



HEALTH AND CARE SCRUTINY COMMITTEE

3 July 2023

SECOND DESPATCH

Please find enclosed the following items:

Item 10 Update on GP Surgeries from NHS Integrated Care Board

1 - 14

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Islington Primary Care

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Background

Primary care used to be commissioned at a national level by NHS England but this has moved to local Integrated Care Boards – although the terms and conditions of the contract remain as nationally mandated.

Contracts are usually held by a small group of clinicians and managers known as “Partners”. This has been the traditional model of delivery (the partnership model). In more recent years some larger scale providers have started to deliver primary care services.

Recently, there have been several national reviews of the NHS and primary care specifically. Commissioned by NHS England and published in May 2022; Next Steps For Integrating Primary Care: The Fuller Stocktake Report¹ is being used as the template for how to deliver better, more sustainable primary care services. At the heart of this report is a new vision that, if delivered well, will create the local structures for integrating care. Fuller focusses on three key offers:

1. Streamlining access to care and advice for those who use services infrequently, with more local options.
2. Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including those with multiple long-term conditions.
3. Helping people to stay well for longer as part of a more ambitious and joined up approach to prevention.

The Fuller Stocktake Report also acknowledges the challenges with workforce and premises and should be now set in the context of the ongoing industrial action within the NHS.

This paper seeks to highlight some of the achievements of general practice in Islington along with the role of the wider NHS and other partners in enabling primary care to continue and, we hope, thrive. It also seeks to address the challenges that both our staff and the residents of Islington face on a day-to-day basis and will describe work we are undertaking to further improve the service.

Introduction

Islington has 31 GP practices operating from 29 sites. All practices have open lists for new patient registration and we have a good distribution of services across the borough so that most residents are a short walk or bus journey from a practice. All practices belong to a Primary Care Network – these were commissioned nationally in 2019 by NHS England. Primary Care Networks (PCNs) build on the core work of current primary care services and seeks to enable greater provision of proactive, personalised, coordinated and more integrated health and social care for our communities.

By 2023/24, the Primary Care Network Contract commits an additional investment of £2.4 billion into primary care across the country, or £1.47 million per typical PCN. This includes funding for over 29,000 more health professionals including additional clinical pharmacists, physician associates, first contact physiotherapists, community paramedics and social prescribing link workers. Bigger teams of health professionals are now working across PCNs,

¹ [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

as part of community teams, providing tailored care for patients and allow GPs to focus more on patients with complex needs. A summary of GP practices in Islington and their Primary Care Network (PCN) is shown in appendix 1.

Despite the additional investment into Primary Care, challenges remain. High demand for appointments combined with challenges to recruit and retain staff continue to place pressure on general practice and we know that residents find this difficult. This is mirrored in many parts of the NHS but because of the role of general practice as the front door it often receives more focus. Despite this, there is also much to celebrate in primary care, particularly in Islington.

Access

Nationally and locally, there is a strong focus on access to general practice. We know residents can find access challenging, although we also know that many patients like the new ways of working and the flexibility and convenience that it can allow, telephone and online appointments for example. Pre-pandemic, the national GP contract for 2019-20 stated: “All patients will have the right to digital-first primary care, including web and video consultations by 2021”². This national mandate was in line with the move to offer more public services online, for those that can use this medium, and follows on from widespread adoption of online access in the private sector, high street banking, for example. The pandemic forced all GP practices to speed up their adoption of non-face-to-face forms of access and as a result general practice nationally and in Islington specifically is offering more appointments now than before the pandemic.

The offer:

General practice should be open to the public from the hours of 8am – 6.30pm; these are the core hours of provision. Starting in October 2022, Primary Care Networks are responsible for the delivery of appointments for their patients on weekday evenings, between the hours of 6.30pm to 8pm, Monday to Friday and on Saturdays between 9am and 5pm. The new services have taken over from a borough-based offer and are switching focus to provide a greater number of appointments in advance, with an emphasis on planned care, in addition to same-day or next-day GP appointments.

As the new national specification that PCNs are working to did not cover Saturday evening, Sundays or bank holidays, NCL ICB has commissioned a bridging arrangement with Islington GP Federation to provide extended access for patients during these times. This means that patients can request routine GP appointments 7 days per week, at different settings, within Islington.

The bridging service contract is currently in place until September 2023. A review and scoping exercise on the short, medium and longer term plans for this and wider services that focus on improvements to access is due to commence shortly. Access to GP practices also forms part of a wider review of urgent care across North Central London, which will hopefully bring opportunities for the whole system to collaborate on these improvements.

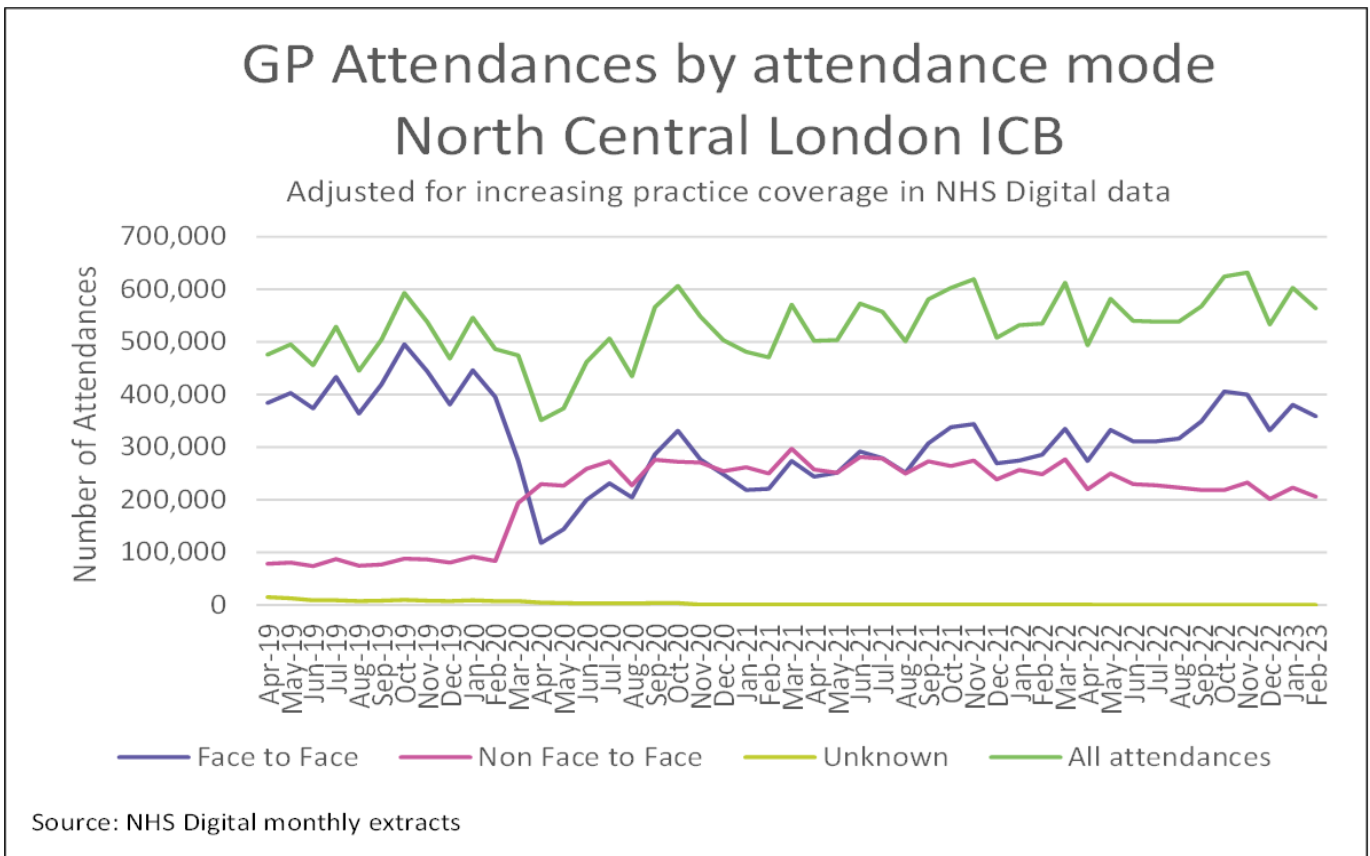
We need to work together with partners and residents to ensure that people living in Islington receive a simple message that they can access routine GP appointments 7 days per week, 8am-8pm, but that these appointments may not always take place at their own surgery.

² [NHS England » GP Contract documentation 2019/20](#)

Provision of appointments – capacity within Islington General Practice

Across NCL, Primary Care appointment capacity is higher than pre-Covid levels (see Chart 1), with a spotlight on provision of both same-day and face-to-face appointments. Meeting reactive demand needs to be balanced against the need to protect capacity for proactive care and long-term condition management. Across NCL the number of face-to-face appointments is nearly back to pre-pandemic levels and the use of telephone and online consultations has increased dramatically to give an increase in total appointments available of nearly 20%.

Chart 1: NCL GP attendances by mode April 2019- February 2023



Access plans for 2023/24

NHS England has made a number of changes to the GP contract for 2023-24 which NCL ICB will support General Practice to implement. The main change that will have a positive impact on GP practices is a renewed focus on improving patient's experience of access. Through close work with Healthwatch Islington, we know that Islington residents have a good experience of care when they get an appointment. We also know that we have work to do on improving peoples experience of contacting their GP and getting the right appointment for their needs.

All practices in Islington will be working throughout 2023-24 on implementing a Capacity and Access Plan that will:

- Ensure that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. This means that there will be a greater emphasis on 'care navigation' or signposting by reception teams, with patients directed to the most appropriate place to receive the care that they need. There will be a greater emphasis on access via online consultations for those that can use this medium, with the intention of freeing up capacity on the telephones and ending the 8am rush for appointments.
- Mandate the use of cloud-based telephony (CBT) to increase capacity of phone lines and provide practices with better management information and data to make further improvements. Queueing whilst on the phone should be more intelligent, with the option to ask for a call back when you are higher in the queue, for example. In Islington, all but four of our practices already use CBT, with plans to switch these to CBT during 23-24 already in place. Optimising the use of CBT will be a priority for practices during 23-24.
- Ensure that all practices are operating their Friends and Family Test and acting on the feedback.

NCL Integrated Care Board will present the NCL Capacity and Access Plan at a public meeting in October or November 2023 and report on progress against this in February or March 2024.

What affects demand?

In NCL, 430,000 people are living with at least one Long Term Condition (LTC) and this number has been rising significantly in recent years, exacerbated by the COVID-19 pandemic. The average number of GP appointments for each patient increases with increasing numbers of LTCs, reaching an average 13 attendances for every person with 3 or more LTCs each year.

Emergency admission rates (pre-Covid) for those with no LTCs was 3.5 patient events per year per 100 population, compared to 38.5 patient events for those 3 or more LTCs. Outpatient appointment rates almost double for each condition a patient has reaching an average of 7 appointments per annum for those with 3+ LTCs.

Infectious disease outbreaks

As well as more people now living with more long term conditions and increases in frailty caused by the pandemic, 2022-23 saw infectious disease outbreaks that can be linked to immunity debt caused by pandemic induced lockdowns. Monkey Pox and Polio outbreaks increased demands on primary care as well as the significant spike in the autumn in invasive

Group A Strep presentations requiring additional face to face capacity in primary care for symptomatic children and young people. Recognising this, plus the winter demand for respiratory diseases, an Acute Respiratory Infection Hub was mobilised in each borough; for Islington this was provided by our GP Federation using the existing infrastructure of the extended access service.

Seasonal factors

Increased demand for Primary and Secondary Care services is a challenge each winter. There are also other seasonable peaks that primary care deals with – for example the recent heatwave saw an increase in demand for respiratory conditions.

Industrial action

Ongoing industrial action, mainly affecting the secondary care sector, has required the system to provide urgent additional capacity, usually in primary care, to support demand. During this time, Islington GP Federation supported by providing additional capacity at relatively short notice, again, using their existing service infrastructure.

Whilst these factors remain a key issue affecting demand, the supply side is also under pressure – recruitment and retention remain a challenge for General Practice staff. Sickness, including having to continue to isolate if infected with covid, puts pressure on capacity and stretches the workforce.

Workforce

In Islington there are 117 Full Time Equivalent (FTE) GPs (Q1 23-24 data), which is 8 less FTE GPs compared with 8 years ago, however we have lost 15 GP partners over this period, going from 83 to 68. 26% of our qualified GPs are now over the age of 55yrs but this is being balanced against an increase in GP trainees from only 8 in 15-16, to 33 in 23-24. FTE Nursing numbers have decreased from 43 to 35 over the same period, however 38% of our practice nurses are aged over 55yrs.

Reductions in traditional GP staff are being offset by the successful expansion of the primary care team via the Additional Roles Scheme of the PCN DES. In Islington our Primary Care Networks have added 155 new staff over 4yrs, including a clinical pharmacy and pharmacy technician team of 58 who are involved in long term condition management, medicines reconciliation and liaison with local community pharmacies. 55 social prescribers and care coordinators have been recruited to manage and signpost patients with non-medical needs, including social isolation and most PCNs now have their own physio, paramedic and mental health workers. All these new roles work under the umbrella of the GP primary care team, often supporting needs that have been originally identified by the patient's regular GP. Sometimes it is more appropriate to see someone other than the GP first time, such as utilising the specialist skills of a physio for lower back pain. These additional staff mean that GP time is freed up to focus on more complex patients who will benefit the most from their expertise.

Although the expansion of the GP primary care team has happened across England, there is still work to do to ensure that patients in Islington know that they may not always need to see a GP and that they have confidence in the different specialist skills within the GP primary care team. We also know that our PCNs have recruited to different roles and so not all patients will have easy access to a dietician or occupational therapist working in their local practice, for example. Clearly articulating this message requires collaboration between all partners within the Islington Borough Partnership, including NHS, local authority and the voluntary sector.

Quality

The Care Quality Commission (CQC) is responsible for monitoring, inspecting and regulating health services in England. As part of their remit, the CQC inspects all GP practices in England and rates them across five domains; safe, effective, caring, well led and responsive. In Islington 30 of our 31 practices are rated 'Good' overall by the CQC, with only one practice rated as 'Requires Improvement'. Recently, Barnsbury Medical Practice was inspected by the CQC and rated as 'Outstanding' in the well led domain and 'Good' overall. We are especially proud of the work undertaken by the team from Islington GP Federation who have been care-taking the practice since January 2021 and have improved the care for the residents of one of Islington's most deprived areas.

More patients with a learning disability or a serious mental illness received their annual physical health check last year than ever, with national targets for both cohorts being met. This is a fantastic achievement, resulting from an innovative partnership model between the Islington GP Federation and Camden and Islington Mental Health Trust and continued efforts by GP practices to make reasonable adjustments that meet the needs of their patients.

Continuous improvement continues to be a focus, particularly for those experiencing health inequalities where the ICB has built on work done during the COVID vaccination programme to improve outreach and engagement with populations within Islington who struggle to access services. Amongst a range of inequalities programmes being overseen by Islington Borough Partnership, primary care in Islington is closely involved with a project to use an outreach worker and a dedicated recall team to contact parents of children who are not up-to-date with their childhood vaccination schedule. There are also projects underway to improve cancer screening rates, a Homelessness Health Inclusion Programme and the introduction of Learning Disabilities and Severe Mental Illness Cafes.

Innovation

Whilst general practice is under pressure it does remain a place of innovation and agility. The recruitment of social prescribers to the primary care team has led to much greater uptake of the varied 'non-medical' offers of support that are available in Islington and better use of our community assets. One example of this is patients from Mildmay Medical Centre now being directed to regular Pilates classes that are put on at the Mildmay Community Centre. During the last winter, all of the PCNs in Islington utilised some short term national funding to undertake proactive visits to vulnerable and housebound patients that they had not seen for a long time. The purpose of these visits was to check in ahead of winter and to deal with any issues in a proactive way to stop them escalating.

During the COVID-19 pandemic, GPs had to rapidly implement a total triage model of access, with telephone and online consultations deployed at speed. Phone and online access were mandated in the 2019-20 national GP contract and have been shown to be preferred methods of access for some patients³. Practices are now focussing on how they can use these modes of access better, for the benefit of all their patients. The South PCN of 7 practices has recently been reviewing and triaging all their online consultations in one place over the weekend and have successfully reduced the volume of requests that their practices have to review on a Monday morning. This in turn frees up more capacity for each practice to help patients who call the practice or who need an appointment. This model has been so successful that the South PCN will now roll it out across the whole week and two other PCNs are beginning to

³ [Access to and delivery of general practice services - The Health Foundation](#)

trial the weekend model. Small groups of 2-3 practices are also beginning to trial having a shared admin and reception team, which will bring benefits in staff training, retention and consistency of the patient experience. We hope that these models will work hand in hand with the national Capacity and Access Plans to improve Islington residents' experience of accessing their GP practice and bring better consistency across the borough.

Locally Commissioned Services

To support General Practice and patient care, NCL ICB commissions a number of additional Locally Commissioned Services (LCS). LCS' offer services above those specified nationally in the core contract and are intended to meet locally identified needs.

In Islington we have a range of well established LCS's that enable our GPs to provide extra focus on:

- Enabling GP attendance at weekly Integrated Care Meetings where individual patients with complex needs are discussed within a multi-disciplinary team
- Making sure more residents have an end of life care plan
- Ensuring that prescribed medicines are used in the most safe and effective way
- Providing additional support for older people in care homes
- Providing health checks for asylum seekers

The ICB is currently in a preparatory period for a new and consistent approach to managing long term conditions in NCL (LTC LCS). This service builds on the established LTC LCS that was specific to Islington and will launch in autumn 2023. It focuses on personalised care and treatment that prioritises prevention, early detection of LTCs and what is important to the individual. Its aim is to improve population health and wellbeing, and help to address health inequalities across neighbourhoods, place and the Integrated Care System (ICS). The NCL LTC LCS will provide consistency for practices across NCL for the management of LTCs, as well as increase collaboration at PCN-level to best plan resources and services. The new service builds on an offer that we have had in Islington for some years where our patients have benefitted from a proactive approach to identifying and managing long term conditions.

As part of the Network Contract Directed Enhanced Service (DES), PCNs have been able to recruit under the Additional Role Reimbursement scheme (ARRS) which will enable General Practice to expand their workforce, introducing staff with different skills to ensure that our practices remain fit for purpose and align to future ambitions. Appendix 2 gives a summary of all the roles employed by Islington PCNs.

Primary Care at Scale – the role of Islington GP Federation

Islington GP Federation (IGPF) was formed during 2015-16 in line with national initiatives for primary care services to be available at scale. Since its inception it has grown to become a mature and respected organisation both within Islington and across North Central London. IGPF's infrastructure, support and services can be found throughout the foundations of Islington Primary Care and underpins the evolving system integration under the development leadership of Islington's Borough Partnership.

Islington GP Federation plays a vital role in supporting general practice in Islington. The good relationships with its member practices mean that IGPF is able to achieve buy-in to new projects from all practices. This support ranges from developing and designing pilot projects, providing expert IT infrastructure and information governance support to enable 'at scale'

services and direct support to struggling practices. It provides “care-taking services” (ie a short term contract to take over the management of a practice where the previous partners or organisation has ceased to provide services) to two practices.

Partnership working is crucial within the Integrated Care System, but this doesn't just happen. IGPF has built up partnerships across the health, care and voluntary sectors since its inception. Relationships with larger established partners have often been tricky to negotiate for IGPF, but now function well as a result of their demonstrated successful service delivery and the credibility that follows on from that. The IGPF Executive team plays a key part in all the partnership boards within the Islington Borough Partnership including the Health and Wellbeing Board and the Islington Together Leaders group providing a voice for primary care. Attending the meetings, reading papers and taking away actions constitutes a significant amount of time, but is important to the functioning and credibility of these groups.

Having a credible Primary Care at Scale Provider has brought real benefits in terms of workforce in Islington. IGPF hosts the Islington Training Hub and has worked jointly with the council on apprenticeship projects, for example. Living costs in Islington, including housing, are very expensive and so recruiting and retaining good quality staff is a problem. The Training Hub is working across a range of initiatives to make Islington a place where people want to come and work. Successful Fellowship courses for GPs are now being rolled out to other clinical staff such as nurses and pharmacists. Other initiatives such as mid-career portfolio roles, Multi-professional Educator Groups, developing PCNs as educational environments for all health care professions and building communities of practice within Islington primary care have all been effective at recruiting and retaining good quality staff.

The at scale infrastructure has provided the 50+ strong clinical pharmacy team with management, clinical supervision and support, training and HR processes and made Islington one of the best boroughs in which to be a clinical pharmacist. This model is being developed to provide a better experience for practice nurses as well through the development of a Nursing Hub and should have beneficial effects on recruitment and retention into these roles in the future.

IGPF works to design and iterate services so that they are beneficial to partners across NCL ICS and can be more easily scaled. IGPF often takes on the risk with early stage pilots that can be ill defined and develops and iterates them on a small scale first. This process has led to some real successes that have been rolled out across NCL, but also to some failures, where projects don't work as intended. The ability of the IGPF team to quickly design and iterate novel service delivery and their willingness to take on clinical risk is a real asset.

Infrastructure – Estates and IT

Islington has high land costs and little available land for development. General practice is often delivered out of premises that were not purpose built so we have had a programme of work over the last 10-15 years to improve the quality of estate – often through working with partners.

Islington Council has been a key partner in this drive to improve the quality of estate and we are currently working together to progress 4 brand new Primary Care Centres within Council developments. The below list summarises some of the Islington priority Primary Care schemes. The schemes all align with the neighbourhood model and build on principles from the Fuller Report.

- Moving the **Andover Medical Centre** into a new health centre on the ground and first

floors of the council building at Newington Barrow Way. This building presents the opportunity for a health hub, with other NHS services set to move into the rest of the building.

- **City Road Medical Centre** will move into the redeveloped Finsbury Leisure Centre. This is an exciting opportunity for the GPs to work more closely with leisure teams to look at more proactive and preventative care in the South of Islington.
- The new residential development at Vorley Road will see **Archway Medical Centre** move into the site from their cramped, terraced house on Holloway Rd.
- **The Miller Practice** will move into the newly redeveloped Daylight Day Centre

Whittington Health is another key partner and is supporting the ICB to develop more clinical space at the Holloway Health Centre so that we can relocate a practice that recently lost its premises.

Advances in IT have been accelerated by the COVID-19 pandemic and there has been tremendous investment in digital infrastructure over the last several years, including:

- Much greater use of laptops to enable remote and agile working, alleviating some of the pressure on the primary care estate.
- Advances in two way text messaging to enable more convenient communication with patients
- Upgrades to hardware and wi-fi within practice premises
- NCL ICS is also looking at how advances in AI and near patient testing can be deployed to bring benefits to all patients

Whilst the advances in IT are welcome and will enable the workforce to be more efficient, we recognise that these solutions do not work for all residents. Work is ongoing to try to include as many patients as possible by increasing their knowledge and ability to use technology, but for those that are not able to, the increased efficiencies should mean that there is more capacity within the 'traditional' methods of accessing general practice, namely via the telephone and face to face contacts.

Developing the Primary Care Ambitions for North Central London ICS

NCL ICB has embarked on a programme of engagement to develop a set of ambitions for Primary Care, and particularly General Practice, in North Central London.

Over the last 12 months, there have been a number of national reviews of primary care, with recommendations made that highlight the direction that primary care needs to take to respond to both changing patient demographics and demand and also to ensure that workforce, technology and ways of working can be optimised. We want to ensure that the ambitions we develop together are bold, reflecting the scale of the challenge and the opportunity in front of us, and are grounded in reality. We recognise that we all have different roles to play in reimagining and delivering this future world and, through this process, we want to identify the roles and responsibilities for each organisation and individual in delivering it. The documents that will inform these ambitions are:

- [Hewitt report](#);
- [Next steps for Integrating Primary Care: Fuller Stocktake](#);
- [The Future of General Practice, Health and Social Care Committee](#)
- [Retention in London general practice, April 2023](#)
- [Delivery plan for recovering access to primary care, May 2023](#)

North Central London Population Health and Integrated Care Strategy

Our collective ambition as an integrated care partnership is:

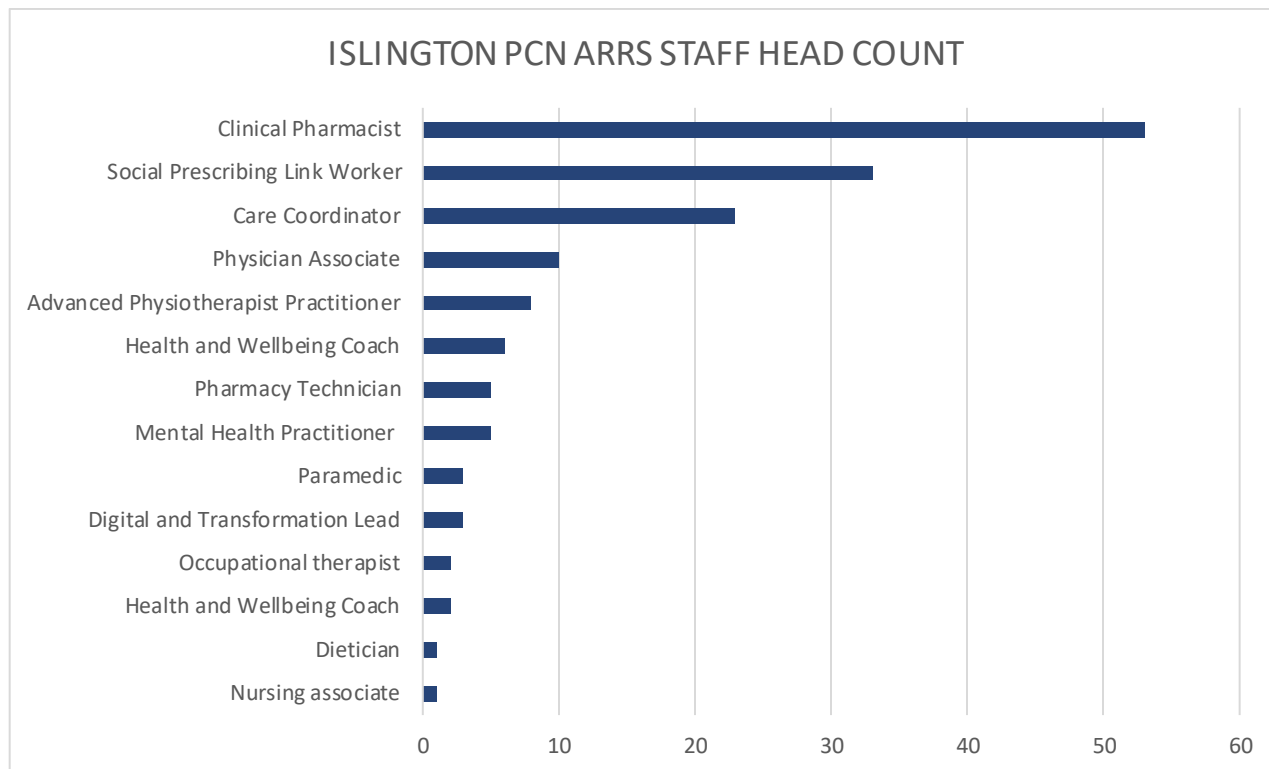
As an integrated care partnership of health, care and voluntary sector services, our ambition is to work with residents of all ages of North Central London so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, to age within a connected and supportive community and to have a dignified death. We want to achieve this ambition for everyone.'

The strategy sets out a clear call to action shared by the ICB, councils and partners in the ICS, to reflect on how their organisations will look and feel when they align to the principles and areas outlined in this strategy. The strategy outlines a set of population health outcomes that NCL will work together to improve. In order to embed and test our principles, we have outlined delivery areas where we can make the greatest impact and continue learning about our approach to system, borough partnership and neighbourhood working. Each delivery area describes the rationale for its selection in NCL as well as what we plan to do next. We recognise that there are opportunities to improve the way in which NCL as a system is set up to sustainably deliver according to these principles, therefore we have identified levers for change which will help the ICS create the right conditions for sustainable delivery and improved outcomes. Each of these levers consists of system-wide deliverables which will set our system up for long-term success. Although this document forms a milestone in our population health journey, we will continue to develop our partnership working as well as our engagement with our communities to deliver these goals.

APPENDIX 1:

PCN	Practice Name	Contract	Address Line 1	Post Code
C1	Islington Central Medical Centre	GMS	28 Laycock Street	N1 1SW
C1	Mitchison Road Surgery	APMS	2 Mitchison Road	N1 3NG
C1	Roman Way Medical Centre	GMS	28 Laycock Street	N1 1SW
C1	Highbury Grange Medical Practice	GMS	1-5 Highbury Grange	N5 2QB
C1	The Medical Centre	PMS	140 Holloway Road	N7 8DD
C1	Mildmay Medical Practice	GMS	2a Green Lanes	N16 9NF
C1	Sobell Medical Centre	GMS	272 Holloway Road	N7 6NE
C2	The Miller Practice	GMS	49 Highbury New Park	N5 2ET
C2	Elizabeth Avenue Group Practice	GMS	2 Elizabeth Avenue	N1 3BS
C2	New North Health Centre	GMS	287-293 New North Road	N1 7AA
C2	River Place Group Practice	GMS	River Place, Essex Road	N1 2DE
C2	St Peter's Street Medical Practice	GMS	16 1/2 St Peter's Street	N1 8JG
N1	The Village Practice	GMS	115 Isledon Road	N7 7JJ
N1	The Northern Medical Centre	APMS	115 Isledon Road	N7 7JJ
N1	St John's Way Medical Centre	GMS	96 St John's Way	N19 3RN
N1	Partnership Primary Care Centre	GMS	331 Camden Road	N7 0SL
N2	The Goodinge Group Practice	GMS	20 North Road	N7 9EW
N2	Andover Medical Centre	GMS	270-282 Hornsey Road	N7 7QZ
N2	Archway Medical Centre	GMS	652 Holloway Road	N19 3NU
N2	Hanley Primary Care Centre	APMS	51 Hanley Road	N4 3DU
N2	The Rise Group Practice	GMS	Hornsey Rise Health Centre	N19 3YU
N2	Stroud Green Medical Clinic	GMS	181 Stroud Green Road	N4 3PZ
N2	The Beaumont Practice	GMS	Hornsey Rise Health Centre	N19 3YU
N2	The Junction Medical Practice Site 1	GMS	Site 1 - 244 Tufnell Park Road	N19 5EW
N2	The Junction Medical Practice Site 2	GMS	Site 2 - 18 Dartmouth Park Hill	NW5 1HL
S	Barnsbury Medical Practice	APMS	8 Bingfield Street	N1 0AL
S	Killick Street Health Centre	GMS	75 Killick Street	N1 9RH
S	Ritchie Street Group Practice	GMS	34 Ritchie Street	N1 0DG
S	Amwell Group Practice	GMS	4 Naoroji Street	WC1X 0GB
S	City Road Medical Centre	GMS	City Approach, 190-196 City Road	EC1V 2QH
S	Clerkenwell Medical Practice	GMS	Finsbury Health Centre, Pine Street	EC1R 0LP
S	Pine Street Medical Practice	GMS	Finsbury Health Centre, Pine Street	EC1R 0LP

APPENDIX 2:



Role	TOTAL
Clinical Pharmacist	53
Social Prescribing Link Worker	33
Care Coordinator	23
Physician Associate	10
Advanced Physiotherapist Practitioner	8
Health and Wellbeing Coach	6
Mental Health Practitioner	5
Pharmacy Technician	5
Digital and Transformation Lead	3
Paramedic	3
Health and Wellbeing Coach	2
Occupational therapist	2
Nursing associate	1
Dietician	1

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