	Community and Wellbeing Scrutiny Committee 24 March 2021
	Report from the North West London Collaboration of Clinical Commissioning Groups

GP Services and Care Quality Commission (CQC) Ratings in Brent

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers:	None
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1.0 Purpose of the Report

1.1 To provide accountability and transparency for quality standards and ratings in GP services in the borough as rated by the Care Quality Commission (CQC) and assurance that there are effective support arrangements exist for practices to improve.

2.0 Recommendation

2.1 The committee is requested to note the content of the reports and receive assurance on the management and support structures in place to improve standards of care in GP practices in Brent

3.0 Background and context to commissioning primary medical services

3.1 General practice is widely recognised to be the foundation on which NHS care is based. Local and international studies of the NHS have shown general practice in the United Kingdom in a positive light and most patients report high levels of satisfaction with the services they receive from general practitioners (GPs). There is also evidence of variations in the quality of services provided within general practice, variation in delivery of services, variation in uptake rates and variation in outcomes. Alongside the variation there has been an increase in the workload experienced by primary care over the past years, with more consultations being undertaken in general practice than in previous year.

3.2 The core purpose of general practice, as stipulated in the national contract, is very broadly described as the services that GPs must provide to manage their registered list of patients when they are ill. These services involve direct consultation and examination, and/ or making available further investigation as appropriate, including referral to specialists. GPs usually deliver services in partnership with other GPs, leading a number of nurses and other support staff who all together comprise the primary care team.

3.3 In addition to this core function, GPs also play a crucial role in the provision of extended primary care services, such as prevention, screening, vaccinations and immunisations, and some diagnostic services. Part of this role is to help patients navigate through the wider health care system and access care appropriate to their needs. GPs also help to ensure effective co-ordination of care for their patients, including social care and services within and outside the NHS.

3.4 GPs work as independent contractors under the terms of a national contract since the inception of the NHS, reflecting the deal struck between the British Medical Association (BMA) and the post-war Labour government under which GPs should not become salaried employees of the state. In the past 15 years there has been a substantial growth in the number of GPs employed on a salaried basis, usually by fellow GPs who as independent contractors are partners who own their practices. Around 9,000 GPs in England are now salaried, comprising one quarter of all GPs and representing a seven-fold increase since 2002 (Health and Social Care Information Centre 2013).

3.5 There are several ways that GP practices currently receive payment for delivering services – through their core GP contract for the delivery of essential services and through enhanced or extended service contracts, agreed both nationally and locally. An important innovation in 2004 was the Quality and Outcomes Framework under which a proportion of pay is linked to the quality of care they deliver to patients. In addition to these contracts, GPs are eligible to opt in to provide locally commissioned services procured by the Clinical Commissioning Group (CCG) – either independently or in partnership with other providers.

3.6 There are currently three main types of core contract: *General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS)*. GMS is the contract agreed nationally and stipulates essential services to be provided. These essential services are set in legislation (managed in practice through the contract), and specify that the general practice must provide services (during core hours) to manage their registered list of patients and temporary residents, who are: ill with conditions from which recovery is generally expected; terminally ill; or suffering from chronic disease. These services involve direct consultation and examination, and/or making available further investigation as appropriate (including referral) (The National Health Service (General Medical Services Contracts) Regulations 2004). GMS funding is made up of the global sum (capitated payments) based on the age and gender of patients and other factors, and lump sum allowances, for example, for premises and IT.

3.7 Personal Medical Services (PMS) is the contract negotiated locally and allows greater flexibility than GMS to respond to the variations in need between areas. PMS Plus may include a wider range of services than GMS, for example some community services and services that would usually be provided in hospitals. The Alternate Providers Medical Services (APMS) contract allows the organisations responsible for commissioning primary medical care services to contract with a wide range of providers including those in the independent sector. It has been used to encourage innovative models of care as well as new providers to enter the general practice

market. Like PMS, the APMS contract is more flexible than GMS, allowing commissioners to tailor services to local needs. The total numbers of each contract type are set out below:

Contract type	Total number of contracts in Brent
General Medical Services	37
Personal Medical Services	10
Alternate Providers of Medical Services	4
Total	51

3.8 In April 2019, the GP contract changed further with the establishment of Primary Care Networks (PCNs). A primary care network is a group of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. Networks typically serving populations of at least 30,000 and while an initial upper target was set at 50,000, it has since be recognised that larger population sizes provided additional benefits of working at scale. PCNs are required to be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams. Initially in Brent, the GPs established ten PCNs; the benefits of working at scale have led to the reduction of PCNs to seven, as set out below

PRACTICE	PCN AREA	MANAGERIAL LEAD	CLINICAL DIRECTOR
Brentfield Medical Centre	Harness South	**Managerial Lead:** Caroline Kerby	**Clinical Directors:** Subash Jayakumar / Mousoumi Mukherjee
Church End Med Centre	Harness South		
Stonebridge Medical Centre	Harness South		
Aksyr Medical Centre	Harness South		
Hilltop Medical Practce	Harness South		
Oxgate Gardens Surgery	Harness South		
Roundwood Park Medical Centre	Harness South		
Walm Lane Surgery	Harness South		
Park Royal Medical Centre	Harness South		
Freuchen Medical Centre	Harness South		
	Total Harness South		
The Surgery	Harness North		**Clinical Directors:** Sachin Patel / Milind Bhatt
Pearl Medical Practice	Harness North		
Wembley Park Drive Medical Centre	Harness North		
SMS Medical Practice	Harness North		
Lanfranc	Harness North		
Sunflower Practice	Harness North		
Church Lane Surgery	Harness North		
Willow Tree Family Doctors	Harness North		
Preston Road Surgery	Harness North		
Sudbury & Alperton Practice	Harness North		
	Total Harness North		
Kilburn Park Medical	Kilburn Partnership	**Managerial Lead**: Germaine Brand	**Clinical Director:** Dhanusha Dharmarajah / Candice Lim
Chichele Road Surgery	Kilburn Partnership		
Staverton Medical Centre	Kilburn Partnership		
Mapesbury Medical Centre	Kilburn Partnership		
Willesden Green Surgery	Kilburn Partnership		
The Law Medical Centre	Kilburn Partnership		
	Total Kilburn		
Gladstone Medical Centre	K&W South	**Managerial Lead**: David Hunter	**Clinical Director:** Nigel De Kare-Silver
Willesden Medical Centre	South		
St George's Medical centre	South		
Burnley Practice	South		
St Andrews Medical Centre	South		
The Lonsdale	South		
	Total K&W South		
Neasden Medical Centre & Greenhill Park	North		**Clinical Director:** Sadik Merali
Uxendon	North		
Jai Medical Centre	North		
The Fryent Way	North		
Kingsbury Health & Wellbeing	North		
Brampton	North		
Kings Edge Medical Centre	North		
	Total K&W North		
Forty Willows Surgery	Central		**Clinical Director:** Shikha Gosain /Raja Intkhab
Tudor House Medical Centre	Central		
Chalkhill Practice	Central		
Ellis Practice	Central		
Preston Road Medical	Central		
Sudbury Surgery	Central		
	Total K&W Central		
Premier Medical Centre	West		**Clinical Director:** Mohammad Haidar
The Wembley Practice	West		
Hazeldene	West		
Alperton	West		
Lancelot	West		
Stanley Corner	West		
	Total K&W West		

3.9 In Brent, all seven PCNs are led by GP Clinical Directors (CDs) with some PCNs appointing two job shares to enable CDs to provide leadership to their Network practices to improve the quality and effectiveness of commissioned services. The traditional model of the 'single handed' GP has now been eroded, with more GPs now opting to hold a salaried position, with most younger GPs holding a portfolio of roles which span a number of NHS and non NHS organisations. Preference for salaried

position rather than take on partnerships means they are not obliged to take responsibility for the management of the practice as a small business or purchase equity in it. Where a GP contract is led by one GP partner, a number of salaried and long term GPs would support the delivery of services along with nurses, health care co-ordinators, clinical pharmacists, social prescribers, healthcare assistants and many more. From April 2021 the introduction of Mental Health Therapists and Paramedics further compliments the team. There are currently 11 GP practices where the contract is held by a sole practitioner.

3.10 **Brent General Practice Workforce**

Brent has 51 GP Practices affiliated to 7 Primary Care Networks (PCN) in three localities Harness, Kingsbury and Willesden (K&W) and Kilburn (table 1).

Table 1 - Brent General Practice Workforce manual data collection (Headcount)

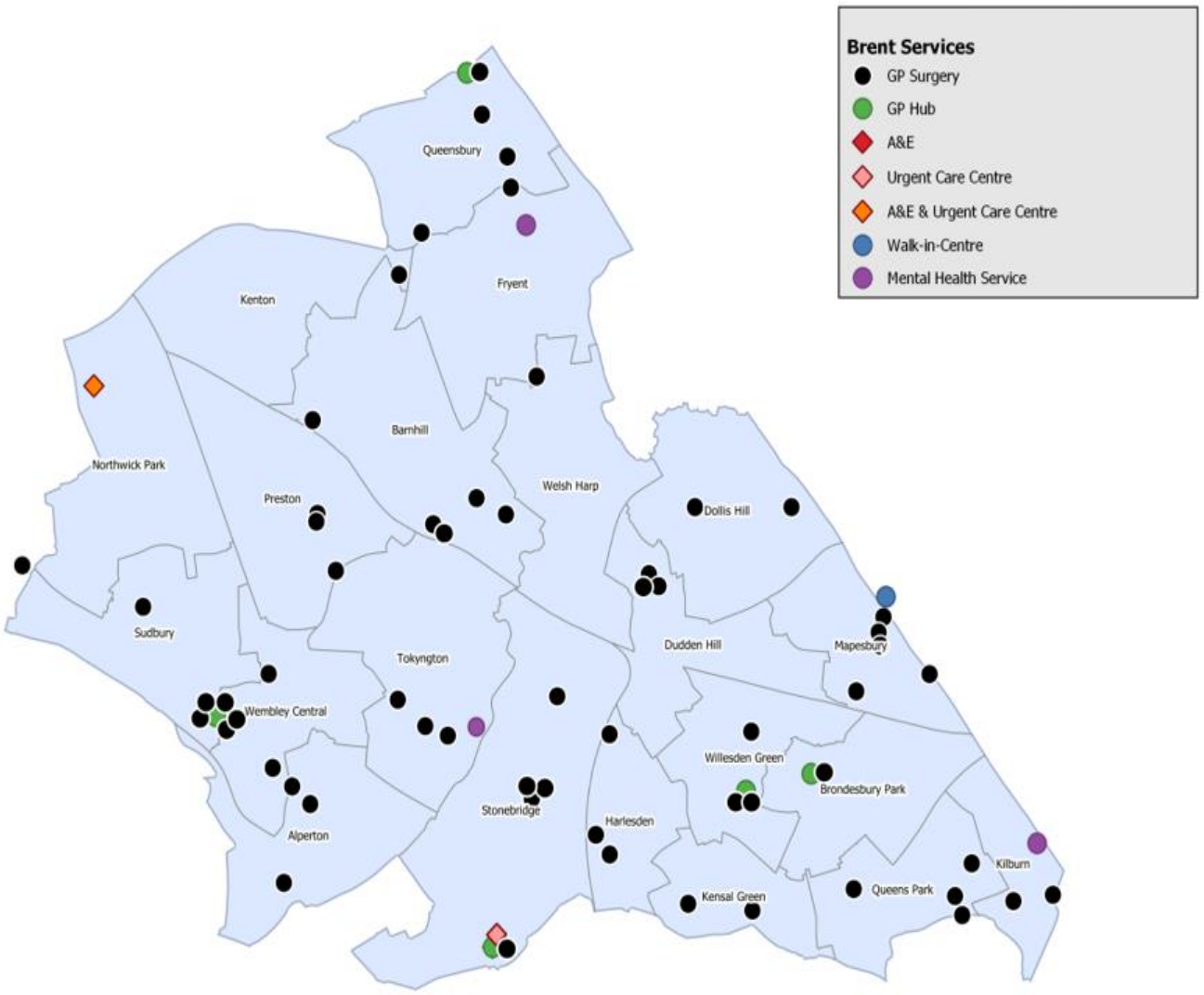
Practices	GP Partners	GP Salaried	Practice Managers	Nurse	HCA	Pharmacist	Physician Associates
51	116	114	72	77	64	51	5

From NHS Digital data, Brent was ranked as the 7th under doctored CCG in London with a decreasing and older GP workforce and identified as having the most patients per nurse in NWL as well as the greatest proportion of nurses over 55. However Brent has a large and growing direct patient care workforce of Clinical and Practice Based Pharmacists Health Care Assistants and Physician Associates. Brent probably employs the highest number of Clinical pharmacists of any London borough. The introduction of the Additional Role Reimbursement Scheme in 2020 will also see a continued increase in the direct patient workforce with the introduction of new roles such as nursing associates, paramedics, pharmacy technicians, mental health therapists and physiotherapists.

3.11 Recruitment and retention programmes are being introduced to reverse the decline in the GP and GPN workforce with fellowships for newly qualified and experienced GP and GPNs, CPD training opportunities, clinical skills development, staff education forums and mentorship and supervision

3.12 Brent CCG population continues to grow with a current registered population of 414,023. Brent comprises of 51 GP practices across 59 sites and they form into seven separate PCNs. Map 1 illustrates the spread of 51 Brent GP practices (59 sites) in Brent.

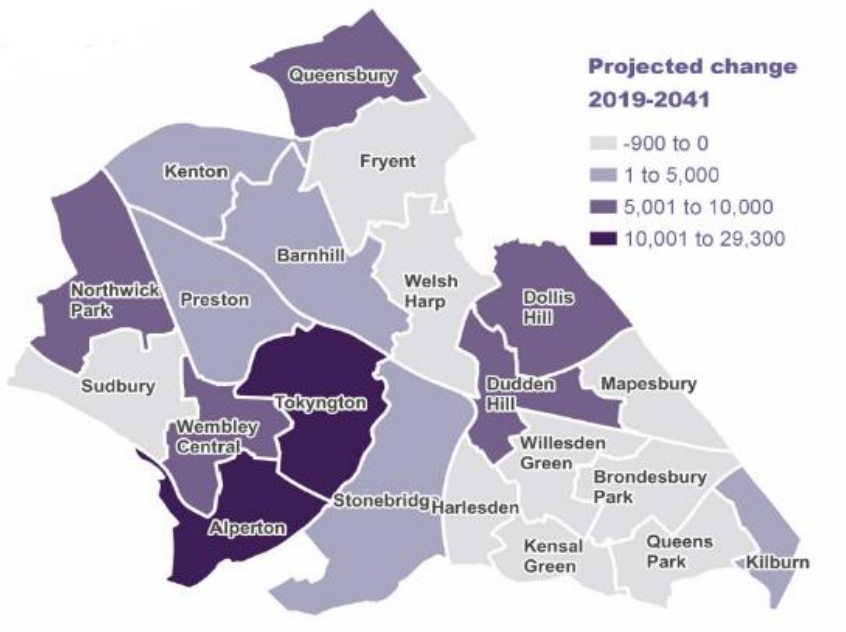
Map 1: Brent GP Services



4. Population health and health inequalities

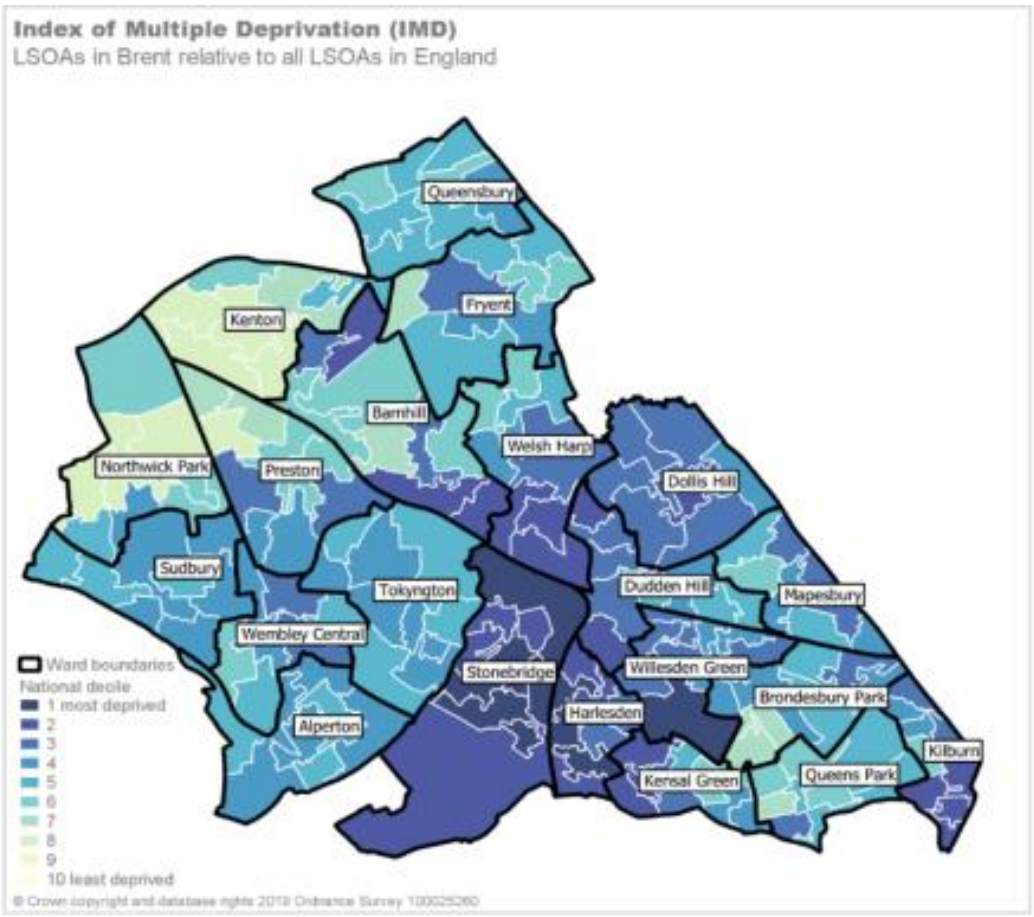
4.1 Brent is a densely populated and a large borough in London. It has a high turnover of the population with a young population. The Brent population has been growing strongly since the early 90s. During 1998-2018, the population grew by 27% – an increase of 70,900 residents. By 2041, the population is expected to grow by another 25% - an increase of 84,800 residents. The two fastest growing wards are Tokyngton and Alperton, which are expected to accommodate 47,600 more residents by 2041.

Map 2: Projected Population Growth by Wards



4.2 Map 3 shows the deprivation levels by ward. The most highly deprived areas in the borough are concentrated in Stonebridge and Harlesden. The least deprived areas in the borough are located in the North West, in the wards of Kenton and Northwick Park.

Map 3: Projected Population Growth by Wards



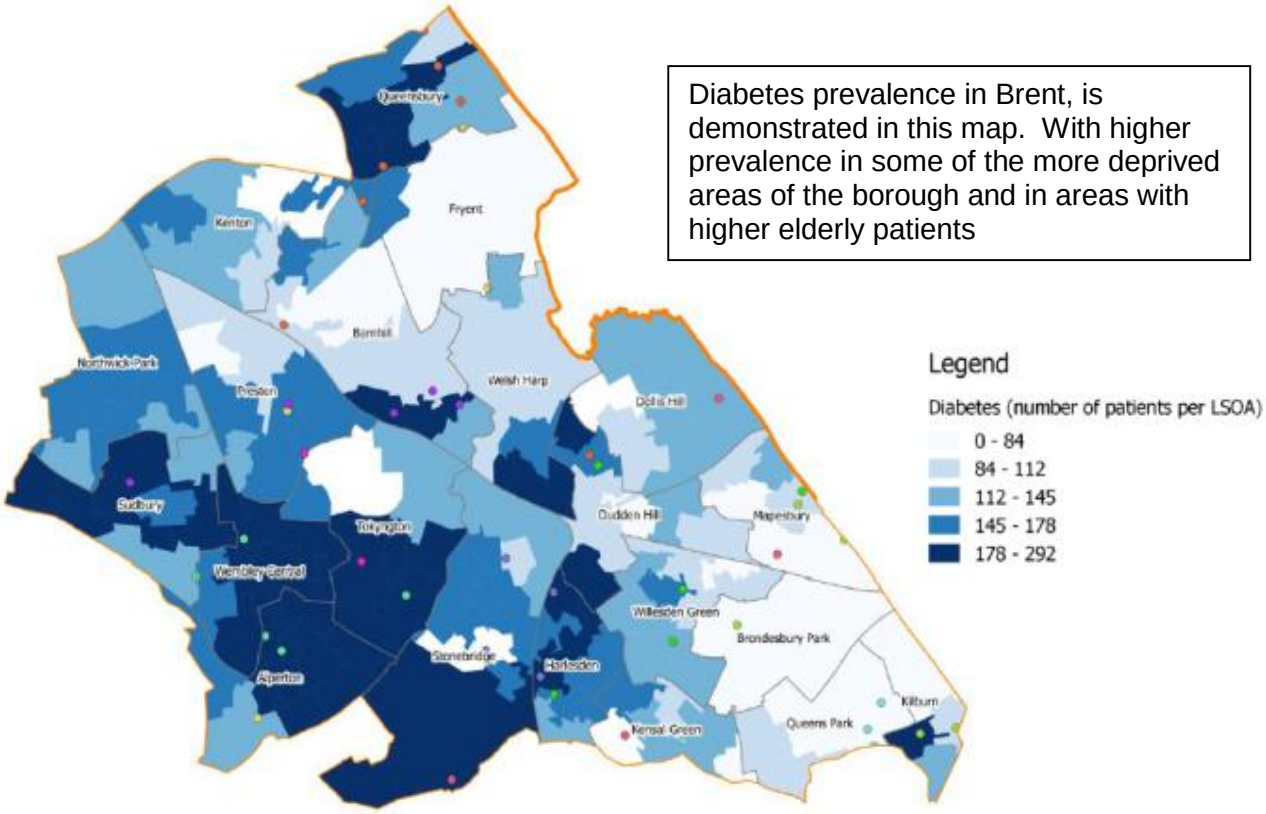
5. Increasing demand on GP practices and primary care

5.1 England's population is both expanding and ageing. The combined impact of these two demographic changes has been to increase the pressures on the NHS in general and on primary care in particular. These pressures are compounded by the increasing prevalence of long-term conditions in the population and the impact of risk factors like smoking, alcohol misuse, obesity and drug misuse, which tend to cluster in certain communities. Rising public expectations are adding to the workload of frontline staff.

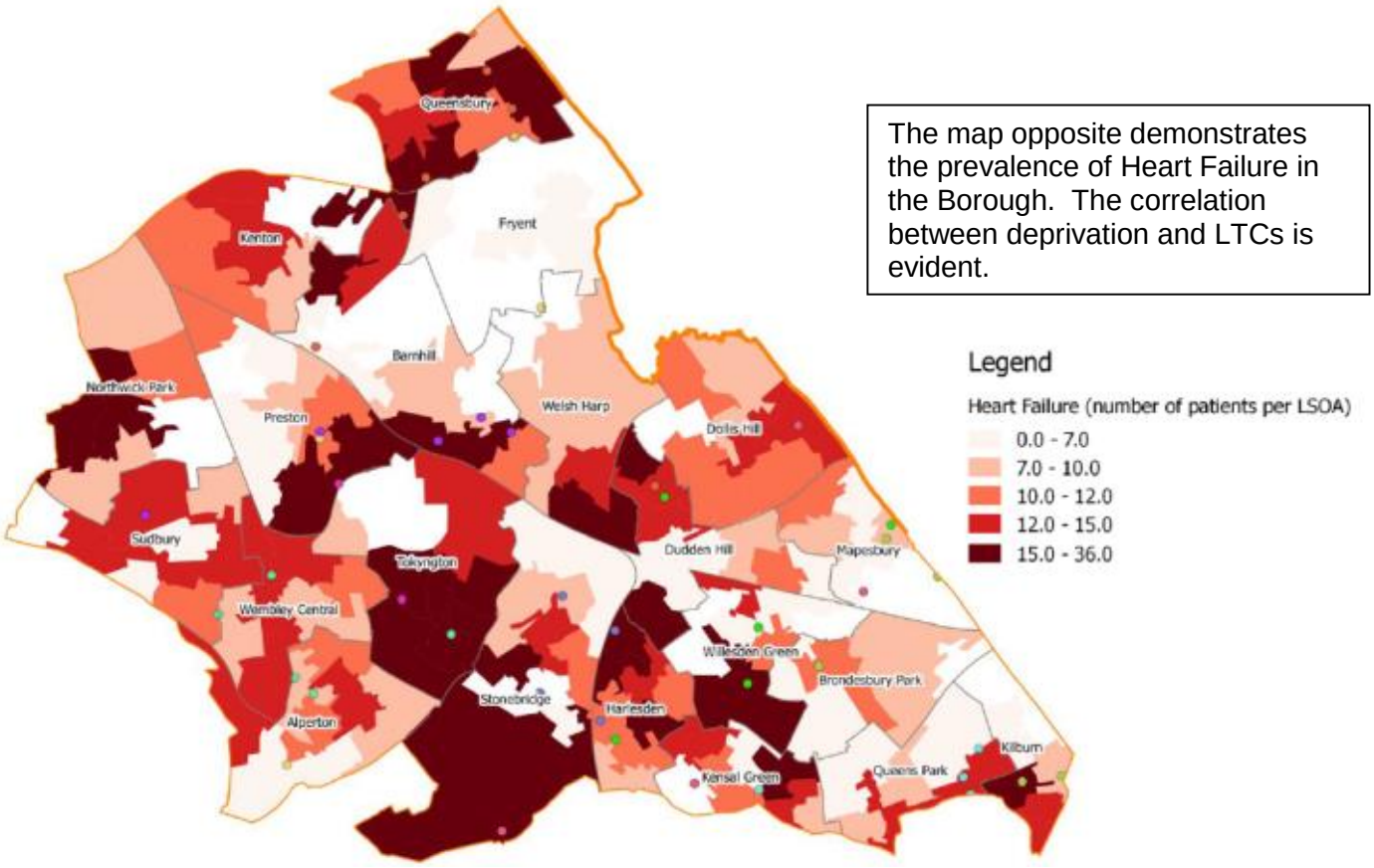
5.2 Of particular importance is the increasing number of people with more than one long-term condition and especially those with several. The challenge of multi-morbidity lies behind the increasing needs of frail older people. Its existence underlines the importance of services being well co-ordinated in order to provide timely and high-quality care for people who are in contact with many health and social care professionals. Increased prevalence of dementia in the population highlights the need for mental health services to be at the heart of such care.

5.3 New innovation and advances in health care, provides an opportunity to improve health outcomes of our patient population. The pandemic itself has expanded the advancement of remote monitoring and remote consultation by at least 18 months, more patients are now able to consult remotely with their GP practices through electronic consultations platforms and through video consultations with their GP. The expansion of the remote monitoring platform now enables 'time poor' patients (such as carers and the working population) to receive care and advise on management of their Long term condition, through more efficient and appropriate platforms. The expansion on the home oximetry, blood pressure and diabetes management platforms opens up a more patient centred access model. Efficiencies have also been released at practice level, where patient enquiries are able to be directed to the most appropriate team member in the practice, with more patients receiving care through this model as opposed to the traditional face to face model.

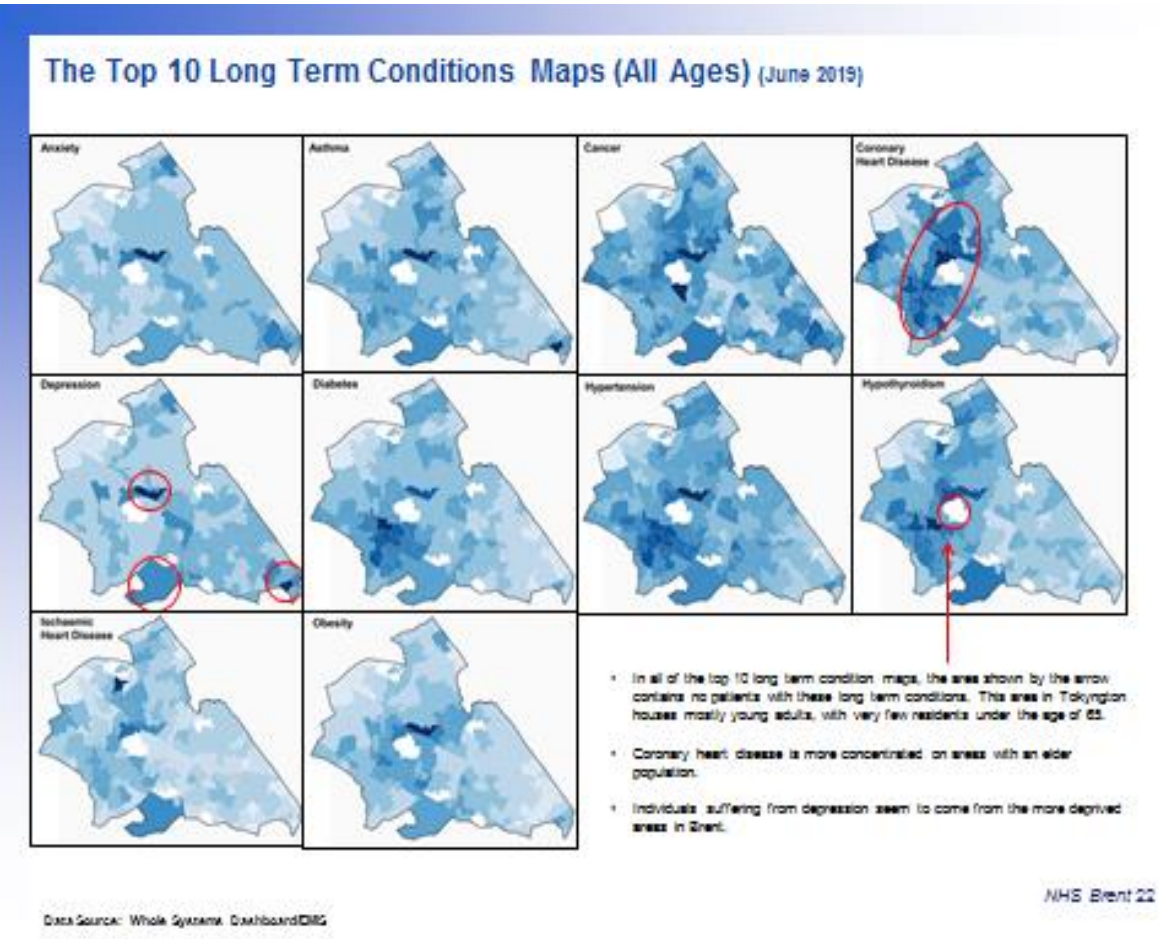
5.4 Increasing demands arising from the ageing population and changing disease burden has placed additional pressure on general practice. The shift in activity from other NHS services to primary care, such as early discharges from secondary care, the increasing demand on community nursing teams and therefore limited support to primary care has also contributed to the challenges faced by primary care. The increased focus on proactive care, to anticipate needs and setting in place more effective interventions is another example of the increasing workload experienced by GPs working in primary care setting. This shift in activity is likely to increase over time as delivery of services at PCN level are further expanded



Diabetes prevalence in Brent, is demonstrated in this map. With higher prevalence in some of the more deprived areas of the borough and in areas with higher elderly patients



The map opposite demonstrates the prevalence of Heart Failure in the Borough. The correlation between deprivation and LTCs is evident.



K&W North has one of the highest prevalence for Hypertension and Diabetes, which could be due to the PCN also having a greater population of 64+yrs.

The South of the borough has higher level of depression and anxiety this is particularly prevalent in the Kilburn PCN

Tudor Medical Practice has the highest obesity prevalence, followed by Wembley Park Drive Medical Centre and Freuchen Medical Centre.

There are no records of LTCs in the Tokyngton area, as this area houses mostly young adults, with very few residents under the age of 65.

6. Care Quality Commission

6.1 The Care Quality Commission (CQC) is an independent regulator of health and adult social care in England. CQC monitors, inspects and regulates services such as GP practices, dental practices, care homes etc. to make sure they meet fundamental standards of quality and safety. These are published on the CQC website and by law; care providers are required to display the ratings given, in the place where they provide care, somewhere that people who use the services can easily see them. Providers are also required publish their ratings on their website.

6.2 GP practices are rated for five key questions (safe, effective, caring, responsive and well-led) and for six population groups (older people; people with long term conditions; families, children and young people; working age people, including students and those recently retired; people whose circumstances may make them vulnerable; and people experiencing poor mental health, including dementia).

6.3 GP practices rated as inadequate for one or more of the five key questions or six population groups will be given a specified time period for re-inspection. This will be no later than six months after the initial rating is confirmed. This period will give the practice a fixed time during which they must demonstrate improvement, ahead of another CQC inspection.

6.4 After re-inspection, the practice have failed to make sufficient improvement, and continue to be rated, the CQC may place the practice into ‘special measures’ for a second time, or may take other enforcement action (e.g. termination of registration).

6.5 GP practices are usually placed into special measures for six months. Being placed into special measures will represent a decision by CQC that a practice is required to improve within six months to avoid steps to cancel their registration.

6.6 At the end of the special measures period, the practice has not met the standard set by the CQC inspection requirements; the CQC may begin proceedings to cancel the provider's registration. If there are escalating concerns, this may be via a fast-tracked process through court enforcement action, or through a slower process whereby the provider is provided the CQC's notice of decision with 28 days' notice plus an additional 28 days for appeal and is subject to the usual representations process.

6.6.1 In 2019, the CQC changed their model of inspection to undertake a more focused approach to CQC inspections. For those practices that have received an overall rating of 'good' or 'outstanding' these practices would be inspected at least once every 5 years. In addition, every year, the CQC carries out a formal review of the information they hold about the practice. The *formal annual regulatory review* helps them to priorities their inspections where the information suggests that the quality of care at a GP practice has changed since their last inspection. This can be either a deterioration or improvement, an inspection may be arranged initially through a telephone interview and if required a formal visit. It enables the CQC to carry out more focused inspections that concentrate on the areas with the most change. This also allows them to focus where there is the most risk while supporting practices to improve.

6.7 If a GP practice is rated as 'requires improvement' or 'inadequate', the annual regulatory review process and provider information collection call does not apply. In this instance, the CQC would continue to inspect:

- within six months for a rating of inadequate
- Within 12 months for a rating of requires improvement.

6.8 During the pandemic months, the routine scheduled CQC visits have been placed on hold, these inspections have continued where risks have been identified. Remote login to clinical systems and telephone/ Microsoft Team meetings have been utilised to enable continued management and monitoring.

6.9 While discussions are held on availability of access into the practice, as yet the formal monitoring of remote consultation and remote monitoring of patients is yet to be formalised into the review. The digital access into general practice forms part of NHS E's strategy to improve access to primary care, it is expected that all practices offer digital access to patients, both at practice and PCN level for extended access. The Covid 19 pandemic has served to accelerate the digital offer to patients and more innovative partnership with third party organisations are in trail stages to improve access to remote monitoring of care.

6.10 Table 1 below provides a summary of Brent GP Practice CQC ratings as at the time of this report, with Chart 1 providing a summary of CQC ratings in the borough.

Table 1: Brent GP Practice CQC Rating and Population Size

PCN	Practice Name	E-Code	RAW PRACTICE LIST SIZE 01/10/2020	CQC Rating (latest review)						
				CQC Inspection Date	Overall Summary	Safe	Effective	Caring	Responsive	Well-Led
KWH Central	Forty Willows Surgery	E84002	6790	24/05/2018	Good	Good	Good	Good	Good	Good
	Tudor House Medical Centre	E84684	3,918	19/01/2017	Good	Good	Good	Good	Good	Good
	Chalkhill Practice	E84033	7,134	06/12/2018	Good	Good	Good	Good	Good	Good
	Ellis Practice	E84032	8,917	17/09/2019	Good	Good	Good	Good	Good	Good
	Preston Road Surgery	E84620	6,926	03/02/2020	Good	Good	Good	Good	Good	Good
	Sudbury Surgery	E84685	8,726	13/12/2018	Good	Good	Good	Good	Good	Good
KWH North	Neasden Medical Centre & Greenhill Park	E84665	9,572	07/12/2020	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
	Uxendon	E84007	5,485	27/11/2020	Good	Good	Good	Good	Good	Good
	Jai Medical Centre	E84020	6,346	03/12/2020	Good	Good	Good	Good	Good	Good
	The Fryent Way	E84048	8,348	01/08/2019	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
	Kingsbury Health & Wellbeing	E84078	4,607	07/04/2020	Good	Good	Good	Good	Good	Good
	Brampton	E84049	5,177	28/02/2019	Good	Good	Good	Good	Good	Good
	Kings Edge Medical Centre	E84699	3,610	10/01/XXXX	Good	Good	Good	Good	Good	Good
KWH West	Premier Medical Centre	E84003	8,968	03/11/2016	Good	Good	Good	Good	Good	Good
	The Wembley Practice	Y02692	13,920	22/05/2018	Good	Good	Good	Good	Good	Good
	Hazeldene	E84066	19,283	05/07/2019	Good	Good	Good	Good	Good	Good
	Alperton	E84638	5,868	14/03/2019	Good	Good	Good	Requires improvement	Good	Good
	Lancelot	E84063	7,004	07/07/2017	Good	Good	Good	Good	Good	Good
	Stanley Corner	E84051	6,063	08/03/2016	Good	Good	Good	Good	Good	Good
KWH South	Gladstone Medical Centre	E84036	9,366	20/11/2019	Good	Good	Good	Good	Good	Good
	Willesden Medical Centre	E84021	13,581	31/01/2018	Good	Good	Good	Good	Good	Good
	St George's Medical centre	E84704	2,244	08/11/2017	Good	Good	Good	Good	Good	Good
	Burnley Practice	Y00206	9,328	02/11/2017	Good	Good	Good	Good	Good	Good
	St Andrews Medical Centre	E84011	1,871	12/01/2017	Good	Good	Good	Good	Good	Good
	The Lonsdale	E84025	22,987	26/07/2017	Good	Good	Good	Good	Good	Good
Harness South	Brentfield Medical Centre	E84031	9,041	23/01/2019	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
	Church End Med Centre	E84013	7,970	11/04/2019	Good	Good	Good	Good	Good	Good
	Stonebridge Medical Centre	E84028	7,259	30/10/2017	Good	Good	Good	Good	Good	Good
	Hilltop Medical Practce	E84637	4,177	23/02/2016	Good	Good	Good	Good	Good	Good
	Oxgate Gardens Surgery	E84076	6,703	21/03/2016	Good	Good	Good	Good	Good	Good
	Roundwood Park Medical Centre	E84656	4,590	02/02/2016	Good	Good	Good	Good	Good	Good
	Walm Lane Surgery	E84086	7,930	29/02/2017	Good	Good	Good	Good	Good	Good
	Park Royal Medical Centre	E84645	7,841	30/04/2019	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement
	Freuchen Medical Centre	E84074	8,453	11/08/2017	Good	Good	Good	Good	Good	Good
Harness North	The Surgery	E84635	5,533	16/02/2016	Good	Good	Good	Good	Good	Good
	Preston Hill Surgery	E84030	5,140	02/05/2017	Good	Good	Good	Good	Good	Good
	Pearl Medical Practice	E84701	4,812	18/02/2020	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
	Wembley Park Drive Medical Centre	E84709	12,379	11/05/2017	Good	Good	Good	Good	Good	Good
	SMS Medical Practice	Y01090	5,121	31/08/2017	Good	Good	Good	Good	Good	Good
	Lanfranc	E84083	6,073	13/01/2017	Good	Good	Good	Good	Good	Good
	Sunflower Practice	E84626	3,136	22/05/2018	Good	Good	Good	Good	Good	Good
	Church Lane Surgery	E84067	9,125	06/03/2019	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
	Willow Tree Family Doctors	E84015	15,997	24/11/2016	Good	Good	Good	Good	Good	Good
	Preston Medical Centre	E84678	4,328	25/01/2018	Good	Good	Good	Good	Good	Good
	Sudbury & Alperton Practice	E84017	8,789	25/02/2020	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Kilburn	Kilburn Park Medical	E84042	8,528	08/06/2019	Good	Good	Good	Good	Good	Good
	Chichele Road Surgery	E84674	5,644	10/12/2020	Requires improvement	Good	Requires improvement	Good	Good	Requires improvement
	Staverton Medical Centre	E84080	8,971	09/01/2020	Requires improvement	Requires improvement	Requires improvement	Good	Good	Good
	Mapesbury Medical Centre	E84012	9,020	28/03/2019	Not Yet Monitored					
	Willesden Green Surgery	E84702	5,911	16/03/2018	Good	Good	Good	Good	Good	Good
	The Law Medical Centre	E84006	18,001	29/05/2019	Good	Good	Good	Good	Good	Good
	Brent Total		406,511							

CQC ratings over past years

The CQC ratings of GP practices in Brent over the past years are detailed below

Year	Practices requiring improvement in 1 or more domains	Practices assessed as inadequate	% of practice
2021	9	0	17.6%
2020	7	4	21.6%
2019	10	1	20.6%
2018	4	2	10.5%*
2017	13	2	33.3%**

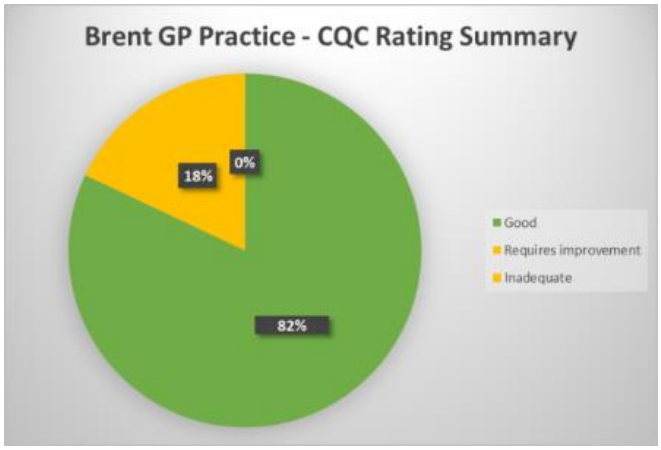
*57 practices in 2018

**45 inspections were undertaken

The numbers of practices who are rated as 'inadequate' have dropped to zero for the current year. The remaining practices which have been identified as 'requiring improvement', have developed action plans and timescales to address areas identified for by the CQC.

The CCG continues to work the closely with the CQC to identify early intervention and support to practices

Summary of Brent GP Practice CQC Rating



6.11 As independent contractors, it is ultimately the practice's responsibility to address any problems identified at inspection and to ensure improvement. However, as Clinical Commissioning Groups (CCGs) when co-commissioning we ensure there are clear and transparent improvement plans in place and support appropriate interventions if services to patients are at risk.

6.12 To support practices the CCG investments in providing supports to GP practices through:

- Regular workshop on the inspection requirement, the preparatory work and evidence collation that CQC would expect to view on the day of the visits
- Mock CQC inspections with external trainers
- Learning from past visits is shared with particular emphasis on recurrent themes.
- Shared CQC and GP practice events, these are held by the primary care team and prescribing teams
- Supporting Primary Care Networks to provide dedicated support to individual practices within their grouping, supporting the standardising policies on recruitment, prescription storage, controlled drug monitoring etc.
- Practices are able to receive one to one support from external provider to address issues identified by CQC inspectors, this forms part of the Resilience support offered to all practices. The CCG have invested in procuring providers to deliver on site one to one support, for those practices rated as inadequate or requires improvement. This support is tailored to the individual practices need and may span any or all of the areas identified in the five CQC domains.

6.13 The CQC's powers under the Health and Social Care Act 2008, (Regulated Activities) Regulation 2014 are far reaching and under the Act the CQC hold the right to terminate contracts where it is identified that patient safety is at risk.

6.14 The CCG as a commissioning organisation plays a dual role in holding providers to account in line with their contractual obligation as well as supporting the development of GP practices. To support its monitoring role the CCG have developed a benchmark dash board aimed at reducing unwarranted variation in care. Practices identified as performing below expected levels are supported and empowered to improve. Early warnings signs from this dashboard and close working with GP practices aims to

identify those practices that would benefit from intervention. As outlined early as independent contractors the GP practice holds the prerogative to refuse this support.

6.15 Having received delegated responsibility from NHS England for the management of GP practices, the Primary Care Commissioning Committee (PCCC) was established to oversee delegated responsibility, reporting directly to the Governing Body in its role and providing assurance on the discharge of this responsibility. The CCG's Quality and Performance Committee receives reports of cases where intervention of this committee is required. As the CCG moves to a single structure, cases will continue to be monitored at local level with regular reports to the NW London Primary Care Commissioning Committee being presented for oversight and direction.

7.0 Financial Implications

7.1 No direct financial implications

8.0 Legal Implications

8.1 No direct legal implications

9.0 Equality Implications

9.1 Equality of access has been set out in the report

10.0 Consultation with Ward Members and Stakeholders

10.1 Not applicable

REPORT SIGN-OFF
Jonathan Turner – Borough Director
Brent Clinical Commissioning Group