



**This guide is an aide memoire to support your financial systems and processes, providing information you need to be aware of in relation to items around your practice's finance.**

## **TIP ONE: Accurate list size**

The raw/weighted list size is a major factor within the calculations for practice funding. Check which is relevant to each of your payments.

## **TIP TWO: Practice expenditure**

**Staffing – one of the largest expenditures of any business including general practice**

- Have you got the correct skill mix in the practice to deliver services?
- How many GP appointments are being offered per 1000 patients and how does this compare to the various national recommendations (the current recommendation is 72 GP appointments per 1000 patients per week)?
- Make sure the practice has a policy to identify when locum staff are really needed.
- Are the partners' drawings still realistic/affordable (discuss with the practice accountant)?
- Consider if any back office functions can be shared with neighbouring practices so as to share the cost, eg, HR, call answering, locums, etc.

**Utilities, cleaning and maintenance**

- Ensure that the practice is undertaking a regular review of all utility providers and that the practice is getting the best value for money.
- If paying service charges, ensure that these are correct. This will require having a complete breakdown of all charges.
- All practice maintenance contracts should be annually reviewed, clinical (eg, vaccination fridges) and non-clinical (eg, photocopiers, scales etc) to ensure you get the best value. Avoid rolling contracts over.

**Disposables**

Review all suppliers. Do not over stock and explore sharing with other practices to secure volume discounts.

**Office stationery**

Minimise stationery held within the practice. Robust systems should ensure that stocks are low but you never run out. Again, consider sharing supplies with other practices to secure volume discounts.



## TIP THREE: Practice income

Practices need robust simple systems to track and maximise claims on all enhanced services and non-contractual work. It may help to put together an annual planner listing all Directed and Locally Commissioned Services that the practice has signed up to with deadlines for data or claims submission as appropriate for each service. This will help you track what needs to be submitted, when and to whom, to ensure that all claims are up to date.

### Core contract payments:

- **GMS** – understand the impact of the loss of MPIG. You should have planned for the year on year loss of MPIG over remaining time.
- **PMS** – practices should ensure that systems are in place to achieve all KPIs (Key Performance Indicators) at the higher level.
- **QOF** – review the previous year's results as soon as possible to help you agree actions to maximise income for the current year. Regular reviews throughout the QOF (Quality and Outcomes Framework) year will help ensure you are reaching targets.

### Enhanced service payments

Ensure a cost analysis is undertaken for each enhanced service prior to agreeing to undertake the service.

### Minor surgery

Consider the cost to the practice of this including disposable instruments, nursing and GP time.

### Travel clinic

Be aware of your contractual requirements and what travel immunisations a practice is able to charge patients for.

### Paid use of rooms

When considering the paid use of consulting rooms by non-NHS allied health professionals think about the implications on rent reimbursement from NHSE and whether it is permitted within your lease.