



East Lancashire Medical Services Limited

Annual Report 2019 – 2020

Company Number – IP30263R

CQC Provider ID - 1-199801603

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About ELMS

Introduction

East Lancashire Medical Services Ltd

Our Vision –

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

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

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

Full details of ELMS Company structure and rules of the society are available at www.elms-nfp.co.uk.



Purpose

ELMS seeks to support and underpin Primary Care across Pennine Lancashire

Our Role

Providing in-hours and out of hours routine and unscheduled primary medical care and infrastructure for Pennine Lancashire

Strategic Priorities

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

Metrics

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

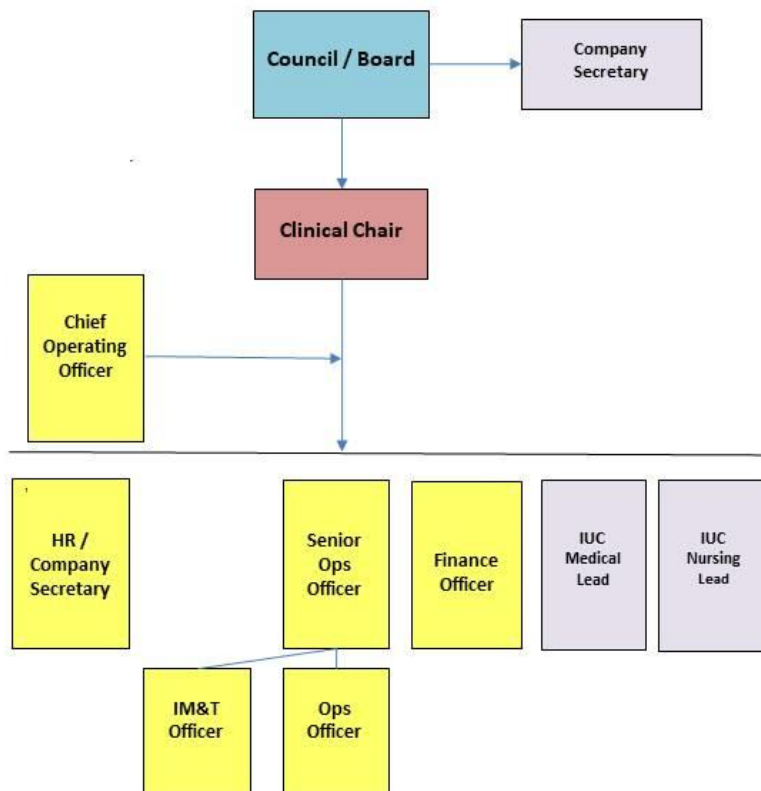
Values

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

Who's Who?



ELMS Organisational Structure – October 2020



ELMS Council

The Society’s Executive Team is accountable to a Council elected by members. The Council is a peer group elected by a voting membership and comprises a GP Chair, GP representatives, Nursing and staff representatives.

ELMS executive team look to operate on a transparent basis to ensure that the Council members are aware of the Company position, subject to appropriate governance arrangements, and attend the Council as co-opted members of the Council.

The Council member representatives are:

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

There are still vacancies for one East Lancashire GPs.

ELMS Officers



**ELMS Organisational Structure
- October 2020**

Function	Post Holder
Clinical Chair /Safeguarding Lead & Caldicott Guardian	Dr Asif Garda
Chief Operating Officer & SIRO	Michael O'Connor
HR / Company Secretary & DPO	Levis Springer
Senior Operations Officer	James Bibby
Finance Officer	Alison Pettinger
Medical Lead	Dr Pervez Muzaffar
Nursing Adviser	Katrina Taylor
Operations Officer	Tom Marsden
IM&T Officer	Andrew Connell

Clinical Chairs Report - Dr Asif Garda

I commend the details of this report provided by my corporate colleagues on the delivery of ELMS services in 2019-20.

ELMS continues to have a key role in the Pennine Lancashire health economy, supporting primary care and deflecting patients away from secondary care. As a Community Benefits Society, ELMS primary focus is on patient care in a primary care setting, but works in close partnership with providers across the healthcare system and we continue maintaining quality without compromising patient safety and performance, while company security and stability remaining the focus.

The society continues its efforts to manage the financial and organisational pressures during a period of transition in the local health system and contract change to reflect the changing environment in which we trade, while continuing to provide safe and effective services. This year the executive has managed to align costs of service to income but also identify other income, as well as developing and growing our established services, in addition to existing revenue streams. Despite a reduction in turnover, the society continues to provide services against substantial contracts, enjoys considerable financial reserves and has the organisational capability to respond to new service delivery opportunities on a timely basis.

The local health economy continues a period of significant change, including the impact of the COVID-19 pandemic, but the society has been proactive in building positive working relationships with provider partners and the CCGs and continues to be a key system partner with a demonstrable ability to delivery effective primary care services at scale across Pennine Lancashire. The latter part of 2019-20 saw the world becoming gripped by the COVID-19 Pandemic and the NHS came under sudden and sustained pressure to respond to the disease and its impact on patients, families and communities. Significant changes took place in the operating models within the NHS, and ELMS services were no exception. At short notice, and on behalf of the entire Pennine Lancashire primary care system, ELMS were asked to rapidly develop and deliver a COVID Management Service (CMS) and ELMS demonstrated its ability to respond, perform and deliver a high quality, patient focused service in testing times. This was, and continues to be, possible due to a committed and effective corporate team and clinical and non-clinical team, working together to deliver safe and high quality care to patients.

Can I take this opportunity to thank colleague's staff and clinicians for their continued support and professionalism in 2019-20. I am confident my ELMS colleagues will continue responding positively to the challenges in the year ahead.

Clinical Services – Dr Muzaffar Pervez

ELMS provides healthcare services to more than 550,000 patients in the Blackburn with Darwen and East Lancashire areas – through unscheduled and in-hours services. We are able to deliver these services at scale because of an excellent team of clinicians, Supervisors, Controllers and Drivers, supported by a highly motivated and skilled corporate team working in Operations, Business Management and Human Resources Clinical, as well as those supporting ELMS Corporate Governance including: clinical auditors and safeguarding leads.

We have a very robust clinical governance system led by our Clinical Chair and ELMS governance meeting meets on a regular basis to discuss significant events and incidents, complaints and concerns, compliments and infection control, medicine management, staffing issues and safeguarding. I am pleased to report that complaints, dealt with by our very efficient Company Secretary, working to NHS time-lines for responses, have reduced significantly over the last 12 months.

Clinical guardian is an excellent tool, which ELMS uses to audit the works of our clinicians and more than 98% of the cases audited fall into the good or satisfactory bracket, similarly for the audits on the AVS service consultations 99% of referrals audited were deemed competent or excellent.

I would ask ELMS colleagues that any concerns about referrals to ELMS via 111/APAS 999 are fed back to ELMS using the relevant documentation so that we can evidence these concerns to NWS, otherwise ELMS management team can only present anecdotal information when trying to propose system improvements.

We are all required to support safe working and ELMS has well documented policies and procedures in support of its services. Sometimes things do go wrong and ELMS colleagues should report concerns and significant clinical events via ELMS incident reporting process, so that our clinical and management team can improve our service to patients.

While the volume of referrals and the acuity of cases has grown in 2019-20, ELMS work on our prescribing of antibiotics, over the counter medicines, opioids, control drugs and the duration of the repeat medication we issue, is ongoing to ensure we have more efficient and effective medicine management.

ELMS provide monthly clinical bulletins to our clinicians – via email and our information portal – ClarityTeam.Net - and I would ask clinical colleagues to read it as it has really useful information which can help inform your practice within ELMS and in your work across Primary Care.

Our clinical colleagues have provided the best possible care through ELMS, working together with a common goal. I would like to thank all my ELMS colleagues for their dedication, professionalism, caring attitude and commitment to provide excellent health care services, during this extremely difficult time, with unprecedented level of pressure on health systems. Patients and their family do appreciate the service we provide and give us feedback on their healthcare journey as reflected in the positive Family and Friends approval rating and sample of comments reflected in the Governance section of this report. Great work team ELMS - providing the best possible care to serve our patient and community and helping make life easier for everyone.

Corporate Services- Levis Springer

DBS Service

In January 2020, ELMS was subject to an external audit from DBS. Following inspection and some minor recommendations ELMS remains fully compliant with all DBS requirements and continues to be an umbrella organisation for the Disclosure and Baring Service. In addition to offering local GP Practices the facility of applying for standard or enhanced DBS checks for their staff for a small admin fee. ELMS is also able to provide advice and support regarding DBS compliance to Practices a service which has been particularly welcome.

Environmental Sustainability

GDPR imparts a responsibility on ELMS to dispose of confidential waste safely and appropriately and we continue to partner with Shred-it and their shredding and recycling program. 41 trees were saved from destruction, double that of the previous year reflecting the positive impact this initiative has made towards the environment.



By using confidential paper disposal during the year ELMS saved 37 trees.

During 2019/20 ELMS has maintained its commitment to eliminating waste going from the St Ives House site for disposal into landfill and continues to separate waste to ensure that it is:

- Reused
- Recycled
- Used to produce energy

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

Governance – Levis Springer

East Lancashire Medical Services (ELMS) provides services to the people of Pennine Lancashire 24 hours of the day, 7 days per week, 365 days of the year and has done so since 1994. Our unscheduled primary care advice services are available 24/7 and our face-to-face services available from weekdays during GP core hours for Acute Visiting Service (AVS) and between 8pm to 8am (Mon-Fri) and 24/7 at weekends and bank holidays for our Integrated Urgent Care (IUC) service.

Given ELMS ethos as a Community Benefits Society, ELMS takes the quality of its service offer very seriously and welcomes feedback from service users as the basis for learning what we have got right and how we might improve. Patient feedback via the Family & Friends Test (FFT) questionnaire is the basis for our information gathering and responses are primarily in respect of our IUC services.

In 2019-20 ELMS completed 74,317 episodes of care - which included additional patient contacts (advice calls that are converted into face-to-face consultations etc.) which are not reflected in the final figures. Face-to-face consultations at Primary Care Centres or on home visits totalled 42,515 episodes of care.

Given the high number of patients and their families we support do not get many complaints and patient satisfaction across all our services continues to be high.

ELMS received 1395 Family & Friends Test (FFT) question responses in 2019-20, which was 2% of total activity IUC activity (3% of those attending PCC or receiving a HV as the main source of FFTs). 97% of those responding to ELMS FFT survey were either “Extremely Likely” or “Likely” to recommend ELMS service, with the views of the 3% balance ranging from “Neither Likely nor Unlikely” to “Extremely Unlikely” to recommend but also including “Don’t Knows”.

324 comments were received in those returned FFT responses with 93% being positive and 7% negative. Those comments were categorised on the following basis as shown below and overleaf:

Approval Level		
Extremely Likely	991	97%
Likely	359	
Neither Likely nor Unlikely	16	3%
Unlikely	7	
Extremely Unlikely	11	
Don't Know	11	
Blank	0	

Positive	2019-20 Total
Service Delivery	202
Clinical Treatment	8
Staff Attitude	72
Communication	0
Appointments	17
Safeguarding	0
Premises	1

Negative	2019-20 Total
Service Delivery	7
Clinical Treatment	2
Staff Attitude	1
Communication	3
Appointments	4
Safeguarding	0
Premises	7

Promoting Best Practice

- Clinical Bulletins and Clarity (GP) Team Net (a web based information system portal) are the main conduits for providing appropriate information to ELMS clinicians on NICE guidance and best practice, learning events, formulary updates and safety alerts.
- Robust safeguarding arrangements are in place, supported by formal policies and procedures. ELMS maintains a corporate self-assessment tool to support this responsibility in respect of children and vulnerable children. ELMS Chair is the company’s safeguarding lead.

Clinical Governance

Clinical Audit is aimed at ensuring safe practice and ELMS has a programme of auditing performance in different ways. Regular monthly audits in the Integrated Urgent Care (IUC) and Acute Visiting Service (AVS) services of clinical performance and targeted audits on key clinical areas.

Clinical Governance - IUC

The IUC uses the Aadastra clinical system and consultation information is used by the on-line Clinical Guardian tool to review a proportion of each ELMS clinician’s consultations, in accordance with RCGP criteria and subject to appropriate safeguards for confidentiality. Through this ELMS feeds back to clinicians on the good examples of practice and those that need improvement.

The percentage applied to each clinician’s consultations is based on the perceived risk associated with that clinician. The results as at March 2020 were:

Clinical Guardian - Data below is headcount of all ELMS clinicians using Adastra to support their consultations for the previous 12 months to March 2020 and includes inactive clinicians.												
Risk Rating / Period	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Red - clinician deemed clinically unsafe to work in the service	1	1										
Amber - Clinician under full review as a result of complaint or clinical concerns raised	2	2	2	2	2	2	2	1	1			1
Yellow - Clinician under standard review as a result of complaint or clinical concerns raised	1	1						1	1			
Others - Satisfactory, new clinicians and supervised GP Registrars	213	211	197	196	191	187	188	141	139	151	158	158
<p>As at March 2020 - 84 clinicians worked for ELMS in the reporting period (month in arrears) of which: 6 GPSTs; 54 GPs; 21 Nurses; and 3 Pharmacists). In the reporting period (one month in arrears), we audited 159 cases, which is 2.3% of total consultations worked.</p> <p>The 1 clinician flagged red had not worked for ELMS for some considerable time, was subject to GMC investigation and was flagged red to ensure he could not work for ELMS. The other clinicians flagged as amber and yellow up to December 2019 were monitored and work with by ELMS Medical Lead and Clinical Chair to improve their performance rating. The clinician flagged as amber in March 2020 had not worked for ELMS since January 2020 and was not included in ELMS current working lists.</p>												

Clinical Governance - AVS

With the change in the Acute Visiting Service (AVS) clinical system to the EMIS system, ELMS developed a manual audit programme to formally assess consultations recorded in EMIS rather than the Adastra based Clinical Guardian system. The process is based on the same RCGP criteria as that used for Clinical Guardian and reviews conducted by ELMS Clinical Chair, Medical Lead and/or Nurse Adviser.

The AVS consultation Audit process began in October 2019. Audit levels are comparable to best practice and the results for the year are detailed overleaf:

Blackburn with Darwen AVS Consultation Audit Performance 2019-20									
No. Consultations	Unsafe to Work in Service	Needs development	Competent	Excellent	Total No. Consultations Assessed	Episodes of care	% audited		
Oct-19 to Mar-20	0	1	37	43	81	2573	3%		
% of Total audited	0	1%	46%	53%					

BwD performance reflects a stable clinical team using regular GPs and an employed ANP team, familiar with AVS. In the one audit where development needs were identified, the Medical Lead liaised with the GP regarding improving the detail of notes in one case; no major concerns.

Other Audits

Safeguarding audits take place on a weekly basis, where all cases where a safeguarding concern is highlighted are reviewed by ELMS safeguarding lead and actions are audited for appropriate referral and escalation. Remedial or supplementary action is taken if the audit identifies a need for the same.

ELMS planned a number of focussed clinical audits for 2019-20 supported by the appointment of a Nurse Adviser who is now in post, working with ELMS Clinical Chair.

Clinical Audits were undertaken on Palliative Care, Stroke and DVT, with lessons learnt shared with ELMS clinicians via the Clinical Bulletin.

Information Governance

Information is a vital asset for the ELMS, supporting both day-to-day clinical operations and the effective management of services and resources so it is essential that all ELMS information are managed effectively within a robust governance framework. To that end, ELMS approach to Information Governance is to ensure that all types of information used in ELMS are sourced, held and used appropriately, securely and legally. ELMS Board and Senior Management Team are responsible for ensuring that ELMS policies and record management systems and processes safeguard that information and ELMS staff and clinicians are responsible for ensuring information is accurate and up to date, is safeguarded and used appropriately for the delivery of patient care.

ELMS requirement for accurate, timely and relevant information to enable it to deliver the highest quality health care, needs rapid access to readily available, up-to-date information, procedures and policies. Accordingly, ELMS document management system is based on Clarity (GP) Team Net (a secure web based information system portal); the system provides action reminders helping with timely updates to the company’s documentation and helping to redistribute content to those who need relevant information.

ELMS works to GDPR requirements and looks to maintain robust and effective IT and information systems in line with its contractual and statutory obligations. Its systems are subject to an annual test by an accredited third party systems assessor and ELMS submits an annual self-assessment return to NHS Digital’s Data Security and Protection Toolkit against a range of data protection and security criteria.

Contract Performance and Finance - Michael O'Connor & Alison Pettinger

ELMS CONTRACT PERFORMANCE

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

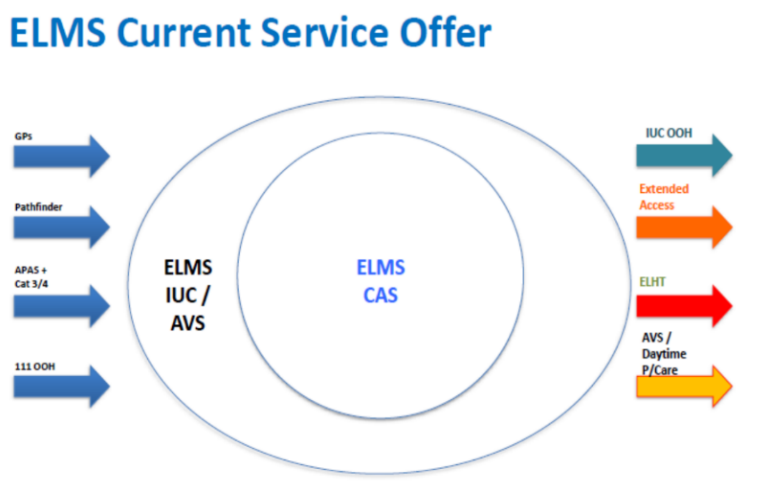
ELMS has made a strategic decision to ensure that it operates to commercial rationale in its future service offer rather than continue with unviable contracts. ELMS contracting and business planning has been complicated by Commissioners only confirming annualised contracts for ELMS core services, based on time limited solutions at very short notice prior to the new financial year; this makes business planning very difficult. ELMS served notice on a contract it deemed to be non-viable and corporately high risk. A time-limited contract extension, including the necessary funding to ensure ELMS viability, was negotiated to allow a smooth transition to an alternative provider.

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

ELMS has worked as a reliable system partner, in conjunction with Commissioners to support the growth in the urgent care activity both in and out of hours, as an alternative to the hospital urgent and emergency care and to support local primary care. This can-do reputation, is achieved through the hard work and professionalism of our staff, including small but committed corporate and operational teams, and sessional clinicians whose effort are greatly appreciated.

ELMS Unscheduled Care Services

ELMS core Out of Hours (Integrated Urgent Care) contract continues but is subject to ongoing redesign as reflected in the service areas described in the illustration below:



Integrated Urgent Care (IUC) / GP Out of Hours

The IUC service, delivered across Blackburn with Darwen and East Lancashire, is for medical conditions of an urgent nature that cannot wait until a patient’s routine GP surgery re-opens. ELMS has worked diligently to deliver a robust, high quality and safe service that incorporates ELMS GP Out of Hours unscheduled care services such as GP Advice, Face-to-Face consultations at Treatment Centre, home visiting (where clinically appropriate) and the Clinical Navigation Hub. This service is linked into 111 across 24 hours per day, 7 days per week, and 365 days per year.

The IUC service requirement which was further developed in 2019-20 means that ELMS are dealing with referrals from 111, Health Care Professionals (HCPs) including Telemedicine and Paramedical Pathfinder and some 999 referrals to minimise the potential for patient conveyance to hospital; this does not mean that patients will not need to attend hospital.

The changing nature of the IUC service has resulted in more advice, than face-to-face contacts, as patients are increasingly assessed and treated through clinical advice, over the telephone and video consultation. The acuity of patient presentations and cases referred to the service is also changing with emergency cases increasing in volume as a share of overall activity; shorter re shorter response times reflecting system pressure rather than patient need and this increases the pressures on ELMS services and its finite resources. The IUC service has limited access to alternative services out of hours – but did have access to some appointments at weekends in GP extended access hubs in 2019-20, subject to the availability of clinicians in that service. See the ELMS Unscheduled Care section within this report.

The services continue to achieve high levels of performance measured against the national measures and the Commissioning CCGs commend ELMS on the quality of its reporting, while patient satisfaction continues to be high – please see comments in the Governance section of this report, by Levis Springer.

ELMS IUC service offers savings opportunities to the local health system opportunities if the patient is not conveyed/treated in secondary care, as demonstrated below.

Period	Received as Emergency Case Types - Pennine Lancs Activity	Net of Informational Outcome exclusions equating to ELHT + F2C, DNA etc.	Received Emergency Cases Deflection Rate %	Activity deflected from ELHT	NWAS conveyance saving at £197.12 (note 1)	A&E attendance tariff saving at £73 (note 2)	NWAS assume 31% (note 3) of patients admitted	Emergency admission tariff saving at £124 (note 4) on 31% of patients (note 3)	Beds days on 31% of patients 2.8 days (note 3)	Total savings
Reporting Month: Mar-20										
Total Year to Date	30119	22035	73%	22035	£ 4,343,539.20	£ 1,608,555.00	6831	£ 847,025.40	19126	£ 6,799,119.60

ELMS negotiated ring-fenced funding from the Commissioning CCGs in 2019-20 for GP pay which has helped ELMS maintain pre-existing performer capacity although 2019-20 patient presentations are significantly above that baseline capacity.

In June 2019, ELMS assumed responsibility for its services prescribing budget, subject to a reconciliation on a monthly basis. The budget, transferred to ELMS by the local CCGs, was based on primary care prescribing and did not adequately reflect the difference in acuity of patients presenting out of hours as opposed to routine daytime hours. A reconciliation process to take account of this was agreed between ELMS and the CCGs so that the budget should be cost-neutral.

Towards the end of 2019-20 financial year, the world had to come to terms with the developing Coronavirus COVID-19 epidemic. ELMS played a key role in the Pennine Lancashire primary care response, with the development of a COVID Monitoring Service, to support patients with confirmed COVID symptoms with their compliance with self-isolation in the community. For March 2020, the following activity was reported:

COVID Received Case types Total	1363
EL COVID Received Case types	903
BwD COVID Received Case types	432
INT COVID Received Case types	28
COVID CMS (Received Case type)	52
COVID face-to-face contacts (TC/HVs)	38

The IUC contract for this core ELMS service, with both Blackburn with Darwen and East Lancashire CCGs, runs to March 2021. Discussions are ongoing about the potential for a further extension, in line with contracts for other local providers.

Acute Visiting Service (AVS)

ELMS delivers the AVS across Blackburn with Darwen, and supports those patients at risk of a non-elective hospital admission (including potential conveyance by the ambulance service), with the aim of keeping them in their normal place of residence.

In 2019-20, the service continues to work with local Practices and the CCG to make the service as effective as possible. This included the adoption of the EMIS clinical system rather than the Adastras system ELMS uses for its IUC service, to enable referring GP Practices to have full visibility of the visiting slots available and the ability to book these slots directly. Given this significant service development, ELMS negotiated reimbursement of its EMIS costs on the same basis as other local primary care providers. However, the EMIS system does have limitations in its reporting capability and this is an ongoing area of development.

The ELMS GP-led, mixed clinical skill AVS team, including ANPs, is cost effective and offers the local health system opportunities for savings by deflecting those Blackburn with Darwen patients at risk of hospital conveyance and/or attendance, away from secondary care, as illustrated below.

Period	Reported Activity	Saving in GP time @ £45 per consultation	Mean average Deflection Rate %	Activity deflected from ELHT	NWAS conveyance saving at £197.12 (note 1)	A&E attendance tariff saving at £73 (note 2)	NWAS assume 31% (note 3) of patients admitted	Emergency admission tariff saving at £124 (note 4) on 31% of patients (note 3)	Beds days on 31% of patients 2.8 days (note 3)	Total savings
Reporting Month: Mar-20										
BwD Total										
Year to Date	4859	£ 218,655.00	87%	4221.74	£ 832,189.39	£ 308,187.02	1309	£ 162,283.69	3664	£ 1,521,315.09
Note 1: Indicative NWAS tariff										
Note 2: 2019/20 tariff cost for type 3 dept.										
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										

The AVS service was deployed, in response to primary care needs, as part of the local response to the rise of the COVID-19 epidemic, from March 2020.

AVS is a core ELMS service and its contract is linked into the IUC contract with Blackburn with Darwen CCG. The contract runs to March 2021. Discussions are ongoing about the potential for a further extension, in line with contracts for other local providers, and the potential for an AVS service in East Lancashire.

Slaidburn Country Practice

ELMS tried to maintain the service at this rural GP Practice despite the financial pressure due to the higher costs of delivering a service in a rural setting and changes in the contract payments that disproportionately affected small rural GP Practices like Slaidburn. ELMS maintained a dialogue with the Slaidburn Patient Participation Group to ensure that patients were informed about the discussions and the implications for services locally.

Despite contract discussions around Slaidburn’s funding, based on NHS England’s atypical GP Practice funding guidance, ELMS could not reach a satisfactory funding settlement or contract term that would provide the necessary assurance that ELMS required to be able to sustain a valued service to this isolated community.

In late 2018, because of ELMS Board and Council concerns around the long-term service viability of Slaidburn and organisation risk associated with a remote service, ELMS submitted notice on the contract. ELMS subsequently agreed to extend its notice period to 30 September 2019 to enable the CCG to undertake a procurement exercise and to support the transition to a new provider to ensure continuity of service to the community.

During the transition period, the practice continued to provide a high quality service to its patients including ease of access to GP appointments and focus on individual patient and non-GP services in lieu of other service providers that are not accessible due to geography and isolation and so Slaidburn continued to enjoy high level of patient satisfaction.

ELMS continued to support Slaidburn's QOF work up to the point of service transfer.

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

ELMS Business Services (EBS)

EBS had no active contracts in 2019-20, following the end of the call handling service on behalf of LCFT in 2018-19. Consideration was given to closing EBS down in 2019-20, but this was deferred due to the impact of COVID-19 and the need for further consideration as to how the company might be deployed in the developing local health system.

FINANCE

In 2019-20 East Lancashire Medical Services (ELMS) continued to maintain its key role in support of the local health system, based on its own service efficiency and partnership working. Accordingly, ELMS continues to provide safe, high quality and cost effective services while the company maintains robust cost management and looks to maintain those core services that it considers have patient and local health system added value and are of commercial value to ELMS.

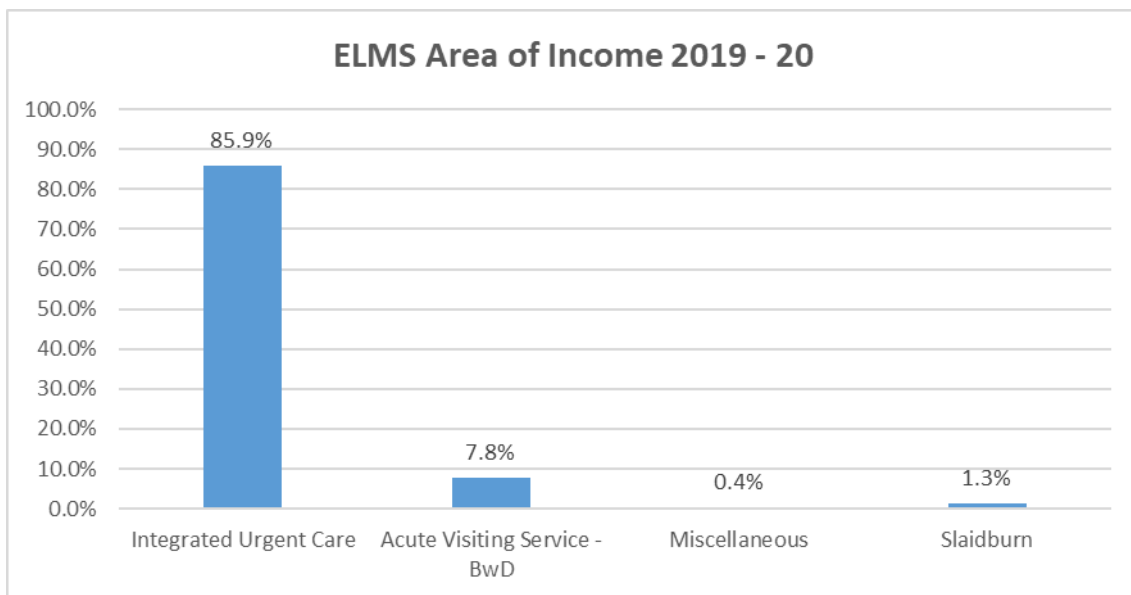
While the number of contracts held by the company in 2019-20 has reduced, ELMS has tried to improve the viability of those contracts, while withdrawing from a non-viable contract in-year. Because of the reduction in turnover in the last few years, ELMS will now report against small company accounts criteria – for those companies with turn over below ten million pounds per annum. Detailed below is the narrative to our reported outcome for 2019-20.

Achieving cost efficiency continued to be a priority in 2019-20 and credit goes to all ELMS managers who strive to operate within the tight budget constraints year on year. Consequently, this has been a commercially successful year with the company able to report a surplus for reinvestment in the business.

Appreciation should be given to Alison Pettinger, Finance Officer, for her work and commitment in delivering robust and effective finance systems.

REVENUE

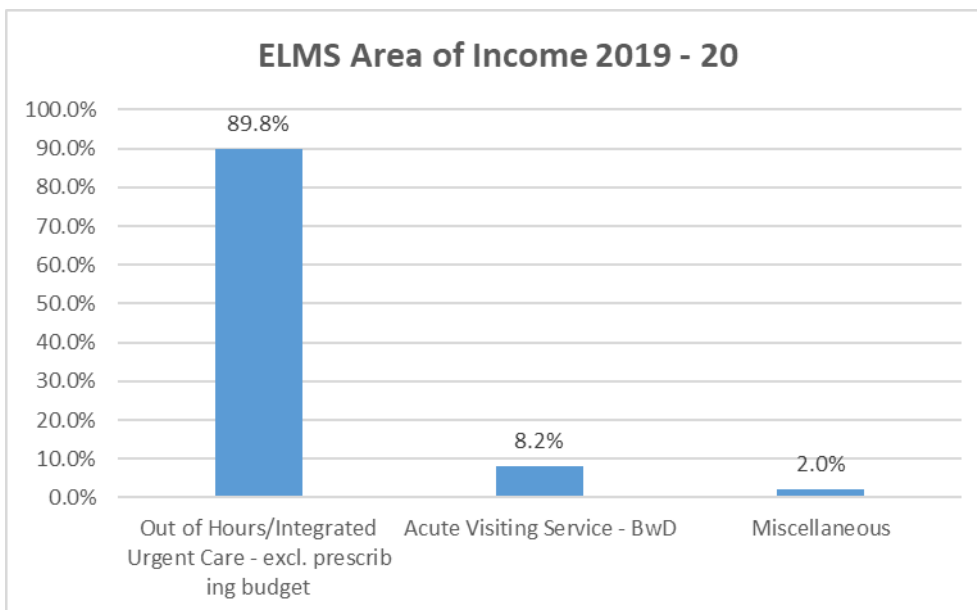
The contribution of individual contracts to the 2019-20 financial year position overall, are shown below:



Slaidburn values are for 6 months. ELMS Business Services revenue are not included – see notes below.

ELMS - IUC and AVS

ELMS company accounts – covering ELMS Integrated Urgent Care (IUC) and Acute Visiting Service (AVS) services and any corporate activity – show that annual revenue (inclusive of miscellaneous income from sundry income and bank interest) has reduced significantly this year to £5.6 million - a 12.2% reduction since 2018-19. This change in turnover is due to the reduction in the number of contracts held by ELMS, with the decision to trade out of the ELMS Federated Practice contract in 2018-19.



The amalgamated IUC contract - including GP Out of Hours, GP Advice and the Clinical Navigation Hub and associated unscheduled care funding arrangements - was the main source of turnover. Along with the aligned AVS service, the final IUC contract values were only confirmed by the service Commissioners in the last few months of 2018-19, which makes business planning very difficult.

As part of the response to COVID-19 ELMS began to deliver a time-limited COVID Monitoring Service to Pennine Lancashire in March 2020 at the request of the CCGs. This service arrangement was based on the reimbursement of ELMS costs.

Additional income streams were identified by ELMS corporate team as reflected in miscellaneous income as well as significant increases in the contribution of bank interest received following the Chief Operating Officer negotiating preferential terms with our bank.

Slaidburn

The Slaidburn Country Practice contract reported a turnover of £253k in 2019-20, which reflects part year activity as ELMS traded out of the contract at the end of September 2019. Turnover was higher than 2018-19 pro rata but reflected the time-limited arrangement for ELMS agreeing a contract extension to facilitate a transfer to another provider.

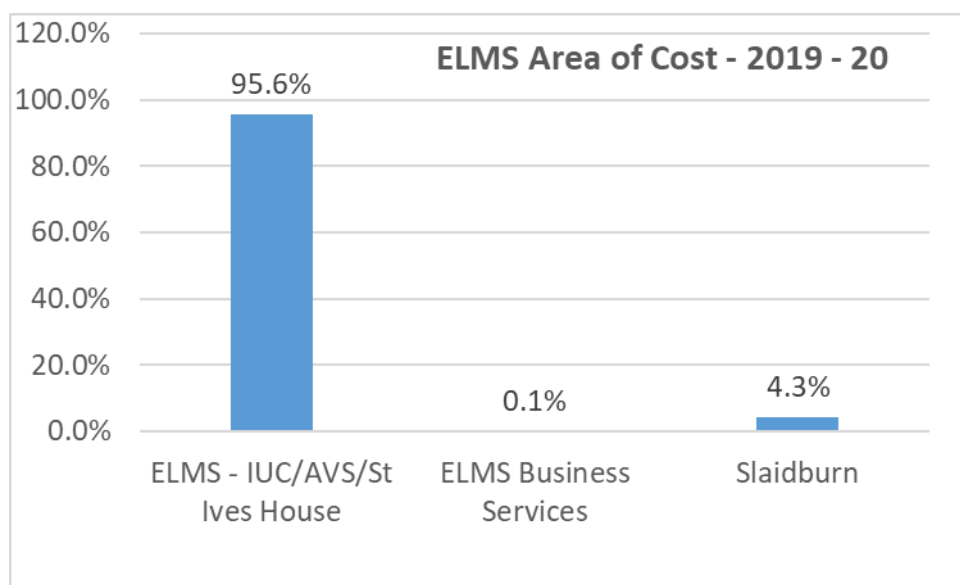
ELMS Business Services (EBS)

ELMS Business Services (EBS) EBS was dormant in the reporting period and had no trading activity from other services but was subject to the VAT flat rate scheme adjustment, reflected in a turnover value of -£1052 in 2019-20.

EXPENDITURE

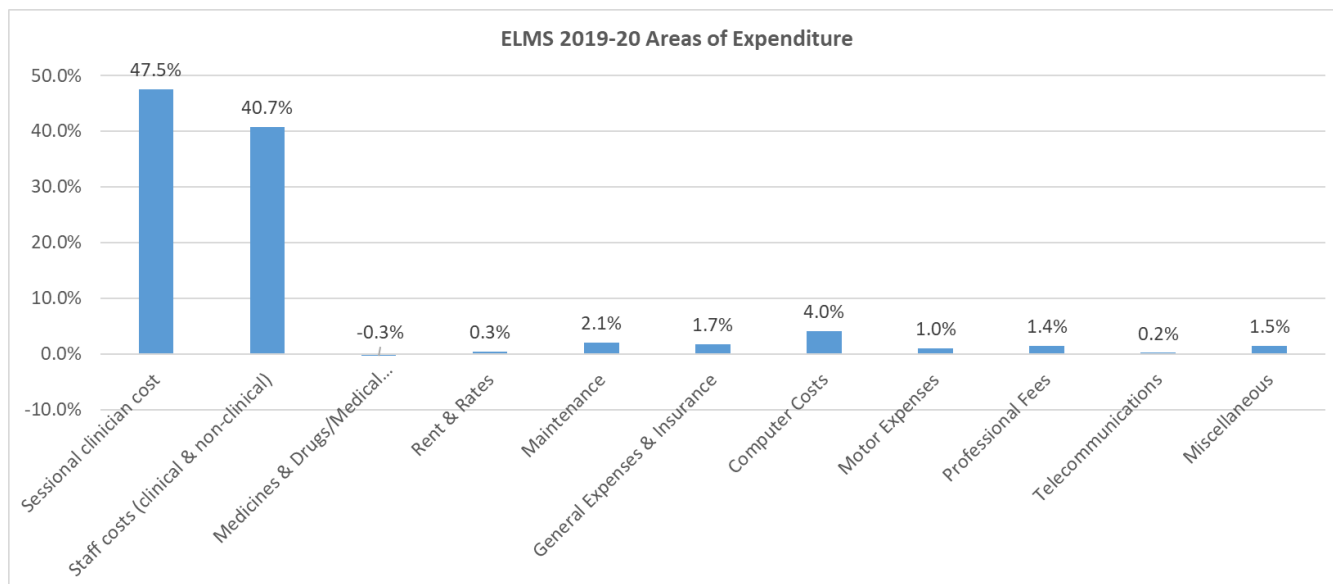
While there has been a reduction in ELMS revenue streams, ELMS cost of sales and administrative expenses have reduced. An emphasis of tight budgetary management and expenditure control continues to be a priority.

The contribution of individual contract costs to the 2019-20 financial year position overall, is shown in the chart illustrated below:



ELMS - IUC and AVS

Analysis of ELMS core services – IUC and AVS - expenditure for 2019-20 shown in the chart illustrated below:



ELMS 2019-20 direct and administrative costs amounted to £5.4 million in 2019-20

There was a 10.4% decrease in ELMS 2019-20 direct costs and administrative expenses, compared to the figures for 2018-19.

These costs were impacted by accounting adjustments made to ELMS cost of sales and administrative expenses. This includes provision for facemasks bulk purchased in March – in response to COVID-19 – with the closing stock cost going into 2020-21 along with the cost of medicines and drugs held at year-end. Changes in administrative expenses include the provision for bad debt for Slaidburn as ELMS and Slaidburn are connected parties. Both these changes valued at £63,616 will increase reported surplus in 2019-20.

The cost of clinical cover and salaried clinical and non-clinical staff continues to be ELMS main area of expenditure at 88.2% of total expenditure, having been 85.6% in 2018-19. ELMS auditors report a 0.26% reduction in costs from 2018-19. For 2019-20 this includes the equitable CCG funding provision ring fenced for GP pay to ensure parity with other local providers, given the impact of the limited availability of doctors in Pennine Lancashire and the increasing number of services such as GP extended access affecting the cost of clinicians. In the absence of the ability to plan for a sustainable pay increase from contract revenue ELMS was able to confirm a 2% bonus for salaried staff for 2019-20.

Despite considerable staff cost savings from recent years – primarily corporate costs – ELMS has maintained high standards of direct patient care and corporate functionality, but needs to ensure adequate corporate resource, essential to the support of its direct services and contractual and governance commitments, without which ELMS corporate offer would be significantly weakened.

The next largest area of spend were for ELMS computer and IM&T systems and hardware - ELMS has to support two clinical systems for its other services from contract revenue. While there were savings from 2018-19 equating to 12.64% and in 2019-20, with the ending of ELMS unviable GP Practices contracts, developments in system functionality is ongoing to ensure the services remain fit for purpose and needs to be funded some of which comes from Commissioners and other from ELMS revenue.

In 2019-20, savings were made on ELMS rent and rates bills and cleaning costs against 2018-19 as ELMS does not have to fund those costs associated with multiple sites. ELMS continued to operate out of Burnley General Hospital and St Ives House in support of the IUC and AVS services and provided GP services at Slaidburn Health Centre. ELMS auditors report the savings on repairs and maintenance equates to 29.8% from 2018/19 values.

ELMS St Ives House Headquarters provides a base for its AVS service and a contingency operational base for IUC – in the absence of being collocated with local Urgent Treatment Centres; the building also supports ELMS corporate functionality, as well a training and conference facility. The contingency benefits of this arrangement have been proven during the COVID-19 epidemic as ELMS continued to be operational in support of a Pan-Pennine Lancashire COVID-19 primary care response.

This does require maintenance and repair and these necessary costs have included running repairs to plant and the car park area with a 30% increase in repair costs over 2018-19 and a 32% increase in utility costs.

ELMS is committed to providing a safe and robust service and indemnity arrangements are in place for ELMS as both a business and employer, and as a medical services provider. While ELMS now qualifies for the NHS Clinical Negligence Scheme for General Practice (CNSGP) provision has to be made for run-off cover against future claims for services and while these decrease over time as the liability for past services decreases, other premiums and costs have increased, but overall there was a 5.6% saving on 2018-19 premiums.

Slaidburn

Slaidburn Country Practice costs reflect, delivery of the service for 6 months and tight controls on expenditure including changes in medical staffing in 2019-20. These accounts include a recharge for the cost of ELMS corporate support, something not achieved in previous years. The Slaidburn accounts also include an accounting provision for the write-off of the bad debt to a related party, ELMS, valued at £132,790; this will create an accounting, but not a cash, surplus in Slaidburn accounts. ELMS still ensured service sustainability to this rural population, during the period of transition to the new provider.

ELMS Business Services (EBS)

EBS Administrative expenses were £4,879 - linked to the company's in-year computer costs, bank charges and audit costs.

YEAR-END RESULTS

ELMS management team have been proactive in looking to ensure service viability improves, and progress was made in 2019-20, despite the reduction in revenue. Consequently, for 2019-20 the executive team can report:

- A surplus against ELMS Limited accounts of £130,148 net of tax.
Allowing for the accounting adjustments for closing stock and bad debt provision c£63k, actual realised operating surplus in 2019-20 is £66,532.
- For Slaidburn Country Practice - an accounting surplus of £139,865 includes a £133k accounting adjustment for bad debt to ELMS; this has now written back into Slaidburn accounts as it will not be paid as a debt between connected parties (ELMS and Slaidburn), and as such is not taxable.
Actual realised operating surplus in 2019-20 is £7,075 net of tax for Slaidburn Country Practice, in the final six months of delivering this service, which was an improvement on the small loss reported in 2018-19.
- A small loss of £5,006 for ELMS Business Services.

ELMS Limited continues to be a financially healthy organisation, enjoying a year-end trading surplus across its range of services and a healthy position in its holdings at the bank – both current and deposit accounts – and on its balance sheet.

- Stocks reflects medicines held by ELMS for dispensing to patients under prescription where they may not have access to other dispensing services, such as community pharmacies out of hours. The figures also include facemasks purchased at the end of March 2020 because of the COVID-19 epidemic. These facemasks were for use by ELMS and other primary care providers in Pennine Lancashire and subsequent transactions are to be reported in 2020-21 accounts.
- For 2021-22, subject to other business and operational pressures, consideration will need to be given to a review of the company balance sheet, including the value of building assets and holdings at the bank.

For Slaidburn, the net effect of the accounting adjustment for the bad debt to ELMS is that the service has almost broken even over its lifetime as can be seen by the small negative position on the Slaidburn balance sheet.

The new 2020-21 financial year will bring further financial challenges as cost continue to rise against the backdrop of a reduction in contract revenues and time-limited contract extensions for ELMS core contracts.

While the commissioning of new services is limited and NHS Commissioners look to emphasise short-term solutions, ELMS has demonstrated that it is able to respond effectively to changing system needs and the company is well placed to exploit future opportunities. The corporate ethos will continue to prioritise any new service opportunities that offers patients benefit and are financially sustainable.

ELMS Unscheduled Care Services – James Bibby

Delivering Patient Care 24 hours per day, 7 days per week, 365 days per year.

I would like to place on record my thanks and gratitude to everyone working across the ELMS Integrated Urgent Care (IUC) Services in your varying roles for all the help and support given to ELMS, me and my teams in ensuring we continue to deliver the highest standards of service in which pride ourselves.

System Management

The Aadastra Clinical Management System underwent a full upgrade to the latest versioning 3.31 to maximise the functionality and integration the system has to offer.

New developments from a systems improvement saw the introduction of the Child Protection Information System (CP-IS) and Electronic Prescribing Services (EPS) within ELMS Aadastra system.

We plan for further Aadastra upgrades in 2020/21 to version 3.33 subject to IUC contract status and funding.

Rota Management

Clinical and non-clinical rotas continue to be expertly managed and navigated by Alison Marsden, we are grateful for her support in what is a very challenging role.

2019-20 - Rotamaster Clinical Hours

	IUC	AVS
Actual Clinical Hours Provided	35353	5109
% Clinical Hours Provided by GP	82%	45%
% Clinical Hours Provided by Nurse	15%	55%
% Clinical Hours Provided by Pharmacist	1%	0%
% Clinical Hours Unfilled	2%	1%

2019-20 – Rotamaster Non-Clinical Staff Hours

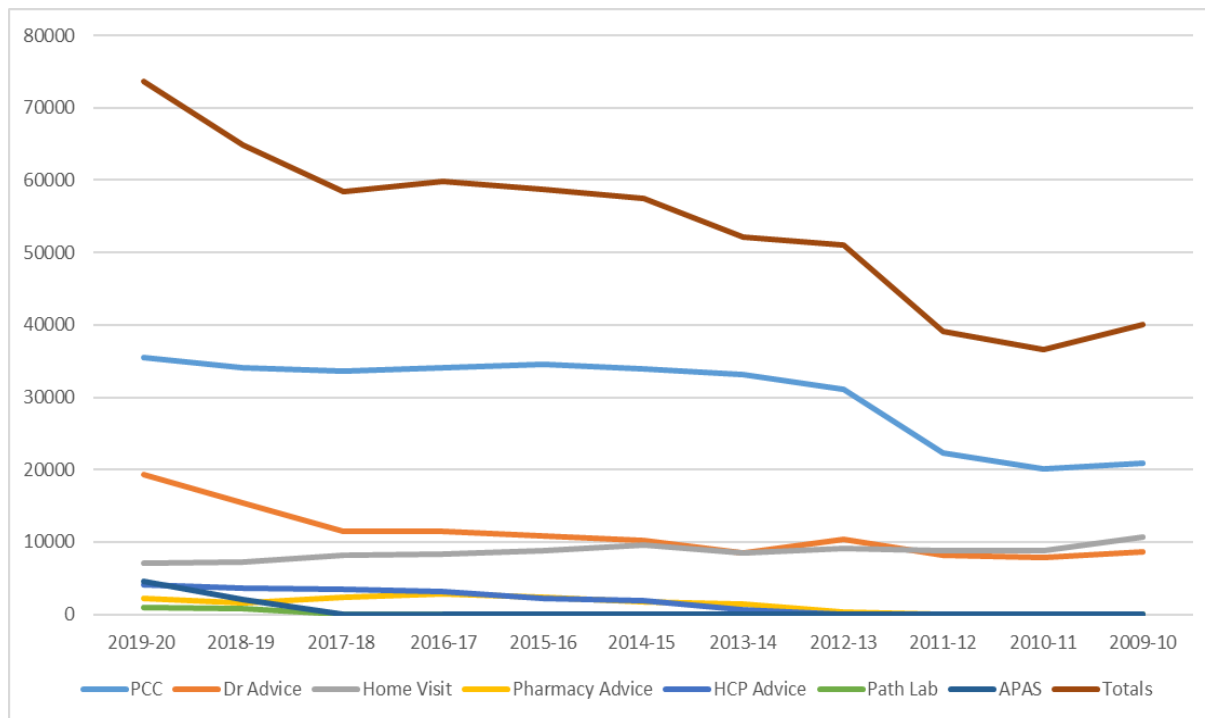
	IUC
Total Hours Provided	28353
SIH Control / Co-ordinator	38%
BGH Control / Co-ordinator	11%
SIH Navigator / Reception	27%
O/N Navigator/ Reception	22%
Car Valeting	1%
Unfilled Hours	1%

	AVS
Total Hours Provided	5434
AVS Navigator	98%
Unfilled Hours	2%

INTEGRATED URGENT CARE (IUC)

IUC Activity Trends

The trend in ELMS IUC service saw 2019-20 activity increase on the previous year by 13.58% (n8801) with 73,631 patients passing through Out of Hours through the year with 87,643 consultations completed by the service. The trend has continued on an upward trajectory, year on year since 2010-11, the year 111 replaced NHS Direct:



Based on finished case types, the number of Home Visits in 2019-20, showed a further decrease on previous years of 3.84% (n281), helped in part by the increases seen in AVS BwD. The number of 2019-20 treatment centre appointments saw a further increase over the previous year by 4.12% (n1405) on 2018-19.

The Rise and rise of advice and incoming priorities

Much of the increase in 2019-20, as in previous years, came from advice activity; with an overall increase of 24.6% (n3805), year on year.

Acute Patient Assessment Service (APAS) referrals continued to rise in 2019-20. This was expected due to the integration of daytime Clinical Assessment Service and Navigational Hub functions, this increased by 117.90% (n2489).

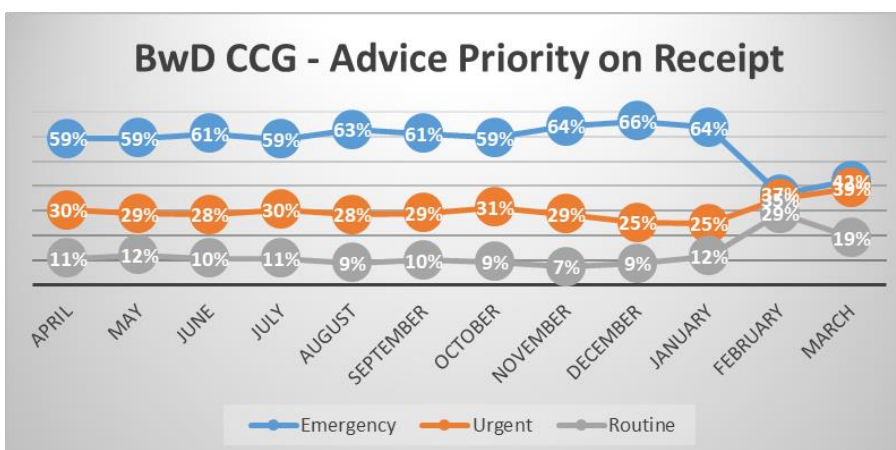
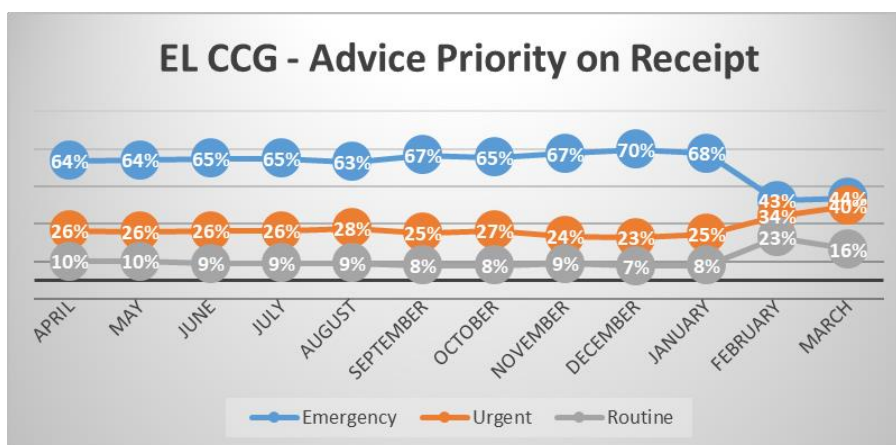
Despite the introduction of the Community Pharmacy Consultation Scheme (CPCS), it failed to realise any reduction or burden on ELMS IUC service, with repeat medication showing an increase of 39.34% (n620) on the previous year.

2019-20 Healthcare Professional Calls (HCP) increased by 15.95% (n566) on the previous year. ELMS and the CCGs agreed to look at the potential rollout of direct access in 2020/21; this was to further assist in the management of these calls and to move them away from 111.

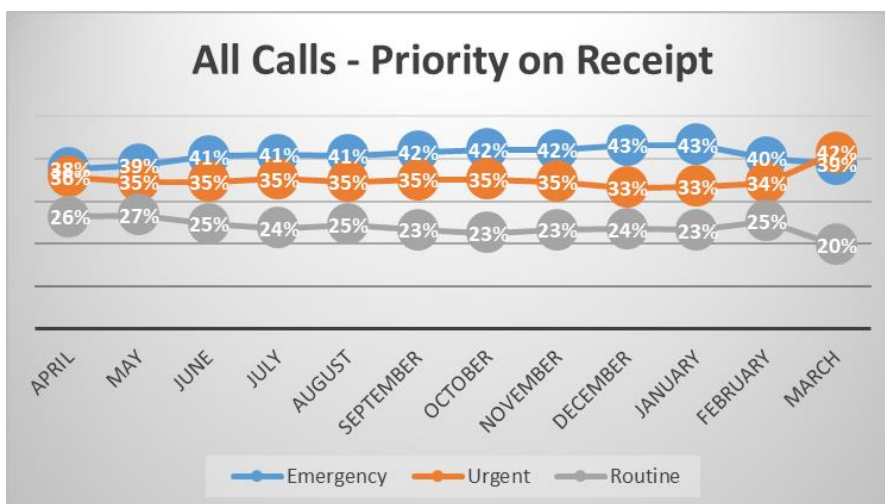
ELMS Annual Report 2019-20

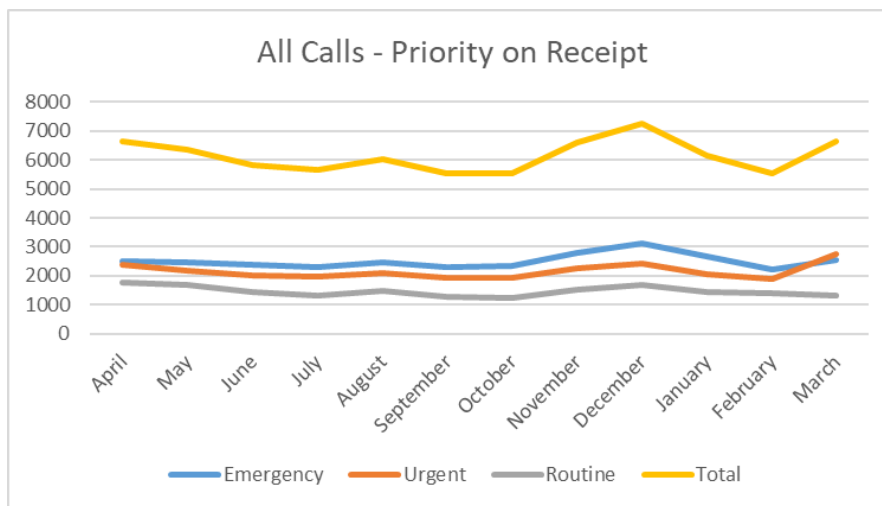
Advice calls represent a significant challenge to ELMS IUC service due to the pressure from the incoming referral priorities.

High levels of emergency referrals, typically HCP calls – requiring a quicker response time but not necessarily reflecting patient need – transfer pressures from the referrer to ELMS and make greater demands greater demands on ELMS limited resources which are already dealing with referrals currently in the system. Until the appearance of COVID-19 in the final months of 2019-20 the trend continued to rise in the number of “Emergency” Advice Calls with very few now falling into the “Routine” category, as was the case in previous years:



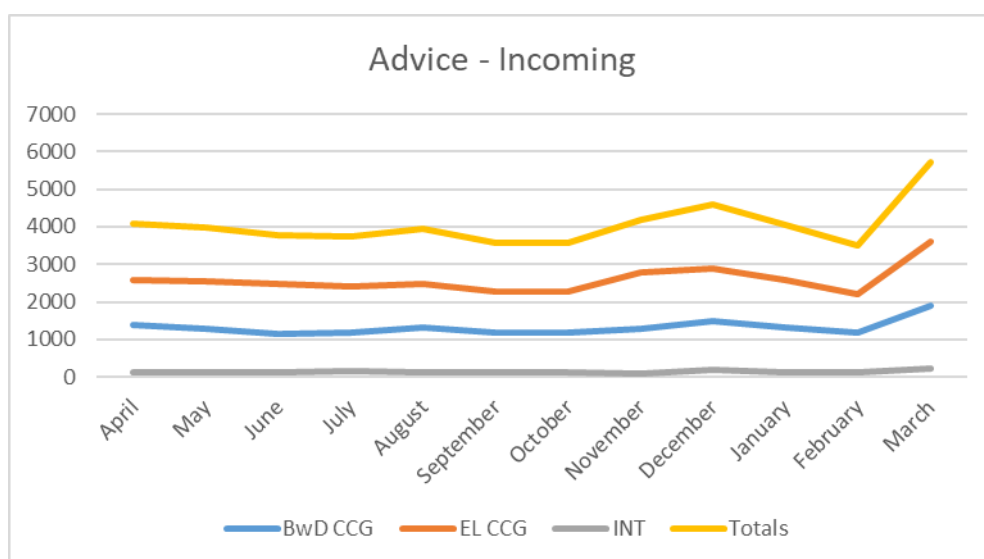
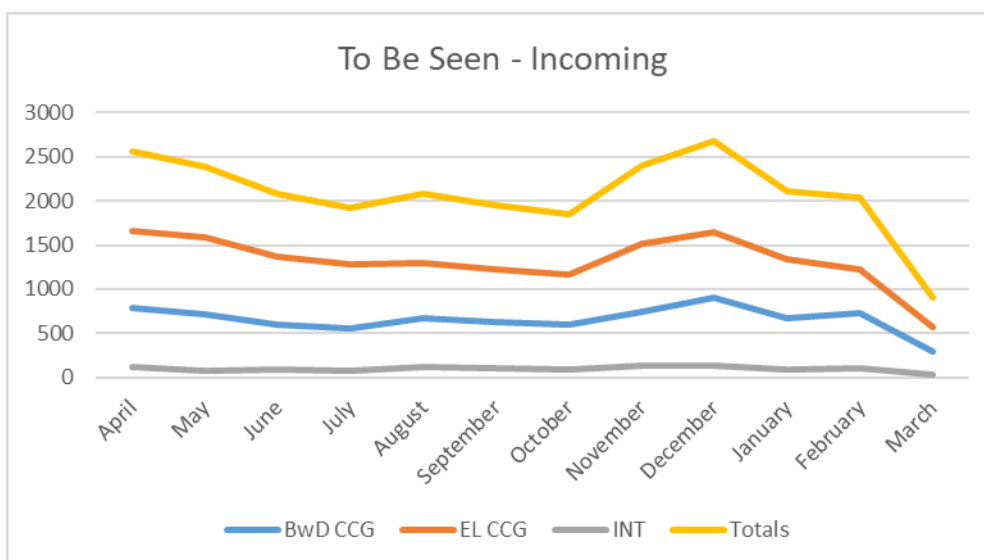
Reported activity in 2019-20 was lower against all referrals received albeit a similar trend occurs:

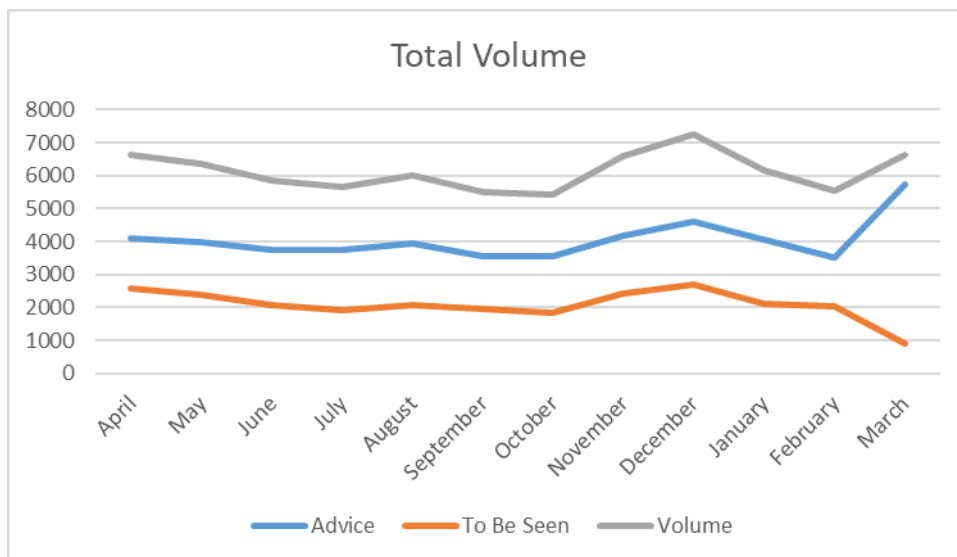




Incoming versus Outgoing – Case Types

There are two main types of incoming case categories, “To Be Seen” and “Advice”. The following charts shows the make-up of receipt of calls; the simple rule ELMS operate to, being “To Be Seen” are managed and booked by ELMS IUC Control and “Advice” are managed by Clinicians on first touch:





The change in activity in February and March 2020 is consistent with the rise of the COVID-19 virus and change in ELMS patient management approach to a “Total Triage” system. All referrals were mapped to “Advice” rather than “To Be Seen” to minimise the risk of cross infection.

The table below illustrates final case type allocations in 2019-20. Outgoing Case Types demonstrate that 58% (n42515) of patients referred were managed through face-to-face assessment.

- 48% (n35485) of patients referred were managed through face-to-face assessment in Treatment Centres
- 10% (n7030) of patients referred were managed through face-to-face assessment on a Home Visit of which 5% (n355) completed by District Nurse Teams.

This activity trend changed in March 2020 and was consistent with the “Total Triage” systems response to COVID-19 employed mid-month.

Final Case Types	April	May	June	July	August	September	October	November	December	January	February	March	Totals
APAS Advice	260	266	347	346	327	303	341	399	522	506	458	525	4600
COVID Management Service	0	0	0	0	0	0	0	0	0	0	0	0	52
COVID-19 Advice	0	0	0	0	0	0	0	0	0	0	0	1274	1274
DN Answer Service	7	1	0	0	0	0	0	0	0	0	0	5	13
D/Nurse Home Visit	28	27	19	26	29	35	25	37	33	30	29	37	355
Doctor Advice	1291	1215	1091	1103	1137	1052	1028	1155	1354	1160	919	1800	14305
Failed to Contact	2	3	2	2	1	3	2	2	2	1	1	0	21
HCP Advice	341	322	286	269	300	280	313	374	408	356	306	560	4115
Home Visit	663	602	600	493	597	523	488	589	675	594	545	306	6675
NH Nurse Advice	360	331	323	425	360	309	259	256	193	269	191	167	3443
Nurse Advice	13	2	2	6	8	8	11	39	5	0	28	48	170
Path Lab Advice	59	84	79	98	87	67	77	92	64	71	78	71	927
Pharmacy Advice	244	248	169	174	228	154	151	194	176	201	147	110	2196
To Be Seen	295	295	225	25	171	174	158	258	274	130	30	15	2050
Treatment Centre	3077	2956	2698	2680	2772	2610	2558	3196	3563	2844	2820	1661	33435
Grand Total	6640	6352	5841	5647	6017	5518	5411	6591	7269	6162	5552	6631	73631

Acute Visiting Service

The Acute Visiting Service (AVS) continued to support Blackburn with Darwen (BwD) patients throughout 2019-20. Utilisation of AVS visiting slots is set by the take up of directly booked slots by BwD GP Practices.

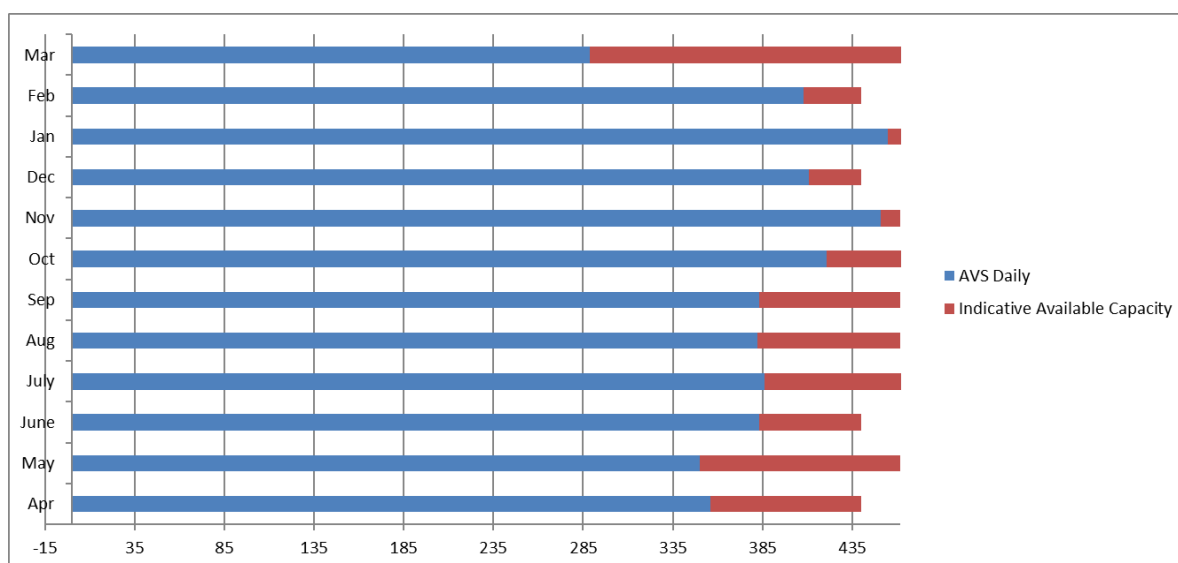
With EMIS embedded to enable practices, direct booking access for their visits with ELMS clinicians having access to the full patient record under formal GDPR-complaint information sharing agreements.

The introduction of EMIS and full visibility to all practices saw the total number of referrals in 2019-20 increase by 13.39% (n552) on the previous year’s activity levels.

ELMS continued to work with the CCG and practices to continually update and publish a User Guide, Hints& Tips and Frequently Asked Questions documents to enable ease of referral for all practices:

2019-20	AVS Daily	AVG Per Day	Working Days	Anticipated Capacity	Indicative Available Capacity	% Capacity Utilised
Apr	356	18	20.0	440	84	81%
May	350	17	21.0	462	112	76%
June	383	19	20.0	440	57	87%
July	386	17	23.0	506	120	76%
Aug	382	18	21.0	462	80	83%
Sep	383	18	21.0	462	79	83%
Oct	421	18	23.0	506	85	83%
Nov	451	21	21.0	462	11	98%
Dec	411	21	20.0	440	29	93%
Jan	455	21	22.0	484	29	94%
Feb	408	20	20.0	440	32	93%
Mar	289	13	22.0	484	195	60%
Total	4675	18	254	5588	913	84%

The service saw an increase in overall utilisation of capacity likely due to making it easier for practices to refer. This utilisation improved month on month in 2019-20 until impacted by COVID-19 in March when referral levels dropped off; AVS resource was deployed in support of the local COVID response.



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 a range of services responsive to vulnerable patients.

Medicines Management

Management of ELMS medicines processes continues under the stewardship of Kay Marsden supported through Clinical Performance Lead, Dr Pervez Muzaffar, with improved control measures implemented as directed. Many thanks to them both for their continued support.

With Electronic Prescribing Systems (EPS) fully implemented within Aداstra and all clinicians enabled, this has made ELMS more efficient, albeit we would still encourage all clinicians to use this function and ensure they bring their smartcard to their rota sessions.

The IUC service aspires to 100% of all prescriptions to be issued via EPS thus increasing our efficiencies and reducing operational risk through unnecessary faxing and emailing of prescriptions. The use of EPS, given the rise of COVID offers the opportunity to reduce the risk of cross infection arising unnecessary multiple handling of paper.

These improvements should reduce the administrative burden and make ELMS service more efficient and more cost effective.

Pennine Lancashire Navigation Hub – Brenda Re

2019-20 saw the Navigation Hub continue its clinical assessment service role and continues as an integral part of the ELMS Integrated Urgent Care Service, that is able to deliver a 24/7/365 Clinical Advisory Service (CAS).

In March 2020, the Clinical Navigation Hub was commissioned to run the COVID Management Service (CMS). This involved the team from the Hub contacting patients that had been tested and confirmed positive for COVID-19. The Hub were able to provide both clinical and emotional support including a contact number that patients could ring if they had any COVID symptoms. The fact that the team were able to prescribe if appropriate, meant that we were able to offer a seamless service without resorting to the patient's own GP. Patients were kept on the register 7- 10 days and feedback from the majority of the patients referred to the service was very positive as they welcomed the continuity that this offered.

As one of the team completed the Nurse Practitioner Degree in October 2019, they continue to triage Pathfinder and Manchester Triage (MTS) calls from Paramedics on scene and now divides their working time between the Hub and the Acute Visiting Service (AVS).

Whilst the hub continues to broker referrals on behalf of Health Care Professional HCPs, it also continues to take Acute Patient Assessment Service (APAS) calls, with the CAS taking direct referrals from 111 and NWAS 999 calls, under agreed symptom groups and disposition codes. 111 and 999 referrals are received using the Aadastra software platform, making the process very efficient as this interfaces with NHS 111 and 999 services.

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

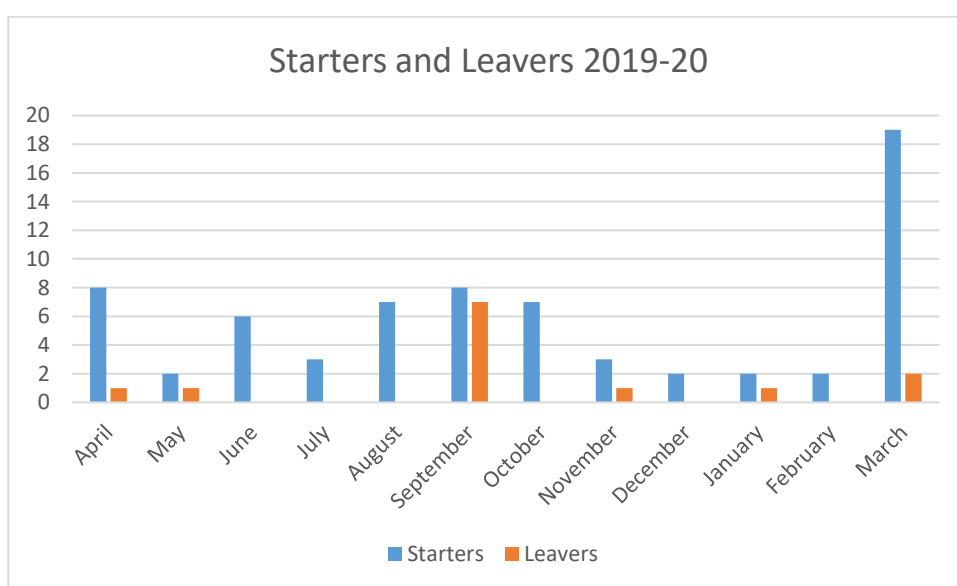
HR & Workforce Development – Levis Springer HR & Workforce

2019-20 saw some stability begin to return to the workforce following a year of significant challenges and uncertainty – a year in which ELMS continued its strategy of consolidating and redefining organisational purpose.

2019-20 also saw a further reduction in service contracts held, as ELMS’ management of Slaidburn Country Practice ended in September 2019, with the TUPE transfer of the Practice staff. ELMS continues to deliver the Integrated Urgent Care and AVS services but the contracts are only confirmed until March 2021.

ELMS established at short notice, a COVID Management Service to support the local response to COVID-19. All these services call upon the support of the HR Manager in support of operational issues.

Workforce Profile

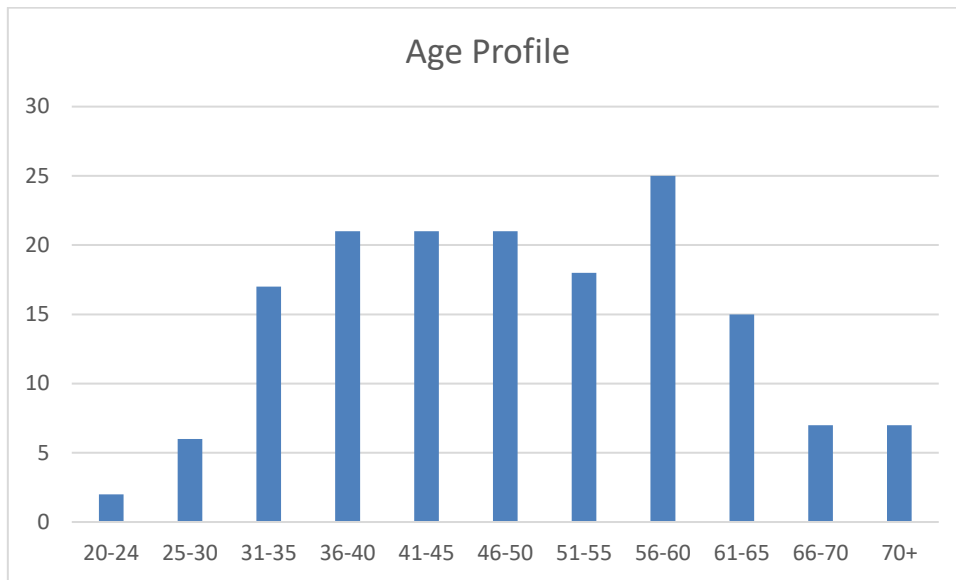


	April	May	June	July	August	September	October	November	December	January	February	March
Starters	8	2	6	3	7	8	7	3	2	2	2	19
Leavers	1	1	0	0	0	7	0	1	0	1	0	2

Turnover

There were a total of 69 starters and 13 Leavers in 2019-20, and an annual turnover of 19 %

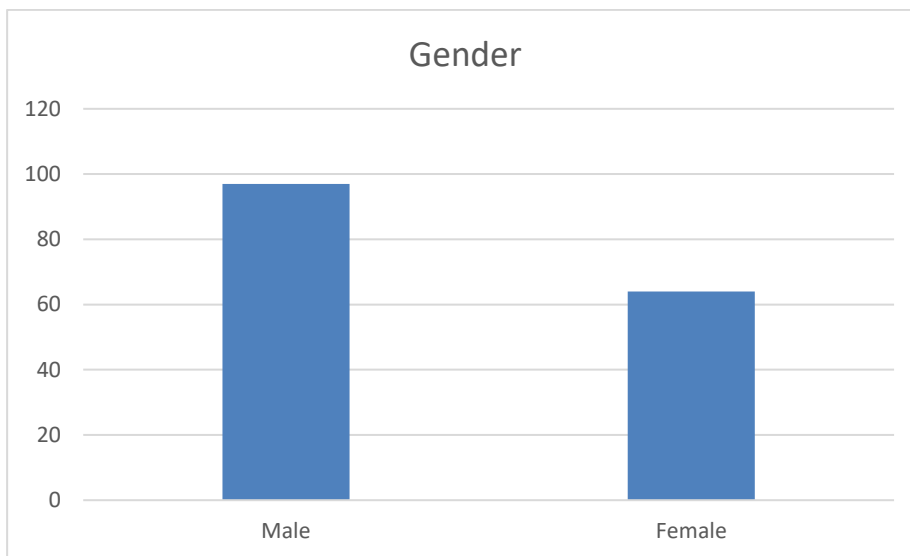
Age



Age	20-24	25-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	70+
No	2	6	17	21	21	21	18	25	15	7	7

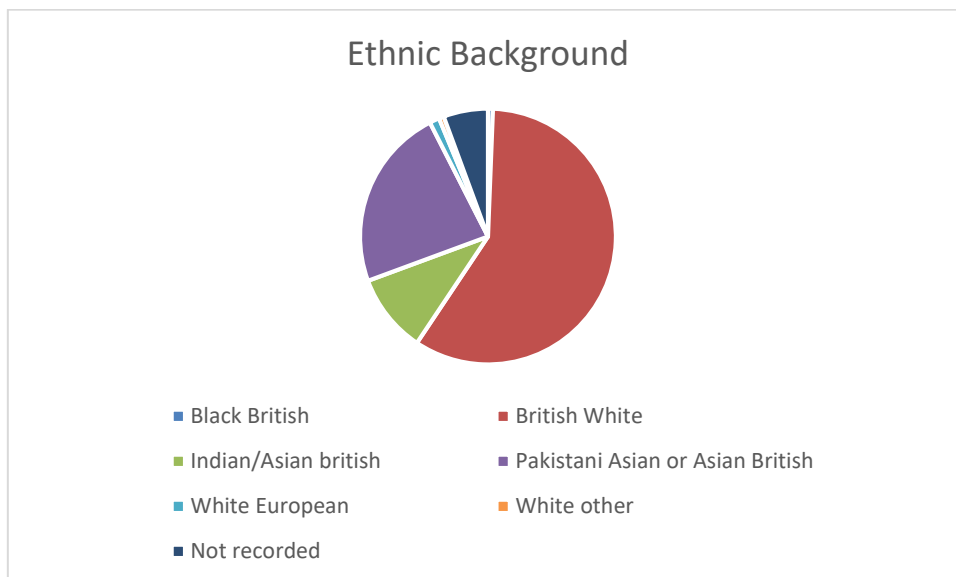
Just over overall 45% of staff are aged 50 or over

Gender



Male	97
Female	63

Ethnic breakdown



Black British	British White	Indian/Asian British	Pakistani Asian or Asian British	White European	White other	Not recorded
1	94	16	37	2	1	9

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

Training and development

2019-20 saw ELMS continue to have high levels of compliance with all Statutory and Mandatory Training Modules, with an overall compliance level of 95%

Health Safety & Estates – Levis Springer

Health and Safety

The Health and Safety of patients, staff, clinicians and visitors is a major priority for ELMS and all appropriate checks and measures continue to be reviewed and amended accordingly in order to minimise risk.

There have been no major accidents and no RIDDOR reportable incidents in 19-20

Estates

There have been no major estate changes at St Ives during the year. ELMS Business Centre remained largely unoccupied but available for contingency measures and to support of ELMS service resilience. Plans have been in place to determine whether this part of the site could be rented out were put on hold due to the rising concern surrounding Covid-19 and the need to ensure social distancing on site.

Year-end saw some minor remedial work however continuing contract uncertainty means that estates expenditure remains limited to essential maintenance and repair work.