

Primary Care Contracts Sub-Committee

9 September 2025; 13:00 - 14:00
Held on MS Teams

AGENDA

	Item	Time	Lead	Attached/ verbal	Action required
1.0	Welcome, introductions and apologies	13:00	Chair	Verbal	Note
1.1.	Declaration of conflicts of interest			Attached	Note
1.2.	Minutes of the meeting held on 8 July 2025			Attached	Approve
1.3	Matters arising and actions log			Attached	Note
2.0	Questions from members of the public	13:05	Chair	Verbal	Note
3.0	ICB reorganisation update	13:20	Sarah See	Verbal	Note
4.0	Dental, Optometry and Pharmacy (DOPs) update	13:25	Jeremy Wallman		Note
4.1.	Dental update 2025/26			Attached	
4.2.	Community Pharmacy Bank Holiday Services for NEL			Verbal	
5.0	Grove Surgery (Redbridge) final remedial notice	13:35	Adeel Aksar	Attached	Approve
6.0	BHR Primary Care Access Commissioning Intention Reconciliation Update	13:45	Natalie Keefe	Attached	Note
7.0	Any other business	13:55	Chair	Verbal	Note
Items for information only					
8.0	Primary care finance report			Attached	Info only
9.0	Primary care risk report			Attached	Info only
10.0	GP contracts update report			Attached	Info only
Date of next meeting: 11 November 2025					

- Declared Interests as at 02/09/2025

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 Commissioning	Primary care contracts sub-committee	Indirect Interest	Northamptonshire NHS Foundation Trust	Sister is Mental Health Practitioner	2022-01-08	ONGOING	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	GP Practice in Waltham Forest	Registered patient	0097-06-01	ONGOING	
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	ONGOING	
			Financial Interest	Princess Alexandra Hospital Trust	Non-executive director of the Trust	0202-03-10	ONGOING	
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	ONGOING	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Group B Strep Support (GBSS)	Director and Trustee	2020-01-01	ONGOING	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Homerton Hospital	Midwife (honorary contract)	2015-01-01	ONGOING	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of Midwives (RCM)	Professional membership	1994-01-01	ONGOING	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Nursing & Midwifery Council (NMC)	Professional membership	1992-01-01	ONGOING	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	London Clinical Senate	Member	2017-01-01	ONGOING	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	ONGOING	

Dr Paul Francis Gilluley	Chief Medical Officer	Clinical Advisory Group ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee Primary Care Collaborative sub-committee Primary care contracts sub-committee	Non-Financial Professional Interest	British Medical Association	I am a member of the organisation.	2022-07-01	ONGOING	
			Non-Financial Professional Interest	Royal College of Psychiatrists	Fellow of the College	2022-07-01	ONGOING	
			Non-Financial Professional Interest	Medical Defence Union	Member	2022-07-01	ONGOING	
			Non-Financial Professional Interest	General Medical Council	Member	2022-07-01	ONGOING	
			Non-Financial Personal Interest	Stonewall	Member	2022-07-01	ONGOING	
			Non-Financial Personal Interest	National Opera Studio	Trustee on the Board	2023-08-01	ONGOING	
			Non-Financial Professional Interest	University of East London	Health Fellowship	2024-10-01	ONGOING	
			Non-Financial Professional Interest	Greater London Authority	Appointed to the Mayoral Cultural Leadership Board	2025-02-27	ONGOING	
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	ONGOING	
			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	ONGOING	
			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	ONGOING	
			Non-Financial Personal Interest	Primary Care Optometrist	I am a practicing optometrist in primary care in the NE London area.	2002-04-01	ONGOING	

Sarah See	Managing Director of Primary Care	ICS Executive Committee Primary Care Collaborative subcommittee Primary care contracts subcommittee	Non-Financial Personal Interest	GP - Waltham Forest	Registered with a GP practice in Waltham Forest; members of the practice team works with the NHS NEL, LW LMC and NHSE/I	2001-01-01	ONGOING	
			Indirect Interest	Old Church Surgery (Chingford)	Niece works for GP practice	2022-06-05	ONGOING	
Shilpa Shah	LPC CEO attend meetings as a guest	Formulary & Pathways Group (FPG) Pharmacy Provider Group Primary Care Collaborative subcommittee Primary care contracts subcommittee	Non-Financial Personal Interest	Samaritans	Director of Branch Operations at Samaritans National voluntary role.	2022-10-01	ONGOING	No action required as no conflicts declared.
			Non-Financial Personal Interest	Waltham Forest Samaritans	Listening volunteer at Waltham Forest Samaritans	2015-07-15	ONGOING	No action required as no conflicts declared.
			Financial Interest	Pharmacy Services Partnership	I am a consultant manager to the Pharmacy Services Partnership which is a Pharmacy Provider Company	2023-04-01	ONGOING	No action required as no conflicts declared.
			Non-Financial Professional Interest	Crisis at Christmas	Deputy Healthcare Manager at Crisis at Christmas	2013-12-25	ONGOING	

- Nil Interests Declared as of 02/09/2025

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.
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.
Jeremy Wallman	Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy	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 Collaborative sub-committee Primary care contracts sub-committee	Indicated No Conflicts To Declare.
Daniel Hodgson	Head of Primary Care partnership Development	Primary Care Collaborative sub-committee Primary care contracts sub-committee	Indicated No Conflicts To Declare.
William Dawson	Primary Care Independent clinician	Primary care contracts sub-committee	Indicated No Conflicts To Declare.

DRAFT
Minutes of the Primary Care Contracts Sub-Committee
Held on 8 July 2025; 13:00-14:15;
via MS Teams

Members:	
Dr William Dawson (WD)	Primary Care Independent Clinician - Chair
Sarah See (SSe)	Managing Director of Primary Care, NHS NEL
Diane Jones (DJ)	Chief Nursing Officer, NHS NEL
Dr Paul Gilluley (PG)	Chief Medical Officer, NHS NEL
Rob Dickenson (RD)	Deputy Director of Finance – Primary Care and London Services, NHS NEL – For Ahmet Koray
Attendees:	
Dr Reza Manbajood (RM)	East London and City Local Dental Committee
William Cunningham-Davis (WCD)	Director of Primary Care Delivery, NHS NEL
Gohar Choudhury (GC)	Head of Primary Care Commissioning, NHS NEL
Benjamin Smith (BS)	Senior Primary Care Commissioning Manager, NHS NEL
Jeremy Wallman (JW)	Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy
Daniel Hodgson (DH)	Head of Primary Care Partnership Development, NHS NEL
Keeley Chaplin (KC)	Governance Systems Lead, NHS NEL (minutes)
Apologies:	
Amy Wilkinson (AW)	Hackney Place Director, representing NEL Place Based Partnerships
Shilpa Shah (SSh)	CEO, Local Pharmaceutical Committee
Tam Bekele (TB)	East London and City Local Dental Committee
Alison Goodlad (AG)	Deputy Director of Primary Care, NHS NEL
Ahmet Koray (AK)	Director of Finance, NHS NEL
Ben Molyneux (BM)	Associate Medical Director for Primary Care, NHS NEL
Daniele Serdoz (DS)	Assistant Director of Primary Care, Londonwide LMC
Jignasa Joshi (JJ)	NEL Integrated Care System Optometry Lead
Dalveer Johal (DJ)	Chief Operating Officer, Community Pharmacy NEL
Dr Asif Imran (AI)	BDH Local Medical Committee

Item No.	Item title	Action
1.0	Welcome, introductions and apologies	
	The Chair welcomed everyone to the meeting. Apologies were noted as above. In advance of the meeting, AW had indicated her support to the reports submitted for approval.	
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 meetings held on 13 May 2025	
	The minutes of the meeting held on 13 May 2025 were accepted as accurate records.	
1.3	Matters arising/action log	
	Members reviewed the action log and agreed to close action ACT017 and noted an update is to be provided on ACT015.	
2.0	Questions from members of the public	
	There were no questions submitted by members of the public.	
3.0	ICB operating model update	
	SSE noted that NHS England (NHSE) has reviewed the ICB's submission which was supported. The Executive Management Team are now finalising structures and job descriptions are being evaluated prior to going out to staff for a 45-day consultation. NHSE has not provided guidance on redundancy packages or how it is to be managed.	
4.0	Dental Update 2024/25	
	<p>JW provided sub-committee members with an update on the performance of primary, secondary, community and specialist dentistry performance based on month 12 data (Q4 Acute secondary care data):</p> <ul style="list-style-type: none"> • General Dental Services (GDS) contract delivery in North East London (NEL) is high, exceeding 98%, with minimal clawback, benefiting practices by preserving contract values. • This demonstrates that the ICB is getting an excellent return in respect of the level of activity delivered in comparison to the amount that has been commissioned. This results in a very low value in respect of resource to be clawed back in respect of underperformance. • However, only around 80% of the population is being treated, and this figure does not account for those accessing private dentistry. • Patient charges remain a significant barrier to access. • Efforts are being made to reduce inappropriate presentations at A&E and GP practices for dental conditions. In London, A&E patients are directed to the 111 service, though GP out-of-hours services still encounter cases such as dental abscesses. • The 10-year plan references dentistry only briefly and lacks substantive detail. <p>The sub-committee considered the report and key points were:</p> <ul style="list-style-type: none"> • A deep dive on dental performance was presented to the ICB Board who highlighted the need to disseminate positive messages more broadly, as public perception remains negative. Suggestions from the sub-committee included using graphics and comparative data to illustrate capacity, such as highlighting the 700k available appointments in London and noting that NEL is the only region to surpass pre-pandemic levels. • Dental practices are not bound by borders and are able to treat patients from anywhere in the country, however, if the practice reaches 100% of 	

	<p>contracted activity it can decline further patients which could adversely affect the local population.</p> <ul style="list-style-type: none"> • There are challenges for patients accessing dental services in hospital with a high number of people coming in from outside London. This has a negative impact on waiting lists. • The current dental contract is considered unfit for purpose and does not adequately serve patients or providers. • With appropriate contracts, some complex treatments currently performed in hospitals could be managed in primary care at a lower cost. <p>The primary care contracts sub-committee noted the contents of the report (draft year end data) - M12b Primary Care / Q4 Acute Secondary Care including 2025/26 Dental commissioning proposals</p>	
5.0	Primary care operating plan – detailed action plan	
	<p>DH provided an overview of the spreadsheet circulated with papers, outlining targets, deadlines, and measures for delivery as submitted in March 2025. The plan includes prioritisation levels and confidence ratings. It has been reviewed by the Primary Care Delivery Group (PCDG) and the Commissioning Board and submitted to NHSE, with feedback pending. The submission to NHSE was caveated that changes may be needed due to the publication of the NHS 10-year plan.</p> <p>It reflects a shift in NHSE language, moving from support to intervention for underperforming practices. A number of reporting responsibilities are assigned to the sub-committee, which will monitor progress.</p> <p>A key risk to delivery is the ongoing reorganisation, the transfer of responsibilities and reduced workforce. Retaining expertise and knowledge is essential.</p> <p>Intervention of practices may become more directive using contractual mechanisms. This sub-committee will have a role to demonstrate compliance.</p> <p>The sub-committee noted the report presented for information.</p>	
6.0	APMS Strategic Commissioning Intentions	
6.1	Lucas Avenue (Newham)	
	<p>BS presented the commissioning intentions report for the Lucas Avenue practice (Newham), which delivers services to a list size of 14k patients. The current APMS contract was awarded to AT Medics Ltd and commenced in August 2016. It has reached its maximum term and cannot be extended further. The contract ends in July 2026. The report recommended procuring a new APMS contract via the Procurement Selection Regime (PSR) competitive process, as the current contract is on the Londonwide APMS terms, which are no longer offered.</p> <p>The primary care contracts sub-committee approved procuring a new APMS contract for The Lucas Avenue Practice, as part of the upcoming “NEL Tranche 3” APMS procurement programme, which has received endorsement from the NEL Procurement Group.</p>	
6.2	Loxford (Redbridge)	

	<p>BS presented the commissioning intentions report for the Loxford Surgery (Redbridge), which delivers services to a list size of 32k patients. The current APMS contract was awarded to AT Medics Ltd and commenced in August 2016. It has reached its maximum term and cannot be extended further. The contract ends in July 2026. The report recommended procuring a new APMS contract via PSR competitive process, as the current contract is on the Londonwide APMS terms, which are no longer offered.</p> <p>In his absence, the LMC representative submitted a question relating to items 6.1 and 6.2 APMS contract awards. He noted there had been a previous discussion about potentially moving from APMS to GMS contracts giving an example of this occurring in South East London, and asked if this was still the plan for NEL? The response provided was under the new Provider Selector Regime (PSR) and the size of these lists, it would not be possible to shift to an existing GMS provider and it would still need to go through the procurement process for a new GMS provider. The conclusion was, given the size of the lists, the planned reform of the GP contracts and further detail required on the new neighbourhood contracts that the APMS remains the most appropriate contractual form at this time.</p> <p>The primary care contracts sub-committee approved procuring a new APMS contract for The Loxford Surgery, as part of the upcoming “NEL Tranche 3” APMS procurement programme, which has received endorsement from the NEL Procurement Group.</p>	
6.3	Newham Transitional (Newham)	
	<p>Newham Transitional Practice (NTP) is a specialist APMS contract that provides primary care services for individuals experiencing homelessness and social exclusion. The contract has been managed by East London Foundation Trust (ELFT) since April 2020. A review was undertaken in 2024, and the contract was subsequently extended for 12 months from 1 April 2025, with the current term now set to expire on 31 March 2026. The report recommended extending the contract by a further 12 months.</p> <p>The primary care contracts sub-committee approved the recommendation to extend the contract for a further year, until 31 March 2027, in the first instance. This extension will allow time to incorporate the NEL Homelessness Strategy, which is currently being finalised.</p>	
7.0	GP Contract changes implementation	
	<p>DH highlighted some recent changes to the GP contract, noting some changes would be taking effect in July and others in October:</p> <ul style="list-style-type: none"> • Changes in July will include updates to practice websites and policies on patient removal. • October changes include enabling GP Connect for other NHS and private providers with consent, ensuring 24/7 availability of patient online services. • Discussions with the LMC are ongoing to support practices in meeting these requirements. • Challenges include ensuring practices respond to online triage/e-consult requests during core hours and adapting to new patient safety reporting requirements. • The LMC has not expressed significant concerns about the shift to online triage, though some practices may need to adjust their operating hours. <p>The primary care contracts sub-committee noted the verbal update.</p>	

8.0	Primary Care Finance Report	
	<p>RD presented the finance report, noting key areas:</p> <ul style="list-style-type: none"> • The total Primary Care budget, including Prescribing and Dental Optometry and Pharmacy (DOPs) allocation is £1.1bn. • Overall growth is approximately 3.8% (£40m). The largest budget set was in prescribing which received an uplift of 3.6% (after applying a £10m CIP) and DOPs received 3.5%. • Some funding streams have ceased, such as digital tools which will now be supported from the primary care transformation budget. • Limited data is available on prescribing activity, and the plan is expected to be off-target. • Potential offsets include unutilised Additional Roles Reimbursement Scheme (ARRS) funding, which was fully allocated this year. • There has been a lot of work with PCNs to hit their workforce targets. There will still be claims process to drawdown their funding. • It was noted that traditional GP models may not align with current funding structures, and reconciliation of expenses remains challenging. • Recruitment to ARRS roles is ongoing, and effectiveness evaluations are planned. <p>The primary care contracts sub-committee noted the report.</p>	
9.0	Primary care risk report	
	<p>DH reported that the risk report remains largely unchanged, except for the closure of the pharmacy collective action risk.</p> <p>Actions are in place for remaining risks, with most deadlines set for the end of the financial year. Practice coding improvements are ongoing.</p> <p>Concerns were raised about potential industrial action by resident doctors and GP trainees, which could impact primary care. This has not yet been included within the risk register until action and dates are confirmed.</p>	
10.0	Any other business	
	None	
11.0	Items for information only	
11.1	GP Contracts update report	
	The report provided for information was noted.	
	Date of next meeting – 9 September 2025	

Primary Care Contracts Sub-Committee – Actions Log

OPEN ACTIONS

Action ref:	Date of meeting	Action required	Lead	When	Status
ACT015	09/04/25	<p>3.0 Translation and Interpretation service for general practice SSE to discuss translation service provision for community DOPs with Jeremy Wallman</p> <p>Update 05/25: JW clarified that the process remains the same and practices can engage an interpreter of their choice and seek reimbursement. However there are anomalies in the payment process for the different contract groups and that clear communications will be developed and sent out. This action will remain open.</p>	SSE	<p>05/25</p> <p>09/25</p>	Action completed: SSE confirmed with JW that DOPs have access to translation and interpretation service. JW will arrange reminder communications of the available services to community DOPs including the LOC and LDC.
ACT016	13/05/25	<p>Ecclesbourne Practice Remedial Notice (Waltham Forest) It was agreed that a learning session will be held to review the process and communication issues for both commissioner and the practice to review what went well and what improvements can be made</p>	Primary care team	11/25	Submission due in July 2025 after which the learning event can be held. To update in November.

Primary Care Contracts Sub Committee Meeting

9 September 2025

Title of report	Dental, Optometry and Pharmacy (DOPs) update M4 Primary Care/Q1 Dental Update including Urgent Dental Care Performance and Contract Reform proposals
Author	Jeremy Wallman, Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy
Presented by	Jeremy Wallman, Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy
Contact for further information	jeremy.wallman@nhs.net
Executive summary	Summary of the key points/messages in the report.
Action / recommendation	The primary care contracts sub-committee is asked to note the contents of the report.
Previous reporting	Commissioning Oversight Group (COG)
Next steps/ onward reporting	FPIC
Conflicts of interest	None
Strategic fit	To enhance productivity and value for money
Impact on local people, health inequalities and sustainability	To improve and stabilise the oral health of patients treated. To extend and increase the availability of NHS dentistry.
Impact on finance, performance and quality	As detailed in the report
Risks	On going Risks, identified in the report. Under delivery of Primary Care contracts previously referenced

Jeremy Wallman
Head of Primary Care Commissioning, Dentistry, Optometry and Pharmacy

21st August 2025

Dental Update 2025/26 – M4

General Update

General Dental performance against contract is significantly higher than it usually is at this stage in the year and would point to high levels of demand which is in turn being met by dental contractors. Assuming this level of delivery is maintained the forecast is for another year of exceptional delivery against commissioned contracts. This will be supplemented by the commissioning of additional UDAs which will start to flow through contracts during September/October, meaning that as well as maintaining contract delivery this will provide increased levels of access for more patients.

ICB	Contracted UDAs	UDA Delivered to date	UDA % Delivery	25/26 Forecast Outturn @ M4	2024/25 Actual Delivery %
	FYE	M4	M4	FOT	
North-Central London	1,917,650	538,964	28.11	96.9%	97.7%
North-East London	2,604,328	779,280	29.92	98.7%	98.1%
North-West London	3,133,472	901,930	28.78	97.4%	98.6%
South-East London	2,744,587	795,119	28.97	97.4%	97.5%
South-West London	1,891,397	524,301	27.72	93.5%	95.4%
London Wide	12,291,434	3,539,594	28.70	96.78%	97.62%

Urgent Dental Care Delivery

The Government’s manifesto committed to securing 700,000 additional urgent dental care (UDC) appointments per year for the duration of this parliament. For 2025/26 ICBs have been instructed to purchase additional urgent care appointments over and above the ICB UDC baseline. The baseline encompasses all urgent care activity in each ICB covering the 12 months to June 2024. The baseline includes urgent care appointments delivered under dedicated UDC contracts and mandatory services contracts.

UDC Baselines provided by NHS England (NHSE)

ICB	NHSE data Jul23-Jun24	NHSE data Apr 23-Mar 24	Published data April 23-Mar 24	Estimated proportion missing from NHSE data	Indicative Jul23-June24 FP17 baseline
North Central	92,557	90,174	90,660	0.01	93,053
North East	159,710	158,820	159,832	0.01	160,721
North West	173,516	170,126	171,199	0.01	174,604
South East	137,164	137,372	138,329	0.01	138,113
South West	99,809	98,417	99,181	0.01	100,578
Total	662,756	654,909	659,201		667,069

The figures in the final column are the baselines used to calculate and additional capacity which may need to be commissioned.

London Urgent Dental Care Service

As detailed previously using funding previously allocated to the Urgent Dental Care Hubs (UDCH) mobilised during the pandemic, the DOP Hub competitively procured a pan-London UDC service which replaced the UDCH practices and commenced on 29th April 2025.

The table below displays UDC capacity and delivery, defined as Courses of Treatment (CoT), for financial years 2023/24 and 2024/25. UDC delivery for 2024/25 has been extrapolated using a formula NHSE has found appropriate.

The table shows the forecast unused capacity for 2024/25 and that the individual ICB shares of the 700k appointments are lower than the capacity available.

ICB	CoT target 23/24	CoT delivered 23/24	Unused CoT capacity 23/24		CoT target 24/25*	CoT delivered 24/25 annualised	Unused CoT capacity 24/25	Share of 700k	Remaining
North Central	41,885	29,826	12,059		38,825	28,049	10,776	8,976	1,800
North East	78,647	56,263	22,384		88,878	62,082	26,797	17,452	9,345
North West	42,778	24,334	18,443		55,404	32,881	22,523	11,445	11,078
South East	38,777	24,446	14,331		44,888	28,027	16,861	8,616	8,245
South West	30,306	22,769	7,537		33,626	23,903	9,723	6,402	3,321
Total	232,392	157,638	74,754		261,622	174,942	86,680	52,891	33,789

The combination of urgent care appointments delivered by mandatory services contracts and UDC service contracts is sufficient to exceed the total of the baseline and London share of the additional 700k appointments. As London ICBs have a satisfactory volume of UDC capacity, no further commissioning of urgent care appointments is required.

Despite this, the National focus on this commitment is exceptionally high and whilst ICBs in London are delivering above the baseline, all are below the trajectory expected. There is ongoing dialogue with NHSE at both a Regional and National. The summarised response from Region on behalf of the London ICBs is as follows:

- The data appears correct and there is an expectation that the M4 figures will rise as they are currently incomplete.
- All UDC activity is captured by FP17 whether delivered through the core practice services or via the commissioned dental triage service accessed via NHS111.
- Current and combined run rates for London are higher than our baseline levels of activity and are evidence of slightly increased demand. Activity has not yet attained the target run rates inclusive of London's share of the national target.
- London ICB's commissioned UDC services have sufficient capacity to augment core practice activity and deliver the full additional ask of ICBs. Reports from providers summarise the total number of appointments that are not booked (i.e. available capacity) and ICBs, via the DOP Commissioning Hub are developing a reporting regime to quantify DNAs.
- The London UDC service provides for a 24-hour disposition for any Londoner with an urgent dental care need. The service and patient pathway is well established and known to other providers in the health service.
- While the NHS 111 online pathway is functioning as it should, online it is only available in English, limiting access for non-English speakers.
- A poster campaign is underway to raise awareness of the service is underway.
- Executive leads within London ICBs are fully briefed on their share of the national target and the importance of urgent dental care delivery as a national priority.

The reported NEL position at M4 is detailed below:

ICB Name	NHS North East London ICB				
Operational Planning Guidance - Delivery Trajectories Submitted Apr-25					
	Apr-25	May-25	Jun-25	Jul-25	Total
Baseline Activity	13,389	13,389	13,389	13,389	53,556
ICB Planned Trajectory to deliver share of 700k (as agreed through the planning process)	1,454	1,454	1,454	1,454	5,816
Total Baseline +700k Contribution	14,843	14,843	14,843	14,843	59,372
BSA FP17 Delivery Activity (for incomplete months due to 62 day claims window for FP17's, the position has been synthesised using expected delivery activity percentages)	Complete	Complete	Incomplete Data Synthesised by 1%	Incomplete Data Synthesised by 5%	
	13,675	13,262	13,380	13,708	54,025
Difference (Baseline +700k Contribution) - BSA FP17 Delivery Activity	-1,168	-1,581	-1,463	-1,135	-5,347

Commissioned Activity - For all to complete					
	Apr-25	May-25	Jun-25	Jul-25	Total
Number of Appointments Expected to be Commissioned	7407	7407	7407	7407	29626

Appointment Utilisation - For all to complete					
	Apr-25	May-25	Jun-25	Jul-25	Total
Total number of appointments commissioned	7407	7407	7407	7407	
Number of appointments not booked	309	1693	2014	588	
Number of DNAs	TBC	TBC	TBC	TBC	
Number of appointments attended (should = total - no. not booked - no. DNAs)	7098	5714	5393	6819	
Number of appointments resulting in an FP17 claim for unscheduled care (i.e. band 1 urgent FP17)	7098	5714	5393	6819	

NHS dentistry contract: quality and payment reforms

The government has been consulting on a list of reforms to the dental contract and are proposing the following:

- mandate a proportion of contract capacity to be directed to unscheduled care, supported by new payment arrangements and in line with a national service specification
- create new long-term and planned pathways with improved payments to support care and treatment for patients with significant dental decay and/or significant gum disease
- create a new course of treatment for the application of fluoride varnish on children, without a full dental check-up and which can be applied by extended duty dental nurses (EDDNs) between full check-ups
- incentivise greater use of resin-based fissure sealants in children's permanent molar teeth by re-banding the treatment from band 1 to band 2 to reflect better the time and cost associated with this treatment
- introduce a new band 2 sub-band for denture modifications, relining and repairs
- options to support reducing clinically unnecessary check-ups
- introduce funded quality-improvement activities for practices
- provide practices with funding for annual appraisals for associate dentists, dental therapists and dental hygienists who provide clinical NHS care
- develop minimum terms of engagement set out in an NHS model contract for dental associates
- extend minimum requirements of NHS service for discretionary support payments to include all NHS service, not just time on the dental Performers List
- develop an NHS handbook for dental teams

A detailed review of what impact these changes will have on local delivery will be provided at a future meeting.

Barts Health

The sustained reduction in patients waiting over 65 weeks has slowed. While the number of patients waiting over 65 weeks has not changed in the last quarter, the Trust has suggested that an improvement will be seen in the next quarter.

Barts are delivering additional Saturday lists for Oral Surgery and long waiters are being transferred to Homerton.

204 patients waiting over 65 weeks, of which 57 do not have an appointment booked. The Trust is particularly affected by workforce shortages, lack of access to theatres and possibly lower productivity that comparable trusts.

- **Oral Surgery**, 115 patients waiting over 65 weeks of which 77% have an appointment booked. Oral surgery remains challenging specialty but Barts has done much work to improve their position.
- **Restorative**, 15 patients over 65 weeks the majority of which are special care and therefore more complex. 7 of the 15 have an appointment booked. The ICB granted funding for consultant led triage for Level 2 Complexity Endodontic Services will shortly be implemented.
- **Paediatric**, 35 patients waiting over 65 weeks of which 48% have an appointment booked.
- **Orthodontic**, 11 patients over 65 weeks of which 9 have an appointment booked.
- **Dental Medicine**, 26 patients waiting over 65 weeks, all but 1 with appointments booked. Significant workforce issues in this specialty and similar issues at UCLH
- **Maxillofacial**, 2 patients over 65 weeks without appointments booked. Some maxillofacial patients will be sitting under the oral surgery PTL.

Barts remains an outlier for patients waiting over 52 weeks and is in a challenging position for all dental specialties. However, there is consistent sustained improvement over the last nine months and there are various initiatives in place to continue this trajectory.

Barking, Havering & Redbridge University Trust

Zero patients waiting over 65 weeks.

- **Orthodontic**, 1 patient over 52 weeks without appointment booked. BHRUT is receiving an increasing number of referrals from outside London. Where possible referrals are rejected due to low complexity but those meeting criteria have to be accepted. There is limited provision for orthodontics in East of England.
- **Maxillofacial**, 11 patients waiting over 52 weeks, 5 of which have appointments booked. Theatre lists regularly cancelled for higher priority / profile cases.
-

Homerton University Hospital

Zero patients waiting over 65 weeks. Trust is assisting Barts with long waiting oral surgery patients which are coded under Maxfax. While the number of patients waiting over 52 weeks is decreasing, it should be noted the overall number of patients on the PTL is increasing.

- **Maxillofacial**, 4 patients waiting over 52 weeks with appointments booked. Trust faces challenges with increasing referral numbers and the inability to match the overtime payments made by competing trusts.
- **Paediatric Maxillofacial**, zero patients over 52 weeks, all patients over 41 weeks have appointments booked.

Community Dental Services

- CDS serves the following patient groups, paediatric, special care, elderly and rough sleeping homeless it also provides oral health promotion (OHP) on behalf of the local authorities that commission it.
- Challenges in the paediatric pathway remain with no reduction in the volume of referrals. The new referral form is currently being tested by CLCH and Whittington CDS prior to regional roll out. All stakeholders have been included in the creation of the new form and now significant issues are anticipated.
- Number of referrals increasing, particularly paediatric.
- Kent Community Health (NEL CDS provider) has reduced average waiting time from referral to appointment to only 12 weeks, this is a significant achievement.
- **Paediatrics**, referrals into CDS are 40% higher than pre-pandemic levels, this is driven in part by a deterioration in the oral health of the population due to the pandemic. It would also indicate that children are able to access primary care dentistry due to the strong recovery of primary care services in London and the continued commitment of the ICBs to increase access in primary care. To combat the increase in referrals and prevent onwards referrals to secondary care oral health promotion is a focus for local authorities and the DOP team is liaising with them and CDS providers.
- **Special care**, referral volumes are increasing after a significant reduction during and immediately after the pandemic. A new IV sedation drug, remimazolam, is being trialled in various settings and with its shorter recovery time creates the possibility of increased capacity. Public Health working on a needs assessment to review the demands of this patient cohort
- **Elderly**, care and nursing home residents' oral health needs have evolved since the creation of domiciliary services which are no longer the most suitable method of treatment. National review of domiciliary due to start shortly with a local review already underway.
- **Rough sleeping homeless** numbers have increased, and the location of rough sleepers has changed since the procurement of CDS. DOP team is working with local authorities and advocates to review need and service provision.
- **Supervised Tooth Brushing** funding and equipment has been provided and the additional provision should commence at the start of the new academic year.

Primary Care Contracts sub-committee

9 September 2025

Title of report	Grove Surgery (Redbridge) – Remedial Notice for CQC rating
Author	Adeel Aksar, Primary Care Commissioning Manager
Presented by	Adeel Aksar, Primary Care Commissioning Manager
Contact for further information	adeel.aksar@nhs.net
Executive summary	<p>The Grove Surgery was previously issued with a Remedial Notice in March 2022, following a CQC report published on 15 February 2022, which rated the practice as ‘Inadequate’ overall. As a result, the practice was placed into special measures.</p> <p>The CQC then conducted an announced focussed inspection at Grove Surgery on 22 September 2022, with the report published on 17 November 2022. The practice’s overall rating improved to ‘Requires Improvement’ and it was subsequently removed from special measures.</p> <p>A further announced inspection was carried out between 6 November and 12 December 2024, triggered by a change in provider in April 2023. This assessment reviewed the key questions in the Safe, Effective, Caring, Responsive and Well Led domains. The CQC report was published on 22 January 2025 which rated the practice as ‘Requires Improvement’ across all domains.</p> <p>The CQC identified that some areas were not safe and were not always supported by good governance. Specific concerns included issues with medicines management, response to safety alerts and assurances of clinical staff competency. Additionally, the systems to support patients care and treatment did not always support good outcomes or were found to be inconsistent.</p> <p>The issues identified constituted breaches of Regulations 12 (Safe Care & Treatment), 17 (Good Governance) and 18 (Staffing) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Action / recommendation	The primary care contracts sub-committee is asked to approve the issuing of a further Remedial Notice to Grove Surgery.
Previous reporting	N/A

Next steps/ onward reporting	<p>i) Commissioners to issue the practice with a Remedial Notice.</p> <p>ii) Practice to continue providing monthly submissions of the action plan to the ICB.</p> <p>iii) Practice to continue liaising with the Safeguarding and Medicines Management teams to receive support in completing the action plan.</p> <p>iv) ICB to schedule further monthly meetings to review progress on the action plan and provide support to the practice.</p> <p>v) Await final submission from Grove Surgery by 1 October 2025 which is to be signed off by the relevant Subject Matter Experts.</p>
Conflicts of interest	NEL GP Providers may be conflicted and would be excluded from decision-making
Strategic fit	<ul style="list-style-type: none"> To improve outcomes in population health and healthcare To tackle inequalities in outcomes, experience and access
Impact on local people, health inequalities and sustainability	Issuing a Remedial Notice will address concerns raised by the CQC regarding patient care.
Has an Equalities Impact Assessment been carried out?	An equalities impact assessment has not been undertaken.
Impact on finance, performance and quality	There are no financial implications to the ICB. Performance and quality concerns raised by the CQC, will be addressed within the Remedial Notice.
Risks	There is a risk, given previous CQC Inspection ratings that the practice may not adequately improve, ultimately resulting in termination of the Contract.

1.0 Introduction and Background

- 1.1 The Grove Surgery provides primary medical services from a converted house in Chadwell Heath, Redbridge. It is a single-handed Personal Medical Services (PMS) Agreement.
- 1.2 The practice has a patient list of 10,803 (as of 1 July 2025). The practice is a member of Seven Kings PCN.
- 1.3 Following a whistle-blower disclosure and a number of patient complaints, the CQC carried out a focused inspection of the practice on 4 and 9 November 2021. The inspection identified significant concerns, resulting in the practice being rated 'Inadequate' overall and placed into special measures. The corresponding CQC report was published on 15 February 2022.

- 1.4 As a result of the above, the practice was issued with a Remedial Notice in March 2022.
- 1.5 The CQC then conducted an announced focussed inspection at Grove Surgery on 22 September 2022, with the report published on 17 November 2022. The practice's overall rating improved to 'Requires Improvement' and it was subsequently removed from special measures.
- 1.6 A further announced inspection was carried out between 6 November and 12 December 2024, triggered by a change in provider in April 2023. This assessment reviewed the key questions in the Safe, Effective, Caring, Responsive and Well Led domains.
- 1.7 The CQC report was published on 22 January 2025 and rated the practice as 'Requires Improvement' across all domains.
- 1.8 Commissioners have held meetings with the practice, alongside Safeguarding and Medicines Management leads, to provide support in addressing the issues identified by the CQC's most recent inspection report.

2.0 Key Issues

- 2.1 Over the past three years, Grove Surgery has been inspected by the CQC on three separate occasions. A summary of the inspection ratings is set out below:

Date Report Published	Overall CQC rating
15 February 2022	Inadequate
17 November 2022	Requires Improvement
22 January 2025	Requires Improvement

- 2.2 The most recent CQC inspection report rated the practice as 'Requires Improvement' across all domains, reflecting a decline compared to the previous inspection report.
- 2.3 The issues identified constituted breaches of Regulations 12 (Safe Care & Treatment), 17 (Good Governance) and 18 (Staffing) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.
- 2.4 The latest CQC report highlights limited assurance regarding safety in medicines management, response to safety alerts, and clinical staff competence.
- 2.5 The system to manage central safety alerts was not always effective and this could put patients at potential risk.
- 2.6 The practice did not have an effective system in place to assure all urgent referrals received a prompt assessment.
- 2.7 The system to manage patient test results and clinical correspondence was not always effective.

- 2.8 Laboratory results had not been followed up since February 2023 and some had not been filed since June 2024.
- 2.9 The system to manage patient test results and clinical correspondence was not always effective.
- 2.10 Although the leaders stated they would contact healthcare partners when they had concerns, they did not have regular meetings to discuss and improve outcomes for people with complex needs or with the health visitors to discuss child and adult safeguarding.
- 2.11 The practice did not have sufficient checks in place to ensure that receptionists carried out patient triage correctly when patients were being diverted to other services
- 2.12 The practice did not have a system in place to carry out clinical supervision of the practice nurses to ensure competency.
- 2.13 There were insufficient sharp bins to store sharps prior to their collection and disposal.
- 2.14 The practice did not always make sure that medicines and treatments were safe and met people's needs.
- 2.15 The monitoring of patient's medicines did not always follow national guidelines.
- 2.16 In summary, the most recent CQC inspection report for Grove Surgery indicates continued concerns with recurring issues from the previous Remedial Notice. The CQC report detailed that the practice requires improvement in the following areas:
- Compliance with Legislation, Regulations and Guidance
 - Medicines Management & Prescribing
 - Clinical Governance
 - Leadership
 - Managing long-term health conditions
 - Safeguarding
 - Safe and effective staffing
 - Reception/Triage
 - Significant events
 - Infection Control

3.0 Contractual Considerations

- 3.1 As a result of non-compliance, the practice has breached the terms of their PMS contract under Clause 64.1 of the Personal Medical Services contract (the "Contract") and Section 61 Part 8 Schedule 2 of the NHS (Personal Medical Services Contracts Regulations 2015, as amended (the "PMS Regulations").

3.2 While termination could be considered due to the previous Remedial Notice not being satisfied, it would be considered disproportionate at this stage due to the practice being rated as 'Requires Improvement'. Therefore, the issuing of a further Remedial Notice is appropriate, in this instance.

4.0 Recommendation

4.1 The Sub-Committee is asked to approve the issuing of a Remedial Notice to Grove Surgery for failure to comply with Clause 64.1 of their PMS contract - 'Compliance with Legislation and Guidance'.

5.0 Next Steps

5.1 Commissioners to issue the practice with a Remedial Notice

5.2 Practice to continue providing monthly submissions of the action plan to the ICB.

5.3 Practice to continue liaising with the Safeguarding and Medicines Management teams to receive support in completing the action plan

5.4 ICB to schedule further monthly meetings to review progress on the action plan and provide support to the practice.

5.5 Await final submission from Grove Surgery by 1 October 2025 which is to be signed off by all relevant Subject Matter Experts.

6.0 Attachments

6.1 Appendix 1 – Grove Surgery Remedial Notice

8th Floor
20 Churchill Place
London
E14 5HJ

xx September 2025

Dr Z Moghul
Grove Surgery
200-202 Chadwell Heath Lane
Romford
RM6 4YU

Dear Dr. Moghul,

Personal Medical Services (PMS) Contract – Remedial Notice – Grove Surgery

I am writing regarding the findings of the Care Quality Commission (CQC) following their inspection of Grove Surgery, conducted from 6 November to 12 December 2024. This inspection resulted in the practice being rated as ‘Requires Improvement’ across all domains. The assessment was carried out in response to the change of provider in April 2023.

Following a review of the CQC Inspection report, North East London Commissioners have decided that is both proportionate and appropriate to issue you with a remedial notice against your contract in accordance with PMS Regulations.

This letter constitutes a formal ‘**Remedial Notice**’ under clause 64.1 of your PMS Contract (The “Contract”) and Part 8 Section 6.1 of the NHS (PMS Contract) Regulations 2015 as amended (the “PMS Regulations”).

Effect of the Final Remedial Notice

Clause 64.1 of the Contract provides:

Where the Contractor has breached the Contract other than as specified in Clauses 60 to 63 and the breach is capable of remedy, the Board shall, before taking any action it is otherwise entitled to take by virtue of the Contract, serve a notice to the Contractor requiring it to remedy the breach (a “Remedial Notice”).

The effect of a remedial notice is that if you:

- Fail to remediate the issues defined by this notice;
- Repeat the breaches that were the subject of the breach notice; or
- Otherwise breach the Contract resulting in either a further remedial notice or a breach notice (not including the breach notice of today's date).

The Board may service notice on you terminating the Contract with effect from such date as may be specified in that notice.

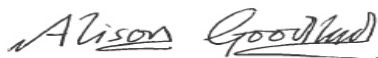
Next Steps

You should carefully consider the contents of this remedial notice. If you do not agree with our decision to issue this remedial notice, you should contact us within 28 days of this notice. If, after making every reasonable effort, we are unable to resolve the dispute, you may wish to refer the matter to the NHS dispute resolution procedure by sending a written request to;

NHS Resolution
8th Floor
10 South Colonnade
Canary Wharf
London
E14 4PU

You do, of course, retain the right to seek support from your representative or defence body or Local Medical Committee.

Yours sincerely,



Alison Goodlad
Deputy Director Primary Care

Enclosures: Remedial Notice

Cc Londonwide LMC

Personal Medical Services Contract - Remedial Notice

1. Introduction

In November 2021, the CQC carried out a focussed inspection of Grove Surgery which identified sufficient concerns and issues to rate the practice as overall 'Inadequate' and place the practice into special measures. The relevant CQC report was published on the 15 February 2022. This was followed by the issuance of a Remedial Notice.

The CQC then conducted an announced focussed inspection at Grove Surgery on 22 September 2022, with the report published on 17 November 2022. The practice's overall rating improved to 'Requires Improvement' and it was subsequently removed from special measures.

A further announced inspection was carried out between 6 November and 12 December 2024, triggered by a change in provider in April 2023. This assessment reviewed the key questions in the Safe, Effective, Caring, Responsive and Well Led domains. The CQC report was published on 22 January 2025 which rated the practice as 'Requires Improvement' across all domains.

The issues found constituted breaches of Regulations 12 (Safe Care & Treatment), 17 (Good Governance) and 18 (Staffing) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the CQC Inspection, which rated the practice as 'Requires Improvement', NEL Commissioners have decided to issue you with a final Remedial Notice as per clause 64.1 of your Personal Medical Services contract (the "Contract") and Part 8 Section 6.1 of the NHS (PMS Contract) Regulations 2015 as amended (the "PMS Regulations").

A Breach Notice must specify:

- Details of the breach
- The steps the contractor must take
- The period by which time the steps must be taken

2. Details of the Breach

The CQC report detailed that the practice requires improvement in the following areas:

- Compliance with Legislation, Regulations and Guidance
- Medicines Management & Prescribing
- Clinical Governance
- Leadership
- Managing long-term health conditions (LTCs)
- Safeguarding
- Safe and effective staffing
- Reception/Triage
- Significant Events
- Infection Control

The key details from the CQC report are listed below:

- There was limited assurance regarding safety in medicines management, response to safety alerts, and clinical staff competence.
- The system to manage central safety alerts was not always effective and this could put patients at potential risk.
- The practice did not have an effective system in place to assure all urgent referrals received a prompt assessment.
- The system to manage patient test results and clinical correspondence was not always effective.
- Laboratory results had not been followed up since February 2023 and some had not been filed since June 2024.
- The system to manage patient test results and clinical correspondence was not always effective.
- Although the leaders stated they would contact healthcare partners when they had concerns, they did not have regular meetings to discuss and improve outcomes for people with complex needs or with the health visitors to discuss child and adult safeguarding.
- The practice did not have a system in place to carry out clinical supervision of the practice nurses to ensure competency
- There were insufficient sharp bins to store sharps prior to their collection and disposal.
- The practice did not always make sure that medicines and treatments were safe and met people's needs.
- The monitoring of patient's medicines did not always follow national guidelines.

The issues outlined above constitute breaches of your PMS Contract under the following clauses:

- Clause 9.3 – Quality Standards
- Clause 10.1 – Level of Skill
- Clause 11.1 – Clinical Governance
- Clause 19.5 – Staff
- Clause 19.7 – Staff
- Schedule 4, Clause 1.1 – Medicines Management (Prescribing & Dispensing)
- Clause 76.1 – Compliance with Legislation and Guidance
- Clause 14.1 – Infection Control

In summary, the most recent CQC inspection report for Grove Surgery indicates continued concerns with recurring issues from the previous Remedial Notice.

3. Steps the Contractor must take

- a. You must ensure that all areas identified by the CQC are addressed to the satisfaction of the CQC.
- b. Work within your practice supported by relevant Commissioner Teams and Subject Matter Experts to deliver the action plan (which has already been shared) to the Central Primary Care Team (nelondonicb.nel-primarycare@nhs.net) for the attention of Adeel Aksar.
- c. Updates and progress against the action plan submitted to CQC must be copied to the Central Primary Care Team to the above contact email.

4. The period by which time the steps must be taken

Subject to further CQC enforcement actions, you must comply with the above within the following timescales;

- a. Address identified safety issues.
- b. Provide updates to the action plan – Monthly
- c. All areas of the action plan completed and signed off – **1 October 2025**

5. Failure to Comply

Failure to comply with this notice will result in the Commissioner considering further contractual action up to and including termination of the contract. If you have any concerns or questions, contact Adeel Aksar at the Central Primary Care Team using the email address detailed above.



Alison Goodlad
Deputy Director Primary Care

Primary Care Contracts sub-committee

9 September 2025

Title of report	Primary Care Access Commissioning Intention Reconciliation Update
Author	Mathew Richardson, Primary Care Delivery Manager
Presented by	Natalie Keefe, Head of Primary Care Delivery
Contact for further information	Matthew.Richardson3@nhs.net Natalie.keefe@nhs.net
Executive summary	<p>In July, a paper outlining an identified overpayment in the 2024/25 Access Commissioning Intention Scheme was discussed at the NEL Primary Care Contract Sub-Committee (See Appendix).</p> <p>The paper described the overpayment, and the method of recovery was approved at the meeting. While communicating the outcome to impact practices, it was discovered that the original data input to determine to calculation was 'booked appointments', instead of the specification stated 'available appointments'.</p> <p>This has now been rectified and the correct data used to determine the clawback and whether any overpayment was still necessary. The conclusion is outlined below, and the sub-committee is asked to note this change.</p>
Action / recommendation	The Primary Care Contracting (PCC) sub-committee is asked to note the change in reconciliation values from the original July 2025 paper and reduced impact on certain practices.
Previous reporting	July 2025 – PCCSC paper – See appendix
Next steps/ onward reporting	N/A
Conflicts of interest	Any Primary Care staff/GP attendees may be conflicted as service providers.
Strategic fit	<ul style="list-style-type: none"> 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	The clinical access scheme aims to improve access to general practice through incentivising a baseline number of appointments per 1000 patients.
Has an Equalities Impact Assessment been carried out?	N/A

Impact on finance, performance and quality	The Clinical Access Scheme has been overspent due to a calculation error and as such a clawback from practice providers is required to ensure fair value for public funds.
Risks	Risks remain as set out within the original paper (see appendix) however are now reduced due to fewer practices affected than originally identified.

1.0 Background

1.1 A paper was brought to the sub-committee in July 2025 to discuss the impact of an identified overpayment from the BHR Primary Care Clinical Access Scheme. 44 Practices across BHR were affected resulting in £497,309 to be recovered over the next two financial years, the process of which was agreed by the sub-committee.

1.2 Following the July meeting, communications were being sent out to practices, and it was further discovered that the data input into the calculation templates were practice 'Booked' appointments, instead of the practice 'available' appointments as outlined within the original service specification.

1.3 The correct practice submission data has now been inputted to re-calculate any overpayment and subsequent recovery required. Of the original 44 practices affected, three Havering practices and eight Barking & Dagenham practices were unaffected when using this correct data.

1.4 The updated overpayment position across BHR is 33 practices identified with a total value of £336,568.76. From the original 44 practices, this is a reduction of 11 practices and £160,740.24. This difference is summarised in the below table:

Original Overpayments		Revised Overpayments	
Redbridge	-£246,232.66	Redbridge	-£246,232.66
Barking & Dagenham	-£181,001.95	Barking & Dagenham	-£57,735.69
Havering	-£70,075.31	Havering	-£32,600.41

1.5 The finalised overpayments position has been communicated to each practice affected with their agreed recovery plan. NEL ICB finance colleagues have been updated with the new overpayment position and funding recovery will commence as outlined in the previous paper.

2.0 Recommendations

- 2.1. The sub-committee is asked to:
- o Note the updated reconciliation position

3.0 Attachments - upon request

- 3.1. July 2025 – BHR Access Finances PCCSC Paper
- 3.2. CI Access – Payment Analysis Appendix V2

Primary Care Contracts Sub-committee

9 September 2025

Title of report	Month 4 Primary Care Finance Report
Author	Rob Dickenson – Deputy Director of Finance
Presented by	Rob Dickenson – Deputy Director of Finance
Contact for further information	r.dickenson@nhs.net
Executive summary	<ul style="list-style-type: none"> • Summary of the Month 4 reported financial position
Action / recommendation	<ul style="list-style-type: none"> • Note the content of the report
Previous reporting	N/A
Next steps/ onward reporting	N/A
Conflicts of interest	No decisions required therefore no conflicts to manage
Strategic fit	<ul style="list-style-type: none"> • 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	Continual assessment of Value for Money (VfM) of current and future investments in order to reduce inequalities and provide a valuable service to the local people.
Has an Equalities Impact Assessment been carried out?	This is not required for this report.
Impact on finance, performance and quality	<p>Ongoing review of financial commitments against available resources.</p> <p>The total Primary Care budget, including Prescribing and DOPs is £1,119.4m.</p> <p>The Month 4 YTD position is less than £0.1m overspend with a FOT of c.£0.1m overspend.</p>
Risks	The main risks to the position are Prescribing, Demographic Growth, ARRS, estates developments and SDF.

1.0 Introduction/ Context/ Background/ Purpose of the report

1.1. This report provides the Primary Care Contracts Sub-Committee with a summary of the financial position and associated risks, both at a high-level (NHS NEL) but also providing some information at a Place level.

1.2. The report is being presented to the Sub-Committee for information only.

2.0 Month 4 Financial Overview

2.1. At Month 4, NHS NEL reported a YTD overspend of less than £0.1m and FOT of c.£0.1m overspend.

Month 4	YTD			Annual/Forecast		
	Budget	Actual	Variance	Budget	FOT	Variance
Area of spend	£m	£m	£m	£m	£m	£m
Delegated Primary Medical Services	162.8	162.8	0.0	488.5	488.5	0.0
Prescribing	108.9	108.9	(0.1)	326.4	325.8	(0.6)
Other ICB Funded Primary Care Services	16.6	16.9	0.3	50.0	50.9	0.8
Total ICB Funded Primary Care Services	125.6	125.8	0.2	376.5	376.6	0.2
SDF and other PC allocations	1.4	1.4	0.0	4.1	4.1	0.0
Total Primary Care Position (excl. DOPs)	289.8	290.0	0.2	869.0	869.2	0.2
Delegated Dentistry, Optometry and Pharmacy (DOPs)	83.5	83.2	(0.2)	250.4	250.3	(0.1)
Total Primary Care Position (incl. DOPs)	373.2	373.3	0.0	1,119.4	1,119.5	0.1

2.2. The total Primary Care reported position is a small YTD overspend of less than £0.1m across a range of spend categories with the assumption that this will not materially deteriorate throughout the year.

2.3. The most notable variances within this position are the forecast underspend for Prescribing (c.£0.6m), which is predominantly the result of new contract values for Home Oxygen, and the forecast pressure against Other ICB Funded Primary Care Services, as a result of a number of LES/LIS spends that are continuing to increase above budgetary assumptions..

2.4. More information is provided in subsequent sections of the paper.

3.0 Month 4 Detailed Financial Position

3.1. The Primary Care budgets are funded from four sources. The first is the Delegated Primary Medical Services (Co-Commissioning) allocation. The second is from the overall ICB baseline allocation. The third is the System Development Fund (SDF) which includes Primary Care Transformation (PCT) funds. The fourth is the Delegated Dentistry, Optometry and Pharmacy allocation.

3.2. Delegated Funding

3.2.1. At Month 4, the Delegated Primary Care position is break-even YTD and FOT:

Month 4	YTD			Annual/Forecast		
	Budget	Actual	Variance	Budget	FOT	Variance
Spend Category	£m	£m	£m	£m	£m	£m
GMS/PMS/APMS Specific						
GP Contractual Service	92.1	92.1	0.0	276.3	276.3	(0.0)
Enhanced Services	0.9	0.9	(0.0)	2.7	2.7	(0.0)
Quality Outcomes Framework (QOF)	7.6	7.6	(0.0)	22.9	22.9	(0.0)
Premises Reimbursements	16.9	16.9	(0.0)	50.7	50.7	(0.0)
Other Administered Funds	1.2	1.2	(0.0)	3.7	3.7	0.0
Personally Administered Drugs	0.3	0.3	(0.0)	0.9	0.9	0.0
GMS/PMS/APMS Specific Total	119.0	119.0	(0.0)	357.1	357.1	(0.0)
Primary Care Networks (PCN)	35.3	35.3	(0.0)	106.0	106.0	(0.0)
Other	8.5	8.5	0.0	25.4	25.4	0.0
Total Delegated Primary Care Position	162.8	162.8	0.0	488.5	488.5	0.0

- 3.2.2. The opening recurrent baseline was confirmed at £483.2m which represented funding growth of c.7.9% (net of convergence factor of 0.17%). This is to reflect the nationally agreed contractual uplifts e.g. Global Sum has increased from £112.50 to £121.79).
- 3.2.3. In month 4 we received additional funding of c.£4.6m to cover the outcome of the mid-year review of GP contracts. The most notable element of this is the DDRB uplift at c.£3.6m but also covers uplifts for network DES elements such as ARRS and Enhanced Access.
- 3.2.4. The budgets for most of the categories of spend, such as GMS/PMS/APMS, have been calculated using initial payments in April and May. As such, the YTD spend is in line with YTD budget, and the assumption is that the forecast follows this trend.
- 3.2.5. Demographic Growth from April to July is 0.25%. A straight-line projection through to the final list sizes reported as at 1st January 2026 would be 0.75%. This is within the budgetary assumptions and therefore associated spend which relies upon list sizes is currently assumed to break-even by year-end.
- 3.2.6. ARRS allocations for 2025/26 were provided to ICBs at 100% e.g. no need for any drawdown of funds held centrally by NHSE. The assumption within this report is that the available funds will be fully utilised. YTD claims data suggests some underutilisation but at this stage we assume this is caused by delays in claims being made. Despite asking, there is no definitive guidance from NHSE as to whether they would look to recover any unspent ARRS budget. We are therefore assuming the FOT is full spend.
- 3.2.7. There are risks to this position, as referred to in the risk section of this paper, however at this early stage it is not possible to quantify or validate any of these risks.
- 3.2.8. Variances will be reflected in the reported position at a later date, if/when these risks give rise to probable cost pressure.

3.3. ICB Baseline Funding (Incl. Prescribing and SDF)

- 3.3.1. At Month 4, the ICB Funded Primary Care position is £0.2m overspend YTD and FOT. The table below provides a breakdown of the relative categories of spend:

Month 4	YTD			Annual/Forecast		
	Budget	Actual	Variance	Budget	FOT	Variance
Spend Category	£m	£m	£m	£m	£m	£m
Prescribing	108.2	108.1	(0.1)	324.1	323.9	(0.2)
Oxygen	0.8	0.8	(0.0)	2.3	1.9	(0.4)
Out of hours	0.6	0.6	(0.0)	1.7	1.7	(0.0)
LES and Other	13.2	13.5	0.3	39.8	40.6	0.8
SDF - Primary Care Transformation	1.4	1.4	0.0	4.1	4.1	0.0
Access Hubs / Same Day Access	2.8	2.8	0.0	8.5	8.5	0.0
ICB Funded Primary Care Services	126.9	127.2	0.2	380.5	380.7	0.2

- 3.3.2. The largest budget in this section is Prescribing. The budget has been set at a higher rate than the 2024-25 outturn (increase of c.3.6% after applying a £10m CIP). This is with a view that increasing volumes (which was the predominant reason for an overspend in 2024-25) will continue to be the trend in this financial year.

- 3.3.3. At month 4 we only have 2 months of in-year data. The reported position is based on a range of assumptions, such as 4% volume growth and 1% price increase compared with 2024/25. It also includes assumptions about other factors such as CIP delivery and other price impacts such as category M and price concessions.
- 3.3.4. A new London-wide Home Oxygen contract will commence from October 2025. This will generate c.£0.4m of part-year savings against the budget.
- 3.3.5. The LES and Other cost pressure of c.£0.8m is created by a number of service costs continuing to increase above original budgetary assumptions. One example being respiratory costs within the LTC LIS.
- 3.3.6. The funding flows for Primary Care Transformation have changed in 2025/26. Rather than a separate allocation for Primary Care Transformation, it has been included within the ICB Baseline funding. £4.1m for this, along with £0.4m for GPIT Infrastructure and Resilience. GP Fellows funding has now been notified by NHSE at £971k for the full year. Half of this has already been received by the ICB with the remaining balance due to be received later in the year. Other separate allocations have been confirmed (although values and timing are to be confirmed for additional programmes. Further information on this will be made available when further guidance is published.
- 3.3.7. Commissioner reviews of contractual commitments are ongoing this year which may give rise to realignment of budgets, increased VfM and may make funding available for use in a different way, such as mitigating above mentioned pressures. For now, it is assumed that the full available budget will be spent.

3.4. Delegated Dentistry, Optometry and Pharmacy Services

- 3.4.1. At month 4, the DOPs position is reflecting a YTD underspend of £0.2m with a FOT of £0.1m underspend. The table below provides a breakdown of the relative categories of spend:

Month 4	YTD			Annual/Forecast		
	Budget	Actual	Variance	Budget	FOT	Variance
Spend Category	£m	£m	£m	£m	£m	£m
Delegated Dental	57.5	57.5	(0.0)	172.5	172.5	0.0
Delegated Optometry	8.5	8.3	(0.2)	25.5	25.4	(0.1)
Delegated Pharmacy	17.3	17.4	0.0	52.0	52.0	0.0
Delegated Property Costs	0.1	0.1	0.0	0.3	0.3	0.0
DOPs Total	83.5	83.2	(0.2)	250.4	250.3	(0.1)

- 3.4.2. The dental ringfenced budget is assumed to be fully spent by year-end. This is based upon a number of factors such as historic performance being in excess of 97% and the decision to non-recurrently invest in additional capacity this year. Continue to review in the context of the FOT position
- 3.4.3. Additional allocations were received in month 4 for Pharmacy, in relation to funding the increased cost of the CPCF contract. Funding was calculated using a national formula. We have requested further guidance regarding how the national formula will align to local contractual increases. We will provide updates once we receive a response to our queries.

- 3.4.4. Hypertension and Contraception funding is due in month 5 and will now be separate from the CPCF contract funding. Pharmacy First allocations will also be provided in month 5. We have not yet been notified of the values, but the current assumption is that the spend and allocations will be cost neutral. Reporting in subsequent months will provide updates once values and any further guidance is known.

4.0 Risks

- 4.1. The risks associated with the Primary Care budgets for 2025-26 remain consistent with previous years e.g. Demographic Growth, Prescribing and Premises increases.

Demographic Growth

- 4.2. Within the budget setting process, the budgets were set based on 1st April list sizes/ contract values, with an allocation of 1% for growth in the remaining 9 months. There is a risk this will not be enough but the first reported list size change for quarter 2 (as at 1st July 2025) was only 0.25%. A straight-line extrapolation from that would suggest 0.75% growth between quarters 1 and 4. The next list size update is due after 1st October 2025 and any revision to the year-end forecast will be reported in subsequent reports to the sub-committee.

Prescribing

- 4.3. Volume was the big driver for overspends in 2024-25. Despite a CIP target of £10m being applied, Prescribing budgets have increased by a net c.3.6% when compared with 2024-25 outturn. This should go some way to mitigating any risk of continued increase in volumes (or in fact price increases).
- 4.4. At month 4, we only have 2 months of data but have assumed volume growth of c.4% and price increases of c.1%, before the impact of CIP and other price impacts like category M and price concessions. With only 2 months data available, the quantification of any financial risk is limited.

Premises

- 4.5. Premises budgets have been set based upon the most up to date information available. It's not clear how many properties will be revalued during the year, so a nominal revaluation reserve has been set within the budget. Similar to the Demographic growth allocation, this will be closely monitored and adjusted accordingly at the earliest opportunity, if/when required.

5.0 Conclusion / Recommendations

- 5.1. The Primary Care Collaborative Sub-Committee is asked to note the content of the report.

6.0 Attachments

- 6.1. Appendix 1 – Total Primary Care forecast by Place
- 6.2. Appendix 2 – Delegated Primary Care forecast by key spend category and by Place
- 6.3. Appendix 3 – ICB funded forecast by key spend category and by Place
- 6.4. Appendix 4 – Funding per patient

Author: Rob Dickenson, Deputy Director of Finance

Date: 1st September 2025

Appendix 1 – Total Primary Care forecast by Place

Month 4	YTD			Annual/Forecast		
	Budget	Actual	Variance	Budget	FOT	Variance
Spend Category	£m	£m	£m	£m	£m	£m
Barking & Dagenham	17.4	17.4	0.1	52.2	52.3	0.2
City & Hackney	27.9	28.0	0.1	83.8	83.8	0.0
Havering	20.2	20.3	0.1	60.6	60.8	0.2
Newham	34.4	34.4	0.0	103.2	103.3	0.0
Redbridge	22.6	22.6	0.1	67.7	67.9	0.2
Tower Hamlets	30.6	30.6	0.0	91.7	91.9	0.1
Waltham Forest	22.4	22.4	0.0	67.3	67.3	0.0
Prescribing and other NEL-wide programmes	197.8	197.4	(0.3)	592.9	592.2	(0.7)
Total Primary Care Position	373.2	373.3	0.0	1,119.4	1,119.5	0.1

Appendix 2 – NEL Delegated forecast by key spend category and by Place

Month 4	Barking and		Havering		Redbridge		Tower Hamlets		Newham		Waltham Forest		C&H	
	FOT	Variance	FOT	Variance	FOT	Variance	FOT	Variance	FOT	Variance	FOT	Variance	FOT	Variance
Spend Category	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
GMS/PMS/APMS Specific														
GP Contractual Service	29.5	(0.0)	34.0	(0.0)	38.6	(0.0)	46.7	0.0	51.4	0.0	33.2	0.0	43.0	0.0
Enhanced Services	0.2	(0.0)	0.6	(0.0)	0.5	(0.0)	0.3	0.0	0.5	(0.0)	0.3	(0.0)	0.3	(0.0)
Quality Outcomes Framework (QOF)	2.5	(0.0)	3.3	0.0	3.6	0.0	3.1	(0.0)	4.3	0.0	3.0	(0.0)	3.0	(0.0)
Premises Reimbursements	5.2	0.0	4.5	(0.0)	3.6	(0.0)	9.2	0.0	8.0	0.0	5.4	0.0	8.2	0.0
Other Administered Funds	0.3	0.0	0.4	0.0	0.5	0.0	0.8	0.0	0.5	0.0	0.4	0.0	0.8	(0.0)
Personally Administered Drugs	0.1	0.0	0.2	0.0	0.1	0.0	0.1	0.0	0.2	0.0	0.1	0.0	0.2	0.0
GMS/PMS/APMS Specific Total	37.6	(0.0)	43.0	0.0	46.9	(0.0)	60.3	(0.0)	64.9	(0.0)	42.4	(0.0)	55.4	(0.0)
Primary Care Networks (PCN)	11.1	0.0	13.1	0.0	14.6	0.0	17.0	(0.0)	20.3	(0.0)	13.9	0.0	16.0	(0.0)
Other	1.5	0.0	1.7	0.0	3.5	(0.0)	0.0	0.0	10.5	0.0	6.9	0.0	1.3	0.0
Total Delegated Primary Care Position	50.2	0.0	57.8	0.0	65.0	(0.0)	77.3	(0.0)	95.6	(0.0)	63.2	0.0	72.7	(0.0)

- Some funds are still held at a NEL level, rather than individual places. This equates to c.£6.7m. Most of this is the c.£4.6m received for the mid-year review that needs to be disaggregated to practice and network. C.£1.2m relates to clinical waste and sterile product recharges from NHSE, which historically isn't reported at a place level. The remainder is in connection with allocations received for 'Pre-referral Advice and Guidance.'
- The 'Other' category predominantly covers Local Commissioning Intentions in each of the boroughs, such as the schemes funded by the recycling of PMS Premium a number of years ago, as well as services such as Care Home LIS, Phlebotomy, Homelessness, Interpreting and Practice Based Pro-active Care, to name a few.

Appendix 3 – ICB Funded forecast by spend category and Place

Month 4	Barking and		Havering		Redbridge		Tower Hamlets		Newham		Waltham Forest		C&H	
	FOT	Variance	FOT	Variance	FOT	Variance	FOT	Variance	FOT	Variance	FOT	Variance	FOT	Variance
Spend Category	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
LES and Other Commissioning Schemes	1.3	0.1	1.8	0.2	1.8	0.2	14.5	0.1	6.9	0.1	4.2	0.0	11.1	0.0
ICB Funded Primary Care	1.3	0.1	1.8	0.2	1.8	0.2	14.5	0.1	6.9	0.1	4.2	0.0	11.1	0.0

- LES and Other Includes:
 - o Specific LES/LIS schemes such as LTC and Safeguarding.
 - o Community services such as Dermatology, Cardiology and ENT.
 - o Other spends such as CEG contracts and PELC PTI Cover.
 - o Out of Hours services

- There is significant variation in the value of services commissioned through LES and other contracts in each NEL Place, with Tower Hamlets commissioning the highest value (£14.5m) and Barking & Dagenham commissioning the lowest value (1.3m). It is important to note that this only reflects services commissioned from Primary Care and a like-for-like comparison contracts with all providers (including community and acute providers) would need to be considered.

- Reviews of services and associated budgetary requirements are ongoing to determine the accuracy of assumptions as well as fully comparing and contrasting services provided in each Place. This will need to include a thorough review of existing specifications and outcomes, in conjunction with the financial value of each contract.

- This review will need to take into account services commissioned from all providers not just Primary Care.

- The following budgets are accounted for at a NEL ICB level:
 - o Prescribing - £324.1m
 - o Oxygen - £1.9m
 - o SDF – Primary Care Transformation (PCT) - £4.1m
 - This excludes additional allocations for Fellowships.
 - This excludes c.£1.4m which is being reported within corporate for DSU support to all of the SDF programmes.

Appendix 4 – Funding per patient

	Barking and Dagenham	Havering	Redbridge	Tower Hamlets	Newham	Waltham Forest	C&H
Delegated Funding (£ per WP)	206.34	203.13	203.88	205.18	212.98	205.56	205.38
Other PC Funding (£ per WP)	4.83	5.45	5.01	38.04	15.58	13.60	31.37
Total PC Funding (£ per WP)	211.17	208.58	208.89	243.22	228.56	219.16	236.75

- The funding per patient across delegated funding ranges from £212.98 in Newham to £203.13 in Havering. The funding per patient across the whole of NEL ICB (inclusive of budget not yet allocated to place or cannot be due to a central charge) is £209.32. The limited variation in price per patient is due to the large value of contracts which are nationally determined and based upon the same unit rate. The small variation in price per patient is driven by elements which do not have the same unit rate or are not based upon Weighted Patients, for example premises costs.
- ‘Other PC Funding’ is everything other than Delegated, Prescribing, SDF, and DOPs.
- There is greater variation in the price per patient in the ‘other PC funding’ category, ranging from £38.04 in Tower Hamlets to £4.83 in Barking & Dagenham. This significant variation will be driven by the additional services that have historically been commissioned from Primary Care in some Places. It is not possible to conclude from this analysis that there is inequity of service provision between Places because the same services may be commissioned from other providers (including community and acute providers).
- Further work is required to understand service provision in each Place, and it is proposed that this analysis should be undertaken for particular population cohorts or clinical pathways (for example homelessness or diabetes). We will want to undertake this work in a collaborative and transparent way with clinical leaders from across the system helping to shape service specifications with consistent outcomes and value.
- It is also important to understand that some of the variation reflected in the above table is caused by provider performance levels (at place) not just variation in the services commissioned. For example, the LTC LIS is a consistent offer across the BHR places, but achievements and payments will not equate to the same £ per patient because of the cumulative delivery of practices against the service specification. From experience it is not appropriate to set budgets based upon the maximum offer. It is more appropriate to set a budget based on anticipated achievement/payment values.
- By doing so, it ensures best use of available resources and doesn’t tie up budget where it is unlikely to be fully spent.

NEL Primary Care Contracts Sub Committee

9 September 2025

Title of report	Primary Care Risk Report
Author	Daniel Hodgson
Presented by	Head of Primary Care Partnership Development
Contact for further information	Daniel.Hodgson12@nhs.net
Executive summary	<p>All risks related to the Primary Care Contracts (totalling six risks) are attached, of which three are rated 12 or over, and three are rated below 12.</p> <p>Since last report, two risks have had their scores reduced bringing them down to their target scores, with a suggestion to monitor both until the end of December 2025 before removing from the register.</p>
Action / recommendation	The sub-committee is asked to note the risk report.
Previous reporting	Primary Care Directorate Senior Management Team reviews risk monthly. Similar reports are received by the Primary Care Collaborative.
Next steps/ onward reporting	Updates will be received at each meeting.
Conflicts of interest	Not applicable
Strategic fit	<ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	N/A
Has an Equalities Impact Assessment been carried out?	N/A
Impact on finance, performance and quality	There are no additional resource implications/revenue or capital costs arising from this report
Risks	This paper outlines the risks on the current NEL Primary Care Risk Register.

1.0 Risk management

- 1.1 Risks included in this report are relevant to the Primary Care Contracts Sub Committee.
- 1.2 All risks are listed below, with details of mitigating actions in the attached spreadsheet.
- 1.3 All risks are reviewed at least monthly, or more frequently if required and/or as approaching deadlines.

2.0 All risks

- 2.1 There are six risks on the primary care risk register under the remit of the primary care contracts subcommittee. The remainder of the risks fall under the remit of the primary care collaborative subcommittee or the Chief Medical Officer directly.
- 2.2 Three risks have a risk score of 12 or above (requiring reporting to the relevant subcommittee); three risks have a risk score below 12 (list below for information).

3.0 Risks scored 12 or above (for consideration of suggestions for mitigation)

PC12: General practice workforce, demand, quality and financial pressures combined: Risk score 12. There is a risk that if general practice workforce continues to contract, demand continues to increase, quality issues arise and financial pressures increase, then general practice morale will deteriorate (therefore a lack of buy-in to specific initiatives e.g. SDA), premises will become unaffordable/unviable, practices will become unsustainable/unviable and ultimately practices will close, leading to inability to provide a general practice service and lack of transformation.

PC18: GP Premises issues: Risk score: 12. There is a risk that if current premises issues become unsustainable and lead to lack of viability of general practice, then practices might hand back core contracts, leading to inability to provide a general practice service.

(Premises issues include service debt variability, practice debt and the impact on practice viability, planned increase in rents at NELFT properties, quality of property management, rent review backlog and impact on ICB finance, variation in support given to practices when relocating and having significant premises developments, moving to a standard NEL offer)

PC24: Corrective action: Risk score 12: There is a risk that if GPs continue to take actions that were part of collective action (eg no new shared care arrangements, reduced clinical interactions, and other non-contract breach activity) that patients will not be able to access appropriate care.

4.0 Risks scored below 12 (for information)

PC01: Prioritisation and allocation of resource: Risk score 6. There is a risk that if there is continued lack of clarity around prioritisation processes and how/where funding and resources are allocated, this may result in delays to, or inadequacy in, allocation of resources (and lack of alignment of national-NEL-Place priorities). This may negatively impact GP Primary care services, investment in new services and investment in transformation, leading to reduced access to quality primary care services and continuity of care.

Comment: While the ICB reorganisation might impact this risk - in year we have done what we can to mitigate; therefore likelihood score reduced to 2, bringing this risk to it's

target score. Suggest monitor until end December 2025, throughout annual planning round.

PC09: GP practice coding: Risk score 9. There is a risk that the quality and variation of coding in practices being of an insufficient standard will result in loss of income for GP practices and the inability of the ICB to effectively monitor impact/outcomes or planning, leading to investment in services that are not delivering the required outcome.

PC19: Access to NHS dental services: Risk score 6. There is a risk that if the system is unable to provide additional capacity to meet the oral health needs of the population due to limited or unavailable resource this will result in wider consequences in terms of chronic health issues for adults and impact on children's education. (There is significant evidence to suggest that those in the most deprived groups are the most adversely affected).

Comment: Due to the mitigating actions, this risk has now hit its target score. Suggest monitor until end December 2025.

Daniel Hodgson, Sept 2025

Primary Care Risk Register																			
ID no.	Lat	Date	Area	Initial Risk score	Corporate Objectives 2025/26	Primary Care Objective 2025/26	Risk description	Previous rating	Current rating			Target rating	Target completion date	Completed mitigating actions	Mitigating actions in progress	Risk owner	Action Owner	Resp on/off	Updated comments (please insert date of update/comment)
									Likelihood	Impact	Risk Score (1-25)								
PC 01		13-Mar-23	Primary Care	9	Financial stability through transformation, productivity and digital	All	Prioritisation and allocation of resources There is a risk that if there is continued lack of clarity around prioritisation processes and how/where funding and resources are allocated, this may result in delays to, or inadequacy in, allocation of resources (and lack of alignment of national-NEL-Place priorities). This may negatively impact GP Primary care services, investment in new services and investment in transformation, leading to reduced access to quality primary care services and continuity of care.	9	2	3	6		31-Dec-25	<ul style="list-style-type: none"> - This Primary Care Strategy stocktake took place in May/June 2024. - Review of 23/24 primary care budgets, as part of the Financial Recovery Process. - Ensure that the future prioritisation process and associated funding allocation to support any programme of work reflects the agreements set out in the Finance Strategy and principles and objectives of the ICS. - LIGLID review process commenced with detailed financial analysis (including differential funding), specification review for value for money, and duplication of core and scheme overlap being the initial areas of priority. - Business cases demonstrate value and good outcomes and ability of primary care to react quickly, be accessible to the local population, have a strong impact and provide continuity of care. Ensure this is backed up with good data. - Primary care operating plan, NEL business planning, BAU priorities, transformation priorities, and team/individual objectives all aligned and prioritisation exercise undertaken. 	<ul style="list-style-type: none"> - Development of primary care transformation delivery plan provides opportunity for long term prioritisation alignment through agreement of target outcomes at NEL level with delivery decisions at Place - by end Aug 2025. - The announcement of financial cuts for ICBs provides an opportunity to ensure improved prioritisation and resource allocation, as well as understanding thereof - by end Dec 2025. - Communication with stakeholders to manage expectations - Ongoing - Consider use of technology/automation to maximise productivity - by end Dec 2025. 	Sarah See	Daniel Hodgson	Primary Care Contracting Sub Committee	While the ICB reorganisation might impact this risk - in year we have done what we can to mitigate, therefore likelihood score reduced to 2, bringing this risk to its target score. Suggest monitor until end December 2025, throughout annual planning round.
PC 09		13-Mar-23	Primary Care	9	Financial stability through transformation, productivity and digital	All	GP practice coding: There is a risk that the quality and variation of coding practices being of an inefficient standard will result in loss of income for GP practices and the inability of the ICB to effectively monitor impact/outcomes or planning, leading to investment in services that are not delivering the required outcome.	9	3	3	9		31-Mar-25	<ul style="list-style-type: none"> - All PCNs had produced plans to improve accuracy of recording in app books as part of their capacity and access improvement plans. These have been reviewed and PCNs said - COMPLETED - An incentive scheme has been developed to encourage practices to adopt standardised methods of clinical coding. 	<ul style="list-style-type: none"> - PCCPS review and Commissioning review considering how to embed 'coding' requirements and benefits thereof - by March 2026. 	William Curningham-Davis	Heads of Primary Care	Primary Care Contracting Sub Committee	Looking at the national ask of coding and the practice plans
PC 12		13-Mar-23	Primary Care	16	Working as a system to deliver improvements and priorities	Developing the primary care workforce	General practice workforce, demand, quality and financial pressures combined: There is a risk that if general practice workforce continues to contract, demand continues to increase, quality issues arise and financial pressures increase, then general practice morale will deteriorate (therefore a lack of buy-in to specific initiatives e.g. SDA), premises will become unaffordable/unavailable, practices will become unsustainable and ultimately practices will close, leading to inability to provide a general practice service and lack of transformation.	12	3	4	12		31-Mar-26	<ul style="list-style-type: none"> - Surge planning guidance in place that can be applied by local systems to support their business continuity and preparedness plans. - Expanded locum bank in place. - Additional access and capacity funding has been made available to PCNs. - GPICS in place and well established. - Roll out of cloud-based telephony - Support being given to practices identified as being most at risk, through SDF Resilience, workforce and Digital funding. - Primary Care Recovery Plan to support practices in managing demand and capacity. 	<ul style="list-style-type: none"> - Development of primary care improvement dashboard to consider multiple measures that might combine to impact practices - primary care, PHM, Places all to review the dashboard and consider targeted support - by end July 2025. - Increase the take up of online consultations, develop hubs and move towards implementation of 'modern general practice' which will help to improve efficiency and release capacity - by March 2026. 	Sarah See	Deputy Directors of Primary Care	Primary Care Contracting Sub Committee	
PC 16		30-Oct-23	Primary Care	12	Financial stability through transformation, productivity and digital	Ensuring effective primary care contract oversight and management	GP Premises issues: There is a risk that if current premises issues become unsustainable and lead to lack of viability of general practice, then practices might hand back core contracts, leading to inability to provide a general practice service. (Premises issues include service debt variability, practice debt and the impact on practice viability, planned increases in rents at NELFT properties, quality of property management, rent review backlog and impact on ICB finance, variation in support given to practices when relocating and having significant premises developments, moving to a standard NEL offer)	12	3	4	12		31-Mar-26	<ul style="list-style-type: none"> Fixed term postholder commenced work in July 25 to undertake work to clear the backlog of rent reviews which is an ongoing process rolling each year. Work being undertaken to further develop the premises portal to help manage and monitor the rent review process. Proposal to support a GP Infrastructure Review to support the transformation programme underway. Develop a 10 year estates strategy for general practice. Clarity on standardised decision-making and metrics 	<ul style="list-style-type: none"> Estates Steering Group meet monthly to ensure robust oversight and management of the primary care estates premises budgets and ensure long term financial viability and resilience of practices in relation to premises costs and resolve issues relating to aged debt, appropriateness of service charge costs and quality of property maintenance. Workshops have been established 1. Service charge variability 2. Quality of property management 3. Rent review backlog 4. Standardisation of NEL offer to practices going through relocation or other development. 	Sarah See	William Curningham-Davis	Primary Care Delivery Group	<p>Support for Lease Agreements</p> <p>We continue to support practices in negotiating and finalising lease agreements. However, significant delays at the District Valuer Office (DVO), due to workload and backlog, has created challenges. Unofficial reports suggest rent reviews and value-for-money (VFM) assessments could be delayed by up to 12 months, impacting the ability to progress lease negotiations for Primary Care.</p> <p>Management of Historic Debt and Settlement Plans</p> <p>We are working closely with NHSPS and CHP to manage historic debt and implement structured settlement plans. Regular engagement meetings are in place to review outstanding balances, agree on realistic repayment terms, and help prevent further financial pressure on practices. We have recovered over X Million of debt and worked with over 30 practices and NHS PS to get the age debt arranged and leases in place for premises.</p> <p>Policy Development and Implementation</p> <p>Draft policies are currently under internal review. Once approved, these will offer clearer guidance on financial management, lease processes, and support for practices facing premises-related challenges these are in draft.</p> <p>Quality Issues</p> <p>Most urgent quality concerns have been addressed. However, some long-term issues remain and will require sustained planning and investment. We are continuing discussions with NHSPS and CHP to explore solutions.</p>
PC 19		20-Dec-23	Primary Care	16	Working as a system to deliver improvements and priorities	Improving patient access and experience	Access to NHS dental services: There is a risk that if the system is unable to provide additional capacity to meet the oral health needs of the population due to limited or unavailable resources this will result in wider consequences in terms of chronic health issues for adults and impact on children's education. (There is significant evidence to suggest that those in the most deprived groups are the most adversely affected.)	9	2	3	6		31-Mar-26	<ul style="list-style-type: none"> - Investment of £3.1m to deliver additional routine NHS dental access for the period Oct-2023 - March 2024, signed off by the ICB in August 2023. - Urgent Care Procurement completed - new permanent delivery in place from April 2024. - Inclusion of Dentistry as part of place based discussions within NEL - Dental inclusion in operation plan at same level as 2024/25 - Development of DDP specific provider groups - Paper submitted to PCC and endorsed in May 2025 detailing approach to commissioning additional dental access during 25/26 on a 2 + 1 basis. 	<ul style="list-style-type: none"> - Ongoing work with Dental Public Health Consultants and LAs to formulate Oral Health approaches/strategies that can increase the opportunity for the population to access Oral Health advice and promote the delivery of 'supervised tooth brushing in schools and other community settings. - Forensic review of all dental contracts to ensure consistency and value for money. 	Sarah See	Jeremy Wainman	Primary Care Contracting Sub Committee and Commissioning	Due to the mitigating actions, this risk has now hit its target score. Suggest monitor until end December 2025.
PC 24		07-Mar-25	Primary Care	12	Tackle inequalities in outcomes, experience and access	Improving patient access and experience	GP corrective action: There is a risk that if GPs continue to take actions that were part of collective action (e.g. no new shared care arrangements, reduced clinical interactions, and other non-contract breach activity) that patients will not be able to access appropriate care.	12	3	4	12		31-Mar-26	<ul style="list-style-type: none"> Waiting for the list from the LMC which areas this affects - this however will need to be relooked at due to the ballooning of BMA hospital doctors, as this will have a knock on effect to the GPs 	<ul style="list-style-type: none"> - Close liaison with London wide LMCs to understand the potential actions practices could continue and the impact this might have on patients and the system - ONGOING - Working with colleagues across the ICS to minimise risks and ensure continuation of patient care in safe manner - ONGOING 	Sarah See	William Curningham-Davis	Primary Care Contracting	

Primary Care Contracts Sub-Committee

9 September 2025

Title of report	GP Contracts Update Report
Author	Adeel Aksar, Primary Care Commissioning Manager
Presented by	For information only
Contact for further information	Adeel.aksar@nhs.net
Executive summary	The purpose of this report is to provide the sub-committee with updates on the contract changes that have been agreed; contractual actions taken, and the progress of practices making improvements in response to remedial notices.
Action / recommendation	For noting
Previous reporting	N/A
Next steps/ onward reporting	N/A
Conflicts of interest	N/A
Strategic fit	N/A
Impact on local people, health inequalities and sustainability	N/A
Impact on finance, performance and quality	N/A
Risks	N/A
Appendices	

1.0	Addition/removal of partners
1.1	<p>The Willows Surgery – Redbridge</p> <p>Addition of 1 partner on the contract with effect from 16 July 2025. There is a total of 5 partners on the contract following this change. Contract variation complete.</p>
1.2	<p>The Drive Surgery – Redbridge</p> <p>Addition of 4 partners on the contract with effect from 16 July 2025. There is a total of 5 partners on the contract following this change. Contract variation complete.</p>
2.0	Closures
2.1	<p>Upminster Medical Centre (branch site of Rainham Health) – Havering</p> <p><u>Changes to service provider:</u> As of 30 September 2025, East London NHS Foundation Trust (ELFT) will no longer hold the contract for Rainham Medical Centre. A temporary provider will be put in place to provide GP services.</p> <p><u>Closure of Upminster Medical Centre:</u> The branch site at 224–226 St. Mary’s Lane will close on 29 August 2025 due to safety concerns with the building. Services will move to Rainham Medical Centre.</p> <p>Rainham Medical Centre will remain open, with primary care services continuing as usual. Patients wishing to stay with their current medical team may continue to receive care at this location.</p>
3.0	Remedial & Breach Notices
3.1	<p>Oak Road Surgery – Havering</p> <p>A final remedial notice was served in August 2025 following the CQC inspection findings and warning notice. The remedial requires the practice to fully comply with CQC requirements and work with the ICB in remediation.</p> <p>The practice is required by the CQC to become compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 1 October 2025.</p>
4.0	Extensions
4.1	<p>Aspire Medical Centre (Catchment Area Extension) – Newham</p> <p>Due to the practice relocating to a larger premises, it now has the capacity to accommodate and care for more patients. The team includes four GP Partners, supported by a sufficient number of clinicians and administrative staff to manage the increased demand. As a result, the practice submitted an application to extend its catchment area, which has been approved with effect from July 2025. Contract variation complete.</p>