

# **Camden general practice – an overview of the current landscape, and future plans:**

Report to Camden's Health and Adult Social  
Care Oversight and Scrutiny Committee

12 September 2023

# Introduction

## Purpose of this report:

This deck:

- sets out the changing national and regional context for primary care;
- summarises our work with providers to deliver better primary care over the last 12 months; and
- identifies key challenges, priorities and plans for the coming year.

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# 1. An overview of Camden general practice

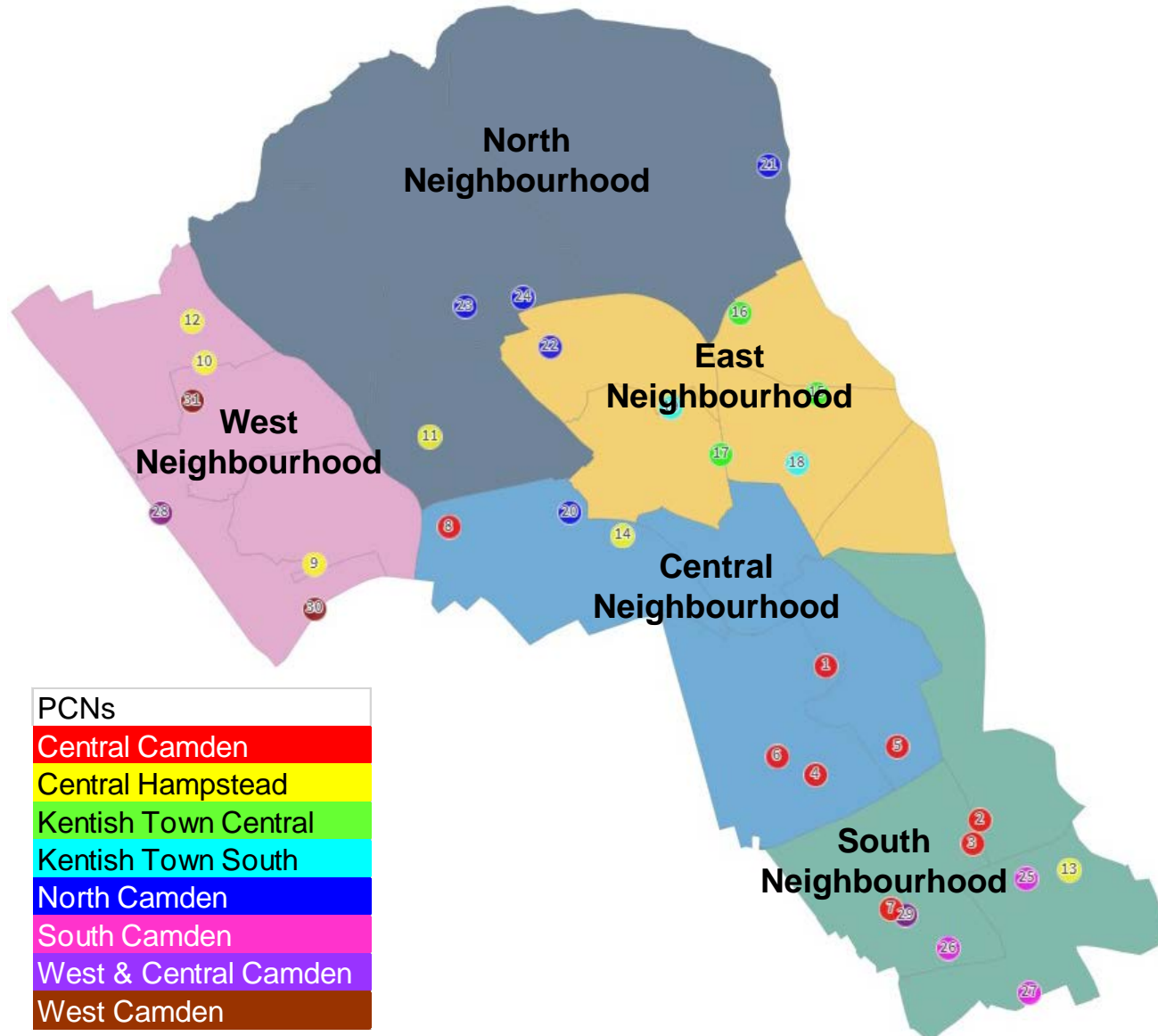
# Camden's general practice landscape: 1 of 2

- There are **32 general practices** in Camden, covering a registered population of 344,000 people.
- Historically, Camden's practices have worked together in five **GP 'neighbourhoods'** (North, South, East, West and Central). Neighbourhoods were, and are, informal partnerships through which practices collaborate around quality improvement, service delivery, achievement of outcomes, and the integration of care.
- All Camden practices are members of one of eight **primary care networks** (PCNs) - Central Camden, Central Hampstead, Kentish Town Central, Kentish Town South, North Camden, South Camden, West Camden, and West & Central Camden. In Camden and elsewhere, PCNs played a pivotal role supporting the primary care response during the pandemic.
- PCNs \* are groups of practices which work together, led by a named clinical director, to deliver a range of nationally-mandated additional services for all patients: enhanced access, medication review and medicines optimisation, enhanced health in care homes, early cancer diagnosis, social prescribing service, cardiovascular disease prevention and diagnosis, tackling neighbourhood health inequalities, anticipatory care, and personalised care.
- These services are provided by core general practice staff, as well as new staff (e.g. social prescribing link workers, pharmacists, paramedics and physiotherapists) funded through the national **additional roles reimbursement scheme (ARRS)**.
- Supporting our practices and PCNs are two **GP Federations** – Camden Health Partners (CHP) and Camden Health Evolution (CHE). GP Federations are legal entities, made up of individual practices and federation staff members. They lead transformation and collaboration across practices, deliver services 'at scale', support back office and operations, provide a voice for primary care, and are engaged in the development of integrated care models at borough level.

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\* **Note:** PCN form and requirements, as well as the funding to support these ambitions, was set out in 2019's [The NHS Long Term Plan](#).

# Camden's general practice landscape: 2 of 2



1	Ampthill Practice
2	Bloomsbury Surgery
3	Brunswick Medical Centre Uhpc
4	Camden Health Improvement Practice
5	Kings Cross Surgery / Somers Town Medical Centre
6	Regents Park Practice
7	Ridgmount Practice
8	Swiss Cottage Surgery
9	Belsize Priory Medical Practice
10	Cholmley Gardens Surgery
11	Daleham Gardens Health Centre
12	Fortune Green Practice
13	Gray's Inn Road Medical Centre
14	Primrose Hill Surgery
15	Caversham Group Practice
16	Parliament Hill Surgery
17	Prince Of Wales Group Practice
18	James Wigg Practice
19	Queens Crescent Practice
20	Adelaide Medical Centre
21	Brookfield Park Surgery
22	Hampstead Group Practice
23	Keats Group Practice
24	Park End Surgery
25	Holborn Medical Centre
26	Museum Practice
27	St Philips Medical Centre
28	Brondesbury Medical Centre
29	Gower Street Practice
30	Abbey Medical Centre
31	West Hampstead Medical Centre

# Local primary care quality

## Care Quality Commission ratings (CQC)

The CQC is the independent regulator of health and adult social care in England. It is responsible for ensuring health and social care services are *safe, caring, effective, responsive* and *well-led*.

### CQC ratings for Camden practices

- 31 of 32 Camden practices are rated “**Good**”
- 1 practice is rated “**Inadequate**”, but they have been supported to proactively respond to the CQC’s requirements and are awaiting re-inspection



## Quality Outcomes Framework (QOF)

QOF is a national framework incentivising practices to deliver high quality care. Nationally and locally, QOF achievement has been impacted by the pandemic, however Camden is in recovery and continues to improve.

**Camden practices’ average QOF score is 563.43 (NCL average of 549.44)**

Reducing variation in quality and outcomes between practices, is a local commissioning priority.

# The regional context

The table *below* sets out key measures of primary care sustainability and resilience across North Central London:

Indicator	Barnet	Camden	Enfield	Haringey	Islington
% GPs aged 55 and over (average) <sup>1</sup>	22.4%	17.0%	35.0%	23.5%	28.2%
% nurses aged 55 and over (average) <sup>1</sup>	39.3%	28.3%	50.0%	51.7%	38.0%
% (GP patient survey) – respondents saying they had good overall experience of the practice <sup>2</sup>	67%	74%	66%	70%	75%
% (GP patient survey) – respondents saying they found it easy getting through by phone <sup>2</sup>	50%	69%	50%	59%	67%
Annual list size change (average) <sup>3</sup>	1.2%	3.7%	1.2%	1.8%	2.0%
A&E attendances per 1,000 <sup>4</sup>	103.10	76.76	159.41	109.00	82.53

Camden has a younger GP and nurse workforce than its neighbours. It also has higher overall levels of patient-reported satisfaction, and positive experience of accessing their GP practice, than the NCL average. While Camden practice list size growth continues to outstrip other NCL boroughs, rates of A&E attendance per 1,000 (an indicator of system capacity and performance) are the lowest in NCL.



## 2. Patient involvement



# Involving residents & patients: 1 of 3

We work in partnership with the people of Camden to shape local primary care services, through:

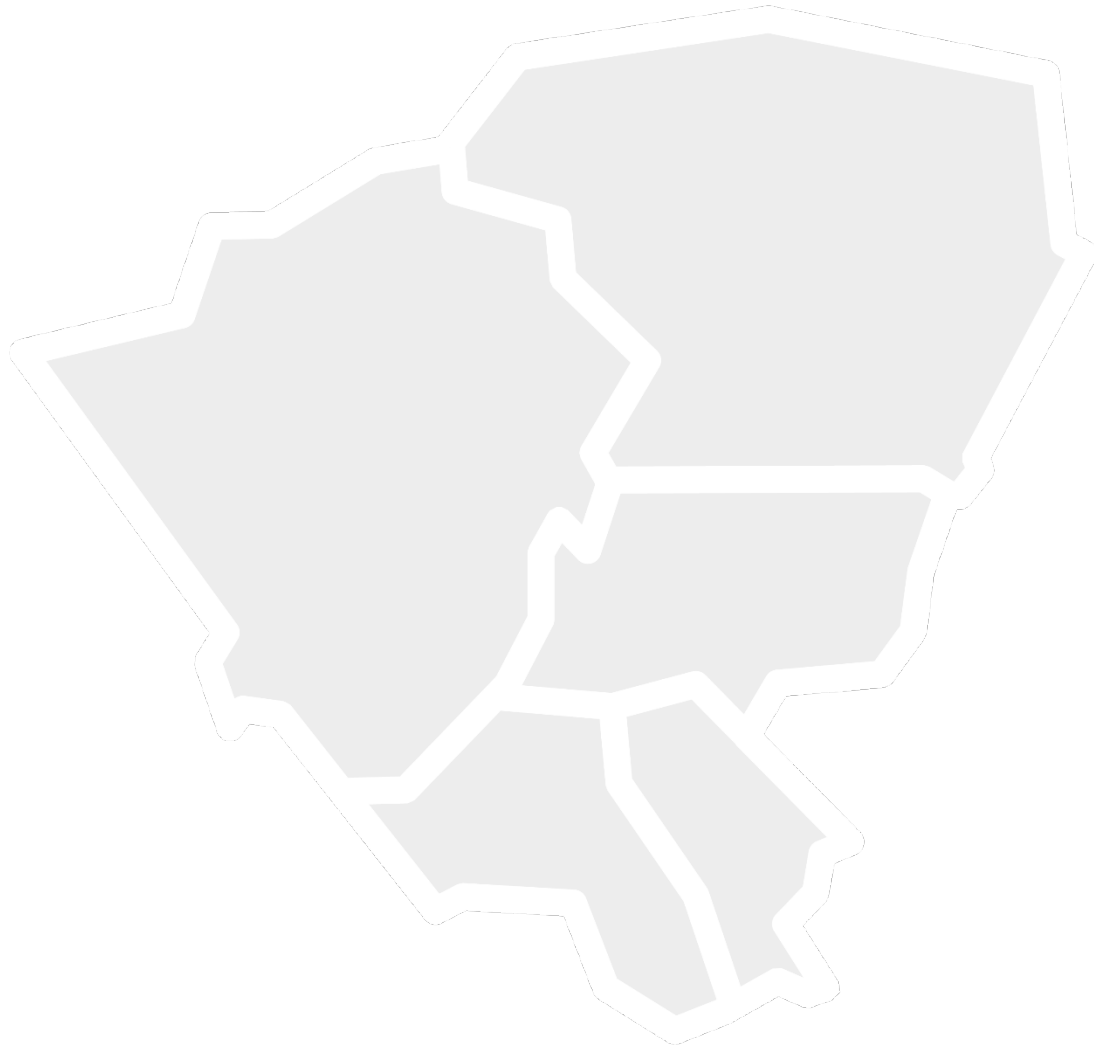
- ✓ **Continuous engagement with *Camden Patient & Public Engagement Group (CPPEG)*:** bringing together elected practice participation group (PPG) leads and appointed voluntary sector representatives (including Healthwatch Camden, Voluntary Action Camden, Age UK Camden & Camden Carers Service). CPPEG influences what we work on with general practice, how we do it, and provides valuable insight, patient and community views. The group also work with PPGs across Camden to share learning and promote good PPG practice. CPPEG also provides independent perspective to local primary care recommendations. In the last 12 months topics CPPEG have discussed include: neighbourhood development, population health improvement, the evolution of the ICS, tackling health inequalities, community action research, and general practice improvement.
- ✓ **Camden PPG forum:** that provides a forum for all Camden PPG members to come together and explore key issues affecting borough health services.
- ✓ **Local representation on the NCL primary care committee, and community partnership forum:** CPPEG provides representation on NCL ICB's primary care committee (that makes decisions impacting primary care across all NCL boroughs). Representatives are invited to join design groups and support evaluation panels at both local and system level. NHS England has historically given NCL the rating of 'outstanding' for involving patients in decision-making e.g. sitting on procurement and quality and safety meetings.

# Involving residents & patients: 2 of 3

- ✓ **Community representation at other local fora:** including providing the patient perspective through a representative at Camden's Local Care Partnership Board, overseeing borough-based integration of health and care.
- ✓ **Supporting the Covid19 response:** the borough partnership and CPPEG hosted six public webinars with local GP representatives to provide space for and to respond to questions from Camden residents about the Covid19 vaccine and how general practice remained open for patients. Similar webinars hosted by other partners including Healthwatch were also supported by patient and general practice representatives. Resident input and Council partnership was important to shape the delivery of the local Covid19 vaccine programme, including successful community outreach including the bus service.
- ✓ **Scoping the new model of PCN-offered enhanced access:** the ICB worked with PCNs and patient representative groups to undertake a broad and impactful piece of resident engagement to understand peoples' expectations of the new national 'enhanced access' model, providing access to GP appointments outside of core hours. In Camden, over **800 people** (> 30% of the 2,200 people who contributed across NCL) participated and shared their views on current provision, and what they wanted to see in the future service.

# Involving residents & patients: 3 of 3

- ✓ **Ad hoc events in support of improving health and care:** in May, the ICB and a GP practice in Kings Cross facilitated an outreach event to promote the role of general practice, opportunities for wider wellbeing, and supporting people to register if they did not have a GP. In July, the borough partnership hosted an integrated neighbourhood team development event, to scope the vision and design of Camden's developing integrated neighbourhood teams. This benefitted from the input of a number of patient representatives, as well as wider VCSE partners.
- ✓ **Community Action Research:** the Camden borough partnership commissioned community action research from Voluntary Action Camden (VAC), working with two local VCSE partners, to engage local residents around central Camden and Kentish Town to explore experience of health services, and how to foster better community linkages with provider partners.



### 3. Primary care access

# Primary care access - the national context and local picture

## Factors affecting primary care demand and capacity

- The **Covid19 pandemic** emerged at a time of increasing ill-health and an ageing population, which was already putting increasing pressure on the whole NHS.
- The number of people living with one or more **long term conditions** continues to rise.
- There have been more **unexpected infectious disease outbreaks** following the pandemic lockdowns.
- **Wider NHS industrial action** has required extra capacity in primary care.

A snapshot taken in **May 2023** \* shows that across Camden there was:

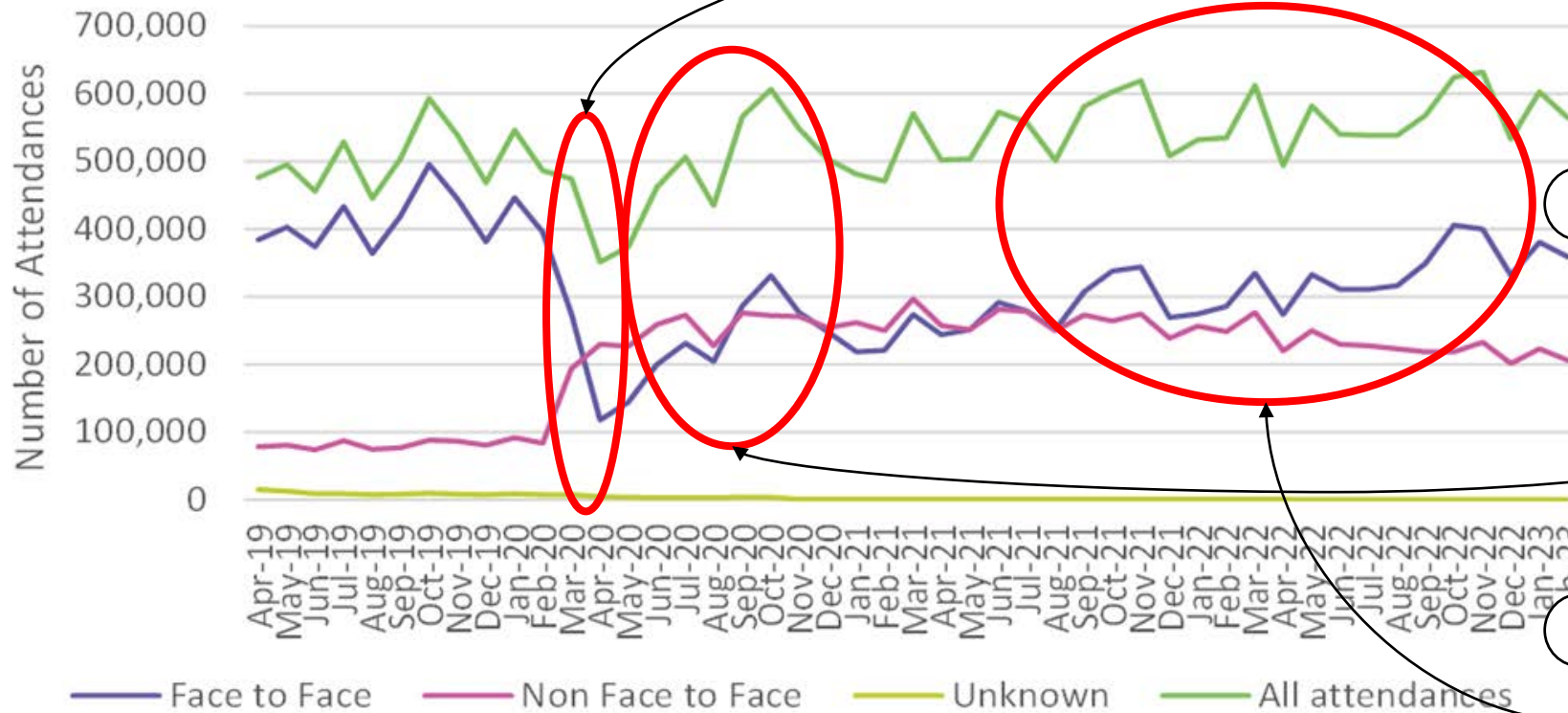
- Over **115,000 appointments** (an average of 335 per 1,000 registered patients)
- Of these appointments, **47% were made the same day** for urgent needs
- **91%** of appointments were **within 2 weeks'** of booking
- **62%** of appointments were **face-to-face**
- **58%** of appointments were **with a GP**

# The evolving model of general practice: 1 of 2

- The model of care in general practice has changed significantly in response to the Covid19 pandemic. Practices have made significant strides in digitising access, consultation and patient experience.
- As demonstrated *on the next slide*, in Camden, and across NCL, practices are delivering significantly more appointments than before the pandemic. This is in addition to playing, and continuing to offer, a leading role in the Covid19 vaccination programme.
- At the same time, national surveys (including the British Social Attitudes survey, the GP Patient survey) , as well as local intelligence and resident feedback, indicate increasing frustrations with access to and waiting times for NHS services, including general practice.
- Nationally, NHSE's [Fuller Stocktake \(2022\)](#) and [Delivery plan for recovering access to primary care](#) set out next steps for building on this recovery, improving patient experience, and putting general practice (including staffing) on a sustainable footing into the future. This direction of travel emulates many of the successful features already reflected in Camden primary care. We continue to work with PCNs, practices and GP federations in Camden to build on these foundations, to deliver these ambitions.

# The evolving model of general practice: 2 of 2

## GP attendances by consultation route - NCL



1 Significant reduction in overall appointments at pandemic onset, with a proportionately greater reduction in face-to-face consultations

2 Rapid recovery of appointment activity, with a proportionately greater increase in remote consultations

3 Consistent, elevated overall appointment numbers, with increasing % of face-to-face consultations

Source: NHS Digital monthly extracts

# Delivering improved core GP access

## The national context

NHSE's Delivery plan for recovering access to general practice sets out a vision to tackle the "8am rush" for GP appointments nationwide by:

- Empowering patients via better self-access to records, self-referrals to community services, and giving community pharmacy more scope to treat common minor ailments.
- Implementing *'Modern General Practice'* to maximise use of cloud-based telephony and high quality online consultation, booking and messaging tools.
- Building capacity by increasing the primary care clinical workforce and investing in new and returning GPs.
- Cutting bureaucracy at the primary / secondary care interface to reduce unnecessary GP workload.

## Our NCL response

- Over recent months, the ICB has supported PCNs to engage with their member practices to develop *'capacity and access plans'* which set out how they can support increasing demand in primary care.
- Camden's plans reflect consistent key themes, including:
  - ✓ scoping an increased number of appointments.
  - ✓ using patient experience (friends and family test, local surveys, PPG feedback) as metrics to baseline and measure improvement.
  - ✓ using data to derive insight around ease of access and demand management – e.g. analysing call data (call backs, long waiting times, dropped calls).
  - ✓ improving access data collection, including making it more consistent.
- Camden's eight PCNs have submitted ICB-approved plans, which were comprehensive with robust actions to drive improvement, to NHS England for confirmation.



# Enhanced access in Camden: 1 of 2

## Background and context

- Between 2017 and 2022, all Camden residents and registered patients could access GP appointments outside core hours (Mon – Fri 8am – 6.30pm, weekends 8am – 6.30pm) through four extended access ‘hubs’.
- Following a national review, a new enhanced access offer was specified by NHS England. This blended the previous extended access provision with practice-based extended hours, and mandated delivery through PCNs.
- While the new enhanced access specification provides for a more tailored PCN-level offer, it would on its own reduce overall enhanced access capacity as well as coverage for residents in Camden and NCL.
- In response, ICB primary care teams have worked with PCNs across NCL to develop, assure and implement enhanced access plans (based on resident feedback).
- Additionally, a borough-based ‘bridging service’ has been commissioned in each area to ensure no reduction in overall capacity or coverage.

## Current offer in Camden

- Residents can access GP appointments on weekday evenings and Saturdays from 9am – 5pm from **19 sites**, though some PCNs offer a rotating hub model so these sites may be available on different days. Patient access is dependent upon the practice they are registered with. \*
- Patients may access the service by calling or walking to their practice Monday to Friday 8am - 6.30pm to book or cancel an appointment, or by calling their practice Monday to Friday 6.30pm - 8pm, and Saturday 9am - 5pm.
- Three PCNs (West and Central, Central Hampstead and South Camden) offer the option to book or cancel appointments via a website and/or through an app.
- Two hubs (Somers Town Medical Centre and Brondesbury Medical Centre) offer appointments via 111 (weekdays & Saturday daytimes), as well as urgent appointments on Saturday evenings (5pm - 8pm), Sundays and Bank Holidays.

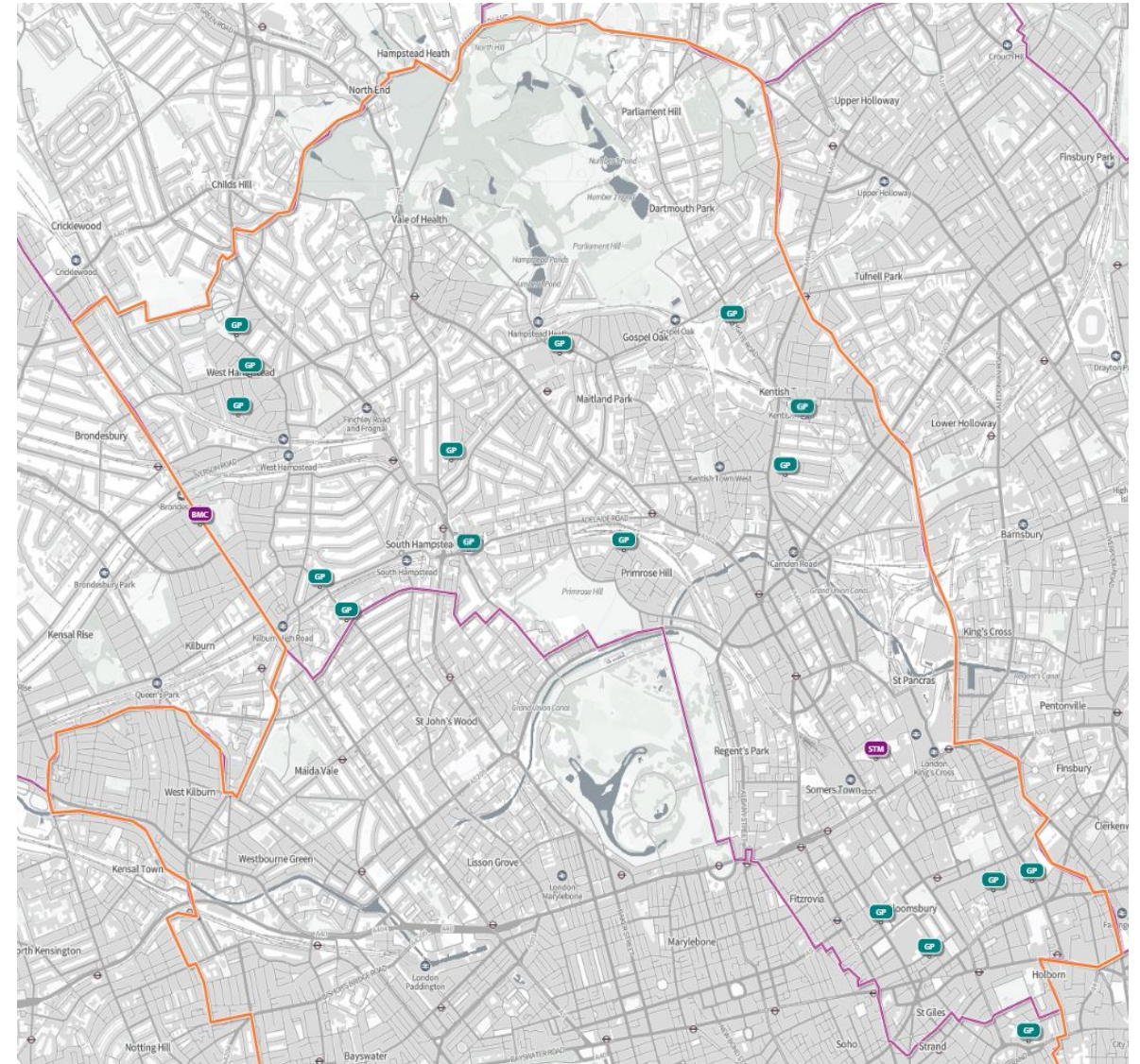
# Enhanced access in Camden: 2 of 2

## Map of sites

The map *right* identifies where the current PCN-provided enhanced access service in Camden is available, as well as the locations for the pan-Camden 'bridging service'.

## Key

- **Teal** – sites where patients may be offered appointments from Monday to Friday 6.30-8pm, and Saturday 9am to 5pm, depending on where they are registered.
- **Purple** – sites where patients may be offered appointments Saturday evenings, Sundays and Bank Holidays.





## 4. Primary care estates

# Our current general practice estate

## Overview

- Camden's 32 GP practices operate from a range of purpose- built facilities, health centres, converted houses & units.
- Several buildings are leased directly from Camden Council. Others are leased from NHS Property Services. The remainder are leased from other landlords or owned.
- Camden's GP buildings are generally in a reasonable state of repair (assessed against national guidelines, and compared to practices across NCL), though local challenges around capacity and access as the population grows, are well-known
- Rental rates range from around £300/m<sup>2</sup> in the north of the borough to £600/m<sup>2</sup> in the south of the borough.
- GP practices have their rent and rates 'reimbursed' by the ICB, but have to directly pay any service charges and (usually) contribute to repair and maintenance as per their lease.

## Key issues for primary care estate

- Population growth – significant development in Camden, a growing population, and out of borough patient registration is putting pressure on estate which is already constrained.
- While additional roles in general practice are welcome, it is increasingly challenging to accommodate these staff.
- Rising cost to the NHS – the NHS generally has to pay '*market rent*' levels which in Camden are often extremely expensive. Costs for existing and new buildings are rising.
- Extremely limited NHS capital to invest in estate – with multiple claims against what is available (including larger schemes, and hospital-related projects).
- Some GP buildings have not been properly maintained by landlords or practices as tenants, with some which do not reflect expectations of modern, fit for purpose practices.
- Similarly, the evolution of general practice in response to Covid19, along with the expectations for primary care to work with an increasing number of partners in light of national policy and strategy, means that legacy estate may no longer be appropriate and future-proofed..

# What we are doing about the estate

## The steps we have been taking to address these issues

- **Working with Camden Council and NHS provider partners** – through our monthly local estate forum (LEF). The LEF brings together ICB officers with Council officers from Planning, Regeneration and Housing, along with Trust estate leads. We are sharing plans and data, reviewing developments and population growth and seeking opportunities for affordable, well-placed health estate.
- **Locality planning** – joint working and better information will help us understand what opportunities there might be and prioritise. Through three detailed rounds of planning, we have looked at each area of Camden to ensure we have active schemes that will improve facilities, make better use of our estate, improve the condition of our buildings, mitigate rising cost and respond to population growth.
- **Specialist operational input** – providing practical, technical support to individual projects (e.g. the relocations of the Kings Cross Surgery and Belsize Priory Medical Centre), supporting practices with arising operational queries and concerns, as well as opportunities to access capital (e.g. improvement grants, estate and technology transformation funding).



*Kings Cross Surgery co-located with Somers Town Medical Centre*



*Belsize Priory Health Centre (opened April 2023) houses a GP surgery, NHS community services, and the Abbey community centre*



## How we intend to progress our plans

- Our historic work focussed more on individual practices, and operational issues which were affecting the delivery of primary care services.
- While these matters remain an important aspect of our work, the Fuller Stocktake report and other national documents set out ambitions for using estate in innovative new ways to facilitate better, more joined up health and care, and to unlock opportunities for collaboration across a wider range of partners.
- In Camden, this means exploring where we could co-locate frontline staff (including general practice staff and wider primary care professionals) as part of developing integrated neighbourhood teams.
- The LEF has been key to anticipate and make advanced plans for future demands and pressures. The scale of ambition for development in Camden borough means this will be even more critical going forward.

## The projects are advancing

- Working through the LEF, and based on locality plans (covering current capacity, anticipated future demand, and development opportunities), we have identified priority projects and, in some cases, have secured capital funding to accelerate these:
  - develop Hunter Street to re-provide existing services in a more efficient configuration, and/or to facilitate more integrated care
  - maximise the use of the Kentish Town Health Centre
  - work with the Council and development partners to scope potential health provision at the O2 site in West Camden
  - develop the model of integrated primary, community and secondary care provision at Roy Shaw House, North Camden
  - Continue to contribute health insight to Council-led planning proposals around Cumberland Market, Euston Road, and other large-scale developments.



## 5. Primary care workforce

# Camden's primary care workforce – an overview

## Core general practice workforce

Camden's practice workforce <sup>1</sup> comprises a headcount of **237 GPs** (up by **7** since 2022/23), and **53 practice nurses** (up by **6** since 2022/23). The table below sets out the change in staff groups (by **whole time equivalent**) over the past 2 years:

Year	2022/23	2023/24
<b>Admin /non-clinical</b>	273.4	303.8
<b>Direct patient care</b> <i>(wider clinicians e.g. pharmacists, HCAs)</i>	46.7	71.0
<b>Nurses</b>	29.7	35.8
<b>GPs (excl. registrars)</b>	145.3	152.3
<b>GP trainees</b>	73	67
<b>Total</b>	<b>568.1</b>	<b>629.9</b>

The introduction of PCNs in 2019, supported by the **additional roles reimbursement scheme (ARRS)**, means that Camden now has a significantly expanded general practice workforce, bringing enhanced capacity and new skills to primary care services in the borough.

## Additional roles

There is now a headcount of **161 staff** (159 WTE) <sup>2</sup> employed under the ARRS in Camden, delivering the roles set out in the table below:

Role	Headcount	WTE
Advanced practitioner	1	1.0
Care coordinator	27	25.9
Clinical pharmacist	37	35.4
Digital & transformation lead	3	1.9
General practice assistant	17	17.0
Health and wellbeing coach	1	1.0
Mental health practitioner	1	1.0
Nursing associate	4	3.8
Physician associate	47	49.0
Social prescribing link worker	18	17.7
Trainee nursing associate	2	2.0
Paramedic	2	2.0
Pharmacy technician	1	1.0



# Supporting workforce development

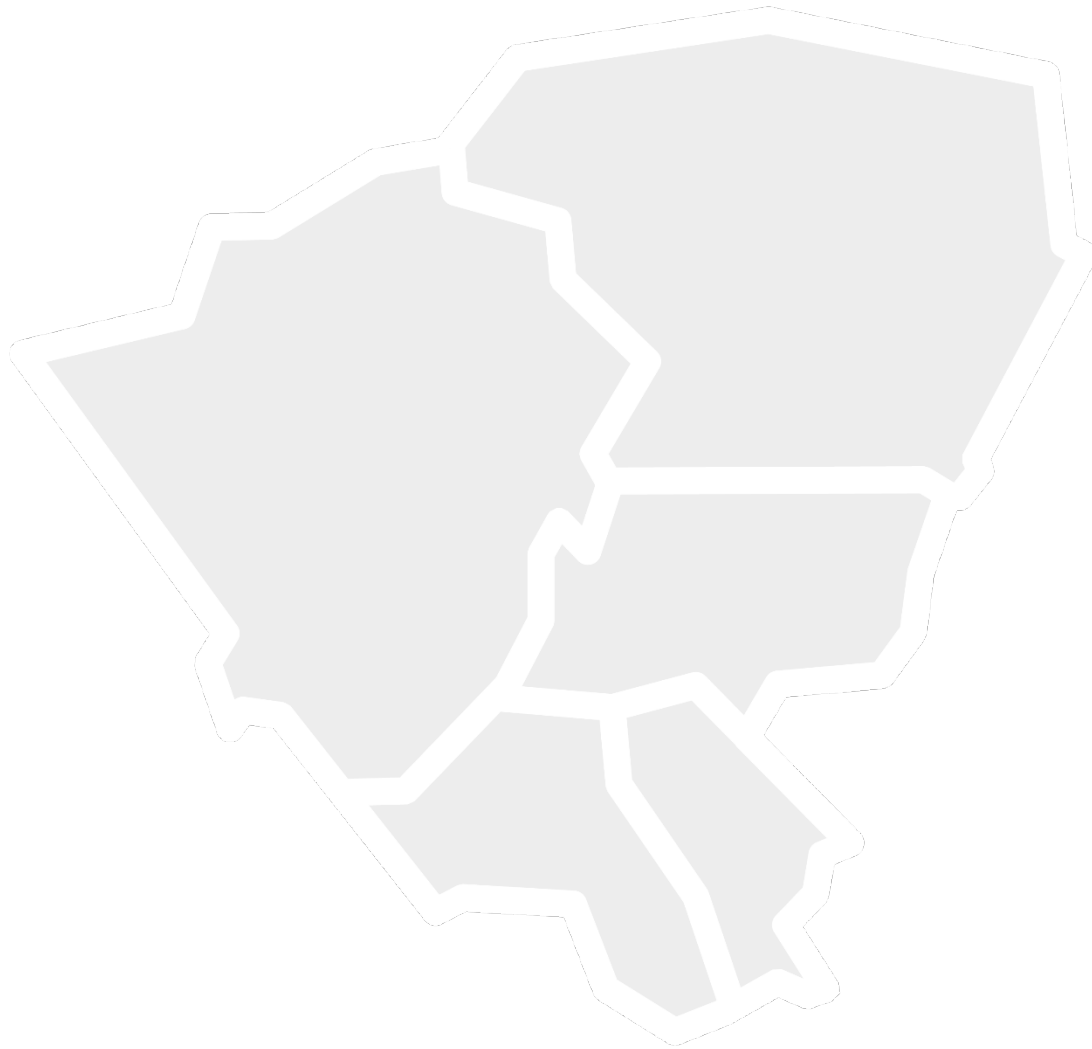
## Working in partnership to improve the skills and capability of general practice teams

NCL ICB works closely with practices, GP federations, and the NCL Training Hub to coordinate and deliver training and professional development opportunities for all staff working in primary care and beyond.

In the last 12 months this partnership has:

- ✓ delivered nine “Team Camden” monthly events open to all GP practice teams in the borough, focussing on topics including; mental health, enhanced service development, changes to fertility services, extended access, diabetes management, preparing patients for online record access, domestic violence and abuse awareness, winter planning.
- ✓ coordinated seven nursing forum meetings, covering professional development and training across diabetes, long term condition management, working with health visitors, supporting patients with learning disabilities, and beating burnout.
- ✓ delivered two borough-based induction programmes for training doctors, GP locums, new ARRS-funded roles who have recently joined Camden general practice teams, with sessions covering a wide range of learning opportunities
- ✓ provided two GP update sessions with an external medical education partners, reaching over 150 GPs
- ✓ initiated the NCL non-medical prescribers’ forum to share best practice and promote skills development
- ✓ supported new learners for the Health Education England GP Nursing Academic & Foundation, Physician Associate Preceptorship, & Trainee Nursing Associate programmes
- ✓ worked with GP Federations and practice teams to support newly-qualified GP fellows as part of the Salaried Portfolio Innovation (SPIN) / Fellowship Programme
- ✓ supported several mid-career GP fellows.





## 6. Digital developments

# NCL's 'Digital First' primary care programme

## Overview

Across NCL, a programme of enabling digital transformation in general practice – 'Digital First' – has been underway over the past few years. This work was significantly accelerated by the impact of the Covid19 pandemic. The programme has realised many aims: across NCL, all practices offer online consultations and video conferences for patients. 123 practices now have a social media presence providing patients with easier access to information and practice-related news. And 54% of practices facilitate access to appointments via the NHS App (>150% increase in appointments booked and managed this way over the past year). The programme overall is currently being reviewed in light of NHSE's recently-published *Delivery plan for recovering access to primary care*, that sets out national requirements for GP practice digital functionality. Current 'Digital First' projects are set out below:

### 1 Digital maturity

1. Websites, social media, digital journey planner and training
2. Digital champions, training and community of practice
3. Patient perspective access survey

### 2 Demand & capacity / eHubs

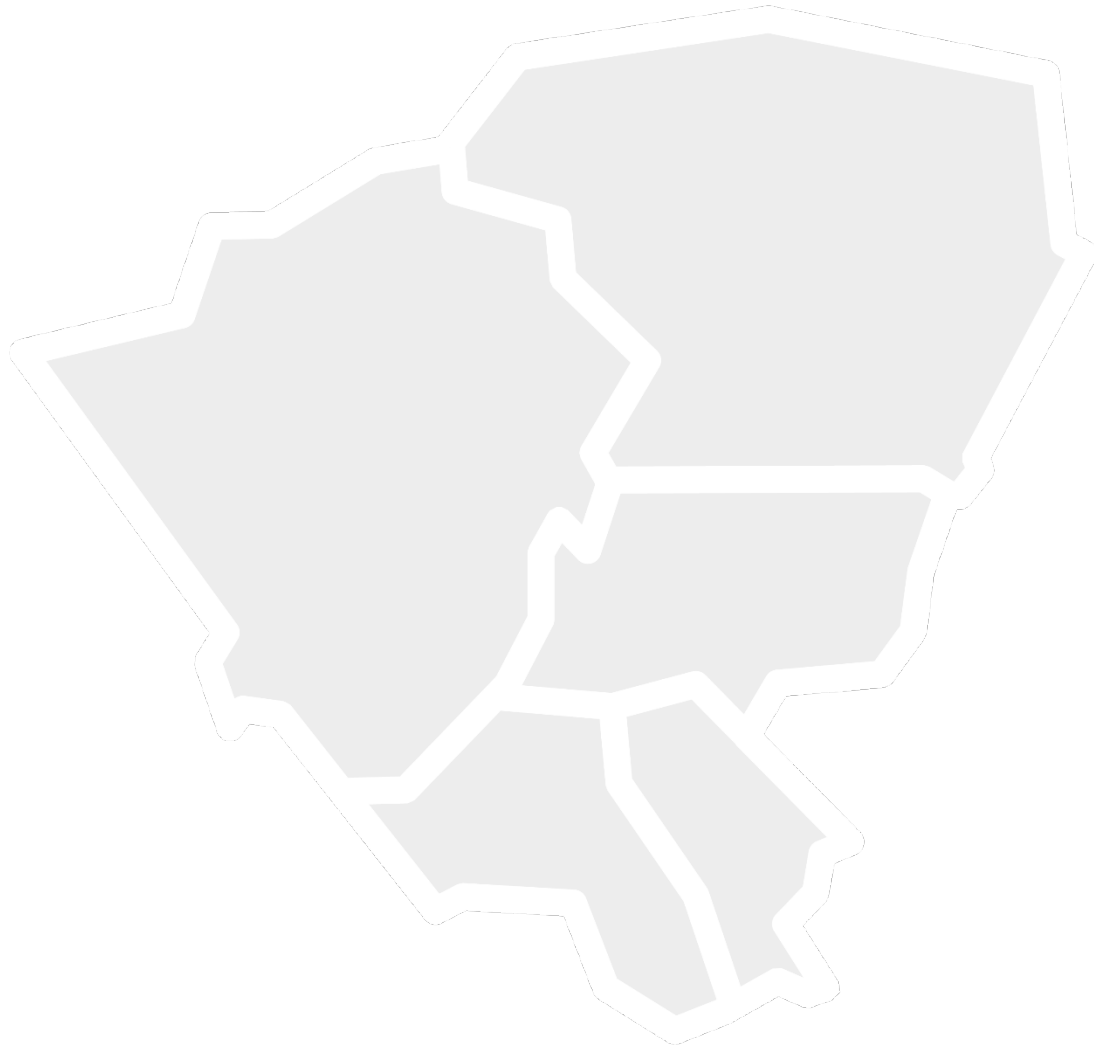
1. Business intelligence pilots and quality improvement projects
2. Referral data quality standardisation
3. eHubs pilots

### 3 Improving digital access

1. Online / virtual consultation rollout
2. Patient messaging (SMS) procurement and rollout
3. Online registration transition
4. NHS App transition, incl. online records access

### 4 Recovery plan backlog

1. Enhanced pharmacy
2. Self-referral pathways
3. Better telephony journey
4. Process automation
5. Enhanced triage and care navigation
6. Primary and secondary care interface



## 7. Improving quality

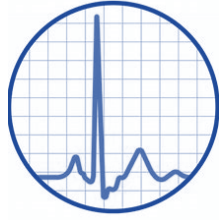


## Camden's innovative primary care enhanced services

- Since 2016/17, Camden's outcomes-based approach to local enhanced services (additional services provided through GP practices) has led to significant improvements for people registered with Camden general practices.
- Our 'universal offer' comprises 10 additional services, as well as an innovative 'PCN outcomes' scheme. This incentivises practices to collaborate as PCNs, with support from practice-based quality improvement leads, to tackle prevalence and improve control for residents living with a number of long-term conditions. PCN income is then predicated on performance
- Throughout 2022/23, PCNs made progress in improving clinical outcomes, through the PCN outcomes scheme, in the context of Covid19 recovery.



## How PCNs have achieved – key headlines



**88% of people with atrial fibrillation are now on anticoagulants, helping to reduce their risk of stroke.** This represents a 5.1% increase from the previous year



**Camden PCNs have made remarkable progress in improving the health outcomes of children diagnosed with asthma:** with the percentage achieving good control increasing from 64% in April 2022 to 89% in April 2023.



**141 more people in Camden now have good control of their blood pressure:** reducing their risk of a number of serious and potentially life-threatening conditions



**PCNs have exceeded all prevalence targets.** This has resulted in more people being added to practice registers for atrial fibrillation, hypertension, and diabetes, enabling more targeted care and support.

The table *on the next slide* sets out detail showing how each PCN performed against each of the 12 outcome-based targets in 2022/23.

The majority of PCNs are achieving targets for the majority of clinical outcome measures.

# Camden's universal offer & PCN outcomes: 3 of 3 North Central London Integrated Care System

Clinical Indicators	Camden Borough	Central Camden	Central Hampstead	Kentish Town Central	Kentish Town South	North Camden	South Camden	West Camden	West and Central Camden
Prevalence of AF	3286	491	392	446	354	884	166	340	213
Percentage on anticoagulation with CHADSVASC ≥ 2 (unless female < 65 years old)	88.0%	88.0%	88.2%	87.1%	90.8%	87.7%	91.1%	89.8%	87.1%
Percentage of people on the CKD register with good BP control: a) UACR ≥ 30, BP ≤ 130/80 (OR) b) UACR < 30, BP ≤ 140/90	61.0%	52.2%	64.3%	52.0%	52.3%	68.2%	80.3%	68.3%	60.2%
Number of patients with COPD who have participated in smoking cessation and quit for 4 weeks or more	54	0	5	9	10	9	4	8	9
Percentage increase of children diagnosed with asthma with good control (no more than five salbutamol inhalers prescribed per year and prescription of an ICS)	89.0%	85.9%	90.9%	90.7%	87.7%	90.4%	92.3%	95.4%	84.8%
Prevalence of Diabetes	11454	2622	1285	1386	1462	1849	563	1184	1103
Percentage on Diabetes register with good diabetes control: Hba1c ≤ 58, BP ≤ 140/80 and for people falling in the combined prevention CVD group*: receiving statins. *Combined prevention of CVD—the prescription of statins for people with diabetes that fall into either of the primary or secondary prevention groups.	44.0%	40.0%	45.8%	42.5%	30.0%	50.0%	55.4%	52.8%	41.9%
Percentage of patients on PC registers who have a preferred place of death recorded in advance	76.0%	51.1%	72.9%	76.9%	84.8%	82.8%	89.2%	79.4%	79.3%
Prevalence of Hypertension	28994	5244	3619	3554	3288	6182	1476	3114	2517
Reduction in number of patients with poor BP control >160/100	1311	251	134	201	230	213	34	96	152
Number of patients with SMI who have participated in smoking cessation and quit for 4 weeks or more	37	0	6	4	5	6	3	7	6
Percentage of SMI patients who have had an annual review and have proactive actions recorded across at least three Dialog domains	61%	45%	68%	62%	61%	70%	76%	61%	63%

Achieved Tier 1 target

**KEY:** Achieved Tier 2 target

Achieved Tier 3 target (*highest*)

# Next steps on improving health outcomes

- ✓ Across NCL, and in Camden, ICB primary care teams are working with practices to rollout a consistent set of local enhanced services for people with long term conditions. This is the ICB's primary care 'core offer'.
- ✓ This NCL-wide enhanced service – the NCL long term condition locally-commissioned service (LTC LCS) - builds upon the successful features and experience of delivering the Camden universal offer, and in particular the PCN outcomes scheme.
- ✓ The LTC LCS commences in October 2023 and is intended to ensure equitable access, outcomes, and experience for patients with long term conditions across different communities in NCL. In turn this supports the ICB's aims to reduce health inequalities by tackling disproportionate rates of morbidity and mortality among more deprived communities.
- ✓ The LCS underpins a 'year of care' approach to supporting people with a number of long-term conditions, initially focussed on specific respiratory and metabolic conditions. The 'year of care' reflects specific, targeted and proactive primary care-based activities over a 12-month period. As the scheme embeds and evolves over the coming years, it is expected that more conditions are covered in its scope.
- ✓ The LCS includes an outcome-based payment linked to the NCL ICS population health outcomes framework, as well as the NHS outcome framework domains & indicators. The specification and payment model has been developed in partnership between primary care representatives (including the LMC), as well as clinicians.
- ✓ In Camden, we have been focussing on preparedness for 4 months. In partnership between the ICB and NCL Training Hub, practice staff are being supported through training on and familiarisation with the new scheme, tools, and clinical templates.