



East Lancashire Medical Services Ltd.

Annual Report 2017 – 2018

East Lancashire Medical Services Ltd (ELMS) Vision –

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

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Certificate of Registration

This is to certify the following service provider has been registered by the Care Quality Commission under the Health and Social Care Act 2008

Certificate number: CRT1-458670977
Certificate date: 08/08/2012
Provider ID: 1-109801603

Section 1

Service Provider details

Name of service provider: East Lancashire Medical Services Limited

Address of service provider: St Ives House
Accrington Road
Blackburn
Lancashire
BB1 2EG

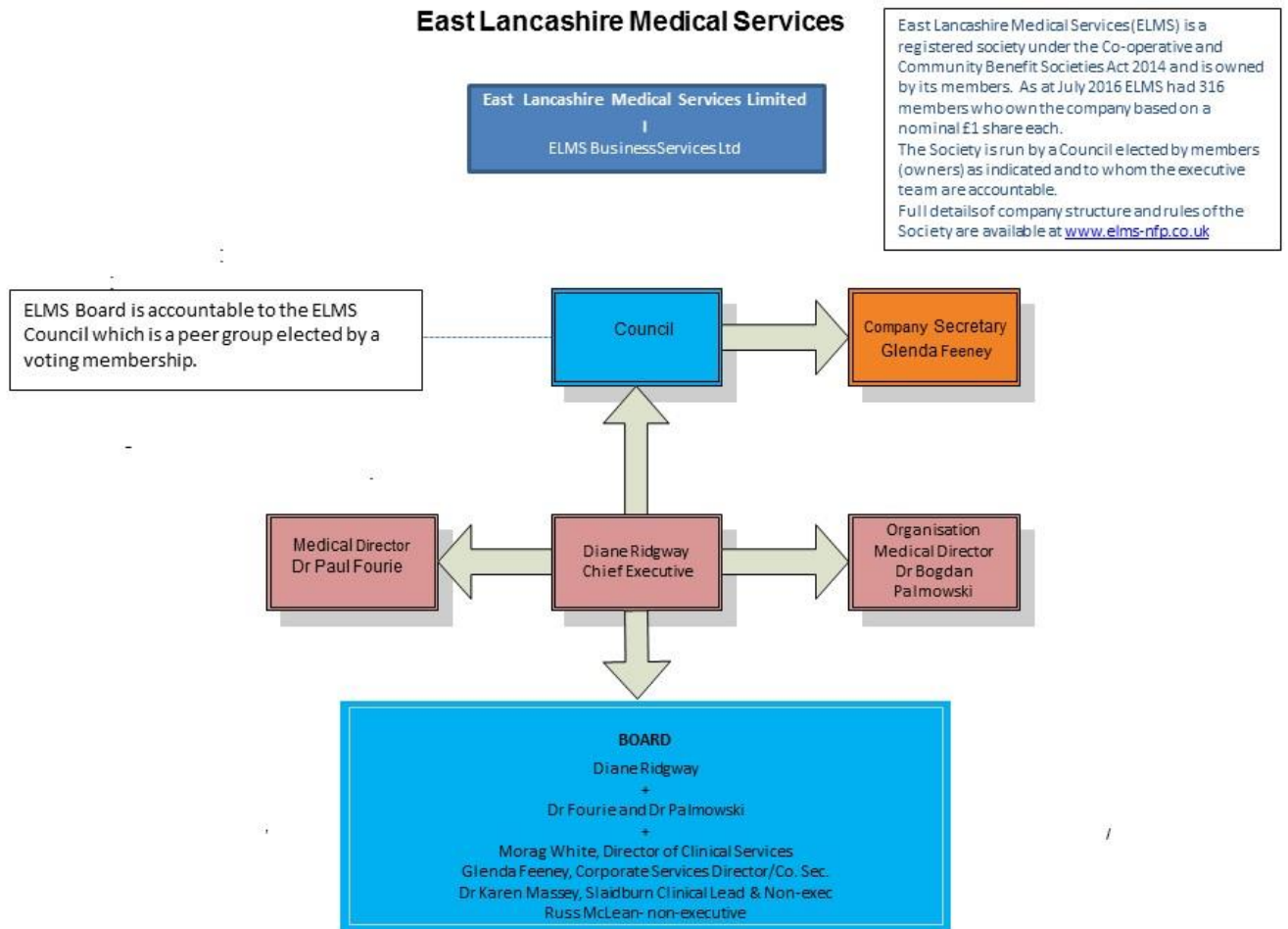
Date of Registration: 14/05/2012

Signed

Amanda Sherlock
Director Operations for the Care Quality Commission

You can email CQC at: enquiries@cqc.org.uk
You can contact CQC on telephone number: 03000 616161
You can write to CQC at: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Board & Council



Council

As a membership-based community mutual provider registered under the Co-operative & Community Benefit Societies Act 2014, ELMS provides health and social care for the benefit of the community. Our Council of Members is very important to us, and a new Council has been elected with effect from March 2018.

The new Council member representatives being:

Dr. M K Datta, Dr. P Muzaffar, Dr. Y Arshad and Dr. Z Patel (co-opted), Carrie Locker (Nurses), Warren Greenacre and Ray Openshaw (staff) and Mrs. Mavis Williams (Patients).

There are still vacancies for two East Lancashire GPs and one Blackburn with Darwen patient representative.

Management Team

Chief Executive	Diane Ridgway
Clinical Services Director	Morag White
Corporate Services Director - including Finance - & Company Secretary	Glenda Feeney
Business & Performance, Accrington Victoria HAC and ELMS Federated Practices	Michael O'Connor
Compliance - Governance, Health & Safety & Estates	Andrew Clarke
Corporate Services	Alison Pettinger
Human Resources	Levis Springer
Media & IT Systems	Craig Winters
Integrated Urgent care	James Bibby

In the absence of a report from Diane, ELMS new Clinical Chair, Dr Asif Garda, has made the following observations on 2017/18:

I commend the details of this report provided by my corporate colleagues in delivery of ELMS services in 2017/18.

2017/18 has been a challenging year for the organisation with growing pressure arising from the reduction in revenue from a number of contracts, as detailed in this report, which may have reflected decisions around the financial viability of those services. ELMS have looked to respond to changing service requirements from Commissioners with the services it provides and has continued to make these changes on a timely and seamless basis, as reflected in the service reconfigurations of Out of Hours and AVS. These corporate and service changes allow ELMS to refocus our business operation and to look for new service opportunities and collaborations, which help underpin ELMS key function, in supporting primary care across Pennine Lancashire.

ELMS has a track record of service delivery, is CQC registered and has the infrastructure to support these changes, providing primary care at scale support, Pennine Lancashire wide, to the primary care network/neighbourhood model of care, including as far as possible the maintenance of GP Practices as independent contractors.

This year has also seen the retirement of its Chief Executive, Diane Ridgway, after nearly 9 years in post. We wish Diane well as she moves on to new challenges.

ELMS continues to have a key role in the Pennine Lancashire health economy, supporting primary care and helping deflect patients away from secondary care. With its reputation for service quality and corporate structure, is well placed to provide Pennine Lancashire wide support to the neighbourhood model of care, working collaboratively with other local providers and stakeholders.

ELMS is primarily a community benefit organisation, focused on primary care, which puts patient care at the heart of our business and this ethos would not change. 2018/19 will see renewed efforts to redevelop services - focusing on primary care, including the integrated unscheduled care services and if financially viable GP services - and necessary organisational change within ELMS to meet future challenges, a need that has been there for some time. Relationships with our local partners will be key, but the need to be flexible is also essential so that ELMS can position itself to respond to the changing needs in the local health economy.

Medical Director / Council Chairman's Report – Dr B Palmowski

ELMS continues to provide robust, safe and effective services in the interests of patients and as a reflection of ELMS history and ethos of being based in the communities it serves, despite a challenging year but one in which we made a great contribution to the local health economy and continue to underpin primary care.

We are keen to work with local GP federations, ELHT and other local providers, CCGs and Commissioners to deliver an effective health service taking into account the public's needs and the ability of the services to deliver from available resources.

I would like to thank Diane Ridgway, as the outgoing ELMS Chief Executive, for her stewardship of ELMS, I am sure she will be greatly missed, but we have a team capable of moving the company forward despite the challenges we currently face.

Very necessary changes will need to take place in 2018/19 and Dr Asif Garda as the new Clinical Chair of ELMS who would be responsible for leading ELMS through its next chapter.

Clinical Services – Dr Muzaffar Pervez

Congratulations to everyone involved in ELMS. Our Family and Friends Test result shows very high level of satisfaction for the services provided by ELMS as reflected in this snapshot of the compliments we have received:

'S was lovely at reception entertaining my 8 years old son and Dr A was really kind and very reassuring – what a nice man.'

'Referred here after phoning 111 at 8 PM, my husband care has been EXCELLENT and really good advice from Dr C after an allergic reaction to amoxicillin. Thank you does not seem enough'.

ELMS provides health care services to more than 555,000 patients in BWD and the East Lancashire area – through unscheduled and in-hours services including:

An integrated urgent care service working in collaboration with 111 to provide:

- face-to-face surgery at St Ives' House in Blackburn and the Urgent Care Centre Burnley;
- A Clinical Navigation Hub providing a comprehensive directory of services for Pennine Lancashire to facilitate direct transfer or broker referral(s) to facilitate personal care and medicine arrangements for those patients at risk of hospital admittance and to enable front line clinicians get on with direct patient treatment; Urgent care desk and Acute Patient Assessment Service in conjunction with 111;
- Paramedics Pathfinder and referrals from other health care professions – out of core hours but also in-hours;
- Laboratory results are dealt by the advising clinicians during out of hours periods;
- Out of Hours visiting service covering Pennine Lancashire;

An in-hours acute visiting service to support BWD GP Practices and their patients; and
GP Practice via our Slaidburn Country Practice

We are able to deliver these services at scale because of an excellent team of clinicians, supervisors, controllers and navigators, supported by a corporate team of very enthusiastic, highly skilled and motivated individuals working in Clinical Governance including clinical auditors and safeguarding, Operations, Medicine management, business management and Human Resources.

We have a very robust clinical governance system led by our Clinical Chair. The team meets on a regular basis to discuss significant events, significant incidents, complaints, compliments and concerns, infection control, medicine management, staffing issues and safeguarding. I am pleased to report the number of complaints has gone down, dealt with by a very efficient team working to NHS time-lines for responses.

We are working with the commissioners on 'appropriate use of antibiotics' and actively auditing the antibiotic prescribing. I ask that all my clinical colleagues consider themselves as 'antibiotic guardian' and think before prescribing. Antibiotic resistance is becoming a major global health issue with emerging super bugs a real threat to life so we need to ACT NOW.

ELMS provide bi-monthly clinical bulletins and I would ask clinical colleagues to read it as it has some useful information, which can help inform your practice within ELMS and in your work across Primary Care.

Clinical guardian is an excellent tool, which ELMS use to audit the works of our clinicians and more than 98% of the cases audited fall into good or satisfactory bracket. 20 To maintain the standard of our auditors to standardise the audit process.

Sustainable clinical work force is becoming a major threat to destabilize the operational capacity of any health care provider. GPs have been retiring and not many new GPs are entering the system. Integrated work force and mixed skill is the future. ELMS welcome the ANPs and Pharmacists onto its clinical work force. We will continue to work with our 'integrated clinical team' to improve the service provision.

I will finish the report on a high note by saying '*Well done team*', both clinical and non-clinical staff because of your hard work, enthusiasm, passion, understanding and commitment to the cause – we provide safe, sensitive and excellent service to the people in health need.

Keep up the good work.

In my role as Clinical Services Director, I continue to provide strategic overview and support across a number of Departments including:

AVH - The HAC contract is split between a GP surgery for registered patients commissioned by NHS England and the Walk in Centre for unregistered patients commissioned by East Lancashire CCG.

The contract for the GP surgery at the Accrington Victoria Health Access Centre concluded on the 31st October 2017 and following a procurement process the contract was awarded to PWE with effect from 1 November 2017.

The Walk-in Centre has had a number of extensions but will finally close its doors on Sunday 17th June 2018 with an alternative delivery model developed by East Lancashire CCG, based on GP extended Hubs including a pilot service based in Accrington. ELMS were very fortunate that both staff and doctors demonstrate loyalty and commitment to patients and the service.

Federated Practices - The Federated Practices have met some challenging times over the last year due to the perception of patients that we have an abundance of appointments to offer. In an attempt to consolidate operations, in accordance with CCG requirements in anticipation of the service being market tested, Eagle Medical, Accrington and Horsfield, Colne surgery sites were closed on 28th February 2018. There are regular Clinical and staff meetings at Pendle Valley Practice both of which I attend. These meetings are essential to ensure clinical and administration staff meet to discuss any issues or, changes that may occur in the practice.

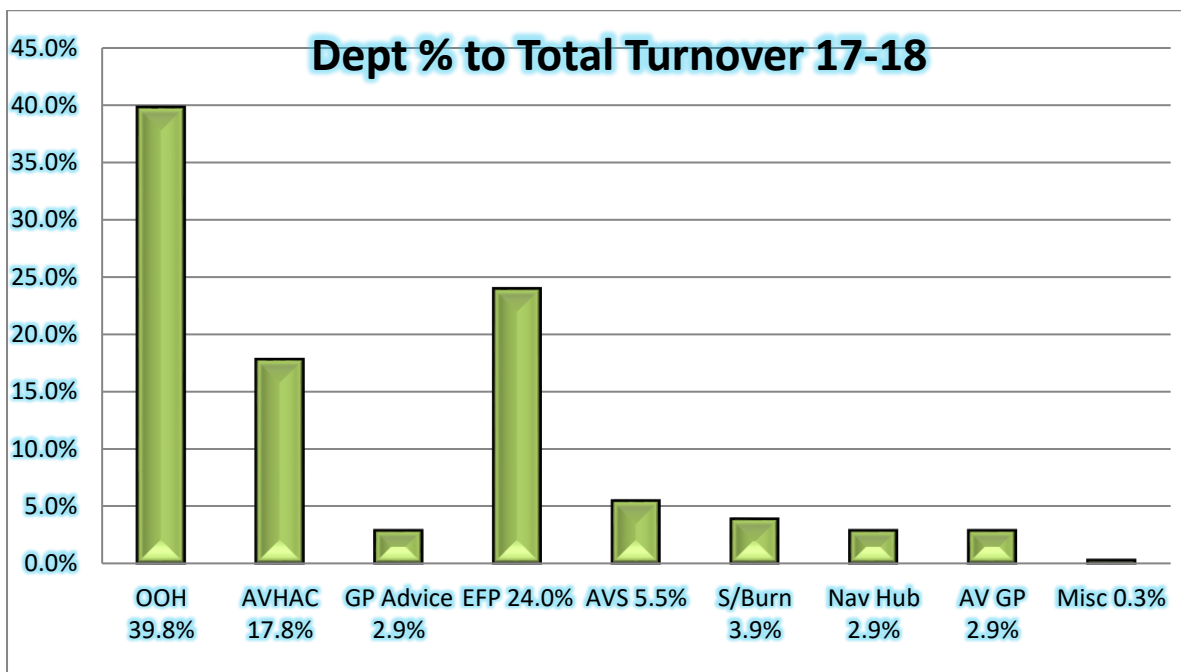
Out of Hours - The recruitment of doctors to the OOH has been very low this year, we are finding that doctors prefer to work as locums and invoice ELMS direct for their services; hourly rates have increased considerably at a time when our contract funding has not kept pace with these cost pressures.

Governance: Complaints & Safeguarding - I am pleased to report that despite the volume of calls we handle each year there has been very little change in the number of complaints received. Complaints mainly consist of Access to treatment/drugs, availability of appointments at the Federated Practices and values and behaviour of staff. A number of consultations are checked each week for evidence of safeguarding concerns. This is done in conjunction with our Medical Lead and Clinical Lead Nurse.

Finance

ELMS business and contracts individually, have been through a financially challenging 12 months. Contract extensions negotiated at very short notice have resulted in understandable staff turnover (clinical and non-clinical) making continued provision of high quality and cost effective services not only problematic but also costly and undoubtedly impacted on the overall financial result for the year.

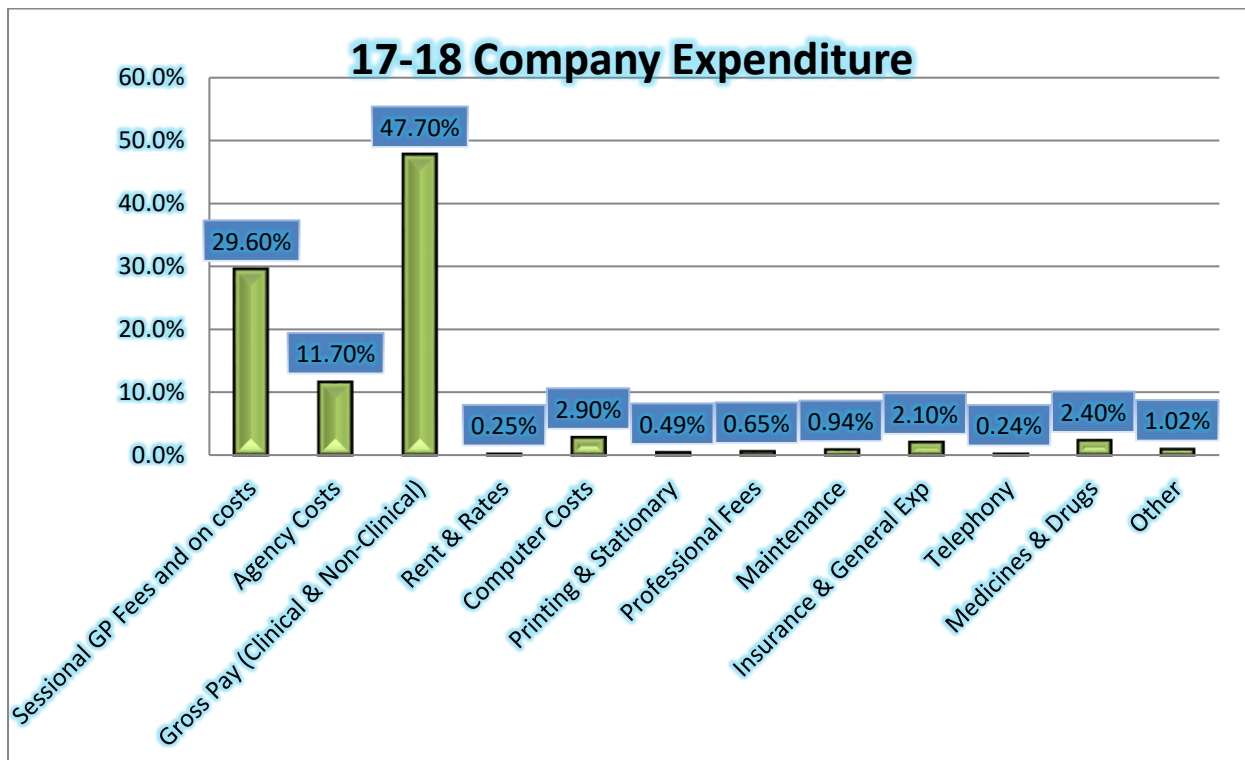
The Company annual turnover figure has reduced slightly this year to £10.2 million due to mid financial year contract conclusions; individual work streams contributing to the 17-18 financial year position overall are shown below.



Expenditure continues to be well managed within individual departments; costs outside of ELMS control remain a challenge i.e. medical indemnity, computer support costs, utilities etc. Sessional GP fees and on costs are showing an 8% increase on last year's figures along with agency costs also increased by 3%.

Despite being well controlled, overtime has been inevitable this year and affected the overall figures; the significant rise in sickness absence levels being a major factor in the requirement for additional overtime. Payroll costs overall are reduced this year, the loss of the Accrington Victoria GP Practice contract affecting this figure.

Computer costs have shown an increase during the year due to the expected increased support costs and implementation of new systems. Very few other areas within ELMS overheads are showing an increased spend in 2017-18, which is a significant achievement in a climate of rising costs and diminishing areas in which to make further savings.



Efforts continue towards reducing ELMS Federated Practice (EFP) costs and the reliance on financial support from other areas of the business has improved. ELMS entered into a 6-month contract extension period for the Practices until June 2018 under re-negotiated financial terms to allow a 6-month procurement of this contact by the CCG.

The Slaidburn Country Practice has also remained reliant on financial support from ELMS this year, notwithstanding the disappointing Atypical funding allowance allocated; a review is to be undertaken in the new financial year to address the ongoing concern of the financial viability of the practice as a matter of urgency.

Within every area of the business, achieving a year end surplus to support the organisations overall financial objectives is becoming increasingly difficult, and credit goes to all ELMS staff who strive to operate within the tight budget constraints and continuing austerity year on year.

The new 2018 – 2019 year will bring further financial challenges with additional ELMS contracts concluding and the subsequent income reduction. Cost continue to rise, with increase in employer alternative pension provider contributions and the recent introduction of HRMC levies continue to have an impact. Company re-structure resulting in redundancies has been inevitable however considered essential to allow ELMS to re-evaluate and reposition itself in the local Health Economy.

Corporate

On a particularly sad note to end the year, we lost not only a well-respected colleague but also a friend when Annette Astley passed away following a very short illness on the 19th March 2018. Annette joined the original Blackburn & District Medical Co-operative shortly after its inception and during her time with the Company made many friends amongst those she worked with. Our sympathies are extended to Annette's family at this very difficult time

Rule Changes - At the extra-ordinary company meeting in March 2018, a number of company rule changes were agreed:

- Rule 1.11 – combines the roles of ELMS Clinical Chair and Chair of ELMS Council, still accountable to the Council and ELMS membership.
- Rule 12.1 – with the appointment of a GP as Clinical Chair and ELMS Accountable Officer, there is no longer a need for two Medical Directors supporting a non-GP Chief Executive.

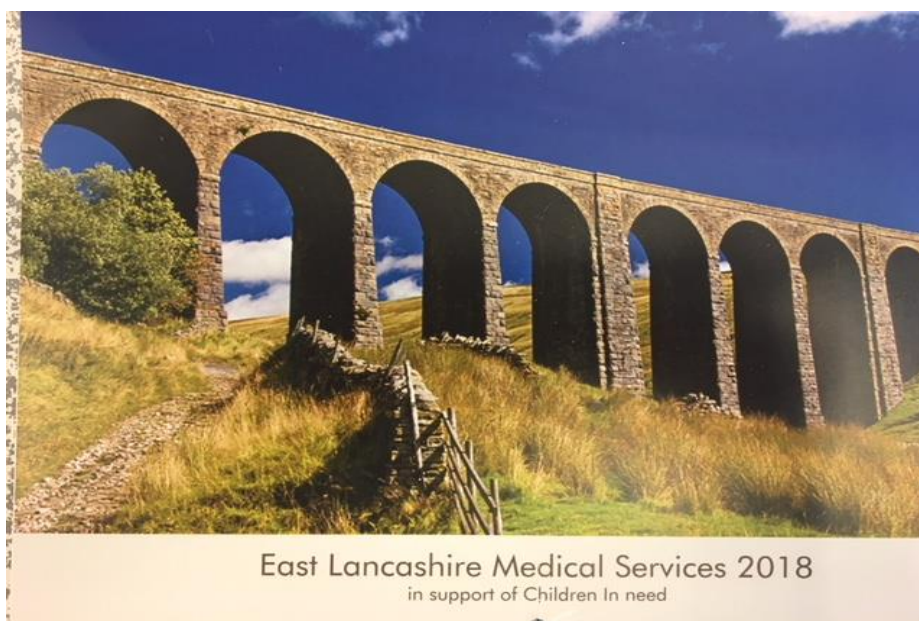
Council - For a significant part of the year ELMS Council and Board meetings have been combined, in order to address the issue of succession planning for the outgoing and retiring Chief Executive Diane Ridgway.

A number of the Council Members who were due to step down from their Council roles in 2017 were asked to extend their period of tenure in order to retain some stability during this period of uncertainty, all of whom agreed. Following an interview and selection process, Dr. Asif Garda was appointed as ELMS Clinical Chair and the Council ratified this appointment, in March 2018. The process to elect new Council Members commenced in March 2018 and a number of GP and staff vacancies on Council were advertised.

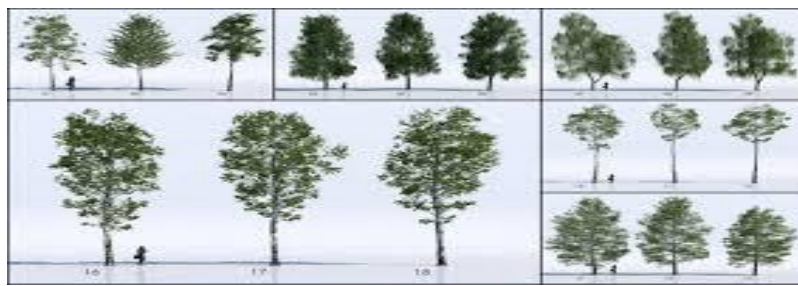
A particular note of appreciation to Dr. Bob Palmowski who has held the position of Chair of ELMS Council for 9 years

DBS Service - ELMS continues to be an umbrella organisation for the Disclosure and Baring Service and are able to offer local GP Practices the facility of applying for standard or enhanced DBS checks for their staff for a small admin fee. The service continues to be popular and allows practices to remain compliant with CQC requirements.

Fundraising & Charities - We have continued with fundraising for charity this year and a photography competition judged by the ELMS Patient Voices Group members, resulted in the compilation of an ELMS calendar which was sold to raise money for Children in Need



Environmental Sustainability – Shred-it - As part of ELMS requirement to dispose of confidential waste safely and appropriately, the services of Shred-it have again been contracted during 2017-18. As part of the shredding and recycling program, 18.08 trees were saved from destruction reflecting the positive impact this initiative has made towards the environment.



By using confidential paper disposal during the year ELMS has saved 18.08 trees.

During 2017/18 ELMS has worked towards eliminating waste going from the St Ives House site for disposal into landfill. Instead, waste is

- Reused
- Recycled
- Used to produce energy

The target is zero to landfill, which we are now almost achieving on a regular basis.

SOCIAL ENTERPRISE KITEMARK - ELMS were proud to be awarded a further year of the Social Enterprise kite mark following the 3 yearly full review and assessment process. This unique award endorses ELMS status for delivering services to the community and upholding social values and principles.



Another year with reduced staffing and a second child for one of the team.

Clinical Governance

Clinical Audit - Aimed at ensuring safe practice, we have a programme of auditing performance in different ways

- Regular monthly audit of approximately 20% of consultations in the OOH service was undertaken on a monthly cycle over the year. Through this we feedback to clinicians on good and poor examples of practice
- During 2017/18, we agreed a target of reducing prescriptions of a certain drug by 5%. With a quarterly audit and a programme of information out to clinicians we were able to exceed the target
- A stand-alone audit looking at prescribing behaviour of a particular drug / patient demographic group identified some areas for improvement and information will be going to the clinicians in the next (financial) year.

Patient Feedback

We have an ongoing process to collect patient feedback via our version of the Friends and Family Test, reported monthly to commissioners.

The recorded approval rating is over 95%.

Complaints - There were 74 complaints formally logged during 2017. Once these have been completed, each is review to determine whether they have been upheld or not. For 2017/18, the PVG Chairman mainly took this decision.

Service	Total number	Upheld	Partially Upheld	Not Upheld
Federated Practices	40	9	10	21
Out of Hours	24	4	4	6
Health Access Centre	9	4	2	13
Other	1	Not applicable		

Federated Practices:

- More than one quarter (11) of complaints concerned the appointments system and problems patients had arranging to see a doctor. In common with other NHS services, there is pressure on capacity and this high proportion of complaints reflects that.
- 20% were about staff or clinician's attitude; often it is as a result of patient expectations not being met (e.g. no appointment or no prescription). The patient may complain about the attitude of the person they have dealt with. This is not to say staff are never under pressure but we do recognise that it can be a challenging environment.

- 17.5% complaints were about the repeat prescription process or its effect (such as a medicine not being available at the pharmacy when expected). This system changed during the year, this element of complaints reflects the change, and the issue seems to have more or less resolved by year-end.
- There were 11 complaints about the clinical treatment received by patients. Each of these were reviewed by the lead GP; about 20% include multiple organisations delivering care to the patients.
- The remaining complaints are about failures in other systems (e.g. blood tests)

Out of Hours:

The 24 complaints are split into 3 numerically equal groups:

1. Systems and organisations (e.g. closure of Clitheroe, waiting times, refusal to see “walk-in” patients)
2. Attitude of staff or clinicians – again this is often linked with some failure to meet patient expectations which cannot be delivered (e.g. a complaint from an otherwise healthy 25 year old who wanted a GP to visit him at home for flu)
3. Issues around the clinical treatment of patients which may include suggested missed diagnosis or a (subsequently proved to be incorrect) provisional diagnosis; this includes those where the patient suffers no harm.

Health Access Centre:

- The bulk of the complaints were about attitude of staff / clinicians (including those where the patient has been told the service is closed). This group is made up 7 of the 9 complaints.
- The remaining two were about the clinical treatment received by the patient.

Contracts, Developments & Activity

ELMS has a robust corporate and service delivery offer that continues to underpin the local primary care services and the health economy as a key provider in the local health system. ELMS operates on a not for profit basis, as a community benefit society, working with the emerging GP federations across Pennine Lancashire, the local Hospital Trust and with the Blackburn with Darwen and East Lancashire CCGs in the development of services.

ELMS contracts continue to be in a period of transition that make business planning difficult, influenced by Commissioners decision making process based on time limited solutions, some contracts being subject to redesign and others are subject to market testing, as reflected in the service areas described below. ELMS has made a strategic decision to ensure that it operates to commercial rationale in the future offer for and provision of its services.

Commissioners have commended ELMS reporting packages, developed by ELMS, to meet Commissioners changing needs.

The activity table shown below details ELMS overall activity in 2017/18 for its unscheduled care service but excludes some elements of the Navigation Hub, ELMS Federated Practice and Slaidburn Country Practice, are reported separately.

2017/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals	Grouped	%
PCC	3229	2900	2317	2728	2351	2533	2783	2727	3568	2949	2572	2902	33559	58854	49.8%
Dr Advice	951	872	866	898	878	910	958	922	1101	1091	831	1125	11403		
Home Visit	778	700	558	662	653	540	595	538	876	816	623	776	8115		
Pharmacy Advice	425	318	224	199	163	137	115	113	189	138	104	175	2300		
HCP Advice	319	243	251	296	270	288	276	273	341	307	256	357	3477		
Acute Visit	286	315	292	260	241	225	247	342	320	348	329	342	3547	3785	3.2%
Acute Advice	15	28	30	9	30	18	33	33	13	9	20	0	238		
Apas	0	0	0	0	0	0	0	0	190	286	300	321	1097		
District Nurse Calls	535	558	444	490	469	357	424	434	577	415	325	311	5339	5339	4.5%
HAC - Walk In	2495	2305	2143	2383	2276	2234	2722	2748	2990	3144	2643	3051	31134	49048	41.5%
HAC - Registered	2566	2567	2565	2562	2555	2550	2549	0	0	0	0	0	17914		
Total Volume	11599	10806	9690	10487	9886	9792	10702	8130	10165	9503	8003	9360	118123		

NB. APAS reflects the developing IUC functionality within the Clinical Navigation Hub and Out of Hours services functions

GP Out of Hours / Integrated Urgent Care - The contracts for this core ELMS service, with both Blackburn with Darwen (BwD) and East Lancashire (EL) CCGs, runs to 30 September 2018 and discussions are ongoing about the potential for a further extension, in line with contracts for other local providers. 2017/18 saw the implementation of an integrated urgent care model – incorporating ELMS associated unscheduled care services such as GP Advice and the Clinical Navigation Hub – to deliver a 24/7 365 service linked into 111 and the integrated service model. ELMS worked with the CCG to put the national requirements in place by April 2018.

The limited availability of doctors in Pennine Lancashire and the increasing number of services such as GP extended access making demand on their time has affected the workload and the cost of salaried and locum clinicians.

Patient satisfaction with the OOH service continues at above 95% of those responding to ELMS regular patient surveys. Please see comments by Andrew Clarke within this report.

The overall activity for ELMS OOH service is detailed below, with comments on activity from Senior Operations Officer, James Bibby, in the dedicated section for the OOH/Integrated Urgent Care (IUC) service model within this report:

Details	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average	
PCC	3229	2900	2317	2728	2351	2533	2783	2727	3568	2949	2572	2902	2796.6	
%	56.6%	57.6%	55.0%	57.0%	54.5%	57.5%	58.9%	59.6%	58.7%	55.6%	58.6%	54.4%	57.0%	
Dr Advice	951	872	866	898	878	910	958	922	1101	1091	831	1125	950.3	
%	16.7%	17.3%	20.5%	18.8%	20.3%	20.6%	20.3%	20.2%	18.1%	20.6%	18.9%	21.1%	19.5%	
Home Visit	778	700	558	662	653	540	595	538	876	816	623	776	676.3	
%	13.6%	13.9%	13.2%	13.8%	15.1%	12.3%	12.6%	11.8%	14.4%	15.4%	14.2%	14.5%	13.7%	
Pharmacy Advice	425	318	224	199	163	137	115	113	189	138	104	175	191.7	
%	7.5%	6.3%	5.3%	4.2%	3.8%	3.1%	2.4%	2.5%	3.1%	2.6%	2.4%	3.3%	3.9%	
HCP Advice	319	243	251	296	270	288	276	273	341	307	256	357	289.8	
%	5.6%	4.8%	6.0%	6.2%	6.3%	6.5%	5.8%	6.0%	5.6%	5.8%	5.8%	6.7%	5.9%	
Total	5702	5033	4216	4783	4315	4408	4727	4573	6075	5301	4386	5335	4904.5	
QR2 - Information to Practice by 8am														
No Before	5702	5033	4216	4783	4315	4408	4727	4573	6075	5301	4386	5335	4904.50	
No After	0	0	0	0	0	0	0	0	0	0	0	0	0.00	
Target %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
QR4 - Sample Clinical Audit of Patient Contacts		149.51			135.06			153.75			150.22			94.39
QR5 - Patient Satisfaction Questionnaires (FFT)														
	213	187	301	201	197	134	629	501	274	516	355	369	323.08	
% of PCC Volume for all Pennine Lancs sites	3.74%	3.72%	7.14%	4.20%	4.57%	3.04%	13.31%	10.96%	4.51%	9.73%	8.09%	6.92%	5.67%	
QR 10 - Walk in Patients Prioritised and seen within 20 mins "Urgent", 60 minutes "Routine" Total Seen														
Total Consulted within Target	13	8	4	2	7	3	1	3	5	5	3	3	4.75	
Percentage Seen within Target	100.0%	100.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.0%	
QR 12 - Face to Face consultations commenced within priority time scale total seen														
	4007	3600	2875	3390	3004	3073	3378	3265	4444	3765	3195	3678	3472.83	
Treatment Centres Total														
Total Consulted within Target	3229	2900	2317	2728	2351	2533	2783	2727	3658	2949	2572	2902	2804.08	
No where target missed	0	0	1	0	0	2	3	8	13	9	11	9	4.67	
% within target	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.7%	99.6%	99.7%	99.6%	99.7%	99.84%	
Total Emergency Treatment Centre consulted														
Total Emergencies consulted within 60 minutes	3	3	1	2	2	10	6	7	5	8	8	6	5.1	
No where target missed	0	1	0	0	0	0	2	1	3	1	2	3	4.0	
% within target	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	66.7%	85.7%	40.0%	87.5%	75.0%	50.0%	81.0%	
Total Urgent Treatment Centre Consulted														
Total Urgent consulted within 120 minutes	828	828	676	912	678	88	102	106	1013	99	127	149	467.2	
No where target missed	0	0	0	0	0	2	0	6	9	7	7	6	3.08	
% within target	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	100.0%	94.3%	99.1%	92.9%	94.5%	96.0%	97.9%	
Total Routine Treatment Centres Consulted														
Total Routine Consulted within 360 minutes	2398	2069	1640	1814	1671	2435	2675	2614	2640	2842	2437	2747	2331.8	
No where target missed	0	0	2	0	0	0	0	2	1	1	2	0	0.7	
% within target	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	99.9%	100.0%	100.0%	
Home Visit Total														
Total Consulted within Target	778	700	558	662	653	540	595	538	876	821	623	776	676.7	
No where target missed	0	25	9	13	12	4	9	14	56	38	18	12	17.50	
% within target	100.0%	96.4%	98.4%	98.0%	98.2%	99.3%	98.5%	97.4%	93.6%	95.4%	97.1%	98.5%	97.6%	
Total Emergency Home Visits Consulted														
Total Emergencies consulted within 60 minutes	7	8	11	9	5	12	9	7	11	11	10	14	9.5	
No where target missed	1	1	1	0	1	0	2	6	6	6	7	3	6.7	
% within target	85.7%	87.5%	90.9%	100.0%	80.0%	100.0%	77.8%	14.3%	45.5%	45.5%	30.0%	78.6%	69.6%	
Total Urgent Home Visits Consulted														
Total Urgent consulted within 120 minutes	245	232	16	211	206	19	35	42	59	63	41	72	103.4	
No where target missed	4	6	1	6	1	2	2	3	17	12	7	9	9.6	
% within target	98.4%	97.4%	93.8%	97.2%	99.5%	89.5%	94.3%	92.9%	71.2%	81.0%	82.9%	87.5%	90.4%	
Total Routine Home Visits Consulted														
Total Routine consulted within 360 minutes	516	460	531	442	442	509	551	489	806	747	572	690	562.9	
No where target missed	16	18	7	12	10	2	5	4	33	20	4	0	10.9	
% within target	96.9%	96.1%	98.7%	97.3%	97.7%	99.6%	99.1%	99.2%	95.9%	97.3%	99.3%	100.0%	97.2%	

Clinical Navigation Hub - The Hub continues to help a reduction in avoidable emergency admissions across Pennine Lancashire by identifying out of hospital services as an alternative to conveyance and potential admittance. The rollout of the IUC model saw the Hub take on the advisory role in support of paramedic pathfinder in late 2017 and the development of an Advanced Patient Assessment Service from October 2017.

**Conveyance and Potential Admission to Hospital Avoided + CAS DX02 and DX03 Information Outcomes:
Dec-17-Mar-18**

Activity deflected from ELHT	NWAS conveyance saving at £197.12 (note 1)	A&E attendance tariff saving at £57 (note 2)	NWAS assume 31% of patients admitted (note 3)	Emergency admission tariff saving at £124 (note 4) on 31% of patients (note 3)	Beds days on 31% of patients 2.8 days (note 3)	Total savings
Aggregated figures from Dec-17 to date						
363	£71,554.56	£ 20,691.00	113	£ 13,953.72	315	£ 106,199.28

The IUC service incorporating GP Out of Hours, the Navigation Hub and GP advice continues in 2018/19.

Acute Visiting Service (AVS) - AVS continues to deflect BwD patients referred to the service by local GP Practices – these patients might be at risk of a non-elective hospital admission - with the aim of keeping them in their normal place of residence. AVS was reconfigured in 2017/18 to reflect BwD CCG’s CRES saving requirements, based on a simplified model including the development of a GP-led, mixed clinical skill team including ANPs and excluding responsibility for paramedic pathfinder calls and intensive home support services. ELMS contract with BwD CCG runs to 30 September 2018.

Changes in the service model have affected activity - see comments on AVS activity from Senior Operations Officer, James Bibby, within this report. ELMS continues to work with local Practices and the CCG to make the service as effective as possible.

In 2017/18 East Lancashire CCG trialled an element of AVS with ELMS and the performance of the 2 elements of the AVS service –the revised AVS service for BwD and the pilot for East Lancashire between April and December 2017 shown below:

AVS BwD 2017/18 Efficacy

Period	Reported Activity	Saving in GP time @ £45 per consultation	Mean average Deflection Rate %	Activity deflected from ELHT	NWAS conveyance saving at £197.12 (note 1)	A&E attendance tariff saving at £57 (note 2)	NWAS assume 31% (note 3) of patients admitted	Emergency admission tariff saving at £124 (note 4) on 31% of patients (note 3)	Beds days on 31% of patients 2.8 days (note 3)	Total savings
Reporting Month: Mar-18										
BwD Total Year to Date	3597	£ 161,865.00	83%	3015	£ 594,316.80	£ 171,855.00	937	£ 116,222.72	2625	£ 1,044,259.52
Note 1: Indicative NWAS tariff										
Note 2: Average cost to the NHS: £124 (Costs data - NHS Reference Costs 2013/14)										
Note 3: NWAS rates agreed by Commissioners										
Note 4: Code - PA57Z - Examination, Follow-up, Special Screening or other Admissions, with length of stay 1 day or more										

And

EL AVS Efficacy: Pilot period Apr-Dec 2017/18

Period	Reported Activity	Saving in GP time @ £45 per consultation	Deflection Rate %	Activity deflected from ELHT	NWAS conveyance saving at £197.12 (note 1)	A&E attendance tariff saving at £57 (note 2)	NWAS assume 31% (note 3) of patients admitted	Emergency admission tariff saving at £124 (note 4) on 31% of patients (note 3)	Beds days on 31% of patients 2.8 days (note 3)	Total savings
Reporting Month: December 2017										
EL Total Year to Date	223	£ 10,035.00	92%	206	£ 40,606.72	£ 11,742.00	64	£ 7,918.64	179	£ 70,302.36

The IUC service continues into 2018/19.

Accrington Victoria Health Access Centre - The challenge of maintaining the services provided at the Health Access Centre (HAC) continued with time-limited contract extensions confirmed at by the Commissioners for the registered GP surgery patients and the separate contract for a Walk-in Centre (WIC) for unscheduled patients.

The GP surgery contract was subject to market testing with the contract due to run to 30th September 2017 following the CCG's previous unsuccessful procurement process; the subsequent tender saw the contract awarded to another provider. ELMS agreed a contract extension to facilitate the smooth transition to the new provider with effect from 1 November 2017 based on a structured exit plan to minimise disruption to patients and a loyal team who have supported the service over the years. The GP surgery continued to provide a consultation rate above the national average, as well as registered patients attending the WIC but still demonstrated excellent QOF progress when the service transferred to the new provider.

The WIC service was due to end in September 2017, but ELMS agreed further contract extensions to June 2018 to enable the Commissioners to develop a new model of GP extended access in Hyndburn.

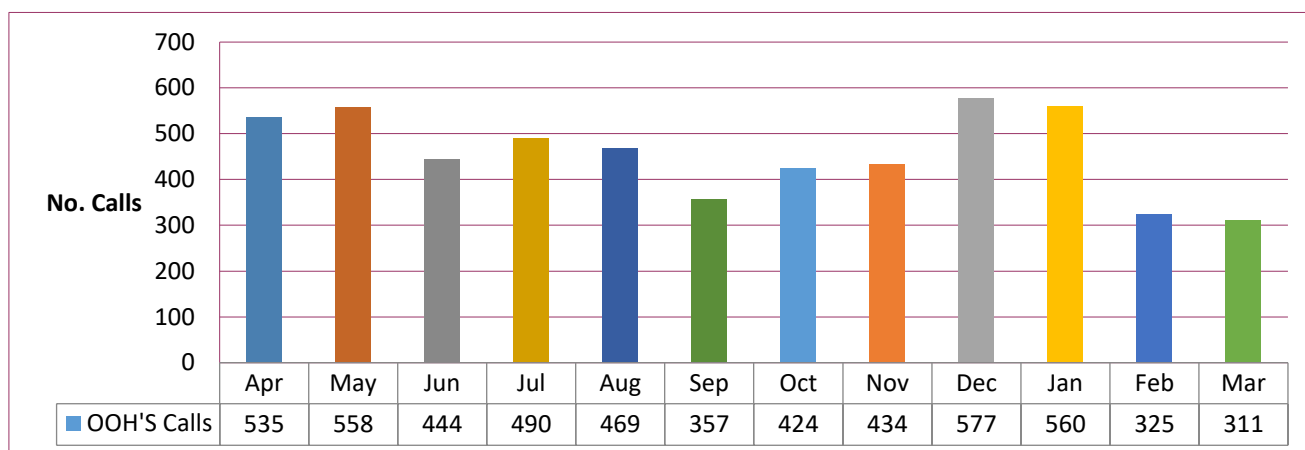
The demise of the service, the nature of presentations and the time of attendance has meant the workload and operational pressures did not reduce, affecting staff wastage and referral rates. WIC activity increased by 8.1% to 31246 patient attendances in the financial year 2017/18. Patients attended the WIC because they are, or believed themselves to be ill because GP Practice access problems or were there for immediate necessary treatment i.e. travellers.

The separate Minor Injuries Unit nurse-led service continues to make demands on the HAC and registered patients continue to attend on a walk-in basis. Referral rates reflected in part the increasing acuity of some patient presentations including one suspected meningitis case (which the attending GP personally took to hospital in the absence of an ambulance) and a birth.

Without the WIC and uncertainty around the capacity and access of the GP extended access hub it is likely patients may attend another unscheduled care service such as an Urgent Care Centre or make more demands upon GP Out of Hours services (Hyndburn locality has not been a significant user of other unscheduled care services given access to the WIC).

Patient feedback and support for both services continued to be positive. The HAC had a lively and proactive Patient Participation Group who helped represent patient interests and to keep the two services patient focused.

District Nurse Call Handling - This service, contracted to March 2018 on an annual rolling SLA arrangement, provides out of hours call handling support to Lancashire Care NHS Foundation Trust's team of District Nurses across BwD CCG area. 2017/18 activity shown below:



Overall activity within the service was consistent with that reported in 2016/17 and the SLA with Lancashire Care Foundation Trust for the delivery of this out of hours call handling service in support of BwD District Nurses continues into 2018/19.

ELMS Federated Practice - Serving a practice population of c19000 patients the Federated GP Practice patient list reflects the localities in which each of the surgery sites are but there is a significant cohort who have a poor health experience, are frequent attenders and make significant demands on the service. Access continued to be a perceived issue and the Practice has worked with the CCG and other stakeholders to see how access might be improved.

A number of factors affected the availability of resources to ELMS in delivering this service including annual contract changes and income pressure. ELMS continued to work on reducing its operational costs to make the Federated Practice model of care more sustainable while improving services to patients, requiring us to use our team efficiently which saw an evolving clinical team reflecting our multi skilled approach where the patient should have the facility to see the most appropriate clinician at the earliest appropriate opportunity. However, the Practice continued to be a cost pressure to the organisation.

The contract for the Federated Practices covering sites in Colne, Nelson, Brierfield and Accrington, was due to expire on 31 December 2017 but was extended to 30 June 2018, following an agreement by ELMS Board and Council.

During this extension period, East Lancashire CCG proposed changes to how the Federated Practice operates across East Lancashire in anticipation of a competitive tender process to award the next contract for the Practice. This required the service to undergo a significant transformation with both Horsfield Surgery in Colne and the Eagle Surgery in Accrington were closed following the necessary consultation and transition periods. Due to delays in the CCG's procurement process the final contract award decision was delayed until the 2018/19 financial year.

The Practice's data and clinical team achieved 92.8% of the Quality Outcome Framework points for 2017-18 but points were increasingly hard to achieve in light of the nature of our practice population and the changing QOF requirements.

Slaidburn Country Practice - The practice continues to provide a high quality service to its patients including, ease of access to GP appointments, service focused on the individual patient and provision of associated non-GP services that are not funded but provided in lieu of other service providers that are not accessible due to geography and isolation.

2017/18 saw financial pressures on Slaidburn continue despite the hard work of Dr Massey, the Practice team and those at St Ives House HQ to maintain income, because of MPIG and other contract payment changes, as Slaidburn is affected disproportionately by the GMS Carr Hill formula. ELMS has reviewed the service and without a reconfigured service and/or additional funding, the service may not be tenable. Discussions with East Lancashire CCG about additional funding arising from DH guidance regarding atypical GP Practices have not brought the required outcome so far, despite some initial progress, and while an atypical payment has been accepted this is on the basis of it being an interim payment pending further discussions around the funding. At the end of 2017/18 ELMS applied for NHS England funding for an independent review of the service to inform the way ahead.

Slaidburn's QOF achievement for 2017/18 was 529.14 out of 545 points - 97% QOF points; given the very small registered list size this performance can be impacted by one patient not complying. This result reflected efforts to maintain reporting, good systems and hard work by the team, particularly as for a large part of the year the Practice had no practice nurse and relied on a bank nurse as it trained up a nurse appointed on a developmental basis who now combines the role of Practice Nurse and Dispenser. The Practice's list grew by 4% between in the year to April 2018, from 1053 to 1097 patients. Slaidburn continues to enjoy high level of patient satisfaction w in the annual GP Patient survey.

2018/19 will provide significant challenges, as the income reductions continue, however, an independent service review commissioned by NHSE and expedited by the LMC, is expected to outline service reconfiguration options and the case for additional funding that may provide the basis for long-term financial sustainability.

Out of Hours / Integrated Urgent Care - 2017/18 saw a move towards a revised model of delivery moving away from the traditional GP Out of Hours in to a 24/7 Integrated Urgent Care Service with the Clinical Navigation Hub taking on more advisory functions to create a more seamless service delivery.

October saw the start of formal discussion to put the National revised requirements in to place by April 2018 however with a diminishing budget and no additional funding to be invested in the service, the challenge was to maximise the resource available and create a more efficient and effective delivery model. This proved challenging politically due to the sensitive nature of the announcement of the closure of the traditional satellite sites, Clitheroe, Pendle and Rossendale and the impact this had on the clinical and non-clinical workforce.

These sites remained open through the period of consultation but due to the diminishing availability to cover sessions we saw increased business continuity closures before it was finally agreed to escalate the closure of Pendle Monday to Thursday with the resource transferring to Burnley in October.

Trend in GP Out of Hours saw a decrease on previous year of 1.7% (n1026) with nearly 58,854 patients passing through Out of Hours through the year with consultations remaining relatively static at 85,000 completed by the service.

Home Visits showed a further decrease on previous years of 3.3% (n274), helped by the continued support of clinicians committing to sessions on advice and triage sessions over the course of the year.

Numbers of treatment centre appointments saw a further decrease on previous year of by 1.5% (n495) on the previous year.

Much of the increase in previous years came from advice however; this time we saw a marginal overall decrease of 1.7% (n257). The decrease can be largely attributed to the introduction of the NHS Urgent Medicine Supply Advanced Service (NUMSAS), which diverted many calls away from the service direct to local pharmacy.

Despite the introduction of NUMSAS, medication requested remains one of the highest coded outcomes within the service. As a result the skill mix with nurse's and pharmacists supporting GPs on the advisory work streams continued thus enabling advice consultations to be more effective.

The forthcoming year will be a test of all the hard work and sacrifices made this year to transition the service in line with commissioning requirements and ELMS journey towards and Integrated Urgent Care Service will be complete, commencing on the 2nd April 2018.

I would like to place on record my thanks and gratitude to everyone working across the GP Out of Hours services in your varying roles for all the help, support and sacrifices given to me and my teams in ensuring we continue to deliver and produce the highest standards of service on which we have all pride ourselves on.

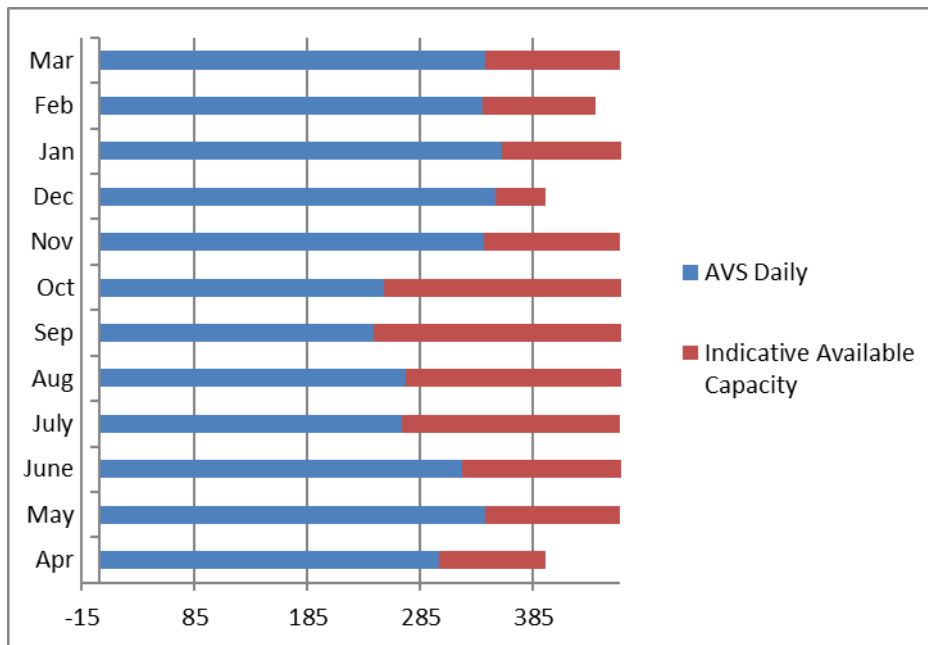
Acute Visiting Service - The Acute Visiting Service continued to support Blackburn with Darwen patients throughout 2017/18. The CCG imposed a further CRES saving in 2017/18, which saw the CCG remove the need for the service to undertake Paramedic Pathfinder advice calls and all the requirements of medical oversight for Intensive Home Support patients from 1st October. To enable capacity to be retained the clinical delivery was changed to incorporate Advanced Nurse Practitioners with the service operation times adjusted from 08:00 to 19:00 to 09:00 to 18:30.

EMIS was introduced to enable practices to directly book their visit thus removing the manual pass systems in place and enabling clinicians to have access to the full patient record under sharing agreements.

Total number of referrals decreased by 23.2% (n1131) on the previous year's activity levels; this was primarily due to removal of Pathfinder Calls and Intensive Home Support and reduced operating times.

2017-18	AVS Daily	AVG Per Day	Working Days	Anticipated Capacity	Indicative Available Capacity	% Capacity Utilised
Apr	302	17	18.0	396	94	76%
May	343	16	21.0	462	119	74%
June	322	15	22.0	484	162	67%
July	269	13	21.0	462	193	58%
Aug	272	12	22.0	484	212	56%
Sep	244	11	22.0	484	240	50%
Oct	253	12	22.0	484	231	52%
Nov	341	16	21.0	462	121	74%
Dec	352	20	18.0	396	44	89%
Jan	357	16	22.0	484	127	74%
Feb	340	17	20.0	440	100	77%
Mar	342	16	21.0	462	120	74%
Total	3737	15	250	5500	1763	68%

The service saw a decrease in overall utilisation of capacity available due to the changes put in place down to 68% in 2017/18 from 85% in 2016/17.



Once again many thanks to all the clinicians, staff and navigators who have worked within the service throughout the year and integrated seamlessly with the Pennine Lancashire Navigation Hub to great effect in delivering the Intensive Support Service.

Medicines Management - The procedures implemented continue to work well, supported across the organisation, with full audit processes verifying good practice by all staff. The active monitoring of the medicines management module enabled greater scrutiny of systems and processes.

Despite a decreasing budget, the controls and audits ensured we managed to meet the revised budgetary requirements. This was helped by the introduction of the NUMSAS service diverting calls away from the service. With reducing sites and increased controls it is likely that further efficiencies will be required over the coming year with specific prescribing targets being introduced for 2018/19.

Management of the processes continues under the stewardship of Clinical Performance Lead Dr Pervez Muzaffar with improved control measures implemented as directed, so many thanks to him for his continued support.

The Clinical Hub has seen a few changes since last year.

Staffing has been a bit of an issue in the Clinical Hub this year but the one constant is the original team that remain. Myself, Debbie and Carole: In August and November 2017 we were joined by two ANP's Sharron and Julie and together make up the APAS Team.

In October 2017, the hub commenced an Advanced Patient Assessment Service (APAS) in conjunction with 111, which extends the Nav Hub function. Direct referrals come through 111 to prevent unnecessary A&E attendance. The Calls are triaged by the Hub Clinical Team, using clinical decision-making software to support clinicians, and provide patients with relevant and timely advice or direct them to the most appropriate and available point of treatment or self-care. This may include community, mental health and social care services, local pharmacy, local visiting services, their host GP Practice, GP extended access services and GP Out of Hours, as well as the acute trust. The Hub team also took on the advisory role in support of NWS Pathfinder Scheme by providing an enhanced service with advice from one of our two ANPs that joined the APAS Team in August /November 2017.

On 1st May 2018 after discussions with NWS and Commissioners, direct referrals from the NWS Urgent Care Desk are sent to the Hub via APAS. These are low acuity ambulance calls, triaged by the Clinical Team in the Hub, using the triage software detailed above to help support patient care on a timely and appropriate basis.

All of the Team in the Hub continue to show great commitment and dedication in making the Hub as a central brain to all queries relating to patient care.

We continuously monitor the service through audits and provide updated monthly newsletters to share this information with service users. Monthly reports evidence that the Nav Hub addresses needs of those Clinicians seeking out of Hospital solutions to avoid stepping patients up to secondary care.

The latest report from March 2018 evidences that Nav Hub addresses needs of those clinicians seeking out of hospital solutions to avoid stepping patients up to secondary care with 28% being step-up cases and 20% being urgent in nature. Clinical Advice Service (CAS) data includes a combination of step and urgent cases up (as the alternative might be to convey/admit a patient to secondary care) by providing necessary advice or onward referral to alternative services; if CAS by its nature is deemed urgent and requiring, a timely response then 92% of cases are urgent in nature. Deflection as measured in March 2018 shows a total of 96 or 29.9% of reported case calls result in deflection due to non-conveyance.

In summary, the Hub is helping to transform local services so that people have better integrated care and support. One measure of this is the reduction in avoidable emergency admissions.

HR Workforce OD - 2017/18 proved one of the most challenging years to date set against a backdrop of several major organisational changes and a significant reduction in the number of service contracts held, compounded by continuing difficulties in retaining and recruiting highly skilled Clinical staff, and increasing pressure on retaining clerical staff.

Unscheduled Care

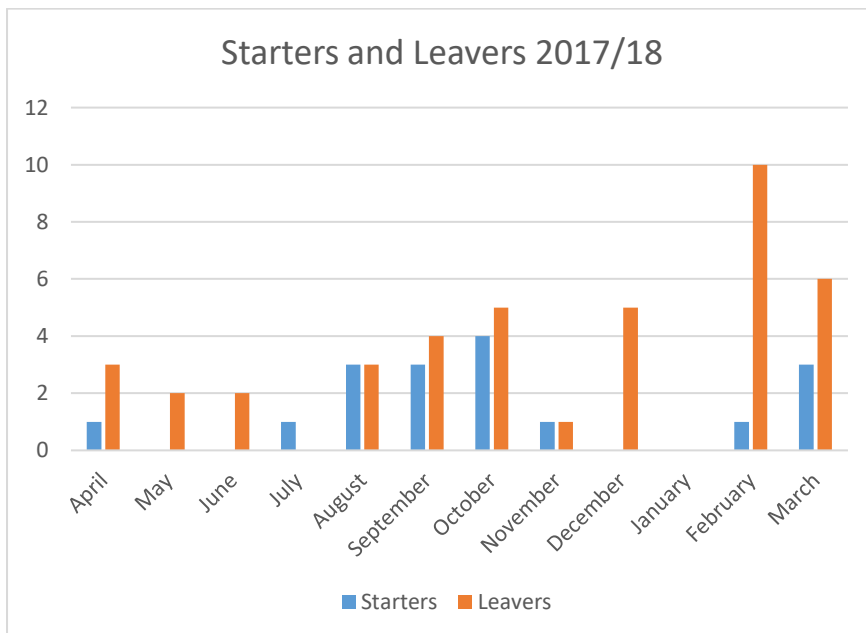
Out of Hours and AVS underwent a significant transformation resulting in the closure of all satellite sites and revisions to the way in which roles were undertaken in each service. The Accrington Victoria Health Access GP service transferred to PWE (a consortium comprising ELHT Padiham and Waterfoot practices) in November 2017.

Scheduled Care

There were also major changes in the Federated practices as Eagle and Horsfield practice sites closed leaving only two remaining Practices in the Federated practices.

Because of these changes, the majority of staff were put at risk and unfortunately, a number of these staff were made redundant.

Workforce Profile

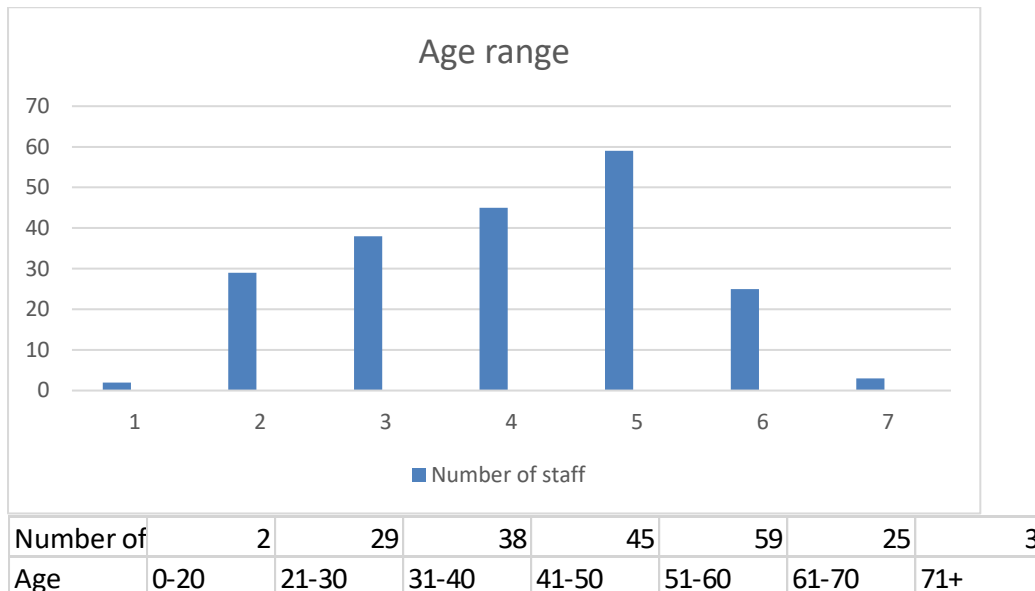


	April	May	June	July	August	September	October	November	December	January	February	March	Total
Starters	1	0	1	3	3	4	1	0	1	3	17		
Leavers	3	2	2	0	3	4	5	1	5	0	10	6	41

Turnover

There were a total of 17 starters and 41 Leavers in 2017-18, which represented an annual turnover of turnover of 8.8%.

Age



The highest proportion of staff remains in the 51-60 age group with some 29% of staff in this age bracket, overall 67% of staff are over 40

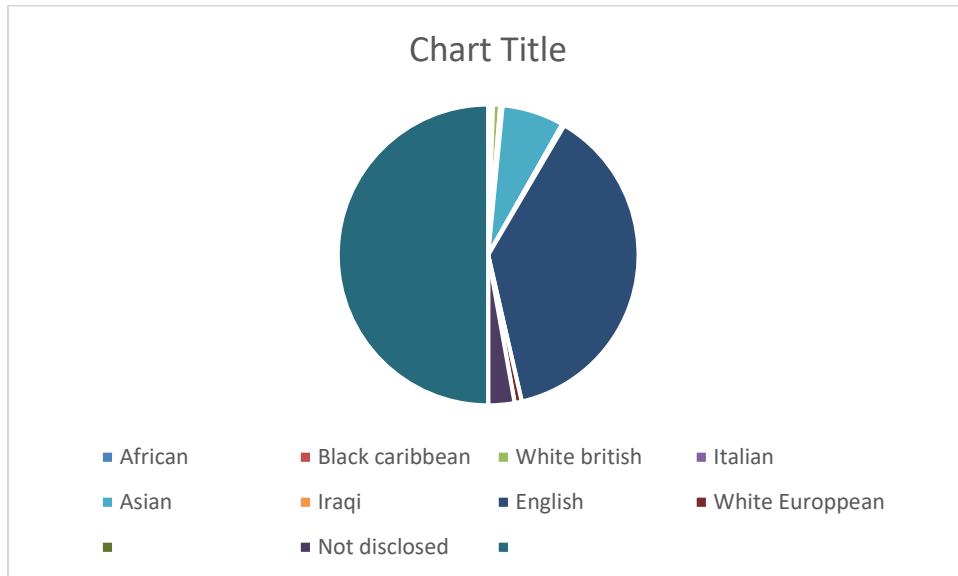
Sickness Pay

In 20167-18, in order to harmonise employment terms and conditions and thereby making company sick pay more equitable across all staff groups, company sick pay was introduced for all staff from day one of employment, as follows:

Years of Service	Full Pay	Half Pay
0 – 2 years	4 weeks	4 weeks
2 – 3 years	8 weeks	8 weeks
3 – 5 years	12 weeks	12 weeks
5 + years	16 weeks	16 weeks

Although 2017-18 saw an increase in the cost of sickness, this was largely due to high level of sickness amongst Clinical staff and there was actually very little change in the number of working days lost.

Ethnic breakdown



ELMS continues to maintain a diverse workforce, which is largely reflective of the community it serves.

Training and development

ELMS continues to see high levels of completion for its mandatory training programmes, although numbers fell slightly due to changes in the core training modules. ELMS still uses the e-lfh website, however 2017-18 saw the introduction of an updated version of the training course rebranded as Statutory and Mandatory Training 2017, which offered Learners a more bespoke approach to completing the core mandatory training elements.

Health and Safety

There have been no major accidents and no RIDDOR reportable incidents.

Estates

No major estate changes at St Ives during the year but closure of two of the Federated Practices sites meant that removal skills were still useful. The main day of the move coincided with heavy snowfall and strong wind. Things proceeded smoothly, sustained by multiple hot drinks until late in the day when there was a “vehicle stuck in snow” event. A handy 4-wheel drive vehicle helped sort that.

Some remedial roofing work was necessary at St Ives because of a couple of small leaks. There was no disruption to the building occupants; although the particular issues were fixed this time, without major rebuilding (which is not considered necessary) continual small leaks are likely because of the age and construction of the buildings.

Information Governance

- We were notified during the year that our document control software is no longer fully supported and the search for a replacement began. With the upgrade to the newer version of Microsoft Office, some problems with the current document control software, so a new solution is needed. Although possible options were identified, no solution were agreed upon at year-end.
- Preparations for GDPR had begun before year-end. IGSoC was completed and submitted for the final time before it mutates into DPST (Data Protection and Security Toolkit) to cover changes under GDPR.