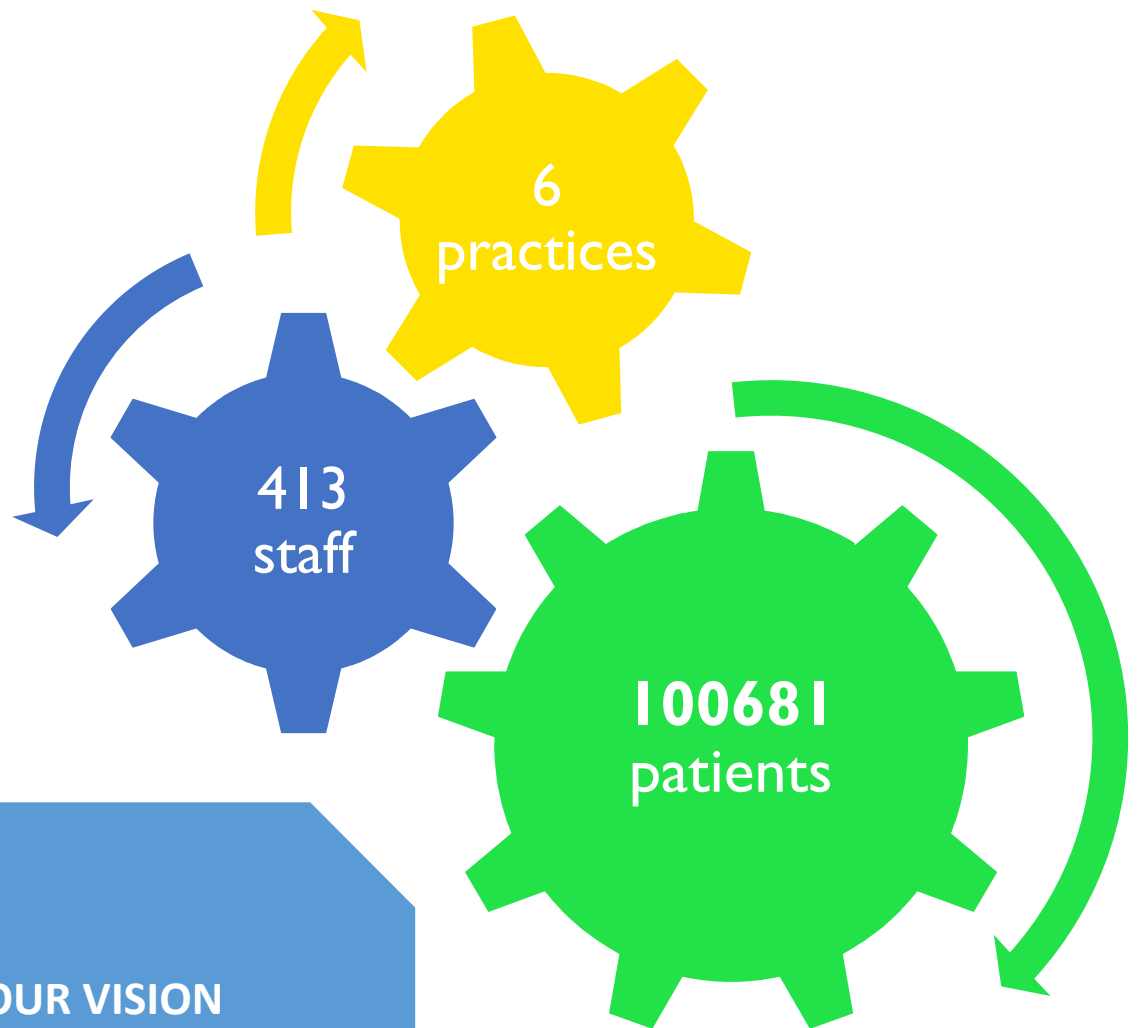


ANNUAL REPORT

2023/2024

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.

Our aim is to deliver high quality primary care across all our practices.

OUR VALUES

- we care
- we are a team
- we work hard to improve

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 Manager | Laura Thorp
Carlisle Operational Lead | Sam Dawson
EMG GP Lead | Dr Joanne Daly

Copeland

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

Practice Managers | Anne Thompson | Collette Smith | Lesley Bethwaite |
Copeland Operational Lead | vacant
Copeland GP Leads | Dr Carrington Kambasha | Dr Ami Hall
Copeland Nurse Lead | Anne-Marie Pink

Workington

Practice | James Street Group Practice

Operational Service Managers | Dympna Harney | Kirsten Thompson | Lisa Dustin | Lily Burton
Workington Locality Lead | Linda Moore
Workington GP Lead | Dr Cheryl Timothy-Antoine
Workington Nurse Lead | Sue Jones

NCPC Clinical Leadership Team

Medical Director | Dr Joanne Daly
NCPC ACP and nurse Lead | Alexa Taylor

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
Transformation Lead | Mandy Kennedy

A MESSAGE FROM OUR DIRECTORS

Welcome to our third 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.

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

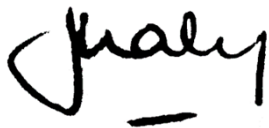
- Continuing to improve patient access to our services
- Focusing on clinical quality outcomes for our patients
- Workforce planning remains a priority to help us to grow our own and plan for the future given the challenges around clinical recruitment
- Supporting our practices to improve the way we do things, promoting new and innovative ways to deliver services
- The health and well being of our teams

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.

All our teams pulled together to deliver our quality targets to benefit our patients and to support the financial stability of our practices.

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



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.

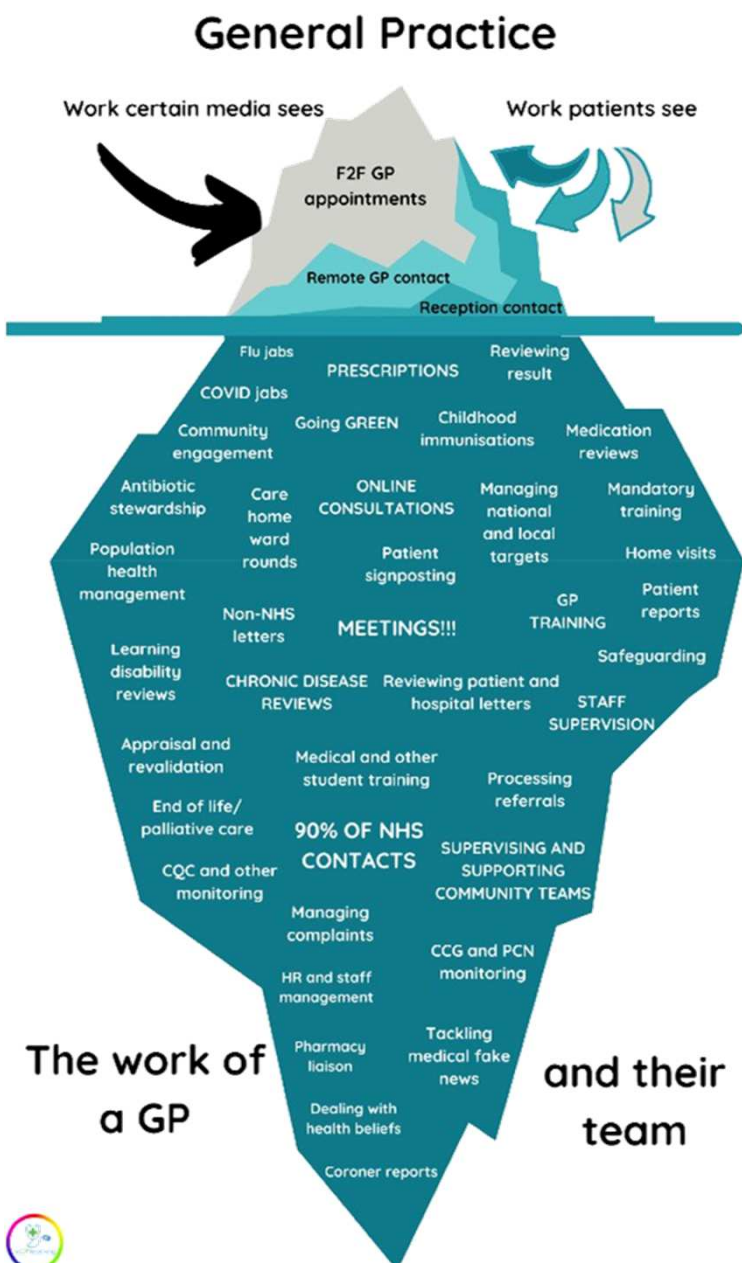
Every day, our receptionists open the practice at 8am and begin taking calls and our triage teams allocate appointments. Where possible, they will signpost to other appropriate services. They also manage tasks, registrations and act as the front face of the practice.

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, Subject Access Requests 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 (if we are not offering out of hours appointments), 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.



FOCUS ON QUALITY

NCPC aims to build quality 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.

Our quality model puts patients at the centre of safety, experience and outcomes – our quality triangle:



Below are two case studies, each focusing on the safety, outcomes and experience of patients

Case Study 1 – Medicines Management Project in Fellview

The GP Medicines Lead, medicines team, pharmacist, admin and wider clinical and non-clinical focused on a project to:

Improve Safety around drug and disease monitoring by:

- Monitoring of chronic diseases such as diabetes
- Monitoring of certain drugs
- Reducing deaths from heart attacks and strokes (cardiovascular mortality) – case finding and optimizing treatment

Increase the levels of repeat dispensing to free up clinician time for more work on quality improvement. The teams have now increased repeat dispensing by a net gain of over 500 patients

Improve processes to reduce the need for patient queries by creating a new admin GP role which has dramatically improved the process of signing that day's prescriptions.

The medicines team is now established with prescription clerks, pharmacist, pharmacy technician and a GP lead.

Teaching and training around medicines

The team have delivered numerous teaching sessions and case discussions in the last 12 months that include medicines teaching. This is multi disciplinary with circa 16 people currently involved. There are 3 non-medical prescribers doing their training supervised by Professor Howarth

FOCUS ON QUALITY

Case Study 2 – Standardisation of Patient Safety Alert

The aim was to develop a process to improve the management of patient safety alerts. As part of preparation for CQC Inspections, all NCPC practices reviewed the process for processing and actioning Patient Safety Alerts published on the Central Alerting System (CAS).

A project team was established across NCPC consisting of the Medical Director, Clinical Quality Manager, Digital and IT Manager and Medicines Managers from each practice.

What we achieved:

- Searches were developed to identify and recall newly registered patients and existing patients for reviews which include; 'high risk drug monitoring'.
- A CAS Alerts process was developed to ensure appropriate actions are completed to review/action patient safety alerts and appropriate cascade of clinical safety information to clinical team members recorded on Teamnet.
- Developed Quality Assurance Audits with outcomes reported the NCPC governance groups

This has increased patient safety and the timeliness of interventions for patients across all practices.

Case Study 3 – Patient Experience Team

We have developed a Patient Experience Team. This team is developing a framework to promote positive engagement with our patients and their carers and families.

Patient feedback: we have developed bespoke patient questionnaires to gather feedback on changes that we have made to services and to identify areas of good practice and concerns. These complement the NHSE Patient Survey which is sent out to patients. We have also been working closely with our Patient Participation Groups. These groups provide valuable opinions on how the practices are delivering services and support when changes to services are made.

Complaints Handling: the team is developing training for all staff who deal with patient concerns and complaints, focusing on rapid resolution of the complaint. The team also ensures that all complaints and concerns are collated and analysed both within practices and across practices to ensure that any learning from the complaint can be rapidly shared.

Incidents Handling: the team is replicating the work on complaints to ensure that incidents are handled in the same way resulting in rapid resolution and lesson learning across the whole organisations.

Next Steps: we really want to focus on patient education and health promotion campaigns.

PARTNERSHIP WORKING

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

Our Patient Participation Groups continue to be 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 our localities.

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 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.

NCPC host the three primary care networks (PCN) which are key to delivering a range of services with our practices.

We meet regularly to discuss and problem solve issues with our secondary care providers and all of our PCN partners.

Pears Medical School and the University of Central Lancashire are our partners in training a new cohort of GPs into Cumbria. Our GPs are closely involved in course and programme development with these training organisations.

The changes to the way that primary care is commissioned with the abolition of Primary Care Clinical Groups has now moved to closer relationships with the North East and North Cumbria Integrated Care Board.

The North Cumbria 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. Over the last year we have been involved along with other GP practices and Primary Care Networks in a number of workforce related projects which cover North Cumbria.



ACCESS

The data from both the Friends and Family audits and the NHS National Patient Survey show that most patients are happy with the services they receive once they get an appointment. There are however concerns about getting through on the phone and the numbers of appointments that are available on a daily basis. As a result of this feedback improving access to services has been a major focus for NCPC practices in 2023/24.

In 2023/24 James Street Practice in Workington, Fellview Healthcare and Eden Medical Group (our largest practices) participated in the NHS England GP Improvement Programme. This programme supports practices by providing facilitation and dedicated time over a three or six months time period and assists practices in data analysis and problem-solving giving time to develop and reflect on innovations and developments.

Both Fellview and James Street practices made the decision to adopt a Total Triage model. Using online consultation platforms to allow patients to request an appointment without sitting in a queue waiting for the phone to be answered. The clinicians then review appointment requests from patients to determine the most appropriate clinicians or services to see the patient.

The data from this has shown that the practices have provided more appointments tailored to patient need, patients have been able to get through to the practices more quickly on the phone, and the overall patient satisfaction has been improved.

The practices are all part of Primary Care Networks. These provide at scale provision across a group of practices. Practices in Copeland, Workington and Carlisle have access to physiotherapists and pharmacists along with frailty and home visiting teams. These additional resources provide more capacity to the practices so that patients can be directed to the most appropriate clinicians. The Social Prescribing Teams in each PCN provide help for patients whose needs are better met by non-medical support.

All practices have focused on care navigation with reception teams having received specific care navigation training during 2023/24. Care Navigation along with clinically developed protocols to determine the urgency of conditions helps the receptionist to direct patients to the right care at the right time in the right setting.

Case Study - Fellview Total Triage

Below is a snapshot of the Total Triage requests from Fellview received via their online platform eConsult showing the increased access and demand for our services:

1515 eConsult forms were submitted in a week:

- 319 were submitted by Reception on eConsult lite forms. - (21%)
- 170 eConsults came via the Admin forms - (11%)
- 1026 came via the Clinical forms - (68%)
- Top condition was submitted was, Rash, spots and skin problems at 110 forms - (7%)
- 80 submitted a form between the hrs of 00:00am to 7:59am - (5%)
- 1026 submitted a form between the hrs of 8am to 1pm - (68%)
- 402 submitted a form between the hrs of 1pm to 6:30pm - (26%)
- 7 submitted a form between the hrs of 6:30pm to 11:59pm - (<1%)

LOCALITY FOCUS

Carlisle Update

The two practices in Carlisle have continued to work together and where possible deliver services across both practices. Mental health, learning disabilities and autism routine monitoring is delivered by a specialist team at Morton branch surgery on behalf of both practices. Morton has been specifically chosen because it is quiet and provides less stressful experience for vulnerable patients.

The NCPC practices are also delivering the Waiting Well Programme for patients. This programme initiated by the ICB offers targeted support to selected patients who are on the waiting list for surgery. Patients are given a personalised care assessment by NCPC clinicians and colleagues from voluntary organisations. An individual care plan is then developed which prepares the patient both physically and emotionally for their procedure as well as suggesting interventions that improve the outcome from surgery.

Eden Medical Group worked closely with the GP Improvement Programme (GPIP). This allowed the practice to analyse its demand and capacity especially around GP and ANP appointments. As a result we have delivered additional training to our reception staff and continue to adjust and refine our appointments to optimise the number of patients seen.

The practices continue to work closely with partner practices within Carlisle Primary Care Network to deliver shared services. The PCN staff and commissioned services provide routine care to patients in residential and nursing homes as well as patients who are housebound. Having carried out analysis of patient demand across the PCN, we have increased the provision of both physiotherapy services and pharmacist services into the practices to support our patients.

Copeland Update

The Copeland practices have continued to work together to develop services across the locality. The development of a Planned Care Hub that manages all the recalls and invitations for long term conditions and other routine nursing appointments has resulted in a robust and effective service across all practices. The Hub works closely with the Enhanced Access Service providing long term conditions reviews and smears etc during the evenings and on Saturdays which are especially helpful for patients who find it difficult to attend in normal working hours.

Another locality wide service has been the Acute Respiratory Hub which was commissioned to provide a rapid assessment for patients with respiratory symptoms during the winter and proved particularly helpful in increasing access and capacity across the locality.

Fellview have been working closely with their Patient Participation Group who have helped publicise and evaluate the new ways of working that Fellview have been adopting over the last year. They have been particularly supportive with the implementation of Total Triage, and the GP Improvement Programme.

LOCALITY FOCUS

Copeland Update cont.

All the practices in Copeland have been focussing on patient communication and using Facebook and other methods to inform patients of new changes to services. This has included increasing the use of the NHS App for the ordering of medication and viewing test results. This has reduced the number of calls coming into the practices.

Both Lowther Medical Group and Fellview Healthcare are passionate about training the next generation of doctors, nurses and other clinicians. Lowther trains 5 GP registrars every 6 months, and Fellview 3 registrars, as well as F2 doctors who are experiencing general practice for the first time and medical students. This year they have also supported nurses undertaking their non-medical prescribing courses as well as nurses wanting to become advanced nurse practitioners.

Workington Update

Our main priority has been on improving patient access to our services. In July 2023 we embarked on the NHS England GP Practice Improvement Programme, a 26 week intensive facilitated programme to support practices deliver change and provide tailored support to make changes and improvements. Our aim was to implement the “Modern General Practice Model” which is the foundation of a transformation journey to better align capacity with need, improve patient experience and access.

In January 2024 we introduced our Total Triage new way of working. This provides three access routes to our practice for patients which are telephone, online or walk in. Information is collected at the point of contact to help care navigate patients to the right service or clinician based upon need and not on a first come first served basis. Our patients report positive feedback from their experience and have welcomed the changes. We continue to work on our improvements

We would like to say thank you to all our staff and our patients for their support, patience and positive feedback while we work through this transformational change.

We have seen four of our Trainee Advanced Nurse Practitioners completed their Masters degrees and now working and supporting our clinical team. This is a huge achievement for our staff and for the Practice. One of our priorities is to support our staff in their enhancing their skills by encouraging them to undertake additional training and qualifications. Two of our Nursing team have just started on their independent medical prescribing course.

The Workington PCN workforce including our Personalised Care Team, First Contact Physiotherapists, Paramedics, Physician Associate and GP assistants continue to be invaluable to the day to day running of our Total Triage Model.

DEVELOPMENT

NCPC continues to face 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 have training practices in each locality. Each of our practices has had GP registrars over the last 12 months. We also had F2 students on a regular basis to experience primary care as part of their wider medical training.

In terms of our wider workforce we actively supported career development through the use of apprenticeships with 21 individuals undertaking an apprenticeship during the course of the year.

We have strengthened our clinical leadership team with the introduction of a new role of Lead Advanced Clinical Practitioner (ACP). The role has been integral in working with the wider leadership team to develop and implement the NCPC clinical strategy with a particular emphasis on the nursing teams. Working with our Nurse Lead they introduced a number of initiatives to support the development of our clinical workforce which we continue to roll out.

These areas of work includes:

- A new career development framework for

our nurses and ACPs.

- A new approach to job plans for our ACPs to support their clinical practice and achievement of the 4 pillars of advanced practice.
- The 'manageable work day' for our nurses and health care assistants to support with workload.

The Health and Wellbeing of our colleagues continues to be a top priority. We know that gaps in the workforce and workload are key issues for our teams. In addition to focussing specifically on recruitment and manageable workloads we have focused on the wider support we offer. Individuals were given a wellbeing day which they could use to take time off in addition to their normal annual leave. We have been promoting the different routes for support via a new Health and Wellbeing section in our employee newsletter and managers have had access to a range of workshops aimed at support their teams that have covered topics including absence management & staff wellbeing, appraisals, menopause and dealing with mental health related absence.



TRANSFORMATION

NCPC is a learning and improvement organisation. As such we are continually looking for ways to transform and improve what we do. Over the past year we have developed teams across the localities and the wider organisation to standardise financial processes, estates management and have developed tools and audits to help to identify areas of good practice and areas for improvement.



The Digital and Transformation Team have developed a robust online process for registering new patients which ensures all relevant information is included in the registration before it can be submitted to the practice. This has improved the experience for patients, reduced time and errors in the registration process and has also reduced the use of paper forms.

In the coming year we are looking at how automation can be used to increase safety and efficiency and continuing to standardise processes across the organisation.

Case Study Quality and Outcome Framework

The Digital Transformation team have worked closely with the practices to develop standardised formats to meet the requirements for the Quality and Outcomes Framework (QoF) and the Local Incentive Scheme (LIS). This has involved data searches and workforce analysis to ensure that the number of clinician appointments in the practices meet the number of appointments needed by patients who require routine monitoring.

NCPC is a data driven organisation using data to drive quality and performance and to identify areas for improvement. The Digital Transformation team provide monthly performance dashboards to allow practices to both monitor and benchmark their current performance and expected year end attainment. This highlighted issues in capacity which could be addressed immediately. These dashboards are supported by customised searches to identify specific patients who can be individually called in for monitoring.

All the practices make full use of Accurx Self Book allowing patients to book into convenient appointments without having to contact the practices by phone.

In Copeland the Planned Care Team works across all practices and manages invitations and booking of long-term condition review appointments, vaccinations and other routine appointments such as smears and vitamin B 12 injections on behalf of all the NCPC practices in Copeland.

In 2023/24 the practices achieved over 95% of QoF attainment.

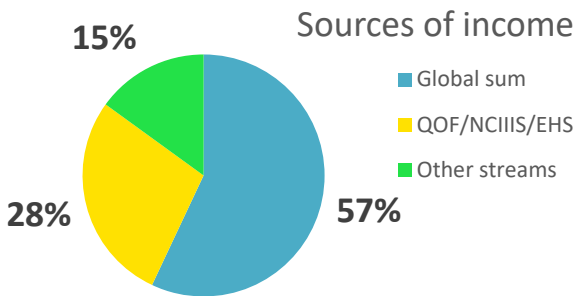
FINANCE

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.

Where our money comes from

NCPC's annual turnover of £20 million comes from several sources, the proportions of which remain fairly consistent each year:



The only direct source of practice income to receive an uplift in 2023/24 was Global sum funding, which received an uplift of 5%.

How we spend this on services

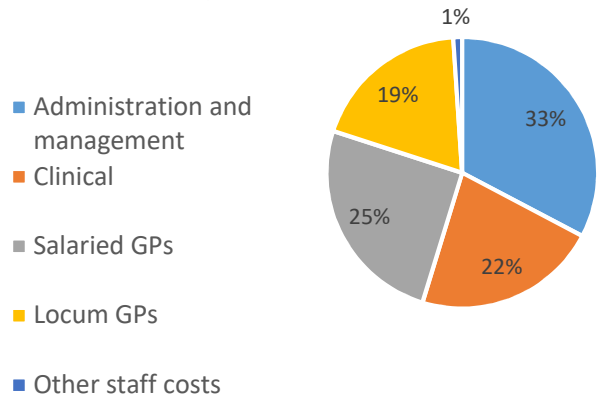
Practice expenses are divided into five main categories;

- **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

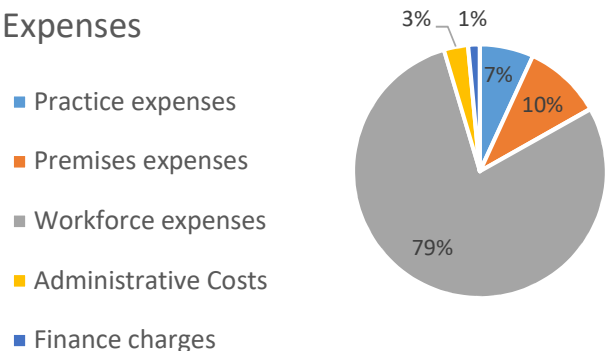
How we manage our money

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

Workforce expenses



Expenses



PRIORITIES FOR 24/25

Our objectives for 2024 -26:

- Putting our people first and developing a strong positive culture
- Improve clinical outcomes for patients
- Improve patient access to primary care services
- Achieve and maintain financial and business balance
- Promote and adopt innovation and transformation
- Deliver patient focused care
- Develop NCPC as an at scale Primary Care Provider

We will achieve this by:

Engage Stakeholders: Engage all relevant stakeholders, including healthcare professionals, administrators, patients and local communities. Their input is invaluable in understanding local needs, garnering support and ensuring a comprehensive approach.

Strengthen our clinical leadership and engagement: of clinical models, developing diverse clinical teams so that all members of the clinical team are working to their potential and are fully engaged with the development , improvement and delivery of clinical care. Effective clinical leadership is embedded at all levels of the organisation.

Implement Digital Health Solutions: and data analytics to standardise processes and improve efficiency. Digital health tools can streamline data management, reduce errors and support remote care which is essential for working at scale.

Develop common clinical pathways and processes: This promotes consistency in care and reduces unwarranted variations in practice.

Training and Education: Invest in ongoing training and education for our teams to ensure they are up to date with the latest practices and technologies. This will help maintain a high standard of care across the organisation.

Data Analytics and Population Health Management: Utilise data analytics to identify health trends, allocate resources efficiently, and manage population health. This can help identify at-risk populations and develop preventive strategies.

Multi-Disciplinary Teams Continue the development of multi-disciplinary care teams that include physicians, nurses, pharmacists, social workers and other professionals. These teams can provide more comprehensive and coordinated care.

PRIORITIES FOR 24/25

Patient focussed approach: Focus on patient centred care by involving patients in decision-making and tailoring care plans to individual needs and preferences. Develop clinical models which bring together access to the appropriate member of the clinical team and encourage continuity of care. Use patient feedback to continuously improve services.

Partnerships and Collaborations: Collaborate with other healthcare organisations, universities, research institutions, and the private sector to share resources, expertise and research. Collaborations can enhance innovation and reduce costs.

Quality Assurance and Continuous Improvement: Implement robust quality assurance processes to monitor and evaluate the quality of care. Continuously seek feedback, analyse performance data and make improvements to processes and services.

Advocate for Policy Changes: Advocate for necessary policy changes at the regional and national levels to support the organisation's objectives, whether related to funding, regulations, or healthcare delivery models.

Measure and Communicate Results: Regularly measure and communicate the results and impact of our progress. This includes both qualitative and quantitative data to demonstrate the organisation's effectiveness and value to stakeholders.

Adaptability and Flexibility: Be adaptable and ready to change strategies as the healthcare landscape evolves. Embrace innovation and remain flexible to accommodate emerging technologies and new healthcare models.

