



Annual Report 2023 – 2024



[Company Number – IP30263R](#)

[CQC Provider ID - 1-199801603](#)

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ABOUT ELMS

Introduction

East Lancashire Medical Services Ltd

Our Vision

To be a quality provider of health services delivering support and care to our local community

East Lancashire Medical Services (ELMS) evolved out of the Blackburn with Darwen and East Lancashire GP Out of Hours Co-Operatives and has been delivering healthcare to Pennine Lancashire since 1994. ELMS is a registered society under the Co-operative and Community Benefits Societies Act 2014, operating on a not-for-profit basis and owned by its members based on a nominal £1 share each.

Pennine Lancashire – Blackburn with Darwen and East Lancashire – has a diverse population with differing health experience and covers a large geographic area with operational challenges to match. ELMS deliver healthcare to the c550,000 population of Pennine Lancashire 24 hours per day 365 days a year and is contracted by the Lancashire and South Cumbria Integrated Care Board (LSCICB) as an independent healthcare provider delivering an Integrated Urgent Care service (IUC). The Society works in close partnership with the LSCICB, NHS 111/999, NWAS and other local providers across the local health and social care system. ELMS IUC service can only be accessed via NHS 111, 999 or directly by a local Healthcare Professional. It is not a direct access service and it does not accept walk-in patients.

ELMS is registered with the Care Quality Commission for the delivery of diagnostic and screening procedures that covers the range of scheduled and unscheduled care services we deliver.

Full details of ELMS Company structure and rules of the Society are available at www.elms-nfp.co.uk

Purpose

ELMS seeks to support and underpin Primary Care across Pennine Lancashire

Our Role

Providing in-hours and out of hours unscheduled primary medical care and infrastructure for Pennine Lancashire

Strategic Priorities

- Identify Contract Opportunities
- Develop current services
- Continue to deliver quality services
- Build sustainability and collaborative working
- Develop organisational infrastructure, skills and resources

Metrics

- Ability to reinvest in services/staff
- Stakeholder satisfaction – patients, staff and members, commissioners and service partners
- Staff and clinical performer engagement

Values

Jan-20

A membership organisation working collaboratively in patients interest - trustworthy, caring and capable, safe and effective

Who's Who?

ELMS Council

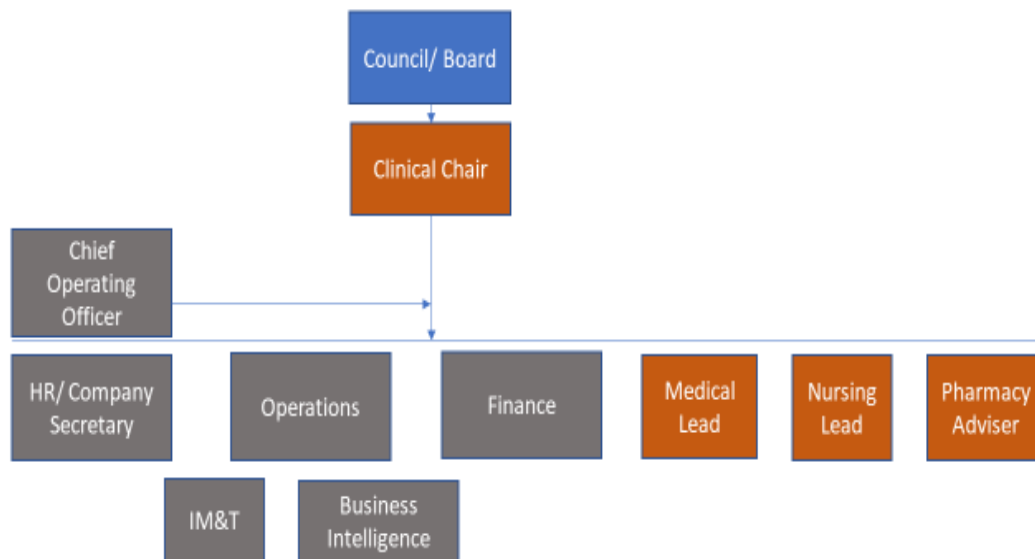
A Council elected by members to whom the Executive Team is accountable oversees the Society's operations. The Council is a peer group elected by a voting membership and comprises a GP Chair, GP representatives, Nursing and staff representatives.

ELMS executive team look to operate on a transparent basis to ensure that the Council members are aware of the Company position, subject to appropriate governance arrangements, and attend the Council as co-opted members.

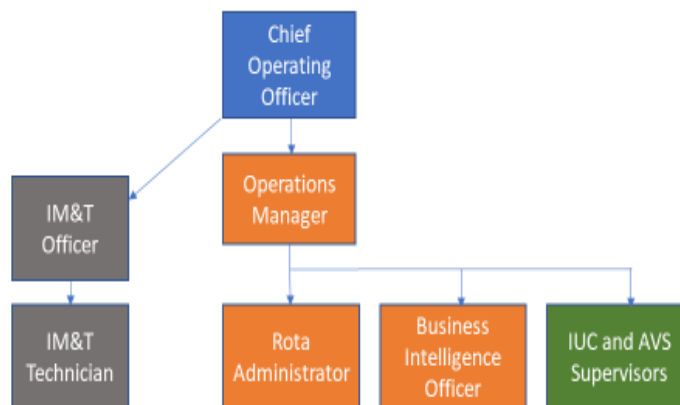
The Council member representatives I 2023-24 were:

- Dr M K Datta, Dr P Muzaffar and Dr Y Arshad, Dr Hassan Manzur. Tracy Pettit (Nurses) and Peter Tandy(staff), leaving a vacancy for one staff member

ELMS Organisational Structure 2023-24



ELMS Operations Team Structure



ELMS Who's Who April 2023 to September 2024

Clinical Chair/Safeguarding Lead & Caldicott Guardian	Dr Asif Garda
Chief Operating Officer and SIRO	Michael O'Connor
HR/Company Secretary & DPO	Levis Springer
Operations Manager	Aumar Hanif to October 2023
	Darren Bateman to Sept 2023
	Bev Coopers from Feb 2024
Finance Officer	Alison Pettinger
Medical Lead	Dr Pervez Muzaffar
Nursing Lead	Katrina Taylor
Nav Hub Lead	Brenda Re
Optimisation Pharmacist	Janice Davies
IM&T Officer	Andrew Connell
IUC Supervisor (Daytime)	Andrew Chapman
IUC Supervisors (Out of Hours)	Paul Slater to June 2023 Andrew Gott to June 2024 Claire Kelly from July 2023 Bev Raw from July 2024

Clinical Chair/Chief Executive's Report

I commend the details of this report provided by my corporate colleagues on the delivery of ELMS services in 2023-24.

ELMS continue to have a key role in the Pennine Lancashire health economy and has an increasing profile in the Lancashire & South Cumbria healthcare system.

The principal activity of the Society continued to be the provision of 24/7 Unscheduled and Primary Care Services to patients in Pennine Lancashire – through its Integrated Urgent Care contract - along with services and facilities to its members.

The Society continued to manage the pressures generated by the COVID pandemic, as well as the national economic challenge. Operational pressures led to the extension of the financial year to 18 months, with FCA approval.

Turnover has increased from last year and the Society enjoys providing services against substantial contracts and robust financial reserves. In line with its not-for-profit ethos, 2023-24 saw ELMS reinvest most of its trading surplus through charitable donations into community support services, such as local foodbanks as well as further developing ELMS premises with the development of a clinical suite within ELMS Business Centre. This development means both St Ives House and ELMS Business Centre can operate entirely independently of each other and provides the organisation with both robust contingency measures as well as development and expansion potential.

This year the executive continued its priority to manage the alignment of service costs and as a result was able to invest in the Society's infrastructure and reward colleagues with pay increases and/or bonuses as a reflection of the executive team's policy of sharing the success with every colleague.

This last year saw further development of the Integrated Care System across Lancashire and South Cumbria and a local place-based partnership across Pennine Lancashire. It also saw much of the healthcare system come under significant financial pressures, which meant contract funding has not been uplifted in line with inflation, and other than a small amount of additional income from delivering an out-of-hours Acute Respiratory Infection service, the organisation has had to manage costs carefully.

We have built on our existing track record of service delivery and relationships to ensure ELMS retains and enhances its position as a valuable system partner, both at place and system level. The trust and assurance ELMS provides as a healthcare provider has seen us regularly being asked to contribute to system developments and we saw a co-ordinated Acute Respiratory Hub service, enhanced Clinical Assessment Service and Burnley Out of Hours developments this year which are symbolic of our positive response and ability to deliver.

I am immensely proud of all of ELMS management, operational and clinical teams for this work.

I take this opportunity to thank all of our much-valued colleagues, staff and clinicians for their ongoing support and professionalism in 2023-24. I am confident my ELMS colleagues will continue responding positively to the challenges in the year ahead.

Dr Asif Garda

Clinical Chair/Chief Executive Officer

CLINICAL SERVICES COMMENTARY

Hi everyone

As we all know the NHS is under pressure and is going through changes, transformation and efficiency assessment is taking place in every sector in the NHS. ELMS is a major player in the provision of 24/7 primary care service every day of the year.

We are committed to provide, safe, patient centred, efficient and effective services through Out of Hours, Acute Visiting, Clinical Assessment Service, and Pathfinders etc. Our clinical and non-clinical work force have grown accordingly to meet the delivery of the services.

I must appreciate and congratulate the clinical and non-clinical staff for their hard work, dedication, team work and for taking the responsibilities in delivery at various level.

At present complaints are substantially less than 1% of the cases dealt with, and I am happy to report that rates are going down further as our clinicians are proactively reflecting on these cases and improving their practice. In 2023/24 we did not have any serious clinical incidents.

I believe that by keeping the knowledge and skills up to date plus embedding reflection and learning in our practice play a significant part in keeping our complaints and incidents at such a low rate.

We also have a team of auditors who assess the effectiveness, quality, safety and outcomes of consultations using Clinical Guardian (an auditing software tool) which adheres to RCGP standards. Any quality issues are picked up and shared with our clinicians for learning and reflection.

Overall the 2023/24 extended year was a successful one and I would like to thank the wider team for the smooth operation of services and for their hard work and commitment.

Dr Pervez Muzaffar

ELMS Medical Lead

CORPORATE SERVICES

Disclosure & Baring Service (DBS)

In 2023-24 ELMS took the decision to no longer provide an Umbrella service and has instead moved to using a digital platform to provide a DBS Service for its employed and self-employed staff.

Environmental Sustainability

GDPR imparts a responsibility on ELMS to dispose of confidential waste safely and appropriately and we continue to collaborate with Shred-it and their shredding and recycling program. 75 trees were saved from destruction in 2023/24, a marked increase on the previous year another year where a positive impact this initiative has made towards the environment and our commitment to reducing paper waste.



By using confidential paper disposal during the year, ELMS saved **75** trees.

Corporate Governance

The Society looks to provide unscheduled primary healthcare services to the people of Pennine Lancashire 24 hours of the day, 7 days per week, 365 days of the year. ELMS place the highest priority to providing a safe and high-quality service centred on the patient receiving treatment from us.

- ELMS are registered with the Care Quality Commission (CQC);
- Has a range of formal policies and procedures that set out working arrangements and checks;
- We proactively monitor and report performance, including reports to Commissioners;
- Our Executive team is accountable to ELMS Council; and
- We monitor activity and service performance through a number of meetings:
 - Senior Management Team (SMT) meet weekly;
 - ELMS Board meet monthly as well as attending the SMT meeting;
 - ELMS Clinical Governance Group meets on a bi-monthly basis; and
 - ELMS Council meets quarterly.

Care Quality Commission (CQC)

ELMS is registered with the CQC for the delivery of the services we deliver. Care Quality Commission Provider ID is 1-199801603.

CQC suspended their routine inspection programme in March 2020 in response to COVID-19 and have not resumed it. The CQC have continued to use a mix of onsite and off-site monitoring to ensure the public have assurance as to the safety and quality of the care they receive and last carried out a review of the data available to them about our services St Ives House on 9 March 2023 and found no evidence that they needed to carry out an inspection or reassess their rating of ELMS at that stage.

Patient Experience

Given ELMS ethos as a Community Benefits Society, ELMS take the quality of its service offer very seriously and welcomes feedback from service users as the basis for learning what we have got right, and how we might improve. ELMS resumed its Family and Friends testing (FFT) in 2023/24 after an enforced suspension in the previous year due to the Coronavirus pandemic. The episodic nature of the care provided by ELMS means that FFT response rates are relatively low. Plans are in place however to digitise and centralise the FFT process which should result increased volumes of interaction with patients.

In 2023-24 (April 23 to Sept 24), ELMS had a total of 141,167 patient contacts, received 734 FFT responses, 96% of which would be extremely likely or likely to recommend ELMS.

2023-24 Compliments

The FFT allows patients to comment on services, either positively or negatively and ELMS aim to address all of the issues raised in negative comments wherever possible. Please see a selection of feedback comments shown below:

Postive comments from FFTs	Negative Comments form FFTs
Email feedback from user of ELMS CAS/Nav Hub – called 12/09/2024 Sending this as people are quick to complain. My daughter was referred by 111 yesterday evening for an out of hours call from your practice. Nav Hub Nurse (ELMS) phoned me within 10 mins of my call to 111 ending. She was wonderful, extremely patient, helpful and sympathetic to my daughter's symptoms, I really felt like she wanted to help. She arranged an out of hours appointment the same evening, and although I do not know the name of the doctor we saw, she was wonderful, caring, helpful. Please send our appreciation and thanks to both as due to them my daughter's symptoms did happen to be an inset water infection which has been treat quickly and will hopefully avoid any worsening side effects. I have left you a Google review as the service was super. Thank you so much	Overheard a doctors consultation while waiting in the waiting room as GP is talking on speaker phone. <i>ELMS: Without the full details of the case it is difficult to address those individual circumstances of this breach. Clinicians and Control colleagues have been reminded that:</i> <ul style="list-style-type: none"> <i>The door separating waiting area and surgeries is to be left closed as a sound barrier (its also a fire door;)</i> <i>The radio and speakers in the waiting area must be switched on when patients are in or likely to be in attendance i.e. out of hours or PLTs. The radio should not be turned down;</i> <i>Doctors providing advice should use the Nav Hub Centre to make these calls; and</i> <i>Clinicians should not be using speaker phone – they have been provided with headsets.</i>
Good explanation from GP	Over an hour late. Went to reception & people were put in front of us that shouldn't have been. <i>ELMS: Without the full details of the case it is difficult to identify if this patient arrived early. Some shuffling of the case load may arise if an emergency case arises but any delays should be explained to patients and Control colleagues will be reminded of this requirement.</i>
From calling 111 to arranging a telephone appt was excellent. The doctor called very soon and asked us to attend the out of hours surgery	I have M.E and finding the dance music on the radio exhausting. Quiet classical might be more calming. <i>ELMS: We will look to identify a more relaxing music source</i>
Absolutely excellent, best staff ever	
Fantastic	
Appointment was made very quick and receptionist very friendly and helpful	
Lovely nurse, Thankyou	
Lovely explained everything very well	
Dr Mackenzie who saw me was exceptionally reassuring and showed an outstanding upbeat bedside manner throughout whilst maintaining my confidence through his unflinching knowledge	
The woman that did the test was lovely and the doctor that rang was quick and helpful	
Excellent service and very caring	
Very informative	
Was seen and assessed promptly. Doctor paid attention to details. Reception staff were friendly, polite & helpful	
Prompt appointment given	
Very useful service for evening and weekend. Just reassuring to know a service is available	
Thank you for your help. Very fast and good service	
Me & my family have used the service many times over the years and it has proved vital when no other help was available	
The most wonderful doctor couldn't of asked for better	
Reception staff extremely pleasant and polite. Doctor was very thorough and amazing	
Have only used this service 3 times but each time has been excellent care in speedy time. Wonderful doctors as well	
I think it is a really good for out of hours	

2023-24 Complaints

Given the high number of patients and families supported, we do not receive many complaints. Patient satisfaction, measured against the level of complaints, across all our services continues to be deemed good. ELMS received 26 complaints in 2023/24 (April 23 to Sept 24) which represents 0.02% of the total AVS and IUC activity.

ELMS IUC and AVS Complaints																			
Complaints	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
No. Complaints Rec'd in Period	1	0	0	1	0	0	3	2	0	3	2	2	3	3	2	4	0	0	26
Activity for Period	7797	7672	6537	6863	6486	6631	7326	7262	9919	8694	7781	9387	8200	8694	8159	8162	7559	7768	Av. For 18 months
Complaints as % Activity	0.01%	0.00%	0.00%	0.01%	0.00%	0.00%	0.04%	0.03%	0.00%	0.03%	0.03%	0.02%	0.04%	0.03%	0.02%	0.05%	0.00%	0.00%	0.02%

Information Governance

Core to our service delivery and business operation is patient and business information. This data supports ELMS clinical operations and management of services so the Society does all it can to ensure its information systems are managed effectively within a robust governance framework. The Society also looks to ensure that the information ELMS use is sourced, held and used appropriately, securely and legally. ELMS Board and Senior Management Team are responsible for ensuring that the Society's policies and record management systems and processes safeguard that information, while ELMS staff and clinicians are responsible for ensuring information is accurate and up to date, is safeguarded and used appropriately for the delivery of patient care.

ELMS work to NHS standards and GDPR requirements to maintain robust and effective IT and information systems in line with its contractual and statutory obligations. The security of the Society's systems is subject to an annual test by an accredited third-party systems assessor and ELMS submit an annual self-assessment return to NHS Digital's Data Security and Protection Toolkit against a range of data protection and security criteria - [Data Security and Protection Toolkit \(dsptoolkit.nhs.uk\)](https://dsptoolkit.nhs.uk).

ELMS IT Officer and an IT Technician, supported by the Society's Chief Operating Officer, maintain ELMS accreditation for the Microsoft Defender for Endpoints (MDE) programme which helps networks prevent, detect, investigate and respond to advanced cyber threats and is supported by NHS Digital and Microsoft.

To support delivery of safe and responsive services, ELMS accesses up-to-date information and deploys procedures and policies that can be accessed via a password protected document management system.

Clinical Governance

Promoting Best Practice

- ELMS use Clinical Bulletins and Agilio's TeamNet (a web-based information system portal) to provide appropriate information to ELMS clinicians on NICE guidance and best practice, learning events, formulary updates and safety alerts. Staff briefings are used to communicate updates to non-clinical colleagues in addition face-to-face contacts and use of the information portal

- Robust safeguarding arrangements are in place, supported by formal policies and procedures. ELMS maintain a corporate self-assessment tool to support this responsibility in respect of children and vulnerable children.
- ELMS Clinical Chair is the company's safeguarding lead.

Clinical Audit

Clinical Audit looks to ensure safe practice and ELMS has a programme of auditing performance in different ways. Regular monthly audits take place in the Integrated Urgent Care (IUC) and Acute Visiting Service (AVS) services and cover both clinical performance, and targeted audits on key clinical areas.

Integrated Urgent Care (IUC)

ELMS Integrated Urgent Care (IUC) service IUC uses the Adastra clinical system and consultation information is used by the on-line Clinical Guardian tool to review a proportion of each ELMS clinician's consultations, in accordance with RCGP criteria and subject to appropriate safeguards for confidentiality. ELMS use Clinical Guardian to facilitates peer review and discussion around issues arising from audits and individual scores/consultations and the reporting is carried out on a monthly basis. The percentage to be audited - comparable to best practice - applied to each clinician's consultations, is based on the perceived risk associated with that clinician:

Status / Colour	Percentage	Definition	Criteria
White	25%	Trainee GP (GPST – supervised practice)	
Blue	100%	Newly appointed clinician	10 scored before status change
Green	1%	Experienced clinician	
Amber	25%	Significant concerns re performance	Decided by review panel; referred to clinical lead and clinical chair for review prior to improvement activities.
Red	N/A	Should not be working for ELMS	

The results for the period April 2023 to September 2024 is shown below and reflects the status of employed and contractor clinicians who have worked in ELMS, based on aggregate figures for the previous 12 months and includes inactive clinicians:

Risk Rating / Reporting Period (month in arrears)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Average Period
Audit Period	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Apr-23 - Sep-24
Red - clinician deemed clinically unsafe to work in the service												1	1	1	1		1	1	1
Amber - Clinician under full review as a result of complaint or clinical concerns raised	1	1	3	2	2	2	4	5	3	3	4	3	3	3	1	1	1	1	2
Yellow - Clinician under standard review as a result of complaint or clinical concerns raised																			
Others - Satisfactory, new clinicians and supervised GP Registrars	136	128	132	140	133	131	130	134	144	145	144	160	168	172	180	181	181	179	151

The clinicians flagged as red in the above schedule were not allowed to work within ELMS during the identified period. The clinicians flagged as amber will have had additional scrutiny of their consultations.

September 2024 was typical of the numbers against which ELMS audit. 86 clinicians are recorded in Clinical Guardian as having worked for ELMS in the reporting period of which: 16 were GPSTs; 53 were GPs, 16 were Nurses and 1 was a pharmacist. We audited 237 cases, which is 2.3% of total consultations worked – 170 (71.7%) were Good and 67 (28.3%) were Satisfactory.

- **Acute Visiting Service (AVS)**

AVS is now provided in Blackburn with Darwen and East Lancashire.

AVS uses the EMIS clinical system to capture details of patient consultations and as it does not integrate into the on-line Clinical Guardian audit system that ELMS use to audit its IUC consultations, the Society has developed a manual audit programme to formally assess consultations, based on the same RCGP criteria as that used for Clinical Guardian.

Reviews are conducted by ELMS Clinical Chair, Medical Lead and/or Nurse Adviser.

Audit levels are comparable to best practice and the results for the year are detailed below and show that average assessment scores are excellent:

Overall Assessment Score	
0 to 4	Poor / Insufficient evidence
5 to 8	Needs development
9 to 12	Competent
13+	Excellent

No. of consultations audited	No. of GPs	Average Score
286	38	13
No. of consultations audited	Count of ACPs	Average Score
188	23	14.5

- **Other Audits**

Safeguarding audits take place on a weekly basis, where all cases in which a safeguarding concern is highlighted are reviewed by ELMS safeguarding lead or Katrina Taylor, ELMS Nurse Adviser, and actions are audited for appropriate referral and escalation. Remedial or supplementary action is taken if the audit identifies a need for the same.

Katrina Taylor, ELMS Nurse Adviser and Janice Davies, ELMS Medicines Optimisation Pharmacist jointly led the ELMS clinical audit programme in conjunction with our Clinical Governance GPs. They undertook a number of audits in 2023-24, for example, on Suspected Pulmonary Embolism, Pathology Lab Results, UTIs in women under 65 and Non-Medical Prescribing (NMP). The NMP audit is repeated on an annual basis, and other audit areas are identified in response to operational learning or commissioning policy. Lessons learnt were shared via ELMS clinicians via the ELMS clinical bulletin or separate briefings and copies of the audits were shared with Commissioners in line with contract requirements.

Levis Springer
Company Secretary

ELMS SERVICE OFFER, CONTRACT PERFORMANCE & FINANCE

ELMS Service Offer

This section should be reviewed in conjunction with the ELMS Unscheduled Care Services segment of this report, which offers an operational overview of the delivery of ELMS services.

East Lancashire Medical Services (ELMS) remains committed to providing safe, high-quality, and cost-effective services, reflecting its longstanding role within the local health system, where it has operated for over 30 years. ELMS prioritises collaborative partnerships but always with the patient at the centre of its efforts. As a key healthcare provider within the local Place-based health system (encompassing Blackburn with Darwen and East Lancashire), ELMS continues to adapt and evolve. The organisation works in cooperation with the Lancashire and South Cumbria (L&SC) Integrated Commissioning Board, the North West Ambulance Service, local primary care providers, the East Lancashire Hospitals Trust, and other Integrated Urgent Care providers within the L&SC system.

The executive team expresses gratitude for the support and professionalism of both clinical and non-clinical staff, as well as the independent sessional clinicians who contract with ELMS to deliver safe and efficient services that prioritise the needs of patients.

Integrated Urgent Care (IUC) – this service provides primary care 24 hours per day, 7 days per week, 365 days per year (including bank holidays), incorporating the GP out- of-hours and Clinical Assessment Services. The CAS service which is integrated with NHS 111 (including NHS 111 online) takes referrals from 111/NWAS 999 and receives electronic referrals as well as a direct telephone line from ambulance crews on scene and local Health Care Professionals (HCPs). It assesses and treats patients presenting with on-the-day primary care-based acute presentations that might otherwise be conveyed to hospital. The GP OOH service provides acute OOH primary care service, including remote triage and assessment, Face to face consultations in treatment centres and urgent visiting OOH.

The Acute Visiting Service (AVS) - provides an effective visiting service across Blackburn with Darwen (BwD) and East Lancashire in support of patients. We collaborate with local GP practices and commissioners to assist patients at risk of non-elective hospital admissions, including potential ambulance conveyances, with the goal of enabling them to remain in their usual place of residence. To address winter capacity challenges within GP practices, the ICB have augmented its resources for East Lancashire by adding an additional visiting team during the winter season.

Other services – ELMS have the ability to respond on a timely basis to deliver additional services, offering an efficient and cost-effective solution to system needs. ELMS continues to provide a standby response to Influenza outbreaks in care homes and Avian Flu.

ELMS continues to be on standby in support of a system response to any incidents of Monkey Pox.

At a time when the local health economy is subject to change, ELMS continues to support the local health system on a Place or ICB System basis and offers its support to any transformational initiatives which promote the development of patient focused services.

ELMS Contract Performance

The ELMS extended financial year covered by this annual report is 1 April 2023 to 30 September 2024.

Not all of ELMS short-term services will be subject to a formal NHS contract as they are time-limited in nature to address immediate issues but all are confirmed in writing.

The number of contracts held by the Society in 2023-24 has not increased but ELMS service offer has evolved and the Society has delivered some additional services to address long and short-term system needs. Both the IUC and AVS services are provided under a common NHS Standard Contract and the provisions of Schedule 2L; this means that the contract is treated as an APMS Contract in respect of the provision of integrated medical care services. The Commissioners - Lancashire and South Cumbria Integrated Commissioning Board (LSCICB) - designate within that schedule what is covered and this includes the full range of services delivered by ELMS.

ELMS have a further contract extension to the end of March 2026 and while the ICB have indicated that they may redesign and market test the Urgent & Emergency Care system across Lancashire and South Cumbria, ELMS is well placed to develop its business on a Pennine Lancashire Place-basis or across the wider health system, as part of a collaborative or operating independently.

IUC

The Society provides an exemplary IUC service which meets its contractual obligations and reporting requirements. ELMS has been proactive in developing its reporting offer to Commissioners including the provision of data on a daily, weekly and monthly basis. Reporting includes activity, quality of service and staffing, as well as the maintenance of quality related dashboards setting out this performance.

In 2024-25 it is anticipated that ELMS will take on responsibility for Aggregated data Collection for IUC to be reported to Lancashire & South Cumbria Integrated Commissioning Board (LSCICB) and NHS England.

ELMS services volume of activity has increased year-on-year by 37% compared to the contract baseline, however funding increases have not been commensurate, as shown overleaf:

April-March	Actual Activity	Annual Actual % Change (Year on Year)	Actual to Baseline % Change (2018-19 to date)	% Change from Contract Baseline (2018-19 to date)	Contracted Activity IF pro rata contract value	Contract Value % change
2023-24	92,360	8%	43%	37%	76,667	0.0%
2022-23	85,693	10%	33%	27%	76,667	4.3%
2021-22	77,715	11%	20%	15%	73,539	0.0%
2020-21	69,978	-6%	8%	4%	73,539	1.4%
2019-20	74,317	15%	15%	10%	72,524	7%
Contract Baseline	67,527				67,527	
2018-19	64,654					

ELMS IUC service continues to provide value for money when measured against the potential for more expensive unscheduled care services. This service deflects patients who might otherwise have been conveyed, away from hospital as reflected in the table shown below illustrating systems savings for emergency referrals referred into ELMS.

ELMS IUC Efficacy: April 2023 to September 2024 - Referrals received as emergency

Period	Received as Emergency Case Types Pennine Lancs Activity	Activity deflected from ELHT	Received Emergency Cases Deflection Rate %	NWAS conveyance saving (note 2)	A&E attendance tariff saving (note 3)	NWAS assume 31% (note 4) of patients admitted	Emergency admission tariff saving (note 5) on 31% of patients (note 4)	Beds days on 31% of patients 2.8 days (note 4)	Total savings
Total Year to Date	60937	37277	61%	£10,698,499.00	£3,392,207.00	6301	£ 781,331.44	17643	£14,872,037.44

Note 1: Cost of Ambulance call outs that didn't result in a trip to A&E - NHS: Key Facts And Figures | The King's Fund - replaces Indicative 2019/20 NWAS tariff £197.12

Note 2: Someone who attends a UTC and receives lowest level of investigation/treatment - NHS: Key Facts And Figures | The King's Fund - supersedes 2019/20 tariff cost for type 3 A&E dept. @ £73

Note 3: NWAS rates agreed by Commissioners

Note 4: Old HRG Code - PA57Z - Examination, Follow-up, Special Screening or other Admissions, with length of stay 1 day or more - 2019/20 tariff cost £124

[NHS: Key Facts And Figures | The King's Fund](#)

AVS

ELMS AVS has evolved over time and differs in nature from other AVS services across the LSCICB footprint; the Pennine Lancashire model takes referrals from local GP Practices for at risk patients to avoid hospital conveyance whereas other local system models take Paramedic Pathfinder referrals only (later in the patient pathway). ELMS will also take referrals from Paramedics.

ELMS AVS is a GP-led service, combining the skills of GPs and other ACPs to meet undifferentiated patient need and so the skill mix and case types are significantly different between AVS and the evolving Urgent Community Response services, which is centred on Community Nurses dealing with differentiated patient cases.

ELMS AVS service continues to provide value for money when measured against the potential for more expensive unscheduled care services. This service deflects patients who might otherwise have been conveyed, away from hospital and reduces pressure on the host GP (saving in GP time as per “Spend to Save” 2014 Deloitte report for RCGP, NWAS costs and NHS Reference Costs 2014/15; NWAS assumptions agreed previously by Commissioners).

BwD AVS Efficacy: April 2023 to September 2024										
Period	Reported Activity	Saving in GP time @ £45 per consultation	Mean average Deflection Rate %	Activity deflected from ELHT	NWAS conveyance saving (note 1)	A&E attendance tariff saving (note 2)	NWAS assume 31% (note 3) of patients admitted (note 3)	Emergency admission tariff saving (note 4) on 31% of patients	Beds days on 31% of patients 2.8 days (note 3)	Total savings
BwD Total Year to Date	7593	£ 341,685	91%	6926	£ 1,987,650	£ 630,231	2147	£ 266,220	6011	£ 3,225,786
Note 1: Cost of Ambulance call outs that didn't result in a trip to A&E - NHS: Key Facts And Figures The King's Fund - replaces Indicative 2019/20 NWAS tariff £197.12 Note 2: Someone who attends a UTC and receives lowest level of investigation/treatment - - NHS: Key Facts And Figures The King's Fund - supersedes 2019/20 tariff cost for type 3 A&E dept. @ Note 3: NWAS rates agreed by Commissioners Note 4: Old HRG Code - PA57Z - Examination, Follow-up, Special Screening or other Admissions, with length of stay 1 day or more - 2019/20 tariff cost £124 NHS: Key Facts And Figures The King's Fund										

EL AVS Efficacy: April 2023 to September 2024										
Period	Reported Activity	Saving in GP time @ £45 per consultation	Mean average Deflection Rate %	Activity deflected from ELHT	NWAS conveyance saving (note 1)	A&E attendance tariff saving (note 2)	NWAS assume 31% (note 3) of patients admitted (note 3)	Emergency admission tariff saving (note 4) on 31% of patients	Beds days on 31% of patients 2.8 days (note 3)	Total savings
EL Total Year to Date	12203	£ 549,135	90%	10927	£ 3,136,130	£ 994,382.57	3387	£ 420,045	9485	£ 5,099,692
Note 1: Cost of Ambulance call outs that didn't result in a trip to A&E - NHS: Key Facts And Figures The King's Fund - replaces Indicative 2019/20 NWAS tariff £197.12 Note 2: Someone who attends a UTC and receives lowest level of investigation/treatment - - NHS: Key Facts And Figures The King's Fund - supersedes 2019/20 tariff cost for type 3 A Note 3: NWAS rates agreed by Commissioners Note 4: Old HRG Code - PA57Z - Examination, Follow-up, Special Screening or other Admissions, with length of stay 1 day or more - 2019/20 tariff cost £124 NHS: Key Facts And Figures The King's Fund										

Conclusion

ELMS continue to over-deliver on its contracts and offers excellent value for money to Commissioners.

The corporate ethos of prioritising new service opportunities that benefit patients and the communities we serve, while ensuring their financial sustainability, will be maintained into 2024-25.

Michael O'Connor
Retiring Chief Operating Officer

ELMS FINANCE

East Lancashire Medical Services (ELMS) operate as a Community Benefits Society, functioning with a strict business model while adhering to a not-for-profit ethos. ELMS continues to report under the criteria applicable to companies with an annual turnover of less than ten million pounds.

Due to extenuating circumstances, the Financial Conduct Authority permitted ELMS to adjust its financial year-end date. As a result, ELMS has extended its financial year for 2023-24 to conclude in September 2024. Accordingly, this report covers the period from **April 1, 2023, to September 30, 2024** and creates an overlap between the Society's financial year and its contract year.

To facilitate a comparison with the previous 12-month period of the 2022-23 financial year, we have estimated a pro rata 12-month value for 2023-24 based on the 18-month values, as detailed in the information provided below.

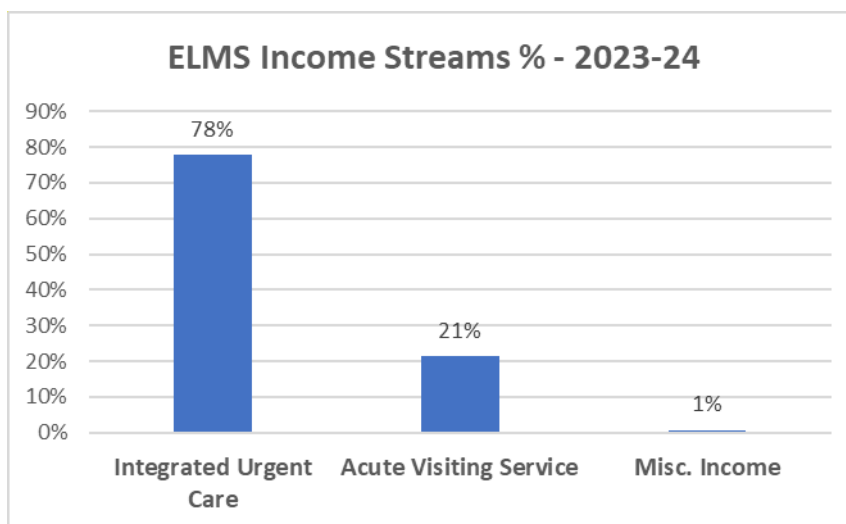
ELMS priorities are patient care and wellbeing while recognising the importance of maintaining a viable service through effective cost management and operational efficiency. The Society enjoys good management practice and teamwork, ensuring high standards of service delivery without the motive of profit maximisation or shareholder dividends as corporate objectives. However, it is essential for the Society to remain sustainable while upholding its community benefits orientated ethos.

The Society's accounts are independently audited by Pierce, a business and accountancy group based in Blackburn. They report that the financial statements provided give a true and fair view of the state of the Society's affairs as at 30 September 2024. These are underpinned by ELMS financial systems and the efforts of Alison Pettinger. Consequently, the Society can report a trading surplus for reinvestment in the business, including its staff, and redistribution to charities.

Revenue

The Society's financial accounts, encompassing ELMS Integrated Urgent Care (IUC), Acute Visiting Service (AVS), other services and corporate activities, indicate that the total annual revenue for ELMS primary care contract for the 18-month period of the 2023-24 financial year was £10,813,105, with a pro rata figure of £7,208,737 for a 12-month period. This reflects a 12-month year-on-year increase of 6.75% when comparing the pro rata 12-month figures with those from the 2022-23 financial year.

Details regarding the contributions from individual contracts and miscellaneous income to the overall financial position for the 18-month 2023-24 period are outlined below:



The Integrated Urgent Care (IUC) contract, which encompasses GP “Out of Hours” services, a Clinical Assessment Service and GP Advice, and the Clinical Navigation Hub, generated a significant turnover of £8,044,612 over the 18-month period or £5,363,075 on a pro-rated basis for 12 months. These figures include additional medical cover services provided to the local health economy. The service is continuously evolving to meet the changing needs of the healthcare system; while referrals are aligned with advice, there is a noticeable increase in face-to-face interactions and a rise in the complexity of cases presented.

The 2023-24 AVS contract, applicable to the combined Integrated Care Board (ICB) regions of Blackburn with Darwen and East Lancashire, provided an income of £2,139,818 for the Society throughout the 18-month financial year, with £1,426,545 on a pro-rated basis for 12 months. AVS continued to address patients presenting with acute exacerbations of conditions, effectively reducing the likelihood of transfers to secondary care and offering essential support to GP Practices in Pennine Lancashire for same-day acute cases.

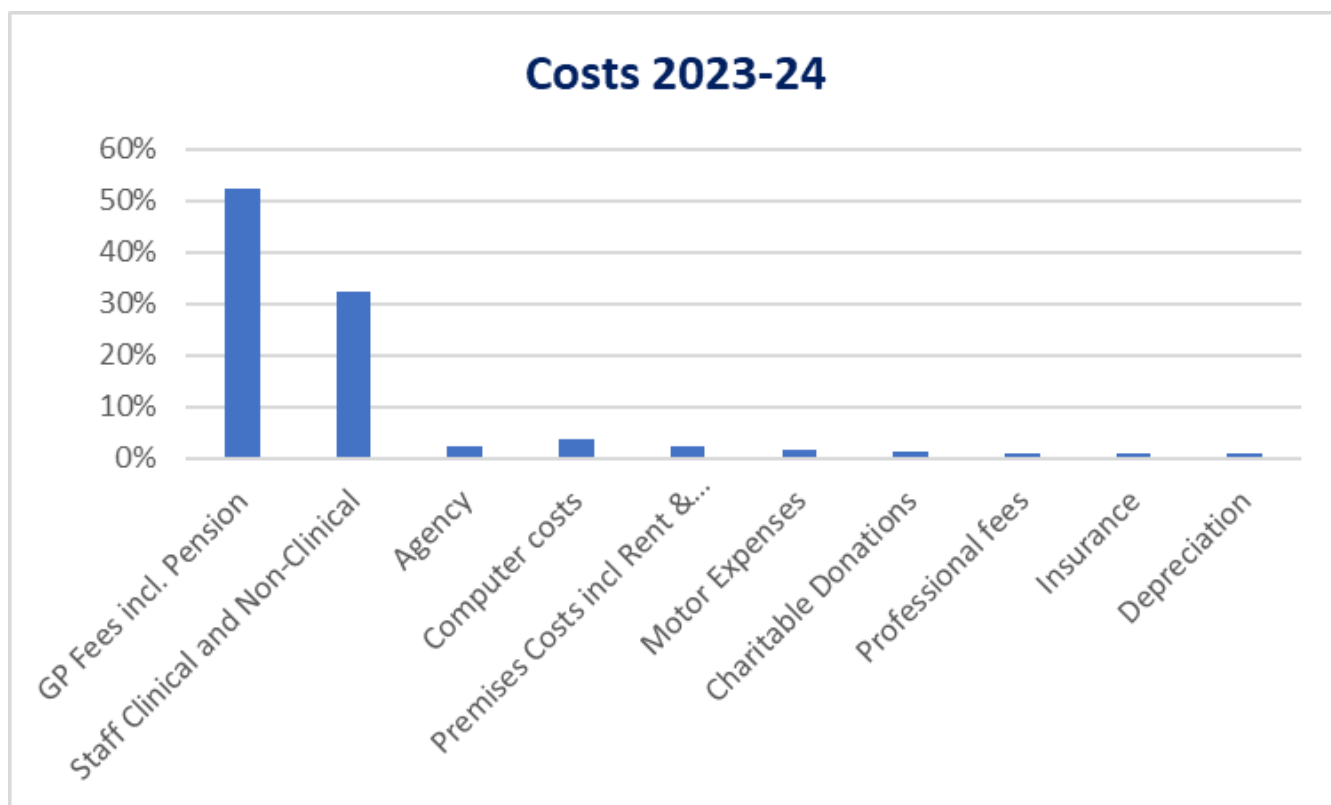
During 2023-24 financial year, management services and bank interest contributed an additional £126,072 to the Society's turnover or £84,048 on a pro-rated basis for 12 months; a 161% increase on the pro rata 12-month figure. This value was primarily bank interest on the Term and Current accounts, but these will reduce in 2024-25 as interest rates fall.

Expenditure

For the financial year 2023-24, total direct and administrative costs for ELMS amounted to £6.65 million over an 18-month period, or £4.43 million when calculated on a pro rata basis for 12 months. Cost management remains a corporate priority, and the contribution of individual service costs to the overall financial position for the year is detailed below.

ELMS - IUC and AVS

The breakdown of the Society’s core services expenditure (IUC and AVS) for the 18-month financial year 2023-24 is shown overleaf:



ELMS continues to maintain high standards of patient care, provided by employed and independently contracted clinical staff as well as non-clinical personnel.

The total cost of clinical and non-clinical staff, agency staff and contractors amounts to £9.1 million, which represents 87% of our total expenditure.

The Society can respond quickly to services needs when asked to deliver by the local Commissioners thanks to its organisational and management capabilities and the flexibility offered by agency and independent contractors.

- ELMS continues to support the training of medical students either working through placements in our IUC or AVS services, with the cost of trainees funded through reimbursement of funds from Medical Schools.
- The number of persons listed on our payroll as working in the Society's services during the 2023-24 year was on average 76 per month, a small increase from 2022-23.
- Staff costs equated to £2.2m for the 18-month financial year 2023-24, £1.5m pro rata for 12-months. ELMS executive team acknowledged the input of employed colleagues through a year-end pay rise of 5.5% for most staff not already at top of their pay range, in-line with the NHS pay-rise and backdated to April 2024.
- ELMS continue to develop our clinical and IT systems to provide enhanced functionality and security to ensure that the Society's systems support patient care and data security in addition to business needs. In 2023-24 computer costs were ELMS second largest area of expenditure, totalling £373,995 over the 18-month period (£249,303 pro rata for 12 months, representing a 33% increase compared to 2022-23).

In the same fiscal period, ELMS spent £230,376 on maintenance, utilities, rent and rates over 18 months or £153,584 pro rata for 12 months (representing a 27% increase on the previous 12-month year). Repairs and maintenance costs increased by 22% while cleaning costs rose by 50%. The budget for energy costs has increased by 18% as fixed tariff arrangements in place previously came to an end.

Motor expenses in 2023-24 rose by 36% compared to 2022-23 figures, totalling £170,102 for the 18-month financial year (£113,401 pro rata for 12 months). This increase is attributable to the rising costs of vehicle maintenance and servicing.

During the 2023-24 period, after accounting for service, corporate costs and investments, ELMS was able to make charitable donations amounting to £144,974 over the 18-month financial year or £96,649 pro rata for 12 months. This reflects the Society's community benefit ethos, aimed at enhancing the health and wellbeing of local communities, with donations made to foodbanks and homeless charities across Pennine Lancashire in an equitable manner.

Professional fees and subscription costs for ELMS saw a minor decrease in costs reaching £110,268 for the 18-month year (£73,512 pro rata for 12 months). These expenses cover CQC and Social Enterprise registration, as well as accountancy, clinical auditing and legal services related to business operations.

The cost of ELMS insurance for the 18 months of 2023-24 was £106,319 (£70,879 pro rata for 12 months which is a very minor increase on the 12 months of 2022-23). This covers various insurance policies, including those for motor vehicles, professional liability, and medical services. While ELMS and its clinical performers continue to benefit from coverage under the NHS Clinical Negligence Scheme for General Practitioners, the Society must also account for run-off cover for potential future claims related to past services, a liability that gradually diminishes over time.

ELMS provision for depreciation is a charge allocated on a fixed asset since its acquisition and is deducted from the asset's original cost to calculate its net book value. For the 18-months of the financial year 2023-24, ELMS allocated a cost provision of £103,493 (£68,995 pro rata 12 months).

ELMS has maintained adequate supplies of personal protective equipment (PPE) and necessary medications during this period, for instances where community pharmacy services are unavailable.

Although ELMS has been assigned a prescribing budget by local Commissioners, it does not fully reflect the complexities associated with the services provided. Consequently, the Society continues to conduct monthly reconciliations of its prescribing budget to ensure overall cost neutrality. This process acknowledges the differences in patient acuity between those presenting to the Integrated Urgent Care service and those receiving prescriptions from the host GP Practice during standard daytime hours.

Year-end Results

As a not-for-profit organisation, ELMS establishes its budgets on a breakeven basis, with any trading surplus generated through in-year efficiencies or identified sources of income, such as increased contract values post-start date or bank interest. The management team at ELMS is committed to enhancing service viability and expanding the range of services delivered, as indicated by the following trading figures for 2023-24:

- An operating surplus before tax from the main ELMS accounts amounting to £184,187 for the 18-month financial year, equivalent to £122,791 pro rata for 12 months. The surplus, while not substantial relative to the overall annual turnover, reflects the proactive management of the Society's flexible service offerings while maintaining control over service costs.
- The Society incurred a corporation tax expense of £39,713, resulting in an overall surplus of £144,471 for the 18-months of the 2023-24 financial year (£96,314 pro rata for 12 months)
The £144k surplus constitutes 1.4% of turnover for the 18 months. This surplus underscores the viability of our service model, as ELMS benefits from a positive trading account and robust balance sheet.

ELMS continues to demonstrate financial strength with a strong balance sheet:

- The balance sheet value for 2023-24 has risen to £2,816,765 representing a £144,474k increase from 2022-23.
- ELMS's cash reserves, encompassing both current and deposit accounts, total £2,624,706 for 2023-24.
- ELMS continue to invest in its infrastructure in support of patient care with in-year investments aimed at enhancing service delivery including the development of consultation rooms in ELMS Business Centre, an upgraded entry system for both buildings on the St Ives House site and a well-being room. This is reflected in the fixed assets valued of £814,517, reflecting an 4% increase over the 2022-23 valuation.
- ELMS maintains no significant external debt.

Conclusion

2023-24 has been marked by significant achievements reflecting our ongoing commitment to providing a safe and effective healthcare service to our community. The Society is in a strong financial position and demonstrates effective management practices, as recognized by our auditors and service Commissioners. We are well-prepared to address the challenges that lie ahead in 2024-25 and beyond.

Michael O'Connor
Retiring Chief Operating Officer

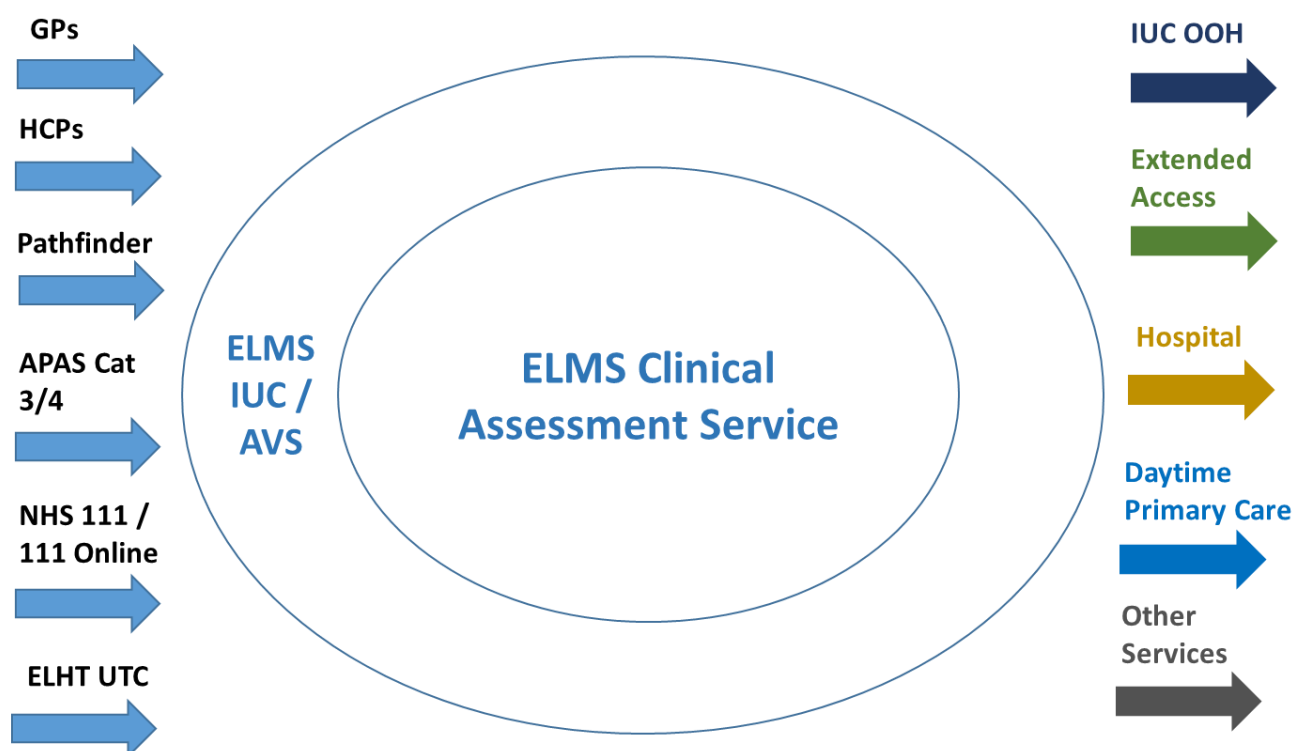
Alison Pettinger
Finance Officer

ELMS UNSCHEDULED CARE SERVICES

ELMS Service Offer

ELMS provide effective healthcare services 24 hours per day, 365 days per year including bank holidays.

ELMS primary function is to deliver same day treatment for patients with urgent primary care medical conditions, aiming to minimize the need for patient transport to or attendance at hospitals whenever possible.



Integrated Urgent Care

ELMS Integrated Urgent Care (IUC) service provides primary care 24 hours a day, 7 days a week, 365 days a year (including bank holidays), for those patients presenting with acute on-the-day primary care-based presentations that would otherwise be treated by the host GP. Its services include a Clinical Navigation Hub and Clinical Assessment Service with referrals from NHS 111, NHS 111 online and NHS 999 and other Healthcare Professionals. Patients are treated via telephone consultations or on a face-to-face basis either at the ELMS Treatment Centre or a home visit

Self-referrals to ELMS Integrated Urgent Care (IUC) service are limited to NHS 111 online, with the majority of referrals originating from NHS 111 and 999, as well as healthcare professionals (including GP practices, district nurses, paramedics, etc.) through secure electronic referrals or direct telephone lines.

The subsequent patient pathway encompasses various consultation models, including remote consultations, face-to-face treatment centre appointments, and home visits, tailored to the patient's presentation and needs as appropriate to the service offer. The resulting consultations will offer care advice (including self-care recommendations), prescribe medication when necessary, or refer the patient to services that can better address their health and/or social care requirements. Additionally, ELMS may refer patients to community services, primary care extended access, or secondary care services for more acute conditions, as well as to social care for non-medical needs.

The service is managed by an Operations Manager under the direction of the COO, ELMS Board and ELMS Council, supported by ELMS Senior Management Team. ELMS Clinical and Organisational Governance Committee provides professional clinical oversight. Operationally the service is overseen by the IUC Shift Managers – Clare Kelly and Beverley Raw - with support from Controllers and driver Navigators.

The clinical element is delivered by employed clinicians, independent contractor and agency General Practitioners, Advanced Nurse Practitioners, Nurse Advisors and Pharmacists. ELMS clinicians – independent contractors or employed clinical staff - use their professional expertise to determine how they will manage the consultation, including the option for hear and treat or face-to-face consultations. Three key elements of the IUC service are:

- **A Clinical Assessment Service (CAS)** - operates on a consultative basis, providing telephone consultations or identifying alternative service solutions to meet patient needs. This includes a Clinical Navigation Hub (Nav Hub) available during weekday hours. The CAS and Nav Hub may facilitate referrals to other services, including the ELMS daytime Acute Visiting Service and our out-of-hours GP Integrated Urgent Care service, among other options.

ELMS provides a CAS service 24 hours a day, 7 days a week, 365 days a year through its Clinical Navigation Hub (the Hub) weekday in hours and through its IUC resources at evenings, weekends and bank holidays). The out of hours service is covered by sessional GPs and Nurses.

The CAS APAS Service provides further support for patients who have called the ambulance service or have been advised to attend a local Emergency Department (ED) by NHS 111.

Utilising the CAS GP, during weekday daytime hours, ELMS are able to take calls from NWS Paramedics on scene with a patient when they are unable to contact the host GP and enables the Paramedic to leave so avoiding unnecessary waiting times and ensures they are able to move on to their next patient.

ELMS clinician may also request NWS Taxis if deemed appropriate to convey the patients to UTC or ED or MIU thus avoiding an unnecessary long wait for an ambulance.

- **An Out of Hours GP service** - is available, offering a "hear and treat" approach as part of the CAS, as well as direct consultations through a Treatment Centre or home visits, for those patients who cannot wait for their primary care provider to reopen. A Clinical Assessment Service (CAS) that operates on a hear and treat basis provides a telephone consultation or identifies another service solution to address a patient's need. This includes the in-hours weekday Clinical Navigation Hub (Nav Hub). The Nav Hub or CAS may broker a referral to that other service including ELMS daytime Acute Visiting Service and our GP out of hours IUC service amongst other service solutions.

- The **ELMS Clinical Navigation Hub** (the Nav Hub), in the 2023-2024 period, April 2023 to September 2024, maintained its key role within ELMS daytime Clinical Assessment Service, providing an essential part of the ELMS Integrated Urgent Care Service.

The Nav Hub team, composed of experienced Registered Nurses, operates during daytime hours on weekdays. The team are supported by a GP. The Nav Hub team's responsibilities include:

- Facilitating referrals on behalf of Health Care Professionals to support community teams and the ELMS AVS team, in making onward referrals to additional services.
- Managing the Acute Patient Assessment Service (APAS) call function within CAS. This includes direct referrals from NHS 111 and NWS 999 aligned with specified symptom groups and disposition codes.

The Nav Hub team's mission is to provide high-quality, patient-centred care while continually enhancing our services to address community needs. The Nav Hub have expanded its service offer to include booking capabilities in the East Lancashire Hospitals Urgent Care Centres (UCC) at Blackburn and Burnley, thereby reducing patient wait times.

In August 2023, it was decided that ELMS would expand its service by accepting early transfer to out-of-hours (ETTO) calls from NHS 111 during operational hours. This new service commenced in November 2023, and data indicates that the Hub handled an average of 13 ETTO Clinical Advice calls per day between November 2023 and September 2024. The total Nav Hub volume of calls increased over the same period to around 65 per day amidst limited resources and budget constraints. The overall deflection rate for the service is 63%. This means patients are deflected from secondary care and their treatment is resolved within ELMS. 63% is an increase on 59% in 2022/23 and this underscores the value of the ongoing contribution of the Nav Hub/CAS function to reducing avoidable emergency admissions.

ELMS are in discussion with NWS about supporting a revised Paramedic Pathway into ELMS to allow referrals by One Response Electronic Patient Record on a trusted assessment basis, rather than telephone referrals. This will be rolled out in 2024-25. It is not anticipated that this will have a significant impact on the Nav Hub as few of these cases are processed during the day.

The Nav Hub continues to triage patients who have reached out for clinical advice via NHS 111 and 999. The Nav Hub and CAS GP offer home management hear and treat advice as well as utilizing appointments in the local hospital's Urgent Treatment Centres, providing home management advice, scheduling appointments with their own general practitioner, and occasionally directing patients to the Treatment Centre at St Ives House to be seen by our CAS GP. Additionally, the Hub continues to facilitate referrals on behalf of Health Care Professionals, with recent reports indicating that the total volume of calls handled in 2023 has nearly doubled compared to the previous year.

IUC Clinical System

ELMS IUC services use the Adastra clinical management system to support and empower its clinicians to assess a patient's needs and record episodes of care. ELMS are committed to keeping up to date with the latest developments and our Adastra system has undergone a full upgrade to the latest version to maximise the functionality and integration the system has to offer. ELMS continues to seek opportunities to secure additional funding along with its own investment in the development of the current systems for the benefit of clinicians, staff and patients.

During the reporting period a number of operational and system changes were made to enhance functionality including: capturing "information only" referrals from ambulance crews that do not require action from ELMS other than to support maintenance of patient health records not readily available to NWS colleagues i.e. death of a patient confirmed by an ambulance or paramedic crew.

IUC Performance

ELMS IUC continues to play a major role in support of the local health economy in taking an increasing number of patients as ELMS enhances its service offer to reflect system needs and deflecting a significant proportion of those referred patients away from secondary care. From April 2023 to Sept 2024, there were **142,787** patients referred into our system; from April 2023 to March 2024 there were **93,608**, a 9.2% increase on aggregated activity for 2022-23 and equates to an average increase of 21 extra referrals per day.

While Mondays, Fridays, weekends and bank holiday weekends continued to be the busiest days, activity midweek remains consistent with previous years, maintaining an overall seasonal pattern.

Cases are dealt with under a number of different pathways and case types. Cases referred into ELMS are assigned a priority for response based on either an NHS algorithm or the status of the referrer, and the acuity of referrals may not fully reflect the clinical need of the patient. The majority are downgraded to the least urgent of acuity upon completion as shown in the figures below for September 2024:

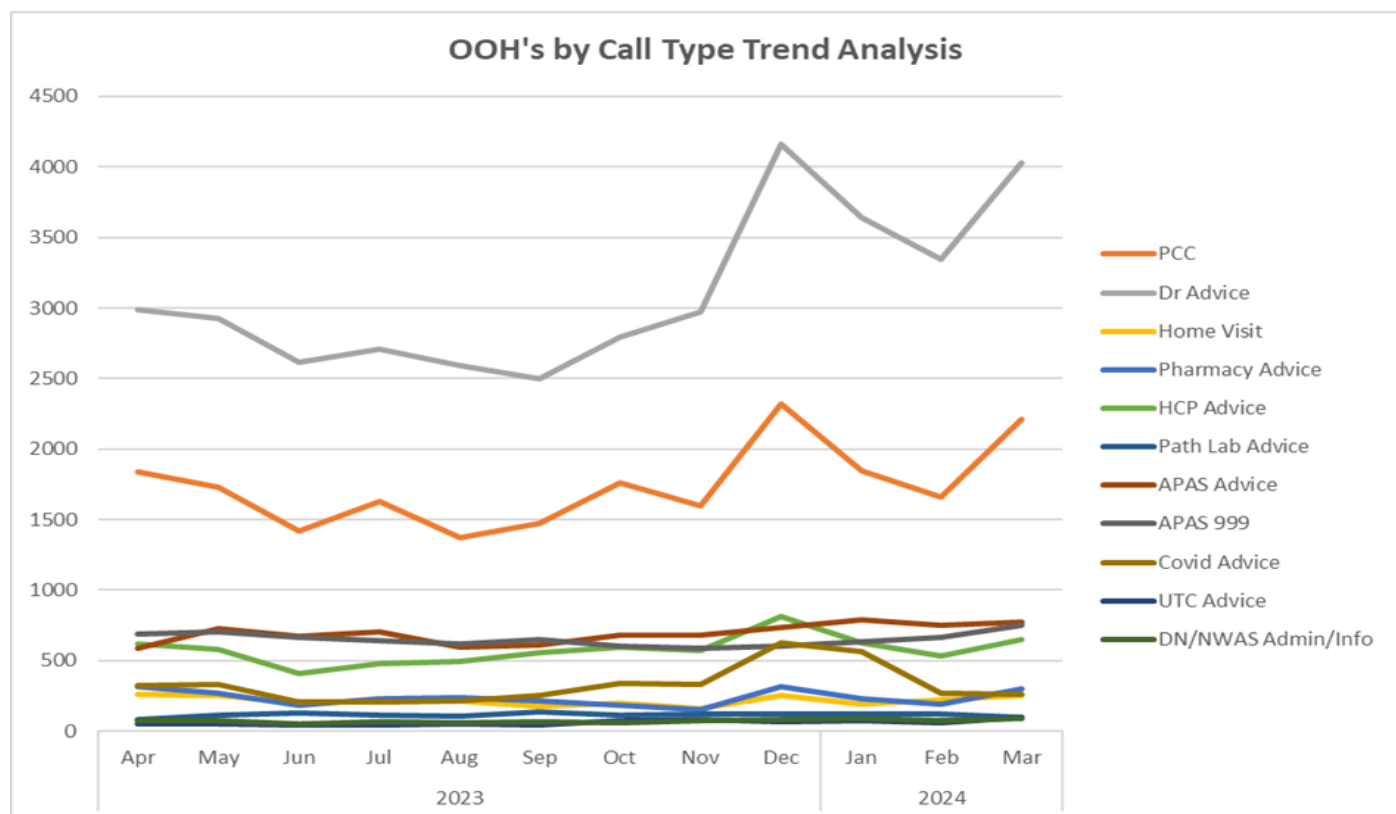
September 2024 Acuity of Cases		
Priority	% on Reception	% on Completion
Emergency	45%	4%
Urgent	48%	13%
Routine	7%	83%

ELMS is currently reviewing the case priority settings on its Adastra systems to ensure that these reflect the response times required by the DX codes that provide the basis for referrals into ELMS systems.

ELMS report against Received Case Types and Finished case types but this does not catch the additional contacts that may arise, as all cases are currently referred in as requiring advice. Patients are then consulted on a hear and treat basis and subject to a clinical triage which may result in the patient being seen by an ELMS clinician at one of our Treatment Centres or visited at home.

The table and graph below show the different pathways and case types on a monthly basis:

	2023												2024			Grand Total	Grouped	%
Finished Case Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar						
PCC	1835	1728	1422	1632	1369	1473	1762	1599	2324	1846	1658	2215	20863	88063	94.1%			
Dr Advice	2987	2923	2619	2707	2593	2501	2796	2974	4163	3644	3343	4030	37280					
Home Visit	266	254	199	219	216	176	203	160	251	194	220	253	2611					
Pharmacy Advice	320	273	184	230	236	214	186	156	320	228	190	298	2835					
HCP Advice	617	578	411	483	498	558	594	574	815	627	533	649	6937					
Path Lab Advice	87	113	130	112	105	137	114	126	120	126	121	102	1393					
APAS Advice	589	731	671	707	598	614	678	685	735	787	749	777	8321					
APAS 999	686	706	667	640	621	647	607	592	602	637	669	749	7823					
Covid Advice	321	331	211	207	212	253	339	331	630	564	267	261	3927					
UTC Advice	56	52	45	48	50	42	75	81	68	74	62	97	750	5545	5.9%			
DN/NWAS Admin/Info	72	74	52	67	61	67	64	74	82	90	76	89	868					
Grand Total	7836	7763	6611	7052	6559	6682	7418	7352	10110	8817	7888	9520	93608	93608	100.0%			



Accordingly, 75% of the 93,608 cases were treated through telephone advice. Face-to-Face contacts equates to 25% of contacts; there are an additional 23,474 patient contacts to the reported figures, as the Home Visits and face to face Treatment Centre (PCC) consultations would have been subject to an ELMS clinical triage first. The aggregated total is therefore 117,082 in 2023-24.

Ongoing Developments

ELMS continues to develop the functionality of the Adastra clinical system using the GP Connect function that enables ELMS to electronically book appointments into GP Practices and other services, including into secondary care as appropriate and following a clinical triage by ELMS clinicians. This helps provide a better patient journey and work is ongoing to ensure more GP Practices and services within East Lancashire Hospitals Trust will allow slots to be available to ELMS where patients fit the receiving service criteria.

ELMS continue to provide an out of hours surgery service from Burnley General Hospital, based in the Children's Minor Illness Unit (CMIU), next door to the Urgent Treatment Centre. This service sees

patients booked in for face-to-face consultations following a clinical triage by an ELMS clinician. The service operates 12:00-20:00 for pre-booked appointments Saturday and Sundays plus bank holidays but is also delivering weekday surgeries 20:00-24:00 from November 2024.

Substantial work has been undertaken to improve the induction of new members of the IUC non-clinical team and to promote best practice and adherence to policy and procedure for both new recruits and existing staff.

The Medical Lead and HR manager support the induction of IUC clinicians and medical trainees.

Acute Visiting Service (AVS)

ELMS Acute Visiting Service (AVS) serves those patients who are unable to leave home and have been assessed by their host GP Practice clinicians as presenting with an acute on-the-day condition that might require conveyance or referral to secondary care. The ICB commission a number of visiting slots per day that are available on a first-come-first-served basis, subject to the patients meeting service referral criteria. Service capacity is increased for 13 weeks over the winter period for East Lancashire, in line with commissioning directives.

ELMS provide its AVS for Blackburn with Darwen and East Lancashire registered patients in GP Practice hours weekdays excluding Bank Holidays. Patients are referred in electronically via the EMIS clinical system following a clinical triage by their host GP Practice for ELMS to visit to address patient needs.

Dedicated visiting teams attend a patient's place of residence in ELMS operated 4x4 vehicles and ELMS visiting clinicians use their professional expertise to determine how they will manage the consultation.

The Medical Lead and HR manager support the induction of AVS clinicians and medical students who attend ELMS and sit in with AVS visits.

The ELMS Operations Manager oversees the AVS team and service under the direction of the COO, ELMS Board and ELMS Council, supported by ELMS Senior Management Team. The ELMS Clinical and Organisational Governance Committee provides professional clinical oversight. Operationally the service is overseen by the AVS Supervisor – Andy Chapman - with support from an AVS Controller and driver Navigators.

AVS System Management

ELMS use the EMIS clinical system in its administration of the service and to support patient assessment and care, to maintain patient records and to record the results of patient consultations including sharing any further action required by the host GP Practice or other services. ELMS maintains the system to the latest versions and takes on-board any opportunities for system and/or operational development.

AVS Performance

Both Blackburn with Darwen and East Lancashire GP Practices use of AVS continues to increase as reflected in the table below showing number of cases dealt with in 2023-24:

AVS Activity	2022-23	2023-24	% Change
Blackburn with Darwen	4674	5077	9%
East Lancashire	7997	8262	3%
Pennine Lancs	12671	13339	5%

Both Pennine Lancashire areas continue to utilise the AVS across the year with only a small amount of capacity lost due to low take-up by host GP Practices or on the day absence due to sickness.

- 5720 total BwD Capacity – 89% capacity used as above
- 8408 total EL Capacity – 98% capacity

This GP-led service includes Advanced Nurse Practitioners and other Advanced Clinical Practitioners in the visiting teams is cost effective and deflects patients at risk of hospital conveyance and/or attendance, away from secondary care, as illustrated for March 2024.

BwD		East Lancs	
Informational Outcome	Total	Informational Outcome	Total
Advice to return if problem persists or deteriorates	269	Advice to return if problem persists or deteriorates	231
Advised to contact general practitioner	34	Advised to contact general practitioner	104
Ambulance request for patient	12	Ambulance request for patient	42
Care complete	68	Care complete	207
Refer to district nurse	7	General medical referral	6
Refer to hospital	2	Refer to district nurse	14
Failed encounter	3	Refer to hospital	3
Referral to accident and emergency service	16	Patient refused treatment	1
Grand Total	411	Failed encounter	2
		Inappropriate referral	2
		Referral to accident and emergency service	14
		Did not attend	1
		Referral to hospital	1
		Grand Total	628

Note:

BwD – 92% deflection rate from ELHT acute care (A&E, ambulance called, referred to hospital etc. plus service refusals and failed encounters). There were three failed encounters (0.6%) – suggesting patients were away from their place of residence (0.7% of activity); there were no BwD patient refusing the service nor any inappropriate referrals.

East Lancs – 88.5% deflection rate from ELHT acute care (A&E, ambulance called, referred to hospital etc. plus service refusals and failed encounters). There were two failed encounters in the reporting period – suggesting the patients may not have been in their place of residence - (0.3% of total activity), one East Lancs patient refused the service (0.2% of activity) and there were two inappropriate referrals (0.3% of total activity).

This snapshot shows that 90.2% of referred cases were deflected away from secondary care in March 2024.

There are minor issues with the appropriateness of some referrals not meeting the service criteria and patient awareness of the service. ELMS being independent of the host GP Practice means that there are occasions when the patient refuses the service or the visiting team fail to encounter the patient.

ELMS continuously monitor the quality of AVS through proactive audits and reporting. Monthly reports evidence that the AVS continues to meet the needs of patients and host GP Practices seeking out-of-hospital solutions to avoid stepping patients up to secondary care.

Medicines Management

Administration of ELMS medicines management is carried out by Andy Chapman, AVS Supervisor, supported operationally by the IUC Supervisors. Clinical oversight is provided by the Accountable Person, ELMS Clinical Chair, Dr Asif Garda along with Janice Davies, ELMS Optimization Pharmacist and ELMS Medical Lead, Dr Pervez Muzaffar. Improved control measures have been implemented as recommended by Janice Davies and the Medical Leads.

Electronic Prescribing Systems (EPS), with the ability to send prescriptions direct to community pharmacies for dispensing, has significantly reduced the medicines function within ELMS and further work for efficiency continues under the guidance of the clinical leads.

Rota Management

ELMS Senior Management Team and the Operations Manager have made changes to both IUC and AVS rotas – clinical and non-clinical – to make them better fit the service requirements and address budgetary constraints. Examples of this are the increased hours in Burnley and additional AVS winter pressures hours.

Sessions are uploaded to a computerised rota system and clinicians and staff apply for available sessions on the rota. Typically, there are more clinical contractors than available clinical sessions and the Rota Administrator, supported by the management team, allocates the sessions accordingly, with contractor performance being a determining factor should sessions be over-subscribed.

ELMS utilise:

- Independent contractor clinicians – mainly GPs – some agency staff and some employed clinicians (primarily Advanced Nurse Practitioners) working rotas; and
- Employed non-clinical staff with some working full-time (generally salaried who do not work rota hours), but the majority working part-time via the rota.

In 2023-24, for the 18-month period (April 2023 to September 2024) the allocation of Rota hours was:

Rota Hours	IUC	AVS
Clinical	54,900	19,793
Non-Clinical	33,238	20,267
Pro rata 12 months ((above figures / 18) *12)		
Clinical	36,600	13,195
Non-Clinical	22,159	14,845

Beverley Cooper
Operations Manager

HUMAN RESOURCES & WORKFORCE

23-24 proved to be a challenging year not only because of the 6 month extension, but also because of several significant changes in the workforce. There were wholesale changes to the key Operational Management Team members and restructuring of service provision requiring consultation with staff and revision of staffing structures changes within operational services. Despite these changes ELMS continued to deliver high quality services through a dynamic and flexible approach to service delivery

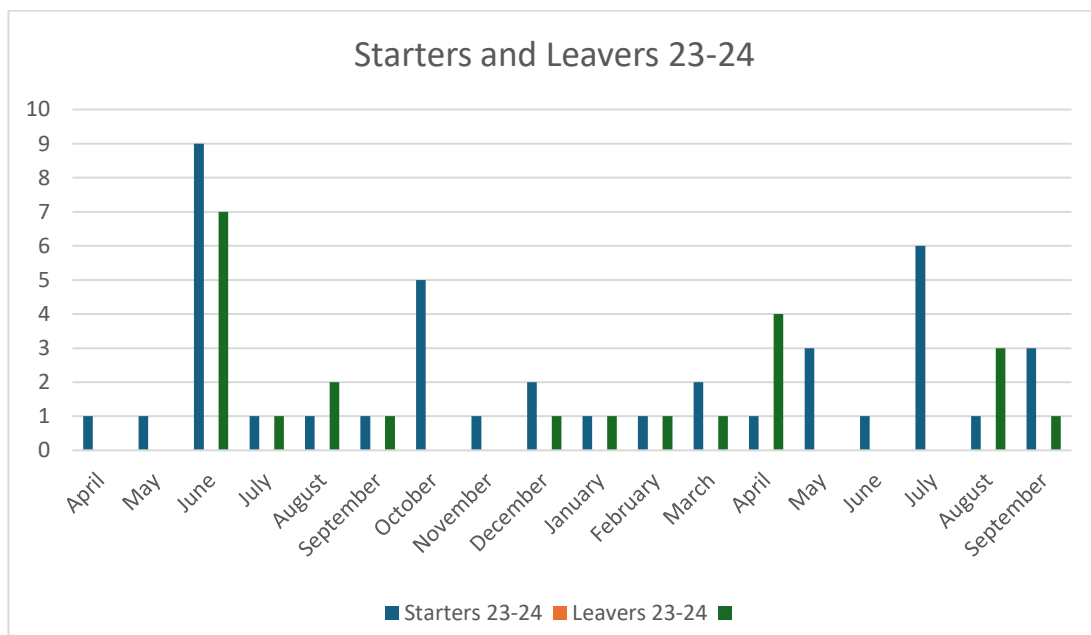
In addition, 23-24 saw the welcome return of a post-Covid face to face service at the Burnley General Hospital site.

ELMS continue to be at the forefront of delivering Primary Care Services, providing vital support within the Pennine Lancashire footprint of the Lancashire and South Cumbria ICB area.

Workforce Profile

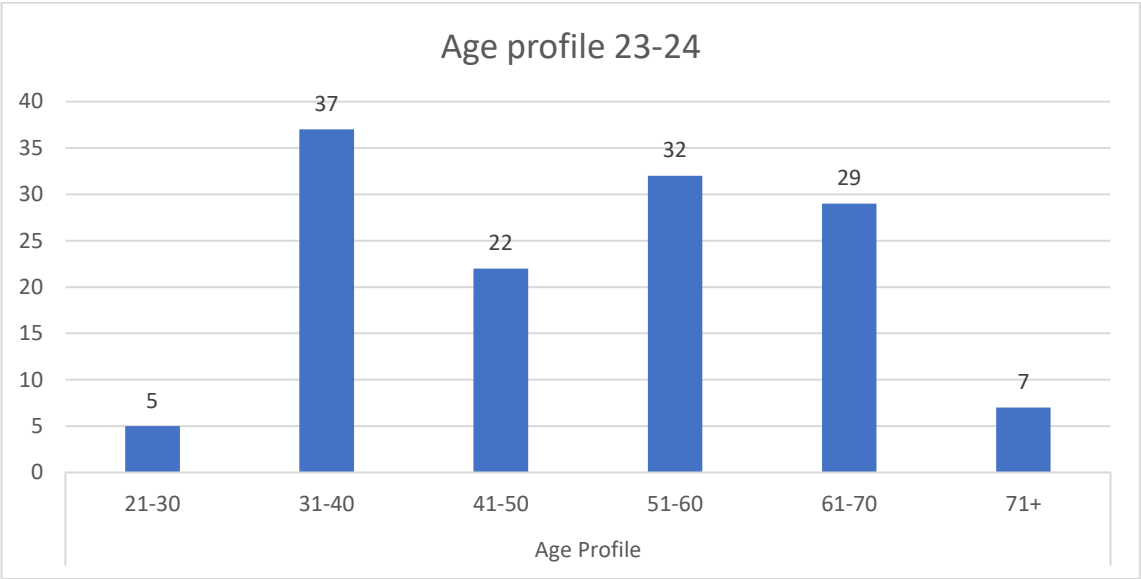
Turnover

There was a total of 41 starters and 23 Leavers in 2023-24, and an annual turnover of 28 %



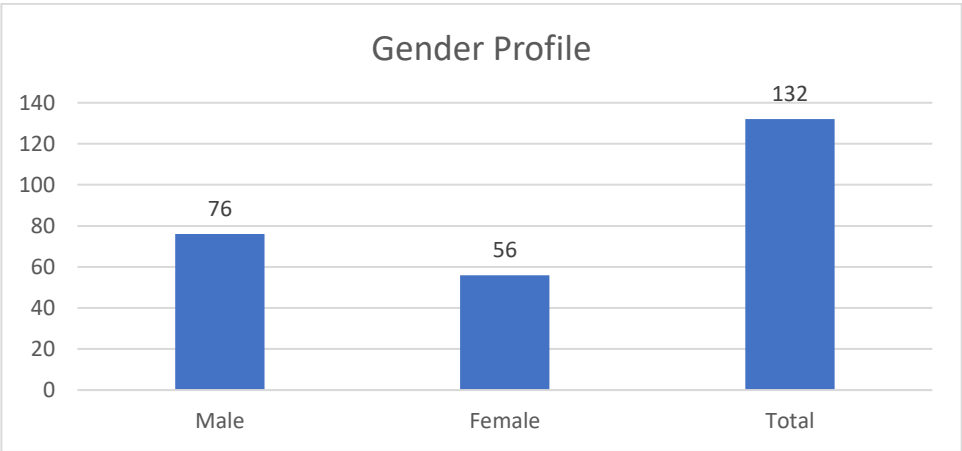
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Starters 23-24	1	1	9	1	1	1	5	1	2	1	1	2	1	3	1	6	1	3
Leavers 23-24	0	0	7	1	2	1	0	0	1	1	1	1	4	0	0	0	3	1

Age Profile

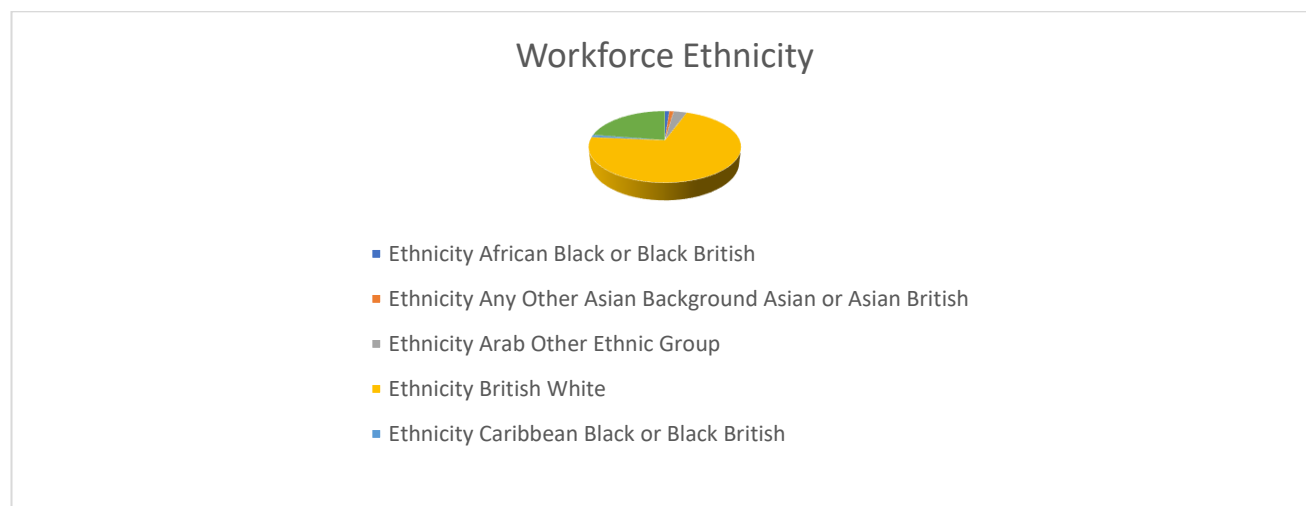


The largest single age group is 31-40 representing just over a quarter of the workforce Over 50’s represent 51.5% of the workforce.

Gender



Ethnic breakdown



African Black or Black British	Any Other Asian Background Asian or Asian British	Any Other White Background	Arab Other Ethnic Group	British White	Caribbean Black or Black British	Indian Asian or Asian British	Not Answered	Pakistani Asian or Asian British
1	1	3	1	56	1	20	7	42

ELMS Board reflects the ethnic diversity of our area:

Black British	British White	Indian /Asian British
1	1	1

ELMS continue to maintain a diverse workforce, reflective of the community it serves.

Training and development

ELMS continue to have high levels of compliance with all statutory and mandatory training modules, with an overall compliance level of 97% in 2023-24.

HEALTH & SAFETY and ESTATES

2023-24 saw the completion of the following Health and a Safety checks

- Bi-annual asbestos survey
- Annual Pat Testing
- Annual fire equipment Check
- Bi-annual Legionella survey

ELMS continues to review its environment to ensure appropriate checks and measures and amend these accordingly to minimise risk.

There have been no major accidents and no RIDDOR reportable incidents in 23-24

Estates

2023/24 saw significant improvement to the Estate. This included the completion of three new consulting rooms, which will enable ELMS to provide improved waiting areas for patients and to provide separate children and adult areas as well as facilitating separate respiratory and non-respiratory facilities when required.

There were also major updates to site security by installing a digital access/entry system across the entire site.

Year-end saw also saw some additional minor remedial work based essential maintenance and repair work to ensure the site remains safe and fit for purpose.

Levis Springer
HR Manager