



East Lancashire Medical Services Ltd.

Annual Report 2016 - 2017

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

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Certificate of Registration

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

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

Section 1

Service Provider details

Name of service provider: East Lancashire Medical Services Limited

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

Date of Registration: 14/05/2012

Signed

Amanda Sherlock
Director Operations for the Care Quality Commission

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

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 Mr J Critchley
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 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

Council Members

GP's

Dr B Palmowski (Chairman)
Dr I Khan
Dr A Garda
Dr I Ibbotson
Dr M K Datta
Dr P Mashar

Clinical ELMS employees

Mrs S Shaw

Patients

Mr R McLean (Vice Chairman)
Mr H Pickles

Non-Clinical ELMS employees

Mr D Gaskin
Mr M Hammond

ELMS Management Team

Responsible for:

Human Resources	Mr L Springer
Health, Safety & Estates	Mr A Clarke
Clinical Governance	Mr A Clarke
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
Lead Nurse, Safeguarding Lead, NMP Lead	Mrs S Shaw

Chief Executives Report – Diane Ridgway

Welcome to our Annual Report 2016/17.

I would like you to humour me as this will be my final annual report I write as your CEO. It's always difficult to think what happened a year ago and concentrate on it, but as this is my last report I suppose I can reflect on the past and the future. I think the time is right for the organisation to start a new chapter so I am retiring in March 2018. I'm hoping the future will mean there is a refresh of the GP membership values, with a renewed management structure, greater clinical involvement and a continued ownership from staff that ELMS foundations have been based on.

There is hope for a renewed stability and although I appreciate change is never easy and causes emotions to run high, going forward I hope that the team here will be able to build on the relationships, internal and external, that have been formed under my leadership. ELMS retain its focus, to underpin and support Primary Care in East Lancashire and Blackburn with Darwen while keeping patients at the heart of everything we do.

We continue to have our critical friends, the Patient Voices Group, to keep us grounded and remind us what we are here for, and are very grateful to the group and Russ McLean for all his input and energy.

The business is reporting an improving financial position, but in 2016/17 we are not out of the woods yet. ELMS lost the support contract for Ophthalmology, and the UCCGP contract to ELHT. We had a long history of supporting Urgent Care with GP's and locally the Ophthalmology GP's and were sorry to see them, and their support teams go. The federated practices commenced a programme to improve access for patients and this involved changes to the appointments system and improvements to the rapid management of patients. This process will take some time to complete but it is hoped that some effect will be quickly apparent and access to services will be improved. I was delighted to spend a day with, and then attend the Over 75's service First Year Audit presentation and see first-hand the great work the team are undertaking to facilitate early discharge, or hospital admission avoidance, helping support patients in their own home.

The AVHAC contract was split pending tender of the GP practice, the Health Access Centre is expected to cease in 2017, and I have unlimited admiration for the Management team, GP's and staff working under the pressure caused by these changes. They continue to deliver an excellent service to patients and we are very grateful for their efforts. The Clinical Hub was established and continues to offer a fantastic service to the health economy, there are changes ahead, but the team have the very best support from the Operations Management and the Service Clinical Nurse Lead. AVS continues to flourish, often oversubscribed but the very experienced clinical team never failing to deliver a quality service to General Practice. Intensive home support after a rocky start has steadily supported the hospital admission avoidance programme.

We have had some CQC inspections in 2016, the ELMS Federated Practices and Slaidburn Practice. I am delighted to share that their ratings were Good, with some areas of Outstanding practice. We also had a separate CQC inspection of the Safeguarding processes at the Federated Practices, which was rated Outstanding. My heartfelt congratulations to the teams in the practice, I appreciate the level of work which goes into an inspection, not just from the staff delivering the service but from the team here at ELMS offices and I hope, whoever takes over Responsible Officer for CQC within ELMS from me continues to keep an eye on quality. There is a CQC inspection of Out of Hours in 2017 and our aim is to ensure everything is in place for this visit, and improve on our 'Good' rating of 2013. We welcomed a new Non-Executive to our board meeting John Critchley, John is grounded in the NHS, recently retired having been a Finance Director at a very high level. The focus for board meetings remains to ensure the company is in a strong and stable position where its vision, aims and purpose fully meet the changing business environment. ELMS need to have a strong and focussed management team 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.

I have spent a lot of time reflecting about ELMS recently. 21 years ago Blackburn with Darwen GP Co-Operative was formed by a few insightful GPs, each investing their time, energy, enthusiasm and their own money into an idea that they could work together to deliver a better service for patients, this organisation morphed into ELMS and it's

heartening for me, there at the inception, to see some of those GP's who formed the company still working in the service and alongside us. Those GP's in the 90's were way ahead of their time, only now is the NHS thinking about Federations and Multi-Care Providers, Blackburn with Darwen GP's achieved this 2 decades ago.

The NHS has seen a lot of changes and I am certain I have left ELMS in a better place than I found it. We have embraced the challenges, appreciated the support, and worked with the wider health economy teams to ensure that the foundations are in place to continue to be successful. I would love to have harnessed the energy and enthusiasm of the GP's of 2 decades ago, sharing ELMS expertise and enthusiasm for establishing and delivering services, but sadly this was not to be the case. The Five Year forward Agenda promotes and encourages GP's to work together in populations of over 30,000 there are some localities who have decided they would be better forming their own organisations and forging their own way in the health economy in order to deliver this agenda, ELMS are happy to support the new and emerging organisations and I wish them well. ELMS have never closed their doors to GP's or their practice staff, nor will it stop collaborating with the up and coming GP federations, this is the future of the NHS. I can only hope the ELMS, after March 2018, whatever it becomes under new, refreshed leadership will continue to have the same open minded principles and professional approach to integration and continue to uphold their prime vision, to underpin and support primary care.

I would like to thank-you for bearing with me during this long introduction, and offer my gratitude to each and every one of you reading this annual report for your support, input and loyalty to ELMS. I was told when I joined as interim CEO in 2008, "ELMS gets under your skin and you can't switch it off" they were certainly correct, and my family have certainly been very patient with me, as I have written tenders, policies and dealt with problems and issues in the evenings, while on holiday and at weekends! ELMS has had an impact on my life I never thought possible and the organisation and the staff who work in it will always have a special place in my heart.

I do wish you all the very best for the future and hope the future for ELMS is bright.

Very Best Wishes

A handwritten signature in cursive script, appearing to read "David Ridgway".

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

Despite adversity, ELMS as an organisation and provider is a true survivor, we have come through another year of difficulties and are better for the experience. Over the years I have been asked to write my contributions, I yearned to be able to focus on the positive aspect of the services to the community this organisation was set up to provide, some years prove more difficult than others.

The challenges seem to play a major part of trying to keep this organisation functioning, a task that is taken up with undying vigour, and dogged determination by the executive team as well as administrative staff and all the supportive team members.

The challenges of ever increasing patient contact numbers compounded by decreasing numbers of GP colleagues prepared to offer their time and services, makes it very difficult for the organisation to maintain its high standard of care, but not impossible – the consistency of patient compliments is testament to the hard work from the ELMS team of Doctors, Nurses and Staff. As of April 2016 the organisation has lost regular support from a large proportion of GP colleagues who in the past provided regular cover, this is in great part due to a relative reduction in the hourly rate of pay over the past 7 years, increase in the indemnity costs, and higher rates of hourly pay introduced by other local providers, some GP's told me by the time they have paid their overheads they are working for nothing.

A combination of cost efficiencies, and clear attempt by the commissioners to reduce the cost of providing the services, in combination with local contracts coming to term, ELMS has been finding itself in an ever tighter financial position. Despite all the hard work from the Executive and Practice Teams the Federated practices remain a significant drain on the company's resources, the CCG don't want to help and we are left picking up the bill for the gap in payment and what it costs to run a practice. There doesn't seem to be an end to the ongoing government's austerity drive.

ELMS continue to provide the Public and Primary Care Colleagues with essential services. Services are distributed rationally between centres a new team of nurse practitioners and pharmacist are taking up the challenge along the dedicated GP Membership. Federated Practices have been rated as good in there last CQC inspection something the staff there should be proud of.

Clinical Services Report – Dr P Muzaffar

It gives me great pleasure to start the report by sharing a complementary letter from a patient:

“Being on the receiving end of ELMS last night was unusual for me. But a wonderful experience. After 111 finally put me through to a OOH appointment and was told anything within 6 hours.....to be called 4 minutes later for an appointment 40 minutes later and to be seen and home 15 minutes after that was remarkable. So glad we have this service and I knew I didn't need to clog up urgent care. Very happy with the treatment and assistance the GP and the receptionist gave. You are the credit to the NHS”.

This is one of the many of compliments we get from patients, their families and friends, verbally, in writing, through telephone calls and sharing on social media. These are not just about the clinical care the patients have received but they also reflect on our patient centred, friendliness, caring and sensitive attitudes shown by every one of our colleagues. I feel proud to be part of a group of such wonderful people and ELMS.

As an accountable and responsible organisation we just do not just get feedback from the patients and service users, but have also done a staff survey and 360 degrees feedback from our stakeholders, surgeries and GPs. The themes from the staff survey were on the whole good, the majority thought they were developed and supported, that managers were visible, recognised good practice and communications were good. Some of the areas staff would like to see some improvement in - minimise the use of Locums (Federated Practices), more say in the choice of nurse uniforms, do some work around staff attitudes, some clinicians working on shift don't seem to appreciate the support they get from staff.

The GP survey was widely circulated, and in the main the comments were good, the membership called for better integration and support for the GP federations. The link to the full report is here:

<http://www.surveymonkey.com/results/SM-PQBR2F3G>

Now back to the normal business. As you know ELMS provides health care services to more than 555,000 patients in BWD and the East Lancashire area. Health Care is provided through the Federated Practices, Acute visiting service, walk-in centre in AVH, Clitheroe hospital weekend and overnight cover, OOH visiting, OOH surgeries on five sites, advice calls including advice to Health care professionals and paramedics through the pathfinder programme. To provide services at this scale we have an excellent, behind the scenes team of very enthusiastic, highly skilled and motivated individuals working in different departments, e.g. Clinical governance, operations, medicine management, clinical auditors, safeguarding, education and appraisal, estate, and Human resources.

We have a very robust clinical governance system led by one of the clinical directors and the team meets on a regular basis to discuss significant events, significant incidents, complaints, compliments, concerns, feed backs, infection control, medicine management, staffing issues, safe guarding – these are few things and the list is not exhaustive. A patient representative also sits on clinical governance board. The numbers of Complaints have gone down and have been dealt with within the specified time line, the team works on these very efficiently.

Due to excellent work of our medicine management team – we were commended on our air tight procedure on controlled drugs. Also we rarely have any reported incidences of any missing medicine or prescriptions. The medicine management team is also conducting audit on prescribing and local or NICE guide lines on various topics lead by the Nursing lead Carrie Locker and AVS lead Dr Arshad Khan. Dr Khan has also done an audit on 'prescribing in sore throat and using Centor criteria' please contact MMT if you require a copy, it is an excellent audit.

Clinical guardian is an excellent tool to audit the works of the clinician and more than 98% of the cases audited fall into good or satisfactory bracket. 2% cases will be sent back for reflection or group reviews. Only handful of cases will be raised and concerns and these clinicians will be supported through mentoring or if they do not engage in the process then will be either barred from working in ELMS or passed on to NHS England to protect the patients. We also audit the work of the 8 auditors to standardize the process.

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

Congratulations to safe Guarding lead Sharon Shaw, because of her passion and focus on the subject, external CQC inspectors have deemed this area as 'outstanding'. A big thank you from all of us.

ELMS board of directors have looked into the educational, appraisal needs of the clinicians, especially the ones who do not work in any other primary care settings. ELMS board of directors felt that we could start putting information about the local clinical policies, NICE guidance, prescribing guidelines, also arrange for CPR training and organize educational meetings. So far we had 2 well attended lunch time educational meetings which were open to any clinician working in East Lancashire. The topics covered were – clinical guardian, case reviews and safe guarding in adults/children presented by Dr Karen Massey in 1st meeting. In the 2nd meeting we discussed abnormal blood results in OOH and what is primary care test presented by the consultant Kathryn Brownbill, FGM safeguarding lead Sharon Shaw and finally EOL care /DNAR ethics, medical legal and patient centred care presented by Dr David Gebbie from Hospice. A big thank you to everyone who has attended and to the presenters. The dates for the next two planned CPR courses have gone out.

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

Keep up the good work.

Patient Voices Group – Mr Russ McLean

ELMS Patient Voices Group is currently chaired by Mr Russ McLean and is comprised of Patients of all ages and ethnicity. The Group meet bi-monthly at St Ives Business Centre and reports directly to the ELMS Council and to the ELMS Executive Board.

During 2016 The PVG have continued to support ELMS through the scrutiny of Patient Services and Patient contact. The Group has a sub-committee which looks at anonymised complaints and Russ McLean who is also Non-executive and Vice Chair of ELMS Council looks at every complaint which comes into the organisation. Says Mr McLean: "It never ceases to amaze me, given the high volume of patient contacts, that we receive a very small number of complaints. I believe this is a testament to the high level of service and Care, given to patients, by the clinicians and staff of ELMS."

The Patient Voices Group meetings are Agenda driven and this agenda is influenced by Health matters in the local health economy. As ELMS now deliver a diverse number of Health Care and Support Services, the PVG consider a wide range of topics and work closely with other HealthCare providers and Statutory Patient Organisations. These include the Patient Association, Healthwatch Blackburn with Darwen, Healthwatch Lancashire, local Hospital Trusts and Clinical Commissioning Groups.

Mr McLean adds, "we are not here to criticize ELMS and other Health organisations. We are here to offer a patients' perspective and we take very seriously the task of representing the Patients of Pennine Lancashire. The PVG is a CRITICAL FRIEND, very much focussed on offering constructive solutions rather than contributing to problems."

This has been achieved over the last 12 months by working closely with ELMS senior managers and Governance department, by attending meetings and by supporting ELMS patients where they may have cause for concern. The Group has held meetings with leaders in the local health economy – to raise concerns on behalf of patients – those leaders including Members of Parliament and Chief Executives of Hospital Trusts.

Patient Led Assessments of the Care Environment (or PLACE) is a NHS England (NHSE) and Department of Health (DOH) initiative, whereby patients look at Care environments of HealthCare providers. Mr McLean is ELMS PLACE lead and trainer, offering training sessions and practical inspections to ELMS Staff and the PVG members. Although this is not a clinical assessment – it is a very real assessment of that Care environment, looking closely at the service from the perspective of a patient. PLACE looks at 6 domains: Cleanliness; Condition, Appearance and maintenance; Privacy Dignity and Wellbeing; Dementia; Food and Disability.

This information is collated by ELMS and actioned where appropriate. These reports are often shared with external agencies such as the Care Quality Commission (CQC) to provide evidence that ELMS takes seriously its' Patients and the Care that they receive. The PVG also offers support to other organisations during their PLACE Assessments, including the Lancashire Care Foundation Trust and the East Lancashire Hospital Trust.

The CQC is the statutory organisation which looks at health care and Mr McLean has received training which enables him to be involved in pre-CQC inspections, advising hospital Trusts on areas for improvement. It is hoped that, in the future, that the group will support GPs and Primary Care organisations on their forthcoming CQC inspections.

Patient involvement is important and to achieve this The PVG has a Facebook Channel (<https://www.facebook.com/groups/ELPVG/>) A Twitter feed (@ELPVG) a YouTube Channel (<https://www.youtube.com/channel/UCOQOWSiuBzUCU6gQ9DGsFJQ>) and a website (www.ELPVG.info) which are all administered and maintained by the Group. Those Patients who wish to be involved, are actively encouraged to contribute to health conversations, either online, by email to PVG@ELPVG.info or by calling 01254 752130. East Lancashire Medical Services Corporate Services Director Mrs Glenda Feeney is the ELMS representative on the PVG board and administrative support during the past 12 months has come from Mrs Ros Wilding. "I would like to thank ELMS and in particular Glenda & Ros for providing support and guidance and for hosting the PVG at ELMS Headquarters.

Health Care locally and Nationally never seems to be out of the News and as a respected voice of the Patient – ELMS PVG is often asked to comment, by News Media, on topics which affect Patients. During the last 12 months Mr

McLean continues to be a regular contributor on Health matters to Newspapers, Television and Radio Stations and is known for his “no-nonsense” approach on behalf of patients. Examples of this can be found here: [http://www.lancashiretelegraph.co.uk/search/?page=0&search=Russ+McLean&sort_by=most recent first](http://www.lancashiretelegraph.co.uk/search/?page=0&search=Russ+McLean&sort_by=most%20recent%20first)

Mr McLean as Chair of the PVG, was privileged to be asked to return for a third year as a judge at the East Lancashire Hospitals Trust (ELHT) Star Awards – where staff are rewarded for their hard work. The PVG work very closely with and support several Patient initiatives for the Trust and during 2016 have continued to have 1:1 chats with its’ Chief Executive Mr Kevin McGee. These chats are recorded and uploaded to the PVG YouTube Channel. ELMS CEO Mrs Diane Ridgway has also been a keen contributor. From being involved with ELMS website and the content of its’ Patient Letters to appearing on Radio 5 Live and Hospital Food Tasting, the Patient Voices Group continues to be a key contributor and Voice of the Patient, to the local Health Economy.

Attending Public meetings and keeping a finger on the Pulse of what is happening locally, is a huge challenge, given the sheer number of these meetings. The PVG continues to attend the board meetings of Hospital Trusts of CCGs and of ELMS and its’ Patient Groups to represent the views of the Patients of East Lancashire. Says Russ: “The PVG is absolutely committed to making a real difference for patients and to the ELMS organisation by supporting them through real engagement. I am so proud to be aligned to this organisation and each member of the PVG brings a unique contribution on behalf of those patients we were elected to represent.”

Director of Clinical Services Report – Morag White

In my role as Clinical Services Director I provide strategic overview and support across a number of Departments and these are my overall findings.

AVH

The Accrington Victoria Health Access Centre has once again been under a great deal of pressure over the past year due to the contract extension coming to an end.

The HAC contract is split between a GP Surgery for registered patients commissioned by NHS England and the Walk-in -Centre for unregistered patients commissioned by East Lancashire CCG. The Registered practice list is out to tender and the walk in centre will come to an end.

However, once again the CCG asked ELMS to extend the contract to 30th September 2017 as they had not found a replacement service to cover the needs of the patients in Hyndburn. ELMS consulted with staff to ensure they were happy to continue in their posts until this time.

ELMS have been very fortunate that the Practice Staff have demonstrated extreme loyalty and commitment to ELMS.

Federated Practices

The Federated Practices have met some challenging times over the last year due to the perception of patients that we have an abundance of appointments to offer. The local Councillors from Brierfield asked for a meeting with ELMS and the CCG to discuss the service provided at Brierfield and lack of appointments available at this surgery. David Massey and I met with local Councillors on 2 occasions to discuss their concerns.

OOH

The recruitment of doctors to the OOH has been very low this year, the doctors we interviewed would prefer to work as locums and invoice ELMS direct for their services. Unfortunately, their hourly rate is considerably more than the hourly rate paid to our OOH GP's on the rota.

Governance: Complaints & Safeguarding

I am pleased to report that despite the volume of calls we handle each year the number of complaints has decreased . Complaints mainly consist of Access to treatment/drugs, availability of appointments at the Federated Practices and values and behaviour of staff.

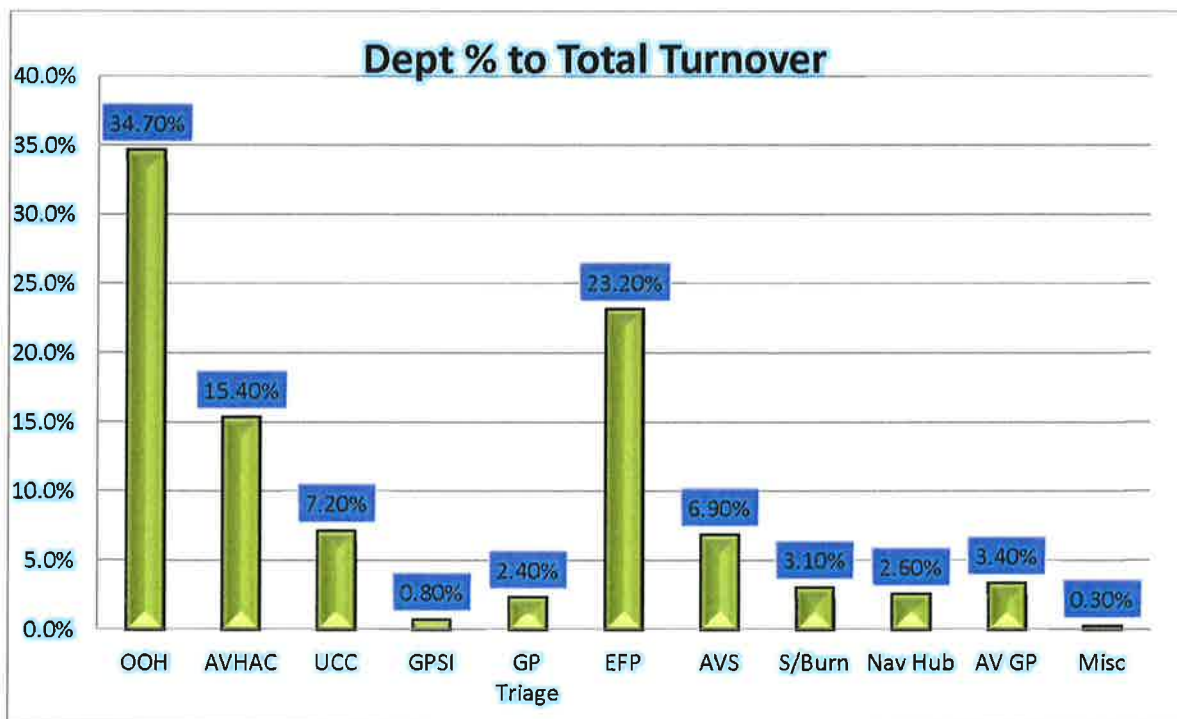
A number of consultations are checked each week for evidence of safeguarding concerns. This is done in conjunction with our Clinical Lead Nurse for Safeguarding.

Director of Corporate Services Report – Glenda Feeney

Finance

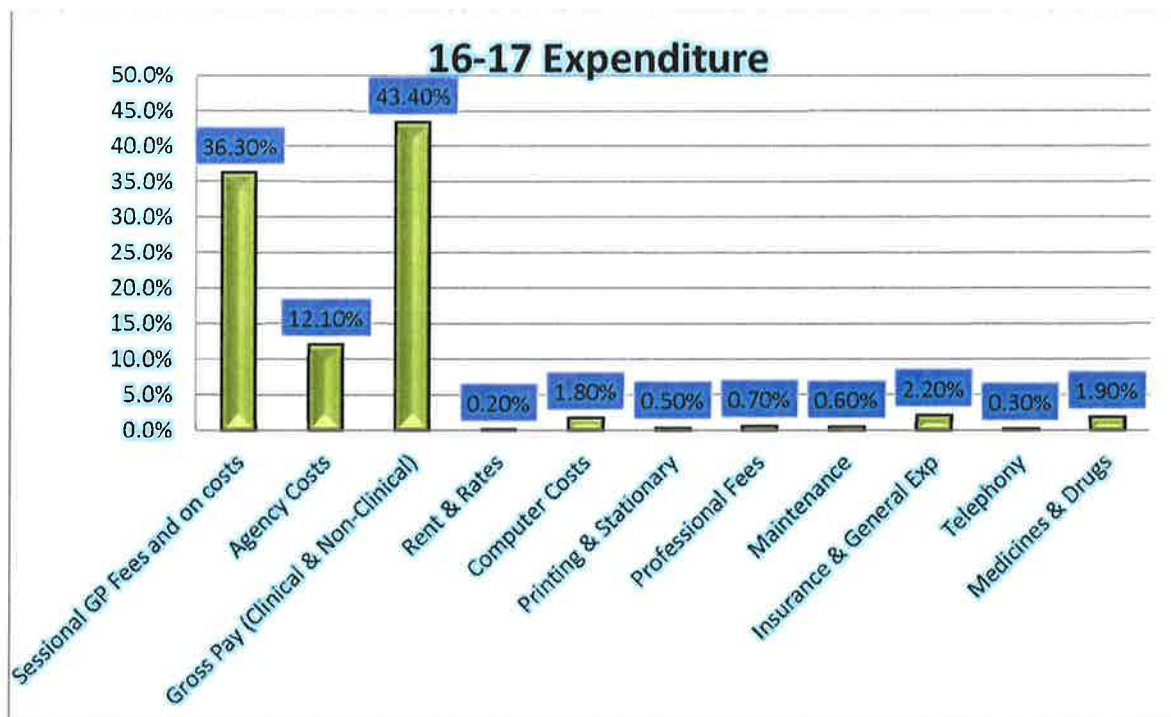
We have seen a reduction in income this financial year compared to last with the company annual turnover figure showing £10.8 million compared to the previous year's figure of £11.6 million. The ending of the Urgent Care Centre contract is the main contributing factor along with CRES (cost reduction efficiency savings) requirements from the CCG. The ELMS support service contract, due to updated VAT regulations, has moved in respect of management accounts reporting to our new company – ELMS Business Services Ltd, a VAT registered company. Without doubt the 16-17 financial year has been one of the most challenging; attempting to balance costs with service requirements. All ELMS staff and Managers are to be congratulated on the way they have managed expenditure during the year whilst continuing to provide an excellent and caring service to patients.

The individual work stream contributions to the 16-17 financial years overall position are shown in the graph below:



Expenditure has been particularly well managed during the 16-17 financial year with Agency costs down and all general expenses remaining reasonably static or reduced compared to the 15-16 year. Very few areas within ELMS overheads are showing an increased spend in 16-17 compared to 15-16 which is a significant achievement in a climate of rising costs and diminishing areas in which to make further savings

Overtime has been well managed however sickness absence costs to the Company have increased this year from £80,000 to £118,000 which has influenced the slight increase in the overall gross pay figure for the year, along with increased employer National Insurance contributions.



ELMS Federated Practice (EFP) have continued to work on improving their deficit position and their reliance on financial support from other areas of the business has reduced. The Slaidburn Country Practice has also remained reliant on financial support from ELMS this year however both contracts have shown improvements on last year's position.

Within every area of the business, achieving a year end surplus to support the organisations overall financial objectives is becoming increasingly difficult and this year's financial year end result is a credit to everyone in the organization.

The new 2017 – 2018 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, a new government levy to businesses relating to apprenticeships will apply and a number of questions remain unclarified in respect of the new IR35 legislation. We are currently of the understanding that ELMS will be outside the scope of the legislation and are awaiting professional guidance on the matter.

ELMS Business Services Ltd

This VAT registered company incorporated within ELMS group of accounts has traded successfully in its first financial year of operation with sales of £116,676.43. Again, overheads remain well controlled with staff pay and on costs being the most significant expenditure within the business. The year-end position is showing a small surplus and it is anticipated this new company will provide further opportunities for ELMS to deliver services / contracts which may previously have been out of scope.

Corporate

COUNCIL

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

Following an election in October 2016, ELMS Council welcomed Daniel Gaskin as a new staff member representative following the resignation of Lesley Threlfall.

Scheduled meetings for 2017 are as follows:

- 27th April 2017
- 19th July 2017
- October 2017 (AGM) – date to be confirmed

DBS SERVICE

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

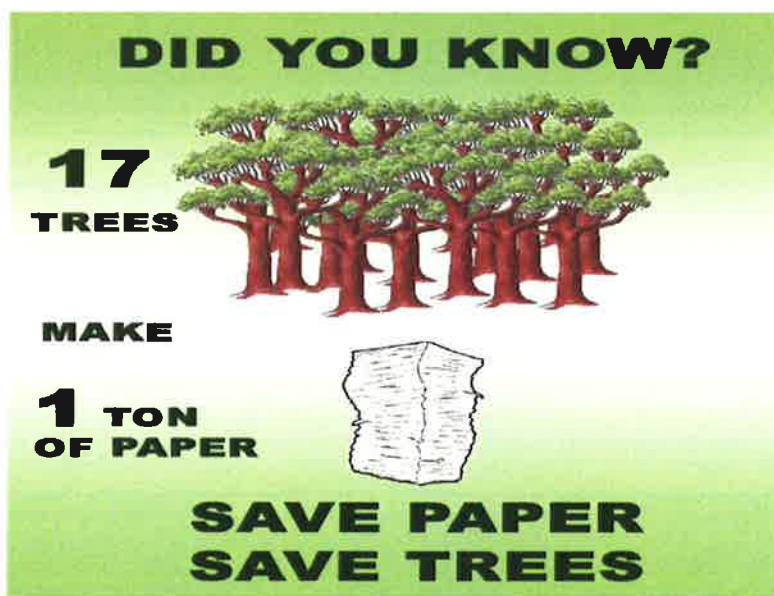
FUNDRAISING & CHARITIES

ELMS has supported a number of events during the year – Jeans for Genes Day and Children in Need and once again the significant generosity of ELMS staff has enabled us to forward the money raised to those charities. Thanks go to Christine Spring who does an excellent job of organizing these events each year. There have also been some fantastic achievements during the year by staff and GP's taking part in a variety of events across the country to raise money for a number of charities, congratulations and well done to all.

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 2016-17. It has been confirmed that as part of the shredding and recycling program, **17 trees** were saved from destruction reflecting the positive impact his initiative has made towards the environment.



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 Ltd

is awarded the Social Enterprise Mark

Valid until March 2018

This certificate authorises the use of the Social Enterprise Mark on products and services. Being awarded the Social Enterprise Mark is proof that this organisation is working primarily for social and environmental aims and is trading for people and planet.

Signed on behalf of Social Enterprise Mark CIC:



SOCIAL ENTERPRISE MARK CIC

Social Enterprise Mark CIC is the accreditation body responsible for awarding the Social Enterprise Mark and the Social Enterprise Gold Mark.

Registered Office: Unit 30 HQ Business Centre, 237 Union Street, Plymouth, PL1 3HQ

Governance Report – Andrew Clarke

Staffing has been a bit of an issue in the department this year but thanks must go to Ros Wilding who has been the one constant in a year of changing staffing levels. We seem to be a bit more back on an even keel at year end.

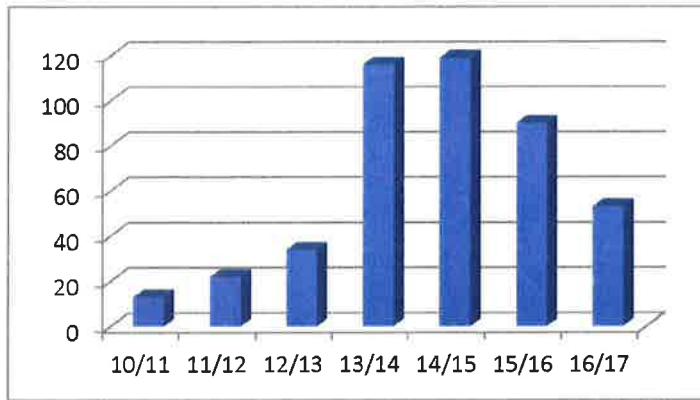
The most notable incident in the year was of the fire in the UPS in St Ives House server room. Fortunately nobody was injured and the damage was remarkably confined to the item of equipment itself; we do not even have to re-decorate. There was short term disruption to IT provision but patient services were maintained throughout. The outcome of the fire was some expenditure on a replacement, on reconfiguring wiring in the building and some changes to the alarm and safety systems. No changes were deemed necessary to ELMS Business Centre. A follow up inspection visit by the Fire Service – a standard procedure after a call out to a confirmed fire – resulted in no serious formal action but we were instructed to remove flammables (magazines) from the patient waiting area.

The **Clinical Guardian Audit Tool** is used to audit clinicians' consultations in the urgent care services. We have 7 clinician auditors working regularly on this which is a good number to gain a spread of opinion whilst ensuring they each have sufficient to keep their skills current. The monthly audit cycle has been maintained. We apply a risk based approach to determine the proportion of an individual clinician's consultations which are audited and adapt this as necessary from cycle to cycle based on outcome from the clinician's individual record. We have improved how we do this risk stratifying and during 2016/17 we audited just under 1900 cases or 18% of those available which represents a small financial saving from last year. The activity audited covers nurses and other healthcare professionals as well as GPs.

Approximately 278 clinicians worked in the services subject to this audit system over the year; 74 trainees, 160 GPs and 44 Nurses. Of these 3 are under increased level of audit because of their performance and one clinician is no longer working for us.

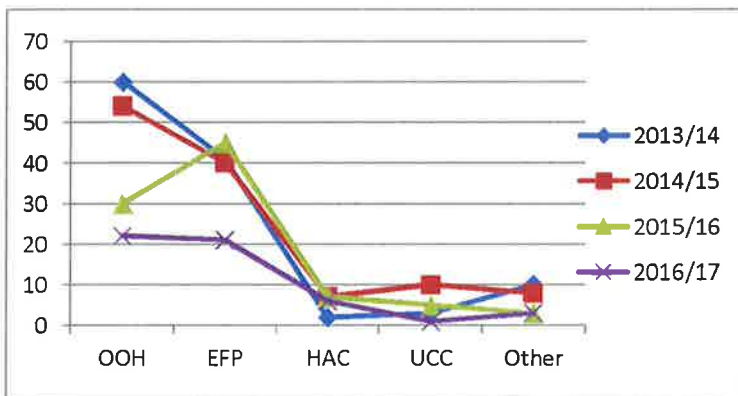
We also conduct stand-alone audits from time to time. We audited use of soluble prednisolone and appropriateness of anti-biotic prescribing in acute sore throat during the year.

Complaints: The new system of recording complaints which was introduced on 1 April 2015 has continued to work well – minor changes to the IT have helped with the smooth running of the system and the reports produced from it. Every complaint and incident is discussed at the next weekly management meeting after it is received and then at the Clinical Governance Meeting when it has been concluded. The PVG Chair assesses each complaint for reasonableness.



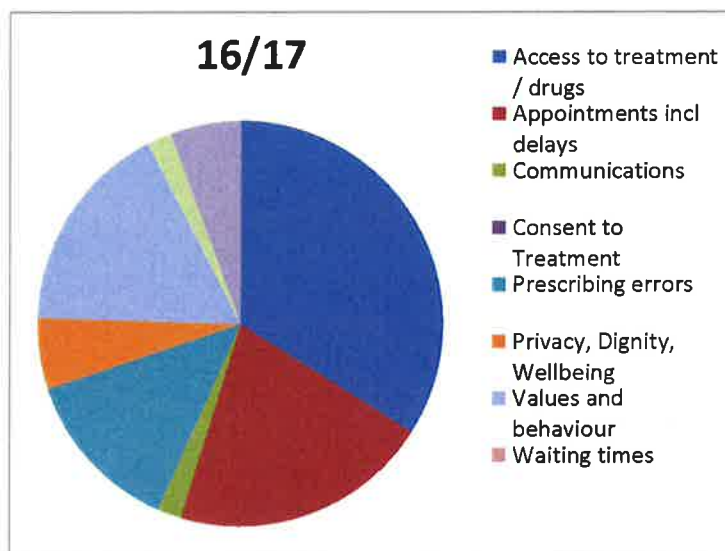
The number of complaints received in 2016/17 reduced compared to the previous year. Practice complaints reducing by more than half is the biggest factor in the drop.

As the largest services it is no surprise that OOH and the Practices have the most complaints. The year on year drop



seems to be real and not as a result of under-reporting. Every complaint is investigated appropriately; a small number of patients decide they are not happy with our explanation and escalate their concern – ultimately they can go to the PHSO. On average this is probably no more than one complaint per year; to date there has been no ruling from PHSO finding against ELMS. The Chair of the PVG's review of the 53 complaints, done after investigation and patient contact is complete, designated 12 (23%) as Upheld and 10 (19%) as Partially Upheld

Some notes on the causes of complaints:



The categories of complaints we now report have been consistent for 2 years (thanks to HSCIC!). This year's breakdown is very similar to last year's.

Access to treatment / drugs is again the largest single category and includes those occasions where the diagnosis is contested by the patient or an initial diagnosis by the GP is later overturned on further investigation.

The next largest category is difficulty or delay in getting appointments which seems to be an ongoing issue in the NHS. Nearly half of these are from the practices.

Patient Feedback

We collect feedback from patients of the services. The vast majority are from the OOH service. 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). There were 3281 responses for the OOH service; 96.6% of these gave a favourable response. 843 additional comment were made; typically these compliment the clinician, the staff or the speed of response of the service as a whole. Some comments make it clear that the OOH service is being used in place of the GP practice for routine issues. The number of responses from other services was too low to analyse (and the Federated Practice has a separate system).

These complimentary comments and others received from time to time via other routes are compiled into a monthly Compliments Report which is circulated to all staff and is available via the Intranet

February 2017
CLINICAL BULLETIN

East Lancashire Medical Services
East Lancashire Medical Services
St. Ives House
Backburn Road
Backburn
984 2EG
Phone: 01254 752100
Find us on the Web:
www.ems-nfp.co.uk

WORK ETHICS
Please could clinicians be mindful of multi-tasking whilst on duty and not restricting themselves to carry out only one task.
This will enable a good work ethos amongst colleagues and will result in providing an efficient service. Please help each other out as much as possible, after all we are a team.

URINE SAMPLES
Despite signs being placed in surgeries and emails added in previous bulletins regarding disposal of urine samples by multiple clinicians, incidents are still occurring where samples are left in surgeries and taken by patients.
Could all clinicians be reminded once again to correctly dispose of samples.

MISSING
12 item
No
18 item
De
Thank you
continue these nu

CONFIDENTIALITY
Reminder About Confidentiality - From Information Governance
The General Medical Council's advice on good practice that all doctors must follow says:
"Confidentiality is central to trust between doctors and patients. Without assurances of confidentiality, patients may be reluctant to seek medical attention or to give doctors the information they need in order to provide good care...but appropriate information is essential to the efficient provision of safe, effective care, both for the individual patient and the wider community of patients."

GP/ANP TRAINING
Clinical training sessions will be provided by ELMS on a regular basis. The first session will be **Thursday 9th March 2017** from 1:30 pm at St Ives House Business Centre. In the large meeting room a light lunch will be provided.
The training topics will cover 'Safeguarding', 'DOLs' (easy flowchart below) and 'Tele medicine'.

SKY GUARD LONE WORKER DEVICE
Just a reminder that we provide the Sky Guard lone worker device to act as an emergency if you are threatened with violence whilst doing acute visits. These are available in the five visiting cars and you are required to carry them with you on all visits to a patient address. (You sign this out when you sign the bottom of the visit sheet before you go that you are taking it currently). There is GPS location and voice contact with a Sky Guard who can contact the police for a swift response. For further details about the device, please see the attached. This is also printed and in the visit room next to the sky guards.

NEW UPDATES/GUIDANCE

Out of Hours

2016/17 was a year of firefighting and consolidation, with the hospital coming under increased pressure, the introduction of extended hours schemes and the out of hours becoming increasingly challenging both in terms of quality of referrals and sheer weight of numbers of patient footfall many clinicians began to reduce their commitments particularly in the out of hours period.

Filling clinical sessions continued to be challenging with market forces proving challenging in engaging and retaining clinicians within the service with other services offering increased financial incentives.

As an operations team and with the continued support of a loyal and dedicated clinical workforce we do believe we have met this challenge head on and once again made improvements to the service throughout the year as a result of positive suggestions for improvements put forward by staff and clinicians, this has contributed to maintaining and improving patient flow within the service whilst once again working within an ever reducing budget.

Financial constraints and a reducing budget saw Clitheroe and Rossendale remaining closed and midweek on a permanent basis to enable more resources to be made available at weekends during peak times. Due to the challenge of filling shifts business continuity measures of closing these sites and deploying clinical resources to Burnley and St Ives House was not uncommon in 2016/17 with these regular reported through escalation policies to the CCG.

Encouraged and supported by ELMS Clinical Governance and the CCG, the use of Nurse Practitioner has now become an integral part of the service delivery within Out of Hours and we continue to try and grow the numbers working across the service to support the GPs throughout 2016/17, this is set to continue in 2017/18.

Trend in GP Out of Hours continued with an overall increase of 2.07% (n1215) with nearly 60,000 patients passing through Out of Hours through the year with in excess of 85,000 consultations completed by the service.

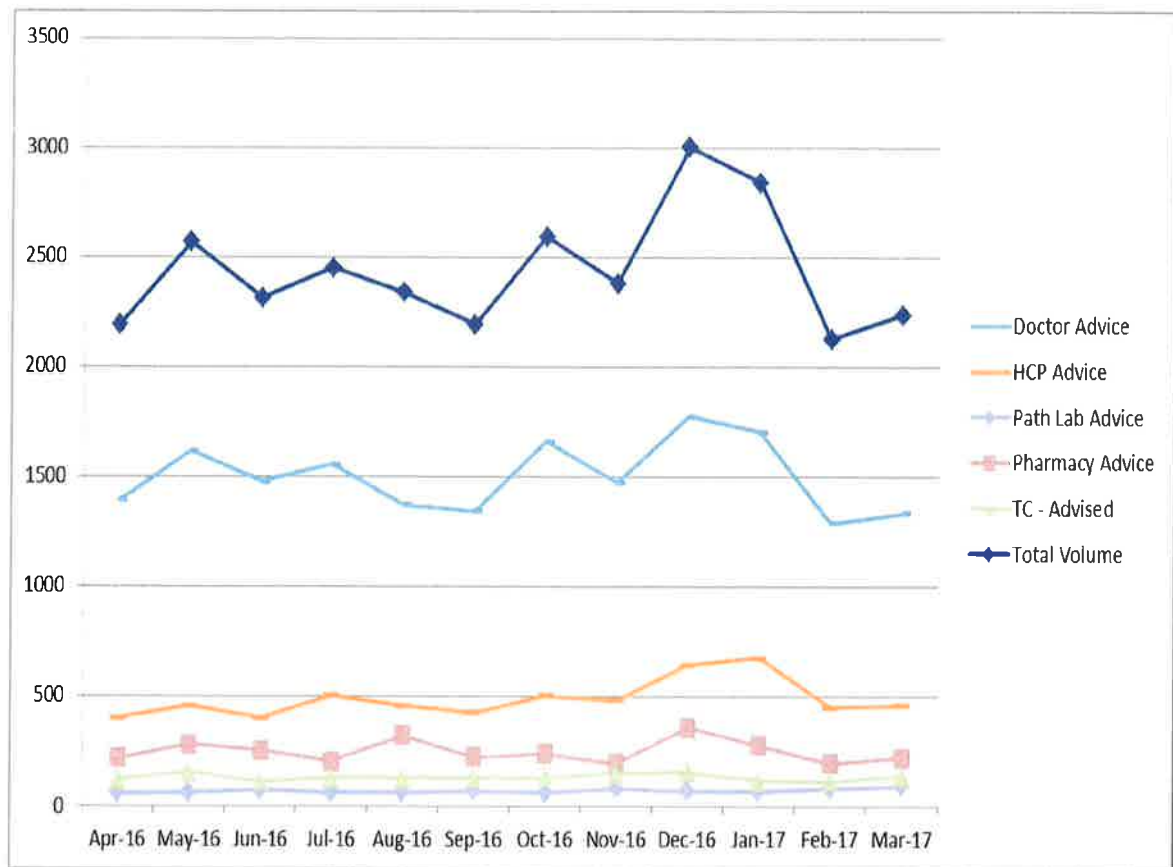
Home Visits showed a further decrease of 4.27% (n374), this has been helped by a more stable group of clinicians committing to sessions on advice and triage sessions over the course of the year.

Numbers of treatment centre appointments decreased by 1.36% (n470) on the previous year. This in part has been attributed to the introduction of the Blackburn with Darwen Enhanced HUBs on evenings, weekends and Bank Holidays and a more stable group of clinicians committing to sessions on advice and triage sessions over the course of the year.

Much of the increase as in previous years once again came via advisory work streams with an overall increase of 7.68% (n2244) with 29,230 advice cases received by the service with 60% (n17,437) completed as advice, thus improving by 3% from the previous year. Once again it was the prioritisation of calls referred from 111 that continued to increase pressure on the service.

This result has demonstrated the re-design put in place in April 2016 has been a success. By improving the skill mix with nurse's now supporting GPs on the advisory work streams thus enabling advice consultations to be more effective than previous thus less conversions have been seen than 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, treatment centres and less conversions from the clinical advisory capacity.



As we end this year we continue to strive to work in partnership with the GP Federations as the enhanced clinical hubs come on line throughout 2017/18. We have also begun a review of the operational system with a view to scope the use of EMIS at a clinical level to improve access to patient information with timely and improved electronic communications with host surgeries.

The service was inspected by the CQC at the end of March with St Ives House and Burnley both visited, a portfolio of evidence was submitted in advance of the visit with staff in hours and out of hours partaking in providing feedback through interviews and informal questioning. The initial feedback at the conclusion of the visit was positive and at this juncture we await written correspondence in respect of the visit. Once written feedback is received the outcome of the visit will be cascaded to all organisational members.

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 ensuring we continue to deliver and produce the highest standards of service on which we have all pride ourselves on.

Acute Visiting Service

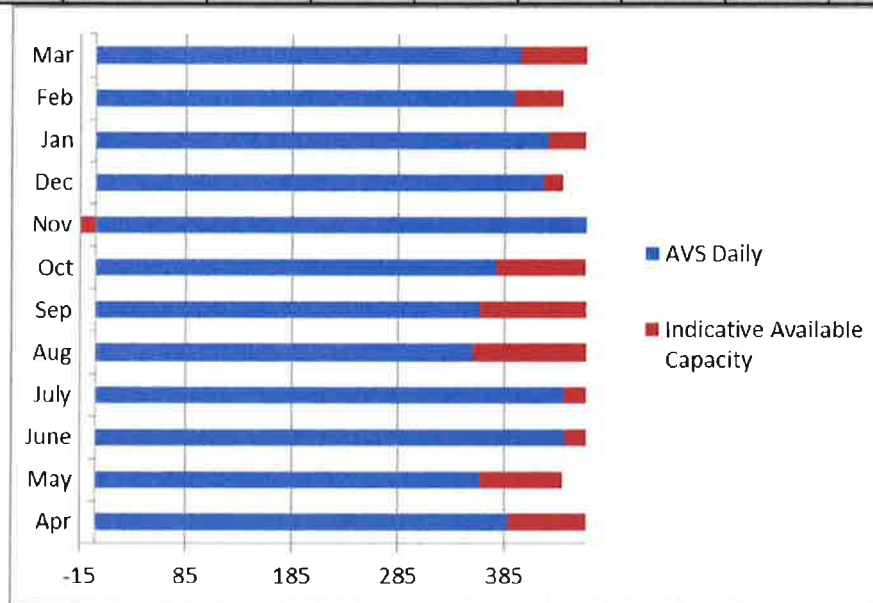
The Acute Visiting Service continued to support Blackburn with Darwen patients throughout 2016/17.

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. 2016/17 saw the introduction of an advisory function within AVS to support East Lancs Pathfinder referrals and links to surgery via the bypass number to avoid unnecessary hospital conveyances and admissions.

Total number of referrals increased by 5.28% (n239) on the previous year's activity levels, this was primarily the activity generated from EL Pathfinder Calls

The service once again contributed significantly to winter pressures with on average the service working at 97% capacity from November 16 through to January 17 with month of November working above and beyond the agreed capacity whilst continuing to meet all the required standards of response.

2016-17	AVS Daily	AVG Per Day	Working Days	Anticipated Capacity	Indicative Available Capacity	% Capacity Utilised	Ave Length of Consultation	Ave Length of Delay
Apr	389	18	22.0	484	95	80%	23.45	57.8
May	361	18	20.0	440	79	82%	24.42	65.29
June	442	19	23.0	506	64	87%	22.22	65.44
July	441	19	23.0	506	65	87%	22.51	79.35
Aug	355	16	22.0	484	129	73%	24.14	56.87
Sep	362	16	23.0	506	144	72%	24.41	49.57
Oct	377	18	21.0	462	85	82%	23.01	50.56
Nov	499	21	22.0	484	-15	103%	22.63	61.50
Dec	422	19	20.0	440	18	96%	23.28	62.71
Jan	426	19	21.0	462	36	92%	23.69	63.37
Feb	394	18	20.0	440	46	90%	23.59	55.09
Mar	400	17	23	506	106	79%	27.54	51.89
Total	3226	18	176	3872	646	83%		



The CCG imposed a CRES saving on the service from October 2016 through to March 2017 and operated on a reduced budget whilst ELMS committed to maintaining the service levels throughout winter. A further CRES is to be imposed in 2017/18 and it is likely the service will change throughout the course of the coming year with the proposed development of a Clinical Assessment Service to take on NWAS Pathfinder calls.

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

Medicines Management

The transfer of the stock medication budget was transferred from the CCG enabling ELMS to have more control over the supply chain to manage shortages and enable better management of batch life.

The procedures implemented continue to work well and have been supported across the organisation with full audit processes verifying good practice by all staff. Credit goes to everyone who continued to persevere with us as these processes embedded over the course of the year.

The roll out of the medicines management module enabled greater scrutiny of systems and processes which enabled us to reduce and rationalise stock held at all sites and in visiting vehicles thus making a small saving on the initial stock medication budget which was essential as the budget halved in 2017/18.

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

The issue of stock medication continues to remain high on the Clinical Governance agenda with still many stock issues coming when pharmacist are open. It is hoped that the introduction of the National NHS Urgent Medicine Supply Advanced Service locally should improve.

Pennine Lancashire Navigation Hub – Brenda Re

Since the Clinical Navigation Hub was set up in Dec 2014 , it continues to go from strength to strength. The Hub has now become a huge success and continues to serve the whole Pennine catchment area. We continue to take calls from local GP's and HCP's about complex patients and their needs. We strive to guide HCP's in the right direction and if HCP, patient and carer happy about the advice the Hub will broker services for them in the community.

All of the team in the Hub have shown great commitment and dedication in making the Hub as a central brain to all queries related to patient care.

We continuously monitor the service through audits and provide updated monthly newsletters to share this information with service users, namely GP's, integrated services, therapists etc. This is important to ensure they are given the most appropriate information with regards to updated services and the typical and unusual patients the hub refers to.

Excellent communication is vital in the success of any business and this organisation is no different. We are a small team covering twelve hours in the day, which ultimately crosses over into out of hours' services. This service is special due to the one unique telephone number, sufficient time and staff to engage and allow healthcare professionals to move on with their ever increasing workload. We are able to provide the time to input necessary and at times lengthy forms to fill in or wait for someone to answer the telephone due to the high demand of the service, e.g. social services.

We are able to offer assistance when healthcare professionals no longer know who to turn to and we support the patient in maintaining their privacy and dignity with regards to accessing details and the sharing of information. This ensures all frail and elderly patients benefit from the Hub Services and can be treated in the comfort of their own homes with full freedom and autonomy.

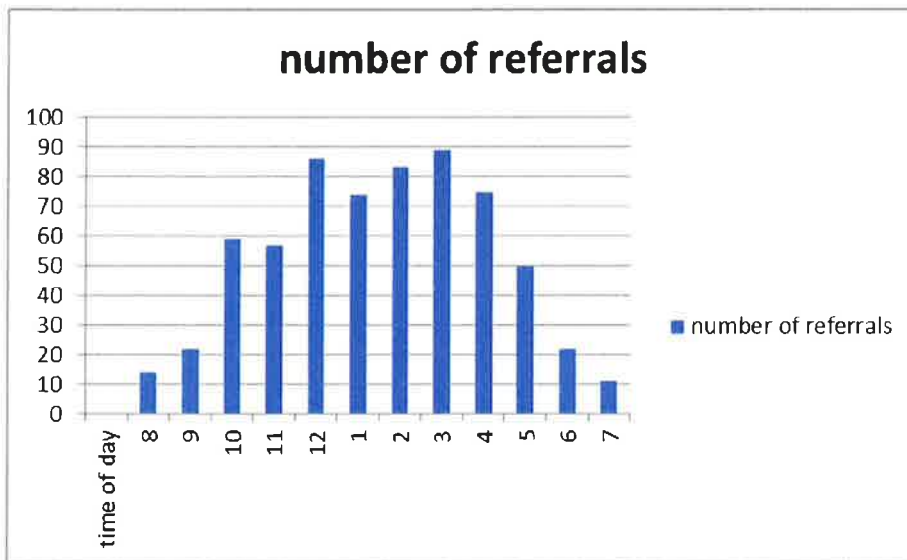
The frail and elderly patients have been identified as one of the most vulnerable patient groups within the community and through no fault of their own, continue to populate many of the hospital beds. As a result, many of the hospital beds are taken by patients who are fit to go home or do not need to be in hospital in the first place. With a rise in the elderly population, chronic conditions will inevitably increase and timely and appropriate home management is essential in avoiding unnecessary hospital admissions. Despite multiple services being available within the community, many are simply unknown or have been forgotten about over time. The navigation hub team are therefore able to discuss individual patient needs, signpost healthcare professionals in the most appropriate direction and also complete these referrals on the healthcare professionals behalf to enable them to move on to the next patient.

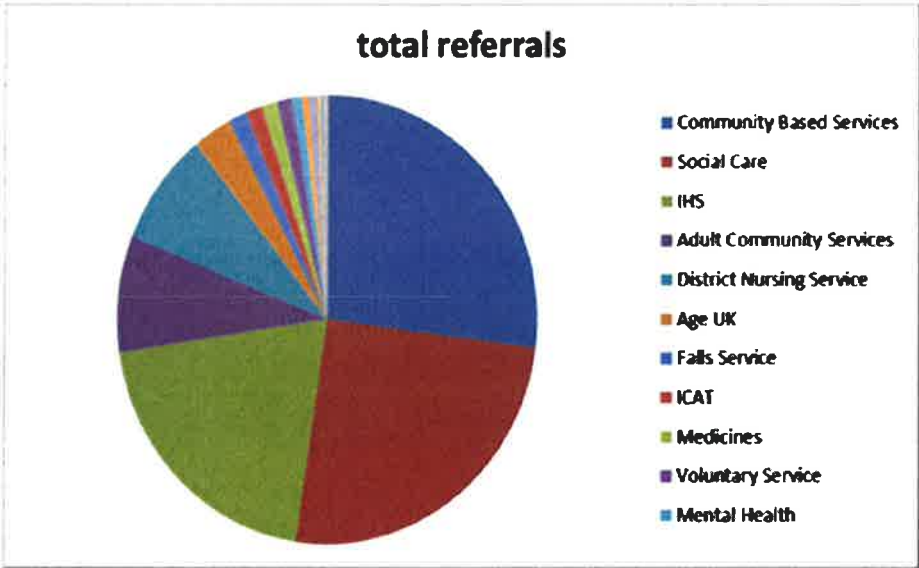
In summary the Clinical Navigation Hub has achieved the aims of the Pennine Lancashire CCG in reducing hospital admissions. Its initial aim was to reduce cost by avoiding unnecessary hospital admissions with an initial prevention in conveyance of 5 patients per week from going into hospital, which has now increased to a minimum of 15 per week. This has contributed to an enormous amount of savings.



In March the Navigation Hub Team were finalists in the Penna awards. The hub was shortlisted in two categories:

- Partnership Working to Improve the Experience
- Continuity of Care





Over the coming year it is indicated the Clinical Navigation is to build on this success and be enhanced to provide a Clinical Assessment Service primarily supporting the Acute Patient Assessment Service receiving direct referrals from 111 to prevent unnecessary A&E attendance and take on the advisory role in support of NWS Pathfinder Scheme. This is projected to roll out by October 2017. ELMS are in discussions with the commissioners to provide this enhanced service.

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

The Clinics are run from a purpose built suite 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.

Administration for the GPwSI service for Ophthalmology Clinics led by Dr Lelia Harrington and Dr Satish Nagpal concluded on the 31st March 2016 following these clinics transferring onto the East Lancashire Hospitals Trust PAS system and first appointments being booked by the Booking Office at Burnley. The new prime provider East Lancashire Hospital Trust will be providing administrative support to this service from 1st April 2016.

HR Workforce OD

The overall picture within the workforce remained the same for 2016/17, with admin/clerical support remaining stable, whilst we continue to find it difficult to recruit and retain highly skilled Clinical staff, 2016/17 saw a further reduction in the salaried GP workforce of 25% and also a significant upturn in the number of Nursing staff leaving our services. As a consequence of this, a decision was reached to grow our own Nursing staff and we successfully recruited to a number of nursing posts, in a developmental capacity.

A Pulse survey last year revealed that 12% of GP posts remained vacant nationally the highest number recorded. OOH similarly struggled to retain and recruit GP's and has seen a trend towards more skill mixing with ANP's. In 2016/17 there were also a number of organisational changes particularly affecting OOH with changes affecting a number of satellite centres, the cessation of services to the UCC's, meant significant changes for staff as the number of hours across services reduced. A number of staff were put at risk with a real possibility of redundancies, however we were able to manage the changes successfully and without having to make staff redundant. We continue to seek to address these recruitment difficulties through constant review of service provision, through workforce modelling and increasingly innovative skill mixing.

Health and Wellbeing

In recognising the pressures staff are increasingly under, ELMS launched a 24 hour confidential staff support service offering many different kinds of support ranging from counselling to financial advice and support. The service has been well received by staff and has been regularly used

Confidential Counselling /Advice Service Overview May 2016-April 2017

The total number of contacts was 42 broken down as:-

Telephone calls	39
Emails sent to us	2
Online chat sessions	0
Logins to our WellBeing website	1

Contact by telephone was:

11 general telephone calls to our Advice line for information

8 calls to our Advice line where callers were thereafter referred for structured counselling support

4 calls to our Advice line where callers were thereafter referred to external support agencies

0 callers who accessed our Managerial Consulting/Support service

22 subsequent calls from individuals who had already made contact

Percentage breakdown of service usage from the total number of 42 contacts (as above)

81% of contacts to our Advice line were requests for information

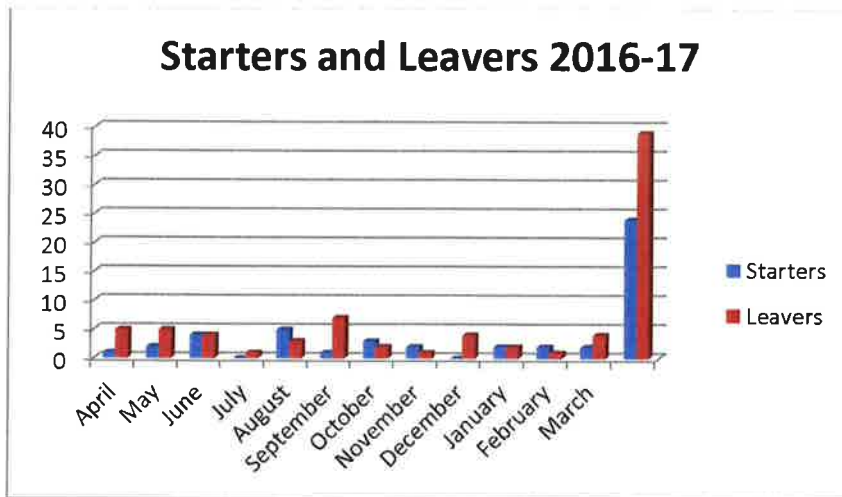
19% of contacts to our Advice line were referred for structured counselling

10% of contacts to our Advice line were referred to external support agencies

0% of contacts were referred to our Managerial Consulting/Support service

In addition ELMS introduced a Loan scheme for staff aimed at offering competitive low rates to assist those staff who might otherwise only be able to secure short term, high interest rate loans

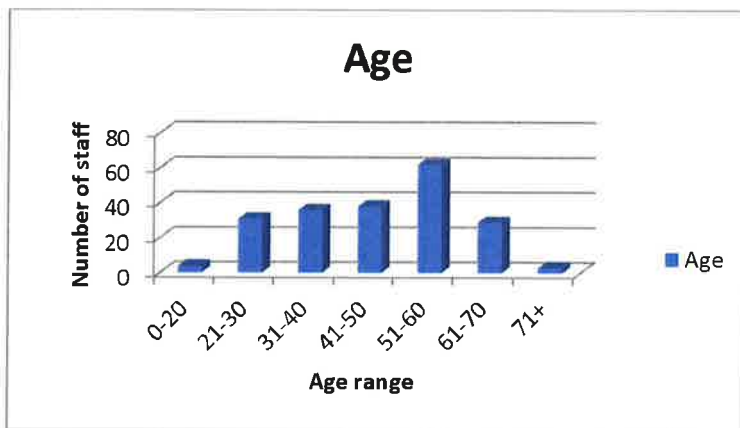
Workforce Profile



Turnover

There were a total of 24 starters and 38 Leavers in 2016-17 which represented a turnover of 19.5%, this was slightly higher than 2015-16 and the main reason for the increase in turnover

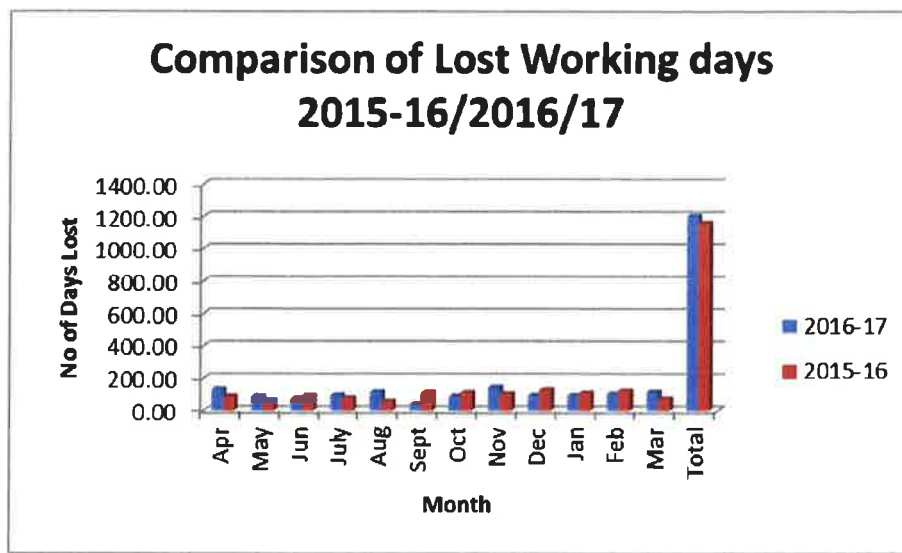
Age



<u>0-20</u>	<u>21-30</u>	<u>31-40</u>	<u>41-50</u>	<u>51-60</u>	<u>61-70</u>	<u>71+</u>
<u>4</u>	<u>31</u>	<u>46</u>	<u>48</u>	<u>70</u>	<u>29</u>	<u>3</u>

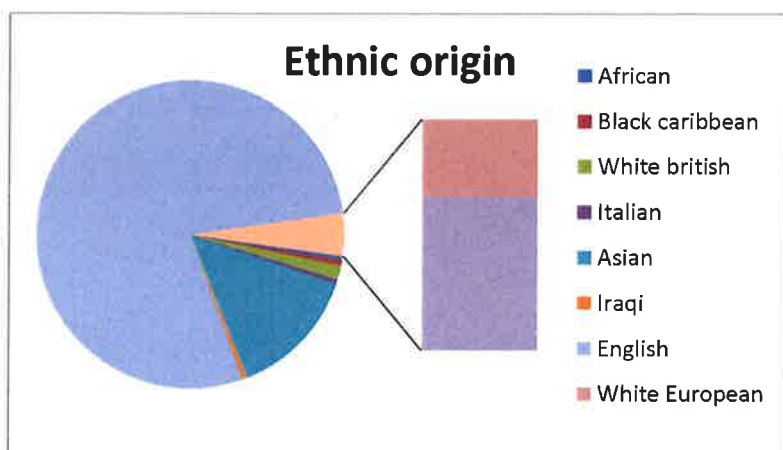
The highest proportion of staff are in the 51-60 age group with some 30.5% of staff in this age bracket , overall 67% of staff are over 40

Sickness Absence



In 2016-17, there was an increase in the number of lost working days and significant increase in the cost of sickness largely due to a number of long term absences amongst senior/managerial staff

Ethnic breakdown

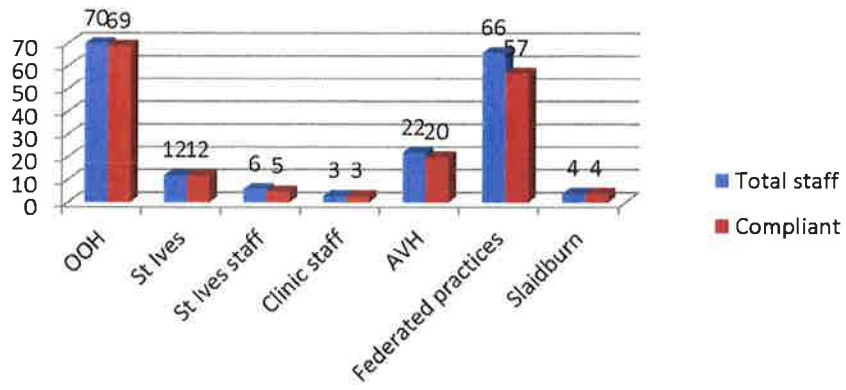


ELMS continues to maintain a diverse workforce which is largely reflective of the community it serves

Training and development

ELMs continues to use the e learning for Healthcare (e-LfH) to provide its core mandatory training, the training website offers the additional benefit of adding additional core modules that become available, so that in effect it offers a one stop shop for all our mandatory training needs and for example .we are now able to complete the Prevent ant- radicalisation awareness training on line as part of our core modules

Mandatory Core Training Compliance 2016-17



Estates

It has been a quieter year in terms of changing the buildings around. We have some internal office moves and a small amount of office refurbishment (ie knocking down a wall) and improvements to the safe storage arrangements of controlled drugs; but no major projects.

Waste disposal continues to avoid landfill and hazardous wastes are disposed of through appropriate contractors. We no longer have to register as a producer of waste but otherwise the systems are unchanged and seem to work well. Over the year we sent 1.8T to recycling and 2.9T was burnt for energy production. 5 T of waste food went to produce gas for burning in energy production.

Health and Safety

Yet again there have been no major accidents and no RIDDOR reportable incidents.

Accrington Victoria Health Access Centre – Michael O'Connor

It has been another challenging year maintaining the service due to uncertainty about the future of the service provided at the Health Access Centre (HAC) which was due to end in 2014/15 but continued to be extended at short-notice on an annual basis by the Commissioners. The HAC services are split into two contracts: one for registered GP surgery patients commissioned by NHS England; and one for a Walk-in Centre (WIC) for unregistered patients commissioned by East Lancashire CCG. The GP surgery contract is subject to market testing and the WIC service is to cease; both are contracted with ELMS until 30th September 2017.

These proposed service changes have exacerbated operational pressures increasing both staff wastage, so the service is increasingly reliant on sessional GPs and locum GPs who are demanding higher prices, and referral rates. By necessity ELMS has implemented an exit/transition plan to minimise disruption to patients and maximise the employment opportunities of a loyal team who have supported the HAC service over the years.

Patients attend the WIC because mainstream GP Practice access continues to be a problem in Hyndburn. Like all health services the WIC has some frequent flyers – some have needs not being addressed by their host Practice (who are always notified of their patient's attendance and reason for attendance); other WIC patient may not be registered elsewhere and are there for immediate necessary treatment i.e. travellers.

WIC activity for this period has decreased on last year but the nature of presentations and the time of attendance meant that the workload has not reduced. Forward referral to acute services reflects the severity of presenting cases and the reliance on locum GPs who are more likely to refer cases than a salaried staff. The separate Minor Injuries Unit nurse-led service continues to make demands on the HAC and registered patients continue to attend on a walk-in basis; registered patients are not reflected in reported WIC activity but there are c1500 registered patient WIC contacts per month.

Like GP surgeries the WIC provides a service to patients who are, or believe themselves to be ill with primary care conditions from which recovery is generally expected. Without the WIC it is likely they would attend another unscheduled care service such as an Urgent Care Centre or make more demands upon GP Out of Hours services (Hyndburn locality has not been a significant user of other unscheduled care services given access to the WIC). There are no clear plans for a replacement service.

The GP surgery has been subject to market testing and the contract with ELMS extended to September 2017 following the CCG's failed procurement process.

The GP surgery registered patient list grew marginally to 2,423 patients at April 2017, with the uncertainty of the prospects of the service arising from the market testing impacting on potential for further growth. The consultation rate is above the national average weighted for the age and sex of the practice population.

The GP surgery continues to demonstrate excellent Quality & Outcomes Framework results particularly under the uncertain circumstances of the service.

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 as reflected in the public consultation arising from the review of primary care in East Lancashire in 2017/17 and in respect of the GP Practice which was subject to market testing in 2016/17.

The early part of the year saw preparations in full swing for the upcoming CQC Inspection at the beginning of June. Thanks to a lot of hard work and some fantastic support from the wider ELMS team the day was negotiated successfully and we achieved a good rating across the board. We did pick up some learning points which led to changes in some procedures particularly around the recording of SEAs, Audit and the minutes of meetings and we now have improved systems in place. The day of the visit felt particularly long and was quite a stressful experience but the whole team stepped up to the mark and represented the practice and ELMS extremely professionally. As the year progressed we faced quite a few challenges including addressing the now annual contract changes and ensuring that our income from this was maximised while efficiently using our team to our best advantage whilst maintaining a top quality patient orientated service. We saw the beginning of a transfer of funding from the QOF domain to Enhanced Services etc. again creating a challenging environment within which to maintain our income levels.

The data team leader has continued to improve our data recording systems throughout the year in order to ensure that they are robust and efficient and that we can be confident that the income from Enhanced Services, QOF and the new emerging Quality Framework is maintained or improved. This involves a huge amount of work and persuading clinicians of the value of changing a familiar template or way of working is never an easy task. The work of the data team and the clinical team was reflected in another improved QOF score rising from 96.1% in 15/16 to 96.6% this year. These improvements are increasingly hard to achieve particularly in light of the nature of our practice population and this effort is to be applauded.

Our clinical team has seen some changes over the year which has continued our progress towards our multi skilled approach where the patient should have the facility to see the most appropriate clinician at the earliest appropriate opportunity.

Our pharmacist is now embedded in the team and has proved to be an extremely valuable asset, saving GP time and greatly benefitting patients. It looks likely that we will achieve every element of our CCG prescribing targets for 16/17 and much of this can be attributed to the impact of the pharmacist. We can also identify significant improvements in other areas of prescribing such as the level of antibiotic prescribing which shows a huge decrease over the past year which was a difficult prospect given the nature of our population.

We are looking forward to enhancing our clinical team with the appointment of a physiotherapist in the near future and are exploring the possibilities around a dedicated appointments triage team with the expectation that this will again lessen the workload for our GP team while enhancing access for patients particularly with an urgent need. Our association with the provision of Zero Tolerance services is ending with the appointment of a new service provider. This service did not provide a great deal of income and the patients were particularly demanding and did pose some significant operational difficulties. The service had formed part of our core contract and so could not be given up voluntarily although taking into account the level of remuneration offered this possibility had been explored.

We are looking into further rationalisation of our team and will explore the possibility of an updated cloud based system for the use of our secretaries which will allow them to access work across all sites wherever they are based. This may give an opportunity to reduce some expense in this area and will also allow for easier provision in the event of holidays and leave etc.

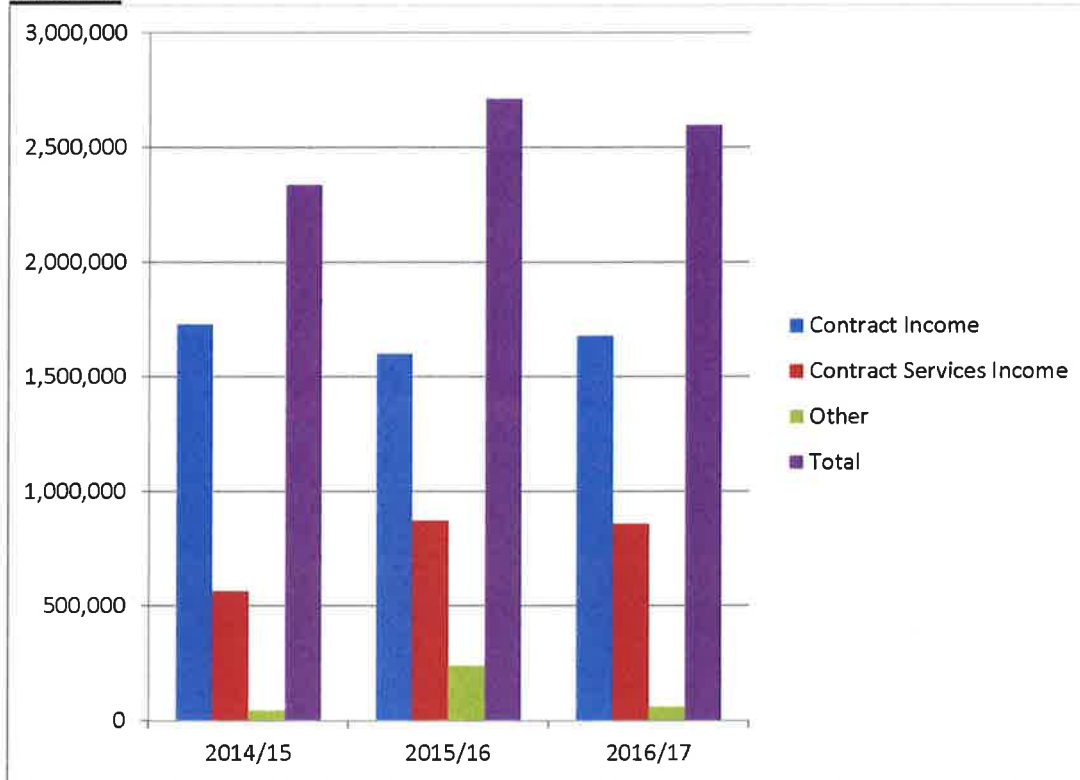
At the end of the year we had intended to have a new mail system in place which would have reduced cost. Unfortunately there have been difficulties experienced in incorporating the software needed which will need further support from the IT team from LCSU to resolve. We hope that this issue can be resolved in the near future. Despite the difficult circumstances in primary care and particularly general practice as a whole we have managed to maintain levels of income and indeed improve slightly once the effect of the one of transition payment in 15/16 is taken into account. We are continuing to explore areas where this can be improved and it is clear that we may be able to make some improvements around disease prevalence where we seem to be below the levels expected. By improving in this area we may benefit in some increase to funding although this will be relatively minor. Plans are being developed to ensure that the payments associated with the Quality Framework are fully realised although this project which was trumpeted as saving workload has proved to do anything but.

As with improving income, opportunities to decrease costs are becoming more limited and efforts going forward will probably result in smaller gains than have been achieved to date although the work continues.

The following charts identify the continuing improvements in reducing our annual deficit and although there is still a deficit it is now less than the annual St Ives re-charge and represents only a little over 20% of that recorded in 14/15. The nature of our current contract and how it effects the provision of services across the four sites restricts some ability for more savings although as we enter a period of contract review there may be opportunities afforded to us to look into this further.

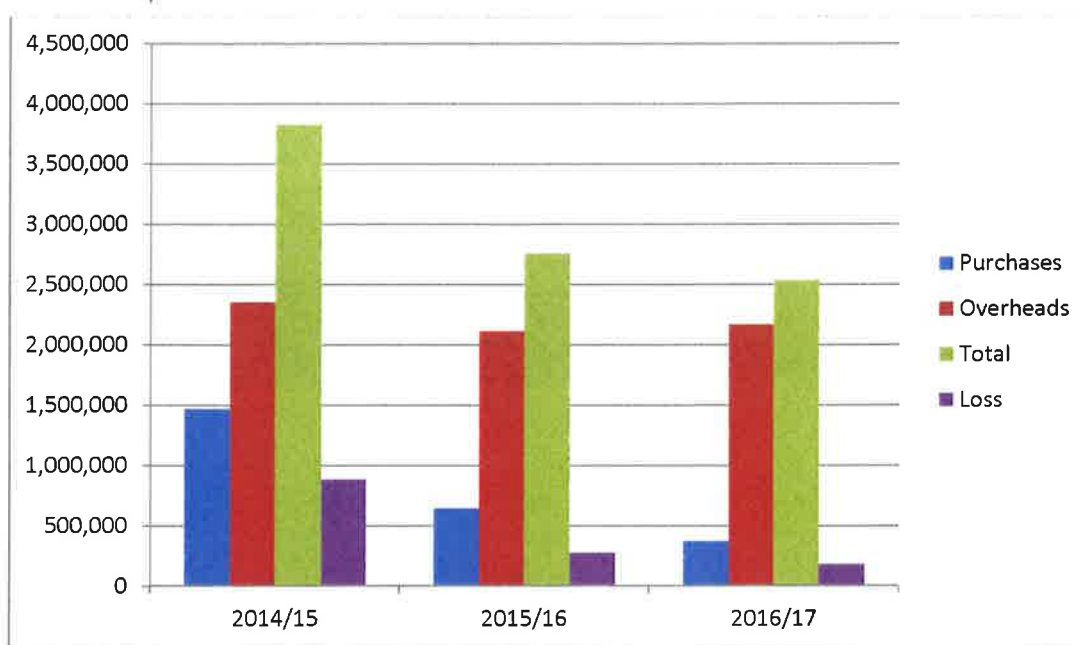
We will continue as we have up to now to provide the best possible service to our patients and strive to make improvements and innovate while working towards the goal of eliminating our deficit.

Income



- Note: 14/15 no St Ives re-charge
- Note: 15/16 St Ives re-charge £234,954
- Note: 16/17 St Ives re-charge £240,283

Expenditure



Slaidburn Country Practice

The practice continues to provide a high quality 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. As the year ends we have some positive news to report in that the commissioners have responded to the requests to consider the practice for assessment under the proposals for funding atypical practices which were published earlier in the year. If these can be progressed then the future of the practice will begin to look a little more secure.

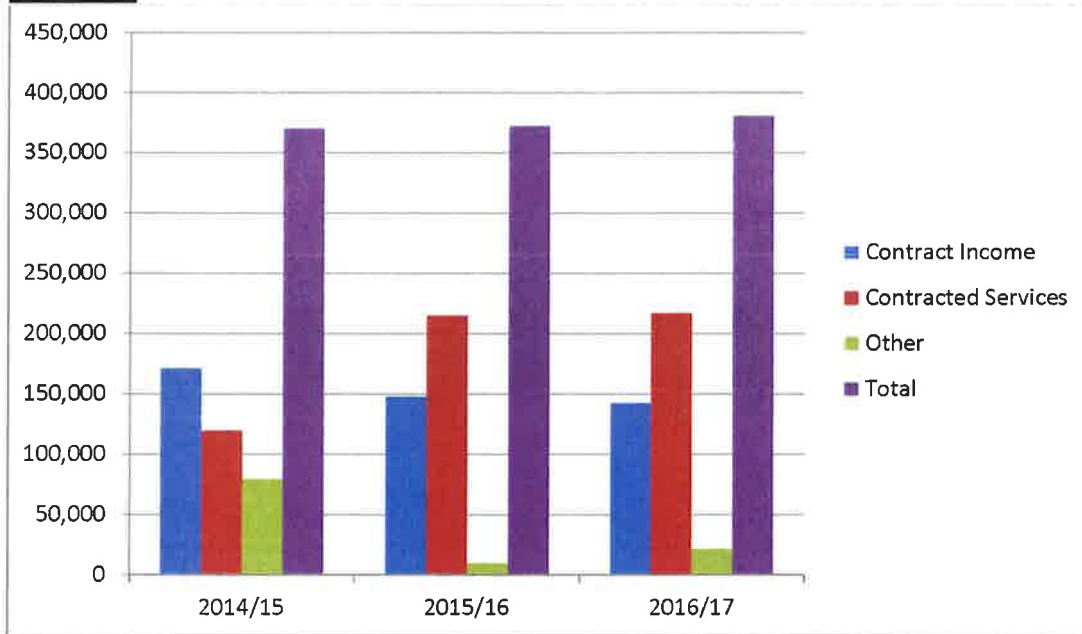
The staff profile in the practice has been changed to try and reduce expenditure in this area and so the dispenser has trained up as a practice nurse and will now fulfil a dual role. Reception staff have undertaken dispensing qualifications and can now support the dispensary while the dispenser is being a nurse. This has allowed us to save the cost of a part time practice nurse which was previously being undertaken by an agency nurse. The size of the practice team and the requirements for staffing throughout opening hours means that further rationalisation will be difficult unless we are able to negotiate contract changes to accommodate different working patterns. Continuing hard work by both the practice team and the St Ives team has ensured that income levels have actually increased a little despite the effects of the reductions in MPIG and other contractual payments. Without the support of the potential atypical practices funding, this will become much more of a challenge.

The nature of the contracts of the GPs can cause difficulty in managing the clinical cover in the practice although a bank of local Locum GPs has been developed who are now covering most requirements and whose fees are on the whole less than those charged via the various agencies.

QOF achievement was up this year to 96.5% from 92% reflecting improved reporting, systems and hard work by the team. Healthwatch Lancashire visited the practice to see why the practice consistently earned such high patient satisfaction feedback and whether those lessons could be applied elsewhere and the practice picked up 4 out of 6 awards for the annual flu campaign.

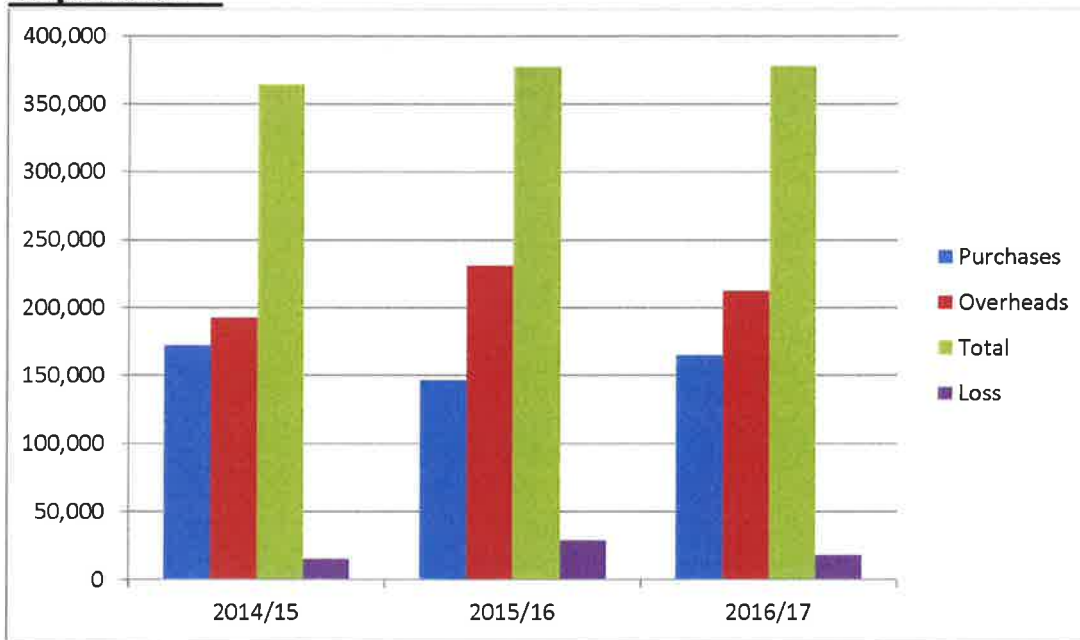
The next year will provide some significant challenges as the income reductions continue to bite, however, it may be that with the possibility of the previously outlined funding opportunity we can put the practice on a sustainable footing.

Income



- Note: 14/15 St Ives re-charge £19250
- Note: 15/16 St Ives re-charge £21991
- Note: 16/17 St Ives re-charge £21302

Expenditure



Contracts / Developments

ELMS contracts are in a period of transition as some are subject to redesign and others are subject to market testing; ELMS continues to have a robust corporate offer, underpins the local health economy with its primary care services and to be a proactive partner in the local health system; ELMS continues to work with the emerging GP federations and CCG in the development of local services.

ELMS are still in discussions with Commissioners about how the GP Out of Hours, Navigation Hub and GP Advice services are to be integrated into one 24/7 holistic unscheduled care service, while ensuring that proposed developments in primary care do not destabilise the service in a changing provider market, as the local health system needs a robust and viable unscheduled care service.

Commissioners changing service requirements and short-term policy decisions continue to make business planning difficult, as reflected in the service areas described below:

- **GP Out of Hours (OOH)** – All health and social care services are under pressure; the limited availability of doctors, particularly in Pennine Lancashire has impacted on the workload and the cost of salaried and locum clinicians – this has been exacerbated by the rates paid by developing services over and above ELMS core rates - as providers share the same medical resource. This is obviously a major issue for the local NHS including ELMS who are the fall back service for primary medical care out of hours to enable patient care to be deflected away from secondary care. Patient satisfaction with the OOH service continues at c97% of those responding to ELMS regular patient surveys. The contracts for this core ELMS service, with both Blackburn with Darwen (BwD) and East Lancashire (EL) CCGs, runs to 30 September 2018 and discussions are ongoing about an integrated unscheduled care service.
- **Acute Visiting Service** – Provides rapid in-hours assessment for those BwD patients at risk of a non-elective hospital admission with the aim of keeping them in their normal place of residence. The service currently includes medical overview for BwD Intensive Home Support patients; central to the effectiveness of this service is a timely and robust diagnostic support service from community services. AVS continues to support NNAS Paramedic Pathfinder and urgent care desk referrals – in-hours for both CCGs (via AVS GP Advice service – visits for BwD only) and across Pennine Lancashire OOHs which has resulted in a significant impact on GP OOHs once the scheme was rolled out 24/7. At the time of this report the service contract has been extended to October 2017, with less resource, and a redesigned service is likely to continue into 2017-18.
- **Pennine Lancashire Clinical Navigation Hub** – The Navigational Hub contributes towards the reduction in avoidable emergency admissions across Pennine Lancashire by identifying out of hospital services as an alternative to conveyance and potential admittance. It is anticipated that as part of the integrated unscheduled care service offer the service may be reconfigured into a local Clinical Advice Service; this is being discussed with Commissioners and the service has been extended to 31 March 2018.

- **GP Advice** –This service offers improved outcomes for Pennine Lancashire patients including deflecting them away from secondary care attendance where clinically appropriate and continues to see activity volumes grow significantly over and above funded resource. Discussions are ongoing with Commissioners as to how demand might be addressed in an integrated unscheduled care service, with clinical advice linked into an integrated 111 and local hub. The GP Advice service has been extended until March 2018.
- **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 (WIC) for unregistered patients with commissioning responsibility for both services EL CCG. Both services had their contracts extended to 30th September 2017; the GP Practice service is currently out to tender – ELMS will need to consider the viability of the service - and the WIC service will cease, to be replaced by GP extended access services which are currently subject to CCG decision. 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 31 March 2018.
- **ELMS Federated Practice** – ELMS has continued to work on reducing its operational costs to make the Federated Practice model of care more sustainable while improving services to patients. The contract for this service runs to 31 December 2017. ELMS will need to consider the viability of the service going forward but in the meantime will look to ensure the service is not destabilised during any transition period.
- **Slaidburn Country Practice** - Slaidburn has had to address the impact of reduced funding over and above the national GMS price per patient rate that impact disproportionately on a small rural Practice such as Slaidburn. The partnership continues to work on alternative ways of working and have been in discussion with the CCG about sources of funding under the atypical funding arrangements which allow for variations on the GMS arrangements. This work is ongoing and will progress into 2017-18.

Overall Activity

Commissioners have commended ELMS reporting packages which have been developed to meet Commissioners changing needs.

This table excludes the Navigation Hub, ELMS Federated Practice and Slaidburn Country Practice - that are reported separately.

Overall Activity Report 2016/17

2016/17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals	Grouped	%
PCC	2929	3136	2524	2921	2379	2364	3178	2690	3526	3300	2594	2513	34054		
Dr Advice	800	984	938	988	925	947	1010	947	1056	1055	899	927	11476		
Home Visit	668	773	705	719	706	620	752	652	846	785	533	630	8389	59880	45.66%
Pharmacy Advice	213	270	251	190	304	209	224	180	342	259	182	212	2836		
HCP Advice	216	257	205	258	252	240	278	251	326	356	256	230	3125		
Acute Visit	360	344	402	417	333	358	363	442	373	385	358	385	4520	4763	3.63%
Acute Advice	29	17	40	24	22	37	14	14	7	13	11	15	243		
District Nurse Calls	437	529	404	438	461	340	409	459	532	534	431	489	5463	5463	4.17%
UCC - RBH	47	0	0	0	0	0	0	0	0	0	0	0	47	1301	0.99%
UCC - BGH	566	688	0	0	0	0	0	0	0	0	0	0	1254		
HAC - Walk In	2339	2491	2402	2519	2216	2184	2428	2359	2609	2495	2214	2431	28687		
HAC - Registered	2606	2596	2593	2591	2594	2595	2592	2593	2585	2576	2571	2568	31060	59747	45.55%
Total Volume	11210	12085	10464	11065	10192	9894	11248	10587	12202	11758	10049	10400	131154		

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. Registered patients continue to attend on a walk-in basis; this registered service is not reflected in the reported activity but typically there are 1500 contacts with registered patients per month.

● GP Out of Hours Activity Report 2016/17

Details	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
PCC	2929	3136	2524	2921	2379	2364	3178	2690	3526	3300	2594	2513	2837.83
%	60.69%	57.86%	54.60%	57.55%	52.10%	53.97%	58.40%	56.99%	57.84%	57.34%	58.11%	55.70%	56.76%
Dr Advice	800	984	938	988	925	947	1010	947	1056	1055	899	927	956.33
%	16.58%	18.15%	20.29%	19.46%	20.26%	21.62%	18.56%	20.06%	17.32%	18.33%	20.14%	20.55%	19.28%
Home Visit	658	773	705	719	706	620	752	652	846	785	533	630	699.08
%	13.84%	14.26%	15.25%	14.16%	15.46%	14.16%	13.82%	13.81%	13.88%	13.64%	11.94%	13.96%	14.02%
Pharmacy Advice	213	270	251	190	304	209	224	180	342	259	182	212	236.33
%	4.41%	4.98%	5.43%	4.77%	6.66%	4.77%	4.12%	3.81%	5.61%	4.50%	4.08%	4.70%	4.73%
HCP Advice	216	257	205	258	240	240	278	251	326	356	256	230	260.42
%	4.48%	4.74%	4.43%	5.08%	5.52%	5.48%	5.11%	5.35%	5.35%	6.19%	5.21%	5.10%	5.21%
Total	4826	5420	4623	5076	4566	4380	5442	4720	6096	5755	4464	4512	4990.00
No Before	4826	5420	4623	5076	4566	4380	5442	4720	6096	5755	4464	4512	4990.00
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	148.69	148.69	148.69	148.69	148.69	148.69	148.69	148.69	148.69	148.69	148.69	148.69	148.69
QR5 - Patient Satisfaction Questionnaires (FFT)	275	317	317	226	291	321	327	287	256	287	187	167	97.63
% of PCC Volume for all Pennine Lancs sites	5.70%	5.85%	6.86%	4.45%	6.37%	7.33%	6.01%	6.08%	4.20%	4.99%	4.19%	3.70%	6.08%
QR 10 - Walk in Patients Prioritised and seen within 20 mins "Urgent", 60 minutes "Routine" Total Seen	10	8	5	12	4	10	3	5	10	11	6	4	7.33
Total Consulted within Target	10	8	5	12	4	10	3	5	10	11	6	4	7.33
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	3597	3909	3229	3640	3085	2984	3930	3342	4372	4085	3127	3143	3536.92
Treatment Centres Total	2929	3136	2524	2921	2379	2364	3178	2690	3348	3300	2594	2513	2823.00
Total Consulted within Target	2929	3136	2524	2919	2378	2360	3176	2689	3345	3299	2591	2513	2821.58
No where target missed	0	0	0	2	1	4	2	1	3	1	3	0	1.42
% within target	100.00%	100.00%	100.00%	99.93%	99.96%	99.83%	99.94%	99.96%	99.91%	99.97%	99.88%	100.00%	99.95%
Total Emergency Treatment Centre consulted	6	15	4	4	6	7	6	4	3	5	2	4	5.50
Total Emergencies consulted within 60 minutes	6	15	4	4	6	7	6	4	3	5	2	4	5.50
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%
Total Urgent Treatment Centres Consulted	794	815	684	787	675	626	810	703	945	935	721	723	768.17
Total Routine Consulted within 120 minutes	794	815	684	785	674	624	809	703	942	935	721	723	767.42
No where target missed	0	0	0	2	1	2	1	0	3	0	0	0	0.75
% within target	100.00%	100.00%	100.00%	99.75%	99.85%	99.68%	99.88%	100.00%	99.68%	100.00%	100.00%	100.00%	99.90%
Total Routine Treatment Centres Consulted	2129	2306	1836	2130	1698	1731	2362	1983	2400	2360	1871	1786	2049.83
Total Routine Consulted within 360 minutes	2129	2306	1836	2130	1698	1731	2361	1982	2400	2359	1868	1786	2048.83
No where target missed	0	0	0	0	0	0	1	1	0	1	3	0	0.50
% within target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.96%	99.95%	100.00%	99.96%	99.84%	100.00%	99.98%
Home Visit Total	668	773	708	719	706	620	636	652	838	785	533	1803	786.75
Total Consulted within Target	668	773	708	719	706	620	636	652	838	785	533	1803	786.75
No where target missed	14	15	10	13	16	10	17	32	801	761	521	1801	769.92
% within target	97.90%	98.06%	98.59%	98.19%	97.73%	98.39%	97.33%	95.09%	95.58%	96.94%	97.75%	99.89%	97.62%
Total Emergency Home Visits Consulted	6	6	6	9	7	7	17	7	9	3	6	2	7.67
Total Emergencies consulted within 60 minutes	6	6	6	9	7	7	17	7	9	3	6	2	7.67
No where target missed	0	0	1	0	1	0	0	0	0	1	2	0	7.25
% within target	100.00%	100.00%	83.33%	100.00%	92.86%	100.00%	100.00%	100.00%	100.00%	66.67%	66.67%	100.00%	92.46%
Total Urgent Home Visits Consulted	239	292	253	285	246	246	203	255	289	264	190	548	280.50
Total Urgent consulted within 120 minutes	232	287	253	284	299	242	202	250	285	261	189	548	277.67
No where target missed	7	5	0	1	3	4	1	5	4	3	1	0	2.83
% within target	97.07%	98.29%	100.00%	99.65%	99.01%	98.37%	99.51%	98.04%	98.62%	98.86%	99.47%	100.00%	98.91%
Total Routine Home Visits Consulted	423	475	450	422	390	367	419	390	540	518	337	1753	498.67
Total Routine consulted within 360 minutes	416	465	441	410	378	364	403	363	507	486	328	1251	484.33
No where target missed	7	10	9	12	12	3	16	27	33	32	9	2	14.33
% within target	98.35%	97.89%	98.00%	97.16%	96.92%	99.18%	96.18%	93.08%	93.89%	93.82%	97.33%	99.84%	97.85%

Overall the Out of Hours service activity increased by 2.1% in 2016/17 including:

- 4.3% fall in the number of home visits as patients were either dealt with through advice or attendance at treatment centres
- Advice calls are 13.4% above 2015/16 levels but service is only commissioned for 800 calls per month - operating at 103% above 2009/10 levels
- 1.4% reduction in the number of treatment centre attendances

Between 2009-10 and 2016/17 OOH activity increased by 49% while funding increased by 10%

- **Acute Visiting Service (AVS)** – The performance of the 2 elements of the AVS service – medical overview support for Intensive Home Support Service (IHSS) and the AVS service are detailed below:

	2016												2017												Grand Total									
	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March										
IHS Dashboard 2016-17																																		
IHS Cases -month commencing	11	15	15	21	9	10	3	6	11	6	10	11	15	15	21	9	10	3	6	11	6	10	11	15	15	21	9	10	3	6	11	6	10	118
Total Referrals from Nav Hub to IHS	11	15	15	21	9	10	3	6	11	6	10	11	15	15	21	9	10	3	6	11	6	10	11	15	15	21	9	10	3	6	11	6	10	118
of which																																		
Total Referrals from GP	11	13	15	21	9	7	3	6	11	6	10	11	13	15	21	9	7	3	6	11	6	10	11	13	15	21	9	7	3	6	11	6	10	113
Total Referrals from Ambulance																																		0
Total Referrals from ELHT		2											2											2										2
Total Referrals from LCFT						2										2																		2
Total self-referral by patients						1										1																		1
Outcome 1 (nos.) i.e. Escalate to secondary care incl. ambulance called.	1	0	1	0	2	1	0	2	0	1	0	1	0	1	0	2	1	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	8
Outcome 2 (nos.) Onward FU with LCFT	1	0	0	1	0	1	0	0	1	1	0	1	0	0	1	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	5
Outcome 3 (nos.) Discharged - No FU refer back to GP	3	0	0	2	1	1	0	1	2	0	1	3	0	0	2	1	1	0	1	2	0	0	1	0	0	1	1	0	0	0	0	0	1	11
Outcome 4 (nos.) AVS Re-visit	7	19	14	16	5	10	2	3	7	3	9	7	19	14	16	5	10	2	3	7	3	9	9	1	1	9	9	9	9	9	9	9	9	96
Outcome 5 (nos.) Onward Ref. Other provider	0	0	0	1	0	0	1	0	1	1	0	0	0	0	1	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	4
Outcome 6 (%) Failed to Contact	0	1	0	1	1	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Total																																		127

Z:\12 Performance Reports - JBA\AVS Performance Reports\AVS 2016-17

IHSS activity was impacted by GP confidence in making to referrals given operational issues relating to diagnostic support from community services.

AVS - AVS activity increased by 5.3% in 2016/17 including GP and Paramedic referrals. An average of 17.9 visits per day was undertaken in 2016/17. NWAS report that the ELMS AVS service makes a significant contribution to relieving pressure on the secondary care Emergency Department and potential admissions savings as reflected in the aggregated contact data (visits and advice) below:

BwD AVS Efficacy: 2016/17

Period	Reported Activity	Saving in GP time @ £45 per consultation	Deflection Rate %	Activity deflected from ELHT	NWAS conveyance saving at £197.12 (note 1)	A&E attendance tariff saving at £57 (note 2)	NWAS assume 31% (note 3) of patients admitted	Emergency admission tariff saving at £124 (note 4) on 31% of patients (note 3)	Beds days on 31% of patients 2.8 days (note 3)	Total savings
Year to Date	4593	£ 206,685.00	84.8%	3925	£ 773,696.00	£ 223,725.00	1216	£ 150,784.00	3406	£ 1,354,890.00

Note 1: Indicative NWAS tariff

Note 2: Average cost to the NHS: £124 (Costs data - NHS Reference Costs 2013/14)

Note 3: NWAS rates agreed by Commissioners

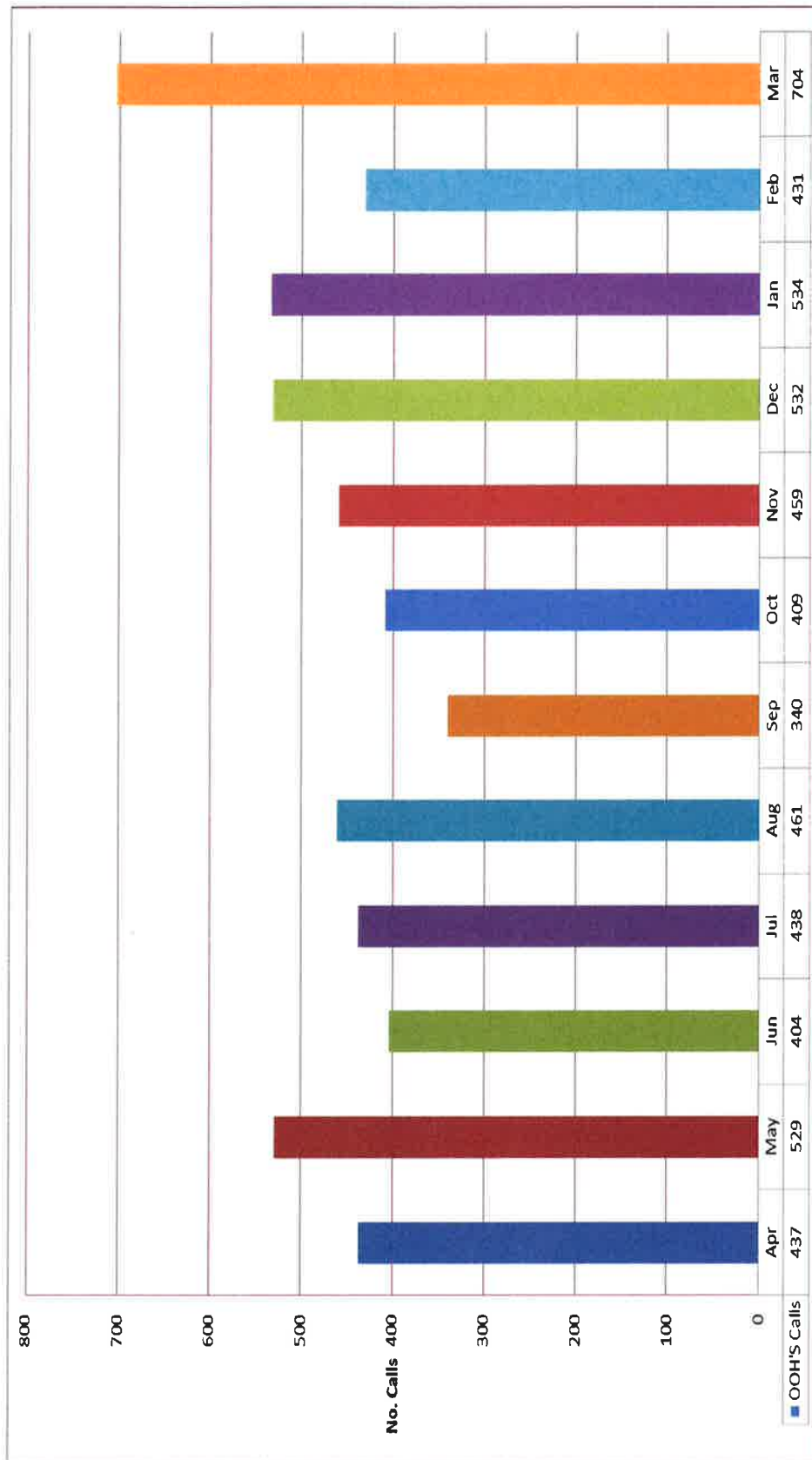
Note 4: Code - PA57Z - Examination, Follow-up, Special Screening or other Admissions, with length of stay 1 day or more

And:

EL AVS Efficacy: 2016/17

Period	Reported Activity	Saving in GP time @ £45 per consultation	Deflection Rate %	Activity deflected from ELHT	NWAS conveyance saving at £197.12 (note 1)	A&E attendance tariff saving at £57 (note 2)	NWAS assume 31% (note 3) of patients admitted	Emergency admission tariff saving at £124 (note 4) on 31% of patients (note 3)	Beds days on 31% of patients 2.8 days (note 3)	Total savings
Year to Date	354	£ 15,930	81%	287	£ 56,573.44	£ 16,359.00	89	£ 11,036.00	249	£ 99,898.44

- District Nurse Call Handling Activity Report 2016/17



DN Call Handling - Overall activity within the service increased by 10.5% in 2016-17

- **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 11% (1335) in 2016-17 – this has been impacted by the periodic shutting of MIU services at AVH during periods of staff shortages or industrial action at ELHT, with patients being under the impression that all services at AVH were closed, or patients finding alternative

portals for treatment pending the announcement that the service was to be terminated. However, the nature of presentations and the time of attendance meant that the workload has not reduced.

- **Registered Patient List** – The registered patient list 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 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. 12.5% of total calls were related to Directory of Services requirements the balance was related to specific patient case requirements including advice and referral brokerage. 70% of reported case calls – 19.8 per week - resulted in deflection due to non-conveyance. Phase 1 target for deflections is at 3 per week. Cumulatively the service is above target
 - **Federated Practice** - serving a practice population of c20000 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 has worked with the CCG and 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.