



East Lancashire Medical Services Ltd.

## **Annual Report 2018 – 2019**

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) is a registered society under the Co-operative & Community Benefit Societies Act 2014 and is owned by its members based on a nominal £1 share each..

ELMS is registered with the Care Quality Commission for the delivery of Diagnostic and screening procedures which covers the range of scheduled and unscheduled care services we deliver. Provider ID - 1-199801603.

Full details of ELMS Company structure and rules of the society are available at [www.elms-nfp.co.uk](http://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 routine and unscheduled primary medical care and infrastructure for Pennine Lancashire

## Strategic Priorities

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

## Metrics

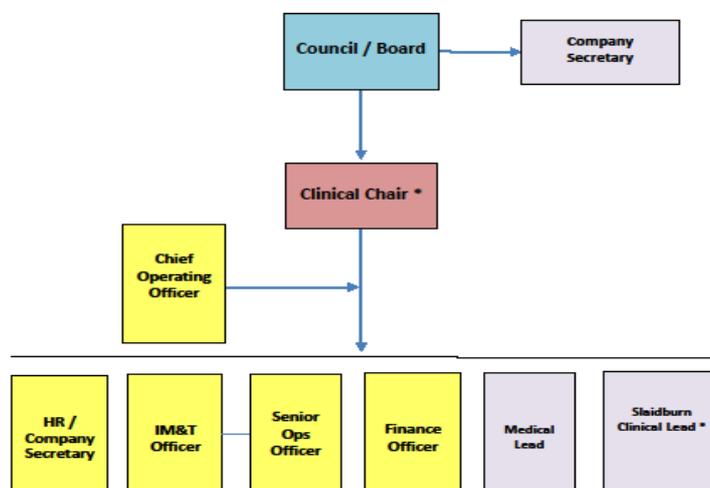
- Ability to reinvest in services/staff
- Stakeholder satisfaction – patients, staff and members, commissioners and service partners
- Engagement of staff and clinical performers

## Values

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

## Who's who?

### ELMS Organisational Structure - Jan 2019



#### ELMS Council

The Society's Executive Team is overseen by a Council elected by members to whom the Executive Team is accountable. The Council is a peer group elected by a voting membership and comprises: a GP Chair, GP representatives, Nursing and staff representatives. A new Council has been elected with effect from March 2018.

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 of the Council.

#### The Council member representatives are:

Dr. M K Datta, Dr. P Muzaffar, Dr. Y Arshad and Dr. Z Patel (co-opted), Tracy Pettit (Nurses), Warren Greenacre and Ray Openshaw (staff).

There are still vacancies for two East Lancashire GPs

#### ELMS Officers

Officers	Post Holder
Clinical Chair	Dr. Asif Garda
Chief Operating Officer	Michael O'Connor
HR / Company Secretary	Levis Springer
IM&T Officer	Andrew Connell
Senior Operations Officer	James Bibby
Finance Officer	Alison Pettinger
Medical Lead	Dr Pervez Muzaffar
Nursing Adviser	Vacancy

I commend the details of this report provided by my corporate colleagues on the delivery of ELMS services in 2018/19. ELMS continues to have a key role in the Pennine Lancashire health economy, supporting primary care and deflecting patients away from secondary care in addition to development of neighbourhood based delivery of care services. As a Community Benefits Society, ELMS primary focus is on patient care in a primary care setting, but works closely in partnership with providers across the healthcare system.

The Society has directed its efforts to manage the financial and organisational pressures during a period of transition in the local health system, contract change and necessary restructuring of ELMS to reflect the changing environment in which we trade, while continuing to provide safe and effective services.

This year the new executive team has managed to align costs of service to income to produce positive trading results. Despite a reduction in turnover, ELMS continues to provide services against substantial contracts and has the organisational capability to respond to new service delivery opportunities on a timely basis. In considering future services ELMS executive team's strategic decision is to ensure that it does not continue or commence with unviable contracts and will manage costs accordingly.

The local health economy is experiencing a period of significant change with developing organisational dynamics within the system, but ELMS has been proactive in building positive working relationships with provider partners and the CCGs and continues to be a key system partner. ELMS has a track record of service delivery at scale with a reputation for safe and robust service arrangements and effective corporate resources and structure which enables ELMS to respond to changing service and system requirements to deliver primary care at scale, Pennine Lancashire wide.

Can I take this opportunity to thank colleague's staff and clinicians for their continued support and professionalism in 2018/19.

## Clinical Services – Dr Muzaffar Pervez

I would like to thank all my ELMS colleagues for their dedication, professionalism, caring attitude and willingness to provide excellent health care services. Of course the patients and their family do appreciate this and gave us feedback on their healthcare journey as reflected in the positive Family and Friends approval rating and sample of comments reflected in the Governance section of this report. ELMS provides healthcare services to more than 555,000 patients in the Blackburn with Darwen and East Lancashire areas – through unscheduled and in-hours services. 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 and Corporate Governance including: clinical auditors and safeguarding leads, Operations and 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 still need to work on our prescribing of antibiotics, over the counter medicines, opioids, control drugs and duration of the repeat medication to have more efficient and effective medicine management.

ELMS provide 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 uses to audit the works of our clinicians and more than 98% of the cases audited fall into the good or satisfactory bracket. I would request ELMS colleagues report any significant clinical event direct to our clinical/ management team to improve our service.

Finally can I say a big thank you to every one – great work team ELMS.

## 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.

## Environmental Sustainability

As part of ELMS requirement to dispose of confidential waste safely and appropriately, the services of Shred-it have again been contracted during 2018-19. As part of the shredding and recycling program, 41 trees were saved from destruction, double that of the previous year reflecting the positive impact this initiative has made towards the environment.



**By using confidential paper disposal during the year ELMS saved 41 trees.**

During 2018/19 ELMS has continued to 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 continue to almost achieving on a regular basis.

## ELMS Family and Friends Test

**East Lancashire Medical Services** provides services to the people of Pennine Lancashire 24 hours of the day, 7 days per week, 365 days of the year. Our unscheduled primary care advice services are available 24/7 and our face-to-face services available from 8pm to 8am (Mon-Fri) and 24/7 at weekends and bankholidays

In 2018/19 ELMS completed **64,654**<sup>JB</sup> episodes of care - which included additional patient contacts (advice calls etc.) which are not reflected in the final figures.

These figures include **23,260**<sup>JB</sup> episodes of care ended as advice which may include Clinical Assessment Service integrated with 111 providing clinical and pharmacy advice to patients, advice to other Healthcare Professionals including Paramedics (including some 999 referrals) and advice on pathology lab results received when patient host GPs are not open.

Face to face contacts, including treatment centre appointments and home visits, totalled **41,394**<sup>JB</sup> episodes of care

### Positive Themes for 2018/19

Delivering healthcare to local people since 1994, delivery of a safe, high quality service is a priority for ELMS. We appreciate service user feedback, good or bad, so that we can better understand what is important to those we serve, what we are doing well and where there are areas where we need to make improvements. Given the high number of patients and their families we support do not get many complaints and patient satisfaction across all our services continues to be high.

The 2018/19 approval rating for ELMS services based on responses to the Family & Friends Test is: **96%**

		Comments received included:
Service Delivery	231	<ul style="list-style-type: none"> <li>· Thorough telephone appointment with fast doctor appointment to follow. Local, friendly and helpful</li> <li>· Brilliant team of doctors and staff :)</li> <li>· Amazing. So thorough and patient</li> <li>· Good service, polite and friendly. Kept me updated. Very happy</li> <li>· Great service out of hours, peace of mind without having to wait for hours at urgent care</li> <li>· Very secure place, very nice environment to wait at. Staff very helpful</li> </ul>
Clinical Treatment	65	
Staff Attitude	62	
Communication	1	
Appointments	19	
Premises	4	

Formal complaints included concerns about:

Access to treatment	3		
Delays	3		
Commissioning Services	1	of which:	
Communication	3	Upheld	2
Patient care	1	Partially upheld	2
Prescribing error	1	Not upheld	11
Admin staff	1		
Value and behaviour	2		

Other Comments - Areas for improvement Comments received included:

Service Delivery	22	<ul style="list-style-type: none"> <li>· The only problem is ringing 111 - it takes far too long.</li> <li>· Service felt like a questionnaire. <i>ELMS - this may relate to 111 who refer patients to our service</i></li> <li>· Would help if OOH GP could refer directly to specialist. <i>ELMS - support any change that help patients</i></li> <li>· Doctor wouldn't give a prescription. <i>ELMS - GPs use their clinical judgement in patient's best interest</i></li> <li>· Someone came - was seen first. <i>ELMS - Sorry - new arrival may have had higher medical priority</i></li> <li>· Bit hard to find - it's very dark where you are. <i>ELMS - checked and reviewed our lighting.</i></li> </ul>
Clinical Treatment	8	
Staff Attitude	4	
Communication	4	
Appointments	7	
Premises	6	

## Complaints

There were a total of 33 complaints formally logged during 2018/19, those received in the Unscheduled Care service are documented in the family and Friends Test report. The results for other services including the Federated Practices are shown below...

Service	Total number	Upheld	Partially Upheld	Not Upheld
Federated Practices	14	3	6	5
Other	4	Not applicable		

Federated Practices:

- More than half (8) 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.
- 25% 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.
- 10% 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 8 complaints about the clinical treatment received by patients. Each of these were reviewed by the lead GP; about 10 % include multiple organisations delivering care to the patients.
- The remaining complaints are about failures in other systems (e.g. blood tests)

## Promoting Best Practice & Safeguarding

- Clinical bulletins and GP Team Net (a web based information system) are the main conduit for providing appropriate information, on NICE best practice, learning events formulary updates and safety alerts etc. to ELMS Clinician
- Robust safeguarding arrangements are in place, supported by formal policies and procedures. ELMS maintain a Self-Assessment tool to support this responsibility in respect of children and vulnerable adults.

## Clinical Governance

### Clinical Audit

Clinical Audit is aimed at aimed at ensuring safe practice and we have a programme of auditing performance in different ways. Regular monthly audit of consultations in the OOH service was undertaken on a monthly cycle over the year in accordance with RCGP criteria and subject to appropriate safeguards for confidentiality. Through this we feedback to clinicians on good and poor examples of practice

## **Other Audits**

Efforts are being undertaken to establish robust prescribing arrangements continue based on Adastra systems

## **Information Governance**

In view of the fact that the existing document management control system was obsolete a decision was taken to purchase Clarity (GP) Team Net as the successor system and a project to migrate documents from the existing system to Clarity Team net was undertaken in year.

This information system is available to all staff and clinicians in support of their work for ELMS

2018/19 saw the implementation of GDPR which has had significant implications for the organisation, particularly in terms of how information is collected protected and handled. In addition ELMS was required to complete a new and far more comprehensive information governance return in the form of the Data Protection and Security Toolkit a self-assessment toolkit in which ELMs had to confirm compliance against 47 criteria. This was successfully completed for ELMS within the required lead times.

## Finance

In 2018/19 ELMS had to address the financial challenges resulting from significant changes to its revenue base at the same time that the company undertook a major organisation restructure, including the establishment of a new Board and executive team.

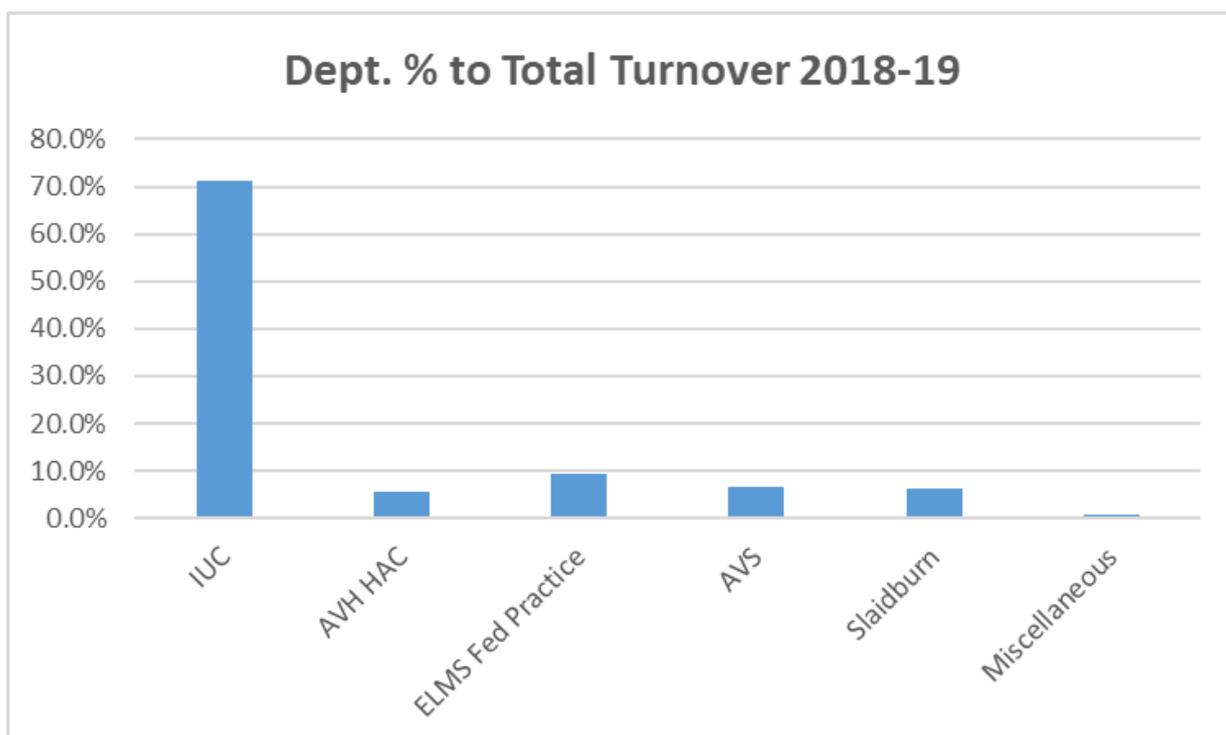
The new management team has put in new administrative processes as well as major changes to the head office workforce supporting direct services. The company re-structure has allowed ELMS to re-evaluate its business focus and reposition itself in the local health economy and the new management team has looked to build relationships with the local GP Federations, ELHT and the two local CCGs.

The support of all staff and clinicians in this period of change is greatly appreciated and despite these challenges the ELMS team continued to provide safe, high quality and cost effective services to the local population.

## Turnover

The consolidated company accounts – ELMS and ELMS Business Services (EBS) – show that annual turnover has reduced significantly this year to £6.3 million - a 35.4% reduction since 2017/18. The combination of ELMS and Slaidburn contracts saw a combined turnover value of £6.7m in 2018/19 – a 33.9% reduction in turnover from 2017/18.

The contribution of individual contracts to the 2018-19 financial year position overall, are shown below:



The contracts including GP Out of Hours, GP Advice and the Clinical Navigation Hub and associated unscheduled care funding arrangements have been consolidated into a single Integrated Urgent Care (IUC) contract. In terms of turnover, the amalgamated IUC contract was the main source of turnover, with other revenue sources, such as Slaidburn Country Practice, being of a lower quantum or other contracts ending in-year, including the Walk-in Centre service contracts at the Accrington Victoria Health Access Centre and the contract for the ELMS Federated Practices.

Those contracts subject to termination but over preceded with short-term extension enabled ELMS to negotiate improved service viability but only on a short-term in-year basis.

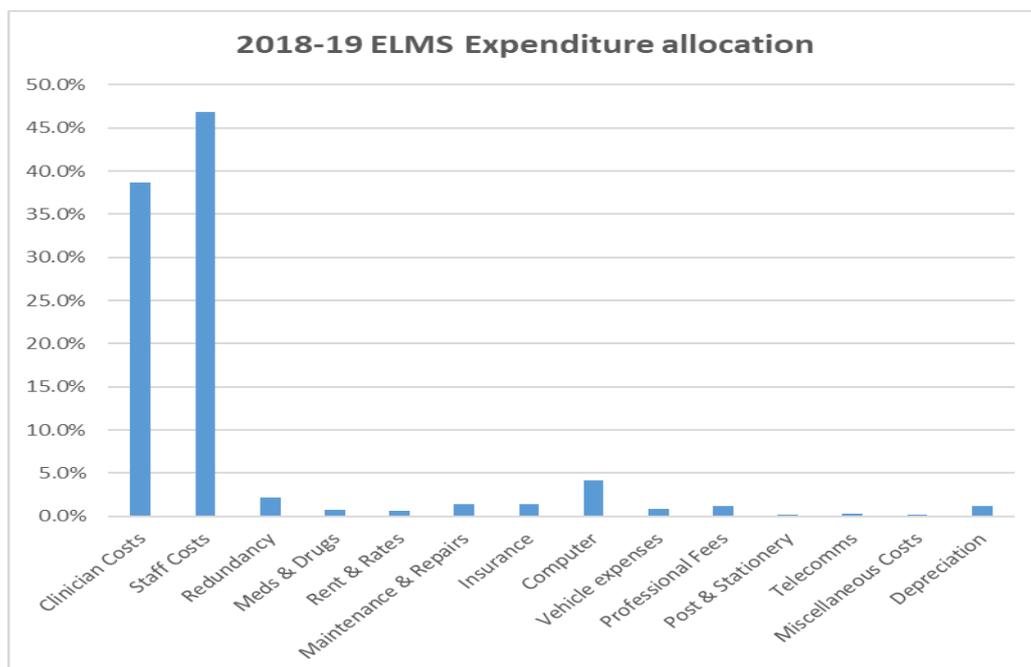
The Commissioners agreed to the formal inclusion of resilience funding for additional bank holiday and winter pressures costs within the IUC contract, rather than ELMS having to secure them on a bidding basis. However, along with the Acute Visiting Service contract, final IUC contract values were only confirmed by the service Commissioners in the last few months of the previous contract which makes business planning very difficult.

Slaidburn Country Practice turnover increased marginally in 2018/19 but the Practice remained reliant on financial support from ELMS this year, despite ongoing discussions around atypical funding continue based on NHS England’s atypical GP Practice funding guidance.

Additional income streams were also identified by the corporate team as reflected in miscellaneous income, which includes ELMS Business Services (EBS) turnover for its main contract for call-handling services and other services subject to VAT. EBS income fell from the previous year’s figures.

**Expenditure**

With smaller revenue streams the need to control expenditure has been a priority and the executive team has been proactive in reducing expenditure and managing company overheads with a view to minimising cost inflation. Consequently expenditure recorded for the consolidated company accounts – ELMS and EBS - has been reduced to £6 million - a 39.9% reduction. Analysis of ELMS core business’s expenditure for 2018/19 is shown below:



The cost of clinical cover and salaried clinical and non-clinical staff continue to be ELMS main area of expenditure at 85.6% of total expenditure; this will have included costs of corporate staff who were subsequently made redundant as a result of the reconfiguration of head office functions. Further savings may be possible in the next financial year but corporate functions provide essential support to direct services without which ELMS corporate offer would be significantly weakened.

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. ELMS continued its discussions with Commissioners around equity of funding for its medical performer costs to ensure parity with other local providers with anticipated changes coming into effect in 2019/20. In the absence of the ability to plan for a sustainable pay increase from contract revenue ELMS was able to confirm a 3% bonus for salaried staff for 2018/19. None of the executive team receive performance related pay enhancements.

There has been major expenditure on redundancy in 2018/19 as ELMS were restructured. Not only was this a major business expense but also saw the departure of valued colleagues from ELMS employment.

The next largest area of spend were for ELMS computer and IM&T systems and hardware. Other than the support offered to all GP Practices for their computers, ELMS has to support two clinical systems for its other services from contract revenue. Developments in system functionality is ongoing and needs to be funded some of which comes from Commissioners and other from ELMS revenue.

ELMS enjoys the benefit of owning it's on Headquarters and operational base which supports ELMS corporate functionality and core unscheduled care services as well a training and conference facility. This all requires maintenance and repair and these necessary costs have included running repairs to plant and the car park area.

ELMS is committed to providing a safe and robust service and this includes provision for ELMS staff and organisational indemnity. Insurance arrangements are in place for ELMS as both a business and employer, and as a medical services provider in the form of medical indemnity for the company and its direct employees. This provision for medical insurance includes run-off cover against future claims for services as they end. The need for this indemnity creates a significant cost pressure on ELMS and its independent clinical performers, who indemnify themselves as independent contractors, but it is hoped that the roll-out of the NHS Clinical Negligence Scheme for General Practice (CNSGP) will address this in 2019/20.

Slaidburn Country Practice costs were reduced with tighter controls on expenditure and changes in medical manpower in the second half of the year, but still marginally exceeded revenue despite the best efforts of management and staff to address these pressures, being aware of its impact for service viability.

## **Year-end Results**

Proactive cost management by the management team, with the support of ELMS colleagues within individual departments, and the identification of other income streams, has meant costs have reduced more than revenue and consequently the executive team can report a surplus against the consolidated company accounts – ELMS and ELMS Business Services (EBS) for 2018/19 of £243,121, net of tax.

Slaidburn Country Practice reported a small loss of £2,667 for 2018/19; although disappointing this was primarily down to inadequate funding and was a significant improvement on the loss reported in 2017/18.

The net effect is for ELMS to report an overall surplus of £240,454, net of tax, for 2018/19.

The end of the Call Handling Service for out of hours District Nurses in Blackburn with Darwen at the end of March 2019, will have future implications for the continued need for ELMS Business Services, which will need to be reviewed in 2019/20.

## **Conclusion**

The major changes in revenue streams will have implications for 2019/20 and future years, while service commissioners commissioning of new services is limited and with an emphasis on short-term solutions. However, ELMS is well placed to exploit future opportunities with an emphasis on ensure that any new service proposals are financially sustainable.

## **Contracts, Developments & Activity**

This section details the status of the contracts, any service developments and an oversight on activity, for each of its services as set out below. More detailed comments on GP out of hours/Integrated Urgent Care (IUC) and Acute Visiting Services activity are detailed in the section for the OOH/Integrated Urgent Care (IUC) service model within this report, as reported by James Bibby, Senior Operations Officer.

ELMS has made a strategic decision to ensure that it operates to commercial rationale in its future service offer rather than continue with unviable contracts but our contracting and business planning has been complicated by Commissioners only confirming annualised contracts, based on time limited solutions at very notice prior to the new financial year; this makes business planning very difficult.

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 delivery and development of patient services, both “in and out of” mainstream primary care hours.

## **ELMS Unscheduled Care Services**

ELMS core Out of Hours (Integrated Urgent Care) contract continues but is subject to ongoing redesign, the Walk-in Centre have ceased to be commissioned and some of ELMS other services have been subject to market testing, as reflected in the service areas described below.

## ELMS Current Service Offer



### ELMS 2018/19 Unscheduled Care Activity Summary

2018/19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals	Grouped
IUC/OOH - Advice	2955	3269	2951	2781	2817	2768	2957	3067	4051	3730	3332	3783	38461	64841
IUC/OOH - To Be Seen	2250	1888	1835	1746	1968	2472	2066	2179	2918	2403	2268	2387	26380	
AVS	305	283	273	353	367	374	395	354	349	468	349	383	4253	4253
District Nurse Calls	317	401	413	324	397	414	374	322	503	432	355	458	4710	4710
HAC - Walk In	2816	2974	1466	-	-	-	-	-	-	-	-	-	7256	7256
<b>Total Volume</b>	<b>8643</b>	<b>8815</b>	<b>6938</b>	<b>5204</b>	<b>5549</b>	<b>6028</b>	<b>5792</b>	<b>5922</b>	<b>7821</b>	<b>7033</b>	<b>6304</b>	<b>7011</b>	<b>81060</b>	

These figures reflect the final end disposition count and do not reflect the number of patient interactions there may have been – a patient may have received advice and a visit for example - or service capacity. ELMS expressed its concerns to Commissioners about the potential impact on ELMS and other unscheduled care services arising from the closure of the Accrington Walk-in Centre service.

Commissioners continue to commend ELMS reporting packages developed to meet Commissioners changing needs.

### GP Out of Hours / Integrated Urgent Care (IUC)

ELMS has worked diligently to deliver a robust, high quality and safe service based on an integrated urgent care (IUC) model. The service incorporates ELMS unscheduled care services such as GP Advice, Face-to-Face consultations at Treatment Centre, home visiting where clinically appropriate and the Clinical Navigation Hub, to deliver a 24/7 365 service linked into 111.

The contracts for this core ELMS service, with both Blackburn with Darwen and East Lancashire CCGs, run to March 2019. Discussions are ongoing about the potential for a further extension, in line with contracts for other local providers.

In 2018/19, the patient approval rating for ELMS services based on responses to the Family & Friends Test was 96%. Please see comments in the Governance section of this report, by Levis Springer.

## Overall Activity for ELMS IUC Service:

2018/19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals	Grouped
<b>PCC</b>	2795	2637	2450	2361	2485	2852	2611	2709	3719	3242	2959	3260	<b>34080</b>	<b>64654</b>
<b>Dr Advice</b>	931	965	865	769	856	791	938	980	1642	1579	1427	1537	<b>13280</b>	
<b>Home Visit</b>	700	626	575	559	546	647	591	524	781	593	539	633	<b>7314</b>	
<b>Pharmacy Advice</b>	134	161	136	94	150	146	121	144	162	109	97	122	<b>1576</b>	
<b>HCP Advice</b>	273	300	270	244	280	311	227	295	370	338	291	350	<b>3549</b>	
<b>Path Lab Advice</b>	53	66	70	73	57	53	61	60	59	60	64	54	<b>730</b>	
<b>APAS Advice</b>	185	394	422	420	409	432	474	541	223	204	214	207	<b>4125</b>	
<b>Total Volume</b>	<b>5071</b>	<b>5149</b>	<b>4788</b>	<b>4520</b>	<b>4783</b>	<b>5232</b>	<b>5023</b>	<b>5253</b>	<b>6956</b>	<b>6125</b>	<b>5591</b>	<b>6163</b>	<b>64654</b>	

NB. PCC = Primary Care Centre, face-to-face treatment. APAS = Acute Patient Assessment Service

The nature of the service is changing over time with more advice than face-to-face contact as patients are assessed and treated through clinical advice over the telephone. The acuity of cases being referred to the service is also changing with emergency cases increasing in volume and as a share of overall activity which puts pressure on ELMS response times and clinical response.

The services continues to achieve high levels of performance measured against the national measures as demonstrated below.

2018-19 IUC Dashboard Details	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
<b>Treatment Centres Total</b>	<b>2764</b>	<b>2577</b>	<b>2393</b>	<b>2288</b>	<b>2435</b>	<b>2824</b>	<b>2720</b>	<b>2661</b>	<b>3699</b>	<b>3161</b>	<b>2951</b>	<b>3251</b>	<b>2810</b>
Total Consulted within Target	2755	2575	2390	2286	2430	2819	2713	2654	3682	3157	2930	3236	2802
No where target missed	9	2	3	2	5	5	7	7	17	4	21	15	8.08
% within target	99.7%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.5%	99.9%	99.3%	99.5%	99.73%
<b>Total Emergency Treatment Centre consulted</b>	<b>371</b>	<b>426</b>	<b>374</b>	<b>352</b>	<b>363</b>	<b>511</b>	<b>734</b>	<b>658</b>	<b>884</b>	<b>824</b>	<b>682</b>	<b>846</b>	<b>585</b>
Total Emergencies consulted within 60 minutes	370	426	374	352	363	511	732	658	884	824	681	845	585
No where target missed	1	0	0	0	0	0	2	0	0	0	1	1	0
% within target	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
<b>Total Urgent Treatment Centre Consulted</b>	<b>994</b>	<b>901</b>	<b>881</b>	<b>858</b>	<b>930</b>	<b>976</b>	<b>898</b>	<b>835</b>	<b>1262</b>	<b>1172</b>	<b>1162</b>	<b>1232</b>	<b>1008</b>
Total Urgent consulted within 120 minutes	986	899	878	856	925	971	893	828	1253	1170	1147	1221	1002
No where target missed	8	2	3	2	5	5	5	7	9	2	15	11	6
% within target	99.2%	99.8%	99.7%	99.8%	99.5%	99.5%	99.4%	99.2%	99.3%	99.8%	98.7%	99.1%	99.4%
<b>Total Routine Treatment Centres Consulted</b>	<b>1399</b>	<b>1250</b>	<b>1138</b>	<b>1078</b>	<b>1142</b>	<b>1337</b>	<b>1088</b>	<b>1168</b>	<b>1553</b>	<b>1165</b>	<b>1107</b>	<b>1173</b>	<b>1217</b>
Total Routine Consulted within 360 minutes	1399	1250	1138	1078	1142	1337	1088	1168	1545	1163	1102	1170	1215
No where target missed	0	0	0	0	0	0	0	0	8	2	5	3	2
% within target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	99.8%	99.5%	99.7%	99.9%
<b>Home Visit Total</b>	<b>700</b>	<b>628</b>	<b>571</b>	<b>559</b>	<b>546</b>	<b>647</b>	<b>591</b>	<b>524</b>	<b>781</b>	<b>621</b>	<b>539</b>	<b>641</b>	<b>612</b>
Total Consulted within Target	698	621	567	548	537	644	582	520	753	608	494	628	600
No where target missed	2	7	4	11	9	3	9	4	28	13	45	13	12
% within target	99.7%	98.9%	99.3%	98.0%	98.4%	99.5%	98.5%	99.2%	96.4%	97.9%	91.7%	98.0%	98.0%
<b>Total Emergency Home Visits Consulted</b>	<b>300</b>	<b>287</b>	<b>252</b>	<b>244</b>	<b>254</b>	<b>321</b>	<b>318</b>	<b>287</b>	<b>421</b>	<b>328</b>	<b>287</b>	<b>345</b>	<b>304</b>
Total Emergencies consulted within 60 minutes	300	287	252	244	253	321	318	287	421	327	286	342	303
No where target missed	0	0	0	0	1	0	0	0	0	1	1	3	1
% within target	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	99.7%	99.7%	99.1%	99.8%
<b>Total Urgent Home Visits Consulted</b>	<b>225</b>	<b>175</b>	<b>158</b>	<b>160</b>	<b>149</b>	<b>158</b>	<b>137</b>	<b>132</b>	<b>197</b>	<b>154</b>	<b>114</b>	<b>148</b>	<b>158.9</b>
Total Urgent consulted within 120 minutes	223	168	154	149	141	155	128	128	187	152	85	144	151.2
No where target missed	2	7	4	11	8	3	9	4	10	2	29	4	7.8
% within target	99.1%	96.0%	97.5%	93.1%	94.6%	98.1%	93.4%	97.0%	94.9%	98.7%	74.6%	97.3%	94.5%
<b>Total Routine Home Visits Consulted</b>	<b>175</b>	<b>166</b>	<b>161</b>	<b>155</b>	<b>143</b>	<b>168</b>	<b>136</b>	<b>105</b>	<b>163</b>	<b>139</b>	<b>138</b>	<b>148</b>	<b>150</b>
Total Routine consulted within 360 minutes	175	166	161	155	143	168	136	105	145	129	123	142	146
No where target missed	0	0	0	0	0	0	0	0	18	10	15	6	4
% within target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.0%	92.8%	89.1%	95.9%	100.0%

## Acute Visiting Service (AVS)

The AVS supports those patients at risk of a non-elective hospital admission (including potential conveyance by the ambulance service) with the aim of keeping them in their normal place of residence. In 2017/18 the service funding had been significantly reduced and the AVS redesigned and ELMS continues to work with local Practices and the CCG to make the service as effective as possible.

The AVS contract was due to end on 30 September 2018 but an extension of the redesigned Acute Visiting Service for Blackburn with Darwen CCG was confirmed from 1<sup>st</sup> October 2018 to 31<sup>st</sup> March 2019. The AVS service continues into 2019/20.

The GP-led, mixed clinical skill team including ANPs, is cost effective and deflects 82% of the Blackburn with Darwen at-risk patients referred to the service are deflected away from secondary care and so makes a significant contribution to system savings as illustrated below.

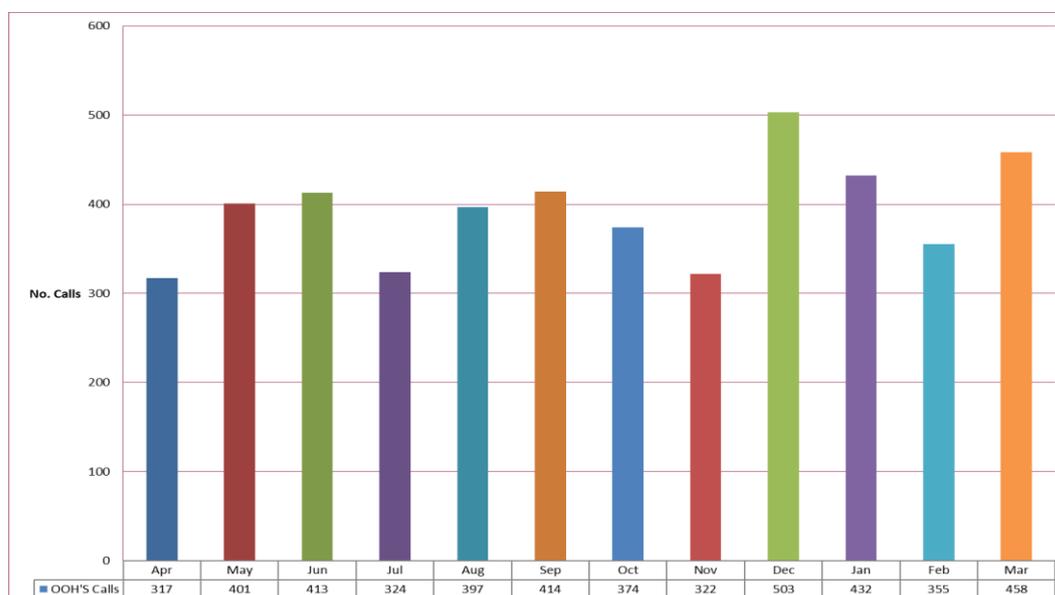
### AVS 2018/19 Service Efficacy

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-19										
BwD Total Year to Date	4253	£ 191,385.00	82%	3446.995	£ 679,471.65	£ 196,478.72	1069	£ 132,561.71	2993	£ 1,199,897.08

Acute Visiting Service quality continues at a high standard with no reported incidents or complaints in 2018/19.

## District Nurse Call Handling

This service, contracted by Lancashire Care NHS Foundation Trust, and provided ELMS out of hours call handling support to the Trust's team of overnight District Nurses across the Blackburn with Darwen CCG area. The service contract delivered through ELMS Business Services, given the VAT implications of the service, ceased in March 2019 as the Trust looked to deliver the service in-house. 2018/19 activity shown below:



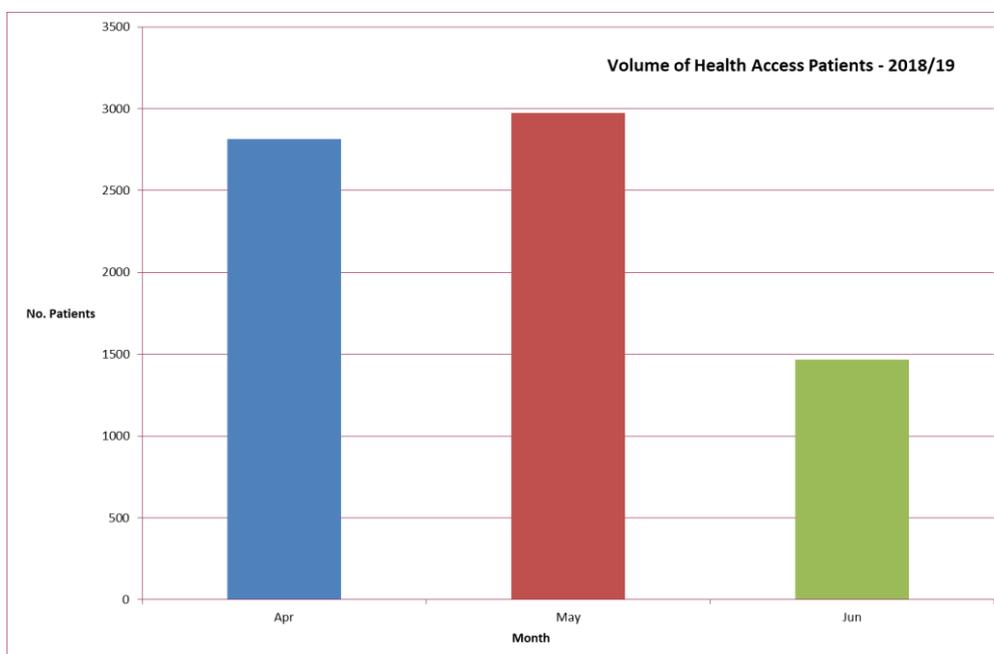
Overall activity within the service was down on that reported in 2017/18.

### Accrington Victoria Health Access Centre

The challenge of maintaining the walk-in service provided at the Health Access Centre (HAC) continued with a time-limited contract extensions first, to 30 March 2018 but subsequently ELMS agreed a further contract extension to 17 June 2018 to enable the Commissioners to develop a new model of GP extended access in Hyndburn.

Patients attended the Walk-in Centre (WIC) because GP Practice access problems or for immediate necessary treatment i.e. traveller and the separate Minor Injuries Unit nurse-led service continued to make demands on the HAC. Despite the long-threatened closure of the service the nature of presentations and the time of attendance has meant the workload and operational pressures did not reduce.

WIC activity for the period 1 April to 17 June 2018 increased by 7.6% - on an annualised basis, compared to the patient attendances in 2017/18 which themselves had increased by 8.1% on the preceding year.



Activity to mid-June only; service impacted by news of closure. Pro rata figures higher than previous June 2017.

- The majority of patients' issues were resolved by the consultation within the HAC and like general practice were advised to go to their own GP if the symptoms addressed in the course of the consultation persist and/or include a need for referral to hospital.
- Attendance reflected the same need and nature of presentations in general practice in response to patients who were, or believed themselves to be ill, with primary care conditions.
- The HAC saw increasing numbers of very acutely unwell patients who without hospital intervention, would not be expected to recover – 6.8% of attendances resulted in A&E attendance and/or an ambulance called.

- Presentations for medications reflect access issues within primary care and impact of Bank Holidays. Assume GP extended access service with effect from June 2018 and NUMSAS will begin to have an impact.

Without the Walk-in Centre service and uncertainty around the capacity and access of the GP extended access hub ELMS consider patients may attend another unscheduled care service such as an Urgent Care Centre at East Lancashire Hospitals 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 the service continued to be positive and an active patient campaign to halt the closure of the service continued up to 17 June.



Last shift team at Accrington Victoria Hospital Health Access Centre Walk-in Centre – June 2018.

ELMS would like to thank the GP Practice and Walk-in Centre staff for their loyalty, commitment and professionalism and patients for their support, and wish them well for the future.

**ELMS Federated Practice** - The Federated GP Practice patient list reflected the localities in which each of the surgery sites are but there was a significant cohort who have a poor health experience, were frequent attenders and made significant demands on the service. Access continued to be a perceived issue and the Practice worked with the CCG and other stakeholders to see how access might be improved, based on an innovative clinical skill mix including a physiotherapist and pharmacist so that patients could see the most appropriate clinician.

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 contract negotiations by ELMS management team and agreement by ELMS Board and Council.

During the contract extension period, East Lancashire CCG required the service to undergo a significant transformation, in anticipation of a competitive tender process to award the next contract for the Practice with both Horsfield Surgery in Colne and the Eagle Surgery in Accrington were closed following the necessary consultation and transition periods.

ELMS facilitated the smooth transfer of staff, Practice resources and patient care to the new provider based on a planned and managed process. ELMS would like to thank the staff for their loyalty, commitment and professionalism and patients for their support, and wish them well for the future.

**Slaidburn Country Practice** - The practice continues to provide a high quality service to its patients including ease of access to GP appointments and focus on individual patient and non-GP services in lieu of other service providers that are not accessible due to geography and isolation.

Dr Karen Massey and her husband David, who were in partnership with ELMS left the Practice and partnership in October 2018.

ELMS maintained the service despite the financial pressure this has created due to the higher costs of delivering a service in a rural setting and changes in the contract payments that disproportionately affected small rural GP Practices like Slaidburn.

Slaidburn's Quality Outcomes Framework (QOF) achievement for 2018/19 was 539.77 out of 545 points - 99% of available 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.

The Practice's registered patient list grew marginally in 2018/19 1097 to 1107 patients. Slaidburn continued to enjoy high level of patient satisfaction in the annual GP Patient survey under ELMS stewardship.

Contract discussions around Slaidburn funding continue based on NHS England's atypical GP Practice funding guidance – Slaidburn was the model for the definition of a rural a-typical Practice - with some improvement in contract value in-year but financial pressures continue. The funding issue continues to undermine service continuity at Slaidburn, irrespective of who the provider is, although the CCG has stated that it remains committed to meeting the needs of Slaidburn patients.

As a consequence of these concerns around long-term service viability and organisation risk associated with a remote service, ELMS submitted 6 months' notice on the contract in November 2018. ELMS subsequently agreed to extend its notice period to September 2019 to enable the CCG to undertake a procurement exercise as ELMS was willing to support a transition to a new provider to ensure continuity of service to this isolated rural community.

### **ELMS Integrated Urgent Care – 24/7/365**

2018/19 saw the introduction of a new 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 becoming part of the unified service off to create a 24/7/265 clinical advisory service.

April saw all previous satellites decommissioned with the clinical and staff roles consolidated to create more efficient and effective use of available resources.

Acute Patient Assessment Service was fully embedded in to the 24/7/365 offer with calls received from 111 and the NWAS urgent care desk under agreed symptom groups and disposition codes, the aim was to prevent unnecessary ED attendances and ambulance conveyances through the further assessment offer.

Trend in ELMS Integrated Urgent Care saw an increase on previous year of 11.04% (n6446) with 64,830 patients passing through Out of Hours through the year with consultations reaching in excess of 90,000 completed by the service.

Much of the increase came following the decommissioning of the Accrington Health Access Centre in June 2018, with the second half of the year proving very challenging due to the surge in activity levels as a result.

Home Visits showed a further decrease on previous years of 9.90% (n804), helped by the consolidation of roles and change in mapping of cases midweek and the continued support of clinicians committing to sessions over the course of the year.

Numbers of treatment centre appointments saw a further increase on previous year of by 1.55% (n508) on the previous year.

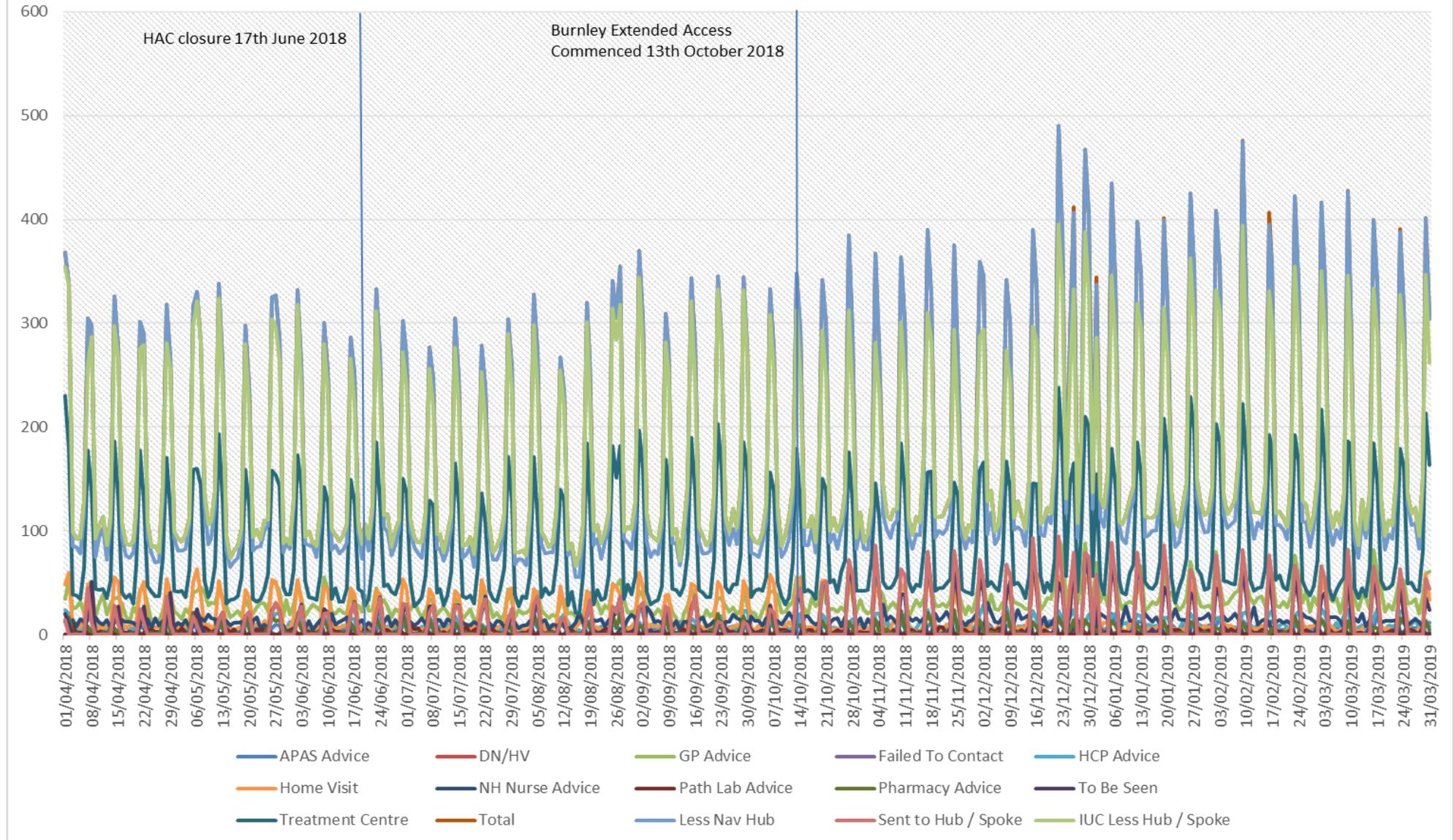
Much of the increase as in previous years came from advice however; this time we saw a significant overall increase of 36.43% (n6259). 33.72% (n2111) of these calls were attributed to the call introduced through the Acute Patient Assessment Service (APAS).

The forthcoming year will continue to be challenging with activity levels set to further increase and new initiatives and expansion of APAS work streams.

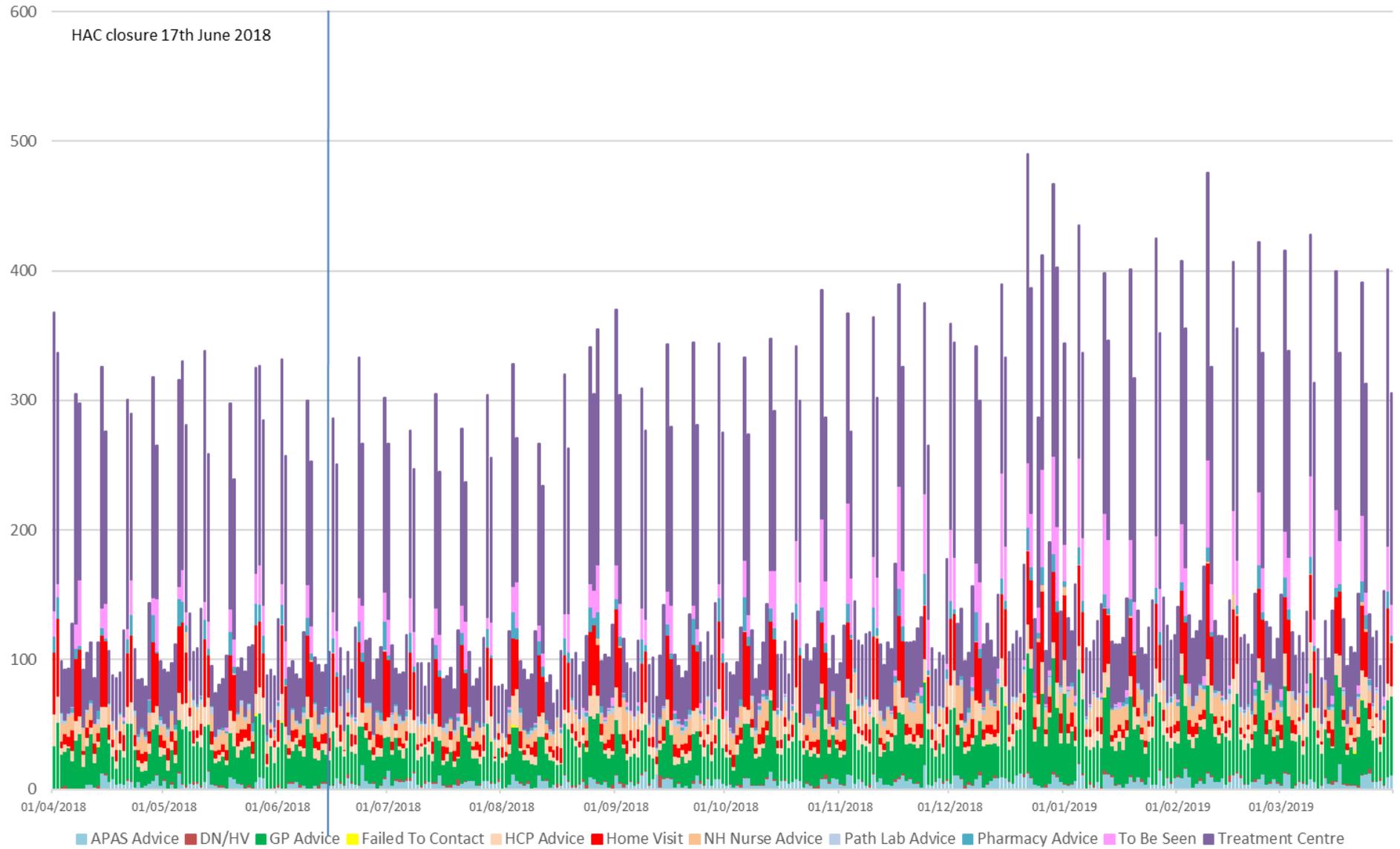
New developments from a systems improvement perspective will see the introduction of the Child Protection Information System (CP-IS) and Electronic Prescribing Services (EPS) within ELMS Ad Astra system. The system will undergo a full upgrade to the latest versioning 3.28 to maximise the functionality and integration the system has to offer, we plan for all to complete by the end of August 2019.

I would like to place on record my thanks and gratitude to everyone working across the ELMS Integrated Urgent Care 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.

# ELMS OOH Daily Tracker



# ELMS OOH Daily Tracker



## Acute Visiting Service

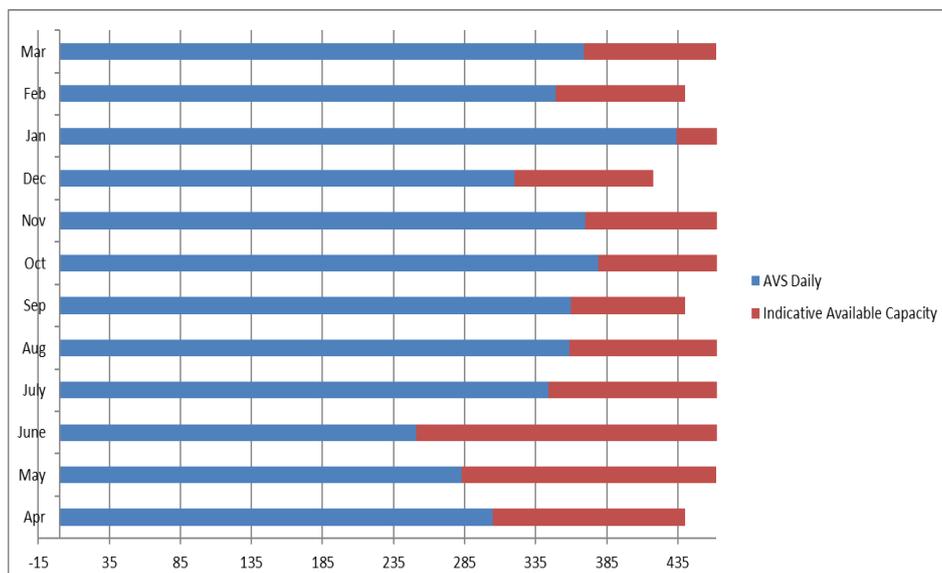
The Acute Visiting Service continued to support Blackburn with Darwen patients throughout 2018/19.

With EMIS embedded to enable practices, direct booking access for their visits, thus removing the manual pass systems in place and enabling ELMS clinicians to have access to the full patient record under sharing agreements.

The introduction of EMIS and full visibility to all practices saw the total number of referrals increase by 10.3% (n386) on the previous year's activity levels; this improved quarter on quarter following ELMS publication of a user guide and hints and tips to enable ease of referral for all practices; this was:

2018-19	AVS Daily	AVG Per Day	Working Days	Anticipated Capacity	Indicative Available Capacity	% Capacity Utilised
Apr	305	15	20.0	440	135	69%
May	283	13	21.0	462	179	61%
June	251	11	22.0	484	233	52%
July	344	16	22.0	484	140	71%
Aug	359	16	22.0	484	125	74%
Sep	360	18	20.0	440	80	82%
Oct	379	16	23.0	506	127	75%
Nov	370	17	22.0	484	114	76%
Dec	320	17	19.0	418	98	77%
Jan	434	20	22.0	484	50	90%
Feb	349	17	20.0	440	91	79%
Mar	369	18	21.0	462	93	80%
<b>Total</b>	<b>4123</b>	<b>16</b>	<b>254</b>	<b>5588</b>	<b>1465</b>	<b>74%</b>

The service saw an increase in overall utilisation of capacity likely due to making it easier for practices to refer, we anticipate this will further improve month on month into 19-20 as the improvements made embed at practice level.



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**

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.

Further improvements planned for the coming year, will see the introduction of the Electronic Prescribing Systems (EPS) within Ad Astra, we hope to have this integrated and rolled out by August 2019.

These improvements should reduce the administrative burden and make our service more efficient.

### Navigation Hub / Clinical Assessment Service (CAS)

2018-19 saw the Navigation Hub transformed into a Clinical Assessment Service and became an integral part of the ELMS Integrated Urgent Care Service off to deliver a 24/7/365 Clinical Advisory Service (CAS).

It continues to be staffed by the original team, consisting of Brenda, Debbie and Carole and ANP Sharron Mercer who together make up the team. In October 2019, Debbie completed the Nurse Practitioner Degree enabling her to now triage Pathfinder and Manchester Triage (MTS) calls from Paramedics on scene.

Whilst the hub continue to broker referrals on behalf of HCP's, in April 2018 the Advanced Patient Assessment Service APAS was further rolled out, with the CAS taking direct referrals from 111 and the urgent care desk under agreed symptom groups and disposition codes.

By providing further assessment to Blackburn with Darwen and East Lancashire patients who have called the ambulance service or advised to attend ED by 111, the aim was to prevent unnecessary Emergency Department attendances and ambulance conveyances through the further assessment offer. This ensures that patients receive the right care, in the right place, at the right time. In many cases, it was an alternative to ED attendance with care arranged closer to home following assessment.

Examples of APAS/CAS cases dealt with by ELMS Clinical Navigation Hub in 2018/19 include:

***67-year-old man had rung 111** who advised ELMS the patient they needed to attend an Emergency Treatment Centre within 1 hour, but passed the patient through to ELMS Clinical Hub as an APAS call. Patient was alone as wife was away and felt he could not cope with the complications of the reported injury. 3 days previously the patient had dropped a heavy wooden chopping block on his toe and could not stop it bleeding. The patient called 999 and an ambulance took him to A&E where it was x-rayed and a fracture identified. A&E dressed the wound, gave the patient antibiotics and discharged him home with a hospital consultant appointment scheduled in 10 days. The injured toe was still bleeding through the dressing. ELMS Hub response was to contact Rapid Assessment Team (RAT's) who were able to go out the same day to dress the wound, supply crutches to avoid putting extra pressure on the foot and a provide footstool to keep the foot elevated. This patient was quite prepared to ring 999 again so the Hub's intervention meant we were able to avoid this.*

***Call from GP regarding a 75-year-old man**, with poor mobility and low mood as he was recently bereaved. GP had diagnosed UTI and prescribed appropriate medication but he was concerned that patient was socially isolated and at high risk of falls. ELMS Clinical Hub response was to contact RATs who arranged a visit as a matter of urgency due to the high risk of falls. The Hub also contacted Social Care to facilitate referral to a day care centre that could provide transport, day care and a luncheon club for isolated patients. Social Care means tested the patient to determine reduced fee for the service.*

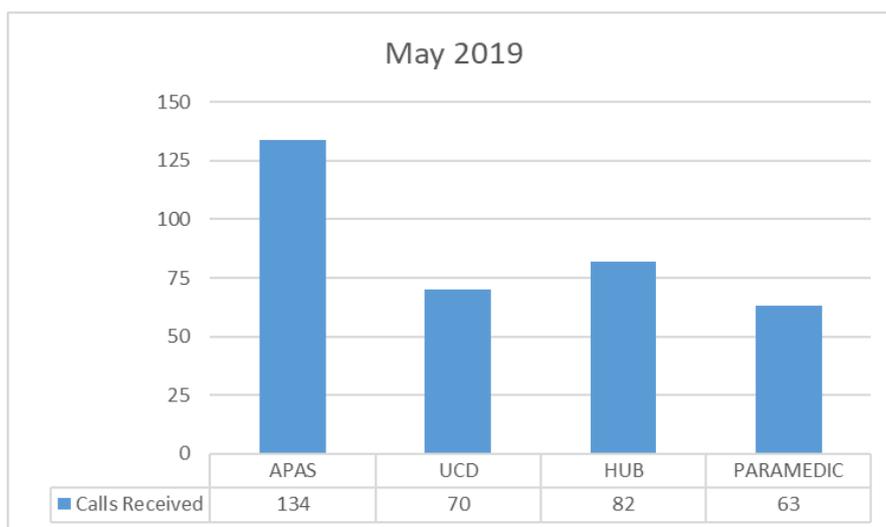
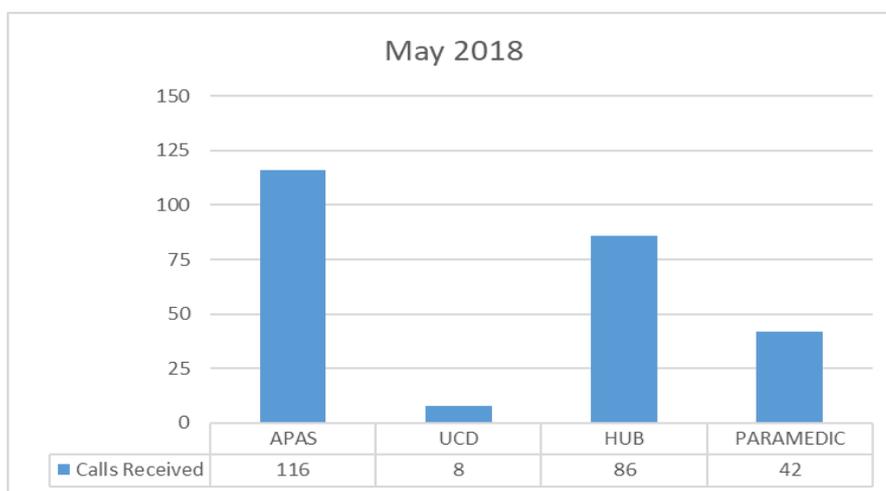
Referrals received are all electronic using the Adastra software platform, making the process very efficient as this interfaces with NHS 111 and 999 services. Further improvements are to come in August 2019 to ensure the post event messages received have all the required information to maximise the information available to ELMS clinicians.

This will help reduce the number of emergency ambulances dispatched to these patients and ensures that NWAS Clinical hub clinicians are free to speak to more patients and handle more complex calls, as their capacity is freed up by being able to refer to ELMS Clinical Assessment Service.

Patient are sometimes able to directly access a more appropriate care service after an onward referral by one of the Hub clinicians, thanks to increased accessibility to other nearby care teams.

The Navigation Hub / Clinical Assessment Service demonstrates a flexibility that allows this to happen by including utilising the AVS if appropriate and capacity allowing, occasionally contacting the patient’s own GP , and also referring onwards to other services on the DoS if appropriate.

Referrals from APAS (111 & NWAS UCD) along with paramedic calls are increasing month on month as can be seen by the two attached bar charts 12 month apart; as shown below:



We continuously monitor the service through audits and provide quarterly newsletters to share the information with service users. Monthly reports continue to evidence that the Hub addresses needs of those clinicians seeking out of Hospital solutions to avoid stepping up to secondary care.

In summary, the Hub is continuing to do its part to reduce avoidable emergency admissions.

2018/19 yet again heralded a year of significant challenges and uncertainty. Against a backdrop of significant organisational changes and reduction in the number of service contracts ELMS held, this was very much a year of consolidating and redefining organisational strategy.

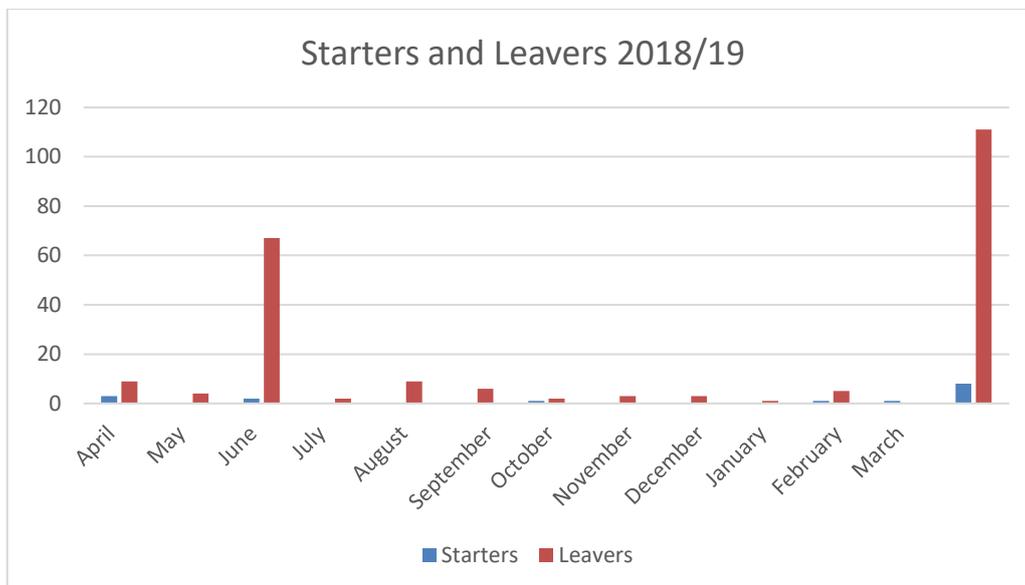
In addition to the reduction in service contracts held, ELMS saw a huge reduction in its HQ staffing levels, resulting in new Executive and Senior Management Team structures. The majority of HQ staff were put at risk and unfortunately, a number of these staff were made redundant, overall there was a 51% reduction in staffing, with the loss of several key senior figures, including the Directors of Clinical and Corporate Services alongside the Medical Directors; replacing these key individuals were the posts of Clinical Chair, Chief Operating Officer and Clinical Lead for OOH.

All of these changes took place against what had already been a significant period of transformation, staff from the Federated practices were transferred out of ELMS employment in line with TUPE regulations and the Health Access Centre service was closed following a consultation and redundancy process

Both the Out of Hours and AVS services saw significant changes with a reduction in the number of sites from which ELMS operates, the only sites now being St Ives House and Burnley General Hospital, these two contracts are only confirmed until March 2020

Slaidburn clinical workforce changed with the resignations of Dr IK Massey and retirement of Dr Jane Reeves, the Associate GP. The service also saw a reduction in administrative support with the resignation of one of the Reception Team. Clinical Services were maintained by Dr Asif Garda and sessional GP's.

## Workforce Profile

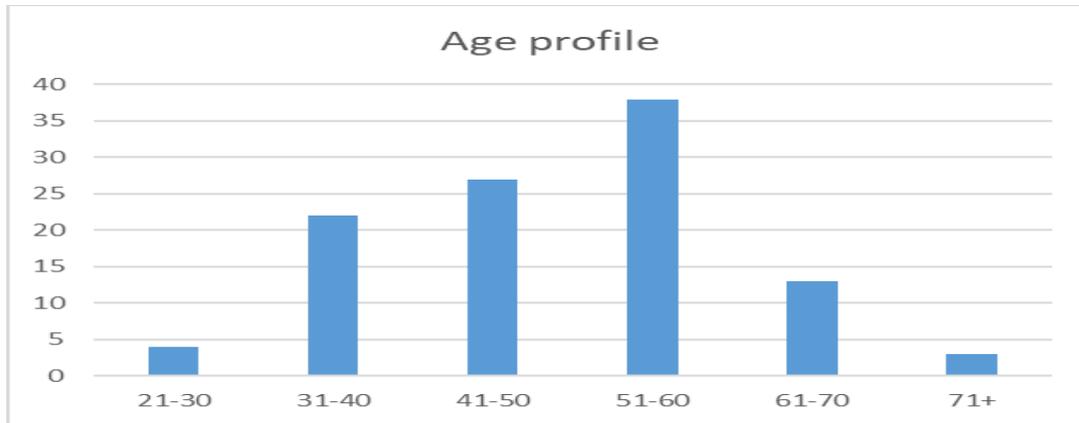


	April	May	June	July	August	September	October	November	December	January	February	March	Total
Starters	3	0	2	0	0	0	1	0	0	0	1	1	8
Leavers	9	4	67	2	9	6	2	3	3	1	5	0	111

## Turnover

There were a total of 8 starters and 111 Leavers in 2018-19, and an annual turnover of 19 %

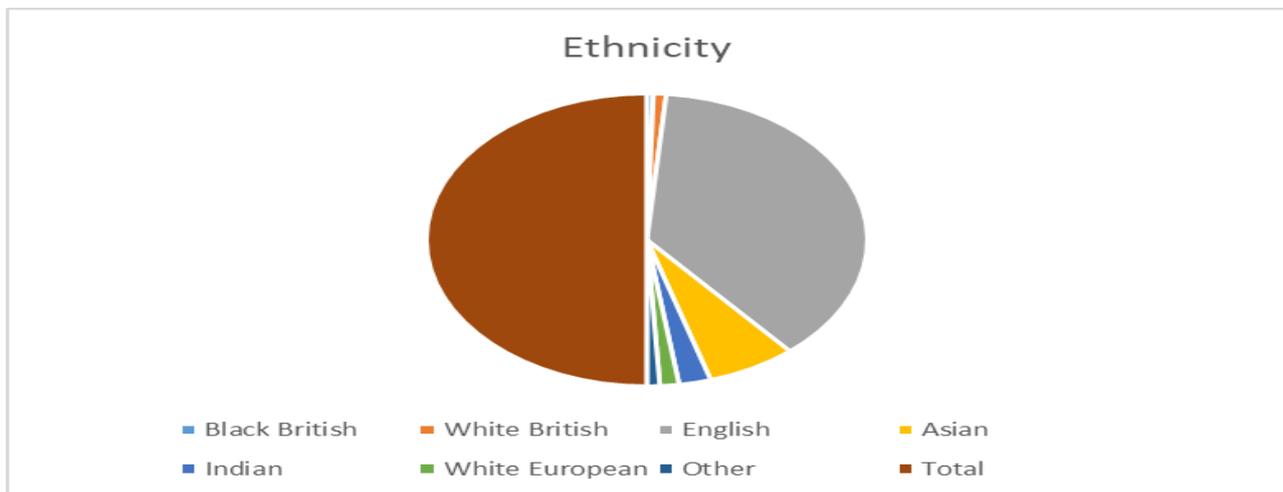
## Age



Age range	21-30	31-40	41-50	51-60	61-70	71+	Total
No	4	22	27	38	13	3	107

The highest proportion of staff remains in the 51-60 age group with some 36% of staff over a third in this age bracket, just over overall 75% of staff are aged 40 or over

## 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

### **Health and Safety**

The Health and Safety of patients, staff, clinicians and visitors is a major priority for ELMS and all appropriate checks and measures are taken to minimise risk.

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

### **Estates**

There have been no major estate changes at St Ives during the year, the workforce was relocated to the St Ives House building meaning that ELMS Business Centre is largely unoccupied but available for contingency measures and to support of ELMS service resilience and plans have been in place to determine whether or not this part of the site could be rented out. Year-end saw some minor remedial work to repair parts of the car park. However contract uncertainty has meant that estates expenditure has been confined to essential maintenance and repair work