COVENTRY & RUGBY GP ALLIANCE LTD

STRENGTHENING PRIMARY CARE

ANNUAL REPORT 2025-2026





CONTENTS

CHAIR'S FOREWORD

The past year has brought significant changes for practices, alongside a renewed sense of purpose for Coventry & Rugby GP Alliance. The NHS 10 Year Plan continues to shape expectations for at-scale working and throughout 2025-2026, we have remained focused on supporting practices and Primary Care Networks (PCNs), ensuring that general practice continues to play a central role in the health of our communities.

I would like to acknowledge and thank Dr Jamuna Krishnarajapuram who has now stepped down from the Board. We are grateful for her contribution during her time with the Alliance, both as a Practice Director and as Chair.

Since joining the Board earlier this year, I have had the opportunity to meet many of our practices, PCN leaders and system partners. What is clear is that general practice is resilient, innovative, and determined to shape its own future. As I take on the role of Chair, my priority is to ensure that CRGPA continues to provide the stability, infrastructure, and strategic leadership needed during a period of significant system change.

The coming year will be critical. Discussions around neighbourhood and multi-neighbourhood provider models present both opportunities and risks. Our focus must be on ensuring that general practice locally retains a strong unified and credible voice, one that protects local autonomy while enabling us to influence system decisions that affect our patients and our workforce.

CRGPA's role remains clear: to deliver high quality at scale services, support PCNs and primary care, and strengthen resilience and access across the system. We will continue to operate with transparency, efficiency, and a commitment to continue to deliever value for money as we navigate the challenges and opportunities ahead.

As Chair, I aim to strengthen the connection with our constituent practices to ensure that they feel engaged and supported by their GP Federation. I also relish the chance of working alongside the dedicated and professional team we have at CRGPA and supporting them to continue to deliver the excellent services that they do.

Gavin Shields
Chair, Practice Director

1. HIGHLIGHTS FROM THE YEAR

Figures from 1st April 2025 to 31st March 2026

94%

Patients rated our service as 'Very Good' or 'Good' across our Alliance Teaching Practices

1,700+

Patients with respiratory problems treated at home

70

ARRS staff provided to 9 PCNs

£10.76m

Revenue

50

Member Practices

11,720

Paramedic Acute Visiting Service Home Visits

27,718

Primary Care Surge Hub appointments

3,492

Annual Health Checks provided to patients with a Severe Mental Illness

3,300

Admiral Nurse assessments & reviews for Carers who support patients with dementia

Good

CQC Outcome for Hodge Hill Family Practice

600+

Patients attended the DESMOND Diabetes Programme

11,045

Hours delivered with Enhanced Access

2. ABOUT COVENTRY & RUGBY GP ALLIANCE

Coventry & Rugby GP Alliance (CRGPA) is a clinically led company limited by shares. Our purpose is to enable GP practices to thrive by delivering high quality and efficient services that meet the needs of local practices, our communities, and the wider health and care system. We work in partnership with practices, Primary Care Networks (PCNs), the Integrated Care Board (ICB) and system partners to improve patient access, enhance resilience and support sustainable primary care. By operating at scale, we are able to deliver solutions that individual practices may not be able to deliver alone, while ensuring that clinical leadership and local insight remain at the heart of everything we do.

COVENTRY & RUGBY GP ALLIANCE

As an expert and trusted partner, we act as a bridge between commissioners and general practice, helping commissioners understand the pressures facing primary care and helping practices navigate an increasingly complex commissioning environment.

Our clinically led Board, elected by our shareholders, ensures that our decisions remain grounded in the realities of frontline general practice and that we are accountable to our shareholders.

Our work is guided by three core aims:

- Improving patient access through high-quality, responsive services
- Strengthening primary care resilience by supporting workforce, capacity and operational stability
- Enhancing productivity and efficiency through shared expertise, innovation and at scale delivery.

3. OUR STRATEGY AND VISION

Our Vision

To bring the best healthcare solutions and improve outcomes across Coventry and the wider areas we serve, with our patients, our staff and our partners at our core.

Our Mission

Strengthening primary care.

Our Approach

Our vision continues to strengthen the NHS by always standing on the S.I.D.E of Primary Care:

SUPPORTING	INNOVATING	DEVELOPING	ENGAGING
Supporting patients, communities GPs and the wider care system.	**Innovating to better meet the needs of general practice and the people it serves.**	**Developing high-quality responsive services.**	**Engaging with our practices, PCNs, patients and partners.**

Our Strategic Objectives

- Consistently deliver high quality, accessible, safe and effective services that have patients at the heart of them.
- Provide services and use our resources to best support and represent general practice at all levels (Practice, network/neigbourhood, Place and System).
- Work collaboratively and in partnership with others, to respond to patients' health and system needs.
- To be a sustainable and trusted provider that uses its resources effectively and appropriately, ensuring best value for money.
- Be an employer of choice with an engaged and motivated workforce that is qualified and supported to carry out their roles.

Living Our Values

Our values underpin everything we do and shape how we work with our members, partners, colleagues, and the communities we serve. They guide our decisions, our behaviours, and the way we deliver services across Coventry and warwickshire. These values are not simply statements but represent the standards that our service users, practices, and system partners can expect from us every day.

They influence how we collaborate, how we lead, and how we support general practice to thrive. By living our values consistently, we strengthen trust, demonstrate accountability, and ensure that our work remains aligned with our purpose: to support primary care at scale and enable practices to deliver the best possible care for their patients.

In 2025-2026, we gave a total of 24 awards to our staff for showcasing our values in their working day.

TRUST - We conduct ourselves in a way that builds trust amongst each other and our partners.

INTEGRITY - Everything we do is carried out in an honest and transparent way.

COLLABORATION - We work together to promote health and wellbeing to the wider community.

KINDNESS – We act with kindness and compassion towards each other, our partners, and patients.

EMPOWERMENT – We empower each other to achieve our goals and provide services that empower patients.

RESPECT – We treat each other with respect and show the same respect to our partners and patients.

4. OUR SERVICES

This section of our Annual Report outlines the range of services delivered across our network and highlights our ongoing commitment to providing high-quality, accessible, and patient-centred care. We continue to meet the evolving needs of our communities, supported by a diverse portfolio of clinical and support services. Together with our services and APMS practices, we demonstrate our focus on improving health outcomes, enhancing patient experience, and strengthening primary care provision.

Our APMS Sites

Alliance Teaching Practices:

- City of Coventry Health Centre
- Foleshill Surgery
- Stoke Aldermoor Surgery
- Broad Lane Surgery

Other APMS Sites Under Our Oversight

- Hodge Hill Family Practice
- Whitestone Surgery – January 2024 - April 2026

Our Services

- Paramedic Acute Visiting Service
- Severe Mental Illness Annual Health Checks
- Admiral Nurse Service
- DESMOND Programme
- Primary Care Surge
- Respiratory@Home
- Enhanced Access Clinics
- Primary Care Network Business Support Unit
- Additional Roles Reimbursement Scheme (ARRS) Workforce
- Primary Care Support

5. PERFORMANCE

Over the past year, continued change across the NHS and wider system has required sustained adaption. Throughout this period, our staff have demonstrated unwavering professionalism and commitment to delivering high quality patient care. CRGPA remains committed to supporting our practices and partners by providing the core infrastructure and services that underpin their work. This collaborative approach, combined with the resilience and adaptability of our teams, will be essential as primary care prepares to meet future challenges.

CRGPA monitors performance against a number of Key Performance Indicators (KPIs). The Board is presented with a Performance Report, which includes a breakdown of all KPIs, which enables them to monitor the performance of services against commissioner and best practice targets.

The following pages provide a more detailed overview of performance and achievements in 2025-2026. They demonstrate how we have continue to support patients and the wider health and care system.

Primary Care Surge

100% of planned sessions delivered;

Rapid support maintained throughout the year

Primary Care Surge continues to provide additional capacity to practices across Coventry and Warwickshire in times of need. In 2025-2026, it delivered 27,718 patient consultations. We receive continuous feedback for the service which remains very positive with practices feeling the benefit of the support offered.

"I just wanted to express my sincere appreciation for the Surge service. Over the past few weeks, we've faced some very challenging circumstances and Surge has truly been a lifeline. The support has been brilliant, and it's made a significant difference during a difficult time. Thank you so much! " ***Primary Care Surge Feedback***

Respiratory@Home

1,765 patients supported;

96% patients kept out of hospital;

Covid-related activity reduced

Respiratory@Home supports patients with respiratory exacerbations including Covid. Through this service, we continue to triage and monitor clinically vulnerable patients from across Coventry and Warwickshire. This year, this service has seen a total of 1,765 patients, and saw a 78.9% decrease in Covid-related activity from previous year.

"I wanted to say a huge thanks to everyone that helped me to feel well again. Your service was amazing and the kindness I received was wonderful." - Respiratory @ Home Patient Feedback

Severe Mental Illness Annual Health Checks

3,492 health checks delivered;

(target 3,300)

106% of annual plan achieved

100 practices engaged

"Very knowledgeable and friendly team" SMI Patient Feedback

Our SMI Healthcare Assistant Team continues to support both patients and general practice in Coventry and Warwickshire by ensuring that some of the most vulnerable patients who are at risk of poor health outcomes, can access an annual physical health check. The service has provided support to patients with understanding their physical health; providing invaluable information around their diet, health and exercise; and with signposting to other services that can help them further to help improve their health outcomes. 2025-2026 has seen further work with Coventry & Warwickshire Partnership NHS Trust, to ensure there are clear joined up pathways between those that can appropriately be seen within primary care and those that need more specialist support. The service has provided health checks to a total of 3,492 patients, equating to 2,619 additional hours of support to general practice.

Paramedic Acute Visiting Service (PAVS)

11,720 visits delivered;

100% of contracted activity achieved;

92% utilisation of appointments

100% of GP practices rated PAVS as "Very helpful"
I hope PAVS stays forever; they are great. PAVS feedback

PAVS provides same day home visits to patients within Coventry and Rugby. The service aims to provide much needed capacity for general practice, whilst helping to avoid unnecessary hospital admissions and providing a responsive service to patients. In 2025-2026, PAVS provided a total of 11,720 45-minute appointments to housebound or clinically vulnerable patients with only 11% of those then requiring admission to hospital.

This year marked an important enhancement to the service, with the introduction of acute blood sample collection during home visits. The new process enables GPs to request paramedics take bloods during the visit, supported by clear co-ordination between the GP, Paramedic and practice teams. Once collected, samples are returned to the practice in time for scheduled collections. This development has streamlined patient care, reduced delays in diagnostics and ensures patients receive timely, high-quality support in their own homes.

Admiral Nurse Service

464 new referrals accepted;

Over **3,300** Admiral Nurse assessments & reviews for carers who support patients with dementia

"My Admiral Nurse concentrated on me as a person and made me stop and think about taking time out for myself. Being able to talk to her so freely helped me to release all my emotions that I bottled up, which then enabled me to carry on. Without her I don't think I would be emotionally in the place I am now" Admiral Nurses Patient Feedback

The Admiral Nurse service delivers much needed support to carers at their most vulnerable times while caring for a loved one with dementia. The service provides regular contact and support and onward referrals and direction where appropriate, over an average of 12-weeks, ensuring that carers are supported to be able to care for the person with dementia.

A total of 324 carers were supported this year, with over 3,300 new assessments and reviews completed. In addition, 793 professionals and carers received training to enhance their ability to support carers and people with dementia in the future.

DESMOND Self-Management Programme For Diabetes

607 attendances;

101% of annual plan delivered

The DESMOND service provides a 6-hour structured self-management diabetes education Programme, designed to allow patients to find out more about their Type 2 Diabetes and how to manage it. Over the last 12 months, we have tailored the sessions, flexing the service when needed and reducing sessions over the quieter months. This year the DESMOND service has provided its educational programme to over 600 patients.

Enhanced Access Service

100% of contractual requirements achieved

Enhanced Access continues to provide out-of-hours appointment capacity to PCNs, with CRGPA delivering evening and weekend clinics for five PCNs across Coventry and Warwickshire North. During 2025-2026, the service expanded its workforce skill mix to include First Contact Physiotherapists and added spirometry and contraception specialist clinics, helping all commissioned services meet or exceed their 2025–2026 targets. Across both administrative and clinical teams, staff have consistently demonstrated professionalism and a strong commitment to delivering high- quality patient care.

One of the big success stories has been the increase in appointment utilisation. Working together with practices and PCNs, we have seen a significant increase in appointment uptake this year.

PCN Business Support Unit

In 2025-2026, the PCN Business Support Unit saw its sixth year of operation, delivering critical operational, financial, and workforce support to PCNs. Its core mission is to provide infrastructure which relieves practices of growing administrative burdens, allowing them to focus on patient care.

In response to evolving NHS reforms and the extended Network Directed Enhanced Service (DES) contract, the BSU has strengthened its offer. Despite static Additional Roles Reimbursement Scheme (ARRS) funding, it continues to help PCNs meet contractual demands and adapt to national changes. Our Platinum Service supports four PCNs comprehensively, while recruitment and workforce services extend to an additional four PCNs across Coventry and Warwickshire North, showcasing scalability.

Recent strategic support includes:

- Winter Pressures: planning, resource deployment, and fund management.
- Capacity and access improvement payment (CAIP) / Development Funds: Scheme delivery, financial oversight, and reporting.
- Ongoing reporting and delivery of the ICB ‘Big Return’ information.
- Submission and claiming of all ARRS funding.

As a result, all Platinum PCNs achieved 100% of Investment and Impact Fund (IIF) points and fully utilised funding allocations. Recognising ongoing general practice pressures, the BSU remains committed to innovation and responsive service improvements to support PCNs in a dynamic healthcare landscape.

Practice Support Offer

Our clinical coding training for practice staff has continued and practices have also taken advantage of our offer to provide day to day clinical coding and reception / admin cover, to help provide support during staff absences.

ARRS Workforce

CRGPA are proud of the ARRS staff we employ. We have been supporting 8 PCNs in Coventry and Warwickshire North. With a workforce of around 70 Whole Time Equivalent (WTE) that are supported by our ARRS leads and the PCNS they work for, these include Clinical Pharmacists, Pharmacy Technicians, Physicians Associates, Paramedics, First Contact Physiotherapists, Social Prescribing Link Workers, Health and Well being Coaches and Care Co-ordinators.

ARRS Highlights - Personalised Care Team

The Personalised Care Team has been instrumental in launching new programmes throughout 2025–2026, designed to strengthen practice engagement and deliver more personalised care for patients. These include working in partnership with HJP and the Work Well pilot.

Work Well

The Work Well Programme is a government funded employment initiative designed to help individuals remain in work when they are experiencing challenges that may impact their ability to do so. These challenges can include workplace changes, difficult relationships, personal circumstances, and both physical and mental health concerns.

During 2025–2026, three PCNs - Central, Go West and Skyward - participated in a nine-month pilot which ran till 31st March 2026. As part of the pilot, patients receiving a MED3 (fit note) were proactively contacted by a member of the Social Prescribing Team to discuss the Work Well offer, explore whether a referral would be beneficial, and provide social prescribing support where needed. This approach has strengthened early intervention, improved access to personalised support, and enhanced the integration of employment related wellbeing within primary care.

Working in collaboration with Health Justice Partnership (HJP)

Through our ARRS-funded Social Prescribing teams, CRGPA continues to support PCNs in addressing issues that can have a significant impact on patients' health and well being, including housing, benefits, debt, social care and employment matters. This included working with the local Health Justice Partnership, who - in partnership with central England Law Centre - provide a fast-track route for patients referred through Social Prescribing Link Workers, enabling them to access timely advice and support before problems escalate.

During 2024-2025 and 2025-2026, the service has supported 546 patients, securing over £1.2 million in additional income, benefits and entitlements for local households. The partnership has also demonstrated a positive impact on primary care demand, with 51% of patients requiring fewer GP appointments in the six months after receiving support. The service continues to play an important role in addressing the wider determinants of health and improving outcomes for some of our most vulnerable patient groups.

546 patients supported
£1.2m secured
51% fewer GP appointments
£6.58 Return on Investment

Alliance Teaching Practices (ATP)

During 2025-2026, CRGPA continued operating ATP with the contract entering its fifth year. Our ATP Nurses achieved 3rd place at the Coventry and Warwickshire Training Hub Gill Schweigert Awards for their Development programme, ‘Nurses New to General Practice’. This Programme is designed to address the growing gap between experienced practice nurses approaching retirement and those newly entering general practice. It tackles key challenges such as the difficulty many newly qualified nurses and nursing associates face when transitioning into primary care, the disconnect between academic training and real-world readiness, and the increasing system wide demand for skilled practitioners. Through inclusive pathways, structured development, hands on experience and strong mentorship, the programme is helping to build a sustainable, confident and a future-ready nursing workforce, an achievement that reflects both innovation and our commitment to strengthening general practice for the long term.

Hodge Hill Family Practice

During 2025-2026, CRGPA continued to deliver care from the Hodge Hill Family Practice located in Birmingham, entering its second year of the contract. This year also brought significant developments, including the appointment of a GP clinical lead who undertook a comprehensive review of the practices systems, to enhance the quality of care for patients and strengthen support for staff. In addition, we implemented 'Online Total Triage' to ensure patients receive timely access to the most appropriate clinician.

The practice was inspected by CQC in March 2026 and received an overall 'Good' rating in all five key domains, an important endorsement of the work being undertaken and the commitment of the team delivering safe, effective and compassionate care.

HODGE HILL
FAMILY PRACTICE

Whitestone Surgery

During 2025–2026, Coventry & Rugby GP Alliance continued to work closely with Coventry and Warwickshire ICB to support system resilience following the regulatory action affecting Whitestone Surgery in Nuneaton. After the Care Quality Commission cancelled the practice's registration, the ICB undertook a full review of future options and confirmed that Whitestone Surgery would close on 24th April 2026. As caretaker, between January 2024 to April 2026, up until the practice's closure, CRGPA played an important role maintaining care for patients during this transition period.

In March 2026, CRGPA provided extra support to assist patients with re-registration to new practices, and continued to provide co-ordination, communication, support and assurance to ensure no patient was left without access to GP services. This highlighted the importance of strong system collaboration, and the Alliance remains committed to supporting healthcare systems through periods of change to maintain safe, high quality patient care for the populations we serve.

whitestone
SURGERY
the patient first and always

6. FINANCE

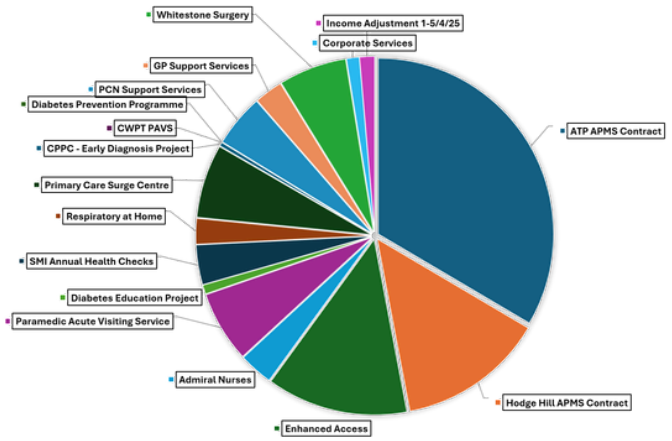
Our Income

CRGPA received income totalling £10.76m to 31st March 2026 (£10.6m after considering the prior year adjustment due to the extension of the 2024-2025 financial year to 5th April 2025). This is compared to income of £10.66m in 2024-2025, an increase of 1%. This has predominately resulted from the release of prior year income provisions, additional income from the Hodge Hill Family Practice APMS contract, and additional income from the Whitestone Surgery due to an extension to the caretaker contract.

There is an income adjustment to account for the change in the financial year for 2024-2025 ending 5th April 2025. The income was included in the 2024-2025 financial year end and therefore required a reversal in 2025-2026, where the financial year end is 31st March 2026.

A breakdown of our income is shown in the table below:

Service	Source	£'000	%
ATP APMS Contract	Coventry & Warwickshire ICB/PCSE	3,651	34%
Hodge Hill APMS Contract	Birmingham & Solihill ICB/PCSE	1,476	14%
Enhanced Access	Primary Care Networks	1,420	13%
Admiral Nurses	Coventry & Warwickshire ICB	343	3%
Paramedic Acute Visiting Service	Coventry & Warwickshire ICB	716	7%
Diabetes Education Project	Coventry & Warwickshire ICB	91	1%
SMI Annual Health Checks	Coventry & Warwickshire ICB	399	4%
Respiratory at Home	Coventry & Warwickshire ICB	257	2%
Primary Care Surge Centre	Coventry & Warwickshire ICB	739	7%
CPPC - Early Diagnosis Project	Coventry & Warwickshire ICB	40	0%
CWPT PAVS	Coventry & Warwickshire Partnership Trust	-	0%
PCN Support Services	Primary Care Networks	528	5%
GP Support Services	Coventry & Warwickshire ICB	285	3%
Whitestone Surgery	Coventry & Warwickshire ICB	684	6%
Corporate Services	Various	129	1%
Total Income to 31st March 2025		**10,757**	
Income Adjustment 1-5/4/25	Various	- 151	-1%
Total Income to 5th April 2025		**10,606**	



Service	%
ATP APMS Contract	34%
Hodge Hill APMS Contract	14%
Enhanced Access	13%
Admiral Nurses	3%
Paramedic Acute Visiting Servi	7%
Diabetes Education Project	1%
SMI Annual Health Checks	4%
Respiratory at Home	2%
Primary Care Surge Centre	7%
CPPC - Early Diagnosis Project	0%
CWPT PAVS	0%
Diabetes Prevention Programm	0%
PCN Support Services	5%
GP Support Services	3%
Whitestone Surgery	6%
Corporate Services	1%
Income Adjustment 1-5/4/25	-1%

During 2025-2026, the Enhanced Access service remained strong, along with the ATP APMS contract which continues to deliver a surplus to recover its deficits in prior years. The Hodge Hill Family Practice APMS contract delivered a surplus in its second year with the Alliance. The Alliance continued to support the Whitestone Surgery in Warwickshire North in the capacity of caretakers, to ensure the continuity of patient care for the full financial year with the surgery being dispersed on 30th April 2026. Other commissioned income streams remained stable during 2025-2026, and delivery continues to be managed against key performance indicators.

Key areas of service delivery include:

ATP

Income from the ATP contract in 2025-2026 totalled £3.651m (2024-2025, £3.571m), an increase of 2.3% over the previous year. This increase mainly resulted from a release of prior year PCN income. ATP delivered an overall surplus of £317,518 to recover its prior year deficits.

Hodge Hill

Hodge Hill Family Practice income for 2025-2026 totalled £1.476m (2024-2025 £1.386m), an increase of 6.5% over the previous year. The increase was due to an increase in global sum and PCN income.

Enhanced Access

2025-2026 services were delivered for five PCNs across the Coventry and Warwickshire region. Income for the year amounted to circa £1.4m.

Primary Care Surge

This service remained strong during 2025-2026 and delivered an income stream of £739,000 which is a reduction of 8.6% when compared to the prior year. The reduction is due to reducing the number of daily sessions from 7 in 2024-2025 to 6 in 2025-2026.

Severe Mental Illness (SMIs)

This service delivered income of £399,000 which is an increase of 23.7% compared to the prior year. This is due to the reimbursement of point of care testing consumables.

PAVs

Income from this service amounted to £716,000 in 2025-2026, compared to £693,000 in the in the previous year.

Our Spending

The Alliance's spending amounted to £10.8m to 31st March 2026 (£10.6m after the extension of the financial year to 5th April 2025), compared to £10.6m in 2024-2025. Pay related costs accounted for 77% of the total expenditure (74% in 2024-2025) with the remaining 23% relating to premises and general overhead expenses.

There is an expenditure adjustment to account for the change in the financial year for 2024-2025 ending 5th April 2025. The income was included in the 2024-2025 financial year end and therefore required a reversal in 2025-2026, where the financial year end is 31st March 2026. A breakdown of our spending is shown in the table.

2025-2026 Annual Accounts

The annual accounts for the year 2025/26 have been prepared by Ballards LLP and show a reported loss before tax of £20,714. A corporation tax reduction of £1,998 results in a post-tax loss for the year of £18,716.

The reported loss for 2025/26 is a £51,000 decrease when compared to the post-tax surplus of £32,583 that was reported in 2024-2025.

At the end of 2025-2026, the Alliance had retained earnings of £889,168 representing the accumulated net surpluses since its incorporation.

Contingent Liabilities

As at the end of 2025-2026, the Alliance is not aware of any potential liabilities which may crystallise in the 2026-2027 financial year, and which have not had adequate funds allocated to them. Therefore, no provision has been made in the accounts to mitigate against such an occurrence.

Cost	Expenditure 2025/26	
Pay Costs	**£'000**	**£'000**
GP Locum	2,007	
Clinical & Support Service Staff	5,127	
Corporate Staff	1,043	
Directors	130	
		8,307
Establishment Costs		
Electric Wharf	223	
ATP rent & service charges	659	
Hodge Hill rent & service charges	568	
		1,451
General Administration Expenses		
IT equipment software & support	358	
Stationery & Postage	37	
Legal Fees	80	
Professional Services	134	
Insurance	145	
Medical Consumables	121	
Accountancy	19	
Other Miscellaneous	132	
		1,026
Total to 31st March 2026		10,783
Adjustment - 01-5/4/25 prior year	-	151
Total Post Adjustment to 5th April 2025		10,632

Directors' Remuneration

Name	Role	Remuneration £	Employer NIC £	Employer Pension £	Benefits in Kind £	Start Date	End Date
Dr J Krishnarajapuram	Chair	33,444	4,267	4,809		12/07/2023	15/03/2026
Dr G Shields	Chair	2,523	349			02/03/2026	
Mr Z Khan	Practice Director	15,640	1,596			01/09/2023	
Dr K H Mandhyan	Practice Director	15,640	1,596			01/09/2023	
Dr H Latif	Practice Director	14,407	1,380			03/03/2025	26/05/2026
Mr P J Elkin	Non-Executive Director	15,640	1,596			01/08/2017	
Mrs P Marson	Non-Executive Director	15,640	1,596			01/03/2021	
Total		**112,934**	**12,380**	**4,809**	**-**		

Notes:
1: Dr J Krishnarajapuram resigned as Chair on 15/03/2026
2: Dr G Shields was appointed as Chair on 02/03/2026
3: Dr Huma Latif resigned as Practice Director on 26/05/2026

Financial Governance

The Board has established three Sub-Committees,all of which are chaired by one of the Non-Executive Directors, to oversee the governance of the Alliance's financial affairs:

Remuneration Committee – The Committee is responsible for setting the remuneration for the Chair and all Practice Directors, including pension rights and any compensation payments. The Committee also recommends and monitors the level and structure of remuneration for senior management and all directly employed staff, including, but not limited to, employee terms and conditions and pay.

Audit Committee – The Audit Committee is responsible for providing assurance to the Board on the Alliance's system of internal control by means of independent and objective review of financial and corporate governance, and risk management arrangements including compliance with law, guidance, and regulations governing providers of NHS services.

Finance & Performance Committee – The Committee was established by the Board to maintain an overview of the financial and business affairs of the Alliance. The primary objective of the Committee is to assist the Board in overseeing the financial risk management strategy, policy and treasury matters delegated to it by the Board, and in reviewing and approving major financial transactions on behalf of the Board. The Committee meets on a bi-monthly basis and provides regular reports to the board on these matters and makes recommendations for any changes that need to be made to policies and procedures.

Financial Assurance – At the Board's request, Ballards LLP have undertaken an assurance review of the company's financial statements in accordance with Section 1A of FRS 102 (Financial Reporting Standards). This review primarily consists of performing detailed audit procedures on the balance sheet, walk through tests, performing analytical procedures and evaluating supporting documents received.

Based on this review, Ballards LLP have reported that nothing has come to their attention to suggest that the accounts have not been prepared:

- To give a true and fair view of the state of the company's affairs year ending 31st March 2026, and of its profit for the year then ended;
- In accordance with the relevant accounting standards; and
- In accordance with the requirements of the Companies Act 2006.

Going Concern

The Alliance's financial position continues to be stable and the company is expected to remain viable in the foreseeable future.

7. QUALITY

During 2025-2026, CRGPA undertook a significant programme of work to strengthen organisational governance and embed the principles of the Patient Safety Incident Response Framework (PSIRF) across CRGPA. As part of this work, a comprehensive review of existing organisational Policies and Standard Operating Procedures (SOPs) was undertaken and initiated to modernise the policy framework, improve clarity for staff and reduce variation in operational processes. A new Policy Review Group was established, staff consultation was embedded into the development process, and all active policies and SOPs were migrated to a new system (Practice Index), ensuring they are accessible and consistently applied across all areas.

This work has already delivered measurable impact. A review of incident data for 2025-2026 shows a 71% reduction in incidents related to non-adherence to organisational policies and SOPs.

The review also highlighted Information Governance (IG) as an emerging of incidents organisational risk and theme. As a result, IG has been identified as a key learning and improvement priority for the year ahead, with a structured programme planned to strengthen staff knowledge, confidence and day-to-day compliance.

Looking forward to 2026-2027, CRGPA will continue to embed PSIRF principles through a clear improvement plan focused on:

- Strengthening staff engagement and consistent implementation of organisational policies and SOPs
- Undertaking a deep dive review of IG incidents and implementing targeted actions to improve safe information handling.

Oversight of this work sits with the Chief Nurse and the Safety Team, ensuring robust monitoring, timely delivery, and clear accountability. Shareholders can take assurance that CRGPA has a strong understanding of its organisational risks, has taken meaningful action during 2025 - 2026, and has a structured plan in place to continue improving governance, safety and organisational learning in the year ahead.

Risk and Control

The Alliance operates within a robust risk and control framework designed to safeguard service quality, financial stewardship, and organisational resilience.

We maintain comprehensive strategic and operational risk registers that are routinely reviewed by the Executive Team, the Board and its Committees, ensuring that emerging risks are identified early and mitigated through clear action plans.

Internal controls including policies for clinical governance, information governance, finance, and workforce management are regularly updated to align with best practice and local system requirements. We embed a culture of accountability through structured reporting, assurance processes, and independent scrutiny where required. This framework enables us to monitor strategic and operational risks effectively and maintain high levels of safety, compliance and organisational integrity across all the Alliance's activities.

Quality Governance

The Board is responsible for the quality of services provided. Executive responsibility rests with the Chief Nursing Officer and the Chief Medical Officer. The Safety and Quality Committee has delegated responsibility for scrutinising the quality governance arrangements within CRGPA. The Committee provides a regular assurance report to the Board.

Clinical Audit

This year, we strengthened our audit programme to ensure full alignment with all relevant national standards and regulatory requirements, including those set by national and regulatory bodies, information governance frameworks, and CRGPA policy. As part of this work, we also incorporated clear standards of compliance to ensure consistent expectations and robust assurance across all areas of practice. Following a comprehensive review of the audit schedule, several items were identified as operational or compliance activities rather than true clinical audits. These have now been transferred to a dedicated compliance schedule, where they will be monitored through the appropriate working groups, such as Health & Safety, and reported to the relevant Committee and ultimately to the Board.

This revised structure ensures clearer governance, improved oversight, and better alignment of activity with organisational priorities and statutory requirements.

Workforce

On behalf of Coventry & Rugby GP Alliance, our People team provide a full service including, recruitment, on boarding, training, advice and wellbeing support. The centralised approach brings multiple benefits including consolidating HR activities into one department, significantly boosting operational efficiency, enforcing policy consistency across locations and enhancing data accuracy.

The People team is responsible for supporting over 373 staff, including 70 ARRS workforce across 9 PCNs.

Success

- The average length of service for a staff member is 2.6 years. Some staff members have worked for the Alliance for longer than 10 years, providing continuity, knowledge and stability in our service delivery.
- Increased HR reporting analytics to provide real time insights into workforce trends, performance and efficiency. Tracking and scrutiny of headcount, turnover, absence and recruitment metrics. In addition to this, greater line manager control over HR tasks.
- The appointment of a new Head of People has driven a comprehensive review of the People function, resulting in a more strategic and effective approach. This has led to enhanced support and training for line managers, the introduction of a robust suite of updated policies and procedures, and a strengthened, more responsive People service aligned with organisational priorities.

KPI	End Of Yr Target	End of Yr Position
Turnover	<20%	18.74%
Sickness	<5%	5.03%
Policy Creation	30	52

A Learning Organisation

We are committed to operating as a learning organisation and one that continually reflects, adapts, and evolves to meet the changing needs of our patients, practices, and workforce. We encourage open, honest communication and foster a culture where colleagues feel empowered to raise issues, share ideas, and contribute to service improvement.

Learning is supported through reflective practice, multi-disciplinary collaboration, and routine review of performance and incident/complaints data with CRGPA adopting elements of Learning from Patient Safety Events (LFPSE) this year. We also prioritise the development of our people, recognising that investment in skills, capability, and leadership is central to our resilience.

Quality Account Priorities 2025-2026

For 2025–2026, our agreed quality priorities were the implementation of PSIRF, the strengthening of our Audit Programmeme, and the establishment of Patient Participation Groups (PPGs) within our CRGPA ATP and Hodge Hill contracts.

PSIRF - As part of this work, we conducted an in-depth review of all incidents reported during 2024 - 2025. This analysis demonstrated that issues relating to policies and procedures were the most frequently cited contributing factors. In response, we undertook a comprehensive Programmeme of improvement, reviewing and updating all organisational policies and more than 75% of our operational processes, including the development of several new processes where gaps existed. This activity has now transitioned into business as usual, supported by a monthly. Policy Review Group, with all policies and procedures overseen by the Chief Nurse.

Audit Programme - As outlined in this section, we have also completed a full review and refresh of the organisational audit schedule. This revised schedule will now form part of our standard governance cycle and will be reviewed annually to ensure continued compliance with national frameworks and internal standards.

PPG - Significant progress has also been made in strengthening patient involvement across our services. A PPG has been successfully re-established for the Alliance Teaching Practices (ATP), with the first engagement event delivered and a full Programmeme of activities planned for 2026-2027. At Hodge Hill, more than 55 patients expressed interest in joining the newly formed PPG, and a Programmeme of events has similarly been developed. Both initiatives will be supported by our new appointed Patient Partner Volunteer, ensuring strong, sustained patient engagement across the organisation.

QUALITY PRIORITIES 2026-2027

We are continuing to embed fully our 2025-2026 priorities ensuring improvements are fully adopted and deliver lasting benefits. For 2026-2027. We have agreed the following 3 focus areas:

Focus Area	Rationale	Key Metrics
Establish a Clear Quality Dashboard. Create a unified, real time Quality Dashboard that provides clear visibility of clinical quality, patient expeirance, population health and equalities and work force and opperational health.	Current quality information is dispersed across multiple arrangements. A single, standardised dashboard strengthens governance, supports early identification of issues and enables data-driven decisions.	Dashboard developed, approved, and launched by agreed timeline. Number of teams actively using the dashboard in monthly governance meetings.
Strengthen the Appraisals Process to Improve workforce quality and culture	A high quality appraisal system improves staff engagement, supports professional development, and strengthens organisational culture. Consistency in appraisal quality ensures staff feel valued, are clear about expectations, and supported to deliver safe and effective services.	Appraisal completion rate (target: >95%). Improved staff survey results relating to appraisal usefulness and support.
Deliver sustained improvement in APMS contract KPIs, with a focus on access, patient experience, and clinical outcomes.	Our general practice (Hodge Hill and Alliance Teaching Practices) services are a critical gateway to care. Strengthening performance ensures patients receive timely, safe, and effective care. Improved KPI delivery also supports contractual compliance, reduces variation, and enhances trust with our commissioners and service users.	Patient satisfaction scores from surveys and Friends and Family Test. Achievement of clinical indicators such as Vaccination and Immunisation rates.

CQC Registration

The Alliance Teaching Practices, operated by Coventry & Rugby GP Alliance, are Care Quality Commission (CQC) registered but have not yet been inspected under their current registration. The service was formally registered with the CQC on 25th February 2022, and like all newly registered services, it undergoes an initial assessment to ensure it is likely to be safe, effective, caring, responsive and well-led.

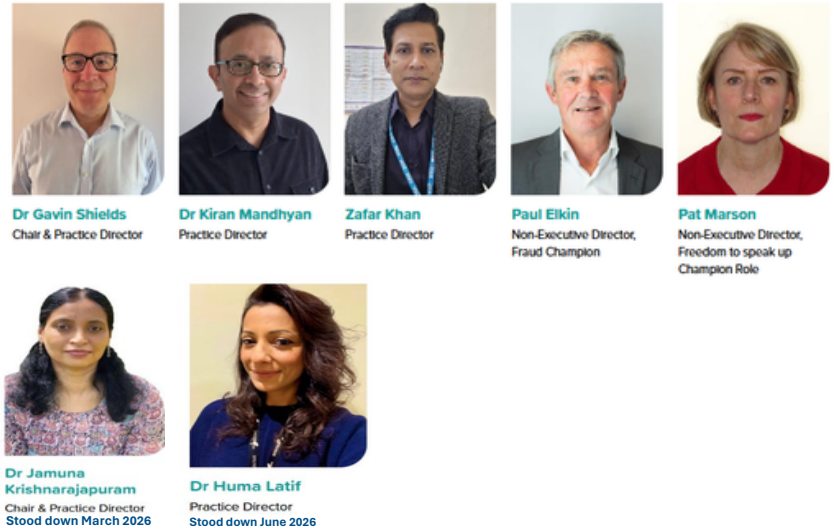
In March 2026, Hodge Hill Family Practice, also operated by Coventry & Rugby GP Alliance and registered with the CQC, underwent a scheduled CQC inspection. The assessment included the submission of detailed preparatory documentation, followed by a structured half day on site visit. Following this process, Hodge Hill Family Practice was awarded an overall rating of **'GOOD'** across all five key CQC domains, reflecting the high standards of care, leadership, safety, effectiveness and responsiveness delivered by the practice and its teams.

A selection of our services are also registered with the CQC; these services have not yet been inspected under the current registration. We remain fully prepared for inspection and continue to maintain compliance with all regulatory standards to ensure readiness when the assessment is undertaken.

Our organisation successfully submitted its Data Security and Protection Toolkit (DSPT) in June 2025, achieving a Standards Met outcome, demonstrating our commitment to safeguarding patient data and maintaining transparency in our governance arrangements. Our focus remains on strengthening data security.

8. THE BOARD

Our Board provides strategic leadership and oversight across all areas of the Alliance. It comprises of a diverse group of leaders who bring clinical, operational and financial insight to our decision making. The Statutory Board members include: our practice directors and non-executive directors, who together with our Executive Team ensure we remain aligned to our strategic aims, deliver high -quality services, and uphold strong governance and accountability.



The Board is supported by a number of formal Committees that provide detailed oversight of key domains. These include the Safety & Quality Committee, which monitors clinical governance, patient safety and quality improvement; the Finance & Performance Committee, which oversees financial sustainability and operational delivery; the Audit Committee, which reviews our risk management framework, internal controls and compliance; and the Remuneration Committee, responsible for pay and appraisal oversight. Committee chairs feed directly into the Board, providing assurance, highlighting risks, and escalating issues that require Board level attention.

Through this structure, the Board maintains clear sight of quality, risk, workforce, finance and performance, enabling informed decisions and strong stewardship. Regular reporting cycles, accountability arrangements and structured assurance processes ensure that the Board remains focused on delivering safe, effective, and responsive services while supporting our member practices and strategic partners. CRGPA confirms that all Board members have successfully met the requirements of the NHS Fit and Proper Persons Test (FPPT).

HSJ AWARDS

disability confident COMMITTED

CareQuality Commission

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