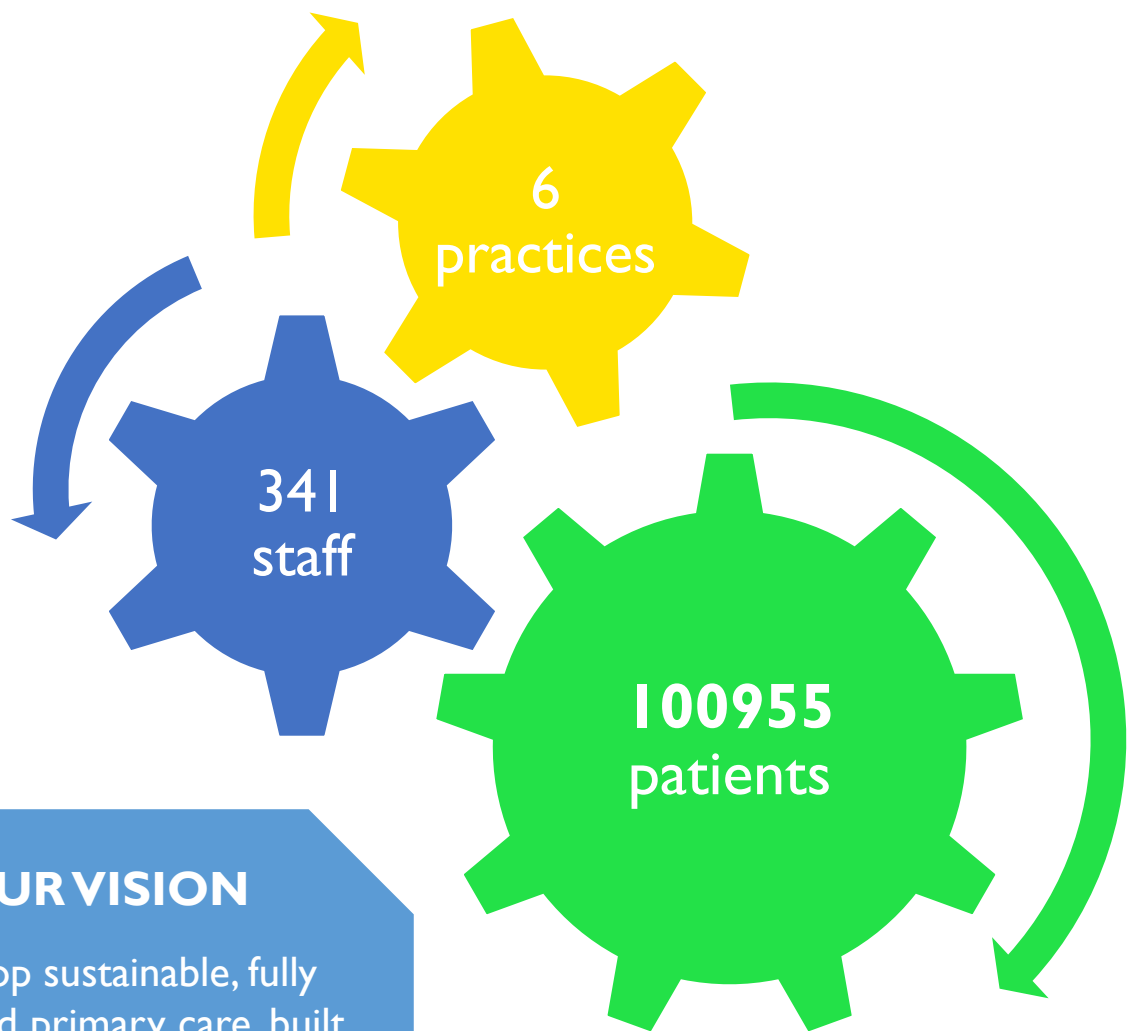


ANNUAL REPORT

2022/2023

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
- Being a great 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 six practices. This was formerly eleven practices prior to the merger of the five Workington practices in early 2021 and merger of two practices in Whitehaven in 2023.

Clinical and operational Locality Leads work with practice managers to run our sites. The management support team provide additional help, advice, and support in areas such as managing service contracts, HR, finance, and business development.

Carlisle

Practices | Eden Medical Group | Warwick Square Group Practice

Practice Managers | Barrie Hyslop | Laura Thorp

Carlisle Locality Lead | Mandy Kennedy
EMG GP Lead | Dr Joanne Daly

Copeland

Practices | Fellview Healthcare | Lowther Medical Centre | Seascale Health Centre

Practice Managers | Anne Thompson | Collette Smith | Lesley Bethwaite | Alison Shaw-Daly

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

Workington

Practice | James Street Group Practice

Operational Service Managers | Dympna Harney | Kirsten Thompson | Lisa Dustin | Deb Thorley

Workington Locality Lead | Linda Moore
Workington GP Lead | Dr Cherryl Timothy-Antoine

NCPC Clinical Leadership Team

Medical Director | Dr Joanne Daly
NCPC ACP Lead | Alexa Taylor
NCPC Nurse Lead | Jackie Warbrick

Management Support Team

General Manager | Joanne Percival
Clinical Quality Manager | Michelle Palmer
People Manager | Julie Thompson
Director of Operations | Ellie Clark
Director of Finance | Ann-Marie Tulloch
Managing Director | Karen Morrell

A MESSAGE FROM OUR DIRECTORS

Welcome to our second annual report. NCPC was first established in 2019 and this report is to share with you some of the challenges and achievements in the last year.

Since COVID, primary care has been recovering from the impact of the pandemic to get back to “normal services”.

We have focused on the following priorities during the last year:

- Coming out of COVID and finding a new normal
- Continuing to improve patient access to our services
- Focusing on clinical quality outcomes for our patients and demonstrating these through CQC visits and assessment
- Workforce planning is a priority to help us to grow our own and plan for the future given

the challenges around clinical recruitment

- Supporting our practices to become financially stable and improving the way we do things

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.

You will have seen some changes in our Directors. This forms part of our succession planning and securing NCPC’s clinical direction for the future.



Dr Joanne Daly
Medical Director



Ellie Clark
Director of Operations



Ann-Marie Tulloch
Director of Finance



Karen Morrell
Managing Director

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.

The “iceberg of General Practice” shows the reality of all of the work that General Practice undertakes on a daily basis.

Every day, our receptionists open the practice at 8am and begin taking calls. For many of our practices, all appointments are booked by 8.30am and our teams then have the difficult task of having to advise patients that there are no appointments left for that day. Where possible, they will signpost to other appropriate services. They also manage tasks, registrations, and act as the front face of the practice.

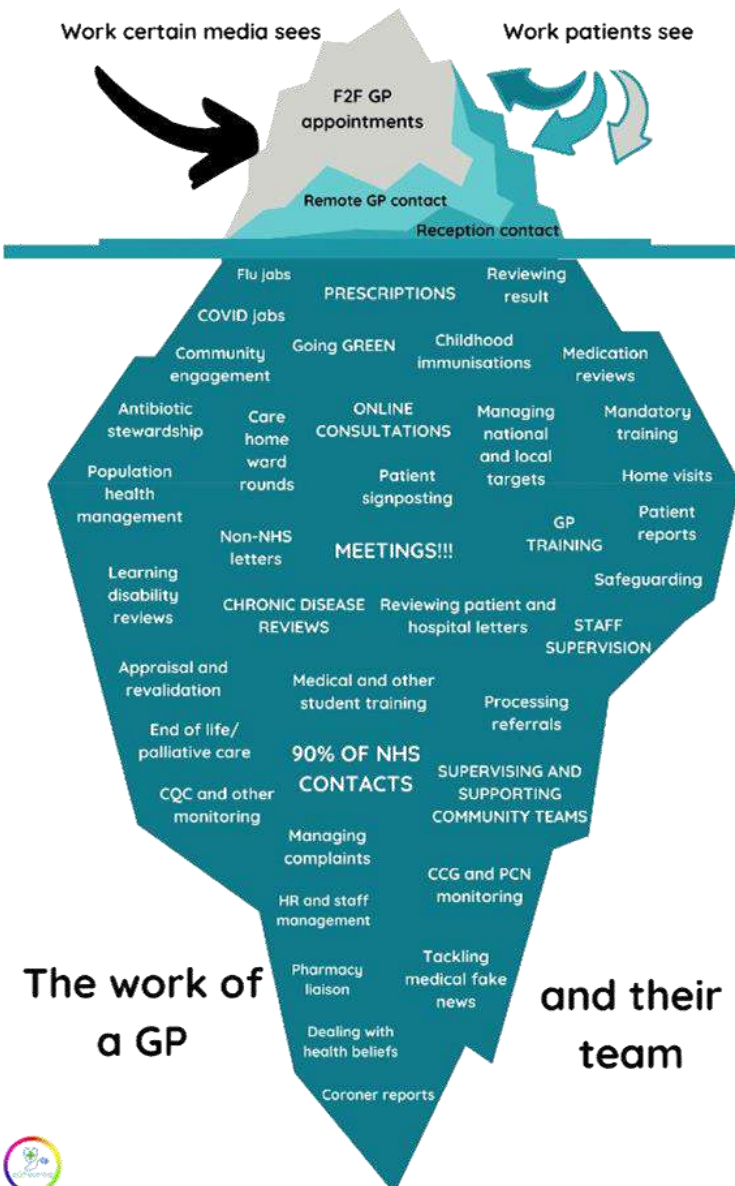
Our clinicians will have begun their clinics with the On Call list starting to build as our reception teams and 111 divert patients needing urgent attention. Other clinicians will be undertaking home visits, reporting on test and scan results, supporting care home ward rounds and palliative care, and signing prescriptions and fit notes. Our nursing teams are managing chronic diseases, completing patient reviews, taking bloods, and dealing with anything else that patients raise when they come for their appointment.

Our admin teams will be scanning and coding new documents, results from secondary care, making referrals, updating patient lists for cancer and safeguarding, SARs and insurance requests, and recalling patients for chronic disease management. Our Medicines teams work through medication requests, processing prescriptions and conducting medication reviews, ensuring patient safety.

Our managers are overseeing all of this, reviewing appointments and staff rotas (changing due to sickness and other unscheduled leave), keeping an eye on the ‘On Call’ lists, tasks, results, and documents, coordinating training, booking locums (often after much negotiation with locum agencies), running payroll, managing complaints, and supporting all of our teams.

At 6.30pm, our receptionists close the doors. The doors may be closed but there will be staff working on, clearing as much of the day’s workload as is possible to ensure that the doors can open again tomorrow.

General Practice



BUILDING IN QUALITY

In 2022, the Care Quality Commission completed practice inspections at Eden Medical Group, Warwick Square Group Practice, Lowther Medical Centre, Queen Street Medical Practice, Fellview Healthcare, and Seascale Health Centre.

The practice teams worked incredibly hard to demonstrate all of the great work they are doing in terms of quality of care and its delivery. All practices maintained CQC ratings of 'Good' with clear areas of practice highlighted as outstanding.

James Street Group Practice is due their CQC inspection in 2023.

CQC highlighted outstanding areas:

- “The practice completed data gathering and analysing to ensure patients receive optimal care - direct effect on the lifespan of patients living in the area”
- “Not for profit business model allowed the organisation to invest in the health and well-being of the community”
- “During the COVID lockdown the practice set up ‘Operation Alec’ a programme to support vulnerable and isolated patients – the team provided resources to patients to support their mental health and well-being”
- “Social Prescribers worked with the Patient Participation Group to contact isolated patients to keep them company, moving examples of the highly positive impact on the well-being of patients.”
- “GP Led response to the initial outbreak of COVID-19 in the local Care Homes with the provider, to complete testing and isolated patients to prevent further spread of infection and deaths. “
- “The practice was highly innovative and was able to demonstrate a systemic approach to improvement, understood the importance of gathering and analysing data to ensure patients receive optimal care. They believed they could have a direct effect on lifespan and health of patients living in the area.”

Our teams use various improvement tools in our development work, such as mapping exercises, Plan Do Study Act (PDSA), and A3 planning sheets. These are quick and easy tools that can be used to develop new ideas and allow us to review any changes we enact, tweaking these as part of a continuous learning cycle.

At the centre of everything we do are our patients. We have metrics and data that show us appointment numbers, QOF and other incentive scheme attainment, number of calls answered or abandoned, and more but at the heart of all of this are our patients.

We are continually reviewing our processes and ways of working to ensure they are effective and efficient. This is to make it easier for our teams to do their work and, through this, to give patients the best experience when using our services.



BUILDING IN QUALITY

It's critical that as an organisation, quality is built in to everything that we do.

By listening, we can improve the outcomes for our patients, hearing their concerns and doing what we can to address these.

To aid a consistent approach a virtual complaints hub is being developed. To accompany this, we have recently had training from the Medical Defence Union for our managers on complaints management and our patient-focused process for acknowledging concerns and responding to informal and formal complaints.

We aim to provide all of our reception teams with complaints training to enable them to discuss concerns that are raised at the front desk and over the phone and give our teams the support they need to manage these situations.



We've adopted a customer service focused approach with regards to developing our complaints and incident management processes as both are an important insight into our patients' experience of our services.

Key to this is ensuring we are sharing the outcomes of complaint reviews and incident investigations, with our staff to ensure that we are continually learning from such cases.

Patient Experience Reports are produced monthly for localities and highlight themes and trends, across complaints and incidents.

We listen to feedback received via our patient participation groups as this information is often more timely than other sources and allows us to respond in a proactive manner.

Friends and Family feedback and data from other patient surveys is also utilised to give us a better understanding of how patients feel about the care that they receive.



ACCESS

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

We continue to have fewer GPs and longer waits for secondary care, which have resulted in more demand on our whole healthcare system, including primary care. Each of our localities has its own access improvement plans that has been developed alongside workforce and service development plans.

Care navigation

We have focused on developing a care navigation approach to direct patients to the right service at the right time in the right place, working with our Primary Care Networks in each of our localities has helped to maximise additional support that patients have asked their GPs for.

For instance, some of our patients health conditions are exacerbated by their housing and social conditions. Working together with the community, we have been able to direct patients to other help and support that is needed in

addition to medical care.

It is essential that patients are seen by the right person to deal with their needs and therefore we are working with our reception teams to ensure they are kept up to date with all options available to patients.

Practices are also beginning to open other methods of communication for patients to access services such as remote consultations and booking of annual review appointments using Online Consultation and apps such as MyGP as an alternative to joining the 8am rush that our reception teams navigate each day.

Despite the ongoing recruitment challenges that we face, we continue to provide increasing numbers of appointments each year. In the year 2022 - 2023, NCPC provided 557,103 appointments across our six practices which is 4,838 more than in the previous year.

These appointments are provided by a growing range of staff including Paramedics, Mental Health Nurses, Advanced Clinical Practitioners, Physicians Associates, Healthcare Assistants and Pharmacists as well as GPs and Practice Nurses.

Do Not Attend rates

Our teams work hard to provide as many appointments as possible every day. Unfortunately, sometimes our patients do not attend their appointments without letting us know in advance.

James Street in Workington is our largest practice with approximately 34,000 patients. Late in 2022, Workington PCN appointed two GP Assistants who monitor various aspects of the James Street appointment book. We now display our DNA rates for each month in each reception so that patients are aware of the number of DNAs.

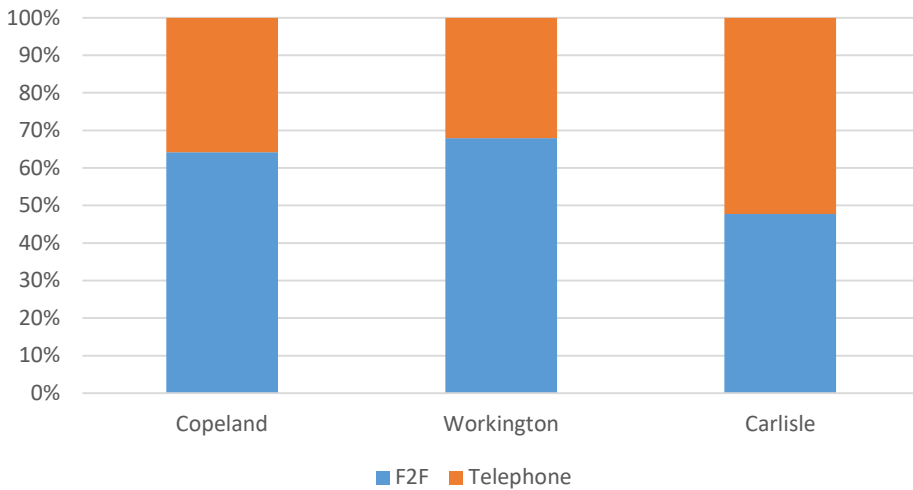
Given the importance of access, it is important to also let patients know how many appointments are sadly wasted.

Jan	Feb	Mar
758	645	687
4.1%	3.9%	3.3%

The figures show the number of DNA appointments each month and what percentage of that month's appointments this represents.

We are planning to raise awareness of the impact of DNAs for all of our practice through social media and in our receptions.

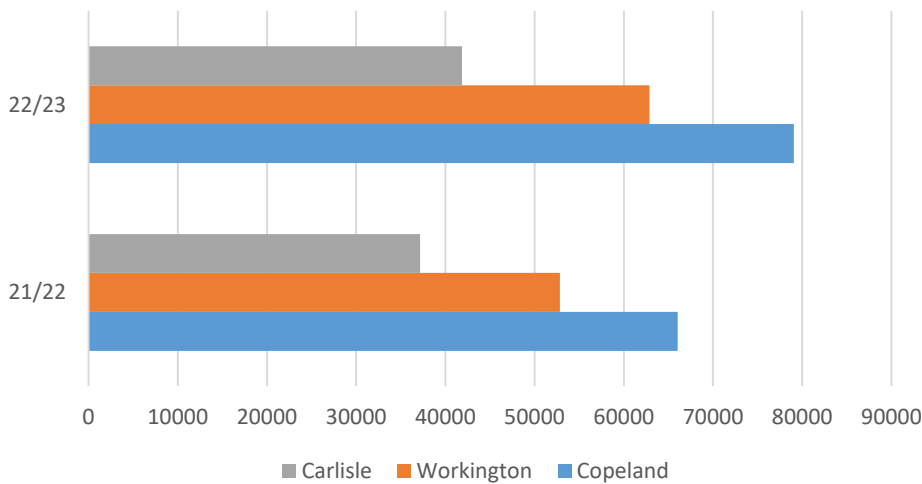
Types of GP/ANP appointments (22/23)



All of our practices have continued to increase face to face appointments over this past year, a trend that has continued since the height of the pandemic.

We still have a large number of telephone appointments available, supporting access for patients.

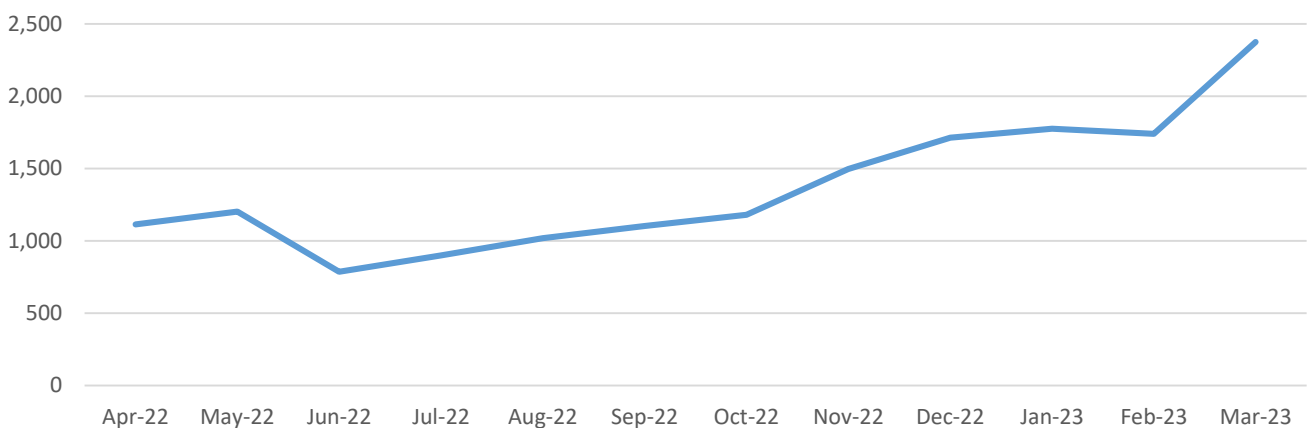
Nursing appointments (22/23)



Our multi-disciplinary teams are growing in all of our practices.

Our nursing appointments (encompassing ANPs, Practice Nurses, Healthcare Assistants, Nurse Associates, and more) have seen an increase in all three localities.

NCPC Online Consultation Usage April 22 - March 23



Our practices are continuing to increase the availability of online consultation to support access for patients and provide an alternative to having to phone to arrange an appointment.

CLINICAL LEADERSHIP

An organisation such as NCPC, that has grown out of established practices with individual GP leadership, needs to focus on bringing that expertise together across the organisation.

Last year, we began to change our clinical leadership and plan for the retirement of our Medical Director, John Howarth, who has taken us so far with his clinical leadership of NCPC.

Our new Medical Director is Dr Joanne Daly, GP at Eden Medical Group. Working with our clinical leads, we have identified our priorities for the next year:

- Working alongside the GP Leads and the NCPC Nurse and ACP Leads to develop the clinical teams in each practice. This will enable us to improve the quality of care we provide, and provide us with a framework for professional development for our clinicians across the different disciplines and contribute to our strategy for recruitment and retention
- Develop a strong patient safety culture
- Develop working at scale where this is practical and appropriate

GPs have stepped up in each locality to take on leadership roles across a practice or number of practices to include areas such as safeguarding, clinical governance, prescribing, complaints, etc. Their input to the direction of NCPC is key to us focusing on the clinical needs of our patients, as well as making sure that all of our systems support this as our patients have told us they want to be able to easily access good quality safe care and ongoing support with medical needs.

Our nursing teams deliver a major part of our clinical care and the nursing teams include Advanced Care Practitioners, Chronic Disease Nurses, Practice Nurses, HCAs, and Phlebotomists. Clinical Leadership of these teams is now provided by an ACP Lead for NCPC and a Practice Nurse Lead for NCPC. Each locality also has local nursing leadership.

A message from Joanne as she takes up her new role

Having spent several years in the Birmingham area training in Accident & Emergency, about 18 months before becoming a Consultant in A&E I made the move to General Practice.

I then spent 11 years working as a GP partner at a well-respected training practice in inner-city Birmingham where the focus was on providing high quality, whole-person care to the person and their family in the context of the challenges of a multi-cultural inner city area where there was a significant level of deprivation. My experience in Birmingham has shaped my work and vision as a GP ever since.

I moved to Carlisle 11 years ago for family reasons. I worked as a Partner at Brunswick House before it merged with two other practices to form Carlisle Healthcare. I then moved to Eden Medical Group in April 2021 and took up the role of Locality Lead GP for Carlisle.

What brings job satisfaction?

- Seeing team members grow to their potential
- developing systems which enable high quality, patient centred care
- walking alongside patients as they go through their life-journey.

As I pick up the role of Medical Director, I first of all want to say thank you to each member of the teams across NCPC for all that you do for our patients and each other. I know how challenging the last few years have been and that the future is no less challenging.

I would like to thank Prof John Howarth, my predecessor, who has laid the groundwork for our clinical model.

CO-PRODUCTION

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

We have had particular difficulties in Copeland recruiting GPs and maintaining access to services. Our Copeland and Fellview PPGs have been incredibly supportive in helping us to address some of the issues with other partners in health and care and the community. They have offered their expertise and put their weight behind getting the best for the patients in those areas. Lowther PPG have supported us more recently with the merger of the Lowther Medical Centre and Queen Street Medical Practice contracts following the retirement of long serving GP Dr Graham Ironside. Collectively, the PPGs in Copeland have outlined their full support for NCPC's vision for Copeland with other stakeholders. NCPC continues to work with all of our PPGs and would like to thank them for their continued support.

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

We have worked with NCIC and all of our PCN partners to attend several recruitment fairs. We have attended local fairs across Carlisle and the West, meeting with students at Carlisle College, attending the Workington and Carlisle Skills Fairs, and attending an ICB event aimed at local GP and nursing students. We also attended two GP recruitment fairs in Birmingham and London. We have recruited an Advanced Nurse Practitioner and a GP who is moving into the area as a result of this. We have also attended multiple events with representatives from Cumbria Medical School.

There have been some major changes to the way that primary care is commissioned with the abolition of Primary Care Clinical Commissioning Groups and the creation of a wider Integrated

Care Board which covers North Cumbria and the North East. This is still being established, however we have ongoing dialogue with our colleagues in the newly formed ICB in order for us to access any available support and funding that can be used for primary care services.

A new GP Leadership Group has been established with representation across the health system to support the development of primary care into the future and ensuring the voice of GP Practice and its patients are heard.

We are pleased to be involved along with other GP practices and Primary Care Networks in a number of workforce related projects which span North Cumbria. This also includes benefiting from the widening participation development and creating opportunities and experiences for people considering roles in primary care, such as HCA and administrative roles, and helps promote primary care as a great place to work.

Primary Care Networks (PCN) were set up nationally a number of years ago 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 helps us to ensure our patients get the most appropriate care from the right clinician, at the right time, in the right place.

All NCPC practices are active in research as part of a portfolio of studies led by NCIC. There are a range of research projects that include areas such as immune defence, ageing and the brain, contraception and sexual health, heart failure, and respiratory disorders.

DEVELOPMENT

NCPC faces considerable workforce challenges in recruiting GPs. One of our key priorities last year was to strengthen our offerings to enable us to train our way out of these workforce challenges. We launched a wide range of initiatives to increase NCPC training capacity and capability. This is not a quick fix but we want to ensure we lead the way with enhancing our offering to students at all levels.

We now have clearer roles and progression following the implementation of our new role profiles and salary scales as part of the salary realignment on 1 April 2022.

We have training practices in each locality. In Carlisle, we have two trainers: Dr Benny Gilhooley and Dr Rachel Garth, one in each practice. Each trainer has had registrars over the last 12 months. At Eden we have also had F2 students on a regular basis to experience primary care. In Workington, we currently have a GP trainee working with us in practice who has been a huge asset to our team.

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.

The digital team has grown in the last year and had transformed into the Transformation Team in recognition of its wider role in developing services and providing data to support change.

The last year has been busy and we now have a full complement of IT Support Officers who support practices with day to day IT queries. Our Information Analysts have been instrumental in providing data to support many aspects of care and performance. The QOF and Enhanced Services dashboards produced monthly provide up to date activity data on attainment and indicate whether we are on course or whether some adjustments are required.

The Transformation Team supplied the practices with information and data which supported the successful inspections that CQC has carried out in NCPC practices over the last 12 months.

There have been some innovations over the last 12 months including making the NCPC websites more accessible including a translation service. It is now also possible to register as a new patient online which saves time and paper. This is available for all NCPC practices. The Team are working with practices to prepare for the switch on of online access to patient notes.

Copeland Locality Learning Hub

Earlier this year, former NCPC Medical Director Professor John Howarth joined the team in Copeland, to lead the Copeland Learning Hub. The Learning Hub supports improvements in clinical practice knowledge building and education for our GP's, Trainee Advanced Clinical Practitioners, Paramedics, Nursing Teams and Physicians Associates.

Based at Cleator Moor Health Centre, Professor Howarth combines formal teaching with informal "lunch and learn" sessions, as well as supervising and supporting staff in their clinics. Feedback has been excellent with great attendance at the sessions. We have even had members of staff from outside NCPCs practice asking to join some of the learning sessions.

"This has been a really positive addition in Copeland" said Locality Lead Mike Hunter "John's experience and knowledge is great, but what has really engaged staff in the Learning Hub is John's passion and enthusiasm. I was a little sceptical, suggesting staff to spend their lunch time learning, but they have embraced the opportunity, which is fantastic and a huge credit to the staff and to John. We can be really positive about our contribution to the future primary care workforce."

LOCALITY FOCUS

Carlisle

In August 2022, Eden Medical Group resumed its GP training role, having recruited new GPs, one of whom is a GP trainer.

Both Eden Medical and Warwick Square practices are now training practices and have had GP registrars working in the practices over the past year. We also have another GP who is interested in becoming a trainer which will allow us to increase the number of registrars we train to 3 within the locality by the end of 2023. EMG has also hosted several medical students allowing them to experience working in General Practice over the course of the last 12 months.

Both practices underwent inspections by the Care Quality Commission in 2022, and both received a “good” rating from CQC which reflects the high quality of care delivered by both practices and the focus on robust protocols and policies.

The practices have continued to work closely with each other and to share services and premises. We have been working to develop processes and procedures which are agreed and shared across both practices to allow our teams to work across the locality. This has included work around workflow processes, administration tasks and our recall processes.

We also have several shared staff, including treatment room nurses, Safeguarding and Well-being Coordinator and a Sexual Health Nurse.

Copeland

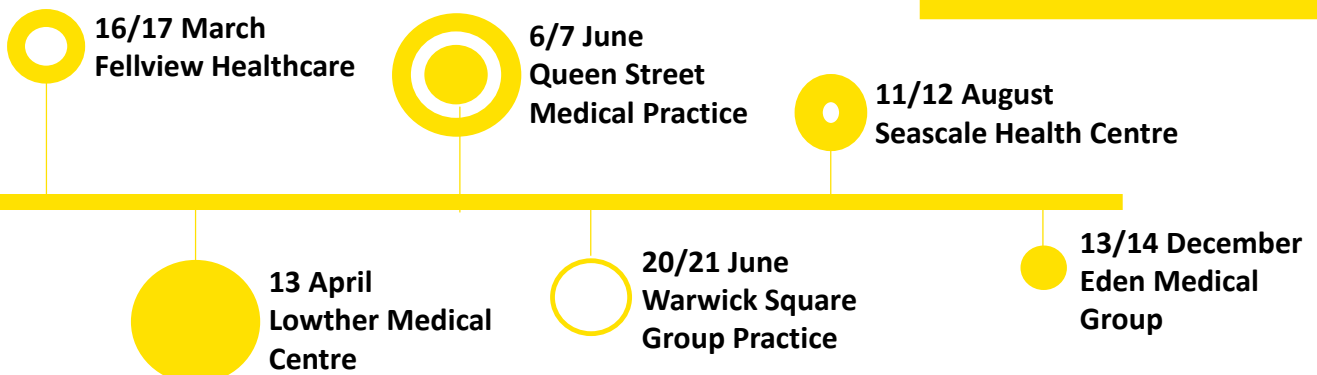
In 2022-23 all of the Copeland practices received “Good” ratings from CQC, testament to the hard work of the clinical and non-clinical teams on all sites.

In early 2023, a request to merge Queen Street Medical Practice and Lowther Medical Centre was made to NHS England. After extensive consultation with patient groups, staff and other interested groups, the merger took place on 1 April 2023. This coincided with the retirement of Dr Graham Ironside who had been a GP in Whitehaven for 34 years. The newly merged Lowther Medical Centre will bring greater stability and ensure more resilient services in Whitehaven.

Efforts to grow our own future workforce in Copeland have taken further steps forward. In addition to Lowther Medical, Fellview Healthcare has been recognised as a GP Training practice. We have also been successful in recruiting a number of Trainee Nurse Practitioners, a Nurse Apprentice, and Apprentice Health Care Practitioners. Training is supported at two training hubs in Whitehaven and Cleator Moor.

Our nursing teams have been embracing the opportunity to work across practices. With this greater flexibility, we have been able to offer a wider range of services to patients across our four practices and utilise our skilled team in a dynamic and flexible way.

Our CQC timeline



LOCALITY FOCUS

Workington

Primary care provision in Workington continues to be challenging. Recruitment of GPs and ANPs is extremely difficult and we continue to be reliant on locum support. Patient demand has increased exponentially and our shortage of clinical staff means that our patients experience issues in accessing appointments.

Our main priority this year is to improve access. We have been fortunate to recruit a new GP Partner. Dr Michael Freeman joined our clinical team and is focused on delivering the outcomes of the transformational change programme which we are currently working through.

We will shortly be sharing an improvement plan that details our objectives over the next year. Aligned with this is the revision of our workforce plan which includes looking at our knowledge and skills gap to inform our future recruitment needs.

We are a one practice PCN and have been able to recruit many of the Additional Role Reimbursement Scheme roles such as Social Prescribers, Health Coaches, Care Coordinators, Mental Health Practitioner, First Contact Physiotherapists and GP Assistants, meaning patients can see the right person at the right time and traditional ways of administrative working can be redesigned.

In the last year we have made huge progress following the merger of the five practices. We have:

- Introduced online consultation mode of access to our patients. These appointments are delivered by remote locum GPs and we offer 120 appointments per week. Online doctor consultations are an extremely convenient option and have helped improve our access.
- Implemented a Medicines Hub, including a team of Remote Pharmacists, Pharmacy Technicians and Prescribing Clerks who focus on ensuring safe medication and managing

request processing in a timely manner.

- Worked with our Patient Participation group and implemented a process for patients to cancel their appointments. This has had a positive effect on our DNA figures and we are able to offer these appointments to other patients

Last year Workington had the highest antibiotic prescribing of all PCNs in North Cumbria. A joint working improvement plan was implemented which included a training session with the lead clinical pharmacist, local microbiologist from North Cumbria Integrated Care Trust and our GPs and ANPs. Recent results show that our antibiotic prescribing has significantly reduced since July 2022. This a great achievement for the locality.

Looked at redesigning systems and processes that would provide efficiency and improve patient access and care. These include:

- Clinical stock management
- Long term condition recall system
- Reception services
- Improving capacity and access
- Increased focus on women's health services

We continue to make best use of our facilities and provide patient facing services from three of our clinical sites. 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.

Our Personalised Care Team work collaboratively with the third sector and voluntary organisations in connecting our community together. We build relationships and value the importance of the support and knowledge they provide our community, our team works in partnerships with these services as they are a valued asset. "What matters to me" is our ethos and we pride ourselves in working with people for them to make their own decisions and choices around their health and wellbeing.

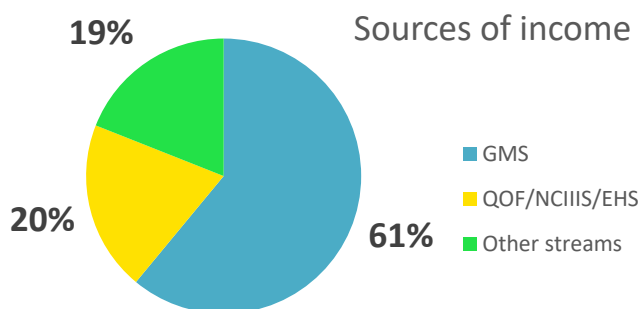
FINANCE

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. Last year, we had no surpluses.

Where our money comes from

In last year's annual report we focussed on how our services are funded; where NCPC's income comes from. To recap, NCPC's annual turnover of £18 million comes from several sources, the proportions of which remain consistent each year:



The only direct source of practice income to receive an uplift in 2022/23 was GMS funding, which received an uplift of 3%.

How we spend this on services

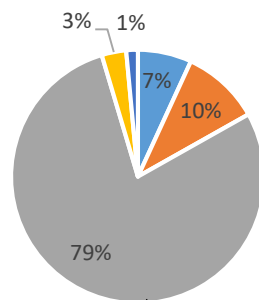
Practice expenses are divided into five main categories;

- **Practice expenses** include drugs, vaccines, dispensary supplied, medical consumables and GPC levies
- **Premises expenses** are all costs associated with using and maintaining the sixteen sites NCPC operates from; rent, rates, gas, electric, insurance, refuse, cleaning, repairs etc.
- **Workforce costs** include all employees and locum GPs
- **Administrative expenses** are telephone, website, computer software and consumables, postage, stationery, subscriptions including medical indemnity and legal and professional fees

Finance charges include bank charges, loan interest and depreciation

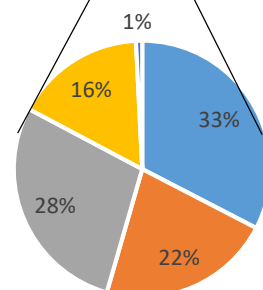
Expenses

- Practice expenses
- Premises expenses
- Workforce expenses
- Administrative Costs
- Finance charges



Workforce expenses

- Administration and management
- Clinical
- Salaried GPs
- Locum GPs
- Other staff costs



How we manage our money

During the year we have sought to identify cost savings and minimise the impact of inflation through re-procuring contracts such as electric and gas, cleaning contractors, equipment calibration and confidential waste. In most cases NCPC wide contracts have been negotiated to take advantage of economies of scale.

Any savings realised have been reinvested. This has included upgrading clinical rooms, decorating and installing LED lighting. More green initiatives are planned but currently these must be funded by our practices as no NHS funding is available.

Finance systems

In April 2022 an electronic purchase order and bill approval system was implemented for minimal cost, enabling Practice Managers to have oversight of expenditure and approve bills for payment but no longer be involved in finance data entry. We will continue to maximise the use of digital platforms to bring efficiencies.

PRIORITIES FOR 23/24

Developing our teams

We will continue to develop our workforce plans alongside our NCPC People Plan, with a focus on our teams, providing opportunities for continuous training and development, as well as a focus on recruitment of new roles to strengthen our existing teams. We want to champion our “growing our own” strategy, building our Learning Hub and build on the benefits of being training practices.

Right people right place

Every patient contact is a patient’s experience of our services. We will continue to develop our diverse teams and develop our processes to ensure that every patient contact counts from the moment they ring or submit an online request to the point they leave their appointment and beyond. We particularly want to work to support our teams to signpost and provide the best information at every touchpoint patients have with our practices.



Staff wellbeing

Our People Plan will be enacted with a focus on supporting staff wellbeing. This also includes our ongoing work on redesigning our NCPC values, which has included input from all teams and will be launched this year.

Building a safety and learning culture

We will continue to work on our processes for reporting and sharing learning from our complaints and incidents. Every team member needs to benefit from the learning opportunities that complaints and incidents create. Supporting a safety and learning culture that nurtures a ‘no blame’ environment where people can openly discuss concerns in a supportive manner.

Premises

NCPC bought many of our practice’s premises when the practice’s GP Partners chose to join NCPC. We are aware of the work and investment that is needed on some of our properties. Our premises plan will incorporate ensuring accessibility and compliance with all NHS premises standards.

Financial balance

Every NHS monies we receive in funding must be used to their best value, ensuring that every pound we spend has the best benefit possible. As a not for profit organisation, we will reinvest any profits back into our practices to support sustainability for the future.

Processes and efficiencies

We will continue ongoing work in all localities to improve our effectiveness and create efficiencies where possible. In particular, we will focus on improving access and outcomes.

Developing our organisation for the future

Primary Care is always changing and we must ensure that NCPC is as best prepared for the future as possible.