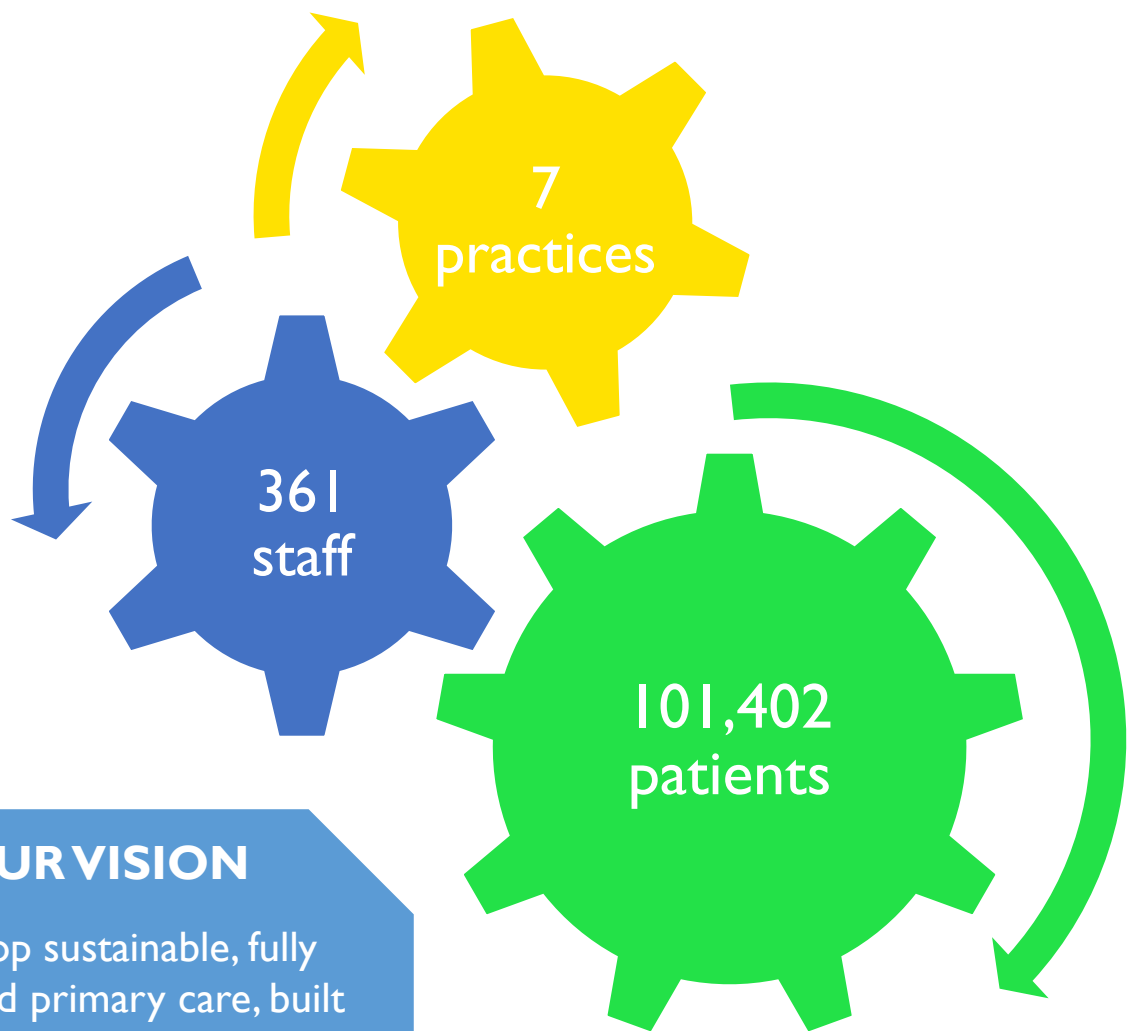


ANNUAL REPORT

2021/2022

Developing sustainable, fully integrated primary care, built locally, delivered together

WE ARE ...



OUR VISION

To develop sustainable, fully integrated primary care, built and delivered together locally.

We will be an exemplar in Primary Care by:

- Delivering quality across all its domains (safety, outcomes and experience) for patients (and achieve CQC outstanding)
- Being the best place to work and happy staff
- Living and breathing our values

OUR VALUES

- Kindness
- Respect
- Ambition
- Collaboration

WE ARE ...

North Cumbria Primary Care Ltd (NCPC) is a not for profit company where all GPs are salaried. It is built on co-operative principles. Our aim is to create a network of great family practices. We are building a multidisciplinary and multispecialty model of primary care and creating a platform to support general practice at scale.

All money we receive in funding and other business activities goes into supporting the organisation, our staff, and our services. Any surplus that we make is committed to delivering our organisational vision. All clinical and non-clinical staff are employed by NCPC and receive a salary.

NCPC was set up to support our practices so that primary care is sustainable in North Cumbria.

We have GP training practices in each locality to “grow our own” GPs and encourage our students to stay with us, commit to North Cumbria, and join us on our journey to improve patient care.

The aim of NCPC is to enable its member practices to maintain the “local” feel of a primary care service, with the benefit of an umbrella infrastructure to provide support.

NCPC is made up of three localities (Carlisle, Copeland, and Workington) and seven practices. This was formerly eleven practices prior to the merger of the five Workington practices in early 2021.

Each locality has an operational Locality Lead, Locality GP Lead, and Locality Nurse Lead who support our Service Delivery Leads and practice teams. A small team at head office provide support to our locality teams, such as managing service contracts, HR, and finance.

Carlisle

Practices | Eden Medical Group | Warwick Square Group Practice

Service Delivery Leads | Barrie Hyslop | Laura Thorp

Carlisle Locality Lead | Mandy Kennedy
Carlisle GP Lead | Dr Joanne Daly
Carlisle Nurse Lead | Wendy McManus

Copeland

Practices | Fellview Healthcare | Lowther Medical Centre | Queen Street Medical Practice | Seascale Health Centre

Service Delivery Leads | Anne Thompson | Collette Smith | Lesley Bethwaite | Alison Shaw-Daly

Copeland Locality Lead | Mike Hunter
Copeland GP Lead | Dr Marieke Van Bussel
Copeland Nurse Lead | Jackie Warbrick

Workington

Practice | James Street Group Practice

Service Delivery Leads | Dympna Harney | Ellie Clark | Kirsten Thompson | Lauren Turnbull

Workington Locality Lead | Linda Moore
Workington GP Lead | Dr Cheryl Timothy-Antoine
Workington Nurse Lead | Lynne Hetherington

Corporate Team

Corporate Programme Lead | Joanne Percival
Management Accountant | Ann-Marie Tulloch
Operations Development Lead | Michelle Palmer
Operations Coordinator | Lydia Hulme
Managing Director | Karen Morrell
CEO/Medical Director | John Howarth

A MESSAGE FROM OUR DIRECTORS

Welcome to our first annual report. NCPC was first established in 2019 but this is our first opportunity to review and share some of our challenges and achievements.

The last two years has been challenging for everyone in Primary Care. We have concentrated across our localities on maintaining services and supporting the national COVID vaccination programme, whilst managing the impact of two new variant waves.

We have focused on the following priorities:

- Welcoming new practices into NCPC and supporting them as part of our NCPC “family”
- Improving patient access to our services
- Targeting clinical quality outcomes for our patients
- Supporting the COVID vaccination programme and recovery from COVID, particularly its impact on patients and staff

- Recruitment of clinical staff and developing our skill mix
- “Growing our own”, particularly building our GP Training resource and ensuring training capability in all localities

This annual report gives an overview of some of these areas that we have been working on and the ongoing work in each of our three localities.

All GP practices continue to face challenges with GP recruitment and increasing demand but we are trying to address these challenges with the help of all our teams.

Our teams have worked really hard through challenging times and we really appreciate and thank them for all of their efforts.

We would love to hear more from you in our forums and hope to arrange some face to face meetings in the coming months.



A handwritten signature in black ink, appearing to be 'JH'.

John Howarth
CEO and Medical Director



A handwritten signature in black ink, appearing to be 'K. Morrell'.

Karen Morrell
Managing Director

OUR DEVELOPMENT

August 2019

Queen Street Medical Practice join NCPC

December 2019

Oxford Street Surgery and Lowther Medical Centre join NCPC

April 2020

Warwick Square Group Practice and James Street Group Practice join NCPC

July 2020

Beechwood Group Practice and Orchard House Surgery join NCPC

May 2020

Solway Health Services join NCPC

March 2020

Eden Medical Group and Seascale Health Centre join NCPC

October 2019

Fellview Healthcare join NCPC

WHAT WE DO

Primary Care acts as the front door to our healthcare system and covers a huge range of services.

On a daily basis we can provide health advice, prescriptions, minor illness and injuries services, ongoing care for chronic conditions, health screening, vaccinations, antenatal care, fit notes, referrals to secondary care, and much more.

We have completed a NCPC-wide review of **Chronic Obstructive Pulmonary Disease (COPD)** patients with dedicated specialist pharmacist led clinics. The action we took (2018 individual therapy interventions, with 1172 non-drug interventions) resulted in improved care for patients. COPD admissions in Fellview (Copeland) dropped by 71%, which dramatically exceeded the national picture of reductions due to the impact of COVID.

Our practices have a high prevalence of **Atrial Fibrillation (AF)** and COVID restrictions reduced our opportunities to spot AF. We reviewed AF patients across NCPC with optimisation of treatment, including 34 days of specialist pharmacist clinics. We reviewed the treatment of 2216 patients and implemented a wide range of interventions to ensure optimal management which have contributed to the fall in stroke admissions.

Patients with **Learning Disabilities (LD)** often find it harder to access services and this impacts on their health and wellbeing. In Copeland, one of our Nurse Associates has been the winner of two national awards in the last year related to his work with LD patients. In addition, James Street (Workington) improved their CQC rating related to LD patients by supporting LD patients to come in for health checks.

We are improving our **medicines management** across NCPC. Lowther (Copeland) has gone from a national outlier for opioid prescriptions to

below the England average, as well as moving from above national average for prescribing anxiolytics and hypnotics to the lower quartile. COVID's impact has continued to be significant in the last year.

In April 2021, we were focused on **COVID vaccination clinics** to immunise our local population. All of our practices contributed to the vaccination effort, with Workington receiving a phone call and public mention from Health Secretary Matt Hancock for their outstanding vaccination rate.

In December 2021, we rose to the challenge of the acceleration of the booster programme with very little notice. This acceleration was necessary to combat the spread of the new Omicron variant.

We needed to increase our staff resource to assist the booster programme but this was challenged by the impact that Omicron had across all of our teams.

Following Christmas 2021, our teams were faced with surging infection rates in patients and staff. In the first week of January, a high number of staff were unable to work in Workington and this trend moved on to Copeland and Carlisle with each locality badly affected.

For all of the difficulty COVID has brought, there are benefits and new ways of working that will continue to be vital to the functioning of primary care.

All health services have recovery plans to re-establish appointments to meet patient needs (face to face, online, and telephone).

We are resuming screening and other services that the government suspended during COVID and the vaccination programme.

ACCESS

Access to primary care has long been a concern and has now been exacerbated by the impact of the pandemic. We have tried many things in the last year to improve access and listen to what patients have been telling us.

Fewer GPs, longer waits for secondary care, and a backlog of unmanaged health conditions from the last two years have resulted in more demand for primary care that has not been met by a commensurate increase in supply.

Each of our localities has its own access improvement plans.

New telephone system

One issue that has persisted with all practices has been difficulty reaching practices by telephone. Patients told us that they experienced long call waiting times, particularly at certain times of the day.

So ... in late 2020, we took the decision to purchase and implement a new telephone system. This system is more flexible across multiple sites and monitors call demand. This has now been rolled out across all practices and feedback suggests that we are starting to address some of the issues patients told us about.

Accessing the right clinician

While we are experiencing significant operational pressure, it is essential that we are best utilising all of our clinical resource which includes GPs, nurses, healthcare assistants, pharmacists and a host of other roles such as paramedics, social prescribers, mental health workers etc.

It is essential that patients are seen by the most appropriate clinician and that we are making best use of all of the skills across our clinical teams. This is key to our locality projects and improving access to our services.

Workington Reception Hub

In Workington, the merger of the five former independent practices in early 2021 allows us to work as one practice. Previously, each site had its own reception team, admin team, and clinical team and worked independently, with some assistance and collaboration across the town.

A key area identified for improvement was our call waiting times and utilisation of our reception teams. We implemented one Reception Hub to work across the town. We have moved most of our call handling reception team into one site with a meet and greet team at other sites, where needed.

Our new telephone system allows us to pool calls coming in to any of our five sites and answer them from any site to reduce call waiting times.

We audited our call waiting times both prior to the introduction of the Reception Hub and once it was established. We looked at the number of calls we received, how many were answered within three minutes, and how many calls were abandoned.

We are using this information to make best use of our teams and systems to meet this demand. We continue to monitor and audit our calls to make further improvements.

Further audits showed that on several days we received more unique callers, however call waiting times improved at all times of day and fewer calls were abandoned.

8am-9am on Monday is our busiest time and we have tried to encourage patients to call outside of these times where possible. Follow up audits have shown that between 9am-2pm, our calls answered within three minutes **improved by 18.8%** and between 2pm-6.30pm **improved by 49.5%**.

Call waiting times at 8am-9am are the longest at all NCPC practices. We would like to change the perception of "call at 8am" to get an appointment and open up other ways to book appointments, such as increasing the use of Online Consultations.

We hope to continue to find ways to improve call waiting times.

Face to face appointments

Telephone consultations have been promoted by the Department of Health since before the pandemic and were essential to continuing to provide care over the past two years. They have proved popular with many patients.

There is now a balance to be found between face to face appointments and telephone consultations. In Workington, having introduced more face to face appointments, the feedback from patients has been that more telephone consultations are needed.

In Fellview (Copeland), we provided 11,885 more GP/ANP appointments in 2021-2022 than in the preceding year. This included an increase in over 16,000 face to face appointments. We increased the number of all types of appointments in the past year, apart from a slight reduction in telephone consultations as we moved to more face to face appointments.

The impact of COVID and absence on staffing levels has made on the day access to a clinician extremely pressured.

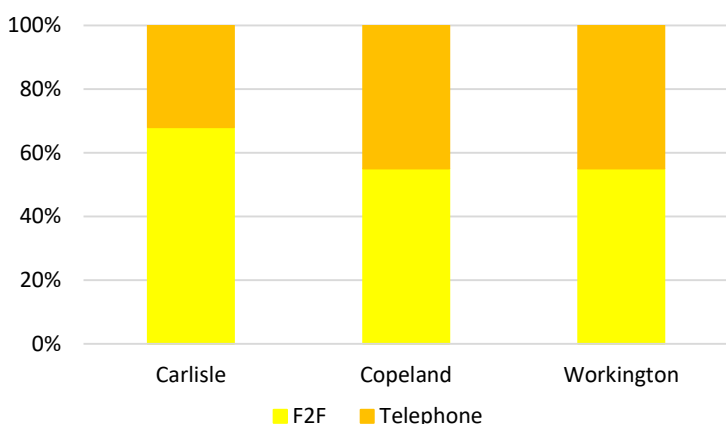
What we did

In Lowther (Copeland), a new system has been developed to improve previous on the day access.

There is now triage at the point of patient contact to ensure on the day GP access is the most appropriate pathway, and whether other clinicians can support patient need. This has resulted in a huge improvement in outcomes for staff and patients.

This learning was shared across NCPC and a similar approach has recently been adopted in Workington. They have already seen a similar improvement.

Types of GP/ANP appointments (21/22)



All of our practices have increased F2F appointments in the last year and all localities are now providing over 50% F2F appointments.

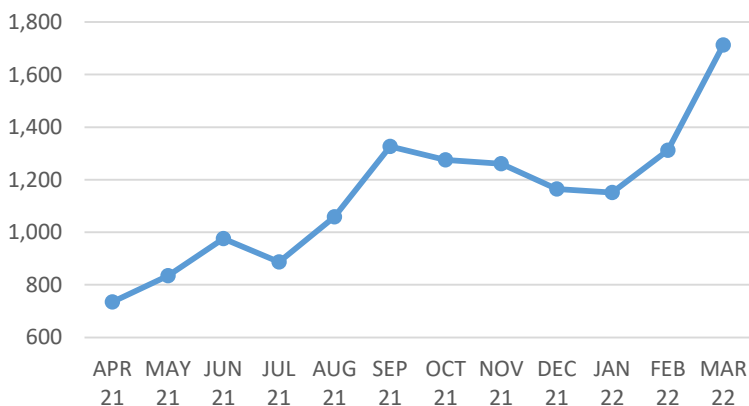
In Workington, having boosted our numbers of F2F appointments, recent patient feedback has suggested that we should provide more telephone consultations.

We can see that Carlisle is providing almost 70% F2F appointments. Carlisle has a proportionately larger clinical workforce than Copeland and Workington, who are providing more telephone consultations to ensure the most possible patients can have an appointment.

Online Consult provides another route for patients to access appointments without adding to the telephone queue.

All of our practices have increased use of Online Consult in the last year, with Carlisle making particularly good use of this resource.

Use of Online Consult



SUPPORTING OUR TEAMS

Nationally there is a lack of GPs and geographically the north, and particularly the west coast, find it hard to recruit GPs. In Workington, it has been 10 years since a GP joined one of the practices, despite there being many vacancies.

Since NCPC was established, we have recruited 15 GPs across all three localities, with eight recruited in the last year. Two of these GPs are joining our team in Workington.

42 GPs working for NCPC across our three localities

We are pleased that some of our GP registrars who trained with us have stayed on and joined us as salaried GPs. We have been fortunate in attracting experienced GPs who support our not-for-profit model and our values.

8 GPs recruited in the last year, a mix of newly qualified and experienced GPs

Teams joined NCPC from eleven different practices with different pay and terms and conditions and we have worked hard this year to align our terms and conditions across our practices after listening to feedback.

We are pleased that following this process we are now a Real Living Wage Employer.

266 people were included in our review of terms and conditions and 82% were offered a contract that increased their pay and others are now working under improved benefits.

82% people included in the review were offered increased pay



Our team at Morton vaccination site in Carlisle. Morton was the key vaccination site in Carlisle prior to the setup of the centre at St Paul's. We are now looking to increase our use of Morton surgery, particularly for Learning Disability checks and Women's Health Services

With so many people who are part of NCPC, we have tried to improve communications through frequent newsletters and updates. We have put systems in to allow us to send messages about relevant information. During COVID, this enabled us to support people and keep them safe.

Like many organisations, during COVID we offered working from home where possible, particularly for our most vulnerable staff, and ensured that we had adequate protective equipment at a time of national shortage.

We have more to do and, now that we can all get together, we will refresh our staff and patient forums.

CO-PRODUCTION

We recognise that the experience of our patients is key to all we do.

We have been working closely with Healthwatch to increase patient feedback, improve our communication with patients, and re-establish Patient Participation Groups (PPGs) in all practices.

Multiple drop in sessions have been held in Workington Library to answer questions and take feedback that we are building into our locality plans.

We have held several productive PPG meetings and increased our membership in Copeland and Workington. This has given us opportunity to communicate some of the ongoing improvements to services and the pressure that primary care is currently under.

“ I have confidence in the practice and always feel I receive a professional service ”

Warwick Square Group Practice PPG, Carlisle

We regularly meet with local councillors, Members of Parliament, and other community leaders to work together solving some of our community health problems.

Primary Care Networks (PCN) were set up nationally to support general practice by helping us develop larger multi-disciplinary teams. NCPC spans three PCNs: Carlisle Network PCN, Copeland PCN, and Workington PCN.

Over the last year we have worked hard to improve services in areas such as on the day access to a GP, paramedic-led home visiting services, care home visiting, social prescribers, pharmacy technicians, and first contact physiotherapists. The development of these roles in each area helps us to get the right clinician, at the right time, in the right place.

Being involved in research helps us to understand how we can innovate in health and support patients with long term conditions.

We have contributed to a number of research projects in north Cumbria and it has been shown that research active teams drive the quality of care. So far, we have been involved in COVID antiviral medicine trials, migraine studies, active brain studies, and studies on genetic links to anxiety and depression.

“ We support, recognise and applaud the work of all the staff at Fellview over the last two most difficult years ”

Fellview Healthcare PPG, Copeland

Regular patient surveys give us feedback on what our patients think of our services and help us to prioritise our efforts. We have room to improve and are always keen to listen to feedback.

Over the last two years, we have made our websites more accessible for those that wish to use online access to information about our practices and services.



The team at Copeland PCN vaccination site, run by teams from various PCN practices, outside Flatt Walks Health Centre

DEVELOPMENT

NCPC faces considerable workforce challenges in recruiting GPs. One of our key priorities last year was to train our way out of these workforce challenges. We launched a wide range of initiatives to increase NCPC training capacity and capability:

- funding GP training lead roles in each locality
- offering a bonus for a GP wishing to become a trainer
- a “Golden Hello” for established GP trainers to join us
- created opportunities for four new senior lecturer roles with UCLAN as part of a joint three year project to increase teaching capacity
- Advanced Nurse Practitioner training roles.

Our overall number of GP Trainers is eight and we plan further recruitment to expand our numbers. Two more of our GPs are on an intending trainers course. Four of our newly qualified GPs enrolled on a fellowship scheme which is aimed at supporting and developing newly qualified GPs.

We recruited and retained a retired GP to focus on GP and clinical staff training in Workington.

We have supported cohorts of medical students to gain experience in General Practice in Copeland and Workington.

A number of our teams are currently studying for leadership qualifications and we have offered a range of internal training tailored to meet the needs of different staff groups.

We have a number of apprentices, offering training and career development within NCPC. We are a Tier 2 sponsor for GPs who wish to join us from overseas and require visas to work in this country. We have been very fortunate that several GPs have joined us through this scheme and have decided to work for us and live in this area.



Our team running a vaccination centre in Workington one of our retired GPs who retired in November but has returned to focus on training and supervising a new generation of clinical staff

A priority for NCPC is to embed the use of digital solutions such as Online Consulting to support patient care and to develop efficient ways of working for all of our teams.

Our digital focus is to engage and inform patients. This can give direct access to services, up to date information on GP surgeries, convenient ways of accessing health records and ordering prescriptions, and access to best practice for self care.

We are always looking for ways to work more efficiently to reduce workload for employees. We use high quality data to support improvement and ensure that governance and compliance is met.

We have purchased and rolled out software to assist practices in using clinical templates that give best practice guidance. This can help with the management of complex patients with multiple medical conditions. The system will also help us ensure that we have improved patient recall systems for interventions such as blood tests, hospital tests, injections and procedures, as well as long term condition reviews.

LOCALITY FOCUS

Carlisle



Carlisle locality is at the start of a journey to provide a model of care focussing on continuity of care for patients and sharing our skills and resources across both Warwick Square Group Practice and Eden Medical Group.

In the last year we have recruited four new GPs, welcoming back one of our former registrars alongside three experienced GPs. Warwick Square is now a training practice. We have developed a Wellbeing and Safeguarding Team which operates across both practices and we have been working hard to develop and implement new shared ways of working and protocols.

During 2021, Morton Surgery was used as a COVID Vaccine Hub for local practices and enabled thousands of patients to be vaccinated prior to the set up of St Paul's Church vaccine centre.

With Morton no longer required for vaccinations, it is now being used to deliver other services. Our specialist Learning Disabilities Advanced Nurse Practitioner has been carrying out health checks at Morton for patients from both practice, as Morton quieter with easier access for patients with Learning Disabilities. We are also

commencing a Women's Health Service from Morton.

Copeland

The four practices in the Copeland Locality focussed in 2021/22 on responding to the needs of patients arising from the COVID pandemic.

The practices supported the Copeland PCN Red Centre and the Copeland vaccination centre housed at Flatt Walks Health Centre. Other NCPC practices were able to accommodate staff and patients displaced by the vaccine centre and minimise the disruption to services.

In the later part of the year, the practices focussed upon an effective "catch-up" program for those patients who had experienced interruption to the management of their conditions due to COVID.

There were a number of projects aimed at improving patient access, which reflected the individual needs of our eight clinical sites.

The practices continue to work together in the "Copeland Project" to develop greater clinical and operational integration, efficiency, and resilience.

We have been successful in recruiting a number of new GPs to join us but this has been balanced with some who have retired.



LOCALITY FOCUS

Workington



At the end of 2020 it was apparent that primary care services in Workington were in an extremely vulnerable position as our practices faced difficulty recruiting doctors and nurses to fill our vacancies. We came to believe that merging the five practices was going to be the only means of providing an equitable level of service to our patients and avoiding the huge problems associated with the forced closure two or more of the five practices.

The Workington Project was launched to address these problems with its aim to fully integrate primary care services across the town.

Undertaking this level of transformational change while working through the COVID pandemic has been, and continues to be, extremely difficult for our team. We continue to experience significant challenges with GP recruitment and COVID often impacts on our staffing levels, however we have recruited two GPs this year, the first GPs to be recruited in the town in around 10 years.

We have taken positive steps to ensure we provide a sustainable and safe primary care service in the town. We now have one clinical team, one administration team, one medicines team, one reception team, and one management team working across the town. All patients are now registered with James Street Group Practice and we continue to operate from five sites, Oxford Street, Solway Health, Beechwood, Orchard House, James Street.

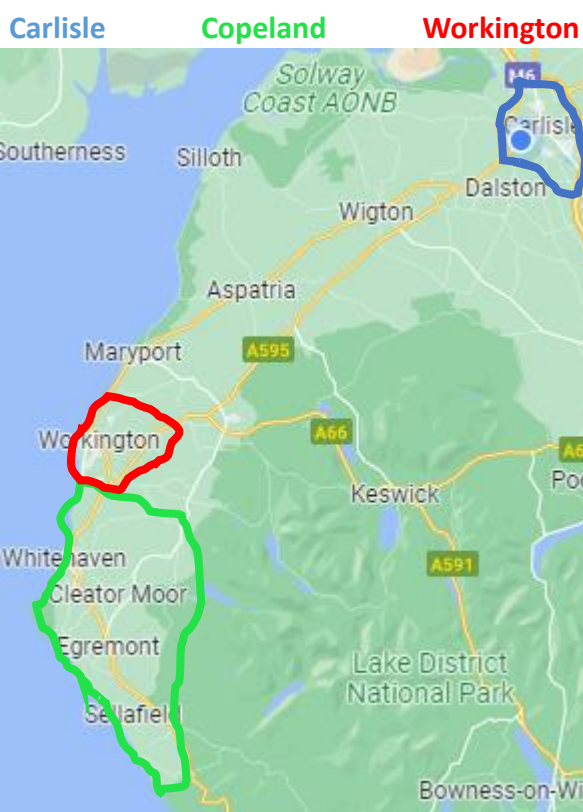
Workington is its own Primary Care Network and

this enables us to provide a wide range of primary care services to patients involving alternative roles e.g. Social Prescribers, Health Coaches, First Contact Physiotherapist, Mental Health Practitioner, and Paramedics. A priority of our PCN is to be proactive in managing our population health and assessing the needs of our local population to identify people who would benefit from targeted support.

To ensure the safety of our team and patients it has been necessary to consolidate our patient facing services and make best use of our facilities. This decision was taken in order to ensure GPs are available on each site to provide clinical support to our healthcare teams. This has not reduced any service delivery or any appointments in the town.

We still have a lot of work to do with regards to the Workington project but have the commitment, resilience, and support of our team in the town whose aim is to make this a success.

Our locality boundaries



FINANCE

NCPC is a not for profit organisation which means that we will invest surpluses to improve patient care and support our staff.

As a not for profit organisation, any surplus is used for service improvement rather than the traditional GP model where GPs share out profits.

The more surplus we are able to make, the more scope we have to improve services and quality outcomes for our patients and staff.

Where our money comes from

Understanding how our services are funded helps to see where we get our income and how we spend it on services. NCPC has an annual turnover of almost £18million.

General Practice receives its funding through three main income streams: the General Medical Services (GMS) contract for core services, quality schemes, and contracts to deliver specific services.

The GMS contract funding is awarded nationally each year. Most GP practices in the country are contracted through a GMS contract and receive this funding.

The Quality Outcomes Framework (QOF) is a nationally set incentive scheme that aims to

target evidence based improvements. Several metrics are reviewed each year. Each metric has an associated income amount. Therefore, the more work we complete under QOF, the better the outcomes for patients and the more income we receive to reinvest in patient care. QOF is linked to coding, hence the importance of ensuring that every patient contact is coded appropriately.

NCIIS (North Cumbria Improvement and Integration Incentive Scheme) is a locally set incentive scheme, much like QOF. Like QOF, it is reviewed each year and has metrics with attached funding.

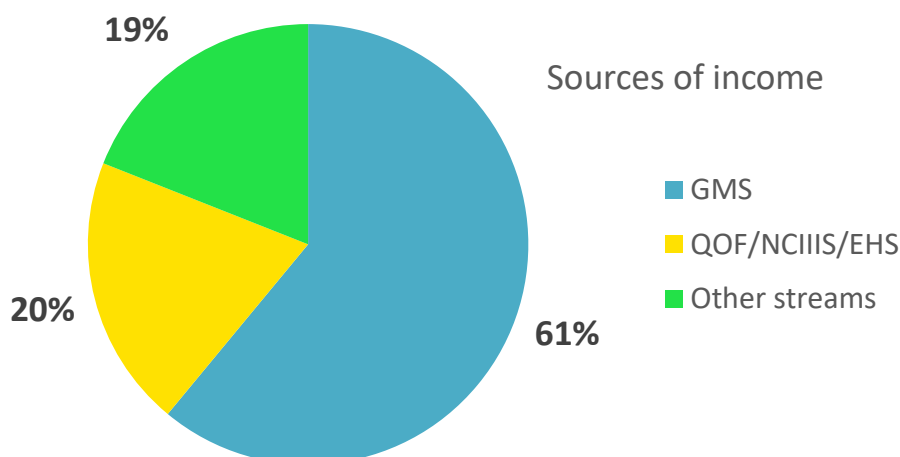
Many practices also have Enhanced Services contracts covering areas such as childhood immunisations and health checks for people with learning disabilities.

Every team member contributes to achieving outcomes for patients and improving services.

There are other potential sources of income that may be available nationally for us to access, such as support for COVID.

How we manage our money

NCPC has an in-house Management Accountant who supports our locality teams with day-to-day finance and oversees our financial direction.



PRIORITIES FOR 22/23

NCPC's most important asset is its staff and involving staff and their ideas is key to determining how we work and what works and what doesn't.

We have involved staff through task and finish groups to support our ongoing development. We are keen to develop this further with the re-launch of our Staff Forum.

When NCPC was first set up, we envisaged a regular Staff Forum with representation from all practices. Some Staff Forum meetings were held virtually during COVID, however we plan to hold these face to face in the future.

A Staff Forum gives an opportunity for discussion and ideas to be shared – it puts staff at the heart of what we do. Staff are encouraged to nominate themselves and we are hopeful that we will have representatives from across the organisation - different sites and different staff groups.

One of NCPC's key strengths is our ability to share best learning and practice cross-organisationally. As locality improvement projects grow and new systems are developed, we can all learn from each other to improve quality outcomes across the board.

In the last year, we have implemented new systems across clinical and administrative work, such as PeopleHR and Ardens.

We have learnt from shared experience and discussion through staff project groups and cross-organisational management workshops. We plan to embed these processes into our everyday working to build improvement into the foundation of our practices.

Our clinical direction is led by the work of our Medical Director, Clinical Leads, and their locality projects. We follow these up with development sessions to share best practice and innovate.

Risk management is essential to ensuring safe services for patients and staff. We have legal and regulatory obligations to ensure we manage and minimise risks. In this way we create value and protect the organisation by providing quality oversight, allowing us to be better prepared, and allowing us to put in place improvements to minimise the impact of risks that may materialise into bigger issues.

In 2018, the government made a legal commitment to reduce the UK's CO2 emissions to net zero by 2050. The NHS accounts for 4.6% of the UK's carbon footprint and is the first healthcare system in the world to commit to reaching "net zero" carbon emissions. Reaching the UK's ambitions under the Paris Climate Change Agreement could see:

- Over 5,700 lives saved every year from improved air quality
- 38,000 lives saved from a more physically active population
- Over 100,000 lives saved every year from healthier diets

NCPC are committed to delivering sustainable healthcare and delivering care that maximises positive health outcomes.

NCPC's business model and organisational development span practice, locality, and corporate levels. As we grow, we aim to be agile and dynamic to flex in the challenging world of primary care.