

Company number: 09125623

# City & Hackney GP Confederation C.I.C.

Report and financial statements  
For the year ended 30 September 2022

Contents

For the year ended 30 September 2022

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## City & Hackney GP Confederation C.I.C.

### Reference and administrative details

For the year ended 30 September 2022

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**Company number** 09125623 – incorporated in the United Kingdom

**Registered office and operational address** 2<sup>nd</sup> Floor, The Lawson Practice  
85 Nuttall Street  
LONDON, N1 5HZ

**Directors** Directors who served during the year and up to the date of this report were as follows:

Russell Barnes–Heath (Director of Finance & Information)

Shabana Begum

Dr Matthew Bench (Resigned 31 March 2022)

Dr Nick Brewer

Tania Fidler

Dr Gopal Mehta

Caroline Millar (Chair)

Dr Nisha Patel

Laura Sharpe (Chief Executive Officer, resigned 31 October 2022)

**Bankers** Lloyds Bank  
SME Client Relationship Team  
4<sup>th</sup> Floor, 125 London Wall  
LONDON, EC2Y 5AS

The Co-operative Bank  
Charity, Co-operative & Social Enterprise Banking  
3<sup>rd</sup> Floor, St Paul's House, 10 Warwick Lane  
LONDON, EC4M 7BP

**Solicitors** Hempsons  
Hempsons House, 40 Villiers Street  
LONDON, WC2N 6NJ

**Auditor** Sayer Vincent LLP  
Chartered Accountants and Statutory Auditor  
Invicta House, 108–114 Golden Lane  
LONDON, EC1Y 0TL

**Directors' report**

**For the year ended 30 September 2022**

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The directors present their report and the audited financial statements for the year ended 30 September 2022.

## **City & Hackney GP Confederation CIC**

City & Hackney GP Confederation ("the Confederation") was set up in July 2014 as a Community Interest Company (CIC) with a membership of all GP practices in City and Hackney, with a total registered patient list size of 339,145 (as at 1 October 2022). The company is a not-for-profit organisation in which each of the GP practices in City and Hackney are equal shareholders. Each of the practices pays an annual membership fee to the Confederation based on the size of their registered patient list.

At the end of October 2021, Southgate Road closed, reducing the total number of practices in City and Hackney to 39. Since the Confederation was established, the total number of practices has reduced from 43 to 39, but there has been no corresponding decrease in patient list size overall, or in income to the Confederation as a result.

The purpose of the Confederation is to support member GP practices to improve quality, resilience and stability in primary care, and to develop innovative, cost-effective services that respond to the needs of local people.

The Confederation's Clinical Board (the Board) was made up of five elected GPs, elected by their peers – one of whom is elected as Chair, with the other four made up of one elected representative from each quadrant of the borough. As at 30 September 2020, Dr Deborah Colvin resigned from the post of Chair, having served in this position since the Confederation was incorporated. No GP member stood to succeed her, and so Caroline Millar, the longest serving Lay Member, was appointed as Acting Chair for an initial period of 6 months from 1 October 2020. This was extended for a further period and at the 2021 AGM, member practices agreed to amend the constitution to allow this position to be filled by someone other than a GP. A special resolution was passed on 01 December 2021 to enact this, so Caroline Millar is now the substantive Chair. Other members of the Board include an elected Practice Manager and Practice Nurse, two Lay Members (one of whom is the Chair), and an appointed Chief Executive Officer and a Director of Finance & Information. All the Board members, except the two Lay Members, are directors of the Company, i.e., there are 9 directors in total. At the year-end, (i.e., as at 30 September 2022), 8 directors were in post, with one of the GP Board member roles being vacant.

## **Key Activities and Achievements**

Over the past 12 months the Confederation was commissioned by City & Hackney Clinical Commissioning Group (CCG) and the London Borough of Hackney to deliver on a number of enhanced primary care contracts, which it delivered by sub-contracting with its member practices and supporting practices to deliver the contract requirements. Further details of these contracts are included in the Strategic Report that follows.

## Directors' report

### For the year ended 30 September 2022

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The Confederation continued to provide a Doorstep Assessment Service (DAS) and a care settings infection control service, which were first established as part of the response to the coronavirus pandemic.

The Confederation also directly provided a Stop Smoking service commissioned by the London Borough of Hackney and a Childhood Immunisation Service and Extended Access Hubs commissioned by City & Hackney Clinical Commissioning Group.

Following a procurement process, a new Stop Smoking Service contract was awarded to Whittington Health as the Lead Provider from 1 July 2018, for 3 years, with the Confederation sub-contracted by the Whittington to provide the GP Hub part of this service. A contract variation was subsequently agreed to extend this contract by a further two years, to 30 June 2023.

A summary of the Confederation's key achievements during the last 12 months of operation is reported in the Strategic Report.

## Future Plans

The Confederation continues to be an ambitious and forward-thinking organisation, and work over the coming year will continue to focus on improving and developing primary care services and ensuring that primary care is stable and resilient, and able to play an active and significant part in the development of new service models and approaches to care, especially in light of the coronavirus pandemic.

During 2017/18 the Confederation developed a 7 Year Business Strategy to cover the period of the 7 Year single contract with City & Hackney Clinical Commissioning Group (CCG), together with an Annual Business Plan setting out 9 key priorities.

This plan was refreshed and the priorities restated for the 12 months from 1 April 2022 to 31 March 2023 – to match the NHS contracting year. The plan will be further refreshed in March 2023 to realign with the Confederation's accounting period, with a significant focus on working collaboratively with the local Primary Care Networks. The current plan was agreed through consultation with member practices and formally signed-off by the Clinical Board. Its 9 key priorities are:

### **Priority 1 – Service Contract Delivery (protection of our current contract portfolio and plan for expansion of our contract portfolio)**

This priority includes assisting practices to improve performance to levels achieved before the coronavirus pandemic so that contract income is maximised and to avoid contract penalties being applied that could adversely affect all practices. It also includes working with partners in North East London on the Local Investment Services Equalisation programme to evidence the health benefits of the current contracts, and to seek to influence their continuation.

Directors' report

For the year ended 30 September 2022

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**Priority 1B – Contracts Provided Directly by the GP Confederation**

This priority focuses on high quality delivery and performance in all the services directly provided by the Confederation, namely Stop Smoking, Doorstep Assessment Service and Home Oximetry.

**Priority 2 – Develop Plans for Future Growth of the Confederation Contract Portfolio**

This priority focuses on opportunities for new contracts/enhanced services.

**Priority 3 – Confederation Board Development and Governance**

Included within this priority area are a number of actions to ensure the Confederation remains well governed, robust, sustainable and financially viable. It also includes actions to support staff development and training, better communications with member practices and compliance with various regulatory obligations.

**Priority 4 – Work with the Primary Care Networks to Deliver a Programme of Collaborative Working**

Actions in this priority area centre around working constructively with the Primary Care Network Clinical Directors and the Office of the PCNs to identify areas of joint work, avoiding duplication, providing a single voice for primary care, and optimising the strengths from both organisations.

**Priority 5 – Support the Neighbourhood Development Work**

This includes understanding and influencing the next phase of neighbourhood development to see if there is a way of the Primary Care Networks and Confederation articulating a more compelling vision together. It also includes actions to influence and contribute to the culture change programme for Neighbourhoods via the Confederation's role on the Training Hub and Workforce Enabler Board and input from our Quality Improvement and Organisational Development expertise.

**Priority 6 – Workforce Development and Workforce Training**

This area focuses on recruitment, training, development and retention of various primary care staff, including the development and promotion of career pathways, coaching and mentoring, and support networks.

**Priority 7 – Adding Value to Practices/Improvement and Resilience Support**

This priority area includes a number of initiatives to support practices to better manage capacity and demand, to provide protected learning time for practice teams, and to ensure practices can remain resilient where they are vulnerable due to their size, staffing levels, upcoming retirements, etc.

**Priority 8 – Patient Participation and Involvement of the Public**

This area supports practices to better engage with their patients and act on their feedback.

## Directors' report

For the year ended 30 September 2022

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### Priority 9 – System Contribution and Role

Actions under this priority area aim to ensure the Confederation, in partnership with the Primary Care Networks, maintains its wider system influence in respect of Primary Care.

## Statement of responsibilities of the directors

The directors are responsible for preparing the directors' annual report and the financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of City & Hackney GP Confederation CIC and its surplus or deficit for that period.

In preparing these financial statements, the directors are required to:

- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in operation

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain City & Hackney GP Confederation CIC's transactions and disclose with reasonable accuracy at any time its financial position and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of City & Hackney GP Confederation CIC and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors are responsible for the maintenance and integrity of the corporate and financial information included on City & Hackney GP Confederation CIC's website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements may differ from legislation in other jurisdictions.

Each of the directors confirms that to the best of his/her knowledge there is no information relevant to the audit of which the auditor is unaware. Each of the directors also confirms that he/she has taken all necessary steps to ensure that he/she is aware of all relevant audit information and that this information has been communicated to the auditor.

Sayer Vincent LLP was reappointed as the company's auditor during the year and has expressed its willingness to continue in that capacity.

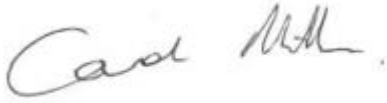
City & Hackney GP Confederation C.I.C.

Directors' report

For the year ended 30 September 2022

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Approved by the directors on 24 March 2023 and signed on their behalf by



Caroline Millar  
Chair



Russell Barnes-Heath  
Director of Finance & Information



## Strategic report

For the year ended 30 September 2022

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The directors have pleasure in presenting their strategic report for the year ended 30 September 2022.

## Strategic review

Over the past 12 months, the Confederation was commissioned by City & Hackney Clinical Commissioning Group (CCG) to deliver on a number of enhanced primary care contracts including:

- Long Term Conditions
- Proactive Care (Home Visiting and Practice Based)
- Extended Hours/Enhanced Access
- Duty Doctor
- Mental Health
- Early Years
- End of Life
- Phlebotomy
- Post-Operative Wound Care
- Community Anticoagulation
- Teledermatology
- Latent TB

The Confederation delivered on these contracts by sub-contracting with its member practices and supporting practices to deliver the contract requirements. It also sub-contracted with member practices to deliver contracts for NHS Health Checks and Sexual Health services, commissioned by the London Borough of Hackney.

The Confederation continued to provide a Doorstep Assessment Service (DAS) and a care settings infection control service, which were first established as part of the response to the coronavirus pandemic.

In addition, the Confederation directly provided a Stop Smoking service commissioned by the London Borough of Hackney and Childhood Immunisation Services and Extended Access Hubs, commissioned by City & Hackney Clinical Commissioning Group.

Key achievements during the last 12 months of operation included:

- A successful inspection by the Care Quality Commission (CQC) in May 2022 – rated Good overall and Outstanding for Leadership;
- Delivered the Extended Access contract until September 2022, and successfully transitioned the service to the Office of the Primary Care Networks to enable them to manage the contract from 1 October 2022. We offered an additional 34,566 extended hours appointments for patients over the past year, (40,718 in 2020/21), against a target of 34,569), 90% of which were delivered by GPs, against a target of 70%. Our delivery equates to 29.8 minutes per 1,000 patients per week (against a target of 30 minutes per 1,000 patients). Performance was down on the previous year due to sickness absence caused by the coronavirus pandemic;

Strategic report

For the year ended 30 September 2022

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- Exceeded delivery of the annual Stop Smoking contract target of 750 4-week quitters, achieving a total of 989 quitters for the 12-month period covered by this report, a quit rate of 132% in relation to the target;
- Developed an automated Primary Care Staff Bank for City & Hackney to support practices to fill reception, admin, health care assistant, phlebotomy, vaccination and nursing shifts;
- Managed a Protected Learning Time initiative to enable practices to close for 4 hours every quarter for whole practice teams to have protected time for reflection, learning and development;
- Managed the continuation of the Doorstep Assessment Service (DAS) and Pulse Oximetry service to support practices in relation to COVID recovery;
- Delivered Quality Improvement (QI) support to practices and Primary Care Networks, particularly in relation to delivery of QI QOF (Quality Outcomes Framework), including the development of a QI QOF toolkit for 2022/23 to support improvement work around effective prescribing of drugs of dependency and access to general practice;
- Delivered a large programme of facilitation and development support to enable practices to use the APEX Edenbridge data system to understand their demand and capacity and apply a QI approach to implement change for the benefit of both patients and the practice team;
- Evaluation of the Wellbeing Practitioner service, resulting in successfully securing the extension of funding before transferring this to the local Primary Care Networks in May 2022. The Wellbeing Practitioner service addresses the needs of very vulnerable patients with complex needs;
- Established a Primary Care Nursing Task Force and developed a work-plan to support the recruitment, training and development of Health Care Assistants, Nursing Associates and Practice Nurses in City & Hackney;
- Managed a programme of support to 22 practices to use Care Opinion to encourage patients to provide feedback about their experience of primary care services, and to enable practices to be able to respond to patient feedback and make improvements where necessary;
- Delivered two successful Coach Mentoring Programmes – one offered to all GPs working in City & Hackney and the other providing an offer of mentoring to all primary care staff working in GP practices in City & Hackney;
- Delivered a programme of training and development for practice staff including training on data protection and governance, and customer care training for reception and admin staff;

## Strategic report

### For the year ended 30 September 2022

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- Developed collaborative working with the 8 Primary Care Networks, including several joint workshops between the GP Confederation Board and the Primary Care Networks to explore opportunities for closer collaborative working and the sharing of limited resources;
- Developed a training and development plan for GP Confederation staff based on staff Personal Development Plans (PDPs), and delivered two whole organisation staff half day development sessions;
- Further embedded the community anti-coagulation service and developed a number of GP practices as anti-coagulation hubs;
- Further embedded services for Latent TB and Teledermatology;
- Achieved major health gain in the management of Long-Term Conditions, resulting in City & Hackney practices being amongst the most highly performing in the country, despite the challenges of delivery over the last 12 months as we addressed the significant health issues arising from the coronavirus pandemic.

All 39 member practices participate in the Long-Term Conditions service, overseen by the Confederation. By achieving 100% population coverage, we have achieved excellent results under the Quality and Outcome Framework (QOF), the national benchmark used to measure primary care outcomes.

Working together in this way as a Confederation has directly improved patients' outcomes as demonstrated by City and Hackney's QOF rankings when comparing key indicators before and after the Confederation was established. Up to date QOF results are not yet known and are now only provided in aggregate form across North East London but we have asked the Clinical Effectiveness Group (CEG) to try and analyse the performance that relates to City & Hackney. We expect the results overall will show good performance for North East London in many of the key clinical indicators and are confident that once again, City and Hackney will have played an important part in contributing to these results;

- Continued to contribute to the development of the Workforce Enabler Board/Training Hub in City & Hackney including hosting the Programme Management function, and successfully securing funding to support the training and development of primary care staff;
- Reduced attendances at the Primary & Urgent Care Centre (PUCC) at Homerton Hospital by providing a community post-operative wound care service at GP practices during core hours and at hub practices during the weekends. This achievement came at a critically challenging time after the Coronavirus pandemic:
  - Q3 (Oct to Dec) 2021: a 9% increase of wound care activity compared to the same period in 2020.
  - Q4 (Jan to March) 2022: a 53% increase of wound care activity compared to the same period in 2021.

## Strategic report

### For the year ended 30 September 2022

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Overall, primary care wound care attendances to the Primary Care Urgent Care Centre (PUCC) at the Homerton Hospital have significantly decreased since the contract was introduced in 2016. In 2022/23, it was agreed with the commissioner that the KPI of comparing PUCC quarterly attendances would be suspended as it no longer provided an accurate or helpful measure of success. Instead, the focus in 2022/23 is to work to increase wound care weekday appointments in GP practices.

## Principal risks and uncertainties

The Confederation has a comprehensive and systematic risk management process in place, which culminates in Risk Registers being presented to the Audit & Governance Committee on a quarterly basis for thorough review and scrutiny. Risks are then reported to the Board by exception so that any necessary remedial action can be agreed. The register includes an assessment of the risk, its likelihood and impact, the controls in place, any gaps in control, proposed actions to mitigate the risk, and updates on progress against the latter reported each quarter.

The risk profile has not changed significantly since last year although many of the risks have reduced following management intervention and the Risk Register has been redesigned to link to the Confederation's objectives as set out in its Business Plan.

## Financial review

In the 12 months ending 30 September 2022, the Confederation recorded a surplus after taxation of £85,479 (2020: a deficit of £45,727), (0.7% (2020: 0.2%) of turnover). This was better than the planned deficit of £12,838, primarily due to managing costs below income and ensuring that all new contracts made a positive contribution to the bottom line. This surplus increases the retained earnings and we still maintain a Contingency Reserve of £500k to mitigate against future risks and unforeseen costs, formerly described as an Operating Reserve. Monthly finance reports to the Board included detailed analyses of budget variances, surplus and deficit by contract/project, and detailed cash-flow statements and forecasts.

Total income for the 12 months was £15.082m (2020: £18.334m), including £9.968m (2020: £9.756m) of 'pass-through' income in relation to member practices delivering the contracts commissioned by the CCG and Local Authority. This was higher than planned due to income from new contracts exceeding the underperformance on Primary Care and the under-utilisation of some of the income held in Deferred Income compared to what was budgeted to be released in year.

Total expenditure was £14.984m (2020: £18.407m) which included £9.968m (2020: £9.756m) in relation to payments to practices for contracts commissioned by the CCG and Local Authority.

Total reserves at the year-end stand at £780.1k (2020: £694.6k) (i.e., the accumulated surplus). This will be protected and carried forward to mitigate against unknown costs or unforeseen circumstances. £500k remains earmarked as a Contingency Reserve (formerly called an Operating Reserve).

Strategic report

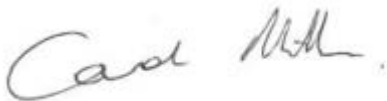
For the year ended 30 September 2022

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The balance sheet remains healthy, with net assets of £780.1k (2020: £694.6k) including a cash balance of £5.9m (2020: £4.2m).

A small deficit budget of £55k has been set for 2022/23 but this can be covered from reserves, if it materialises, in order to support key posts in the organisational structure and give a pay award to reward and retain staff. The focus is now on restoring recurrent financial balance from 2023/24. The Confederation will be updating its 7-year Business Strategy and supporting financial plan, but in addition to the agreed 2022/23 Budget, a detailed cash-flow forecast running to January 2024 shows that the organisation is financially viable and solvent. The Confederation continues to try to diversify its income base so that it is less dependent on one or two main commissioners and plans to broaden this further by winning new contracts.

Approved by the directors on 24 March 2023 and signed on their behalf by



Caroline Millar  
Chair



Russell Barnes-Heath  
Director of Finance & Information

## Independent auditor's report

To the members of

City & Hackney GP Confederation C.I.C.

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### Opinion

We have audited the financial statements of City & Hackney GP Confederation CIC (the 'company') for the year ended 30 September 2022 which comprise the statement of income and retained earnings, balance sheet, statement of cash flows and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the company's affairs as at 30 September 2022 and of its profit/loss for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on City & Hackney GP Confederation CIC's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

## Independent auditor's report

To the members of

City & Hackney GP Confederation C.I.C.

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### Other information

The other information comprises the information included in the directors' annual report, including the strategic report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the directors' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The directors' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements.

### Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' annual report and the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of directors' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

## Independent auditor's report

To the members of

City & Hackney GP Confederation C.I.C.

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### Responsibilities of directors

As explained more fully in the statement of directors' responsibilities set out in the directors' annual report, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

### Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

### Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the audit committee, which included obtaining and reviewing supporting documentation, concerning the company's policies and procedures relating to:
  - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
  - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the company operates in, focusing on those laws and regulations that had a material effect on the



## Independent auditor's report

To the members of

City & Hackney GP Confederation C.I.C.

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financial statements or that had a fundamental effect on the operations of the company from our professional and sector experience.

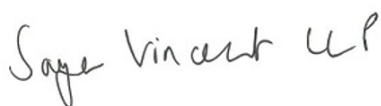
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Use of our report

This report is made solely to the company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Jonathan Orchard (Senior statutory auditor)

27 April 2023

for and on behalf of Sayer Vincent LLP, Statutory Auditor  
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

City & Hackney GP Confederation C.I.C.

Statement of income and retained earnings

For the year ended 30 September 2022

	Note	2022 Total £	2021 Total £
<b>Income</b>	2	<b>15,082,420</b>	18,334,251
<b>Expenditure on:</b>			
Direct payments to GP Practices		9,967,603	9,756,368
Staff costs	4	2,720,296	5,546,837
Project expenditure		817,969	926,431
Legal, professional and consultancy fees		552,845	463,871
COVID-19 Vaccination Programme – non pay expenditure		489,488	910,938
Office and property costs		212,469	251,841
Education and training		101,967	85,288
Medical Equipment		92,308	63,649
Other		28,853	168,587
COVID 19 Treatment Centres – non pay expenditure		-	232,905
<b>Total expenditure</b>		<b>14,983,798</b>	18,406,715
<b>Surplus/(deficit) on ordinary activities before taxation</b>	3	<b>98,622</b>	(72,464)
Taxation (charge)/credit on ordinary activities	5	(13,143)	26,737
<b>Total comprehensive income</b>		<b>85,479</b>	(45,727)
<b>Retained earnings</b>			
Retained earnings brought forward		694,634	740,361
Total comprehensive income		85,479	(45,727)
<b>Retained earnings carried forward</b>		<b>780,113</b>	694,634

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. All movements in equity are included within the statement above.

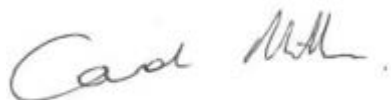
## Statement of financial position

Company no. 09125623

As at 30 September 2022

	Note	2022 £	£	2021 £	£
<b>Current assets</b>					
Debtors	6	1,663,779		2,916,084	
Cash at bank and in hand		5,850,073		4,167,909	
		<u>7,513,852</u>		<u>7,083,993</u>	
<b>Creditors: amounts falling due within one year</b>					
	7	<u>6,733,738</u>		<u>6,389,358</u>	
<b>Net current assets</b>			<b>780,114</b>		<b>694,635</b>
<b>Net assets</b>			<b>780,114</b>		<b>694,635</b>
<b>Capital and reserves</b>					
Share capital	9		1		1
Contingency Reserve		500,000		500,000	
Retained earnings		280,113		194,634	
<b>Total funds</b>	10		<b>780,114</b>		<b>694,635</b>

The financial statements were approved by the Board of Directors on 24 March 2023 and signed on their behalf:



Caroline Millar  
Chair

Statement of cash flows

For the year ended 30 September 2022

	Note	2022 £	2021 £
<b>Cash flows from operating activities:</b>			
Surplus/(deficit) on ordinary activities before taxation		98,622	(72,464)
Adjustments for:			
Interest received		(8,531)	(5,863)
Decrease/(increase) in debtors		1,243,246	(1,386,572)
Increase/(decrease) in creditors		340,296	(596,773)
<b>Cash provided by/(used in) operating activities before taxation</b>		<b>1,673,633</b>	<b>(2,061,672)</b>
Corporation tax paid		-	(13,638)
<b>Net cash provided by/(used in) operating activities</b>		<b>1,673,633</b>	<b>(2,075,310)</b>
<b>Cash flows from investing activities:</b>			
Interest received		8,531	5,863
<b>Net cash provided by investing activities</b>		<b>8,531</b>	<b>5,863</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>1,682,164</b>	<b>(2,069,447)</b>
Cash and cash equivalents at beginning of year		4,167,909	6,237,356
<b>Cash and cash equivalents at end of year</b>		<b>5,850,073</b>	<b>4,167,909</b>

Notes to the financial statements

For the year ended 30 September 2022

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**1 Accounting policies**

**a) Statutory information**

City & Hackney GP Confederation CIC is a company limited by share capital and is incorporated in England & Wales.

The registered office address is 85 Nuttall Street, London, N1 5HZ.

**b) Basis of preparation**

These financial statements have been prepared in accordance with applicable United Kingdom accounting standards, including Financial Reporting Standard 102 - 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' ('FRS 102'), and with the Companies Act 2006. The financial statements have been prepared on the historical cost basis.

**c) Going concern**

The directors consider that there are no material uncertainties about the Confederation's ability to continue as a going concern.

**d) Income**

Income represents net invoiced sales of services, exclusive of VAT.

Income is recognised when services have been delivered to customers.

**e) Interest receivable**

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the company; this is normally upon notification of the interest paid or payable by the bank.

**f) Operating leases**

Rental charges are charged on a straight line basis over the term of the lease.

**g) Property, plant and equipment**

Items of equipment are capitalised where the purchase price exceeds £4,000. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

**h) Cash at bank and in hand**

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

**i) Debtors**

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

**j) Creditors**

Short term trade creditors are measured at the transaction price.

**k) Deferred tax**

Provision is made on the liability method for all taxation deferred in respect of timing differences to the extent that, in the opinion of the directors, a liability or asset is likely to crystallise in the foreseeable future.

**l) Pensions**

Certain employees are members of the NHS Pension Scheme, a defined benefit scheme. The company makes contributions on behalf of employees who are members in accordance with the requirements of the scheme. Other than those contributions, there is no additional liability to City & Hackney GP Confederation in respect of the scheme. See details in note 12.

Notes to the financial statements

For the year ended 30 September 2022

**2 Income**

Income is attributable to the principal activity of the company.

	2022 £	2021 £
CCG funding for Primary Care contracts	8,576,053	8,231,115
Enhanced Access Project	1,536,731	1,537,789
COVID-19 Vaccination Programme	722,139	2,670,014
Summer and Winter Resilience	541,869	1,111,123
CCG – funding	381,563	392,901
Other contractual/Miscellaneous	336,162	230,529
Confederation membership fees	322,167	318,557
Primary Care at Scale/Transformation	295,902	85,898
CEPN Infrastructure	294,859	176,493
Salaried GP reimbursement	240,370	857,891
Smoking Cessation	231,588	243,540
Sexual Health	221,009	209,230
Community Anticoagulation Contract	194,911	166,904
Care Home Swabbing/Care Settings Infection Control service	163,295	122,859
Wellbeing Practitioners	142,958	256,963
Estates and Technology Transformation Fund	141,538	229,324
Roving Home Visiting Vaccination and Flu & Immunisations	133,667	-
FLU/Immunisation programme	112,889	171,595
NHS Health Checks contract	99,000	214,500
Afghan Children Immunisation project	96,292	-
Quality Improvement Programme	94,668	45,648
Demand Management contract	73,860	82,945
Co-Ordinate My Care (Avoidance of Urgent Admissions)	27,647	3,050
Patient Participation Group	18,250	2,366
GP Resilience / Practice support	15,738	26,000
Primary Care Network Programme Management Office	14,386	231,578
Co-Ordinate My Care (Frail Home Visiting)	14,304	-
Neighbourhood Projects	14,243	25,173
Bank interest	8,531	5,863
Childhood Immunisation project	8,181	58,135
HEENCEL/CEPN Schemes	7,650	17,022
COVID-19 Treatment Centres	-	609,052
Substance Misuse contract	-	194
	<b>15,082,420</b>	<b>18,334,251</b>

**3 Surplus on ordinary activities before taxation**

This is stated after charging:

	2022 £	2021 £
Directors' remuneration	210,747	256,708
Directors' reimbursed expenses	-	-
Auditor's remuneration (excluding VAT):		
Audit	12,850	12,250
Other services	-	1,000
Operating lease rentals:		
Property	40,000	40,000

## Notes to the financial statements

## For the year ended 30 September 2022

## 4 Directors' and employees' costs and emoluments

Emoluments cover salaries and employer pension contributions and are paid to directors of the company. This is shown in Note 3 as Directors' remuneration.

Staff costs (including directors) during the year were as follows:

	2022 £	2021 £
Wages and salaries	1,312,714	2,772,440
Social security costs	142,825	262,137
Pension costs	114,694	246,262
Other staff costs	864,620	752,842
Sessional work	285,443	1,513,156
	<u>2,720,296</u>	<u>5,546,837</u>
Aggregate remuneration in respect of highest paid director	<u>95,687</u>	<u>94,980</u>

The average number of employees (including directors) during the year was as follows:

	Full time equivalent		Number	
	2022	2021	2022	2021
Salaried GPs	2.11	8.80	2.83	11.17
Wellbeing Practitioners	2.88	5.84	3.50	6.75
Project Clinical Leads	.30	.40	1.00	1.00
Board members	2.37	2.24	9.25	9.00
Smoking Cessation team	2.93	3.90	3.58	4.92
Childhood Imms/Wound Care Nurses	.21	.88	.33	1.31
Covid-19 Treatment Centre staff	-	1.50	-	4.97
Covid-19 Vaccination staff	-	10.08	-	55.45
Admin/Management	12.63	15.44	15.75	17.27
	<u>23.43</u>	<u>49.08</u>	<u>36.24</u>	<u>111.84</u>

The total employee benefits (including employer's national insurance and employer's pension contributions) of the key management personnel were £557,470 (2021: £611,595).

## 5 Taxation

	2022 £	2021 £
<b>(a) Analysis of charge in period:</b>		
Current tax		
UK corporation tax on profits of the period	4,084	(29,163)
<b>Total current tax</b>	<u>4,084</u>	<u>(29,163)</u>
Deferred tax	9,059	2,426
<b>Total corporation tax recognised in profit or loss</b>	<u>13,143</u>	<u>(26,737)</u>
<b>(b) Factors affecting tax charge for the period</b>		
Profit/(deficit) before tax	98,622	(72,464)
Profit multiplied by the standard rate of UK corporation tax 19%	18,738	(13,768)
Effects of:		
Profits from mutual trading	(5,595)	(12,969)
Pension adjustment	(9,059)	(2,426)
<b>Taxation charge/(credit) for the period</b>	<u>4,084</u>	<u>(29,163)</u>
<b>Deferred taxation</b>		
	2022 £	2021 £
At 1 October	(10,200)	(12,626)
Charged to the statement of income and retained earnings	9,059	2,426
At 30 September	<u>(1,141)</u>	<u>(10,200)</u>

## Notes to the financial statements

For the year ended 30 September 2022

**6 Debtors**

	2022	2021
	£	£
Trade debtors	1,033,795	1,618,724
Accrued income	552,204	1,165,313
Prepayments	47,476	92,684
Corporation tax recoverable	29,163	29,163
Deferred tax asset	1,141	10,200
	<u>1,663,779</u>	<u>2,916,084</u>

**7 Creditors: amounts falling due within one year**

	2022	2021
	£	£
Trade creditors	1,198,487	101,833
Accruals	1,484,652	1,589,792
Prepaid income	1,049	97,951
Deferred income (note 8)	3,959,854	4,510,385
Corporation tax payable	4,084	-
VAT, PAYE & NIC	34,749	15,406
Pension contributions	50,863	73,991
	<u>6,733,738</u>	<u>6,389,358</u>

Trade Creditors includes £1,055,918 (2021: £101,812) cash held by the GP Confederation on behalf of the Primary Care Networks.



## Notes to the financial statements

For the year ended 30 September 2022

## 8 Deferred income

Income has been deferred where it has been received to meet future commitments or for contracts that specify that any under-spend must be returned or that the contract period may be extended to allow time for the under-spend to be utilised.

	2022			2021		
	£	£	£	£	£	£
Balance at the beginning of the year			<b>4,510,384</b>			4,110,557
	Deferred	Released	Change	Deferred	Released	Change
HEENCEL/CEPN Schemes	-	(49,758)	<b>(49,758)</b>	-	(17,022)	(17,022)
CEPN infrastructure	438,693	(399,242)	<b>39,451</b>	350,857	(176,493)	174,364
Quality Improvement	172,430	(94,668)	<b>77,762</b>	7,500	(45,648)	(38,148)
Childhood Immunisation	-	(13,603)	<b>(13,603)</b>	102,473	(58,135)	44,338
Demand Management Contract	-	(73,860)	<b>(73,860)</b>	-	(82,945)	(82,945)
Salaried GP Scheme	423,144	(87,266)	<b>335,878</b>	-	(318,259)	(318,259)
CMC (coordinate My Care) FHV	-	(14,304)	<b>(14,304)</b>	-	-	-
CMC (coordinate My Care) AUA	-	(27,647)	<b>(27,647)</b>	29,093	(3,050)	26,043
Clinical Pharmacy	-	(5,417)	<b>(5,417)</b>	-	-	-
GP Resilience/Practice support	250,000	(18,681)	<b>231,319</b>	53,000	(34,319)	18,681
Enhanced Access Hubs	1,089,813	(2,289,051)	<b>(1,199,238)</b>	1,498,493	(1,401,562)	96,931
Primary Care at Scale	53,000	(295,902)	<b>(242,902)</b>	352,457	(85,898)	266,559
Patient Participation Group	-	(6,625)	<b>(6,625)</b>	-	(2,366)	(2,366)
GP Nursing Leadership	25,260	(4,650)	<b>20,610</b>	-	(1,600)	(1,600)
Call and Recall Pilot	-	(49,215)	<b>(49,215)</b>	-	(318)	(318)
GP Retention	11,115	(18,421)	<b>(7,306)</b>	-	(17,185)	(17,185)
CEPN Primary Care Education	21,094	(25,121)	<b>(4,027)</b>	-	(5,120)	(5,120)
LTC Group Consultations	-	(3,326)	<b>(3,326)</b>	-	(15,909)	(15,909)
Estates and Technology Transformation Fund	-	(138,893)	<b>(138,893)</b>	207,389	(229,324)	(21,935)
Spirometry	-	(585)	<b>(585)</b>	-	-	-
Wellbeing Practitioner	116,058	(142,958)	<b>(26,900)</b>	139,874	(256,963)	(117,089)
Nursing Development	69,744	(58,705)	<b>11,039</b>	9,700	(10,503)	(803)
Sexual Health	52,327	(47,505)	<b>4,822</b>	52,327	(48,086)	4,241
Latent TB	-	-	-	-	-	-
Teledermatology	-	(24,494)	<b>(24,494)</b>	24,494	-	24,494
Additional Services	8,025	(15,796)	<b>(7,771)</b>	-	(33,952)	(33,952)
Coaching and Mentoring	94,647	(47,910)	<b>46,737</b>	-	(33,704)	(33,704)
Recruiting and Retaining Primary Care Nursing Workforce	967	(20,700)	<b>(19,733)</b>	-	(863)	(863)
GPN Fellowship	-	(56,000)	<b>(56,000)</b>	56,000	-	56,000
PCN PMO	12,551	(14,106)	<b>(1,555)</b>	327,089	(288,128)	38,961
CARE HOME SWABBING	70,000	(70,000)	-	51,363	(51,363)	-
Restoration and Recovery Planning	499,000	(536,309)	<b>(37,309)</b>	909,000	(673,562)	235,438
Covid-19 Vaccination Programme	-	-	-	73,300	(73,300)	-
Round 4 Covid	-	(74,518)	<b>(74,518)</b>	120,995	-	120,995
Summer Resilience	499,000	(443,120)	<b>55,880</b>	-	-	-
Reflective Practice Sessions	80,000	(31,541)	<b>48,459</b>	-	-	-
FLU/IMMUNISATION	551,801	(311,851)	<b>239,950</b>	-	-	-
GP Confederation staff training	14,054	(3,457)	<b>10,597</b>	-	-	-
GP PRACTICE RESILIENCE 2	200,000	(36,927)	<b>163,073</b>	-	-	-
Smoking Cessation	62,879	(34,000)	<b>28,879</b>	-	-	-
Health Checks	220,000	-	<b>220,000</b>	-	-	-
<b>Balance at the end of the year</b>			<b>3,959,854</b>			<b>4,510,384</b>

## 9 Share capital

The company's share capital at the year end was:

	2022 No.	2021 No.
£0.01 ordinary shares: Called up, allotted and fully paid	<b>39</b>	<b>40</b>

**Note:** one of the criteria for the Confederation to have access to the NHS Pension Scheme, is that it does not have any Corporate Shareholders. But NHS Pensions do allow for shares to be held by a named GP on behalf of a corporate body. The 1 practice managed by a corporate body has its share held by a named GP and the Confederation's constitution was also amended to allow an NHS Foundation Trust to hold a share. 39 shares are therefore allotted to all 39 member practices.

## Notes to the financial statements

For the year ended 30 September 2022

## 10 Reconciliation of movements on shareholders' funds

	Retained earnings £	Contingency reserve £	2022 Total £	Retained earnings £	Contingency reserve £	2021 Total £
Shareholders' funds at the start of the year	194,634	500,000	<b>694,634</b>	240,361	500,000	<b>740,361</b>
Total comprehensive income	85,479	-	<b>85,479</b>	(45,727)	-	<b>(45,727)</b>
Shareholders' funds at the end of the year	<u>280,113</u>	<u>500,000</u>	<u><b>780,113</b></u>	<u>194,634</u>	<u>500,000</u>	<u><b>694,634</b></u>

The Clinical Board and member practices have determined to earmark £500,000 of the Shareholders' funds as a Contingency Reserve, broadly based on 3 month's operating costs, in-line with good practice.

## 11 Related party transactions

Payments were made to GP practices for their delivery of the CCG primary care contracts and for being Smoking Cessation Hubs, Enhanced Access Hubs and Childhood Immunisation Hubs. Payments for property rental were also made to the Lawson Practice. These practices employ Confederation members and directors.

No other payments were made to members or directors other than for salary payments and expenses to directors for their employment with the Confederation (see Directors Emoluments, Note 3/4).

## 12 Pensions

City & Hackney GP Confederation CIC has been granted access to the NHS pension scheme, subject to the Statutory Instrument that came into effect on 01 April 2016 allowing GP practices to pension sub-contracted income, and subject to it holding appropriate contracts and having the necessary shareholding structure.

The NHS Pension Scheme is an unfunded, defined benefit, final salary scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. Contributions for employees and employers are paid to the Exchequer which in turn meets the cost of paying benefits as and when they fall due. In order to assess an appropriate contribution cost historically there has been an associated notional fund of assets deemed to be invested in UK Government stocks. As a consequence it is not possible for City & Hackney GP Confederation to identify its share of the underlying scheme. City & Hackney GP Confederation has no liability in respect of the scheme except in relation to the ongoing employer's contribution.

A full actuarial (funding) valuation is undertaken every four years and its purpose is to assess the liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers. The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from 1 April 2019 at a rate of 20.6% of pensionable pay, however NHS England continues to centrally fund this increase and so employers continue to pay at a rate of 14.38%.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case. The review of the employer cost cap assessed whether the cost control mechanism was working in line with original government objectives

The Government announced in October 2021 that the pause had been lifted, and that the cost control element of the 2016 valuations was complete. This showed that the cost gap control was within the +/-2% corridor specified by HMT regulations and so no changes to benefits or member contributions were required.

The 2020 valuation will set the employer contribution rate payable from April 2024 and test the cost of the Scheme relative to the employer cost cap and is currently in progress and will be based upon further valuation directions provided by HMT. Results will be reported in future Annual Reports of NHS Pensions.

The employer's contribution rate payable is 14.38% (2021: 14.38%) of pensionable pay with employees contributing between 5.0% and 14.5% of pensionable pay depending on their role/level of pay. The employer's contribution rate increased by 0.08% from 14.30% to 14.38% with effect from 1 April 2016 as a result of the national NHS Pensions Admin Levy.

There are 1.749 million contributors to the scheme, 1.044 million pensions in payment and 753,614 deferred pensioners (as at 31 March 2022). Net liabilities of the Scheme as at 31 March 2022 were £869.9 bn.

Employers' pension contribution costs are applied to resources expended as and when they become due. On advice from the Actuary the contribution may be varied from time to time to reflect changes in the Scheme's liabilities. The total employer contribution payable in the 12 month accounting period ending 30 September 2022 by City & Hackney GP Confederation was £194,338. The outstanding amount due to HMRC for employer's and employee's contributions at 30 September 2022 was £10,712.

Notes to the financial statements

For the year ended 30 September 2022

**12 Pensions (continued)**

The scheme is a "final salary" scheme. Following consultation in 2006, a number of changes to the NHS Pension Scheme were introduced. On 1 April 2008 a new "2008 Section" of the Scheme was set up for new joiners on or after 1 April 2008. Joiners prior to this date are in the "1995 Section". For 1995 Section members, annual pensions are based on 1/80th of the best of the last three years' pensionable pay for each year of service. For members of the 2008 section, pensions are based on 1/60th of the average of the best three consecutive years in the last ten. A lump sum normally equivalent to three years' pension is payable on retirement; for members of the 2008 section the lump sum will be a maximum of 25% of the value of their fund at retirement. Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and have historically been based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011/12, the Consumer Price Index replaced the Retail Price Index. On death, a pension of 50% of the member's pension is normally payable to the surviving spouse.

Early payment of a pension, with enhancement in some circumstances, is available to members of the Scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension (subject to certain conditions) for death after retirement, is payable.

The scheme provides the opportunity to members to increase their benefits through money purchase Additional Voluntary Contributions (AVCs) provided by an approved panel of life companies. Under the arrangement City & Hackney GP Confederation can make contributions to enhance an employee's pension benefits. The benefits payable relate directly to the value of the investments made.

A key challenge and success in previous years was the work undertaken to gain access to the NHS Pension scheme, an important benefit for both the Confederation's directly employed staff and for the Confederation's member practices in terms of the treatment of subcontracted income. There remain some residual issues around the processing of pension records for Salaried GPs but the gap in pensions relating to the period when the Confederation had a gap in access to the Scheme, was resolved with Additional Pensions being purchased for affected staff. In terms of sub-contracted income, a rule change governed by a Statutory Instrument came into effect on 01 April 2016 to allow this to be possible. These important changes were worked on with the Department of Health, NHS England and the NHS Pensions Agency and should benefit all other GP Confederations across the country.

**13 Operating lease commitments**

The Confederation had future commitments at the year end under operating leases expiring as follows:

	Property 2022 £	2021 £
Less than one year: office rental, 3 month's notice	<b>10,000</b>	10,000
	<b>10,000</b>	10,000