



East Lancashire Medical Services Ltd.

Annual Report 2015 - 2016

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 – IP30263R

Contents

	<u>PAGE</u>
CQC Registration	4
Council & Officers	
ELMS Leadership Team	5 – 6
ELMS Management Team	7
CEO Report (Diane Ridgway)	8
Medical Director Report (Dr B Palmowski)	9
Clinical Services Report (Dr I Khan)	10
Patient Voices / Public Involvement (Russ Mclean)	11 - 12
Director of Clinical Services Report (Morag White)	13
Director of Corporate Services Report (Glenda Feeney)	14 –19
Governance Report (Andrew Clarke)	20 - 22
Operations Report (James Bibby)	23 – 26
Pennine Lancashire Navigation Hub (Brenda Re)	27 - 28
Daytime Services Report (Linda Moulden)	29
HR & Workforce Development Report (Levis Springer)	30- 33
IT / Systems (Craig Winters)	34
Health, Safety & Estates (Andrew Clarke)	35

- **Informational Governance**

Accrington Victoria Health Access Centre Report (Amanda Trayford) 36

ELMS Federated Practices (David Massey) 37 - 39

- **Slaidburn Country Practice**

Business & Performance Report (Michael O'Connor) 40 –46

- **Including Statistical Information**



Certificate of Registration

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

Certificate number: CRT1-458670977
Certificate date: 08/08/2012
Provider ID: 1-100801603

Section 1

Service Provider details

Name of service provider: East Lancashire Medical Services Limited

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

Date of Registration: 14/05/2012

Signed

Amanda Sherlock
Director Operations for the Care Quality Commission

You can email CQC at: enquiries@cqc.org.uk
You can contact CQC on telephone number: 03000 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 Members & Clinical Auditors	Mrs R Bibi Dr A Black Dr V Guage Dr K Hewitt Dr S Hussain Dr A Khan Dr I Khan Dr S Kowariwala Mrs C Locker Dr K Massey Mr R McLean (Patient) Dr P Muzaffar Dr M Onrust Dr A Pakman Mrs T Pettitt Dr N Rahman Mrs S Shaw Mrs S Waddingham

Council Members

GP's

Dr B Palmowski (Chairman)
Dr Y Naheed to Sept 15
– replaced by Dr I Khan
Dr I Ibbotson
Dr M Montero to Dec 15
– Council Vacancy
Dr P Mashar
Dr M K Datta

Clinical ELMS employees

Dr F Arshid to Sept 15
– replaced by Dr A Garda
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:

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
Business & Performance	Mr M O'Connor

Welcome to our Annual Report 2015. I think I started last year, and the year before reports with the words ‘after another turbulent year in the economically challenged environment of the NHS’ and this year is no different. While reporting a slightly improved financial position our overall purpose hasn’t changed in 21 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 are very grateful to the group and Russ McLean for all his input and energy, once again I owe him and the Patient Voices Group a vote of thanks for all their support and particularly for keeping us focussed.

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 difficult to remember what we have achieved – in 2015, that is a lot, and the managers certainly have a lot to be proud of – as we all do in ELMS. They have worked above and beyond what is required, and remained positive when we’re looking down the neck of a new financial year and where the financial pressures of the last year are still pulling on our resources.

We had a successful visit from the home office on the 19th December to inspect the organisation in light of the new Controlled Drugs (CD’s) legislation. We have to be licenced to store CD’s, and this is down to the diligence and efficiency of James Bibby, Tom Marsden and Dr’s Khan and Muzzafar.

We have some CQC inspections coming up in 2016 and our aim was to ensure everything is in place for those visits, and improve on our ‘Good’ rating of 2014. Our focus for board meetings was to ensure the company was in a position where its vision, aims and purpose fully meet the changing business environment. ELMS needs to prepare for the future challenges ahead in order to retain a key and central role in providing excellent healthcare to the population of Pennine Lancashire.

ELMS exist in a challenging environment of austerity, increased demand and patient and commissioner expectations for continuously improving quality and outcomes for less income.

The financial challenge for the health service is described in various ways:

- £22 billion pounds to be saved nationally by the end of this parliament
- Alternatively a 23% productivity improvement,
- For Pennine Lancashire approximately £250 million across the health and social care system.

These numbers are difficult to comprehend but the savings equate to the whole cost of General Practice in just 2 years (£100 million) or a pay cut of 30 or 40% for all staff. Funding increases into the NHS are the lowest ever at approximately 1% in real terms, as opposed to 5-7% annually since 1948. ELMS have already felt the effects with a 12% reduction in budget over the past 4 years.

We will continue to stay true to our purpose, and watch with interest the changing landscape looking at Vanguard opportunities around NHS England’s proposal for the new GP contract and Multi-professional Care Provider. With this in mind 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. ELMS partnership with the Slaidburn Country practice is now in its second year and the Federated Practices are achieving amazing results for patients working in a very tight budget. We have had new services come on line, Acute Visiting Service, the Federated Practices Hub, the Clinical Navigation Hub, all adding value to ELMS portfolio and enhancing the services we deliver.

All in all this year has been a good one, and I extend my personal thanks to you all.

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

Looking at the past years activities of our organisation, with a degree of satisfaction I can say that we have weathered another year in the face of adversity.

We are experiencing a year on year shrinking budget compounded by growing demand on every one of the services provided by ELMS. Despite all this we have a proud and dedicated workforce, and a management team relentlessly taking on challenges, and delivering on all of the aspects of contracts, and pilots. Our work with NWAS over the last year demonstrated savings on, unnecessary use of ambulances, A&E admissions and freed up hospital beds.

Emergence of local GP provider factions and a lack of common approach to solving the problems of the growing demand on the primary services, as well a lack of clear guidance from the commissioners and CCGs, is having a destabilising effect on the local health services. In many cases this is manifesting itself with GP colleague disengagement from any of the future plans.

As a local primary care provider, set up with the aim of underpinning the primary care services we would like to highlight our desire to work together with local GP federations, CCGs and Commissioners, and other local providers, in our wish to be part of a workable solution, taking into account the public's needs and the ability for the services to deliver.

The GP out of hour's service continues to expand the range of patient care that is provided. As well as traditional GP out of hour's appointments and home visits, the service offers support for the nursing home based telemedicine service. We also offer advice to paramedics to try and treat patients safely at home wherever clinically possible. The inpatient ward at Clitheroe Community hospital benefits from weekend ward rounds conducted by an ELMS GP, as well as clinical support during all of the out of hours period. We continue to support trainee general practitioners achieve the GP out of hours competences required to complete their specialist training, as part of our charitable commitment as a social enterprise.

We continue to work in partnership with the acute hospital trusts and accident and emergency teams. ELMS provides GP support and leadership to the Urgent Care Centres located at Burnley General and Royal Blackburn Hospitals. The doctors consult with patients that have presented at these centres with primary care problems. This approach demonstrates the value of general practitioners safely managing a significant proportion of patients who present to A&E and urgent care departments.

There have been a number of public health challenges facing the NHS and our doctors are vigilant for these during GP out of hours. These include the Zika virus, heat wave, the recognition of FGM as well as an increasing awareness of adult and child safeguarding concerns. We work with the practices in the locality to ensure end of life and palliative care is transitioned smoothly between services, so that patients are provided the care and dignity they deserve in their final days.

As a responsible provider, ELMS has developed a robust clinical governance system and has policies and procedures in place for incident and risk management. We work closely with our counterparts in partner organisations in cases related to jointly provided services, such as the acute hospital trust to manage risk and improve patient pathways and outcomes. We regularly review our adherence to prescribing guidelines and assessments of accurate flagging of any safeguarding concerns. The Clinical Governance team continues to meet regularly to review the quality and performance of all services delivered by ELMS. This includes review of all complaints, patient feedback, compliments, serious incidents and patient satisfaction. This ensures the company can agree actions and learning to ensure improvement in the service it provides.

All doctors who work for ELMS are continuously audited for quality, using the Clinical Guardian platform. This is developed using the evidence based RCGP Urgent & Unscheduled care toolkit. A monthly random sample of clinical notes from each clinician is reviewed by a team of doctors who are experienced in urgent care. Outcomes and educational feedback are sent to doctors for their own GP appraisal and professional development and any outliers are discussed with the clinical governance team leading to learning objectives and training support for the clinician.

Patients and families are increasingly involved in decisions that affect their care. Each patient is an individual human being, with their own values and opinions, and the doctor's management takes into consideration the patient's independence and choice. The standard of care provided by ELMS has continually evidenced to be of a high quality and the dedicated team of doctors, nurses and staff will ensure this continues into the future. We will continue to build on our reputation as a reliable high performing partner and provider in which we ensure that the patient remains at the core of all our services.

Patient Voices Group – Mr Russ Mclean

The PVG, led by Chair Russ McLean, continues to support East Lancashire Medical Services (ELMS) as a critical friend – ensuring that Patients are at the very heart of everything we do. During 2015 The PVG have contributed significantly to the local health economy – attending the board meetings of EAST LANCS HOSPITAL TRUST, (ELHT) EAST LANCASHIRE CLINICAL COMMISSIONING GROUP, (ELCCG) BLACKBURN WITH DARWEN CLINICAL COMMISSIONING GROUP (BwDCCG) and of course ELMS BOARD, where Mr McLean is a non-executive member. Mr McLean also represents Patients on ELMS Council, where he is the Vice Chair and patient member for Blackburn with Darwen.

The PVG, through Mr McLean, continues to support ELMS governance department, by assessing all complaints which are received by the organisation. Once these are scrutinised, Mr McLean decides whether or not the complaints are upheld. This information is then uploaded to the Health & Social Care Information Centre (HSCIC) website – and available for public scrutiny. In addition to looking at complaints, the PVG also continue to support patients during any conciliatory meetings.

Many of the Group have attended training; including Patient Led Assessments of the Care Environment (PLACE) and Mr McLean has attended courses on Bereavement Support, Female Genital Mutilation, and forced Marriage. 2015 saw Mr McLean become a PLACE trainer and he has devised a training programme which he has already delivered to a number of the PVG members and to ELMS staff. The PVG has supported ELHT during their PLACE inspections for the third year, with some members contributing 10 days of their times to assess 5 hospital sites.

Working with HealthCare partner organisations is important to the PVG as they are interoperable. As a Patient Ambassador for ELMS Mr McLean has had meetings at St Ives House with MP for Hyndburn, Mr Graham Jones and at the Federated Practices with MP for Pendle, Mr Andrew Stephenson. “Getting out into the Community, meeting people and meeting people who represent those communities is very important to me and to the Group,” says Russ. “We try, wherever possible, to feed into consultations and to ensure that patients know how to navigate a very complicated Healthcare system. As representatives of the Patients of Pennine Lancashire, we take what we do, very seriously.”

In 2015 the PVG recruited two new members to replace members who left owing to ill health. New members are always welcome and although the board is limited to 12 members – anyone can join the PVG and feed into the group by phone, letter or email. The PVG has its’ own telephone number and 24 hr answerphone and a dedicated email address where they can be contacted at Patient@ELPVG.info Mr McLean is an active member of the Accrington Victoria Health Access Centre Patient Participation Group, where he attends to support patients of the Centre and the registered patients of the Practice there.

The PVG continues to be recognised by local print and broadcast media as “The Voice of the Patients” and to this end Mr McLean is a regular contributor to the BBC through Radio Lancashire and Radio 5 Live and Northwest Tonight, to Commercial TV and Radio stations like The Bee and 2BR – Granada Television, Channel 4 and FIVE and to Print media including all publications owned by NewsQuest Northwest including the Lancashire Telegraph.

In 2015 the PVG launched their own YouTube channel – where local health information is available – mainly in the form of audio files, which patients can listen to. Once a month the Chair of the PVG meets with the CEO of ELHT, Mr Kevin McGee and asks him questions, submitted to the PVG, by members of the Public. The audio recording is then uploaded to the PVG Channel. It is hoped to expand this service during

2016, to include many health related recordings and possibly regular recorded chats with Chairs of CCGs and Healthwatch. During 2015 Mr McLean supported ELHT and represented the PVG by attending Trust Signage meetings, by being a Judge at the Staff (STAR) awards and by being instrumental in the development of the Trusts new patient Menu which will be rolled out gradually and their Food and Drink Strategy, a huge piece of work – encompassing The Nutrition and Hydration needs of Patients, Healthier Eating for the whole hospital community (especially staff) and sustainable procurement of food and catering services. Mr McLean considers that the importance of supporting Health Providers cannot be overstated.

Currently the PVG meets every 8 weeks and standing Agenda items include complaints, compliments, ELMS operational updates and a Chair report. Once ratified, minutes of those meetings are uploaded to the ELMS website, where the Patients of Pennine Lancashire can gain a better understanding of the Group, their aims and objectives and of their achievements

Says the PVG Chair; “We are incredibly proud to be aligned to ELMS and we will ensure that, through us, the Patient Voice is never silent. We would like to thank ELMS, Directors Managers and Staff who always go that extra mile to guarantee that Patients receive the best possible experience of Healthcare locally”

We are entering a period of change once again with the onset of the development of New Models of Primary Care centred around local hubs that will operate from 8am until 8pm Monday to Friday and 11am to 11pm Saturday and Sunday. These hubs will undoubtedly have an effect on ELMS Out of Hours service. Various options have been discussed but, to date no decisions have been taken to either location of the hubs or, the preferred model.

A number of staff have undertaken some PLACE training and I found this interesting but, have yet to put it to the test.

I am still actively involved in giving support to the Health Access Centre at Accrington Victoria Hospital. We have met with the staff on a number of occasions over the past few months to ensure they are kept updated on developments and the position regarding the contract extension for the GP Practice and Direct Access services provided by ELMS. Discussions are ongoing with the CCG.

The Federated Practices are still part of my Strategic role and over the past few months we have been able to establish a strong workforce and introduced a new rota for the doctors, this ensures we have an on call doctor each day, they work with an Advanced Nurse Practitioner to maximise patient care and service. To date this has worked very well. There are still problems with patients accessing the service to obtain appointments; this has resulted in an increase in the number of complaints. We have addressed this issue on a number of occasions and continue to monitor our systems.

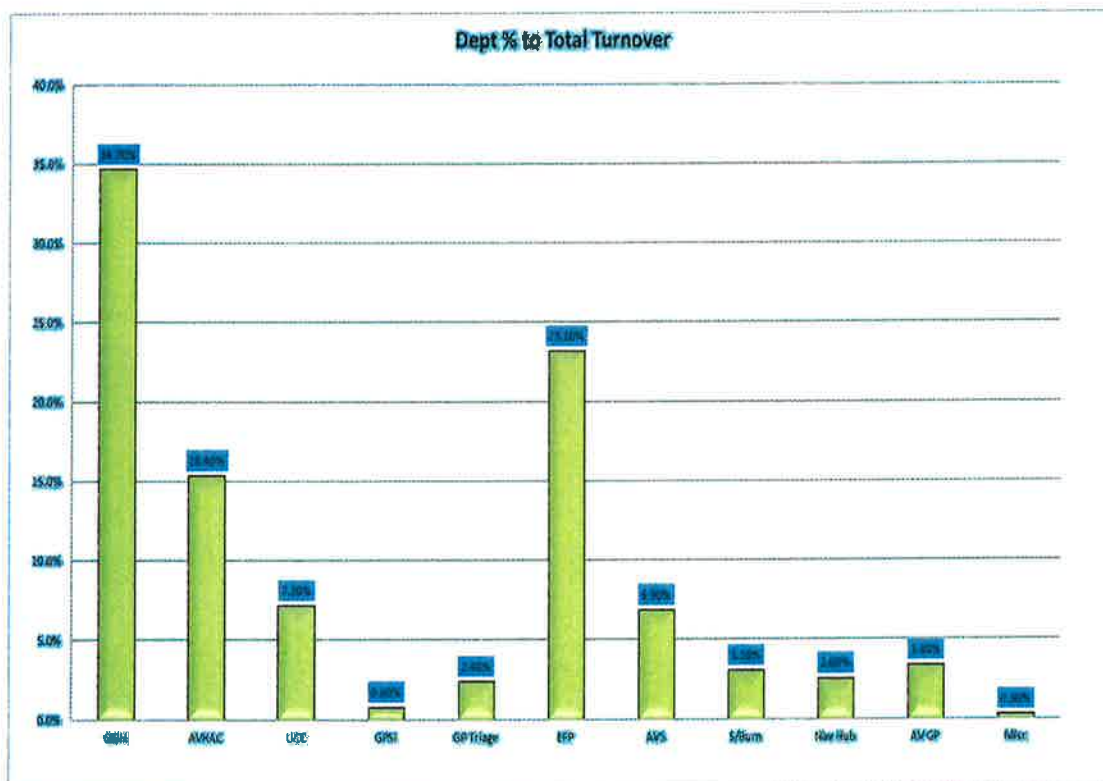
The Clinical Governance Board which I chair meets bi monthly to discuss Governance matters that arise together with our standard Agenda items including Infection Control, Clinical Guardian, Prescribing, Complaints Safeguarding and the Clinical Risk Register.

Director of Corporate Services Report – Glenda Feeney

Finance

ELMS contracts have remained fairly consistent in respect of financial income this year however the ongoing uncertainties of future stability within certain areas of the business and the potential changes ahead, has had a significant impact on our workforce movement ultimately resulting in costly clinical staff cover.

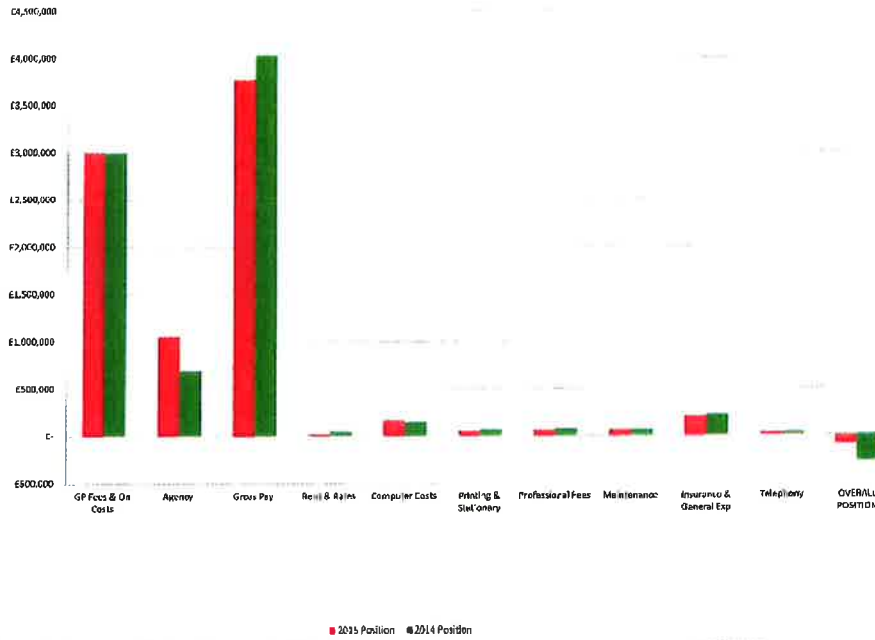
The Company annual turnover figure has been maintained again this year (£11.6 million); and individual work stream contributions to the 15-16 financial year overall position are shown below.



Expenditure continues to be well managed within individual departments however costs outside ELMS control continue to show an increase. Whilst sessional GP fees and on costs have remained reasonably static in comparison to the previous year, agency costs are showing an increased spend of £380k. Without doubt there are further financial challenges ahead within these area's and decisions regarding VAT status and other HMRC regulations relating to direct engagement are anxiously awaited due to their critical impact on this organisation. Overtime has been well managed this year and an improvement in sickness absence costs on the previous year has been a contributing factor. Sickness / absence costs to the Company have totalled just under £80,000.00 this financial year.

Very few areas within ELMS overheads are showing an increased spend in 15-16 compared to 14-15 – a significant achievement in a climate of rising costs and diminishing areas in which to make further savings. Despite additional workload for the finance department and individual purchasing teams, engaging with Purchase Direct – a company who offer and co-ordinate outsourced purchasing services by identifying preferred suppliers has been successful, and significant savings seen in areas such as printing, stationary etc.

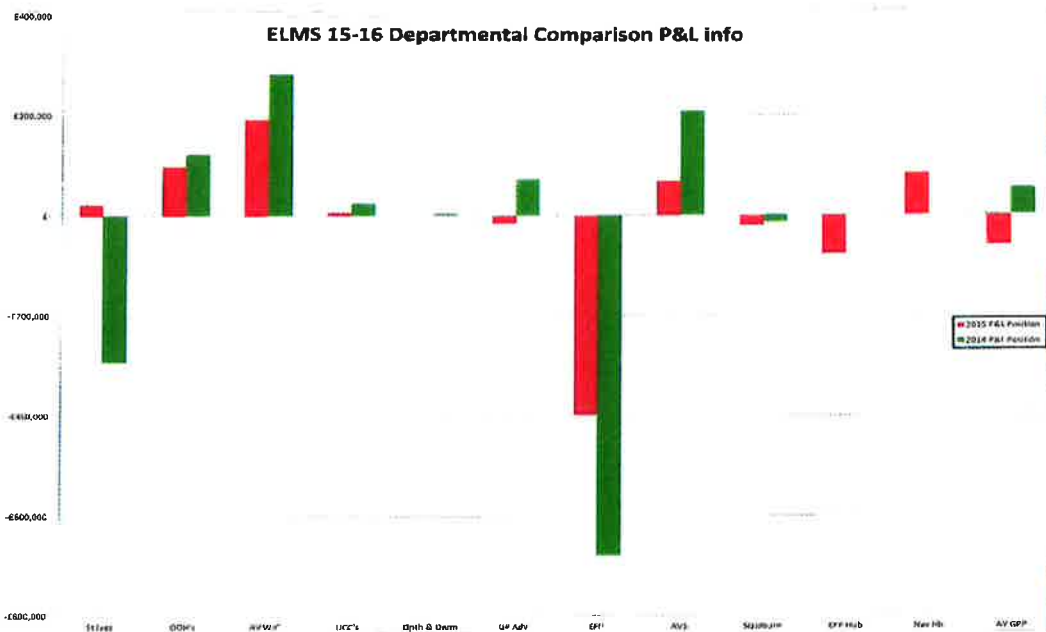
ELMS 15-16 Expenditure Comparison info



A marked improvement resulting from significant efforts towards reducing ELMS Federated Practice (EFP) costs has contributed to an improved financial year end position for ELMS. Despite EFP remaining in a deficit position, the reliance on financial support from other areas of the business has reduced – although still has some way to go. The Slaidburn Country Practice has also remained reliant on financial support from ELMS this year and discussions are ongoing to find additional ways of addressing both situations.

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

ELMS 15-16 Departmental Comparison P&L info



The successful implementation of on-line timesheets and e-payslips has reflected efficiency improvements in the payroll process, and cost savings within the department this year.

The Sage 200 accounts package has presented its challenges this year for the day to day operation of the finance department; it has taken time and effort to adapt the system to the bespoke needs of ELMS and its services. We anticipate a smoother year of operation in 2016-17 now systems have been embedded and become more established.

The new 2016 – 2017 year will bring further financial challenges. A number of ELMS contracts are scheduled to conclude with subsequent income reduction. Increased costs continue to be of concern, many of which remain outside ELMS control, including the changes introduced by HMRC on the 6th April 2016 for employers with contracted out pension schemes resulting in additional national insurance costs for the organisation.

Corporate

COUNCIL

During the year we have had a number of GP resignations from ELMS Council, Dr. F. Arshid, Dr. Y. Naheed and Dr. M. Montero.

- Dr Arshid has been replaced by Dr. A. Garda to represent ELMS salaried GP's
- Dr. Naheed has been replaced by Dr I. Khan to represent GP's in the East Lancs area

Currently there is a vacancy on ELMS Council for an additional GP to represent doctors in the East Lancs area which is open to application from any ELMS member.

ELMS Council meet quarterly to receive reports on the business of the Company, determine strategy and forward plans and review the Company accounts and balance sheet.

DBS SERVICE

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

FUNDRAISING & CHARITIES

We have continued to support a number of charities and fundraising events during the year including raffles offering fantastic prizes, all of which were donated by staff and local businesses. We have supported jeans for jeans day and children in need to name but a few and the generosity of ELMS staff has allowed us to forward donations on to a number of both local and national charities including Brains Trust, Diabetes UK and the two local Hospices in our area.



(St Ives based Managers and staff - fancy dress day for Children in Need 13.11.15)

ENVIRONMENTAL SUSTAINABILITY

SHRED IT

As part of ELMS requirement to dispose of confidential waste safely and appropriately, the services of Shred-it have again been contracted during 2015-16. It has been confirmed that as part of the shredding and recycling program, 7 trees were saved from destruction reflecting the positive impact this initiative has made towards the environment.

**By recycling waste paper ELMS has saved 7.203 trees.
2015/2016**

REFUSE DISPOSAL

During 2015/16 ELMS has worked towards eliminating waste going from the St Ives House site for disposal into landfill. Instead, waste is

- Reused
- Recycled
- Used to produce energy

The target is zero to landfill which we are now almost achieving on a regular basis. During early months information showed that

- 86% of waste going off site was dry mixed recyclable and the remaining 14% was food waste. None went to landfill and throughout the year this has been maintained.
- We met our aim of zero waste going to landfill. There was one occasion when waste food appeared in the wrong bin and had to go to incineration (for energy production). Otherwise waste was disposed of as planned with little or no disruption to staff and at no significant increased cost



SOCIAL ENTERPRISE KITEMARK

ELMS were proud to be awarded a further year of the Social Enterprise kite mark following the annual assessment process. This unique award endorses ELMS status for delivering services to the community and upholding social values and principles.



**East Lancashire
Medical Services**

is awarded the Social Enterprise Mark

valid until Date 28th February 2016

This certificate authorises the use of The Social Enterprise Mark on products and services. Qualifying for the Social Enterprise Mark means that this company is working primarily for social and environmental aims and trading to benefit people and planet

Signed on behalf of
Social Enterprise Mark Co

Social Enterprise Mark Co is the manager of the Social Enterprise Mark
Registered Address: Millers Business Centre, Millard Park, Rossendale, B72 3JH

Governance

The year to end March 2016 saw us improving the way we handle complaints & incidents at the same time as giving an increased emphasis to infection control, to clinical audit and to general preparation for CQC audits. Improvements were also made to satisfy the commissioners' demands for increased levels of patient feedback whilst controlling the cost of this exercise.

We had two long term absences from the department, one due to ill health and one for maternity leave. Ros Wilding transferred internally at the start of the year to join us permanently, mainly to manage the complaints and incidents system, and we employed an interim part-time student to help with the infection control and CQC work. We hope to be back to full strength in the first quarter of 2016/17.

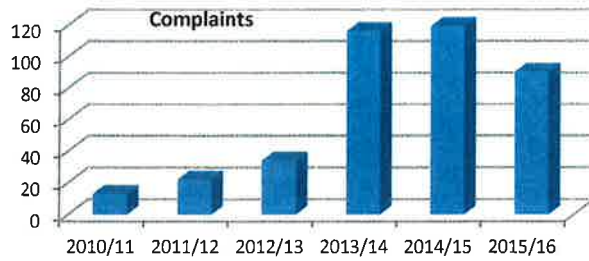
Infection Control has been a priority this year. Time has been well spent identifying necessary work, documenting processes and implementing an audit plan. The documentation and plan were in place at the end of the year with forward activity to focus on achieving the plan; this seems to be progressing well.

The **Clinical Guardian Audit Tool** (for clinical audit) has been refreshed this year. We have increased the number of auditors and worked to achieve a regular monthly audit cycle. This is a key activity for us to prove we are delivering safe services and involves auditors (who are all practising clinicians) reviewing records of consultations to identify both good and bad practise. When appropriate, feedback is given to clinicians for their own reflection or to a review team of senior clinicians; it is possible to audit higher percentages of consultations where the clinician is new or has been deemed on the strength of his/her past record to be a higher risk. Using this process we have audited over 23000 consultations in the year. The system allows us to have an overview of the whole of the unscheduled care operation which involves some 260 clinicians and so to evidence the safety of the service. We are exploring adding different types of audit into the system and this will be work to be undertaken in the 2016/17 year.

A new **Complaints System** devised around a more modern database (and written in-house) went live with effect from 1 April 2015 and has proved to be much more user friendly by making information more readily available and searchable when needed. This has allowed reports for external bodies (e.g. commissioners and HSCIC) to be compiled much more quickly, saving several days of work over the year, and helping the weekly clinical lead's review meeting become quicker and more efficient. We have also increased the level of contact we have with complainants in order to project a more caring image of ELMS.

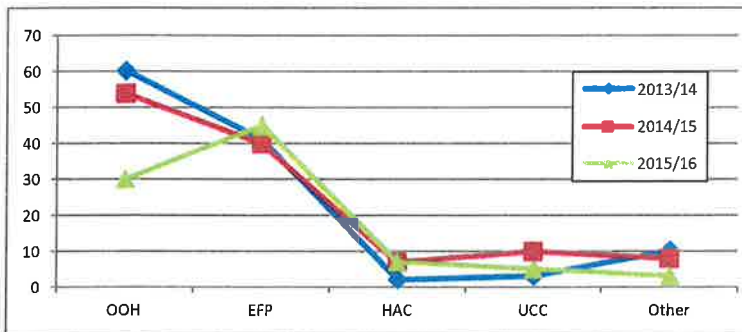
All the complaints and any relevant incidents are discussed at the weekly management meeting for a considered view of the events and for any necessary escalation to be identified. Once the complaint has been investigated and a resolution achieved with the patient, the PVG chairman reviews the detail of each case to determine whether the complaint was valid ("Upheld") or not ("Not Upheld"). This determination is not about apportioning blame but about whether it was reasonable for the patient to have made the complaint in the first place. In the 2015/16 year 22% of complaints were upheld with a further 14% partially upheld. These figures suggest that no more than one third of complaints we receive have a firm basis; the largest single factor in the other two thirds is around patient expectations being much greater than can be delivered.

The total number of complaints received dropped slightly when compared to the previous two years and this was entirely due to a halving in the number of complaints about OOH services.

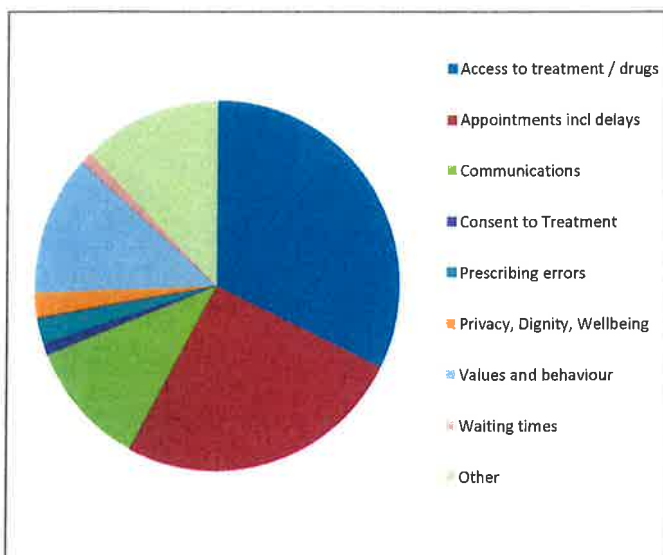


Complaints by Service: note drop in number of complaints about OOH service.

It is not entirely clear why we should be seeing this drop, and whilst it could be taken as a sign of the service having improved, we should wait to see if it is sustained into the future.



Some notes on the causes of complaints.



The categorisation of complaints we now report is different to previous years, so is difficult to compare with historical information. The chart shows 2015/16.

Access to treatment / drugs is the largest single category and often seems to be a disagreement about the diagnosis or treatment given by the clinician – about 20% of these are upheld. Roughly half are from the Federated Practices and about one third from OOH.

The next largest category is difficulty or delay in getting appointments and the vast majority are concerning the Federated Practices who are experiencing high demand from patients like most local practices. About one third of these are

upheld.

The two categories Communications and Attitudes & Behaviour largely centre around how staff and clinicians communicate with patients – 80% of these refer to staff or clinician's attitude. Of the 16, 2 were upheld.

Patient Feedback

As an organisation providing a public service we are expected to seek feedback from service users. During early 2015/16 we undertook some testing of a new way of doing this and introduced the revised system part way through the year. This has helped us collect over 3500 individual responses from patients or service users. The response rate between services varies considerably (which is not surprising given the very different services we provide) but the rating we achieve seems good.

Service	AVS	IHSS	OOH	UCC	EFP	Overall
% score	97.6%	100%	96.2%	81.8%	83.2%	95.3%

The questionnaire is based on the national Friends and Family Test on a scale of 0% (Extremely unlikely to recommend the service to friends or family) to 100% (Extremely likely to recommend the service to friends or family)

Approximately 15% of the returned forms have further comments made by the patients of which the vast majority are complimentary. Typically the positive comments are about the service overall (60%), about the treatment or advice patients receive from the clinician (30%) or about the attitude of non-clinical staff (10%). As the responses are anonymous there is a limit as to how much we can identify clinicians or staff members but as far as possible we do pass on positive comments in the monthly Compliments Report (example below) which we circulate throughout the organisation. We do also see a small number of negative comments which we would investigate where possible (as it is an anonymous response this is not always possible).

ELMS Compliments Report May 2016

Percentage of 100000 who use our services in May 2016 who are likely to recommend our services to their friends and family: **97%**

275 of the reported cases were seen by the Out Of Hours services. 6 of the reported cases were seen between our other services.

Out of Hours Services: A selection of positive comments received

CLITHEROE
"Glad we were able to come to Clitheroe instead of travelling to Burnley or Blackburn. Very prompt and friendly service. Thank you"

PENDLE
"Dr Shepherd was very helpful. He explained things very well. Great night staff, were extremely friendly, helpful and reassuring"
"Extremely impressed with the service. Rang 111 about 10:20. Someone rang back in about one minute. I had an appointment at 11:15 in Nelson (I'm from Barnoldswick). Dr Hussain was extremely personable and helpful. Friendly receptionist. Well done NHS"

BURNLEY
"Dr Retamal has been outstanding in his care this evening. He has been thorough and professional. The whole process has been great. Thank you"

ST IVES HOUSE
"Just had to use your fab out of hour's service. The girl who booked us in was fab, her name was Hannah and the Doctor was very thorough. My youngest got his fourth bout of constitis in 5 weeks. just thought I'd tell you how good they were"
"Really quick appointment. Dr T Hussain was thorough and explained everything. Super service and very friendly"
"Accessible and great out of hour's service. Peace of mind rather than attend urgent care"
"Lovely doctor, very helpful, thank you. Nice chap on reception too"
"Very fast response. Rang 111 and had an appointment within half an hour. Dr Retamal was very reassuring"

Restored Practices: A selection of positive comments received

PENDLE VALLEY MILL

"Patients mum took my name and advised that she was sure she had spoken to me before as I always take the time to search for appointments, even when there's a struggle, as well as checking symptoms etc. and always polite and cheerful" (Re: Jayne Mlett - Call Handler)

"Patient told to ring back at 1:00 pm in case an appointment became available. Patient was given an appointment and was further booked with the GP the next day. Patient rang back to thank the call handler (Christine Spring) for all her help"

"I am very impressed with the professionalism and helpful attitude displayed by healthcare assistant Louise Morris. She is a real asset to the practice and always leaves me a smile on my face. truly excellent constant in life"

"I attended an extensive health session at PVM. The visit started on time and nurse Gurvay put me at ease and important to me, she listened and answered questions giving me confidence with the professional way she dealt with the sessions"

Slaidburn Practice: A selection of positive comments received

"Prompt, very easy to see a doctor quickly. Dr Massey and Dr Reeves provide superb medical care"

"Welcoming, friendly and efficient staff who have the patients best interest at heart"

"Being able to see a doctor without waiting a long time"

Over 75s Service: A selection of positive comments received

"I have nothing but praise for the over 75's team, they are such likeable people and good at their jobs"

"I am quite satisfied with all the treatments I have had with Lynette and Yaz-over 75 service. I would recommend this service to my family and friends- Thanks"

PVG - Russ McLean: A selection of positive comments received

"Huge thanks to Russ at Patient voices for intervening and encouraging a minor operation on 101 year old"

"Russ is an asset to patients, wish I'd known him when my mum was treated at RHH, he would have been a good friend but luckily as a gobby person I could do it myself - but there are thousands who can't. I feel humble next to him, he really does champion the underdog and there's not many who take the time to do that are there"

If you have received any positive feedback about any of our services or your colleagues please e-mail the Governance team on comments.elms@nhs.net

Out of Hours

2015/16 continued to be very challenging for many reasons with this year proving to be the most challenging in my time with ELMS with a number of changes to the service enacted that have affected staff and clinical shift patterns. As an operations team and with the support of the clinical workforce we do believe we have met this challenge head on and made positive suggestions and improvements to the service throughout the year that has contributed to improved flow, performance and outcomes for patients.

Financial constraints and a reducing budget led to a number of suggestions to re-design the service with the removal of resources at Clitheroe and Rossendale midweek to enable more resources to be made available at weekends during peak times.

Although initially rebuffed by CCGs, rising indemnity cost for GPs and the pressures of a diminishing workforce led to a test of change being granted over winter which enabled additional resources to be deployed through the winter period with no financial impact to the health economy. This test of change proved to be successful and albeit still some reserving judgement on the net effect, the test of change will continue throughout 2016/17.

With more and more GPs citing rising indemnity costs as a reason to reduce their previous commitments to GP Out of Hours we embarked on the introduction of Nurse Practitioners into the advisory work streams, albeit the nurses came via agency this proved successful with the nurses now becoming an integral part of the service delivery.

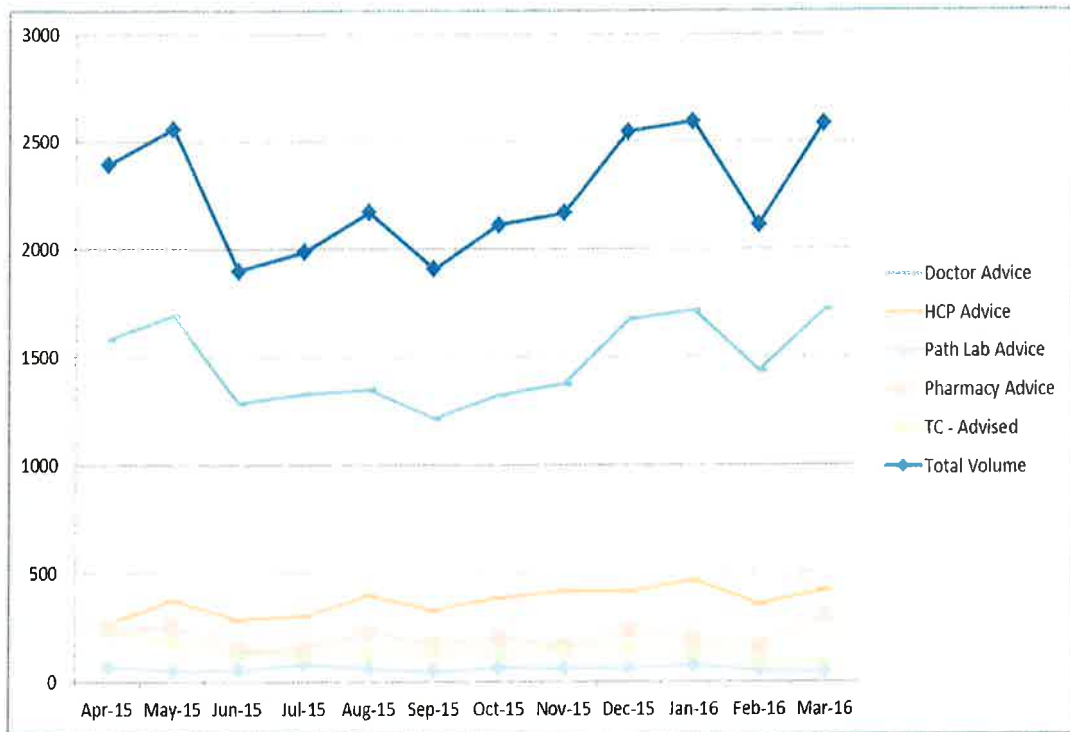
Trend in GP Out of Hours continued with an overall increase of 2.17% (n1247) with nearly 59,000 patients passing through Out of Hours through the year with in excess of 70,000 consultations completed by the service.

Home Visits showed a decrease of 9.07% (n874) with numbers of treatment centre appointments increasing by 1.84% (n625) on the previous year.

Much of the increase as in previous years once again came via advisory work streams with an overall increase of 8% (n1945) with 26,986 advice cases received by the service with 57% (n15,378) completed as advice.

We have attributed this to the increased advisory capacity made available through the re-design which has enabled more timely advice upon referral to GP Out of Hours by improving the skill mix with nurses now supporting GPs on the advisory work streams thus enabling advice consultations to be more effective than previous thus less conversions have been seen in previous years.

The net result is that although overall activity has increased we have been able to reduce numbers of face to face consultations in the service as seen by the reduction of home visits and a fairly static position in respect of primary care centre appointments.



There is no doubt there are more challenging times ahead and the need to be flexible and responsive as we have historically demonstrated will be tested in the coming year.

I would like to place on record my thanks and gratitude to everyone working across the GP Out of Hours services in your varying roles for all the help and support given to me and my teams in what has been a tempestuous year at times in ensuring we continue to deliver and produce the highest standards of service on which we have all prided ourselves on for over 20 years.

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 Primary Care Pathway. Clinical Commissioning Groups commissioned additional hours over winter and Easter to ensure the hospital was further supported to improve flow during these busy periods with start times enhanced from 8am.

Activity at Royal Blackburn Hospital took a downturn on previous years with the number of deflections reducing below the required thresholds whereas Burnley General Hospital continued to maintain and exceed average deflection rates above 25%.

2015-16	RBH	UCC Total Attendances ELMS Available Hours	%	BGH	UCC Total Attendances ELMS Available Hours	%
Apr	738	3304	22.34%	882	2792	31.59%
May	709	3416	20.76%	908	2977	30.50%
Jun	659	3314	19.89%	690	2654	26.00%
Jul	612	3354	18.25%	764	2829	27.01%
Aug	588	3438	17.10%	799	2757	28.98%
Sep	533	3312	16.09%	729	2532	28.79%
Oct	660	3429	19.25%	740	2599	28.47%
Nov	668	3287	20.32%	763	2375	32.13%
Dec	761	3243	23.47%	766	2419	31.67%
Jan	739	3283	22.51%	843	2649	31.82%
Feb	610	3239	18.83%	613	2334	26.26%
Mar	488	3833	12.73%	921	2882	31.96%
Totals	7765	40452	19.20%	9418	31799	29.62%
Average 15-16	647	3371	19.20%	785	2650	29.62%
Average 14-15	761	3095	24.59%	807	2661	30.34%
Diff +/-	-114	276	-41.33%	-23	-11	-0.73%

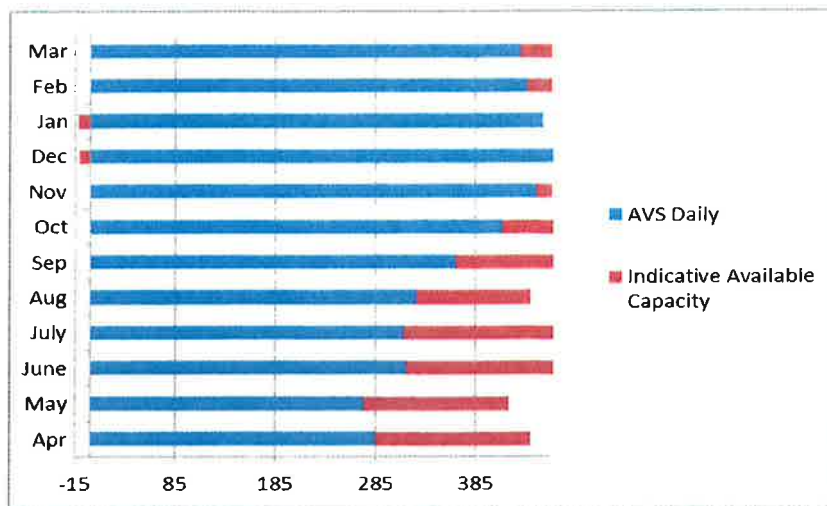
Although a number of suggestions were made to improve the pathway specifically at RBH we never reached the required number of deflections for this to be considered viable moving forwards. After navigating our way through another difficult year it came as a surprise that the CCG and ELHT sought to de-commission the ELMS GP in UCC at both sites with ELMS notified that there would be no contract extension to the service for 2016/17.

Acute Visiting Service

The Acute Visiting Service went from strength to strength in 2015/16 with the introduction of the service providing medical oversight to Blackburn with Darwen Intensive Home Support patients.

The service continued to respond to referrals from NWS Paramedics Pathfinder Scheme alongside the provision of home visits to surgery patients who may have been at risk of an unplanned admission. Total number of referrals increased by 47% (n1304) on the previous year's activity levels. The service contributed significantly to winter pressures with on average the service working at 98% capacity from October 15 through to March 16 with months of December and January working above and beyond the agreed capacity whilst continuing to meet all the required standards of response.

2015-16	AVS Daily	AVG Per Day	Working Days	Anticipated Capacity	Indicative Available Capacity	% Capacity Utilised	Ave Length of Consultation	Ave Length of Delay
Apr	284	14	20.0	440	156	65%	23.47	72.08
May	273	14	19.0	418	145	65%	22.35	66.49
June	315	14	23.0	506	191	62%	23.82	56.92
July	313	14	23.0	506	193	62%	25.13	82.39
Aug	325	16	20.0	440	115	74%	24.07	86.20
Sep	365	17	22.0	484	119	75%	24.71	103.90
Oct	412	19	22.0	484	72	85%	24.56	97.36
Nov	446	21	21.0	462	16	97%	21.46	120.61
Dec	473	23	21.0	462	-11	102%	23.07	116.98
Jan	452	23	20.0	440	-12	103%	23.86	116.76
Feb	436	21	21.0	462	26	94%	23.06	79.94
Mar	430	20	21.0	462	32	93%	23.49	80.02
Total	4094	18	211	4642	984	88%	24	90



Once again many thanks to all the clinicians, staff and navigators who have improved 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

2015/16 saw the end of an era as Trevor Hall retired after 21 years of dedicated service to ELMS. In his final year Trevor and his team oversaw a large number of changes and improvements to the medicines management processes at ELMS.

The team worked with the CCG Medicines Management Team to reduce waste and prepare for the divestment of the budget to ELMS thus enabling us to be responsible for our own supply chain and financial management of the budgets of stock medication from 2016/17. We now have agreements in place to take on the budget and have now identified our own supplier thus giving us greater capability to source our own suppliers and generate savings from any improvements made. It is anticipated all new products will be available by mid-June 2016 and the new formulary will be introduced when all lines are available.

Reduction and rationalisation of stock held at all sites and in visiting vehicles was carried out under the stewardship of Clinical Performance Lead Dr Pervez Muzaffar with improved control measures implemented as directed by CCG Medicines Management and ELMS Clinical Governance Teams. During the year we successfully re-designed the safe custody and management of all controlled drugs, re-wrote all the policies and procedures, successfully navigated ourselves through a Home Office Inspection with no recommendations made against our practices or controlled procedures with licence granted for St Ives House and St Ives Business Centre in March. These procedures continue to work well and have been supported across the organisation with full audit processes verifying good practice by all staff. This is credit to everyone who has persevered with us throughout this process which took just over nine months to complete. This is a fantastic result for the organisation and special thanks goes to Tom Marsden for his hard work in coordinating and producing all the required standard operating procedures submitted to the Home Office.

We would also like to thank Gina Cooper and Joanne Hamilton at East Lancashire CCG Medicines Management for all their help and support and whose guidance ensured ELMS demonstrates it is legislatively compliant. We would also like to pass on our thanks for creating and delivering a bespoke training package for all the required training to ELMS Navigators, Supervisors and Medicines Teams. We would like to thank Trevor, Kay and Katie for their hard work in ensuring the sites are well maintained and all the necessary equipment and medication is topped up and for their tireless work in ensuring the medicines function remains first class.

Pennine Lancashire Navigation Hub – Brenda Re

Since setting up the Clinical Navigation Hub and Directory of Services in January 2015 there have been some changes in the team. Carolyn left the team in July 2015 and was replaced in October 2015 by Carole Bell. During 2015/16 the Hub has managed to achieve the aims of the Service by reducing unnecessary admissions to hospital. This has been achieved by directing patients to the appropriate services in the community. This includes Social Care, Rapid Assessment Team, Medicines management Team, Adult Occupational Therapy, Age UK BwD to name but a few.

We produce a monthly newsletter which goes out to all the Practices and Integrated Locality teams to continually promote our Service.

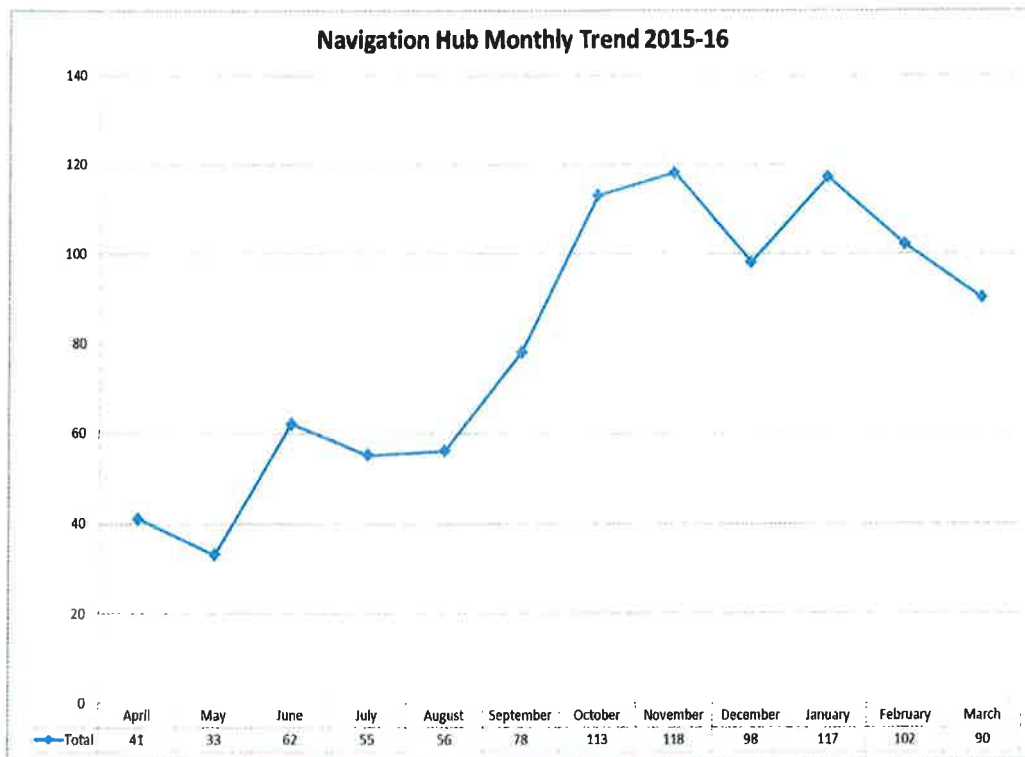
We have managed to accomplish the aims of the Service by using our Directory of Services (DoS). The DoS is being continually monitored to ensure the information is comprehensive and provides real time information about the services available to support the patients to enable them to stay at home. We are continually adding new services to the DoS as we have found the diversity of the referrals demands contrastive knowledge.

Thanks for this must go to Craig Winters and his IT Team for their hard work in maintaining our DoS and ensuring any requests for change on the DoS are actioned efficiently.

In October 2015 we also faced new challenges with the implementation of another new service, Intensive Home Support Service (IHSS). The IHSS is a virtual ward which offers a multidisciplinary and therapy service for patients who are clinically stable and are able to be treated in their own homes or usual place of residence after discussion with and consent with patient and relatives. The service provides assessment, treatment and interventions to patients in a co-ordinated, patient-centred approach in partnership with existing health and social providers. Initially the nursing care for the patients on IHSS was subcontracted from LCFT to a private healthcare, Healthcare at Home (H@H) and the Clinical Navigation Hub was pivotal to ensuring the seamless organisation of ensuring patients received the highest quality care. The Hub was the intervening factor between Healthcare at Home and the medical oversight provided by the AVS Service.

However in April 2016 Healthcare at Home was decommissioned and LCFT became the main providers of the care for patients on IHSS. This is an ongoing challenge with regular meeting between LCFT, ELMS and the Clinical Hub team to ensure the patients on IHSS are being cared for and receiving the same response as the previous healthcare provider. The Clinical Navigation Hub Team will continue to ensure we deliver and produce the highest standards of care for our patients.

We have seen an increasing numbers of calls to the Clinical Navigation Hub from varying HCP's for both urgent and routine referrals; this is reflected in an upward trend since with the service having a positive impact on the health economy over the winter period.



Over the coming year we anticipate we have the necessary skills and capability to continue to cultivate referrals as more HCP's appreciate and recognise what The Clinical Navigation Hub is role, function and capability in management of referrals thus avoiding unnecessary hospital admissions.

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, GP with Special Interest in Dermatology. Dr Andrews works closely with the East Lancashire Hospitals Trust Dermatology Consultants, attending monthly clinics at the Royal Blackburn hospital, MDT meetings quarterly and mentoring sessions quarterly with one of the Consultant Dermatologists. Dr Andrews works closely with a team of Lancashire Care Foundation Trust Dermatology Specialist Nurses who run clinics alongside the GP with Special Interest clinics and also Nurse Led Clinics which include Education and Photo Dynamic Therapy. Referrals are received via the E Referral system from Blackburn with Darwen GPs and other health professionals such as health visitors and podiatrists. Dr Andrews has taken on the role of Project Lead for the Integrated Skin Service working towards a more integrated Dermatology Service in East Lancashire and Blackburn with Darwen.

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 with a further clinic on a Friday afternoon from October 2015 when the clinics transferred onto the East Lancashire Hospitals Trust PAS system with first appointments being booked by the Booking Office at Burnley and all other administration remaining with the ELMS team at the Barbara Castle Way Health Centre.

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

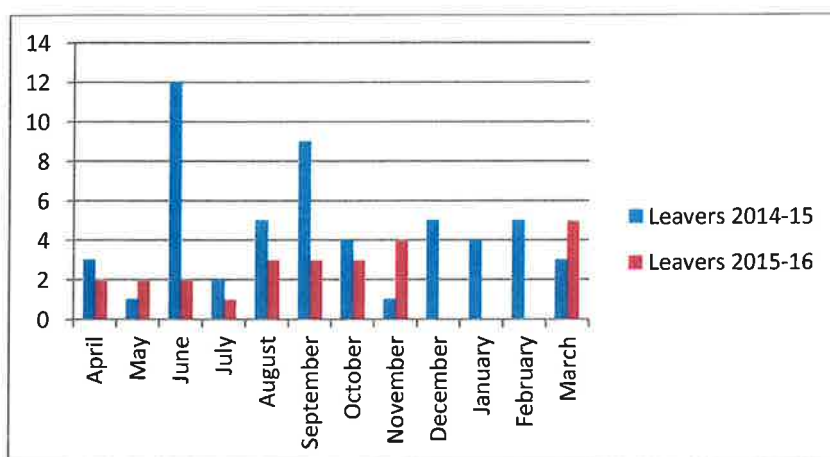
HR Workforce & OD

2015-16 continued to be a difficult year in terms of workforce recruitment and retention particularly amongst GP's, which saw a 50 % reduction in the GP workforce reflecting the local and national picture which shows a 25-30% shortage of GPs nationally and within the region some 46% of GP's planning to retire or leave the service.

In spite of the very challenging environment we were able to recruit a number of highly skilled NP's and a Pharmacist to help with the re-profiling of skill mix but none the less we remain in a delicate situation regarding meeting our Clinical commitments.

Leavers 2015-16

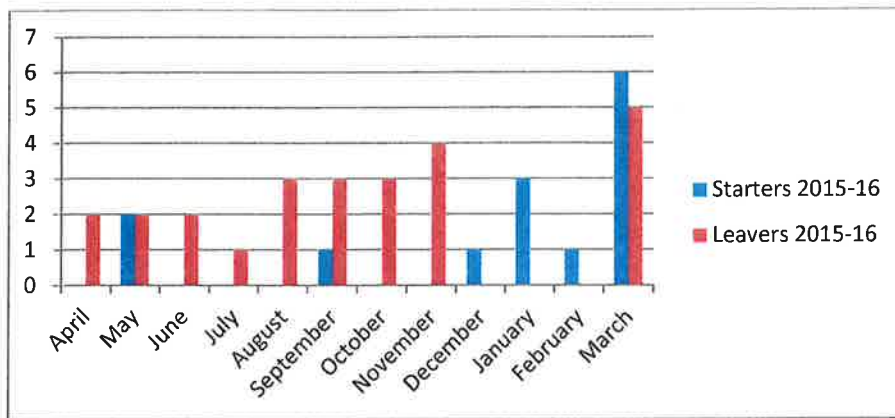
ELMS saw a total of 25 Leavers in the year which represented a significant decrease from the numbers seen the previous year, down from 54 to 25.



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Leavers 2014-15	3	1	12	2	5	9	4	1	5	4	5	3
Leavers 2015-16	2	2	2	1	3	3	3	4	0	0		5

Turnover

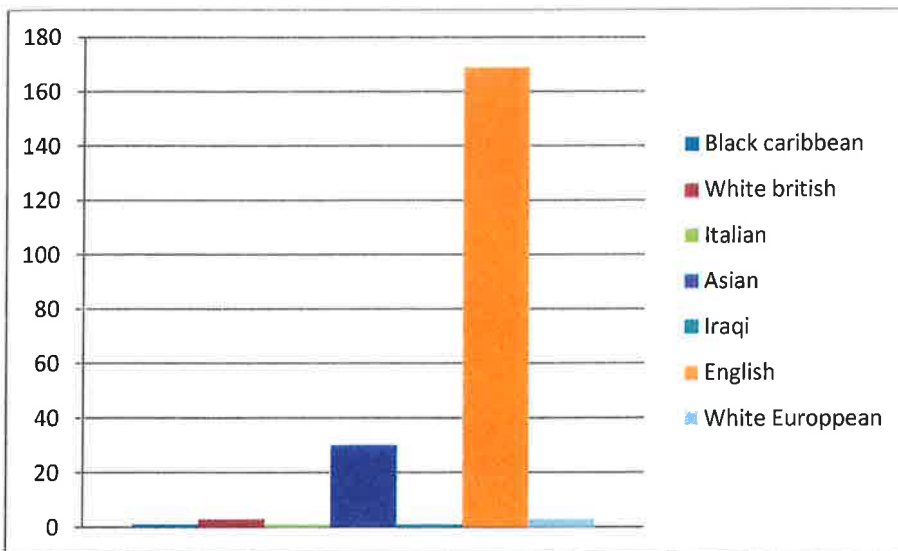
As a result of the reduction in the number of leavers coupled with the recruitment of replacement staff the overall turnover for 2015-16 reduced from 27% to 11.4 %.



	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March
Starters 2015-16	0	2	0	0	0	1	0	0	1	3	1	6
Leavers 2015-16	2	2	2	1	3	3	3	4	0	0		5

Ethnic breakdown

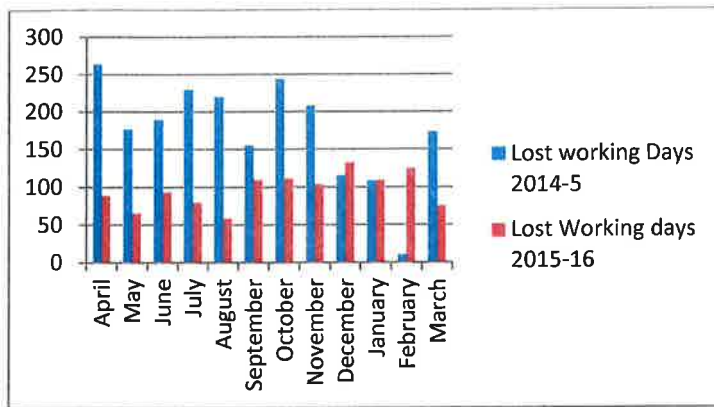
The workforce remains relatively unchanged in terms of its ethnic breakdown; however there was a slight increase in the number of staff employed from Asian backgrounds



Black Caribbean	White British	Italian	Indian	Asian	Iraqi	English	White European
1	3	1	2	28	1	169	3

Attendance Management

During 2015-16 ELMS saw a significant reduction of some 55% in the number of working days lost, reducing from 2090 in 2014-15 to 1157 in 2015-16



Lost working Days	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
2014-15	263	176	189	229	220	155	244	208	115	108	10	173
2015-16	89	66	94	80	59	110	112	104	133	109.5	125	75.5

Investors in People

In spite of the challenges faced in some key areas of the workforce, ELMS maintains a strong commitment to its workforce evidenced by the successful re-accreditation of the Investors in People.

Our Investors in People Assessor concluded:

“This was a very good accreditation visit for East Lancashire Medical Services Ltd (14 areas of strengths were identified and IIP accreditation maintained).”

Amongst these 14 strengths some of the main strengths identified were:

Overall Leadership

Self-esteem, job satisfaction & enthusiasm

Contributions

Empowerment.

Teamwork.

Positive ‘can do’ attitude of staff

Management support

A set of specific questions were asked to the majority of staff prior to their interviews and the results were used to develop a net promoter score in relation to questions 1 & 2.

1. On a scale of 1-10, how would you rate working for ELMS?

	1	2	3	4	5	6	7	8	9	10
SCORE	0	0	0		3	0	4	5	4	5
Total	0			7			14			
%	0%			33%			67%			

2. On a scale of 1-10, how connected do you personally feel in terms of your role contributing to the overall success of ELMS?

	1	2	3	4	5	6	7	8	9	10
SCORE	0	0	0	0	0	1	2	11	3	4
Total	0			3			18			
%	0%			14%			86%			

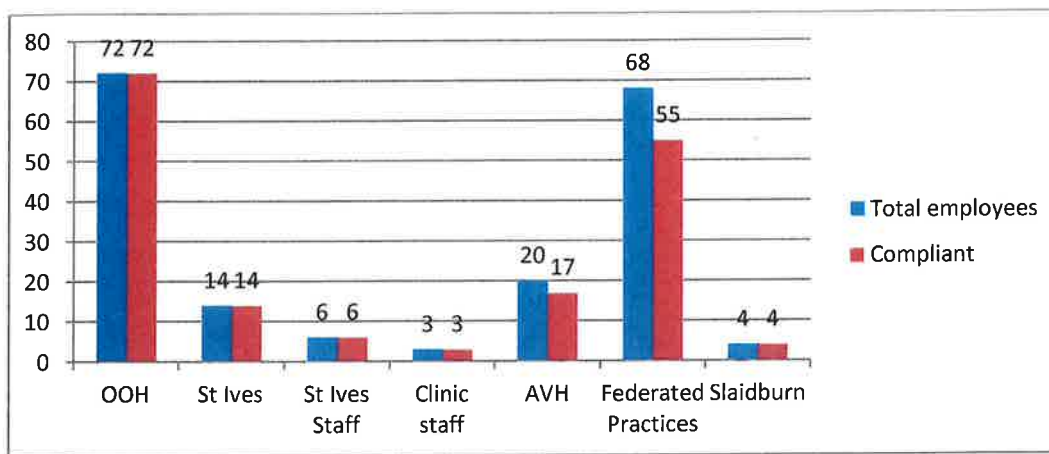
Training and Development

2015-16 saw ELMS join the Health Education North West (HENW) Core Skills Pilot. This involved all staff completing 10 core mandatory training e-modules through Health Education North West. The pilot ended in January 2016 and ELMS has a 97% compliance rate, the highest in East Lancashire for similar sized practices.

In March 2016 a new e-learning package e-Learning for Healthcare (e-LfH) was developed which boasts a much faster, much easier and much clearer to understand learning environment feedback has been very positive.

In spite of implementing these new systems and processes in the year ELMS still managed 91.5% compliance across all staffing groups and was able to achieve significant cost savings.

Mandatory Core Training Compliance 2015-16



OOH Staff and St Ives Management achieved 100% compliance with mandatory training.

WRAP / Prevent Training – ALL staff

In March 2016 ELMS was required by NHS England to risk assess and provide all staff with anti-terrorism / anti-radicalisation awareness training, this training forms part of a National scheme is known as WRAP (Workshop to raise awareness of Prevent, Prevent being the National Counter Terrorism strategy) and is ongoing .

The Safeguarding Lead for Prevent will have to produce statistics for the Home Office every quarter.

Basic Life Support/Defibrillation / Anaphylaxis Training.

A new training provider was sought for Clinical Basic Life Support Defibrillator Training as our existing provider could no longer support us; an additional bonus from switching provider has been another significant reduction in the cost of providing this service.

IT & Systems – Craig Winters

2015-16 promised to be an innovative one for the IT team. We completed the team re-design, introduced a number of new web-based systems to the organisation and also implemented ELMS Intranet. 2015 was also time for change; we became more independent as we became responsible for our own network and firewall. We obtained our own NHS mail organisation and also added extra security to the organisation, utilising Sophos anti-virus. These changes were necessary for the IT team to become less reliant on 3rd party suppliers and gain more independence.

Towards the end of the year it had become prevalent that times were changing and a lot of systems were now cloud based or web applications. The IT team have adapted well to these changes and evolved their way of working to meet new expectations. Ryan played a pivotal role in these changes and took time out to share his knowledge and experience with the rest of the team, with Andrew in particular taking a keen interest in web development. This comes natural to the IT team who continually show a desire to constantly improve their skill sets and work well together to achieve personal goals.

Overall 2015-16 for IT was about evolving and moving with the ever changing environment. It is imperative that the team keep up with the fast pace of changes and continue to innovate. 2016-17 could prove to be our most challenging yet, and it is one that we are relishing.

Estates

We had to make another set of office moves this year to accommodate a member of staff returning from long term sick leave. It is a measure of how fully we occupy the St Ives site that anytime we need to accommodate even minor changes in staffing level in a department there follows the need to make multiple office moves to keep departments together. Some internal work was necessary but this was the cheapest of the options considered by the management team (which included leasing office space off-site; bringing a Portakabin on site or building new office space internally in the garage). For the time being there are no plans for any more significant moves.

Other than the one set of moves, this has largely been a year of maintaining the fabric of the buildings with no major construction works.

Health and Safety

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

Informational Governance

We completed the IGSoc (information Governance Statement of Compliance) as required for our continued access to the N3 network and as part of this staff training was completed by year end. There were some incidents involving unauthorised access to confidential information during the year and these were handled at the time. There is no absolute guidance about what should be reported to ICO but we considered these incidents to be isolated to individual records with no sharing to the public and unlikely to recur; they were considered to be below the level at which reporting was necessary.

Accrington Victoria Health Access Centre – Amanda Trayford

It has been a challenging year managing the demands 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 services.

The Health Access Centre contract was split into two contracts from November 2014, one for the GP Surgery for registered patients and one for the Walk-in Centre for unregistered patients. Within the past year commissioning responsibility for both services has been placed with NHS East Lancashire CCG.

Both services had their contracts extended to continue until 30th September 2016 with further negotiations surrounding extension to 31st March 2017. ELMS have been in negotiation with the CCG to ensure TUPE applies to the staff at the end of both service's contracts.

NHS East Lancashire CCG have indicated to the patients that the GP Surgery will be re-tendered on a core hours contract operating the traditional GP model of Monday-Friday 0800-1830. The CCG have presented their health hub model which will replace the Walk in Centre. The CCG are consulting on both these service changes from June 2016.

Recruitment of staff during this uncertain time has proven very difficult, and there is large reliance on locum agency clinical staffing. An excellent team of salaried GPs, ELMS sessional GPs and long term agency locum Doctors and Nurse Practitioners has been established which we look forward to continue working with to maintain service levels.

The GP surgery reached 2,616 patients at 31st March 2016. Registered patients continue to maintain service pressures by attending on a walk-in as well as on an appointment basis, averaging 1,500 consultations per month for registered patients alone.

The Walk-in Centre activity for 1st April 2015 – 31st March 2016 was 32,546 patient contacts, which has decreased on last year's figures by 3.9% 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 another excellent Quality & Outcomes Framework result for 2015/16 reporting a score of 97% at the end of March 2016. 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 largest challenge both services face over the coming year will be the retention of staff to uphold service levels and the excellent standard of care that the patients have become accustomed to.

Following on from a period of consolidation in our first year and development in the second year, the practice has continued to stride forward while still keeping our patients at the forefront of our service. Our aims for the last year were to promote a quality service building on previous year's improvements, to develop and make the best use of the dedication and professionalism of our team, reducing costs where appropriate 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 continued efforts to find efficiencies whilst maximising patient care and service.

The last year has seen continued reduction in costs including: -

1. Wages reduced by 8%, £169,821
2. Sessional GP pay reduced by 47%, £144,412
3. Locum pay reduced by 18%, £79,907

Total reduction in staffing costs in these areas 13.5%, £394,140

Costs have been tightly controlled in other areas leading to a reduction of 24%, £64,632.

The move to procurement through Purchase Direct has helped significantly with this and these figures also reflect the removal of the Pendle Visiting Service and consequent vehicle re-charge.

Income has improved despite a reduction in Core Contract Income which reflects the significant amount of work that has been undertaken with regard to other contracted services and ensuring that reporting and recording systems are up to date and effective. These figures will reflect some 'catch up payments' where income unpaid from previous reporting periods has been identified.

Core contract payments reduced by 7%, £126,978

Additional Services income increased by 54%, £305,800

Total increase in contract income 8%, £178,822

In addition we have received some one off transitional funding from the commissioners during 2015/16 to assist the induction of ANPs to our service and reduce reliance on GP locums.

QOF achievement rose again this year with data that can be fully relied upon and highlights again the hard work behind the scenes by both the clinical and admin teams.

Financially we remain under significant pressure and must continue to try and address these issues but a huge amount has been achieved by the team during this period and their commitment and hard work cannot be underestimated.

Patient demand and access continue to be an issue and one that generates complaints from patients. We are constantly reviewing appointments provision and have met with commissioners and the local county and borough councillors to consider all options to address the issue. Whilst the issue of access is a national problem, we want to be proactive in how we deal with the issue in our practice. We recognise that the nature of our population is such that it leads to increased demand upon our services and that sadly this is not recognised by the current funding models. We are working closely with an organisation called BME Enterprise to try and obtain funding for and develop a service to address the needs of those patients currently attending the GP practice whose problems are health and wellbeing related but not necessarily medical although they may be reflected in their medical condition. The idea is to try and address their needs in the practice environment and with the support of our team but without recourse to valuable clinician's appointments. In order to help service provision and with a view to engaging with the practice population we are also working with Healthwatch Lancashire who will be carrying out engagement events with our patients over the next few weeks.

During the last year we have successfully recruited a pharmacist to the team, he has integrated very well and his input has been extremely valuable. He has reduced the workload of the other clinicians significantly and his role is still expanding and shortly will include provision of minor ailments clinics as well as the chronic disease management clinics he already provides.

The Over 75s team supported by their colleagues within the wider practice continue to provide a gold star service that repeatedly draws praise and has been nominated for an award.

We are continuing with a programme of upskilling our staff to ensure that patients can be dealt with by the most appropriate professional but also to facilitate as wide a provision of services as possible. This upskilling has and will involve training prescribing nurses in patient examination to enable them to deal with minor ailments etc. and providing phlebotomy training to non-clinical staff particularly at those sites that don't have full time HCA and/or nurse cover.

With a CQC visit imminent we are all systems go preparing for that and have recently taken part in a CQC safeguarding spot check on the CCG where our assistance was requested. Initial reports are excellent from that.

Despite the problems that we know we face, our team continues to provide an excellent, high quality service and frequently go above and beyond to address the needs of our patients. In this challenging environment and despite everything we are very proud to say we are very good at what we do!

Slaidburn Country Practice

Despite efforts to reduce costs, the practice again made a loss in 2015/16 as the year on year £13,000 MPIG reduction takes effect. The total effect will be a reduction of £120 per head of population and it should be noted that the threshold for support agreed by NHS England for practices in London experiencing particular difficulty was £3 per head. Proposals and negotiations with the commissioners to try and address the issue and to ensure the continued provision of services to the patients have made little or no progress and there seems to be little appetite for support.

The practice continues to provide a first rate service to its patients including much that does not fall within the compass of GP practice provision and is not funded but has been provided in lieu of other service providers that are not accessible due to geography and isolation. The practice continues to receive excellent feedback and has a strong relationship with its patients via the proactive patient participation group. During the last year the bus service in the area has been removed further increasing the isolation of these communities.

There have been a few changes in staff over recent months and this has allowed a review of staffing and a reduction in total hours which will lead to some small savings. It has proved impossible to recruit a new practice nurse and so we are upskilling our dispenser to provide this service and have been fortunate to recruit a new member of staff with dispensing qualifications to help fulfil that role. The transition period while the nurse is trained will need to be managed carefully to ensure that the service to patients is maintained.

Consultation is ongoing to try and ensure the future security of GP services in the community and we are fully committed to finding a solution that addresses the needs of the patients with the support of the patients.

Despite the issues faced, the Slaidburn GP's and staff should be congratulated on the outcome of the CQC inspection in September 2015 – an overall rating of Good was received with the rating of Outstanding for

care of people whose circumstances may make them vulnerable. The dedication and hard work of all the team throughout the year has been a significant factor in the achievement.



Dr Karen Massey

Quality Report

21/01/2015 to 21/01/2015
 21/01/2015
 21/01/2015
 21/01/2015
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Date of inspection: 21/01/2015
 Date of publication: 21/01/2015

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

Ratings	
Overall rating for this service	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Good ●

1 Dr Karen Massey Quality Report: 15/16/2015

Contracts / Developments

As a local, clinically-led, not-for-profit society registered under the Co-operative and Community Benefit Societies Act 2014 and operating as a limited company, ELMS has always acted in good faith in being a good system partner to the Pennine Lancashire CCGs - Blackburn with Darwen (BwD) and East Lancashire (EL) and other organisations, wants to support primary care and play an active and constructive role in the development of the future local health system.

ELMS are in discussions with Commissioners about how the OOH contract, Sub-acute unscheduled care (AVS), Navigation Hub and GP Advice services might be integrated into one 24/7 holistic unscheduled care service over the next two years, while ensuring that proposed developments in primary care do not destabilise the service as the local health system needs a robust and viable unscheduled care service. Consequently 2015/16 has seen ELMS looking to build on existing relationships while operating in a challenging environment with a changing provider market, Commissioners changing service requirements and short-term policy decisions making business planning difficult, as reflected in the service areas described below:

- **GP Out of Hours** – The contracts for this core ELMS service, with both BwD and EL CCGs runs to 30 September 2018. In-year service developments include: variations to the opening of smaller satellite sites, which have not impacted on patient services or satisfaction, while allowing the resources freed up to be redeployed to provide a more robust service. Additional funding was provided by Commissioners to address GP performers increasing indemnity costs but only for a limited period during winter. Patient satisfaction continues at c97% of those responding to ELMS regular patient surveys. Discussions are ongoing about an integrated unscheduled care service.
- **Sub-acute unscheduled primary care** – This service currently identified as the Acute Visiting Scheme, provides rapid in-hours assessment for BwD patients only, who are at risk of a non-elective hospital admission with the aim of keeping them in their normal place of residence. The service includes medical overview for BwD Intensive Home Support patients – the frail elderly most at risk of hospital admission - who as step-up patients offer the health system the greatest saving if they can be diagnosed and treated in primary care rather than conveyed and admitted to hospital. In addition to medical overview, advice is available to community health care professional colleagues. Central to the development of this service will be a timely and robust diagnostic support service from community colleagues. The service has potential to be rolled out across Pennine Lancashire and discussions are ongoing as to how this offer might be extended in conjunction with GP Practices in East Lancashire (EL). AVS activity continues to grow including support for NWAS Paramedic Pathfinder and urgent care desk referrals – 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. The service has been extended to October 2016 and potential service developments as part of the integrated unscheduled care service offer are being discussed with Commissioners.

- **Pennine Lancashire Clinical Navigation Hub** – The Navigational Hub contributes towards the reduction in avoidable emergency admissions across Pennine Lancashire by helping to identify out of hospital services as an alternative to conveyance and potential admittance. The potential service reconfiguration as part of the integrated unscheduled care service offer is being discussed with Commissioners and the service has been extended to March 2017
- **GP Advice** – This service offers improves outcomes for Pennine Lancashire patients and continues to see activity volumes grow significantly; discussions are ongoing with Commissioners as to how this demand which exceeds resources might be addressed as part of the integrated unscheduled care service offer. Clinical advice is central to the plans for an enhanced service offer linked into the development of 111 and a local integrated hub. The GP Advice service has been extended until October 2016.
- **GP in Urgent Care Centres (UCC)** – Primary care presence in UCC contributes towards ELHT's four hour target. BwD and EL CCGs have reviewed the service and having engaged ELMS and ELHT in dialogue it was decided to discontinue the ELMS service beyond 2015/16 with the GP service finishing in April for Royal Blackburn Hospital and May for Burnley General Hospital. From 1 June 2016 the responsibility for primary care presentations in UCC will be the sole responsibility of ELHT.
- **Accrington Victoria Health Access Centre** – The Health Access Centre contract is split into two time-limited APMS contracts: one for the GP surgery for registered patients and one for the Walk-in Centre for unregistered patients with commissioning responsibility for both services EL CCG. NHS England and EL CCG have indicated that having extended the contract twice it is now necessary to tender the GP Surgery on the basis of a revised service offer - core GP hours 08:00-18:30 Monday-Friday. With regards the Walk-in service, the CCG have presented a different primary care model across East Lancashire which will replace the Walk-in Centre; the CCG will confirm how this contract will be awarded in due course. The CCG will consult on both these service changes from June 2016. Both services had their contracts extended to 30th September 2016 with further negotiations ongoing for extensions to 31st March 2017. ELMS have been in negotiation with the CCG to safeguard staff employment opportunities at the end of both service's contracts and to ensure the Walk-in service is not destabilised during any transition period.
- **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 2017.
- **ELMS Federated Practice** – ELMS continue to be in discussions with NHS England and EL CCG about making the Federated Practice model of care more sustainable, which has been a challenge given the erroneous tender information that means that the Practice is under resourced. ELMS have continued to look at ways of improving the service, including development of a new delivery model with a range of innovative clinical functions, as well as looking to reduce its operational costs and considerable resource has gone into supporting the Operational team. Some additional interim funding was secured for 2015/16 and discussions with Commissioners are ongoing and will progress into 2016/17.
- **Slaidburn Country Practice** - Slaidburn is a small rural GP practice in the Ribble Valley operating under a GMS contract; due to changes in funding arrangements the partnership has to consider the impact of reduced funding over and above the national GMS price per patient rate that impacts disproportionately on a small rural Practice such as Slaidburn. The partnership are working on 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 2016/17.

Overall Activity

Commissioners have expressed their satisfaction with ELMS reporting packages which have been developed to meet Commissioners changing needs. Overall 2015/16 activity across all ELMS services which could be benchmarked against 2014/15 increased by 12%. At the same time, contract values were static. This table excludes the Navigation Hub that effectively started in the last quarter 2014/15 and the GP Practices – ELMS Federated Practice and Slaidburn Country Practice - that are reported separately.

Overall Activity Report 2014/15

2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals	Grouped
PCC	3151	3538	2370	2508	2578	2192	2734	3008	3130	3115	2665	3535	34524	
Dr Advice	1060	1037	804	791	823	732	841	864	1026	1040	828	951	10797	
Home Visit	768	874	653	659	811	603	718	656	740	894	658	729	8763	58665
Pharmacy Advice	224	241	137	139	215	160	184	151	222	178	155	289	2295	
HCP Advice	140	201	140	160	213	181	179	221	232	226	184	209	2286	
Acute Visit	280	269	296	296	304	358	403	436	462	439	402	409	4354	4524
Acute Advice	4	4	19	17	21	7	9	10	11	13	34	21	170	
District Nurse Calls	414	443	388	400	471	394	412	382	423	440	327	451	4945	4945
UCC - RBH	738	709	659	612	588	533	660	668	761	739	610	488	7765	17183
UCC - BGH	882	908	690	764	799	729	740	763	766	843	613	921	9418	
HAC - Walk In	2955	2945	2577	2629	2498	2416	2675	2642	2806	2763	2616	3024	32546	63277
HAC - Registered	2451	2458	2444	2509	2589	2574	2619	2620	2616	2619	2616	2616	30731	
Total Volume	13067	13627	11177	11484	11910	10879	12174	12421	13195	13309	11708	13643	148594	

NB. For the Health Access Centre - Registered - historic reporting convention has included details of the changing numbers in the registered list, as detailed above, rather than number of patient contacts.

● GP Out of Hours Activity Report 2015/16

		2015/16												Average
PCC	%	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
3151	58.97%	3538	2370	2508	2578	2192	2734	3008	3130	3115	2665	3535	2877.00	
1060	19.84%	1037	804	791	823	732	841	864	864	1026	1040	828	899.75	
768	14.37%	874	653	659	811	603	718	656	740	894	658	729	790.25	
224	4.19%	241	137	139	215	160	184	151	222	178	155	289	191.25	
140	2.62%	201	140	160	213	179	232	221	232	226	184	209	190.50	
5343		5891	4104	4257	4640	3868	4656	4900	5350	5453	4490	5713	4888.75	
QR2 - Information to Practice by Gm		5343	5891	4104	4257	4640	3868	4656	4900	5350	5453	4490	5713	4888.75
No Before		0	0	0	0	0	0	0	0	0	0	0	0	0.00
No After		0	0	0	0	0	0	0	0	0	0	0	0	0.00
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%
QR4 - Sample Clinical Audit of Patient Contacts		153.38			127.65				149.06			156.56		94.15
QR5 - Patient Satisfaction Questionnaires (FFT)		23	21	21	401	130	519	332	394	287	448	378	294	270.67
% of PCC Volume for all Pennine Lancs sites		0.43%	0.36%	0.51%	9.42%	2.80%	13.42%	7.13%	8.04%	5.36%	8.22%	8.42%	5.15%	4.87%
QR 10 - Walk in Patients Prioritised and seen within 20 mins "Urgent", 60 minutes "Routine"														
Total Seen		11	17	15	14	9	14	8	13	12	3	7	5	10.67
Total Consulted within Target		11	17	15	14	9	14	8	13	12	3	7	5	10.67
Percentage Seen within 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%
QR 12 - Face to Face consultations commenced within priority time scale total seen		3919	4412	3023	3167	3389	2795	3444	3663	3867	3984	3295	4263	3601.92
Treatment Centres Total		3151	3538	2369	2508	2192	2734	3008	3130	3115	2665	3535	2876.92	
Total Consulted within Target		3142	3527	2366	2502	2185	2734	3008	3130	3115	2665	3535	2865.17	
% within target		99.71%	99.87%	99.87%	99.80%	99.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.88%	
Total Emergency Treatment Centre consulted		8	5	5	5	3	10	6	1	4	4	4	7	5.17
Total Emergencies consulted within 60 minutes		4	1	4	2	3	6	6	1	4	4	4	7	3.83
No where target missed		4	4	1	3	0	4	0	0	0	0	0	0	1.33
% within target		50.00%	20.00%	80.00%	40.00%	100.00%	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	79.17%
Total Urgent Treatment Centre Consulted		32	35	31	33	30	38	38	761	822	854	719	900	357.25
Total Urgent consulted within 120 minutes		27	28	29	30	25	35	38	761	822	854	719	900	355.67
No where target missed		5	7	2	3	5	3	0	0	0	0	0	0	2.08
% within target		84.38%	80.00%	93.55%	90.91%	83.33%	92.11%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.69%
Total Routine Treatment Centres Consulted		3111	3498	2333	2470	2545	2144	2690	2246	2304	2257	1942	2628	2514.00
Total Routine Consulted within 360 minutes		3111	3498	2333	2470	2545	2144	2690	2246	2304	2257	1942	2628	2514.00
No where target missed		0	0	0	0	0	0	0	0	0	0	0	0	0.00
% within 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%
Home Visit Total		768	874	653	659	811	603	718	656	740	894	658	774	729.83
Total Consulted within Target		760	857	642	644	801	593	710	655	734	869	630	719	717.83
No where target missed		8	17	11	15	10	10	8	1	6	25	28	5	12.00
% within target		98.96%	98.05%	98.32%	97.72%	98.77%	98.34%	98.89%	99.85%	99.19%	97.20%	95.74%	99.31%	98.36%
Total Emergency Home Visits Consulted		4	9	5	15	10	8	6	3	5	17	11	7	8.33
Total Emergencies consulted within 60 minutes		2	4	3	10	6	4	6	3	5	17	11	7	6.50
No where target missed		2	5	2	5	4	4	0	0	0	0	0	0	1.83
% within target		50.00%	44.44%	60.00%	66.67%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	77.59%
Total Urgent Home Visits Consulted		38	53	32	32	36	27	38	252	289	302	235	277	134.25
Total Urgent consulted within 120 minutes		32	41	23	23	30	21	34	252	287	296	227	273	128.25
No where target missed		6	12	9	9	6	6	4	0	2	6	8	4	6.00
% within target		84.21%	77.36%	71.88%	71.88%	83.33%	77.78%	89.47%	100.00%	99.31%	98.01%	96.60%	98.56%	87.36%
Total Routine Home Visits Consulted		726	812	616	612	765	568	666	401	446	575	412	444	586.92
Total Routine consulted within 360 minutes		726	812	616	612	765	568	666	400	442	555	392	443	582.75
No where target missed		0	0	0	0	0	0	0	1	4	20	20	1	4.17
% within target		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.40%	99.75%	99.10%	96.52%	95.15%	99.77%	100.00%

Overall the Out of Hours service activity increased by 2.2% in 2015/16 including:

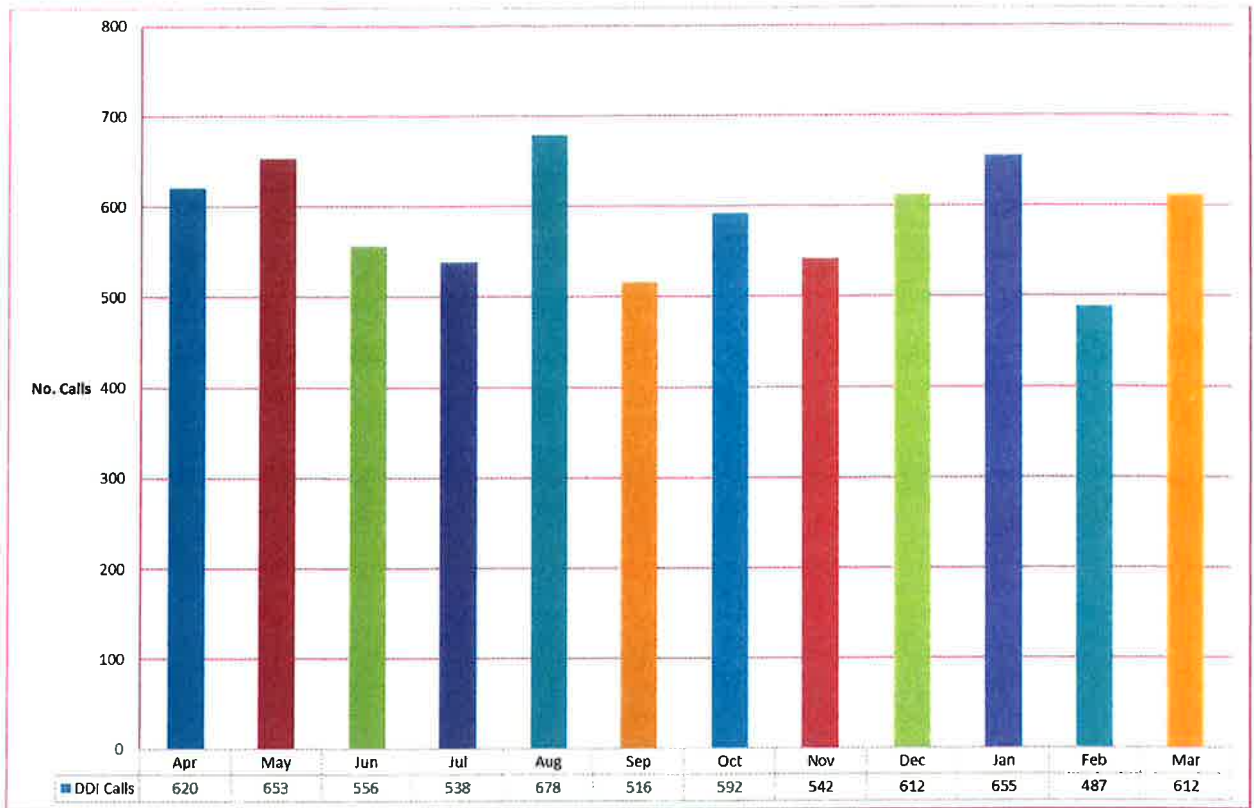
- 9.1% (874) fall in the number of home visits as patients were either dealt with through advice or attendance at treatment centres
- 10.8% (1496) increase in the number of advice calls
- 1.8% (625) increase in the number of treatment centre attendances
- **Acute Visiting Service (AVS)** - AVS activity increased by 61.9% (1729) in 2015/16 including GP and Paramedic referrals. An average of 17 visits per day was undertaken in 2015/16 with a deflection rate of c82% from secondary care. Key to that increase in activity was the new Intensive Home Support service; IHSS activity for the period July 2015 - March 2016 was:

	July	August	September	October	November	December	January	February	March	Grand Total	
IHS Cases -month commencing	10	11	19	25	29	31	29	24	31	209	
IHS visits by AVS	36	52	96	55	104	101	106	45	49	844	
Total Referrals from Nav Hub to IHS	10	11	19	25	29	31	29	24	31	209	
of which											
Total Referrals from GP	10	11	19	25	29	31	29	24	31	209	
Total Referrals from Ambulance										0	
Total Referrals from ELHT										0	
											%
Outcome 1 (nos.) i.e. Escalate to secondary care incl. ambulance called.	0	0	1	0	1	5	2	1	1	11	1.71%
Outcome 2 (nos.) Onward FU with LCFT	0	0	0	0				1		1	0.16%
Outcome 3 (nos.) Discharged - No FU refer back to GP	6	1	1	1	1	3	2	2	6	26	3.88%
Outcome 4 (nos.) AVS Re-visit	28	47	94	49	100	90	100	35	36	679	89.91%
Outcome 5 (nos.) Onward Ref. Other provider	2	3	0	3	1	1		5	1	16	2.48%
Outcome 6 (%) Failed to Contact	0	1	0	2	1	2	2	1	3	12	1.86%
										Total	644

NWAS report that the ELMS AVS service in its support for Paramedic Pathfinder, despite limited coverage (BwD CCG area only in-hours) and limited resources, makes a significant contribution to ED and potential admissions savings as reflected in the NWAS data for January-December 2015:

2015 total Referrals	2015 total Deflections	2015 cumulative Deflection Rate	ED Tariff saved – patients deflected x £114	Admission cost saved – patients deflected / 31% ambulance admission ratio	Bed days saved – 31% of deflected patients x 2.8 days
3523	3252	92%	£370,728	£1,500,912	2822

- **District Nurse Call Handling Activity Report 2015-16**



DN Call Handling - Overall activity within the service increased by 25.4% (1428) in 2015/16

- **GPs in Urgent Care Centre (UCC)** - The 2015/16 activity of GPs in UCC decreased by 8.8% compared to 2014/15. Activity and the potential for deflections was dictated by the presenting caseload and triage service provided by ELHT. GP resource at Burnley General Hospital was better utilised than at Royal Blackburn.
- **Accrington Victoria Health Access Centre (HAC)** – the activity within the 2 elements of the Health Access Centre based services was:
 - **Walk-in Unregistered Patients** – Activity decreased by 3.9% (1335) in 2015/16 but the nature of presentations and the time of attendance meant that the workload has not reduced.
 - **Registered Patient List** – The registered patient list has grown, reaching 2,616 patients at 31st March 2016; an 8.6% 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 c1500 contacts per month across the full opening hours of the service. The registered patient consultation rate at 6.9 is significantly higher than the national mean average for all GP practices.

- Details of the activity of the other services are detailed below:
- **Clinical Navigation Hub** – currently operating 8am-8pm Monday-Friday excluding bank holidays - offers the opportunity to reduce inappropriate attendances and admissions to secondary care by Pennine Lancashire patients on the basis of assessment and referral - by Health Care Professional or social care (or facilitate direct referral through an ELMS maintained comprehensive directory of services (for the identified patient cohort or wider application) facilitated by nurse advisers. While centred on medical services such as the Intensive Home Support Service it is often the social care elements that determine the need to be conveyed to hospital or not discharged from hospital. The key indicator for success will be the number of patients not conveyed to secondary care when they might otherwise be admitted to hospital. 70% of reported case calls result in deflection due to non-conveyance. Phase 1 target for deflections is at 3 per week. March 2016 average of reported case calls = 15.8 per week. Cumulatively the service is above target
- **Federated Practice** - 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. Access continues to be a perceived issue and the Practice are working with the CCG and Primary Care Foundation, as well as other stakeholders to see how access might be improved. See report by David Massey.
- **Slaidburn Country Practice** - the Practice serves c1100 patients and 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, including elements of social care, district nursing and paramedic services. See report by David Massey.