-pcc@nhs.net	
Name of Authorising Finance Lead	Not applicable	Summary of Financial Implications Not applicable			
Report Summary	Detail of the request to vary PMS Agreements and any conditions to be applied				
Recommendation	Approval of the proposed changes outlined below and any conditions				
Identified Risks and Risk Management Actions	Not maintaining the stability of the agreement. The risk can be mitigated by approving the variations with appropriate conditions.				
Conflicts of Interest	Not applicable				
Resource Implications	Not applicable				
Engagement	Not applicable				
Equality Impact Analysis	Not applicable				
Report History and Key Decisions	Not applicable				
Next Steps	Issue appropriate variations with conditions where applicable				
Appendices	Not applicable				

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4 Table of requested PMS Agreement Changes	4

1 Executive summary

The below table summarises the Agreement Changes requested by PMS Practices in NCL. The corresponding CCG is asked to make determination for the PMS Agreement Changes in their area.

2 Background

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

3 Appointment benchmarking

As a part of the due diligence undertaken when assessing PMS Practices' requests to vary the PMS Agreement, the number of GP appointments offered by the Practice is assessed. All weekly GP appointments (face to face, telephone, home visit) are totalled and compared to the benchmark of 72 appointments per 1000 patients per week. This figure is a requirement in all new Standard London APMS contracts and is described in the BMA document Safe working in general practice¹ as developed by NHS England via McKinsey but widely accepted.

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

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

4 Table of requested PMS Agreement Changes

Practice	Borough location	List Size 01/07/20	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
E83008 Heathfield Medical Centre	Barnet	8695	Practice is a member of CHIN 6/PCN 6 PCN, comprising: <ul style="list-style-type: none"> • 7 Practices • 50535 patients at 01/07/2020 	Resignation of Dr Lisa Anderson from PMS Agreement (notification received 18/06/20)	<p>Dr Anderson's departure from the agreement will leave 4 GPs on the PMS Agreement to take effect from a retrospective date of 01/08/20. The practice will employ an extra salaried GP to ensure continuity of service and sessions offered (Dr Anderson provides 2 sessions per week).</p> <p>Clinical sessions/Appointments provided</p> <ul style="list-style-type: none"> • 467 GP appointments per week • 28 GP sessions per week • 160 nurse appointments per week • 8 nurse sessions per week <p>Recommended Guide</p> <ul style="list-style-type: none"> • 627 GP appointments per week • 33 GP sessions per week • 279 nurse appointments per week • 15 nurse sessions per week <p>There is a shortfall in both GP and Nursing appointments and sessions based on the current list size. Increasing the level of appointment/session provision will be a condition of approval, and the practice has been made aware of recommended figures.</p>	To approve a retrospective variation to take effect on 01/08/20

OFFICIAL

Practice	Borough location	List Size 01/07/20	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
E83031 The Village Surgery	Barnet	5278	Practice is a member of CHIN 2/PCN 2 Network, comprising: <ul style="list-style-type: none"> • 7 Practices • 60548 patients at 01/07/2020 	Addition of Dr Sandeep Tanna to PMS Agreement (notification received 14/07/20)	<p>Dr Tanna will become the second signatory to the PMS Agreement with effect from 17/08/20. The Village Surgery has been a single-handed practice since Dr McElligott's departure in July 2019.</p> <p>As well as additional stability provided by two GP partners instead of one, the practice expects a reduction in locum sessions required and to improve both patient care and continuity of service. The practice also plans to continue offering extended access through the GP Federation, and will be looking to provide this in-house once the second partner has started.</p> <p>Clinical sessions/Appointments provided</p> <ul style="list-style-type: none"> • 565 GP appointments per week • 19 GP sessions per week • 170 nurse appointments per week • 9 nurse sessions per week <p>Recommended Guide</p> <ul style="list-style-type: none"> • 381 GP appointments per week • 21 GP sessions per week • 169 nurse appointments per week • 9 nurse sessions per week <p>The practice is providing appointments in excess of the recommended guide figures.</p>	To approve a retrospective variation to take effect on 17/08/20

OFFICIAL

Practice	Borough location	List Size 01/07/20	PCN membership	Agreement Change	Comment Recommended guide based on: 72 GP appointments per 1000 patients Apps x 10 min (app) / 180 (3 hour session)	Recommendation to committee
F83057 Parliament Hill Medical Centre	Camden	7711	Practice is a member Kentish Town Central, comprising: <ul style="list-style-type: none"> • 3 Practices 32337 patients at 01/07/2020	Add Dr Ann Marie-Tully onto PMS agreement effective from 01/09/20	<p>Parliament Hill Medical Centre is currently a single handed practice, the addition of Dr Ann Marie-Tully will be the PMS agreement up to two signatories.</p> <p>Clinical sessions/Appointments provided</p> <ul style="list-style-type: none"> • 437 GP appointments per week • 34 GP sessions per week • 84 nurse appointments per week • 5 nurse sessions per week <p>Clinical sessions/Appointments provided</p> <ul style="list-style-type: none"> • 559 GP appointments per week • 32 GP sessions per week • 256 nurse appointments per week • 15 nurse sessions per week <p>There is a shortfall of GP appointments but the practice provides appoints between 10-15 minutes and currently offer 34 GP sessions which is above the recommended amount.</p> <p>There is a shortfall of nursing appointments and sessions and the practice is currently reviewing ways to increase provision</p>	To approve effective from 01/09/20



**North Central London CCG
Primary Care Commissioning Committee Meeting
20 August 2020**

Report Title	Primary Care Commissioning Committee Risk Register	Date of report	12 August 2020	Agenda Item	4.1
Lead Director / Manager	Paul Sinden, Executive Director of Performance & Assurance	Email / Tel		p.sinden@nhs.net	
GB Member Sponsor	Not Applicable				
Report Author	Paul Sinden, Executive Director of Performance & Assurance	Email / Tel		p.sinden@nhs.net	
Name of Authorising Finance Lead	Not Applicable	Summary of Financial Implications This report assists the CCG in managing its most significant financial risks.			
Report Summary	<p>This report provides an overview of material risks falling within the remit of the Primary Care Commissioning Committee ('Committee') of North Central London CCG.</p> <p>There are 4 risks that reach the threshold of 12 or higher for inclusion on the Primary Care Commissioning Committee Risk Register.</p> <p>At the Committee in July 2020 it was agreed that the material risks from the primary care COVID-19 report would be incorporated into the Committee register. The report has therefore been amended to incorporate:</p> <ul style="list-style-type: none"> • Communication risks with practices during Covid given the volume of guidance and service changes in response to the pandemic; • Maintaining practice capacity, including staff, during the pandemic; • Practice access to personal protective equipment. <p>Key Highlights:</p> <p>PERF4: <i>Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat):</i> This risk is a response to regulatory action that has been taken with a series of practices recently following "inadequate" or "requires improvement" ratings following Care Quality Commission (CQC) inspections. Action in some cases has included having to put in place caretaking arrangements at practices at very short notice.</p> <p>The aim of the risk is to promote earlier recognition of struggling practices, and ensure that support is provided before regulatory action is required.</p>				

In August 2020 national guidance on financial support for practices during COVID-19 was published, and this is being compared to the local support package put in place from April 2020 for consistency. The local support offer includes a central clinical triage and home visiting service to treat Covid positive patients separately, training for infection preventions control, and temporary guarantees for areas of performance related pay including Quality Outcomes Framework and Locally Commissioned Services.

The workforce and resilience workstream for primary care recovery (from first wave of the pandemic) has a focus on supporting and early identification of struggling practices.

At the height of the pandemic the CQC paused regulatory action with the exception of cases with a risk to patient safety.

This risk is rated 12.

PERF9: *Inadequate support from Primary Care Support England (Capita contract) for general practices (Threat):*

List cleaning activities were suspended at the request of NHS England in March 2020 due to Covid and are yet to recommence. Current reporting does not enable us to report at CCG level but this will be developed once NHS England have written to GPs informing them of the recommencement of the activity.

Prior to COVID-19, in October 2019, Capita commenced a list cleansing programme for 6 population cohorts:

1. Patients registered as living at a demolished address
2. Children Under 16 and registered as the sole occupant at an address
3. Patients aged Over 100
4. Transient patients who have been registered with a GP for 12 months
5. Patients who live in a house of multiple occupancy (10 or more residents)
6. Students who have been registered for four or more years

Patients whose registration was not confirmed by either the GP practice or the patient themselves between October 2019 and March 2020 were placed on an FP69 (as a 6-month deduction notice). Due to the process timescales for response FP69s were not added to patient records until Feb 2020 and will run for 6 months until August when the first patients will begin to be removed.

The three-year list reconciliation project began in January 2019 was also interrupted by Covid. The original preliminary dates for when Primary Care Support England (PCSE) would undertake Borough-based audits are set out below, and the Committee will be advised of the new dates once received:

- Barnet - 15/06/2020
- Camden - 26/07/2021
- Enfield - 14/06/2021
- Haringey - 07/09/2020
- Islington - 03/08/2020

This risk is rated 16.

PERF15: *Failure to address variation in Primary Care Quality and Performance across NCL (Threat):* Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include:

- Plans to further develop Primary Care Networks (PCNs) through the introduction of the service specifications in the Direct Enhanced Service (DES) following agreement of the 2020/21 GP contract with the BMA;
- PCNs have received funding for their development including support for Clinical Directors;

- Use of GP Forward View monies from NHS England to support the development of primary care networks and GP Federations, and develop a resilience programme for general practice;
- The new GP contract also introduces a greater quality improvement focus in the Quality Outcomes Framework and incentives under the new Investment and impact Fund to be introduced in to reward PCNs for delivering against the NHS Long Term Plan;
- Models for mutual aid across practices established during COVID-19 including hot site and home visiting service, and training for practices in managing COVID-19 patients

This risk is rated 12.

PERF18: Primary care workforce development (Threat): The updated GP contract for 2020/21 places additional emphasis on the importance of funding and flexibility for workforce development and includes

- Major enhancements to the Additional Roles Reimbursement Scheme to help secure 26,000 additional staff - Additional 6,000 staff funded under and more roles added to the Scheme (pharmacy technicians; dieticians, care coordinators, health coaches; podiatrists and occupational therapists) reimbursement for the 26,000 roles increases from 70% to 100%; further flexibility in the Scheme's rules; CCGs and systems are expected to explore different ways to support PCNs to recruit;
- Measures to support GP training, recruitment and retention, to help deliver 6,000 more doctors in primary care (£94m to address recruitment and retention issues, including Partnership Premium of £20,000; greater proportion of GP training time spent in general practice).

This risk is rated 12.

Covid 11: Trust and Confidence of Member Practices (Threat): This risk has been offset to date through the use of weekly webinars with practices, the use of twice weekly GP Bulletins to distil national guidance, and updates to the GP Website. A Primary Care COVID meeting has also been established with clinical commissioning leads to agree service models and resilience support to address the COVID-19 pandemic.

This risk is rated as 8.

Covid 12: Capacity in General Practice (Threat) Actions to ensure that there is sufficient capacity in general practice to manage demand include:

- Increasing availability of staff testing for General Practice;
- GP practices moving to "telephone first" model where majority of consultations will be carried out on the phone. GP Federations leading on providing GPs with equipment and remote access to EMIS to allow them to work remotely to provide these consultations;
- Returning staff to General Practice;
- Creation of "hot sites" and home visiting services in each borough to ensure that covid-19 positive patients who need to see a GP in person can be diverted to specifically setup sites / seen at home, to reduce number of General Practice staff who will be in contact with this group;
- Practice 'buddying' arrangements via their Primary Care Networks;
- Primary Care SITREPs reporting to support early warning system.

This risk is rated as 12.

Covid 14: Personal Protective Equipment (Threat): Actions to enable primary care to have access to PPE supplies include:

	<ul style="list-style-type: none"> • Dedicated PPE support for NCL GP practices from NCL CCG staff - named staff member; • Streamlining ordering and giving practice clear information on ordering; • Promotion of mutual aid; • Delivering PPE to sites that have run out/low stock; • Plugging practices into the NCL PPE work programme; • Cascading PPE new guidance to all NCL practices.
Recommendation	The Committee is asked to NOTE the report and the risk register, provide feedback on the risks included, and, identify if there are any new or additional strategic risks.
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 CCG's conflict of interest policy.
Resource Implications	This report supports the CCG in making effective and efficient use of its resources.
Engagement	This report is presented to each Committee meeting. The Committee includes clinicians and lay members.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Primary Care Commissioning Committee Risk Register is presented at each Committee meeting.
Next Steps	To continue to manage risk in a robust way.
Appendices	<p>Appendices are:</p> <ol style="list-style-type: none"> 1. Primary Care Commissioning Committee Risk Register; 2. The Committee Risk Tracker; and, 3. Risk scoring key.

Primary Care Commissioning Committee Risk Register - August 2020																								
ID	Risk Owner	Risk Manager	Objective	Risk	Consequence (Initial)	Likelihood (Final)	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 (Final)	Likelihood (Final)	Rating (Final)	Committee	Strategic Update for Committee	Date of Last Update	Status
PERF 4	Paul Sinden - Executive Director of Performance & Assurance			<p>Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat)</p> <p>CAUSE: If there are delays in identifying struggling practices</p> <p>EFFECT: There is a risk that greater number of practices will go through regulatory processes and receive poor Care Quality Commission ratings</p> <p>IMPACT: This may result in more practices receiving formal contract remedies for completion, more caretaking arrangements being in place, more list dispersals / procurements being undertaken, and practices not being aligned with primary care networks</p>	5	4	20	<p>C1. Committee performance and quality report</p> <p>C2. Established NCL early Warning System working group</p> <p>C3. Resilience programme and supporting funding</p> <p>C4. Primary care at scale developed through GP Federations</p> <p>C5. Establishing Primary Care Networks</p> <p>C6. Development of Quality Improvement Support Teams (QISTs) through health and care closer to home STP workstream</p> <p>C7. Primary Care COVID-19 recovery workstream for workforce and resilience established</p> <p>C8. Practice finance resilience support package established to project practice income and support additional costs incurred due to covered</p>	<p>C1. Committee reports</p> <p>C2. Meeting notes</p> <p>C3. Meeting notes and practice correspondence</p> <p>C4. CCG Committee papers</p> <p>C5. Committee in Common papers</p> <p>C6. Meeting notes and practice correspondence</p> <p>C7. Meeting notes and recovery plan</p> <p>C8. Meeting notes and support package</p>	Average	3	4	12	<p>CN1. Development of NCL framework for the early warning system</p> <p>CN2. Further development of performance and quality report to provide triangulated view of practice performance</p> <p>CN3. Development of practice resilience programme through the primary care recovery programme</p> <p>CN4. Determination of financial support package for covered for the rest of 2020/21</p>	<p>A1. Development of framework through the workforce and resilience workstream in primary care recovery programme</p> <p>A2. Update the quality and performance report in line with July 2020 committee requests and stocktake of Borough reports</p> <p>A3. Finalise action plan from workforce and resilience workstream</p> <p>A4. Agree CCG support programme for practices for 2020/21, including any ongoing covid support</p>	<p>A1. 31.08.2020</p> <p>A2. 31.08.2020</p> <p>A3. 31.07.2020</p> <p>A4. 30.09.2020</p>	<p>A1. Workforce and resilience task and finish group meetings completed, with recommendations for next steps and action plan.</p> <p>A2. Report updated for August 2020 Committee</p> <p>A3. Action plan from workforce and resilience workstream in development</p> <p>A4. Support package in place for Q1 and Q2 2020/21</p>	2	3	6	Primary Care Commissioning Committee	<p>This risk is a response to regulatory action that has been taken with a series of practices recently following 'inadequate' or 'requires improvement' ratings following Care Quality Commission (CQC) inspections. Action in some cases has included having to put in place caretaking arrangements at practices at very short notice.</p> <p>The aim of the risk is to promote earlier recognition of struggling practices, and ensure that support is provided before regulatory action is required.</p> <p>In August 2020 national guidance on financial support for practices during COVID-19 was published, and this is being compared to the local support package put in place from April 2020 for consistency. The local support offer includes a central clinical triage and home visiting service to treat COVID-19 positive patients separately, training for infection prevention control, and temporary guarantees for areas of performance related pay including Quality Outcomes Framework and Locally Commissioned Services.</p> <p>The workforce and resilience workstream for primary care recovery (from first wave of the pandemic) has a focus on supporting and early identification of struggling practices.</p> <p>At the height of the pandemic the CQC paused regulatory action with the exception of cases with a risk to patient safety.</p>	12/08/2020	Open
PERF 9	Paul Sinden - Executive Director of Performance & Assurance	Vanessa Piper -		<p>Inadequate support from Primary Care Support England (Capita contract) for general practices (Threat)</p> <p>CAUSE: If the primary care support services provided by Capita do not operate effectively and in line with the contract held by NHS England</p> <p>EFFECT: There is a risk that support to general practices falls below the standard required to support effective service delivery</p> <p>IMPACT: This may result in risks to business continuity of GP services, reduce the quality of service to primary care users, and result in cost pressures to budgets delegated to CCGs</p>	4	4	16	<p>C1. Monthly report from Local Medical Committee to NHS England (London) primary care team on practice issues accruing from the contract</p> <p>C2. Contract management by NHS England</p> <p>C3. National Audit Office (NAO) report on Capita Contract</p> <p>C4. Inclusion of independent contractors on operational review group for London</p> <p>C5. Capita schedule for restarting practice list cleansing process</p>	<p>C1. Meeting notes</p> <p>C2. Contract meeting notes</p> <p>C3. Audit report</p> <p>C4. Meeting notes</p> <p>C5. Committee papers</p>	Week	4	4	16	<p>CN1. Assurance on process and timeline for practice list cleansing</p> <p>CN2. Details of provider response to NAO findings and contract management meetings</p>	<p>A1. Obtain Capita schedule for list cleansing</p> <p>A2. Update on Capita Contract management through London Primary Care Management Board</p>	<p>A1. 20.06.2019</p> <p>A2. 30.06.2020</p>	<p>A1. High-level timeline provided to Committee in June 2019. Completed</p> <p>A2. NHS England Primary Care Management Board meetings discontinued during the COVID-19 pandemic.</p>	2	3	6	Primary Care Commissioning Committee	<p>List cleaning activities were suspended at the request of NHS England in March 2020 due to COVID-19 and are yet to recommence. Current reporting does not enable us to report at CCG level but this will be developed once NHS England have written to GPs informing them of the recommencement of the activity.</p> <p>Prior to COVID-19, in October 2019, Capita commenced a list cleansing programme for 6 population cohorts:</p> <ol style="list-style-type: none"> 1. Patients registered as living at a demolished address 2. Children Under 16 and registered as the sole occupant at an address 3. Patients aged Over 100 4. Transient patients who have been registered with a GP for 12 months 5. Patients who live in a house of multiple occupancy (10 or more residents) 6. Students who have been registered for four or more years <p>Patients whose registration was not confirmed by either the GP practice or the patient themselves between October 2019 and March 2020 were placed on an FP69 (as a 6-month deduction notice). Due to the process timescales for response FP69s were not added to patient records until Feb 2020 and will run for 6 months until August when the first patients will begin to be removed.</p> <p>The three-year list reconciliation project began in January 2019 was also interrupted by COVID-19. The original preliminary dates for when Primary Care Support England (PCSE) would undertake Borough-based audits are set out below, and the Committee will be advised of the new dates once received:</p> <ul style="list-style-type: none"> • Barnet - 15/06/2020 • Camden - 26/07/2021 • Enfield - 14/05/2021 • Haringey - 07/09/2020 • Islington - 03/08/2020 	12/08/2020	Open
PERF15	Paul Sinden - Executive Director of Performance & Assurance			<p>Failure to address variation in Primary Care Quality and Performance across NCL (Threat)</p> <p>CAUSE: If NCL CCG fails to identify and address variations in Performance and Quality</p> <p>EFFECT: There is a risk that practices across NCL will offer differential access and services for NCL residents</p> <p>IMPACT: This may result in plans to reduce health inequalities and move more care closer to home to be less effective than planned risking inferior patient experience and poor cost effectiveness</p>	4	4	16	<p>C1. Primary Care Committee supported by Practice and PCN based Quality and Performance Report</p> <p>C2. Establishment of Primary Care Networks</p> <p>C3. CCG work on resilience, sustainability and delivering primary care-at-scale through GP Forward View</p> <p>C4. NCL CCG Strategy for General Practice in place with a focus on at-scale provision and support</p> <p>C5. Establishment of CCG Quality Improvement Support Teams (QISTs) in each Borough</p> <p>C6. Primary Care Recovery plan has a workstream focusing on workforce and resilience</p>	<p>C1. Report</p> <p>C2. Committee papers</p> <p>C3. CCG papers</p> <p>C4. CCG Strategy</p> <p>C5. CCG papers and STP workstream papers</p> <p>C6. Primary Care covered papers and minutes</p>	Average	3	4	12	<p>CN1. Development of early warning system through primary care covered workforce and resilience workstream</p> <p>CN2. Implement Directed Enhanced Service (DES) for PCNs</p> <p>CN3. Further development of performance and quality report</p> <p>CN4. Reflect national guidance on phase two of managing covid in primary care in NCL plans</p>	<p>A1. Develop action plan for workforce and resilience workstream</p> <p>A2. PCNs enacting DES as they can through COVID-19</p> <p>A3. Revised report for Primary Care Committee and stocktake of Borough reports underway</p> <p>A4. Respond to requirements from national guidance</p>	<p>A1. 31.08.2020</p> <p>A2. 31.07.2020</p> <p>A3. 23.07.2020</p> <p>A4. 31.08.2020</p>	<p>A1. Primary Care Recovery meeting held on 9 July 2020 signed off task and finish group priorities, to be converted into action plan.</p> <p>A2. Network DES included in practice financial resilience support package</p> <p>A3. Quality and Performance report on Committee agenda for 23 July 2020</p> <p>A4. National guidance on primary care covid group agenda on 14 July 2020</p>	3	2	6	Primary Care Commissioning Committee	<p>Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include:</p> <ul style="list-style-type: none"> • Plans to further develop Primary Care Networks (PCNs) through the introduction of the service specifications in the Direct Enhanced Service (DES) • PCNs have received funding for their development including support for Clinical Directors; • Use of GP Forward View monies from NHS England to support the development of primary care networks and GP Federations, and develop a resilience programme for general practice; • The new GP contract also introduces a greater quality improvement focus in the Quality Outcomes Framework and incentives under the new Investment and impact Fund to be introduced in to reward PCNs for delivering against the NHS Long Term Plan; • Models for mutual aid across practices established during COVID-19 including hot site and home visiting service, and training for practices in managing COVID-19 patients 	12/08/2020	Open

PERF18	Paul Sinden - Executive Director of Performance & Assurance	Katherine Gerrans Workforce Programme Lead	Delivery of high quality, efficient services within available resources	Primary care workforce development (Threat): CAUSE: If the CCG 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 These will attract further investment in staffing. C2. The education programme for GPs, practice nurses and practice staff is in place. C3. Development funding in primary care strategy for practice managers, practice nurse and practice-based pharmacists is in place. C4. Blended roles for urgent care have been developed through Community Education Provider Network (CEPN) C5. Primary Care funds have been used to establish practice based pharmacists. C6. Workforce development team in place in the CCG C7. New GP contract (February 2020) allows use of core funding across a broader skill mix and in some cases full reimbursement to practices C8. The Workforce Action Plan is in draft and will be shared with stakeholders for comment imminently.	C1. Committee papers C2. Programme papers C3. CCG papers and GPFF funding C4. CEPN papers and workforce summaries C5. PCN DES guidance, CCG papers C6. Strategy Directorate structures include workforce development C7. GP contract C8. Plan	Strong	4	3	12	GN1. PCN recruitment in line with DES requirements GN2. Supporting the development of the PCNs so they are able to develop new roles, e.g. Clinical Directors, social prescribers, building on the baseline of current workforce.	A1. PCN recruitment supported by CCG A2. Ongoing work to ensure that proposals for supporting primary care workforce are developed and approved.	A1. 31/03/2021 A2. 31/03/2021	A1. Recruitment for social prescribers will soon commence plus that of additional pharmacy roles. A2. Work ongoing	3	3	9	Primary Care Commissioning Committee	The updated GP contract for 2020/21 places additional emphasis on the importance of funding and flexibility for workforce development and includes: <ul style="list-style-type: none">Major enhancements to the Additional Roles Reimbursement Scheme to help secure 26,000 additional staff - Additional 6,000 staff funded under and more roles added to the Scheme (pharmacy technicians; dieticians, care coordinators, health coaches; podiatrists and occupational therapists) reimbursement for the 26,000 roles increases from 70% to 100%; further flexibility in the Scheme's rules, CCGs and systems are expected to explore different ways to support PCNs to recruit;Measures to support GP training, recruitment and retention, to help deliver 6,000 more doctors in primary care (E26m to address recruitment and retention issues, including Partnership Premium of £20,000; greater proportion of GP training time spent in general practice).	12/08/2020	Open
Covid 11	Tony Hoolaghan, Executive Managing Director		To ensure that there are transparent and effective communications between general practice and the NCL Governing Body leadership	Trust and Confidence of Member Practices (Threat) Cause: If the CCG's member practices do not feel the CCG has properly engaged and supported them through the COVID-19 pandemic Effect: There is a risk that the member practices lose trust and confidence in the leadership of the Governing Body and directors Impact: This may result in member practices become disengaged, less co-operative and a potential challenge to the CCG's leadership.	4	2	8	C1. The Governing Body Chair holds regular webinars with key representatives from member practices to support them through the COVID-19 pandemic; C2. Regular bulletins are sent to member practices; C3. Regular updates through the GP website.	C1. Weekly webinar is recorded C2. GP bulletin is circulated weekly C3. GP website updated weekly by comms team	Average	4	2	8	GN1. Mechanism in place to gauge any changes in opinion	A1. Continue bi-weekly GP leadership webinars by Jo Sauvage; A2. Continue to send bi-weekly GP bulletins and publish on the GP microsite.	A1. 31.08.2020 A2. 31.08.2020	A1. Work is ongoing and steps have met needs A2. Work is ongoing and steps have met needs	3	2	6	Primary Care Commissioning Committee	This risk has been offset to date through the use of weekly webinars with practices, the use of twice weekly GP bulletins to disseminate national guidance, and updates to the GP Website. A Primary Care COVID-19 meeting has also been established with clinical commissioning leads to agree service models and resilience support to address the COVID-19 pandemic.	12/08/2020	Open
Covid 12	Tony Hoolaghan, Executive Managing Director	Sarah McIlwaine, Director of Transformation, Harlequin Directorate	To ensure that there is sufficient capacity in general practice to manage demand	Capacity in General Practice (Threat) Cause: If GP practices experience an increase in the number of staff who are unwell or are self-isolating with suspected COVID-19 Effect: There is a risk that practices will be forced to close Impact: This may result in greater pressure being put onto practices which remain open, which may also be short-staffed, to manage increased demand.	4	4	12	C1. Increasing availability of staff testing for General Practice; C2. GP practices moving to 'telephone first' model where majority of consultations will be carried out on the phone. GP Federations leading on providing GPs with equipment and remote access to EMIS to allow them to work remotely to provide these consultations; C3. Returning staff to General Practice; C4. Creation of 'hot sites' and home visiting services in each borough to ensure that COVID-19 positive patients who need to see a GP in person can be diverted to specifically setup sites / seen at home, to reduce number of General Practice staff who will be in contact with this group; C5. Practice 'buddying' arrangements via their Primary Care Networks; C6. Primary care site reps to support early warning system; C7. Hot sites/home visiting are now live in each borough.	C1. Primary care COVID action plan C2. Primary care COVID action plan C3. Primary care COVID action plan C4. Primary care COVID action plan C5. Primary care COVID action plan C6. Primary care COVID action plan C7. Primary care COVID action plan	Average	4	3	12	GN1. Bi-weekly calls with Primary Care COVID-19 Leads and clinician and associated action plan will identify the need to plan further controls	A1. Hot sites / home visiting to go live in each borough. Action completed- now live; A2. Confirm practice PCN buddying arrangements. A3. Develop new model for general practice through the NCL general practice recovery group.	A1. 30.04.20 A2. 31.08.20 A3. 31.08.20	A1 - Completed A2 Completes. Buddying arrangements in place A3 Reviewed service models based on activity and needs of practices for phase 3), which will be in place from 1st June. Focus on upskilling of general practice to deal with the range of COVID-19 presentations, as a stepping stone to the longer-term sustainable model for managing COVID-19 symptom levels.	4	3	12	Primary Care Commissioning Committee	Actions to ensure that there is sufficient capacity in general practice to manage demand include: <ul style="list-style-type: none">Increasing availability of staff testing for General Practice;GP practices moving to 'telephone first' model where majority of consultations will be carried out on the phone. GP Federations leading on providing GPs with equipment and remote access to EMIS to allow them to work remotely to provide these consultations;Returning staff to General Practice;Creation of 'hot sites' and home visiting services in each borough to ensure that COVID-19 positive patients who need to see a GP in person can be diverted to specifically setup sites / seen at home, to reduce number of General Practice staff who will be in contact with this group;Practice 'buddying' arrangements via their Primary Care Networks;Primary Care SITREPs reporting to support early warning system.	12/08/2020	Open
Covid 14	Tony Hoolaghan, Executive Managing Director	Alex Smith - Director of Transformation, Islington Directorate	To ensure that there is sufficient PPE available in general practice so that staff can see patients safely	Personal Protective Equipment (Threat) Cause: If adequate supplies of PPE are not made available to General Practice Effect: There is a risk that staff will not be able to safely see patients in person, without putting their own health at risk Impact: This may result in an increase in staff becoming infected and reducing capacity in general practice.	4	4	12	C1. Dedicated PPE support for NCL GP practices from NCL CCG staff - named staff member; C2. Streamlining ordering and giving practice clear information on ordering; C3. Promotion of mutual aid; C4. Delivering PPE to sites that have run out/low stock; C5. Plugging practices into the NCL PPE work programme; C6. Cascading PPE new guidance to all NCL GP practices.	C1. Supply and demand model for primary care in place C2. Supply and demand model for primary care in place C3. Supply and demand model for primary care in place C4. Regular records of urgent practice requests logged C5. Regular weekly meeting in place between Primary Care Federation representatives leading on PPE C6. Primary Care representatives on weekly NCL Procurement Hub PPE calls	Average	4	3	12	GN1. National Clipper Solution for Primary Care to access	A1. Continue to hold regular discussions re capacity - demand between LCW and extended access hubs.	A1. 31.08.20	A1. Regular weekly discussions in place.	4	2	8	Primary Care Commissioning Committee	Actions to enable primary care to have access to PPE supplies include: <ul style="list-style-type: none">Dedicated PPE support for NCL GP practices from NCL CCG staff - named staff member;Streamlining ordering and giving practice clear information on ordering;Promotion of mutual aid;Delivering PPE to sites that have run out/low stock;Plugging practices into the NCL PPE work programme;Cascading PPE new guidance to all NCL practices.	12/08/2020	Open

North Central London CCG PCCC Risks - Highlight Report				2020/21				Movement From Last Report	Target Risk Score
Risk ID	Risk Title	Risk Owner	Key Updates	JULY	AUG				
PERF4	Opportunities to support struggling practices are sometimes delayed by the absence of a systematic early warning system (Threat)	Paul Sinden, Executive Director of Performance & Assurance	<p>This risk is a response to regulatory action that has been taken with a series of practices recently following "inadequate" or "requires improvement" ratings following Care Quality Commission (CQC) inspections. Action in some cases has included having to put in place caretaking arrangements at practices at very short notice.</p> <p>The aim of the risk is to promote earlier recognition of struggling practices, and ensure that support is provided before regulatory action is required.</p> <p>In August 2020 national guidance on financial support for practices during COVID-19 was published, and this is being compared to the local support package put in place from April 2020 for consistency. The local support offer includes a central clinical triage and home visiting service to treat COVID-19 positive patients separately, training for infection preventions control, and temporary guarantees for areas of performance related pay including Quality Outcomes Framework and Locally Commissioned Services.</p> <p>The workforce and resilience workstream for primary care recovery (from first wave of the pandemic) has a focus on supporting and early identification of struggling practices.</p> <p>At the height of the pandemic the CQC paused regulatory action with the exception of cases with a risk to patient safety.</p>	12	12			→	6
PERF9	Inadequate support from Primary Care Support England (Capita contract) for general practices (Threat)	Paul Sinden, Executive Director of Performance & Assurance	<p>List cleansing activities were suspended at the request of NHS England in March 2020 due to COVID-19 and are yet to recommence. Current reporting does not enable us to report at CCG level but this will be developed once NHS England have written to GPs informing them of the commencement of the activity.</p> <p>Prior to COVID-19, in October 2019, Capita commenced a list cleansing programme for 6 population cohorts:</p> <ol style="list-style-type: none"> 1. Patients registered as living at a demolished address 2. Children Under 16 and registered as the sole occupant at an address 3. Patients aged Over 100 4. Transient patients who have been registered with a GP for 12 months 5. Patients who live in a house of multiple occupancy (10 or more residents) 6. Students who have been registered for four or more years <p>Patients whose registration was not confirmed by either the GP practice or the patient themselves between October 2019 and March 2020 were placed on an FP69 (as a 6-month deduction notice). Due to the process timescales for response FP69s were not added to patient records until Feb 2020 and will run for 6 months until August when the first patients will begin to be removed.</p> <p>The three-year list reconciliation project began in January 2019 was also interrupted by covid. The original preliminary dates for when Primary Care Support England (PCSE) would undertake Borough-based audits are set out below, and the Committee will be advised of the new dates once received:</p> <ul style="list-style-type: none"> • Barnet - 15/06/2020 • Camden - 26/07/2021 • Enfield - 14/06/2021 • Haringey - 07/09/2020 • Islington - 03/08/2020 	16	16			→	6
PERF15	Failure to address variation in Primary Care Quality and Performance across NCL (Threat)	Paul Sinden, Executive Director of Performance & Assurance	<p>Mitigations in place to help reduce unwarranted variation in quality and performance across general practices include:</p> <ul style="list-style-type: none"> • Plans to further develop Primary Care Networks (PCNs) through the introduction of the service specifications in the Direct Enhanced Service (DES) following agreement of the 2020/21 GP contract with the BMA; • PCNs have received funding for their development including support for Clinical Directors; • Use of GP Forward View monies from NHS England to support the development of primary care networks and GP Federations, and develop a resilience programme for general practice; • The new GP contract also introduces a greater quality improvement focus in the Quality Outcomes Framework and incentives under the new Investment and Impact Fund to be introduced in to reward PCNs for delivering against the NHS Long Term Plan; • Models for mutual aid across practices established during COVID-19 including hot site and home visiting service, and training for practices in managing COVID-19 patients 	12	12			→	6

PERF 18	Primary care workforce development (Threat):	Paul Sinden, Executive Director of Performance & Assurance	<p>The updated GP contract for 2020/21 places additional emphasis on the importance of funding and flexibility for workforce development and includes:</p> <ul style="list-style-type: none"> Major enhancements to the Additional Roles Reimbursement Scheme to help secure 26,000 additional staff - Additional 6,000 staff funded under and more roles added to the Scheme (pharmacy technicians; dieticians, care coordinators, health coaches; podiatrists and occupational therapists) reimbursement for the 26,000 roles increases from 70% to 100%; further flexibility in the Scheme's rules; CCGs and systems are expected to explore different ways to support PCNs to recruit; Measures to support GP training, recruitment and retention, to help deliver 6,000 more doctors in primary care (£94m to address recruitment and retention issues, including Partnership Premium of £20,000; greater proportion of GP training time spent in general practice). 	12	12				→	9
Covid 11	Trust and Confidence of Member Practices (Threat)	Tony Hoolaghan, Executive Managing Director	This risk has been offset to date through the use of weekly webinars with practices, the use of twice weekly GP Bulletins to distil national guidance, and updates to the GP Website. A Primary Care COVID meeting has also been established with clinical commissioning leads to agree service models and resilience support to address the COVID-19 pandemic.	8	8				→	6
Covid 12	Capacity in General Practice (Threat)	Tony Hoolaghan, Executive Managing Director	<p>Actions to ensure that there is sufficient capacity in general practice to manage demand include:</p> <ul style="list-style-type: none"> Increasing availability of staff testing for General Practice; GP practices moving to "telephone first" model where majority of consultations will be carried out on the phone. GP Federations leading on providing GPs with equipment and remote access to EMIS to allow them to work remotely to provide these consultations; Returning staff to General Practice; Creation of "hot sites" and home visiting services in each borough to ensure that COVID-19 positive patients who need to see a GP in person can be diverted to specifically setup sites / seen at home, to reduce number of General Practice staff who will be in contact with this group; Practice 'buddying' arrangements via their Primary Care Networks; Primary Care SITREPs reporting to support early warning system. 	12	12				→	12
Covid 14	Personal Protective Equipment (Threat)	Tony Hoolaghan, Executive Managing Director	<p>Actions to enable primary care to have access to PPE supplies include:</p> <ul style="list-style-type: none"> Dedicated PPE support for NCL GP practices from NCL CCG staff - named staff member; Streamlining ordering and giving practice clear information on ordering; Promotion of mutual aid; Delivering PPE to sites that have run out/low stock; Plugging practices into the NCL PPE work programme; Cascading PPE new guidance to all NCL practices. 	12	12				→	8

Risk Key

Risk Improving ↓

Risk Worsening ↑

Risk neither improving nor worsening but working towards target →

NCL PRIMARY CARE COMMISSIONING COMMITTEE

FORWARD PLANNER 2020 / 21

Area	23 July 2020	20 Aug 2020	22 Oct 2020	17 Dec 2020	18 Feb 2021			
Governance								
Review of Risk Register	X	X	X	X	X			
Review of Terms of Reference (TOR)	X				X			
Review of Committee Effectiveness					X			
Contracting								
Decisions relating to GMS, PMS and APMS contracts eg: practice mergers	X	X	X	X	X			
Local Commissioned Services	As required							
Procurements	As required							
Quality & Performance								
Quality and Performance Report	X	X	X	X	X			
Finance Report								
Finance Report	X	X	X	X	X			

Strategy								
NHS Long Term Plan and Operating Plan				X	X			
Other papers								
Developing Primary Care workforce			X					
GP Patient Survey learning			X					
New GP Contract Update		X						
PCN Development		X			X			
Covid report	X	X						