NHS
North East London

Extraordinary Primary Care Contracts Sub-Committee

24 October 2024; 13:00-13:35; Venue: MS teams

AGENDA

	Item	Time	Lead	Attached/ verbal	Action required
1.0 1.1. 1.2. 1.3	**Welcome, introductions and apologies** Declaration of conflicts of interest Minutes of the meeting held on 17 September 2024 Matters arising and actions log	13:00	Chair	 Verbal Attached Attached Attached	 Note Note Approve Note
2.0	**Questions from members of the public**	13:05	Chair	Verbal	Note
3.0 3.1.	**Redbridge Place** Dr Mathukia Surgery – Loxford	13:10	 Natalie Keefe	 Attached	 Approve
4.0 4.1.	**Tower Hamlets** Commissioning Intentions - Island Medical APMS	13:20	 Abdul Rawkib	 Attached	 Approve
5.0	**Any other business**	13:30	Chair	Verbal	Note
Date of next meeting: 19 November 2024					

- Declared Interests as at 15/10/2024

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Alison Goodlad	Deputy Director of Primary Care	Primary care contracts sub-committee	Indirect Interest	Northamptonshire NHS Foundation Trust	Sister is Mental Health Practitioner	2022-01-08		Declarations to be made at the beginning of meetings
Benjamin Molyneux	Associate Medical Director, NHS North East London	Clinical Advisory Group Community Health Collaborative sub-committee Primary Care Collaborative sub-committee Primary care contracts sub-committee	Financial Interest	Locum GP	I work as an ad hoc self-employed GP at GP practices in NEL	2023-05-01		
Diane Jones	Chief Nursing Officer	Clinical Advisory Group Community Health Collaborative sub-committee ICB Board ICB Quality, Safety & Improvement Committee ICS Executive Committee Primary Care Collaborative sub-committee Primary care contracts sub-committee	Non-Financial Professional Interest	Royal College of Nursing (RCN)	Professional membership	2020-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of Midwives (RCM)	Professional membership	1994-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Nursing & Midwifery Council (NMC)	Professional membership	1992-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	London Clinical Senate	Member	2017-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Homerton Hospital	Midwife (honorary contract)	2015-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Group B Strep Support (GBSS)	Director and Trustee	2020-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Sign Health	I am a Trustee of the charity	2023-05-01		
Henry Black	Chief Finance and Performance Officer	ICB Audit and Risk Committee ICB Board ICB Finance, Performance & Investment Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee Primary Care Collaborative sub-	Indirect Interest	BHRUT	Wife is Assistant Director of Finance	2018-01-01		Declarations to be made at the beginning of meetings

		committee Primary care contracts sub-committee						
			Indirect Interest	GSTT NHS Trust	Daughter employed as a graduate trainee	2023-09-01		
Jignasa Joshi	NEL ICS Optometry Lead	Primary Care Collaborative sub-committee Primary care contracts sub-committee	Non-Financial Personal Interest	NE London LOC	Chair of the NE London Local Optical Committee.	2015-04-23		
			Non-Financial Professional Interest	NE London Optometry Provider Group.	I am a lead & principal contact for the NEL Optometry Provider Group, formerly known as the NEL /ELC Optometry Collaborative Group.	2023-01-09		
			Non-Financial Professional Interest	Primary Eyecare (East London & City)	I am a director of this company which is a vehicle for primary care optometry practices to be commissioned to provide services outside the NHS GOS contract.	2016-12-21		
			Non-Financial Personal Interest	Primary Care Optometrist	I am a practicing optometrist in primary care in the NE London area.	2002-04-01		

- Nil Interests Declared as of 15/10/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
Gohar Choudhury	Head of Primary Care Commissioning	Primary care contracts sub-committee	Indicated No Conflicts To Declare.
William Cunningham-Davis	Director of Primary Care Delivery	Newham Health and Care Partnership Newham ICB Sub-committee Primary care contracts sub-committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Anthony Curtis	Senior Primary Care Commissioning Manager	Primary care contracts sub-committee	Indicated No Conflicts To Declare.
Abdul Rawkib	Senior Primary Care Commissioning Manager	Primary care contracts sub-committee	Indicated No Conflicts To Declare.
Rob Dickenson	Deputy Director of Finance - Primary Care and London Services	Primary Care Collaborative sub-committee Primary care contracts sub-committee	Indicated No Conflicts To Declare.

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Jeremy Wallman	Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy	ICB Finance, Performance & Investment Committee Primary care contracts sub-committee	Indicated No Conflicts To Declare.
Kate Hudson	Observer of Primary Care Contracts Sub Committee	Primary care contracts sub-committee	Indicated No Conflicts To Declare.
Amy Wilkinson	Director of Partnerships, Impact and Delivery	City & Hackney ICB Sub-committee City & Hackney Partnership Board Primary care contracts sub-committee	Indicated No Conflicts To Declare.
Daniele Serdoz	Assistant director of Primary care for Londonwide LMCs	Primary care contracts sub-committee	Indicated No Conflicts To Declare.

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Minutes of the Primary Care Contracts Sub-Committee
Held on 17 September 2024; 13:00-15:00; Via MS teams

Members:	
Ahmet Koray (AK)	Interim Director of Finance, NHS NEL
Sarah See (SSe)	Managing Director of Primary Care, NHS NEL
Amy Wilkinson (AW)	Hackney Place Director, representing NEL Place Based Partnerships
Diane Jones (DJ)	Chief Nursing Officer, NHS NEL
Ben Molyneux (BM)	Associate Medical Director for Primary Care, NHS NEL
Attendees:	
William Cunningham-Davis (WCD)	Director of Primary Care Delivery, NHS NEL
Alison Goodlad (AG)	Deputy Director of Primary Care, NHS NEL
Gohar Choudhury (GC)	Head of Primary Care, NHS North East London
Jeremy Wallman (JW)	Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy, NHS NEL
Raliat Onatade (RO)	Chief Pharmacist and Director of Medicines and Pharmacy
Jignasa Joshi (JJ)	NEL Integrated Care System Optometry Lead
Kate Hudson (KH)	Londonwide Local Medical Committee, Director of Primary Care (for NEL, SEL & SWL)
Mary Clarke (MC)	Head of Primary Care Nursing - Item 7
Jordanna Hamberger (JH)	Head of Primary Care Delivery (Havering), NHS NEL – Item 9
Amatullah Ali (AA)	Primary Care Delivery Manager, NHS NEL – Item 9
Shivani Choudhary (SC)	Senior Primary Care Delivery Manager, NHS NEL – Item 9
Natasha Callender (NC)	Head of Medicines Optimisation – Safety, Quality and Governance, NHS NEL
Rob Adcock (RA)	Director of Operational Finance, NHS NEL
Anthony Curtis (AC)	Senior Primary Care Commissioning Manager, NHS NEL
Asif Imran (AI)	Barking, Dagenham and Havering Local Medical Committee
Keeley Chaplin (KC)	Governance Systems Lead, NHS NEL (minutes)
Apologies:	
Paul Gilluley (PG)	Chief Medical Officer, NHS NEL
Henry Black (HB)	Chief Finance and Performance Officer, NHS NEL
Shilpa Shah (SSh)	CEO, NEL Pharmaceutical Committee
Rob Dickenson (RD)	Deputy Director of Finance – Primary Care and London Services, NHS NEL
Tam Bekele (TB)	East London and City Local Dental Committee
Som Hirekodi (SH)	Barking and Havering Local Dental Committee

Item No.	Item title	Action
1.0	**Welcome, introductions and apologies**	
	The Chair welcomed everyone to the meeting. Apologies were noted as above.	

1.1.	Declaration of conflicts of interest	
	The Chair reminded members of their obligation to declare any interest they may have on issues arising at the meeting which might conflict with the business of the committee. No additional conflicts were declared. Declarations made by members of the committee are listed on the register of interests. The register is included in the pack of papers and available from the secretary of the committee.	
1.2.	Minutes of the meeting held on 16 July 2024	
	The minutes of the meeting held on 16 July 2024 were accepted as an accurate record.	
1.3.	Matters arising/action log	
	Members noted the actions log.	
2.0	**Questions from members of the public**	
	There were no questions submitted by members of the public.	
3.0	**Dental, Optometry & Pharmacy Report**	
	JW provided sub-committee members with an update on primary, secondary, community and specialist dentistry performance with month 4 data: • At month 4 NEL achieved 96.5% in overall delivery and reflects the highest level of contract delivery in London. The main driver for this was from the new patient premium offered with 100,000 of these patients being seen between March and August. • In secondary care new software for parts of London has impacted on waiting lists. University College London Hospital (UCLH) is providing mutual aid to Barts Health to move some patients off their waiting list. Ongoing issues include lack of theatre space, industrial action and there is a continued increase in referrals from surrounding regions being referred into London and discussions are taking place to explore these issues. • Community dental services referral rates are increasing, particularly for paediatrics but they are managing the patient load. There is ongoing delivery of the Dental General Anaesthetic Suites (DGAS) in Royal London Hospital, where patients can be taken from waiting lists and be seen sooner. • Intermediate Oral Surgery Services and Level 2 Complexity Endodontics have both seen an increase in demand. This service sees patients that were too complex for primary care but did not meet the criteria to be seen in secondary care. The overall position is good. • Primary care dental recovery plan is progressing and recently introduced the ‘golden hello’ to encourage dentists into underserved areas. There are two expressions of interest received for Tower Hamlets and these are being progressed. The primary care contracts sub-committee **noted** the contents of the report.	
3.1.	Roll out plan for dental CVD pilot	
	JW briefed members on progress made since NEL’s award for funding for a pilot to offer blood pressure monitoring and atrial fibrillation testing in dental practices across NEL.	

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- The pilot is aimed at identifying people who have not had checks in the past two years.
- and will be offered to NEL residents only
- A working group has been established and has developed an implementation plan.
- Requests for expressions of interest have been sent out.
- There will be a level of collaboration with community pharmacy and general practice colleagues.

Members expressed support for this scheme and raised the following points:
- When schemes are proposed that may require a level of input from other parts of primary care, such as action from incidental findings, then consideration should be made to communicate and engage with them early in the process. JW explained there will be a full evaluation of the pilot and this is something that will be considered as, until the pilot commences, it is not known how much work this may generate. This will be worked through with the place primary care groups.
- A request to made to ensure that performance monitoring is aligned to community pharmacy requirements. Recording and monitoring of performance will come to the ICB. The working group has a local pharmacy committee representative who will contribute to discussions on data collection for pilot monitoring and evaluation. They are also looking at a pharma outcomes licence that will improve data flow.

The primary care contracts sub-committee **noted** the report and regular updates will be received as the pilot progresses.

4.0 Update on GP Collective Action

SSe provided members with an update on GP Collective Action.
- There are nine actions that can be considered by practices. At present places are considering these to implement in the coming weeks.
- Status reports are sent weekly to NHSE regional teams.
- Communications have been sent out to system partners.
- Areas of potential concern are being worked through.
- There has been close working with Medicines Optimisation team on shared care arrangements and the quality impact and will liaise with the LMC on any process that is proposed.
- Some Places have chosen to reduce appointments to 25 per day and others are switching off medicines optimisation software.
- There have been no contractual breaches at present but if any concerns arise, they will be discussed with the practice.
- The LMC are providing support to practices on how to safely manage any action being taken.
- The Medicines Optimisation team are drafting a communication to send to practices on the benefits of medicines optimisation software.
- The impact is likely to be seen from October / November.
- It has been announced that the junior doctors pay dispute has been resolved.

The primary care contracts sub-committee **noted** the verbal update.

5.0 Commissioning Intentions – Expiring Contracts with provision to extend for a further term

GC presented the report which sets out recommendations for the commissioning intentions for the procurement of APMS contracts under the

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new Provider Selection Regime (PSR), which came into force from 1 January 2024.

The three practices being considered are at, or towards, the end of their APMS contract.

Options considered were to do nothing, list dispersal or reprocure. These were considered and recommendations made as follows:

Francis Road Medical (Waltham Forest)
This practice list is currently under caretaking arrangements. It was deemed that rather than procuring as an APMS contract and going through a review process every five years, the preferred option is to procure as an additional site under an existing NEL GMS/PMS contract based on the rationale set out within the report. This option would give continuity of service provision to the patients on the list. There would be an additional saving generated from no longer paying the management fees for caretaking.

Broad Street Medical (Barking and Dagenham)
The preferred option is to procure a new APMS contract based on the rationale set out within the report. This is on an equalised contract therefore no savings would be made.

E16 Health and Pontoon Dock (Newham)
The preferred option is to procure a new APMS contract based on the rationale set out within the report. The current contract is on the London wide price so moving to an equalised contract would generate a saving.

Members raised the following points:
- LMC are keen to keep contracts locally and in perpetuity and would not contest the recommendations.
- Local practices to Francis Road were contacted to offer the opportunity to take on the caretaking contract, however as they were all at capacity, they did not express an interest. Selecting a GMS/PMS contract will provide long-term security of the contract and ensure continuity of care for patients in an area of high deprivation.
- The recent APMS NEL Tranche 1 procurement has shown that there is good interest from primary care providers.
- The money released from equalisation of the contract is ringfenced for the primary care delegated budget.
- In recognition of the short-term nature of APMS contracts, a £5 premium is added to APMS contracts.
- If agreed the procurement for these three practices can be completed under one tranche (Tranche 2) which will give economies of scale.
- When there is a local process to appoint a caretaker, the LMC should be informed so they can support local practices ensuring they are clear on how the provider is chosen and that they have had an opportunity to express an interest if suitable.

A fourth practice, Island Medical (Tower Hamlets), has more complexities and these need to be resolved before being presented to the sub-committee for inclusion in Tranche 2.

The primary care contracts sub-committee **approved**:
- The procurement of the following contracts under the PSR competitive process in one procurement programme, ‘Tranche 2’:

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	1. Francis Road Medical Centre, Waltham Forest – Additional site of an existing GMS/PMS practice 2. Broad Street Medical, Barking & Dagenham – New APMS contract 3. E16 Health & Pontoon Dock, Newham – New APMS contract • The costs for running the procurement programme including patient letter and external assessors, estimated to be approximately £30,000. These one-off costs can be offset against the savings from the equalised APMS contracts.	
6.0	**Future Commissioning of Primary Care Clinical Waste Services**	
	AG presented the report noting the following: • Clinical waste services are funded through the delegated primary care budget. • In December 2022, NHSE were leading on a national reprocurement programme for clinical waste services. However, in January 2024 they announced this would no longer take place and ICBs should consider options for reprocurement. • Arrangements have been put in place by all ICBs to extend existing contracts until 1 April 2025. In NEL, contracts for our three providers of waste collection have all been extended to this date. • Anenta currently provide the managing agent function in NEL. • Three options were considered and the recommendation is NEL participate in the national open led procedure led by Anenta. • The management agent offers a number of functions including being a single point of contact for clinical waste issues and manage all customer enquiries and complete legal duty of care obligations. • RO queried if an option of recycling of medicines and devices would be included in the reprocurement. AG confirmed sustainability is a key criterion that will be built into the tender evaluation. • There will be a very small additional cost for Anenta to manage the procurement but it would still be the most cost effective option. **Action:** AG/WCD to share details of the cost with RA. The primary care contracts sub-committee **approved**: • the recommendation to participate in the national open led procedure led by Anenta to secure a new provider of clinical waste collection in NEL from April 2025 • the recommendation that NEL participate in the national ICS led procedure led by the London Procurement Partnership (LPP) who are developing a Managing Agent framework in parallel to the above Clinical waste providers procurement	AG/ WCD
7.0	**Framework & Assurance Process for the Recruitment to the Primary Care Networks Additional Roles Reimbursement Scheme Enhanced Nurse Role**	
	Mary Clarke (MC) provided members with highlights from the report on the framework and assurance process for the recruitment to primary care networks (PCN) additional roles reimbursement scheme (ARRS) enhanced nurse role. • With support from NHSE, GP Nurse (GPN) leads have developed the role of the enhanced nurse. This will support their career pathway and encourage recruitment and retention. • The core practice nurse role was becoming depleted as many were promoted into the practitioner role.	

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	• There are two job descriptions, one is a generic PCN enhanced nurse and the other will have a specific focus on population health. The job descriptions can be used by PCNs to recruit into these roles which would create a consistent 'Once for London' approach. This approach is being considered more widely nationally. • The assurance framework will help PCNs to claim for ARRS roles. Members discussed the report and key points were: • This is a very good approach and providers clarity for PCNs and there are other areas that could benefit from a similar approach such as the digital role. • The overall objective of these is to act as guidance and support and it will help with recruitment but is not mandated. PCNs will also have the freedom to amend them. The primary care contracts sub-committee: 1. **approved** the use of the two assured job descriptions 2. **supported** the recommendation that PCNs include the Head of Primary Care Nursing in the recruitment process to ensure the appropriate selection of qualified candidates. 3. **supported** the need to only approve claims for posts that are working across PCN footprints and are additional to core practice workforce. 4. **noted** that although the use of the templates is recommended this is a support tool but is not mandated.	
8.0	**Primary Care Performance Report**	
	AG presented the first primary care performance report received at this sub-committee. The report provides a performance update with a key focus upon access to appointments, patient experience and recruitment to ARRS roles: • Access to GP Appointments – there has been an increase in appointments in NEL though there is some variation with Barking and Dagenham (B&D) having the highest increase and Tower Hamlets reducing. Overall face to face appointments have increased. • Annual GP patient survey – the methodology has changed therefore this area cannot be compared to previous years. Patients reported a more positive experience with the care they receive than getting access. PCNs with the lowest positive results are in Redbridge, Newham and Tower Hamlets. Primary care place teams will be looking at these in more detail to identify outliers and actions to address these. • Recruitment to ARRS roles – utilisation of ARRS roles at end March have Newham utilising 100% and bottom is Havering at 74%. Work is being done with PCNs to support practices to recruit and retain these roles. • The next report will focus on vaccination, immunisation and screening. • NHSE are planning to launch a GP commissioning dashboard later in the year which will provide a view of variation across domains of access, workforce and clinical quality. Members thanked AG for the report and suggested the following: • This information could feed into quality reports, alongside information on community care. • Data on number of GPs per thousand population would be useful. • Some information may not be shown such as investment into areas and workforce as this may impact quality and performance if they have under investment or lower staffing levels.	

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	• Could there be learning from City and Hackney who consistently get the most positive results for all questions in the patient survey. • An update on the primary care access recovery plan could be brought back to a future meeting which highlights how variation is being addressed and actions taken to improve access. The primary care contracts sub-committee **noted** the report and comments and suggestions. An update on the Primary Care Access Recovery Plan will be brought back to a future meeting, further demonstrating actions taken to improve access. The NHSE GP commissioning dashboard to support local benchmarking and complement other local monitoring arrangements will be shared with the Committee, once available.	
9.0	**Commissioning Intentions – Expiring Contracts with provision to extend for a further term**	
9.1.	Extension of Harlow Road Surgery	
	Shivani Choudhary (SC) presented the business case to seek approval for Harlow Road Surgery to undertake an extension of their premises which would add two consulting rooms and increase administrative space. Harlow Road Surgery operate from a converted residential home and is GP owned. Extensive discussions have been held with the practice and every option available has been considered. There are no alternative options for the practice to relocate to and another practice closed recently which has meant additional patients transferring to them and their list size has doubled. A lack of clinical rooms is impacting on the practice's ability to serve its growing population. There is no impact on the ICB for any capital as this is fully funded by Harlow Road Surgery. However, the District Valuer report (October 2021) stated that the current notional rent would increase from £14k per annum to £25k per annum. This would represent an increase of £12k per annum funded by the ICB. Members raised queries and responded to as follows: • Is the rent increase an appropriate increase and in terms of the estates strategy has the local infrastructure forum endorsed this extension? SC clarified that the valuation is valid until October 2024 and there may be a higher increase to the ICB. The plan has been discussed at the Havering local infrastructure forum. Although it does not fit the local estate strategy for Havering, special consideration is required. Alternative provision has been exhausted. There is no suitable alternative location, and if they were to move, it would create a service provision gap in the current area, particularly with the move to another location. Beam Park is too far for patients and South Hornchurch Health Centre does not have space. • It is acknowledged that this will entail a rent increase of £12k but the extension will allow the practice to register an additional 3500 patients. The primary care contracts sub-committee **approved** the extension of Harlow Road Practice. Clarity will be sought as to whether triple lock approval is also required in this instance.	
10.0	**Primary Care Finance Report**	
	RA briefed the sub-committee on the month 2 position: • Month 4 year to date was £400k overspend and forecast outturn £800k overspend.	

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	• Risk areas outlined include prescribing, growth, ARRS, estates • Some risk areas in terms of collective action and use of prescribing tool. A number to monitor • Due to data lag some areas are based on two months' data. In primary care forecast we are assessing impact on drivers eg population. • £100k is from delegated budget and relate to estates cost. We have a number of active developments which will impact throughout the year. • Pressures in non-delegated primary care funds include a small pressure in prescribing relating to dressings. • Prescribing seems to be in a less volatile position and prices remain flat compared to 2023/24. • Dental activity profiles were reviewed and performance looks strong so holding breakeven position on dental. • Risks are broken down with data at Place level. AK noted the success in prescribing savings and that it has been a challenge for the ICB for a number of years so within budget is a phenomenal achievement. The primary care contracts sub-committee **noted** the primary care finance report from month 4.	
11.0	**Any other business**	
11.1.	It is proposed that future meetings will be held in person, however, due to the number of attendees, a hybrid option may be suggested.	
11.2.	St James practice (Waltham Forest)	
	WCD informed members that this practice has not been able to gain an extension to their lease for the property before moving into the planned newly built premises at Jazz Yard. They have been working with the local authority but are now considering a temporary two site delivery model for a practice of 16k patients. The landlord has refused an extension to their lease therefore once the proposal is completed it will require urgent approval from the primary care contracts sub-committee. Members agreed that approval will be sought by virtual means.	
12.0	**Items for information only**	
12.1.	Primary Care Risk Report	
	Noted	
	Date of next meeting – 19 November 2024	

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North East London

Primary Care Contracts Sub-Committee – Actions Log

OPEN ACTIONS					
Action ref:	**Date of meeting**	**Action required**	**Lead**	**When**	**Status**
ACT009	17/09/24	6.0 Future Commissioning of Primary Care Clinical Waste Services – Details of the full costing of the management of the procurement will be shared with Rob Adcock.	AG/ WCD	Nov 2024	

North East London
Integrated Care Board

Extraordinary Primary Care Contracts Sub-Committee

24 October 2024

Title of report	Rent reimbursement for Mathukia surgery for two clinical rooms in Loxford Polyclinic
Author	Folake Abayomi-Lee, Senior Primary Care Delivery Manager
Presented by	Natalie Keefe, Head of Primary Care (Redbridge)
Contact for further information	Natalie Keefe, Head of Primary Care natalie.keefe@nhs.net
Executive summary	Mathukia surgery is a surgery of 11,500 patients currently based at 281 Ilford Lane, Ilford. The premises is a converted residential building which was extended in 2016 to accommodate 3,000 patients from a closing neighbouring practice. The building is 155m and currently has six clinical rooms, but with the gradual return to face-to-face appointments, increasing list size and the hosting of ARRS staff the space is now too small to meet the need to provide the breath of services available to patients, and has put significant pressure on ability to deliver the required services. Three options were considered for the expansion 1. Additional clinic rooms at Loxford Polyclinic 2. Relocate to Ilford Exchange 3. Expand the current site Options two and three have proved not feasible due to cost, time and lack of space to expand (Expanding the current stie), so the practice is opting for option one and seeking additional rooms at the Loxford polyclinic to meet the needs of patients. The practice is requesting two rooms (room 1.63 and room 2.17). The additional space would allow the practice to: · Deliver services and give patients more face to face access · Expand the teaching practice from the current 2 trainees to include junior doctors – F2 and ST trainees. · Train nurses with a view that they stay in the local area and are employed locally · Host more PCN ARRS roles staff
Action / recommendation	The Group is asked to: · Approve the additional space and associated rent reimbursement of £25,899 per annum and the cost of the additional IT cabling and equipment of £3,850.62 The practice have been made aware they would need to fund non reimbursable service charges and are responsible for any costs in relation to equipment and legal fees. Noting the practice has been advised that they may be able to apply for some support around

<table>
<tr><td></td><td>costs associated with the lease when the resilience funding is available.</td></tr>
<tr><td>Previous reporting</td><td>Redbridge Local Infrastructure Group – virtual 23 September 2024 – who endorsed the rooms to be used

BHR Primary Care Management Group – 26 September who endorsed the rooms to be used</td></tr>
<tr><td>Next steps/ onward reporting</td><td>N/A</td></tr>
<tr><td>Conflicts of interest</td><td>No conflicts noted</td></tr>
<tr><td>Strategic fit</td><td>· To improve outcomes in population health and healthcare
· To tackle inequalities in outcomes, experience and access
· To enhance productivity and value for money</td></tr>
<tr><td>Impact on local people, health inequalities and sustainability</td><td>Loxford PCN is one of the most diverse PCNs in Redbridge and one of the most deprived in the borough. The additional clinical space will enable the practice to increase capacity to meet the on-going population health needs in the area, improve local access to primary care services for patients, and staff will also be under less pressure to vacate rooms as there will be more rooms overall.

The practice has completed an equalities impact assessment and this will not impact on health inequalities or have any sustainability impact. However, there is a minimal negative impact as Staff and patients will have to travel approximately 5 minutes by walking or 2 minutes by car to the alternative site.</td></tr>
<tr><td>Impact on finance, performance and quality</td><td>Reimbursable charges (Rent, rates water, clinical waste)
Room 1.63 = £18,699.26
Room 2.17 = £7,199.75

Furniture and IT hardware
Cabling £590
Printers £1367.14
Computers £1364.62
Monitors £528.86

The practice has been advised they would need to fund the non reimbursable charges (including service charges and FM) a total of £16,483.83 and that if they would like support for fees associated with putting a lease in place include legal fees they would need to apply for resilience funding.</td></tr>
<tr><td>Risks</td><td><table><tr><th>Risk</th><th>Mitigation</th></tr><tr><td>Financial – Practice unable to meet the cost of service charges</td><td>Practice has ensured the financial capability for this expansion through financial modelling and discussion with accountants</td></tr></table></td></tr>
</table>

	Risk	Mitigation
	Operational – Risk of errors due to working across two sites	• Staff training • Signposting • Communication with patients through website, posters and SMS texting
	Should the funding not be supported the practice may seek to close their patient list as there maybe space to house clinical staff to meet the current demand	ICB approval of funding
	Should funding not be supported, valuable training space in the borough may be lost	ICB approval of funding

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Clinical Commissioning Group

Business case

Room rental at the loxford Polyclinic

(To be fully completed before submission for consideration)

2 Title of Business Case

Practice/Org Name & Address	**Mathukia Surgery** 281 Ilford Lane, Ilford, IG1 2SF
ODS Code and contract type *(e.g. F12345 – GMS)*	**F86692**
Contact Name	Dr Mehul Mathukia
Contact Phone number	
Email Address	

1.0 Project Summary (max 400 words)	The Mathukia Surgery would like to be considered for rent reimbursement for 2 additional clinical rooms in the Loxford polyclinic, with a view to increasing this if our services grow. We currently deliver General Medical Services to 11,500 patients from 281 Ilford Lane, Ilford. The practice operates from a converted residential building which was extended in 2016 to accommodate 3000 patients from a closing neighbouring practice. The building is 155m^2 and is now too small to meet the need to provide the breath of services available to our patients. In our existing building, we currently have 6 clinical rooms. The gradual return back to increased face-to-face appointments as well as the hosting other clinical staff such as the ARRS staff has put a significant pressure on our ability to deliver the required services. Our list size continues to grow but we are now reaching a saturation point where we are unable to deliver the required services to our local population inspite of numerous innovations and use of technologies available. The original plan was to take 6 additional rooms at the Ilford exchange site. Unfortunately this plan has not proved feasible. We are now seeking additional rooms at the Loxford polyclinic to meet the needs of our patients. The rooms we are requesting are rooms 1.63 and 2.17.

2.0 The innovation – rational: (500 words) *Why are you doing this? What are the drivers? What problems will it solve? How will things be different? Is there any evidence of gap or need?*	We are an established team of experienced GPs in our late 30''s and early 40's. We are a dynamic practice who have embraced the changes in General Practice over recent years. We are however restricted in the number of sessions we are able to offer to patients due to the number of consultation rooms in our practice. We fully utilise our clinical space during core hours with no exclusively allocated consultation rooms to specific clinicians, hot desking and also remote working. We have had to decline staff from the PCN as we are unable to host them due to room availability limitations. There are a number of drivers why our practice wants to additional space in the Loxford Polyclinic which have been listed below. Principally, however, the main driver is to enable us to deliver high quality, convenient accessible health care to our local population, which our current building restricts. Additional space would allow: · Delivery of services and give patients more face to face access · Extend our award winning educational and research activities. · Expand our teaching practice from our current 2 trainees to include junior doctors – F2 and ST trainees. · Train nurses with a view that they stay in the local area and are employed locally · Host more PCN ARRS roles staff

3.0 Local Context (200 words) *what is the current situation? Is there numerical data to support the innovation/proposal? How many people will is affect? What are the key national policies? What are the key local priorities? How does this fit with local strategies?*	The local area has seen significant population increases in the last 10 years. The practice has undergone significant increases in patient list size. It has grown from 3000 patients in 2010 to its current size. This has included taking on patients from a local practice when it closed. Our current practice is a converted residential building offering a total floor space of 155m2. From this limited space and the way in which we maximise the use of this space we are able to deliver services to our 11,500 patients by 7 doctors, 2 trainee doctors, 1 practice nurse, 2 health care assistant, and a suite of allied healthcare professionals. Our current ratio of clinical rooms to patient list size is very low when compared to other practices in the borough and is simply not sustainable for the future. We have ensured that our existing consultation rooms are fully utilised during core hours but we are now reaching a point where we need additional clinical space to deliver face to face services. Our plan would be to use the additional rooms mostly for training and therefore use the existing site to expand the number of appointments patients are offered face to face. This would therefore result in minimal disruption or inconvenience for patients. By having additional clinical space we would be able to offer more appointments overall, deliver additional services, train more junior doctors, medical students and allied healthcare professionals and also comfortably register new patients who are entering our local area.
4.0 Equality Impact Assessment (EIA) *Provide summary of EIA (a copy of the full assessment can also be submitted*	The equality impact assessment for this business case gives due regard to the existing differences and equalities which exist in Ilford. In respect of equality in accessing services from the additional rooms, particular focus will be to ensure all patients can access these services. We will consider: - Hearing loop for those with impaired hearing - Patient information in the most commonly spoken languages - Ensure the rooms are DDA compliant. - Options for patients who may not have access to IT, SMART phones or any other digital tools. - Staff are trained in Accessible Information Standards and Equality and Diversity - The patient demography will inform how we provide information, how we will collect and use data to support this e.g. patient registration process. - Use the PPG to offer us some insight into the specific needs of the local population. - Be mindful of the need of carers and those who may be defined under the Mental Capacity Act and other patients who could be described as vulnerable.

5.0
Options Appraisal (max 500 words) *What options have been considered? Give details on what has brought you to decide upon the chosen option in preference to the others.*

Patient & stakeholder engagement and Equality Impact Assessments should form part of the decision on any preferred option

Options	Pros	Cons
1). Take additional clinical rooms at Loxford Polyclinic	1) Will enable delivery of service 2) Will enable expansion of service and offer more appointments 3) Near to existing site	1) Logistical challenges of delivering across 2 sites 2) Cost pressure – service charges
2) Relocate to Ilford Exchange	1) Multiple rooms available 2) Purpose built site 3) Fits with neighbourhood model	1) Further away from current site 2) Significant cost pressure to practice for service charges
3) Expand current site	1) Everything on one site	1) Infrastructure funding not available currently 2) Limited space to expand further 3) Would take time

6.0
Project Aims & Outcomes (200 words) *What do you hope to achieve? What are your objectives? What will success look like? E.g. new back office functions/clinical service delivery*

- More clinical room space for the clinical team overall.
- Increase the amount of access available to meet patient needs and demand
- Better patient satisfaction
- Improved staff recruitment and retention as well as improved staff morale
- Fewer patient complaints regarding appointment availability as more clinics will be available.
- Adequate room space for the trainees and students.
- Delivery of more services

7.0
Implementation (max 1000 words) *What are you actually going to do? Who is going to do it? How will you work with other people/organisations? What will the client/service user experience be? What are your projected monthly milestones of this project?**(you may want to consider a Gant Chart/SMART objectives)***

The rooms we are requesting are rooms 1.63 and 2.17. Both rooms in their current form are ready to commence operations with just the need for some furniture, IT hardware and additional data points to be installed.

We are happy to procure any additional equipment as seen to be required.

We are in discussions with the IT team who have advised regarding some cabling required for data ports in room 2.17. IT equipment will also be required including computers and monitors in both rooms. (pricing for this has been included in this proposal).

Once the data ports are installed we will be able to commence immediate mobilisation and operation from the site.

There would be minimal disruption to the existing service and patients should start to see improved service delivery immediately.

8.0

Patient & stakeholder engagement (500 words) <u>Must be done at appropriate stages and not be an afterthought</u> Who are they? *How have you communicated with them? What are the benefits of your project to them? What are the results of your engagement programme?* *Conflicts of Interest management?*	We have discussed this proposal with our PPG who are very supportive as they understand the pressure we are currently under. They are assured that the quality of service will be maintained and ultimately improved. The understand that this will improve access, increase appointments and offer additional services above beyond what we are doing currently. We have also discussed this with our staff and clinicians who are fully onboard with this. They require more space and feel this will make their lives less stressful and pressured. We hope this will lead to increased retention We have engaged with other practices within our PCN who are also supportive of our proposal as they are also aware of the pressures the practice has faced for the last 4 years.
9.0 Specialist Engagement (700 words) *Initial discussions with Commissioners* *IM&T requirements and timelines to deliver the project. (E.g. engagement with system suppliers and CCG IT Dept.)* *Premises requirements (lease/rent negotiations, telephones systems etc.)* *Staff (is a consultation required/TUPE)* *<u>Do all timelines fit?</u>*	We have had preliminary discussions with the primary care team at the ICB in regards to this option as the Ilford exchange project became financially unfeasible. They are aware of our current situation and suggested this would be a sensible alternative option. IM&T requirement as stated already in the proposal. We will need 2 computers, 2 monitors and 2 printers. We will need additional data ports in one of the rooms. Quotes for these have been included. Rent and service charge quotations have been provided. No TUPE of staff required. We would be able to mobilise immediately if this proposal is supported.
10.0 Financial Information *(Consider the use of a table) Any funding stream applied for? Cost implications etc.*	**Reimbursable charges (Rent, rates water, clinical waste** Room 1.63 = £18,699.26 Room 2.17 = £7,199.75 **Non reimbursable charges (including service charges and FM)** Room 1.63 = £11,968.63 Room 2.17 = £4615.20 **Furniture and IT hardware** Cabling £590 Printers £1367.14 Computers £1364.62 Monitors £528.86 **Legal costs** – anticipated £2000
11.0 Risk Assessment (400 words) *What could go wrong? What have you put in place to stop this happening? Prioritise risks*	**RISK**: Financial - practice unable to meet the cost of Services charges. **MITIGATION**: We have ensured we have the financial capability for this expansion through financial modelling and discussion with our accountants.

include financial/clinical/data protection /operational.	Operational: risk of errors due to working across two sites	- staff training - signposting - communication with patients through website, posters and SMS texting
Attachments *Embed or attach any relevant attachments*		

Signature of Applicant	MEHUL MATHUKIA	Date	16.09.2024

North East London

Extraordinary Primary Care Contracts sub-committee

24 October 2024

Title of report	APMS Contract Commissioning Intentions – Island Medical Centre
Author	Abdul Rawkib, Senior Primary Care Delivery Manager, NHS North East London Rebecca Warren, Primary Care Delivery Manager, NHS North East London
Presented by	Abdul Rawkib, Senior Primary Care Delivery Manager, NHS North East London
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Executive summary	NHS Tower Hamlets Clinical Commissioning Group (CCG) commissioned the Island Medical Centre contract in 2013, which was awarded to Hurley Clinical Partnership. The contact was originally commissioned to operate from one site: Roserton Street, London E14 3PG, however in April 2023 an additional site was added to the contract: Wood Wharf 75 Harbord Square, London E14 9QH. As a result, the practice was renamed 'Island Medical and Wood Wharf Practices'. Most of the patients are currently seen at the Roserton Street site. The Wood Wharf site is in an area of expected rapid population growth. The contract was commissioned for a total duration of 12 years (5+5+2). The contract including a 2-year extension was due to expire on 31 March 2025, however in May 2024 it was agreed by the NEL Primary Care Contracts sub-committee to further extend the contract by six months until 30 September 2025. This was to allow sufficient time for a procurement exercise to be undertaken and include as part of the Tranche 2 (T2) procurement process with other NEL-wide APMS contracts that are expiring within the next 12-18 months. To support the acquisition of the Wood Wharf site, commissioners agreed to reimburse the practice service charges for the duration of the extension period. The yearly service charge cost for Wood Wharf equates to £217,082 per annum. This was approved by the NEL CCG Primary Care Contracts Committee (PCCC) in June 2022.

	Several options have been considered in relation to the future of this GP contract (see Appendix 1) and a financial appraisal of all options has been provided (see Appendix 2). The options include: 1. List dispersal 2. Reprocure under PSR as an equalised APMS contract including both sites for a term of 15 years (5+5+5) 3. A) Reprocure under PSR as an equalised APMS contract as a standalone site (Wood Wharf only) for a term of 15 years (5+5+5) B) Reprocure under PSR as an equalised APMS contract as a standalone site (Roserton Street only) for a term of 15 years (5+5+5) 4. Reprocure under PSR as a non-equalised APMS contract for both sites for a term of 15 years (5+5+5), with a view to consolidate onto the Wood Wharf site in 2030 5. Reprocure under PSR as an equalised APMS contract for both sites for a term of 15 years (5+5+5) with shared occupancy at the Wood Wharf site 6. Provide a short-term contract extension for 3 months (until 31 Dec-25) under current arrangements to further refine commissioning options 7. Reprocure under PSR as a non-equalised APMS contract for both sites under current funding arrangements for a period of 5 years and include a 2-year extension clause (5+2) Option 7 carries the least amount of risk and is based on the following rationale: • ICB cannot dispose of any site based on the current position and will need to continue paying rent for both sites • Population growth is uncertain due to the new developments within the local area and there may be a need for two sites in the long term. • Commissioning an equalised APMS contract is not attractive to potential bidders, due to high running costs of the Wood Wharf site and the pace of list size growth. Therefore, to ensure financial viability of the contract the current payment arrangement for premises reimbursement must continue and the London-wide APMS terms and services price of £12.75pwp must remain. • KPI payments can be removed as incoming provider will have the option to sign-up to local incentive schemes in-line with PMS and GMS practices. This funding will need to be reinvested into primary care. • An informed decision can be made in 2030 on whether to dispose of or keep both sites based on list size growth.

Action / recommendation	Decision: Approve Option 7 as the preferred option for Island Medical Centre. Approve Island Medical Centre to be included as a Lot for the T2 APMS Procurement, with a new contract to 'go-live' on 1 October 2025.
Previous reporting	The preferred option was presented and endorsed at Tower Hamlets local forum on 18 October 2024.
Next steps/ onward reporting	Include in tranche 2 APMS procurement programme for ICB 'triple lock' process approval.
Conflicts of interest	Any conflicts of interest to be managed in line with the Terms of Reference (ToR) of the Committee.
Strategic fit	• To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	EQIA not required as the recommendation proposed will not impact service delivery to patients. Would be required if a decision is made to disperse the list or consolidate onto one site.
Impact on finance, performance and quality	The total cost for option 7 is £18,563,576.42. This is for the entire 7-year period of the contract and includes the contract and premises costs for both the Roserton Street and Wood Wharf sites. The ICB currently pays the service charge for the Wood Wharf site only at £217,082 per annum. Under the preferred option, this cost would continue for the entire 7-year period. The cost of this would be met through the delegated budget. There is a saving by removing the current KPI element from the contract of £5.35pwp, however this money will need to be re-invested in primary care.
Risks	The preferred option could be less attractive to bidders due to shorter contract length compared to other NEL wide APMS contracts. The mitigation is to continue to pay under London-wide APMS terms of £12.57pwp and continue with current premises reimbursement arrangements.
Attachments and Appendices	Attachments under separate cover and available upon request from the Governance Team on nelondonicb.corporate@nhs.net 1. GP Contract Strategic Commissioning Review Business Case 2. Appendix 1 – options appraisal 3. Appendix 2 – financial appraisal