



# Annual Report & Accounts

2022-23



# Quay Primary Healthcare CIC

## Annual Report & Accounts 2022-23

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## CHAIRMAN'S INTRODUCTION



Dear Shareholder,

I am pleased to present the annual report for our GP Federation - **Quay Primary Healthcare CIC**, which continues to support Primary Care Networks (PCNs) and practices in Warrington in their mission to deliver excellent patient care.

As we reflect on the past year, we can be proud of the progress we have made in promoting collaborative working and empowering PCNs to deliver the best possible outcomes for patients.

We have recruited, trained, and supported integration of ARRS Roles into practices and PCNs.

One of the highlights in this report is the staggering number of appointments and patient contacts delivered by these dedicated staff. It has taken a lot of work and perseverance by the Quay team to provide this data in a format that is useful to practices and PCNs.

We have utilised the data to tailor our support to practices. For example, to increase practice utilisation of Enhanced Access Nurse appointments, we are in the final stages of piloting a patient initiated self-booking process for cervical smear into evening and weekend appointments supported by the Care Coordinator team. We have also adapted these services to support practices and PCNs in achieving QOF, LES and DES. Looking to the future, it is clear that PCNs (and practices) will play an increasingly important role in the delivery of healthcare services. With the NHS facing a range of challenges including an ageing population, rising demand for services, and increasing pressure on budgets, PCNs will be instrumental in delivering a sustainable and responsive healthcare system that meets the needs of patients. This is part of what has driven the need for developing a Warrington Primary Care Resource Centre, with 29 consulting / treatment rooms and the flexibility of turning into a mass vaccination centre, it future proofs primary care in Warrington.

Our vision for the future is one in which PCNs are fully integrated into the wider healthcare system, working in partnership with other providers to deliver joined-up care that is tailored to the needs of individual patients. We believe that PCNs have the potential to transform the way healthcare is delivered in Warrington, and we are committed to supporting them in achieving this goal.

In conclusion, I would like to show appreciation to Warrington Primary Care Networks, Clinical Directors, GPs, Practice Managers, entire practice staff, ICB, Patient Participation Group, Bridgewater Trust, Warrington Council, and Warrington & Halton FT for their ongoing support.

Special thanks to all members of the Quay board and the entire Quay team for their hard work and dedication over the past year. Together, we have made significant progress in supporting PCNs and practices in Warrington and I look forward to continuing this important work in the years ahead.

Yours faithfully

**Dr Quincy Chuka**  
GP Partner, Holes Lane Surgery  
Chair & Senior Medical Director,  
Quay Primary Healthcare CIC

## MEDICAL DIRECTOR'S STATEMENT

As the Medical Director of Quay Primary Healthcare, I am proud to report on our progress in providing top-notch healthcare services across Warrington.

At your request, our dedicated team of paramedics has been running a successful minor ailments service, saving patients from unnecessary trips to A&E and helping with some of the strain on GP access, especially during the recent Strep outbreak this winter. Additionally, some of the paramedic team will soon be prescribers, reducing the need for prescription requests to come back to GP.

We believe Enhanced Access is one of our most successful initiatives that has provided significant benefits to our member GP practices. By offering GP, ANP, paramedic and practice nursing appointments outside of usual GP hours, we have been able to reduce the pressure on our member practices, allowing them to focus on providing high-quality care to their patients during regular hours. The number of clinicians on our workforce platform 'Staff Box' continues to grow, and we are immensely proud of its success.

At Quay, our focus has always been on improving patient outcomes by delivering high-quality care at the right time and right place. Our innovative approach to healthcare delivery has helped us become a leading GP federation. This is reflected in our KPIs, which demonstrate our consistent achievement of high-quality care. Furthermore, we are proud to receive positive feedback from our patients on a regular basis. We consistently strive to improve our services by actively listening to patient feedback, implementing changes based on their suggestions, and measuring the success of these changes through our KPIs.

We also value the feedback of our member practices and believe that listening to your suggestions is vital to providing high-quality care. We have worked closely with our GP member practices ensuring that our services are responsive to their needs and that we are meeting the expectations of the practices that work with us. **As always, if you feel things could be improved, please don't hesitate to get in touch. We're always looking to innovate and welcome your ideas!**

We've faced lots of challenges on the way, and will no doubt continue to have challenges, but with your backing, we have been able to provide solutions. Thank you for all your continued support.

I would also like to say thank you to all our staff for their hard work and dedication. We look forward to continuing our mission to provide accessible, local, and high-quality healthcare to the people of Warrington.

Yours sincerely



**Dr Richard Wong**  
GP Partner, Latchford  
Medical Centre  
Medical Director,  
Quay Primary  
Healthcare CIC



## CHIEF EXECUTIVE'S WELCOME



Dear Shareholders, I am pleased to present our annual report for Quay Healthcare for the fiscal year ending 31 March, 2023. Despite the unprecedented challenges posed by the COVID-19 pandemic, the Direct Enhanced Service contract and the Impact Investment Fund Indicators, Quay Primary Healthcare has continued to deliver exceptional results, achieving growth and expanding our presence across Warrington.

# Delivering exceptional results, achieving growth, and expanding our presence

### Performance Highlights

Our impressive performance is reflected in our management accounts this year, albeit we have posted a small deficit. We achieved a revenue of £3.73 million, representing an increase of £0.746 million on the previous year.

Furthermore, we have been able to use the Government 133% allowance for capital items, specifically relating to equipment purchased for paramedic delivery, office furniture and Information Technology. This decreases or liability for Corporation Tax for a few years. We continue to reflect our continued commitment to operational efficiencies and disciplined, patient-centred execution.

Our success can be attributed to our focus on operational delivery excellence and performance in this delivery with a leading high percentage of patient feedback in primary care.

In 2022-23, our employed workforce has grown to 84 employees including management and support, ARRS staff and the ADHD team. This is a 20% growth on 2021-2022.

### In terms of volumes we have delivered: -

#### • Enhanced Access

- 13,500 additional GP and Advanced Nurse Practitioner Slots
- 5,800 additional Practice Nurse Slots
- 6,100 additional HCA slots for Phlebotomy
- 5,800 additional Practice Nurse Slots
- 702 additional Paramedics Minor Ailment Slots

#### • Minor Ailments

- 8900 Paramedic Minor Ailment Slots

#### • GP Home Visits – 2000

- Paramedic Home Visit Slots

#### • ARRS Physiotherapy - 11,000 patient appointments

#### • ARRS Clinical Pharmacy

- 25,000 patient contacts, 13,000 medication reviews and 8,300 Structured Medication reviews.

#### • ADHD Team – Have had 972 referrals to the service, have completed 340 diagnostic assessments and have 157 patients in Shared Care. The current wait time for assessment, from point of referral is just over 12 months, which is the lowest in the North West.

## Patient Focus

At the heart of our success is the ability to deliver exceptional services to patients in Warrington and all services delivered have received over 92% positive patient feedback. Of exceptional note is the compliments relating to the paramedic minor ailments, where parents have given exceptional narrative feedback.

The ADHD Team have been subject to independent contract evaluation, where an independently commissioned report has been produced on the initial pilot. The value and commitment provided by the service has led not just to its recommissioning, but a doubling of the initial contract value to invest on the Primary Care led ADHD model.

## Workforce Investment

We have continued to invest in our people, ensuring a highly skilled and responsive workforce capable of delivering high-quality care for patients. We currently have 12 staff undertaking Master's Degree programmes in Advanced Clinical Practice, across the Paramedic, Physiotherapy and Clinical Pharmacy Staff, with 4 Paramedics due to become Non-Medical Prescribers in 2023. In 2022-2023 some 4000 prescriptions were requested by Paramedics from GPs and the advent of Non-Medical Prescribing would see this tasking or re referral rate decrease to those with complex contra-indications or co-morbidities.

In terms of Quay Primary healthcare staff investment, we have funded two of our Business Operations Managers apprenticeship programmes, one in a Chartered Management Degree at Manchester Metropolitan University and one in a Diploma in Human Resources and Personnel, through the Chartered Institute of Personnel and Development (CIPD). Two staff have also this year been funded to complete a First Aid Instructors Award and Level 3 in Training and Development.

With upskilling a priority for workforce development and retention, we have also provided phlebotomy training for 12 staff.

We have been awarded a Bronze Award by the Armed Forces Covenant, where we have committed to working with serving and former service personnel to accessing careers within our organisation.

One of the biggest takes from this year has been in the relentless development of 'Staff Box' our platform for sessional workers covering Enhanced Access and Locum requests at times of pressure in practices.

## Outlook

Looking ahead to 2023-2024, we are well-positioned to continue to meet the evolving needs of PCNs, Primary Care and the health sector in general. Our focus now needs to be on creative diversification, digital innovation, and strategic tenders, coupled with our commitment to patient satisfaction. We will continue to seek improved modes of service delivery, enhance our digital platforms, and develop more effective and efficient business models to meet the changing dynamics of Primary Care and healthcare in general.

**We remain confident and committed to delivering continued growth and value for our shareholders. We recognise that our staff and patients are the engines of our success, and we remain committed to providing a conducive work environment that enables them to deliver exceptional services.**

I would like to thank our Directors, Employees, Practice Shareholders, Patients, and other stakeholders for their unwavering support throughout the year.

Despite the challenges we have faced, we have remained united in our desire to deliver the highest standards of care, and I look forward to working with you all to achieve even greater success in the future.

Sincerely

**Mark Dyson**  
Chief Executive Officer  
Quay Primary Healthcare CIC





# ORGANISATIONAL OVERVIEW



## ABOUT QUAY HEALTHCARE

Quay Healthcare started in 2014, as part of the Prime Minister’s challenge fund. We are a primary care support organisation, with all the GP practices in Warrington as shareholders.

We have seen significant shifts in Primary Care demands and structures, since 2019 and now the amalgamation of Clinical Commissioning Groups into Integrated Care Systems (ICS). As these grow, collaboration between primary care providers and wider system partners is growing too.

Many primary care providers are taking advantage of the independent layers of scale to deliver for patients, reducing duplication, improving equity of access and delivering the right care at the right time in the right place. There is not a one-size-fits-all model and there is still a long way to go for many primary care providers but we are beginning to see robust primary care systems that benefit from the different expertise and opportunities available at neighbourhood, place and system.

Quay Healthcare considers primary care to be the ‘front-door’ for patients. The shareholders of the CIC have agreed to develop a range of innovative services which seek to support primary care, which go far beyond usual traditional GP service.

Currently we work with four PCNs in Warrington as well as provision of directly contracted NHS services and serve a population of 178,000 for GP services and 228,000 for ADHD services.

Our mission is to deliver better clinical outcomes and accessible treatment for the people of Warrington in 2023 – and beyond.

The power of working together across our Group enables health services to be delivered by healthcare experts in Warrington. We are passionate about promoting the skills and dedication of our healthcare professionals who serve in our region and beyond.

All our team have strived to develop and deliver creative and innovative services, which reduce Primary Care, neighbourhood, place and system pressures, whilst improving health, wellbeing and outcomes of the population we serve, in Warrington and in the wider Northwest



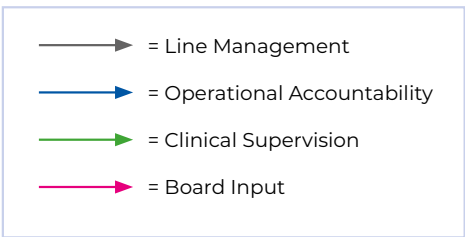
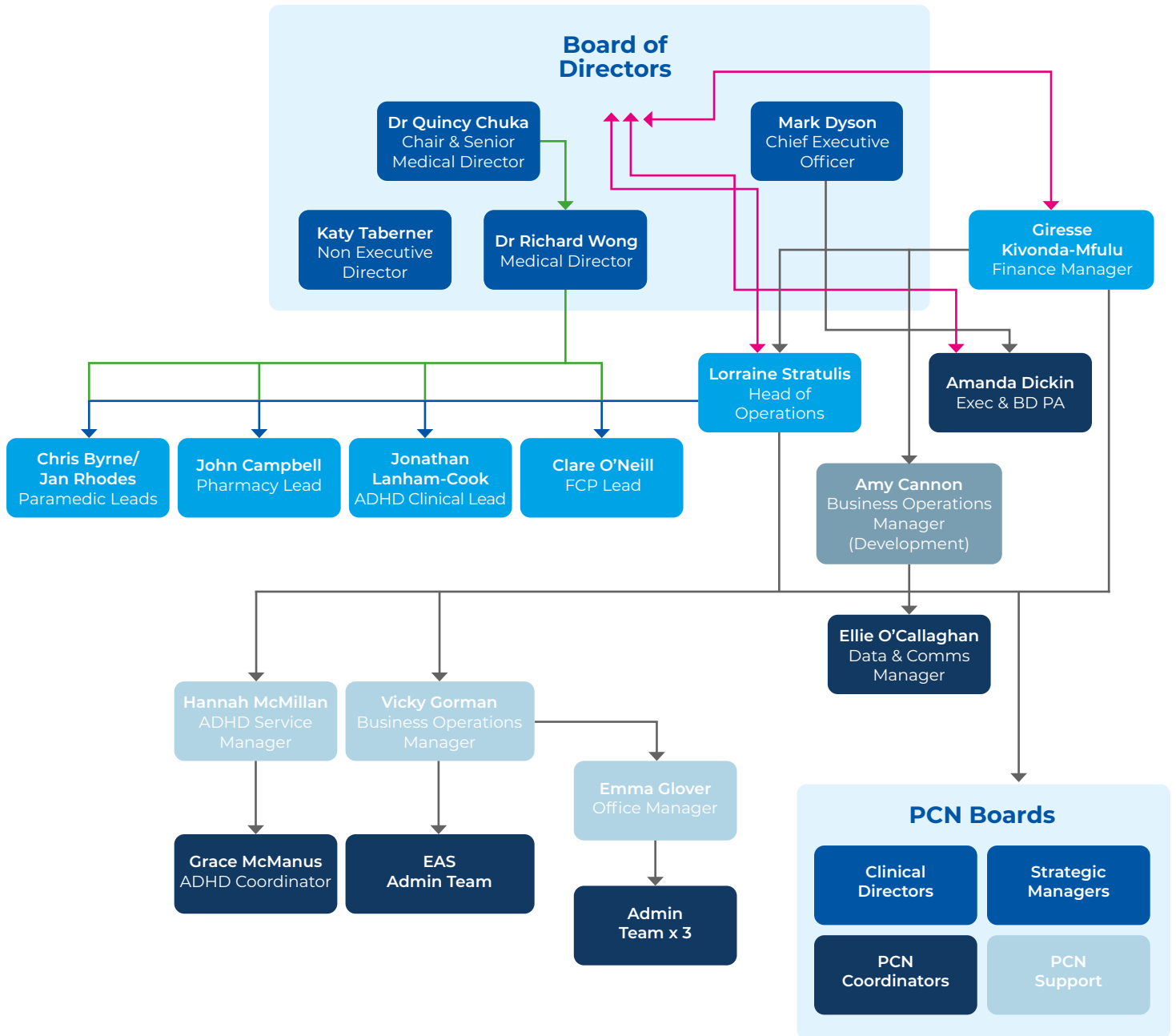
Quay Healthcare has adopted a ‘hybrid’ strategy combining ‘competitive advantage’ with a ‘focus’ policy. We have differentiated ourselves from the core market and we provide a focus on improving both health and social care outcomes, whilst reducing inequalities.

We are a collaborative, commercially focused, socially conscious health and social care organisation, which strives to innovate and create new ways of working, creating positive outcomes for the people we support.

Our vision is that we are acknowledged as the ‘go to’ organisation for creating, innovating and delivering health and social care solutions in the North West region and the wider UK.

## **Our core values:**

- Freedom Through Responsibility
- Trust
- Integrity
- Togetherness
- Entrepreneurial Spirit
- Can Do
- No 'Hand Offs'
- All problems are my problem
- A Community
- One Voice





**ENHANCED  
ACCESS SERVICE**

**Enhanced access is the term given to appointments with clinicians outside of normal opening hours, which may include evenings or weekends.**

Enhanced access is about giving patients the convenience and choice to have their appointment at a time that better suits them or based on their particular needs. Enhanced access appointments are delivered through our “hubs”. This may mean patients need to travel to a different practice than their own, if they decide to book an enhanced access appointment.

**What we have delivered in the past 12 months in our hubs:**

- GP Clinics
- Advanced Nurse Practitioner (ANP) Clinics
- Practice Nurse Clinics
- Blood Test Clinics
- Minor Ailment Clinics

**Where do these services take place?**

- Orford Jubilee Hub
- 1 Manchester Road
- Latchford Medical Centre
- Lakeside Surgery
- Stockton Heath Medical Centre
- Culcheth Medical Centre
- Four Seasons Medical Centre
- Parkview Medical Centre
- Appleton Health Centre
- Fearnhead Cross Medical Centre

We have received more than 8,000 words of written feedback from hundreds of patients over the past year. Here is a selection of commentary. We feel it is helpful to share the positive – and negative sentiments expressed about the EAS service to be as transparent as possible. The feedback was overwhelmingly positive but we will listen to patients where there are concerns and continue to work to improve the service.

*“Fantastic service. Rang 3 hrs early. Thoroughly assessed on the phone and offered me an appointment immediately. Didn’t have to wait long. Thoroughly examined my son. Dr was engaging, kind, thorough and knowledgeable. Excellent.”*

*“V polished and professional outfit. Thank you.”*

*“Very efficient and helpful and friendly.”*

*“The nurse was very knowledgeable and made me feel at ease when I was explaining my problems.”*

*“A brilliant way to build capacity into the currently over-stretched GP infrastructure. All aspects excellent and progressive.”*

*“The staff members are very amicable and professional.”*

*“I felt the nurse was tired and disinterested and she couldn’t work the computer system to show me my risk score.”*

*“The ANP who helped with Max was amazing, she was really empathetic and really listened and treated max appropriately. Very happy & grateful for all advice given for max.”*

*“Extended access aspect was excellent but lack of communication from the surgery was poor and lack available notes from the surgery was very unhelpful.”*

*“Dr Khaing was very sympathetic and patient.”*

*“Excellent service throughout. Thank you.”*

*“My clinician was very knowledgeable and put me at ease, I would strongly recommend the service to others.”*

*“Brilliant as I work through the week the weekend appointments are ideal Well done NHS.”*

*“I think extended access is great for people like me that work full time so can’t access 9-5 doctors appointments.”*

*“Excellent service and I didn’t have to book time off work which I normally find difficult when working full time.”*

*“Excellent idea however I had never heard of the service before. I thought it would take weeks to book a smear but was able to have one within a week.”*

*“The staff were brilliant.”*

*“The lights needed to be on in the waiting room ! It was very dark and unwelcoming - other than that everything was fine.”*

*“I am very pleased with the service I received. The doctor was very helpful and explained things very clearly.”*

*“Good service that I didn’t know existed. Contacted me on time, was very helpful and I got my prescription same day. Would definitely recommend.”*

*“The doctor I spoke to was very reassuring, very thorough and hopefully gave me the right advice to elevate my problem.”*

*“The doctor I spoke with took all info needed and agreed to come back to me after discussing with my Doctor.”*

*“I didn’t know this service was available, but I am so pleased it now is as it makes making an appointment so much easier. Thank you”*

*“The lady who took my blood was extremely gentle and friendly. I had met this lady at my GPs it was an overall chat about my health. I was surprised to see the same lady at my appointment. Good service.”*

*“Excellent friendly and extremely professional. Probably my best experience of a blood test. Many thanks to all the staff from my doctors to all those at the hub.”*

*“The staff at the jubilee hub were very friendly & helpful.”*

*“From the GPs at 6.25 on a Friday evening to a call on Sunday afternoon. So, I can’t moan at that! Fingers crossed the antibiotics work and the scan isn’t too far away.”*

*“Bev Williams, the practice nurse I saw was very friendly and helpful and put me at ease and took time to explain my blood test results and answer any questions I had. The time and location of my appointment was really convenient and overall I was very pleased with this service.”*

*“Fantastic quick service.”*

*“Nurse very knowledgeable and reassuring, put me completely at ease.”*

*“I was shocked at how quickly I got an appointment (same day). There was no waiting around when I arrived and the nurse explained everything thoroughly and was very reassuring.”*

*“Dr Cam was great, the appointment was for our daughter and was probably one of the best interactions with a doctor I’ve ever had. Such a great doctor!”*

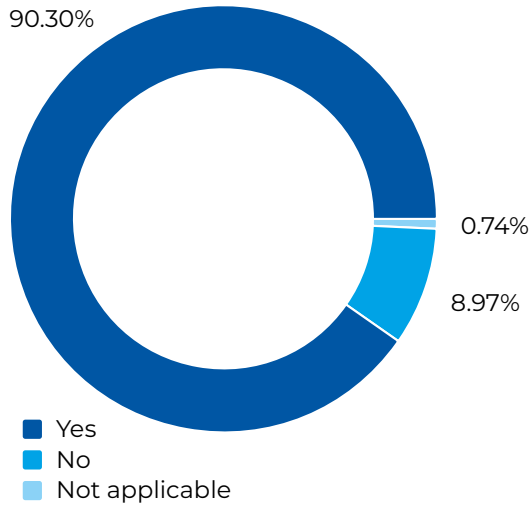
*“All the staff were lovely. Very welcoming and willing to take the time to listen. Never had bloods taken before, all the staff were great and they put me at ease.”*

*“Lady who phoned was lovely, showed empathy and gave me knew advice. Extremely satisfied with the service.”*

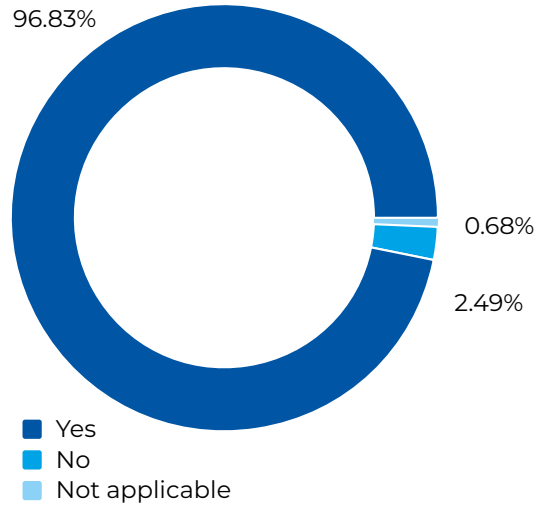
**Patient Feedback on the Service**

Patients were sent a survey request via text and 1765 responded to the survey, between April 2022 and March 2023. This represents a 14.56% response rate against the number of patients seen in the period. The feedback is outlined below.

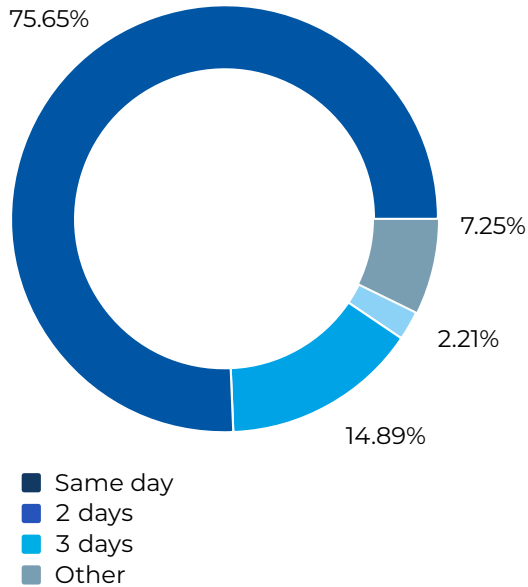
**Q1) Was the location of your appointment convenient to yourself?**



**Q2) Was the time of your appointment convenient?**



**Q3) How long did you wait from contacting your GP to be assessed in Face-to-Face clinic?**





# PARAMEDIC SERVICE



Paramedics have been an integral part of the primary care multi-professional team within general practice for many years, and their numbers have increased since 2021 with the introduction of funding via the Network Contract Directed Enhanced Service (DES).

### Education and Training Requirements

All members of the Primary Care Paramedic Team have to be 2 years post qualification before working in Primary Care, in line with Health Education England and College of Paramedics guidance. Once practicing, the Paramedics must work towards a portfolio or undertake a Masters Degree to achieve evidence of working at Level 7 or Advanced Clinical Practitioner Status.

### Quay Primary Healthcare Paramedic Team

The Primary Care Paramedic Team consists of 11 Paramedics and 2 Level 4 Emergency Care Assistants (Qualified to FREC 4). The team is managed jointly by Chris Byrne and Jan Rhodes (Lead Paramedics). We have invested extensively in the Paramedic Team who have access to high levels of equipment to enable them to fulfil their role.

### Education and Training Activity in 2022-2023

Four Paramedics are currently attending Liverpool John Moores University completing MSc Advanced Healthcare Clinical Practice, completing in 2024, with non-medical prescribing as part of the course. This is funded by Health Education England, as part of the Primary Care Advanced Clinical Practice funding commitment. One Paramedic and one ECA has completed the First Aid Awards' First Aid Instructor Training and can deliver formally accredited programmes, up to level 3. In 2023, the same people will complete the Mental Health First Aid Instructors course.

The Team Leads, in collaboration with the Medical Directors, have been conducting micro-teach sessions, as part of Paramedic core competency development. It is the intention to ask GP trainees to devise and deliver further sessions. The Paramedic team have also been involved in training for other clinicians, including sepsis for Clinical Pharmacists, Clinical Skills for Clinical Pharmacists, and Basic Life support refresher for the wider team.



### What do the Team Deliver ?

The team's work is split into four core activities:-

- **Minor Ailment Clinics** – GPs refer to these slots directly and patients are seen by a paramedic in the first instance, often requiring no re referral back to the GP.
- **Home Visits** – GPs refer to these available slots directly and the paramedic or ECA undertake home visits, acting as the 'eyes and ears of the GP'
- **Chronic Disease Reviews** – These are undertaken in clinic or at home for patients with long term conditions, such as Diabetes or Chronic Obstructive Airways Disease (COPD).
- **Urgent Response Requests** – These requests come via the GP or community rapid response team, where we can attend in fully equipped vehicles. Often we undertake these urgent requests where ambulance delays are significant and there is an opportunity to avoid hospital admission.



### The Paramedic Team

**Rear:** Stacey Wrennall, Jennifer McDermott, Chris Byrne (Team Lead) Allan McLean, Joanne Lewis  
**Front:** Abbey Cartwright, Miranda Sherlock, Jan Rhodes (Team Lead), Stephen Sherlock, Emma Orford

### Team Performance 2022-2023

From April to June 2022, the Paramedic Team continued to see patients with COVID at a hot assessment site or via a COVID home visit. The table below shows the number of patients seen by the team.

From July 2022 to March 2023 the Paramedic Team migrated to minor ailments clinics and routine home visits. The table below shows the combined activity and performance for this period. The team saw 8991 Minor Ailment patients on behalf of GPs and conducted 2027 home visits.

#### Paramedic Service

##### - Hot COVID Assessment

	Apr 22	May 22	Jun 22	TOTAL
No of COVID Face to Face Assessments	217	215	224	656
No of Home Visits Conducted	135	130	180	445

#### Paramedic Service

##### - Minor Ailments & Home Visits

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TOTAL
No of Minor Ailments Appointments	627	909	819	924	1012	1120	1225	1152	1203	8991
No of Home Visits Conducted	218	171	197	263	279	191	250	239	219	2027
No of Admission Avoidance	536	465	547	568	765	678	868	828	522	5777
No of Patients Admitted	74	69	41	69	78	66	55	58	42	552
No of Patients Cared for At Home	622	472	438	530	369	487	481	489	562	4450
No of Prescriptions Requested	372	354	335	402	418	498	545	544	631	4099
No of Prescriptions Requested, as % of Appointments	44.02%	32.78%	32.97%	33.87%	32.38%	37.99%	36.95%	39.11%	44.37%	37.16%

### Paramedics and Prescribing

Feedback from GPs has been complimentary about the service, however, one of the core issues is that paramedics must revert to the referring GP for a prescription, as they cannot prescribe. This only happened on average in 37.16 % of patient contacts. In 2023-2024 four paramedics will complete their non-medical prescribing, therefore the re referral time back to GPs will decrease significantly. Based on 2022-2023 figures, this would save GPs a total time of 20,495 minutes, (341.5 hours) based on an estimate of 5 minutes to review and prescribe. This equates to an additional 2000 plus additional 10-minute GP appointments.

### Patient Feedback on the Service

Patients were sent a survey request via text and 1765 responded to the survey, between April 2022 and March 2023. This represents a 14.56% response rate against the no of patients seen in the period. Some of the feedback is outlined on the next pages.

The paramedic service tracked its complaints and compliments from April 2022 to March 2023. This is outlined in the table below.

No of Complaints	4
No of Complaints Investigated	4
No of Complaints Upheld	0
Complaints % of Patients Seen	0.03%
No of Compliments	727
No of % of Patients Seen	6.00%

### Sample of Comments

The table (see next page) outlines some sample comments and compliments from Patients who accessed the service.

*“ lovely kind and considerate practitioner. Thank you Easier and much faster than the doctors surgery.”*

*“Would be good if they could prescribe.”*

*“Paramedic was amazing, thank you so much. I was out at ease and reassured throughout after what can only be described as a very distressing day.”*

*“Prompt and friendly staff. On time and listened to the issues and had a pleasant way with dealing with the problem.”*

*“Couldn’t fault the service the ladies I saw sorry can’t remember their names were brilliant - friendly, told me exactly what they were going to do and got a second opinion to make sure. Paramedic was brilliant in face to face appointment. Engaged my 4 Yr. old daughter really well. Did all check-ups nicely. Overall brilliant experience.”*

*“Very happy with the paramedic that I saw. She was very professional.”*

*“Person was very friendly. Caring with my son who has autism. The only issue was I wanted a double appointment for me and son my son got app at 12.30 across town and then I was expected to come back on same day at 3.30 when I mentioned it she was happy to see us both at 12.”*

*“Given very thorough examination by paramedic. Whole process went very smoothly.”*

*“The paramedic was brilliant and it was a really good service and help a mum who just needed her child checked out for her own piece of mind after a lingering illness.”*

*“The F2F went very well the paramedic was very knowledgeable and referred my case to the doctor to get me a prescription organised*

*“Very pleased with the same day appointment. The Paramedic I saw was very professional and easy to talk to. Also the follow up text from GP Surgery was informative & advised when to expect my prescription . Excellent service. Thank you.”*

*“Brilliant idea, staff were great, very thorough and knowledgeable, didn’t feel rushed.”*

*“Just a little out the way for me , no other complaints, really good quick service.”*

*“Great service, friendly staff, and best off all they were on time and was seen at my appointed time slot.”*

*“The paramedic that I saw at your doctors surgery today was very friendly, knowledgeable and I now have a dermatology referral being made as he thinks it is an immune system problem causing my periocular dermatitis. Would 100% recommend!”*



CLINICAL  
PHARMACY  
SERVICE

Clinical Pharmacists and Pharmacy Technicians have been an integral part of the primary care multi-professional team within general practice for many years, and their numbers have increased since 2021 with the introduction of funding via the Network Contract Directed Enhanced Service (DES).

## Clinical Pharmacists

Clinical Pharmacists key responsibilities	GPHC Professional Standards Framework
<p>a. work as part of a multi-disciplinary team in a patient facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas;</p> <p>b. be a prescriber, or completing training to become prescribers, and work with and alongside the general practice team;</p> <p>c. be responsible for the care management of patients with chronic diseases and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially older people, people in care homes, those with multiple co-morbidities.</p> <p>d. provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients at the PCN's practice(s) and to help in tackling inequalities;</p> <p>e. provide leadership on person-centred medicines optimisation and quality improvement, whilst contributing to the quality and outcomes framework and enhanced services;</p> <p>f. through structured medication reviews, support patients to take their medications to get the best from them, reduce waste and promote self care;</p> <p>g. have a leadership role in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload;</p>	<p><b>Pharmacy professionals must:</b></p> <ol style="list-style-type: none"> <li>1. Provide person-centred care</li> <li>2. Work in partnership with others</li> <li>3. Communicate effectively</li> <li>4. Maintain, develop and use their professional knowledge and skills</li> <li>5. Use professional judgement</li> <li>6. Behave in a professional manner</li> <li>7. Respect and maintain the person's confidentiality and privacy</li> <li>8. Speak up when they have concerns or when things go wrong</li> <li>9. Demonstrate leadership</li> </ol>

## Pharmacy Technicians

Pharmacy Technicians key responsibilities	GPHC Professional Standards Framework
<p>a. undertake patient facing and patient supporting roles to ensure effective medicines use, through shared decision-making conversations with patients;</p> <p>b. carry out medicines optimisation tasks including effective medicine, supporting medication reviews, and medicines reconciliation.</p> <p>c. support, as determined by the PCN, medication reviews and medicines reconciliation for new care home patients and synchronising medicines for patient transfers between care settings and linking with local community pharmacists.</p> <p>d. provide specialist expertise, where competent, to address both the public health and social care needs of patients, including lifestyle advice, service information, and help in tackling local health inequalities;</p> <p>e. take a central role in the clinical aspects of shared care protocols and liaising with specialist pharmacists for more complex patients;</p> <p>f. support initiatives for antimicrobial stewardship to reduce inappropriate antibiotic prescribing;</p> <p>g. assist in the delivery of medicines optimisation and management incentive schemes and patient safety audits;</p> <p>h. support the implementation of national prescribing policies and guidance within GP practices, care homes and other primary care settings. This will be achieved through undertaking clinical audits, supporting quality improvement measures and contributing to the Quality and Outcomes Framework and enhanced services;</p>	<p><b>Pharmacy professionals must:</b></p> <ol style="list-style-type: none"> <li>1. Provide person-centred care</li> <li>2. Work in partnership with others</li> <li>3. Communicate effectively</li> <li>4. Maintain, develop and use their professional knowledge and skills</li> <li>5. Use professional judgement</li> <li>6. Behave in a professional manner</li> <li>7. Respect and maintain the person's confidentiality and privacy</li> <li>8. Speak up when they have concerns or when things go wrong</li> <li>9. Demonstrate leadership</li> </ol>

## Education and Training Requirements

All members of the Primary Care Clinical Pharmacy Team must be registered with the General Pharmaceutical Council (GPhC) and enrolled in, undertaking or qualified from the Primary Care Pharmacy Educational Pathway (PCPEP). Once practicing the Pharmacists must work towards the Centre for Pharmacy Post Education pathway route to achieve evidence of working at Level 7 or Advanced Clinical Practitioner Status. This maps the four pillars of the Advanced Clinical Practitioner framework, outlined by Health Education England and detailed in the table below.

Pillars of the ACP Framework	Domains of the Clinical Pharmacist Specialist Framework
1. Clinical Practice	Domain A. Person-centred collaborative working Domain B. Investigation, assessment, advice and clinical impression or diagnosis Domain C. Condition management, treatment and prevention
2. Leadership and Management	Domain D. Leadership and management, education and research
3. Education	
4. Research	

### Quay Primary Healthcare Clinical Pharmacy Team

The Primary Care Clinical Pharmacy Team consists of 13 Pharmacists and 9 Pharmacy Technicians. The team is managed by John Campbell (Lead Pharmacist). We have invested extensively in the Clinical Pharmacy Team education and non-medical prescribing courses to enable them to fulfil their role.

### Education and Training Activity in 2022-2023

Three Pharmacists are currently attending Liverpool John Moores University, Salford and Bolton MSc Advanced Healthcare Clinical Practice, completing in 2024, with non-medical prescribing as part of the course. This is funded by Health Education England, as part of the Primary Care Advanced Clinical Practice funding commitment.

The Pharmacist team have also been involved in training and support from a variety healthcare clinicians (eg: Medical Director, GP, Lead Pharmacists, Community Diabetic Nurses, Paramedics) on topical areas on a monthly basis (eg: HRT, Sepsis, Lipids as well as more practical sessions including clinical skills training)

### What do the Team Deliver?

The team's work is split into core activities: -

#### Medication Query Clinics

– Patients are referred to these slots directly from GP Care Navigators, often not requiring any input from a GP.

#### IIF/QOF indicators

– Patient lists are provided by the Practice/PCN of patients that require SMR's, and clinics are arranged with the patients.

#### Discharge Summaries

– These are forwarded to the Pharmacy team to review and update the patient's medication records.



### Team Performance 2022-2023

Team Performance 2022-2023 From April 2022 to March 2023 the Clinical Pharmacy Team, as a whole saw 51,687 patients, 25, by Clinical Pharmacist and 26, 637 by Pharmacy Technicians. The team dealt with 30,053 medicines optimisations, conducted 20,560 medication reviews and 8,376 Structured Medication Reviews (SMR). The table below shows the combined activity and performance for the period.

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	TOTALS
Seen by Clinical Pharmacist	1378	1792	1770	1621	1983	1982	10526
Seen by Pharmacy Tech	2087	1885	1620	1884	1915	1906	11297
Meds Optimisation	1039	1843	1763	1794	1932	1927	10298
Meds Reconciliation (coded from Nov 22)	0	0	0	0	0	0	0
Meds Request (coded from Nov 22)	0	0	0	0	0	0	0
Medication Review by CP	768	934	1108	915	1185	1330	6240
Structured Medication Review	563	725	602	577	503	500	3470

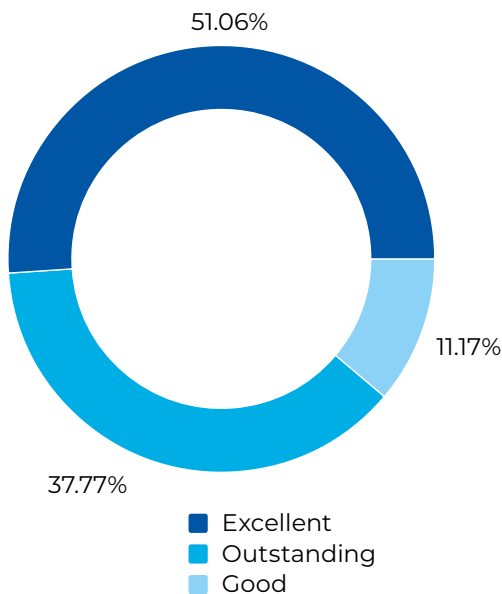
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TOTALS	ANNUAL TOTAL
Seen by Clinical Pharmacist	1924	2587	2491	2283	2377	2862	14524	25050
Seen by Pharmacy Tech	2202	2364	2224	2851	2647	3052	15340	26637
Meds Optimisation	2273	2951	3510	3845	3091	4085	19755	30053
Meds Reconciliation ( coded from Nov 22)	0	1241	955	947	973	3061	7177	7177
Meds Request (coded from Nov 22)	0	1700	1475	1631	1634	2233	8673	8673
Medication Review by PT (Coded from Nov 22)	0	288	203	205	145	167	1008	7248
Medication Review by CP	825	1208	1327	1121	1014	1577	7072	13312
Structured Medication Review	392	478	537	928	1103	1468	4906	8376



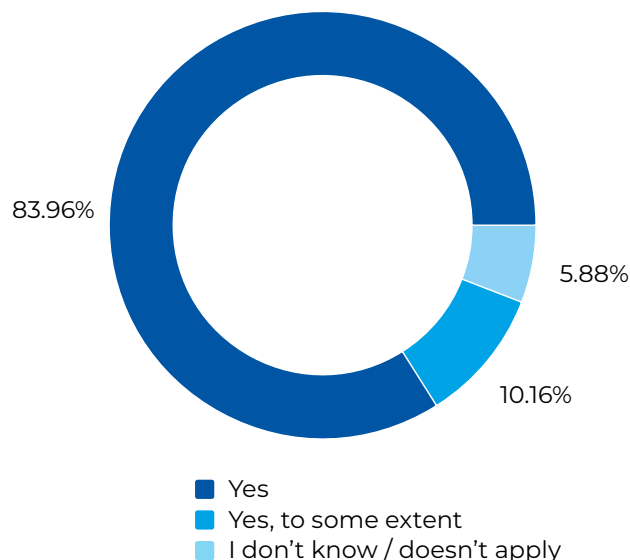
**Patient Feedback on the Service**

Patients were sent a survey request via text and 1765 responded to the survey, between April 2022 and March 2023. This represents a 14.56% response rate against the number of patients seen in the period. The feedback is outlined below.

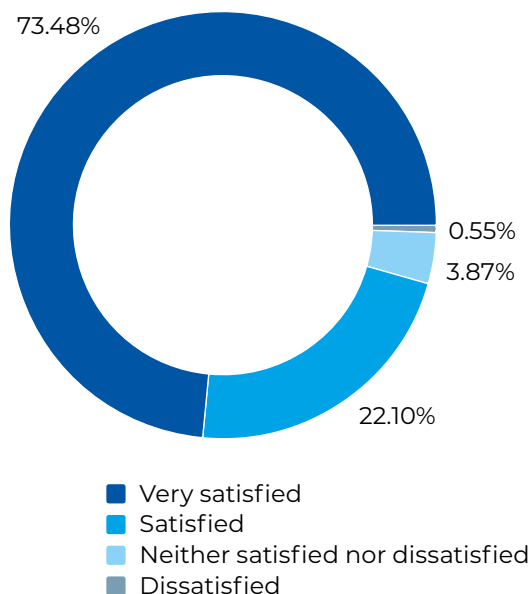
**Q1) Did the Clinical Pharmacist make you feel comfortable and at ease (ie. a friendly manner towards you)?**



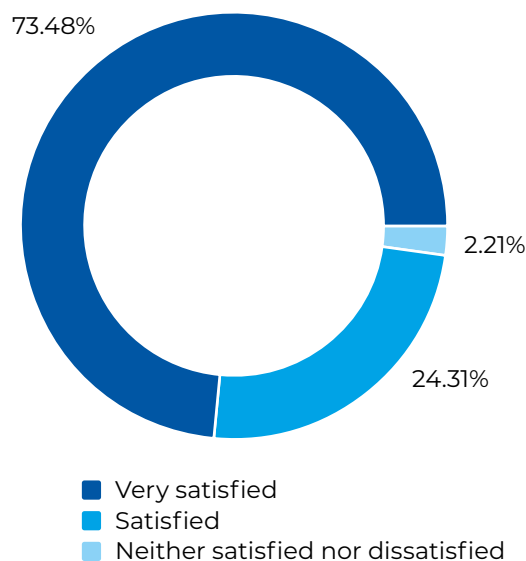
**Q2) During your last Clinical Pharmacist appointment were you involved as much as you wanted to be in the decisions about your care and treatment?**



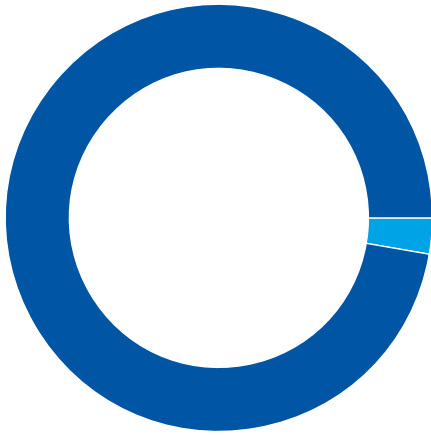
**Q3) Last time you had a Clinical Pharmacist appointment, how good was the healthcare professional at listening to you and treating you with care and concern?**



**Q4) The last time you had a Clinical Pharmacist appointment, how good was the healthcare professional at giving you enough time?**

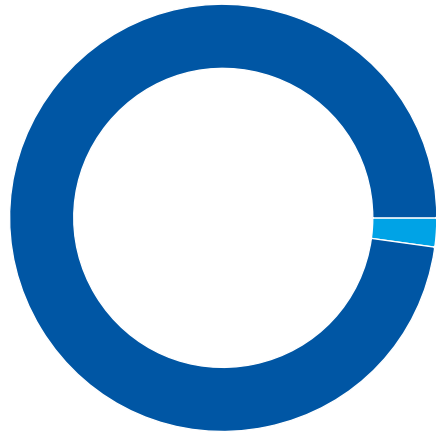


**Q5) Thinking about the reason for your last appointment, were your needs fully met?**



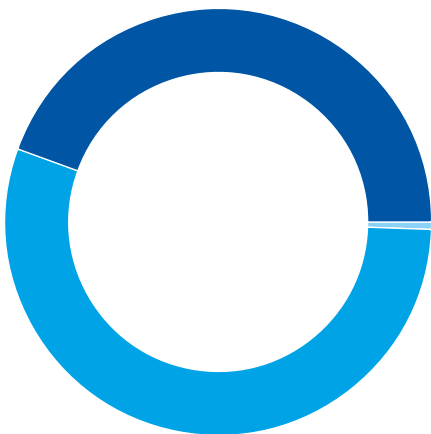
■ Yes  
■ Other (please specify)

**Q6) Thinking about your last appointment with the Clinical Pharmacist, were things explained clearly with adequate information?**



■ Yes  
■ Other (please specify)

**Q7) In your appointment did the Clinical Pharmacist make a plan of action on your future care involving you in the decision making?**

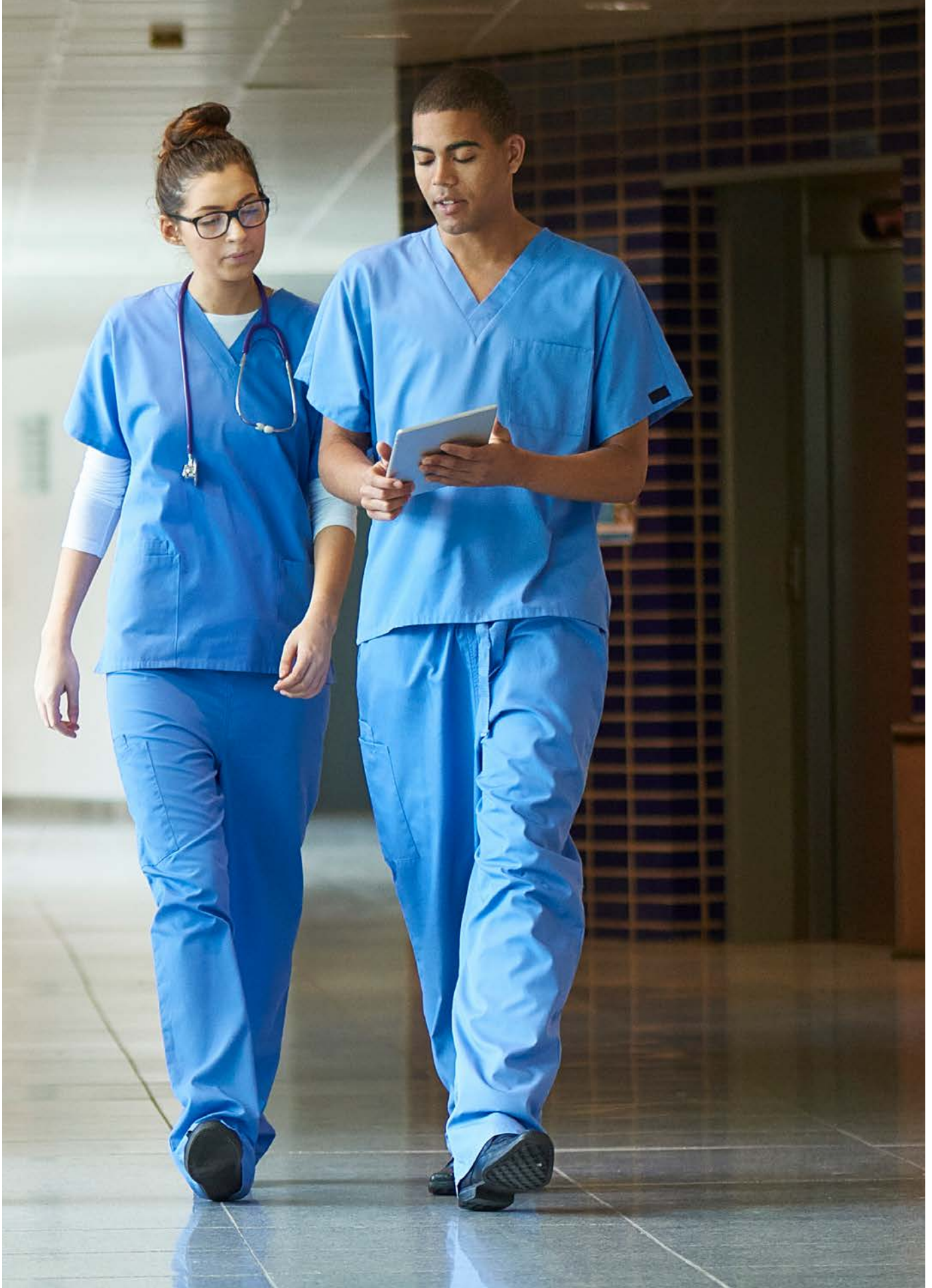


■ Exceeded expectations  
■ Met expectations  
■ Below expectations

**Q8) Overall How would you rate your consultation with your Clinical Pharmacist today?**



■ Extremely helpful  
■ Very helpful  
■ Somewhat helpful  
■ Not so helpful



A physiotherapist in light blue scrubs and a face mask is assisting an elderly male patient with grey hair and a white face mask. They are in a clinical setting, likely a gym or rehabilitation center, with a treadmill and other exercise equipment visible in the background. The physiotherapist is standing to the left, holding the patient's arm for support. The patient is leaning forward, holding onto a black handrail. A large blue circular graphic is overlaid on the bottom right of the image, containing the text.

# FIRST CONTACT PHYSIOTHERAPY SERVICE

First Contact Physiotherapists (FCP) have been an integral part of the primary care multi-professional team within general practice for many years, and their numbers have increased since 2021 with the introduction of funding via the Network Contract Directed Enhanced Service (DES). FCP’s work to the First Contact Physiotherapist in Primary Care Core Capabilities Framework which outlines their scope of practice.

Scope of Practice for Undifferentiated Musculoskeletal Pain and Disability	Core Capabilities Framework
<ul style="list-style-type: none"> <li>• To evaluate, diagnose and manage patients presenting with musculoskeletal symptoms.</li> <li>• To use advanced clinical practice skills and clinical reasoning to provide comprehensive diagnostic and treatment support to patients who present with complex musculoskeletal conditions and/or multiple pathologies and/or mental health and/or pain management needs.</li> <li>• To order relevant investigations including radiological imaging in line with IRMER regulations, and action results.</li> <li>• To order investigative blood tests to identify a range of presenting conditions relating to and unrelated to musculoskeletal pathology.</li> <li>• To identify and consider social and psychosocial needs.</li> <li>• To provide remote consultation when necessary (telephone, video etc)</li> <li>• To prescribe appropriate analgesia or direct to relevant clinician for review</li> <li>• To be the link between primary, community and acute services, when the patient is managed via primary care ensuring an integrated care pathway for individual patients that meets their needs.</li> <li>• To lead on and develop effective communication between primary care services/GP practices and other relevant care providers.</li> <li>• To initiate, develop, and maintain relationships with MDTs, orthopaedic and physiotherapy consultant teams in the community and acute settings.</li> <li>• To refer to relevant secondary care services in line with CBCT guidelines for condition management</li> </ul>	<p><b>Domain A. Person-centred collaborative working</b>                      Capability 1. Communication                      Capability 2. Person-Centred care</p> <p><b>Domain B. Investigation, assessment, advice and clinical impression or diagnosis.</b>                      Capability 3. History-taking and consultation skills                      Capability 4. Physical and mental health assessment                      Capability 5. Investigations and diagnosis</p> <p><b>Domain C. Condition management, treatment, and prevention</b>                      Capability 6. Health promotion, prevention, and lifestyle interventions.                      Capability 7. Self-management and behaviour changes                      Capability 8. Pharmacotherapy                      Capability 9. Injection Therapy                      Capability 10. Surgical Interventions                      Capability 11. Rehabilitative interventions                      Capability 12. Intervention and care planning                      Capability 13. Referrals and collaborative working</p> <p><b>Domain D. Leadership and management, education, and research</b>                      Capability 14. Evidenced-based Practice and service development</p>

### Education and Training Requirements

All members of the Primary Care FCP Team must be 5 years post qualification before working in Primary Care, in line with Health Education England, and the Chartered Society of Physiotherapists. FCP's should work towards a portfolio of evidence to align to the FCP Roadmap to Practice. Evidence of working at Level 7 is required for the Advanced Clinical Practitioner role. An MSc, or core modules aligned to e-portfolio accreditation, supports status at an advanced practice level, mapping to the core domain table, covering the four pillars of the Advanced Clinical Practitioner, framework outlined by Health Education England.

Pillars of the ACP Framework	Domains of the Paramedic Specialist Framework
1. Clinical Practice	Domain A. Person-centred collaborative working Domain B. Investigation, assessment, advice and clinical impression or diagnosis Domain C. Condition management, treatment, and prevention
2. Leadership and Management	Domain D. Leadership and management, education, and research
3. Education	
4. Research	



### Quay Primary Healthcare FCP Team

The Primary Care FCP Team consists of 10 FCP's. This includes the team lead.

Three FCPs have completed MSc Advanced Practice qualifications, and one has a Level 7 Post Graduate Advanced Practice Diploma. All four are qualified in MSK injections. A further two Band 7 FCPs are qualified injecting therapists.

Five of the six Band 7 FCPs have completed 1 or more Level 7 modules relevant to primary care management.

Within the team, there is one spinal advanced practice clinician, one lower limb advanced practice clinician, one with a bias to upper limb and one with a joint role in a secondary care pain management setting. One FCP has a special interest in Women's Health – post and pre-natal care, and men and women's pelvic health / continence.

### Ongoing Education and Training Activity in 2022-2023/24

Three FCPs are currently attending Manchester Metropolitan University MSc Advanced Healthcare Clinical Practice, completing in 2025. This is funded by Health Education England, as part of the Primary Care Advanced Clinical Practice funding commitment.

Blood Interpretation Training is planned – supported by C&M Training Hub

Rheumatology IST delivered by Consultant Rheumatologist – completed.

Continued 8a supervision of Band 7 FCP to sign off clinical based competencies for FCP Roadmap e-portfolio.

e-learning – TALCS – a time management option for learning for primary care clinicians.

## Service Evaluation

A second service evaluation is being conducted from April 2023 to June 2023 in line with the Chartered Society of Physiotherapy (CSP) guidance for FCP Service Evaluation, NHSE and DES requirements.

### 8 Primary Key Performance measures are under review

#### • Integration within the local MSK system

- Achieved through pathway development between PC and Tier 2 triage / MSK services / Orthopaedic and radiology services / and Rheumatology services.

#### • Location / team involvement within primary care MDTs.

- Achieved 85% patient appointments are F2F within PC settings / an increase from 30% F2F / 70% telephone, in 2021.
- Plan: To improve GP / MDT education on primary care MSK management / Imaging necessity in PC

#### • To create primary care capacity and wider system benefit

- Achieved – see total contacts below for PC Capacity
- Achieved – Of total seen - 18% on average are referred to Secondary care services. This has shown its impact in waiting times to OCAT triage / BPP / MSK Physiotherapy / Podiatry – being consistently at a time of approximately 4-6 weeks. Prior to FCP services the wait time to Tier 2 triage and MSK physiotherapy services at Bridgewater NHS Trust were approximately 5/12.
- Aim – To continue to reduce number of initial telephone appointments by further increase F2F – as space availability allows.

#### • To offer an advanced practice level of clinical practice

- There are currently 4 qualified AP level FCPs with in current team. 3 Training ACPs who already have clinical AP skills with injection therapy management and two are currently completing NMP.
- All have completed IRMER training and are competent to order radiological investigations.
- All can order relevant blood investigations and training is planned for Blood Interpretation funded by C&M Training Hub.
- 3 of the FCPs have completed clinical modules in Chest and Abdominal differentiation skills and provided education across the FCP team.

#### • To offer a population health approach

- Weight management referral pathway complete
- Lifestyle – exercise management pathway complete
- Frailty / Falls management pathway complete
- Smoking cessation referrals under audit
- Social Prescribing referrals under audit
- Pathways referrals for alcohol related issues complete.

#### • To offer a personalised care approach

#### • To deliver a good patient experience

- Patient questionnaires updated process of sending randomly has started – Plan to complete April to June for 3/12 (The patient responses from the last Evaluation are on the next page)

#### • To deliver a good staff experience

- Planned repeat of staff anonymous questionnaires planned as part of April to June service evaluation.

In addition, the following areas of diagnosis/ intervention are being audited to support the DES / PCN aims:

- Early diagnosis of cancer
- Auditing of MSK radiology investigation for suspicion of sinister pathology – whole spine imaging and peripheral limb imaging
- Population Health / Lifestyle management
- To reduce the use of unnecessary radiological imaging in PC
- Number of / Outcome of - referral for CES to A&E

**Team Performance 2022-2023**

Team Performance 2022-2023 From Apr 2022 to March 2023 the FCP Team saw 11,090 patients, requested 430 investigations, gave 475 patients lifestyle advice, and had 193 returning patients within 3 months, which is 1.74%. The table below shows the combined activity and performance for the period.

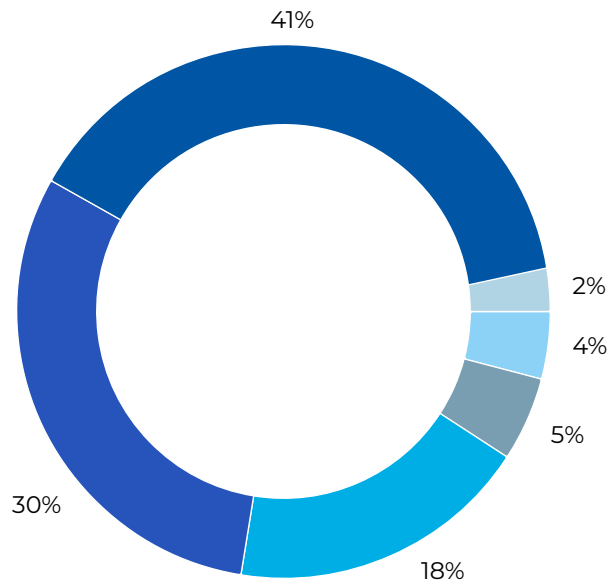
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	TOTALS
Total No of FCP Appointments	696	883	785	853	895	793	4905
Investigations Requested	25	18	26	25	35	25	154
Lifestyle Advice Given	42	44	29	39	44	33	231
Returning Patient Within 3 Months	17	10	10	10	23	12	82

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TOTALS	ANNUAL TOTAL
Total No Of FCP Appointments	894	1137	931	1073	1038	1112	6185	11090
Investigations Requested	28	49	52	55	40	52	276	430
Lifestyle Advice Given	36	39	35	44	59	31	244	475
Returning Patient Within 3 Months	16	17	12	23	16	27	111	193

**FCP Appointment Outcomes**

71 % in total were managed by the FCP. 41% of these were assessed, managed and discharged at the first point of contact and 30% after one further follow-up. 18% (n=514) referral to secondary care services. 5% (n=143) recourse to GP. 5% (n=143) recourse to GP. 5% (n=143) recourse to GP.

- Assessment by FCP and Discharge with advice and guided self-management plan
- Arranged FU x 1
- Referral to Secondary Care services
- Recourse back to GP
- DNA
- Refer to Other







### Patient Feedback on the Service

A text link to a feedback questionnaire was sent via AccuRx to a total of 390 randomly selected patients, over the three-month period. Of the total contacted, 141 patients responded, giving a response rate of 36%. The patient feedback questionnaire comprised of nine questions.

#### In Conclusion:

- 91% of patients reported confidence in the clinical ability of the FCP.
- 95% reported that they felt listened to and received sufficient information about their condition and management plan.
- 93% felt that they had enough time in their appointment.

### GP Feedback on the Service

Satisfaction scores were equally high in the GP cohort with 91% stating they were confident in the clinical ability of the FCPs. 96% of GPs did not anticipate that any risks to patient care accompanied the introduction of FCP in primary care. Of the 4% who did anticipate risk, the open comments suggested this came from the inability of the FCPs to order investigations independently which added to the workload and clinical responsibility of the GPs. This issue is being addressed within the company.

### Complaints and Compliments

The FCP service tracked its complaints and compliments from April 2022 to March 2023. This is outlined in the table below.

Complaints and Compliments	
No of Complaints	2
No of Complaints Investigated	2
No of Complaints Upheld	0
Complaints % of Patients Seen	0.02%
No of Compliments	8
No of % of Patients Seen	0.07%

The complaints received from patients have been the result of an incorrect appoint booking procedure at two different practices. The patients were accommodated in both instances. The error was addressed immediately with practice managers and administration teams to minimise repeated incidents. Compliments have not been formally recorded however they will be captured going forward.



# ADULT ADHD

## WARRINGTON ADULT ADHD PRIMARY CARE SERVICE

Our Adult ADHD Service has been working within Primary Care since 2020. We are contracted by Cheshire and Merseyside Integrated Care Board (ICB) to provide our service for patients registered with all 26 practices within Warrington. Our team consist of Consultant Nurses, GPs, Assistant Psychologists and Assistant Practitioners. Our clinicians receive specialist training and supervision from the UK Adult ADHD Network (UKAAN) and our assessment process adheres to NICE guidance.

NICE guidelines for ADHD (guideline NG87: Attention Deficit Hyperactivity Disorder: diagnosis and management)

NICE guidelines for ADHD were updated in March 2018. The guidelines provide a comprehensive approach for assessing and managing ADHD the premise of which is centred on multi-disciplinary specialist ADHD teams. As part of the recommendations, NICE recommends that diagnostic assessments should be carried out by adult mental health care professionals with training in the diagnosis and treatment of ADHD. They also suggest that routine prescribing, and physical monitoring is transferred to primary care through shared care protocols with the recommendation of once yearly reviews with a specialist service.

A consensus statement paper, written by Asherson et al (2021) details a comprehensive overview of ADHD services and how they have evolved. The paper explores ways to improve access to ADHD treatment, identifying avenues for improving provision under current constraints, and innovating provision in the longer-term. The group concluded that:

*“The relegation of adult ADHD diagnosis, treatment and monitoring to specialist tertiary and secondary services is at odds with its high prevalence and chronic course. To enable the cost-effective and at-scale access to ADHD treatment that is needed, general adult mental health and primary care must be empowered to play a key role.”*

### Quay Primary Healthcare Adult ADHD Service Team

The Team Lead came into post in November 2020 and set about designing, setting up and mobilising the service. This included setting up a shared care agreement around Shared Care prescribing developed by the CCG and Team Lead. Initially, four GPs with a specialist interest were identified and trained as part of the service. Currently there are two GPs working within the service.

By August 2021, the service had started doing assessments and taking on new cases. The service is based on the principle of delivering an ADHD service via a nurse led model within the primary care system. Assessment and diagnosis are supported by the Diagnostic Interview for ADHD in adults (DIVA), training for which is provided by UKAAN. The training provides a foundation for clinicians to carry out the assessments.



The ADHD Pilot Team was a relatively small team of people which has expanded as the service has grown. As of May 2023, the service comprised of:

- **The Team Lead – an ADHD Nurse Consultant (1 WTE)**
- **An ADHD Nurse Specialist (0.8 WTE)**
- **An ADHD Assistant Practitioner (1 WTE, 1 WTE in recruitment)**
- **An Assistant Psychologist (1 WTE),**
- **Two ADHD GPs with a Special Interest (0.2 WTE)**
- **Admin Support from a Clinical Support Officer and a Service Coordinator (0.6 WTE, 1 WTE in recruitment)**
- **Service Manager (1 WTE).**

### Education and Training Activity in 2022-2023

The ADHD Service strives to develop as a team to provide patient centred care. All of our diagnosticians are trained through the UKAAN programme, and our clinical lead is regularly supervised by the President of UKAAN, lending to the strong relationship between our two organisations. This collaboration has offered many opportunities including the development and contribution to a published paper on ADHD in Primary Care, and the involvement in developing new ADHD guidelines (which are currently awaiting approval and adoption by NICE).

The service's Assistant Practitioner is currently in her final year of study at Chester University which will allow them to develop within the non-clinical side of the service, offering more support to the clinicians in reviewing and monitoring patients through the assessment process and beyond.



### What does the Service deliver?

In essence we assess, diagnose, and treat (medically) Adult ADHD

Referrals to the service are made via the patient's registered GP. The service is available to over 18-year-olds who are registered with a GP Surgery in the Warrington area, whether they have a previous or new diagnosis.

Once referred to the service, the process is as follows:

- All referrals are triaged to the Adult ADHD team. This includes adults who have previously been treated for ADHD as children or young people and present with symptoms suggestive of continuing treatment as well as adults with no previous diagnosis.
- The ADHD team will ascertain the appropriate pathway for the patient based on a number of factors including any previous diagnosis, previous treatment plans and the patient's complexity.
- Appropriate patients are offered an initial call with the service to gather information and to set their expectations of the assessment process. During this appointment patients are presented with the assessment tools and offered support to complete them if necessary.
- The assessment itself is carried out in two parts: a pre-assessment which takes around 90 minutes to complete, followed by a diagnostic assessment which lasts around two hours. Both parts of this process will also assess and identify any comorbid mental health issues that may need to be addressed elsewhere (GP, IAPT, psychiatric services, specialist teams). If comorbid mental health issues are identified, core mental health services may need to remain involved in order to address and manage these additional needs.

- Young people transitioning from young people's services may be facilitated in this process according to any relevant care planning and in keeping with NICE guidance.

The service has procedures in place to manage each pathway and, in addition, the Standard Operating Procedure also details the Shared Care Agreement between the service and all GP Practices in Warrington (in line with the Pan Mersey Shared Care agreement individually agreed for each patient with their registered GP).

All appointments are carried out either via telephone or video unless it is deemed necessary by the clinician. Once a client has received an ADHD diagnosis, the team will establish the best form of treatment and, if agreed by the patient, begin the titration process in order to find the most appropriate medication and optimal dosage for the service user.

All of the tools used by the service are accredited and recognised to diagnose ADHD. Assessment and diagnosis processes for the service are carried out in-line with NICE Guideline NG87.

The tools used by the service to assist assessment and diagnosis are formally known as:

- Adult ADHD Self-Report Scale (ASRS-v1.1),
- Wender Utah ADHD rating scale,
- The DIVA-5 diagnostic tool for ADHD.
- Barkley Scales

The ASRS form is completed at the time of referral, whilst the DIVA-5 is used as part of the full assessment as detailed above.

The team are constantly looking to develop and improve the assessment process including exploring an update for the DIVA-5 screening tool.

### Service Performance 2022-2023

From April 2022 to March 2023 the ADHD Service has continued to provide consistent, good-quality care to an increasing number of patients. The table below shows the combined activity and performance for the period:

New Referrals	972
CDC Transition	30
Shared Care	157
Discharged	407

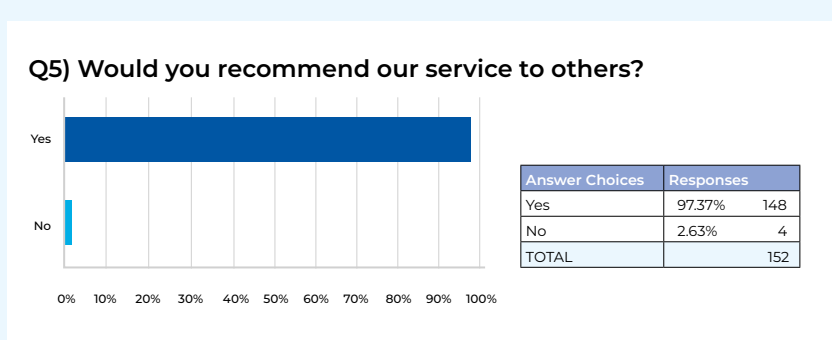
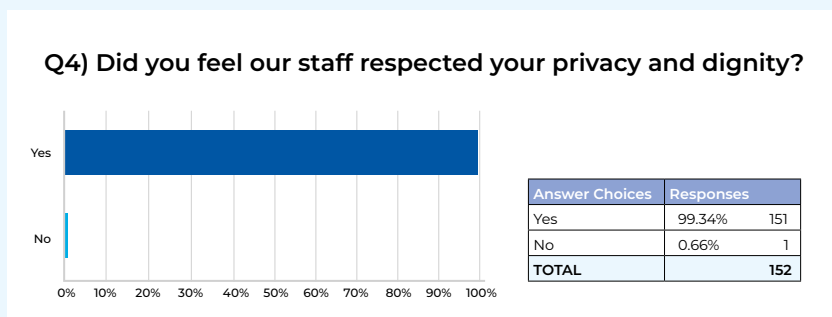
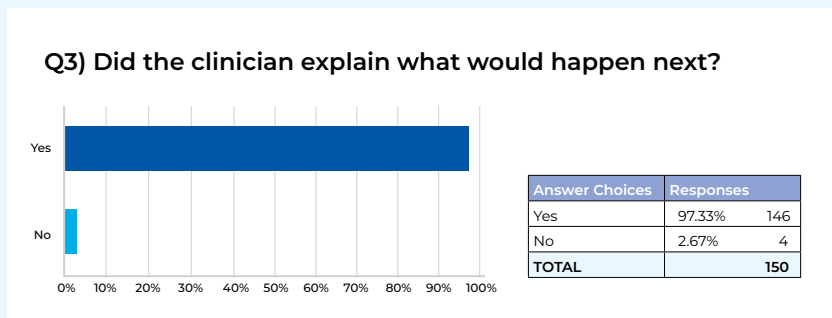
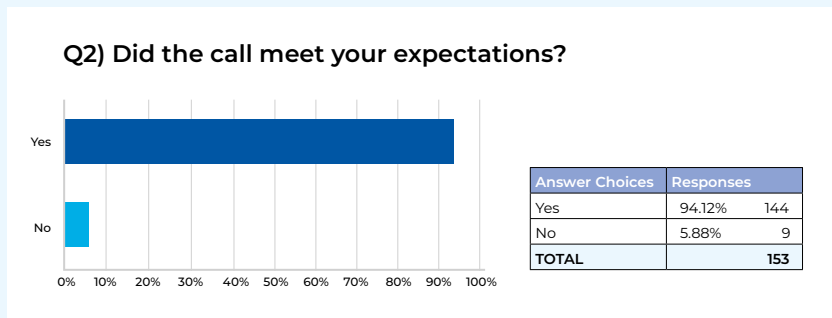
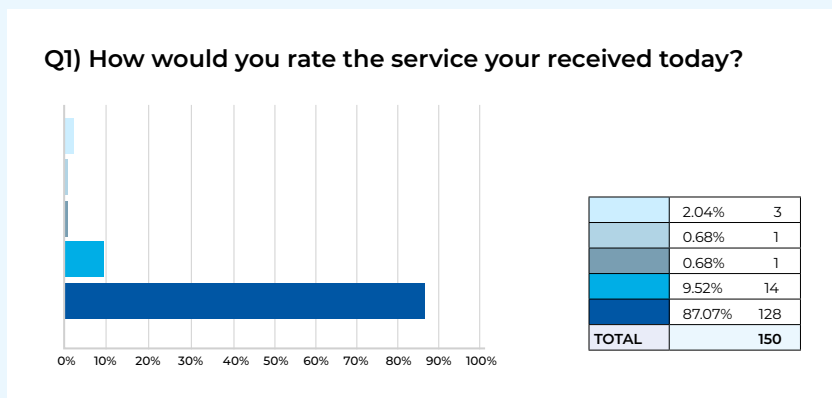
Our service produces a monthly dashboard with cumulative data from the service inception to present.

### Shared Care

Feedback from practices has been complimentary about the service, however, one of the core issues is that the titration process can be lengthy in complex cases and that the Shared Care transfer rate is much lower than the referral rate; meaning that the case load is increasing exponentially. This is before taking into consideration those requiring annual reviews after being transferred into Shared Care. Based on 2021-2022 figures when compared to the above, the number of patients transferring into Shared Care is fairly stable and indicates that an additional 160 appointments (or 160 hours of clinical time, on average) would need to be offered each year to simply balance the ongoing demand generated from this cohort alone.

### Patient Feedback on the Service

Each patient seen by the service receives a survey request via text. A total of 147 patients have responded between April 2022 and March 2023. Although a low response rate, this is expected for the cohort and likely related to their presentation. The feedback is outlined (right):



## Complaints and Compliments

The Adult ADHD Service have had no formal complaints from April 2022 to March 2023. However, common grumbles include:

A long waiting time with the service – many patients have expressed that they were not made aware of the expected waiting times at the point of referral, this has only added to their frustrations when they feel as though they have not received any contact and are advised only when contacting us directly.

A lack of information about the assessment process and what to expect – the service has recently revised the information patients receive upon referral following this feedback, which we hope will elevate some of the misunderstandings and set patient expectations right from the start.

## Sample of Comments

Some sample comments and compliments from patients who accessed the service:

*“No, I felt completely understood, I really appreciate the good service I have received so far. Thank you.”*

*“More funding to your service to reduce waiting times! 15 months since referral and not started treatment yet. It’s a horribly long time.”*

*“Great clinician, really happy with the service and support provided. Always nice to have someone on the other end who is Empathetic and understanding.”*

*“We didn’t realise this was only a first appointment and didn’t know it would not produce a diagnosis at the end. [Patient] thought she would know at the end of the call if she has ADHD or not.”*

*“No, it was a great experience and I felt heard and understood. Unusual with adult ADHD!!”*

*“None. Service has been first class and exceeded my expectations. Many thanks.”*

*“Perhaps check in with the patient before the appointment around anxieties of phone calls/ video calls/face to face. I struggle massively if it is not face to face and can be distressed with the prospect of a phone/video call.”*

*“I would like to say that the practitioner who handled my call was excellent - she was efficient and kind and that made me feel really relaxed and happy with the call.”*

*“The service needs more support so that they can help more people.”*

*“Made me feel very at ease and positive about my diagnosis which really helped after years of the negative. An important service and having someone who also has the condition was very refreshing and had such a massive impact on receiving diagnosis in the best way. Was also very, very patient.”*



CARE  
COORDINATOR  
AND HEALTH &  
WELLBEING  
COACHES

At Quay Primary Healthcare CIC we employ both Care Coordinators and Health and Wellbeing Coaches as part of the Additional Roles Reimbursement scheme. Each PCN has a differing number of these roles, according to budget and need. The table below outlines each of the roles.

	Care Coordinator	Health and Wellbeing Coaches
<b>Role summary</b>	Care coordinators identify and work with people, including the frail/elderly and those with long-term conditions, to provide coordination and navigation of care and support across health and care services.	Health and Wellbeing Coaches use health coaching skills to support people to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their own health and wellbeing goals.
<b>Regular tasks</b>	<p><b>Navigation</b> – Support in navigating the health system and connecting with the right people.</p> <p><b>Continuity of care</b> – A point of contact alongside busy clinicians.</p> <p><b>Allyship and advocacy</b> – Post appointment follow-up conversations, support in understanding health conditions, creating space to reflect on choices right for individual ensuring changing needs are addressed.</p> <p><b>Coordination</b> – Provide coordination and access to other appropriate services and support.</p> <p><b>Point of contact</b> – Can be main point of contact for care homes.</p>	<p><b>Goal setting</b> - Guide and support people with Long Term Conditions (LTCs) to set self-identified health and wellbeing goals.</p> <p><b>Behaviour change</b> – Use specialist behaviour change techniques, usually over several sessions to help people develop new behaviours and reduce others.</p> <p><b>Coaching conversations</b> – Have conversations to motivate and help patients find the confidence to take charge of their goals and wellbeing.</p>
<b>Who they help</b>	Supports those patients with multiple appointments, chronic conditions, frail/elderly, and particularly vulnerable people often with LTCs.	Supports those patients with physical and mental health conditions, and with one or more LTCs such as type 2 diabetes, COPD, or those at risk of developing a LTC.



## Key outcomes and key performance indicators

As each role focuses on different patient cohorts, across different PCNs the difference in the role and the approach does not lend itself to monitoring consistent Key Performance Indicators. The work of the roles, this year, has included:

- Transition of responsibility of Care Homes to Primary Care.
- Identifying and managing different focused patient groups, for example hypertension and Atrial Fibrillation (AF).
- Identifying and managing monitoring of patients with diabetes.
- Identifying and managing monitoring of patients with complex health issues.
- Identifying and managing monitoring of patients with serious mental illness or learning disability.
- Identifying and managing monitoring of female patients with women's health.
- Identifying and managing monitoring of patients with a diagnosis or risk of cancer.
- In one PCN, focusing on Children and Young People health and social care issues in conjunction with other statutory services.





**STAFF  
SURVEY  
2022-23**

## Opening Statement

Quay Primary Healthcare understands the importance of regularly gathering feedback from our staff to ensure that we are meeting their needs and improving our overall operations. This, our first staff survey, is based on the NHS general staff survey and we are pleased to share the results with you in the Annual Report.

Overall, we received a high response rate from our staff, with a majority expressing satisfaction with their roles within the company and feeling valued as employees. However, there were also areas where improvements could be made, and these are highlighted in the final key learning points and areas for development section.

Overall, the feedback from our staff survey has been invaluable in helping us understand the strengths and weaknesses of our organisation and identifying areas for improvement. We are grateful for the commitment and dedication of our employees and remain committed to creating a workplace that celebrates and supports their contributions.



**Mark Dyson**  
Chief Executive Officer  
Quay Primary Healthcare CIC



## Feedback & Statistics

<p><b>84%</b></p> <p>of staff reported that they always know what their responsibilities are</p>	<p><b>98%</b></p> <p>of staff feel trusted to do their job</p>	<p><b>71%</b></p> <p>of staff reported they feel there are frequent opportunities to show initiative</p>	<p><b>80%</b></p> <p>of staff feel able to make suggestions to improve the work of their team</p>	<p><b>56%</b></p> <p>of staff reported they are involved in deciding on changes that affect their work</p>
<p><b>62%</b> of staff feel they are able to make improvements happen in their area of work</p>	<p><b>64%</b></p> <p>of staff feel they are able to meet all of the conflicting demands at work</p>	<p><b>77%</b></p> <p>of staff feel they have the adequate supplies and equipment to do their job</p>	<p><b>67%</b></p> <p>of staff feel there are enough staff in the organisation for them to do their job properly</p>	<p><b>94%</b></p> <p>of staff reported they would feel secure raising concerns about unsafe clinical practice</p>
<p><b>73%</b></p> <p>of staff feel that Quay Healthcare is committed to helping them balance work and home life</p>	<p><b>75%</b></p> <p>of staff feel they achieve a good balance between work and home life</p>	<p><b>89%</b></p> <p>of staff feel their role makes a difference to patients</p>	<p><b>69%</b></p> <p>of staff feel they can approach their line manager to talk openly about flexible working</p>	<p><b>81%</b></p> <p>of staff reported they are confident that Quay Healthcare would address their concerns</p>
<p><b>71%</b></p> <p>of staff feel that the organisation offers them challenging work</p>	<p><b>52%</b></p> <p>of staff feel there are opportunities for them to develop their career at Quay Healthcare</p>	<p><b>88%</b></p> <p>of staff feel they have opportunities to improve their knowledge and skills</p>	<p><b>56%</b></p> <p>of staff feel supported to develop their potential</p>	<p><b>58%</b></p> <p>of staff feel they are able to access the right learning and development opportunities when they need to</p>
<p><b>92%</b></p> <p>of staff feel that the care of patients is Quay Healthcare's top priorities</p>	<p><b>73%</b></p> <p>of staff feel Quay Healthcare acts on concerns raised by patients</p>	<p><b>79%</b></p> <p>of staff would recommend Quay Healthcare as a place to work</p>	<p><b>81%</b></p> <p>of staff would feel safe to speak up about anything that concerns them</p>	<p><b>72%</b></p> <p>of staff would feel confident that Quay Healthcare would address their concern</p>

# Key Lessons

## Teamwork

- Some staff feel isolated and not part of an overall team. As an organisation we need to promote more effective team meetings at clinical specialty level, practice level and PCN level.
- We need to improve a sense of belonging to respective teams, whether this is at clinical specialty level, practice level or PCN level.

## Managers

- Managers need to be more empathetic and engaged with the wider workforce.
- Managers need to create links to Primary Care structures, at practice and PCN level to enable them to resolve issues effectively.
- Health and Wellbeing needs to have a core focus on 2023-2024, as well as highlighting access to the PAM assist service for Quay staff.

## Health & Wellbeing at work

- Quay needs to highlight its support schemes better, such as PAM Assist, cycle to work, salary sacrifice.
- Work related stress seems to be a key theme, and Quay will work with PAM Assist to develop better ways to reduce stress.
- Quay needs to be clear on its expectations of staff when feeling unwell and the requirement to ensure they have access to appropriate time off and support.

## Communication

- Involving staff in decisions and opportunities to make improvements in their area of work

## Recognition

- Need to enable mechanisms for recognising and valuing staff members work.

## Pay and Terms and Conditions

- There are limitations placed on Quay by NHS England and the ARRS budgets for staff. We need to implement better representation, at a National Level, to challenge core assumptions and budgets.

## Time Pressures

- As an organisation we need to monitor the work loading for individuals.

## Bullying and harassment

- Re-training will be made compulsory for 2023-2024 for all staff.

## Raising concerns

- High degree of staff report that they are confident in raising clinical concerns with Quay and that these would be addressed. Again, we promote our confidential speaking up policy.

## Respecting differences

- High degree of staff noted that Quay respects individual differences.

## Development opportunities

- A low % of staff feel they can develop at Quay and the same with number feeling that development opportunities are limited. This is in contrast to a high % of staff who feel they have opportunities to improve their knowledge and skills.

## Communication

- Quay needs to communicate its success in learning and development. 77% of staff have been provided with non-statutory occupational training since employment.
- Quay has had a focus on learning and development for the past 12 months and this will continue, 14 ARRS staff and 1 Manager, has been supported on Masters Programmes, 1 on a degree programme, 2 on level 5 diplomas, 2 level 4 qualifications and 5 level 3 qualifications.



# Next Steps

- The Board of Quay Primary Healthcare will address the key lessons learnt from the Staff survey in 2023-2024.
- In general communication from the organisation, to staff, could be improved significantly in 2023-2024 to promote health, welfare, development and training opportunities.
- Quay will discuss the results and lessons learnt from the survey with PCNS and practices to ensure that the key lessons are amalgamated into workforce development plans at practice and PCN level.



**SAFEGUARDING  
AND POLICY &  
PROCEDURES**

### Safeguarding

Quay Primary Healthcare follows the safeguarding policy provided by Warrington Place Team. Staff are aware of how to access the policy.

Quay has only had one safeguarding incident in May 2022 with an ADHD patient. The patient had a new-born baby in the house. The issue related to the patient being very angry with mood swings particularly when the baby cried. The issue was raised with the safeguarding lead who in turn raised with Warrington CCG Safeguarding lead. The issue was investigated by the Warrington Safeguarding team and was deemed not to be a risk. The case was closed.

### Policy & Procedures

All clinical governance (CG) and information governance (IG) policies have been reviewed and updated as of February 2023. All policies are within TeamNet library items and accessible to all staff. Staff that have outstanding CG or IG training have been informed and asked to complete by the end of March 2023.

There is now a policy register for CG and IG policies showing current version when reviewed and when next review is planned. Risk register and SEA/Issues log are also up to date.

Links within CG and IG policies to other policy areas have also been reviewed and updated (eg: HR policies). An update has been made to emergency family leave/compassionate leave and sickness policy. The link to these policies have all been emailed to Quay clinical leads to forward to their staff.

There were some policies on the website that were out of date, these have been updated with the latest version.



# MANAGEMENT ACCOUNTS



**It is with great pleasure that I present to you the Management Accounts for the fiscal year 2022 to 2023.**

These accounts provide a comprehensive overview of our organisation’s financial performance, enabling us to make informed decisions and budget/ chart our course for the future. Please note that these are detailed profit and loss accounts and are not the statutory accounts for 2022/23. I have also included the latest balance sheet up to and including the 30th June 2023 to ensure we convey the latest position of the company, which shows a current net asset position of £486,000 and reserves of £123,000.

Over the past year, our company has faced numerous challenges in the ever-evolving business landscape, nominally with cash flow. However, our commitment to adaptability and strategic planning has allowed us to navigate these obstacles successfully. The Management Accounts for this period highlight our resilience and progress as we strive towards achieving our organisational goals, albeit showing a modest positive variance of £43k for the year as the tax liability has been negated through the application of a write-down allowance of 133% for capital items. We are hoping for better margins in 2023-24, as we rationalise services, however, we have to balance surplus with our primary function as a not-for-profit organisation and Community Interest Company.

The Management Accounts cover all key aspects of our financial position, including revenue, expenses, assets, and liabilities. They provide detailed insights into the performance of each department and business unit, enabling us to identify areas of strength and opportunities for improvement. These accounts serve as a foundation for evaluating our financial health, formulating strategies, and ensuring that we are on track to meet our targets.

In addition to the financial figures, the Management Accounts also include opportunity for contextual information and analysis. This helps us understand the factors influencing our financial performance, such as market trends, customer behaviour, and regulatory changes. By considering these insights alongside the numbers, we gain a holistic view of our organisation’s position and can make informed decisions to capitalise on emerging opportunities.

It is crucial to acknowledge the efforts and dedication of our entire team in achieving the financial results reflected in these accounts. Our employees’ hard work, innovation, and commitment and the wider commitment by our partner Primary Care Networks have been instrumental in driving our growth and positioning us for future success. I extend my heartfelt gratitude to every member of our organisation for their invaluable contributions.

Depreciation	
Leasehold Improvements	7
Equipment	7
Furniture and Fixtures	7
Vehicles	3
Other	3

While we celebrate our accomplishments, we must remain forward-thinking and anticipate the challenges and opportunities that lie ahead. The Management Accounts will guide us in setting realistic and ambitious targets for the upcoming year. They will help us identify areas where we need to streamline operations, allocate resources more effectively, or invest in new initiatives. By leveraging the insights provided by these accounts, we can take proactive measures to improve our performance and maintain our longer term sustainability.

In conclusion, I would like to express my confidence in our collective ability to build upon the achievements of the previous year. The Management Accounts for 2022 to 2023 provide us with a solid foundation upon which we can make data-driven decisions and steer our organisation towards continued growth and success. Let us embrace the opportunities that lie before us and work together to achieve even greater outcomes in Primary Care, health care and beyond, making Warrington a beacon of excellence.

Thank you for your continued support and dedication to our organisation’s success.



**Mark Dyson**  
**Chief Executive Officer**  
**Quay Primary Healthcare CIC**

## Balance Sheet

### Quay Primary Healthcare CIC

#### As at 30th June 2023

#### Fixed Assets

<b>Tangible Assets</b>	
Furniture and Fixtures	47,760.20
Specialist Medical Equipment	28,141.00
Vehicles	48,000.00
<b>Total Tangible Assets</b>	<b>123,901.20</b>
<b>Total Fixed Assets</b>	<b>123,901.20</b>

#### Current Assets

<b>Cash at bank and in hand</b>	
CCA Account	0.00
CIC Account	436,068.00
Pharmacy Account	7.00
<b>Total Cash at bank and in hand</b>	<b>436,075.00</b>
Other debtors	24.00
PAYE and national insurance	0.00
Paypal Account (DBS Checks)	0.00
Prepayments and accrued income	0.00
Trade debtors	94,223.00
<b>Total Current Assets</b>	<b>530,322.00</b>

#### Creditors: amounts falling due within one year

Accruals and deferred income	0.00
Rounding	27.00
Trade creditors	167,884.00
<b>Total Creditors: amounts falling due within one year</b>	<b>167,911.00</b>

**Net Current Assets (Liabilities)** **362,411.00**

**Total Assets less Current Liabilities** **486,312.20**

**Net Assets** **486,312.20**

#### Capital and Reserves

Called up share capital	24.00
Current Year Earnings	43,213.00
Retained Earnings	80,668.00
<b>Total Capital and Reserves</b>	<b>123,905.00</b>

## PCN Expenditure Breakdown

- These are costs associated with running the CIC support infrastructure for Primary Care Networks

Expenses	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	FY
Breathe	£172	£172	£172	£172	£172	£172	£172	£240	£240	£240	£240	£240	£2,401
Blue Stream	£185	£185	£185	£185	£185	£185	£185	£185	£185	£185	£185	£185	£2,218
Telephone	£852	£859	£805	£742	£767	£951	£796	£662	£666	£757	£667	£751	£15,459
Mileage	£1,289	£1,193	£773	£703	£669	£1,224	£1,122	£1,088	£442	£953	£1,248	£1,063	£19,613
Lead Clinical Pharmacy Post 8b	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£22,556
Lead FCP Post 8b	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£1,880	£22,556
Paramedic consumables	£330	£225	£179	£228	£226	£257	£198	£286	£144	£313	£433	£281	£3,100
Paramedic Equipment	£17	£0	£1,737	£635	£1,932	£1,043	£0	£78	£786	£455	£455	£455	£7,593
Estates Provision (FCP & Para)	£2,400	£2,400	£2,400	£2,400	£2,760	£2,400	£2,520	£2,760	£2,400	£2,640	£2,400	£2,400	£29,880
IT & System One	£188	£188	£188	£188	£188	£188	£188	£188	£188	£188	£188	£188	£2,256
Accurx	£97	£97	£97	£97	£97	£97	£97	£97	£97	£97	£97	£97	£1,164
FCP Equipment	£0	£0	£0	£0	£997	£0	£0	£0	£0	£0	£0	£0	£997
Occupational Health	£149	£149	£149	£149	£149	£149	£149	£149	£149	£149	£149	£149	£1,787
Recruitment & DBS Fees	£180	£128	£64	£128	£64	£192	£64	£128	£64	£192	£64	£128	£1,396
Clinical Pharmacy Hub Rent	£712	£712	£712	£712	£712	£712	£712	£712	£712	£712	£712	£712	£14,240
PAYEDOC	£194	£194	£194	£194	£194	£194	£194	£194	£194	£194	£547	£458	£2,714
<b>Total Operating Expenses</b>	<b>£10,524</b>	<b>£10,261</b>	<b>£11,414</b>	<b>£10,292</b>	<b>£12,871</b>	<b>£11,523</b>	<b>£10,155</b>	<b>£10,526</b>	<b>£10,027</b>	<b>£10,834</b>	<b>£11,144</b>	<b>£10,866</b>	<b>£130,437</b>

## Profit and Loss Analysis (P&amp;L) for the year ended 31 March 2023 [£ millions]

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
<b>Profit &amp; Loss Analysis</b>						
<b>Revenue</b>						
Additional Roles Funding	£139,433	£130,854	£140,702	£132,648	£135,025	£143,921
Additional Roles Management Fees	£10,336	£10,029	£10,489	£10,012	£10,189	£11,096
ADHD Income	£17,238	£17,238	£17,238	£17,238	£17,238	£17,238
Alex Robertson Consultancy	£8,160	£8,160	£8,160	£0	£0	£0
EAS Bath St Funding	£0	£0	£30,583	£30,583	£30,583	£30,583
Enhanced Access 60 Min	£0	£0	£0	£0	£0	£0
Extended access 30 min	£0	£55,974	£55,974	£55,974	£55,974	£55,974
HEE	£15,047	£15,047	£15,047	£15,047	£15,047	£15,696
Mental Health Practitioner (HR)	£0	£1,960	£1,960	£2,002	£2,002	£2,002
PCN Support	£6,914	£3,996	£3,996	£3,996	£3,996	£3,996
Project Revenue	£0	£0	£0	£0	£0	£3,641
Training Activity Revenue	£0	£0	£0	£0	£240	£300
Training and Courses	£0	£0	£0	£0	£0	£0
Blue Light UK	£0	£0	£0	£0	£0	£0
Acute Respiratory Illness Hub	£0	£0	£0	£0	£0	£0
ARI Hub Fees	£0	£0	£0	£0	£0	£0
Other Income	£0	£0	£0	£465	£155	£311
Vaccine Centre	£0	£210	£420	£770	£2,948	£0
WAF Funding (March 2022)	£103,833	£0	£0	£0	£0	£0
Returns, Refunds, Discounts	£2,612	£5,115	£4,223	£578	£13,402	£910
<b>Total Revenue</b>	<b>£303,573</b>	<b>£248,582</b>	<b>£288,791</b>	<b>£269,312</b>	<b>£286,799</b>	<b>£285,669</b>
COGS	£0	£0	£0	£0	£0	£0
<b>Gross Profit</b>	<b>£303,573</b>	<b>£248,582</b>	<b>£288,791</b>	<b>£269,312</b>	<b>£286,799</b>	<b>£285,669</b>
<b>OPEX</b>						
<b>Financial</b>						
Accountancy	£0	£590	£0	£0	£0	£0
Bank charges	£5	£30	£12	£14	£15	£15
DBS fee	£163	£61	£61	£244	£305	£285
<b>Total Financial</b>	<b>£168</b>	<b>£681</b>	<b>£73</b>	<b>£258</b>	<b>£320</b>	<b>£500</b>
<b>Payroll Salaries &amp; Wages</b>						
Admin & Clerical - Wages and Salaries	£27,521	£35,126	£38,392	£36,134	£35,478	£40,794
ARRS roles wages & salaries	£82,689	£79,726	£86,525	£79,887	£80,980	£86,386
Salaried GP - Wages and Salaries	£2,752	£2,278	£7,438	£3,378	£2,885	£4,381
SMI wages & salaries	£796	£0	£0	£0	£0	£0
Vaccine Centre - Wages and Salaries	£0	£395	£0	£0	£0	£0
WAF Wages & Salaries	£0	£500	£0	£0	£0	£0
Extended Access - wages & salaries	£41,870	£39,263	£48,757	£46,960	£46,997	£53,821
Payroll fees	£194	£194	£194	£194	£194	£194
<b>Total Salaries &amp; Wages</b>	<b>£155,821</b>	<b>£157,481</b>	<b>£181,306</b>	<b>£166,553</b>	<b>£166,534</b>	<b>£185,577</b>
<b>Operations</b>						
ADHD - Sundries and Consumables	£291	£134	£86	£0	£512	£0
Admin & Clerical - Sundry and Consumable Supplies	£1,240	£5,482	£3,414	£4,921	£2,560	£1,248
ARRS Roles - Sundries and Consumables	£0	£0	£77	£0	£0	£0
Cleaning Services	£0	£0	£0	£0	£0	£0
Computer and Internet Expenses	£12,740	£3,149	£12,635	£1,476	£933	£1,833
Conferences and meetings	£97	£0	£174	£68	£0	£162
Consultancy fees	£16,702	£8,560	£13,760	£9,720	£11,277	£11,960
Cycle Scheme	£0	£0	£0	£0	£2,999	£0
Directors' Fees	£2,770	£5,034	£234	£2,634	£3,234	£2,634
Extended Access - sundries & consumables	£2,468	£1,718	£3,212	£1,262	£2,606	£2,380
Office Supplies	£0	£472	£0	£0	£0	£0
HP Support	£172	£172	£172	£172	£172	£172
Insurance	£69	£69	£69	£202	£202	£202
Legal & professional fees	£1,044	£311	£311	£6,193	£311	£311
Medical consumables	£958	£142	£1,225	£581	£56	£77
Motor and travel expenses	£2,149	£3,150	£1,289	£1,172	£1,115	£2,039
PAYE and National Insurance	£107,914	£59,560	£66,566	£67,780	£61,901	£0
Pension Contributions	£59,537	£32,243	£33,490	£30,422	£31,089	£36,838
PCN Service Development Funds	£1,286	£0	£0	£0	£0	£0
Printing post and stationery	£25	£179	£187	£300	£373	£281
Professional Indemnity Insurance	£100	£100	£100	£100	£100	£100
Rent rates and refuse	£1,223	£5,829	£6,611	£5,294	£5,097	£5,097
Specialist Medical Equipment	£0	£0	£0	£0	£44	£61
Spencer House Vaccine Clinics	£0	£120	£400	£96	£416	£304
Sundries and miscellaneous expenses	£656	£551	£593	£487	£1,446	£2,473
Telephone	£1,420	£1,432	£1,341	£1,237	£1,278	£1,585
Training and Courses	£1,640	£11,442	£662	£1,088	£144	£1,251
University Study Travel or Parking	£0	£0	£0	£0	£0	£3
Vehicle - Paramedic (Financing)	£0	£0	£0	£0	£963	£713
Vehicle - Repairs	£285	£104	£311	£8,827	£368	£0
WHAS - Sundries and Consumables	£882	£2,148	£315	£519	£4,616	£4,389
WHAS Project	£832	£453	£416	£0	£312	£0
<b>Total Operations</b>	<b>£216,500</b>	<b>£142,553</b>	<b>£147,650</b>	<b>£144,549</b>	<b>£134,124</b>	<b>£76,112</b>
<b>Total OPEX</b>	<b>£372,489</b>	<b>£300,716</b>	<b>£329,029</b>	<b>£311,360</b>	<b>£300,979</b>	<b>£261,989</b>
<b>Income (Before Other Expenses)</b>	<b>(£68,916)</b>	<b>(£52,134)</b>	<b>(£40,238)</b>	<b>(£42,048)</b>	<b>(£14,180)</b>	<b>£23,679</b>
<b>Other Expenses</b>						
Depreciation & Amortization	£821	£821	£821	£821	£821	£821
<b>Total Other Expenses</b>	<b>£821</b>	<b>£821</b>	<b>£821</b>	<b>£821</b>	<b>£821</b>	<b>£821</b>
<b>Net Income Before Income Tax</b>	<b>(£69,737)</b>	<b>(£52,955)</b>	<b>(£41,059)</b>	<b>(£42,869)</b>	<b>(£15,001)</b>	<b>£22,858</b>
Income Taxes	£0	£0	£0	£0	£0	£0
<b>Net Profit/Loss</b>	<b>(£69,737)</b>	<b>(£52,955)</b>	<b>(£41,059)</b>	<b>(£42,869)</b>	<b>(£15,001)</b>	<b>£22,858</b>

## Profit and Loss Analysis (P&amp;L) for the year ended 31 March 2023 [£ millions]

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Full Year
<b>Profit &amp; Loss Analysis</b>							
<b>Revenue</b>							
Additional Roles Funding	£143,215	£174,610	£220,948	£170,732	£175,760	£180,781	£1,888,631
Additional Roles Management Fees	£10,496	£13,086	£16,680	£11,501	£13,992	£11,193	£139,099
ADHD Income	£17,238	£17,238	£17,238	£17,238	£17,238	£74,131	£263,746
Alex Robertson Consultancy	£0	£0	£0	£0	£0	£0	£24,480
EAS Bath St Funding	£30,583	£30,583	£0	£0	£0	£0	£183,500
Enhanced Access 60 Min	£80,090	£80,090	£80,090	£80,090	£69,377	£77,947	£467,683
Extended access 30 min	£0	£0	£0	£0	£0	£0	£279,868
HEE	£15,696	£15,047	£15,849	£15,627	£14,472	£0	£167,618
Mental Health Practitioner (HR)	£2,002	£2,097	£2,097	£1,972	£1,972	£1,972	£22,041
PCN Support	£3,996	£3,996	£5,163	£3,996	£3,996	£3,996	£52,040
Project Revenue	£0	£0	£0	£0	£0	£0	£3,641
Training Activity Revenue	£1,194	£0	£375	£0	£0	£300	£2,409
Training and Courses	£0	£0	£0	£0	£1,344	£0	£1,344
Blue Light UK	£3,592	£3,592	£3,592	£3,592	£3,592	£3,592	£21,550
Acute Respiratory Illness Hub	£0	£0	£0	£18,374	£18,374	£0	£36,748
ARI Hub Fees	£0	£0	£0	£13,329	£0	£0	£13,329
Other Income	£0	£0	£0	£5,371	£4,626	£0	£10,928
Vaccine Centre	£0	£1,504	£0	£0	£0	£0	£5,852
WAF Funding (March 2022)	£0	£0	£0	£0	£0	£0	£103,833
Returns, Refunds, Discounts	£250	£4,023	£262	£250	£2,117	£5,071	£38,813
<b>Total Revenue</b>	<b>£308,352</b>	<b>£345,866</b>	<b>£362,294</b>	<b>£342,072</b>	<b>£326,861</b>	<b>£358,984</b>	<b>£3,727,153</b>
COGS	£0	£0	£0	£0	£0	£0	£0
<b>Gross Profit</b>	<b>£308,352</b>	<b>£345,866</b>	<b>£362,294</b>	<b>£342,072</b>	<b>£326,861</b>	<b>£358,984</b>	<b>£3,727,153</b>
<b>OPEX</b>							
<b>Financial</b>							
Accountancy	£0	£0	£0	£0	£0	£0	£590
Bank charges	£18	£15	£15	£15	£15	£15	£185
DBS fee	£183	£183	£183	£0	£61	£122	£1,852
<b>Total Financial</b>	<b>£201</b>	<b>£198</b>	<b>£198</b>	<b>£15</b>	<b>£76</b>	<b>£137</b>	<b>£2,627</b>
<b>Payroll Salaries &amp; Wages</b>							
Admin & Clerical - Wages and Salaries	£41,968	£47,039	£49,287	£46,177	£47,563	£47,810	£493,288
ARRS roles wages & salaries	£85,238	£104,091	£100,092	£104,296	£98,018	£103,745	£1,091,673
Salaried GP - Wages and Salaries	£3,335	£3,143	£3,144	£4,469	£3,745	£3,143	£44,091
SMI wages & salaries	£0	£0	£0	£0	£0	£0	£796
Vaccine Centre - Wages and Salaries	£0	£340	£0	£0	£68	£0	£803
WAF Wages & Salaries	£0	£0	£0	£0	£0	£0	£500
Extended Access - wages & salaries	£37,024	£37,266	£34,782	£38,600	£57,491	£49,125	£531,955
Payroll fees	£194	£194	£194	£194	£194	£773	£2,909
<b>Total Salaries &amp; Wages</b>	<b>£167,759</b>	<b>£192,073</b>	<b>£187,498</b>	<b>£193,737</b>	<b>£207,079</b>	<b>£204,595</b>	<b>£2,166,013</b>
<b>Operations</b>							
ADHD - Sundries and Consumables	£0	£17	£0	£0	£622	£0	£1,663
Admin & Clerical - Sundry and Consumable Supplies	£1,757	£324	£105	£477	£915	£848	£23,290
ARRS Roles - Sundries and Consumables	£0	£21	£0	£0	£0	£0	£98
Cleaning Services	£0	£0	£0	£0	£0	£0	£0
Computer and Internet Expenses	£933	£933	£933	£933	£3,564	£1,430	£41,494
Conferences and meetings	£0	£39	£0	£28	£0	£132	£701
Consultancy fees	£3,960	£10,500	£5,250	£5,188	£10,575	£8,500	£115,952
Cycle Scheme	£0	£0	£0	£0	£0	£0	£2,999
Directors' Fees	£2,634	£3,234	£2,634	£2,634	£3,234	£2,634	£33,544
Extended Access - sundries & consumables	£4,506	£4,052	£2,497	£2,958	£1,742	£1,313	£30,714
Office Supplies	£0	£0	£0	£0	£0	£0	£472
HP Support	£172	£240	£240	£240	£240	£240	£2,401
Insurance	£202	£202	£4,206	£0	£0	£0	£5,422
Legal & professional fees	£331	£1,211	£311	£311	£311	£311	£11,269
Medical consumables	£0	£392	£786	£171	£0	£1,364	£5,752
Motor and travel expenses	£1,870	£1,813	£737	£1,588	£2,080	£1,772	£20,775
PAYE and National Insurance	£65,377	£75,874	£65,335	£150	£0	£1,412	£571,870
Pension Contributions	£36,467	£42,503	£41,139	£41,544	£42,632	£0	£427,905
PCN Service Development Funds	£0	£0	£0	£0	£0	£0	£1,286
Printing post and stationery	£404	£365	£3	£348	£334	£212	£3,009
Professional Indemnity Insurance	£100	£4,861	£4,593	£4,548	£4,448	£4,448	£23,600
Rent rates and refuse	£3,871	£4,851	£4,382	£4,689	£5,210	£4,969	£57,123
Specialist Medical Equipment	£190	£0	£0	£0	£0	£0	£295
Spencer House Vaccine Clinics	£368	£520	£0	£0	£0	£0	£2,224
Sundries and miscellaneous expenses	£2,129	£2,112	£894	£255	£351	£19,844	£31,790
Telephone	£1,326	£1,103	£1,110	£1,262	£1,112	£1,252	£15,459
Training and Courses	£2,867	£160	£160	£1,522	£3,918	£375	£25,227
University Study Travel or Parking	£46	£117	£8	£152	£49	£99	£474
Vehicle - Paramedic (Financing)	£713	£713	£713	£713	£713	£713	£5,953
Vehicle - Repairs	£328	£0	£0	£0	£0	£569	£10,792
WHAS - Sundries and Consumables	£3,579	£2,927	£2,525	£2,965	£299	£3,209	£28,375
WHAS Project	£104	£0	£236	£968	£199	£0	£3,520
<b>Total Operations</b>	<b>£134,232</b>	<b>£159,085</b>	<b>£138,799</b>	<b>£73,646</b>	<b>£82,550</b>	<b>£55,646</b>	<b>£1,505,447</b>
<b>Total OPEX</b>	<b>£302,191</b>	<b>£351,357</b>	<b>£326,495</b>	<b>£267,398</b>	<b>£289,705</b>	<b>£260,378</b>	<b>£3,674,088</b>
<b>Income (Before Other Expenses)</b>	<b>£6,161</b>	<b>(£5,491)</b>	<b>£35,798</b>	<b>£74,674</b>	<b>£37,156</b>	<b>£98,605</b>	<b>£53,065</b>
<b>Other Expenses</b>							
Depreciation & Amortization	£821	£821	£821	£821	£821	£821	£9,853
<b>Total Other Expenses</b>	<b>£821</b>	<b>£821</b>	<b>£821</b>	<b>£821</b>	<b>£821</b>	<b>£821</b>	<b>£9,853</b>
<b>Net Income Before Income Tax</b>	<b>£5,340</b>	<b>(£6,312)</b>	<b>£34,977</b>	<b>£73,853</b>	<b>£36,335</b>	<b>£97,784</b>	<b>£43,213</b>
Income Taxes	£0	£0	£0	£0	£0	£8,210	£8,210
<b>Net Profit/Loss</b>	<b>£5,340</b>	<b>(£6,312)</b>	<b>£34,977</b>	<b>£73,853</b>	<b>£36,335</b>	<b>£89,574</b>	<b>£35,002</b>

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