



**East Lancashire Medical Services Ltd.**

**Annual Report 2014 - 2015**

**East Lancashire Medical Services Ltd (ELMS) Vision –**

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

**Company Number – IP3026**

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## Certificate of Registration

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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: 1-100001603

### 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

A handwritten signature in black ink that reads 'Amanda Sherlock'.

**Amanda Sherlock**  
Director Operations for the Care Quality Commission

You can email CQC at: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)  
You can contact CQC on telephone number: 03000 616181  
You can write to CQC at: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

## ELMS Leadership Team

### Council & Officers ELMS

Chief Executive Officer	Mrs Diane Ridgway
Medical Directors	Dr B Palmowski Dr P Fourie
Company Secretary	Mrs Glenda Feeney
Non Exec Board Members	Dr K Massey Mr R Mclean
Director of Clinical Services	Mrs Morag White
Director of Corporate Services	Mrs Glenda Feeney
Clinical Leads & Governance	Dr I Khan Mrs S Shaw Dr S Kowariwala (AVHAC) Dr F Arshid (EFP) Dr N Rahman (UCC/AVS) Mrs T Pettitt (Clinical Lead Nurse EFP)

### Clinical Governance Members

Dr K Hewitt  
Dr P Muzaffar  
Dr M Onrust  
Dr M McCarthy  
Mrs S Waddingham  
Mrs R Bibi  
Mr R McLean (Patient)

Council Members

GP's

Dr B Palmowski (Chairman)

Dr Y Naheed

Dr I Ibbotson

Dr M Montero

Dr P Mashar

Dr M K Datta

Clinical ELMS employees

Dr F Arshid

Mrs S Shaw

Patients

Mr R McLean (Vice Chairman)

Mr H Pickles

Non-Clinical ELMS employees

Ms L Threlfall

Mr M Hammond

## ELMS Management Team

*Responsible for:*

Business & Performance	Mr M O'Connor
Human Resources	Mr L Springer
Health, Safety & Estates	Mr A Clarke
Clinical Governance	Mr A Clarke / Mrs S Waddingham
Integrated Urgent Care	Mr J Bibby
ELMS Federated Practices	Mr D Massey
Corporate Services	Ms A Pettinger
IT, Media & Systems	Mr C Winters
Accrington Victoria HAC	Ms A Trayford
GPwSI Clinics	Mrs Linda Moulden

## Chief Executives Report – Diane Ridgway

Welcome to our Annual Report 2014/15 after another turbulent year in the economically challenged environment of the NHS. Our overall purpose hasn't changed in 20 years; to underpin and support Primary Care in East Lancashire and Blackburn with Darwen while keeping patients at the heart of everything we do. We have our critical friends, the Patient Voices Group, to remind us what we are here for, and I owe them a vote of thanks for all their support and particularly for keeping us focussed.

Most Annual Reports sound as though they describe perfect organisations that enjoy nothing but successes and triumphs. The real world is not like that and 2014 was the year that after 4 years of significant budget cuts saw ELMS struggling to make ends meet, cutting costs where we could while trying to motivate staff without any financial incentives is never an easy job. With this ever-changing political environment, and the acceptance of the imposition of a duty of Candour on the NHS we anticipate alongside the Clinical Governance local pressures these two agenda's alone will increase work for our governance team and add another level of scrutiny into the system creating more pressures on the organisation.

Writing this report half way through the next financial year is always challenging, I do have to try and stay focussed on last year and it is always a difficult task to be positive when we're looking down the long neck of a new financial year, and especially where the financial pressures of the last year are still pulling on our resources. However this report will attempt to paint a balanced picture of our organisation, of which we have much to be proud, but also one where the patient depends on us to get it right and in which things have sometimes gone wrong. Our aim for this coming year is to gain a positive CQC inspection report and be in the top 10% for everything we do. Already on some occasions we achieve that, and we can only do that through the hard work and efforts of the ELMS team.

Supporting services which don't break even is challenging for all of us and I do appreciate all the hard work which is ongoing from the staff, front line and management, into turning things around. We have formed a partnership with the Slaidburn Country practice and welcome Dr Massey to our board. New services have come on line, Acute Visiting Service, the Federated Practices Hub, the Clinical Navigation Hub, the local DOS - all adding value to ELMS and enhancing the services we deliver. However there is an expectation from commissioners that some of the new services are delivered within existing resources, and in the past that has been possible, but we are no longer in that position, there is a hard year ahead of us.

Finally, in January 2015 we said a last farewell to Neil Harwood, ELMS IT Manager and Endurance Mountain Bike Racer. Neil had bravely fought brain cancer since 2012, and left us in January 2015 after celebrating Christmas with his wife, Suzie and baby son, Ted. His funeral was attended by the majority of ELMS staff, past and present, and Neil's funeral procession was escorted by 100 cyclists, Members of ELMS staff, past and present Dan Cuffe, Janet Dawson and Craig Winters formed part of the escort a fitting tribute to a young man who had a wicked sense of humour and was training to complete the Tour Divide, an endurance cycle race from Canada to New Mexico when he was diagnosed with cancer.



Diane



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

We will enter the year of the General Election, and resoundingly the population will speak out hopefully against austerity and with a single voice to save the NHS; this however does not immediately translate into a secure and known future for NHS and Primary care. The government imposed efficiency savings over the past 4 years are crippling our health service, a time has come when we should be able to call them for what they really are – health care budgetary cuts.

The consequences of the so called innovative approach to health care delivery are now being felt across primary care, recruitment into GP training schemes has fallen to its lowest, recruiting GPs into practices is near impossible, and a good proportion of our local GPs are soon to take their retirement.

For the first time GP colleagues, no longer wish to commit to working regular shifts OOH. The public demand for the services is growing year after year with an 8% annual increase in the throughput, and mismatch of a 5% annual cut in our budget. For the first time in our existence over the past 20 years our books do not balance.

There is no tangible strategy to tackle the difficult future facing the NHS. Primary care continues to take the growing burden of more work being passed on from secondary care. Ambulatory care is soon to increase its capacity, further increasing the numbers of very ill people being cared for in the community without the resources.

Year on year I hope to be able to look to a brighter future, this year is no different; we are facing an upward struggle.

## Clinical Services Report – Dr I Khan

ELMS has continued to excel over the past financial year; this is despite continuing restrictions in funding by government austerity measures, increasing number of consultations with patients and other healthcare professionals, rising patient expectations and more complex presentations. In addition, there is a rise in the number of patients being diagnosed with dementia who often have more complex care needs, both medically and socially; ELMS is there for them when their own surgery is closed, whether they live in the Forest of Bowland or Whitworth.

We work closely in partnership with our local practices to ensure the handover of care to the GP out of hour's service is safe and seamless. The GP out of hours doctor is able to see the summary care record of a patient (with consent) as well as having access to any special notes that practices have notified to us regarding patients. These include important information such as resuscitation status as well as any end of life planning information. This information has become more critical since the reduction in use of the Liverpool Care Pathway. This ensures patients are treated in their preferred place of care, with their loved ones and with the respect and dignity they deserve, even when their own surgery is closed. This partnership between practices and ELMS has resulted in patients being treated at home rather than being admitted unnecessarily as well as any prescribing to be more tailored for the individual patient dependent on clinical need. A large proportion of the doctors that work for ELMS also work in local surgeries, and are therefore aware of local priorities and services that are available to their patients.

There has been recent debate in the government about access to GP's. ELMS provided access to GP's during the whole of the GP out of hour's period, including evenings, weekends and bank holidays. In addition we provide an acute visiting service (in Blackburn with Darwen) that aims to see patients during the day at home more rapidly than their own GP would be able to with the aim that a more rapid assessment may well prevent an admission to hospital. We also assist the ambulance paramedic pathfinder service to treat patients in their own home across East Lancashire, out of hours, if requested and safe to do so by a paramedic. In addition to seeing patients face to face, we provide an urgent telephone advice service for nursing teams, such as district and Macmillan nurses in order that they can obtain advice quickly from a GP and a home visit assessment if deemed appropriate.

Recommendations have been made by medical colleges to have a GP in each Accident and Emergency department. ELMS has been providing doctors in partnership with the acute hospital trust in order to assist with the increasing number of patients arriving for treatment, enhancing its waiting time targets. GP's have the ability to provide more holistic care than a traditional casualty doctor, taking into account the patients' medical, social and psychological welfare in coming to a shared management plan with patients and families. As a result of this, patients are seen more rapidly and more importantly treated at home, rather than being admitted to hospital, when clinically safe to do so.

Nationally the government has implemented a scheme to reduce the number of unplanned admissions to hospitals as well as risk profiling of patients registered with practices to identify those likely to need admission. We are also another critical element of this aim that also functions when GP surgeries are closed. Patients are consulted in order of clinical priority provided by the NHS 111 service in addition after a telephone discussion with a GP, when clinically indicated. We function across several primary care centres across East Lancashire to provide a service closer to home; we also look after patients based on clinical need in their home as well as provide GP support for Clitheroe Community hospital. Much focus has been made on not only access to a GP, but the actual consultation time in order for a patient to have an effective consultation; as a result of this, we

provide a standard appointment duration of 15 minutes in order for the GP to review all elements of the patient records and provide a very high standard of consultation, not constrained by a lack of time. We look after elderly, vulnerable patients in care homes across East Lancashire for whom we are the first point of call for a primary care emergency.

On a clinical basis, GP's not only had to cope with seasonal winter pressures, but also other public health alerts such as the Ebola crisis. As several ancillary services such as substance and alcohol misuse as well as genitourinary medicine are closed during the GP out of hour's, ELMS has to provide safe effective care and signposting for such patients, which could include those presenting with a high risk of infection such as HIV. The doctor provides tailored, personal and confidential care to all sections of the community regardless of ethnic origin or sexual orientation.

Nationally the rates of antimicrobial prescribing are rising and audits have concluded that ELMS continues to provide evidence based prescribing in line with local formularies for all infective disease. Every doctor that works for ELMS has regular peer review of a proportion of consultations to ensure that care provided was of a high standard; individual personalised feedback is provided to assist the doctor in his professional development. We have a robust multidisciplinary governance team that meets on a regular basis to react to new and existing challenges and to formulate guidance for doctors and promote best practice.

We continue to pride ourselves in our ability to recruit and provide local GP's to see our patients. This remained the case even when the demand for doctors was increased due to practices opening extended hours as well as additional GP surgeries during Christmas and Easter periods. The service remained robust despite all the challenges it has faced and aspires to continue to do so in the future, thanks to the dedication of its entire staff and the doctors who work for the service, without which ELMS could not have enjoyed its success.

## Patient Voices Group – Mr Russ Mclean

The Patient Voice Group re-elected Mr Russ McLean as Chair of the Group, to serve a 3 year term, during 2014 and Mr McLean was also re-elected as Vice-Chair and Patient representative on ELMS Council.

The Group continues to be very active in the local Health economy and to provide support to ELMS as their patient representatives. There are currently 11 members of the group, offering a diverse range of age and ethnicities. Many of the patients are founding members of the Patient Voices Group, which was established in 2010.

Under the leadership of Mr McLean – the PVG continues to be recognised as the Patient Voice for East Lancashire, by the local News media, Newspapers, radio and Television and more importantly, by patients, on whose behalf the PVG continue to be very vocal. In his capacity as Chair, Mr McLean is often asked to comment on Health stories by the local broadcast media and is now a regular contributor to “Graham Livers Breakfast show” on Radio Lancashire.

Members of the PVG have attended a number of training opportunities including “Patient Led Assessments of the Care Environment” (PLACE) CQC listening events and Equality Grading on behalf of Blackburn with Darwen and East Lancashire Clinical Commissioning Groups. Mr McLean has attended a 2 day Mental Health First Aid Course, a 2 day Suicide awareness course and Safeguarding Courses, funded by local Government.

He continues to raise public and patient awareness of the PVG by holding meetings with local businesses and organisations and with high profile public figures which include the Chairs of Healthwatch and both CCGs, The CEO and Accountable Officers at Blackburn with Darwen Council and Directors and the Chair of East Lancashire Hospitals Trust.

In 2014 Mr McLean held meetings at ELMS head office, St Ives House, with members of Parliament, Graham Jones, Gordon Birtwistle and Jack Straw and was instrumental in organising the previous years event to celebrate 20 years of ELMS providing quality healthcare to the local community.

The Patient Voices Group has built up an excellent working relationship with key figures in the local health economy and continues to support not only ELMS, but several other organisations with whom ELMS has a close working relationship. These organisations include local Hospital Trusts and Councils. In 2014 the PVG began to scrutinise anonymised ELMS complaints and a sub committee was formed to achieve this. The Group meets bi-monthly and looks (from a patient perspective) at all anonymised complaints and decides whether these are upheld or not upheld. Supporting ELMS is the fundamental principal of the group and they achieve this by looking closely at all the services which ELMS deliver, from the patient perspective and then sharing this with the Patients they represent.

Russ McLean, Chair, recently told a CQC inspection team: “ELMS is the most patient centred organisation I have ever been involved with.” Something the CQC seemed to agree with when they rated ELMS services as “GOOD “ during their inspection.

## Director of Clinical Services Report – Morag White

My focus over the last year has been to raise the profile of ELMS by visiting practices and meeting with doctors and staff in East Lancashire. I had an excellent response from practice managers and GP's with some very pleasing comments and valuable constructive feedback.

Overall the general opinion was ELMS provided a good service however, in East Lancashire it was intimated that ELMS had become somewhat distant to local GP's and they would like to see ELMS sharing more information with them. To rectify this doctors from East Lancashire have joined the Council. It is a council member's role to cascade the information that is shared and the decisions they make back to their colleagues, meanwhile the Directors and Management team will continue to visit practices and share the information and initiatives we are working on. If you would like a visit please contact me at ELMS.

I have been actively involved in giving Director level support to the Health Access Centre at Accrington Victoria Hospital together with the Federated Practices. The Health Access Centre Contract has been under scrutiny from CCG and NHS England prior to market testing.

Clinical Governance has seen some staff shortages this year – therefore I have taken over the managing of complaints and incidents on a temporary basis.

The recruitment of OOH doctors has seen a drop in numbers over the past year and we have only interviewed around 8 new doctors for OOH. This reflects current challenges in Primary Care recruitment.

The CQC visit to St Ives House in November proved to be quite challenging to those of us present. The Inspectors were very thorough and drilled down into every detail in particular the performance of doctors and the clinical audit process. We did achieve a Good overall rating which is an excellent outcome, putting ELMS in the top 10% of Out of Hours organisations undergoing inspection this year.

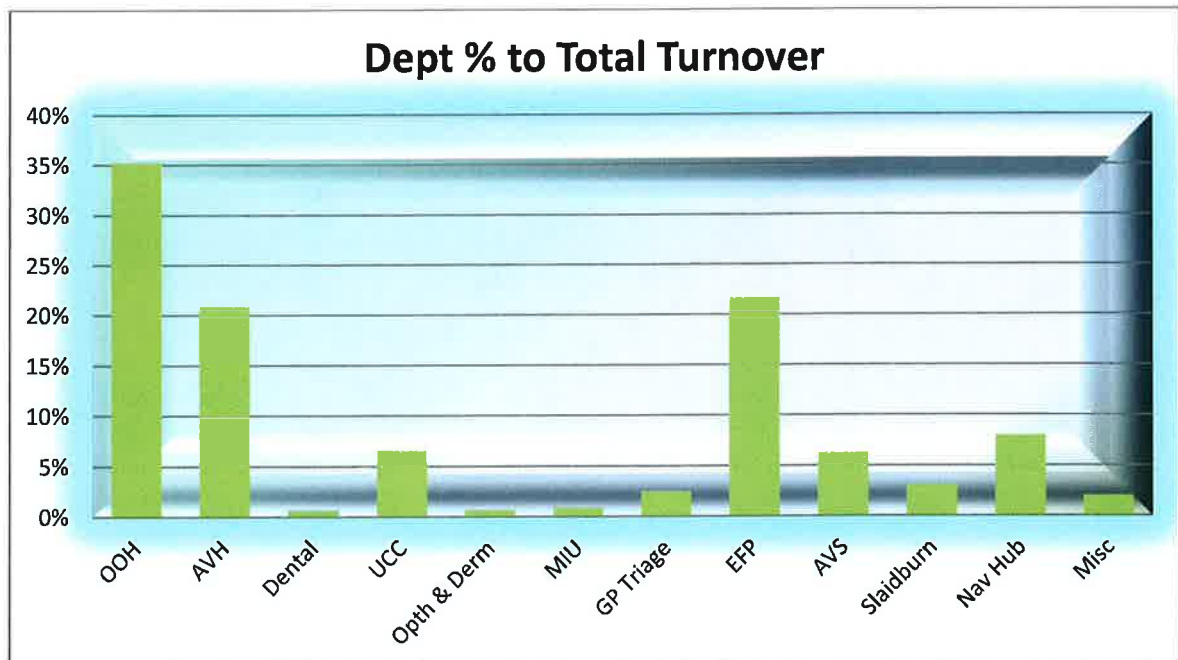
Our Ball in December marked ELMS 20<sup>th</sup> Anniversary Celebration, this was held at Mytton Fold Hotel and Golf Club. Fundraising events prior to and on the night raise over £2,000. The proceeds were split between Pancreatic, Diabetes and Brainstrust Cancer Charities, in memory of Dr Mike Barsby, Len Booth and Neil Harwood who all lost their fight against these diseases in the past 12 months.

## Director of Corporate Services Report – Glenda Feeney

### **FINANCE**

ELMS business has continued to change, develop and expand during the 2014 – 2015 year and despite a number of contract changes, has maintained a similar annual turnover figure to the previous year.

The individual contracts contributions to the organisation during the financial year are shown in graph form below:-



There has been significant expenditure during the year, particularly in GP locum costs and clinical staffing and this has had an impact on the overall company year end result. Managing costs, a number of which are outside ELMS control has, and continues to be a challenge. ELMS Auto Enrolment staging date was 1<sup>st</sup> May 2014 and following significant back office workload resulted in approximately 30 members of staff being auto enrolled. Compliance has resulted in cost, and it is estimated that an additional £20,000.00 of employer pension contributions during this financial year compared to last, has been required to fulfil our legal obligations. Pension costs are predicted to increase again in the coming year as employer contributions rise by a further 0.3%.

Postage, insurance – particularly Medical Indemnity costs and the general day to day running costs have continued to rise during the financial year and are predicted to continue increasing. ELMS continue to provide considerable financial support to The Federated Practices and a great deal of work has gone in to making improvements and cutting costs. Unfortunately, these efforts have not significantly changed the overall financial picture and have brought additional pressures to the organisation this year.

ELMS were joined by the Slaidburn Country Practice Team in April 2014 bringing the requirement for new processes, procedures and recording to include pharmacy stocks and a VAT element within the business for the finance department.

These company expansions and developments have necessitated upgrades in the accounts package used by ELMS as the Sage 50 accounts programme approaches its limits, slowing down and restricting the required financial breakdowns and analysis. The Sage 200 Accounts Package is the preferred replacement for Sage 50 and is due to commence at the start of the new 2015 -2016 financial year.

There is a lot of work ahead and this current financial year end picture is not one ELMS has been used to in the past, however – we can remain positive in the fact that we are a strong Company financially and at this stage, are able to weather the storm.

July 2014 saw the Rossendale Minor Injuries Unit transfer to Coastal Healthcare Ltd following the pilot scheme being put out to tender and ELMS being unable to meet the requirements set out in the bid. The staff working in the MIU all transferred employment to the new provider and we wish them every success with their new employer.

In September 2014 the agreement between ELMS and LCFT (Lancashire Care Foundation Trust) concluded and call handling for dental patients reverted to a nurse led model which no longer required call handlers. As a direct result 4 staff members moved on from ELMS, with 2 remaining in the organisation within other roles. We thank them all for their contribution to the Company over the years and wish them well for the future.

## **CORPORATE**

A complete refresh of ELMS Membership took place during 2014 following which new Council Member elections took place, the new Council being officially introduced and welcomed at the Annual General Meeting in September 2014.

The 5 Council Members standing down after a number of years' service to the Company were thanked for their considerable support and input:-

Dr K Hewitt  
Dr A Bristow  
Dr Z Khan  
Mrs A Marsden  
Mrs S Hardy

There have been a number of Charity events and Raffles during the year and huge appreciation goes to all who not only arranged, but supported and contributed.

One of the most successful events during the year was ELMS 20<sup>th</sup> Anniversary Ball in December 2014 celebrating the remarkable achievement of providing Primary Care to the local community since 1994. It was a fabulous evening with some special guests and founders of the organisation attending. A particular thank you goes to Morag White who put a great deal of time and effort into arranging the evening.



Other activities including “wear a Christmas Jumper Day”, the sale of wristbands, Movember and raffles raised fantastic amounts of money nearing £2,000 for the charities close to ELMS hearts including Pancreatic Cancer, Diabetes UK, Brain Cancer and East Lancashire Hospice; the latter two in memory of our close friend and colleague Neil Harwood who sadly passed away at a very young age, in early 2015. The brilliant raffle prize of Paloma Faith tickets with rail travel and overnight accommodation in London raised over £500 which will be used for the gift of Premium Bonds for Neil’s young son Ted to mark his 1<sup>st</sup> Birthday.



Company promotional information has been improved and updated during the year not least to recognise our rating by the CQC in early 2015 – a fantastic achievement.



## Primary Care Out Of Hours (GUM site)

### Quality Report

2014/15 (2014/15) Hospital  
 Healthcare Unit  
 2014/15  
 For more information  
 Website: www.hca.co.uk

Date of inspection: 10/11/2014  
 Date of publication: This is auto-populated when the report is published


This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of care about services and information given to us from the provider, patients, the public and other organisations.

#### Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
<b>Are services safe?</b>	<b>Good</b>	
<b>Are services effective?</b>	<b>Good</b>	
<b>Are services caring?</b>	<b>Good</b>	
<b>Are services responsive to people's needs?</b>	<b>Good</b>	
<b>Are services well-led?</b>	<b>Good</b>	

1 Primary Care Out Of Hours (GUM site) Quality Report This is auto-populated when the report is published

We have been awarded the Social Enterprise mark for a further year following our successful application, and continue working towards being environmentally friendly in our confidential waste destruction and with re-cycling.



## CERTIFICATE OF ENVIRONMENTAL ACCOMPLISHMENT



This is to certify that

East Lancast'rs Medical Centre

participated in Shred-It's shredding and recycling program and saved 7 Trees from destruction in 2014

Shred-It congratulates staff members on the positive impact this initiative has made towards saving our environment.

THANK YOU FOR YOUR BUSINESS.

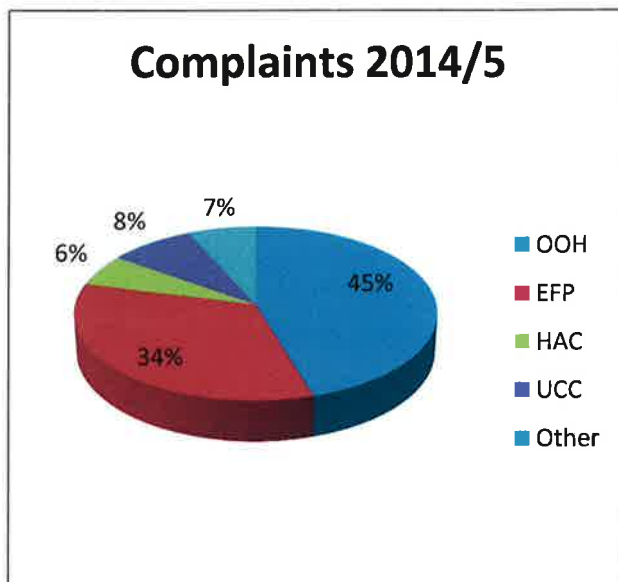
## Governance Report – Andrew Clarke

There has been an increased focus on reporting patient feedback following commissioner's requests. Complaints, compliments and patient questionnaire responses are now reported in more detail than previously. Partly to facilitate this, a project to renew the database where these records are kept was commenced and was underway at year end. This will enable standard monthly, quarterly and annual reports to be produced with much less effort as well as helping us better to manage the complaints handling system.

The Governance department recruited a new member on a part time basis in December bringing the headcount to 4; maternity leave reduced this to 3 early in 2015. Mother and baby are doing well and we hope to be back to a full complement sometime in the future. Morag has stepped into the breach temporarily to assist.

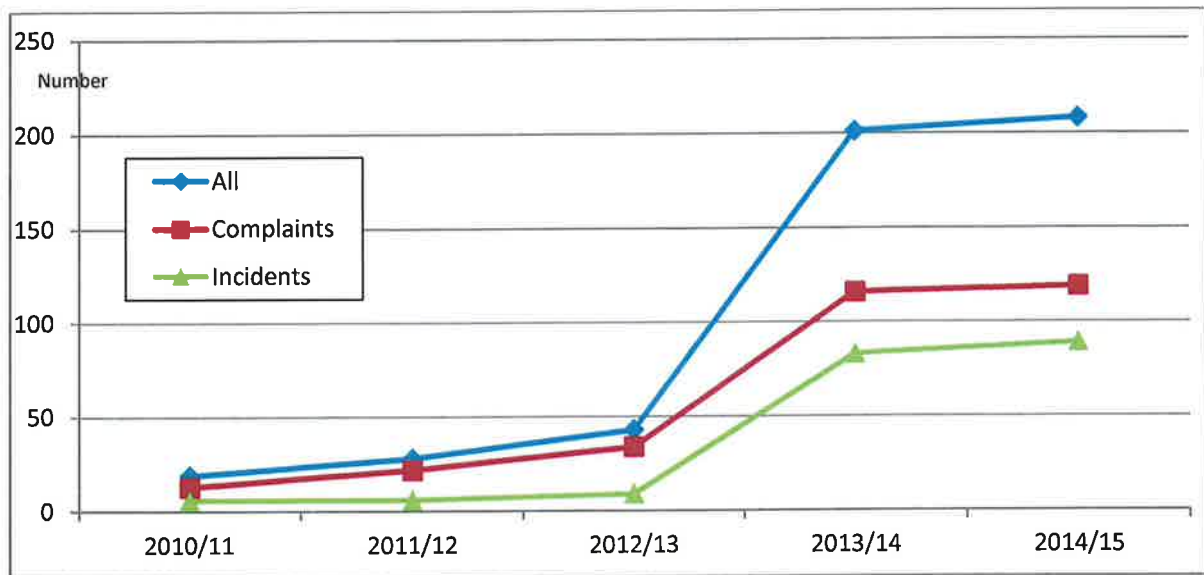
We are required to submit information on complaints for national compilation. Internally we investigate all incidents and complaints with the aim of improving the way we do things to improve the services and patient safety. We aim to deal with patients compassionately when they have made a complaint and go to some lengths to satisfy them both with our responses and the way we communicate with them – face to face, phone, letter or email as suits them best.

Analysing complaints by service area shows that the vast majority are received by the OOH service and the Federated Practices.



A review of a sample of complaints suggests that about 25% are upheld – meaning it was reasonable for the complaint to have been made. For 2015/16 we will have this judgement made on all complaints by the PVG for reporting to commissioners and nationally. We failed to meet our target deadlines for response to patients in about 10% of cases.

Our targets are slightly tougher than national guidelines but there is no reason to suppose this has significantly affected the 10% figure. Staffing issues are mainly to blame and improving this figure is a target for the next year.



The number of complaints and incidents reported stayed largely constant over the two years 2013/14 and 2014/15. The large increase from prior years is due partly to the incoming Federated Practices and probably also due to changes in our internal reporting systems.

Broken down into type of complaint as per national requirements we see some changes year on year but the main elements are consistently about the treatment patients receive and the way we (staff and clinicians) communicate with them. A large element of this is clearly a mismatch between patient expectations and what the service is there to provide. For the Federated Practices changes to the appointment booking system have reduced comments and complaints from patients about availability of appointments.

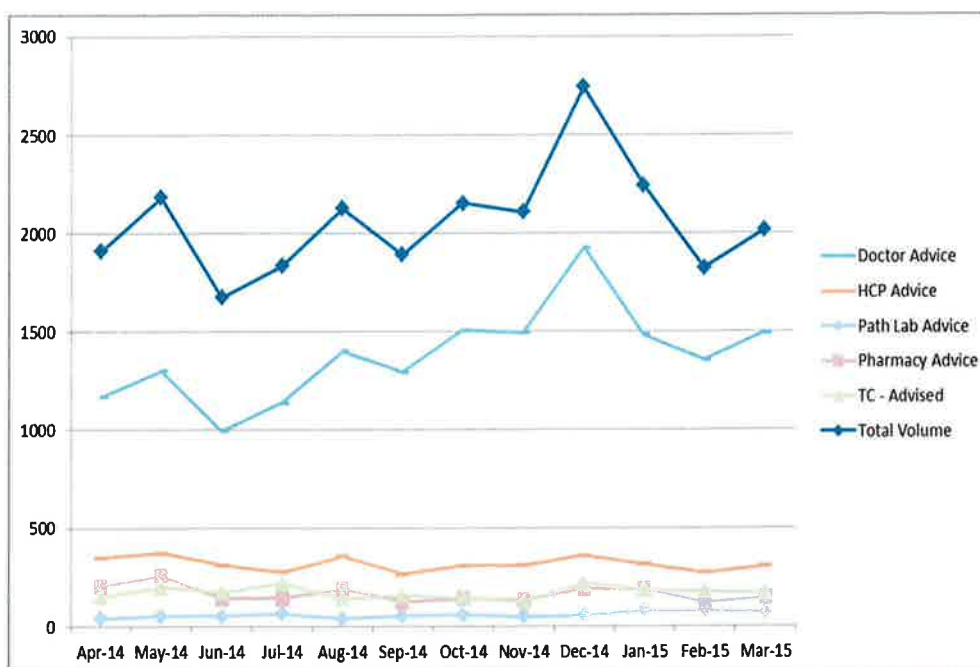
## Operational Report – James Bibby

### Out of Hours

The year began with service re-locations to UCC Burnley and RBH GUM Clinic, the move to Burnley proving to be an overwhelming success, whereas the move to the GUM proved to be a failure despite receiving a “Good” rating from the Care Quality Commission the service had to be temporarily re-housed to St Ives at short notice to accommodate the expansion of ambulatory care. There is no sign of being re-located in line with commissioning intentions in May 2015 despite firm assurances to the contrary.

Trend for GP Out of Hours continued to rise throughout 2014/15. The service saw in excess of 57,000 patients over the course of the year and recorded in excess of 70,000 consultations.

The continuing rise in advice calls showed no signs of slowing with over 23,000 advice calls requests received, on average 48% of these arriving at the service as emergency, 28% as urgent and 24% as routine.



Despite repeated submissions for enhanced funding to the respective CCGs, the service was left with no choice to borne the costs of increasing advisory capacity to manage the spiraling demands on the service.

The rationalization and consolidation of phone and Ad Astra costs delivered enough savings to ensure the service remained cost neutral, however little and no room is available to cope with further surges in demand.

GP recruitment continued at pace to cope with increased demand whilst some GPs took opportunities available in extended hours rather than retaining their Out of Hours shifts. Increased indemnity costs for GPs was highlighted as a reason shifts being given back at the end of 2015, something that will need to be addressed as the service moves forward.

My thanks goes to Lindsay Slater and Alison Marsden for their efforts in ensuring all clinical and staff shifts were covered each week, it will no doubt be increasingly more challenging in 2015/16.

All standard operating procedures were revised and updated which provided guidance and assistance across all staff groups and sites, credit for this work must be given to Tom Marsden who ensured all areas are and continue to be covered within the operational environment.

Credit must go to all GPs, Nurse Practitioners and staff who have continued to produce the highest standards in what can only be described as unrelenting demands and circumstances throughout 2014/15.

## **UCC**

Service delivery continued from 2pm – 11pm Monday to Friday and 11am-11pm Saturday, Sundays and Bank Holidays to facilitate the assessment and referral of patients onto the Primary Care Pathway.

The aim of the service was to:

- Assess patients to the right pathway and service to meet their needs first time
- Support the improvement of performance against the 4 hour standard by streaming patients to the appropriate service.
- To ensure standardized pathways of care
- To provide robust data to support the Pennine Lancashire commissioning intention to provide a co-located Urgent Care Primary Care Centre on the Royal Blackburn and Burnley General hospital sites.
- To improve patient experience

The continued pressures in the hospital and the average deflection target of 25% when ELMS GP was present was maintained at Royal Blackburn Hospital and surpassed at Burnley General Hospital.

Although the service was often challenging throughout the year due to the pressures on the services once again credit must go to all the GPs who worked in the service and operated diligently and often over and above what was specified.

2013-14	FBH	UCC Total Attendances ELMS Available Hours	%	BGH	UCC Total Attendances ELMS Available Hours	%
Apr	657	3207	20.49%	776	2748	28.24%
May	659	3456	21.88%	857	3075	28.20%
Jun	655	3242	26.37%	824	2807	29.36%
Jul	695	3226	21.54%	782	2847	26.77%
Aug	690	2979	23.16%	716	2490	28.76%
Sep	705	3081	22.88%	716	2636	27.16%
Oct	734	2933	25.03%	787	2577	30.54%
Nov	928	3285	28.25%	925	2676	34.57%
Dec	855	3164	27.02%	991	2908	34.08%
Jan	685	2699	25.38%	739	2263	32.66%
Feb	676	2666	25.36%	723	2215	32.64%
Mar	795	3202	24.83%	862	2687	32.08%
<b>Totals</b>	<b>9134</b>	<b>37140</b>	<b>24.59%</b>	<b>9688</b>	<b>31929</b>	<b>30.34%</b>
<b>Average 14-15</b>	<b>761</b>	<b>3085</b>	<b>24.59%</b>	<b>807</b>	<b>2861</b>	<b>30.34%</b>

## AVS

An In-hours Unscheduled Care (Acute Visiting) Service (AVS) was provided across Blackburn with Darwen GP Practices to deliver rapid assessment for patients at risk of a non-elective admission, keeping the patients in their homes or place of residence.

The service:

Responded to referrals from the NNAS Paramedic Pathfinder Scheme (via AVS GP Advice service)

Provided dedicated appointment slots as medical cover for planned discharges of patients registered with a Blackburn with Darwen GP.

This service enabled Practices to prioritise patients requiring a home visit, who are at risk of an unplanned admission. The service enabled the visiting GP to allocate on average up to 40 minutes to each visit (including travel) and worked with the Practice to avoid what was likely to have become a non-elective admission.

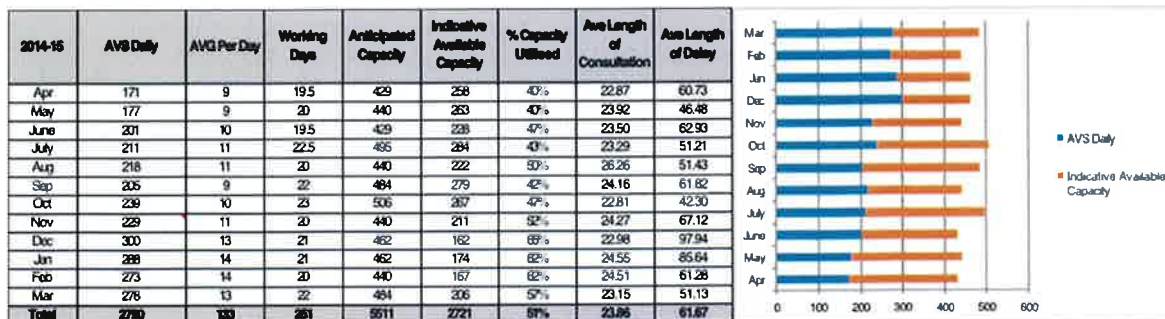
The objectives:

- To reduce unplanned admissions and ED attendances by targeting patients who most are at risk of being admitted to hospital.
- To improve patient flow.
- To improve patient access and choice to stay at home

The service went from strength to strength with referrals increasing by 38% (n766) on the previous year's figures Paramedic education of the service continued with regular visits and buddy sessions to help increase confidence in referrals from daytime crews.

Currently negotiations are on-going to improve the service utilisation by taking on medical oversight for patients identified as requiring Intensive Home Support in 2015/16

Many thanks to all the clinicians, staff and navigators who have improved the service both in terms of efficiency and effectiveness throughout the year



## Medicines Management

The introduction of the Ad Astra Medicines Module was to prove and continues to challenge us, however the benefits that can be derived are numerous and after consultation with the respective CCG Medicines Teams it was agreed the benefits are worth pursuing.

Tasked by the CCGs to reduce stock medication waste and provide performance information, the module will give the organisation data on which to make informed decisions.

Due to the challenges faced by the team and the ever growing legislative requirements a service level agreement was sanctioned by the organisation to ensure we had Medicines Management Support from Dr Lisa Rogan and her team.

Although this work has proved challenging at times, we continue to make good progress in the formulation of standard operating procedures, policies and required licences to ensure organisational compliance and standards are met and exceeded.

Reduction and rationalisation of stock held at site and in visiting vehicles is under review and all future decisions will be confirmed and agreed in collaboration with ELMS Clinical and organisational Governance teams.

All ELMS Medical and surgery equipment has now been asset tagged and valued, this has been necessary due to the increased breakages and numerous pieces of equipment being lost or stolen.

Future proposals for medicines management include the stock budget being divested to ELMS who will become responsible for the supply chain and cost of stocked medicines.

Trevor and Kay welcomed a new member in Katie Stephenson with Julie Swindlehurst moving to support the nursing teams in the new Pennine Lancashire Navigation Hub. The newly formed team continue to meet the new challenges head on, in what has been a steep learning curve for all involved.

## **Pennine Lancashire Navigational Hub**

In January 2015 ELMS welcomed Brenda Rea (Nurse Lead), Carolyn Rustidge and Deborah Tomlinson (Nurse Advisors) to set up and run the Clinical Navigation Hub and Directory of Services (the Hub).

The primary aim of the service was to help health and social care professionals reduce inappropriate attendances and admissions to secondary care on the following basis:

The service provides a single interface with key elements of out of hospital provision and provides a capacity management system for out of hospital care enabling full use of resource and ensuring flow across the community bed based system.

Specifically the provision of the DOS will:

- Deliver a simple access point for health and social care professionals to direct them to the most appropriate service, relevant to the individual's level of need, with an initial focus on frail elderly
- Maintain a comprehensive and up to date directory of current services across Pennine Lancashire including hours of operation, access criteria/eligibility and geographical cover

The Navigation hub will:

- Improve patient flow through early decision making by most appropriate service provider
- Timely and safe exchange of referral information resulting in reduced repeat assessment
- Mobilise and arrange services at the request of the referring professional and negotiate with providers in relation to clinical and social care requirements and inform relevant professionals of the outcome
- Utilise key out of hospital service capacity data to inform decision making

Ensure a quick response to keep patients out of hospital and reduce unplanned admissions and ED attendances by targeting patients most at risk of being admitted to hospital

In addition the service will provide capacity monitoring of key elements of out of hospital provision including community hospitals, discharge to assess beds, reporting on utilisation of key out of hospital services and so contribute to system resilience ensuring early identification of capacity pressures and under utilisation

Brenda and her team have worked tirelessly to promote the service and has successfully brokered and arranged medical and social services for over 80 patients, in most cases avoiding unnecessary hospital admissions.



## Daytime Services Report – Linda Moulden

### **GPwSI CLINICS**

The GP with Special Interest Clinics for Dermatology and Ophthalmology are located at the Barbara Castle Way Health Centre in Blackburn and supported by a dedicated ELMS admin team based on Level 1 in the Health Centre.

The Dermatology Clinics are run from a purpose built suite on Level 1 led by Dr David Andrews who is a local GP with a special interest in Dermatology and he also does a clinic once a month at the Royal Blackburn hospital with one of the Consultant Dermatologists. Dr Andrews works closely with a team of Dermatology Specialist Nurses who run clinics alongside the GPwSI clinics and also nurse led clinics which include Education and Photo Dynamic Therapy. Referrals are received via the choose and book system from Blackburn with Darwen GPs and other health professionals such as health visitors and podiatrists.

The Ophthalmology Clinics are held on Level 3 led by Dr Lelia Harrington and Dr Satish Nagpal who are both local GPs with a special interest in Ophthalmology. The nurses for the clinics are provided by the Ophthalmology Department at the Royal Blackburn Hospital and run alongside the East Lancashire Hospitals Trust Nurse Led Glaucoma Clinics. The clinics are held on a Wednesday afternoon and a Friday morning and once a month on a Friday there is a minor surgery session. Ophthalmology is also seeing an increase in referrals which is being closely monitored. Referrals are received via the choose and book system from Blackburn with Darwen GPs.

Both the Dermatology and Ophthalmology Clinics work closely with the Consultants at the hospital and refer in where necessary.

## HR & Workforce Development – Levis Springer HR

### **HR, Workforce ,Training and Development**

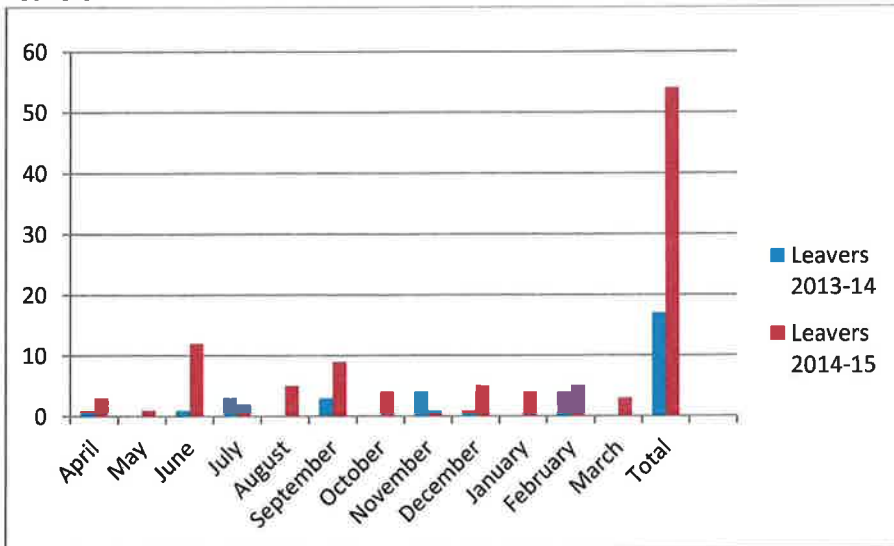
The financial year 2014-15 continued to be reflective of the increasing pressures faced by the public sector in terms of increasing demand and budgetary pressures coupled with increasing difficulties in recruiting to key posts because of fall in the availability of particular staff groups in particular doctors.

On a positive note we did see a number of key developments in 2014-15 namely a new partnership arrangement with Slaidburn Country Practice, the implementation of the long promised Federated Practices Call Handling Hub, and the implementation of a new pilot scheme for the Clinical Navigation Hub.

In spite of these new developments 2014-15 represented a very busy year in terms of staff turnover highlighted by a threefold increase in turnover, turnover for 2013-14 was 9% however in 2014-15 this had increased to 27% as demonstrated by the graph below

### **Workforce Profile**

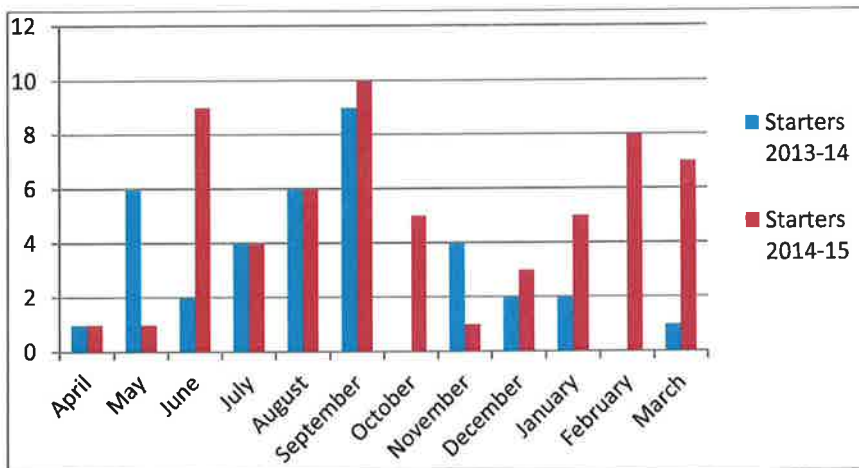
#### **Leavers**



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
Leavers 2013-14	1	0	1	3	0	3	0	4	1	0	4	0	17
Leavers 2014-15	3	1	12	2	5	9	4	1	5	4	5	3	54

The high level of turnover can largely be explained by the decision not to tender for the Rossendale MIU service which was transferred under TUPE in July 2014 and the loss of the Dental Admin service in September 2014. Uncertainty surrounding the contract for the HAC and an unusual increase in the number of OOH staff who left the Company an area which has traditionally been very stable. Whilst there has been a significant increase in the number of leavers the overall number of staff employed remains stable in part due to the new service developments highlighted above and increased recruitment to new posts within the Federated Practices, which saw the number of new employees nearly double .

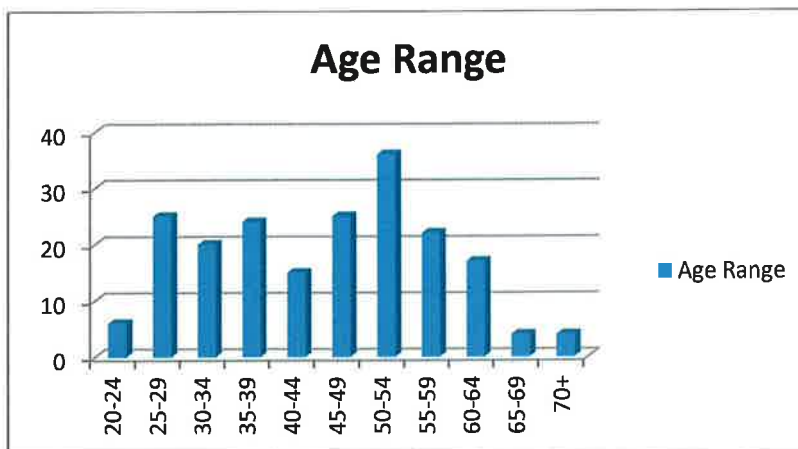
## Starters



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Starters 2013-14	1	6	2	4	6	9	0	4	2	2	0	1	37
Starters 2014-15	1	1	9	4	6	10	5	1	3	5	8	7	60

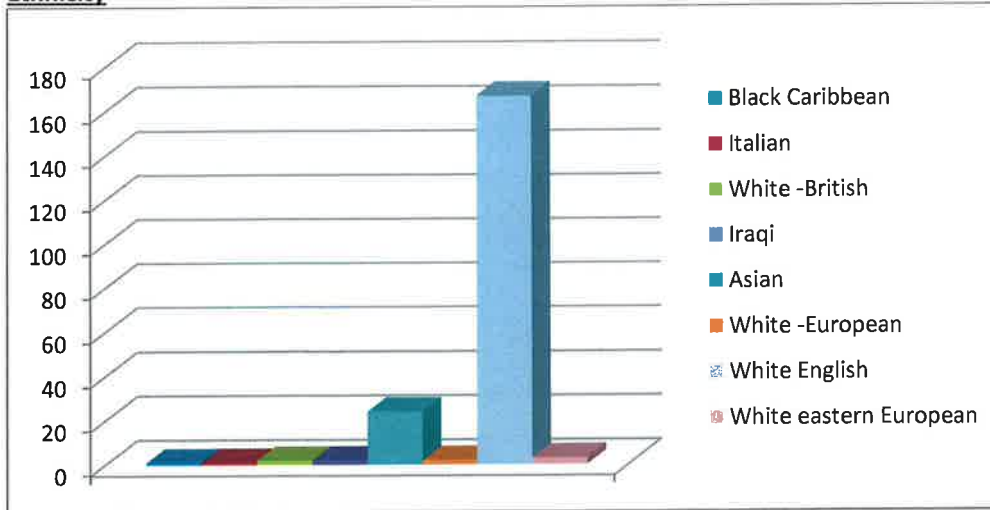
The overall stability of the Company is also reflected in the fact that in other areas of analysis such as,, age range , ethnicity and gender split shows very little differentiation from last year

## Age Range



As with last year whilst the greatest percentage of staff within the company are aged 50-54 the Company remains well represented throughout the majority of ages ranges.

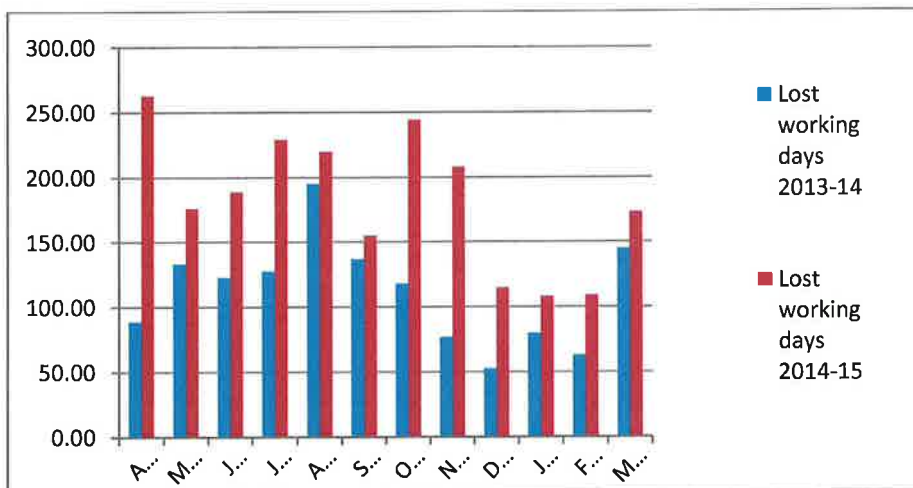
**Ethnicity**



Black Caribbean	Italian	White - British	Iraqi	Asian	White - European	White English	White eastern European
1	1	2	2	24	2	167	3

The workforce remains predominantly white british although there has been a slight increase in those staff designating themselves as Asian.

**Comparison of Lost Working days and Hours 2013-14 and 2014-15**



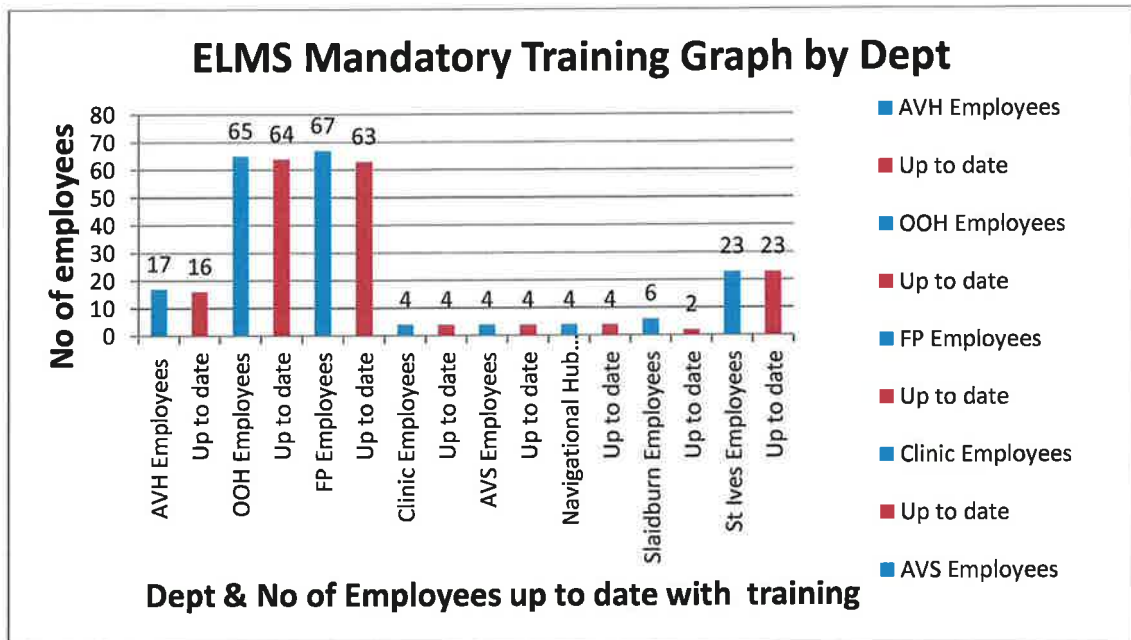
Lost working days	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2013-14	89	133.	123	127	195.	137.	118.	77	52	80	63	145
2014-15	263	176	189	229	220	155	244	208	115	108	10	173

There was a significant increase in 2014 -15 of Lost Working days and hours during 2015 mainly attributed to long term sickness although a slight increase in short term sickness was also observed

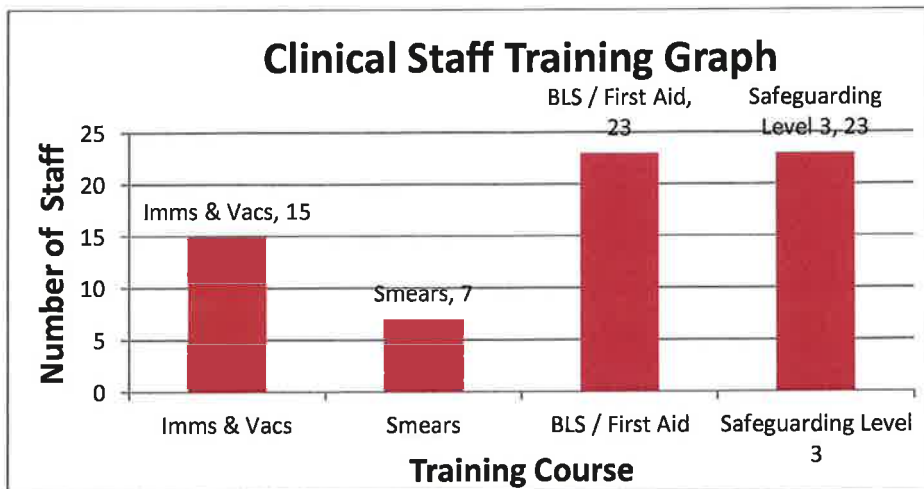
Managers continue to monitor and address absence issues through our Attendance management procedures

**Training and development**

2014-15 continues to be a successful year with 95% compliance with mandatory training requirements



The Training department was also able to continue to facilitate key training within our Clinical staffing.



55% of staff now have their Imms and Vacs training, 25% of staff have their smear training and 83% of staff respectively Safeguarding and First aid/BKLS training.

## IT & Systems – Craig Winters

The IT team entered into 2014 in a positive spirit and ready to face the challenges that would come our way. We played a vital role in the creation and development of the ELMS Navigational Hub, and started to see the savings from the previous year's endeavours; we felt comfortable as a department within the organisation. We started to develop our own in-house servers that would aid us in becoming more independent as an organisation and moved away from some of our 3<sup>rd</sup> party suppliers, whilst still maintaining the high standards ELMS had come to expect from their IT department.

Towards the end of the year, it had become evident that the department performance was better when challenged and tested. We had become more reactive than pro-active and a change in the dynamics was required. It was agreed between the team that we would each become responsible for our own given area of IT and look at a complete team re-design. It was not expected that this would be a quick or simple goal to achieve, but something which required time, commitment and support from the entire team. We are only half way through our developmental change but already the changes are having the desired effect. Camaraderie is high, innovative ideas are now regularly put forward and discussed, and the team are motivated to make a difference in each of their areas.

Overall 2014-15 for us was all about development, progression and growth. We welcomed Andrew to the team, offered Ryan a gap year placement and diversified the team to increase their skillsets.

We are expecting to see more developments and changes in 2015-16. The team re-design will be completed in early June 2015; we are hopeful of obtaining our own organisation with NHS mail and will gradually become locally hosted and responsible for the full running of the ELMS IT infrastructure with minimal 3<sup>rd</sup> party companies involved.

### **Estates**

There were no major changes to the structure of the buildings at St Ives this year; the largest jobs were internal partitioning of offices to create more and more usable spaces for the staff. The site is more or less full during the daytime period and any future expansion of staff numbers will require some careful thought. The smaller meeting room in the Business Centre has been put into use for the navigation hub with some meetings being transferred over to a room in St Ives House.

We completed the project of providing 4 surgeries and upgrading the waiting area in St Ives to accommodate the move of OOH from RBH to St Ives; the facilities are tight when busy but seem to have been well received.

The move of the Horsfield Practice to the new Colne Health Centre was completed early in the year. The facilities are largely good but there always seem to be problems making even relatively small changes in the PFI buildings.

Following discussions with other interested companies, the cleaning contract was renewed in an altered format with the existing provider to reflect the increase clinical space and patient throughput.

Waste disposal has received extra focus with the aim of avoiding any of the increasing volume of waste from the site going to landfill. This is a work in progress and will be reported on again in the future.

### **Health and Safety**

Again we continue with low numbers of incidents and none requiring RIDDOR reporting. There have been a couple of incidents where there has been a threat to the safety of the visiting GP, but no physical injuries have been received. In response to these incidents we introduced SkyGuard lone worker devices at the end of 2014 to each of the cars; they are designed to be carried by the GP during a home visit to summon help in an emergency. It is fair to say that they do not appear to be widely carried and there has been little feedback.

Mandatory training was delivered to OOH, UCC and AVS staff during six sessions held at St Ives toward the end of the year. This included H&S, IG, safeguarding, incident reporting and other topics. This seems to have been received as a welcome change from e-learning done on the computer and is planned to be repeated on a 3 year cycle. (For 2015/16 the plan is that this will be delivered to the Federated Practices).

### **Informational Governance**

ELMS is up to date with the self-certification required for continued use of the NHS secure networks on which most of our services rely. This is an annual submission required by end of March.

## Accrington Victoria Health Access Centre – Amanda Trayford

It has been a challenging year managing the growth of the registered patient list size and the demands of unregistered walk-in patient activity against the backdrop of uncertainty as to the future of the service, given that 2014/15 was due to be the final year of the service contract.

The Health Access Centre contract was split into two contracts from November 2014; one for the GP surgery for registered patients commissioned by NHS England and one for the Walk-in Centre for unregistered patients commissioned by East Lancashire CCG.

Both services had their contracts extended to continue until 31<sup>st</sup> March 2016.

Due to uncertainty about service continuity there has been the departure of two doctors, two nurse practitioners and a practice nurse. However, we were pleased to recruit Dr Heather Duffy and Practice Nurse Vicky Innes and welcome them to the team. Adverts are still in place for GPs and Nurse Practitioners and we have been fortunate to develop a good bank of sessional doctors who are covering the vacancies so that the services are never without GP cover. As part of a CCG initiative, due to the number of children who present to the Walk-in Centre, the service has tried to recruit a Specialist Paediatric Nurse Practitioner throughout the year but no qualified practitioner applicants were received.

The GP surgery has seen the registered list grow further this year, reaching 2,409 patients at 31<sup>st</sup> March 2015; a 32% increase on last year's list size. Registered patients continue to maintain service pressures by attending on a walk-in as well as on an appointment basis, with 14,527 contacts across the full opening hours of the service. The consultation rate at 7.22, appears to be above the national average weighted for the age and sex of the practice population of 5.19.

The Walk-in Centre activity for this period was 33,881 patient contacts, which has decreased on last year's figures by 4% but the nature of presentations and the time of attendance meant that the workload has not reduced. The separate AVH MIU nurse-led service continues to make demands on the HAC GPs.

The GP surgery celebrated an excellent Quality & Outcomes Framework result for 2014/15 reporting a score of 97% at the end of March 2015. Under the current circumstances this is an excellent achievement for all the HAC team.

Patient feedback and support for both services continues to be positive. The HAC has a lively and proactive Patient Participation Group who helps represent patient interests and to keep the service patient focused.

The coming year has further challenges ahead, with the need to maintain services while we understand, that public consultation on the 2 service contracts will begin in June 2015 with the Commissioners currently indicating that they will re-tender the services by the end of March 2016



## ELMS Federated Practices – David Massey

Following on from a period of consolidation in our first year, the practice has continued to stride forward while still keeping our patients at the forefront of our service. Our aim has been to promote a quality service building on last year's improvements, to develop and make the best use of the dedication and professionalism of our team and to maximise our income by ensuring accurate reporting of activity and developing services appropriate to our patient needs. The Federated Practice falls into the top 10% of most deprived populations in the country and this along with the contractual challenges that we continue to face must drive our efforts to find efficiencies whilst maximising patient care and service.

Patient demand and access are always an issue and this year has seen the introduction of 'The Hub' our dedicated appointments team who are striving to help patients access the most appropriate health professional in the most timely way. Feedback on this service has been good, and we will be considering how it can be extended over the coming months.

Brierfield Surgery has a new telephone system to replace the antiquated one that we inherited. The new system has many more facilities and a much greater capacity which will hopefully mitigate patient access problems here.

Horsfield Practice is now safely ensconced in their new home in Colne Health Centre. The move went remarkably smoothly looking back on it an achievement which can again be attributed to teamwork. The new environment is a great improvement and the view from the waiting room worth seeing! There was a further improvement in our QOF achievement which was testament to the hard work of the whole team. Income through the provision of enhanced services and activity reporting has also risen and we continue to work hard in the data team to ensure that payment through these activities is maximised.

The 'Over 75's' enhanced service has been developed this year and we have made use of this funding to employ a dedicated Advanced Nurse Practitioner with Health Care Assistant support to provide a comprehensive service to this cohort of particularly vulnerable patients both in the surgery and at home.

We have initiated sexual health clinics with a very skilled team providing services in dedicated sessions including some not previously offered by the practice and we will be considering how this service might be expanded in the future.

We are providing specialist led Diabetes clinics to help manage a disease that has a high prevalence in our population and is often poorly controlled. This service is not funded separately and in light of the contractual pressures that we face we will be making an assessment of the possibilities for supplementary funding in the future.

A desktop link has been placed on all workstation computers that allows access to all practice policies and procedures making them immediately available to all staff.

Going forward we will have to consider how to deal with the ever increasing demand for appointments and pressure on finances and these considerations will have to take into account the difficulties experienced in recruiting to both our GP and Nursing teams, the shortage of clinicians is a national problem that will probably get worse before it gets better. Some patients continue to complain about the lack of available appointments but the number of appointments that we offer

per head of population remains significantly above the local and national averages. One of our biggest challenges is managing this patient demand and we will have to explore our options in this regard. It is worth pointing out that we are still able to offer pre-booked appointments within a few days but whilst government policy driven by the national press continues to push for increased immediate access over ever increasing hours, then patient expectation increases and their perception of the existing service is tarnished.

There are major challenges to overcome in the next twelve months but we have the benefit of an extremely professional and caring team with which to work.

### Slaidburn Country Practice

The transition of the practice to becoming a partner with ELMS took place relatively seamlessly and the practice has benefitted greatly from the support provided by the organisation.

In other ways the year has proved more challenging and the difficulty in hiring suitable staff in a remote and rural environment was brought sharply into focus. However, with the cooperation of the existing workforce and a great deal of team spirit these problems have been overcome and the practice is now back up to speed and providing a top quality patient focussed service.

The practice is significantly affected by the national withdrawal of the MPIG (Minimum Practice Income Guarantee). The team at ELMS are working hard to facilitate a solution to the loss of this income without which the practices viability is brought into question. (We believe that SCP is the biggest loser per capita in the country). We hope that 15/16 will bring progress on this front and that this vital service to their community can be retained in its current form.

Despite the problems with staffing and the MPIG withdrawal, the practice continues to be a high achiever and was very proud to be nominated and then selected as a finalist in 'GP Practice of the Year' providing an opportunity for staff to put on their glad rags and enjoy a trip to a glittering awards ceremony in London.

## Company Performance Information – Michael O’Connor

### Contracts / Developments

2014/15 was a transitional year for ELMS and a number of the services provided by the organisation as described below:

- **GP Out of Hours** – The contracts for this core ELMS service, with both Blackburn with Darwen (BwD) and East Lancashire (EL) CCGs, have been extended until 30 September 2018. Following a period of contractual uncertainty this now provides continuity for patients, staff and our healthcare partners across the health economy and means that ELMS can now plan for the next 3 years.
- **GP Advice** – The GP Advice service has been extended until March 2016. This service, which offers improved outcomes to patients and service users, has seen service volumes grow significantly which has begun to impact on the service due to the lack of resources. Discussions are ongoing with Commissioners as to how this might be addressed.
- **AVS** – The Acute Visiting Scheme for BwD CCG GP Practices provides rapid in-hours assessment for patients at risk of a non-elective admission with the aim of keeping the patients in their homes or place of residence. Activity has grown since the scheme began in 2013 including paramedic pathfinder and urgent care desk referrals that enable crews to consider referral to the service rather than convey – in-hours for BwD CCG only (via AVS GP Advice service) and across Pennine Lancashire OOHs which has resulted in a significant impact on GP Out of Hours once the scheme was rolled out 24/7. EL CCG is one of only a few CCGs in the North without in-hours Pathfinder solution; OOHs c30 Paramedic pathfinder calls per week for EL. The service has been extended to March 2016 and potential service developments are being discussed with Commissioners.
- **GP in Urgent Care Centres (UCC)** – Primary care presence in the UCC contributes towards the achievement of four hour target within ELHT. Activity is dictated by the triage service provided by ELHT and impacts on the volume of patients seen and the potential for deflections; GP resource at Burnley General Hospital is fully utilised while Royal Blackburn uses approximately 65% of available GP time. The CCGs have reviewed the service and engaging ELMS and ELHT to see how to improve the system including: working practices, triage, access and value for money. This scheme was extended until March 2016.
- **Accrington Victoria Health Access Centre** – The Health Access Centre contract was split into two contracts from November 2014; one for the GP surgery for registered patients commissioned by NHS England and one for the Walk-in Centre for unregistered patients commissioned by EL CCG. Both services had their contracts extended to continue until 31st March 2016. The separate AVH MIU nurse-led service provided by ELHT continues to make demands on the HAC GPs.
- **Pennine Lancashire Clinical Navigation Hub** – In 2014 ELMS was asked to provide this test for change service on a pilot basis which started at the end of December 2014 and is due to run to

March 2016. The Hub supports Better Care Fund objectives of helping to transform local services so that people are provided with better integrated care and support. The Hub contributes towards the reduction in avoidable emergency admissions by helping to identify out of hospital services as an alternative to conveyance and potential admittance.

- **District Nurse Call Handling** – This service which provides out of hours call handling support to Lancashire Care NHS Foundation Trust’s team of District Nurses across BwD CCG area has been extended to March 2016.
- **Rosendale Minor Injuries Unit** – Having agreed to support an extension of the contract to enable EL CCG to market test the service, ELMS board decided not to tender for the service continuation. The service and staff successfully transferred to the new provider on 30 June 2014.
- **Dental Call Handling** - As a result of a change to the setup and delivery of this service ELMS board decided not to proceed with the configuration and withdrew from the call handling service and accommodation offer with effect from 30<sup>th</sup> September 2014.
- **ELMS Federated Practice** – ELMS were awarded a 5 year contract for 4 former PCTMS GP Practices – Horsfield, Pendle Valley Mill, Brierfield and Eagle – that now make up the ELMS Federated Practice, in 2013. Development of the Federated Practice model has been a significant undertaking after a history of neglect by the PCT and a former culture where cost effectiveness, record keeping and under-reporting was not questioned. ELMS have made a number of service enhancements to improve the service but have also been looking to reduce its operational costs, while maintaining a high quality service. Discussions with Commissioners are ongoing and will progress into 2015/16.
- **Slaidburn Country Practice** - Slaidburn is a small rural GP practice in the Ribble Valley with a registered list of just over 1000 and covers an area of 120 square miles. Changing financial viability meant the Principal GP looked to find a federated arrangement or partnership with local health organisations and subsequently entered into a partnership with ELMS from the 1 April 2014 under a GMS contract. ELMS agreed to the partnership on the basis of identifying alternative ways of working and sources of funding that might help maintain primary care services in Slaidburn and this work is ongoing and will progress into 2015/16.

### Overall Activity

Overall 2014/15 activity across all ELMS services which could be benchmarked against 2013/14 increased by 12.5%. At the same time, contract values were either static or reduced. The report below excludes Dental and MIU service that transferred out, the Navigation Hub pilot that effectively started in the last quarter during 2014/15 and the GP Practices – ELMS Federated Practice and Slaidburn Country Practice that are reported on separately.

- The volume of dental calls had decreased as the pressure on access to NHS dentistry eased and MIU activity was down on the previous 3 months of 2013/14.
- Serving a practice population of c20600 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.

The consultation rate at 6.03 appears to be above the national average of 5.27 (adjusted by age and sex of practice population).

- Slaidburn Country Practice is well regarded by its community and provides a wide range of services over and above its core GMS GP services to its rural population. The Practice was a finalist for the General Practice Team of the Year award at the General Practice awards in November 2014.
- For the Navigation Hub 59.2% of reported case calls resulted in deflection from secondary care due to non-hospital service alternatives being identified so reducing conveyance to hospital. The phase 1 target for deflections by the Hub is 3 per week. The March 2015 average of reported case calls where non-hospital service alternatives were identified was 7.25 per week. Cumulatively, across January-March 2015, the service is above target.

Details of the activity of the other services are detailed below:

Overall Activity Report 2014/15

2014/15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals	Grouped
PCC	3211	3455	2716	2473	2539	2242	2631	2651	3387	2861	2624	3109	33899	57418
Dr Advice	719	839	648	821	778	839	920	830	1112	915	860	964	10245	
Home Visit	857	915	720	694	854	701	699	803	954	987	694	759	9637	
Pharmacy Advice	188	237	124	125	174	114	130	128	163	168	109	129	1789	
HCP Advice	162	168	160	126	160	124	161	154	183	155	139	156	1848	2795
Acute Visit	161	161	186	206	203	186	218	229	289	270	263	264	2636	
Acute Advice	10	16	16	11	14	16	21	6	10	15	10	14	159	5180
District Nurse Calls	487	510	513	409	426	436	320	400	488	440	376	375	5180	
UCC - RBH	657	859	855	695	690	705	740	928	855	685	676	795	9140	18834
UCC - BGH	776	867	824	762	716	716	793	925	991	739	723	862	9694	
HAC - Walk In	2996	3219	2956	2758	2592	2077	2735	2982	3215	2765	2636	2950	33881	48408
HAC - Registered	1086	1066	1117	1367	1085	1333	1933	0	0	2352	1488	1700	14527	
Dental	2278	2274	2093	2053	2439	1690	0	0	0	0	0	0	12827	17748
Dental Access List	392	475	502	422	344	382	0	0	0	0	0	0	2517	
Dental Nurse Advice	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dental Query	464	400	390	431	324	395	0	0	0	0	0		2404	
Rosendale MIU	815	892	998	0	0	0	0	0	0	0	0	0	2705	2705
<b>Total Volume</b>	<b>15259</b>	<b>16353</b>	<b>14818</b>	<b>13353</b>	<b>13338</b>	<b>11956</b>	<b>11301</b>	<b>10036</b>	<b>11647</b>	<b>12352</b>	<b>10598</b>	<b>12077</b>	<b>153088</b>	<b>153088</b>

# GP Out of Hours Activity Report 2014/15

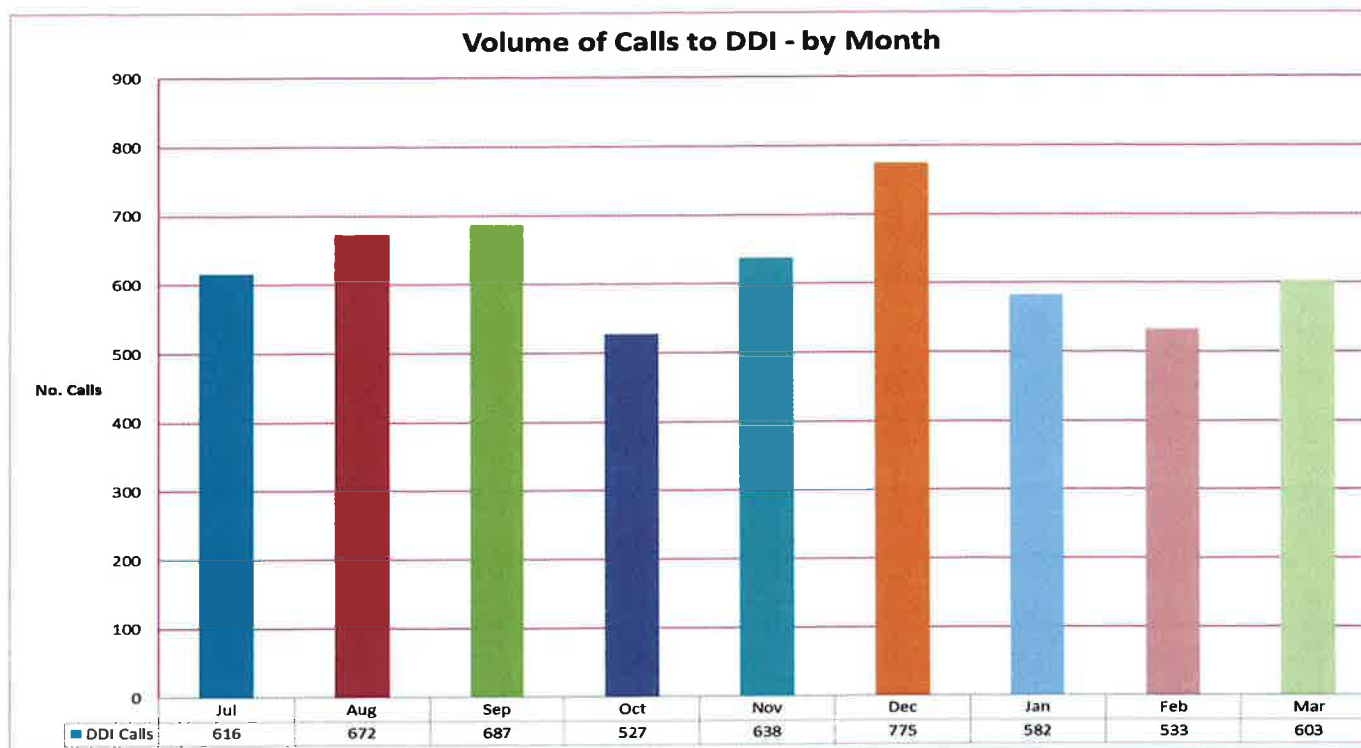
Details	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average	Performance Against Predicted Target
<b>PCC</b>	3211	3455	2716	2473	2539	2242	2631	2651	3387	2861	2674	3109	2824.92	N/A
%	62.51%	61.54%	62.18%	58.34%	56.36%	55.77%	57.94%	58.06%	58.41%	56.25%	59.29%	57.55%	58.68%	N/A
<b>Dr Advice</b>	719	839	648	821	778	839	970	830	1112	915	860	1249	877.50	N/A
%	14.00%	14.94%	14.84%	19.37%	17.27%	20.87%	20.26%	18.18%	19.18%	17.99%	19.43%	23.12%	18.29%	N/A
<b>Home Visit</b>	857	915	720	694	854	701	699	803	954	987	694	759	803.08	N/A
%	16.68%	16.30%	16.48%	16.37%	18.96%	17.44%	15.39%	17.59%	16.45%	19.41%	15.68%	14.05%	16.73%	N/A
<b>Pharmacy Advice</b>	188	237	124	125	174	114	130	128	163	168	109	129	149.08	N/A
%	3.66%	4.22%	2.84%	2.95%	3.86%	2.84%	2.86%	2.80%	2.81%	3.30%	2.46%	2.39%	3.08%	N/A
<b>HCP Advice</b>	162	168	160	126	160	124	161	154	183	155	139	156	154.00	N/A
%	3.15%	2.99%	3.66%	2.97%	3.53%	3.08%	3.53%	3.37%	3.16%	3.05%	3.14%	2.89%	3.21%	N/A
<b>Total</b>	5137	5614	4368	4239	4505	4020	4541	4566	5799	5086	4426	5402	4806.58	N/A
<b>QR2 - Information to Practice by 8am</b>														
No Before	5013	5489	4240	4117	4381	3930	4434	4480	5604	4964	4317	4998	4663.92	N/A
No After	0	0	0	0	0	0	0	0	0	0	0	0	0.00	N/A
Target %	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	Compliant
<b>QR4 - Sample Clinical Audit of Patient Contacts - 1% Per Quarter</b>	151.19				127.64			149.06			149.14		151.19	Compliant
<b>QR5 - Patient Satisfaction Questionnaires Sent</b>	501	651	442	584	492	423	575	593	664	440	515	520	533.33	N/A
% of Call Volume	9.75%	11.60%	10.12%	13.78%	10.92%	10.52%	12.66%	12.99%	11.45%	8.65%	11.64%	10.16%	11.19%	Compliant
<b>QR 10 - Walk in Patients Prioritised and seen within 20 mins "Urgent", 60 minutes "Routine"</b>														
<b>Total Seen</b>	17	14	18	23	27	15	6	20	15	14	9	16	16.17	N/A
Total Consulted within Target	17	14	18	22	27	15	6	20	15	14	9	16	16.08	N/A
Percentage Seen within Target	100.00%	100.00%	100.00%	95.65%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.64%	Compliant
<b>QR 12 - Face to Face consultations commenced within priority time scale total seen</b>														
<b>Treatment Centres Total</b>	3211	3455	2716	2473	2539	2242	2631	2651	3387	2861	2624	3104	2824.50	N/A
Total Consulted within Target	3208	3446	2714	2466	2537	2242	2629	2647	3386	2861	2622	3104	2821.83	N/A
No where target missed	3	9	2	7	2	0	2	4	1	0	2	5	3.08	N/A
% within target	99.91%	99.74%	99.93%	99.72%	99.92%	100.00%	99.92%	99.85%	99.97%	100.00%	99.92%	99.84%	99.89%	Compliant
<b>Total Emergencies consulted within 60 minutes</b>	5	10	4	3	7	4	7	8	5	4	2	8	5.58	N/A
No where target missed	0	1	1	0	1	0	0	1	0	0	0	0	0.33	N/A
% within target	100.00%	90.91%	80.00%	100.00%	87.50%	100.00%	100.00%	88.89%	100.00%	100.00%	100.00%	100.00%	95.61%	Compliant
<b>Total Urgent consulted within 120 minutes</b>	33	38	41	29	22	27	45	38	39	35	34	38	34.92	N/A
No where target missed	2	3	0	4	0	0	1	3	1	0	2	4	1.67	N/A
% within target	100.00%	92.68%	100.00%	87.88%	100.00%	100%	87.50%	92.68%	92.68%	92.68%	94.44%	90.48%	94.25%	Partial Compliance
<b>Total Routine consulted within 360 minutes</b>	3170	3398	2669	2434	2508	2211	2577	2601	3342	2872	2586	3058	2781.33	N/A
No where target missed	1	5	1	3	1	0	1	0	0	0	0	1	1.08	N/A
% within target	100.00%	99.85%	99.96%	99.88%	99.96%	100%	99.96%	100.00%	100.00%	100.00%	100.00%	99.84%	99.95%	Compliant
<b>Home Visit Total</b>	857	915	720	694	854	701	699	803	954	987	694	756	802.83	N/A
Total Consulted within Target	846	891	713	685	834	689	689	782	909	939	684	756	784.42	N/A
No where target missed	11	24	7	9	20	16	10	21	45	48	10	3	18.67	N/A
% within target	98.72%	97.38%	99.03%	98.70%	97.66%	97.72%	98.57%	97.38%	95.28%	95.14%	98.56%	98.56%	97.72%	Compliant
<b>Total Emergencies consulted within 60 minutes</b>	5	6	3	4	6	5	3	5	10	2	4	10	5.25	N/A
No where target missed	1	1	1	0	1	1	0	2	4	0	0	0	0.92	N/A
% within target	100.00%	85.71%	75.00%	100.00%	85.71%	83.33%	100.00%	83.33%	33.33%	100.00%	100.00%	100.00%	87.20%	Partial Compliance
<b>Total Urgent consulted within 120 minutes</b>	35	46	29	15	26	21	21	30	29	20	27	22	26.75	N/A
No where target missed	5	3	4	7	4	8	3	9	9	13	2	2	5.75	N/A
% within target	100.00%	93.88%	87.88%	68.18%	86.67%	72.41%	87.50%	76.92%	76.32%	60.61%	93.10%	91.67%	82.93%	Partial Compliance
<b>Total Routine consulted within 360 minutes</b>	806	839	681	666	802	659	665	747	870	917	653	724	752.42	N/A
No where target missed	5	20	2	2	15	7	7	12	34	31	8	1	12.00	N/A
% within target	100.00%	97.67%	99.71%	99.70%	98.16%	98.95%	98.96%	98.42%	95.28%	96.73%	98.79%	99.86%	98.52%	Compliant

**Out of Hours Service** - Overall the service activity increased by 10.2% (5313) in 2014/15 including:

- 2.5% (824) increase in the number of treatment centre attendances
- 13.4% (1140) increase in the number of home visits
- 31.8% (3349) increase in the number of advice calls

**Acute Visiting Service (AVS)** - AVS activity increased by 70.2% (1153) in 2014/15 including GP and Paramedic referrals. An average of 14 visits per day were undertaken (February 2015) and an 80 - 82% deflection rate from secondary care (December 2014 – February 2015). NWAS report that the ELMS AVS service is the third highest in the Northwest for volume of paramedic referrals managed despite limited coverage (Bwd CCG area only in-hours) and that for Pennine Lancashire, there was a 92% rate for paramedic pathfinder referrals (in and out of hours) up to end March 2015.

**District Nurse Call Handling Activity Report 2014-15**



**DN Call Handling** - Overall activity within the service increased by 9.1% (430) in 2014/15

**GPs in Urgent Care Centre (UCC)** - The 2014/15 activity of GPs in UCC increased by 40.6% (5437) compared to 2013/14. The GP in UCC service is required to deflect 25% of patients away from ELHT’s Emergency Department with an indicative volume benchmark of 19,000 patients per annum. For 2014/15 ELMS did not achieve the volume benchmark by 176 patients (0.95%). At Burnley General Hospital ELMS surpassed the 25% deflection target and at Royal Blackburn Hospital achieved the 25% target.



### **Accrington Victoria Health Access Centre (HAC)**

- **Walk-in Unregistered Patients** – Activity decreased by 3.8% (1336) in 2014/15 but the nature of presentations and the time of attendance meant that the workload has not reduced.
- **Registered Patient List** – The registered patient has grown, reaching 2,409 patients at 31st March 2015; a 32% increase on last year's list size. Registered patients continue to maintain service pressures by attending on a walk-in as well as on an appointment basis, with 14,527 contacts across the full opening hours of the service. The registered patient consultation rate at 6.03 appears to be above the national mean average of 5.53 for all GP practices.

