



East Lancashire Medical Services Ltd.

Annual Report 2020 – 2021

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



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



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

ELMS provides unscheduled primary healthcare to the populations of Pennine Lancashire – covering Blackburn with Darwen and the Boroughs within East Lancashire -working in close partnership with the CCGs, NHS 111/999, NWAS and other local providers across the local health and social care system. Pennine Lancashire has a diverse population with differing health experience and covers a large geographic area with operational challenges to match.



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.



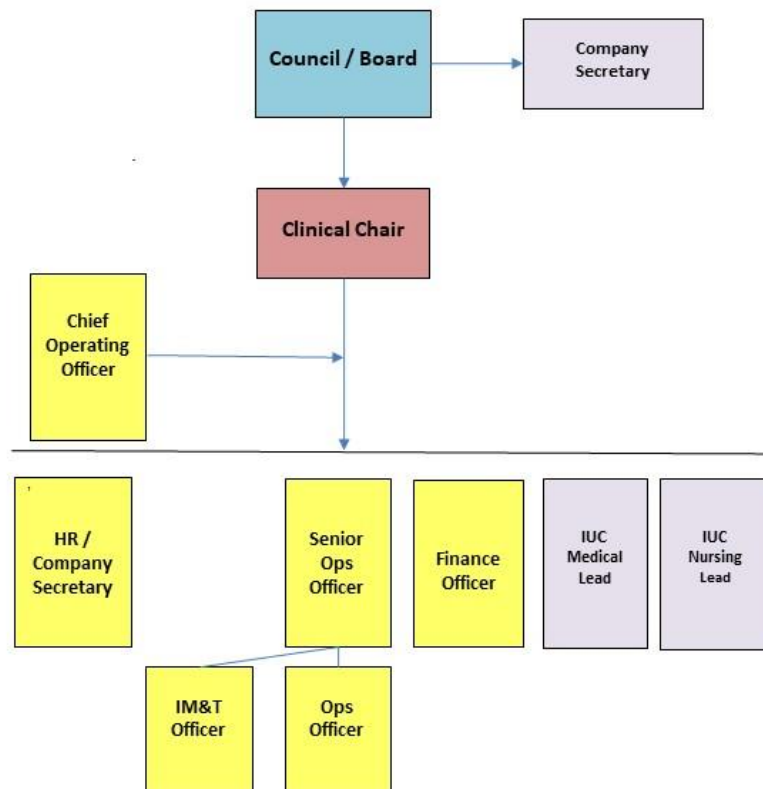
ELMS accreditation under the Social Enterprise Mark was confirmed in February 2021 – this reflected ELMS social enterprise status as a not for profit organisation and our community benefit ethos – an area of our Society’s work that we will look to develop in the years to come.

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

Who is Who?



ELMS Organisational Structure



ELMS Council

A Council elected by members to whom the Executive Team is accountable oversees the Society’s operations. 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 | 2020-21 were:

- Dr M K Datta, Dr P Muzaffar and Dr Y Arshad, Tracy Pettit (Nurses) and Warren Greenacre (staff).

There are still vacancies for two East Lancashire GPs and for another staff representative.

ELMS Officers



ELMS Organisational Structure

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 2020-21.

ELMS continues to have a key role in the Pennine Lancashire health economy, supporting primary and secondary care as well as playing a critical role in developing a community care interface which draws on the strengths of all system partners in integrated care delivery. 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. We maintain quality without compromising patient safety and performance, while company security and stability remaining the focus.

This year the executive team continued to manage the alignment of service costs but also looked to identify other income, in addition to existing revenue streams. Turnover has increased from last year and the Society enjoys providing services against substantial contracts and considerable financial reserves. 2020-21 saw ELMS reinvest some of its monies through charitable donations into community support services, such as local foodbanks and hospices that help maintain health and well-being in our communities. This is in line with the Society's Community Benefits ethos and is an area we will look to develop in future years.

The local health economy is in an extended 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. ELMS continues to be a key system partner with a demonstrable ability to delivery effective primary care services at scale across Pennine Lancashire.

We entered the 2020-21 year whilst in the midst of the first wave of the global Coronavirus pandemic. ELMS was asked at short notice and by a system under extreme duress, to deliver a centralised, co-ordinated primary care and community COVID response for the whole of Pennine Lancashire. ELMS ability to mobilise at pace and at scale, which was unrivalled in other health systems led undoubtedly to a reduction in the Pennine Lancashire COVID-19 infection rate and mortality. Subsequently the local CCGs asked ELMS to bring our expertise and experience into the COVID Virtual Ward integrated delivery, along with other provider partners, which has since been the recipient of the HSJ Integrated Care Patient Safety Award.

I am immensely proud of all of ELMS management, operational and clinical teams for this work. The models of delivery, and spirit of collaboration that ELMS has spearheaded in this year within our health economy has been widely noted and credited; and has subsequently become a template for service delivery and our performance has set a standard for partners to aspire to.

I take this opportunity to thank all of our much-valued colleagues, staff and clinicians for their ongoing support and professionalism in 2020-21. I am confident my ELMS colleagues will continue responding positively to the challenges in the year ahead.

Clinical Services – Dr Pervez Muzaffar / Katrina Taylor

Medical Lead Commentary

I would like to congratulate and thank every, clinician and operational staff member for the excellent care provided for the patients during the toughest time of our personal and professional lives.

The NHS has been under immense pressure since the start of COVID-19 and ELMS had to step up to support primary and secondary care to cope with the increasing demand. We started new services like the COVID Management Service and bolstered our clinical advice capacity as well as supported the development of other services with our system partners, such as the COVID Virtual Ward. To provide these extended services we have successfully managed to recruit more doctors and nurses to stabilise our workforce.

In 2020-21, we managed more cases that are complex and made some very difficult decisions, both professional and personal. Some of us have faced personal and family stress through illness and bereavements but we carried on supporting ELMS commitment to help patient and kept our bit of the local NHS running. ELMS has been fortunate in that there has been major instances of COVID amongst our clinical and non-clinical team, to date, with only a few individuals having to self-isolate and no evidence that these infections were transferred while at ELMS. As a group, I feel we were exceptional with our demonstration of motivation and resilience.

ELMS Clinical Governance Group kept abreast of the latest NHS guidelines on PPE and infection prevention, vaccination and creating a safe environment to protect, patients, staff and our clinicians. This reflected the operational change in the delivery of care through total remote triage and the suspension of ELMS services at Burnley General Hospital, for example. Other changes included the arrangements for home visits with different seating setups in our cars and the need to wear PPE and clean down after every visit; longer face-to-face consultation periods to accommodate cross infection prevention measures and the availability guidance and practical measures including PPE and hand sanitiser, etc.

The number of complaints against ELMS services and clinicians has been low; the majority of these were about communications and attitude of the clinicians and this is something we all need to be mindful of as healthcare professionals.

There was no serious incidences during this period.

ELMS continued to monitor clinical consultations through Clinical Guardian in the out-of-hours setting and through manual audits for AVS. Generally, there were only minor issues with individual consultations in these audits – the selection of reason for the visit against system codes was a common issue for AVS consultations. ELMS provide feedback to individual clinicians that allows clinicians to reflect on and improve their practice.

ELMS have to report breaches to the Commissioners and individual conduct, rather than service pressures due to capacity, often create these delays as we have maintained our workforce throughout the COVID epidemic.

Unfortunately, the cherry picking of the cases and prolonged inactivity is something that seems to be happening on every clinical session and this causes delay and uneasiness between the clinicians and occasionally, with the operational staff. We all need to practice 'honest triage' which is very simple - pick up the cases in order and if needed bring them in to ELMS Treatment Centre rather than deflecting to UCC.

Overall, ELMS clinicians and operational colleagues have done a great job during the very pressurised and testing time.

Thanks for your effort.

Katrina Taylor – Nurse Advisor

As Nurse Advisor, I look to use my experience of nursing in General Practice and a local DVT service, to inform my work as ELMS Nurse Adviser. I support clinical performance with specific accountability for providing advice and information to ELMS on nursing and related clinical issues, including clinical audits, Non-Medical Prescribing across ELMS services and Infection Control.

I also support ELMS initiatives to improve patient safety and experience for vulnerable patient groups and act as a point of advice in the absence of Dr Asif Garda, as ELMS Safeguarding Lead or Dr Pervez Muzaffar, as ELMS Medical Lead.

In 2020-21, I have undertaken clinical audits in accordance with ELMS Audit Plan to enhance the quality and safety of ELMS services to patients. These audits included:

- Conjunctivitis
- Deep Vein Thrombosis
- Antibiotic Prescribing: Cephalosporin/Quinolone/Co-Amoxiclav
- Non-Medical Prescribing

ELMS is committed to promoting safe, effective and economic clinical practice, including prescribing of medicines and drugs and promotes adherence to relevant guidelines and best practice to minimise risk to patients and cost to the NHS. Non-Medical Prescribing (NMP) covers a range of non-medical healthcare professionals who can prescribe medicines for patients as either Independent or Supplementary Prescribers and the audit covers colleagues annual NMP accreditation.

Audits and their findings have been reviewed by and discussed with Dr Asif Garda, ELMS Clinical Chair and shared with clinical colleagues via ELMS Clinical Bulletin and where appropriate individual discussions.

Could I take this opportunity to thank all my ELMS colleagues for their support to my work and the work of ELMS Services, but in particular, to the Nurses who have supported ELMS in 2020 - The Year of the Nurse.

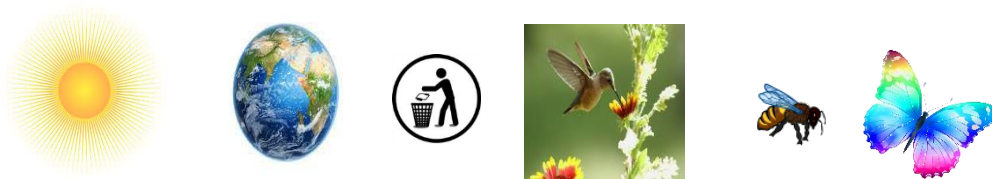
Corporate Services – Levis Springer

Disclosure & Baring Service (DBS)

ELMS remains fully compliant with all Disclosure and Baring Service (DBS) requirements and continues to be an umbrella organisation for DBS. ELMS undertook 121 DBS applications in 2021. 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 continues 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 collaborate with Shred-it and their shredding and recycling program. Twenty-one trees were saved from destruction in 2020/21, slightly down on the previous year reflecting the positive impact this initiative has made towards the environment and our commitment to reducing paper waste.



By using confidential paper disposal during the year, ELMS saved 21 trees.

During 2020/21 ELMS has maintained its ongoing 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

Care Quality Commission (CQC) Registration

ELMS is registered with the Care Quality Commission (CQC) for the delivery of the services we deliver. Care Quality Commission Provider ID is 1-199801603. The CQC invited the Society to a virtual inspection in mid-December 2020 and executive members supported the subsequent teleconference. CQC noted that ELMS Chief Operating Officer had provided a lot of supporting information to the Inspector for which she proffered her thanks and was reassured by the information provided. There was a positive outcome to this CQC virtual inspection.

Information Governance

Information supports ELMS clinical operations and the effective management of services and resources so it is essential that all the Society's information systems are managed effectively within a robust governance framework. ELMS looks to ensure that all types of information used in ELMS is sourced, held and used appropriately and is used and kept securely and legally. ELMS Board and Senior Management Team are responsible for ensuring that the Society's policies and record management systems and processes safeguard that information. 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 service delivery requires access to readily available, up-to-date information, procedures and policies and so the Society's document management system is based on Clarity 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. The security of the Society's systems are subject to an annual test by an accredited third party systems assessor and ELMS submitted an annual self-assessment return to NHS Digital's Data Security and Protection Toolkit against a range of data protection and security criteria in September 2020 (in line with revised national timeline for accreditation). ELMS IT Officer, Andrew Connell, supported by the Chief Operating Officer, maintains ELMS accreditation for the Advanced Threat Protection programme supported by NHS Digital.

Safeguarding

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 and this is submitted on an annual basis for appraisal by service Commissioners safeguarding teams.

ELMS Clinicians will report any concerns, in line with their professional obligations, on the basis that it is better to be safe than sorry in the best interests of vulnerable patients.

ELMS Chair is the company’s safeguarding lead.

Promoting Best Practice

- Clinical Bulletins and ClarityTeam 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.
- Safeguarding audits take place on a weekly basis, where all cases where a safeguarding concern is identified by the consulting clinician. ELMS safeguarding lead or nominated deputy review these cases and audit the reported actions for appropriate referral and escalation. Remedial or supplementary action is taken if the audit identifies a need for action.

Patient Experience

East Lancashire Medical Services (ELMS) provides services to the people of Pennine Lancashire 24 hours of the day, 7 days per week, and 365 days of the year and has done so since 1994. 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 right and how we might improve.

In 2020-21, ELMS completed 69,978 episodes of care in its IUC service and 10,340 through its AVS – 80,318 episodes of care per year.

Complaints

Given the high number of patients and their families ELMS support do not get many complaints and patient satisfaction, measured against the level of complaints, across all our services continues to be good. ELMS received 15 complaints in 2020-21, which is **0.02% of total activity IUC and AVS activity**.

Complaints												
Issue / Period	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Total Received/Notified in period	2	2	1	0	0	2	2	2	0	2	1	1
Unhappy with GP								2				
Unhappy with Nurse												
Aspect of Clinical Treatment	2	2				2	2			2	1	
Staff Attitude												
Communication												1
Service Delivery												
Breaches- IG/CQC			1									
Appointments												
Safeguarding												
Premises												

ELMS executive team and Board discuss this information and any necessary remedial actions arising from positive or negative comments are put into place. This may include sharing lessons learnt with those affected, staff and sessional healthcare professionals through emails, newsletters and meetings as appropriate. These complaints are discussed with ELMS Council – ELMS is a Community Benefits Society - so the organisation is committed to ensuring as satisfactory a patient experience as possible.

Compliments

The Coronavirus pandemic has minimised the opportunity for face-to-face contacts, has led to the suspension of our Family & Friends Test (FFT) questionnaire, which is our usual means we gather information and feedback from our patients, carers and other stakeholders.

Examples of positive feedback in 2020-21 included:

IUC - ELMS received the following anonymous feedback from a relative of an East Lancashire patient who has had a number of contacts with the ELMS services recently and wanted to pass on their thanks to the team:

Grandad's not good it's not good news, he's refused admission twice as that's only way he has a chance, but he's sound of mind and basically had enough - "if it'll get me it gets me" is his take on it. Your doctors have been out to him twice and they have been fantastic absolutely brilliant, extremely thorough and brilliant bedside manner in dealing with his deafness and explaining everything to him, spending the time to explain to him the repercussions of his decisions - and my Grandad isn't an easy patient! They've done everything they can to try stabilise him as much as is possible at home as that's his wishes. They both spent a lot of time on the phone in the car organising everything for him, after very time consuming consultations with him, and then let us know our instructions and what's happening next.

Excellent service - excellent doctors in these very trying times - thank you!

And

I had need to contact 111 who put me through to a GP out of hours doctor last Saturday.

Grandad had deteriorated again overnight, so much so we couldn't get him to his urgent hospital appointment. I've felt frustrated and battled for a long time, in that nobody from the primary care sector have been looking at Grandad from the point of view of how can we manage his symptoms, instead ordering more and more tests whilst he's become more and more poorly and now too poorly to attend the tests they want him to have. Grandad doesn't want the tests - he's 87 lived 5 years now without his wife, and wants to be left alone. In his words "if it's my time, then it's my time".

The Out of Hours GP was amazing, he discussed my concerns thoroughly with me and talked with me and my Grandad about his wishes and explained everything thoroughly. He was the first person to finally prescribe medication to help him with his ever increasing symptoms, since the last time we had to call Out of Hours, of which his symptoms have been horrendous and made him really suffer. He sent them to our nearest chemist and Grandad started them within the half hour of talking with the doctor. Immediately he got some relief and the suffering was diminishing.

The Out of Hours doctor not only did that, but also sent a message to his GP with a thorough explanation of everything that had taken place at the weekend and a request for an advanced care plan to be put in place to manage Grandad according to his wishes.

Finally, his own GP practice have taken his wishes seriously and taken action following this Out of Hours GP's actions. He's now not suffering as much as he was, and his wishes are being respected. I can't thank the doctor and your service enough.

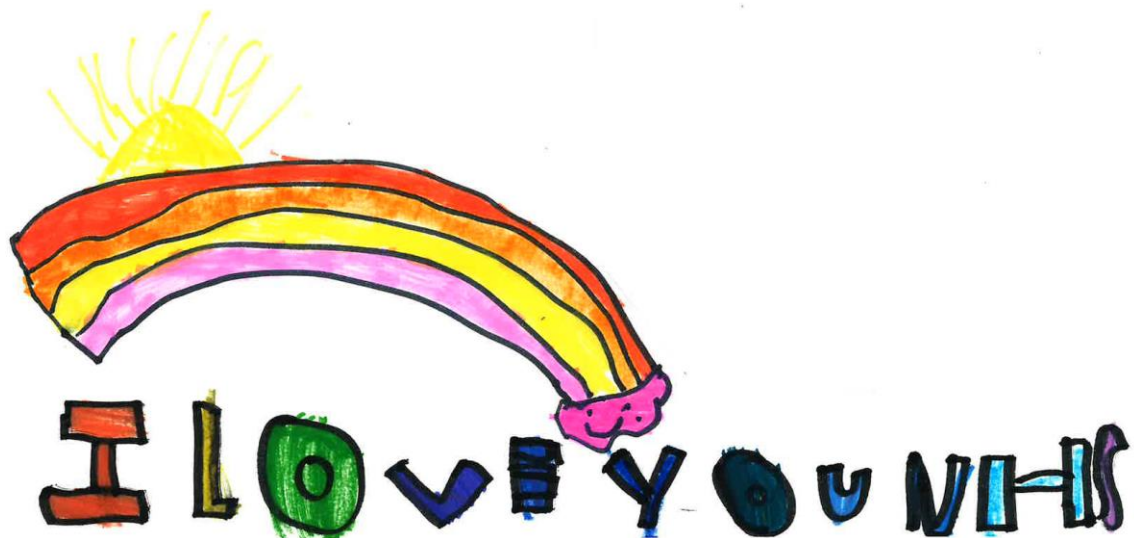
Please pass on our thanks to the doctor that dealt with Grandad - I'm so relieved. I'm sorry, I was that stressed, I can't remember the doctors name but he was amazing, so easy to talk to, so understanding and sensitive to Grandad's wishes and did everything in his powers to help us.

AVS - East Lancashire GP Practice messaged ELMS with note of thanks following AVS consultation on 8 June. *Patient seen by ELMS GP who liaised with host GP practice as patient had refused admission (GP agreed to prescribe EPS if needed), but AVS revisited and arranged admission after dialogue with host GP – patient treated in hospital. An example of excellent working between ELMS AVS team and host GP practice.*

AVS – Blackburn with Darwen GP Practice feedback: *Just to let you know that patient's wife phoned this afternoon (4 Jan-21) to say thank you to the doctor who visited him this morning, she said that he was very helpful and very professional. Please convey patients' and practice's gratitude to the doctor.*

AVS – Blackburn with Darwen GP Practice feedback: *A big thank you to ELMS for providing this exceptional service in these extremely difficult and unprecedented times, without a doubt AVS had been a God send and we are really appreciative of it.*

These comments arising from face-to-face consultations during the current COVID epidemic, shows the quality and patient focus of the service ELMS offer as the whole team continues to support patient care.



Clinical Governance

Clinical Audit looks to ensure 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 Incidents

Clinical Incidents												
Issue / Period	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Total Received/Notified in period	0	0	0	0	0	0	1	0	0	0	0	
Service Delivery incl. staff												
Aspect of Clinical Treatment							1					
Inappropriate Referral												
Communication												
Breaches- IG/CQC												
Safeguarding												
Premises												

ELMS executive team and Board discuss this information and identify the need for any remedial actions necessary to improve patient care and the quality of service. This may include changes in policies and procedures and sharing lessons learnt with those affected, staff and sessional healthcare professionals through emails, newsletters and meetings as appropriate. These incidents are also discussed with ELMS Council.

Integrated Urgent Care (IUC)

ELMS Integrated Urgent Care (IUC) service IUC uses the Adastra clinical system. The secure on-line Clinical Guardian tool used by ELMS to review a proportion of each ELMS clinician’s consultations uses consultation information from Adastra. Clinical Guardian operates in accordance with RCGP criteria and provides appropriate safeguards for confidentiality. The percentage to be audited, applied to each clinician’s consultations, is based on the perceived risk associated with that clinician. ELMS uses Clinical Guardian to feedback to clinicians on good practice and those that need improvement.

The results as at March 2021 were:

Period of Audit	No. Working Performers (month in arrears)	Amber - Clinician under full review	Yellow - Clinician under standard review	Others - Satisfactory, new clinicians / GP Regs	Consultations Assessed - For Review	Consultations Assessed - Good	Consultations Assessed - Satisfactory	Consultations Assessed - for Reflection	Total No. Consultations Assessed	Episodes of care	% audited
April 2020	80 clinicians: 4 GPSTs; 53 GPs; 21 Nurses; 2 Pharmacists	1		162	0	26	104	0	130	7759	2%
May 2020	84 clinicians: 3 GPSTs; 59 GPs; 20 Nurses; 2 Pharmacists	1		168	10	39	219	0	258	9587	3%
June 2020	81 clinicians: 6 GPSTs; 55 GPs; 17 Nurses; 3 Pharmacists	1		165	1	15	77	0	92	8023	1%
July 2020	72 clinicians: 3 GPSTs; 52 GPs; 15 Nurses; 2 Pharmacists	1		188	3	32	73	1	106	5,989	2%
August 2020	71 clinicians: 2 GPSTs; 56 GPs; 10 Nurses; 3 Pharmacists	1		188	1	49	57	1	107	5339	2%
September 2020	79 clinicians: 8 GPSTs; 56 GPs; 12 Nurses; 3 Pharmacists	1		190	0	26	54	1	81	5839	1%
October 2020	74 clinicians: 9 GPSTs; 51 GPs; 11 Nurses; 3 Pharmacists	1		185	1	18	68	0	86	5265	2%
November 2020	74 clinicians: 8 GPSTs; 51 GPs; 12 Nurses; 3 Pharmacists	1		183	0	32	54	1	87	5036	2%
December 2020	89 clinicians: 14 GPSTs; 58 GPs; 14 Nurses; 3 Pharmacists	0		176	1	58	102	0	160	5763	3%
January 2021	84 clinicians: 11 GPSTs; 55 GPs; 15 Nurses; 3 Pharmacists	0		167	0	69	61	2	132	7354	2%
February 2021	77 clinicians: 12 GPSTs; 50 GPs; 13 Nurses; 2 Pharmacists	0		160	0	53	82	0	135	6665	2%
March 2021	78 clinicians: 13 GPSTs; 50 GPs; 13 Nurses; 2 Pharmacists	0		151	0	61	32	0	93	5529	2%
Apr-20 to Mar-21	Av. Rating pm	1	0	174	17	478	983	6	1467	78148	2%
% of Total working/ audited					1%	33%	67%	0%	% Total Assessed		

Figures are month in arrears. ELMS monitor performance on an ongoing basis incl. consultation times, ill-health affecting performers, variance in no. advice calls overnight rather than visit (All cases received after 00:01 are mapped to advice; this enables GPs to clear the backlog and prioritise the workload overnight through further assessment), new GPs to the service, other clinical issues. ELMS system facilitates peer review and discussion around issues arising from audits and individual scores/consultations.

Acute Visiting Service (AVS)

AVS was been provided in Blackburn with Darwen CCG area for several years, but 2020-21 saw the rollout of the service into East Lancashire. The AVS uses the EMIS clinical system to capture details of patient consultations. EMIS does not integrate into the on-line Clinical Guardian audit system that ELMS uses to audit its IUC consultations but has developed a manual audit programme to assess consultations. 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.

Audit levels are comparable to NHS best practice audit levels and the results for the year are detailed below:

ELMS Annual Report 2020 – 2021

CCG	No. Consultations	Unsafe to Work in Service	Needs development	Competent	Excellent	Total No. Consultations Assessed	Episodes of care
Blackburn with Darwen	Apr-20 to Mar-21	0	0	22	72	94	2772
	% of Total audited			23%	77%		3%
East Lancs	Apr-20 to Mar-21	0	6	69	72	147	4570
	% of Total audited		4%	47%	49%		3%
ELMS	Apr-20 to Mar-21	0	6	91	144	241	7342
	% of Total audited		2%	38%	60%		3%

familiar with AVS.

East Lancashire AVS performance reflects rapid expansion of the service, but performance stabilised over time as the service was fully implemented.

Reminders given to performers whose consultations had been audited about learning points.

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

ELMS Contract Performance

ELMS Business Services (EBS)

The Society maintained EBS as a going concern in 2020-21 in the hope that suitable trading opportunities might arise in the reporting year, but EBS has no active contracts, did not trade in 2020-21, and operated at a loss due to accounting and audit costs.

East Lancashire Medical Services (ELMS)

This section details the status of ELMS contracts and any service developments in 2020-21. James Bibby, Senior Operations Manager details an operational commentary on the Integrated Urgent Care (IUC), including ELMS Acute Visiting Service (AVS), in the section for ELMS Unscheduled Care Services of this report.

ELMS operates its contracts and consideration of new business on a commercial basis, while maintaining its' not for profit focus, given our Community Benefit Society status.

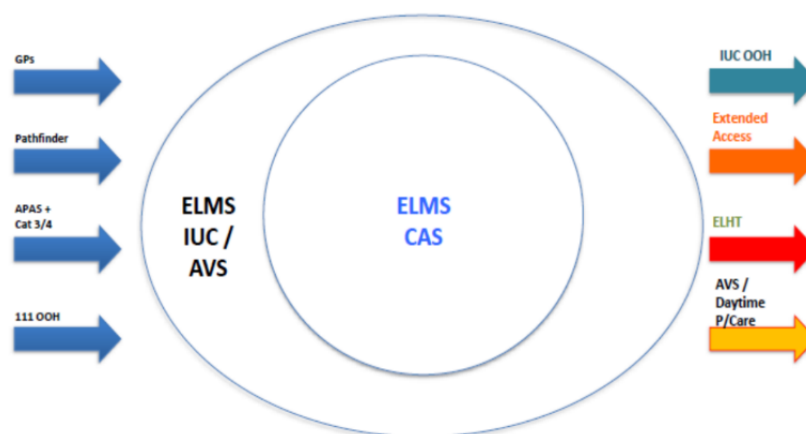
2020-21 saw ELMS continue to underpin local primary care services and the health economy and the Society is a key provider in the local health system. ELMS continues to be a good system partner, working positively with local primary care providers and PCNs, East Lancashire Hospital Trust, with the Blackburn with Darwen and East Lancashire CCGs, and the emerging Integrated Care System on a Lancashire wide basis.

The Executive team greatly appreciate their ELMS colleagues – both salaried staff and sessional clinicians and thanks them for their patient focus, professionalism and effort over the last 12 months covered by this report.

Integrated Urgent Care (IUC) / GP Out of Hours

ELMS core Out of Hours (Integrated Urgent Care) contract continues but is subject to ongoing redesign:

ELMS Current Service Offer



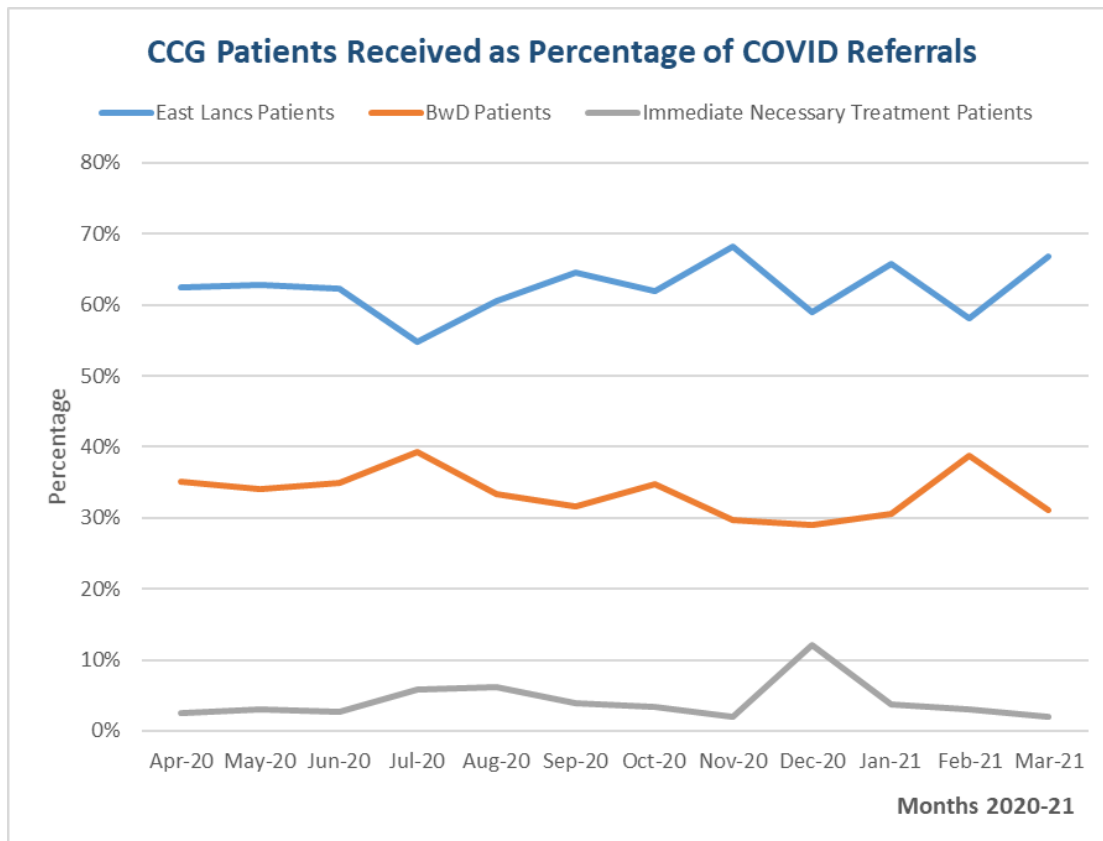
The IUC service addresses patient presentations for those in Blackburn with Darwen and East Lancashire, with medical conditions of an urgent nature. ELMS are proud to deliver a safe, effective and robust, high quality service, incorporating GP “Out of Hours” (that provides a service when a patient cannot wait until their host GP surgery re-opens) and the Clinical Navigation Hub. ELMS service integrates with NHS 111 and NWS 999 from whom it receives referrals as well as a direct line for local Health Care Professionals (HCPs). ELMS IUC service cares for patients 24 hours per day, 365 days per year including bank holidays.

The continued development of the IUC service requirement sees ELMS dealing with referrals from NHS 111, local Health Care Professionals (HCPs) including Paramedical Pathfinder and some NWS 999 referrals, to minimise the potential for patient conveyance to or attendance at hospital; this does not mean that patients will not need to attend hospital if their conditions requires.

The impact of COVID and the ability of ELMS to respond to local health service pressures, through the delivery of effective services, meant it played a key role in underpinning the local Primary Care response. The Pennine Lancashire CCGs commissioned a number of services from ELMS under the auspices and provisions of ELMS IUC Contract; these services were requested and worked up at short notice and includes:

- A COVID Management Service (CMS) commissioned by CCG to support patients with confirmed COVID symptoms with their compliance with self-isolation in the community, started in April 2020. CMS ceased operations in July 2020 to reflecting changing COVID arrangements and pressures;
- In conjunction with CCGs and other stakeholders, ELMS supported a GP-led support service for a COVID Virtual Ward (CVW) service. This medical overview function commenced in October 2020 and continues into 2021-22.
- A Medical Oversight service for COVID patients in Designated Care Settings provided by ELMS for East Lancashire Hospital Trust recovering COVID patients discharged from hospital prior to a return to their normal place of residence. This service started in December 2020 and the service discharged the last patient from its care in mid-March 2021.
- Given pressures in primary care and the ambulance service during this COVID period, ELMS was asked to implement a daytime in-hours GP CAS service to complement the Navigation Hub and address the issue of patients being conveyed to or presenting at secondary care. Initially this was to address winter pressures and the service commenced in December 2020 and continues into 2021-22

ELMS dealt with 5,693 COVID received type cases in 2020-21. This cohort of patients including patients registered with Blackburn with Darwen and East Lancashire Practices, as well as those out of area or unregistered patients who needed immediate necessary treatment.



The impact of COVID-19 resulted in the Commissioners confirming the suspension of ELMS IUC service at Burnley General Hospital, with effect from 1 April 2020, in order that ELMS might consolidate its services at St Ives House, Blackburn; this was on the same basis that the hospital Trust suspended its minor injuries service in Accrington. This provided greater service resilience and this arrangement continues into 2021-22.

The changing nature of the IUC service, influenced by COVID-19, saw more advice activity than face-to-face contact, as ELMS consult more patients through remote clinical advice on a talk and treat basis, via either telephones or video consultations. COVID may have a sustained impact on the delivery of health services as the talk and treat model makes better use of clinical resource and that only those patients with an identifiable face-to-face consultation need.

2020-21 saw an increase in the acuity of patient presentations to ELMS services with emergency cases continuing to increase in volume as a share of overall activity. This increase in acuity leads to shorter response times reflecting system pressure rather than patient need and this increases the pressures on ELMS services and its finite resources. ELMS IUC service continues to cope with limited access to alternative services out of hours. See the ELMS Unscheduled Care section within this report.

The core IUC services continue to achieve high levels of performance measured against the national measures.

ELMS IUC service offer the local health system opportunities for savings against services that if the patient were referred onto secondary care, as demonstrated in the table 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-21										
Total Year to Date	31285	20095	65%	20095	£ 3,961,126.40	£ 1,466,935.00	6229	£ 772,451.80	17442	£ 6,200,513.20
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										

In January 2021, the Blackburn with Darwen and East Lancashire CCGs confirmed that the IUC contract for this core ELMS service runs to March 2023.

Acute Visiting Service (AVS)

In 2021, AVS continued to be delivered across Blackburn with Darwen (BwD), working with local Practices and the CCG to support 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.

With the rise of the COVID-19 epidemic, from March 2020 the BwD AVS service was, in agreement with Commissioners, the initial CMS and COVID visiting response service providing advice and home visits to patients in East Lancashire so clinicians were working across services. The subsequent commissioning of COVID-specific services, allowed the AVS service to resume its core function.

The ongoing discussions about the potential for AVS services in East Lancashire, similar to that in Blackburn with Darwen, saw a service commissioned on a pilot basis for East Lancashire with effect from April 2020, initially in response to COVID pressures. The East Lancashire AVS proved its value to GP Practices and the health system, the arrangement extended to the end of 2020-21 and now continues into 2021-22.

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Both these GP-led, mixed clinical skill AVS teams including ANPs, are cost effective and offer the local health system opportunities for savings by deflecting those patients at risk of hospital conveyance and/or attendance, away from secondary care, as illustrated below.

Blackburn with Darwen

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-21										
BwD Total										
Year to Date	3876	£ 174,420.00	90%	3467.537	£ 683,520.89	£ 253,130.20	1075	£ 133,292.12	3010	£ 1,244,363.22
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										

East Lancashire

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-21										
E Lancs Total										
Year to Date	6464	£ 290,880.00	92%	5920.841	£ 1,167,116.18	£ 432,221.39	1835	£ 227,597.13	5139	£ 2,117,814.70
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										

AVS is a core ELMS service and its contract is part of the IUC contract with Blackburn with Darwen and East Lancashire CCGs respectively. The contract runs to March 2023.

ELMS Finance

East Lancashire Medical Services (ELMS) reports 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 2020-21:

ELMS continues to provide safe, high quality and cost effective services reflecting in it key role within the local health system, based on a willingness to support partnership working with the patient at the heart of service delivery. Reflective of its Community Benefits ethos, ELMS achieves this through good management and teamwork between its clinicians and non-clinicians, the maintenance of the highest standards in the delivery of services, and benefit to patients and the local health system. While operating on a not for profit basis ELMS is also mindful of the need for robust cost management and service efficiency to ensure the continued viability of the Society.

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While the number of contracts held by the Society in 2020-21 has not increased, ELMS was asked to deliver a number of interim services to address local system needs, while continuing to improve the viability of its core services and this has seen turnover increase in 2020-21. Achieving cost efficiency continues to be a priority and credit goes to all ELMS managers who strive to operate within budget, with the company able to report a trading surplus for reinvestment in the business.

Pierce, a business and accountancy group based in Blackburn, independently audits ELMS accounts. Pierce have provided a clean audit report within the financial statements for ELMS for 2020-21, with no significant weaknesses in systems have been noted during the audit work undertaken, throughout the year, and Pierce have the work and co-operation of Alison Pettinger, ELMS Finance Officer. Alison has worked diligently and with commitment to delivering improved finance systems to support the business.

Revenue

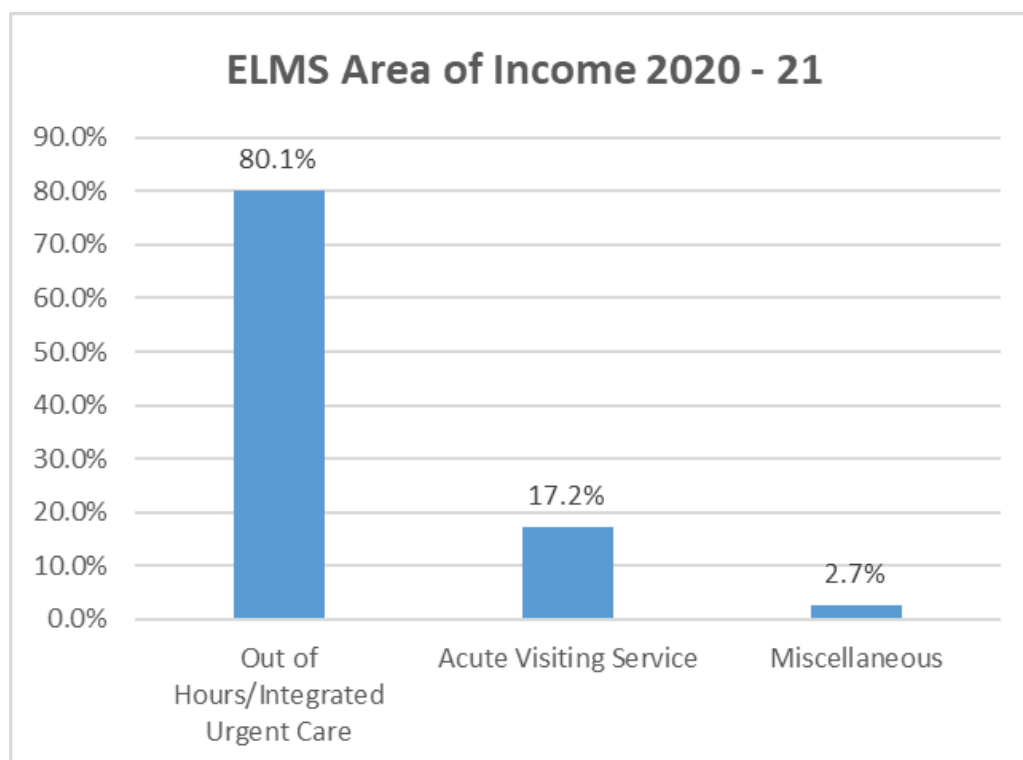
ELMS Business Services (EBS)

ELMS Business Services (EBS) EBS was dormant in 2020-21 and had no trading activity, from other services subject to VAT for example.

East Lancashire Medical Services (ELMS)

ELMS company accounts – covering ELMS Integrated Urgent Care (IUC) and Acute Visiting Service (AVS) services and any corporate activity – show that aggregated annual revenue (inclusive of sundry income and bank interest) has increased this year to £6.40m - a 13.6% increase from 2019-20. This change in turnover is due to an increase in service activity and additional income streams, as set out below.

The contribution of individual contracts to the 2020-21 financial year position overall, are shown below:



IUC and AVS Income

The 2020-21 combined primary care service income included contract values and additional medical cover and contracted services.

The amalgamated Integrated Urgent Care (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. The IUC service has continued to evolve to reflect the changing system requirement and the challenges of COVID, with an increase in its advice function, further development on patient pathways and increasing acuity of presentations. As stated previously within this report, the Pennine Lancashire CCGs commissioned a number of time-limited services from ELMS under the auspices and provisions of ELMS IUC Contract, in support of the local primary health care system’s response to COVID. Some of these services continue into 2021-22.

2020-21 saw the Blackburn with Darwen (BwD) Acute Visiting Service (AVS) that supports BwD GP Practices, deployed as the initial Pennine Lancashire system response to COVID and an AVS pilot started in East Lancashire, in support of GP Practices in East Lancashire. Subsequently, the East Lancashire service was commissioned as a substantive service within the IUC contract.

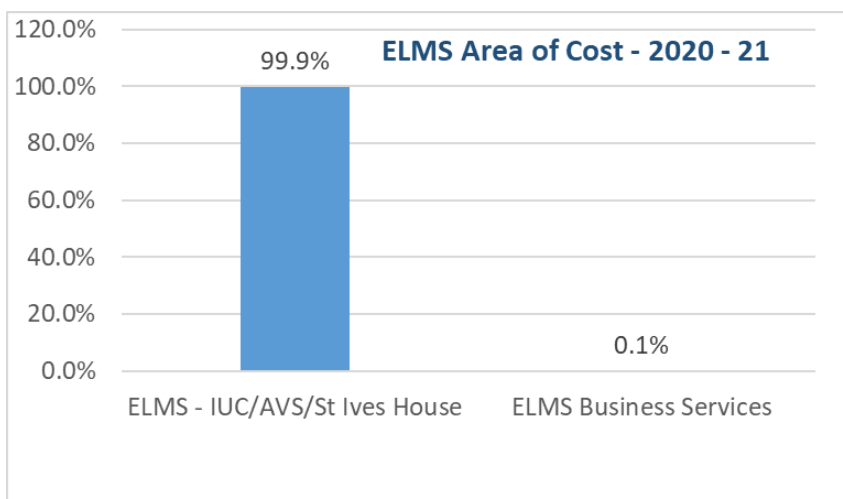
While AVS is not a COVID visiting service and referrals should not be made on that basis, AVS will accept referrals for patients who have an acute on the day need, whether patients are COVID or non-COVID. As such, the service will treat patients with acute exacerbated conditions.

Additional income streams identified by the corporate team, as reflected in miscellaneous income including corporate services (e.g. management fees, processing DBS applications, etc.), sale of facemasks, other a small value for COVID job retention grant and some financial adjustments plus bank interest, contributing £0.16m to Society turnover in 2020-21. This income made a significant contribution to covering ELMS costs and subsequent operating surplus.

Expenditure

ELMS 2020-21 total direct and administrative costs amounted to £6.26m.

Management of ELMS cost of sales and administrative expenses, continues to be a corporate priority; the contribution of individual service costs to the 2020-21 financial year position overall, are shown below:

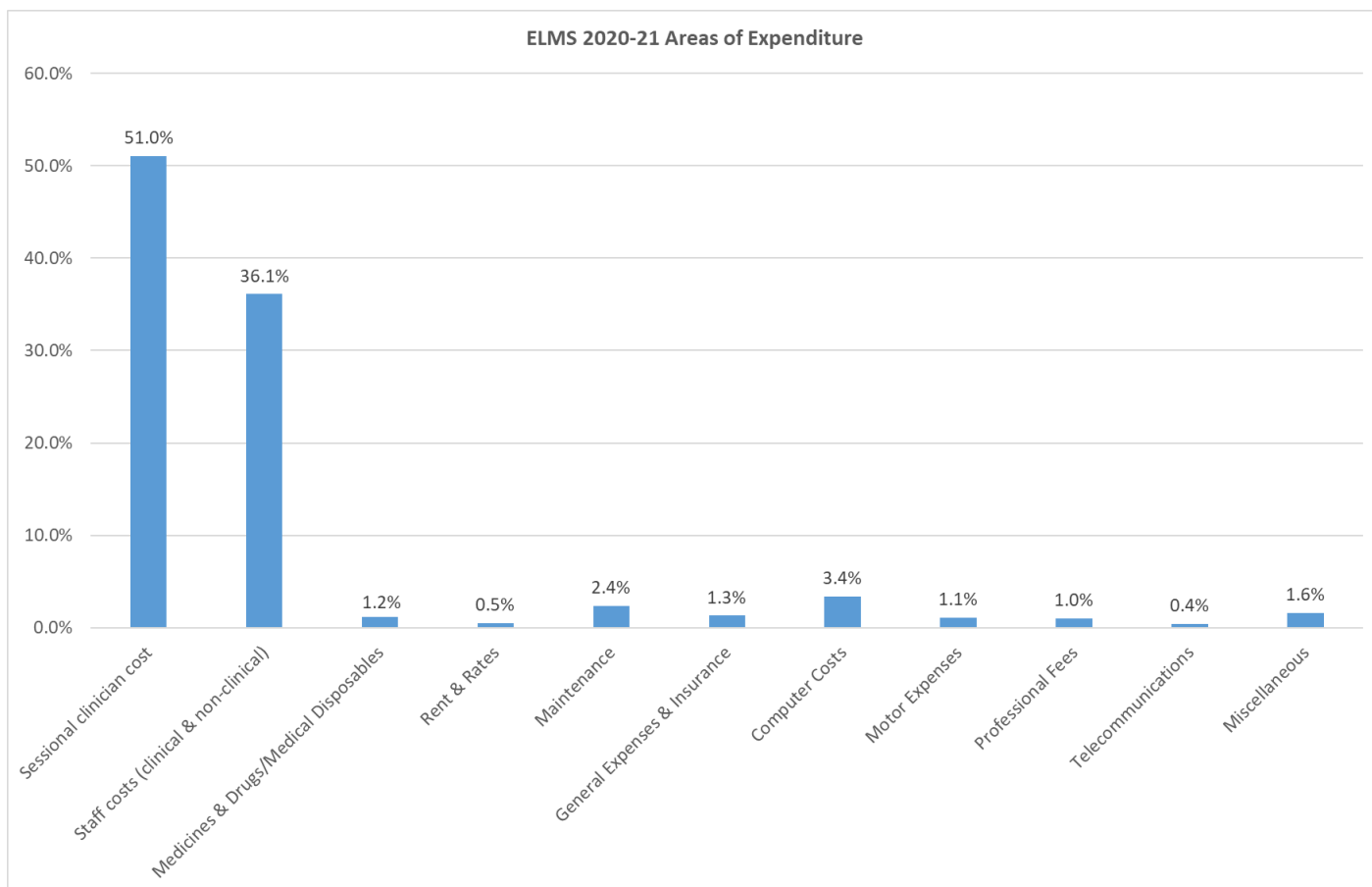


ELMS Business Services (EBS)

EBS 2020-21 costs at £4,803 are the accountancy package, VAT registration and audit costs of service, whether it trades or not.

ELMS - IUC and AVS

The breakdown of the Society’s core services – IUC and AVS - expenditure for 2020-21 is shown below:



ELMS 2020-21 IUC and AVS total direct and administrative costs amounted to £6.26-million.

The cost of clinical cover and salaried clinical and non-clinical staff continues to be ELMS main area of expenditure at 87% of total spend.

The average monthly number of persons working in the Society’s services during the year was 83.

ELMS successfully maintained pre-existing performer capacity and was able to secure additional resource in support of service delivery of GP-led COVID response services when asked to deliver by the local Commissioners. The Society continues to maintain 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 as well as the excellent non-clinical team who support operational services.

ELMS executive team acknowledged the input of colleagues through the purchase of commemorative fob watches for ELMS Nurse colleagues in recognition of 2020 as “Year of the Nurse” and staff and clinicians received a Christmas hamper and a further hamper to thank staff and clinicians who had supported the service during the COVID period. The Society was also able to confirm a 2% bonus for salaried staff for 2020-21.

The next largest area of spend in 2020-21 was for ELMS computer and IM&T systems and hardware at £0.21m. The Society has to support two clinical systems for its other services from contract revenue as well as ongoing maintenance and ad hoc work required to keep vital systems operating effectively. While there was a 3% saving in 2020-21 from the previous year, developments in system functionality – including upgrades to the Adastra clinical system and upgrades to our firewall, internet and HSCN connectivity and a new telephony system - continue to ensure the services remain fit for purpose.

In 2020-21, ELMS maintenance and utilities spend at £0.15m saw energy bills reduced by 13.4% from 2019-20 costs, the cost of maintaining and repairing the St Ives House site as the base for IUC and the AVS – providing resilience during the COVID epidemic – rose by over 50% from 2019-20. This was primarily due to the essential repairs to the ELMS Business Centre roof, due to long overdue repairs to leaks in the roof -even though the building structure continued to function as intended. The costs of roof repairs included removal of asbestos materials and this element of the repair cost was offset against the Society’s tax liability.

ELMS has looked to maximise the availability of appropriate PPE to clinicians and staff during this period as reflected in the expenditure on medical disposables. Accounting adjustments impacted on ELMS medicines, drugs, and disposables stocks, including reducing stocks of facemasks as other supplies were identified, held at year-end.

ELMS continues to reconcile the costs of its services prescribing budget, on a monthly basis so that it is cost neutral to the Society and reflects the reconciliation process agreed with the CCGs, as the basis for the budget transfer. This acknowledges the difference in acuity of patients presenting out of hours as opposed to those patients who are prescribed medicines and drugs by the host GP Practice during routine daytime hours, particularly during the ongoing COVID epidemic.

ELMS general expenses and insurance were reduced by 10% from 2019-20 to £0.8m. The Society is committed to providing a safe and robust service and indemnity arrangements - for motor vehicles, business and professional liability, etc. - are in place for the Society as both a business and employer, and as a medical services provider.

As a consequence of its service contract, ELMS now benefits from clinical negligence cover arising from the Department of Health’s Clinical Negligence Scheme for General Practitioners but still has to make provision for run-off cover against future claims for services; this potential liability decreases over time as the liability for past services decreases, but other premiums and costs have increased.

ELMS 2020-21 Motor expenses increased by 29% to £0.07m as the Society needed to repair aging vehicles, obtained additional lease vehicles (that improve service resilience) and the development of AVS in East Lancashire were developed and the running cost of vehicles increased consequently.

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Professional fee costs include accountancy fees, the Society's medical lead and legal fees for business matters (given the nature of legal issues this particular cost are not easily predicted), were reduced by 14% to £0.06m in 2020-21.

Miscellaneous costs at £0.09m for 2020-21 covers sundry business expenses but primarily comprises ELMS provision for depreciation that was reduced in value by 29% from 2019-20; depreciation reflects the Society's usage of its assets within its accounts but is not a cash cost to the business.

The cost of rent and rates at £0.03m for 2020-21 increased from the previous year as the Society were required to settle overdue bills for space previously occupied by ELMS Federated Practices once it was drawn to ELMS attention – a contract no longer in the Society's service portfolio.

A significant area of expenditure was charitable donations as ELMS looked to promote its community benefits society ethos with donations to local foodbanks and hospices across the Pennine Lancashire; the Society donated £20,000 in 2020-21. Subject to ELMS Council agreement, future Society plans are that, subject to service and corporate viability, the Society will look to invest some of its trading surpluses to socially positive outcomes that support improvements to the health and wellbeing of local communities, such as local hospices, foodbanks etc.

Year-end Results

As a not for profit organisation, the Society looks to ensure that it is run as a business, while delivering healthcare to the local population and promoting benefits to the communities we serve. Budgets are set on a breakeven basis and any trading surplus arises from in-year efficiencies or identified income such as bank interest.

ELMS management team has continued to work to increase services delivered while maintaining and improving service viability as reflected in the following figures reported by the executive team for 2020-21:

ELMS Business Services (EBS)

- A small loss of -£5,774 for 2020-21. The Board will recommend to ELMS Council that EBS be closed down in 2021-22, as there are no identifiable income streams currently aligned to ELMS that are appropriate or of significant value to justify EBS' continuation.

East Lancashire Medical Services

- A gross operating surplus against the main ELMS accounts of £0.12m plus £0.02m bank interest - £0.14m in total.

The operating surplus, achieved for ELMS is not large relative to the size of the annual turnover but does reflect the proactive approach the Society has adopted in looking to be flexible in its service offer, while bearing down on service costs.

- £0.03m was paid in corporation tax on the operating surplus.

As advised in the 2019-20 Annual Report and as discussed at ELMS Board and Council, the value of building assets at the Society's St Ives House site were checked in 2020-21, as they were over-valued at £0.97m. Consequently, the premises were surveyed and a more accurate value was confirmed at £0.50m. The resulting accounting adjustment for revaluation of premises resulting in:

- A £0.36m accounting loss for 2021-22.

This accounting loss does not undermine the viability of the company given the positive trading account and balance sheet. ELMS continues to be a financially healthy organisation with a strong balance sheet:

- Balance sheet value has reduced for 2020-21, primarily due to revised property value.

Repairs to ELMS Business Centre (EBC) and maintenance of both EBC and St Ives House ensure that the premises can be maintained to their current standard of repair.

In-year investments include resources to support service delivery included purchase of 4x4 cars and IM&T equipment, including an additional server.

- ELMS cash at the bank and in hand, – a further deposit made in March 2021, to reflect ELMS healthy trading position, further boosted the Society's deposit accounts.
- ELMS has no external debt.

Conclusion

The Society continues to demonstrate an ability to deliver healthcare services, in support of the local population and health system, in a safe and effective way. The Society is financially robust and well managed – our auditors have acknowledged the effectiveness of our financial arrangements including information sharing with them on a commercial in confidence basis in accordance with best practice - and continues to be viable as it enters its next trading year.

While NHS Commissioners limit the commissioning of new services and look to short-term solutions, ELMS will continue to look for opportunities for service development given its experience and ability to respond to changing system needs. The corporate ethos of prioritising new service opportunities that benefits patients and are financially sustainable is to be maintained into 2021-22.

ELMS Unscheduled Care Services – James Bibby

“Delivering Patient Care 24 hours per day, 7 days per week, and 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. In what has been the most challenging year of my twelve years at East Lancashire Medical Services (ELMS), you have ensured we continue to deliver and produce the highest standards of service on which we have all prided ourselves.

System Management

The Aadastra Clinical Management System, used by ELMS, underwent a full upgrade to the latest version 3.35 to maximise the functionality and integration the system has to offer, including the introduction of GP Connect functionality providing two additional features:

1. A HTML Record View of the Patients EMIS Record
2. The ability to search for and book the patient, an appointment in his or her own registered practice on the day or next day. This is subject to appointments being available, (this is only available for patients registered with East Lancashire (East Lancs.) and Blackburn with Darwen (BwD) GP Practices). There is no guarantee any appointments will be available, and these could be a mix of telephone appointments and / or face to face.

This GP Connect development will primarily be applicable midweek, and not available weekends, as this is currently for on the day or next day appointments only.

We plan for further upgrades in 2021-22 to version 3.37, subject to funding, and we hope to be able to introduce the Pathways Clinical Consultation Solution (PaCCS) which will enable direct bookings to Emergency Department (ED), Urgent Treatment Centres (UTCs) and other on-the-day services.

ELMS is committed to keeping up to date with the latest developments afforded by NHS Digital and will seek to take opportunities of local and national funding in development of the current systems for the benefit of patients, clinicians and staff.

Rota Management

Alison Marsden, ELMS Rota Administrator, expertly administers clinical and non-clinical rotas; ELMS are grateful for her support in what is a very challenging role.

2020–21 - Rotamaster Clinical Hours

	IUC	AVS
Actual Clinical Hours Provided	38457	13961
% Clinical Hours Provided by GP	86.88%	76%
% Clinical Hours Provided by Nurse	10.32%	22%
% Clinical Hours Provided by Pharmacist	1.60%	0%
% Clinical Hours Unfilled	1.20%	2.00%

2020–21 – Rotamaster Non-Clinical Staff Hours

	IUC
Total Hours Provided	27679
SIH Control / Co-ordinator	37%
BGH Control / Co-ordinator	4%
SIH Navigator / Reception	25%
O/N Navigator/ Reception	20%
Car Valeting	1%
Unfilled Hours	12%

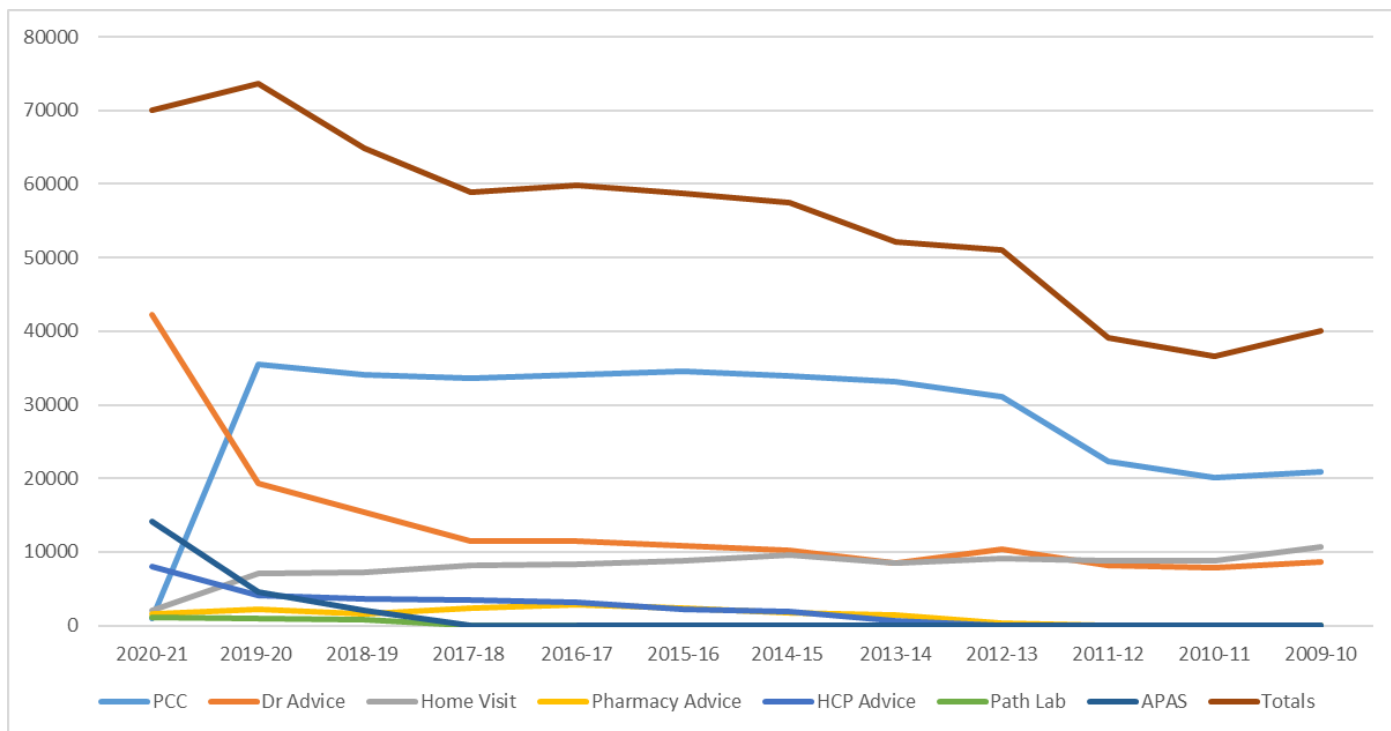
	AVS
Total Hours Provided	14327
AVS Navigator	99%
Unfilled Hours	1%

Integrated Urgent Care (IUC)

IUC Activity Trends

With COVID having a major impact on all care services at the start of 2020-21, total triage systems were introduced within ELMS, so it is hard to make meaningful comparisons to previous years’ performance.

Due to COVID, the activity trend in ELMS Integrated Urgent Care saw an average decrease in footfall of 10 referrals per day. Overall, there was a total decrease on the previous year of 4.96% (n3653) with 69,978 patients passing through Out of Hours through the year. 77,380 consultations completed by the service. The effectiveness and efficiency of the introduction of total triage systems was demonstrated, with consultations down by 11.71% (n10, 263) on the previous year.



Due to total triage systems introduction, based on finished case types, Home Visits decreased significantly on previous years by 70% (n4928) with only 2102 visits taking place; 725 of these visits were death related and made in collaboration with the District Nursing Teams. Some of this reduction could be attributed to the emergence of the Acute Visiting Service provided by ELMS in East Lancs. that formed part of the early COVID response.

The number of treatment centre appointments decreased significantly on the previous year by 97.47% (n896), due to the introduction of total triage systems. This illustrates the dramatic shift in ways of working due to COVID when considering that in the previous year, ELMS undertook 35,485 Treatment Centre Appointments.

Advice and incoming priorities

Total triage systems saw Doctor Advice increased by 118.75% (n22892), with 42,170 cases finished as Advice Calls compared with 19,278 the previous year.

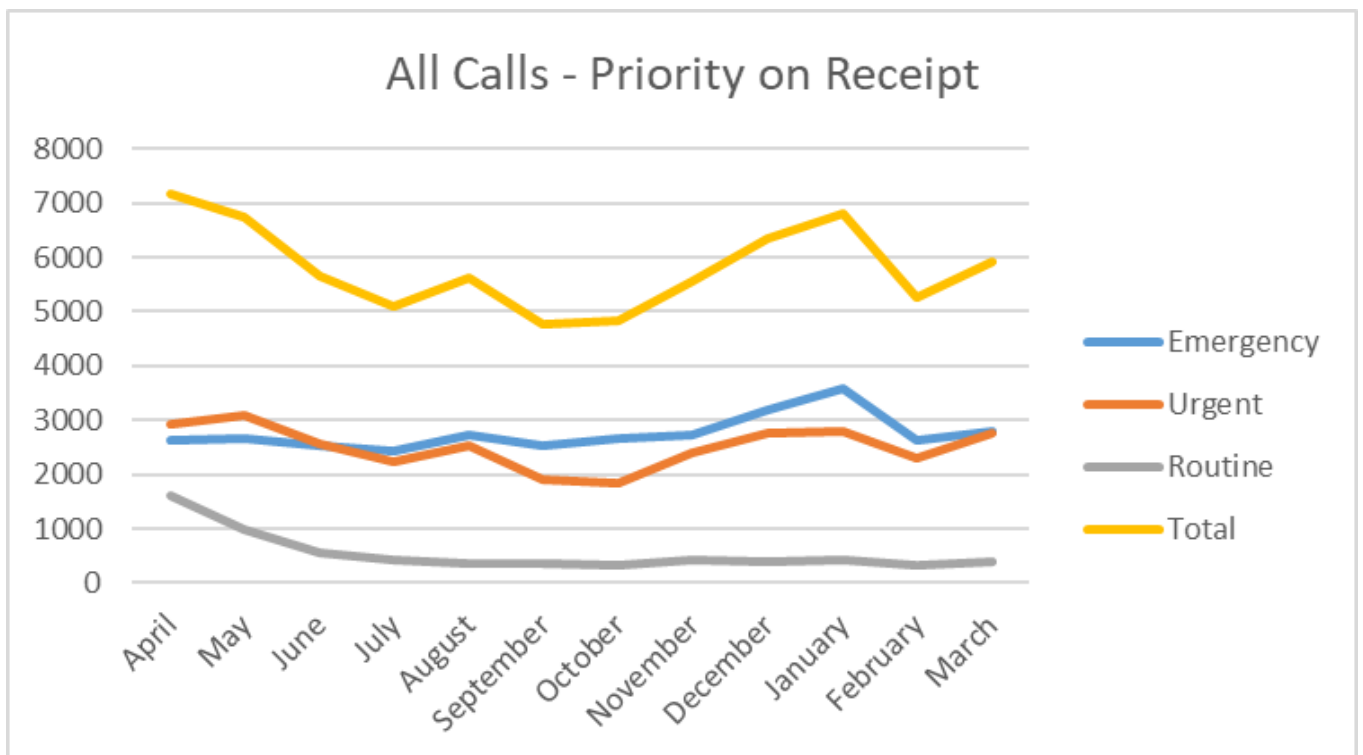
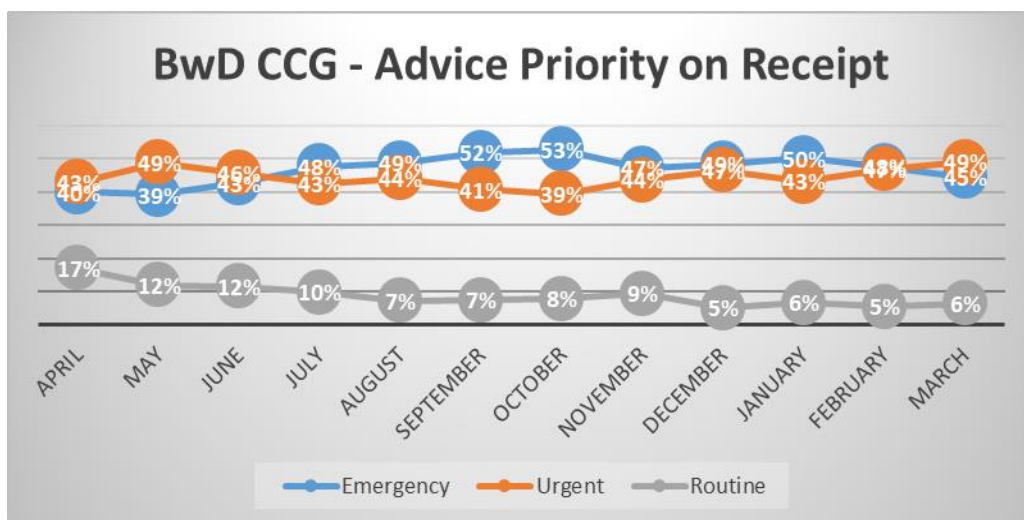
Acute Patient Assessment Calls (APAS) continued to rise. This rose significantly, due to COVID and with the required integration of these calls into the daytime Clinical Assessment Service and Navigational Hub functions, increased by 207% (n9504). Overall, activity in the function increased from 4,600 to 14,104 in 2020-21.

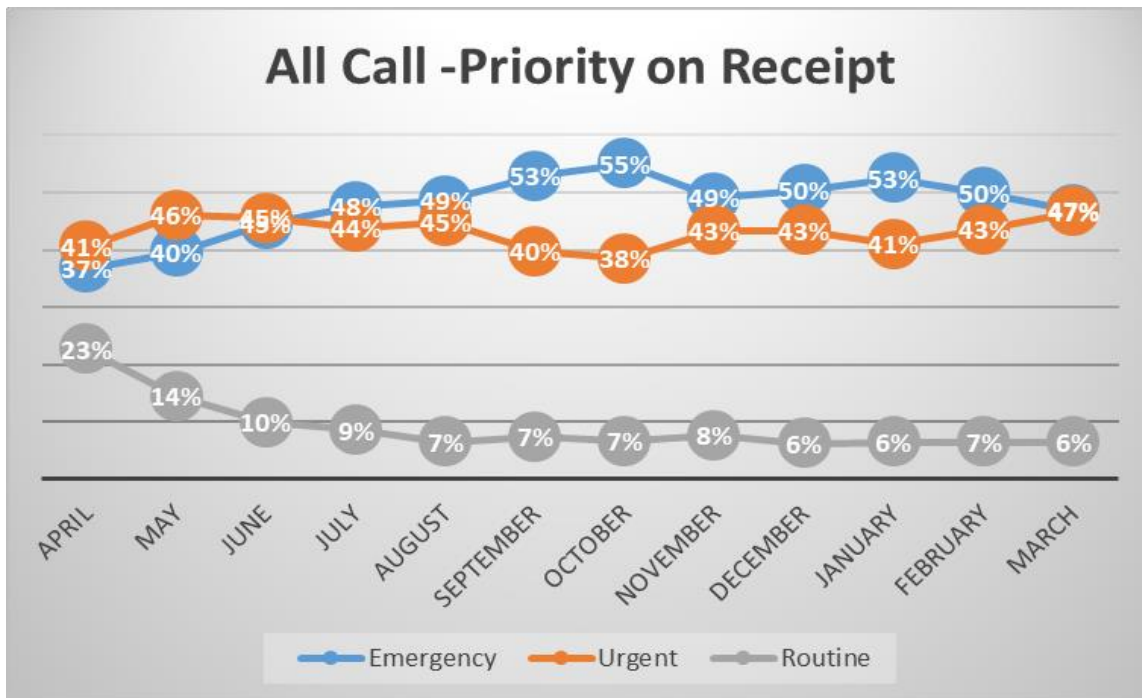
The introduction of the Community Pharmacy Consultation Scheme (CPCS), finally enabled the decrease in Pharmacy Advice Calls to ELMS dropping by 29% (n646) on previous years, in spite of this many calls still referred back to ELMS directly via the CPCS Scheme.

With the introduction of Direct Access for Healthcare Professional (HCPs) in the Community and the evolving COVID Pandemic, it came as no surprise that HCP calls increased by 94% (n3856) on previous year. 7,971 HCP calls in 2020-21, compared to 4,115 in the previous year.

The changing workload share of the different incoming priorities of advice calls, between emergency, urgent and routine, reflects the impact of total triage, the change in demand from patients and other health care providers arising from the COVID-19 crisis and the growing acuity of patient presentations. Routine appointments are now the exception.

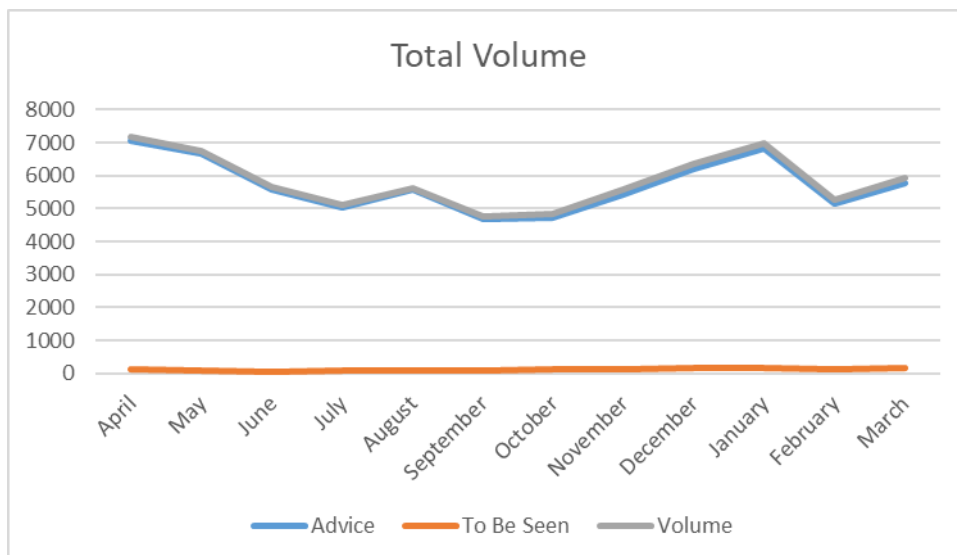
- Emergency (with a response requirement = 1 Hour)
- Urgent (with a response requirement = 2 Hours); and
- Routine (with a response requirement = 6 Hours)

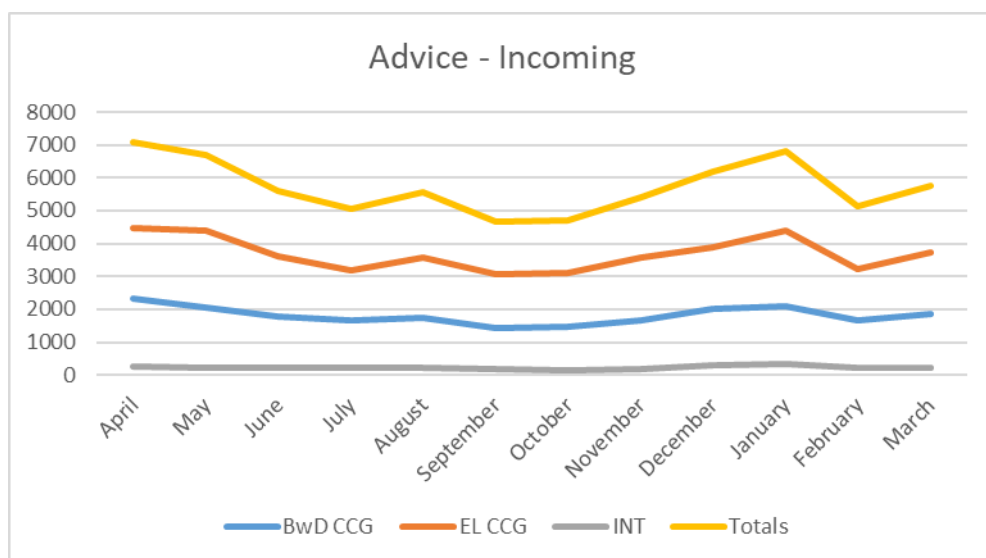
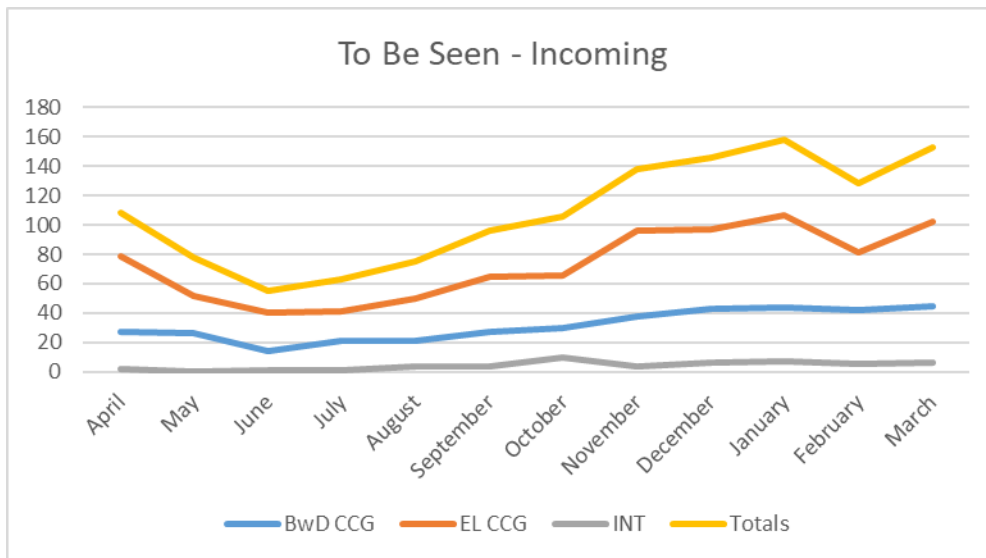




Incoming versus Outgoing – Case Types

Previously there was only two incoming case type categories, “To Be Seen” and “Advice”. The following chart shows how the make-up of receipt of calls has dramatically changed due to COVID and with the introduction of total triage systems incoming “To Be Seen” have become virtually non-existent with all the activity transferring to the incoming advice work streams and trending with overall total volume:





Outgoing Case Types demonstrate that 4.28% (n2998) of patients referred were managed through face-to-face assessment.

- 1.28% (n896) of patients referred were managed through face-to-face assessment in Treatment Centres
- 3% (n2102) of patients referred were managed through face-to-face assessment on a Home Visit, of which District Nurse Teams completed 34.5% (n725).
- The ELMS COVID Management Service (CMS) was a response to the emergence of COVID and ran for 4 months, providing a monitoring service for vulnerable COVID Positive patients; ELMS CMS assisted the hospital to manage patients at home.

Latterly the CMS was used to support Designated Care Settings - local Care Homes - who provided a step down service prior to patients returning to their usual care home following COVID hospital stays, in an attempt to safeguard other residents from potential infection.

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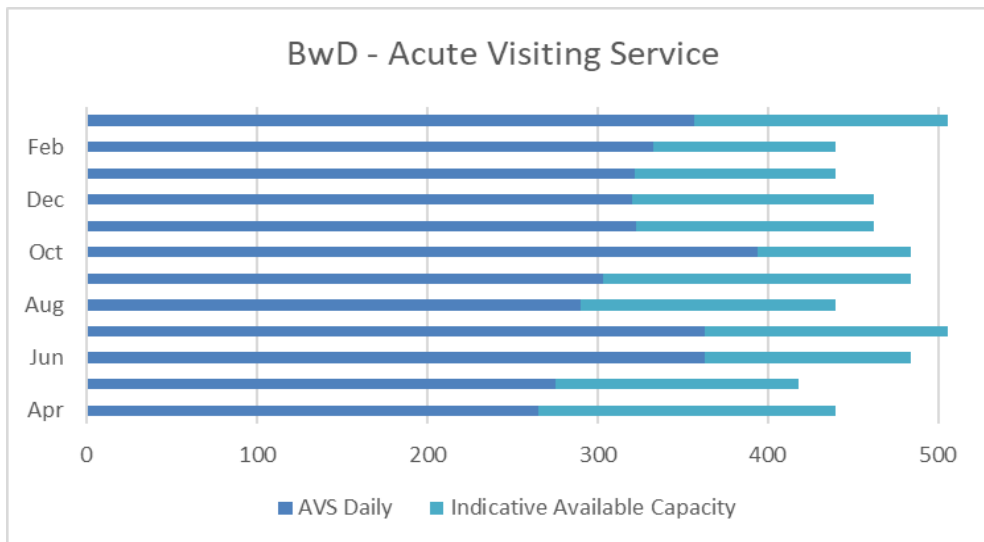
	April	May	June	July	August	September	October	November	December	January	February	March	Totals
Acute Advice	0	0	0	0	0	0	0	0	0	0	0	0	0
APAS 999	500	483	535	509	608	635	668	726	782	875	624	624	7569
APAS Advice	321	455	481	512	536	458	521	559	608	732	631	721	6535
COVID Management Service	517	254	103	44	0	0	0	0	18	30	7	1	974
COVID-19 Advice	1826	966	470	156	114	202	175	148	166	208	88	137	4656
D/Nurse Home Visit	76	68	53	59	39	49	55	69	70	76	62	49	725
Doctor Advice	2481	3363	2896	2693	3131	2338	2246	2971	3390	3585	2756	3225	35075
Failed to Contact	0	0	0	0	0	0	0	0	0	0	0	0	0
HCP Advice	853	858	600	521	641	560	608	667	710	881	551	521	7971
Home Visit	64	3	116	150	152	146	155	3	160	150	127	151	1377
NH Nurse Advice	135	47	96	158	95	83	88	118	99	110	141	142	1312
Nurse Advice	153	0	0	0	0	0	0	0	0	0	0	0	153
Path Lab Advice	55	82	127	114	79	92	105	124	89	95	107	116	1185
Pharmacy Advice	159	165	132	134	164	114	111	110	128	143	79	111	1550
To Be Seen	0	6	0	0	2	0	4	66	2	0	0	1	81
Treatment Centre	38	1	38	59	74	90	91	0	125	84	88	127	815
Grand Total	7178	6751	5647	5109	5635	4767	4827	5561	6347	6969	5261	5926	69978

Acute Visiting Service (AVS)

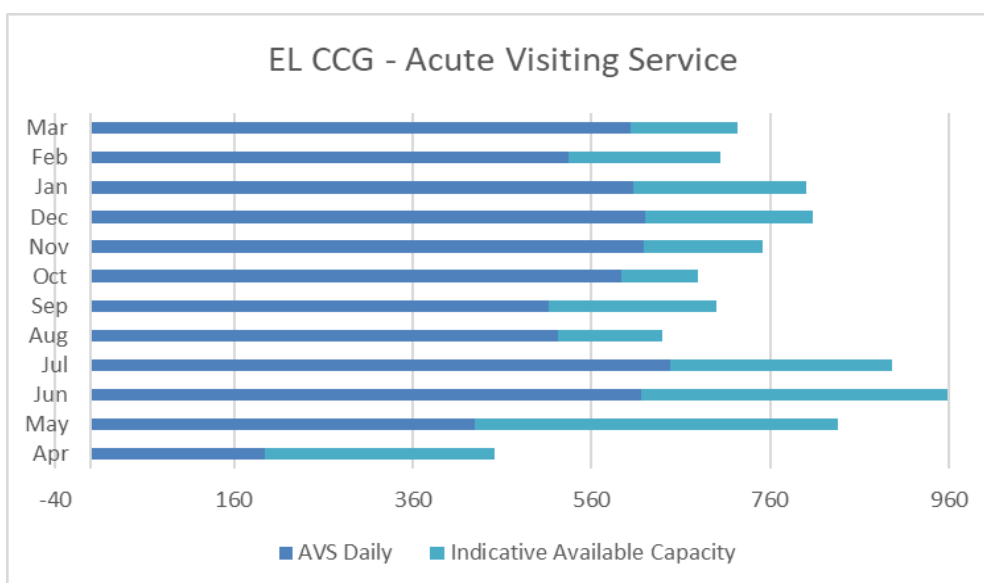
The Acute Visiting Service (AVS) continued to support BwD patients throughout 2020-21 while the East Lancashire Scheme was introduced; initially this was as a COVID response service, commencing on 14th April 2020.

These visiting slots are booked directly by GP Practices and they set the volume of take-up by their referrals although the introduction of total triage systems across all services has also had an impact. Practice availability to their patients may have affected referral numbers, as will have the impact of COVID. Consequently, the activity and demand profile was somewhat disjointed compared to previous years.

BwD 2020-21	AVS Daily	AVG Per Day	Working Days	Anticipated Capacity	Indicative Available Capacity	%Capacity Utilised
Apr	265	13	20	440	175	60%
May	275	14	19	418	143	66%
Jun	363	17	22	484	121	75%
Jul	363	16	23	506	143	72%
Aug	290	15	20	440	150	66%
Sep	303	14	22	484	181	63%
Oct	394	18	22	484	90	81%
Nov	323	15	21	462	139	70%
Dec	320	15	21	462	142	69%
Jan	322	16	20	440	118	73%
Feb	333	17	20	440	107	76%
Mar	357	16	23	506	149	71%
Total	3908	15	253	5566	1658	70%



EL 2020-21	AVS Daily	AVG Per Day	Working Days	Anticipated Capacity	Indicative Available Capacity	%Capacity Utilised
Apr	195	13	15	452	257	43%
May	429	23	19	836	407	51%
Jun	616	28	22	959	343	64%
Jul	648	28	23	896	248	72%
Aug	522	26	20	640	118	82%
Sep	513	23	22	700	187	73%
Oct	594	27	22	680	86	87%
Nov	619	29	21	752	133	82%
Dec	620	30	21	808	188	77%
Jan	607	30	20	800	193	76%
Feb	535	27	20	704	169	76%
Mar	604	26	23	724	120	83%
Total	6502	26	248	8951	2449	73%



Once again many thanks to all the clinicians, staff and navigators who have worked within the service throughout the past year who have gone above and beyond in providing a front line COVID response.

Medicines Management

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

With Electronic Prescribing Systems (EPS) fully implemented, this has significantly reduced the medicines function within ELMS creating scope and opportunity for efficiencies.

With ELMS Burnley General Hospital (BGH) functions re-deployed to St Ives House throughout the past year, further improvements and stock rationalisation should reduce the administrative burden and make our service more efficient and more cost effective through 2021-22. The coming year will be a transition year for the management of ELMS medicines function.

Pennine Lancashire Clinical Navigation Hub – Brenda Re

2020-2021 saw ELMS Clinical Navigation Hub (the Hub) continue in its capacity as a Clinical Assessment Service as an integral part of the ELMS Integrated Urgent Care Service to deliver a Clinical Advisory Service (CAS) 24 hours per day, 7 days per week, 365 days per year.

Emergency Department (ED) NHS 111 and 999 services.

The Hub team, working daytime weekdays consists of experienced Registered Nurses whom:

- broker referrals on behalf of Health Care Professionals to support community teams and ELMS AVS team to make onward referrals to other Services;
- Take Acute Patient Assessment Service (APAS) calls, with direct referrals from NHS 111 and NWS 999 under agreed symptom groups and disposition codes.

Out of hours, sessional GPs and Nurses cover the service.

In September 2020, a new pathway into East Lancashire Hospital Trust (ELHT) was agreed and allowed ELMS, after clinical triage and providing the patient fit the service criteria, to book patients directly into the following services:

- Royal Blackburn Urgent Treatment Centre (RUTC);
- Burnley Urgent Treatment Centre (BUTC);
- Surgical Ambulatory Emergency Care Unit (SAECU);
- Ambulatory Emergency Care Unit (AECU); and
- Children's Observation and Assessment Unit (COAU) based at Royal Blackburn Hospital.

This ensures patients do not attend Emergency Department (ED) unnecessarily and experience a better patient journey. These pathways enable the Navigation Hub/CAS to book patients into the ELHT RUTC and BUTC and the COAU departments but there has been limited success in accessing the Ambulatory Assessment Units because they will only accept patients seen face-to-face, rather than via telephone triage.

In December 2020, the CCGs commissioned a GP to join with the Navigation Hub during daytime weekdays, to take CAS APAS calls so providing further support for patients who have called the ambulance service or advised to attend a local Emergency Department (ED) by NHS 111.

Utilising the CAS GP, during weekday daytime hours, ELMS are able to take calls from NWS Paramedics on scene when they are unable to contact the host GP. This resource enables the Paramedic to leave the scene so avoiding unnecessary waiting times and ensures they are able to move on to their next patient. The CAS GP further enhances the Navigation Hub's ability to prevent unnecessary ED attendances and ambulance conveyances through the offer of further clinical assessment offer to ensure patients receive the right care, in the right place, at the right time, with care arranged closer to home following assessment.

ELMS clinician may also request NWS Taxis if deemed appropriate to convey the patients to UTC or ED or MIU.

ELMS continuously monitor the service through audits. Monthly reports continue to evidence that the Hub/CAS addresses the needs of those clinicians seeking out of Hospital solutions for their patients, to avoid stepping up to secondary care. This demonstrates that the Navigation Hub/CAS function continues to contribute to the reduction of avoidable emergency admissions.

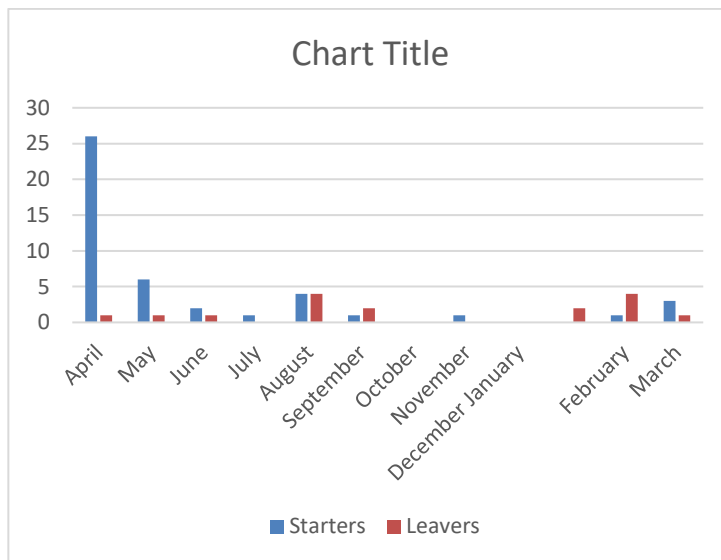
Human Resources (HR) & Workforce – Levis Springer

During 20-21 ELMS was at the forefront of delivering Primary Care Services through the delivery of Integrated Urgent Care and AVS services, having recently expanded the provision of the Acute Visiting service throughout East Lancashire, the new service whilst GP led uses an appropriate skill mix of both GPs and ANPs.

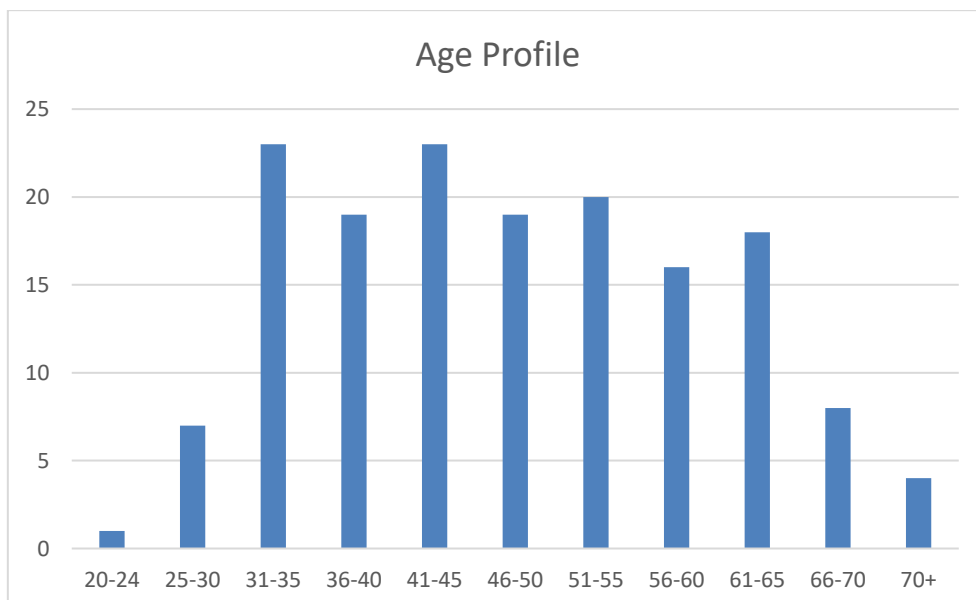
Workforce Profile

Turnover

There were a total of 45 starters and 16 Leavers in 2020-21, and an annual turnover of 10.12 %



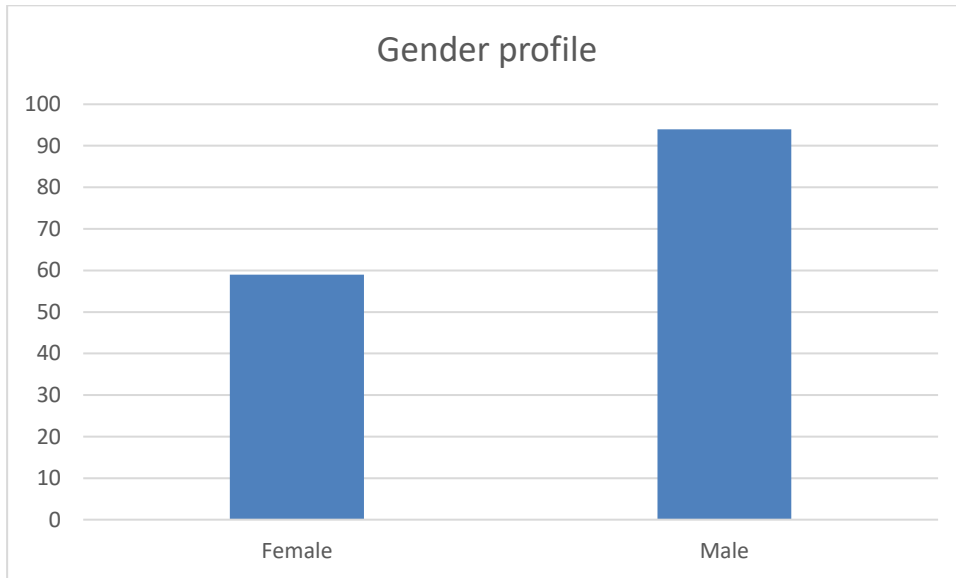
Age



Age	20-24	25-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	70+
No.	1	7	23	19	23	19	20	16	18	8	4

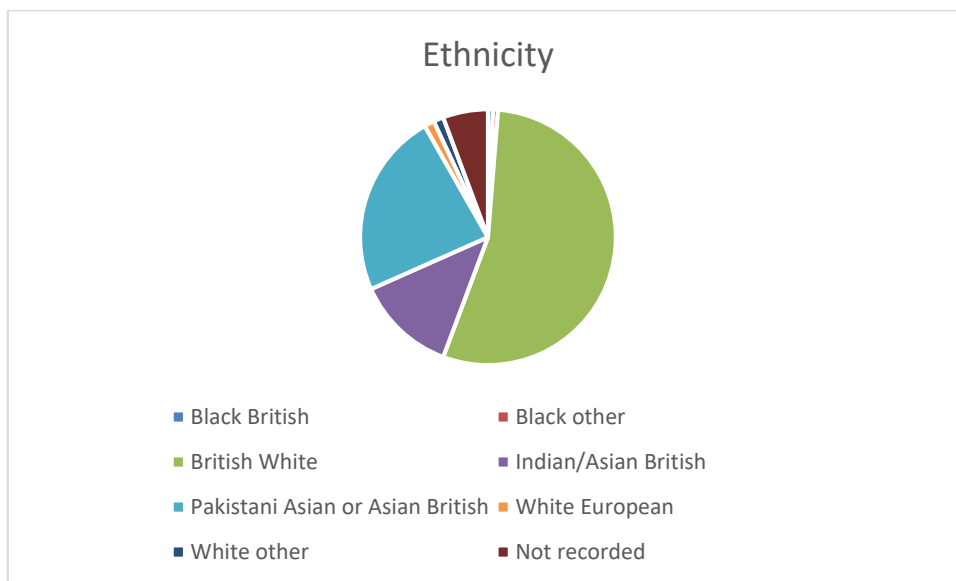
Just over overall 42% of the workforce is aged 50 or over

Gender



Male	94
Female	59

Ethnic breakdown



Black British	Black other	British White	Indian /Asian British	Pakistani Asian or Asian British	White European	White other	Not recorded
1	1	86	20	37	2	2	9

ELMS Board reflects the ethnic diversity of our area:

Black British	British White	Indian /Asian British
1	1	1

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

Training and development

Opportunities for training in 2020-21 limited by the impact of COVID but primarily delivered on-line.

ELMS continue to have high levels of compliance with all statutory and mandatory training modules, with an overall compliance level of 94% in 2020-21.

Health & Safety and Estates – Levis Springer

Health and Safety

In 2020-21, ELMS like many organisations, faced with the unprecedented challenge of ensuring the health safety and wellbeing of staff and patients in light of the threat posed by COVID-19.

As patient services could not be maintained through home working, ELMS had to implement a number of COVID secure protocols. ELMS adopted the NHS Safe Working approach to COVID, underpinned by three principles of protecting, supporting, and engaging staff. ELMS were acutely aware that a large proportion of its workforce fell potentially into higher risk categories so that risk assessment and implementing appropriate arrangements was paramount.

ELMS introduced strict social distancing protocols, reinforced hand-washing guidelines and was instrumental in securing vital PPE such as NP2 facemasks, not just for its own employees, but also for other local health providers, to protect patients and staff. Where social distancing was not possible, in services such as the Acute Visiting Service, where there is face-to-face consultations, the use of PPE was strictly enforced.

In order to protect patients (and our team), visits to site were minimised to their absolute minimum and face-to-face contacts addressed through home visits and hot and cold surgery appointments introduced.

ELMS continues to review its environment to ensure appropriate checks and measures and amend these accordingly in order to minimise risk.

There have been no major accidents and no RIDDOR reportable incidents in 20-21

Estates

ELMS saw a number of major estate changes during the year, due to COVID such as the introduction of more infection prevention and control measures e.g. the St Ives House site saw both buildings being used for services due to the need to implement social distancing and large areas of ELMS Business Centre (EBC) were covered with IPC compliant flooring.

In addition, the floor in the EBC garage was restored and the long awaited implementation of plans to repair the EBC garage roof were undertaken and the existing asbestos roof removed and repaired with modern roof panels.

Year-end saw some additional minor remedial work based essential maintenance and repair work to ensure the site remains safe and fit for purpose.